How to Create Optimal Sleep for Longevity: Sleep Hygiene, Co-Sleeping and Sex | Episode 41 Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Sleep and Longevity

Why is sleep elusive for so many of us? Why is sleep elusive for so many of us? How do we sleep well? And what are the How do we sleep well? And what are the consequences of our longevity if we consequences of our longevity if we don't? Welcome to the Longevity don't? Welcome to the Longevity Protocol, the podcast about living Protocol, the podcast about living longer and living better. From healthy longer and living better. From healthy habits to dynamic relationships with habits to dynamic relationships with breakthrough science, we help you feel breakthrough science, we help you feel alive and live. This is your protocol alive and live. This is your protocol for living the well-lived life.

for living the well-lived life. You look beautiful. I always feel like I You look beautiful. I always feel like I have to start off with saying that. But have to start off with saying that. But you certainly look beautiful today.

you certainly look beautiful today. >> I think when you say that in part makes >> I think when you say that in part makes me nicer. me nicer. >> When I say you look beautiful >> When I say you look beautiful >> and then it makes you >> and then it makes you >> especially when we're talking about >> especially when we're talking about sleep deprivation.

sleep deprivation. >> You look like you got some sleep. >> You look like you got some sleep. >> Uhhuh. >> Uhhuh. >> Uhhuh. >> Or is that you know a trick?

>> Or is that you know a trick? >> I actually slept well last night. >> I actually slept well last night. >> Okay. >> Okay. >> Okay. >> Is Yeah. All right. That doesn't always >> Is Yeah. All right. That doesn't always happen in our house.

happen in our house. >> No. No. Well, especially for me, I'm not >> No. No. Well, especially for me, I'm not the best sleeper. So, that's why this the best sleeper. So, that's why this topic is, I think, so important because topic is, I think, so important because I find a lot of people aren't good I find a lot of people aren't good sleepers.

sleepers. sleepers. >> No. A lot of patients say that to us, >> No. A lot of patients say that to us, for sure. Um, and it can be quite for sure. Um, and it can be quite chronic for people.

chronic for people. >> Oh, for sure. Yeah. >> Oh, for sure. Yeah.

Why Sleep Quality Matters

>> Here's what we're going to talk about >> Here's what we're going to talk about today. So, let's get into some of the today. So, let's get into some of the hormonal physiology of sleep. We'll talk hormonal physiology of sleep. We'll talk about sleep hygiene. I think that's one about sleep hygiene. I think that's one of the most useful things for any of the most useful things for any patient just even we've just said that patient just even we've just said that word to patients for years sleep word to patients for years sleep hygiene. What are some of the hygiene. What are some of the supplements? What are some of the supplements? What are some of the peptides? We have to talk about peptides peptides? We have to talk about peptides for sleep and whether or not they're for sleep and whether or not they're actually actually actually >> is something for that.

>> is something for that. >> Um sleeping together versus sleeping >> Um sleeping together versus sleeping apart. Uh this is something you and I apart. Uh this is something you and I have talked about for a couple of have talked about for a couple of decades about this concept personally.

decades about this concept personally. Um should you have dogs in the bed, Um should you have dogs in the bed, babies and co-sleeping? all these things babies and co-sleeping? all these things that maybe disturb or maybe add to our that maybe disturb or maybe add to our sleep and how all of this of course ties sleep and how all of this of course ties into lifespan, health span and into lifespan, health span and longevity.

longevity. longevity. >> Mhm. >> Mhm. >> Mhm. >> Yeah. >> Yeah. >> Yeah. >> You know, um sleep is uh I've always >> You know, um sleep is uh I've always tell patients they need energy to sleep tell patients they need energy to sleep because it's an active process. Um, a because it's an active process. Um, a lot of times we're so exhausted that we lot of times we're so exhausted that we actually don't have the metabolic actually don't have the metabolic ability to achieve REM, stay into REM, ability to achieve REM, stay into REM, rapid eye movement, and really get what rapid eye movement, and really get what we're trying to get out of sleep, which we're trying to get out of sleep, which is really a a detox type of process. And is really a a detox type of process. And there's something called glimpmphatic there's something called glimpmphatic clearance. Um, that's a interesting kind clearance. Um, that's a interesting kind of term there. And it's it's a slowwave of term there. And it's it's a slowwave sleep process. And this is where people sleep process. And this is where people are starting to really kind of clear out are starting to really kind of clear out their brains. Glimp is kind of it's their brains. Glimp is kind of it's referring to the brain. So you need to referring to the brain. So you need to be able to get into sleep so your brain be able to get into sleep so your brain can actually start to detox from all of can actually start to detox from all of the metabolic processes that have the metabolic processes that have happened throughout the day. And part of happened throughout the day. And part of that is this beta amalloid and these tow that is this beta amalloid and these tow proteins that we talk about when it proteins that we talk about when it comes to Alzheimer's disease, comes to Alzheimer's disease, >> right? Yeah.

>> right? Yeah. >> So super important that way. Um I think >> So super important that way. Um I think also the concept of of making sure we're also the concept of of making sure we're properly in sleep. It's it's about um properly in sleep. It's it's about um this fragmentation.

this fragmentation. If sleep is broken up, and we'll we're If sleep is broken up, and we'll we're gonna kind of talk about like disrupted. gonna kind of talk about like disrupted.

>> That's really what a lot of this comes >> That's really what a lot of this comes down to, right? down to, right? >> Um are you getting enough of a solid >> Um are you getting enough of a solid block of of sleep? Yeah. That's block of of sleep? Yeah. That's uninterrupted. And what are those things uninterrupted. And what are those things that might lead to that interruption that might lead to that interruption throughout the sleep itself? Um throughout the sleep itself? Um >> you know, that could be from Well, we're >> you know, that could be from Well, we're going to certainly get into that, but going to certainly get into that, but what are some of the other things of the what are some of the other things of the biology of sleep and why it's important?

biology of sleep and why it's important? Cardiometabolic regulation. I'm sorry, Cardiometabolic regulation. I'm sorry, just to pause on that for a minute. I just to pause on that for a minute. I really think that as people listen to really think that as people listen to this episode, they re they need to this episode, they re they need to understand the importance of sleep as a understand the importance of sleep as a reun rejuvenation process. You know, reun rejuvenation process. You know, when you have like when the girls go to when you have like when the girls go to sleep and sometimes they wake up in the sleep and sometimes they wake up in the morning, we're like, "Wow, you literally morning, we're like, "Wow, you literally look taller. Like, you literally look look taller. Like, you literally look bigger today." And it's because they bigger today." And it's because they literally are repairing and growing in literally are repairing and growing in their sleep. Well, that doesn't just their sleep. Well, that doesn't just stop happening once we've gone through stop happening once we've gone through adolescence. that rejuvenation and that adolescence. that rejuvenation and that repair is happening while we sleep for repair is happening while we sleep for adults as well. So when the quality not adults as well. So when the quality not the quantity as you're pointing out when the quantity as you're pointing out when the quality of the sleep is low then the quality of the sleep is low then that healing process doesn't really have that healing process doesn't really have an opportunity to take place.

an opportunity to take place. >> Yeah. And uh let's hope we can add in >> Yeah. And uh let's hope we can add in

some information for people so they can some information for people so they can help to get that that healing that help to get that that healing that they're they're they're wanting and they're they're they're wanting and needing. For sure.

needing. For sure. >> And this idea of the fragmentation. So >> And this idea of the fragmentation. So just to tease out that point a little just to tease out that point a little bit more, your point is like we've bit more, your point is like we've talked about so many things like this talked about so many things like this like we say it's quality not quantity.

like we say it's quality not quantity. So your point is that a person may be So your point is that a person may be getting a total of eight hours getting a total of eight hours throughout the night but they had a lot throughout the night but they had a lot of interruptions that brought them to of interruptions that brought them to full arousal. So full awake full arousal. So full awake >> during that evening. So maybe they were >> during that evening. So maybe they were actually in bed for 11 hours actually in bed for 11 hours >> y >> y >> y >> but they got eight hours of total sleep.

>> but they got eight hours of total sleep. But that's not a regenerating eight But that's not a regenerating eight hours because it was so disrupted.

hours because it was so disrupted. >> Yeah. >> Yeah. >> Yeah. >> Quality not quantity. And uh we need to >> Quality not quantity. And uh we need to prepare for sleep. We're going to talk prepare for sleep. We're going to talk about the preparation that's part of the about the preparation that's part of the hygiene, the things that are happening hygiene, the things that are happening potentially in the middle of that potentially in the middle of that >> time while you're there, the process of >> time while you're there, the process of even getting up.

even getting up. >> So again, back to this longevity, uh the >> So again, back to this longevity, uh the biology of sleep, what's going on. So we biology of sleep, what's going on.

