

Caspar ([00:00](#)):

More than one in four women struggle with insomnia. This common issue profoundly impacts quality of life and disrupts essential healing processes such as hormone regulation, stress management, immune system protection, weight maintenance, and much more. Our guest today once struggled with a decade long dependence on sleeping pills. Now as a double certified holistic sleep coach, she's dedicated to helping women reclaim their rest and improve their overall health. This is the Story of Better Sleep, Better Health with Morgan Adams. Morgan. So happy to have you on.

Morgan Adams ([00:33](#)):

Thank you, Caspar. It's great to be here chatting with you.

Caspar ([00:36](#)):

Yeah. You know, I, I've read your story probably numerous times from my, when I first met you, like years ago, and was introduced to you and, and you know, it's, it's a profound story. It is when, you know, you went through your trials and tribulations and health issues, but I've never actually heard it from you. And I think the audience would, would really gain an appreciation for understanding the background that led to you to where you are today. So, could you, could we start there and you could share that story with us?

Morgan Adams ([01:02](#)):

Absolutely. So my story with insomnia started almost 20 years ago. Mm-Hmm. <Affirmative>, and it was kicked off by sort of a romantic upset, if you will, spare you the details <laugh>. But, but any, in any event, what it did was it triggered insomnia for me. And I had what is technically called sleep onset insomnia. And what that means in layman's terms is I couldn't fall asleep at night. It was just very, very difficult. I would lay awake most nights and hour, two hours waiting for sleep to come. It didn't come. After a few months, I got very frustrated with that situation. So I visited my primary care doctor and said, Hey, doc, I can't sleep. And I was given Ambien, a prescription sleeping pill that I'm sure everyone here listening has heard about. Yep. And during that time of my life, I was a pharmaceutical sales rep.

Morgan Adams ([01:59](#)):

So the world of medications and that kind of thing, it was very normal to me. It was very like, everyday kind of. So I didn't really question, should I take a pill, shouldn't I, it was just sort of like, okay, doc says take a pill, I'll take a pill. Okay, we'll fix the problem. So I took the pills. They did get me to sleep more quickly, however, the next day was not good. And what I mean by that is there were a lot of side effects for me the next day, grogginess, brain fog, just trouble focusing. And at this time in my life, so I switched over from pharmaceutical sales to public health communications. And part of my job was putting together like PR things very quickly. And so I was on a tight deadline often, and I remember several times my boss being like, why aren't you writing fast enough, <laugh>?

Morgan Adams ([02:56](#)):

And I was like, oh my gosh, the brain. So the brain fog really did affect my job performance. And but I just, I continued to take the pills because I was scared, you know, of not being able to sleep. That's such a strong fear. And the whole side effect thing is actually extremely common just in learning more about sleeping pills. About 80% of people do have residual side effects the next day. In addition to the next day side effects, I did have some incidents, which you, you've probably heard of before. Sleep eating, you know, eating food and not remembering in the more finding wrappers, <laugh>, you know, in your kitchen. You're like, I did not eat that. Fortunately I never got behind the wheel. Mm-Hmm. <Affirmative>. There have been incidents of that. And in 2018, 2019, actually, they put a black box

warning on this class of Z drugs because of these incidents where people were hurting themselves and others.

Morgan Adams (03:57):

So I feel fortunate in that, you know, I, there was not a massive fallout, you know, from a, an accident or me hurting somebody else or myself, but it was, it was stressful to have to deal with these side effects the next day. So, fast forward eight years into this whole process of, of, you know, taking the pills and the cycle, I met a guy who is now my husband, who, you know, and when we were first starting to date, he said, you know, it kind of freaks me out that you take those pills before you go to sleep because you become like a zombie. You're not yourself. And it's, it's a little bit odd. And I thought to myself, okay, yeah, this probably has to stop. So really it was at that point that I got serious about stopping. Like, I'd kind of flirted with the idea of stopping the pills before, but I just didn't really have the motivation to do it.

Morgan Adams (04:51):

But this, this got me kind of fired up, like, I'm going to do it this time. So I did, but I didn't do it in the really correct way. So what I did was I took myself off the pills, I tapered the pills, I cut them in halves and quarters. And that is actually, you know, what you're supposed to do. You're not supposed to go cold Turkey, you need to Mm-Hmm. <Affirmative> kind of decrease your dose, but I did it myself. So for people who are taking themselves off a medication, like a sleeping pill, it's really important to consult with your prescribing provider because they can give you some guidance on how to do it. But I, I went rogue <laugh> and I did it myself, <laugh>. And fortunately, just because, you know, I have a lot of grit and determination, I made it through.

