

Change Your Body Position To Get Better Sleep – Dr. Peter Martone with Dave Asprey – #819

Announcer:

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Dave Asprey:

You're listening to Bulletproof Radio with Dave Asprey. Today kicks off the better sleep month, which is something that happens in May every year. In fact, a better whatever month happens something like 10,000 times a month, and a major percentage of the bills that Congress passes are to make special days. So it may not be that big of a deal, but since sleep hacking is core to what I do, hey, we're going to celebrate it like everyone else. It probably won't be as big as Easter, but I'm okay with that.

Dave:

This is going to be a really fun episode. We've got the collective members live in the studio audience. So there'll be live questions at the end of the show. And the guest today is Dr. Peter Martone, who's someone who's looked at spine alignment and sleep for 20 years and has really deep knowledge about this.

Dave:

I met him several years ago at a Tony Robbins event. Used his technology. He makes something called the Neck Nest, which is a specially designed pillow for alignment. We're going to talk about why that matters for lymphatic drainage and all this. And he's actually the guy who got me to reconsider side sleeping. I've been a side sleeper forever, and that's because there are studies that show it's good for you.

Dave:

In fact, sleeping on your right side, puts the heart up higher and there's all sorts of things, I've even written about in some of my books. But he was like, "Dave, let's try this," and to be perfectly honest, there are snoring issues with sleeping on your back, but those are things that you can overcome with other technologies, and with some of the stuff we're going to talk about today.

Dave:

But there's a really interesting and clear case around heart rate variability and all sorts of stuff about what you can do to sleep in a way that's going to make you live longer and perform better and maybe even need less hours of sleep. We're going to go deep on that today. And why is he qualified? Well he spent 20 years looking at this.

Dave:

He's an exercise physiologist, chiropractor, owns Atlantis Chiropractic in Massachusetts, and he's helped a lot of people with sleep, and this weird problem that we have from using screens all the time, where we sit with our head forward. And if you were to look at me five years ago, versus where I am now, my head is not nearly as far forward as it was, because that's something that I work on actively. And Peter's the guy who really got me inspired to do that.

Dave:

So you're going to learn why those techniques have been on huge numbers of news outlets, and some stuff about sleep that you've probably never heard before even from Peter himself, because I'm going to go deep with them. Welcome to this episode, Peter.

Dr. Peter Martone:

Oh man. Dave, I am so excited. Thank you so much for having me and just to be able to... I'm honored to be able to share my message with so many people. So thank you for the opportunity. I really appreciate it.

Dave:

You're most welcome, that's what it's here for. I'm here to learn and there's a few other people listening in, the top a hundred podcast tends to get a lot of people, but it's born out of curiosity and a desire to do stuff better. Like we all sleep every night, might as well do it a little bit better and just kind of like free money.

Dave:

You get better return on the time you spend on your back or on your side or however you sleep, that's worth doing. And I'm excited to hear the questions from the audience here, it's going to be really fun.

Dave:

One thing I like about you is that you're a professional chiropractor, but you had back pain for 15 years and you're willing to say that. You're getting adjusted all the time, your back still hurts. So it's not like people haven't criticized chiropractors before. They're usually people who have medical licenses and a competitive reason to go after a segment of care that clearly makes a difference. But why did you have pain for 15 years, even though you kind of know a thing or two about this [inaudible 00:03:45]?

Peter:

Well you know, that's so interesting. You know, I got ADD so I can justify anything away. I went through so much of my life. Me getting into the sleep industry as a chiropractor, it's like zigzagged, and life leaves little... I guess you can say life leaves clues. So I remember when I first started thinking about sleep, I was in Australia.

Peter:

I was living in Australia at the time and I had just moved there. And I remember I was sleeping on my back and... No, I was sleeping on my side and I woke up, there was a new pillow. I mean, I didn't travel with my pillow at that time, now I go everywhere with it. And I just remember, "Oh my God, this is really uncomfortable, but heck with it," and I fell asleep, I woke up and I couldn't move the next day.

Peter:

Like my neck was killing me. I couldn't turn side to side. So from that time, I'm like, "Oh man, there's something about sleep, I slept the wrong way." And I don't know. It's just that point my neck got so bad that I said, "Holy mackerel, I got to start looking at sleeping position". And I never did until a couple years later when I woke up and my entire arm was numb.

Peter:

And because I had had a rotator cuff injury that I attributed to rock climbing, because I was an avid rock climber, and I woke up one day and I couldn't feel my entire arm for half the day. And I'm like, "I got to stop this side sleeping." So I started just inadvertently sleeping on my back, because I always say, "If you give me a shoulder problem, I'll give you a side sleeper".

Peter:

Because you can only do this so long before you end up with a problem in your shoulder. So I forced myself to sleep on my back and it was great for my arm, but I started getting back pain, not knowing it inadvertently. And I attributed all my back pain to my mountain bike and injuries. And I was going 15 years in with back pain. I was helping my patients with pain and I had back pain myself.

Peter:

And it was kind of like a contradiction. And then I remember, I was in a little bit of a mountain biking accident, and three days later I moved the wrong way and my entire leg went numb. I herniated my disc. I couldn't move. I was sitting on the couch and I'm like, "Honey, you got to take me to the emergency room." I mean, I said, "You got to call the ambulance." She was like "Let me just take you". I'm like, "I can't move".

Dave:

Wow.

Peter:

Like it was the worst pain I ever had in my life. And then when I was on the emergency room floor... And when the paramedics came, they gave me... I'm not a medication person. I'm like, "I'll take anything". They gave me like four shots of morphine and it still didn't work. When we got to the hospital, they asked if I was a drug addict because I had so much morphine that I should have been like out, and I was in so much pain.

Peter:

They gave me Dilaudid. Then I saw purple dinosaurs and my pain went away. And Dave I swear to God at that moment, it was a really low point in my life, because I'm like fearing for my practice, fearing that I'll never be able to have normal function of my legs. And I said, "How did it come to this? How did I have shoulder pain, half of my life. Back pain, now I herniated a disc and I'm a chiropractor?"

Peter:

And I reviewed 2000 x-rays and I found a pattern. The problem wasn't in my lower back, it was in my neck. And it was because I was using my pillow wrong, and that's what kind of moved me into the sleep industry. I started to make different designs to fix it.

