The different types of insomnia

Guest: Dr Todd A Born

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[00:00:10] Alex Howard

Welcome to this interview where I'm super excited to be talking with Dr Todd Born.

We're going to be talking about some of the different types of insomnia and sleep issues. He'll walk us through pharmaceutical interventions, some of the benefits, some of the side effects of those.

We'll then look at practical sleep hygiene steps and then he'll walk us through, in his significant clinic experience, some of the naturopathic interventions that he's found to be effective for working with sleep issues.

Dr Todd A Born is a Naturopathic physician, certified nutrition specialist and co owner and medical director of Born Integrative Medicine Specialists. He is the director of Product Development, Scientific and Global Education as well as scientific advisor for Allergy Research Group. He is a medical wellness advisor, also for the International Medical Wellness Association.

Dr Todd Born's clinical focus is utilizing integrative medicine to treat families of all ages who have complex chronic diseases with a strong interest in difficult and refractory cases of any condition and age. He sees patients all over the US and internationally.

So Todd, it's great to have you back. I always enjoy our conversations and I always learn something. So I think a good starting point for this is you were saying in some of the prep we were doing around identifying and recognizing different types of sleep issues, different types of insomnia. So do you want to walk us through that as a starting point?

Dr Todd A Born

Sure. Thanks Alex for inviting me again to talk to you. I always have a good time doing these and hope it helps the audience treat themselves better and get better health.

So I'm not a sleep expert, but I do see a lot of people with insomnia. I'm a naturopathic doctor, integrative medicine, and functional medicine provider. So a lot of people come to me for issues where they're like, well, I tried the meds, they didn't work, or I couldn't tolerate them.

So when I look at patients or cases, I really do like to get pedantic and know the different types of insomnia because then you're likely to have better outcomes versus just oh, here's some melatonin and see if it works, if it helps you.

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So really there's acute and chronic. Acute is more situational, which can be short term, usually resolves on its own, then it can turn chronic. And acute, typical cases are a stressful event, a life event. You get an illness. We're seeing a lot people having sleep disruption with COVID.

Where more chronic issues, which is what we're seeing a lot of, would be subdivided into either sleep onset insomnia, sleep maintenance insomnia, early morning waking, some sleep experts just put that as a subclassification to the sleep maintenance, in other words, they're just waking way too early in the morning well before they really need to get up. And then there's a mixed.

So when I have people come in and they say I have insomnia, what kind of insomnia? Do you have trouble falling asleep? Do you have trouble maintaining sleep? Are you waking constantly throughout the night?

And I would say it's 50% of the time they're like, it's mixed. Or I get a fair amount of people like, I have no problem falling asleep because I'm exhausted, but I wake up 2 hours later and then I'm kind of always awake. And they can't really get into that stage for deep sleep.

Another way of looking at it is primary and secondary. So primary means you don't have a comorbidity. There's no disease causing your insomnia. Where secondary insomnia would typically be caused, well the definition is caused by disease, so whether you have hyperthyroidism or COPD or you've got sleep apnea or COVID.

Sometimes, even though pregnancy is not a disease, that sometimes can be put into that classification because you have children, you know what it's like, especially in the third trimester. Our poor wives are just really big. They can barely breathe. Their inferior vena cava is being pushed on by the baby. They got heartburn. They can barely move around. So it depends what their insomnia is really classified as.

Alex Howard

And so by recognizing the type of insomnia that someone is experiencing, I guess part of what that does is then helps drive what you're going to do in terms of addressing it.

But also, I guess, each of them has potentially different causes. I'm curious as to when you recognize, okay, the issue here is falling asleep or it's staying asleep or so on, how does that open up potential understanding of what's actually causing it in the first place?

Dr Todd A Born

It's a good question. So someone has, say, primary insomnia and it is stress or life changes or they've got poor sleep hygiene, I'm really going to go towards that road. Versus, say, when someone, and you see this quite a bit at least in the United States, where someone has chronic pain, whether it's an autoimmune disease or just wear and tear arthritis, like osteoarthritis, or they got in a car accident. Where their job is they're standing all day.

And people just get put on sedatives or something to help them sleep, and they don't work that well. Well if you treat the pain and their pain is better controlled, then they're invariably going to sleep better.

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So once I understand really what the issues are versus, and I'm not knocking conventional medicine. I trained with them. I did my rotations in hospitals, in the emergency room. But in the United States, and I have patients all over the world, their healthcare system, unfortunately, is turning more like ours.

These ten minute visits, you do not even see the doctor. You might see the physician's assistant or the nurse practitioner, and they're just trying to get to that next patient. They're like, I really can't sleep. They're like, okay, well, have you tried meditation, cutting back on caffeine? Yeah, I do all that. All right, well, let's maybe just start you with this drug.

