

[240: Resiliency Radio with Dr. Jill: The 5 Causes of Insomnia: How to Sleep Well Naturally!](#)

Dr. Jill 00:00

Hey everybody, it's Dr. Jill, and thank you for joining us for another episode of *Resiliency Radio*, your go-to podcast for the most cutting-edge insights in integrative and functional medicine. Of course, I'm your host, Dr. Jill, and with each episode, we dive into the heart of healing and personal transformation. I love bringing on friends, colleagues, experts, and renowned world leaders in the world of biohacking, functional medicine, integrative medicine, and all things related to your health and optimal healing.

Dr. Jill 00:26

The goal here is to bring resources and information—and like you guys, I learned something on every single episode—so that you can thrive. And I feel like more than ever before in the new year, life is going at an accelerated pace. So we need the grounding and the resources of friends, family, and experts in our lives helping us to achieve the best version of ourselves.

Dr. Jill 00:48

Today, I'm interviewing a friend that I have known ever since I moved to Boulder. I think it was early on that we met, and I have always respected her work. And today we're going to talk about a topic I bet is near and dear to many of your hearts because if you don't suffer from sleep issues, then probably someone you know does. Today—the title—we're going to talk about the five types of insomnia and how to sleep well naturally through root cause healing. And we're going to talk to an expert and someone who I've always admired who does the work.

Dr. Jill 01:13

Dr. Damiana Corca is a Doctor of Acupuncture in Chinese medicine as well as a certified functional medicine practitioner, and she specializes in sleep disorders. The unique replenishing sleep framework is shared in her book, *The Deep Blue Sleep*. It's the culmination of thousands of sleep healing sessions for more than a decade in clinical practice. She practices in the beautiful Boulder, Colorado—so we're neighbors—and she helps people sleep well all over the world also by telehealth.

Welcome, Damiana! Thanks for coming on.

Dr. Damiana Corca 01:40

Thank you for having me. I so appreciate this. And happy new year.

Dr. Jill 01:43

You are so welcome, and I'm so glad to have you. I would say the foundation of what I do too is [that] before we do anything with diet, nutrition, exercise, supplements, an infection, or toxin, we must be sleeping.

Before we dive into the five types of sleep disorders, I want to know your story. Tell me: How did you get into acupuncture, traditional Chinese medicine? Did you always know you're a healer? What was your path to what you do today?

Dr. Damiana Corca 02:12

I think deep down I always felt this intuition that I'm going to go toward that healing side. But I had no idea how it was going to unfold. And actually, I went to school to be a teacher, and then I didn't like that. Then I went to school to be a lawyer for a couple of years. This was back in Romania, in Transilvania. It was about a year and a half into law school, and I had this distinct thought that said: "Oh my gosh, if I continue, I will become a lawyer." You'd think that would be obvious but it was such a moment of like: "If I follow through, I will become what I'm doing, and I don't want to be that."

Dr. Damiana Corca 02:56

And then life happened, and it kind of fell on my lap. I call it one of those godlike moments when God does its thing. I went to acupuncture school in Florida and never even had an acupuncture session for myself in my life, which is very unusual. Most people have acupuncture, they love it, or they had an experience that was life-changing, and then they go study acupuncture. And it wasn't the truth for me. I [had] just met my now ex-husband. We have different people in our lives who serve different purposes, and I'm thankful to him for that because he introduced me to acupuncture.

Dr. Jill 03:36

Wow, I love the story because [of] what you highlighted there and I think listeners

can relate. And I think more than ever people are feeling this sense of: "Am I really doing my life's work? Am I really where I'm supposed to be? Do I have joy in waking up every day and going out in whatever it is that I do?" And you can be manufacturing car parts, you can be teaching, healing, or you can be any number of things, and you can have joy in what you do.

Dr. Jill 03:58

But I love this, and I want to pause here because if you're out there listening and you're feeling this unrest, I encourage you. And like you, I believe in a higher power. Oftentimes, we have a still, small voice that's very quiet, and if we're not listening and paying attention, sometimes it gets louder, and sometimes eventually it stops speaking altogether and we get into our root. But I just want to encourage you out there if you're feeling that little feeling like, "Maybe there's something more," there probably is. And what happens is—just like, Damiana, your journey—at least in my life, as I put myself out there and say, "God, what would you have me to do? What are the next steps?" he brings people, resources. And sometimes they're temporary for a time.