Sleep Physiology and Brain Detox

So we say lymphatic clearance cardtabolic say lymphatic clearance cardtabolic regulation um is really important regulation um is really important because I I don't think people realize because I I don't think people realize that when sleep is is affected that when sleep is is affected negatively that it is affecting our all negatively that it is affecting our all cause mortality. It's definitely cause mortality. It's definitely affecting uh blood pressure issues. So a affecting uh blood pressure issues. So a lot of times blood pressure is actually lot of times blood pressure is actually just from insomnia and and having just from insomnia and and having constant sleep interruption. Uh not to constant sleep interruption. Uh not to me the least of which is uh not the me the least of which is uh not the least of which is um obstructive um you least of which is um obstructive um you know having issues with not being able know having issues with not being able to breathe in the middle of the night.

to breathe in the middle of the night. >> Um sleep apnea is what I was trying to >> Um sleep apnea is what I was trying to say. So but even beyond that even if it say. So but even beyond that even if it isn't sleep apnea the constant isn't sleep apnea the constant disruption is lead leading into an disruption is lead leading into an increased risk um for high blood increased risk um for high blood pressure inflammatory markers.

pressure inflammatory markers. >> Yeah. Um, I wonder how many people out >> Yeah. Um, I wonder how many people out there know how often we recommend sleep there know how often we recommend sleep study for patients like when there study for patients like when there really is when you think of that like really is when you think of that like typical metabolic syndrome patient, the typical metabolic syndrome patient, the patient who's having problems with blood patient who's having problems with blood pressure, cholesterol, um, blood sugar pressure, cholesterol, um, blood sugar management, overweight, crappy mood, management, overweight, crappy mood, etc. How often we find that even when we etc. How often we find that even when we start replacing the hormones and get the start replacing the hormones and get the nutrition in place sometimes we meet nutrition in place sometimes we meet this like obstacle of cure obstacle to this like obstacle of cure obstacle to success in healing the patient or in the success in healing the patient or in the patient healing themselves because sleep patient healing themselves because sleep is so impaired. So when you're talking is so impaired. So when you're

talking about these things like cardiac health, about these things like cardiac health, literally we need people to say, "Okay, literally we need people to say, "Okay, well let's do an analysis, a scientific, well let's do an analysis, a scientific, a real lab analysis of my sleep because a real lab analysis of my sleep because that may be the thing that's holding up that may be the thing that's holding up my repair." my repair." >> You know, and sleep study, you're right >> You know, and sleep study, you're right about that. And now it's, you know, so about that. And now it's, you know, so many patients are coming in already with many patients are coming in already with a whoop or with a rings, you know, with a whoop or with a rings, you know, with some kind of such a wear wearable. Yeah.

some kind of such a wear wearable. Yeah. That's that's actually starting to That's that's actually starting to define it for themselves. Um, so they'll define it for themselves. Um, so they'll show me the results right there on their show me the results right there on their phone very often. We can kind of see phone very often. We can kind of see what's going on.

what's going on. >> That's that's even better than the sleep >> That's that's even better than the sleep studies because I always think who the studies because I always think who the hell could like my mom had to do a sleep hell could like my mom had to do a sleep study last year and I'm like this is a study last year and I'm like this is a woman who hasn't slept without my dad in woman who hasn't slept without my dad in what like 50 of her 70 years what like 50 of her 70 years >> and then she's like all covered in >> and then she's like all covered in stickers and bandages and she sends a stickers and bandages and she sends a picture and she's like I expect picture and she's like I expect excellent sleep tonight. I was like yeah excellent sleep tonight. I was like yeah sure. Who the hell can sleep well during sure. Who the hell can sleep well during the sleep studies? It used to be the the sleep studies? It used to be the best thing that we had. But best thing that we had. But >> that was definitely taking her out of >> that was definitely taking her out of her habitat.

her habitat. >> It definitely was taking her out of her >> It definitely was taking her out of her habitat. Yeah. All right. habitat. Yeah. All right.

>> The third thing I wanted to mention that >> The third thing I wanted to mention that I think is probably one of the most I think is probably one of the most exciting things regarding an exciting things regarding an understanding of what sleep is doing for understanding of what sleep is doing for longevity is if you have a shortened longevity is if you have a shortened sleep duration, if it's if it's sleep duration, if it's if it's disrupted, if we're having these disrupted, if we're having these problems with um the the fragmentation problems with um the the fragmentation we're talking about, it's actually we're talking about, it's actually affecting your telomeres. And the affecting your telomeres. And the telomeirs are these little end caps that telomeirs are these little end caps that are on on your chromosomes. And as we are on on your chromosomes. And as we age, as we continue to have uh turnover age, as we continue to have uh turnover with our cells, the telomeirs get a with our cells, the telomeirs get a little bit shorter. And then ultimately little bit shorter. And then ultimately when they get too short, then the cell when they get too short, then the cell sort of breaks down and dies, right? So sort of breaks down and dies, right? So we want to keep our endcaps, these we want to keep our endcaps, these telomeres, as long as possible. And one, telomeres, as long as possible. And one, it's about prevention, but you can it's about prevention, but you can actually increase telomere length with actually increase telomere length with many of the things that we wind up many of the things that we wind up doing, just as a side note. But doing, just as a side note. But definitely when it comes to sleep, if definitely when it comes to sleep, if you're getting bad sleep, your telomeirs you're getting bad sleep, your telomeirs are shortening. This is decreasing your are shortening. This is decreasing your lifespan. Um, so definitely quality lifespan. Um, so definitely quality sleep. Listen up. We've got some things sleep. Listen up. We've got some things >> and bad So literally bad sleep makes you >> and bad So literally bad sleep makes you older.

older. older. >> Straight up. >> Straight up. >> That ages you >> That ages you >> straight up. Yeah. Very linearly. >> straight up. Yeah. Very linearly.

>> Okay. So, of course, from a hormonal >> Okay. So, of course, from a hormonal standpoint, we'd love to get into this standpoint, we'd love to get into this and what the various hormones are that and what the various hormones are that help us to sleep. Um you were kind of help us to sleep. Um you were kind of mentioning it there before with with the mentioning it there before with with the kids you know I mean they children have kids you know I mean they children have so much growth hormone so much growth hormone >> um it has so much one that's why when

>> um it has so much one that's why when you say go you sleep like a baby you say go you sleep like a baby >> when you sleep like a baby it's because >> when you sleep like a baby it's because growth hormone is really really helping growth hormone is really really helping to induce some of the the the deepest to induce some of the the the deepest most hypnotic type of sleep. Um so uh most hypnotic type of sleep.

Hormones, Cortisol, and Melatonin

Um so uh when we do give patients if they are when we do give patients if they are deficient in growth hormone and this deficient in growth hormone and this happens as as as we get older um that's happens as as as we get older um that's one of the key things that you'll see one of the key things that you'll see improvement with growth hormone therapy improvement with growth hormone therapy um is helping with deep sleep.

um is helping with deep sleep. >> So for sure as we get older certainly >> So for sure as we get older certainly over the age of 40 very much over the over the age of 40 very much over the age of 50 our growth hormone starts to age of 50 our growth hormone starts to go down and this is affecting our go down and this is affecting our ability to achieve deeper sleep and have ability to achieve deeper sleep and have less um disturbances.

less um disturbances. >> And this is something that we can test. >> And this is something that we can test. I mean we can test or at least I mean we can test or at least indirectly measure excuse me through all indirectly measure excuse me through all of our metabolic markers that we test at of our metabolic markers that we test at the office like we help people the office like we help people understand what is their level of growth understand what is their level of growth hormone and what is their level of hormone and what is their level of growth hormone release because that is growth hormone release because that is part of the issue. The issue is even if part of the issue. The issue is even if your body is making X amount, are you your body is making X amount, are you releasing it for the purposes of use?

releasing it for the purposes of use? And this is another place and I don't And this is another place and I don't think we have it in our notes, but this think we have it in our notes, but this is another place where peptides are very is another place where peptides are very useful um because we really can help useful um because we really can help stimulate and stimulate growth hormone stimulate and stimulate growth hormone within the body for the purposes of within the body for the purposes of repair.

repair. repair. >> Yeah. I mean, since you just said that >> Yeah. I mean, since you just said that about peptides, you open the can of about peptides, you open the can of worms right now about that. But yes, worms right now about that. But yes, there down in the notes, we've got I've there down in the notes, we've got I've got one that I want to talk about. Okay.