Dave:

I first came across you when I was speaking at a Tony Robbins event, and we connected there and you showed me the x-rays. In fact, I think we looked at some of my x-rays I had on my phone and you're like, "Look, see this, it..." You're one of those people like Neo in The Matrix. And I know a few people like this in the healing industry.

Dave:

At a certain point you become one with whatever it is and you see zeros and ones, when everyone else just sees the lady in the red dress. And you look at a neck x-ray and you see stuff in there that people don't see. And a good radiologist sees whatever and just different kinds of healers or even an automotive expert. They look at a car and they see stuff in that car that you can't see, and they know it's been lowered a half inch, they just know, because they're able to connect with it.

Dave:

So you have a savant ability with neck x-rays and in that conversation, I'm like, "Well, this guy really knows what he's doing". And you convince me all right. In fact, you gave me a Neck Nest, like you need to try this. And I used it reliably until I left it in a hotel room, which was a poor decision on mine. I'm like, "Jeez, I can't go back on this, my flight..." So I have another one on order.

Dave:

But I noticed substantial changes, because I could sleep on my back. I had never been a back sleeper before then and today and probably for the past... Actually ever since then, I've been a back sleeper 90% of the time. And before that I was a side sleeper, a 100% of the time. Partly because I didn't feel good to sleep on my back, because my back would hurt. Why is the neck the thing that's making the back hurt?

Peter:

Oh my God, this is unbelievable. This is so good. I'm so glad. So I got my... Can I say ass on this, David?

Dave:

If you want to, it's just a type of animal it's related to a donkey.

Peter:

Okay. I got my ass handed to me years ago when I was invited to give continued education credits to Harvard Medical doctors. And I remember, I knew so much about chiropractic, I was so excited about chiropractic, but I was talking a different language. And when they were asking me questions, I was talking more in their realm and I didn't feel comfortable where I was.

Peter:

So after that, that was like after three years in practice, I started coming up with anchors. These anchors are law. Like law that you can't pass go before you collect 200. These are anchors of how the body works. Like gravity, you drop it, is how it happens.

Peter:

Number one is the writing reflex. What's the writing reflex? That states that your body follows where your eyes go. So you posture adjust based on head alignment. If I hold my head like this, I lean this way. If I hold my head like this, I lean this way. I don't even have to take an x-ray on somebody, I know the position they sleep in, I know what issues they have, because of how they hold their head because the entire body is curving and adapting to the head alignment.

Dave:

So what issues do I have then?

Peter:

Remember we talked about it. Because it all goes through the vagus nerve, and we'll talk about the vagus nerve stimulation, which is parasympathetic versus sympathetic, where we go into heart rate variability. But the two other laws, which are critically important, especially for airway is this Wolff Law in Davis's Law. So Wolff's Law states, if you don't use it, you lose it. Right?

Peter:

So tissue deposits under... Well, bone deposits under load. So that's why somebody will have osteoporosis in one hip and not in the other hip, because they lean more to one hip. I mean, just make sense. Right? And then Davis' Law is all about the tissue. So the tissue deposits in the force of the direction. It molds itself and align with the stresses.

Peter:

So when you're looking at somebody sleeping on their side, right? And they're sleeping in their heads like this and their body's like this and their arms like this, and you do that eight hours a day, one third of your life, you're going to have people that are walking around like this. You're going to have all of this distorted posture.

Peter:

And then we're going to go into is, if the structure equals the function, then that's where chiropractic gave me the understanding is, your nervous system controls everything. It's not the muscles, it's the nerve. So if you break down the structure, you affect the central nervous system, then you affect the function of the entire body. And that's where being a chiropractor, putting together with exercise, physiology and kinesiology, really gave me that understanding on how the biomechanics structure in sleep is all tied in.

Dave:

Well, granted it makes sense. So I realize it's a long time ago. So I use enough highly dense pillows, if I sleep on my side that my neck doesn't go sideways, and most pillows are garbage. They're basically full of air. So you put your head on them and suddenly they're a half inch thick. And plus I kind of have big shoulders, I'm not a small person. You know, enough pillows to hold my head, so it's in alignment.

Dave:

I don't put my arm under my head because that's dumb, so you put it sideways, you put a pillow between your arms, so you don't get them smashed. Right? Is it that bad to side sleep if you're properly bolstered?

Peter:

That's awesome. I love it. What I want to do is I'm going to challenge you and everybody that's listening challenge, I want you to get into the position that you fall asleep in, and I want you to watch a two hour movie in that position.

Dave:

Interesting. That's a good challenge.

Peter:

And you may be able to get a half an hour because there's no coincidence that your sleep center and your pain center is right next door to each other. So you are not in control of what you do when you close your eyes, right? So your body senses little discomfort because of pressure on the shoulder, hence starting to fall asleep. I didn't tell you when my arm went numb, I had a few alcoholic beverages the night before which diminishes your pain reflex, and then you get that... Then you're sleeping on that arm a lot longer than you normally would.

Peter:

But in a normal situation, you have to begin with the end in mind. And we'll be talking about why a neutral sleeping position is so important. But you can't stay in that position because your body will toss out of it.

Dave:

If you bolster well, you might get longer and it's better than not bolstering. But I will say sleeping on your back, if you can do it without your back hurting, without snoring like a machine, that's ideal.

Peter:

We have tips for that. Yeah, absolutely.

Dave:

Yeah. Definitely, I'm going to give a shout out real quick to taping your mouth, if you have a problem with snoring. I've been mouth taping for the last couple years after the Buteyko guys and James Nestor came on. I sent it out in the Dave Asprey curated box. Man, mouth taping its good for your marriage anyway, if you're the one taping your mouth. But aside from that, it's hard to snore with that.

Dave:

But when you have the alignment of your neck, right? Like when I was using my Neck Nest before I lost it, I did find just even on the data, because I have an app that measures my snoring and there's less snoring from that, but what else can people do to stop?

Peter:

Well, so the big thing about snoring is your airway, right? Is being able to open the airway, being able to use your tongue effectively. So within our sleep quest, we teach people a bunch of things about airway. So I think what's important is one of the issues with back sleeping, the studies say that it closes down your airway, right? And you can't breathe, which causes some obstructive issues.