Morgan Adams (05:38):

And, you know, after I got off the pills, I slept fine. You know, I, I didn't have like rebound insomnia. I felt I slept fine. I mean, I wasn't like the world's greatest sleeper, but I did, I was free from the insomnia. So it was a relief. And then slept well for many years. And then there was a plot twist. And that plot twist is something that we all went through collectively. The early stages of the pandemic. Mm-Hmm. Early March, 2020. Think back on that time, everyone was like, what's going on? And so my sleep started to take a nosedive again, and I got concerned because I did not wanna go down that whole route of full-blown insomnia. So I went to Dr. Google and started looking at sleep and how to fix sleep. And I got myself an oura ring and, you know, Mm-Hmm.

Morgan Adams (06:28):

<Affirmative> in short order, I was able to get myself back on track. And I was very grateful and I was so intrigued with what I was doing with the sleep stuff that I started to post on Facebook just organically sharing what I was doing. And I came to find out around this time that a lot of other people in my circle were actually struggling with their sleep at this time. And they were like, this is a cool tip. So that got me really interested in the whole subject of sleep. And it was in late 2020 that I had this sort of like, revelation. You know, Morgan, you need to help people with sleep, you need to help women specifically. Mm-Hmm. Because two years before that, I had gone through a breast cancer diagnosis, you know, whole other story. Mm-Hmm. <Affirmative>. But what that did for me is that really created this need to help women with their health, help live a more holistic lifestyle. And I didn't know how to do it at that point. And then when I discovered this world of sleep, it was just like all the stars aligned, and I was like, this is what I'm gonna do. So 2020 took a year to like study sleep, get certified in health coaching and sleep coaching, and then I started what I'm doing in 2021. So it was a really long and interesting and kind of up and down road to get where I am today. But that's, that's my story, <laugh>.

Caspar ([07:52](#)):

Well, it's the hero's story, right? You went through it, you had this incredible challenge. I mean, a decade is such a long time, and it just goes to show the power of these things, as you said there, there's a fear to getting off it once you start. And that's with any drug, right? Yes. But especially one you know, you think about it, I think we've all had those sleepless nights. You're up your head's racing, maybe you get up, you walk around, you know you're gonna be tired, you're anxious about that, what's next day gonna look like, you know? Yeah. And, and then it's this vicious cycle. And so if that doesn't happen, you're gonna be really tired, you know, and hopefully you get to sleep, but then you are anxious about that again the next night. Yes. And this is so common. I, I feel like not enough people talk about this or brush it off as sort of just life, right? But then you get into this cycle of either sleep, like staying up really late. So it's impacting a lot of people. You brought up in your instance there was a traumatic breakup, let's say, emotion. Everything else was there. Yeah. Pandemic was another instance you brought up there. But, you know, why is it that so many people beyond those, do you have any other whys that are causing what is now really an epidemic of so many people having poor sleep?

Morgan Adams ([09:06](#)):

Yeah. Yeah. So it's, it's really a multifactorial, I think the, the main driver is stress and anxiety. Yeah. And that, that can often be coupled with other factors too, like circadian misalignment. Hmm. You know, not, I'm really into the whole circadian health thing right now in quantum biology. And, you know, not to go on a tangent, but a lot of people are living in a way that is not aligned with their, their, their light diet is off. They're, they're getting too much brightness at night. They're not getting enough brightness during the day. And that can create a huge problem. Health issues can also, you know, contribute to insomnia also. And people don't talk about this as much as there is, you know, a slight degree of genetic heritability to sleep problems. And you know, oftentimes with my clients, they'll tell me, you know, their parents had insomnia too, and not, that's not to say that, you know, your genetics is your destiny, but I think it's something to kind of look at for sure.