got one that I want to talk about. Okay. But since because I want to talk about But since because I want to talk about that one because it doesn't work. Uh that one because it doesn't work. Uh semi-spoiler alert, but you don't know semi-spoiler alert, but you don't know which one it is. So stay tuned to see which one it is. So stay tuned to see which peptide everybody's talking about which peptide everybody's talking about that doesn't freaking work. Uh but uh that doesn't freaking work. Uh but uh anyway, uh the ones that do are the ones anyway, uh the ones that do are the ones that help to the peptides that tell your that help to the peptides that tell your pituitary to secrete and release the pituitary to secrete and release the growth hormone that's already in the growth hormone that's already in the pituitary. Um so for sure, so there's pituitary. Um so for sure, so there's things where we can give you straight up things where we can give you straight up growth hormone or we can give you growth hormone or we can give you peptides to help your body secrete more peptides to help your body secrete more of that growth hormone. Certainly of that growth hormone. Certainly testosterone, you know, without question testosterone, you know, without question this is helping um because testosterone this is helping um because testosterone is also stimulating growth hormone is also stimulating growth hormone production by the way, but in and of production by the way, but in and of itself for both men and women, itself for both men and women, testosterone is helping um with testosterone is helping um with improving uh overall sleep.

improving uh overall sleep. >> But the big one, I know this is one of >> But the big one, I know this is one of your favorites uh to talk about is your favorites uh to talk about is certainly cortisol. um you know the certainly cortisol.

um you know the stress hormone it so much plays in a stress hormone it so much plays in a role in sleep disturbances and we've role in sleep disturbances and we've definitely when we've measured people's definitely when we've measured people's cortisol levels uh throughout the day cortisol levels uh throughout the day and into the evening which we can do and into the evening which we can do with a salivary test you kind of often with a salivary test you kind of often see why they're having issues with their see why they're having issues with their sleep sleep sleep >> uh because the cortisol levels high at >> uh because the cortisol levels high at night when it should be low at night.

night when it should be low at night. Well, it's interesting that you're Well, it's interesting that you're saying that um you had started the saying that um you had started the session, you know, the talk by talking session, you know, the talk by talking about this idea that it's an active about this idea that it's an active process and that a person needs to be process and that a person needs to be energized enough to get good sleep. Yes, energized enough to get good sleep. Yes, it is true that typically elevated it is true that typically elevated cortisol in the evening causes cortisol in the evening causes disruption in sleep. But it is also true disruption in sleep. But it is also true that a person who's had so much chronic that a person who's had so much chronic stress, physical, physiologic, stress, physical, physiologic, emotional, whatever, that sometimes emotional, whatever, that sometimes they're just underproducing cortisol they're just underproducing cortisol across the board. And those people will across the board. And those people will also have a hard time also have a hard time >> sleeping. So you can have either too >> sleeping. So you can have either too much cortisol at night which is an much cortisol at night which is an inverted an inappropriate cortisol inverted an inappropriate cortisol release or you can have such low release or you can have such low cortisol throughout the day that you're cortisol throughout the day that you're just too unwell to even rest well. So just too unwell to even rest well. So again this is part of the reason why we again this is part of the reason why we like to test. I think I've always been a like to test. I think I've always been a big champion for testing cortisol and big champion for testing cortisol and getting a sense of that circadian rhythm getting a sense of that circadian rhythm because I don't think guessing on what because I don't think guessing on what your cortisol is doing is is a very um your cortisol is doing is is a very um you know it's a very effective treatment you know it's a very effective treatment approach.

approach. approach. >> Yeah. And you know people say well you >> Yeah. And you know people say well you know I'm I'm taking a supplement or an know I'm I'm taking a supplement or an herb or something related to cortisol herb or something related to cortisol and there they could be maybe making it and there they could be maybe making it better. They could maybe be making it better. They could maybe be making it worse.

worse. worse. >> Um I really do think it is important to >> Um I really do think it is important to test test test >> fully agree with that. Melatonin.

>> fully agree with that. Melatonin. Uh this is that sleep hormone that Uh this is that sleep hormone that everybody talks about. You know what's everybody talks about. You know what's interesting about this and reminded interesting about this and reminded myself when I was uh putting some of myself when I was uh putting some of this together, it is a mitochondrial this together, it is a mitochondrial antioxidant. And what's important about antioxidant. And what's important about that because that was one of the that because that was one of the treatments uh I was remembering for uh treatments uh I was remembering for uh COVID that melatonin was part of the COVID that melatonin was part of the treatments for that treatments for that >> um and what it's doing to our >> um and what it's doing to our mitochondria and and improving things.

mitochondria and and improving things. It's just a powerful potent antioxidant. It's just a powerful potent antioxidant. It's not just the sleep hormone, but it It's not just the sleep hormone, but it goes back to that idea of how when we're goes back to that idea of how when we're sleeping, we're actually kind of sleeping, we're actually kind of cleaning things up. And part of that is cleaning things up. And part of that is to have plenty of antioxidant power in to have plenty of antioxidant power in order to properly clean up the brain and order to properly clean up the brain and kind of get ourselves repaired and ready kind of get ourselves repaired and ready to go.

to go. >> And I will say just in general about >> And I will say just in general about melatonin, you know, is it the miracle melatonin, you know, is it the miracle hormone that also not necessarily. It's hormone that also not necessarily. It's very variant on how it affects people.

very variant on how it affects people. The dosing uh is very very variant. The dosing uh is very very variant. >> Yeah. um where sometimes it really does >> Yeah. um where sometimes it really does need to be super small amounts like half need to be super small amounts like half of a milligram, one milligram, uh maybe of a milligram, one milligram, uh maybe upwards of three. If you go much above upwards of three. If you go much above that, it has diminishing return.

that, it has diminishing return. >> However, there's also studies using it >> However, there's also studies using it particularly as a a powerful antioxidant particularly as a a powerful antioxidant where they're using 30 10 Yeah. like where they're using 30 10 Yeah. like huge doses. Um so it really like huge doses.

Caffeine, Blood Sugar, and Sleep Hygiene

Um so it really like anything else, you kind of have to play anything else, you kind of have to play with it uh to be able to figure out how with it uh to be able to figure out how it affects you personally. For some it affects you personally. For some people it's great. For other people it people it's great. For other people it doesn't really seem to touch it.

doesn't really seem to touch it. >> I think there's two things about >> I think there's two things about melatonin that the research supports but melatonin that the research supports but that I've noticed anecdotally in that I've noticed anecdotally in practice.

practice. practice. >> The first one is that melatonin can >> The first one is that melatonin can often result in um vivid dreams that can often result in um vivid dreams that can be obnoxious. It can be quite disturbing be obnoxious. It can be quite disturbing to the sleep. So that might help you to the sleep. So that might help you think, oh, I'm not a good candidate for think, oh, I'm not a good candidate for the melatonin.

the melatonin. >> But the second thing would be let's say >> But the second thing would be let's say you've used melatonin in the past and it you've used melatonin in the past and it hasn't worked for you. It doesn't mean hasn't worked for you. It doesn't mean that melatonin doesn't work for you.

that melatonin doesn't work for you. Melatonin definitely works in a person Melatonin definitely works in a person who is deficient in melatonin. So, if who is deficient in melatonin. So, if you're in a low productive state or you're in a low productive state or you're having suppression of your you're having suppression of your melatonin production, then you're a melatonin production, then you're a really good candidate for experimenting really good candidate for experimenting with the melatonin. You don't need to with the melatonin. You don't need to test this. This is very simple. Just test this. This is very simple. Just take it and see if it helps. And if it take it and see if it helps. And if it helps, it will probably keep helping up helps, it will probably keep helping up to a point because again, once your to a point because again, once your melatonin levels are satiated, then melatonin levels are satiated, then supplementation won't give you that supplementation won't give you that miracle effect.

miracle effect. >> I like when you say satiate. >> I like when you say satiate. >> Yeah. um >> Yeah. um insulin, leptin, ghrelin. Uh you know, insulin, leptin, ghrelin. Uh you know, we often we often this this idea again back to high blood this this idea again back to high blood pressure also sleep restriction and and pressure also sleep restriction and and having that disturbance can actually having that disturbance can actually cause problems with um leading into an cause problems with um leading into an increased risk of diabetes.

increased risk of diabetes. >> So, >> So, >> So, excuse me. This is definitely an issue excuse me. This is definitely an issue as well. as well. >> And this ties right back into the >> And this ties right back into the cortisol, cortisol and insulin, the cortisol, cortisol and insulin, the relationship there. um you know not relationship there. um you know not enough food will disrupt the person's enough food will disrupt the person's sleep. Well, we can talk about that in sleep. Well, we can talk about that in the sleep hygiene section, but very the sleep hygiene section, but very important.

important. important. >> So, sleep hygiene um once we get the >> So, sleep hygiene um once we get the proper preparation, let's say for sleep, proper preparation, let's say for sleep, we're doing all the various things we we're

doing all the various things we should do prior to that. All that sleep should do prior to that. All that sleep hygiene is going to help um ultimately hygiene is going to help um ultimately with all kinds of things in the body.

with all kinds of things in the body. Melatonin secretion, we've talked about Melatonin secretion, we've talked about that. that proper cortisol rhythm, which that. that proper cortisol rhythm, which means you want your cortisol high in the means you want your cortisol high in the morning and you want it low at night.

