Introduction and Dr. Holliday-Bellu2019s insomnia journey.)

Have you ever Have you ever gone through entire gone through entire periods of your life periods of your life convinced that convinced that exhaustion was exhaustion was simply the price of simply the price of productivity? And, according to the productivity? And, according to the CDC and NIH, thousands of CDC and NIH, thousands of Americans are chronically Americans are chronically sleep-deprived. And in 2026, a strange new strange new obsession arose around it. It's obsession arose around it. It's called called called sleep maximization.

sleep maximization. Viral trends include taping your mouth taping your mouth, magnesium, magnesium smoothies, and smoothies, and sleep trackers that promise to sleep trackers that promise to create the perfect create the perfect night's sleep. But night's sleep. But optimizing optimizing optimizing sleep performance and sleep performance and actually correcting a actually correcting a disrupted disrupted disrupted sleep system are two very sleep system are two very different things. And different things. And treating the symptom, treating the symptom, not the root cause, is not the root cause, is exactly the trap that exactly the trap that so many so many people fall into. That's why I want to people fall into. That's why I want to invite invite invite today's guest.

today's guest. Dr. Angelou Dr. Angelou Holiday Bell is a board-certified physician, board-certified, board-certified sleep specialist, and sleep specialist, and founder of The Solution is founder of The Solution is Sleep. She has appeared Sleep. She has appeared on Dr. Phil, ABC on Dr. Phil, ABC News, and the Today Show. Dr.

News, and the Today Show. Dr. Holiday Bell Holiday Bell helps executives, doctors, and, doctors, and everyday people everyday people finally get the sleep their bodies were meant for. Dr.

their bodies were meant for. Dr. Holiday Bell, Holiday Bell, welcome to the show. Good. welcome to the show. Good. So, Dr. Holiday So, Dr. Holiday Bell, welcome Bell, welcome to the show.

to the show. Thank you. Thank you for Thank you. Thank you for inviting me. inviting me. So I'm really excited to So I'm really excited to see you on the see you on the show today, because this topic about show today, because this topic about sleep and sleep and sleep optimization is so amazing. And sleep optimization is so amazing. And it's like if you it's like if you talk to 10 talk to 10 different doctors, you'll different doctors, you'll get 10 different get 10 different opinions about sleep opinions about sleep and how to and how to improve it, right?

improve it, right? But you are actually a But you are actually a sleep specialist. And I sleep specialist. And I think that's why think that's why you, of all people, are you, of all people, are uniquely uniquely uniquely qualified to qualified to talk about this.

talk about this. So for my listeners who are just who are just meeting you for the first meeting you for the first time, you have time, you have spoken publicly spoken publicly about your own experiences with about your own experiences with insomnia insomnia insomnia during your during your medical school medical school and and and residency. So residency. So let's start with this.

let's start with this. Let’s talk Let’s talk about this story and about this story and how it shapes how it shapes your perception of sleep your perception of sleep and optimization and optimization today.

today. today. Yeah, I think that's a Yeah, I think that's a great place to great place to start, because I always start, because I always say that I'm someone who's say that I'm someone who's always had a deep always had a deep love affair with love affair with sleep. As a child, I sleep. As a child, I always loved sleep, always loved sleep, but when I started but when I started medical medical medical school, medical school, medical school, but school, but certainly certainly certainly residency, I began to residency, I began to struggle with insomnia.

struggle with insomnia. And I want to distinguish between And I want to distinguish between lack of time for sleep. lack of time for sleep. Of course, we work Of course, we work 80 hours a week.

80 hours a week. There were times when I There were times when I simply didn't have time simply didn't have time to sleep. But it turned out to sleep. But it turned out that even when I that even when I had time to sleep, I had time to sleep, I physically couldn't sleep.

physically couldn't sleep. And I always say that I've And I always say that I've been through a lot of been through a lot of hard things in life. hard things in life.

Medical education is one Medical education is one of them, and a career as a of them, and a career as a doctor is one of them. doctor is one of them. But the hardest thing But the hardest thing I've ever I've ever gone through was gone through was suffering from suffering from insomnia. I insomnia. I wanted to wanted to sleep so desperately, but I couldn't. And it sleep so desperately, but I couldn't. And it affected all areas of affected all areas of my life. This my life. This caused me caused me stress. It affected stress. It affected my relationships. What my relationships. What really struck me was that really struck me was that I I I felt like I wasn't the felt like I wasn't the doctor I wanted to doctor I wanted to be after so many be after so many years, just years, just trying to survive trying to survive every day. And so I every day. And so I just thought, “I just thought, “I have to fix this. I can't go on like this.

" I " I started volunteering at the started volunteering at the sleep clinic at my sleep clinic at my hospital, reading hospital, reading literally every literally every book on sleep I book on sleep I could find. And could find.

Insomnia vs. sleep deprivation.)

And then I enjoyed this process then I enjoyed this process, and I, and I began to understand that began to understand that it was more than just it was more than just rest or rest or lack of lack of lack of rest. It is rest. It is truly a way to live truly a way to live optimally in every optimally in every area of ??life. And when I area of ??life. And when I started implementing the started implementing the practices in my own practices in my own life, I saw how life, I saw how my sleep, and indeed my whole my sleep, and indeed my whole life, changed for the life, changed for the better. This came up better. This came up on almost every on almost every office visit with office visit with patients, as well as with patients, as well as with family and friends. And family and friends. And I thought, "Oh, this I thought, "Oh, this thing is bigger than me." Uh, and that's when I." Uh, and that's when I realized that I realized that I also needed to also needed to help other help other people do the same.

people do the same. Yes. Yes. Yes. So you mentioned something that So you mentioned something that I want to I want to delve into, this delve into, this difference between difference between insomnia, and we'll insomnia, and we'll call it call it sleep deprivation or " sleep deprivation or " Yes." Yes." Yes." Yes. So when I think of Yes. So when I think of insomnia insomnia insomnia falling under this falling under this big umbrella as big umbrella as insomnia, does that insomnia, does that mean you can't mean you can't fall asleep, you can't stay fall asleep, you can't stay asleep?

asleep? asleep? So, to help So, to help us shape the rest of us shape the rest of the conversation, what is it? the conversation, what is it? What is insomnia?

What is insomnia? Yes. And that's a great idea, and I'm glad you, and I'm glad you brought it up, brought it up, because people always because people always confuse the two confuse the two. So,. So, insomnia is insomnia is difficulty difficulty difficulty falling asleep, falling asleep, staying asleep, or staying asleep, or waking up earlier waking up earlier than planned, than planned, despite getting despite getting enough enough enough sleep. The last sleep. The last part is very important part is very important because there are people who say, because there are people who say, "Yeah, I only sleep 4 "Yeah, I only sleep 4 hours." It's like, " Okay, what Okay, what time do you go to time do you go to bed?" For example, at bed?" For example, at 2:00 p.m. What time do 2:00 p.m. What time do you need to you need to get up? For example, get up? For example, at 6:00." Yes. That's all there is. This is the only opportunity. This is the only opportunity to sleep. You don't give to sleep. You don't give yourself enough yourself enough opportunities to get enough opportunities to get enough opportunities to get enough sleep.

Insomnia is when I go to bed is when I go to bed at 10 and don't get up until 6, at 10 and don't get up until 6, but I sleep for four but I sleep for four hours. You have hours. You have difficulty difficulty difficulty falling asleep or falling asleep or staying asleep, staying asleep, despite getting despite getting enough enough enough sleep.

sleep. sleep. So, if I So, if I hear you correctly, and hear you correctly, and again, I see the again, I see the world through analogies. world through analogies.

This is kind of strange. I don't This is kind of strange. I don't know how to do this. know how to do this. So, if I So, if I hear you correctly, how hear you correctly, how can I say it here?

can I say it here? So, if I'm So, if I'm hearing you correctly, hearing you correctly, sleep deprivation, sleep deprivation, sleep deprivation—it's when sleep deprivation—it's when you're essentially you're essentially skipping skipping skipping meals because you're too busy to meals because you're too busy to eat, right?

eat, right? So it's more of a So it's more of a matter of time when matter of time when insomnia—it's when insomnia—it's when you have food in front of you, you have food in front of you, your digestive tract your digestive tract is working, but your body is working, but your body just won't let just won't let you eat. It's like there you eat. It's like there 's something a little deeper to this, 's something a little deeper to this, isn't it? So, if I isn't it? So, if I understand this correctly, understand this correctly, it's a great analogy.

it's a great analogy. Okay, feel free to Okay, feel free to use this. I do use this. I do n't charge a fee. I don't n't charge a fee. I don't charge a fee.

So my audience is So my audience is mostly between the ages of mostly between the ages of 35 and 60, 35 and 60, right? So we right? So we are already in this are already in this past stage of past stage of young people, young people, working families, etc.

Why sleep gets harder with age.)

But at some point, and But at some point, and you mentioned it once, you mentioned it once, we sleep great. we sleep great. You know, babies You know, babies usually sleep usually sleep the best, right? And the best, right? And then teenagers then teenagers sleep an incredible sleep an incredible amount, or they amount, or they have to be woken up, have to be woken up, for example, to get out of for example, to get out of bed.

bed. bed. But something But something happens at happens at this late stage in this late stage in life that changes the life that changes the quality of our sleep. Is quality of our sleep. Is there anything you there anything you can point to, or can point to, or what things are changing what things are changing that make it difficult to get that make it difficult to get quality sleep?

quality sleep? Yes, it is Yes, it is multifactorial, and it multifactorial, and it also depends on also depends on gender. So what we gender. So what we know is what I know is what I call the gender call the gender sleep gap, where sleep gap, where women are 40% more likely to women are 40% more likely to suffer from suffer from insomnia or insomnia or sleep problems than men.

sleep problems than men. And there are a few things that are And there are a few things that are happening. happening. happening. Let's say in middle Let's say in middle age, 30-40 years old, you have age, 30-40 years old, you have more responsibilities, more responsibilities, more more more stressors in life, stressors in life, usually children, which usually children, which affect your sleep.

affect your sleep. Hmm, maybe you Hmm, maybe you had years of bad had years of bad sleep habits that sleep habits that accumulated over accumulated over time. So when we are time. So when we are younger, we have a higher younger, we have a higher desire to sleep. So we are desire to sleep. So we are able to able to overcome some of these overcome some of these habits for the most part. But as you age, habits for the most part. But as you age, your body, your your body, your circadian rhythm, this circadian rhythm, this drive to sleep really drive to sleep really depends on depends on consistency and consistency and healthy sleep habits.

healthy sleep habits. And when you And when you accumulate these accumulate these things over time, your body things over time, your body may not be able to may not be able to compensate for it like it compensate for it like it used to. New life used to. New life stressors stressors stressors like work, like work, childcare, childcare, childcare, the need to the need to the need to earn money, and earn money, and other things that simply other things that simply keep your mind keep your mind working fast and working fast and affect your affect your ability to fall asleep.

ability to fall asleep. But then, especially But then, especially when we talk about the when we talk about the hormonal state of hormonal state of women, there are women, there are significant changes in life, significant changes in life, especially during especially during pregnancy, pregnancy, pregnancy, postpartum postpartum postpartum, menopause,, menopause, menopause. In particular, menopause. In particular, progesterone is a progesterone is a hormone that plays a hormone that plays a huge role in sleep, huge role in sleep, and estrogen also and estrogen also plays an important plays an important role in maintaining role in maintaining body temperature, which is body temperature, which is necessary for necessary for falling asleep and falling asleep and staying asleep. These staying asleep. These changes in these hormones changes in these hormones absolutely affect a absolutely affect a woman's sleep. But you woman's sleep. But you also see also see some of them in some of them in men. And then, men. And then, especially as we especially as we reach older reach older stages like 65+, we stages like 65+, we see a shift in see a shift in circadian rhythms circadian rhythms where they have a where they have a more more more advanced sleep phase, advanced sleep phase, which we call which we call this, where they this, where they can go to sleep earlier, can go to sleep earlier, but then they also but then they also wake up earlier.

wake up earlier. And this simply does not meet And this simply does not meet social norms. social norms. So they may So they may struggle to struggle to fall asleep when their fall asleep when their body tells them to, but body tells them to, but now they now they wake up at 4:00 or wake up at 4:00 or 5:00 in the morning, and now 5:00 in the morning, and now they have this sleep deprivation they have this sleep deprivation or insomnia because or insomnia because it's earlier than it's earlier than planned. This is planned. This is earlier than would be earlier than would be comfortable for them. So comfortable for them. So now we are fighting now we are fighting biology. So there are so many different so many different changes going on in life that affect changes going on in life that affect your sleep as you age.

your sleep as you age. So that's also pretty So that's also pretty exciting. And that exciting.