Morgan Adams ([10:09](#)):

Of course. So ultimately there's just so many factors out there creating insomnia, but in my experience with my practice, it's mainly anxiety and stress, and that that anxiety and stress actually just gets compounded into the sleep arena. So they've developed this sleep anxiety, and it becomes mm-Hmm, <affirmative> it almost takes on a lot like their original stressor. Mm-Hmm. <affirmative> could potentially be solved, but they've developed these behaviors and attitudes to actually keep the insomnia going, and they're doing things unbeknownst to them that just keep it on that trajectory. So it's, it's quite a complicated issue at times for people.

Caspar ([10:53](#)):

It really is so multifactorial. I mean, you bring up probably the two biggest ones, anxiety, the stress, this, this always, you know, thoughts running through our heads. Correct. And, and of course, the, the advent of, you know, cell phones always at our disposal, and then you get into, it's not just what it's showing us that's making it stressful, it's the artificial blue light that our bodies and eyes pick up producing cortisol and still, instead of melatonin and keeping us up, and then we are hooked into it and staying up really late. And you see this more and more, even with children, of course, because they're very much exposed to and kind of, you know, pacifiers have become iPhones in a sense. Oh

Morgan Adams ([11:32](#)):

Yes. Oh yes. <Laugh>.

Caspar ([11:34](#)):

But for someone that, that maybe is, is starting to feel or is going through this process of, all right, I, I'm having trouble sleeping. What is your advice at that starting point? Because it's nice that we could say all the whys we could say, kind of remove some of these things, do, you know, sleep hygiene and turn off and turn, you know, off the lights at night. But you still may be ruminating in your head. I'd love to hear, you know, what, what is your best advice for starting to turn that around, or at least not making it such a vicious cycle?

Morgan Adams ([12:05](#)):

Yeah. There are a few things I'd do. I would first start off with working on your circadian rhythm Mm-Hmm. <Affirmative> and helping get that aligned. And one of the biggest players in that is having a consistent wake up time. And that's hard for a lot of people to do because there's this sort of like, oh, I wanna sleep in on the weekend. It feels so luxurious. And yes, it does, but your body and your brain don't know the difference between Monday and Saturday. So usually when I'm working with my clients, one of the first things we're doing is getting that wake time really dialed in. Mm-Hmm. <Affirmative> and finding a wake time that's actually gonna work across the board for all days of the week. And what we find also, when you have that anchored wake time is you become sleepy around the same time each night because your adenosine pretty much tops off, you know, kind of needs to be released after about 16, 17 hours.

Morgan Adams ([12:58](#)):

So that wake time just sort of helps the whole consistency kind of keep going and going and going. And then the the second part of the circadia alignment piece I would add is the morning light and the, and as soon as you get up so, you know, within an hour of waking, getting up, getting outside, and not having anything on your eyes. So where I live and taking the dogs for a walk every morning, I see people wearing their sunglasses, <laugh>, and I know they're really proud of themselves for getting out and walking <laugh>, but they're doing themselves a disservice by having something covering their eyes. Because when the natural light hits our retina, it sends this signal to our super cosmic nucleus Mm-Hmm. Which is our circadian pacemaker. And from there, there's this beautiful cascade of hormones and neurotransmitters firing off, and you're getting a lot of health benefits from that.

Morgan Adams ([13:54](#)):

So you, if you shield your eyes with sunglasses, you're missing out on all of that. So just pro tip, leave the sunglasses at home. So we've covered, you know, some of the circadian alignment pieces. And then I think the next thing I would probably talk to somebody about, if they were kind of, of the anxious mindset, had a lot of stresses. I, I work with a lot of people who are busy professionals, you know, and they're, they're on the go. They've got back to back appointments, they're whole day is booked solid. Mm-Hmm. <Affirmative>. And so what ends up happening in a lot of those scenarios is they don't have any white space during their day to process their thoughts and emotions. And so the only time they have to, to deal with those thoughts and emotions is when their head hits the pillow, or when they wake up at two or three in the morning, all of those things come, like bubbling to the surface.

Morgan Adams ([14:47](#)):

So in those cases, I, what I recommend is taking what I, I call mindfulness snacks. And so you've heard of exercise snacks, you know, the little small bursts of activity throughout the day. It's similar to that in that you're, you're taking breaks to have mindfulness. And so what that could mean would be a variety of things. It could be doing some meditations, it could be breath work, it could be journaling. It could be just walking outside in nature without your podcast not, and I know people wanna listen to your podcast, but turn the podcast off. No, don't, <laugh> <laugh>, you know, don't, basically don't consume extra information because we're, we're information is coming at us right and left all day long. So the whole

point is to just schedule those breaks. And a lot of people that I work with need to actually put those breaks on their calendar, you know? And I would recommend starting small, like maybe 10 minutes in the morning, 10 minutes afternoon, 10 minutes in the evening to kind of give yourself that decompression time, that white space where you're just literally doing nothing <laugh> Yeah. And maybe some of the thoughts and feelings you're having during the day about the goings on of your day are able to get processed during that time.

