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Case Report

Insomnia: Two Basic and Effective Solutions

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ABSTRACT

This article addresses one common and trivial disorder in quantum biology. We differentiate between sleep and rest and expose how the manifestation of insomnia is hinged on these two aspects of the sleeping process. We disclose how insomnia is a symptom of more profound issues and propose the two immediate and practical solutions available to humans at no cost, which, unfortunately, are never or rarely discussed in the medical literature.

Keywords: Sleep; Rest; Cortisol; Stress; Fatal familial insomnia; Sleep stages; Depression and anxiety

INTRODUCTION

Insomnia is a common sleep disorder every human will experience during his lifetime on this planet; it prevents the individual from falling asleep and/or staying asleep to get proper rest. In other words, insomnia is when we want to sleep but cannot. In technical terms, insomnia occurs when entropy in the body is high enough to shut the body down, but cortisol is present, preventing the mind from flipping into unconscious mode; it pulls the mind back into alertness. It has been welldocumented that the human body cannot sleep as long as cortisol flushes into the system. Cortisol, epinephrine, and norepinephrine are well-associated with wakefulness and alertness. These hormones rule human activities. Cortisol is the stress hormone, and epinephrine maintains our heartbeats. During sleep, it is well-documented that the heart slows down and the body temperature drops, proving that the adrenal glands, the leading suppliers of these hormones, shut down their production [1].

Insomnia is a secondary problem, or to speak in medical terms: It is a symptom of a deeper issue. This article aims to highlight the most profound causes of insomnia and disclose the real and practical solutions to solve the problem. Sleep has become a political topic because of the relationship between employers and employees in this capitalistic society; I am no more in that arena. As a philosopher, I used to discuss political issues until I definitively closed this session to focus on scientific investigations. In my previous articles, I proved why the circadian clock does not control living organism sleep patterns as we were taught in school. If babies and dogs sleep regardless of the sun's

position in the sky, it is proof that the circadian clock does not govern our sleep patterns; it regulates our body systems and prepares the organism for efficient rest. Entropy seems to be an excellent candidate to decide when the mind has to shut the body down for repair [2].

Thus, the goal of this paper is to address this particular problem in the sleep study, which is insomnia. I will refrain from using excessive technical terms to allow anyone concerned by this issue to understand what I mean. I will use simple and plain language to expose the problem and reveal the solution. First, I will differentiate between sleep and rest; they are not the same things. I will elucidate the common cause of insomnia and present two cases of studies where individuals do not sleep but only rest to live a healthy existence. Finally, I will disclose the two basic and effective solutions rarely mentioned during exposés and presentations [3].

The Difference between Sleep and Rest

One of the biggest problems in sleep studies is our inability to differentiate sleep from rest; people worldwide tend to put both in the same family, and some even ignore rest, thus neglecting it. Sleep, syncope, coma, and death are kin, and rest is not part of this family; they are losses of consciousness [4].

Sleep is a transient loss of consciousness; it is a mechanism to shut the body down for repair, and this mechanism encompasses stages 1 and 2 of the entire process of slumber. According to sleep experts, stage 1 is the onset and could last between 2 to 5 minutes; stage 2 covers up to 25-30 minutes and is characterized by slowed breathing and heart rate, muscle relaxation and

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temperature drop, then follows the resting process. Sleep prepares the body for repair like an anesthesiologist prepares the body for surgery. Surgery is possible without anesthesia; it is just uncomfortable for the patient [5].

Rest is the process of refurbishing the body systems and comprises stage 3 and REM sleep. Stage 3 lasts 20 to 30 minutes and is characterized by slow wave activities in the brain, followed by Rapid Eye Movement or REM activities, which last between 10 to 30 minutes. REM is where dreams occur, according to experts' documentation. The brain is highly active but loses its integrative ability; thus, homeostasis is inhibited in the remaining parts of the body [6].

More than half of the sleeping process is associated with rest (deep sleep and REM). One sleep cycle lasts 90 minutes; 60 minutes are dedicated to repairing and refurbishing the body systems, a process that gets longer throughout the night. Some experts don't see REM sleep as restful because the brain is highly active as it does when awake. However, people often forget that humans are not solely flesh; there is an immaterial component to our beings. Until we know why we dream, REM sleep cannot be outside the resting process. The purpose of science is to provide rational explanations for natural phenomena; thus, if we are unable to explain something, we must remain skeptical instead of being assertive. There is no opinion in science [7].