Sleep stages and why deep sleep matters.)

And that brings me to what brings me to what you mentioned you mentioned about this change and how about this change and how certain factors certain factors affect it. But affect it. But when people talk about when people talk about sleep, they sleep, they answer, "Oh, I'm answer, "Oh, I'm sleeping or I'm asleep." I sleeping or I'm asleep." I think unless you're think unless you're trained in the architecture of trained in the architecture of sleep, I think people don't sleep, I think people don't realize that there are realize that there are different types of different types of sleep.

sleep. sleep. So to help So to help people understand, because I people understand, because I lean towards the good, the lean towards the good, the good, like good, like deep sleep. I deep sleep. I just want to start just want to start with this right away, okay? But with this right away, okay? But to set this up, to set this up, what types of sleep does what types of sleep does our body experience our body experience throughout the night?

throughout the night? Yes. So, your body Yes. So, your body cycles through cycles through different stages of sleep, which different stages of sleep, which vary in vary in depth and what depth and what actually actually actually happens happens happens cognitively during cognitively during that time. But that time. But generally speaking, generally speaking, you have stage one you have stage one sleep, which is very light, like you don't even, like you don't even know if you're asleep or know if you're asleep or awake, and you kind of awake, and you kind of startle, like, startle, like, was this a dream? This is the first was this a dream? This is the first stage, very light stage, very light sleep. Then you have the sleep. Then you have the second stage where things second stage where things get a little deeper.

get a little deeper. Your pulse starts Your pulse starts to slow down. Your to slow down. Your blood pressure blood pressure starts to starts to starts to calm down. It's like you're calm down. It's like you're moving into moving into deeper stages, but deeper stages, but not quite not quite deep sleep yet. And deep sleep yet. And then you have N3 sleep, and then you have N3 sleep, and that's deep that's deep slow wave, slow wave, very restorative very restorative sleep. If we say so, sleep. If we say so, then why, simply then why, simply saying that the third saying that the third stage of slow-wave stage of slow-wave sleep really restores sleep really restores the body. At this time, growth hormone is released, and then you growth hormone is released, and then you enter REM sleep, enter REM sleep, which is rapid which is rapid eye movement sleep. This is the stage where most of your most of your dreams occur. Not everything, hmm, dreams occur. Not everything, hmm, but it is at this but it is at this stage that stage that most of the most of the learning takes place. Memories learning takes place. Memories are stored for are stored for future future future use. So, use. So, generally speaking, this generally speaking, this will be the most will be the most restorative for restorative for your brain. There is your brain. There is some overlap between some overlap between all of these things, all of these things, but that's generally what's but that's generally what's happening. Hmm, you happening. Hmm, you 'll probably 'll probably debate this, but it's debate this, but it's obvious that the different obvious that the different stages have slightly stages have slightly different functions. I want different functions. I want people to know that people to know that every stage is important.

every stage is important. So, there was such a So, there was such a crazy fascination with the crazy fascination with the edge dream, was edge dream, was n't there? I'm like, "Oh, n't there? I'm like, "Oh, I need more I need more edge sleep, and my edge sleep, and my Apple Watch shows that I'm Apple Watch shows that I'm getting this much sleep." A getting this much sleep." A dream is important.

dream is important. Deep sleep is Deep sleep is important. You important. You actually spend actually spend most of your most of your time asleep. So this time asleep. So this second stage, second stage, about 50% of the time, is about 50% of the time, is also important. There are these also important. There are these sleep spindles and things sleep spindles and things that happen that happen during that time.

during that time. Therefore, it is very important Therefore, it is very important to focus on the to focus on the overall quality of sleep, overall quality of sleep, give yourself enough give yourself enough opportunities to sleep, and opportunities to sleep, and avoid doing things that avoid doing things that affect each of affect each of these stages. But your these stages. But your body is very complex and body is very complex and intelligent, so it intelligent, so it will spend more will spend more time in certain time in certain stages depending on stages depending on your body's needs.

your body's needs. If that makes sense. If that makes sense. No, that makes perfect No, that makes perfect sense. Right. And sense. Right. And while we love you, while we love you, you know, you know, REM sleep is REM sleep is important, important, important, experiencing the moment, experiencing the moment, but we know that but we know that deep sleep is also deep sleep is also incredible, and I incredible, and I think that's what think that's what I'm wearing this ring about again, which we're going to ring about again, which we're going to talk about, like anxiety, anxiety, worry about worry about stress, and how for stress, and how for some people, those things some people, those things are not good ideas, are not good ideas, right? And we want to right? And we want to talk about that, talk about that, but I want to spend but I want to spend some time in some time in deep sleep, deep sleep, because deep sleep, because deep sleep, as I understand it, is where is where most of the most of the body's repair work happens.

body's repair work happens. Right? So, you Right? So, you mentioned growth hormone, mentioned growth hormone, you mentioned, you know, you mentioned, you know, cognitive cognitive cognitive recovery. And we'll recovery. And we'll delve a little bit into the delve a little bit into the lymphatic system, lymphatic system, but just so people but just so people understand when sleep is understand when sleep is disrupted, when there's sleep disrupted, when there's sleep deprivation or deprivation or insomnia, how does that insomnia, how does that affect their affect their deep sleep? And what are deep sleep? And what are the consequences if they the consequences if they don't optimize this don't optimize this part of sleep?

part of sleep? Yes. So, as I Yes. So, as I mentioned, your body mentioned, your body cycles cycles cycles through these stages, through these stages, right? So, you right? So, you start with light start with light sleep, which

gradually sleep, which gradually progresses to progresses to deep sleep. There is a brief deep sleep. There is a brief awakening and then awakening and then you start you start over. Again over. Again, this is very, this is very generally speaking. There are generally speaking. There are some nuances. If some nuances. If your sleep is disrupted, your sleep is disrupted, if you don't allow if you don't allow yourself to go through yourself to go through this normal this normal architecture, if you are architecture, if you are woken up woken up during this deep during this deep sleep, then your body is like sleep, then your body is like starting over starting over. We. We return to return to light sleep and light sleep and try to try to try to get into deep get into deep sleep. And your body sleep. And your body won't have the time it won't have the time it needs to needs to fully recover.

fully recover. Damage caused to Damage caused to DNA during the day is DNA during the day is repaired while repaired while you sleep. you sleep. Your body's immune system Your body's immune system is functioning at is functioning at its peak.

its peak. Enzymes, cytokines, Enzymes, cytokines, antibodies – all of this antibodies – all of this is activated while is activated while you sleep. So if you you sleep. So if you don't spend don't spend enough time in this enough time in this stage, it affects stage, it affects it. So even if it. So even if you sleep eight hours, you sleep eight hours, if you don't spend if you don't spend enough time in the enough time in the deep deep deep rim stages and all the stages you need, it will affect the stages you need, it will affect the quality of your sleep. And quality of your sleep. And when it comes when it comes to sleep, quality is to sleep, quality is definitely more important definitely more important than quantity. So I would rather than quantity.

Sleep, brain fog, and cognitive performance.)

So I would rather you get 6 you get 6 hours of quality sleep or have a hours of quality sleep or have a good deep sleep good deep sleep than 8 hours of than 8 hours of interrupted sleep where interrupted sleep where you are constantly you are constantly starting over starting over at easier at easier stages. Because it will stages. Because it will affect how you affect how you function the function the function the next day, next day, your cognitive your cognitive abilities, your abilities, your reaction time, your reaction time, your emotional state, your emotional state, your emotional regulation – all of these things if you're not if you're not getting the right getting the right amount of deep amount of deep sleep and the right sleep and the right stages of sleep that you need.

stages of sleep that you need. Good. So you Good. So you mentioned mentioned mentioned cognitive function here, cognitive function here, which is my next which is my next go-to, because go-to, because we we we talk a lot about talk a lot about brain fog on this show, right?

brain fog on this show, right? Brain fog, focus Brain fog, focus and concentration. And I and concentration. And I know that if I don't get a know that if I don't get a good night's sleep good night's sleep and wake up, I'll and wake up, I'll just think: where am I?

just think: where am I? Who, who are you? What are you Who, who are you? What are you doing here? And what is doing here? And what is this dog doing here? Because you have this fog in your? Because you have this fog in your head. You just head. You just think, "What's think, "What's going on?" going on?" Right? And it takes Right? And it takes some time for everything to some time for everything to clear up. So, clear up. So, can you tell can you tell us what happens us what happens during sleep that during sleep that allows the brain allows the brain to reboot to reboot to reboot the next day?

the next day? There is… There is… or the next… sorry, the next sorry, the next day. day. day. Yes. The next Yes. The next day. So, there are a few day. So, there are a few things that, um, things that, um, happen while you're happen while you're sleeping. One thing sleeping. One thing I want to start with is, you I want to start with is, you know, you know, you obviously have different obviously have different areas of your brain that, um, control different, control different areas of your life, areas of your life, so to speak, and the so to speak, and the front part of front part of your brain, the frontal your brain, the frontal lobe, is responsible for lobe, is responsible for your executive your executive functions. So your functions. So your higher higher higher order thinking and skills order thinking and skills like your like your concentration, your concentration, your impulse control, impulse control, your your your decision making, critical decision making, critical thinking, all that stuff. And thinking, all that stuff. And this is the

first part of this is the first part of your brain that your brain that suffers when you don't get enough sleep suffers when you don't get enough sleep. So this. So this fog in the head, the fog in the head, the inability inability inability to think things through.

to think things through. You really value You really value instant gratification instant gratification at this stage. You're at this stage. You're more annoyed more annoyed because it didn't have a because it didn't have a chance to actually chance to actually reboot reboot reboot overnight. But if overnight. But if you think a little you think a little deeper, as you mentioned deeper, as you mentioned about the lymphatic about the lymphatic system. So, your system. So, your brain has a sort of brain has a sort of cleaning command that cleaning command that starts working starts working overnight. So you overnight. So you actually have an actually have an actually have an increase in increase in increase in cerebrospinal fluid cerebrospinal fluid overnight that covers overnight that covers your brain and spinal your brain and spinal cord, and it helps to cord, and it helps to clear out all the clear out all the waste products that waste products that build up build up build up during the day. So, during the day. So, things like amaloid, things like amaloid, plaques, high proteins, plaques, high proteins, and all those things that and all those things that build up in build up in your brain, you your brain, you sleep, your sleep, your glymphatic system glymphatic system starts working, this starts working, this fluid, uh, fluid, uh, collects and starts collects and starts cleaning these things out. When cleaning these things out. When you don't give your you don't give your brain enough brain enough opportunities to do opportunities to do this, you allow this, you allow these waste products these waste products to build up. And there to build up. And there will be some will be some short-term short-term short-term effects, as I effects, as I said, on said, on executive functions executive functions and so on. But studies and so on. But studies show that in show that in the long the long the long term, term, term, there is there is there is an increase in an increase in things like things like degenerative degenerative degenerative dementia conditions like dementia conditions like Alzheimer's, Alzheimer's, Alzheimer's, because it is because it is the accumulation of these the accumulation of these plaques that is one of the plaques that is one of the main causes of main causes of Alzheimer's.

Alzheimer's. Alzheimer's. And we know that sleep is when you're chronically is when you're chronically sleep deprived, it doesn't sleep deprived, it doesn't give your brain give your brain enough time to enough time to clear these things. So, clear these things. So, if I understand you correctly if I understand you correctly, this is something like a, this is something like a similar similar similar notification. And so, notification. And so, I have to have something like a I have to have something like a little little little bell that rings bell that rings when I do that. And when I do that. And so if you so if you 're in an 're in an office building office building at night, you have a cleaning crew taking out the trash, you taking out the trash, you know, mopping the floor, know, mopping the floor, sweeping the floor, sweeping the floor, and so on. And this is not and so on. And this is not happening in the happening in the short short short term. You term. You come to work come to work the next day and the next day and think, okay, we think, okay, we can't even can't even start the day because there's start the day because there's so much trash here, right? And that's why you have to, right? And that's why you have to spend spend spend time time time cleaning it. But over cleaning it. But over time, it just time, it just builds up, and builds up, and now you're starting to now you're starting to damage the damage the very structure of the very structure of the office. Right.

office. Right. Because you have garbage. Because you have garbage. That's right. That's right. That's right. That's right. Or, let's say you Or, let's say you know know know something is spilling on the tables and something is spilling on the tables and you don't clean it up. No.

you don't clean it up. No. Over time, the wood Over time, the wood will degrade, it will degrade, it will accumulate, will accumulate, and it will be a situation and it will be a situation where it will be difficult to where it will be difficult to recover. You recover. You can't just can't just clean it up. Now clean it up. Now there is there is damage left.

damage left. That's right. So good. That's right. So good. So, hey, while we're So, hey, while we're tracking. So tracking. So if you think I'm if you think I'm wrong…

wrong..

