

# Ask the Sleep Doc

## 11/8/22

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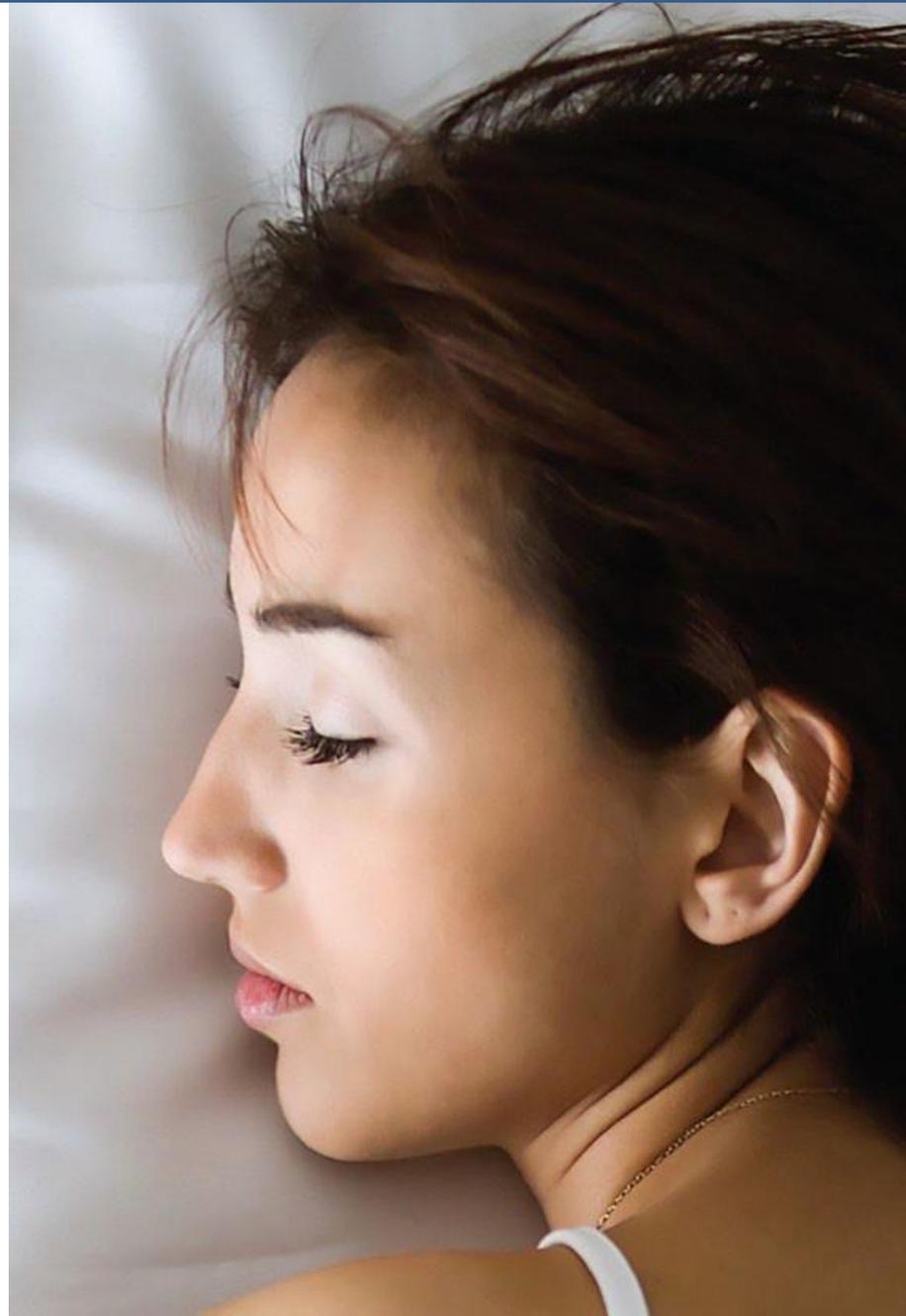