And then that carries its side effects. So when I talk to someone, I really need to know the causation, the etiology, which is really holistic medicine, where it really shines. And the ability to be able to unravel what is going on underneath and what's the cause of that person's inability to fall asleep, stay asleep. Are they waking really early? How often does it happen? Is it that their mind is racing?

Conventional medicine doesn't typically care about causation, right? If you can't sleep and you're exhausted all day, well, let's give you something to help you sleep.

Versus if I have the person who's like, I can fall asleep, but I wake up at three in the morning, in my mind, I'm ruminating. What did I say the day before? All the stuff I've got to do, I got to get the kids ready and you can see where this is going. I'm going to target that and get their mind to quiet down so they can go back to sleep and get that deep sleep and then wake up well rested for work.

Alex Howard

And often there's clues in the symptoms, like someone struggling to get sleep may be different, for example, to someone that's waking up in the night or waking up earlier.

And I guess part of the real value of having a personalized approach is that it's really taking all of that data and using that to really get to the bottom of what's actually going on.

Dr Todd A Born

That's correct. And if you want to jump ahead to treatment, that's where the world of constitutional homeopathy really shines, because you're taking a person's mental, physical and emotional self. So, how everything presents and then matching them to a particular homeopathic remedy, which can be very difficult. There's about 8000 of them that are known.

In reality, though, about 80 are quite common. And say the polycrest, which there's about 50, those are the ones that are used quite regularly. And if you can get that remedy, which optimizes a person's genetic potential and then fixes everything, the closer you get to that fully acting remedy, the better it is.

And in my world, I do tend to see the complex and refractory cases, not the straightforward cases. I love when I have just a straightforward person that's like, I just got this really stressful job, or this or that. I'm just not really sleeping. Normally I'm a good sleeper. I'm like, that's easy, I will have you fixed in like a week.

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But the people, which I can certainly empathize with and appreciate, I'm an insomniac, I always call them the blessed people that can just fall asleep, they stay asleep, nothing wakes them. My three brothers are like that. My dad was like that.

I unfortunately inherited my mom's poor sleep. So now that I have three young kids and I've got my practice and I do a lot of things with our research group. I tend to just pass out anyway. So being busy has enabled me to sleep better.

Alex Howard

I was going to say one of the best fixes, I generally haven't been an insomniac, but I have certainly found since having three kids and a busy life, it's like I'm struggling to stay awake on the sofa.

Dr Todd A Born

Exactly. I'm singing my kid's songs at 09:00 at night. Last night I put my oldest son down and I fell asleep probably pretty quickly. I don't even remember falling asleep and I feel this tap on my back. Daddy, he said, sing me songs. I'm like, what? I was like, I thought I was sorry. You need to go to sleep too. You're eight. You can handle this.

But yeah, that's really the key, is to get the totality. You'll get some of these really bizarre cases where it's like they're refractory to everything or they just have weird sleep patterns. And I have a few. I have this one guy. He's been in my practice for a long time.

And I told him he and his sister should be studied by some university sleep experts because they all are good sleepers. And then as soon as they get in their mid 40s, these are true hardcore, hyper insomniacs. We're talking people that are not sleeping more than 20 or 30 minutes at a time for days, months, weeks, years.

And he's like, I knew it was coming because it happened to my sisters. It happened to my mom. And then he started to see me in his late 40s. And he was like, I thought it just might be a perimenopausal thing, right? Kind of a secondary cause of insomnia. And he's like, but it's the same thing with me.

To the point where by the time he got referred to me by his GP, he was basically suicidal. You know, they do this in warfare, sleep deprivation. He's like, I haven't slept in years, basically. And I'm so desperate for sleep, I just want to end it.

So we talked about that, the whole thing. Do you have a plan? Would you really? He's like, I'm not saying that, that's just the degree I'm at. And I said, are you serious? And he's like, sometimes. I said, when's the best time? What's the most? He's like, I might be able to get 45 minutes. So it's trouble falling asleep, staying asleep.

And the list of supplements, herbs, medications, and melatonin that he was on was astounding. And he still couldn't sleep. He saw the sleep experts. They were like, well, you don't really have this or that. And I've seen a few people pretty close to his severity where it took a lot of combinations of things.

And then once we got it. And now I hear from him every six months when he wants a refill of his tincture. And he already has his things to help. So now for him, it's having him do the lifestyle things to help him sleep. And then to get to sleep, I give him a little bit of something to help him fall asleep.

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And then stuff when he wakes up where it's not giving him certain medications or even certain herbs, because he might wake at four but he has to wake up at six to go to work, and then he just feels all doped up. Because he's been just taking too much stuff in the middle of the night. And now he's on the sweet spot.