Sleep maxing, wearables, and sleep anxiety.)

. wrong… No, I would tell you that No, I would tell you that I agree with you. This is a I agree with you. This is a good analogy. Let good analogy. Let me know. So, uh, me know. So, uh, you were talking. Good.

you were talking. Good. So you were talking about So you were talking about this growing this growing trend towards trend towards maximum sleep, maximum sleep, right? And so, everything is right? And so, everything is being maximized now. It's being maximized now. It's maximizing fiber, maximizing sleep,, maximizing sleep, maximizing everything, maximizing everything, right? Nothing, nothing right? Nothing, nothing in moderation. Give it your in moderation. Give it your all.

all. all. To the maximum. To the maximum. This is maximization, right? This is maximization, right? It's 2026, right? And so, It's 2026, right? And so, but there are all these but there are all these trends that trends that fall under this fall under this umbrella, right? There's umbrella, right? There's mouth taping and mouth taping and all these different things that all these different things that people do. So, from people do. So, from your perspective, what do your perspective, what do you think about this you think about this? And? And mostly, when I mostly, when I think about it, the question is think about it, the question is, do, do these things help these things help people?

people? I have mixed thoughts and I have mixed thoughts and views on this. On the views on this. On the one hand, I one hand, I actually think it's actually think it's great because this is the great because this is the first time, and probably first time, and probably in all of time, that sleep has been in all of time, that sleep has been given so much given so much attention. It used to be attention. It used to be like, "I'll sleep when like, "I'll sleep when I die," and sleep makes I die," and sleep makes me lazy, and blah blah blah. And now people blah. And now people are starting to understand are starting to understand that we should that we should like this like this sleep thing, it's important.

sleep thing, it's important. So the fact that people So the fact that people and young people, yes, hence and young people, yes, hence this thing about this thing about maximizing sleep, maximizing sleep, are paying attention and are paying attention and saying, "Oh, how can I saying, "Oh, how can I optimize?" That's optimize?" That's true. Ways to true. Ways to optimize sleep, I optimize sleep, I think it's great that we think it's great that we think about it that way think about it that way. On the other hand, there are. On the other hand, there are some things like some things like mouth taping, which, mouth taping, which, if you've seen any of my other any of my other content, you know content, you know I'm not a big I'm not a big fan of, fan of, takes it to another takes it to another level. And instead of level. And instead of people people people getting to getting to the root cause of what the root cause of what leads to, leads to, for example, for example, mouth breathing, we just mouth breathing, we just literally put literally put Band-Aids on it, taping our Band-Aids on it, taping our mouths shut. And mouths shut. And things like this go things like this go viral on viral on social media and social media and people don't even people don't even realize what it realize what it really is. And really is. And so I think it so I think it could lead to could lead to some, um, harm for some, um, harm for certain people, or a certain people, or a feeling that it feeling that it would solve their would solve their sleep problems, or sleep problems, or prevent them from prevent them from getting tested getting tested when they actually have when they actually have sleep apnea, or something sleep apnea, or something like that, because we're like that, because we're taping their mouths taping their mouths shut. That's why I do shut. That's why I do n't like it. The other n't like it. The other thing that I don't thing that I don't like, and you know, this also leads to, this also leads to wearables, is that wearables, is that when we think when we think about about about maximizing "what maximizing "what can I do to can I do to optimize," "I optimize," "I need to do need to do every little thing," and every little thing," and controlling everything controlling everything related to my sleep, related to my sleep, it can lead to it can lead to anxiety about that anxiety about that, right?

, right? Sleep is an Sleep is an inherently passive process. inherently passive process. So when you So when you try to try to try to control every control every aspect, you're aspect, you're trying to trying to get the get the perfect sleep, so to speak. For perfect sleep, so to speak. For some people, this can some people, this can backfire backfire because we are now because we are now putting in the effort putting in the effort to sleep and now to sleep and now trying trying trying to control it to control it in ways we shouldn't, and in ways we shouldn't, and that can negatively that can negatively impact your sleep.

impact your sleep. So I So I like it for certain like it for certain reasons. In some reasons. In some cases, these are supposedly cases, these are supposedly useless things, and in useless things, and in some cases, some cases,

even harmful.

even harmful. Of course. So, Of course. So, speaking of speaking of sleep trackers, I think sleep trackers, I think they can be they can be really useful, really useful, right? They're great right? They're great for some for some people, but you also people, but you also talked about talked about orthosomnia, where people become orthosomnia, where people become so focused so focused and fixated on and fixated on their sleep metrics their sleep metrics that it actually that it actually causes anxiety and causes anxiety and affects their sleep.

affects their sleep. That's right. That's right. But the main question But the main question here is how here is how can people can people use this use this wearable technology wearable technology without without without letting it become letting it become another source of another source of dysfunctional dysfunctional dysfunctional sleep?

sleep? sleep? Yes, you should Yes, you should use it use it wisely and wisely and responsibly, that's what responsibly, that's what I'm saying. So, again I'm saying. So, again, I have an, I have an aura ring. I actually aura ring. I actually love my love my aura ring. Again, aura ring. Again, with with with wearables, I wearables, I like the fact that like the fact that they pay they pay attention to your sleep.

attention to your sleep. It's not just about It's not just about exercise and exercise and nutrition, which are also nutrition, which are also important, but there's also a important, but there's also a special focus special focus on sleep, and I on sleep, and I like that. I think the like that. I think the way to way to use this use this more responsibly is to look at look at global trends.

global trends. So I So I like that my like that my aura ring says, " Hey, it's almost Hey, it's almost time for you to go to bed, your optimal, your optimal time to go to bed." time to go to bed." Maybe you should Maybe you should think about think about relaxing, I relaxing, I have a notification have a notification telling me telling me so. Or, if I so. Or, if I look globally, did look globally, did I go to bed at I go to bed at about the same about the same time every night, time every night, and if not, what was it like?

and if not, what was it like? For example, how did it For example, how did it affect me? Or affect me? Or I was at home and had a I was at home and had a glass of wine. Yes, my glass of wine. Yes, my sleep score got a little sleep score got a little worse after worse after that. Maybe I that. Maybe I need to think need to think about how this is affecting about how this is affecting my sleep. Global my sleep. Global trends are great. What's trends are great. What's not so great is that not so great is that when we when we look at it in look at it in terms of all the terms of all the little details and data, little details and data, some are not as important some are not as important and some are not as accurate and some are not as accurate as they should be for us to as they should be for us to really rely really rely on them. And a big on them. And a big part of this is the part of this is the stages of sleep. So, stages of sleep. So, wearables wearables wearables are getting better, but are getting better, but when you compare them when you compare them to the gold to the gold standard, which is standard, which is laboratory laboratory laboratory polygraphy, where we polygraphy, where we actually plug in actually plug in EEG and all these other EEG and all these other tools for tools for measurement, it's still a long way measurement, it's still a long way off.

off. off. So if you So if you look at it look at it as, let's say, as, let's say, only 15% deep sleep or something like that only 15% deep sleep or something like that, you know, that's when, you know, that's when it becomes really it becomes really problematic and that's when problematic and that's when it can really be alarming. So alarming. So use this use this to track to track trends. But if trends. But if you're the type of person who has a you're the type of person who has a hard time with it, where you're so hard time with it, where you're so fixated on your fixated on your sleep metrics and it's sleep metrics and it's affecting how you affecting how you feel, I feel, I actually recommend actually recommend not using them at all not using them at all.

.. Right? Right? Right? So I'll tell you So I'll tell you my personal my personal experience, because there were experience, because there were nights or mornings nights or mornings when I woke up and when I woke up and I was like, "Oh, I feel I was like, "Oh, I feel so great, man. I so great, man. I managed. I got a managed. I got a 99.9% sleep score, right?

» And then I look at » And then I look at it, and it's it, and it's like, "Oh, 72." And I like, "Oh, 72." And I just say: "

Yes." And now I'm just Yes." And now I'm just thinking, "Wait a thinking, "Wait a minute. I don't minute. I don't feel so good, do I feel so good, do I? So, I guess that's the? So, I guess that's the question I'm question I'm asking a asking a sleep expert.

sleep expert. If someone If someone wakes up and wakes up and subjectively subjectively subjectively feels great, feels great, like "I like "I feel great," and feel great," and looks at their looks at their wearable device and wearable device and says, "Uh, it says says, "Uh, it says I had a good night's sleep." I had a good night's sleep." This is the moment when This is the moment when a person says something a person says something like, “No, no, no. " like, “No, no, no. " Go with how Go with how you feel." " 100%. 100%. "It depends 100%. 100%. "It depends on how you on how you feel." And research has feel." And research has been conducted on this subject been conducted on this subject. There was. There was one study that one study that showed that showed that people's wearable devices people's wearable devices showed them a worse showed them a worse score than what they score than what they actually had. So they actually had. So they were sleeping great, they were sleeping great, they were getting a good night's sleep, but the were getting a good night's sleep, but the wearable device wearable device was giving them a worse was giving them a worse score, and then they score, and then they rated their sleep rated their sleep worse, and they felt worse, and they felt worse. So it can worse. So it can work in a work in a way that you way that you feel good, you feel good, you actually got a good actually got a good night's sleep, but night's sleep, but because that score because that score showed that you didn't get enough showed that you didn't get enough sleep, your mind sleep, your mind doesn't think, "Oh, I guess I doesn't think, "Oh, I guess I did, and now I'm did, and now I'm tired." “So you tired." “So you really need to really need to go by go by how you feel.

how you feel. The quality of your sleep is a The quality of your sleep is a very subjective thing very subjective thing and can't always be and can't always be measured objectively.

measured objectively. As I said, As I said, mistakes happen. It's mistakes happen. It's not very good at not very good at distinguishing sleep stages.

distinguishing sleep stages. So, I mean, the So, I mean, the sleep score, again sleep score, again, given the, given the trends, can be trends, can be useful, but I wouldn't get useful, but I wouldn't get so hung up on the so hung up on the fact that I fact that I only got a 70. I'm only got a 70. I'm trying to get trying to get 90. For example, if you're 90. For example, if you're feeling good, feeling good, if you're following if you're following healthy sleep habits, healthy sleep habits, that's what I would that's what I would focus on. Okay, focus on. Okay, great. Perfectly. So, great. Perfectly. So, you said something you said something earlier that I want to earlier that I want to go back to because go back to because I gave a lecture I gave a lecture maybe a year and a half maybe a year and a half ago about sleep. Uh, it ago about sleep. Uh, it was about sleep, different was about sleep, different peptides and different, uh, peptides and different, uh, supplements that you can supplements that you can use for use for sleep. And, uh, sleep. And, uh, this this this nurse came up to me, and I'm so nurse came up to me, and I'm so glad she did glad she did. She said. She said something like: " Great lecture, kind of like a cool story, bro." But story, bro.

Hidden signs of sleep apnea.)