Caspar ([15:57](#)):

I found that to be a game changer in my life. That idea of time blocking versus just task management 'cause task management, you'll always have tasks there and it'll almost overwhelm you. Yes. Whereas if you just block that in and always have a morning routine, even like you said, five minutes to just decompress, then at noon, five minutes again to do deep breathing exercise or something. Right. Do that throughout. It's, it's counterintuitive 'cause everyone's like, well, we only have 24 hours in a day. It's, it's, but it's how you're using it. If you're constantly go, go, go, and it's nonstop, like you said, and your only time to stop and think really is when you're going to bed, you're doing it wrong, and that's going to actually work against you. It's not healthy. You'll be higher stress levels, you'll sleep worse, and you won't perform as well during the day to get everything you need to get done efficiently.

Caspar ([16:48](#)):

So the idea of time blocking really is like, hey, you know, put it in at, you know, whatever it is near sunset to go for a walk, right? Yes. Get in that, that red light spectrum that's already calming you down a little bit, getting you prepped, getting outside, clearing your head, you know, walking, getting some energy fresh, you know, that, that needs to be in your, in your actual calendar, like Right. You know, just like I had this schedule and you get the <crosstalk> 10 minutes before, like, oh, we all have the meeting scheduled. Right. Why don't we have those tasks scheduled? But I understand everyone's living an incredibly busy life and priorities are a little bit off. I wanted to ask you, because I, I know so many people have different thoughts, and of course when you're dealing with sleep issues, this comes up, coffee, caffeine, you know, that thing in the morning you go to right away. What are your thoughts on that? Especially if you're having sleep issues?

Morgan Adams ([17:39](#)):

Yeah, so I'm, I'm a coffee fan myself and I do have a cup every morning. Mm-Hmm. <affirmative>. And, you know, when I'm working with clients, they often like coffee too. And so I don't try to to deprive them of their morning coffee. But I think we need to be mindful about our timing of the caffeine, because caffeine has a quarter life of 10 to 12 hours. So presumably if you're having a coffee in the afternoon around two o'clock, it could still be in your system partially by the time you go to bed. And we all have different speeds of caffeine clearance. It's, it's a genetic you know, thing that we could find out if we had a genetic test. But I kind of go on under the assumption, let's, let's assume that most of us are slow processors of caffeine. And so what I recommend for most people is to kind of have a caffeine curfew, if you will.

Morgan Adams ([18:29](#)):

Mm-Hmm. <affirmative>. And that usually looks to be about 12 o'clock, 1:00 PM for most people to have the caffeine clear out of their system. There is actually an interesting app that I found last year called, it's simply called Caffeine, just, and the, and the little icon is a little coffee cup. And it's kind of neat because what you can do is you can input your caffeine consumption during the day, and that could be, you know, coffee, energy drinks, whatever, and then you input your bedtime and it'll tell you like how much clearance you'll have before bed <laugh>. So I think it's, it's, it's kind of cool. I've tested it out a little bit. And pe you know, people are often quite surprised that they can have that they're, you know, the

caffeine is in their system so close to their bedtime. And what we do know about getting caffeine too close up to bed is it can impact your deep sleep.

Morgan Adams ([19:22](#)):

Mm-Hmm. So you may have, you may have run into people across your life who are like, yeah, I have a cup of coffee after dinner, no problem. I can fall the sleep fine. Well, they probably can Mm-Hmm. But if you looked at their, if you, they had a sleep study and you could see their deep sleep, you would probably see for, you know, sure. Their deep sleep would be impacted. And they, they're probably not feeling as refreshed the next day. So it's just, you know, we wanna just, we wanna, we don't wanna deprive ourselves of some of those things that we love, but we just have to kind of you know, have some guardrails in place for ourselves.

