

# Replace regular table salt with lower-sodium salt substitutes that contain potassium: WHO

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**Updated** – January 29, 2025 12:09 pm IST – CHENNAI



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The emphasis on salt — with so many recommendations on how much to consume and its constitution — is because of the huge impact it has on human physiology. | Photo Credit: Getty Images/iStockphoto

The World Health Organization (WHO) released a set of guidelines on Sunday (January 26, 2025) **recommending use of lower-sodium salt substitutes**. While the international body had already strongly recommended reducing sodium intake to less than 2 g/day, it has proposed a set of guidelines to replace regular table salt with lower-sodium salt substitutes that contain

potassium. This recommendation is for adults (not pregnant women or children), and excluding individuals with kidney impairments or with other circumstances or conditions that might compromise potassium excretion.

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The emphasis on salt — with so many recommendations on how much to consume and its constitution — is because of the huge impact it has on human physiology. Sodium (contained in salt) and water travel together in the human body, explains Priya Chockalingam, founder, Cardiac Wellness Institute, Chennai. Salt forces the body to retain water, so eating too much salt means more water in the blood vessels, raising blood pressure. Reducing salt consumption, therefore, reduces the load on the system, by significantly decreasing the volume in the blood, thus impacting directly, positively on blood pressure. This will

naturally have an ameliorative effect on cardiovascular health and prevent strokes.

## **Reducing salt, an effective way to reduce NCDs**

Globally, each year, eight million deaths are associated with poor diets, and of these, 1.9 million are attributable to high sodium intake. There is enough evidence to stridently endorse reducing salt as an effective way to reduce noncommunicable diseases (NCDs) such as cardiovascular diseases (CVDs), and chronic kidney disease by lowering blood pressure. It also lowers the risks of other conditions associated with high sodium intake, such as gastric cancer, the guideline says.

It provides evidence-informed guidance on the use of lower-sodium salt substitutes, in which NaCl (sodium chloride) is partially replaced with KCl (potassium chloride) for household consumption of table salt, but not in packaged foods, or foods consumed outside of home. The recommendations are to be

employed by policymakers, programme managers, health professionals among other stakeholders, to promote reduction of sodium intake.

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Vivekanand Jha, executive director, The George Institute for Global Health in India, says this guideline is very significant for India, given the propensity to add extra salt to everything. This is an appreciable effort to change behaviour, he says. “Instead of targeting individuals with messages about reducing salt, it makes sense to change what is available to them at a population level, in this case, low sodium salt, and make it affordable to all,” Prof. Jha explains. He adds that the WHO guidelines clearly keep out persons who might have to be on a low potassium diet. Regular salt may still be available for them.

Dr. Priya, while endorsing efforts to reduce salt consumption, particularly given the culture in India, also flags the issue of

putting people with possibly undetected kidney disease, on a potassium-enhanced salt alternative.

**Published** – January 28, 2025 09:38 pm IST