Peter:

Well, Dave the definition of a pillow is a support for your head. That's what we got wrong. So back in the olden days, one of the reasons I came up with the Neck Nest was from Crouching Tiger, Hidden Dragon. And just recently in Mulan that new movie, when they come out of the room from sleeping, they have a block of wood under their neck. They don't support their head.

Peter:

So what supporting your head does is this, a support for your head reinforces the wrong curve in your neck. So I was even sleeping on my back and due to tissue molding in the right direction, you and me we'll talk about what happens to the psoas major after this. But when you put a pillow under your head, you're doing this. You're closing down your airway.

Peter:

So when you use a pillow under your head, your airway shuts down. When you bring your neck back, you open up your airway. So there are many studies, especially done in the emergency rooms when people are under anesthesia with the angle of the mandible, closing down the airway. So they find when their head comes up, it closes down the airway, but the airway opens up as the neck comes back into that neutral position.

Dave:

Doesn't that mean sleeping with no pillow? I used to do that years ago, and I was testing all sorts of sweepy stuff. I would go with no pillow at all and just lay on my back, but would that give you good neck alignment?

Peter:

So sleeping with no pillow is good. It's a tough transition for people because of the labyrinthitis that people will get, because the head's back too much. So what I recommend is keeping the head about an inch off of the... I'm going to unplug this here for a second.

Dave:

Some people are listening, some people are watching the video, so I'll describe what you're doing.

Peter:

What happens is when you lie back, see where my neck is in this position? It's about an inch off of the back of the bed. But when you have your neck supported, you're using your head as a weight. Basically the pillow is a fulcrum, and you're actually restoring the curve that way.

Dave:

Got it. And for people who are listening without the video, you laid down, you've got the Neck Nest, which is an unusual looking pillow, that's got sort of a tube thing on the front of it, and you lay on it and your head is almost like you're sleeping flat. But it's like, someone's kind of gently pulling your neck up as you're sleeping. Not up towards the ceiling, but up towards your ears.

Dave:

And it's a strangely relaxing phenomenon, but you wake up and your upper back, your lower back, aren't sore from sleeping on your back, which is kind of interesting. So is there actually traction happening or is it just, it feels like that?

Peter:

No, that is actually what is happening. It's traction. You have traction in your neck, and what happens though, once somebody starts to sleep on their back, they will get sore. Because the reason why you do not have to support your lower back, is because it creates an arch in your lower back just by lying flat.

But if somebody has degeneration or they have scoliosis, or they have back issues, at the beginning when they first start sleeping on their back, they're only going to be able to sleep on the back one to two hours and then pain is going to turn them.

Peter:

And that goes back to how do we keep the airway open? We keep the airway open three different ways. We use the Neck Nest, putting the head in that angle. We use an elevated sleeping position of five to seven degrees is what the research says. You just sleep slightly elevated. You can do that through a bed. You can do that through a wedge.

Peter:

So there are different things to be able to keep you elevated. And then the last thing, if you don't want to use tape, and it's really an interesting thing, where you can take your covers and put them up against the base of your chin, and you can keep your mouth shut using your covers. And that does two things. You and I both know the neck crown, right?

Dave:

Or the sleep crown. Yeah.

Peter:

So there's something you can put over your head, you can put under your chin, and that creates like an ostrich sticking its head in the ground. It creates a sense of safety and security, because that is what I find is why people don't sleep on their back, because they feel so exposed to the world.

Dave:

It's really funny. I mean, if someone just popped into this episode, they'd be like, "These guys are nuts". You've got a asleep crown on your head, covering your eyes, and all of a sudden, you've got a special Neck Nest underneath there, like pulling your thing up, and your covers are holding your chin closed. But I will tell you, all you care about when you're asleep is, how effective and efficient is my sleep.

Dave:

Like, am I recovering in less time or recovering more fully in the time I've got? And I was not like this 10 years ago. I'm like, "How do I sleep the least possible? Sleep is a waste of time." And now it's like, "I am going to have to do it, but it better count." Right? And what you're saying there, that feeling of telling your nervous system that you're safe, because you know you're saving, no one's going to come into your bedroom.

Dave:

There's nothing to worry about, but your body's like, "I don't know. I don't even believe you because your body has its own awareness." So that picture of an ostrich where there's that kind of gentle weight on the head and then there's support under the neck and then the spine relaxes, it sure seems to work. And if you measure your data with an aura ring or something, right?

Dave:

This is just the continuous improvement of humans figuring out what is the best way to sleep to get the most sleep in the least amount of time. And I think you've studied it pretty deeply and you're onto something good there. What about the surface you're laying on? I mean, I've had people say it should be soft. I mean, I have my own thoughts there, but I want to get your thoughts, and then I'll kind of share my path to figuring out my optimal sweep surface.

Peter:

Beautiful. So when you get the position correct, the surface is less important. And I'll tell you why.

Dave:

Okay.

Peter:

So when we look at how our body was designed, right? We were designed to sleep in a position that distributes our weight over the greatest surface area. That is why some of these studies that do these animal studies and they try to extrapolate them to humans, it doesn't make sense. Your dog is designed to sleep on their side, because they distribute their weight over the greatest surface area.

Peter:

And then we are designed to sleep on our back, to distribute our weight over the greatest surface area. And when you're doing that, and your body gets used to that, what you sleeping on, really doesn't make as much of a difference. And if you're wearing an aura ring, you would want to... So you want to look at restlessness, right? How restless are you sleeping?

Peter:

That'll give you a good amount of data on if you're sleeping in the right position, and if the surface is right for you. What I recommend is a nice firm support underneath with a big thick mattress topper to distribute your weight over even a greater surface area, like down or something like that, if you're not allergic.

Dave:

So you like it kind of mushy?

Peter:

I do.

Dave:

Got it. I tested the mushy stuff and being that I'm pretty much just a wall of living muscle...

Peter:

You're a machine. There you go.

