

## Tuesday Minute Transcript

This Week's Topic

# Underlying Causes Of Sleep Loss



**“Let’s look at 3 patterns of sleep loss: those who can’t fall asleep, those who can’t stay asleep, and “sleep neurotransmitters. “**

Perhaps one of the most meaningful things you can do for your patients is be the "detective" and find the underlying causes for poor sleep. We start by asking our patients how many hours they are sleeping each night; inquire about the quality of sleep and how they feel when they wake up. That alone will open the door of discussion.



You'll find many of your patients don't get enough sleep. Some do it by choice, others have real problems sleeping. Sleep is the major metabolic equalizer. It is where the body restores and repairs. Poor sleep, limited repair. Limited repair translates into increased aging. If a patient is not sleeping, they are headed to a state of chronic inflammation.

For patients who have trouble sleeping, let's look at 3 major patterns of sleep loss: those who can't fall asleep, those

who can't stay asleep, and the basic neurotransmitters associated with sleeplessness. What's interesting about each of these patterns is that each of them is directly or indirectly influenced by insulin and cortisol. This makes it imperative to address these issues with diet regardless of whatever our choice of supportive nutrients may be.

Below I have included sample diets that are part of the Control-IT weight loss program. One of the major goals of the Control-IT weight loss

program is the normalization of both insulin and cortisol. As a result, almost everyone who goes on the program to lose weight eventually finds themselves sleeping better.

Let's look at the first pattern of sleep loss, those who can't fall asleep. As a rule of thumb, when someone has difficulty falling asleep they have hyper-cortical function. Some of the other symptoms of cortisol excess are depression, bone loss, fatigue, weight gain in the waist, loss

of muscle mass and thinning skin.

There are a number of botanical agents that work well to reduce cortisol. I like the product by Biotics Research Corporation that was developed by Dr. Gary Lasneski over 15 years ago called ADHS, short for Adrenal Hyper Secretor. The combination of adaptogenic herbs, supportive low dose vitamins, and trace minerals necessary to feed the adrenal glands consistently shows reductions in both hyper-cortical symptoms and lab numbers. Clinicians dose it at 2 - 4 tablets morning and noon. The line of distinction between cortisol dominance and functional hypoglycemia is very thin.

Often supporting blood sugar will augment therapy. This leads to the next pattern, those who can fall asleep but can't stay asleep. Their blood sugar gets so low that their adrenals give a little shot of glucocorticoids to maintain blood sugar levels and that little bit is all they need to wake up. These are the people who wake up in the middle of the night, they start thinking of all the things that they have to do during the day and whomp, that's it, their up!

So if we can maintain healthy blood sugar, we wouldn't need the adrenals to provide that extra boost. Again a Control-IT type protein diet with a good source of healthy oils and products to support functional hypoglycemia would be the solution for this condition of Insomnia. I use Bio-Glycozyme at 3, three times a day. Give the last dose before bed with a little protein or good source of EFAs. If you never have found a consistent functional glycemic formula, try Bio-Glycozyme. You will be glad you did.

The third pattern refers to neurotransmitter imbalances. The dance of the hormones and neurotransmitters is so elegant and so interconnected. If the excitatory neurotransmit-

ters don't have adequate inhibitory factors, sleep or relaxation is difficult. Serotonin is one of the main inhibitory NT. The use of 5-HTP with the cofactors necessary to make serotonin is a great base.

Neuro-5-HTP by Biotics uses 50 mg of 5-HTP, the cofactors P-5-P, b3, and 50 mg of the inhibitory amino acid L- Theanine. Use 2, three times a day between meals.

Regardless of the cause of insomnia, sometimes we have to break the sleepless cycle. The past experience of not sleeping and the fear of another sleepless night is almost enough emotional stimulation to increase the very hormones and neurotransmitters that will cause insomnia. That's when we use De-Stress.

De-stress is a milk peptide derivative called a decapeptide and has been shown by the University of Nancy in France to have anti-anxiety properties. In a 15 day trial, a number of physical parameters were measured, pre- and post-stress, and they all improved compared to controls. In the milk peptide group, cortisol tended to normalize, and heart rate, blood pressure, and ACTH levels all appeared to return to homeostasis faster after being stressed in the group who took the active component in De-Stress.

Below, I have provided a few case studies using the nutrients mentioned that will give you further insights in restoring healthy sleep. The more we learn about sleep the more we realize it's not an option.

Let's inform patients about the regenerative and anti-aging effects of sleep. Ask questions, know their sleeping pattern, and let them know you have non-drug therapies available.

Thanks for reading this week's edition. I'll see you next Tuesday.