

Guest Editorial



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Summer is well and truly setting in. The certainty of the high temperature also brings about the anticipation of several thirst quenchers that abound in our market. It is a challenging time for those with abnormal electrolyte profiles or kidney diseases.

The best and safest to drink is water, providing best hydration. Stone formers may need to drink at least 3 liters of water to prevent crystals from aggregation. Tea and coffee in this context would not be considered hydrating. One needs to factor in other disease process which may limit intake of water, like kidney, heart or liver failure. A balanced approach is needed.

Carbonated cola drinks are best avoided as they contain high amounts of sugar and phosphorous. These are particularly a problem for CKD patients and stone formers.

The local cheap coconut water boasts of electrolytes such as potassium, sodium, magnesium which replenish lost nutrients. The potassium also helps in blood pressure regulation. If the kidney is still able to handle potassium well despite CKD, then there is room for such patients to include this in their diet, with nutritionist input and keep in the allocated range of potassium. It is important to check packaged versions for additives and added salts.

Exercising and replenishing with only water and no electrolytes or salts can lead to symptomatic Dyselectrolytemia i.e. water intoxication or hyponatremia, especially in intense outdoor activities. Too much of a good thing also causes a problem. 1.5 to 2 liters with increase based on outdoor exposure, heat and activity level should suffice. We do get 20% water from food sources too.

CKD patients too can benefit from some fluid restriction relaxation based on the climate and exercise levels in summer.

Older people, hospitalized or bedridden people with impaired thirst mechanisms should be attended to with careful supplementation of water in these hot months.

Dehydration and heat strokes can be mitigated by drinking adequate water and being well hydrated.

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