" But she said, "You did she said, "You did n't say anything about n't say anything about sleep apnea." And I sleep apnea." And I thought, "Because this could thought, "Because this could be…" a whole other be…" a whole other lecture in itself. And lecture in itself. And honestly, I honestly, I thought, “Wait a thought, “Wait a minute. Oh, I guess I didn't do minute. Oh, I guess I didn't do that because I was that because I was focused on the focused on the architecture of sleep and architecture of sleep and its stages. And its stages. And honestly, it was a honestly, it was a great conversation, and great conversation, and it it it was actually on my podcast as well, because for me, the, because for me, the conversation is about conversation is about testing testing testing someone for sleep apnea, and someone for sleep apnea, and I get this: I I get this: I look at this person, look at this person, they have a thick neck. I they have a thick neck. I ask questions ask questions like, “Do like, “Do you snore?” You wake up with a you snore?” You wake up with a dry mouth, dry mouth, you know, your partner you know, your partner says, "Do says, "Do you wake up you wake up gasping for breath?" gasping for breath?" But during this But during this conversation with her, I conversation with her, I realized that realized that some people don't have some people don't have these characteristic these characteristic signs or signs or cardinal signs of cardinal signs of sleep apnea, and even sleep apnea, and even many more many more women have sleep apnea than we even than we even

think. So while we're think. So while we're having this conversation about having this conversation about sleep, when you say, " Okay, this person Okay, this person needs to be tested for needs to be tested for sleep apnea, even sleep apnea, even if they don't if they don't fit the typical fit the typical profile." " Yes." This is great. And Yes." This is great. And part of the reason part of the reason we have this we have this gender gap in gender gap in sleep is because women sleep is because women tend to be tend to be underdiagnosed underdiagnosed underdiagnosed or misdiagnosed or misdiagnosed and and and undertreated because they don't undertreated because they don't look like they're look like they're 40 or 50, they're 40 or 50, they're overweight, they overweight, they snore, they snore, they wake up. Not wake up. Not necessarily. Maybe, necessarily. Maybe, but maybe not.

but maybe not. That's why I tell people to That's why I tell people to have a have a low threshold for low threshold for assessing sleep. I think assessing sleep. I think when it when it comes to other comes to other health issues, people are health issues, people are quick to respond with, " Yeah, I Yeah, I feel bad about this," feel bad about this," or "It hurts," or or "It hurts," or whatever. But when it whatever. But when it comes to comes to sleep, you just sleep, you just assume I'm a assume I'm a working adult working adult. Of course, I. Of course, I will be constantly will be constantly exhausted. And that exhausted. And that really shouldn't really shouldn't be the case, especially if be the case, especially if you feel like you've you feel like you've given yourself enough given yourself enough sleep.

sleep. sleep. Um, if you Um, if you feel like you're getting feel like you're getting enough hours of sleep but enough hours of sleep but still still still wake up wake up wake up exhausted, you exhausted, you need to get a need to get a sleep evaluation because sleep evaluation because it doesn't always it doesn't always fit the fit the fit the normal picture.

normal picture. I have, um… You know, I've I have, um… You know, I've managed and dealt managed and dealt with clients who with clients who have have have sleep apnea but don't have sleep apnea but don't have any of these signs.

any of these signs. They are slim, they don't They are slim, they don't snore, nothing snore, nothing like that. The only thing like that. The only thing they have is, “Yes, I’m they have is, “Yes, I’m always exhausted. "No matter always exhausted. "No matter how much sleep I get, I'm how much sleep I get, I'm always exhausted." always exhausted." Or they were Or they were diagnosed with insomnia because diagnosed with insomnia because they wake up they wake up several times during the night, several times during the night, but every two hours.

but every two hours. And it's not because you can't And it's not because you can't sleep. This is because sleep. This is because your body is not your body is not getting oxygen. Your getting oxygen. Your brain says, "We brain says, "We need to wake up because we're not breathing." Um, but it's easy to say, "Oh, you're just having "Oh, you're just having insomnia." “So, I’m insomnia." “So, I’m saying you have to saying you have to have a low threshold of have a low threshold of sensitivity if you’re sensitivity if you’re not getting not getting enough sleep. And enough sleep. And especially if you're especially if you're trying but not getting it, trying but not getting it, you need to get you need to get tested because tested because you may not have any you may not have any signs that indicate signs that indicate sleep apnea, but sleep apnea, but poor sleep quality, poor sleep quality, especially despite especially despite healthy sleep habits, is a healthy sleep habits, is a reason to get reason to get tested.

tested. tested. Of course. No, I appreciate Of course. No, I appreciate it. So, and I'm glad you it. So, and I'm glad you said that too, said that too, because throughout because throughout this whole conversation this whole conversation about the difference between about the difference between men and men and women, thank God, there are others who will say, "Oh, I have low "Oh, I have low testosterone testosterone." “Or they may." “Or they may have other issues, have other issues, but how it can but how it can affect the heart and affect the heart and brain in the brain in the long long long term is that term is that if sleep is if sleep is poor and not poor and not improving, improving, improving, you need to pull you need to pull on that thread. So I'm on that thread. So I'm really glad you really glad you said that, because it's one of said that, because it's one of those sneaky things those sneaky things that more people that more people should pay should pay attention to.

attention to. And I'm right, and I would be And I'm right, and I would be careless. I just careless. I just want to say something also want to say something also regarding our regarding our community. So, in the community. So, in

the black black black community, just as community, just as there is a gender there is a gender gap in sleep, there is a gap in sleep, there is a sleep inequality that sleep inequality that definitely comes with definitely comes with sleep disorders like sleep disorders like obstructive obstructive obstructive sleep apnea. When we sleep apnea. When we look at look at things like congestive things like congestive heart heart heart failure and, um, failure and, um, certain cardiac certain cardiac arrhythmias and arrhythmias and uncontrolled uncontrolled uncontrolled hypertension, things hypertension, things that are also health disparities in health disparities in our community, our community, a lot of them can be a lot of them can be directly directly directly linked to sleep and linked to sleep and sleep apnea. And so sleep apnea. And so there's so much there's so much intersectionality that I think, intersectionality that I think, and as black people, and as black people, we already have this we already have this stigma around sleep stigma around sleep that goes back to that goes back to slavery (and I could slavery (and I could go on and on about this go on and on about this), that we're even), that we're even less likely to reach out less likely to reach out and and and seek seek seek help." help." help." treatment. And it could treatment. And it could be something that has to do be something that has to do with these with these long-term long-term health effects, um, that health effects, um, that we don't know about. So, we don't know about. So, especially in our especially in our community, please seek the seek the help you need, get diagnosed, and, get diagnosed, and get treatment.

get treatment. Absolutely. Absolutely. Absolutely. Absolutely. So I understand. The choice So I understand. The choice of supplements can be of supplements can be overwhelming.

overwhelming. overwhelming. There are hundreds of There are hundreds of brands. There are competing brands. There are competing claims, and there is no claims, and there is no way to know what is way to know what is actually good and what will actually good and what will actually affect actually affect your health. That's your health. That's why I created my why I created my own own own Dr. Supplement Store. Every Dr. Supplement Store.

What to do when you wake up at 3 a.m..)

Every product in the store product in the store for energy, for energy, gut health, sleep, gut health, sleep, hormone optimization, recovery, and more is, recovery, and more is personally reviewed, tested, and, tested, and recommended. These are the recommended. These are the formulas I formulas I use and use and recommend to my recommend to my patients, friends, and patients, friends, and family. So go family. So go to dronesupplements.com, to dronesupplements.com, sign up for our sign up for our newsletter, and you'll newsletter, and you'll get 10% off your get 10% off your first order. You will first order. You will also receive also receive exclusive exclusive exclusive protocols and insights protocols and insights that I share only that I share only with my community.

with my community. So, let's cut through the noise and get to what actually actually works. I want to works. I want to move on to a problem move on to a problem that I see very often that I see very often in the clinic. These are people in the clinic. These are people who… They who… They who… They fall asleep easily. They have no fall asleep easily. They have no problem problem problem falling asleep, but then, like clockwork, they, like clockwork, they wake up between 2:00 wake up between 2:00 and 3:00 a.m. and then and 3:00 a.m. and then try to try to fall back asleep.

fall back asleep. So, and I think what So, and I think what happens, because I've had this happen to happens, because I've had this happen to me me me a few a few times, is I times, is I wake up at about wake up at about 3:00 in the morning, like, "I 3:00 in the morning, like, "I need to go back need to go back to sleep," and then you to sleep," and then you start trying to go back to start trying to go back to sleep. You're sleep. You're like, "You're going to fall asleep." You will fall like, "You're going to fall asleep." You will fall asleep. You'll be asleep in 10 asleep. You'll be asleep in 10 seconds." And then you seconds." And then you just try to just try to do all these different do all these different things… But do you have an things… But do you have an approach for when approach for when people wake up at people wake up at midnight or 3:00 in midnight or 3:00 in the morning to the morning to calm down and go calm down and go back to sleep? Yes.

back to sleep? Yes. So I always tell So I always tell people, you know, people people, you know, people wake up at that wake up at that time for a number of reasons.

time for a number of reasons. What I try to What I try to start with is tell start with is tell people that we all people that we all wake up a few wake up a few times in the middle of the night, times in the middle of the night, right? As I right? As I said, we cycle said, we cycle through the light to through the light to gradually… deep gradually… deep sleep, extreme sleep, sleep, extreme sleep, short awakenings.

short awakenings. So we all So we all wake up a few times. wake up a few times. Most of the time we Most of the time we don't remember those don't remember those awakenings. We awakenings. We might change might change positions, positions, positions, fluff up our pillow, fluff up our pillow, use use use the bathroom, or something like that. So the problem isn't. So the problem isn't necessarily the necessarily the waking itself.

waking itself. The problem is The problem is not being able to sleep and not being not being able to sleep and not being able to go back to sleep. able to go back to sleep.

And often it comes down And often it comes down to what you do to what you do when you wake up. And the when you wake up. And the first thing that people first thing that people do when they do when they wake up, is wake up, is look at the time. I look at the time. I say, "When people say, "When people tell me they tell me they woke up, they woke up, they say, 'I wake up at say, 'I wake up at 3:00 a.m. every night.'" 3:00 a.m. every night.'" How do you know? "Because How do you know? "Because I look at my I look at my phone, it's 3:00 in the morning. It's phone, it's 3:00 in the morning. It's like the first thing that like the first thing that starts. Don't starts. Don't look at the time, because look at the time, because as soon as you do, you're as soon as you do, you're setting off what I setting off what I call a call a countdown alarm, countdown alarm, where your brain where your brain starts automatically starts automatically calculating calculating calculating the number of hours the number of hours you have left to sleep.

you have left to sleep. So it's three, you So it's three, you need to get up at 6. " You think, "I " You think, "I only have three only have three hours left." “As you say, hours left." “As you say, let me hurt.” "Let let me hurt.” "Let me try to me try to force myself to sleep.

" And you seem to be " And you seem to be spying. spying. spying. Damn it, it's already 4:00. Damn it, it's already 4:00. Okay, I only have Okay, I only have two hours. And that two hours. And that will cause anxiety, whether will cause anxiety, whether you want it to or not.

you want it to or not. So don't look at So don't look at the clock. If your the clock. If your alarm hasn't alarm hasn't gone off yet, it's not gone off yet, it's not time to wake up yet. So time to wake up yet. So it doesn't matter. Don't it doesn't matter. Don't look at the clock.

look at the clock. Don't grab your phone or Don't grab your phone or go on social go on social media, because now you're media, because now you're doing more doing more stimulating activities.

stimulating activities. What I like to What I like to tell people, and tell people, and you know, with your you know, with your analogy, I'm analogy, I'm going to add going to add one here too. It's like one here too. It's like setting setting setting an alarm to an alarm to wake you up at 3:00 wake you up at 3:00 AM every day. When you AM every day. When you engage in engage in engage in stimulating activities at stimulating activities at 3:00 a.m., your brain 3:00 a.m., your brain learns, "Oh, it's learns, "Oh, it's time to wake up." I time to wake up." I get this slight get this slight stimulation from my stimulation from my phone and I phone and I feel this anxiety.

feel this anxiety. My brain waves My brain waves are activating. are activating. I guess this is the time I guess this is the time when I want when I want to wake up. “And what to wake up. “And what happens with happens with most people is when most people is when you set an alarm you set an alarm to wake up at the same to wake up at the same time time time every day, even if it’s every day, even if it’s early, your brain early, your brain starts to learn, ‘Well, starts to learn, ‘Well, here I am going to here I am going to wake up. This is the time wake up. This is the time when we wake up." So you may be." So you may be inadvertently teaching inadvertently teaching yourself that 3:00 a.m. is yourself that 3:00 a.m. is the time you the time you want to wake up. And want to wake up. And your brain learns it.

your brain learns it. Therefore, you need to Therefore, you need to avoid stimulating avoid stimulating behaviors. Tell behaviors. Tell yourself, "I got up," but yourself, "I got up," but that's okay. It's that's okay. It's normal normal normal to wake up. I'll just to wake up. I'll just lie here until I fall lie here until I fall asleep again." “You don’t asleep again." “You don’t try to force yourself to try to force yourself to sleep. You're just sleep. You're just passing the time until you fall passing the time until you fall asleep. Um, and asleep. Um, and then we can then we can talk about what talk about what happens if the dream happens if the dream doesn't come. But don't doesn't come. But don't look at the clock.

look at the clock. Don't pick up the phone. Don't Don't pick up the phone. Don't watch Netflix. Just watch Netflix. Just rest until you fall rest until you fall asleep again.

asleep again. Right? I Right? I had an analogy with had an analogy with anal sex, but anal sex, but I'm not even going to use it now. use it now. She was so beautiful.

She was so beautiful. You can You can afford it. You know, there's nothing wrong with that. wrong with that. No, no, no. Everything is fine. No, no, no. Everything is fine.

