We have all experienced times in our lives when we lie awake at night desperately trying to get to sleep. Your mind is racing and no matter how hard you try, you cannot make yourself sleep. Eventually we do get to sleep, and then a few days later we have forgotten all about it and are back in a healthy and natural sleeping pattern.

However, for the one in three adults who experience insomnia, a disorder of the initiation or maintenance of sleep at some time in their life, the sleep disorder can lead to physical, mental and emotional upset. They are left feeling debilitated, exhausted and demoralized, facing a wide range of additional problems including lack of concentration, mood swings, relationship problems and the inability to cope well on a daily basis.

Over the last 25 years, Colin Espie, Professor of Clinical Psychology and Director of Sleep Research Laboratory at the University of Glasgow, has been working with patients to help them sort out their sleeping habits using Cognitive Behavioural Therapy (CBT).

CBT is a therapy that emphasizes the important role of thinking in how we feel and what we do. The treatment involves identifying how negative thoughts affect us and then looks at ways of tackling or challenging those thoughts. It involves recognizing distorted thinking and learning to replace it with more realistic substitute ideas.

There is now a large body of evidence based on randomized controlled trials to indicate that CBT is a more effective way of treating insomnia than medication. Across this body of evidence, two thirds to three quarters of people in trials obtained long lasting benefits from CBT — developing a healthy and natural sleep pattern without having to resort to medication.

Espie has written this self-help guide as a 'manual', guiding you step by step as if you were attending an actual course of CBT at his sleep clinic. It is geared towards people with persistent insomnia, i.e. affecting them more than 3 nights a week, taking 30 minutes or more to fall asleep and having had the problem for 6 months or more.

Following Espie's programme requires that you take active participation — keeping a note book, setting goals, keeping a sleep diary. He expects you to approach it like a project — expect to put in the effort and you will reap the rewards, pre-warning you that changes are likely to come slowly and in waves, so to expect to have some relapses — but keep going.

His premise is to think of insomnia as a bad habit, and as with any bad habit — what you have learnt you can unlearn and create a new better sleeping habit. Based on the assumption that the way we think, feel and behave are all immediately linked, and so changing the way we think about ourselves and our experiences and the world around us changes the way we feel and what we are able to do.

Part One helps you to have a better understanding of the 'mechanics' of sleep, highlighting the different stages, patterns and requirements for sleep along with expelling many sleep myths, looking at how insomnia develops and the compounding factors.

Part Two is the start of your 'course' of therapy, taking you step-by-step through understanding of your sleep history, keeping a sleep diary, setting yourself goals and making appropriate changes to your sleep hygiene i.e. factors having an impact on your ability to sleep, including diet, caffeine, exercise, bed time routine, body temperature and quality of mattress and pillow.

He helps you come up with your own practical solutions to changing your sleeping habits, including promoting a wind-down time before bed, relaxation and mind quietening techniques, and becoming strict about the time you spend in bed so you change your association of bed as simply a place to sleep.

Espie's message is that CBT does not offer a quick fix. It does however offer a long-term solution to those suffering from consistent sleep problems. Follow the steps, digest the information, take notes, keep motivated, believe that you can change your patterns and stick with it — and you can create a new, healthy and natural sleep pattern for yourself.
About the Reviewer
Maggie Howell D.Hyp C.Hyp UK
HypReg C.TsHyp Clinical Hypnotherapist and EFT practitioner, runs a private clinic in Hampshire. She uses a combination of Hypnosis, NLP and EFT (Emotional freedom technique) working with clients on a wide range of emotional and physical issues. Much of her work is now focused on pregnancy and childbirth, having produced her own range of Natal Hypnotherapy CDs. She also runs self Hypnosis and hypnosis for birth courses. She may be contacted on Tel: 01428 712615; maggie@natalhypnotherapy.co.uk www.natalhypnotherapy.co.uk or www.hypnosis-eft.co.uk

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This title is available from www.amazon.co.uk

The China Study
T Colin Campbell and Thomas M. Campbell II
Reviewed by David Lorimer

This is an important book on nutrition and health. Not only does the research content have enormous and far reaching implications, but also readers will find themselves challenged to adapt their diets in the light of Campbell’s findings and recommendations – as he himself has done. Campbell grew up on a farm, convinced that a high intake of meat, dairy and eggs was the ideal healthy diet. Experience and research have proved otherwise. His first research project was in the Philippines, where he was initially concerned to plug the so-called protein gap on the basis that childhood malnutrition was caused by lack of protein. Instead, he found the highest prevalence of liver cancer in the very Filipino children who ate the highest protein diets. Around the same time he noticed a research report from India where two groups of rats were being administered the cancer causing aflatoxin then fed a diet composed of 20% protein. The other group was administered the same amount of aflatoxin but fed a 5% protein diet. Results showed that every single animal on the 20% protein diet had evidence of liver cancer, while every single animal on the 5% protein diet avoided liver cancer. These two studies proved seminal to the future development of Campbell’s research career.

The book is divided into four parts: the China Study, Diseases of Affluence, the Good Nutrition Guide and a section entitled Why haven’t you heard this before? on science and politics. Campbell describes how he set out to replicate the Indian rat study: “what we found was shocking. Low-protein diets inhibited the initiation of cancer by aflatoxin, regardless of how much of this carcinogen was administered to these animals. After cancer initiation was completed, low-protein diets also dramatically blocked subsequent cancer growth. In other words, the cancer producing effects of this highly carcinogenic chemical were rendered insignificant by a low protein diet. In fact, dietary protein proved to be so powerful in its effect that we could turn on and turn off cancer growth simply by changing the level consumed.” He found that low protein intake markedly decreases enzyme activity and prevents dangerous carcinogens binding to DNA. Also that “in these experiments, plant protein did not promote cancer growth, even at the higher levels of intake. Gluten, a protein of wheat, did not produce the same result as casein (milk protein), even when fed at the same 20% level.” An important implication of this research is that the level and type of protein intake affects the expression of cancer genes. In other words, even if one has a genetic predisposition to cancer, this research indicates that the plant based diet will help prevent its manifestation.

The next chapter provides details of the China Study itself. It is based on a monumental survey initiated in the 1970s on death rates for 12 different kinds of cancer covering more than 2400 Chinese counties and 880 million (then 96%) of their citizens. Campbell and colleagues were able to follow this with a detailed study of the relationship between diet and disease, resulting in more than 8,000 statistically significant associations between lifestyle, diet and disease variables. Differences between diseases of affluence and diseases of poverty became very clear. He found that death rates from coronary heart disease were 17 times higher among American men than rural Chinese and that the American death rate from breast cancer was five times higher than the rural Chinese rate. The average blood cholesterol level among rural Chinese was around 127mg/dL while the comparable figure in the US is 215mg/dL. Campbell concludes that “lower blood cholesterol levels are linked to lower rates of heart disease, cancer and other Western diseases, even at levels far below those considered safe in the West.” He also found that “plant based foods are linked to lower blood cholesterol; animal based foods are linked to higher blood cholesterol. Animal based foods are linked to higher breast cancer rates; plant based foods are linked to lower breast cancer rates. Fibre and antioxidants from plants are linked to a lower risk of cancers of the digestive tract.” As readers can imagine, the Atkins diet is given short shrift.

Part Two considers research into a variety of diseases of affluence and their preconditions: obesity, heart disease, diabetes, cancers, autoimmune diseases...
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