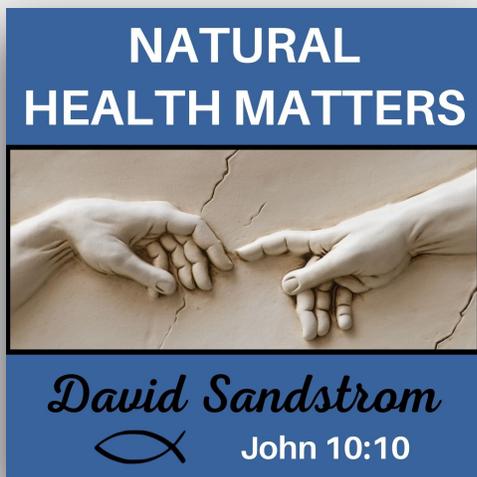


## NHM - 62 Focus on Sleep w/Dr. David Shirazi



David Sandstrom 0:00

Here's a sample of what you'll hear on this episode of natural health matters.

Dr. David Shirazi 0:04

You know, science evolves, right? I mean, sure, right? I mean, look at what we're going through now with this pandemic. Yeah, right. We're always finding new information. Like I remember in the beginning, you know, all these asymptomatic spreaders are the people, they're causing all the problems, right. And then a very large study 10 million subjects was published from the group, the one of the

greatest peer reviewed journals ever, which is the Journal of Nature. And they found that that asymptomatic transmission does not occur. Wow, it's so unbelievably rare. It's like point O one some some preposterously low number, right?

David Sandstrom 0:42

Somebody had a theory and hypothesis, but they never bothered to check it out. And it couldn't, it couldn't stand up to scrutiny.

Dr. David Shirazi 0:48

Yeah, it did. Definitely didn't that stand up to scrutiny? I'll tell you that.

David Sandstrom 0:52

Welcome to the Natural Health Matters podcast where it's all about maximizing your health potential, so that you can pursue the abundant life more effectively. I'm your host, David Sandstrom, Naturopathic Doctor and Biblical Health coach, and this is episode number 62.

David Sandstrom 1:12

This episode is brought to you by Nice Town blackout curtains. One of the most important things you can do for your health at all levels is improve the quality of your sleep. And perhaps the most effective thing you can do to improve your sleep is to darken your room. God designed us to be awake and alert during daylight hours and drowsy at night when it's dark out. Do what I did, install some Nicetown blackout curtains in your bedroom. Nicetown makes beautiful, affordable quality blackout curtains that you can install yourself in a few minutes.

Go to my website, [DavidSandstrom.com/resources](http://DavidSandstrom.com/resources), and click on the nice town affiliate link and start enjoying all the health benefits of improved sleep in a dark room the way God intended.

David Sandstrom 1:57

Well, if you've been following along with the podcast, you know that we're going through a series on the spiritual component to health. We're going to take a break from that this week, and we're going to talk with a sleep expert. His name is Dr. David Shirazi. He's got a ton of education and a boatload of wisdom. And he really unloads on us in this conversation I had about how we can get a better night's sleep. So I really enjoyed this conversation, and I think you're gonna really enjoy this episode. So let's jump right into my conversation with Dr. David Shirazi.

David Sandstrom 2:26

Today we have in the show Dr. David Shirazi, he is a dentist he has a master's degree in oriental medicine. He's a licensed acupuncturist Dr. Shirazi is the director of TMJ and sleep Therapy Center of Los Angeles, which are state of the art private practices limited to the treatment of TMD, cranial facial pain, sleep, breathing disorders, and craniomandibular orthopedics. Dr. Shirazi. Welcome to the show.

Dr. David Shirazi 2:53

Thank you for having me, David, thank you.

David Sandstrom 2:55

It's really I'm excited to have you on because what we're going to be talking about is really important to a lot of people. Most of the people listening to this show the natural nation. They know how important a good night's sleep is. But that is oftentimes easier said than done. There's a lot of things that can get in the way of a good night's sleep, and you are a sleep expert. So I'm excited to have you on the show and talk about some of the some of the things that can obstruct a good night's sleep. Over 90% of the people suffering from sleep apnea, are totally unaware of it. That's correct. So how do you know if you have sleep apnea?