Caspar ([19:57](#)):

Yeah, absolutely. It's one of these things I find that people consume tons of caffeine, and I'm not against that. And I do think there are great benefits of coffee and antioxidant, all these, you know, studies that show it can increase longevity. It's true. It's, but, but it's how you use it if you use it, like you said, if it's not a crutch where you're so tired in the morning that you have to run, you know, first thing and drink like a whole big cup of coffee to just wake up, not get your natural rhythms going a little bit, and then you're having it throughout the day till almost the night, and then you're going to the sleeping pill to counter at that's not good coffee consumption. Yeah. Right.

Morgan Adams ([20:34](#)):

That's, that's a vicious cycle. And then Yeah. When you add a lot of people like that add alcohol into the mix, right? Mm-Hmm. Because they, they, they're jacked up on caffeine Yeah. At night. And then they're like, oh, I'm gonna take some take some wine or, you know, a, a a cocktail to sedate me. And then the, you know, the whole process continues and it's just,

Caspar ([20:54](#)):

Yeah. And this is why it's such that I, I keep using that word a vicious cycle, but it's true. If your sleep is off, everything else in the day is off and then it leads back into it and it gets worse and worse, you're drinking more coffee 'cause your body's used to it. You're drinking more alcohol probably 'cause You know, you have to come down off it. You're getting used to that too. Your liver is sluggish, things at night aren't working. Right. you'll probably have very, very poor sleep, which will lead to incredibly poor health over time. And when it happens year after year after year, that compounds. A big portion of this too outside of, you know, the, the idea of what you're drinking as far as coffee goes is diet. I've seen this a lot too. Can you talk about, you know, what you've seen as far as diets and what you recommend or to stay away from?

Morgan Adams ([21:42](#)):

Yeah. So I do actually take a look at my client's diet with a, with a journal and what I find to be the biggest issue and what, so I see mostly women and quite often what I'll see is women who don't have good blood sugar balance. Mm-Hmm. <Affirmative>. So what I'm recommending for them is really starting their day with a, a, a solid breakfast. Yes. with, you know, some protein and some fat and some fiber. And when you start your day with a blood sugar balancing breakfast, it, it kind of contin, it kind of sets the tone for the rest of the day. So then, you know, for the rest of the day, you have a balanced plate. You have your healthy fat with a meal, you have your high quality protein and some, you know, quality carbs. What you can end up doing is creating that blood sugar balance from the day into the night.

Morgan Adams ([22:34](#)):

And that helps you sleep through the night. So what happens often is people who wake up at two or three in the morning will have a blood sugar crash. So their blood sugar isn't balanced, it crashes at two or 3:00 AM creates the cortisol spike, which wakes 'em up. So first step is really to make sure that your blood sugar stays balanced and, you know, you can, you can wear CGM and kind of assess that for yourself. As far as diet overall, they have found that the Mediterranean diet is actually more of a sleep promoting diet overall. They've done these, you know, longitudinal studies and they think it's because the mediterranean diet is com is comprised of healthy fat, you know, some good protein, high fiber. And then recently I saw a study just, I think it just came out this week about ultra processed foods having some kind of link back to insomnia.

Morgan Adams ([23:31](#)):

So I thought, I thought that was interesting. And other studies are showing for for sure that people with a higher saturated fat diet and a low fiber diet tend to have more sleep problems. Mm-Hmm. And then we wanna look at timing of our, of our last meal. So really you're gonna get the best sleep if you leave like at least a three-hour window between your last bite. And when you go to bed, I've even, you know, tested this out for myself on an Oura ring. The longer time block I leave between dinner and bedtime, the better my sleep, the deeper my sleep. So and I know that sometimes it's out of our control, like we're going out to dinner with friends and they want to eat at eight. So you just follow along and you just make adjustments. But if you can get yourself on a schedule where you're eating a little bit on the earlier side, I think most people are gonna see some improvements in their sleep. For sure.

Caspar ([24:22](#)):

I think that's such a huge one. We have so many of these you know, ideas of late night snacks, right? Yes. Yes. Where you just run to the, the, the refrigerator for a second, you know, pop something out, take a bite of it or something. Yes. And that is absolutely going to throw you off. Right. You're digesting as you're sleeping, basically, which is not good. We should already be past the digestion phase and really allow regeneration Yeah. To happen and get into that deeper REM. But it's, it's so hard. I mean, I, I li I lived in New York City for 20 years and worked kind of these, these long hours at times where you get home and it's already eight, you're like, I haven't eaten and I'm starving. Right. What, what's your advice there? Because again, like you said, sometimes, you know, you just gotta go to dinners that start a little bit later with people and you can't just avoid that forever.