Dave:

No, but I probably weigh more than the average person, I'm 6'4, and I have relatively dense structures, in here at least that's what the data says. So I'm going to go with that. I've found generally more pain and more restlessness on mattresses. So I looked at a few PubMed studies about ancestral sleeping surfaces, and there's pretty clear evidence, you want to raise the head of the bed, and I've written about that in my anti-aging books. And then it has to do with some circulatory stuff.

Dave:

But I tested everything from super soft, it moves with you. All the way up to basically sleeping on a board. And for me, the highest end would be like a Japanese buckwheat whole bed, which is very, very firm or close cell hard neoprene. So I literally sleep on one inch of the hardest foam you could get. And people are like, "That's not even a bed. Like, I didn't want to sit on that thing".

Dave:

I'm like, "Yeah," but my sleep score is always higher when I'm on that, and I'm never in pain. But it took six weeks of suffering after I started doing that before my body adjusted. And the thought there is that when you breathe, if your body moves up and down, you're pumping your lymph. But if you're on a fluffy mattress, when you breathe, it kind of absorbs some of the movement that's doing something in the cells.

Dave:

I don't know if that's real or not, but for me at least like put me on a rock versus a sponge and I'll be happier. And I don't know, do you have any data on how typical that is, or am I just a weird guy, or both?

Peter:

No, you're both. I'm not going to lie to you. That's fantastic. But you never want to be noble. Look at what noble is. Without even defining. Yeah. So there is. I mean, when you're looking at... All you need to do, like I said, is nice, firm support, which is firm, and I like to give myself some cushion to distribute my weight. But really when it comes down to it, the best for your actual curves would be a hard surface.

Dave:

Okay. So you reported as a chiropractor, you'd support a hard surface. Okay.

Peter:

And it's very difficult for people to do that because beds are becoming more and more comfortable for bad positions. So, you'll hear, "Oh, your shoulder will fall into the bed," and you're contorted and to get a contorted spine aligned at night, it's like you said, it's miserable. It's hard.

Dave:

Got it. So firm is probably better unless you can't sleep on firm, but I would just say, even if you say you can't sleep on firm, do it for a few weeks, and maybe you'll find magic happens. Now, what kind of damage happens to the spine when someone is a side sleeper for decades?

Peter:

So that is really where... When I've reviewed these 2000 x-rays, what I found was 90% of my patients had a loss of cervical curve, and I had a loss in cervical curve. And let me show you what that means, and

for those of you that are watching, that you might be able to see it, but where my finger's pointing for those of you that are not looking at it. This is a flat curve.

Peter:

It used to be called military neck, where you lose the cervical curve in your spine. This other picture is where there's a nice smooth curve. This is an actual representation of a patient that we had that was using the Neck Nest. And the flat cervical curve, remember, the body posture is directly related to the head alignment.

Peter:

So what I found was, when somebody loses the cervical curve in their neck, like this patient right here, they pick up a scoliosis in their lower back, and you pick up a scoliosis in your lower back because of a muscle, and this wasn't in the literature, I looked everywhere for it. It's something that more research needs to be done on it.

Peter:

But there was a muscle that I was taught in school. It's the only muscle in the human body that attaches directly to a disc, and that was it. I've never heard it before again and you look it up and it attaches directly to a disc, but why is there a disc attachment of this muscle? It's by design, but what ended up happening is, as the head comes forward, the psoas major muscle, which is the only muscle in the human body that attaches directly to a disc, goes into spasm to take pressure off of the dural tension at the base of the occiput, due to that loss of cervical curve from a poor sleeping position, and forward head posture stuff that we do.

Dave:

The psoas is at the base of the spine, but that's trying to adjust the spine because they heads in the wrong position.

Peter:

Exactly.

Dave:

Wow.

Peter:

And the psoas directly attaches to the disc. So I had a disc weakening issue due to a psoas major muscle spasm, because my head was coming forward, and that is why I herniated my disc. I started improving my cervical curve in my neck. I started working on my psoas and I've never had back pain again. And I can sleep on my back, wake up, you could put a glass of water on my chest and I'll wake up and that glass of water will still be on my chest. Yeah. I don't toss and turn at all.

Dave:

I do wake up in the same position that I went to sleep in on my back, so it's definitely doable. But this has been a big change for me. And like I was saying earlier, you're the guy who convinced me to give it a shot. And what I tried to do after I left my Neck Nest in a hotel, I tried rolling up-

Peter:

That's how I said it.

Dave:

... a towel or something back there, but it never worked very well, to be honest. So you've inspired me. Like you know I got to talk to you about this. You've inspired me, I got to order a few more of those and give them to the kids as well. What I'm hearing from you though is that... Okay. Your head isn't very far off the bed, but there's support for the neck. All right. So that it gently puts that curve in.

Dave:

But it always felt to me, like it was lifting up on my head, like that traction thing. How is it doing the traction? It didn't really make a lot of sense to me, but I felt like I was kind of stretching out.

Peter:

The issue with the... It's not even an issue, it's more an education for me. That's why it's so important that I educate my clients, or people that use the Neck Nest. The way that it looks like you use the Neck Nest is not how you use the Neck Nest. That's the problem. It's a product by design. The issue is when you... The Neck Nest, you got to use it in two phases.

Peter:

First, the break-in phase, which is you put your Neck Nest flat and your neck goes right over it. And your shoulders are slightly on the Neck Nest at that point, which is creating an elevated sleeping position slightly, which is not what I want to do, but it's easier for somebody to be in that position before they use the Neck Nest after it's broken in.

Peter:

And once the necklace is broken in, that's when the traction happens. It happens when you angle your Neck Nest and your shoulders are flat on the bed. And for those of you... How many people are going to be watching this on video? Quite a few, or is it-

Dave:

It's very hard to predict, but probably a third maybe, because of the pandemic. A lot of people listen while they're doing other stuff like exercise. Just walk through with words, even if you're doing it on video and then everybody wins.

Peter:

What we're doing is when somebody first uses a Neck Nest, they lie flat, and you're correct. Your shoulders are a little elevated and your neck is back. But once a Neck Nest breaks in, the feel is designed to contour to your neck. So you angle it up slightly and then the roll goes right under your neck, and that's what creates the traction.