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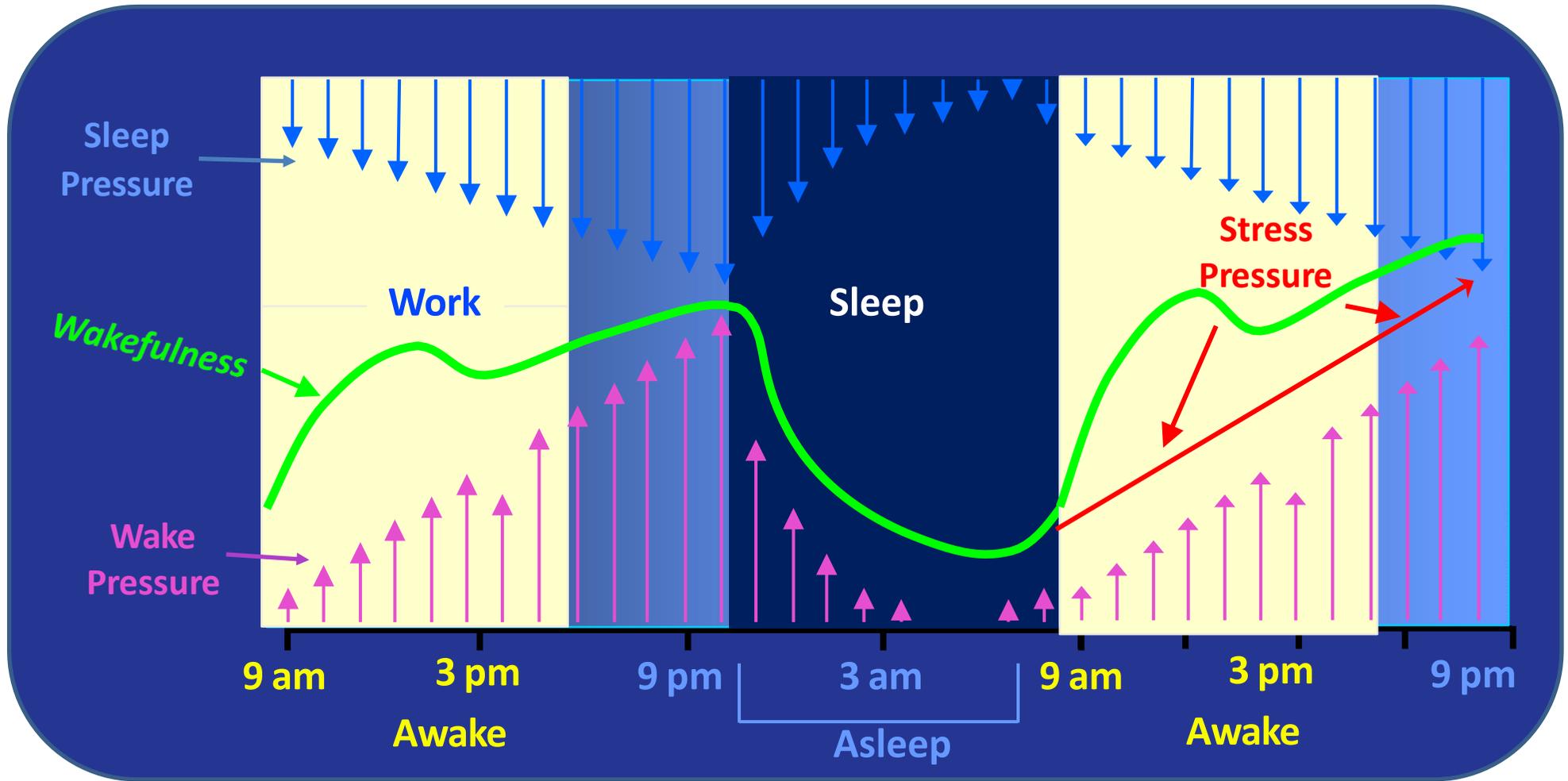
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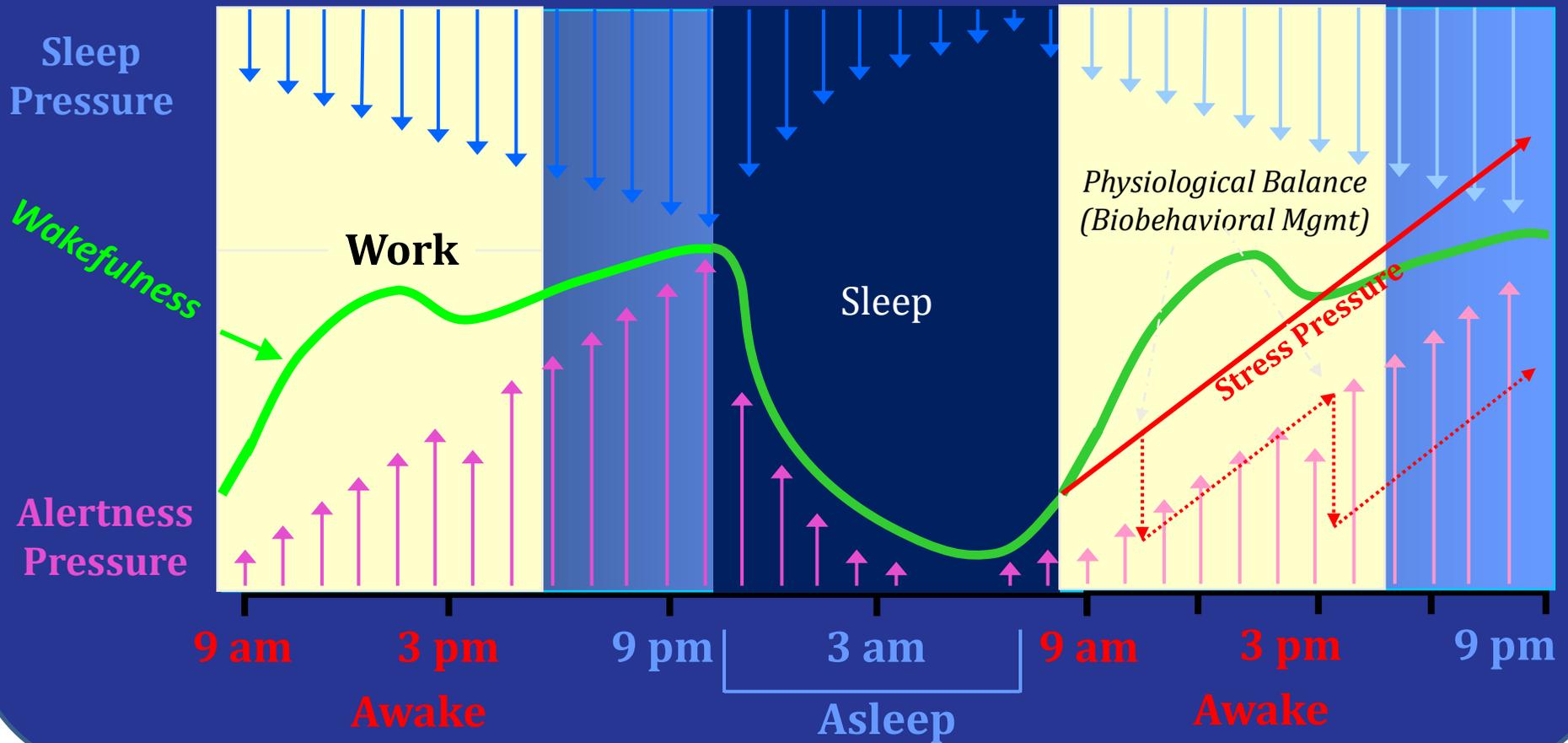
[ed@youroptimalnature.com](mailto:ed@youroptimalnature.com)



