



STAPH Meal: Society To Always Procure Healthfully Newsletter

OFFICIAL NEWSLETTER OF DR. MIKE: AMERICA'S CULINARY INTERVENTIONALIST

IN THIS ISSUE: SALT

A Salty Red Herring: The truth about dietary sodium



Believed to be the origin of the diversionary term, a "red herring" was a smoked kipper (usually herring) that was heavily treated with salt through brining and as a result would have its flesh turn a deep red.

Now it seems that salt itself, or more precisely the sodium portion of the salt [sodium chloride] molecule, has become a modern day red herring. For many years now, the consumption of salt, or more specifically, sodium, has been targeted as a major contributor to disability and disease; specifically, by contributing directly to the development or worsening of hypertension and cardiovascular disease. As cardiovascular disease remains the number one cause of mortality for both men and women in the United States,

and many industrialized nations, this is a significant health issue.

Indeed, there are major governmental health programs like The Million Hearts Initiative; of which part of their algorithm includes achieving their health objectives through reducing sodium consumption by 20%. This program consists of hundreds of millions of dollars in taxpayer funds as well as private corporate partnerships with similar allotments. All in pursuit of a goal that has never yielded concrete benefit. For a primer, read my descriptions of the salt controversy here: The Atlantic, Pacific-Standard (note the dates these were written) and for a full background description read The Fallacy of The Calorie.

The purported benefit of a low sodium approach is based on the sodium hypothesis. The thought process goes like this; increasing your intake of sodium, increases your intravascular volume. This is true, which is why when people are dehydrated they are treated with an intravenous solution of normal saline (salt water). More vascular volume

also increases blood pressure (albeit temporarily); also true. Increased blood pressure, or hypertension, is a risk factor for stroke and cardiovascular disease and thus bad; also true. Therefore, by reducing intake of sodium we lower blood pressure and save lives; not only not true but disturbingly reminiscent of the failed dietary cholesterol/fat hypothesis (but that's another story!).

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Don't miss this week's
Culinary CPR with Dr. Mike
& Chef Luca! Recipes on
page 4!

IT'S A CODE DELICIOUS!



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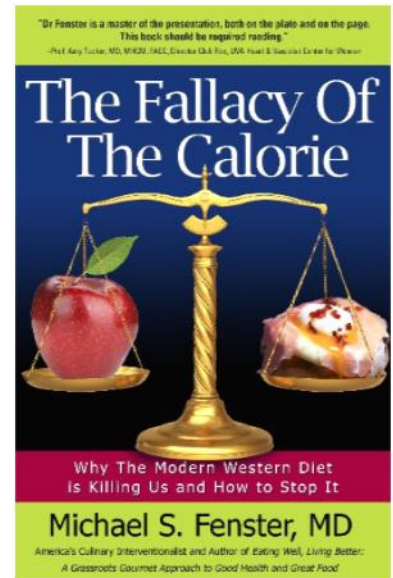
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Call in during Code Delicious with Dr. Mike every Wednesday 2 to 3 pm Eastern with questions or comments. Better yet, Tweet us @WCWD!



The Fallacy of The Calorie

If you don't have a copy of Dr. Mike's latest book, the critically acclaimed *The Fallacy of The Calorie: Why The Modern Western Diet is Killing Us and How to Stop It*, click on this link to head over to Amazon.com and get it! [The Fallacy order link](#)

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HEALTHY BYTES BY THE NUMBERS

PSYCHOLOGY TODAY

Read all of Dr. Mike's monthly columns in Psychology Today; just follow the link below

READ ON!

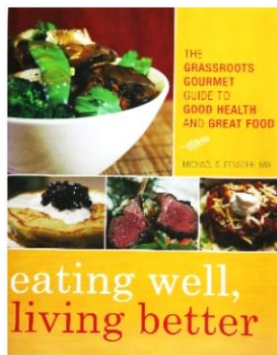
[Psychology Today Column](#)

34%

The percentage increase risk for those **with hypertension** consuming less than 3 grams of sodium per day compared to those consuming 4-5 grams per day

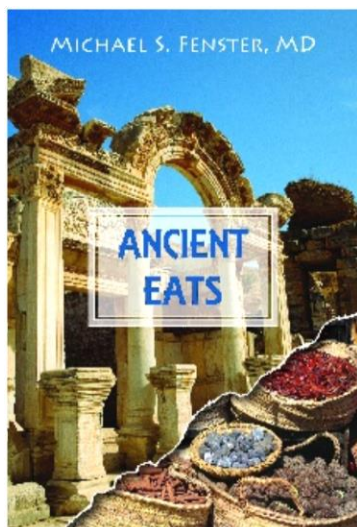
26%

The percentage increase risk for those **without hypertension** consuming less than 3 grams of sodium per day compared to those consuming 4-5 grams per day



Have It All

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Ancient Eats

Be the first to know the most! Pre-order Dr. Mike's latest book due Fall 2016, **Ancient Eats Volume I: The Ancient Greeks & The Vikings**, on Amazon.com here: [AE Amazon Link](#) and get special pre-order discount pricing!