morning and you want it low at night. >> Core body temperature huge and that's >> Core body temperature huge and that's certainly something very important in certainly something very important in our house as well in terms of uh sharing our house as well in terms of uh sharing a bed in a room.

a bed in a room. >> I'm always cold. >> I'm always cold. >> Yes. And I'm hot. >> Yes. And I'm hot. >> Usually hot. Yeah. >> Usually hot. Yeah. >> Especially I think this is a good time >> Especially I think this is a good time to mention summer John. I don't know the to mention summer John. I don't know the people out there want to know. Literally people out there want to know. Literally John when it starts getting too hot out John when it starts getting too hot out I always say I'm like oh it's summer I always say I'm like oh it's summer John. He doesn't want to be touched. He John. He doesn't want to be touched. He does. I mean like you need absolute does. I mean like you need absolute coldness and apparently my feet don't coldness and apparently my feet don't count as like an aid.

count as like an aid. >> Well, usually your feet are really cold >> Well, usually your feet are really cold in the winter, but they do not they're in the winter, but they do not they're not quite as like crazy cold in the not quite as like crazy cold in the summer and then any even your feet on summer and then any even your feet on anything, anything, anything, >> right? So, it's very sad for me for my >> right? So, it's very sad for me for my sleep when summer John comes around sleep when summer John comes around because because because >> why?

>> why? >> why? >> Yeah. Well, we're going to we're going >> Yeah. Well, we're going to we're going to try to fix that this year. We'll talk to try to fix that this year. We'll talk about that, too. Adenosine accumulation.

about that, too. Adenosine accumulation. I I think what's important about this, I I think what's important about this, maybe some of you have heard about maybe some of you have heard about adenosine accumulation, maybe you adenosine accumulation, maybe you haven't, but one of the things that haven't, but one of the things that adenosine is doing is continually make adenosine is doing is continually make us sleepy.

us sleepy. And when you drink coffee, coffee is And when you drink coffee, coffee is actually blocking adenosine. actually blocking adenosine. It doesn't mean the adenosine is not It doesn't mean the adenosine is not there. It's just caffeine will block there. It's just caffeine will block that that that >> uh effect of the adenosine that's >> uh effect of the adenosine that's continuing to remind us that no actually continuing to remind us that no actually you are tired. Um so that's where maybe you are tired. Um so that's where maybe coffee only or caffeine will only go so coffee only or caffeine will only go so far but we got to get rid of that far but we got to get rid of that adenosine and that's just through the uh adenosine and that's just through the uh proper clearance um through good uh proper clearance um through good uh sleep. Okay. So circadian uh anchoring sleep. Okay. So circadian uh anchoring we got to make sure that the the brain we got to make sure that the the brain is properly anchored and ready for is properly anchored and ready for sleep. So what does that mean?

sleep. So what does that mean? >> Got to wake up at the same time daily uh >> Got to wake up at the same time daily uh even on the weekends. I think that's one even on the weekends. I think that's one of the big things. I mean, people just of the big things. I mean, people just say, you know, you know, it's the say, you know, you know, it's the weekend, so people really kind of go for weekend, so people really kind of go for broke, broke, broke, >> uh, with staying up late and that even >> uh, with staying up late and that even doing that one time a week can really, doing that one time a week can really, really upset.

really upset. >> No, you've heard me mention it before. >> No, you've heard me mention it before. It's that notion of sleeping into an It's that notion of sleeping into an aggravation. Actually, when you aggravation. Actually, when you oversleep, you're not uh clocking in oversleep, you're not uh clocking in regenerative sleep. You're actually just regenerative sleep. You're actually just making the body groggy and you're making the body groggy and you're

disrupting the cortisol rhythm. So, I disrupting the cortisol rhythm. So, I always tell patients who feel like always tell patients who feel like they're not ready to get up in the they're not ready to get up in the morning. When we're trying to retrain morning. When we're trying to retrain sleep and we're trying to retrain sleep and we're trying to retrain hormones that have a circadian rhythm, I hormones that have a circadian rhythm, I always instruct them, I'm like, "Get up always instruct them, I'm like, "Get up anyways. Get up at the time that you anyways. Get up at the time that you want to get up as close to sunrise as want to get up as close to sunrise as possible." possible." possible." >> Exactly. And then maybe go back to >> Exactly. And then maybe go back to sleep.

sleep. sleep. >> And then you can go back to sleep. Like, >> And then you can go back to sleep. Like, be out of your bed for at least an hour be out of your bed for at least an hour and if you're still genuinely sleepy, go and if you're still genuinely sleepy, go back to bed. Not a problem. Or take a back to bed. Not a problem. Or take a nap. Yeah.

nap. Yeah. >> A midday nap is so delicious. >> A midday nap is so delicious. >> Absolutely. often people have the >> Absolutely. often people have the ability to do that on the weekends, ability to do that on the weekends, right? Okay. So, be consistent. Um, right? Okay. So, be consistent. Um, exercise roughly at the same time each exercise roughly at the same time each day. Consistent meal timing. I mean, you day. Consistent meal timing. I mean, you know, some of these things are uh you'd know, some of these things are uh you'd like to think are relatively like to think are relatively self-evident, but they always aren't self-evident, but they always aren't with with people. the getting outdoors, with with people. the getting outdoors, like even if you live in an apartment, like even if you live in an apartment, even go out to your balcony or go even go out to your balcony or go downstairs and go for a walk to grab downstairs and go for a walk to grab your coffee if you have city life, like your coffee if you have city life, like getting outdoors first thing in the getting outdoors first thing in the morning is extremely beneficial for morning is extremely beneficial for overall physiology and it really makes a overall physiology and it really makes a difference in getting your sleep in difference in getting your sleep in order.

order. order. >> Yeah. And it's part of that whole >> Yeah. And it's part of that whole melatonin uh thing. So um waking up in melatonin uh thing. So um waking up in the morning because at you if you are the morning because at you if you are waking up in the morning with the sun waking up in the morning with the sun you are shutting down melatonin um which you are shutting down melatonin um which that's what you want to do in the that's what you want to do in the morning. Then the darkness is what helps morning. Then the darkness is what helps to stimulate to stimulate >> well not shutting it down. We're like >> well not shutting it down. We're like shutting it off until we turn it back shutting it off until we turn it back on. So we're like running with the on. So we're like running with the cycle. Like I have this influencer that cycle. Like I have this influencer that I follow and I swear at least four times I follow and I swear at least four times a week she posts a video of her making a week she posts a video of her making her coffee and I'm always like why do I her coffee and I'm always like why do I watch this? I love it. I love the sound watch this? I love it. I love the sound of the drip and then she always drinks of the drip and then she always drinks that ice even in the winter.

that ice even in the winter. >> The drip, the ice, the sound of mixing >> The drip, the ice, the sound of mixing it. And I I'm bringing it up because it. And I I'm bringing it up because that ceremony of drinking my coffee or that ceremony of drinking my coffee or my tea outside in the morning before my tea outside in the morning before like the household wakes up, I think is like the household wakes up, I think is one of the best things I do for my one of the best things I do for my health.

health. health. >> I I love that you have that. >> I I love that you have that. >> Yeah, >> Yeah, >> Yeah, >> that's really good. >> that's really good. >> Yes.

>> Yes. >> Yes. >> Let's talk about temperature control. >> Let's talk about temperature control. Um, Um, Um, >> you've got to be cold in order to get to >> you've got to be cold in order to get to sleep.

sleep. sleep. >> The room has to be cold. >> The room has to be cold. >> And your body temperature, >> And your body temperature, >> I hate to be cold.

>> I hate to be cold. >> Yes. It's just you. It really The ideal >> Yes. It's just you. It really The ideal bedroom

temperature is between 60 and bedroom temperature is between 60 and 67° 67° 67° >> 100%.

>> 100%. >> 100%. >> Fahrenheit. >> Fahrenheit. >> Fahrenheit. >> I agree with that. >> I agree with that. >> I agree with that. I just don't want my >> I agree with that. I just don't want my body to feel that way.

body to feel that way. >> So then you'll just cover yourself up in >> So then you'll just cover yourself up in such a way, such a way, >> right? And I don't want to wear a lot of >> right? And I don't want to wear a lot of clothes. Did you mention that here about clothes. Did you mention that here about how wearing pajamas isn't good for you?

how wearing pajamas isn't good for you? >> Potentially. >> Potentially. >> Potentially. >> Sleep as naked as possible. sleep as >> Sleep as naked as possible. sleep as naked as possible. We need to bring back naked as possible. We need to bring back robes. You know, in the olden days, the robes. You know, in the olden days, the robes, I mean, I'm a robe wearer. I robes, I mean, I'm a robe wearer. I always have it there next to my bed always have it there next to my bed because if you have to get up in the because if you have to get up in the middle of the night, you don't want to middle of the night, you don't want to be slapping around. You want to be like, be slapping around. You want to be like, you know, you know, >> and for all of you people who don't slap >> and for all of you people who don't slap around, like, good for you. But for some around, like, good for you. But for some of us, when you get up in a hurry, of us, when you get up in a hurry, >> so you have your robe there. You get up.