One thing is to sleep; another is to have proper rest. One can sleep and have no rest; one can have rest without necessarily dropping off. Rest must be our focus and not the mechanism of shutting down the body. These statements could sound bizarre to many; however, if we can find one human being who can do fine without dropping off, we have proof that sleep is not what is needed in the first place. What if people can relax, ease their body systems, and refurbish them without losing awareness? Why do people fret when they don't lose consciousness at night? Should we necessarily have to shut the body down before repairing it? Can humans do fine in life without sleeping? Are we condemned to lose consciousness temporarily every day? If yes, how long? [8].

Some experts say 8 hours, but some animals do fine with less than that. Elephants and giraffes can get away with 2 to 4 hours every night. Can humans also repair their bodies with one or two cycles? What about those who don't even lose consciousness but succeed in refreshing their body systems? If one individual can do fine without dropping off but simply relax and rest, the current science behind the sleep study needs to be questioned [9].

CASE PRESENTATION

Case one: Paul Kern

The story reports that Paul Kern was a Hungarian soldier during world war one. He was born in Budapest in 1884 in the Austro-Hungarian empire, which disintegrated at the war's end in 1918. In June 1915, a Russian bullet hit soldier kern in the head in the heat of the battle, and he collapsed. Paul survived his injuries and was transported to the hospital after the combat. Physicians

stopped the bleeding and bandaged his head as the bullet went through it. He plunged into a coma and slowly recovered, but something unusual occurred: Paul Kern could no longer drop off and had no urge to do so. He was fine and healthily lived until he died in 1943 at the age of 59. Showing no sign of fatigue, he spent 28 years without sleeping. Medical professionals were skeptical about his condition, performed several examinations, and found no rational explanations for the phenomenon [10].

Case Two: Al Herpin

Albert Herpin was born in Paris in 1862 and died in 1947 in the United States at the staggering age of 94. Herpin asserted he never actually dozed but merely rested, and the New York times seized his case and wrote an article in 1904. The report claimed that physicians who examined Herpin confirmed his assertion. He lived in perfect health and seemed not to suffer any discomfort from his unusual condition. He did go to bed regularly to rest but never dropped off as ordinary fellow did [11].

Explication: These two cases above sound unusual but are real phenomena that still exist today. Some people don't drop off and feel no need to do so. Sleep is about entropy management since life itself is about the equilibrium between degradation and synthesis. Those who find the "sweet spot" for their entangled system degradation/synthesis will have no need for sleep. That's what happened to Paul Kern and Al Herpin. Although Kern's case was accidental, the phenomenon seems rooted in the individual's genetic material [12].

If some individuals can do fine without dropping off, we must reassess our teachings on sleep. The phenomenon of sleep is comparable to the geocentric cosmological view. While everybody observed the sun's apparent movement and concluded that the star revolved around the earth, Copernicus, Kepler, and Galileo saw beyond the appearance. Perhaps we should learn something from the past.

Sleep remains a mechanism of protection until we find the "sweet spot" to prevent the entangled system degradation/synthesis from swaying by a wide margin to threaten life in the physical body. Imagine an individual waking up after a good night's sleep and maintaining this alertness and exuberance for the rest of his life. It sounds too good to be true, but Kern and Herpin lived it, and religious people promise it in their sacred texts [13].

Causes and types of insomnia

There are two types of insomnia, and all of them can trace their roots cause to genetic factors or living conditions. Almost all experts in the sleep study could agree on these two roots cause, while they may disagree on the types of insomnia. Some experts distinguish short-term insomnia from chronic insomnia and separate them with three months periods. Everyone has a bad night's sleep at a certain point in life, so insomnia is a common phenomenon that can be classified into two groups. Short term insomnia is said to be less than three months, while chronic insomnia lingers for more than three months; there is no standard agreement on this classification, though.

However, the causes are divided into two groups well-documented. Genetic causes of insomnia are infrequent, and one notorious case is fatal familial insomnia. Causes emanating from living conditions are the most popular and comprise stress, unemployment, bankruptcy, war, divorce, bereavement, grief, and so on. These can cause short term issues that can develop into chronic insomnia. All these causes lead inexorably to depression and anxiety, the ultimate roots of most, if not all, insomnia. Even genetic predisposition has to cause depression in the mind to start with. In fatal familial insomnia, for instance, the physical brain, especially the thalamus, is said to be affected, which de facto impacts the mind. Sleep is strongly connected to the mind, so anything that can affect the mind will affect the sleeping process [14].