Dr. Jill 04:38

I look at my ex-husband. He helped me start the practice that I have now. That was a time and now it's not there. I'm grateful for him for that. So I do believe there's this ability for resources and people. And I always say [that] often it's beyond our capacity. So we do our part. We show up. We do this. You enrolled in school. And then the people, the resources, and the excitement start to confirm our suspicion that we're on that path. So I just want to pause because I think that's so important. And thank you for sharing your journey.

Dr. Jill 05:05

So then you got into acupuncture, which, again, you are esteemed. And I just love the work that you do. How did you get into thinking about insomnia?—because I have not met a lot of acupuncturists who focus solely on sleep disorders.

Dr. Damiana Corca 05:21

I remember having that thought in school. I thought: "I am pretty smart but I'm not that smart to be able to know everything." So I was like: "Oh, if I specialize, I'll probably be able to dive into that subject more." While I was in school, I thought I'd

specialize in neurological disorders because my dad had early-onset Alzheimer's disease at 60. He passed away at 65. And of course, from 14 to 17 or 18 years old, it left an impression on me. When I went to college in my 20s, I thought, "That's something I'm passionate about." So I studied and studied and then moved to Boulder, and it didn't feel right. I actually started feeling kind of depressed, and I didn't love it.

Dr. Damiana Corca 06:07

I remember—this was maybe 2011 or 2012—I was talking to someone and I thought: "I do need to focus on something. I just don't know what it is." It just came out of my mouth, and I said: "Oh, a lot of my patients don't sleep well, and I seem to keep focusing on them sleeping well, and when they do, everything else gets better." And as I said that out loud, I thought, "Oh, that's interesting." Gradually over a couple of years, I studied more, and then I loved it, and people came. And I thought, "This is what I want to do."

Dr. Jill 06:42

And once again you put yourself out there and then all of a sudden the reassurance of the universe brings the people and stuff. I think you and I talked really early on when you decided because I remember you calling me and we talked. I remember you saying, "I think now I'm going to go in this direction." And my heart was like, "Yes!" because I knew that it's such a big deal for people who aren't sleeping. And if you're out there and you're not sleeping, you know. You're like: "Yes, anything that can help."

Dr. Jill 07:05

So you've been doing this now with sleep, and you have a book out: *The Deep Blue Sleep*. We'll make sure people can find that and get a copy if they want. It's now also recorded on Audible and audio. We talked about that too.

What have you seen then in your path here? Let's just talk about the five types of insomnia. How do you classify it—framework—for those who are suffering?

Dr. Damiana Corca 07:26

The framework came from Chinese medicine's perspective and then I integrated it within functional medicine because it seemed to fit so well. And there are five

types. We have the anxious type, the overthinking type, the overtaxed type, the depleted type, and the overburdened type. These types are not meant to be labels, necessarily.

Dr. Damiana Corca 07:55

One day when I sat down, I thought: If I could classify how insomnia shows up in people and how I try to help them every day to feel better, it seems like the types of insomnia categorized this way give the most results. And hopefully today we'll go over these, and I can explain and then it will make a lot more sense why the names and how this all fits and what the root causes are, especially from the functional medicine perspective, which is what my book is rooted in for sure.

Dr. Jill 08:32

Yes, let's dive in because I'm anxious to hear, starting with the anxious type. I love it. And as you just said those names, I can picture [it]. Patients are coming to mind of each type. So let's dive in and just give us the types. Give us how that would present, and then we could dive into what you do differently for each type.

Dr. Damiana Corca 08:50

Yeah. The anxious type—I believe that most people who have insomnia think they have anxiety, but it actually can show up differently. This anxious type is often driven by anxiety, and sometimes it's around not sleeping in itself. So there is a vicious cycle that happens where the anxiety worsens the ability to fall asleep, and then that exacerbates anxiety further. But anyway, the main problem [is] if you struggle with falling asleep—like spending an hour or sometimes two hours, or several hours, but usually it's around two hours just lying awake—[and] anxiety kicks in. That's the anxious type. There is a secondary type that I see with the anxious type—it's early awakening—but it's not as common. So trouble falling asleep is the main thing.

