

Low salt South Asian diet

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Abstract

There is ample discussion about the role of added sugar in the development of metabolic syndrome, and how to minimize it. However, the impact of salt on metabolic syndrome is not understood by many primary care providers. There is minimal discussion in medical literature on patient friendly means of encouraging a low salt diet. This communication suggests simple and pragmatic means of reducing salt intake in a South Asian context, so as to achieve World Health Organization recommended goals of salt intake (5 grams per person per day).

Keywords: Diabetes, Healthy cuisine, Hypertension, Salt, Sodium, Sugar.

Introduction

Excessive salt intake is a cause of avoidable morbidity and mortality, just as excessive sugar consumption.¹ High levels of salt predispose to multiple metabolic diseases and complications, including hypertension, stroke, stomach cancer, osteoporosis and renal stones.²

The World Health Organization recommends a daily intake of 5 g salt (3g sodium) per person.³ However, the average diet includes over 10g salt every day. This may be one of the reasons for poor control of blood pressure, and necessity of using multiple anti-hypertensive drugs, in practice.

South Asian Cuisine

South Asian cuisine is rich in its variety of spices and seasonings, which can be used as salt substitutes.⁴ Many South Asian food stuffs contain a fair amount of sodium, which allows them to be cooked without adding extra salt. Use of cooking methods which enhance the natural flavour of ingredients can also reduce the need for salt.

In this article, we focus on simple suggestions which can help patients reduce their salt intake.

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Assessment of Intake

Enquire about the use of the dangerous Ps: pickle, papad (poppadum), pakora (fritters), and processed foods, all of which are rich in salt. Estimate the daily intake of salt by calculating how long a 1 Kg packet of salt lasts in the kitchen. Count the number of days a bottle of tomato ketchup, or a container of chutney, takes to finish in a family. Teach patients, and their care givers, the importance of adhering to recommended limits to salt consumption. Demonstrate how to read and interpret food labels.

Salt Substitutes

Encourage use of salt substitutes, and lead by example. Some useful examples are listed in Table-1. Discourage use of high salt containing foods, including processed meats, processed cheese and ketchup. Encourage cooking methods such as steaming and baking, which require less salt. Most alternative salts, such as rock salt or black salt are as sodium- dense as table salt. The use of these non iodized salts should not be encouraged from a health perspective, though they can be used for their flavour.

Active Interest

Take an active interest in the culinary health of patients. Culinary health is an integral aspect of diabetics, and of diabetes care, which cannot be ignored. A few words about how meals are decided upon, prepared, and eaten are extremely important. Such a conversation goes a long way in strengthening

Table-1: Salt substitutes in South Asian cuisine.

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|----------------------------------|---|
| Spices | Asafoetida(heeng) Black pepper(kali mirch) Red capsicum pepper(laal Shimla mirch) Green capsicum pepper (hari Shimla mirch) Oregano |
| Seasonings | Onion Garlic Ginger |
| Low salt variants of food stuffs | Cottage cheese |
| Low salt cooking methods | Steaming Boiling Baking |

the patient-physician bond enhancing adherence to lifestyle modification.

Multi-professional Strategy

Include other professions and specialties in an effort to spread salt awareness in your community. Discuss the issue with nutritionists and chefs, so that acceptable alternatives to high salt based cooking can be popularized. Involve celebrity chefs in creating low salt or salt free recipes, and in social marketing of the low salt cooking concept.

References

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