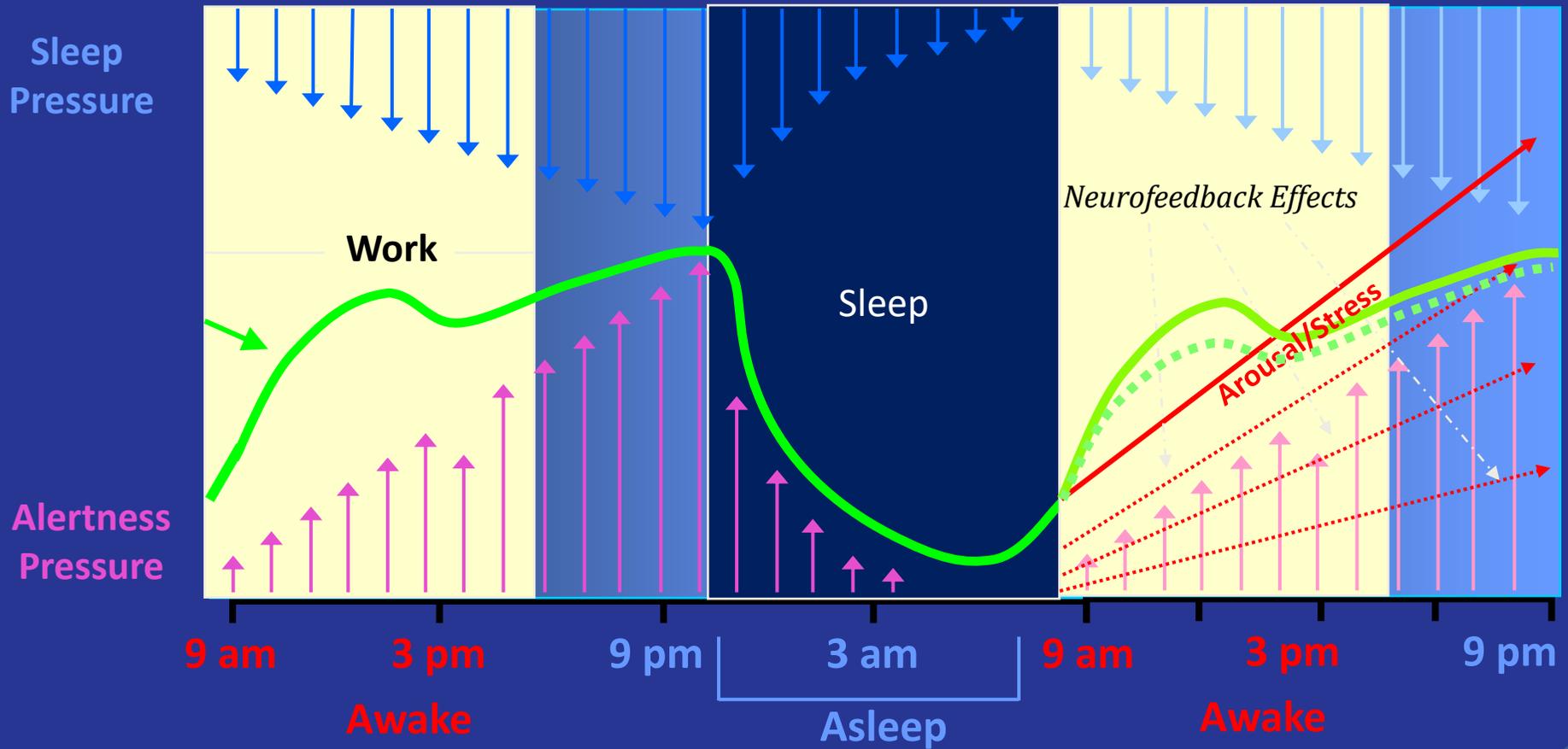
# The 3 Major Pressures Affecting Sleep & Wake Propensity



