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Why Raising Potassium Matters More Than Just Cutting Salt for Blood Pressure

Analysis by Dr. Joseph Mercola | June 25, 2026

STORY AT-A-GLANCE

- Research confirms that the sodium-potassium ratio, not just sodium alone, is essential for blood pressure regulation. Increased potassium intake significantly lowers blood pressure, even when sodium remains high
- Potassium lowers blood pressure by helping your body get rid of excess sodium, activating early kidney responses, and reducing hormones that raise blood pressure
- Studies have also challenged universal salt restriction guidelines and showed that there's no clear benefit to cutting salt below 5 grams a day. This has led European guidelines to withdraw blanket sodium limits
- Most Americans eat almost twice as much sodium as potassium, even though it's recommended to eat five times more potassium than sodium. This is mostly because processed foods make up 70% of sodium intake
- For optimal blood pressure management, aim for about 3,500 milligrams (mg) of sodium daily from natural sources, as well as 3,400 to 5,000 mg of potassium from whole foods like spinach, beet greens, and oranges

Nearly half of all adults in the United States (around 119 million people) have high blood pressure.[1] Standard treatment protocols typically begin with a recommendation to reduce dietary salt. The rationale behind this advice is that salt contains sodium, and since sodium influences fluid retention and vascular tone, cutting salt intake should lower blood pressure.

However, this approach vilifies sodium while overlooking potassium, the mineral that works alongside it to regulate blood pressure. Research from the University of Waterloo, Canada, confirms that the real problem isn't just too much sodium — it's the imbalance between sodium and potassium, a far more common yet underrecognized issue with serious consequences.[2]

These findings support a core principle I have long emphasized — you don't fix hypertension by waging war on salt. You manage it by restoring the balance your body needs to regulate fluid, relax arteries, and keep your kidneys working the way they were designed to.

What the Latest Research Shows About Potassium and Blood Pressure

Earlier studies have established that higher potassium intake lowers blood pressure. But the featured study, published in the American Journal of Physiology — Renal Physiology in March 2025, took it further by simulating real-life variables like gender differences, mineral intake, and different types of high blood pressure to see how the sodium-to-potassium ratio affects blood pressure control. Their findings showed:[3]

- **Potassium lowered blood pressure even with high sodium intake —** Across all simulated scenarios, doubling potassium intake led to a meaningful drop in systolic blood pressure, even when sodium intake stayed high.

  In men, reductions ranged from 7 to 14 mmHg; in women, 5 to 10 mmHg. These effects were consistent across different forms of hypertension, showing that potassium helps regulate blood pressure regardless of the underlying cause.

- **Why women saw smaller effects —** Women in the model had slightly smaller drops in blood pressure because their kidneys already retain less sodium. Since there was less excess sodium to remove, the impact of potassium wasn't as strong, but it still helped by activating the same systems that relax blood vessels and support fluid balance.

- **Potassium influences how the kidneys process sodium —** The primary mechanism behind potassium's ability to lower blood pressure is by reducing how much sodium the kidneys reabsorb, especially in the proximal tubule, the first segment of the kidneys where about two-thirds of filtered sodium is reabsorbed.

  The study showed that when potassium intake increased, sodium reabsorption in this segment decreased sharply, leading to enhanced sodium excretion and blood pressure reduction. This process, called natriuresis, worked in tandem with increased urinary potassium excretion (kaliuresis) to maintain balance.

- **Potassium also affects hormonal control —** By reducing sodium reabsorption in the proximal tubule, more sodium continues through the kidney and reaches a sensor called the macula densa, which monitors sodium levels. That increased sodium flow signals your body to lower production of renin and aldosterone, two hormones that normally raise blood pressure by helping the body retain sodium and fluid.

- **The kidneys' built-in potassium sensors triggered early correction —** The researchers found that potassium activated a "feedforward" signal from the gut to the kidneys. This means the kidneys began adjusting sodium and fluid levels as soon as potassium entered the digestive system.

