Sleep paralysis (Kaboos or Bakhtak in Persian) a transient state of inability to move or speak that usually seen during the patient’s transitions between wakefulness and sleep, characterized by an inability to move muscles. It is often accompanied by hallucinatory experiences, feeling of pressure on one’s chest and difficulty breathing, a frightening presence in the room, the feeling of being held down, etc. It is also closely related to rapid eye movement (REM) atonia, happens when a person wakes up before REM sleep is finished. Several things can bring on episodes of sleep paralysis. For example sleep deprivation, sleep on your back, increased levels of anxiety – especially social anxiety, overuse of stimulants – including caffeine and physical fatigue. There has been little scientific investigation into the most effective method of treating sleep paralysis. It is aimed the cure of sleep paralysis based on whatever cause its occurrence. Sleep deprivation are a major cause of sleep paralysis. In this case, try to adopt a sleeping pattern with strict times of going to bed and waking up. People with mental-illness may suffer from sleep paralysis. This person would need ongoing treatment with medication. This would be overseen by a physician or psychiatrist. People with narcolepsy often associated with sleep paralysis, antidepressant medication are a core therapy for most people with narcolepsy to ease the sleep paralysis. Scientific investigation has shown reducing caffeine and nicotine intake may also prove helpful in lowering the likelihood of sleep paralysis occurring and many studies have confirmed that the avoiding sleeping on their back reducing the chance of sleep paralysis. Old Iranian physicians such as Avicenna (10th-11th century AD) in “Al-Qanun fi al-Tibb, third book” and Seyyed Mohammad Hossein Aghili Khorasani-e Shirazi (17th-18th century AD) in “Makhzanol-Advieh”, Mohammad Mumen-e Tonekaboni (17th century AD) in Tohfat al-Mumenin, wrote approximately similar instructions to treat the disease that the most important ones are as following:

Consumption of Paeonia officinalis seeds with honey mixed with water, or Cuscutaepithymum with fresh milk and sugar, or Artemisia absinthium with honey, and or Euphorbia resinifera with honey. Considering the effect of each of these medicinal plants by researchers, new windows may be opened to more researches about this neglected disease.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

References