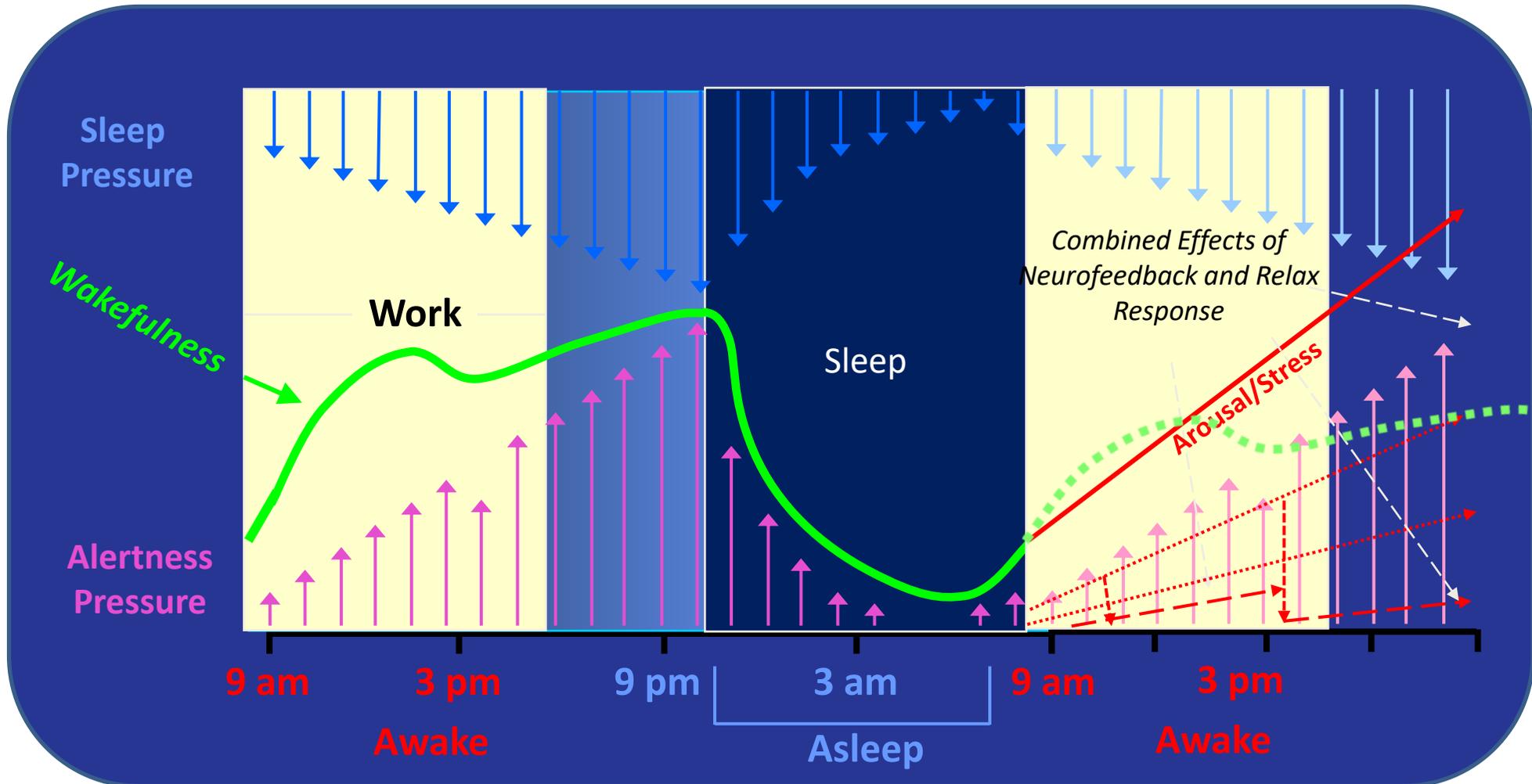
# Influence of BioBehavioral Management (*think de-stressing*) on **Arousal/Stress**



# THE EFFECT OF NEUROFEEDBACK ON AROUSAL/STRESS AND ALERTNESS



# COMBINED EFFECTS OF NEUROFEEDBACK AND RELAXATION RESPONSE ON AROUSAL/STRESS AND ALERTNESS



# Questions 11/8

**Question:** What are the best herbs and supplements for getting a good night of sleep? And if someone just has to take a prescription strength sleep aid, which ones would Dr Ed recommend, and which ones to avoid?

**Reply:**

Herbs-**valerian root**, hops, lemon balm, chamomile, passionflower, lavender, act mostly by relaxing the nervous system. There are others indigenous to other lands.

Supplements-**melatonin** (<3mg, liquid or sublingual tabs that bypass the digestive system are most effective and quick-acting-15 minutes), 5-HT, L-theanine, magnesium.