Morgan Adams ([25:08](#)):

Yeah. I would say choose, you know, foods that are low in saturated fat. Mm-Hmm. <Affirmative> high in fiber, have a good protein, have a healthy fat, have a, you know, little bit of complex carbs that can help too. And not too much, like not, you know, gorge yourself 'cause you're so hungry. So if you, if you manage it in that way, you'll find that your sleep isn't wrecked. Yeah. Now, there is a little caveat in there that I should probably mention. And so for the people who do have blood sugar issues that they haven't been able to manage or they're in the process of managing them, what we often find with those people is that having a very small snack about an hour, an hour to two hours before bed can be helpful, but you have to be mindful about what that snack is.

Morgan Adams ([25:53](#)):

So most often it would be something that's got like a good protein, a healthy fat like maybe some Greek yogurt with some almonds. Mm-Hmm. <Affirmative> or often some leftovers from dinner. And when I say leftovers from dinner, I'm, I'm not talking about a second dinner. I'm talking about, you know, a small tiny bowl with maybe four spoon spoonfuls of food. Just to kind of, especially if you've eaten dinner early. So for the people that are waking up at two or 3:00 AM that's often sort of a, a thing that I tell them to try, because that way we can kind of look and see if it's the blood sugar issue that's waking them up. So

and it, and if you do find that the little snack helps you prevents you from waking up, you don't wanna, you don't wanna continue to do that ongoing. You wanna actually get to the root cause and work on your blood sugar management from a more holistic perspective. And that I would probably say get a cgm. You know, maybe have a coach to help you through that. But that there's just that little small caveat I wanted to mention for, you know, a little sub subset of folks.

Caspar ([26:58](#)):

No, it's, it is a good point to make. I, I once heard this hack from Tim Ferriss actually was chamomile tea with apple cider vinegar in it before you go to sleep, the ACV will actually start to stabilize glucose and blood sugar a little bit when you have it. Yeah. So hopefully you don't, sometimes it doesn't work. Sometimes people have a reaction to too mu you gotta of course know yourself. Right, right. And I love when people like, give me the exact thing you do, and it's like, well, it may not work for you that I use two tablespoons instead of one. Like, try it out a little bit. Yes. You don't have to be so regimented as to what someone else is doing, just figure yourself out to it. Right. Is is that something you work with people about as well? Is, is you've gotta figure this out for yourself too?

Morgan Adams ([27:42](#)):

Yeah, I mean, I think that's such a great point because what works for you may not work for me. Yeah. So I provide, you know, suggestions and guidance for my clients and oftentimes it's just lots of experiments and Yes. We'll, we'll come up on what is the, the kind of the magic bullet for them. But you know, there's often not like one magic bullet. It's often a, a, a compounding of small little changes through time that kind of create kind of, kind of move the needle over time.

Caspar ([28:10](#)):

What are your thoughts on melatonin? You know, a lot of people have switched from sleeping pills and now I hear it's like, I can't sleep without my melatonin. It's like, Ooh, I don't wanna hear that either, but I mean, I guess it's an improvement, but I want to hear what you think.

Morgan Adams ([28:24](#)):

Yeah. So it's a very hot topic in sleep, and I think that we need to, if, if we're gonna use it, we need to be careful of the sourcing. They did a study, I think it was 2017, where they pulled different melatonin bottles off the shelves and Canadian drugstores and pharmacies, and they found a very wide variance in what was listed on the label and what's what was actually in the product. So you could potentially have a melatonin that you think is three milligrams, it's 15, and then the person is groggy the next day. I do to, to my knowledge, I, I do not believe there are any studies showing definitively that exogenous melatonin impede your natural melatonin. I don't think we have really the data for that. So the, the argument about don't use melatonin because you won't make it, I don't think that's a, a really a legitimate argument.