Dr. Damiana Corca 09:42

Let me tell you a little bit about how I see it in the clinic—how we can show up and how we can develop. [In] late teens [and] early adulthood, there can be erratic sleep patterns fueled by late nights as teenagers, electronic use, and inconsistent schedules. That can lead to that type of anxious insomnia, especially when people then try to have a regular schedule because now they have jobs; they're not in

college anymore. Or if it doesn't start out early, it can start in the mid-30s. I feel like a lot of women—men too—[deal with] life's demands, career demands, pressure, relationship stress, [and] sometimes giving birth and caring for kids and such. This type can also show up with perimenopause and menopause with the hormonal changes, cortisol level changes, and such.

Dr. Damiana Corca 10:42

As you can see, this type of insomnia can span over decades. For some people, it can start in their 20s. For some in their 30s. For some, even in their 40s. But what's common is that anxiety—the trouble falling asleep. And you've heard this, I bet: The wired and tired feeling in the evening and such. People tend to want to read and then they put the book down. And sometimes that helps. And sometimes they're wide awake, which is very, very, very frustrating when that happens.

Dr. Damiana Corca 11:15

There are two different ways—they work together on how to solve this type of insomnia. For every type of insomnia, working with nourishing rituals, prioritizing slowing down, prioritizing rest and winding down, and also planned naps can be really, really helpful. I know sometimes we have such busy lives, and you could say: "Who has time for naps?" But I've worked with a lot of patients, and most people seem to find 20 minutes in the middle of the day. Tell them if they can just lie down to rest, even if they don't fall asleep. That cues the parasympathetic nervous system that everything is okay, it's safe, and it breaks down that pattern of going, going, going, going, going that leads to more stress and anxiety and trouble falling asleep. And then winding down in the evening, using guided meditations, reading, and just prioritizing me time in the evening is really, really important.

Dr. Damiana Corca 12:17

And then working with a practitioner. Then we want to look at adrenal health. And the cortisol can spike a little bit in the evening. Cortisol does so many wonderful things, but if it's imbalanced and spikes in the evening and raises just a little bit, we can feel that wired and tired feeling. And then, if it's more that you have trouble falling asleep in your 30s and 40s, we want to look at sex hormones as well because perimenopause can last up to 12 years. So slightly imbalanced sex hormones can also be rooted and cause trouble falling asleep. I would say [that] when it comes to the anxious type, those are the root causes and how to work with it.

Dr. Jill 13:12

Yeah, and it sounds real familiar. I can think of a lot of patients of mine that deal with that.

I love that you mentioned naps. I'm a huge fan of naps, and I can go lie down [for] 20 minutes, and my body almost knows without an alarm. And I go deep. I fall asleep, and I wake up so refreshed. But it's interesting; I never thought about it as a cue. Thank goodness I do sleep well.

Dr. Jill 13:33

But then I also have the rituals. If I want to go to bed by 10, I might start at 8:30 with getting my bath and stopping light devices and all those things. And that's just part of my habits because years ago in medical school, even when I wasn't getting sleep, I was like: "Okay, the foundation of healthy living is sleep, and I must sleep well." And then I started putting in just non-negotiable things for my sleep. And thank goodness, again, I sleep really well.

So what's the second type?

Dr. Damiana Corca 13:58

The second type is the overthinking type. Anxiety and overthinking—you could say they overlap some. But you'll see that this is a bit different. The sleep challenge here is often associated with racing thoughts and an overactive mind. I would say the most common root cause is digestive issues with the overthinking type. I like to point out this Chinese medicine concept: When we think of digesting, we don't just digest food but we also think of digesting thoughts. Back then, thousands of years ago, they knew about this gut-brain connection. They didn't use the words that we use nowadays. They didn't know exactly about the vagus nerve or the second brain or anything like that, but they definitely knew something. And I see this all the time in my practice.

Dr. Damiana Corca 15:02

The main trouble, the main type of insomnia here, is waking up around 1 or 2 a.m. feeling wide awake, usually for an hour or two. The mind is swirling with thoughts [or] work problems. But then sometimes it can be random thoughts or a song being

stuck in your head. So it doesn't necessarily have to be worries. It's just a constant processing and rumination.

Dr. Damiana Corca 15:29

There is a secondary type for the overthinking type. It's not as common but it can also show up with trouble falling asleep. The way it's different from the anxious type—the anxious type is wide awake and cannot fall asleep, period, but the overthinking type that has trouble falling asleep at the beginning of the night when first going to sleep will be in and out of sleep. They think they may have dozed off. Maybe not. The mind is very unfocused and such. In a sense, it's the same thing. It's just that the mind keeps processing. It can't let go. And that's hard because for some people it can go on for a long time, especially if it starts at the beginning of the night.