The manifestation of insomnia and best solutions to address the phenomenon

The manifestation of insomnia could be classified into three parts:

- Struggling to fall asleep, which can be solved easily by intimacy and orgasm.
- Disrupting sleep, which can be addressed through worship and meditation?
- Must not be a real problem if the individual is well-rested with a few cycles. Quality is always preferred to quantity; Nikola Tesla used two to three sleep cycles and did fine. As he wrote on page 14 of his autobiography, I quote: "I regularly started my work at three o'clock in the morning and continued until eleven at night, no Sundays or holidays accepted."

Is waking up at night a sleep disorder? The historian Roger Ekirch does not share the same view. In summary, we can say insomnia affects only two areas of the sleeping process: Falling asleep (struggling to lose consciousness or awareness) and getting proper rest (difficulty repairing the body systems). Every patient must identify where his problem is located; without this first step, the individual is just beating the bush (Figure 1). Here is a neat and clear picture of the manifestation of the phenomenon.

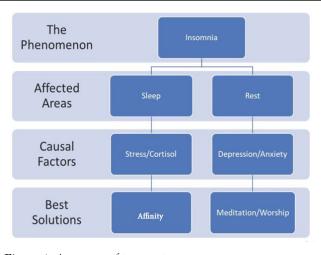


Figure 1: Anatomy of insomnia.

RESULTS AND DISCUSSION

Why can't I sleep when I am exhausted?

The answer is simple: Your mind is bustling. Although entropy is high for the body to shut down, the mind forbids the adrenal glands to stop the production of entropy-hormone. Cortisol, epinephrine, and norepinephrine are hormones that maintain awareness and alertness. Anyone who once had intimacy before knows that orgasm is one of the best ways to induce sleep; it shuts down the adrenal glands. When the body reaches orgasms, endorphins, oxytocin, and the rest of the happy-hormone force the adrenal glands to shut the production since both entropy-hormone and the happy-hormone are entangled. When one increases, the other must decrease; both cannot go up or down simultaneously at the quantum level [15].

Humans are not honest with themselves. Most of the people who experience insomnia are very anxious individuals. They worry too much, rehashing the past or brooding over the future, which consumes a lot of energy, keeping their minds alert. Furthermore, the fret about not sleeping adds more stress to the mind. Even though the individual cannot sleep, he can relax and rest to solve his fatigue problem. Consequently, the new knowledge that we do not need sleep but rest will solve the problem of sleeplessness. Thus, by resting, the individual will finally drop off if he manages to slow down with his mind. Notice that the brain's activities during REM sleep are similar to wakefulness.

A sleeping buddy is crucial for people who struggle to drop off. The human body is not designed to sleep alone. Humans are gregarious animals, and the presence of a warm body is often agreeable and pleasant. Intimacy is weird, so humans make it a shameful act. However, it remains the most potent and effective way to induce sleep into the body systems.

People who struggle to get a restful night might opt for meditation or worship. The individual must be aware of the nature of his insomnia which has two causal aspects: Sleep and rest. The problem of sleep (drop off) is solved by orgasm, while the issue of restlessness is solved by meditation or worship. This article is not an invitation or a way to urge people to join a religious group; far from it. Worship plays a critical role in the life of humans.

Contrary to the widespread knowledge we receive about worshiping, another reality stands. We were taught that god is pleased when humans worship him; he might be, but he will not bless the individual because of his devotion and veneration; otherwise, we can say something is amiss. Most billionaires and wealthy people don't worship, and many believers who praise God are sickling and broke.

We worship for our own sake because worship prevents the individual from depression; it is a fact. I am speaking from my personal experience; I haven't seen anyone who speaks in tongues or chants mantras often and is depressed. I also have several pieces of evidence to support my claim. According to the world health organization estimation in 2017, people in Bhutan are less anxious than those in France, and the population of the United Kingdom is more depressed than those in Micronesia or Djibouti; these are facts. Besides, clergy members, nuns, and

monks are less concerned with material things; therefore, they experience more peace of mind than ordinary citizens. According to an article published on statnews.com, richer countries have higher rates of anxiety in their population than poorer countries-a finding that surprised even the researchers. Rich countries are more anxious than poorer countries," statnews.com ordinary citizens [16].

No monk worries that a lender is coming to seize his house if he defaults because he possesses no habitation. A clergyman does not fear going bankrupt because he carries no lucrative business; a nun does not worry someone will kidnap her daughter because she has no child. Ordinary people worry about all these things; therefore, they are more depressed and anxious. In addition, clergymen, nuns, and monks know how to cast all their worries upon the lord, for he cares. Whether god exists or not does not make any difference; these people believe and reap the benefit. Depression and anxiety are responsible for people's difficulty in remaining asleep. Individuals that cannot find rest after dropping off are primarily depressed and anxious, and there are no better solutions than worship and meditation.