Morgan Adams ([29:21](#)):

But for me personally and my client base, you know, if someone is over 50, I am not opposed at all. For them trying to, them trying to use melatonin only because as we get into our fifties, our melatonin production starts to, to wane. Mm-Hmm. <affirmative>. And so supplementing with just a little bit can actually be helpful for some people. And what I've been recommending for the past year is a, a plant melatonin called Herbatonin. Mm-Hmm. <Affirmative>. And they've actually done head-to-head studies comparing it to synthetic melatonin. And they found there was like 400% more anti-inflammatory and antioxidant properties. It's made from just rice, chlorella, and alfalfa. Interesting. So it's, I I find that, that that's, I look at it as a very potent antioxidant versus necessarily like something for sleep. So I'm not opposed to use cases for melatonin in those scenarios where someone's 50 plus, but if, you know, if you're 25, 30 I, there's probably not a real reason for you to have melatonin unless you have a circadian rhythm



disorder or you're dealing with jet lag. I think it's, you know, overused honestly <laugh> among people and I think there's probably a big placebo effect with it. Oh yeah. It's comfort as, as with many supplements and medications. But it's a very it's a very divisive topic I think in the health field and the sleep field. And everyone has, people have strong opinions and I, I, I tend to kind of vacillate, you know, but at this moment in time, I am actually, you know, pretty much a proponent for of it for people 50 plus in smaller doses.

Caspar ([31:09](#)):

That's good to know. No, it's, it's a really interesting subject when you see so many different studies. And I do agree with you. There are no studies that I know of, and I spoke with Dr. James DiNicolantonio about this, who looked into it and was researching it, that there are no studies, even high doses of melatonin over time would stop your own production if you stop taking it. Nevertheless. Like, if you're using it as such a crutch and you are panicking 'cause you don't have melatonin by your bedside, that's probably not a good thing. Right.

Morgan Adams ([31:39](#)):

<Laugh>. Right, exactly. Yeah. It's the psychological crutch. And I think people need to understand that there are so many things we can do to encourage our natural melatonin production. Absolutely. Going, going back to that whole circadian rhythm alignment, you know, if you're, if you're staying, you know, if, if you're kind of avoiding blue light at night or bright lights at night and you're getting plenty of daylight exposure those are great ways to just get your own melatonin kind of going so that you may not, you know, feel the need to like delve into the, you know, exogenous melatonin.

Caspar ([32:11](#)):

Absolutely. I think that's, that's where, you know, people need to focus the most on getting their natural levels to where they need to be rather than trying to introduce things into their body. Yes. Our bodies are already incredibly capable of helping us go to sleep, regenerate, get into deep sleep. We're just impeding it. And it's not that we lack things from the outside to put in, it's just we lack the, the actions in a sense to get us to the proper state of where our bodies are in homeostasis.

Morgan Adams ([32:40](#)):

Absolutely. Yeah. We need to really focus in on the behaviors and get, like, the way that I look at supplements overall is they're, they can be useful to an extent, but you really need to work on the behaviors and the habits once you have, once you really kind of maximize those, I think there's a use case for delving into the supplements, but you can't out supplement bad habits. It never works. <Laugh>. Mm-Hmm. <Affirmative>, I mean, I've seen so many people, and I can just tell you that like your bad habits, the, the supplements aren't going to to to do much if you're, if you're daily habits are, are bad and your, you're, you know, constantly in front of bright light at night and blue light and on your phone until midnight, it's just, it's not gonna help so much if <laugh>.

Caspar ([33:27](#)):

It's in the word itself, supplements, right. It's supplemental. Yes. Everything else that are the foundations of your health, you could add that and that's like a little tweak to your workout, but if you're not in the gym, you can't expect results. Right. Exactly. So it's, it, it is something I feel like, again, people lean into a little too much without hitting the foundational pieces, which are just our, our everyday actions of being outside at certain times, getting light stopping to do those mindfulness practices. So if someone were to come work with you Morgan, what can they expect? What is the process of getting, you know, started with you?

Morgan Adams (34:03):

Yeah, so I, I take a holistic you know, coaching methodology. I look at, you know, your you light environment, your chronotype, your routines, and so many different things. I just, I think it's so important to look at your life from all angles, not just one thing. So you know, if people are thinking that like, okay, I really, I wanna get rid of the insomnia or I wanna optimize my sleep, the best thing to do is just schedule a consultation with me. I have that capability on my website and, and talk it through. If it's not a fit, if you need a sleep doctor, if you've got like a medical issue or sleep apnea, that's where I refer people 'cause that's not my wheelhouse. <Laugh>. Mm-Hmm. <affirmative>. So yeah, anyone can you know, take advantage of that consult and chat with me and we'll see what, you know, what I can do for them.