Dr. David Shirazi 3:30

Honestly, the only true way to know is from an overnight sleep study, whether it's in a lab, or in your own home, they have these ambulatory home sleep test that you just put on your body, put on your finger, put on a nasal canula. You put her on yourself, and then you push a button and go to bed and then you wake up and you push the button and it turns off, and we believe it or not. We actually get really good data for that.

David Sandstrom 3:57

Is that right? Well, do you rent the device? So you have to buy it? Or how do you how do you get one?

Dr. David Shirazi 4:02

No. So it's a one night study. So you know, my in my practice will call fee for service. So people pay for the machine first and then we build it for them. Some sleep labs will offer it as well. And they're often they take insurance, especially Medicare, the challenging bit with sleep labs. This is a generalization I'm sure they don't all do this. But a problem we've been having, at least here in California is you know there's very little profit margin in a home sleep study. Because the insurance just basically rapes the provider. I'm sorry, for lack of a better word. They just get way under pay for a home sleep steady, but they want to pay for a home sleep study because they don't want to pay for an in lab sleep study right now. If someone prefers an in home study which is absolutely fine by me. The issue sometimes go around that some labs do is they'll do the home sleep study, and they'll say, Oh, you know, it was really inconclusive, you know, and we should really do within the lab. Right? Okay. And it is true, you get much better results in a lab in terms of gives us much more data. But it is an unusual place to sleep. So I actually I have my own sleep lab. So I actually and I offer home sleep study. So I actually asked patients, so when you go to a hotel, when your vacation, do you are you the kind of person that as soon as you put the head on the pillow, you go straight to sleep, or you need a couple of days kind of get used to your hotel room, and you know, all the linens and the cushions and all that. And if they say the ladder, like it takes them a while I go, Well, we should probably do home students, then it's going to be a bit more organic. Yeah, yeah. If they say, you know what, as anywhere I lay my head down, I'm asleep. You know, like my wife, I joke that my wife can sleep on a bed of nails on her face after two cups of coffee. Like she has no problems like, those people will do best in a lab. They will upgrade in a lab setting.

David Sandstrom 6:07

Yeah. So the advantage of the labs, they have the better equipment. But the disadvantage is it's an unfamiliar environment.

Dr. David Shirazi 6:14

It is in a lot of people don't like it. And that's that's kind of a problem. So to allude to your earlier question of, you know, how can we know if we have sleep apnea? So you know, often it starts with Well, a bed partner tells me that I snore, or I hold my breath. Yeah. Or they'll wake themselves up gasping, right? But the truth is, you could you could have those get 400 of those gasping episodes at

night, and not know a single one. Wow. Because you're unconscious during your sleep. That is amazing.

David Sandstrom 6:46  
That's incredible.

Dr. David Shirazi 6:47  
So what happens if they say I see this in my patients? Sometimes people come to my lab because they just want the home sleep study. That's the reason why they got and they've been given the runaround so many times. Yeah. And one of the things I hear often is, I am afraid to tell my doctor that I snore, have sleep apnea, because he's gonna make me do an overnight study. And he's gonna make me wear to see that. Right. Right. Yeah. And and that I just hear that so often.

David Sandstrom 7:18  
Well, you know, I'm a, I'm an airline pilot, a full time airline pilot. And I used to go, yeah, I fly for a big airline out of Atlanta, Georgia, been with them 30 years. And a couple of years ago, maybe four or five, the FAA had a big push on sleep apnea for pilots. And as they said, If you exceeded the BMI plus a certain percentage, they automatically required a sleep study. They said we want to, we want to know

Dr. David Shirazi 7:41  
That's why they did it. I've had pilots,

David Sandstrom 7:43  
Because you may not know that you have a problem. And yes, we want to make sure you know, we have to pass a physical physical exam every six months. And you want to know when you're buying a ticket on an airline, you're not buying a lottery ticket, you're buying an airline ticket, right?

Dr. David Shirazi 7:56  
And you want to survive, right

David Sandstrom 7:59  
want your pilot up there fresh and alert, right? So you

Dr. David Shirazi 8:02  
You do. You do?