  This helped prevent high potassium buildup in the blood while also increasing sodium clearance. This early signaling shows how the body is designed to react quickly to potassium to maintain balance and stabilize blood pressure.

- **Potassium's benefits depended on a healthy kidney response —** In follow-up simulations, when the kidney's ability to adapt to potassium was disabled, systolic pressure remained elevated and potassium levels rose dangerously. This confirms that the blood pressure-lowering effect of potassium relies on intact kidney signaling and mineral transport pathways.

- **Focusing on one mineral misses the bigger picture —** The authors concluded:

> *"Although the relationship between excessive dietary sodium intake and elevated blood pressure is well-accepted among the public, the beneficial effects of higher dietary potassium intake have historically received less attention.*
>
> *Indeed, the dietary sodium-to-potassium ratio was found to be a stronger predictor for blood pressure, risk of cardiovascular disease, and all-cause mortality, than dietary sodium or potassium alone."*[4]

This study reinforces what even mainstream organizations now acknowledge. As the American Heart Association puts it, "Foods with potassium can help control blood pressure by blunting the effects of sodium. The more potassium you eat, the more sodium you process out of the body."[5] I recommend reading "**How Potassium Can Help Your High Blood Pressure**" to learn more.

Why the Science No Longer Backs Universal Salt Restriction

Supporting the growing evidence that salt restriction alone does little good, reassessments of long-standing sodium guidelines in heart failure show a lack of consistent clinical benefit. In many cases, strict salt limits fail to improve outcomes and could even reduce your quality of life.

- **European guidelines have withdrawn universal sodium restriction —** A 2024 position paper published in the European Journal of Heart Failure stated that "recent data challenge the beneficial role of dietary sodium and fluid restriction in HF [heart failure]."[6] This statement marks a departure from previous recommendations, advocating for a more individualized approach to dietary management in heart failure patients.

- **Early support for salt restriction has not held up under scrutiny —** A systematic review published in JAMA Internal Medicine[7] challenges earlier claims that lowering sodium reduces hospitalizations or improves symptoms in heart failure patients.

After analyzing nine clinical trials involving heart failure patients, the review found no consistent evidence that sodium restriction led to meaningful benefits. While a few studies reported minor improvements in symptoms like fatigue or shortness of breath, these effects were inconsistent and had no impact on crucial outcomes like mortality or hospital admissions.

- **Limiting sodium below 5 grams offers no added protection —** Research published in Progress in Cardiovascular Diseases[8] found no significant benefit to restricting salt intake below 5 grams per day, which is the threshold recommended by the World Health Organization (WHO).[9] The authors concluded that ultra-low sodium targets do not reduce the risk of adverse heart failure events and are unnecessary for many patients.

- **Strict salt limits failed to improve outcomes in a large trial —** A large international trial published in The Lancet[10] followed 806 patients with chronic heart failure who were randomized to either a sodium-restricted diet (less than 1,500 milligrams (mg) a day) or standard dietary advice.

  After 12 months, there were no statistically significant differences in mortality, cardiovascular-related hospital visits, or emergency care between the two groups. In fact, the low-sodium group experienced a slightly higher rate of all-cause death at 6% compared to 4% in the standard diet group.

Moreover, cutting salt too aggressively increases the activity of hormones like renin, aldosterone, and cortisol. These hormones raise blood pressure, promote fluid retention, and drive inflammation. Elevated cortisol, in particular, contributes to insulin resistance, immune dysfunction, and tissue breakdown, all of which worsen your cardiovascular risk. Learn more about this in "**Salt Restriction Promotes Stress by Elevating Cortisol**."

How's Your Sodium-to-Potassium Balance?

It's generally recommended that you consume five times more potassium than sodium, yet the average American gets nearly twice as much sodium instead. This reversed ratio is a major contributor to modern chronic health problems, especially since most of that excess sodium comes from heavily processed foods.