Dave:

Got it. So it's that thing. I remember you had me lay on the floor in the green room, I think at the Tony Robbins event. And you were moving it around and showing me how it felt. So that wasn't something I

could replicate with a towel. But I would say I went for like a year or two using it before I sadly left it in a hotel and kind of fell out of it. So I feel like I got that curve when I did it.

Dave:

Is this something you use forever or if you use it for a long time, are you going to get restored and then you can be lazy? Like I've been, or?

Peter:

You remember Dave's law, the tissue molds with the stresses. So it's not once or in a while, if you eat healthy for a week, does that make you healthy for the rest of your life? No.

Dave:

Oh, for sure.

Peter:

Our body's health is dependent on a daily rituals. All you need to do though, and this is very important. You only need to use a Neck Nest in the position that I'm telling you two to three hours a night to restore your curve. You do not have to use it in that position all night long.

Dave:

Okay. Got it. So essentially, you're getting a bit of a chiropractic treatment because it's aligning things properly, and then if you roll over or something, it's not the end of the world.

Peter:

Not the end of the world. Absolutely not.

Dave:

Okay. That's cool. How does this stack with angling the mattress? Sorry, I wrote about that in superhuman. I think that was the book where I talked about it because all kinds of reductions in Alzheimer's and better circulation of lymph in cerebral spinal fluid and things like that. So can you use this with an angled bed where you just raise the head of the bed with blocks?

Peter:

That's what I do. I actually have my bed angled. And the Neck Nest, the good thing about it is when the Neck Nest breaks in, I mean, you're looking at something that you're only supporting three inches from the bed to the base of your neck. And the Neck Nest feel is designed to compress down to just that small amount. So people think that it loses its support.

Peter:

Everybody wants support in this world. And that drives me crazy. Support causes weakness, right? And everybody's looking to support something. So when you look for support in the wrong way, people want support for their head. They want support in the shoulder. And what we want to do is we want something to contour to our spines, lightly and gently support our neck, and then use the head as like a fulcrum over the back of it.

Peter:

So, you can use that Neck Nest in an elevated sleeping position. It's the best because if you use a regular pillow support for your head in an elevated sleeping position, you are destroying your cervical spine because that exacerbates the forward head angle.

Dave:

How many inches do you raise the head of your bed?

Peter:

I raise it about five to seven degrees. So I have one of those little electrical beds.

Dave:

How many inches is five to seven degrees going to be?

Peter:

About six inches.

Dave:

Six inches. Okay. I do six inches. They said four to six inches. And I said, "Ah, more must be better." Because hey, I'm a guy. That's just how we think.

Peter:

Then you got to put a Velcro suit on so you don't fall off the end of your bed, but that's fine.

Dave:

It is true if you have a very hard mattress and you have a six inch riser, there are certain bedroom activities where gravity may cause you to fall into the bed. Like calisthenics or something. All right. So you want high traction sheets apparently. So we talked about the angle of the bed. We talked about the Neck Nest to get the cervical spine, a little bit of traction you need at least two hours a night for that.

Dave:

What if after two or three hours of using a Neck Nest, then you say, "All right, I want to sleep on my side." What do people have to change around with their pillows to do that right?

Peter:

No, nothing. They can use the Neck Nest on their side. That's not an issue.

Dave:

Okay. I always have like an extra pillow if I do want to roll over its next to the bed, I'll grab it just because I feel like that space from my shoulder to my neck is a lot more than an inch, and I just never liked sleeping with my head tipped to one side. So I'll put another pillow under it.

Peter:

And you shouldn't be waking up in the middle of the night. You should close your eyes and wake up and it's morning.

Dave:

That's what everyone who doesn't have kids says.

Peter:

I have kids I swear.

Dave:

Sometimes you wake up in the middle of the night. Yeah, I generally sleep through the night. That's a good point. All right, let's talk about heart rate variability. You've done a lot of work with that. And for listeners who are new to the show, heart rate variability is one of the primary things you look at as a biohacker and it's a change in the spacing between your heartbeats.

Dave:

And it says how recovered or how stressed your body is. And you can measure with an aura ring, you can train it. And if there're tons of stuff on my website about it, because it's something you can consciously control and something that stress unconsciously controls.

Dave:

So when you wake up and you've had a high heart rate variability means you recovered well. And if you have low heart rate variability, you didn't recover well. What have you learned about sleep position and heart rate variability?

Peter:

I think what we do is we talk about... When I talk about sleep, and really, why do people want to sleep more? It's just like plugging in your iPhone, right? You want more performance? Think about having 30% more performance in bed. There's 30% more performance in your relationships, and your love life. 30% more performance at work, being able to produce. When you wake up, and your partner has energy and you're drained because you didn't sleep well, it's affecting your life.

Peter:

Sleep affects everything. My main purpose in life is to live our potential. Is to show people how to live and express their potential. So we were looking at heart rate variability, and heart rate variability is, you're correct, it shows you how ready you are for the day. So you have two different types of nervous systems. You have sympathetic nervous system and parasympathetic nervous system.

Peter:

When the sympathetic nervous system is at play, your heart rate becomes more regular. When the parasympathetic nervous system is at play. There's more variability in your heart rate kind of counterintuitive to what you think. So you can look at heart rate variability and say, "If I have heart rate variability, and let's say, let's just call it 100.

Peter:

And we know that people don't typically get to a hundred. But let's say you have a heart rate variability of 100. Well, when you have a heart rate variability that's 30% less, you wake up drained, unproductive, not feeling well, changing just your sleeping position and nothing else in life will improve your heart rate variability by 30%.

Dave:

That is a very solid data point. Anyone who's listened for a while, understands that means you recover better if you change your sleeping position. So, this is kind of geeky, nerdy stuff. Like really, it matters that much. Like I have a nice bed, whatever. Look, you tweak your pillow, tweak the angle of your bed, do whatever it takes to sleep better.

Dave:

But if you're saying just changing this is base of the Neck Nest, just supporting the neck the way it does that is enough to cause that big of a change. So there's average heart rate variability all night and then there's peak. Does it matter when the peak is, does it matter how big the peak versus averages?

Peter:

Oh my God, this is so variable Dave, and it does because we have energy spikes, right? So adrenal energy spikes. And typically in general, let's just average it out. Your energy spikes are going to follow your body core temperature, right? So there'll be at like midnight and let's say noon. So you want to be in deep sleep before your energy spike. So you want to be in deep sleep before midnight.

