Physician Select Vitamins

a division of ALTUS

SLEEP AID

RESTFUL SLEEP FORMULA

Sleep Aid - Melatonin

Natural Medicines Comprehensive Database rates effectiveness based on scientific evidence according to the following scale: Effective, Likely Effective, Possibly Effective, Possibly Ineffective, Likely Ineffective, Ineffective, and Insufficient Evidence to Rate.

The effectiveness ratings for MELATONIN are as follows:

Likely effective for:

Sleeping problems in children with autism and mental retardation. Taking melatonin by mouth is helpful for disturbed sleep-wake cycles in children and adolescents with mental retardation, autism, and other central nervous system disorders. Melatonin also appears to shorten the time it takes for to children with developmental disabilities (cerebral palsy, autism, and mental retardation) to fall asleep.

Sleep disorders in blind people.

Possibly effective for:

Jet lag. Most research shows that melatonin can improve certain symptoms of jet lag such as alertness and movement coordination. Melatonin also seems to improve, to a lesser extent, other jet lag symptoms such as daytime sleepiness and tiredness. But, melatonin might not be effective for shortening the time it takes for people with jet lag to fall asleep.

Trouble sleeping (insomnia). Melatonin seems to be able to shorten the amount of time it takes to fall asleep, but only by about 12 minutes, according to one research study. Melatonin does not appear to significantly improve "sleep efficiency," the percentage of time that a person actually spends sleeping during the time set aside for sleeping. Some people say melatonin makes them sleep better, even though tests don't agree. There is some evidence that melatonin is more likely to help older people than younger people or children. This may be because older people have less melatonin in their bodies to start with.

There is some interest in finding out whether melatonin might help with "**secondary insomnia**." This is trouble sleeping that is related to other conditions such as Alzheimer's disease; depression; schizophrenia; hospitalization; and "ICU syndrome," sleep disturbances in the intensive care unit. Research to date suggests that melatonin might not help to reduce the time it takes to fall asleep in secondary insomnia, but it might improve sleep efficiency.

Cluster headaches. Taking 10 mg of melatonin by mouth every evening might reduce the number of cluster headaches. However, taking 2 mg of melatonin at bedtime doesn't seem to work.

Reducing anxiety before surgery. Melatonin used under the tongue seems to be as effective in reducing anxiety before surgery as midazolam, a conventional medication. It also seems to have fewer side effects in some people.

Helping elderly people sleep after they stop taking a type of drug called benzodiazepines. The controlled-release form of melatonin is the type that was shown to work for this.

Helping decrease symptoms in people who are **quitting smoking.** A single oral dose of 0.3 mg of melatonin taken 3.5 hours after stopping cigarettes seems to reduce anxiety, restlessness, irritability, depression, and cigarette craving over the next 10 hours.

Low blood platelets (thrombocytopenia).

Improving the **effectiveness of cancer medications** used to fight tumors in the breast, lung, kidney, liver, pancreas, stomach, colon, prostate, and decreasing some side effects of cancer treatment.

Decreasing symptoms of a movement disorder called tardive dyskinesia (TD).

Decreasing sunburn when applied to the skin in a cream form before going into the sun.

Possibly ineffective for:

Adjusting sleep schedule in people that do shift work.

http://www.nlm.nih.gov/medlineplus/druginfo/natural/940.html