I have a few people like that where it took some combinations but yeah, it was the totality of really digging into causes. And one of his issues which was interesting was the need for affection. He was a lonely man and was like I don't really have someone to cuddle with at night and I do sleep better when I sleep with someone.

Then it kind of went back and I'm not a therapist, but he did tell me some things about his childhood and you can see where this is going and I was like, well maybe you just need a pet. Get a dog or a cat or something you can hold or even like a plushie. And that helped a little.

But ultimately, right, we're humans, we're gregarious by nature, we need affection. And we did probably get about 90% improvement in sleep. And then about a year ago he met someone and now he's in this loving relationship and he's just like, this is fantastic. And the person that he's with is a very heavy sleeper. So his tossing and turning doesn't bother his significant other at all.

Alex Howard

It strikes me, Todd, as quite a good example, I think of sometimes these almost like chicken and egg situations you can get into, because probably if he was that desperate through not sleeping, his ability to meet and connect with and romance a partner was probably limited because he was just trying to get through the day.

So somehow the progress that was made would have made it that much easier, I think, to go and meet that person. But then that also becomes that final 10%.

Dr Todd A Born

You're right. And that was part of his issue. I was like, well, what about dating sites and there's this, and he's a very social person. He was very active in his synagogue. And he's like, you know what, I am so exhausted. People probably don't feel that I'm very engaged with them because I'm practically falling asleep talking to them or I have trouble thinking and remembering.

Because a lot of people don't really realize that memory is directly tied to sleep. So people are like, well I can't think, I can't concentrate or I can't remember things. And it's like, well, how are you sleeping? And they're like, I'm a terrible sleeper.

That's one reason why sleep experts theorize why we dream is to process everything, put it into long term storage, what happened throughout the day, those kinds of things. And another thing, one of my clinical professors who's a big therapist, he's a naturopathic doctor, but he's got his masters in psychology. He used to have this great thing where he would tell patients that we need, you need to invite sleep, welcome sleep, don't force sleep.

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And even sleep experts are like, if you've been sitting in your bed for more than 30 minutes and you can't sleep, get up and do something banal that's a bit boring to put yourself to sleep. Read an article or whatever, nothing overly stimulating to put yourself to sleep.

Welcome it versus what do we do, at least in America, right? It's like we wake up, we take a bunch of stimulants to get us going in the morning. We probably have an energy dip at 02:00, so we eat some sugar and have some more stimulants and then we wonder why we can't sleep at 10:00 at night because we're all wound up. Too much sympathetic stimulation.

So if you go to sleep when you're tired and you welcome the sleep, different for shift workers, those poor souls, unless it doesn't bother them, which some it doesn't, but most obviously it does and there's cardiovascular risk and things that happen, but yeah, you really need to invite the sleep. Welcome it. And that's the starting point.

Alex Howard

Just thinking before we come to some of the naturopathic options around sleep, should we walk through some of the conventional options that are there and some of the side effects that may be experienced with those?

Dr Todd A Born

Yeah. And again, this isn't a knock on medications. I prescribe medications. There's a time and place for everything. It's just that in the naturopathic world, we're much more judicious in our use of medications. It depends on scope. Like where I practice in the United States, there are classes of schedules of drugs.

So the more addictive the drug is, the lower the schedule. So for schedule one medications would be things like cannabis, oxycodone, the extended release codeines, some of the hypnotics that are not in my scope, which is fine because I'm the person who takes people off those medications. Or weaves them off. Tapers them.

And I don't really have much training in those medications, so why would I prescribe them anyway? There's so many better options. So the number one, I would say, I wouldn't say the number one, but the thing you're supposed to do first is therapy.

And typically it falls under CBT. These are standards of care that are probably not really implemented that much. It's hard to get people to go to therapy. Plus people are like, that takes a while. I got to go through these trainings. I want to sleep now.

It's a lot easier for the doctor to get their script pad out and just be like, well, we're just going to give you these. And that's most often actually, honestly what happens. And I can say that I see that not just in the United States and my patients that are in many other countries, particularly Europe and Australia, Canada, same thing.

And usually the first class drugs, if it's going to be a pharmaceutical or I would say over the counter, which is big in the United States, is people take antihistamines. Because one of the side effects of first generation antihistamines like Benadryl, which is diphenhydramine, is somnolence.

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So people will come to me all the time, they're like I've been taking Benadryl for years, for 25 years, to get me to sleep. But it's not working anymore. I got dry eyes, dry membranes, I got constipation.

And what now has been shown, and most obviously doesn't make it into the media a whole lot because it's anti pharma, is that depending on the class of the antihistamine and how long you've been taking it and the strength of it, some of them, these newer generations are really potent, you can have almost a 90% increased risk of dementia later in life.