Dr. Damiana Corca 16:16

I said digestive issues are a main, main part but also blood sugar fluctuations. Low or high blood sugar can show up with those awakenings at 1–2 a.m. You wake up and you don't know what's going on. And then also hormonal changes. That's fairly common with perimenopause/menopause. Regardless if there are hot flashes or night sweats, I still see hormonal imbalances present there or perimenopause and imbalanced hormones. And unfortunately, for some women, the gut, the blood sugar, and the sex hormone changes can happen all at the same time. There are big connections between all of these three, especially in perimenopause or menopause as well.

Dr. Damiana Corca 17:06

When I work with my patients on this type of insomnia, there are two layers. First is the psychological aspect. How do I explain this? Do you know how we talk in gut health about leaky gut or intestinal permeability issues? Well, from the psychological perspective, I always think about leaky boundaries. We have a hard time letting the day be what it was and moving to the night, creating those boundaries so we can relax and let go. That's why for a lot of people, it is very important—if you have that type of mind that can't let go—to have a proper wind-down process. Sometimes it can be two or three hours, not even an hour, or an hour and a half.

Dr. Damiana Corca 17:53

But also [at] 5, 6, or 7 p.m., just write down all the things that circulate in your mind. And then every time the mind goes back, you can tell your mind: "No, it's on that piece of paper. I'm just going to let go right now. I'm just going to put that aside. And tomorrow morning, when I wake up, I'll deal with it," whether it's a complicated problem, a desperate problem, or just an easy thing like "I have to pay a bill, and I forgot again." It's easy.

Dr. Jill 18:21

I love that advice, because personally, again, I sleep really well. But what happens? I'll even walk into my office in the morning and say, "Hey, guys, I had a 2 a.m. thought." And I keep a journal by my bed. Now, they don't keep me awake, but I very often had something. Either it's very important that I need to follow up on a patient or follow up on a to-do. Or it might be a really good idea that I didn't have. And it'll wake me up at 2-3 a.m. Sometimes 4 a.m. And I will do that. I'll write it down. Or sometimes on my phone, I'll put something in. I'm half asleep. Just offload, and then I'll get it in the morning.

Dr. Jill 18:52

But I've had some of my most brilliant ideas on things that were really important to follow up on then. But I always know: "Just put it off. It'll be there in the morning," and then I go right back to sleep. So I love that you say that. It really is important because there is a piece of our subconscious that's brewing, and part of the dream state is chewing on the day and making sense of it. So I find I often have the best thoughts and the best reminders at 3 a.m. or 4 a.m.

Dr. Damiana Corca 19:16

Exactly. So whether it's a brilliant thought, a worrisome thought, or a song stuck in your head, it's like the same process. So the point is, can you go back to sleep as soon as possible?

Dr. Jill 19:27

And I love that because, for me, it's just like: "Oh, yeah, put it out there." And then I started having a journal by my bed because of that very thing. So I love that.

What's the third type? And how do we deal with that?

Dr. Damiana Corca 19:38

Yeah, so let me just finish this one. So again, working with a practitioner, we want to look at digestion, whether it's food sensitivities, an elimination diet, [or a] comprehensive stool test. Or if there might be small intestine bacterial overgrowth, a breast test. And then, if there is a blood sugar imbalance, I love the continuous glucose monitor, the CGMs. They're just so amazing because we get so much data that can tell us how to modify our diet and how to use supplements to heal that. And then the hormonal imbalances—maybe looking at saliva cortisol and also sex hormones to see how we can optimize those.

Dr. Damiana Corca 20:17

But yeah, the overtaxed type, as you see stress and anxiety and overthinking, is part of the first two. But this one is waking up too early in the morning. And this is not like 1 or 2 a.m. This is more like 3 or 4 a.m., or even an hour before the usual wake-up time. It's because of this modern, fast-paced lifestyle, constantly pushing boundaries and struggling to balance life and wind down properly.

Dr. Damiana Corca 20:45

Many people don't think about winding down when they have trouble waking up too early. But it's very important to wind down properly in the evening because if you don't and you don't have trouble falling asleep, you do fall asleep, and then you just sleep the minimum necessary to survive—which is about five hours; and you just survive; you don't thrive at all with five or six hours; you need more than that—the body wakes up and says: Okay, now wake up and deal with whatever problem! Whether it's some anxious problem or it's a physical stress on the body, the body will wake up. It's usually 3 or 4 a.m.

