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Herbal medication to cure insomnia

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Core tip

Herbal medicine has been used to treat insomnia in worldwide countries for centuries. There are many powerful plants in order to treatment of insomnia such as *Valerian*, *Chamomile*.

leep as a poorly understood biological process is associated with some disorder like insomnia, difficulty falling and/ or staying asleep. The function and molecular processes underlying sleep stay mysterious but are becoming brighter after many years of research (1). For thousands of years, based on experience and folk remedies plants have been used as treatments and continue to draw extensive notice due to their role in handling of mild and chronic diseases. Focus on plant research has promoted in the world recently and a large number of sign has been collected to emphasize the enormous capability of medicinal herbs used in different traditional systems of medicine (2). Insomnia is a mutual sleep disorder, prevalent in women and the elderly. Existing insomnia medications predominantly target the γ-aminobutyric acid (GABA) receptor, melatonin receptor, histamine receptor, orexin, and serotonin receptor (1). Valeriana officinalis is one the effective herbal drug in treatment of insomnia. Valerian mechanism of action is similar to benzodiazepines. As it relates to insomnia, benzodiazepines are known to accelerate sleep inception, decline nightly awakenings, and increase total sleep time. Benzodiazepines do this by expanding, the binding of the main inhibitory neurotransmitter, GABA to the GABA-A receptor (3). The other most effective herbal remedy for insomnia is Chamomile, commonly used for many human disorders such as insomnia, hay fever, inflammation, muscle spasms, menstrual ailments, ulcers, wounds, gastrointestinal disorders, rheumatic pain, and hemorrhoids (4). Customarily, chamomile preparations such as tea and essential oil aromatherapy have been consumed to treat insomnia and to induce sedation. Chamomile extracts exhibit benzodiazepine-like hypnotic activity. In a study, inhalation of the vapor of chamomile oil decreased a stress-induced

increase in plasma adrenocorticotropic hormone (ACTH) levels. The other co-administered chemical drugs with the chamomile oil vapor is diazepam that diminished the amount of ACTH, whereas flumazenile, a benzodiazepine antagonist stopped the influence of chamomile oil vapor on ACTH. Existing mixture in extracts of chamomile may attach BDZ and GABA receptors in the brain and might be responsible for some relaxing impact; but, many of these combinations are still unrevealed (4).

Herbal remedies usually contain complicated mix of compounds with unclear mechanisms of action. The Valeriana and Chamomile are two most effective herbal drugs with similar mechanism of action with most prescribe sleeping drugs such as benzodiazepine.

Author's contribution

SK solely contributed to this paper.

Conflicts of interest

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Ethical considerations

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References

- Shi Y, Dong JW, Zhao JH, Tang LN, Zhang JJ. Herbal insomnia medications that target gabaergic systems: a review of the psychopharmacological evidence. Neuropharmacol. 2014;12:289-302.
- Gohil KJ, Patel JA, Gajjar AK. Pharmacological review on centella asiatica: a potential herbal cure-all. Indian J Pharm Sci. 2010;72:546-56.
- Hirst A, Sloan R. Benzodiazepines and related drugs for insomnia in palliative care. Cochrane Database Syst Rev. 2002;CD003346.
- Srivastava JK, Shankar E, Gupta S. Chamomile: A herbal medicine of the past with bright future. Mol Med Report. 2010;3:895-901.

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