

# An Integrative Approach to Sleep

Here is an expanded, integrative approach to sleep hygiene, which is not meant to be applied mechanically, but implemented as a part of a personalized, soothing evening ritual.

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1. Be mindful of the **basic rhythm of daily life** by establishing a regular bed and rising time, obtaining exposure to early morning light and evening dim light, and maintaining regular times for meals and exercise. You should avoid napping if you have insomnia.
2. **Manage caffeine, nicotine, alcohol and other drugs.** Caffeinated foods and drinks can affect some people up to 12 hours later. Even if you do not think caffeine affects you, it may be interfering with the quality of your sleep.
3. Although regular and adequate **cardiovascular exercise** promotes healthy sleep, it should be **avoided at least 3–4 hours prior to bed** because it raises your core body temperature, which can interfere with sleep.
4. **Avoid high glycemic and harder to digest foods as bedtime snacks.** As an alternative, consider complex carbohydrates (e.g., whole grains, lentils, beans) that may help transport tryptophan, a precursor to melatonin, across the blood-brain barrier.
5. Create a **healthy sleep environment** by keeping the bedroom cool (about 68° F), completely dark, quiet, psychologically safe, and green. Use HEPA filtration for clean air and, whenever possible, organic and non-toxic bedding.
6. **Avoid clock watching at night** since it draws you back to waking consciousness. Ideally, position the clock away from the bed or use a non-illuminated battery operated clock to avoid light and subtle EMF radiation.
7. **Manage hyperarousal and anxiety with cognitive behavioral therapy (CBT) and body-mind techniques.** CBT, which is more effective than hypnotics over the long term, addresses sleep-related dysfunctional thoughts and beliefs that trigger arousal. For some, self-help workbooks may prove helpful. CBT is best coupled with body-mind techniques such as mindfulness meditation, muscular relaxation; heart rate variability, neurofeedback, self-hypnosis, breathing exercises and guided imagery.
8. **Manage bed and bedroom stimulation**, which can condition these areas for wakefulness, by using the bed only for sleep and sex. Minimize wakeful time spent there by going to bed only when sleepy and getting out of bed with extended period (15–20 minutes or more) of nighttime wakefulness until becoming sleepy again.
9. **Ask your clinician about using a botanical supplement**, such as valerian or hops, for sleep for a short term. Melatonin is useful when there is advancing age and/or circadian irregularities. Always use supplements with other sleep hygiene recommendations.
10. Understand that **letting go and surrender are key** in sleep onset. In the end, we cannot finagle sleep. We can set the stage and be receptive to it, but we cannot intentionally “go to sleep.” Efforts to do so typically backfire.