The American college of physicians, the European sleep research society, and the national institute of health recommend that the individual seek cognitive behavioral therapy as an initial step to address the problem of insomnia before any medication. Often, medical doctors prescribe anxiolytic and sedative drugs to address the issue. Everybody can remember the tragic end of the pop singer Michael Jackson; he died from protocol, a powerful non-barbiturate sedative. Such tragedies could be avoided if we understood that depression and anxiety cause insomnia and no other way around. The deeper we grasp the manifestation of life on earth, the better we will serve humans.

There is no better therapy than intimacy (orgasm) and meditation (worship and prayer). Nothing treats depression and anxiety better than worshipping or chanting mantras. Human volition alone is not enough to curb clinical depression; that's why believers succeed better because they believe in something bigger than them. Psychotherapy can help, but it is not better than meditation and worship. Medication is the worst approach because insomnia is an emergent phenomenon; it is not a disorder in itself. Stress, for instance, is a condition in itself because the organism is built that way; stress helps the organism deal with particular situations. The same rule applies to depression, a normal and natural state of the mind that sometimes develops to become a clinical condition [17].

Stress, depression, and anxiety work hand in hand and follow each other in that order. Everything starts with a perturbation that roils through the cardiovascular system, creating two conditions: Hypotension and hypertension. These two conditions lead to poor brain perfusion, sending the mind into depression. The manifestation of depression in the body is anxiety, which is fed by low self-esteem and lack of desire the individual develops through his depression. Some individuals could prevent their depression from moving further into anxiety when the individual finds hope. Excessive worries often characterize anxiety, while depression is distinguished by fatigue, worthlessness, lack of desire and energy. Therefore, believers score a point at this stage because they often find hope through their belief systems. That's where many ordinary people fail.

Religious people have stress and experience depression, as everybody does, but they often don't let their depression linger; hope and faith are what cancel anxiety.

Psychotherapy and religion are of the same family; they treat the immaterial components of the individual. Both use belief system, but religion has one step further because it believes in a higher power than humans. On the other hand, medication is the worst treatment because it always deals with symptoms. The statistics show that the prevalence of depression is higher in women than in men, providing good evidence for a higher case of insomnia in women. Indeed, women have insomnia more than men.

In summary, women cumulate the two causal aspects leading to insomnia. They seem to have no genuine means to help their bodies drop off; when they do, their depressed minds cannot effectively find rest. Moreover, they have menstrual cycles, one of the body's highest entropy states; the other is pregnancy. The observation also shows that insomnia increases with age; it makes sense because entropy in the body increases with age. Stress increases with age; experiences of depression augment as we age, and so does anxiety because adult life is challenging, and life's challenges grow more prominent with time. Children don't have problems; adults do. Adults have debt and worry about their house, car, insurance, health, business, and bills [18].

Everyone with insomnia must be honest and admit that his or her racing thoughts are behind the problem. In the West and the US, coffee and tea might be the number one culprit because Westerners abuse these beverages. Except for individuals with a genetic predisposition, a busy mind is to be blamed for the phenomenon. The fret about not sleeping is another issue. Nowadays, insomnia tends to be a political issue instead of a medical one. In this era of social unrest, where everybody blames everyone for his/her problems, we often overlook the actual situation as it is. Rest is what we need, and not everyone needs the same amount; that's the novel knowledge. Some may need fewer than eight hours, while others may need more. And people who complain about insomnia must first check the state of their minds. A stressed mind will struggle to drop off, and an anxious organism will be unable to rest. Above all, some individuals adjust their diet, must consumption.

There is another palliative solution we must not forget. Everybody knows that the body feels sleepy after a meal; food is an enjoyable activity that causes happy hormone to increase in the body systems. As a result, entropy hormone decreases drastically. Thus, single individuals can hit the gymnasium, shower after, and enjoy a meal thirty minutes before bedtime; this has been a subjective experience, but I believe it could work for anyone as well. Therefore, the individual must know himself and discover what works best [19].

CONCLUSION

We often hear people talk about insomnia as if it is a big deal, but humans scoff at the basic recommendations that regulate life on earth. It costs nothing to meditate or worship, and intimacy does not hurt. So, why do we have a problem with slumber?

People should be talking about depression and anxiety instead of insomnia because these are the real cause of the problem. Insomnia is just a tentacle, and focusing on it is to spend time dealing with the symptom of a profound disorder with remote causal factors. No one can have insomnia unless the individual is stressed, depressed and anxious in the first place.