Dr. Damiana Corca 21:25

This is more common in men. Also in women. But I would say this is definitely more common in men. I see it a lot. Waking up too early, kind of physically exhausted, but the mental activity is like: "Okay, I'm ready for the day." And it doesn't make sense because you're not ready for the day, but the mind is, and it's really hard to fall asleep. Or if you lie in bed for about two hours, as soon as it's time to wake up, if you're like, "Okay, now I'm sleepy," it's too late.

Dr. Damiana Corca 21:52

[There's] a lot of stress with this one, whether it's unprocessed emotional stress, frustration, or fear. It could be a lifestyle stress from irregular hours, too much screen time before bedtime, or it could be intensified responsibilities that challenge the body. It can't really relax and sleep for seven and a half, eight, or nine hours. And it could also be physical stress that I see. It's not the main area, but definitely chronic inflammation and diagnosed infections. And we'll talk more. There is a different type that I'll talk about soon about mold and food sensitivities. So that's the overtaxed type.

Dr. Damiana Corca 22:39

Again, winding down is very, very important. Also, it's important to prioritize enough time for restful sleep. Sometimes we just don't give ourselves enough time in bed. We go to sleep too late, and then we wake up too early. It's when we're teenagers, you'd go to sleep at 2 a.m. and then sleep for the full eight or nine hours. It doesn't work as adults. If I go to sleep later than my usual time, I'll wake up too early—earlier than usual—because my body thought: Okay, something was wrong—why did you go to sleep at midnight instead of 10?

Dr. Damiana Corca 23:15

Using a lot of stress-regulating tools, such as meditation and adjusting the schedule. We don't want to overexercise or prioritize exercise early in the morning. We really want to allow enough time. Even though exercise is good for this type as well, just not at the expense of enough time in bed. That's very, very important. And then cortisol imbalance is a big thing. Sometimes sleep apnea can show up with this type, though the following couple of ones show up more commonly as well. So that's the third type.

Dr. Jill 23:48

Very good. On to type four. So good.

Dr. Damiana Corca 23:51

And then the depleted type—this is a little bit in its own special categories. People—similar to the previous one—also wake up after like four, five, or six hours. But it shows up in people [in their] 60s and above. It's different. They don't even feel stressed. They're just done. We notice a lot in the elder population. They're like, "I

don't know why I can't sleep." It's not like we don't need it. We need it badly, even more so as we age, but they just can't.

Dr. Damiana Corca 24:23

I feel like what's happening from the Chinese medicine perspective, and then, to put it in more modern terms, is [that] we have the yin and yang and then we have these yin fluids. From the modern perspective, these fluids, we think of sex hormones and neurotransmitters and maybe digestive enzymes and all of these necessary... In Chinese medicine, we call them fluids, but they're not that. But I just gave you some examples. But they're not in optimal ranges anymore. And that's to be expected as we age. They don't have to be as high as they were when we were 20 or 30, but we just have to have enough to maintain that longer sleep.

Dr. Damiana Corca 25:06

For this type, I feel like it takes longer to heal and it may never be perfect, but trying to identify... The neurotransmitters are really depleted. And whether we're working on the gut and making sure we digest protein so we can make tryptophan so we can make serotonin or just simply supplementing with the right things. Or if there are genetic factors, then work with someone who can look into that and say: "Oh my gosh, this COMT gene is really important for you. We should really look into that because I think it has a lot to do with your sleep." Or maybe it's chronic gut infections.

Dr. Damiana Corca 25:42

We want to look holistically and try to build everything just enough so you can sleep. It doesn't have to be perfect. People ask me: "Well, I am 75. I'm not 20 anymore." And the point is you don't have to have the same levels as when you were 20. We just need to have enough of those.

Dr. Jill 26:02

That makes a lot of sense. I've seen quite a few of those as well.

Dr. Damiana Corca 26:05

Yeah, and that's why—especially for this type and the other types too, but [for] this type and the following one—when people just try to take a medication and it doesn't work, you can see why. [It's] because it's just a little more complicated than

that. Sometimes the medication or the supplement works, but sometimes it doesn't because of that reason—because it's a little more complex.

Dr. Damiana Corca 26:28

And then the last type is the overburdened type. This is also its own special category. A lot of people describe it as [being] kind of restless all night long. They even say sometimes, "I feel like sometimes [it] pull[s] me out of sleep." For me, there is this irritant that doesn't allow them to sleep. There might be a depletion of certain things, but also, the main thing is the irritant, whether that is an infection like Epstein-Barr virus or it could be Lyme or mold.