So if I was taking something that had something like a 90% increased risk of dementia, I would certainly take strategies and interventions to avoid that. So when I tell people that, they're pretty quick to be like, what? I need to get off this.

So you have the addiction potential and you have tolerance to these meds, when they stop working. And so they have to be tapered, you can't abruptly stop them. So over the counter, Unisom, which is a sedative, but it's also an antihistamine, Benadryl.

People who have pain, or even if they don't have pain, they're told to take Tylenol PM, Advil PM, all these PMs, they all have diphenhydramine. That's the sleeping agent, that's the sedative agent. So that's not really a good option in my opinion, for the reasons I stated.

Then you have the benzodiazepines, which are the PAMs and the LAMs, which is like Escitalopram, which is Lexapro. Xanax, which is Alprazolam. The benzos, even if they don't have anxiety, and people are told to take a small amount, can help people sleep. It doesn't really necessarily have the anxiolytic effects.

Problem is they're highly addictive. Some of them are very long acting, so they get brain fog, daytime somnolence and fatigue. And some of these medications actually interfere with stage four sleep. So you may be sleeping your 8 hours, but it's not restorative sleep. You need that deep stage four because that's when the growth hormone and your body is really repairing itself.

Then there's the hypnotics, like Zolpidem, which is, at least in the United States, called Ambien. Side effects of Ambiens are nightmares, sleepwalking. And fortunately in medicine now, in the last ten years, we've discovered that women do not process medications, particularly medications, the same way as men.

And how that came about mostly, the acceptance, was, and the rationalization and now further studies, that when Ambien was really popular about 10, 15 years ago, they were dosing women the same strength as men and the side effects were crazy.

Women were like, I can't even wake up in the morning. I'm falling asleep during the day. I'm having my husband or my significant others saying I'm basically sleep walking. There were people who were getting into car accidents and they still had the drug in their system.

Lo and behold, women just don't process things the same as men. It's common sense. Even though we're humans, our Cytochrome P450 enzymes, detoxification enzymes, and liver don't work the same. Women tend to weigh a lot less, so why would you give a 220 pound man the same dose as a 150 pound woman, or a 140 pound woman?

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So now there's even a black box warning on those particular classes of drugs that it needs to be dose adjusted for gender and weight. But the other ones would be like, I see this a lot with the antidepressants, so people may not even be depressed, but they're on drugs like Trazodone, things like that.

But then they're like, I've taken this thing to help me sleep. You know, it works great. But now I've got really bad anxiety because one of the side effects of SSRIs, SNRIs, and some other antidepressants is anxiety, or worsening anxiety. So you got, they're highly addictive. You don't tend to get in your stage four sleep.

I like them more acutely. If someone's like, I'm just going through something right now, I'm going through divorce. And it's just, well, let's maybe do some naturopathic things and then maybe a small dose of a Benzodiazepine, just short term. And I would routinely, I'll call in people like ten pills, that's all I'll give them. Versus like, I'm going to give you 30 and 3 refills so you can just have at it for the next year.

So, that technically works pretty well. Most people who are seeing me, sometimes they do come and see me, and they're like, do not take away my Trazodone because that's the only thing that helps me sleep. But it's not enough. So when I got the dosage up, I couldn't deal with the side effects. I had headaches, I was daytime sleepiness, I was having nightmares, I was having too much anxiety. So I went back down. But I need something to enhance that med. Then I'm like, sure. And ultimately we usually can taper them off with naturopathic support anyway.

Alex Howard

So that's a fascinating rundown of pharmaceutical options. In a minute I want to come to some of the naturopathic options, but is it worth just saying a few words about sleep hygiene and some of the practical pieces around these interventions that can also be important to help, I guess, lay the groundwork.

Dr Todd A Born

Glad you brought that up. Because to me, and even in conventional medicine, if you look at standard of care, I don't know if they call it sleep hygiene so much, but there's proper sleep. Sleep etiquette, right? Well, that is excessively missed, at least in the industrialized world.

We work, work, work. We're on our computers all day. We're on our smartphones all day. There's lots of very sad things that happen in the world so that people are all stressed out. So, they're the wired, tired people, and they wonder why they can't get to sleep.

And now there's now evidence with the blue light, which triggers part of our retina, which can inhibit the brain's ability, the pineal gland, from producing melatonin. So it keeps serotonin in your blood, which is in your central nervous system, which then also keeps you awake.

Plus, when you're all stressed out all the time, then you have cortisol. Cortisol is the main hormone released from your adrenal cortex that helps you wake up in the morning. And depending where you are in the seasons, cortisol typically rises about four or five in the morning. Earlier in the summer, later in the winter, because it's darker. We leave our lights on.

