To sleep, per chance to dream
Breaking insomnia’s hold

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In our fast-paced world, sleep has become a hot commodity. The number of adults who do not achieve seven hours of sleep per night has more than doubled since 1960, and overall, average sleep has declined by 1.5 hours per night in the last century.

In a large study in *Sleep Medicine* (2006), 30 percent of Canadian adults reported insomnia and more than 25 percent were dissatisfied with quality of sleep. The cost of insomnia in North America, via lost productivity and accidents, is estimated to be over $100 billion per year.

The ABZzzz of insomnia
Insomnia is technically defined as a complaint about the quantity, quality, or timing of sleep, occurring at least three times per week for at least one month. Practically, it means not being able to get to sleep within 30 minutes and maintaining sleep for less than 85 percent of the time spent in bed.

What keeps us awake?
There are many reasons for insomnia, including chronic stress, physical illnesses (particularly when pain is involved), travel through time zones, shift work, and psychological disorders. The use of prescription and over-the-counter medications such as decongestants, beta-blockers, steroid drugs, stomach acid (H-2) blockers, and antidepressants can also cause insomnia. In addition, hormonal changes associated with aging can interfere with sleep quality and quantity.

There are also significant connections between carrying excess weight and insomnia. A number of large-scale studies have consistently shown a relationship between longer sleep and a lower body mass index and decreased waist circumference.

Sleep deprivation elevates the hormone ghrelin, which promotes appetite and food intake. In a 2004 study in the *Annals of Internal Medicine* sleep restriction increased hunger and subsequent intake of sweet, high-calorie foods by as much as 45 percent.

Fairy dust not required
The value of relaxation techniques, yoga, meditation, and music is supported by research. Emerging research also supports the use of aromatherapy—lavender and jasmine essential oils—in the promotion of sleep.

Herbal products remain the most popular approach to remedy mild to moderate insomnia. Perhaps the remedy with the best scientific evidence to back up its traditional use as a sleep aid is valerian.
Consequences of sleep difficulties

- daytime fatigue
- psychological distress
- cognitive difficulties
- physical discomfort
- increased risk of subsequent depression by more than 20-fold

As quoted in the *American Family Physician* journal (2003), “Valerian improves subjective experiences of sleep when taken nightly over one- to two-week periods, and appears to be a safe sedative/hypnotic choice in patients with mild to moderate insomnia.”

In a study in the *Sleep* journal (2005), Canadian researchers found valerian, in combination with hops, a traditional sleep herb, to be beneficial (versus placebo) in the treatment of insomnia. Melissa and passion flower are traditional sedative herbs that also show research promise when taken alone or in combination with valerian.

Nutritional products may also help with sleep, most notably 5-hydroxytryptophan (5-HTP) and whey protein rich in alpha-lactalbumin. Clinical research shows that 5-HTP, which can boost levels of the sedating neurotransmitter serotonin, improves the amount of time in deep sleep. The alpha-lactalbumin in whey protein is rich in tryptophan, the amino acid that is converted to serotonin.

A recent study in the *American Journal of Clinical Nutrition* (2005) shows that alpha-lactalbumin-rich whey consumed in the evening improves sleep, mental alertness, and attention the following day. In addition, magnesium and the B vitamins thiamine and B12 may help to improve sleep quality. Insomnia related to shift work and jet lag may be improved with the use of melatonin.

We may not be able to slow down our world, but we can take steps to tuck ourselves in for a quality restful sleep.

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