



COMMENTARY

Drugs used to Treat Insomnia with Chinese Principal Drugs In Shenzhen Hospital

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DESCRIPTION

This study evaluates drug use in the treatment of sleep-deprived patients in the Shenzhen Longyi Posse, as recorded by the Emergency Clinic Data Framework (HIS) of the Shenzhen Emergency Clinic, Beijing College of Chinese Medicine (Long Group). The most important prescription medications for sleep disorders related to restlessness and sadness are for tension and depression. Under European sleep deprivation regulations, benzodiazepines, benzodiazepine receptor agonists, and some antidepressants are effective in temporarily treating sleep deprivation, and herbal medicines are not recommended for treating sleep disorders. Xiaojia Ni conducted a meta-study on the efficacy of Chinese herbal medicines compared to sham treatments in sleep disorders and found Chinese medicine to be superior to sham treatments, although the types of studies included were pooled. Therefore, we thought that the adequacy of Chinese herbal medicines for sleep disorders and the adequacy of medication should be additionally evaluated at the Shenzhen Clinic of the Beijing University of Chinese Medicine (Long Posse). For benzodiazepines and non-benzodiazepines, meta-reviews showed no contrast between them. Regarding side effects, both benzodiazepines and non-benzodiazepines have the potential for resistance and trust. Use was found to be significantly higher than that of non-benzodiazepines. This is because we thought that Shenzhen Long Group benzodiazepines are more suitable for professional origin. For oryzanol and vitamin B6, approximately 14.82% of patients received oryzanol and approximately 4.76% of patients received vitamin B6. So far, research has not provided much evidence or generally suggested that oryzanol may help with sleep disorders. As for vitamin B6, Patrick Lemoine found that a mixture of melatonin, vitamin B6, and restorative botanicals may help treat sleep disorders. There was no evidence that it was effective in.

It was shown that there was no significant difference in ad-

verse effects and study dropouts between participants. We thought about this upsetting enemy and thought that antidepressants should be used especially in patients with comorbid distress and sleep deprivation. Regarding the association of side effects with different types of drugs, antidepressants and anxiety drugs were associated with fatigue, severe mood states, and vague states, whereas benzodiazepines and Chinese patented drugs were significantly less. It has been associated with many types of side effects. I felt that the lack of sleep in Shenzhen, the use of long-pack drugs, and the use of Chinese patented medicines and herbal medicines should be evaluated even more carefully. It was impressive that many Chinese herbal medicines and Chinese herbal patent medicines are used in Chinese medicine clinics. In any case, the use of herbal medicines has been lack of adequate survival assessment and recognition by preliminary clinical studies or significant evidence. More thorough first-class exploratory clinical investigations should be taught to assess specific validity in well-defined patients. In addition, we thought that non-benzodiazepines have some advantages over benzodiazepines and should be further developed in herbal emergency clinics. Some non-benzodiazepines, unlike conventional benzodiazepines, reduce stress during rest periods, reduce the impact on next-day psychomotor performance, and improve well-being. Overall, the drugs used for insomnia in the Chinese Emergency Hospital, Longposse, Shenzhen were mainly benzodiazepines, non-benzodiazepines, Chinese patented drugs, anti-neural and anti-traumatic drugs, oryzanol and vitamin B6. Oryzanol and vitamin B6 should be treated inappropriately in the herbal emergency room, and the use of herbal medicines should be reviewed more thoroughly.

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CONFLICTS OF INTEREST

Author declares that there is no conflicts of interest.