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I just saw a study not too long ago that people who get up to urinate and flip on their lights are more likely to not be able to go back to sleep because that sudden burst of white light triggers your brain and makes your primordial brain like, oh, we got to wake up. It's time to go hunt and go plow the fields or whatever you have to do.

So that's one of the first conversations I have with patients. I'm like, tell me about your day and your sleep routine. Are you watching overly stimulating movies? Are you sitting on your iPad before bed? And almost everybody is like, oh, yeah, I'm checking my emails, flipping through the news.

And I'm like, the news is the worst thing you could watch. Especially, unfortunately, with some of the sadness and the state of the world, certain wars, et cetera. Now, even my smartphone has a blue light filter, so come 6:00, 7:00, I'm like, I understand if that's your decompression time, you're playing a fun game.

I have a sleep hygiene handout that I give people. So it's adequate exercise. If you're sitting around all day on your computer and being somewhat indolent, then it's harder, humans, we've evolved to move. We're bipedal for a reason. We need to move.

And I've seen some pretty sad studies that the average American, on a daily basis, not the weekend, they walk about 200 meters a day, which consists of their mailbox and back, bathroom and back, bedroom and back, because we all have eight hour jobs. You sit around all day, and what do you do? You may go pick up your kids and you come home and you sit on the couch.

So you need to get moving. And it's different for different people. I'm a person when I play a lot of soccer, or football for you guys, but I do not do well if I exercise at night. All that running around and adrenaline, I can't sleep, so I'm much better when I exercise in the morning. So there's yoga, meditation.

So I walk through all this and not make it terribly cumbersome or overwhelming to the person. I'm not saying you've got to do all this at once. It's baby steps. So why don't we start with maybe a gentle walk in the evening. Let's talk about downshifting at bedtime. No devices. Or if you're going to do it, a calming video game you're going to play.

Put your blue light filter on. Limit it to this amount of time. Avoid caffeine. Caffeine is a wonderful, interesting molecule and, it's a drug, it's a straight up, central nervous stimulant, that depending on a person's ability to detoxify caffeine, it could last anywhere between 2 and 16 hours.

So when people tell me, oh, I don't drink any caffeine past 10:00, maybe you're just a slow metabolizer. You can test these genetically. Maybe you're a slow metabolizer of caffeine and you don't feel overly stimulated, but it's enough in there to keep the racing mind and keep you somewhat alert. So let's maybe switch to green tea.

We do all these baby steps and when people implement these proper steps, except for like the hardcore insomniacs, which usually have already tried all these. They're like, I sleep in a dark room. I got the white noise machine. I don't drink any caffeine ever. I don't even eat dark chocolate. They've done them all. You're like, okay, cool. And they're like, I still can't sleep.

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But for most people, it's really getting those basic proper sleep hygiene to down shift them and invite and welcome sleep into the evening versus like, I'm going to go, go, go, go, and I'm going to sit on my phone and then wonder why at 10:30 I'm staring at the ceiling.

Alex Howard

And I guess in a sense, as you talk about it, what I find myself thinking is in some, particularly these more severe cases, it may be that this is not the difference between sleeping or not sleeping, but also it's not a binary thing.

There are degrees to it. So it may be that these things help improve 2% here, 3% here, 5% there and even if there is a need for some of the more fundamental interventions and things maybe we'll talk about in a moment, these pieces are still an important part of the foundation.

Dr Todd A Born

That's right. What a lot of people think, well, it's all or none, right? Because we get in this pharmaceutical mindset that this is going to be the silver bullet and that's not really the way you want to do things long term. It's like, yeah, I might get you to do some sleep hygiene. That helps 10%. Then you're doing yoga or this meditation. And then we're going to give you a calming tea.

All these little things will ultimately reset you to where you'll start sleeping on your own. And then people are like, oh. And that's why, look at mattresses and pillows, that is big business for you to find the right pillow. I've been on a lifelong journey to find the perfect pillow. I still have yet to find it. And I'm one of those people. I've spent a fair amount of money on different pillows.

Alex Howard

The crazy thing is, it's not the perfect pillow, it's the perfect pillow for you, which may not be the perfect pillow for me.

Dr Todd A Born

That's right. Exactly. And that's why I do like, I'm a side sleeper, my wife is a stomach sleeper and I do like the pillows for me. And a lot of people where they are more of the memory foam, because that way it can adjust to you versus, oh this pillow is too high. And I've had people do that.

They're like, I have a lot of headaches and I can't sleep. And then I'm like, what's your pillow look like? And they're sleeping on a pillow that's like this thick and their heads all propped up. They're like, well, I just grabbed whatever. I'm like, no, this isn't the Stone Age. We have some better choices now.