Humans in this modern society are depressed and anxious, and that is true. This phenomenon can be traced back to materialist scientists who had developed a materialistic epistemology of life, an error that occurred when Darwin published his book, "On the origin of species," in 1859. By incorporating the mind into the body, they have destroyed any track than can lead to the reality of human beings on this planet. The mind is not a part of the body; the brain is like a human being, made of two distinct entities, the sleeping process comprises two levels: Sleep and rest. The mind shuts the body down for repair. For that cause, the mind needs to be optimal and always in its proper state and when the mind is not functioning correctly, troubles may follow.

Intimacy/orgasm and meditation/worship are the best known natural solutions to these troubles unfortunately, many scoff at these solutions running after pills and medications. There is no real problem with insomnia; instead, we have a problem with stress, depression, and anxiety. Insomnia is the symptom and sign of profound disorders, such as stress, depression, and anxiety. Perhaps, the time has come to call things by their real names and attack the problem at its root. Why continue treating the symptom if the causes are well-known.

REFERENCES

- Albert PR. Why is depression more prevalent in women. J Psychi Neuro. 2015;40:219.
- Follenius M, Brandenberger G, Bandesapt JJ, Libert JP, Ehrhart J. Noct cort release relation sleep struct. Sleep. 1992;15:21-27.
- Horne J. Sleeplessness: Assessing sleep need in society today. Springer. 2016;5:24.
- Jan JE, Reiter RJ, Wasdell MB, Bax M. The role of the thalamus in sleep, pineal melatonin production, and circadian rhythm sleep disorders. J PinealRes. 2009;46:1-7.
- Moawad AA, Hotzel H, Awad O, Tomaso H, Neubauer H, Hafez H, et al. Occurrence of Salmonella enterica and Escherichia coli in raw

- chicken and beef meat in Northern Egypt and dissemination of their antibiotic resistance markers. Gut Pathog. 2017;9(1):1-13.
- Havelaar AH. World health organization global estimates and regional comparisons of the burden of foodborne disease in 2010. PLoS Med. 2015;12(12):1-23.
- Pires SM. Burden of foodborne diseases: Think global, act local. Curr Opin Food Sci. 2021;39:152-159.
- Ferens WA, Hovde CJ. Escherichia coli O157:H7: Animal reservoir and sources of human infection. Foodborne Pathog Dis. 2011;8(4):465-487.
- 9. Smith JL, Fratamico PM, Gunther NW. Shiga toxin-producing Escherichia coli. Adv Appl Microbiol. 2014;86:145-197.
- Majowicz SE. Global incidence of human shiga toxin-producing *Escherichia coli* infections and deaths: A systematic review and knowledge synthesis. Foodborne Pathog Dis. 2014;11(6):447-455.
- Money P, Kelly AF, Gould SWJ, Denholm-Price J, Threlfall EJ, Fielder MD, et al. Cattle, weather and water: Mapping Escherichia coli O157:H7 infections in humans in England and Scotland. Environ Microbiol. 2010;12(10):2633-2644.
- 12. Abdissa R. Prevalence of *Escherichia coli* O157:H7 in beef cattle at slaughter and beef carcasses at retail shops in Ethiopia. BMC Infect Dis. 2017;17(1):1-6.
- Zweifel C, Capek M, Stephan R. Microbiological contamination of cattle carcasses at different stages of slaughter in two abattoirs. Meat Sci. 2014;98(2):198-202.
- 14. Robinson TR. Antibiotic resistance is the quintessential one health issue. Trans R Soc Trop Med Hyg. 2016;110(7):377-380.
- Shecho M, Thomas N, Kemal J, Muktar Y. Cloacael carriage and multidrug resistance *Escherichia coli* O157:H7 from poultry farms, Eastern Ethiopia. J Vet Med. 2017:1-9.
- 16. Ma F, Xu S, Tang Z, Li Z, Zhang L. Use of antimicrobials in food animals and impact of transmission of antimicrobial resistance on humans. Biosaf Heal. 2021;3(1):32-28.
- 17. Valderrama WB, Dudley EG, Doores S, Cutter CN. Commercially available rapid methods for detection of selected food-borne pathogens. Crit Rev Food Sci Nutr. 2016;56(9):1519-1531.
- March SB, Ratnam S. Latex agglutination test for detection of Escherichia coli serotype O157. J Clin Microbiol. 1989;27(7):1675-1677.
- 19. Atnafie B. Occurrence of *Escherichia coli* O157:H7 in cattle feces and contamination of carcass and various contact surfaces in abattoir and butcher shops of Hawassa, Ethiopia. BMC Microbiol. 2017;17(1):1-7.