## ADAPTOGENS

An adaptogen is a substance (typically an herb) that usually exerts no specific biological effects but tends to normalize or otherwise bring the body into a state of homeostasis. Some of the most powerful adaptogens include:

- Panax ginseng root
- Rhodiola rosea root
- Eleutherococcus senticosus root
- Astragalus root (Astragalus membranaceus)
- Ashwagandha root (Withania somnifera L.)
- Schisandra fruit (Schisandra chinensis)

<https://www.nutritionaloutlook.com/view/adaptogens-explained-what-makes-an-herb-an-adaptogen>

# Questions 11/8

**Question:** And if someone just has to take a prescription strength sleep aid, which ones would Dr Ed recommend, and which ones to avoid?

**Prescription strength:** Lunesta (several dosages, lasts about 6hrs), Sonata (shortest acting-great for sleep onset, but also for needing to take in the middle of the night-will be gone by morning) overall minimal side effects. Trazadone is not a sleep aid per se but in low doses it can be sedating and is non-addictive. There are some newer ones coming on the market but aren't fully tested in the general public yet.

**Question:** What to Avoid?

Avoid Ambien due to its side effect profile-sleepwalking, disorientation, falls in the elderly, other dangerous disorders of arousal (sleep -driving, -eating, -sex), and the benzodiazepines-very addictive.

**Cannabinoids:**

No scientific studies with hard data to support. Much anecdotal data, so most are on their own to try. Best advice is to start low CBD (full spectrum and accompanied by a small dose of THC (<1mg or so which apparently is needed for activation). If hallucinations are experienced the antidote is to chew on several peppercorns which seem to enzymatically shut down the process.

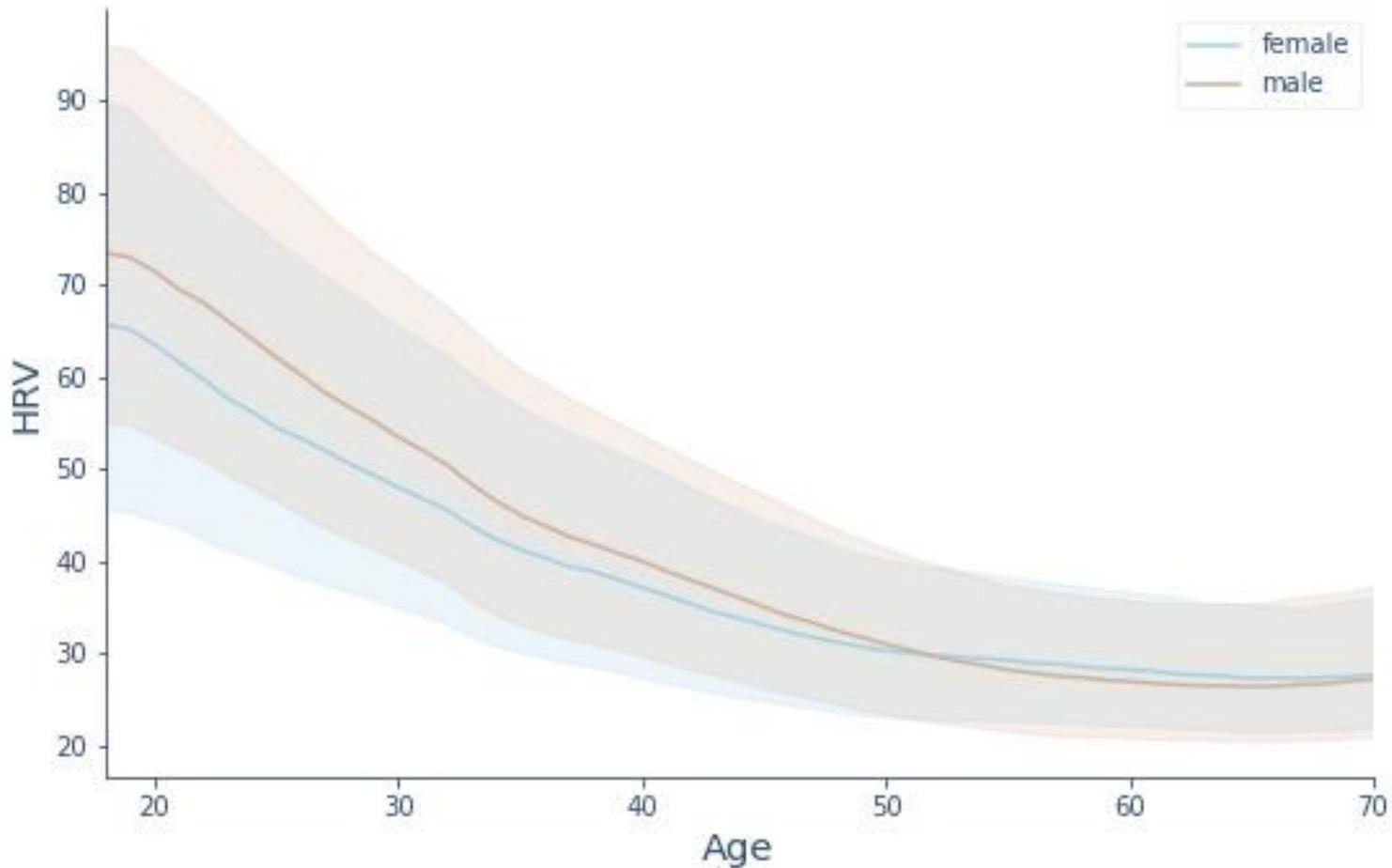
Lastly, the strain is important. The 2 major strains are Sativa (mostly responsible for the high experience) and Indica (mostly responsible for the body relaxation and pain reduction).