No, I appreciate it. So, it's kind of No, I appreciate it. So, it's kind of…uh… I…uh… I…uh… I think you think you hit it perfectly too. And I hit it perfectly too. And I think that's a struggle.

think that's a struggle. You know, people You know, people wake up in the middle of wake up in the middle of the night, and then it becomes like an the night, and then it becomes like an alarm, right?

alarm, right? It's like: oh, I'm awake, and like you said, like you said, the phone and trying the phone and trying to figure out what to do, to figure out what to do, right? So I think when it right? So I think when it comes down to it, it's comes down to it, it's like, you know, because I'm like, you know, because I'm sure someone's sure someone's listening, like, I listening, like, I wake up at 3:00 in the morning, what do I do, what do I do if I…" If I if I…" If I hear correctly, it's hear correctly, it's just a matter of, just a matter of, you know, or you, we you know, or you, we say something like take a say something like take a deep breath, deep breath, calm down a little, don't calm down a little, don't look at the phone, look at the phone, just just just listen, I'll say listen, I'll say something funny, something funny, like, we're like, we're talking about counting talking about counting sheep, like what we're sheep, like what we're talking about here, talking about here, like, how do we like, how do we do this?

do this? Counting sheep is not Counting sheep is not funny, I think funny, I think counting sheep is a counting sheep is a good idea, I think the good idea, I think the problem is that problem is that people try to people try to use it use it to distract themselves to distract themselves, so it's another, so it's another thing that thing that wakes you up at 3:00.

wakes you up at 3:00. If you are being simulated, If you are being simulated, thoughts can thoughts can flood in, and something flood in, and something as mundane as as mundane as counting 1 2 3 will not be counting 1 2 3 will not be enough to enough to distract your distract your thoughts. So you can thoughts. So you can do something like do something like cognitive cognitive cognitive reshuffling. It's a reshuffling. It's a mental technique mental technique where you think of a where you think of a word and then word and then break that word down break that word down into letters and into letters and try to think try to think of as many of as many objects, animals, objects, animals, whatever for whatever for each letter as possible each letter as possible because it requires some because it requires some cognitive effort, cognitive effort, but not enough to be but not enough to be stimulating, but stimulating, but enough to enough to distract your distract your thoughts. But what I would thoughts. But what I would say is, first of all, don't panic.

, don't panic. Tell yourself that Tell yourself that waking up is waking up is normal. I'm going to normal. I'm going to sleep again. Sleep will come.

sleep again. Sleep will come. Deep breaths, Deep breaths, whatever, you whatever, you can also just lie down can also just lie down and let sleep and let sleep come. Given this, for some people it is, for some people it is stressful. It's as if it takes stressful. It's as if it takes time to time to rethink this rethink this stress response to stress response

to waking up. So if it's waking up. So if it's been about 15-20 been about 15-20 minutes (an approximate minutes (an approximate time because we're not time because we're not looking at a clock), but if you're lying there, but if you're lying there feeling feeling feeling increasingly stressed and increasingly stressed and anxious, and you don't anxious, and you don't feel like you're going to be able to fall feel like you're going to be able to fall back back back asleep, it's actually asleep, it's actually better to get out of bed, better to get out of bed, go to another go to another room ideally (but to a chair room ideally (but to a chair by the bed), by the bed), do something, do something, like reading, like reading, some non- some non- stimulating stimulating stimulating activity, ideally activity, ideally until you feel until you feel sleepy enough to fall back asleep, and fall back asleep, and then go back to bed.

then go back to bed. When I tell people this, When I tell people this, it sounds illogical, it sounds illogical, because what do you because what do you mean? I'm trying to mean? I'm trying to sleep. But if you sleep. But if you think about how think about how you feel when you feel when 15 or 20 minutes have passed and 15 or 20 minutes have passed and you're feeling stressed and you're feeling stressed and anxious, you're lying anxious, you're lying there, you're… Tossing and turning there, you're… Tossing and turning, I'll never, I'll never be able to be able to sleep again, I'll be so sleep again, I'll be so tired tomorrow. And that tired tomorrow. And that only piles up only piles up more anxiety and more anxiety and stress. And over time, it can stress. And over time, it can happen that you happen that you can train can train your brain to be your brain to be stressed and stressed and anxious in bed.

anxious in bed. So much so that some So much so that some people have what we people have what we call call call psychophysiological psychophysiological psychophysiological insomnia, where they insomnia, where they can be dead can be dead tired, like their eyes are tired, like their eyes are drooping, drooping, drooping, ready to fall asleep, ready to fall asleep, able to fall asleep on the able to fall asleep on the couch, no problem.

couch, no problem. But as soon as they But as soon as they get into bed, it's like a get into bed, it's like a switch, and suddenly switch, and suddenly they're anxious and they're anxious and wake up. And that's wake up.

Why scrolling before bed hurts sleep.)

And that's because they've because they've trained themselves, their trained themselves, their nervous system, their nervous system, their brain to be brain to be stressed and stressed and anxious in bed.

anxious in bed. So when you do that, you're actually, you're actually trying to trying to trying to break that connection. But if you are in bed,. But if you are in bed, resting, resting, resting, feeling good, and feeling good, and not stressed, not stressed, you don't need to you don't need to get up. Sleep will just get up. Sleep will just come. Just come. Just let the next let the next wave of sleep find you.

wave of sleep find you. Good. Of course. Good. Of course. Of course. So, you Of course. So, you mentioned earlier mentioned earlier that… You know, don't that… You know, don't look at your phone look at your phone when you wake up in when you wake up in the middle of the night, but there's the middle of the night, but there's one more thing I one more thing I want you to want you to dig into, because, dig into, because, again, I'm not a again, I'm not a hypocrite. I'll be honest with you hypocrite. I'll be honest with you. For example,. For example, I need to I need to stop looking stop looking at my phone before bed. I know that's true. I know that's true. And I'm just true. And I'm just like: What if I like: What if I got this letter? What got this letter? What if this letter had arrived? How about this? What? How about this? What about that? Right?

about that? Right? And now I know that And now I know that the last thing I the last thing I should not do before should not do before bed is look bed is look at my phone. I understand, at my phone. I understand, right? But for right? But for the listeners and for me, the listeners and for me, why shouldn't I why shouldn't I do it?

Yes. So, there are several Yes. So, there are several reasons. And one of the things I want to start with is that there's been some newer been some newer research that's research that's shown that maybe shown that maybe this whole this whole blue light thing wasn't as much of an end-of-the-world thing as we end-of-the-world thing as we previously thought. As we previously thought. As we say, no say, no blue light before blue light before bed, absolutely not. This bed, absolutely not. This will disrupt the release will disrupt the release of melatonin. But it of melatonin. But it really all really all depends on depends on what you're looking at and what you're looking at and

how close to how close to falling asleep you are falling asleep you are doing it. So yeah, we don't doing it. So yeah, we don't want to be on the want to be on the phone right before we phone right before we close our eyes.

close our eyes. Um, and ideally Um, and ideally not in bed at all, and ideally not in bed at all, and ideally not on social not on social media or media or checking checking checking emails, emails, emails, things that would be things that would be really stimulating, because that blue, because that blue light signals to light signals to your brain that you your brain that you want to be awake want to be awake and alert. Light is the and alert. Light is the strongest factor strongest factor that influences your that influences your circadian rhythm in a circadian rhythm in a way that tells you way that tells you to be awake and to be awake and alert. It is very alert. It is very powerful powerful powerful to use to use to use in the morning. We need in the morning. We need bright light bright light in the morning, which helps in the morning, which helps to enhance your to enhance your circadian rhythm. But circadian rhythm. But at night, you don't want at night, you don't want to tell your to tell your brain that it's daytime and brain that it's daytime and time to wake up. So that's time to wake up. So that's one thing. Another thing is when one thing. Another thing is when we're on social we're on social media or media or certainly when we're certainly when we're checking checking checking emails, it's emails, it's stimulating. It forces stimulating. It forces our brains to be our brains to be on, on, on, to solve problems, to to solve problems, to think…time that should think…time that should turn everything off. So you turn everything off. So you don't want to train your don't want to train your brain to stay awake and brain to stay awake and solve problems solve problems while you're trying to while you're trying to fall asleep. So what I fall asleep. So what I recommend, and what recommend, and what I personally do, is set set my phone to automatic do not disturb mode at 9:00 PM, an my phone to automatic do not disturb mode at 9:00 PM, an hour before I go to bed. It hour before I go to bed. It is installed is installed is installed automatically every day.

automatically every day. I don't have to I don't have to go in and go in and set it up. set it up. So you can't So you can't reach me reach me unless you're an emergency contact. Even then emergency contact. Even then you will have to you will have to call twice. Hmm, and call twice.

Sleep myths: alcohol, exercise, white noise, and reading.)

Hmm, and the people in my life the people in my life know that after 9pm know that after 9pm we just won't we just won't call her because I call her because I already know she already know she won't answer anyway.

won't answer anyway. Hmm, I don't get those Hmm, I don't get those little bells little bells and notifications that I and notifications that I have to look at, and have to look at, and I have a I have a bedtime routine set up. So bedtime routine set up. So during this time I during this time I don't talk on the don't talk on the phone. So I give phone. So I give my brain a chance my brain a chance to rest and to rest and actually actually actually slow down to slow down to fall asleep.

fall asleep. Of course. Of course. Of course. Of course. Good. I will do my Good. I will do my best. Good. Then I'll best. Good. Then I'll practice a little.

practice a little. Good. Good. Good. Good. And so, we'll talk And so, we'll talk about supplements towards the about supplements towards the end, but I want to end, but I want to talk about what talk about what I call a quick I call a quick discussion. I'm discussion. I'm going to tell going to tell you about some things, you about some things, some lifestyle things some lifestyle things, that people, that people do before bed do before bed to help themselves to help themselves fall asleep.

fall asleep. Good. Good. Good. When I tell you this, When I tell you this, you know, no matter how you you know, no matter how you react, you can react, you can say, "Leave it, say, "Leave it, throw it away, throw it away, dive into it," dive into it," whatever, whatever. You know, I want to. You know, I want to make sure, because these are make sure, because these are things that I hear things that I hear clinically, and I'm clinically, and I'm sure you do too.

sure you do too. Good. Good. Good. Good. Number one, a glass of Number one, a glass of wine before bed. wine before bed. Don't do this. Don't do this.

Skip this. This is a Skip this. This is a pass. Yes, it's a pass. Yes, it's a pass. I know. They pass. I know. They say, "Oh, but I say, "Oh, but I sleep so well." And I'm like, " Oh, you're really awake." Oh, you're really awake." " " It seems so, but It seems so, but in reality it's not." So, this is in reality it's not." So, this is the time when the time when alcohol is a definite alcohol is a definite sleep disruptor. So sleep disruptor. So when I said, you know, when I said, you know, focus on getting a focus on getting a certain amount of sleep, certain amount of sleep, but also avoid but also avoid things that disrupt things that disrupt certain stages.

certain stages. Alcohol is a Alcohol is a sleep disruptor. So sleep disruptor. So he can knock you out he can knock you out. It is initially a. It is initially a sedative, sedative, sedative, but it but it breaks down very quickly and breaks down very quickly and then becomes a then becomes a stimulant.

stimulant. stimulant. Causes awakening Causes awakening in the middle of the night, early in in the middle of the night, early in the morning. Disrupts the morning. Disrupts the quality of your sleep. And the quality of your sleep. And again, quality is again, quality is more important than more important than quantity, so quantity, so skip this.

skip this. Good. Number two, Good. Number two, white noise machines. white noise machines. I like it. Leave I like it. Leave it. it. it. We will keep it.

We will keep it. Let's leave the Let's leave the white noise machine. Good. Uh, KBN THC. I would skip I would skip it now. There is not not enough evidence enough evidence to say that to say that this works consistently.

this works consistently. Um, there's also so Um, there's also so many variations in how many variations in how it's it's it's made and made and distributed and all distributed and all that. For some that. For some people, it is also a people, it is also a sleep disruptor. For sleep disruptor. For some people, it some people, it helps them helps them sleep better, but there's no, uh…

"There's not enough "There's not enough data to data to recommend it recommend it holistically. So I would holistically. So I would say skip it… Of course. Uh, Of course. Uh, training at night.

training at night. Good. I would say Good. I would say it depends. It's it depends. It's not really a skip not really a skip or a save. So, or a save. So, if you look at if you look at the data, it suggests the data, it suggests that doing that doing high-intensity high-intensity high-intensity workouts within workouts within a few hours of a few hours of bedtime can affect bedtime can affect your sleep. Things like your sleep. Things like HIT or, uh, cardio, HIT or, uh, cardio, because it causes your your body temperature to rise. So you may body temperature to rise. So you may not have enough not have enough time for it to time for it to go down. And then it go down. And then it can also can also cause cause adrenaline levels to rise and so on. People who get a who get a running high. With that in running high. With that in mind, such as mind, such as yoga, stretching, this yoga, stretching, this type of exercise is actually type of exercise is actually great great great before bed. And it before bed. And it depends. I'm actually one of those people depends. I'm actually one of those people who trains who trains during the day, but during the day, but I'm sleepy after a workout.