But you're right. And if you go to these sleep stores, all the mattresses seem epic because you're on there for two minutes. So it is the right one for you. And that's why a lot of these companies now give you 30 days for free. If it doesn't work for you, if it's not helping, you can change it out. But all these little incremental things can lead up to a substantial increase in someone's ability to be able to sleep and sleep well.

[00:30:02] Alex Howard

Great. Let's talk a little bit about some of the naturopathic interventions. I'm curious as to when you've either gone in with some of the pharmaceuticals or someone's already done those pieces or actually, that's not even the right place to start.

When you're looking at it through the lens of a naturopathic approach, what are some of these key pieces that you're looking at?

Dr Todd A Born

So it's going back to the beginning of our conversation. How are you sleeping? Are you waking? Are you waking early? Can you fall asleep? What's going on? What's your day like and what's your evening like? And then I look for trends. It's like a choose your own adventure. That dictates which path I'm going to go.

So if I have someone who has no problem staying asleep, but they can't fall asleep, and this is what you hear a lot, people are like, I've tried melatonin, it doesn't work. And I'm like, well, there's a reason melatonin for certain types of people don't work, is that melatonin has a very short half life. It gets degraded in the stomach and the liver to mostly inactive metabolites.

So if people are like, I took melatonin and it helped me fall asleep but then I woke up an hour later, I might say, well, why don't we give you a sustained release melatonin in a physiological dose, not these five milligrams, ten milligrams, which can cause nightmares and grogginess the next day, I'm like, I'll give you 600 micrograms, 0.6 milligrams, which is more of a physiological dose, but your brain is producing in a sustained release.

But I don't like people to be on them forever because again, they build tolerance. So once I go down the road of what is going on with you and how does your sleep present? In my practice, I end up with people almost rarely coming to me just because they have insomnia. They have a problem that's this big, and insomnia is in their top three that they want me to address.

And people who have insomnia, they're very impatient, which I understand. They're like, I haven't slept in forever. I need to sleep. And I say, I understand, but if you haven't slept in ten years, you have to give me more than two weeks to try to reset your sleep.

I could give you stuff if you want. I'll say this depending on their personality and when it comes time to treatment at the end and we discuss these, I'll say, I can give you stuff to knock you out, but is that really what you want? Because ultimately, long term, you're going to have the same experience you had before, where you build tolerance. You're not sleeping, you're not sleeping well, or it stops working and you're taking more and more of it and you just become frustrated.

So we really need to underline, and they're usually pretty understanding, they're like, yep, yep, but if you could give me something just to help me sleep tonight, the next couple of nights, I can do these lifestyle modifications, which obviously they take longer to implement and they also take longer to take hold, which I understand.

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So then for me, every single person at the end of the first visit gets a constitutional homeopathic remedy, which is different from acute homeopathy, which sometimes I will use. There's a classic homeopathic called Coffea Cruda. It's homeopathic coffee.

And the picture of that person is the person who feels like they drank too much caffeine. Overstimulated. Racing mind. Racing thoughts. Kind of hyper. You give them three to five pellets of a 30c and it takes them down a couple of notches.

Acute homeopathy, it's hit or miss. 50% of the time it works, 50% of time it doesn't, unless you get the right remedy. And then I'm doing blood tests to figure out, do they have a disease causing their insomnia? Do they have an underlying pathology? So I'm usually like, here's the homeopathic. I'm going to basically do a bunch of blood work, I'll be a vampire on you.

Let's find out some internal medicine underlying etiologies, have you come back in three weeks. What did the homeopathic do and not do? Did you implement some of the sleep hygiene? And what did these labs show? And that's when they might say, oh, man, I feel like a million bucks. Nailed it with the homeopathic.

And some are like, this got better, that got better, but I'm still in this state. And then it starts becoming into narrowing it down. And I always tell people, you're going to get tired of seeing me before I run out of options for you. Because it's a laundry list of interventions without giving you a grocery bag full of supplements.

I'll usually try things, one or two or maybe three, if they really got a weird sleep and they're like the gentleman I mentioned earlier. And then I give it a fair amount of time. If six weeks, eight weeks have gone by and they just shake their head at me, then it's not going to all of a sudden work. I'll switch to a different one.

One of the common things you'll see with people also is the ones that wake at two or three in the morning, but they can fall asleep, is they're actually hypoglycemic. So I'll ask them, when do you eat dinner? They're like, oh, I eat about six. Well, at 3:00 in the morning, you haven't eaten in 9 hours, so your body feels like you're starving.