# Questions 11/8

1. Barry 10/20:
  1. Can you talk about HRV, Heart Rate Variability as measured by Ora? My HRV is usually between 12-16. Is that good/bad? What can I do to make it better?
  2. Magnesium Supplementation in Elderly Insomnia
  
2. Richard Hammer 11/7:
  3. Is it useful to use EFT tapping for insomnia? Heard Dawson Church talk recently saying that studies show that it is good for Veterans especially those needing better sleep.
  4. I am a male in my late 70's and have significantly low testosterone level for awhile. Meds not effective. Does this contribute negatively to my ongoing insomnia?
  5. Can chronic insomnia be considered trauma and hence need to do trauma work?
  
3. Amanda 11/8:
  6. I have good news in that since August I have managed to establish a good natural sleep routine (requiring discipline!) However I will be flying from UK to CA soon and am hoping not to lose this! Could you remind us what you suggest when flying through time zones?
  7. I know its the return which causes more jet lag. My brain appreciates more sleep. Is that a result of the glymphatic process that happens during the night? Thanks...

# HRV During Sleep

HRV by age



<https://ouraring.com/blog/what-is-heart-rate-variability/>

# Magnesium Supplementation Affects Sleep

## Table 2

Comparison of sleep indices in magnesium supplementation and placebo groups before and after intervention

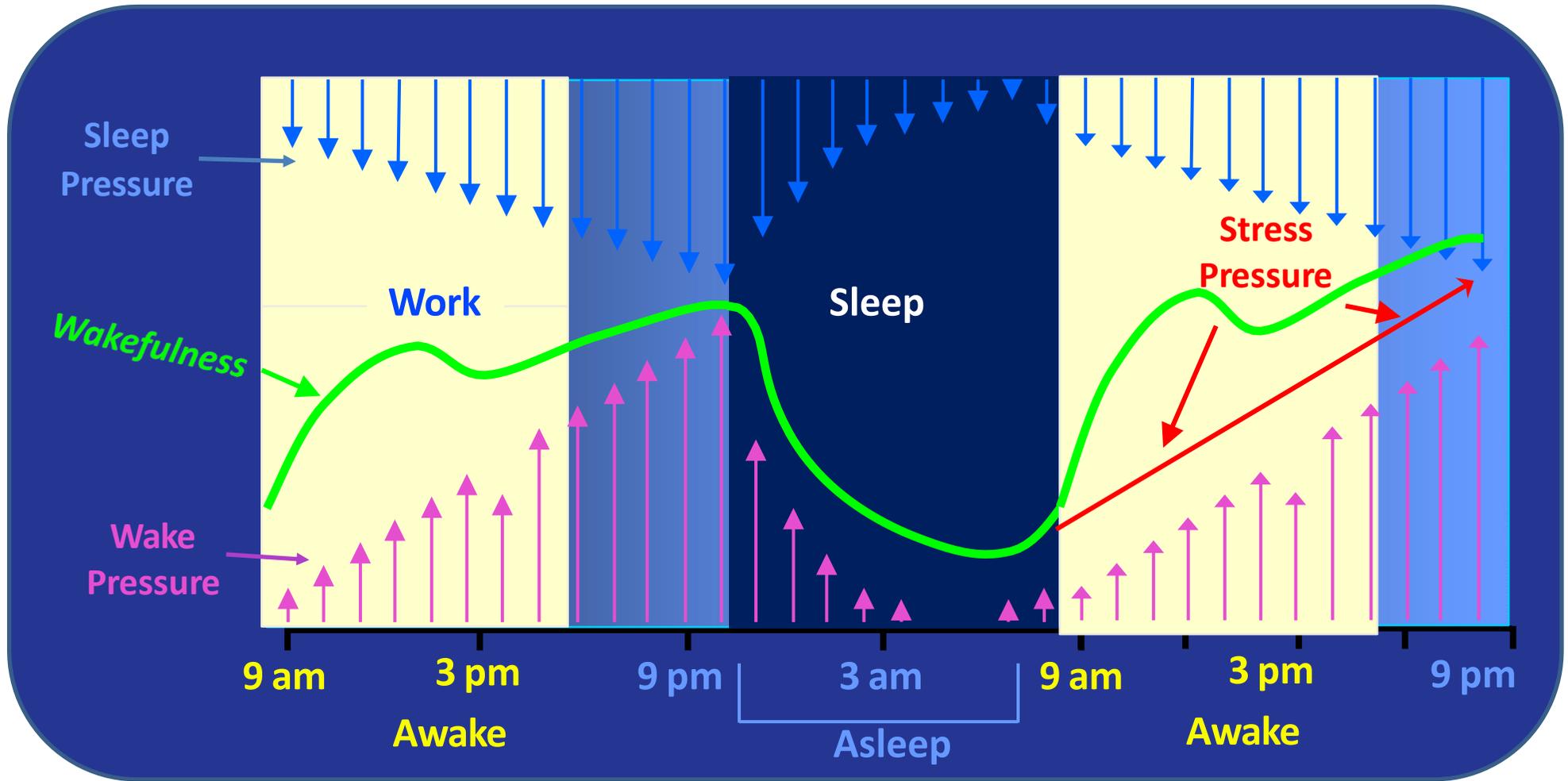
Variable	Magnesium supplementation (n=21)			P1*	Placebo (n=22)			P2†	P3‡
	Before intervention	After intervention	Difference (CI=95%)		Before intervention	After intervention	Difference (CI=95%)		
Insomnia severity index	16.52±2.01	14.14±2.68	-2.38±2.24	<0.001	16.27±1.69	15.77±1.92	-0.5±1.71	0.2	0.006
Total sleep time (h)	7.8±1.1	7.9±0.6	0.1±0.7	0.4	7.6±0.9	7.6±0.8	-0.03±0.3	0.6	0.3
Sleep time (h)	5.1±0.8	5.7±0.9	0.6±0.7	0.002	5.0±0.5	5.0±0.6	-0.02±0.3	0.7	0.002
Sleep onset latency (h)	1.3±0.2	1.1±0.4	-0.2±0.4	0.04	1.4±0.2	1.4±0.2	0.04±0.1	0.1	0.02
Early morning awakening (h)	1.04±0.02	1.01±0.05	-0.03±0.05	0.05	1.03±0.02	1.03±0.02	-0.01±0.01	0.09	0.08
Sleep efficiency (h)	0.67±0.07	0.73±0.1	0.06±0.1	0.02	0.66±0.04	0.66±0.07	0.00±0.05	0.2	0.006