David Sandstrom 8:04

Yeah, absolutely. Well, first off, why don't we define sleep apnea for some of the listeners?

Dr. David Shirazi 8:08

Okay, we measure sleep apnea, predominantly on two factors. One, we have an obstructed airway, like the upper pharyngeal airway is obstructed for 10 seconds or longer. And another is we have shallow breathing, that causes our oxygen to dip 3% or more. Okay, and then we take all those events divided by the total number of hours, you're actually asleep, and we come up with an index score. And for an adult white male, five or less than ours considered within normal limits, five to 15 years, my 15 to 30 is moderate, and anything over 30 is considered severe.

David Sandstrom 8:50

Okay. All right. So how does snoring fit into this and why do people snore?

Dr. David Shirazi 8:56

Yeah, so I mean, there's lots of reasons nasal obstruction and large tone, edema, excessive, you know, fatty tissue on the throat, sleeping positions, bed positions, there's too much dander in the bedroom that they need an air filter. The bedroom is too dry, you know, the new humidifier and their nose clogs up from the dryness or the bleed from the dryness. Yeah. And they switch to mouth breathing. So those those there's a litany of reasons why people snoring.

David Sandstrom 9:27

Does mouth breathing interfere with sleep?

Dr. David Shirazi 9:29

Absolutely. Absolutely. So, you know, we have a couple of receptors for oxygen in our entire body. But we have several 100 receptors for co2. Wow. And the body doesn't like redundancies and empty spaces and voids and unnecessary things. So right if we have an extreme amount of co2 receptors well that must mean that co2 is pretty darn important. Sure, yeah. Yeah. And we do know, this is just basic physiology, that if our entitle co2 is not within a range, right, so we want to be between 38 and 45 millimeters of mercury. If we're less than that, then the oxygen in our hemoglobin won't liberate. Okay? It'll just stay bound up. Our autonomic nervous system can shift from parasympathetic or sympathetic,

David Sandstrom 10:30

That's never a good thing.

Dr. David Shirazi 10:33

Especially, especially when you're trying to sleep. Well, I mean, I'll tell you that it's like the average truck driver. The last time I looked at the data, the average truck driver lived to be 64. Wow. Right. And here they are, they have a pretty sedentary lifestyle. Right? They're sitting in a truck all day. Yeah. They, you know, a lot of them overweight, a lot of them, you know, snoring and sleep apnea. And they have to be vigilant while they drive. Right? Because kind of like the same reasons you do as a pilot. Yep. You know, they got to watch out for other cars on the road, they got to watch out for getting tickets. You know, they have to be just on top of their deadlines. Now, every everything has gone corporate. Yeah. So as you know, you know, time is of the essence. And then, so they're in a sympathetic state sometimes. So then when they go to bed, they're supposed to get a repose, they're supposed to recover. But if you're choking, 10 times an hour, 20 times 30 times an hour, you're not getting a repose.

David Sandstrom 11:30

Right, right. And let me explain for somebody that might be wondering, the parasympathetic, we refer to as the rest and digest side of the autonomic nervous system. And the sympathetic is the fight or flight. So obviously, we don't want to be in sympathetic when we're trying to sleep, it's obviously going to interfere with our sleep. So that that is a big issue.

Dr. David Shirazi 11:48

Yeah. And stroke is a very large cause of death in that demographic.

David Sandstrom 11:53

Is that right?

Dr. David Shirazi 11:54

Yeah.

David Sandstrom 11:55

Why do you think that is?

Dr. David Shirazi 11:57

Well, because of the sympathetic, you know, the dominance sympathetic, yeah. Yeah, that would be a strong reason. I mean, it's everything we're doing. We're saying about the subject is presumptive, but we know how physiology works. Yeah. Right. So we know that happens.

David Sandstrom 12:13

Wow. Interesting. Does someone's the way their molars align, or the way their palate is shaped? Does that interfere with sleeping as well? Can that be a problem?