And the mechanism is that your body then releases cortisol, which then triggers the adrenal medulla to release epinephrine, adrenaline. And that's what makes people, especially when they say, when I wake up it's like I wake like this, at three in the morning. I'm just like, woah. And it's not because I have to pee.

And that's usually some of the issues. So then I'm like, let's talk about a healthy protein, fat and carbohydrate snack before bed. Toast with peanut butter, a banana, slice of cheese, those kinds of things. But those are the easy cases. The simple one that works. You love it when it's just the nail in the coffin and you hit the baseball out of the park.

The more complicated people tend to, I usually go by therapeutic order, so I might give them a calcium magnesium supplement before bed. Because the body's brain waves, those theta and alpha and all these delta waves, they need calcium and magnesium in order for you to get proper sleep.

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So I'll give them some cal-mag before bed, maybe I'll give them a tea. I usually ask them if they like tea, because teas are a good ritual. You calm down, you sit there, you drink your tea. The drawback is that people are like, oh, the tea worked great, but then I got up in the middle of the night to pee a bunch of times.

Alex Howard

And I turned the light on at the same time.

Dr Todd A Born

Yes, I flipped the light on. Now I'm awake. So I'm like, well, try drinking the tea with dinner. So you play around a little bit, but yeah, what's nice about the world of botanical medicines is that they're not as potent as drugs. They're multi mechanism. So you can give people sedative herbs, there's hypnotic herbs, there's anxiolytic herbs, there's parasympathetic agonist. So there's all these different things.

Depending on what the person presents, I'm like, well, you can stay asleep, but you can't fall asleep, I just need to calm you down. And I don't need to give you a whole bunch of sedatives, I just need to maybe give you things like passion flower and lemon balm. It sucks in some countries, these herbs aren't permissible.

Like Kava. Kava is not permissible in the EU, but you can use passion flower, lemon balm, valerian root. That being said, about 10% of the world's population has the paradoxical effect for valerian, where it makes them more awake. You never know until they try it. I just tell people, try this on a weekend where you may be awake after taking this, and I apologize.

These people are really alert. I'm like, well, then you can use it in the morning. People who are really stressed out, which is most of the industrialized world, too much cortisol. They're hyper cortisol producers. And the classic with people with cortisol dysregulation, cortisol should be high in the morning, and then have that downward slope as the day goes on and be low at night, go to sleep, is that these people usually wake okay. They're like, I wake fine.

But come 11, 12, I can feel a dip and then after lunch, I just tank. And then about 06:00, I start waking back up and I can't go to sleep when it's time for sleep. That's because they have this sinusoidal pattern, or even an inverse cortisol curve. They're tired in the morning, they're awake at night.

Just give the cortisol antagonist and there's lots of things like phosphatidylserine, phosphatidic acid. Most of the adaptogens, the calming herbs, they all will induce a regular cortisol regulation. And that's pretty classic from the early morning wakers.

That's another sign they have cortisol dysregulation. The people that wake up at like four and they're wide awake, but they're like, I really need more sleep because I don't really have to get up till six.

And so for those people, also, I'll work on the cortisol and give them adaptogens through the day. Cortisol stuff before bed. And then things that will help them sleep in the middle of the night without making them feel overly sedated. And one of my favorites would be actually low dose lithium.

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And people are like, oh, I used lithium for bipolar. That's more like 900 to 1200 mg, 1600 mg a day of lithium carbonate or chloride. If you use lithium orotate, or you can even use lithium carbonate as a liquid, and I'll give people 3, 4, 5, 10 drops and it doesn't taste great, it's metallic, I'm just like, keep it by your bed stand. Take a few drops of that, calms their mind down. They'll go to sleep usually 20 minutes later.

And lithium builds up in the blood where they don't need it over time. It's a long way to answer, but it really depends. Usually for me, it's homeopathy, sleep hygiene, some food before bed, if that's the issue. Adaptogens during the day, so they're not tired and we can start getting their stress under control.

And then adding in calcium, magnesium, and really the botanicals and then the harder cases, we start leaving to GABA and l-theanine. And I like them in liposomal form and using the sedative herbs. But some of these people have these tinctures, they take them in the middle of the night and then they're groggy in the morning.

It's because those herbs are either basically hypnotics, like kava, or they're straight up sedatives, like passion flower. And that's why you're so tired in the morning. Don't take those in the middle of the night. Take those before bed. It's tweaking, fine tuning things.

Alex Howard

Part of what I'm really hearing you say is, apart from the fact that it's personalized, it's also not, oh you just take this thing. There's quite a lot of nuance, in a sense, in what you're saying. And I guess particularly that's the case with sleep, because it's not just a one thing, it's to get to sleep, to stay asleep, but then also to be able to wake up fresh.