P1\* P value of differences in magnesium group compared via paired *t*-test; P2† P value of differences in placebo group compared via paired *t*-test; P3‡ P value of differences between magnesium and placebo groups compared via independent samples *t*-test

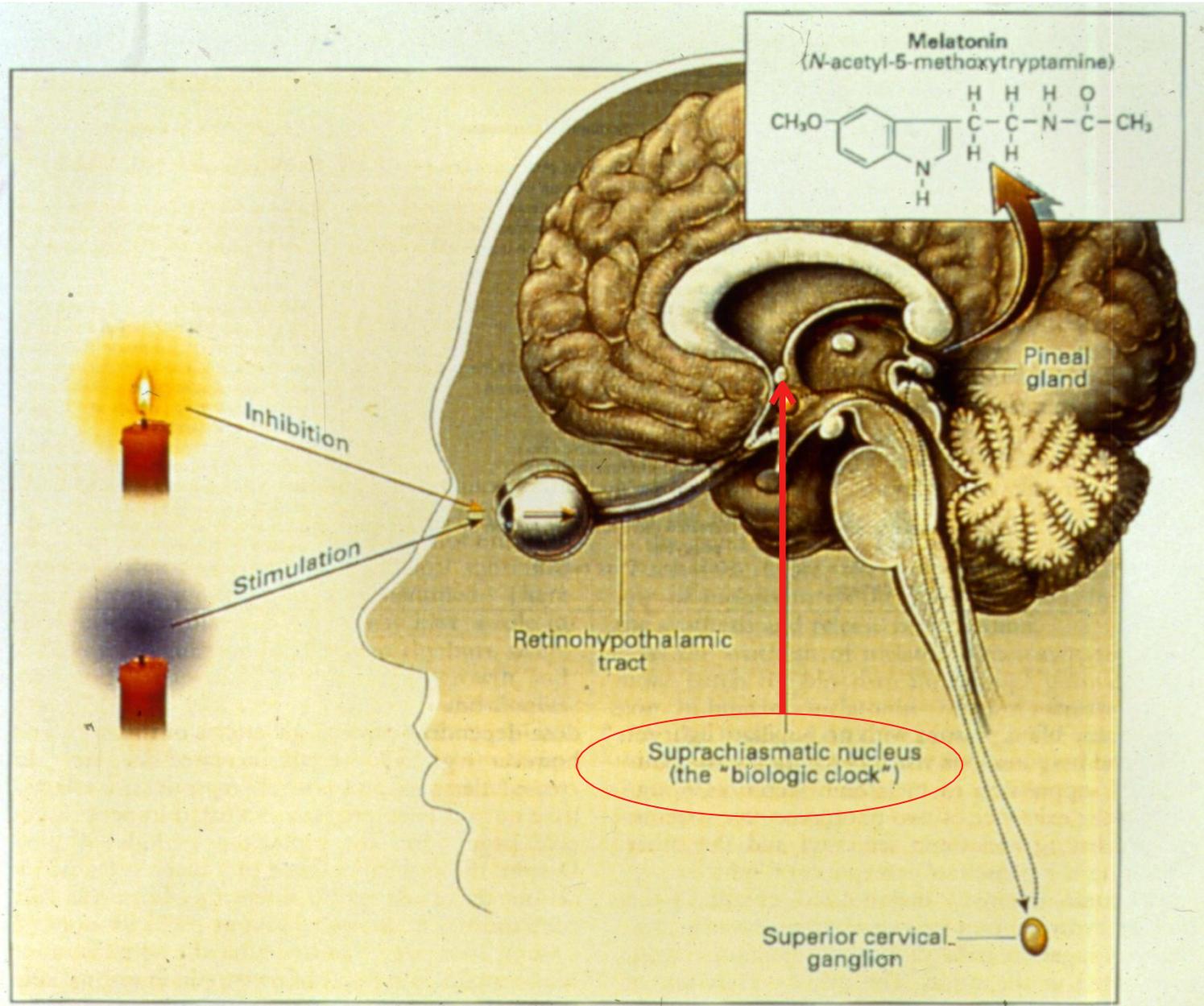
