



Letter to the Editor

The rising tide of hypertension in India: The need for salt awareness and reduction

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Dear Editor,

I am writing to highlight the alarming rise in hypertension in India and the pressing need to address excessive salt consumption as a key contributing factor. According to the India Hypertension Control Initiative (IHCI), nearly 29% of Indian adults suffer from hypertension, yet only 37% are aware of their condition. One of the primary culprits behind this growing epidemic is the high dietary intake of sodium.

Salt (sodium chloride, NaCl) has been integral to human civilization for centuries, serving as a preservative, currency, and even a symbol of resistance. During the Dandi March of 1930, Mahatma Gandhi's protest against the British salt tax galvanized millions of Indians, emphasizing salt's essential role in daily life. Today, however, this vital mineral has become a double-edged sword. While essential for human physiology, its overconsumption significantly contributes to hypertension, a leading cause of cardiovascular disease (CVD) in India.

There is a common misconception that certain types of salt are healthier than others. However, while they may differ in mineral content and taste, all salts primarily contain sodium chloride and have a similar impact on blood pressure when consumed in excess.

1. Table Salt: Refined and often fortified with iodine to prevent goitre. Contains anti-caking agents but offers no significant health advantage over other types.

2. Sea Salt: Derived from evaporated seawater, it contains trace minerals but has nearly the same sodium content as table salt.
3. Himalayan Pink Salt: Mined from ancient salt deposits, it contains trace minerals giving it a pink hue. Despite marketing claims, it offers no proven health benefits over regular salt.
4. Rock Salt (Sendha Namak): Used during fasting in India, minimally processed but still mainly sodium chloride.
5. Kosher Salt: Coarser in texture but chemically similar to table salt.
6. Low Sodium Salt: A blend of sodium chloride and potassium chloride, beneficial for hypertensive individuals. However, people with kidney issues should avoid it due to its potassium content.

Type of salt sodium content (per 1g of salt)

Table Salt 388–400 mg Refined, fortified with iodine, contains anti-caking agents.

Sea Salt 370–390 mg Derived from evaporated seawater, contains trace minerals.

Himalayan Pink Salt 368–380 mg Mined from ancient deposits, contains trace minerals.

Rock Salt (Sendha Namak) 360–380 mg Minimally processed, mainly used during fasting in India.

Kosher Salt 370–380 mg Coarse texture, larger crystals, often used in cooking.

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Low-Sodium Salt 170–200 mg (less sodium due to potassium chloride content) Blend of sodium chloride and potassium chloride, beneficial for people with hypertension. Not recommended for kidney patients.

Regardless of the type, the sodium content remains the primary concern. Excessive consumption of any salt increases the risk of hypertension and cardiovascular diseases.

The WHO recommends a maximum daily salt intake of 5 grams (approximately one teaspoon) for adults, while the FSSAI suggests 6 grams. The Guideline Daily Amount (GDA) by age group is:

1. Adults (11 years and over): 6g/day
2. Children (7–10 years): 5g/day
3. Children (4–6 years): 3g/day
4. Children (1–3 years): 2g/day
5. Infants (<1 year): No added salt

However, studies show that Indians consume 10–12 grams of salt daily, nearly twice the recommended limit, increasing their risk of hypertension and related complications.

Chronic high salt intake is associated with several serious health risks, including:

1. Hypertension: The leading risk factor for stroke, heart disease, and kidney failure.
2. Osteoporosis: Excess sodium promotes calcium loss through urine, weakening bones.
3. Kidney disease: Increases renal workload, impairing kidney function.
4. Gastric cancer: High salt levels damage the stomach lining, promoting *Helicobacter pylori* infection and raising cancer risk.

Given that processed and packaged foods contain hidden salt, public awareness of dietary sodium sources is crucial. The FSSAI and public health authorities must strengthen efforts to promote salt reduction through:

1. Clear labelling regulations specifying sodium content.
2. Public health campaigns to educate consumers about the dangers of high salt intake.
3. Reformulation of packaged foods to reduce sodium content.
4. Promotion of home-cooked meals, reducing reliance on high-sodium processed foods.

Conclusion

Addressing India's salt consumption is vital to curbing the growing burden of hypertension and its associated health complications. As salt once symbolized resistance during the Dandi March, it is now time to resist its excess for the sake of public health.

Conflict of Interest

None.

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