>> so you have your robe there. You get up. But in the blankets, be as naked as But in the blankets, be as naked as possible. possible. possible. It's so good. Make your bed warm and It's so good. Make your bed warm and make the room cold.

make the room cold. >> You need to lower your temperature. I'm >> You need to lower your temperature. I'm thinking about you slapping around. I thinking about you slapping around. I think it's like a sort of hearkening or think it's like a sort of hearkening or beckoning. Oh, beckoning. Oh, >> for me. So, yeah.

>> for me. So, yeah. >> Oh, babe. You see, >> Oh, babe. You see, >> it's like come hither. >> it's like come hither. >> It's a siren sound. Disgusting.

>> It's a siren sound. Disgusting. >> That sounds like an emergency. >> That sounds like an emergency. >> Oh, I'm in a sigh. >> Oh, I'm in a sigh. >> Oh, that type of siren.

>> Oh, that type of siren. >> Like a deadly person. All right. >> Like a deadly person. All right. >> You got to get your core body >> You got to get your core body temperature down by one to really one to temperature down by one to really one to two degrees. So it's not just about the two degrees. So it's not just about the room but your body temperature has to uh room but your body temperature has to uh come down in order to really achieve you come down in order to really achieve you know deep sleep and stay there.

know deep sleep and stay there. >> So yes like you were saying sleeping >> So yes like you were saying sleeping naked these kind of things. naked these kind of things.

>> Oh uh the discussion of alcohol um >> Oh uh the discussion of alcohol um alcohol isn't helping you. alcohol isn't helping you. >> No day drink. Day drink dude. I think >> No day drink. Day drink dude. I think like like like >> day drinking is such a sign of a quality >> day drinking is such a sign of a quality of life. I know you hate when I say that of life. I know you hate when I say that but I don't mean like day drunk. I'm not but I don't mean like day drunk. I'm not saying day drunk.

saying day drunk. >> You're saying if you're going to have >> You're saying if you're going to have have it at lunch. have it at lunch. >> Yeah. have it at lunch.

>> Yeah. have it at lunch. >> I don't I don't know about that either. >> I don't I don't know about that either. >> Well, no, because you have to go back to >> Well, no, because you have to go back to work. But for a person who can or it work. But for a person who can or it doesn't or on the weekends if the doesn't or on the weekends if the weekends mean leisure time, like enjoy weekends mean leisure time, like enjoy your cocktails during the middle of

the your cocktails during the middle of the day with food and then you have plenty day with food and then you have plenty of time in the evening to clear your of time in the evening to clear your crap out.

crap out. >> You got to keep um >> You got to keep um >> say yes. >> say yes. >> Yes. Fine. Fine. But you've got to limit >> Yes. Fine. Fine. But you've got to limit the alcohol as well.

the alcohol as well. >> Anyways, you have to limit that >> Anyways, you have to limit that >> less than one to two drinks. Um some >> less than one to two drinks. Um some people it will affect their heart rate people it will affect their heart rate uh variability again if they have those uh variability again if they have those types of things. um track that.

types of things. um track that. Don't use alcohol as a sedative. I mean, Don't use alcohol as a sedative. I mean, I think that's really the biggest thing.

I think that's really the biggest thing. It will get you to sleep right away and It will get you to sleep right away and then it'll arouse you to wake it just then it'll arouse you to wake it just that's it increases the second half of that's it increases the second half of sleep arousals for many reasons. Uh sleep arousals for many reasons. Uh hypoglycemia, low blood sugar is one of hypoglycemia, low blood sugar is one of the reasons. It also elevates your heart the reasons. It also elevates your heart rate. So, it's just got all of these rate. So, it's just got all of these negative things that are just more about negative things that are just more about arousability arousability arousability um and not helping with actual um and not helping with actual restorative sleep. And those dips in restorative sleep. And those dips in blood sugar, again tying it back to blood sugar, again tying it back to cortisol, tying it back to insulin and cortisol, tying it back to insulin and ghrein, like those dips in cortisol are ghrein, like those dips in cortisol are one of I think the most common sleep one of I think the most common sleep reasons for sleep disturbance that I reasons for sleep disturbance that I have identified in patients. Um I will have identified in patients. Um I will often counsel someone to take 30 to 60 often counsel someone to take 30 to 60 minutes before bedtime sort of a protein minutes before bedtime sort of a protein and fat rich snack. You've heard it even and fat rich snack. You've heard it even on this show several times because what on this show several times because what will happen is you're going to bed will happen is you're going to bed actually you're going to bed underfed actually you're going to bed underfed and then five six hours into your sleep and then five six hours into your sleep your blood sugar drops and your blood your blood sugar drops and your blood sugar drops and that triggers cortisol sugar drops and that triggers cortisol to be released. So the person then to be released. So the person then becomes aroused again awakened and then becomes aroused again awakened and then they have a hard time coming back they have a hard time coming back falling back to sleep. So getting that falling back to sleep. So getting that pre-bedtime snack that it's going to pre-bedtime snack that it's going to help regulate your blood sugar and keep help regulate your blood sugar and keep your cortisol chilled out is paramount your cortisol chilled out is paramount for a good night's sleep.

for a good night's sleep.

Temperature, Light, and Bedroom Setup

>> Keeping it consistent. Agreed. >> Keeping it consistent. Agreed. >> Yes. >> Yes. >> Yes. >> Same thing with caffeine. You just kind >> Same thing with caffeine. You just kind of mentioned it really about glucose of mentioned it really about glucose stability. Um God, that's probably one stability. Um God, that's probably one of the biggest things. I have just seen of the biggest things. I have just seen that so many times with the blood sugar that so many times with the blood sugar uh handling issue. Um look, caffeine is uh handling issue. Um look, caffeine is also what's not helping you. It's also what's not helping you. It's usually, and I have found this usually, and I have found this personally, um, you know, I have my personally, um, you know, I have my ritual of my large cup of coffee in the ritual of my large cup of coffee in the morning and then I really try to limit morning and then I really try to limit it. I usually don't it. I usually don't >> have caffeine at lunch, >> have caffeine at lunch, >> but it's that's the latest. It's got to >> but it's that's the latest. It's got to be cut off be cut off >> by 12. Really, even sooner. It's really >> by 12. Really, even sooner. It's really depending on when you're going to sleep depending on when you're going to sleep >> and it depends on the clearance of that >> and it depends on the clearance of that individual. Um, individual. Um, >> okay, fine. But I would fine. Yes, I >> okay, fine. But I would fine. Yes, I don't disagree with that, but I would

don't disagree with that, but I would say like if you need a hard stop, it's say like if you need a hard stop, it's 3:00 p.m.

3:00 p.m. You want to say noon. You want to say noon. >> I want to say noon. >> I want to say noon. >> Okay, you pick pick your poison. >> Okay, you pick pick your poison.

>> It's it's right around noon, 1:00. If >> It's it's right around noon, 1:00. If you're sleeping at at 10:00, you're sleeping at at 10:00, >> um you know, which I don't >> um you know, which I don't >> which I don't.

>> which I don't. >> You know, we're right. We're >> You know, we're right. We're >> If I'm going to go to sleep at 10, I >> If I'm going to go to sleep at 10, I need a coffee at 3 p.m.

need a coffee at 3 p.m. >> That's a different story. >> That's a different story. >> Um >> Um >> Um >> exercise timing. I think that's the big >> exercise timing. I think that's the big thing, too. This this is but it's tough thing, too. This this is but it's tough >> You really don't want to exercise late.