Salt

(Continued from Page 1)

Mente, A., O'Donnell, M., Rangarajan, S., Dagenais, G., Lear, S., McQueen, M., . . . Yusuf, S. (2016). Associations of Urinary Sodium Excretion with Cardiovascular Events in Individuals with and without Hypertension: A Polled Analysis of Data from Four Studies. The



Salt is necessary for life. Recent studies now suggest too little salt, less than 3 grams per day of sodium, is associated with an increased mortality risk. The average American currently consumes approximately 3.4 grams per day. Increased risk does not seem to manifest until over 7 grams per day are exceeded

The foundation of this philosophy is mirrored in the statement by the US governmental health agencies that utter because there is no harm in reducing sodium intake, it should be driven as low as possible. Current US sodium consumption is roughly 3.5 grams per day; with many urging a decrease to 2.5 grams or even as low as 1.5 grams per day. Reflecting the "you can't go too, too low" approach, anticipated benefit is modeled on a linear relationship in which there is increasing risk and adverse outcome with increasing sodium intake and conversely decreasing risk with decreasing intake; all in a linear fashion. This potential modeling is where many of the predictions of low sodium benefit are derived from; benefits that are remarkably lacking in prospective trials.

Now a recently performed meta-analysis of four, large, prospective trials helps solidify the reasons why; as well as the relationships that guide that them. This analysis compromised over 130,000 people from 49 countries who were examined for over four years. The population studied, importantly, compromised both those with hypertension as well as those without (normotensive). The researches utilized urinary excretion of sodium which is an accurate measure of dietary sodium intake from all sources.

The results were striking and also in agreement with recent, but smaller studies. The relationship between sodium intake and cardiovascular morbidity and mortality is not linear. Regardless of whether one has hypertension or is normotensive, consumption of less than 3 grams per day is associated with increased risk. The minimum amount of risk appears to be related to daily consumption of between 4-5 grams of sodium per day.

(Follow the link to [Psychology Today](#) to read the complete article)

Culinary CPR!

Grilled Paprika dusted Shrimp served with

Roasted Tomato “Butter” with Chili & Cilantro Oils

By Chef Luca Paris

Ingredients:

- Shrimp
 - 24 jumbo shrimp (1-1½ pounds), shelled and deveined
 - 2 tablespoons smoked paprika
 - Salt & pepper
- Tomato Butter
 - 4 ripe plum tomatoes
 - ¼ cup extra virgin olive oil
 - 3 teaspoons lemon juice
- Cilantro Oil
 - 1 bunch cilantro
 - 1 cup olive oil
 - salt and white pepper
- Chili oil
 - 2 cups olive oil
 - 4 teaspoons red pepper flakes

Directions:

Grilling the Shrimp:

Mix the smoked paprika and the salt & pepper and season the shrimp. Prepare your grill (outdoors) or grill pan (indoors). Brush the grill grate with oil. Grill the shrimp until cooked through, 2 to 3 minutes per side

Making the Tomato “Butter”:

In a heavy bottom sauce pan cut up the plum tomatoes in quarters, add the olive oil, lemon juice, salt & pepper. Cook on medium low heat for about twenty-five minutes or until the tomatoes start to

break down and lose their shape. When completed take the stewed tomatoes to a blender or immersion blender and blend till smooth and buttery leaving no residual pieces.



Making the Cilantro oil:

Prepare a small pot of water boiling on the stove. “Blanch” the cilantro by adding it to the boiling water for about 10 seconds, making sure the leaves are in the water the whole time. “Shock” the cilantro by removing it from the boiling water and adding it to an ice and water bath. Drain the cilantro and pat dry. In a blender add your cilantro, salt, white pepper and extra virgin olive oil. Blend until it is smooth on medium speed for about 2 to 3 minutes. Store this mixture overnight in your refrigerator so the herb pieces that weren’t fully pureed can settle and still add flavor overnight. The next day filter the oil through a coffee filter or cheesecloth and store in the refrigerator until needed. NOTE: When using extra virgin olive oil, you will find that it thickens when refrigerated. Allow the cilantro oil to come to room temperature and it will regain its regular viscosity. This and other herb oils will keep up to two weeks without losing too much of its color and flavor. You can use this same method for numerous herb oils!

Making the Chili oil:

Combine the oil and crushed red pepper flakes in a heavy small saucepan. Cook over low heat about 5 minutes. Remove from heat. Cool to room temperature, about 2 hours. Transfer the oil and pepper flakes to a bottle. Seal the lid. Refrigerate up to 1 month. I keep squeeze bottles of flavored oils available at all times. If you don’t want the oil getting too spicy remove the pepper flakes through a strainer after 24 hours.

The Analysis

Shrimp! Delicious, succulent, sweet shrimp!

I still get questions from folks all around the country asking me why their doctor or other health professional has told them “No” to shrimp.

The short answer is the dispensers of said advice are only comprehending half the story. Yes, shrimp is a cholesterol-rich food. By weight, one of the most cholesterol rich foods around.

But two key points. As explained in detail in, *The Fallacy of The Calorie*, dietary cholesterol, the cholesterol you eat in foods, has little to nothing to do with what your blood cholesterol levels are. This is why in 2016, the new dietary guidelines-after a half century of misinformation- have finally eliminated cholesterol dietary consumption numbers.



The second is that diets rich in foods like shrimp are associated with *superior* health outcomes. However, like with everything else we consume; where it comes from and how it is processed are the key variables in determining the healthful value. Not to mention that fresh shrimp have a profoundly *superior* taste and texture as well. Avoid foreign imports, particularly farmed, when you cannot identify the conditions the shrimp were raised under. When in doubt; go local and wild!

GRAND ROUNDS



Cheers!

Dr. Mike on Health with Eraldo!



The Set!

The meal includes a little food for thought with The Fallacy of the Calorie!



Squeezing in...

Another B&N book signing along the way. Check the calendar at Cardiochef.com to see if I'm making a house-call in your neighborhood!

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