Peter:

So what I tell my clients is, every hour of sleep you get before midnight is worth two hours of sleep after midnight. So if you want to, I don't promote this, but be able to perform with less sleep, the earlier you go to bed, the more likely you are going to be, to be able to do that because most people are further in the whole Ayurvedic world, and you're going to... You want to be in deep sleep where you get your maximum healing during sleep at midnight.

Dave:

About 15% of people though, have a later circadian rhythm according to Michael Bruce, who's been on the show a couple of times. So again, I'm one of those. I tend to go to bed later, although I've changed that with the stuff and fastest way moving my circadian window up. So I'm going to bed around 10:30-ish, which has never happened in my entire life until I mixed light timing and food timing in the right way.

Dave:

But like last night it was an interesting night. So I use a device that I send out samples in the last Dave Asprey curated box, daveaspreybox.com guys, if you don't know about that thing I'm doing it for eight years to kind of send cool stuff out. And this is a PEMF device, but it generally helps to raise my HRV. So I peaked at 101 last night.

Peter:

What time?

Dave:

That was right after I went to sleep, let me look at this really quick. I'm looking at my Oura ring score now. So I love being able to do like personal biohacking questions from experts. Actually there it is. Let's see. So, within 20 minutes of going to sleep.

Peter:

Good.

Dave:

I peaked at 100 and my average is 53. So it's like it's high at the beginning and it slowly goes down over the course of the night.

Peter:

Good. What time did you go to bed?

Dave:

Last night was pretty unusual. I went to sleep at 12:52 AM.

Peter:

Yeah. So you're going to bed close to your energy spike. So your body is going right into that energy spike to try to get in. What time was your deep sleep? It should have been shortly right after you went to bed.

Dave:

I had a small battled deep sleep at the same time. And then I had a bunch of deep sleep between like two and four. So it wasn't a fantastic night of sleep, I slept five hours because I had to wake up early to drop the kids off. But I was doing cool research. And when I get into research mode, my brain does that, and I don't mind. But what I found is that if I sleep five or six hours, my average heart rate variability is higher.

Dave:

If I sleep seven hours or seven and a half hours, my average always drops. So it's sort of like compressed sleep equals higher heart rate variability to recover in the time you've got. But no one's ever been able to answer whether that's normal, whether I'm a freak. Have you seen that in the data you've looked at?

Peter:

Yeah. So let's dive into that. It always depends on the activity a couple of days before. So I don't get great deep sleep every night. Here's the thing, and I'm still working on this. I've looked at thousands, so many different days of data and I'm looking at every aspect of these. I geek out on data. I love it. I don't believe you need deep sleep every night.

Dave:

Holy crap. That's kind of surprising.

Peter:

I know, I know. I believe deep sleep every night is due to some sort of dysfunction. I'm looking into this, that this is... Hold on, hold on, hold on.

Dave:

You said it's a little crazy here.

Peter:

No, I know. I know. I know. So, if I exercise and I exercise a lot and my body requires a lot of recovery. My deep sleep will go to an hour and a half. If I'm really recovered and I'm really well rested and I don't exercise and I'm keeping my daily rituals pretty stable. I won't get a lot of deep sleep that night. I'll only get a half an hour of deep sleep. So my deep sleep varies based on the activity I do 24, 48 hours earlier.

Dave:

And this is why people who over train always need way more sleep because they're trying to make up for it. So I'm looking at my numbers. This is just from last night, and this is less sleep than I normally get. So five hours and one minute of sleep. But I got an hour and two minutes of REM and an hour and three minutes of deep sleep. And I feel perfectly fine.

Dave:

And that's more of, a lot of people get in seven or eight hours, but normally I get close to an hour and a half to two hours of each of those. But I always notice this, if it's a really short night's sleep, my heart rate variability is stupidly high. And if it's a long night's sleep, even if I feel great in the morning, my average is much lower. And it sounds like that maybe just a function of how tired you were when you went to bed maybe.

Peter:

It's a function of how tired you were when you went to bed. It's also a function of, what I would need to do is I would need to accept you into my sleep platform, look at all of your data and see how consistent it is. Because just like that the body works like this. You eat a salad today and then McDonald's every other day that salad doesn't mean that much. So I need to see, I take your word for it. I love it. I love it. I love it. But I would need to extrapolate a lot of data in order to come up with that analysis.

Dave:

Got it. Well, I'm interested. I'm going to ask my friends at Aura as well. I guess I'm an advisor investor and it's an easy thing to do. So I'm going to have to find this out because it's possible that you just can have higher recovery in shorter periods of time because your body knows you need it. Or maybe I'm a freak. Those are both possibilities.

Peter:

And what's your core temperature in those days? Core temperature plays a big role in how quick you recover too.

Dave:

Body temperature was 0.6 degrees below whatever they're looking at. So it was relatively low. Actually, I had a good night's sleep, woke up fully refreshed. Did my morning practice, everything's good and dropped the kids off at school and whatever. So I wouldn't say five hours a night is enough on average. But six and a half is at least according to my research.

Dave:

One thing, if you're listening to this, I always ask guests who talked about something they've made for a discount for listeners. If you go to necknest.com/dave, it's about 67% off the full boat of all this stuff that he has, which is like the sleep package and the Neck Nest pillow and all that kind of stuff. So a meaningful discount there, and lots of cool stuff.

Dave:

So if you want to play around with your sleep, this is a good way to do it. And I have used this pretty extensively, and I would say it is worth your attention, especially if you have back pain when you sleep. I don't have back pain when I sleep anymore. It's highly unusual, but if I sleep in a weird position, I would. I just don't sleep in a weird position.

Dave:

I am a back sleeper, even though the studies that talk about putting the heart up higher are interesting. I think that's a kind of for when you raise the height of your bed. So if we're talking about the full stack... And I want you to poke holes in my stack Peter.

Dave:

So I take all the supplements. The things I've talked about supplement wise, we won't worry about that. There's plenty of blog posts on my side about that, but I ideally would be using my Neck Nest, it just hasn't arrived yet, but this is what I did until I left it in a hotel.