>> You really don't want to exercise late. That's my general generic answer. You That's my general generic answer. You don't want it too close to bed. With all don't want it too close to bed. With all of that said, of that said, >> um if someone is going to exercise at >> um if someone is going to exercise at night and that's when they go and that's night and that's when they go and that's what they do and they go three to four what they do and they go three to four times a week and then so be it. Um, I'd times a week and then so be it. Um, I'd rather have the exercise there and the rather have the exercise there and the potential of where the negative may be potential of where the negative may be with their sleep disturbance for that with their sleep disturbance for that than not.

than not. >> Agreed. So, if your schedule doesn't >> Agreed. So, if your schedule doesn't permit and that's the only time you can permit and that's the only time you can exercise, fine. But if your schedule exercise, fine. But if your schedule permits, then it's not just about the permits, then it's not just about the timing, but it's about the type of timing, but it's about the type of exercise. So, if a person says, "Oh, I exercise. So, if a person says, "Oh, I go to yin yoga three times a week at 6 go to yin yoga three times a week at 6 p.m. Brilliant. That's fine." Because p.m. Brilliant. That's fine." Because that's the type of exercise is actually that's the type of exercise is actually um calming the system down. If you're um calming the system down. If you're saying, "Oh, well, I do a three mile saying, "Oh, well, I do a three mile walk in the evening under the walk in the evening under the moonlight." Again, brilliant because moonlight." Again, brilliant because those are things that are calming the those are things that are calming the system.

system. system. >> Sure. I mean, that's not high intensity >> Sure. I mean, that's not high intensity and that's really a lot of what it's and that's really a lot of what it's about. If I'm heading to the gym and I'm about. If I'm heading to the gym and I'm going to, you know, hit the weights and going to, you know, hit the weights and Yeah. and all those things, that's where Yeah. and all those things, that's where it might be. But even then, again, if it might be. But even then, again, if someone that's what they do and that's someone that's what they do and that's what's good for their schedule, what's good for their schedule, >> then so be it for the sake of the >> then so be it for the sake of the exercise. Yeah. So, you know, I think exercise. Yeah. So, you know, I think what's important about that, a quick what's important about that, a quick side note that's relevant to us and our side note that's relevant to us and our approach and what people will get out of approach and what people will get out of listening to this particular podcast, it listening to this particular podcast, it is, you know, it it you have to meet the is, you know, it it you have to meet the patient where they're at. You have to patient where they're at. You have to meet yourself where you're at. You have meet yourself where you're at. You have to balance all these things out. You to balance all these things out. You have to um I don't know, throw [__] at have to um I don't know, throw [__] at the wall to see what's going to stick.

the wall to see what's going to stick. >> Experiment. The individual has to >> Experiment. The individual has to experiment like what's the costbenefit experiment like what's the costbenefit analysis. So, I identify what are the analysis. So, I identify what are the things that I want to change. Okay.

things that I want to change. Okay. Well, my sleep isn't good. All right. Well, my sleep isn't good. All right. then

here's a long list of things that then here's a long list of things that you can do to help improve your sleep.

you can do to help improve your sleep. What are the ones that are easiest for What are the ones that are easiest for you to either add or reduce? Start you to either add or reduce? Start there. So, you know, health is a journey there. So, you know, health is a journey of a well-lived life. It's it's a of a well-lived life. It's it's a process. So, there's seasons to your process. So, there's seasons to your habits and there are external habits and there are external restrictions to your habits. So, listen restrictions to your habits. So, listen to all of this and start to curate it to all of this and start to curate it for yourself.

for yourself. >> I'm going to welcome everyone now into >> I'm going to welcome everyone now into our bedroom. ill. And our bedroom. ill. And >> again with the ill, that's like three >> again with the ill, that's like three ills in a in a row.

ills in a in a row. >> I'm going to we're going to do a >> I'm going to we're going to do a checklist here and see um what are the checklist here and see um what are the important things that we need?

important things that we need? >> I just want to say already I hate you >> I just want to say already I hate you because whatever this is, because whatever this is, >> what are the important things that need >> what are the important things that need to be in order to sleep well in a room?

to be in order to sleep well in a room? What does the room have to have? What does the room have to have? >> Is this like a multiple choice question >> Is this like a multiple choice question or fill in the blank?

or fill in the blank? >> This is a test. It might be a general >> This is a test. It might be a general test of our marriage. Let's see. test of our marriage. Let's see.

>> It needs quiet. Yes, >> It needs quiet. Yes, >> it needs >> it needs blackout curtains. blackout curtains. >> Blackout curtains. >> Blackout curtains.

>> It needs no little light. So, no >> It needs no little light. So, no nightlight, nightlight, nightlight, >> no clock, >> no clock, >> no cell phone, >> no cell phone, >> no partner who's on the phone scrolling >> no partner who's on the phone scrolling while you're supposed to be asleep. None while you're supposed to be asleep. None of that.

of that. >> Check. >> Check. >> Check. >> Okay. So, what the the inside scoop here >> Okay. So, what the the inside scoop here was. So, you blackout curtains are was. So, you blackout curtains are incredibly important. They're incredibly incredibly important. They're incredibly important.

important. important. >> Sean has a lot of problems with this. >> Sean has a lot of problems with this. >> Yes. So, uh, well, because my wife has >> Yes. So, uh, well, because my wife has challenges in knowing or trying to challenges in knowing or trying to figure out the aesthetics of what these figure out the aesthetics of what these blackout curtains need to look like in blackout curtains need to look like in order to be aesthetically order to be aesthetically appeasing while we're getting the appeasing while we're getting the utility of blacking out. I said every utility of blacking out. I said every photon of light, there is no light that photon of light, there is no light that needs because we just happen to have, needs because we just happen to have, >> you know, the way the French doors are >> you know, the way the French doors are and there just happens to be this huge and there just happens to be this huge uh uh outdoor lamp that's out there, the uh uh outdoor lamp that's out there, the street light that's out there, you know, street light that's out there, you know, beaming in. So yeah, it's it's really beaming in. So yeah, it's it's really important because even small amounts of important because even small amounts of light, here's the point, small amount light, here's the point, small amount amounts of light will disturb and amounts of light will disturb and disrupt your sleep. It's very important disrupt your sleep. It's very important to make it as dark as you possibly can to make it as dark as you possibly can get it.

get it. >> Yeah. Okay. I mean, I I don't disagree >> Yeah. Okay. I mean, I I don't disagree with you. I just with you. I just >> for me to fall asleep peacefully, I need >> for me to fall asleep peacefully, I need to look at my room and go, it's so to look at my room and go, it's so beautiful beautiful beautiful >> and if my room isn't pretty, then I'm >> and if

my room isn't pretty, then I'm not going to sleep well. So then not going to sleep well. So then >> even with your eyes closed, even when >> even with your eyes closed, even when your eyes are shut. Yeah. Okay.

your eyes are shut. Yeah. Okay. >> Because when I close them, I see the >> Because when I close them, I see the ugly curtains. digital boundaries. Yes, ugly curtains. digital boundaries.

Peptides and Creatine for Sleep Support

Yes, it's it's super important to make sure it's it's super important to make sure >> um you know, we've said generically for >> um you know, we've said generically for years and because it's not necessarily years and because it's not necessarily here in our notes that you know, the here in our notes that you know, the only thing that you should be doing in only thing that you should be doing in your bed is sleep and sex, right? So, your bed is sleep and sex, right? So, you shouldn't be working. You shouldn't you shouldn't be working. You shouldn't necessarily be on your phone uh for any necessarily be on your phone uh for any length of time. Um so, yes. Okay.

length of time. Um so, yes. Okay. >> Wait, hold on. You're really like like >> Wait, hold on. You're really like like digital boundaries is a huge section for digital boundaries is a huge section for a modern day life. So, okay, fine. If a modern day life. So, okay, fine. If you want more notes, you can look at the you want more notes, you can look at the substack. But the reality is that this substack. But the reality is that this in and of itself is probably a whole in and of itself is probably a whole topic. Um because I think this is where topic. Um because I think this is where people probably mess up the most.

people probably mess up the most. >> Yes. They're in their they're on their >> Yes. They're in their they're on their phone in their bed. They're they're phone in their bed. They're they're working. They're on their laptop in bed.

working. They're on their laptop in bed. They have it's a blue light situation They have it's a blue light situation that's totally that's totally >> and it's mental stimulation and it's >> and it's mental stimulation and it's dopamine and blah blah blah. So, in dopamine and blah blah blah. So, in summary, knowing that there's more summary, knowing that there's more information available for you, but in information available for you, but in summary, what I would like to say is summary, what I would like to say is that for a good 30 to 60 minutes before that for a good 30 to 60 minutes before bedtime, you shouldn't even be touching bedtime, you shouldn't even be touching your phone.

your phone. >> Correct. >> Correct. >> Correct. >> Okay. >> Okay. >> Okay. >> That that that would be the best >> That that that would be the best possible situation. Absolutely.

possible situation. Absolutely. >> Great. >> Great. >> Great. >> Okay. >> Okay. >> Okay. >> I'm going to talk about two key things >> I'm going to talk about two key things here. Um, on the peptide and supplement, here. Um, on the peptide and supplement, there's something called DSIP. Maybe there's something called DSIP. Maybe everybody's seeing this now because everybody's seeing this now because everybody's talking about uh peptides everybody's talking about uh peptides again. We've been doing peptides for 10 again. We've been doing peptides for 10 years. The past uh one to two, years. The past uh one to two, everyone's it's everywhere now. You everyone's it's everywhere now. You can't not see it. Um and patients are can't not see it. Um and patients are coming to us and asking and all of that.

coming to us and asking and all of that. So So So >> wait, wait, sorry. Talking about that, I >> wait, wait, sorry. Talking about that, I had I met someone the other day and had I met someone the other day and there's details that I just can't there's details that I just can't recall. You know, I talked to everybody.

recall. You know, I talked to everybody. So it could have been someone at the So it could have been someone at the grocery store, okay? And somehow it got grocery store, okay? And somehow it got into what we do. And then she was like, into what we do. And then she was like, "Oh, "Oh, "Oh, do you do you know what peptides are or do you do you know what peptides are or something?" And I had such a visual in something?" And I had such a visual in my head of like me staring at the camera my head of like me staring at the camera like if this were scrubs or like the like if this were scrubs or like the Truman Show where I stare at the camera Truman Show where I stare at the camera and I'm like, and I'm like, >> "Yes, we know what peptides are." >> "Yes, we know what peptides are."

