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Salt, like fat, has become a modern pariah in spite of the fact that it is essential to the body.

Ancients knew its value for a myriad of purposes other than the preserving of meats. A Chinese proverb states, *“Of all the flavors one eats, salt is indispensable.”* It was so valuable it was used as a currency (our word “salary” is derived from the Latin “salarium” meaning “to give salt”), oaths were sworn on it, contracts & agreements were legal and friendships sealed due to the exchange of salt, it was used to delineate classes, and numerous religious and spiritual rites were and are dependent upon salt.

Yet we are told today that salt is to be shunned as the main cause of hypertension and literally millions of individuals are on prescribed low-salt diets.

Another View

Paul J. Rosch, MD, FACP, president of The American Institute of Stress [WWW.STRESS.ORG] and clinical professor of Medicine and Psychiatry at New York Medical College says in the Health and Stress newsletter of The American Institute of Stress that modern studies and observations, such as the \$1.3 billion 1984 Intersalt Study, have been fatally flawed by ignoring conflicting data such as the fact that *“...as sodium intake increased there was a decrease in blood pressure...”* In fact, the

“lowest salt intake seemed to be in a subgroup of Chicago black males despite the fact that their incidence of hypertension was above average. Conversely, high blood pressure was relatively rare in participants from China's Tianjin Province even though this study group had the highest salt intake.”

Dr. Rosch claims the anti-salt statisticians had a field day with other data also including the fact that dietary sodium intake was associated with higher rates of illness and death *only* in participants who were overweight; there was *no* correlation between sodium and increased cardiovascular disease risk in the remainder. In fact, one entire study, widely disseminated, actually depended on just one 24-hour *recall* of sodium intake rather than measuring the concentration of sodium in a 24-hour urine specimen which would have provided more accurate information about dietary habits and excess consumption. Rosch declares,

“The first law of statistics is that if the statistics do not support your theory you obviously need more data. The second is that if you have enough data to choose from, anything can be proven by statistical she-nanigans.”

Additionally, Rosch cites Michael Alderman, MD, a highly regarded epidemiologist and past president of The American Society of Hypertension who scrutinized the same data in patients who were not overweight. He reported that *“the more salt you eat, the less likely you are to die.”*--(from heart disease or anything else).

Alderman himself has long been critical of the government's low sodium diet advice for large populations and their focus on sodium intake as it relates to blood pressure rather than to the overall health, quality and length of life of individuals. He examined the relationship between sodium intake and health effects in 3,000 patients with mild to moderate hypertension. In addition, his group measured sodium excretion, which is much more accurate than estimating dietary intake. At the end of four years, they found that those who consumed the least sodium had the most myocardial infarctions and other cardiovascular complications.

The reason for this is that when you restrict vital nutrients like salt (*or cholesterol*) all sorts of strange things can result. In fact, low sodium diets can increase levels of renin, aldosterone, and LDL (the “bad” fat) in direct proportion to the degree of sodium reduction. In fact the study showed that *renin* is possibly the most powerful and dangerous blood pressure raising substance known. Indeed, the study done by Alderman's group found that for every 2% increase in pretreatment plasma *renin* activity there was a 25% increase in heart attacks yet no such correlation was found with increased sodium intake.

Although there do seem to be some individuals who have salt-sensitive hypertension, an eight-year study of New York hypertensives found that those on low-salt diets had more than four times as many heart attacks as controls with normal sodium intake. According to Dr. Rosch,

“Since the government began promoting sodium restriction and diuretics three decades ago, the incidence of hypertension and strokes has increased and the previous declining rate of heart attacks has leveled off.”

He goes on to say that such low sodium diets also result in insulin resistance, reduced sexual activity in men and cognitive difficulties and anorexia in the elderly. Tasteless and dull low sodium diets can cause other nutritional deficiencies while lowering sodium with diuretics to treat hypertension can cause similar problems.

In fact a new German study mentioned in Health Sciences Institute, [WWW.HSIBALTIMORE.COM] 11/05/04 e-newsletter, has shown that one of the results of a low-sodium diet in elderly people is *hyponatremia* or low blood levels of sodium resulting in fatigue, poor concentration, confusion, poor balance and incontinence. In more extreme cases, both hallucinations and even coma can result.

All this because of the wide-spread belief that salt is bad. However, in nature, sodium does not exist alone.

Sodium and Potassium

Also discussed in the 11/05/04 HIS e-newsletter is that numerous studies also show that simply increasing potassium intake alone lowers blood pressure and that consuming just *one serving of potassium-rich food* per day can lower stroke deaths by half. Potassium-rich foods include: apricots, bananas, cantaloupe, honeydew melon, citrus fruits, asparagus, potatoes, green beans, avocados, lima beans, winter squash, cauliflower, legumes and meats. Dr. Rosch concurs but prefers all organic foods be consumed.

Real Salt vs. Processed Salt

In an article entitled “The Emperor’s New Clothes” concerning what he views as the dangerous new reduced blood pressure recommendations and the appalling rise of *statin* drugs to control blood pressure [WWW.WESTONAPRICE.ORG/MODERN/DISEASES/PREHYPERTENSION.HTML], Dr. Roach, among other dietary suggestions for hypertension or pre-hypertension, also advises that we:

“Switch to unrefined salt; avoid commercial salt. This is the number one treatment suggestion of our own Dr. Cowan who finds that the simple measure of removing refined salt from the diet can bring down high blood pressure in the majority of his patients. (And avoiding commercial salt will also help you avoid processed foods, because most contain gobs of refined salt.)”

And according to “The Value of Real Salt” published by the Grain and Salt Society,

*“...in the industrial refining process, as many as 82 trace minerals and essential macro nutrients are forcibly removed, leaving only a single compound made of sodium and chlorine. Refined white salt is a biologically changing, completely unnatural and chemicalized substance. Refinery salt may legally receive up to 2% of chemical additives, such as bleaches, anti-caking agents, and conditioners. Ferrocyanide, yellow prussiate of soda, tricalcium phosphate, alumino-calcium silicate, sodium alumino-silicate, are anti-caking agents whose role is to prevent the salt from mixing with water, in the box or in the body. **This prevents the salt from doing one of its important functions on the organism.**” [emphasis added]*

IN ORDER TO AVOID EASY-POURING BLEACHED SALT with aluminum silicate and other chemical agents in it, some individuals have purchased “gray salt” or evaporated sea salt. Unfortunately, in this modern era, our seas are pollutant-laden and it seems to us that such pollutants could easily leave residues in formerly safe sea salt.

However, **DYNAMITE Natural Trace Mineral (NTM) Salt** is mined from pollutant-free, pure ancient sea beds, in other words, it is sea salt and, as such, the trace minerals in it are perfectly and naturally balanced for the sodium content.

NTM Salt can also be used not only in the kitchen as a salt source, but also in the bathroom as a super tub soak or poultice preferable to Epsom Salts. In fact, in that same Health Sciences Institute newsletter previously mentioned, it states:

*“A daily warm foot-bath with a handful of seasalt [remember that **NTM Salt** is pre-pollution sea salt since it is obtained from ancient seabeds.] will help a lot! (It’s actually a well known remedy in Egypt.) It doesn’t only take away the fungus, all bad odours disappear, your socks/shoes don’t smell and it seems to help against perspiration too. Try this for a week and watch the difference!”*

NTM Salt is available in a fine grind 2# jar and in bulk as a coarse grind in 25# buckets. ■