Dr. David Shirazi 12:26

Well, yes, but, you know, we need to be a bit more specific in our definition. So the palette is the roof of the mouth, but it's also the floor of the nose. Okay, so a child that was predominantly bottle fed, we often see that they have a very, very, very narrow maxilla. And that means they have a narrow nasal aperture, which causes them to have a higher voice and breathe through their mouth. Hmm, interesting. This is a problem. Yeah.

David Sandstrom 12:55

Another reason to breastfeed.

Dr. David Shirazi 12:57

Another reason Brad is, right. There's so many there's so many. Well, when we look at skulls prior to the Industrial Revolution, well before the Industrial Revolution, they breastfed for three to five years. Everyone had very wide and flat pallets, big terminal space inside their nose, and very straight teeth. Even had room that plenty of room for all of their wisdom teeth.

David Sandstrom 13:24

Wow. Yeah. And that's not the case today. I have two kids in middle school right now. And almost everyone I would say better than 80% of the kids that middle school age are wearing braces.

Dr. David Shirazi 13:36

Yeah, that's, that's surprising. Yeah. With the soft diet and the lack of breastfeeding. Yeah. Yeah. Yeah.

David Sandstrom 13:43

So would you recommend if someone was having issues breathing or you know, with snoring or sleep apnea, to consult with an orthodontist that may be able to prescribe some devices and or braces that could help with that or no,

Dr. David Shirazi 13:56

yes, but I put a little asterisk on that. Not all orthodontists have moved forward in acknowledging the importance of the airway in context to crowded teeth and malocclusion so you want to work around the buzzword is a functional orthodontist. Okay, someone that for example, that would expand your palate to make space. Yeah. And someone that would do it early. Right. So if you have a kid that's like eight and is crowded or seven, that's crowded teeth, you want to

expand that child, and maybe you want they want knee braces later you don't know. Right? But I will say this the few times we can non surgically cure. Sleep apnea is in children with palatal expansion.

David Sandstrom 14:46

Wow. So parents need to be proactive. And if they see an issue

Dr. David Shirazi 14:50

They do and unfortunately there are a lot of the orthodontists are not giving the parents that information. Like they just don't know. Yeah, it's not part of the curriculum to teach.

David Sandstrom 15:00

They haven't been trained in it.

Dr. David Shirazi 15:01

Never been trained in it. And this is the only profession. Forgive me. I mean, you know, I do orthodontics in my practice. So I'm not anti orthodontics yet, but I've never seen a more recalcitrant to change field of medicine. More than that. specialty.

David Sandstrom 15:21

Is that right? I never would have guessed that.

Dr. David Shirazi 15:24

I've never seen anything like that. Oh, my god, they're the worst. You know, science evolves, right? I mean, sure. Right. I mean, look at what we're going through now with this pandemic. Yeah, right. We're always finding new information. Like I remember in the beginning, you know, all these asymptomatic spreaders are the people, they're causing all the problems, right. And then a very large study, 10 million subjects was published from the group, the one of the greatest peer reviewed journals ever, which is the Journal of nature. And they found that that asymptomatic transmission does not occur. Wow, it's so unbelievably rare. It's like point O one, some some preposterously low number, right?

David Sandstrom 16:07

Somebody had a theory and hypothesis, but they never bothered to check it out. And it couldn't, it couldn't stand up to scrutiny.

Dr. David Shirazi 16:12

Yeah, it definitely did not stand up to scrutiny. I'll tell you that. Well, but science evolves. Right. The point being is that science evolves, yeah. And we find out

new things. We try things. And we find out well, that worked, but it didn't work for them. Why didn't it work for them? Well, what did work for them? Then you try to do bigger studies. And I will say this, unlike let's say, a pharmaceutical company, or DME based company, where after they do the research, they're going to sell a product at the end, when it comes to orthodontics there isn't that much money to support the research? Because there's nothing to patent at the end of it. It's just a technique. Right? That makes sense, right? Oh, really a product for that matter? I mean, I mean, people have patented, you know, appliances, but we're talking, you know, pennies to the dollar. We're not talking, you know, nothing to justify the investment. Yeah, it's nothing to justify the investment. I mean, it cost hundreds of 1000s of dollars to conduct these kinds of studies.