Anyway, that's it. That's my story.

Anyway, that's it. That's my story. >> Yeah. Well, you know, and we we kind of >> Yeah. Well, you know, and we we kind of laugh and joke about that, but we're laugh and joke about that, but we're always very happy when patients come in always very happy when patients come in educated. Um, this is a complete side educated. Um, this is a complete side note. Someone came in to me yesterday, note. Someone came in to me yesterday, one of my patients, and mentioned a one of my patients, and mentioned a particular test um, for the prostate particular test um, for the prostate that I had never heard of.

that I had never heard of. >> I just I don't know how I'd never heard >> I just I don't know how I'd never heard of it. And she mentioned it and even of it. And she mentioned it and even said to me sort of like politely and said to me sort of like politely and saying, "Oh, I hope this doesn't bother saying, "Oh, I hope this doesn't bother you that I'm like like, "No, my god, you that I'm like like, "No, my god, please tell me." I love patients educate please tell me." I love patients educate us constantly. I happen to have a us constantly. I happen to have a student in the room with me at the time.

student in the room with me at the time. patients are constantly educating us patients are constantly educating us because they're they're looking these because they're they're looking these things up. They're coming to us. things up. They're coming to us. They're asking for our opinions about it. And asking for our opinions about it. And anyway, yes, we we love to hear uh input anyway, yes, we we love to hear uh input no matter what. Even though sometimes no matter what. Even though sometimes it's something that for us is Yes, it's something that for us is Yes, certainly about peptides. Here's the certainly about peptides. Here's the peptide I've been dying to tell you.

peptide I've been dying to tell you. Deep I've always heard it as deep sleep Deep I've always heard it as deep sleep uh inducing peptide, but it's delta uh inducing peptide, but it's delta sleep inducing peptide.

sleep inducing peptide. I've been using this one. I I don't use I've been using this one. I I don't use it anymore, but I used it early on it anymore, but I used it early on >> when we played the uh first got into the >> when we played the uh first got into the peptide peptide peptide >> uh game about 10 years ago, >> uh game about 10 years ago, >> and it just doesn't work. No, >> and it just doesn't work. No, >> I it just doesn't. And as I dug more >> I it just doesn't. And as I dug more into the research, there is actually into the research, there is actually research going back to the 80s with this research going back to the 80s with this and it just doesn't work.

and it just doesn't work. >> No. And this is one of those examples >> No. And this is one of those examples where like sometimes the research says where like sometimes the research says something, but I'm like, I don't care.

something, but I'm like, I don't care. Anecdotally, I've had great success with Anecdotally, I've had great success with it, whatever. it, whatever. >> Or vice versa.

>> Or vice versa. >> Or vice versa. But this is definitely >> Or vice versa. But this is definitely one of those things where um like you one of those things where um like you said, you know, we we used it and we said, you know, we we used it and we used it with enough people and and often used it with enough people and and often we try them on ourselves. So we used it we try them on ourselves. So we used it with enough people to say I don't think with enough people to say I don't think it's been clinically relevant. And then it's been clinically relevant. And then when you really dig into the research, when you really dig into the research, you can find even the research results you can find even the research results were were poor. So were were poor. So >> and that's been some of the criticism of >> and that's been some of the criticism of um peptides that many of the peptides um peptides that many of the peptides out there that we do use very very out there that we do use very very frequently. A lot of the research was frequently. A lot of the research was animal study research, right? and it it animal study research, right? and it it doesn't have robust human trials yet. Um doesn't have robust human trials yet. Um but when you use these peptides are but when you use these peptides are clinically forgiving side effect clinically forgiving side effect profiles virtually zero um in many cases profiles virtually zero um in many cases if it's done right and it didn't matter.

if it's done right and it didn't matter. We just saw the results. It was the We just saw the results. It was the proof was

in the pudding. So yes, again proof was in the pudding. So yes, again you got to have a relationship with the you got to have a relationship with the doctor.

doctor. doctor. >> And I would also say that with most PEP >> And I would also say that with most PEP most not all it's pretty benign. It's most not all it's pretty benign. It's like if it works for you it works for like if it works for you it works for you. If it doesn't then it doesn't. I you. If it doesn't then it doesn't. I mean, other than the expense. So, for mean, other than the expense. So, for the most part, as long as you've had the most part, as long as you've had someone really help you pick and choose someone really help you pick and choose the ones that are good for you, it's a the ones that are good for you, it's a an easy experiment. Like, this Delta an easy experiment. Like, this Delta sleep inducing peptide. Like, that was sleep inducing peptide. Like, that was an easy experiment. It didn't do an easy experiment. It didn't do anything. Okay. It didn't do anything.

anything. Okay. It didn't do anything. But, okay, that's But, okay, that's >> okay. I want to give everybody this. >> okay. I want to give everybody this.

This is a hack. This is a hack. >> Hacks. >> Hacks. >> Hacks. >> This is a straightup >> This is a straightup sleep hack. Um, and I've used this sleep hack. Um, and I've used this personally and uh I'm starting to get personally and uh I'm starting to get some pretty good success with it.

some pretty good success with it. This is creatine. Now, I don't just mean This is creatine. Now, I don't just mean creatine for muscle. Um, we have talked creatine for muscle. Um, we have talked on this podcast about creatine for mood on this podcast about creatine for mood stability, particularly in studies with stability, particularly in studies with women. Brain health.

women. Brain health. >> Yes. It's just so incredibly important. >> Yes. It's just so incredibly important. Generically, I recommend 10 grams a day Generically, I recommend 10 grams a day for virtually everybody. Five grams goes for virtually everybody. Five grams goes to the muscle. The other five can go to to the muscle. The other five can go to your brain, other tissues. But this is a your brain, other tissues. But this is a really specific hack for sleep. If really specific hack for sleep. If you've had a rough night, sleep you've had a rough night, sleep deprivation, they have done, there was a deprivation, they have done, there was a 2024 uh study where they were able to 2024 uh study where they were able to essentially get past all of the essentially get past all of the negatives of a bad night's sleep by negatives of a bad night's sleep by pushing creatin at the right dose. And pushing creatin at the right dose. And here's the dose. It's.35 here's the dose. It's.35 gram per kilogram of body weight. Now, gram per kilogram of body weight. Now, what that translates to roughly, if what that translates to roughly, if you're doing quick math, uh, for you're doing quick math, uh, for somebody who's 154 pounds, that's about somebody who's 154 pounds, that's about 70 kg. If you're 154 pounds, you'd need 70 kg. If you're 154 pounds, you'd need about 25 grams of protein. To translate about 25 grams of protein. To translate that into the scoops, most people are that into the scoops, most people are getting these things as a as a powder.

getting these things as a as a powder. That would be about five scoops. One That would be about five scoops. One scoop is five grams. So, for 150 pound scoop is five grams. So, for 150 pound person, you need five scoops. And that's person, you need five scoops.

