Salt in Food. Myths About Salt. Claims that Salt is Harmful and Dangerous are Wrong

Rae West 9 July 2018. A short note on salt in food. It appears that Jewish control of 'research' and propaganda is responsible for harmful anti-salt propaganda. There's a long and varied connection of medical matters with Jewish malevolence: poisoning is a Talmudically-accepted policy against non-Jews, who Jews call 'goyim'. the Sackler family and opioids, the opium wars and addiction, probably the 'Black Death', fluoridation (Jew spy organisations watch for fluoride protestors—and low sodium increases fluoride uptake), the cholesterol and AIDS frauds, numerous topics needing examination: lead acetate in Rome, a lot of medicine before the 19th century, insecticides.

Hydrochloric acid in the stomach is essential to digest food, for example by breaking down proteins. It's also important in attacking pathogens; the weaker the acid, the less effective it is. The ONLY source for the chloride ions (these are chlorine, in combined form) is salt. Presumably this is a fact from evolution: if life started in the sea, sodium chloride and other minerals were part of the ambient surroundings, as were oxygen and carbon dioxide. Blood in circulation has a similar salt concentration to seawater. Land animals have to take in salt in addition to their food, with the possible exception of carnivores. The stomach lining has cells which in effect separate fluids into hydrogen ions (acid) for the stomach, and hydroxyl ions (alkaline) into the body. The stomach acid is strong; the rest of the body, being far larger, is made alkaline, but not so strongly. All this is obvious enough and gastric acid has been known since the 19th century: salt is not a flavour or optional extra in food; it's essential.

Here re a few consequences:

- **High stomach acid** helps digestion; low stomach acid tends to cause food to be less digested, i.e. leave bulkier stomach contents. This can lead to 'refluxing', where the stomach contents leak upwards. For this reason, odd supplements—'Horsford's acid phosphate', vinegar, lemon juice, 'antacids', betaine hydrochloric acid—may be taken.
- **High stomach acid** helps against pathogens: tapeworms, toxoplasmosis, protozoa, *Helicobacter Pelori*, disease microbes, fungi, and seems to help stabilise intestinal flora. Prolonged low concentration gastric acid may not be easily reversible, as the *Helicobacter* connection with stomach ulcers shows.
- **pH** is the scale of measurement of hydrogen ions: 1=strongly acid, 14=strongly alkaline, 7=neutral (as in water). Blood pH seems to be generally described, incredibly and wrongly as neutral—check it online. So doctors often don't know that the body is in fact slightly alkaline. The scale is logarithmic to base 10 (i.e. multiplicative), so a pH of 1 has 1,000 times as many hydrogen ions as a pH of 4. The pH scale tends to hide the huge differences between gastric acids.
- Alkalinity has long been known, or believed, to be anti-cancer. For example "NO disease including cancer can exist in an alkaline environment" is attributed online to Dr Otto H. Warburg in 1930. If alkalinity is important for cells, presumably excretion of HCl helped the evolution of the stomach.

- The chemical formula **$NaCl + CO_2 + H_2O$ —> $HCl + NaHCO_3$** (with biochemical complications; for example carbon dioxide is in body fluids because of metabolism of carbohydrates) must be approximately right. Sodium bicarbonate is mildly alkaline, and forms a buffer solution which stabilises pH. And with salt, it helps hydrate the body after heavy sweating, in hot climates. The **chloride shift** happens at cell level and in effect helps cell oxygenation.
- I suspect the 'gag reflex' with salt *may* help ensure that hyperacidity is prevented.
- Since the 1940s, it's been known that the body stores sodium in the skeleton, some of it in an insoluble complex. (See https://www.jbc.org/content/148/2/321.full.pdf; Google for 'sodium stored in bone'). Low sodium seems likely to weaken bones. Probably **osteoporosis, and such operations as hip replacements** are related to too little sodium.
- Teeth, like bone, may presumably be weakened by long-term shortage of sodium. Blood at the base of teeth must have some control of tooth structure.
- I suspect Crohn's disease may be linked to too little salt—just my guess
- The standard argument, taught to all lowish-level medicos, for low salt is that high salt causes **high blood pressure**. The mechanism is supposed to involve renin, and receptors—though there is doubt even over the existence of receptors. Blood viscosity is involved. Direct measurement, as opposed to doubtful theory, suggests, as might be expected, that increasing salt does not lead to higher blood pressure; there are many puzzled research papers online.
- Breast-fed babies have little need for salt, since their food ought to be low in pathogens and solid proteins. Possibly time for weaning is indicated by increasing salt; or possibly external food has salt anyway independent of breast milk. Anyway, babies are supposed not to be able to taste salt until four months old.
- **Salt and minerals.** Seawater has mainly sodium, potassium, and chloride ions, but also magnesium, iodide, and other ions, possibly in similar ratios to seawater many million years ago. This is the basis of the idea that sea salt is the best form of salt to eat. Trace elements are not really understood, but all should be essential.
- Some salt substitutes are mixed sodium and potassium chlorides. This seems a bit risky, as potassium is not controlled as well as sodium. Incidentally, I noticed some liquorice-flavoured sweets sold by IKEA have ammonium chloride (E510) as an alternative flavouring. These of course supply chloride; I'd guess the ammonium ion could be used in protein, but can't really comment.