David Sandstrom 17:14

Yeah. Now, you mentioned that some orthodontist are recalcitrant in their position, and reluctant to change most I would say most you have a story about a friend of yours who had a master's in neuroscience, who was reluctant to go after the root cause he wanted to treat symptoms. Do you remember that story? You shared it on another podcast? Master's in neuroscience, a master's in neuroscience smart guy, and

Dr. David Shirazi 17:39

Oh, no, no, no, he was a physician. And prior to being in medical school, he had a master's in neurology, neurology. Okay. And, and he was in his third fourth year of medical school, very prestigious medical school. And I asked him a very loaded question like so are they? Are they teaching you anything about diagnosis these days? It was a very loaded question, because I kind of knew the answer. Right? And, and, and he said, but I was hopeful, right? He says, Oh, my God, all I'm doing every day is case studies. And I said, Great. Give me an example of a case study. And he said, Well, a patient came in she had a constellation of symptoms. She was like 45, and we diagnosed hyperthyroidism. I said, Okay, excellent. Why does she have hyperthyroidism? Right. And he had the blank look

David Sandstrom 18:32

Blank stare deer, deer, LED lights.

Dr. David Shirazi 18:34

Deer, and they had total deer in the headlights. And I said, well, the patient didn't have hyperthyroidism. 10 years ago. So why is she in your office today? With hyperthyroidism again, blank look, and my wife's a pharmacist, and she is like the Yin to my Yang. So she's like, Dave is asking about the origin of disease. You know, and again, he had a blank look. So I just went into Professor mode.

And I said, Okay, so what are some of the known causes of hypothyroidism? And he said, Well, it could be genetic. I go, okay, less than 10% What else? He goes, it could be iodine deficiency, great. And his wife looked at me and said, well, what's the answer? I said, he just told me the answer. And he looked at me like I was crazy. He was iodine deficiency. I said, Look, if the bloodwork shows she has hypothyroidism, as well as the symptoms. And you know that iodine deficiency can cause hyperthyroidism. Why wouldn't she test for it? Why wouldn't you try something conservative first, right? Because the alternative is to

David Sandstrom 19:39

Get her on Synthroid for the rest of her life.

Dr. David Shirazi 19:41

You cut it out and you're on Synthroid for the rest of your life, right? And I even I even went further I said, listen, the the thyroid hormone regulates the other hormones. So until they find that right magic number, she's gonna be nuts. Yeah, she's gonna be out of her mind because she's gonna be in these hormone highs and lows. It's horrible. Yeah, absolutely horrible existence. Right? And I said, Imagine if that's your wife, would you like her? Like experienced that? Or would you like to try something? If you could, if you could dodge this bullet? Wouldn't you dodge it? So that was the end of the conversation. I haven't spoken to him much sinc

David Sandstrom 20:17

Oh that's a shame.

Dr. David Shirazi 20:18

That was that was about over 10 years ago.

David Sandstrom 20:21

Oh, wow. Well, I think that's a really good story. Because you know, this is Natural Health Matters. And there's a time and a place for drugs and surgery. Absolutely. They can be life saving, right?

Dr. David Shirazi 20:31

My joke is if you get into a car accident, and you have a heart attack, you don't walk into a homeopaths office. Right?

David Sandstrom 20:36

You go to the emergency room.

Dr. David Shirazi 20:38

You go to the hospital.

David Sandstrom 20:40

Exactly. Yeah. So yeah, we thought we need to know how and when to use their services, their services shine in the emergency room, but they're not so great. They lose their luster, that that style of medicine loses its luster with chronic health challenges. That's right. Speaking of chronic health challenges, let's let's kind of circle back to the sleep issue. Why is sleep so important? I mean, we all know we need it, and we love it. But why sleep and why is it so important?