Co-Sleeping, Relationships, and Final Takeaways

And that's going to really help to negate a lot of going to really help to negate a lot of those negative effects. Again, depending those negative effects. Again, depending on the size of the person, I need a on the size of the person, I need a little bit more than that. And it's a little bit more than that. And it's a hack in the sense that this is something hack in the sense that this is something you do post a bad night's sleep to you do post a bad night's sleep to alleviate symptoms.

alleviate symptoms. >> Correct. >> Correct. >> Correct. >> But it's also a preventative hack >> But it's also a preventative hack because if you're taking your creatine because if you're taking your creatine in the evening in the evening >> prior to the sleep, especially if you >> prior to the sleep, especially if you can add some collagen to that, can add some collagen to that, >> some saffron. Like my hack is make >> some saffron. Like my hack is make

yourself a delicious cup of pre-bedtime yourself a delicious cup of pre-bedtime drink. I like saffron, collagen, creatin drink. I like saffron, collagen, creatin at 10 grams. I already took five in the at 10 grams. I already took five in the morning. I'm taking another 10 at night.

morning. I'm taking another 10 at night. >> Okay. >> Okay. >> Okay. >> Um, coconut oil and some form of a full >> Um, coconut oil and some form of a full fat milk, like you know, raw milk.

fat milk, like you know, raw milk. >> And it's so delicious and so calming and >> And it's so delicious and so calming and it will work the same way except for it will work the same way except for prevention. So, it's going to help.

prevention. So, it's going to help. >> You're giving the prevention hack. I'm >> You're giving the prevention hack. I'm giving the oh [__] hack. This is the, giving the oh [__] hack. This is the, you know, the emergency hack.

you know, the emergency hack. >> You're you're double protected. >> You're you're double protected. >> There we go. Okay. Um, >> There we go. Okay. Um, should we sleep with our kids? Uh, should we sleep with our kids? Uh, co-sleeping. This concept of co-sleeping. This concept of co-sleeping, co-sleeping, co-sleeping, this is tough and there's a lot of notes this is tough and there's a lot of notes here uh for everyone to look at on the here uh for everyone to look at on the substack, but essentially there are substack, but essentially there are reasons to say yes and there's plenty of reasons to say yes and there's plenty of reasons to say no. And so ultimately reasons to say no. And so ultimately what it comes down to is that it just what it comes down to is that it just you know that obnoxious answer that you know that obnoxious answer that doctors will give you when you ask it doctors will give you when you ask it depends. It just depends.

depends. It just depends. >> Um so there are absolute benefits uh >> Um so there are absolute benefits uh oxytocin there's all kinds of uh oxytocin there's all kinds of uh improvements certainly for uh women and improvements certainly for uh women and which we experienced this women in which we experienced this women in breastfeeding. It's a hell of a lot breastfeeding. It's a hell of a lot easier having the child near you and easier having the child near you and close to you uh in terms of uh close to you uh in terms of uh strategies for that to help with your strategies for that to help with your own sleep. Um, but there's definitely own sleep. Um, but there's definitely risk with it. I mean, we're back to this risk with it. I mean, we're back to this idea of arousability that the more idea of arousability that the more you're going to be disturbed throughout you're going to be disturbed throughout the night, ultimately that could the night, ultimately that could negatively affect your sleep.

negatively affect your sleep. >> So, this is with kids. It also can be >> So, this is with kids. It also can be with your spouse. So, again, there's it with your spouse. So, again, there's it could be that you're getting all this um could be that you're getting all this um psychological safety and uh sexual psychological safety and uh sexual proximity with your spouse. Um that's proximity with your spouse. Um that's enforcing the relationship, reinforcing enforcing the relationship, reinforcing the the relationship. All those things the the relationship. All those things are pros. But if you're getting constant are pros. But if you're getting constant micro arousals, if somebody's snoring micro arousals, if somebody's snoring really bad, um if it's just we're not on really bad, um if it's just we're not on the same time frame. I mean, I do get up the same time frame. I mean, I do get up earlier than you do. Um so we're a earlier than you do. Um so we're a little bit off that way. So it just little bit off that way. So it just depends um what the situation is.

depends um what the situation is. >> Okay. Well, I would like to take a vote. >> Okay. Well, I would like to take a vote. I would say that co-sleeping with I would say that co-sleeping with children is more good than bad up to the children is more good than bad up to the age where the kid really stops sleeping age where the kid really stops sleeping so smoothly. So if you think that idea so smoothly. So if you think that idea of like let's say up to two years old, of like let's say up to two years old, there's more benefit for the child for there's more benefit for the child for sure and I would still say more benefit sure and I would still say more benefit even for the parents especially the even for the parents especially the mom's recovery if co-sleeping is mom's recovery if co-sleeping is happening up until age two. after age happening up until age two. after age two, they're kicking, they get up more, two, they're kicking, they get up more, they're just there's just a lot more they're just there's just a lot more annoyance. Plus, you don't want them annoyance. Plus, you don't want them make you don't want your child to have a make you don't

want your child to have a hard time sleeping alone in a bed alone.

hard time sleeping alone in a bed alone. >> Sure. >> Sure. >> Sure. >> Okay. >> Okay. >> Okay. >> Or our our 5-year-old who has she has >> Or our our 5-year-old who has she has constant sort of constant sort of >> fighting conversations with I don't know >> fighting conversations with I don't know who the hell she's fighting with all who the hell she's fighting with all night long yelling at people in the night long yelling at people in the middle of the night.

middle of the night. >> She's telling them what's up, but she >> She's telling them what's up, but she wakes up super refreshed. wakes up super refreshed.

>> She got it all out in the middle of the >> She got it all out in the middle of the night. Um, now that's my vote for night. Um, now that's my vote for co-sleeping with your children. As far co-sleeping with your children. As far as co-sleeping with the couple, I think as co-sleeping with the couple, I think that the studies related to the damages that the studies related to the damages of sleeping apart are more significant of sleeping apart are more significant from my perspective from you know my from my perspective from you know my bias as well as my clinical opinion. So bias as well as my clinical opinion. So if it's so disruptive like if your if it's so disruptive like if your partners the snoring is one of the main partners the snoring is one of the main reasons why people will stop sleeping reasons why people will stop sleeping together like or or the the the cycle together like or or the the the cycle like you were describing like one person like you were describing like one person goes to sleep too early the other person goes to sleep too early the other person goes to sleep like if that's so goes to sleep like if that's so disruptive then fine have your deep disruptive then fine have your deep sleep be a part but I do think those sleep be a part but I do think those couples need to prioritize some sort of couples need to prioritize some sort of togetherness that is a routine as well togetherness that is a routine as well so either there's togetherness right so either there's togetherness right before bed or there's togetherness in before bed or there's togetherness in the morning that hopefully can be like, the morning that hopefully can be like, "Oh, I have the habit of crawling into "Oh, I have the habit of crawling into bed with my wife." bed with my wife." >> Yes.

>> Yes. >> Yes. >> Because I'm already awake. Yes. >> Because I'm already awake. Yes. >> For snuggles. >> For snuggles. >> Cuz for snuggles. >> Cuz for snuggles.

>> I'm not thinking snuggles. Right. Yeah. >> I'm not thinking snuggles. Right. Yeah. I mean, you're kind of leading into uh I mean, you're kind of leading into uh >> what >> what >> what >> one of the best advantages of >> one of the best advantages of >> You're not thinking of snuggles. We've >> You're not thinking of snuggles. We've done an entire episode on the idea of done an entire episode on the idea of like like like >> I was beyond snuggles at that point. I >> I was beyond snuggles at that point. I was was was >> So you you you meant snuggles. You just >> So you you you meant snuggles. You just from snuggles to from snuggles to >> Yeah. to sex. I mean, the proximity of >> Yeah. to sex. I mean, the proximity of that and what all of that is doing. So, that and what all of that is doing. So, you're get you're you're get you're >> knowing that you're able to actually >> knowing that you're able to actually have the proximity to make it easier to have the proximity to make it easier to have sex.

have sex. >> It is true. It's harder to have sex when >> It is true. It's harder to have sex when you're in different rooms. That's hard. you're in different rooms. That's hard.

>> Is it? Yeah. You need a doctor to tell >> Is it? Yeah. You need a doctor to tell you that. you that. >> Although, you can do your phone sex. How >> Although, you can do your phone sex. How about that? You can have phone sex with about that? You can have phone sex with your partner. And your partner. And >> that sucks.

>> that sucks. >> Anyway, >> Anyway, >> Anyway, >> all right. >> all right. >> That's I I'm I'm voting for sleeping >> That's I I'm I'm voting for sleeping with with with >> your partner. Yeah.

>> your partner. Yeah. >> And the baby. >> And the baby. >> Not the baby. I want to make sure that >> Not the baby. I want to make sure that there's anyway there's reasons why if there's anyway there's reasons why if you're talking if you're talking about you're talking if you're talking about co- sleeping with kids and we're co- sleeping with kids and we're reversing back to this infants it's got reversing back to this infants it's got to be really proximity that's

what you to be really proximity that's what you you put them in the bassinet and those you put them in the bassinet and those kind of things you know having them in kind of things you know having them in the same room makes sense right but you the same room makes sense right but you know once you get over one to two years know once you get over one to two years old then the risks of SIDS and those old then the risks of SIDS and those things go down and then it then things go down and then it then co-sleeping can be a lot easier co-sleeping can be a lot easier >> all right so then pros sex >> all right so then pros sex and tax and tax. That's it's a great way and tax and tax. That's it's a great way a great way to end.

a great way to end. >> All righty. >> All righty. >> Okay, that's a wrap. Remember, the >> Okay, that's a wrap. Remember, the choices you make today shape the legacy choices you make today shape the legacy you live tomorrow. If this episode you live tomorrow. If this episode helped you feel alive and live, share helped you feel alive and live, share with someone you care about and with someone you care about and subscribe so you never miss what's next.

subscribe so you never miss what's next. Until next time, stay intentional, stay Until next time, stay intentional, stay inspired, and keep living the well-lived inspired, and keep living the well-lived life.