

A SABLE + SAND PROTOCOL

The Menopause Sleep Protocol

Twelve weeks. Three phases.
Built from the evidence.

Researched. Practical. Honest.

SECTION 01

Before you begin

Menopausal sleep is not a sleep hygiene problem. It is a chemistry problem. Treating it as one is what changes the outcome.

What this Protocol is

A twelve week plan in three phases. Stabilise (weeks one to four): the environmental anchors that address vasomotor fragmentation directly, the foundation supplement stack, and the cortisol overlay that protects the night. Deepen (weeks five to eight): identify which of the four menopausal sleep patterns is dominant for you, run the clinician conversation if HRT is on the table, and layer the targeted supplement that matches your pattern. Sustain (weeks nine to twelve): build the daily stack you keep and plan how this evolves through perimenopause into postmenopause.

Who it is for

Women in perimenopause and postmenopause where sleep is the loudest symptom. Women who have tried sleep hygiene, magnesium, and ashwagandha and concluded the standard advice is not enough. Women who wake at three in the morning drenched and cannot return to sleep. Women who are unrefreshed despite full hours in bed.

Who it is not for

Anyone whose perimenopausal symptoms are broader than sleep alone, where The Perimenopause Protocol is the broader companion. Anyone in active autoimmune flare, on thyroid medication, or pregnant or breastfeeding, where the herbal additions in this Protocol are contraindicated. The Protocol is educational and is not a substitute for medical care.

What is included

The full Protocol PDF you are reading. A seven day quick start companion to begin tomorrow night. A clinician conversation letter pitched at the published evidence rather than at deference. A printable symptom tracker. Brand free supplement guidance with the doses the trials actually used.

How long it takes

Twelve weeks. Most women notice the first shift inside the first five nights, on environmental changes alone. Sleep depth follows in week two. Mood and energy lag by a few weeks because they are downstream of the sleep, not parallel to it.

Read it once before you start. Then return to week one and follow the structure week by week.

SECTION 02

The science in one page

Progesterone is a literal sedative, not a metaphorical one. When it collapses in perimenopause, you have not just lost a hormone. You have lost your endogenous sleep aid.

Progesterone metabolises in the brain to a compound called allopregnanolone. Allopregnanolone binds the same site on the GABA-A receptor that benzodiazepines bind. The same site that zopiclone binds. The same site that diazepam binds. The drugs doctors prescribe for severe insomnia are pharmacological imitations of a process the female body runs on its own for forty years through the second half of every menstrual cycle. When progesterone goes erratic in perimenopause and then collapses in menopause, that endogenous activator stops arriving. The receptor is still there. Nothing is binding it.

This is the chemistry that explains why menopausal sleep is different. Sleep hygiene is fine for a healthy GABA system that needs to wind down. It is not an intervention strong enough to compensate for a missing neurosteroid. The supplement strategies that work in this Protocol (magnesium glycinate, glycine, theanine, ashwagandha) work because they all act on the GABA system in some way. Magnesium is a cofactor at the GABA receptor. Glycine is itself an inhibitory neurotransmitter and the form most studied for sleep architecture (3g of free glycine at bedtime in the Yamadera trials measurably increased slow wave sleep). Theanine elevates GABA directly. Ashwagandha modulates the HPA axis that interferes with sleep when cortisol stays high. The supplements that do not act on this system (most over the counter sleep aids, valerian at low doses, most teas) do not move the needle for menopausal sleep specifically.

The other half of the picture is temperature. Vasomotor symptoms (hot flushes and night sweats) drive 60 to 80% of the actual fragmentation episodes in menopausal sleep. The mechanism is not subtle: a flush raises core body temperature; the brain wakes you to thermoregulate; you do not return to deep sleep until the temperature drops. Cooling the bedroom to 16 to 18 degrees centigrade does more for vasomotor fragmentation than any supplement does, because it is acting directly on the mechanism. If hot flushes are your dominant symptom, sage leaf extract has the strongest non hormonal evidence (a 2011 Bommer trial showed a 64% reduction in hot flushes over eight weeks). And if vasomotor symptoms are severe, body identical oestradiol is the most direct intervention there is. Hence the clinician conversation in week six.

That is what this Protocol does. Phase one stabilises the bedroom and the foundation supplements. Phase two identifies your dominant pattern, runs the clinician conversation if HRT is on the table, and layers the targeted second supplement. Phase three is the daily stack

you keep. The body knows how to sleep. Your job is to give it back the chemical signals it has been missing, in the right combination, at the right times.

WEEK 1 . PHASE 1

The cooling environment

This week

Address vasomotor fragmentation directly. Most menopausal sleep disruption resolves by 30 to 50% on environment alone.

What you do

- Set the bedroom to 16 to 18 degrees centigrade. Use a thermometer for one night to confirm what the room actually does versus what the dial says.
- Switch to breathable bedding. Linen or 100% cotton sheets, a duvet rated for the warmer end of your tolerance (most women run a tog lower than they think), and a wool or natural fibre mattress topper if your current one runs hot.
- If you have a partner who runs warmer than you, separate duvets are not a relationship problem. They are a sleep solution.
- If hot flushes are severe, place a small fan within reach. The point is to be able to drop core temperature in under two minutes, not to wait for the room to cool.

Continued in the full Protocol

The full Protocol contains all twelve weeks plus the supplement card, the lab tests, the printable symptom tracker, and the clinician conversation letter. The seven day quick start sheet is included so you can begin tomorrow night.

Available at sableandsand.com/protocols/menopause-sleep-protocol. One payment of nineteen pounds. Lifetime updates included.