Dr. David Shirazi 21:07

And I don't mean this to be provocative. I'm being literal. Sleep is more important than diet and exercise. That so we have four stages of sleep, stage, 1, 2, 3, and REM. And in stage three, which is called delta, that is where we get almost all of our growth hormone. Okay. Obviously, we need growth hormone to grow. But after we're done growing, we need growth hormone to repair physical repair. Okay. And then REM is where we do not just our memory consolidation, but a mental and emotional resolution of conflict. Yes, yeah. So those two stages, and these apps, especially in these crazy times, those two stages of sleep are incredibly important. You know, so you, I hear these podcasts where they're talking about, well, if you intermittent fast, and then you work out before we go to sleep, and you do this to this, you can increase your growth hormone by like point one 15%, or something like that. And that's like a win. And I'm like, yeah, try getting a good night's sleep first and see how much you get?

David Sandstrom 22:12

Well, you know, if you're talking about the COVID thing, I was having lunch with a friend of mine, who's in the medical field, he's not a doctor, but he hangs out around doctors all day long. And I was talking about how with this things we can do to be proactive to increase our resilience and our resistance to COVID-19. And he said, de, there's nothing you can do but wear a mask. I said do you really believe that? You mean What about getting a good night's sleep? Yeah. When I get a poor night's sleep, that's when I'm vulnerable to coming down with a cold, right? Yeah, we can totally right. When you lose one night's sleep, you weaken your immune. So you say well, you can't make those natural those holistic changes overnight. Well, one night's sleep sounds like overnight to me.

Dr. David Shirazi 22:54

Yeah. Now you're No, you're absolutely right. And even Fouche, who's gone every which way that you can think of in his narrative last year and a half. Even he I think he was maybe 60 minutes where he said he loads up on vitamin C and vitamin D himself as a great preventative. And we know that's a great preventative. Sure. We know it's a great preventative. It's documented. Yeah,

especially, especially D. But C in particular, it's very interesting how C works, because C is an antiseptic. Vitamin. Yeah, and it seems certain one, it's like you need vitamin D, for a myriad of things. It's an enzyme, it's a vitamin. It's a hormone, right? It's used in your gut system, your brain, your heart, like it is essential for life. And there are so unique. So if you have a low amount of vitamin D, your chances of recovery from anything any upper respiratory illness is compromised. Yeah. And if you add if you take mega doses of vitamin C, it will actually like aid you in recovery, especially as you're going through it.

David Sandstrom 24:07

Yeah. No doubt. That's true. Yeah. What are some of the things if you're if you're suffering with chronic sleep issues? What are some of the things that can manifest down the road? What are some of the symptoms you may present?

Dr. David Shirazi 24:19

Oh, my goodness. So many, I don't know, one aspect of our physiological, mental, emotional and health that is not either directly or indirectly caused by disturb sleep. Yeah. Okay. And one thing I didn't mention is the specific problem where I talked about delta and REM. Yeah. So anything that kicks us out of those two, either of those two stages asleep for 10 seconds or more, it's called an arousal. Right? Okay. So snoring can kick us out. apnea can kick us out, and noisy bed partner barking dog, you know, a street Street noise, you know, they're exactly there's a lot of things that can kick us out of that. And we sometimes know and like sometimes if you leave a light on in the bathroom, but you go to sleep anyway, it's like you tell yourself, I'm fine, I'm just gonna go to sleep. But pretty much in the middle of the night, you're going to wake up and turn it off. Because it's bugging you. Yeah, it's compromising your sleep. So within with respect to sleep apnea, we there is already solid research that shows type two diabetes, hypertension, stroke, depression and anxiety. We I use the term caused by sleep apnea. Because when we find that segment of the population that has both apnea and those diseases, and then we treat with either c pap or oral appliance therapy, which is my specialty, then we see a resolution in their type two diabetes or a great improvement in their hypertension.

David Sandstrom 26:04

So that's a strong statement. So you're saying it's not just aggravated by sleep apnea, but it's actually caused by it?

Dr. David Shirazi 26:10

Yeah, it's one of those few times I for some reason, we're not allowed to say caused because there are other reasons people get hypertension. Sure. Right.

But for people that have both hypertension and sleep apnea, yeah, we see a tremendous improvement once we resolve their apnea for sure.

David Sandstrom 26:25

That's really, that's really great. That's what a great work you're doing. You know, so can you talk about some of the low hanging fruit someone can employ to start getting a better night's sleep, what what some of the stuff people can do.