Dave:

So you put it under your neck, you're getting some traction. I sleep on my back, right? I've got a weighted blanket. One of the Baloo weighted blankets, I've got the sleep crown, I've got a bite guard in, you don't grind your teeth, it keeps your jaw aligned. I've got my mouth taped close, and sometimes I'll use the little nasal expander ring, which I don't always do.

Dave:

So I do that and I'm laying on my back and I've got my arms kind of opened up. So my shoulders are open a little bit. And I sleep like so well. I mean, stupidly well, compared to anytime I ever have in my entire life. Right? But I look probably like some kind of sarcophagus thing. I don't really know. What am I doing right or wrong there? Oh, and my bed is elevated six inches at the head. I think I mentioned that.

Peter:

So as far as I would say, weight is good because weight feels like protection. One of the key things that I find with my patients, clients, is I would ask the question, "How do you regulate your body core temperature?" Because core temperature is significantly important when you come to deep sleep and quality of sleep and it sounds like you're doing a great job.

Peter:

The recommendations that are currently out there I believe are wrong. And I look at them as being wrong, coming from an allostatic place. The body only really cares about the core. It doesn't care about your arms and your legs. Your arms and your legs can drop down to whatever temperature it wants to be, but your core needs to stay at 98 degrees. Actually in order to get into a deep sleep, it drops two degrees.

Peter:

So I believe that people should use covers just to cover their torso and have their arms and their legs exposed as radiators. I do recommend like some people putting socks on and you're keeping your hands warm because that's the extremity. Your body temperature regulates out your hands and your feet. And that all comes to some that's called allostatic load.

Peter:

So the reason why people get sick is because, or they get worn down is because of energy drains. So one of the hierarchies is body core temperature. So your body will drain all resources in order to keep the body core temperature warm. It'll suppress immune system, it'll suppress reproductive system. It goes into a sympathetic state. So when your body core temperature is not protected like your sleep is, it throws people into dysfunction.

Peter:

And you can actually wake up and use more energy because your body's trying to fight to stay warm. So what we do is we cool out the hands and the feet.

Dave:

There's some pretty good research. I think I was the first guy to talk about the Chili Sleep System many years ago before they came out with a new one.

Peter:

Which I love it. Yup.

Dave:

Okay. So you love that. So I actually have one of those. I don't use it every night, but I do. I have an eight sleep mattress that has some built in cooling as well, and I use that sometimes. I actually have like a sleep lab up here. I have a separate bedroom with weird stuff in it to test what works for sleeping, because like I'm a nerd and I'm a professional biohacker.

Dave:

So I do find that cooling the mattress really helps, but that's going to lower my core temperature. That's kind of flies in the face of what you're saying.

Peter:

No. So you need to lower your core temperature, right? But your body heat... This is a really interesting dance that we've been playing with. I like the chiliPAD, because your core temperature follows the

circadian rhythm. So you can set your chiliPAD to raise and lower throughout the night to be able to match that circadian rhythm.

Dave:

Okay. You're not just cooling.

Peter:

No, you want to cool and warm. Right? And then it all depends on... Because listen, I love exercise. I exercised so much the other night, I almost threw up, but I got horrible sleep that night because when you exercise, you're stimulating your metabolism. I chilled out with my chiliPAD, so that helps me get better sleep, but we have to understand that temperature regulation is super important.

Peter:

So if you're looking at a winter night where you're keeping your room really, really, really cold, and you have the ability for your body to temperature regulate out your hands and your arms, you don't need cooling, because your body is controlling that temperature. So you have to take room temperature, how much food you ate, how much you exercise. So it's a dance and that's everything that we teach in the sleep quest.

Dave:

Very cool. That makes a lot of sense. And of course you can open a window and cool things down. And that's actually something I did last night as well, because we have tons of frogs outside right now. So I'm like, "I'll listen to the frogs and I go to sleep". So it was really cold when I woke up. So maybe that helped me get 101 on my heart variability, but it's intriguing.

Dave:

These are all things people can play with. And once people get a Neck Nest, I know that you're giving them your whole course and all the different sleeping stuff, which is totally worth paying attention to. So I appreciate your level of sleep nerdiness, because we definitely both think about the same kinds of weird things you can do.

Dave:

And there's a noticeable difference from having that traction. And I absolutely noticed after... It took about three months of using the Neck Nest after you first gave it to me at that event, where I noticed my chest was out more and my head was further back and you don't want kyphosis when you head comes forward.

Dave:

One thing we haven't talked about is lymphatic drainage. Kind of walk me through what happens with lymphatic drainage and neck angle or back angle and things like that.

Peter:

So there's lymphatic drainage and this glymphatic drainage. One of the things is, when we talk about, or when people talk about sleeping position, glymphatic drainage is this, your brain and your neural tissue

needs to detoxify, and it does so at night. And there's this flow of cerebral spinal fluid that occurs. There's an influx and then there's an outflux of flow.

Peter:

So when you go horizontal, your joints don't get blood supply, so they swell. So there's a swelling that occurs at night and it's thought that that swelling occurs more effortlessly when you're sleeping on your side. And that's based on a research study, and people challenge me on that all the time, because I talk about back sleeping and then people talk about "No, but the research says that glymphatic drainage happens more efficiently on your side".

Peter:

And I know that glymphatic drainage is critically important, the cervical alignment and the cervical spine alignment is critically important in the glymphatic drainage. So I had to go find this research article, and I'm going to put up a picture for you Dave. Tell me if these two spines, do you think might react differently? Here it comes okay. So the spine on the left is the one that the research study was done on.

Dave:

That would be our right, because of the camera. It looks like a politician as far as I can tell.

Peter:

Yeah.

Dave:

Oh no, that's a rat, I'm sorry.

Peter:

That's a rat. And the spine on the other side is a human spine. So when you look at the cervical spine, here it's curved, when you look at the cervical spine in the rat, is reversed. So in the study, that everybody's placing all of this information on, "Oh, no side sleeping is better," is based on a rat. And in this study, it says special statement.

Peter:

"This is based on a rodent. We're extrapolating that side posture sleeping is better in humans also." And then I looked and everybody started quoting it. Saying, "Side sleeping, side sleeping, side sleeping." And it just doesn't make sense to me, because I'm like, glymphatic drainage happens most efficiently, it swells at night, and when you walk and you get mobile, that's when the flow happens.