And I think sometimes the tricky thing is that someone reads something in an article, or they see something on social media, and they just take that thing and just keep on taking it without recognizing that it is more complex than that often.

Dr Todd A Born

Right. Or it doesn't really work, or it works short term. These botanical things, the body is extremely intelligent, so I like to fine tune things. Part of my ultimate goal is to reset your circadian rhythm so you're sleeping well on your own. I even go to hormones sometimes.

This is common in perimenopausal women where their progesterone gets low and they can't sleep, so they're given progesterone at bedtime. You can also get Pregnenolone, which is the master steroid hormone, which all of our steroid hormones are made from. DHA, testosterone, estrogen.

And you give that before bed, it's not going to have overly soporific effects, but it's calming down. But, yeah, it's fine tuning it, just doing a couple of things and retraining your brain. And that's what CBT is, the cognitive behavioral therapy, supposed to do for you is that it retrains you and your brain to get sleep.

But just doing behavioral therapy, it's not usually enough for people who have chronic insomnia. They're just like, yes, I understand what's going on. I have a lot of people who do really well if they're

a meditator before bed. Or there's an app. I have no affiliation. It's literally called Calm, and it's probably got 100 million downloads. A lot of it is free, but you can buy some on there.

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A patient of mine told me about it years ago that when he wakes or has trouble falling asleep, he puts on the app and you can select what you like, whether it's outdoor sounds, it's sounds of waves. If it's someone who has a really boring monotone voice, that puts you out.

Alex Howard

Maybe one of the interviews on the conference.

Dr Todd A Born

Right. Really boring conference. And then some of them actually have guided meditations, and for someone like me, a guided meditation worked well. I'm not a great meditator, but when someone was guiding me on an imagery, and I've recommended it to a number of patients since then.

I found out about a year and a half ago, I've had about 20 patients using it and all of them really, really like it, especially if they wake in the middle of the night or they have trouble falling asleep. But I'll be like, take a couple of drops of lithium, do your calm app, and people are like, yeah, I'm out in five or ten minutes.

So it is really nuanced. And for me, I just like to be very specific and I don't want people taking stuff forever. And usually they come to me, even if it's the natural agents, and they're like, it works great, but now I'm taking tablespoons of this stuff, and all it does is just make me really tired the next day. And I'm like, well, there's a reason. You built tolerance to it, just like you did your medications.

Alex Howard

In a sense, what I hear you say, Todd, is it's like, what's the least number of things that you can take with the minimum effective dose to get things working? And it may even be from there that things can be tapered or things can be reduced. It's not one of those things where more is always better.

Dr Todd A Born

That's right. In our world, Americans particularly think more is always better. And so, same with lithium. I'm like, you don't understand, when you take too much lithium, you're not getting those anxiolytic brain calming effects anymore. And too much lithium starts to interfere with your thyroid gland.

But again, even at the liquid I use, in one dropper full, it's 2.5 milligrams, and for me, if you're having to take more than that, then it's not going to work. You need something different. Most people, it does work quite well. Once the lithium builds up in their blood and they don't need it anymore, then, yeah, they don't need it.

I will go into the energetics, like constitutional homeopathy, flower essences. I'm not great with flower essences, usually I just have this cheat sheet, and I have them read them, and I say, pick out one or two or three of these, and then let's try those. And put those in your water and then drink them throughout the day or drink them for a night.

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But for me, it's the least amount of things I can give someone with the lowest dose with the maximum effect. That's how I treat all my patients, no matter what their conditions are. But insomnia especially, because people will come in on just tons of stuff and they wonder why they can't function throughout the day or they've got really bizarre dreams or they've got headaches.

I'm like, yeah, because look at the bucket of things you are taking because the health food store clerk told you something. All well intentioned people, your family, your friends, your neighbor. You saw an ad on Facebook and you wonder, you bought this on Amazon and now you're taking like, 13 things. And you're also taking your medications that your doctor gave you.

Alex Howard

Todd, I'm mindful we're out of time. People that want to find out more about you and your work, what's the best place to go, and what's some of what they can find?

Dr Todd A Born

Probably just the website. So it's www.bornintegrativemedicine.com. We have lots of interviews, podcasts, there's information, articles, lots of free stuff on there.

Then they can contact me if they choose, there's a contact form and an appointment form. And then we can get digging. But there's some good stuff on there. I should put my sleep hygiene one, I should have my web designer upload that because that's very benign.

Very easy, basic things for people to try that tend to not necessarily do the trick for the chronic insomniacs, but help 40%, 50%. And that's when you start getting a lot of results and then just tweaking it with the interventions we talked about.

Alex Howard

Awesome. Todd, thank you so much. I really appreciate your time.

Dr Todd A Born

Thanks, Alex. Enjoy. Cheers.