- **Processed foods are the main source of excess sodium —** More than 70% of the sodium in the modern diet comes from packaged and processed foods, not from the salt you add to your meals.[11]

  These products rely on highly refined sodium chloride, which is made up of 97.5% pure salt and about 39% sodium by weight, stripped of trace minerals like potassium and magnesium. If most of your meals come from boxes, bags, or restaurants, your sodium-to-potassium ratio is likely far from optimal.

- **An imbalanced ratio drives more than just high blood pressure —** This mineral imbalance also raises your risk for a wide range of health problems, including kidney stones, osteoporosis, memory decline, cataracts, erectile dysfunction, stomach ulcers, rheumatoid arthritis, and stomach cancer.

- **Choose potassium-rich whole foods —** The most effective way to boost your potassium intake is through whole foods, such as:[12,13]

  - Spinach
  - Broccoli
  - Beet greens
  - Oranges
  - Coconut water
  - Tomatoes
  - Grass fed yogurt

    - Winter squash
    - Cantaloupe
    - Kefir
    - Carrots
    - Swiss chard
- **Switch from processed salt to natural salt —** Natural salt is higher in potassium than processed salt. Compared to iodized white table salt, which contains 151.68 milligrams per kilogram (mg/kg) of potassium, pink Himalayan salt contains 2,085.71 mg/kg.[14]

How Much Salt and Potassium Do You Actually Need?

Recognizing the imbalance is one thing — knowing how to correct it is another. Most people have no idea what their daily sodium or potassium intake looks like, let alone how much they actually need. The following guidelines can help you target the right amounts:

- **The ideal sodium intake —** Most people thrive on 3,500 mg of sodium per day. This is well above the AHA's recommended limit of 2,300 mg and far beyond their "ideal" 1,500 mg.[15] However, if your salt comes from natural sources and your potassium intake is high, 3,500 mg is a reasonable and physiologically supportive target, especially if you sweat, exercise, or drink caffeine frequently.
- **You need significantly more potassium than sodium —** The AHA recommends a daily potassium intake of 3,400 mg for adult men and 2,600 mg for adult women. For those aiming to lower blood pressure, a higher intake of between 3,500 and 5,000 mg per day is ideal.[16]

- **A blood test helps assess your sodium needs —** A fasting chemistry profile that includes serum sodium levels can show whether your intake is too low or too high. An ideal level is 139, with a healthy range between 136 and 142. If your number is low, you may need more natural salt. If it's high, cut back on refined salt.

For practical strategies to help you meet these targets and support your heart health, read "Top Tips to Lower Your Blood Pressure."

Frequently Asked Questions (FAQs) About Potassium and Blood Pressure

Q: Does cutting salt really help lower blood pressure?

A: Not always. While sodium influences fluid retention, cutting salt alone often doesn't lead to meaningful improvements in blood pressure in the long run, especially if potassium intake remains low. Your sodium-to-potassium ratio is more important.

Q: How does potassium help lower blood pressure?

A: Potassium lowers blood pressure by reducing sodium reabsorption in the kidneys, which increases sodium excretion (natriuresis) and reduces fluid retention. It also improves kidney filtration, suppresses hormones like aldosterone and renin that raise blood pressure, and relaxes blood vessels.

Q: How much potassium should I eat daily to lower blood pressure?

A: Men should aim for at least 3,400 mg and women 2,600 mg. If you're actively managing high blood pressure, aim for 3,500 to 5,000 mg of potassium per day.

Q: What are the best foods to improve my sodium-to-potassium ratio?

A: To correct your sodium-to-potassium ratio, prioritize potassium-rich foods like spinach, beet greens, broccoli, oranges, tomatoes, cantaloupe, coconut water, yogurt, and winter squash. At the same time, eliminate processed foods. These are the biggest sources of excess sodium and contain little or no potassium.

Q: Does the type of salt I use matter?

A: Yes. Most table salt is 97.5% sodium chloride and stripped of trace minerals. Natural salts like pink Himalayan salt contain significantly more potassium (over 2,000 mg per kilogram) and no chemical additives. While it's not a substitute for potassium-rich foods, switching to natural salt supports better mineral balance and reduces sodium overload from refined products.

Sources and References

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