Dr. Damiana Corca 27:03

Mold is a very common one. I had a patient today just like that. He says: "I'm tired, but I can function, and I feel like all night long I'm in and out of sleep." Then we tested and he has mold. He just got the results right now, and he was told by the lab that he's in the 7% upper limit. So he has a lot of mold in his house, basically. And it was just like by the book. It felt so validating. I'm like, "That makes so much sense to me," exactly how he described it. And that was the main problem for him.

Dr. Damiana Corca 27:39

Other issues could be heavy metals. A lot of gut imbalances that are very chronic can show up in this overburden. But sleep apnea also. Especially when it's moderate to severe, sleep apnea will feel like something pulls you out of sleep all night long. Some people are aware that their breathing is not quite right, and some people have no idea. They wake up in the morning exhausted and have no idea why. Then when it's more mild to moderate, I feel like sleep apnea can show up with early awakenings either in and out, like the second type, the anxious type, or the overtaxed type. But when it's more severe, I feel that this is how it shows up. So doing a sleep study is always helpful just to make sure that's not a factor.

Dr. Jill 28:28

Wow. It's so fascinating because I can, like I said, think of all kinds of patients in each of these categories. And it's interesting because with chronic complex illness like I do, I have a lot of the fifth type there that is much vaguer in a way. It's not real clear. Do you have in your book a quiz or a way for people to self [inaudible]?

Dr. Damiana Corca 28:50

Oh, yeah. I have a quiz on my website about the five types. It can help them figure it out. It is my own quiz, obviously. I did my best, but now a lot of people have taken it, and I feel like people who come into my practice take it, and it feels like maybe 80% to 90% matches.

Dr. Jill 29:09

Wow, that's pretty amazing.

What's your website? We'll mention it again. But for now, as people are listening, where do people find that?

Dr. Damiana Corca 29:16

It's my first and last name [followed by] .com. So it's DamianaCorca.com.

Dr. Jill 29:20

And go ahead and spell it just in case.

Dr. Damiana Corca 29:22

Yes. DamianaCorca.com.

Dr. Jill 29:28

Perfect. And of course, if you're listening or driving, don't write it down. We'll leave it in the show notes and everything for that.

I love these categories because it really, really helps to clarify. And even as you were going through it, patient after patient, [I was thinking], "Oh, yeah, that's probably that."

Dr. Jill 29:44

And obviously [as a] functional practitioner, you're not just looking at the acupuncture and traditional Chinese medicine—which is amazing—but also the hormones, the neurotransmitters. Do you take everyone through a workup or does it depend on the type that you have them fit into?—because it sounds like hormones, blood sugar, and neurotransmitters are common to many of these types. Is there any core workup that someone listening would want to ask their doctor about or do regardless of the type?

Dr. Damiana Corca 30:09

Yeah. I think basic bloodwork is helpful, looking at those optimal ranges. Because people are usually so desperate to get sleep, very often I will do the saliva cortisol testing. I do six samples throughout the day and one extra at night if they wake up in the middle of the night or too early. And then the neurotransmitter test. Now, the neurotransmitter test, I feel like there is not a lot of scientific data to show that it's valid, but I've used it since, I think, 2019. I tell people over and over again [that] I find it helpful because it takes a little bit of the guess out of the work. Whether serotonin, GABA, glycine, or all these calming neurotransmitters are a bit too low, usually, or dopamine, histamine, PEA, or whatever is too high, even if it's not exact, it gives me an idea of what's going on.

Dr. Damiana Corca 31:08

And that test is not even that expensive. It's around \$200. I find it so valuable first to see "What can we do immediately?" but also [to] read through the lines like, "Why is that high?" or "Why are those two things too high" or "too low?" There are usually some correlations, whether it is B6 deficiency or so many things, as you know.

Dr. Jill 31:28

I could not agree more and I love that because I have the same thing. I'm like, "The science is a little weak," so I'm always like, "Okay, this is how I frame it." But clinically, I have found it as well to be incredibly useful. And incredibly, when I do an intervention based on the data, I get results. So it's just my clinical experience like yours is. It's really good, and I use it. There are a couple of labs out there that do it. Do you have any preferences of who you use?

Dr. Damiana Corca 31:50

I use ZRT.