I'm sleepy after a workout. I need sleep I need sleep after training. And after training. And other people are similar. And the other people are similar. And the more intense my more intense my workout, the workout, the more sleepy I get.

more sleepy I get. So I actually So I actually sleep best after a sleep best after a workout. So everyone is workout. So everyone is individual. Um, individual. Um, but generally speaking, but generally speaking, you need to you need to just leave those just leave those low-intensity low-intensity low-intensity workouts at night and workouts at night and try to work out. high. high intensity earlier intensity earlier in the day.

in the day. Good. Good. Reading Good. Good. Reading before bed. before bed. I love it. Well, I love it. Well, continue. continue. continue. Studies have shown that reading for that reading for six minutes can six minutes can reduce stress by up to 68%.

reduce stress by up to 68%. I have to be honest with I have to be honest with you, Dr. Holiday you, Dr. Holiday

Bell. Do you know how many Bell. Do you know how many times a book has hit times a book has hit me in the head? I am in me in the head? I am in bed.

bed. This is perfect. Let's This is perfect. Let's wake up. wake up. The book hit me in The book hit me in the head. Now I'm not the head. Now I'm not sleeping because I fell asleep with this. Good. And a few more. Good. And a few more here. Eh, it's like here. Eh, it's like white noise, listening to white noise, listening to soothing music soothing music before bed. Well, keep it up.

, keep it up. If it's not a If it's not a continuous sound like continuous sound like white noise, you should white noise, you should put it on a put it on a timer so that it timer so that it goes off after goes off after you fall asleep.

you fall asleep. Of course. Of course. Of course. Of course. And that kind of carries over And that kind of carries over to the next to the next chapter here.

chapter here. Sleep teas, sleeping pills, Sleep teas, sleeping pills, something like those, uh, something like those, uh, over-the-counter over-the-counter over-the-counter mixtures.

mixtures. mixtures. Yes, I think that could Yes, I think that could be useful. be useful. Maybe that could be Maybe that could be good. It's not a magic good. It's not a magic cure, but I think cure, but I think it could be a great it could be a great addition to… A bedtime habit.

bedtime habit. Of course. Of course. Of course. Of course. OK. So this is going to be OK.

Magnesium, melatonin, and sleep supplements.)

So this is going to be interesting for me too, because interesting for me too, because the thing is, there are so many supplements so many supplements that are marketed to that are marketed to improve sleep, improve sleep, and there are also so many and there are also so many supplements supplements supplements that studies have shown that studies have shown can can can help with sleep, help with sleep, and there are so many of them, and there are so many of them, even in that lecture even in that lecture that I gave a year and a half ago that I gave a year and a half ago, I thought, "I, I thought, "I can talk this whole can talk this whole lecture about theine, lecture about theine, pacifist, lavender, and pacifist, lavender, and all that stuff, but for all that stuff, but for you, as a you, as a certified certified certified sleep specialist, do sleep specialist, do you have any you have any favorite supplements for favorite supplements for sleep?" sleep?" sleep?" Yes. Uh, my Yes. Uh, my favorite is favorite is magnesium glycinate. Hmm, I magnesium glycinate. Hmm, I literally take it literally take it every night, and I've been every night, and I've been taking it for years.

taking it for years. And when I talk about And when I talk about magnesium glycinate, I magnesium glycinate, I try to help try to help people understand that people understand that it is not a sleeping pill. This is not something it is not a sleeping pill. This is not something you accept and you accept and it will break you.

it will break you. Magnesium is a natural Magnesium is a natural mineral that we mineral that we can get from can get from our diet. Uh, our diet. Uh, but these, uh, foods but these, uh, foods rich in magnesium are rich in magnesium are green leafy vegetables, green leafy vegetables, legumes, and things that legumes, and things that we may just not be we may just not be consuming enough of.

consuming enough of. Magnesium is needed. in Magnesium is needed. in over 300 over 300 neurological neurological neurological processes in the body. processes in the body.

It helps It helps produce the produce the produce the neurotransmitter GABA, neurotransmitter GABA, which simply which simply slows everything down, slows everything down, relaxes your muscles, and relaxes your muscles, and puts you in a state that supports that supports deeper sleep. So, it's deeper sleep. So, it's not a sleeping pill, but I would not a sleeping pill, but I would say it's like the say it's like the cherry on top of the cherry on top of the ice cream. We ice cream. We all need him. Hmm, all need him. Hmm, women in particular women in particular are prone to greater are prone to greater deficiencies, especially deficiencies, especially during

pregnancy, during pregnancy, menopause. That's why I menopause. That's why I love love love magnesium glycinate. I usually magnesium glycinate. I usually recommend it to everyone.

recommend it to everyone. Hmm, another one that I'm Hmm, another one that I'm tentatively recommended tentatively recommended is melatonin. This is one that is melatonin. This is one that people often people often use and use and often abuse.

often abuse. Melatonin is a hormone of Melatonin is a hormone of darkness that darkness that helps regulate helps regulate your circadian rhythm. your circadian rhythm.

It is useful during It is useful during times when your times when your circadian rhythm circadian rhythm is disrupted for other is disrupted for other reasons. If you reasons. If you travel between travel between time zones and time zones and are dealing with are dealing with jet lag, taking jet lag, taking a short-term, a short-term, low- low- low- dose melatonin supplement can be dose melatonin supplement can be great for great for getting back into your getting back into your normal rhythm.

normal rhythm. When the clocks When the clocks change and you change and you suddenly need to suddenly need to go to sleep earlier, taking a go to sleep earlier, taking a short-term, short-term, short-term, low- low- low- dose melatonin supplement may be dose melatonin supplement may be helpful. If you helpful. If you were on vacation, were on vacation, living your best living your best life, going to bed life, going to bed late, and suddenly you late, and suddenly you had to go back had to go back to your regular to your regular work schedule.

work schedule. Short-term Short-term Short-term low dose. A low low dose. A low dose, i.e. dose, i.e. one to three one to three milligrams, is all milligrams, is all you need, but it is you need, but it is not a sleep aid for the night.

not a sleep aid for the night. So, I think you're So, I think you're using it using it responsibly. This responsibly. This may be useful. may be useful.

These are really the only two These are really the only two I usually I usually recommend. recommend. recommend. Good. So you have Good. So you have magnesium and melatonin, magnesium and melatonin, right? And melatonin, I right? And melatonin, I think, is easy to take, it's exciting, right?

, it's exciting, right? Because I think Because I think most people most people take too much take too much melatonin. melatonin. melatonin. Too much Too much melatonin.

melatonin. melatonin. I know. Well, let I know. Well, let me say something. I… I did that. Listen, I did that. Listen, I'm so guilty of this I'm so guilty of this overeating.

overeating. overeating. I was reading an I was reading an article once, and it was article once, and it was about, you know, melatonin. about, you know, melatonin.

This pushed me. It This pushed me. It was about was about melatonin, and it melatonin, and it mentioned that mentioned that melatonin, and that's one of the melatonin, and that's one of the things, is an anabolic things, is an anabolic hormone, right?

hormone, right? Maybe Maybe Maybe indirectly, but that's indirectly, but that's how it is, right? And I how it is, right? And I thought I read thought I read some article, and it some article, and it was like 20 was like 20 milligrams of milligrams of milligrams of melatonin is melatonin is anabolic. I anabolic. I thought, “Oh, I have to thought, “Oh, I have to do this. Oh, I have to do this. Oh, I have to do this." "Really? And so do this." "Really? And so I go get my I go get my little 20- milligram milligram milligram bottle of melatonin. She will arrive by mail.

. She will arrive by mail. I'm like, "Yes." "I'll I'm like, "Yes." "I'll tell you something." I tell you something." I woke up when you were woke up when you were talking about where I was?

Who, what bus Who, what bus hit me? Oh, I felt hit me? Oh, I felt like I had been like I had been hit by a bus. Of

course. But there are hit by a bus. Of course. But there are people who have taken people who have taken hydromelatonin. They hydromelatonin. They say they don't say they don't feel anything. But I feel anything. But I think that's too much.

think that's too much. I can't even I can't even imagine what I was doing. imagine what I was doing. I've talked to people I've talked to people who have taken 30, 40, 50 – that's the highest dose I've that's the highest dose I've heard. But I've also seen heard. But I've also seen anecdotally that some anecdotally that some people, when they reach people, when they reach these higher doses, these higher doses, actually actually actually sleep worse. It's like they do sleep worse. It's like they do n't even n't even get tired anymore. It's like get tired anymore. It's like they actually have a they actually have a harder time sleeping. If I harder time sleeping. If I ever ever ever take melatonin take melatonin because of the mystery, you don't need that much.

don't need that much. And I think once And I think once you reach you reach these higher levels, you do these higher levels, you do more harm more harm than good. So 1 than good. So 1 to 3 milligrams is to 3 milligrams is usually all you usually all you need, even for an need, even for an adult.

adult. adult. Definitely not 20, 30, 40, Definitely not 20, 30, 40, definitely not 50. And it's a definitely not 50. And it's a hormone, right? Why do hormone, right? Why do n't you just want n't you just want to take that much to take that much hormone?

hormone? hormone? Of course. Of course. Of course. Of course. So another one that So another one that I really I really like is like is ashwagandha. So I'll ashwagandha. So I'll ask you about the ask you about the doctor. I can doctor. I can go through about 30 go through about 30 sleeping pills and sleeping pills and we're not going to we're not going to do that. But I do that. But I love ashwagandha, and there's a love ashwagandha, and there's a recent recent recent study that I study that I want to say came out want to say came out in April, May or thereabouts in April, May or thereabouts. I'll put. I'll put that in the show notes that in the show notes for anyone for anyone interested here. Basically, they interested here. Basically, they were comparing were comparing were comparing ashwagandha and ashwagandha and melatonin, and they melatonin, and they said, you know, they had said, you know, they had four, they four, they had a placebo, a had a placebo, a melatonin group, an melatonin group, an ashwagandha group, and then ashwagandha group, and then also those who took also those who took together, I think, 3 together, I think, 3 milligrams of melatonin milligrams of melatonin and 300 milligrams of and 300 milligrams of ashwagandha, that's the ashwagandha, that's the part I remember.

part I remember. And it mentioned that And it mentioned that the group that took the group that took both saw both saw improvements in improvements in improvements in sleep latency, sleep latency, their their their subjective sleep, subjective sleep, sleep duration, and I sleep duration, and I thought that was pretty thought that was pretty exciting. Now, and this makes exciting. Now, and this makes sense, you know, from a sense, you know, from a mechanism perspective, mechanism perspective, as you mentioned. me to as you mentioned. me to you: melatonin, you: melatonin, darkness, hormonal darkness, hormonal documents, documents, documents, sleep regulator, rhythm and ashwagandha sleep regulator, rhythm and ashwagandha to improve GABA, to improve GABA, or the gabaneurgic or the gabaneurgic system. And I thought, system. And I thought, "Oh, that sounds really "Oh, that sounds really good." good." good." So maybe that's the case, So maybe that's the case, and this was again a and this was again a small study.

.. Not that it doesn't feel like Not that it doesn't feel like 100,000 people on 100,000 people on different continents and different continents and all that, but I find all that, but I find it interesting and it interesting and using them using them together. So this might together. So this might be something some people should pay attention to. The thing is some people should pay attention to. The thing is, there are supplements like, there are supplements like ashwagandha, eltheanine, ashwagandha, eltheanine, apagenin, those are the ones that apagenin, those are the ones that came to mind, and came to mind, and there are some studies there are some studies that support them, that support them, and some people are seeing and some people are seeing benefits. I think benefits. I think just in terms of the just in terms of the breadth and depth of breadth and depth of research, and I don't research, and I don't know if that know if that will ever happen to them; it will ever happen to them; it 's not enough to just 's not enough to just say, "Yeah, you know, say, "Yeah, you know, do this." “Um, but do this." “Um, but I think, you know, for I think, you know, for some people, when some people, when people tell me that people tell me that they take

these they take these things and it things and it helps them and they helps them and they use it use it responsibly, responsibly, responsibly, because even if it’s because even if it’s natural, you natural, you still have to still have to use it use it responsibly, that’s responsibly, that’s great. If this great. If this helps you, great, helps you, great, keep going, keep going, especially those who have especially those who have some research behind them some research behind them.

