

The Sleep Protocol

Sleep is not a luxury. It is nightly maintenance for your brain, hormones, heart, and metabolism.

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Sleep is the foundation everything else sits on. Fix it first, and you amplify the benefit of every other thing you do for your health. This protocol builds sleep in order: get the foundation right, then layer in help only if you still need it.

IMPORTANT: PLEASE READ FIRST

This is education, not medical advice. It is designed to help you and your physician work together to navigate your health, not to replace the judgment of a clinician who knows your history.

Do not start, stop, or change any medication or supplement on your own. Bring this document to your appointment and use it as a starting point. **If you snore loudly, wake gasping, or have unexplained daytime fatigue, ask your doctor about sleep apnea** (see the last section); untreated, it is a serious driver of heart and metabolic disease.

How sleep works

You fall asleep when two forces align. **Circadian rhythm** (process C) is your 24-hour clock, set each morning by light entering the eyes. **Sleep pressure** (process S) is the drive that builds the longer you are awake, tracked by a molecule called adenosine. When high sleep pressure meets an open circadian gate, you fall asleep easily. Most of the protocol below is about keeping those two systems in sync.

Adults (18–64) 7 to 9 hours; seven is the minimum for good health

Older adults (65+) 7 to 8 hours; **regularity** matters more than total hours

Teens 8 to 10 hours; their clock naturally runs later

School-age children 9 to 12 hours (more for younger kids)

STEP 1 Build the foundation

Start here before anything else. These are the most powerful levers, and they cost nothing.

- Morning light** — get bright outdoor light in your eyes within 30 to 60 minutes of waking. This anchors your clock for the whole day.
- Dim the evening** — turn off bright overhead and blue-enriched light after sunset; use warm, low light at eye level. (Blue-blocking glasses don't do much; change the lighting instead.)

- Cool room, warm extremities** — keep the bedroom near 68°F (20°C), wear socks, and take a warm shower an hour or two before bed to speed the core-temperature drop that triggers sleep.
- Time your caffeine** — avoid it 8 to 10 hours before bed (its half-life is 4 to 6 hours).
- Keep a consistent schedule** — same bed and wake times, including weekends, to avoid "social jet lag."
- Wind down** — build a buffer before bed; no intense work or charged conversations right before sleep.

STEP 2 If you have insomnia, start with CBT-I

Cognitive behavioral therapy for insomnia is the best evidence-based treatment we have.

- A structured 4 to 8 week program that rebuilds sleep drive, re-associates bed with rest, and reframes unhelpful beliefs about sleep
- Better long-term outcomes than any sleep medication studied; ask a therapist or clinician to help you start
- I do not recommend sleep medications as a first step. They create unconsciousness, not restoration, and give you lighter, less restorative sleep. Use only as a short bridge, with your doctor.

STEP 3 Add supplements in tiers

Only after the foundation is in place. Start with Tier 1; add the rest one at a time so you can tell what helps.

TIER	SUPPLEMENT & DOSE	NOTES
1	Magnesium glycinate — 250 to 300 mg elemental, ~1 hour before bed	Calms the nervous system; well absorbed. Separate from thyroid meds by 4+ hours.
1	Glycine — 3 g, 30 to 60 minutes before bed	Shortens sleep onset, deepens slow-wave sleep, cools the body. Safe and inexpensive.
2	L-tryptophan — 1 g, up to 3 g, with a small carb snack	Becomes serotonin then melatonin. Avoid if on SSRIs, SNRIs, or MAOIs.
2	L-theanine — 200 mg, up to 400 mg, evening	Best when racing thoughts or anxiety keep you up. Not a sedative.
3	Ashwagandha — 600 mg with food	Modest benefit. Skip if you have liver disease.
3	Saffron — ~14 mg/day standardized	Small benefit to sleep and mood.
3	Tart cherry / apigenin (chamomile)	Mild, variable effects. Easy to try.

Melatonin is a timing signal, not a sleeping pill. Reserve it for circadian shifts (jet lag, night shifts, or social jet lag): 1 to 3 mg, 30 to 60 minutes before bed, using a third-party-tested brand. It resets *when* you sleep; it does not make you sleepy.

Screen for sleep apnea

Nearly 30 million U.S. adults have obstructive sleep apnea and most don't know it. It is common and very treatable.

- Red flags:** loud snoring, pauses in breathing or gasping, morning headaches, daytime sleepiness, hard-to-control blood pressure, atrial fibrillation, or type 2 diabetes
- Take the **STOP-BANG** questionnaire (stopbang.ca). A score of **3 or higher** means you should be evaluated.
- Talk to your doctor about a sleep study. Treatment (CPAP, oral appliances, and others) can dramatically improve energy, blood pressure, and long-term health.

Why this matters

Sleep is one of the most reversible risk factors in medicine. Even a week of short sleep can drop testosterone, raise cortisol, and blunt insulin sensitivity; over time, poor sleep raises the risk of cardiovascular disease, diabetes, dementia, and depression. Restore it, and blood pressure drops, metabolism stabilizes, memory sharpens, and emotional resilience returns. Treat your sleep with the same respect you give your work and your workouts.

Stay curious, stay skeptical, stay healthy.

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