Dr. David Shirazi 26:38

So you know, there is a whole aspect of that called sleep hygiene. So we want to sleep in a very dark room. And when I say dark, I mean, even the little light from your like, if you haven't either, I haven't had a television in my bedroom. It's been a long time, maybe 15 years or something. It's been a very long time since I've had a television in my in my bedroom. But when we do, even when it's off, there's a little red light, to kind of let you know it's in standby mode. Yep. Our phones should be at minimum on airplane mode. Yes. And more than six feet away. They'll sometimes do their own thing in the middle of the night and their their screen or light up.

David Sandstrom 27:20

But real quick when you know, when I recording a podcast, once in a while, I've set my phone down near my recording equipment. And I listened back and say what is all that static? And I realized, Oh, I had my phone too close to the recorder, they was the EMF was was EMF passing from device to device. And if you think about it, we're holding these things in our pockets all day long. And I see sometimes they're putting in their shirt pocket near their essential organs.

Dr. David Shirazi 27:42

I see women stuffing in their bra. And I tell them, please don't do that.

David Sandstrom 27:46

Can you think of a worse place to put that thing?

Dr. David Shirazi 27:49

There is a worse place. I sometimes have gentlemen sitting in my chair and they'll put their phone in between their legs. Then the follow up. I'm like, please don't do that. There's a lot of cell replication going on there. Yes, you have to watch out for that. Yeah, yeah. So So yeah, so that's the big thing. Just cut down the EMF noise. Another thing you can do to cut down the EMF noise is either don't put the headboard of your bed, like where your head is near electrical outlets. Yeah. Right. So we can either just disable them or you can just move your bed to a different location. Yeah,

David Sandstrom 28:25

you know, I have a gause meter. They're cheap. You go to Home Depot, you can buy these things for 20 bucks. And I have a gause meter and it's good to go around your especially your bedroom and find out. You might have a hot wall. You might have a lot of wires in that one wall and you might want to do some rearranging your furniture to get your headboard away from that wall.

Dr. David Shirazi 28:43

I know your audience can't see that but I found that as well. So I rip the thermometer. I have a digital touchpad thermometer I had to rip it off the wall and put some I even see it.

David Sandstrom 28:52

Yeah, we're audio only but he has a he has a it looks like on the was not your standard thermostat hanging there in a wall. It looks

Dr. David Shirazi 28:59

No its actually a little it's a little grounding tool I put on there. Okay, that's because. It was still coming through.

David Sandstrom 29:05

Yeah, yeah. Okay. Excellent. Excellent. That's good stuff. Yeah. Anything else? Any other low hanging fruit?

Dr. David Shirazi 29:12

Yeah, so we want a cool temperature, you know, 62 to 72, 68 is probably ideal. We have to create, if you will, a sacred space for sleep. So that means you only use your bedroom for sleeping and sex. Not for eating. Not for having arguments. Not for goodness. watching, watching TV not for eating for not for any of that matter. Like putting your laptop on your lap and doing your your work. Yeah, just just find another nook in the house to do that stuff.

David Sandstrom 29:52

That's excellent. I wanted to ask you before we wrap up, there's a device that I've seen and I actually use this thing. It's called To sleep hero, and it's a device that you put in your mouth, and it looks a little bit like a pacifier. And it you create a suction on your tongue and it pulls your tongue forward. Yeah. And you sleep with this thing, and it helps with the story. Have you heard of those? And what are your thoughts?