.. Perfectly. So let's Perfectly. So let's take it to another take it to another level. So you'll have level. So you'll have people who people who will listen, and will listen, and listen, and listen, and have experience in have experience in this, where it's like, "Okay, I've done "Okay, I've done everything. They everything. They practiced practiced practiced sleep hygiene, right? They sleep hygiene, right? They do everything: they do everything: they turn off the phone, turn off the phone, they keep they keep they keep the temperature right, they the temperature right, they do all these do all these really cool things.

really cool things. They tried They tried melatonin. They melatonin. They tried ashwagandha. They tried all. They tried all the supplements. They the supplements. They tried sleep teas. They did everything. And. They did everything. And now they're at the now they're at the stage where they think, " Okay, I have to do something about Okay, I have to do something about this." “And they this." “And they go to their go to their family doctor and family doctor and get a prescription. And get a prescription. And those people who just can't those people who just can't understand understand understand say, "I need to get say, "I need to get some sleep.

some sleep. Can you write Can you write this script for Ambient this script for Ambient or Lanesta? I always… I'm or Lanesta? I always… I'm not going to not going to distort the name.

distort the name. Essolene. Am I… But this… Okay. Oh, look Okay.

CBT-I and when sleep medications are not the answer.)

Oh, look at this. Someone will be at this. Someone will be proud of me. And one of proud of me. And one of my professors in my professors in medical school… Okay. So, and… Okay. So, and you know, when this you know, when this person is at this stage person is at this stage and they say, "Doctor, and they say, "Doctor, Dr. Holiday Bell, Dr. Holiday Bell, please, where do you please, where do you refer her or how do you refer her or how do you have this conversation?" " have this conversation?" " Okay. So I Okay. So I only do only do behavioral sleep.

behavioral sleep. I never actually I never actually prescribe sleeping pills. prescribe sleeping pills. So, oh, it's hard to So, oh, it's hard to stop there. Also, there are rare, there are rare cases where I cases where I think prescription think prescription sleeping pills are sleeping pills are helpful for helpful for most people at all.

most people at all. Most people who Most people who get to that point get to that point have have have insomnia. They have insomnia. They have chronic insomnia, chronic insomnia, which is defined as what which is defined as what I've defined it as.

I've defined it as. Trouble Trouble Trouble falling asleep, falling asleep, staying asleep, staying asleep, waking up earlier waking up earlier than planned, than planned, at least three nights a at least three nights a week for week for at least three months. And at least three months. And the problem when we the problem when we get to get to chronic insomnia chronic insomnia is not just is not just being able to fall asleep.

being able to fall asleep. Now it's not just that Now it's not just that I've I've I've got got the temperature wrong or I'm the temperature wrong or I'm looking at my phone.

looking at my phone. Now it's that Now it's that I've built up I've built up anxiety about sleep so anxiety about sleep so that my body and mind that my body and mind don't feel don't feel safe enough safe enough to sleep. I have to sleep. I have these these these maladaptive thoughts, maladaptive thoughts, which then lead which then lead to maladaptive to maladaptive behaviors, and now it's kind of a snowball effect. So it's snowball effect. So it's not simple not simple fix. The fix. The number one treatment number one treatment for this is something for this is something called called called cognitive cognitive behavioral therapy for behavioral therapy for insomnia. It

insomnia. It provides similar provides similar benefits to medication, benefits to medication, but long-term but long-term benefits to…" medication, benefits to…" medication, and it really gets and it really gets to the root cause.

to the root cause. Now, it takes Now, it takes some work and some work and some time, and some time, and most people most people want quick want quick solutions. That's why, and there aren't solutions. That's why, and there aren't many professionals many professionals who can do who can do CBT, but my CBT, but my problem with problem with prescription medications prescription medications is that we is that we don't get to don't get to the root cause and often the root cause and often don't recreate the don't recreate the natural architecture of natural architecture of sleep. So I always, sleep. So I always, again, again, again, make an analogy make an analogy for you, I always say for you, I always say for people who have ever had had had surgery and been under surgery and been under general anesthesia: general anesthesia: you sleep, you're you sleep, you're put to sleep, but you put to sleep, but you don't wake up don't wake up thinking, "Wow, I thinking, "Wow, I feel feel feel refreshed, that was the refreshed, that was the best sleep I've ever best sleep I've ever had," had," had," because you're technically because you're technically sleeping, but you're not sleeping, but you're not recreating that recreating that architecture of sleep from architecture of sleep from light to deep light to deep or extreme. So or extreme. So many people who many people who even take even take sleeping pills sleep but sleeping pills sleep but then still then still wake up wake up wake up tired with this tired with this hangover or hangover or even mental even mental fog, and the point of a fog, and the point of a good night's sleep is to good night's sleep is to have a have a good wakefulness. It's good wakefulness. It's not just saying not just saying you were asleep. So if it does you were asleep. So if it does n't help you, why would n't help you, why would we…even do it?

we…even do it? It also has more It also has more side effects and side effects and tolerance. So tolerance. So you need higher you need higher and higher doses to and higher doses to get the same get the same effect. Um, effect. Um, withdrawal symptoms. So, the withdrawal symptoms. So, the insomnia that insomnia that goes with that, again goes with that, again. So I. So I say you need to say you need to get to get to the root cause, and for the root cause, and for most people, that most people, that will be the CPTI that will provide will be the CPTI that will provide that solution.

that solution. Good. And is this true for Good. And is this true for people who have the resources people who have the resources to do so? So if to do so? So if you're like, "Oh, I've never you're like, "Oh, I've never heard of CBT, and I heard of CBT, and I want to look into want to look into it. Is there a CBT specialist in your it. Is there a CBT specialist in your area area area? Is there a way? Is there a way they they they find someone?

find someone? Yeah, it can be Yeah, it can be difficult. I would say difficult. I would say start with a doctor start with a doctor who specializes who specializes in hypnotics. So in hypnotics. So when you go when you go to your family doctor, to your family doctor, they have a limited they have a limited amount of amount of amount of tools at their tools at their disposal. They have a disposal. They have a limited amount of limited amount of time with each time with each patient. So it's patient. So it's actually easier to actually easier to say, "Okay, here's a say, "Okay, here's a prescription prescription prescription for a hypnotic." " If you ask for a If you ask for a referral to a referral to a hypnotic doctor hypnotic doctor, first of all,, first of all, they can assess whether they can assess whether you need a you need a sleep study, whether sleep study, whether you have a sleep disorder, you have a sleep disorder, because all the CBT and medication in because all the CBT and medication in the world is not going to improve the world is not going to improve your condition if you have your condition if you have sleep apnea or some sleep apnea or some other sleep disorder. And other sleep disorder. And then they are often, then they are often, although not always, either although not always, either trained in trained in CBT, or they can CBT, or they can refer you to a refer you to a sleep psychologist or sleep psychologist or someone else who is someone else who is trained in trained in CPT.

CPT. CPT. Okay. Amazing. Okay. Amazing. Amazing. So, there are Amazing. So, there are a few quick a few quick ones. ones. ones. Okay. This is kind of Okay. This is kind of, you know, one– one question. I'm one question. I'm literally starting to literally starting to think about this as you're think about this as you're talking. So talking. So we'll see how it goes.

we'll see how it goes. I've never done this before I've never done this before. This is… We're in. This is… We're in new territory, new territory, right? Okay.

right? Okay. Quick Quick Quick number one. How many number one. How many hours should hours should people sleep? people sleep? Oh, this is… See, this is not a Oh, this is… See, this is not a quick one. It quick one. It depends on…

depends on… Okay. Okay. Okay. Okay. You want me to You want me to expand on this to… expand on this to… Let's do this. Let's do this. Let's do this.

Let's do this. Because this is one…" Because this is one…" One of the One of the most common most common most common questions I questions I get, and my get, and my answer is, it answer is, it depends. I say that depends. I say that sleep needs are a sleep needs are a variable. Oh, my God. I variable. Oh, my God. I guess I'm also an guess I'm also an analogy person, because now analogy person, because now I have another one for you. That's what I always. That's what I always say. I like to say. I like to compare it to a compare it to a women's women's women's shoe size, the average shoe size, the average women's women's women's shoe size in the United States, which is shoe size in the United States, which is somewhere between an 8, 8 and a half. But somewhere between an 8, 8 and a half. But a lot of women wear a a lot of women wear a size 6, 7, 9, 10, etc.

size 6, 7, 9, 10, etc. So if you wear a size 10 but you size 10 but you 're trying 're trying 're trying to squeeze into an eight to squeeze into an eight because that's the because that's the average, it's average, it's probably going to be probably going to be uncomfortable. The same uncomfortable. The same goes for your goes for your sleep needs. You sleep needs. You can't squeeze your can't squeeze your needs into an needs into an average if you average if you really need really need more. I need more. I need 9 hours of sleep. It's like 9 hours of sleep. It's like perfect science at perfect science at this point. It's not this point. It's not a guess. It's not a a guess. It's not a hypothetical situation. I need 9. I need 9 hours. If I were to get the hours. If I were to get the recommended 7 hours of sleep, I'd be exhausted.

, I'd be exhausted. I don't feel good I don't feel good after 7. 8, I feel after 7. 8, I feel good, but I'm… not good, but I'm… not functioning functioning functioning optimally. So it optimally. So it was important for me was important for me to determine what my to determine what my individual individual individual needs were. And I needs were. And I recommend that as a recommend that as a first step for anyone who's first step for anyone who's trying to trying to trying to improve their sleep.

improve their sleep. Okay. Okay. Okay. Okay. Okay. Okay. Okay. Okay. Second, how do I Second, how do I ask that? How ask that? How long, let's long, let's see, how see, how long do people need long do people need between their last between their last meal and bedtime meal and bedtime to make sure to make sure it doesn't affect it doesn't affect their sleep.

their sleep. Ideally, three Ideally, three hours before your hours before your last last last major major major meal. If you meal. If you need, for example, need, for example, a snack before bed, a snack before bed, you can have it you can have it within an hour within an hour before bed. It's like a before bed. It's like a small, small, small, protein-rich snack of protein-rich snack of complex carbohydrates.

complex carbohydrates. But dinner, ideally, But dinner, ideally, is three hours before bed. is three hours before bed. Okay. And also, thank Okay. And also, thank you for the analogies, you for the analogies, right? Because I…

right? Because I… Yeah. I didn't even Yeah. I didn't even realize I was the realize I was the queen of queen of analogies here. I love analogies here. I love analogies, don't you? You analogies, don't you? You made my life made my life so much easier because so much easier because I had to I had to use them.

use them. I had to I had to turn what you turn what you said into an analogy said into an analogy when you did it when you did it for me. So I… I for me. So I… I really appreciate that. Okay.

really appreciate that. Okay. And one more thing. Uh. When it And one more thing. Uh. When it comes to alarm comes to alarm clocks that clocks that wake you up in the morning. Is it wake you up in the morning. Is it better to have one like the one you better to have one like the one you remember, an remember, an old school old school clock with clock with bells? You bells? You grab it and think, " grab it and think, " Oh my God, this Oh my God, this

"Or is it better to be gently to be gently woken up? Wake up with an woken up? Wake up with an alarm clock. It's alarm clock. It's better to be gently better to be gently woken up if that's what woken up if that's what wakes you up.

wakes you up. The best way The best way to wake up to wake up to wake up is actually is actually natural light. Uh, natural light. Uh, there are sunrise alarms there are sunrise alarms that you that you can can can use to use to wake you up, and they're wake you up, and they're supposed to naturally supposed to naturally wake you up wake you up in a lighter stage of sleep, in a lighter stage of sleep, which reduces some of which reduces some of that sleep inertia. You that sleep inertia. You don't want that don't want that big of a jolt. You big of a jolt. You know your know your cortisol levels naturally cortisol levels naturally go up in the morning, go up in the morning, and that's normal, but you and that's normal, but you don't want that don't want that cortisol spike from this cortisol spike from this loud alarm. So loud alarm. So ideally it's ideally it's more of a natural gentle more of a natural gentle wake-up.

wake-up. wake-up. Sure. Yeah. I Sure. Yeah. I just got one of just got one of those. Uh, I guess I'll those. Uh, I guess I'll say that. I mean, say that. I mean, no, I'm no, I'm not getting paid to do it, but I'm going to do it not getting paid to do it, but I'm going to do it anyway.

anyway. anyway. So I'll hatch. Uh, So I'll hatch. Uh, so I got one of those so I got one of those, and it kind of,, and it kind of, you know, starts like the you know, starts like the sun is coming up and all that.

sun is coming up and all that. another. Again another. Again, gentle, gentle awakening. So, because awakening.