Caspar (34:55):

No, that's, that's always the best way is to really get that one-on-one. I know people always like to be like, this is the protocol, you know, but there is no the protocol for you. No, there's

Morgan Adams (35:05):

No, no, there's, there's not. That's the thing. It's what works for one person is not gonna work for the other person. It's just, I'm such a believer in customization of, of a protocol. If there's a protocol that you know, and it's to your point, it's so helpful to work one-on-one with somebody because it's not necessarily just giving someone a protocol. It's the support. Because like for example, if you're getting off sleeping pills, you need some support a lot of times because it's, it's not always easy for a lot of people.

Caspar (35:38):

No. It's incredibly hard to, to like get, and this goes again for all medications, I find is incredibly hard. You have a belief system, I believe that Yes. Is reliant. And until you change the belief system, that will always make it such a challenge to change the actions and actually remove that. Right. So it's, its, it's, and that's where you need to work with people. I've realized because belief systems are almost running in the background, you could say, no, I don't have any belief system like that, but you probably do. Yes. Which is running subconsciously and, and it's making you be fearful of stopping the, all these things. So you have to work with someone to strip down that belief system and kind of reprogram yourself.

Morgan Adams (36:21):

You, you nailed it. It's, it's so much about mindset and what, what we believe we can do, what we believe we're capable of doing and building up their sleep confidence because so many people have no self-confidence in their sleep. And so once you start seeing that sleep confidence things start to turn around that, you know, you're able to get off the sleeping pills, you're able to, you know, lose those crutches that are not helpful for you. So yes. So much about mindset in this work.

Caspar (36:50):

Yeah, absolutely. And again, so many people are struggling with sleep and there are absolutely so many nice little pieces to it, you know, whether it's the melatonin, the getting outside in the morning there, there's so many of these tools, but until you have someone you can work with to help you figure it out, it becomes a much longer process to get there. And a lot of times you kind of give up, right? Yes. And I think that's why you need to usually find help. Everyone wants to use Dr. Google and just figure it out. Right. <laugh>. But I've learned Dr. Google is like a really long path to a frustrating end <laugh>.

Morgan Adams (37:23):

Yes. Because there's so many different answers, you know? That's right. And they're talking to a general audience, they don't know you. Yes. And they don't care. <Laugh>, you know, it's, it's, oh no,

Caspar ([37:34](#)):

It's, no, it's, it's, it's reductionist also, right? Yeah. It's, it's such a reductionist approach to go to an online forum and expect an answer there that is particular to you. That is the one you may find relief, right? Like if you switch from sleeping pill pills to high levels of melatonin, it's gonna be maybe a little bit better, but you're not yet addressing the core issues. You're not addressing the why. You're, you're, you're switching one bandaid for another that may be a little better, you know, in the end, but it's not at all going after those why's and all the different relating pieces as it inflicts on you to turn that around and truly live healthy.

Morgan Adams ([38:11](#)):

Yes. So well said.

Caspar ([38:13](#)):

Well, thank you so much for this Morgan. I mean, I, I I I really believe that so many people can live such a healthier life if they sleep better. And what you're doing is absolutely kind of addressing what is one of the major, major pitfalls that so many overlook in their struggle to retain their health. Yes. And, you know, falling into disease. So where can people learn more about you and start to work with you? Yeah.

Morgan Adams ([38:41](#)):

So my website is MorganAdamsWellness.com. Like I mentioned, there is a free consultation opportunity. I have a free mini course to help people get started with morning and evening routines that are gonna set you up for better sleep. And I'm on Instagram always, @MorganAdams.Wellness, shoot me a DM and, and we'll chat about sleep. It's my favorite topic, so don't be a stranger.

Caspar ([39:04](#)):

Yeah. I I, I could picture like people being up late being like, what was that website again? <Laugh>. It's like, so MorganAdamsWellness.com. Morgan, thank you so much for coming on and sharing your story.

Morgan Adams ([39:16](#)):

Thank you, Caspar.

Caspar ([39:18](#)):

So check out Morgan's sleep coping website. Again, MorganAdamsWellness.com. And until next time, continue writing your own healing story.