Dr. David Shirazi 30:17

Of course. So, yeah. So basically, there's a bulb. At the end, you squeeze the bulb, you stick your tongue in, and then you let go, and it creates a suction effect. Exactly. And pulls your tongue forward. I mean, it does work. I mean, it does pull your tongue from falling back, but your tongue is still attached to your mandible. So your mandible can still fall back. Yes. Right. And, and so called on theory, and one female patient A while back, tell me that her tongue got very long when she did that, but I don't think that was a detriment. She would just do just to get her tongue and it was really, really long. I mean, there's Listen, things that are reversible. I say we try things that are reversible before we try things that are irreversible. Right. Right. One thing about the over the counter sleep apnea appliance is the issue with those are. Everyone kind of knows this and doesn't think twice about it. But they're disposable items. Right? They disintegrate, then you throw them away and you get a new one. Right? Yeah. The thing is, they don't disintegrate on the shelf and CVS. They disintegrate where it's 98.7 degrees and wet. So people are swallowing that material. Right. Yeah. Which I you know that it's hard to find this as BPA free. But if it doesn't have BPA, that what else does it have? Right? And that's a whole separate problem in and of itself. Yeah. So for example, if you had to go away with a friend, and you didn't want and you know, you snore and you haven't treated it yet, and you don't want to ruin everyone else's trip. Yeah, go ahead and use it for that weekend. You know, you go out on a camping trip. You go after fishing trip. Yeah. Go ahead, man. Do it. Yeah. But it's not meant to be a long term solution. Yeah, it's not.

David Sandstrom 32:06

Okay. All right. Very good. Thanks for sharing that. Here's something else I want to talk about is very common these days, people go to the drugstore and pick up some melatonin. And they're looking at maybe three milligrams that they're taking every day. Do you see a problem with that?

Dr. David Shirazi 32:21

Three milligrams of melatonin, okay, so I'm glad it's three milligrams at least. So the actual dosage as are between 0.1 milligram up to three milligrams, okay. Anything that you take too much of that isn't a vitamin your body will or mineral, your body will stop its own production or reduce its own production? Right. So daily uptake of melatonin is not recommended. Right. And, you know, the, the people that I see that are taking like 20, they need 20 milligrams or something like that to fall asleep. Wow, we don't recommend that. That's what is given to people with Parkinson's. So it's way too much. Yeah. Like so for example, I've had nights where I just needed some sleep. And I didn't know if it was it was because of the melatonin factor. So I went ahead and took some melatonin. I even took the whole three milligrams, even though I don't usually take it. And, you know, I got a decent night's sleep. And I go, you know what, I'm gonna do it

again tonight. Great. Two nights in a row. It will be at least three months before I do it again. Yeah. But you know, and most likely six to six to 12 months before I need to do it again. Yeah. Right, usually based on travel. So what I do instead is I try to maximize my circadian rhythm to drop my cortisol and up my melatonin naturally. And I do that with bio, those blue blockers that are these orange glasses, right? So when it's dark outside, but of course you got the lights on at home, I pop on those, those blue blockers and I do everything when I'm when I'm on my phone or I you know, talk about the wife in the kitchen with the lights on. That's what I'm doing.

David Sandstrom 34:13

Yeah, I use them to you know, when you first put them on, you notice the color but after you got them off for a few minutes you you're used to it and that's exactly right. Doesn't bother you at all. Another way to boost melatonin production is to get some sunlight on your skin, especially in the morning. Exactly and that'll that'll prepare the body for melatonin production later in evening when you want it. So another another tip there.

Dr. David Shirazi 34:37

I wholeheartedly agree and support that.

David Sandstrom 34:39

Excellent. Alright, so. Dr. Shirazi How can people get ahold you if they want to talk to you?

Dr. David Shirazi 34:45

Or the best way the best way if you'd like to schedule is just go to our website [tmjla.com](http://tmjla.com) or [tmjconejo.com](http://tmjconejo.com) the the whole the eight the H O sound is J O conn ah joe is the phonetic.

David Sandstrom 35:02

I'll put the links in the show notes.

Dr. David Shirazi 35:04

But easy TMJLA is pretty easy to find. Yes. And you know, because my office is called the TMJ sleep Therapy Center of Conejo Valley. Okay. And Tim jeans, and I have a second location team gene therapy Center in Los Angeles. And yeah, you can you can just look at that and say, yeah, you know, this is what we're doing. Excellent. This is where we can make an appointment, and I did a Google Talk on YouTube. We have like 30 testimonial videos, there are things that you can do to like, you know, learn more about it.

David Sandstrom 35:32

Excellent. All right. Dr. Shirazi, thank you so much for sharing your wisdom today.

Dr. David Shirazi 35:37

That's been my sincere pleasure. Thanks for having me.

David Sandstrom 35:40

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