One habit that can improve your sleep tonight.)

So, because before I before I had this had this iPhone alarm clock, iPhone alarm clock, Man, this is your Man, this is your heart, you go heart, you go from sleeping to 110 beats from sleeping to 110 beats per minute like this, per minute like this, right? Because it's so right? Because it's so loud and aggressive, loud and aggressive, right? So, this is really right? So, this is really cool to do here. So, cool to do here. So, um, before I um, before I pull you out of here, a pull you out of here, a few more questions. Uh, few more questions. Uh, let's see. For let's see. For those listening, for those listening, for people who struggle people who struggle with sleep, if you could, if they could, if they could develop one develop one essential evening essential evening habit in your life, starting, starting tonight tonight tonight, what would it be?

, what would it be? So, one So, one essential essential essential evening habit evening habit would be to have a would be to have a bedtime routine. 100% is the most is the most underrated way underrated way to improve sleep as an to improve sleep as an adult, adult, adult, because so many of us because so many of us do what you've do what you've described. We're on our described. We're on our phones until the phones until the very second very second our eyes our eyes close. We're close. We're checking checking checking emails and emails and social media, and social media, and our minds are constantly our minds are constantly racing, and then we racing, and then we wonder why we have a wonder why we have a hard time falling asleep at night, hard time falling asleep at night, and our brains and our brains need that need that transition point. A solid bedtime transition point. A solid bedtime routine doesn't have to routine doesn't have to be be be long or complicated. 20 long or complicated. 20 minutes, if that's all minutes, if that's all you need to you need to dedicate to yourself to dedicate to yourself to give your brain and give your brain and body a chance to body a chance to transition to sleep, is a transition to sleep, is a great way great way to improve your sleep.

to improve your sleep. Sure. Sure. Sure. Sure. Remember, before Remember, before we started, I we started, I mentioned that I mentioned that I gave you flowers gave you flowers and I missed an important and I missed an important event, and I'm going to event, and I'm going to make up for that right make up for that right now.

now. So you're not only a So you're not only a doctor and a doctor and a sleep specialist, you're also an author. sleep specialist, you're also an author.

I am. I am. And your book And your book is called is called Sleep at Work: Sleep at Work: Proven Strategies to Proven Strategies to Optimize Optimize Workplace Productivity and Workplace Productivity and Personal Personal Personal Well-Being Through Well-Being Through Better Sleep. It's my Better Sleep. It's my baby, baby, baby, my

life's work. Hmm, and I my life's work. Hmm, and I actually wrote this actually wrote this book because, in addition to book because, in addition to working with clients, working with clients, I work in the I work in the corporate world a lot.

corporate world a lot. So I So I love love love corporate corporate corporate training to training to help help help employees do better. employees do better.

sleep so that their sleep so that their productivity productivity productivity improves. There's improves. There's so much intersection so much intersection and connection between and connection between where and how you work and where and how you work and how you sleep, and how how you sleep, and how you sleep affects how you sleep affects how you work. And you work. And so often when we so often when we talk about sleep, we talk about sleep, we break it down into break it down into two hours, like, "oh, this is what you, "oh, this is what you do before bed, in the do before bed, in the bedroom, wherever." But then we don't." But then we don't realize the impact… from real life… from real life and how that affects how you sleep, and you sleep, and vice versa. When you vice versa. When you want to want to perform well, how you perform well, how you sleep is going to affect sleep is going to affect that. So instead of compartmentalizing it, compartmentalizing it, let's talk let's talk about it from a about it from a real life perspective. What does real life perspective. What does your sleep do that your sleep do that affects your affects your productivity? And productivity? And then how can you then how can you improve your sleep?

improve your sleep? Starting with how Starting with how you work, not just what you work, not just what you do you do at night. Breaking it down into at night. Breaking it down into remote remote remote workers and shift workers, night night shift workers, people who are shift workers, people who are not usually not usually discussed in discussed in sleep talk, because sleep talk, because they don't fit into they don't fit into that category, but you that category, but you all deserve and all deserve and need sleep. That's what need sleep. That's what this this this book was about, to make it book was about, to make it really, really really, really practical. To break down practical. To break down practical strategies, practical strategies, tools, and things tools, and things that you can that you can apply to apply to improve your sleep in improve your sleep in real real real life and in the way you life and in the way you work.

work. work. Let me Let me think about it: uh, I think about it: uh, I saw this post on Instagram that was talking that was talking about some really about some really cool things that are cool things that are part of Japanese part of Japanese culture. I don't know culture. I don't know if it was if it was believable, because it believable, because it was an Instagram post, and it was was an Instagram post, and it was clearly clearly clearly meant to meant to make me make me stop scrolling, stop scrolling, right? And it right? And it said something like said something like… People don't… People don't get in trouble for get in trouble for napping napping napping at their desks because it at their desks because it shows they're shows they're working hard.

. And all I could think was, And all I could think was, "I "I "I was born in the wrong was born in the wrong country because they let me country because they let me sleep while working so sleep while working so hard." hard." hard." I've seen that too. And there are I've seen that too. And there are places like this, like Google, where they places like this, like Google, where they have nap rooms.

have nap rooms. Very few companies in the United States Very few companies in the United States promote promote promote naps because they do naps because they do help. They do help. They do help.

help. help. Studies have shown Studies have shown and proven that they do and proven that they do help with help with creativity, creativity, creativity, productivity, productivity, productivity, mental clarity, mental clarity, energy, motivation, energy, motivation, all that kind of stuff. So all that kind of stuff. So smart companies smart companies know that once know that once we hit that we hit that afternoon, uh, afternoon, uh, dip, the best dip, the best way to be more way to be more productive in the productive in the afternoon is not coffee. It really not coffee. It really helps you fall asleep, like a helps you fall asleep, like a good power good power nap.

nap. nap. Sure. That's really Sure. That's really cool. But we're not cool. But we're not going to do that in going to do that in my office. So my office. So hopefully, hopefully, hopefully, stop listening stop listening like this isn't

Google. This isn't like this isn't Google. This isn't Google. So we don't have Google. So we don't have Google money. You Google money. You need to need to need to keep keep keep working. Okay.

working. Okay. So no, it was So no, it was really great, and… I'm really great, and… I'm really, really glad you really, really glad you took the time to do this. And it's an honor and a. And it's an honor and a pleasure to pleasure to pleasure to have you on the show have you on the show and talk about sleep. And because I think. And because I think people know that they people know that they need sleep, but I need sleep, but I think these details, think these details, understanding what's in the understanding what's in the house, helps house, helps people understand people understand why to start, you know.

why to start, you know. So that's really So that's really key. So, uh, for key. So, uh, for people who want to people who want to get your book, get your book, and they should, and and they should, and also learn also learn more about your more about your work and what you work and what you do, how can we do, how can we find you?

find you? My website would be the My website would be the best place, best place, thesolutionisleep.com. My book is there thesolutionisleep.com. My book is there. So a place to access. So a place to access it it it. And also ways to. And also ways to collaborate with me, and collaborate with me, and also my social also my social media. I'm trying to media. I'm trying to create, you know, create, you know, more short more short educational, uh, educational, uh, content. What I will also content. What I will also say, uh, in addition to, you say, uh, in addition to, you know, my know, my sleep issues as a resident, I'm also a resident, I'm also a mom. I have a 15- month-old son, and that has month-old son, and that has led to new led to new sleep issues, but the ones sleep issues, but the ones that I came in with, that I came in with, and now I'm really and now I'm really so… passionate about so… passionate about helping helping helping postpartum moms get their postpartum moms get their baby to sleep and get baby to sleep and get their sleep back. So there are ways to their sleep back. So there are ways to contact me about contact me about that.

that. that. Oh, you're wrong. Oh, you're wrong. I have one more I have one more question. I'm glad you brought it question. I'm glad you brought it up. So I up. So I I thought, you're I thought, you're wrong. So that's a wrong. So that's a really good really good question, because for question, because for new parents… Yeah, new parents… Yeah, and you can't and you can't control when that control when that baby wakes up.

baby wakes up. How can you get How can you get strategies to strategies to get enough get enough sleep to be sleep to be functional with a functional with a baby?

baby? baby? Okay. So here's a Okay. So here's a segmented segmented segmented strategy. So, in strategy. So, in the first few months of a the first few months of a newborn, three to four months is his four months is his arrival mode. If arrival mode. If you have a partner, I you have a partner, I recommend splitting recommend splitting nights. So what my nights. So what my husband and I did was husband and I did was I slept the first I slept the first four hours, he slept the second four hours.

second four hours. So we both, uh, So we both, uh, slept at least slept at least four hours, which four hours, which was great for the newborn period. Uh, it was great for the newborn period. Uh, it also goes for what also goes for what you do during your you do during your nighttime wakefulness.

nighttime wakefulness. So, just like you So, just like you shouldn't pick up your shouldn't pick up your phone, you phone, you wake up at 3:00 wake up at 3:00 in the morning. When I in the morning. When I was feeding my son, I was feeding my son, I only used only used red light. I didn't red light. I didn't pick up my phone or pick up my phone or look at look at look at social media. I did social media. I did n't turn on the lights. I n't turn on the lights. I put on soothing put on soothing music. I fed music. I fed him. I put him him. I put him down and I went back to down and I went back to sleep. It made it easier for both of sleep. It made it easier for both of us to fall asleep.

us to fall asleep. But my number But my number one tip, and if you one tip, and if you feel differently, that's feel differently, that's okay. It's okay. It's okay to have different okay to have different perspectives, but the perspectives, but the best thing I best thing I did for my did for my son, myself and my son, myself and my husband was to husband was to sleep train him right before sleep train him right before he was he was 4 months old.

4 months old. Right when he Right when he went through this went through this sleep regression, he's been sleeping 12 hours a sleep regression, he's been sleeping 12 hours a day since then.

day since then. He's 15 months old now. He's 15 months old now. So I'm sleeping 9 hours a So I'm sleeping 9 hours a day. He's sleeping 12 day. He's sleeping 12 hours a day, and that hours a day, and that made motherhood a made motherhood a whole lot different than I whole lot different than I expected and than expected and than other people have experienced other people have experienced because we've both been because we've both been full sleepers since we were very full sleepers since we were very young.

young. young. So there are ways to So there are ways to do it, gentle, do it, gentle, you know, more you know, more independent ways, independent ways, but the 100% best thing that… I did,… I did, definitely.

definitely. definitely. Okay. No, thank you for that. Okay. No, thank you for that. That was kind of a That was kind of a bonus question. Uh, I'm grateful because I was like,, I'm grateful because I was like, wait, I wait, I have to talk about it, because I think there are so, because I think there are so many parents that many parents that they know. They they know. They know that the struggle, the know that the struggle, the struggle is real. The struggle is real. The struggle is real.

struggle is real. But no, again, But no, again, we appreciate you. We're we appreciate you. We're going to put going to put all of this information in the all of this information in the show notes. And show notes. And thank you so much again. I thank you so much again. I appreciate your time. And you, appreciate your time. And you, man, I think you should man, I think you should come back, because, man, we could, man, we could talk about talk about hormones and sleep. We didn't hormones and sleep. We didn't get into that.

get into that. And phasic motor And phasic motor symptoms and how symptoms and how testosterone in testosterone in men affects men affects sleep and growth hormone. There's sleep and growth hormone. There's so much, but you so much, but you can only do so can only do so much in an hour.

much in an hour. So we'll do it So we'll do it again. So if you again. So if you say, "These analogies say, "These analogies with dude are not with dude are not coming back." "So I…

…… No, I feel like we're No, I feel like we're connected now. I connected now. I feel like we're feel like we're the same. the same. I know. I know. I appreciate I know. I know. I appreciate it. It's like…

it. It's like… No, don't be shy. I would No, don't be shy. I would love to. As love to. As you can see, I you can see, I so excited about this. I so excited about this. I love talking about love talking about sleep. It's sleep. It's amazing and amazing and incredible. So incredible. So thank you again. Okay, everyone. Thank you for your time, for. Thank you for your time, for listening to listening to another episode of Dr. Jones' Optimization Academy. You'll Dr. Jones' Optimization Academy. You'll find all find all the information about the information about Dr. Holiday Bell Dr. Holiday Bell in the show notes, in the show notes, including resources including resources for her website and for her website and book, and book, and links to her links to her social media. So please please please follow her and follow her and spread the word. Sleep is important.

. Sleep is important. Yes. And until next Yes. And until next time, everyone, see you later. time, everyone, see you later. "