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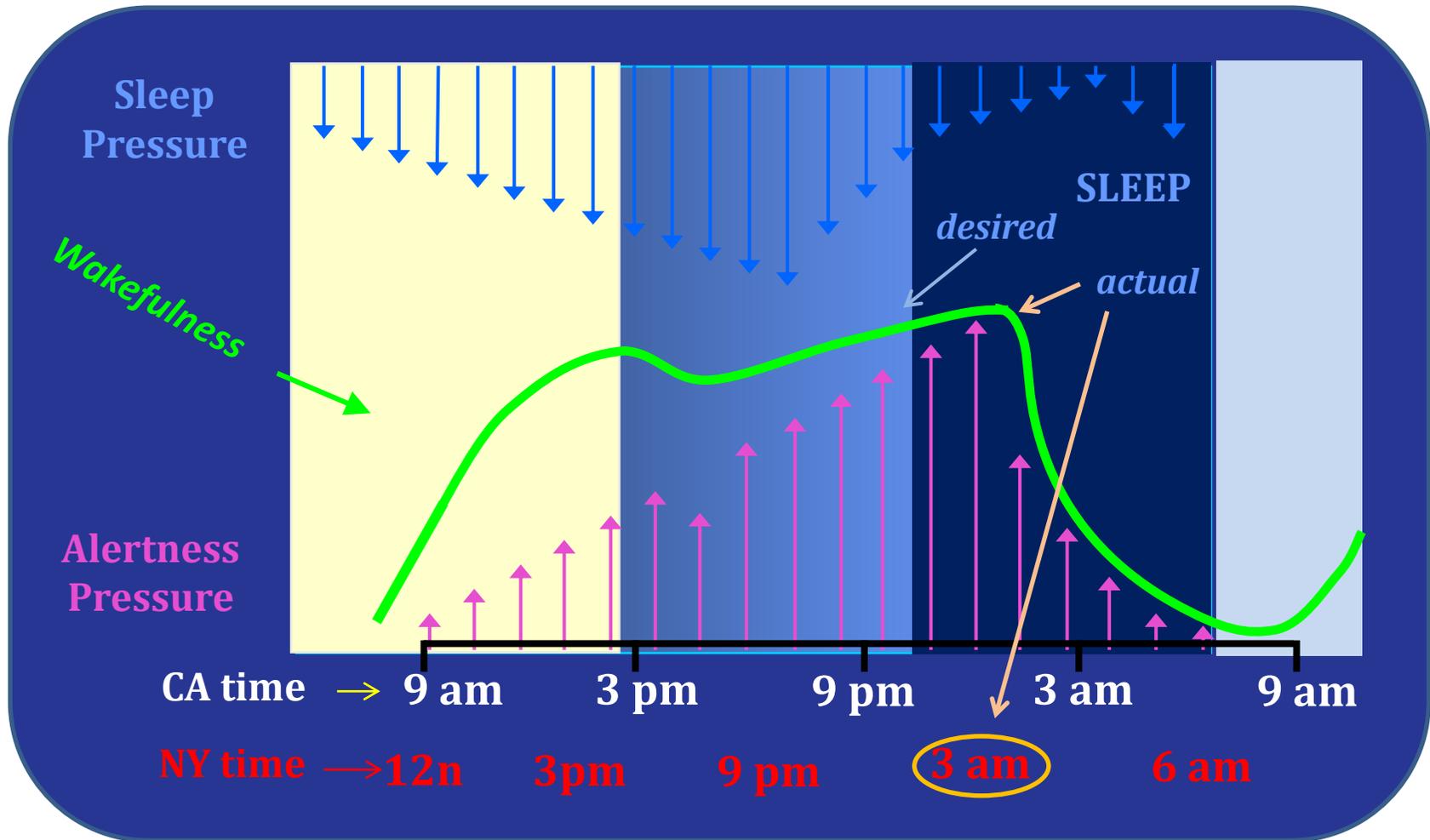
# The 3 Major Pressures Affecting Sleep & Wake Propensity



# Circadian Rhythms



# Effect of JET LAG on Wakefulness ("east is least")



# Effect of JET LAG on **Wakefulness** ("*west is best*")