Dr. Jill 31:52

Excellent. I think Doctor's Data has one too.

Dr. Damiana Corca 31:55

I haven't used it. I mean, I could to just try it out, but [inaudible].

Dr. Jill 31:58

Yeah, I do too. ZRT was one of the ones I used in the beginning.

And then obviously sleep apnea is really huge that we want to rule that out. So you're probably sending them to a sleep study for many people just to be sure that you're not dealing with that.

Dr. Jill 32:12

One last topic we didn't cover that I think is interesting is children. I don't know how many children you see, but obviously, for teenagers who are staying up too late, screen time is a huge thing. There are a lot of other things that are in that population. But if there is an issue with a child—say 8 to 18 years old; I'm not talking about infants, of course—any issues that you would look at differently with a child who's suffering from insomnia?

Dr. Damiana Corca 32:38

How old, about?

Dr. Jill 32:39

Let's just say 16. Let's give it 16.

Dr. Damiana Corca 32:41

Oh, 16. Not much difference. I feel like once it goes above 15, 16, [there are] very similar issues. But a lot of anxiety. I feel like there is a lot of anxiety on how to function in this world that's changing so fast. And then whether there are gut issues or a tendency towards issues with neurotransmitters. And then it gets down to toxins where they're exposed to mold. These are the things that I most commonly see.

Dr. Jill 33:09

I couldn't agree more. And I find [that with the] kiddos, when we get those right, they turn around way quicker than us adults, right?

Dr. Damiana Corca 33:15

Yeah, exactly. Because they're so much more resilient. If you find the right thing immediately, it starts changing.

Dr. Jill 33:24

Dr. Corca, my friend, I'm so grateful that you years ago felt this calling into this area because it's so needed, and you do an amazing work. And it's really been fascinating to hear the categories and how simplified it's been. You're able to put that information out in a way that's so understandable. And I know the listeners have benefited. If people want to get your book or find [out] more about you, I know you mentioned the website. Is there anywhere else? Would you have the book on the website? Where do you recommend they get the book?

Dr. Damiana Corca 33:50

They can go to the website. Here is the book right here. But it is on Amazon. And it's available in the audio version. I know personally, I listen to books a lot, and then, if I really need to buy it on paperback... But also, people prefer that, and it's available as well. And yeah, my website, as I said, is my first and last name, DamianaCorca.com. The book is there. The quiz is there. I highly recommend the quiz.

Dr. Jill 34:16

Yeah, we'll link to that. If you're watching, I want to take the quiz. We'll check it out. Very, very good. And then, of course, if you guys are local—I do have a lot of people who listen that are local here—you're in Boulder, Colorado, right?

Dr. Damiana Corca 34:25

Yeah.

Dr. Jill 34:26

You're probably taking clients. And you mentioned virtually. Do you see patients virtually as well?

Dr. Damiana Corca 34:30

Yeah, I do. I consult with people. And thankfully, here in the US and Europe, it's so easy to use all the functional medicine testing. The large majority of my patients are still local, but the telehealth one is increasing more and more as I get more comfortable. I'm so used to using acupuncture together with functional medicine, but in the last couple of years, the other works just fine. So I'm happy to serve someone who doesn't live in Boulder, Colorado or the area through telehealth. I've helped a lot of people. But I still love my acupuncture, and if someone who's

listening is in the area, I'd be happy to help with both acupuncture and functional medicine.

Dr. Jill 35:12

Yeah, we were saying before we got on here: "You're so close [that] I have to come visit you and just say, 'Hey, I need to get a treatment.'" I have to get on the schedule.

Well, thank you so much for the work that you've done. Thank you for your book, *The Deep Blue Sleep*. You guys can find it on Amazon or DamianaCorca.com. And thanks again for your brilliant work in the world.

Dr. Jill 35:31

Hey, everybody, thanks for joining me on this great episode with Dr. Damiana Corca. I love those categories for sleep. And I know many of you who've suffered from insomnia probably found that really useful. I hope you'll go and take her quiz and check out her website, DamianaCorca.com. And, as you guys know, you can find all of the episodes here on JillCarnahan.com and transcriptions and recordings. Now we're all well on our way to almost 300 episodes. And if you're listening or watching on YouTube and you haven't yet subscribed, I hope you'll click that button to subscribe and be notified for new episodes. We have brand new episodes coming out each week on Wednesday. And stay tuned for more great information. I'll see you next week.