- **Salt and human and animal health.** Improvements in health have been attributed to a huge diversity of factors: vaccination, water purification, more and better food, hypochlorite disinfectants, cleanliness, fewer fleas, control of insects and parasites, better food and cooking causing leprosy and scurvy and rickets to vanish, modern medical interventions, the abandonment of old medical interventions.

  But supply and consumption of salt as a most important determinant of human health is (I think) a new idea, and ought to be borne in mind when considering the history of human well-being.

  Historians must explore the hypothesis that salt played a part in civilisation almost as great as water and food. Perhaps cities such as Babylon, Alexandria, Peking, Rome and so on, and

regions such as Europe, had convenient deposits of inland salt, or exploitable sea-salt, with portability—perhaps stone or clay, and sufficient hot sun, and wind).

- **Relatively high salt consumption** **Icelanders are the longest-lived people** in the world. Daily salt consumption for Icelandic men is 4.5g above the WHO's recommended 5g per day, and women 1.5g above the recommended level. Japanese are said to live longest of anyone; they eat a lot of salt. It's easy to look at life expectancies online, but bear in mind these figures are hypothetical, as the live people aren't dead yet. And most of the figures and tables are written assuming salt is dangerous.
- **Relatively low salt consumption** There is a worldwide push to reduce salt consumption to a low point. The point of this piece is to show there are perfectly good reasons to give salt a central place in digestion and biochemistry, not something secondary which can be fooled with and expected to leave other health-giving processes improved. It's slightly reminiscent of the attitude that carbon dioxide is poisonous, which some uneducated people seem to genuinely believe. The Yanomami Indians are a good example of excitement generated over low salt diets; in fact they die young. And diets are measured for 'sodium'; the chloride component is unmentioned, which of course is a standard Jewish technique for their lies.
- There seem to be two linked events here: a 1960 graph by Louis Dahl, and a 1973 'paper' by Lillian Gleibermann, described as an anthropologist.

  (The subject of **'saturated fat'** matches much of this. Hugh Sinclair had the distinction of having the longest-ever letter to the Lancet published (in 1956) on food processing health. I wrote a piece here, on the claimed risk of smoking. If Sinclair was right, the Japanese smoked far more than Americans, but had far less lung cancer, because of a diet link. In this case, Ancel Keys wrote an influential paper.
- Oddly—perhaps—the need of animals for salt is well-understood by vets and farmers. Everyone knows about salt licks, and the several linked stomachs of cows, the acid being concentrated in the stomach furthest from the mouth. **Elephants** eat salt; some enter caves, and use their tusks. Some elephants are naturally tuskless; perhaps they have easily available salt?

Note: This is not medical advice. Any amount of damage may have already been caused by bad advice or practice.

Anecdote from Bertrand Russell's *Autobiography* Vol I:
I had no fruit, practically no sugar, and an excess of carbohydrates. Nevertheless, I never had a day's illness except a mild attack of measles at the age of eleven. Since I became interested in children, after the birth of my own children, I have never known one nearly as healthy as I was, and yet I am sure that any modern expert on children's diet would think that I ought to have had various deficiency diseases. ...
...
During my early years at Pembroke Lodge the servants played a larger part in my life than the family did. ... there was a French cook named Michaud, who was rather terrifying, but in spite of her awe-inspiring qualities I could not resist going to the kitchen to see the roast meat turning on the old-fashioned spit, and to **steal lumps of salt, which I liked better than sugar, out of the salt box.** She would pursue me with a carving knife, but I always escaped easily. ...'
Bertrand Russell 1872-1970.

Anecdote from *The Fall of the Congo Arabs* by S L Hinde (1897).

My stay at Stanley Pool, though it involved some most unpleasant work, taught me much which was afterwards of use. The doctor was generally ill, and his duties devolved almost entirely upon me. The station was badly supplied with provisions, and, as a consequence, both the white and black men were thoroughly out of health. More than half the black soldiers were suffering from ulcerated legs and feet —huge gangrenous sores, which at first resisted all treatment.

Later on, I found that the probable cause of this state of things was a want of salt; for, when some months afterwards we were in the Lualaba district, in which salt is plentiful, these ulcers were never seen except in troops arriving from downriver. On several occasions a whole contingent suffering from these loathsome ulcers joined us, and within a month were perfectly well, with no other treatment than a large ration of salt daily with their food.