Peter:

And it's critically important that your cervical curve, you maintain a healthy cervical curve to decrease dural pressure and allow that alignment of that cervical curve to be able to allow for that drainage to come out of the brain and down through the CSF.

Peter:

So when we talk about glymphatic drainage and lymph drainage, when you're looking at just drainage as the issue, that's one thing. But when you're looking at... That's the research, you're looking at the wrong

variables. The most important variable about sleeping is reversing the damage effect of the modern day lifestyle.

Peter:

Being on a computer all day, texting all day, our spines are getting destroyed. Our sleep scores are getting destroyed because we're tossing and turning all night long. You can fix your spine while you sleep, get 30% better sleep scores by just changing your position, and you can virtually eliminate neck and back pain by doing it while you sleep. It's crazy to me that we're a side sleeping culture, and I am trying to do my part to create the happiest, healthiest, most well-rested people on earth by teaching them how to sleep in a different position.

Dave:

Very well said. And it's one of those things... It's something that doesn't take any more time than what you already do. You just get more benefits, and those are the most powerful biohacks that you can possibly have. You ready for a couple audience questions?

Peter:

Absolutely. I love it. Let's do it.

Dave:

All right. Let's bring Holly up.

Holly:

I was just wondering what the Neck Nest always fought with pillows to get it to put under the neck so I could balance the weight. So I loved you describing the counterweight aspect of it, but is there any data or research you've done with what the Neck Nest might do for relieving TMJ symptoms?

Peter:

Without a doubt. So I had a maxi lingo-ologist. I don't know, the maxiologist? The people that work on the mouth and the TMJ, on a podcast that we will be releasing. It's a sleep podcast. And the entire episode was about the TMJ. Because what she did, which I thought was brilliant, is she related... And is the only person that has ever thrown out Wolff's law back at me.

Peter:

She's like, "You know, due to Wolff's law, the tissue aligns based on the stresses that it's under." So when you sleep on your side, you're breaking down the maxilla, and you're causing temporomandibular dysfunction because of side sleeping. We have thousands of people now in the Neck Nest, and we do a weekly call.

Peter:

And what I like is that we've gotten so many more testimonials, not just on improved sleep, but they're saying, my wrinkles on my face aren't happening as much, and my TMJ is doing better. My headaches are gone, and that is all because of sleeping with proper alignment. So, yes, to answer your question, it will help by removing dural pressure at the base of the occiput, those muscles come over and attach to the TMJ on the backside, I'm working with dentists now, it does release the tension in the TMJ.

Dave:

Very cool. That's a solid answer. All right. I would just say, fixing TMJ is one of the most important things you can do to live a long time. And there's a very, very old episode of Bulletproof Radio with Dwight Jennings, I talked about that. I spent a couple years with bite alignment adjustments and all that stuff to get rid of lifelong TMJ. It actually changes the shape of your jaw.

Dave:

And interestingly, James Nestor, when he came on, talked about doing something similar, just realigning the jaw. So I'm not talking about breaking the jaw with surgery, I'm talking about just over the course of a year to designing the jaw, so it affects your nervous system in the right way. And since the jaw and the vagal nerve are so intimately connected via the trigeminal nerve.

Dave:

It's no wonder if your jaw is tweaked. You're going to have stress in the vagal nerve, which controls stress even in the gut throughout the body. And if you have a misalignment of your spine, it's going to affect your vehicle nerve, which affects your gut, affects pain receptors throughout the body and all.

Dave:

So in an ideal world, you get rid of the TMJ and you sleep in a good position, or you get your adjustments, you do what it takes so that your spine works properly, and you have way less pain and strangely better sleep, better digestion, less inflammatory response.

Dave:

These are fundamental things to performing well. So I love that you asked that question, Holly, thank you. Anyone else from the collective want to ask a question of Dr. Peter Martone? Raise your hand now or forever hold your peace. Let's see if someone types a question. I think we're good with questions. Everyone's just looking at me like deer in the headlights, except for Bonnie. She doesn't look like a deer.

Peter:

And then one thing too in closing, just to allow people, you got to watch your food intake, right? And how much food you eat before you go to bed. That's significantly important. Because the by-product of food is heat. And remember, you got to protect your body core temperature. So the body will detox at night. It raises your temperature, body metabolize food at night, raises your body's core temperature.

Peter:

Exercise at night raises your body core temperature. So, some hints or things to do to be able to improve your sleep, cut your food out at least four hours before you go to bed. Now, if you want to eat something light, so your blood sugar level doesn't drop so good you can do that, but just watch your food intake.

Dave:

That's cool. I would just say five hours before a bed don't eat, if you really want to be maximum for that at least three hours. There's so much good data about that. And fastest way, I went pretty deep on that. And so yeah. Eating right before bed, it doesn't... I'm going to say it probably doesn't matter if you have a Neck Nest. If you eat right before bed, you're probably not going to get a good night's sleep. You're

probably better with a Neck Nest, but it's still not going to be good and that midnight snack is so incredibly, incredibly harmful.

Dave:

Well, thank you for sharing all of this sleep wisdom. We already mentioned the code, but necknest.com/dave. You've got a pretty massive offer there. And guys, whether you're with Upgrade Collective, thanks Holly, for your question. Or whether you're listening wherever and however you like to listen, start paying attention to your sleep. You do it every night.

Dave:

And if you do it a little bit better, whether it's via technology, like the stuff we just talked about, whether it's via adjusting your pillow, whether it's via sleeping in a different position or temperature of your room, color of your lights. So many of the biohacks I've talked about end up revolving around sleep. I did not believe this 15 years ago.

Dave:

I'm like, "Can I just not sleep?" Now I'm like, "Can I get just amazing sleep? I don't want that much of it, but I want it to be really good." And if you just start tweaking on that, your overall stress goes down, your performance goes up. So it's one of the cheapest and easiest biohacks you could ever do. Sleep, sleep, sleep. I will see you guys on the next episode.

Dave:

And Peter, thank you again for your deep knowledge.

Peter:

Thank you so much. Thanks for having me.