The most common type of the sleep disorder is called as the Obstructive Sleep Apnea Syndrome. The Sleep disorder means termination of the breath. It is characterized through repetitive episodes of higher airway barrier that take place during the sleep, usually related with the reduction in the blood oxygen saturation. Within the other expressions, the airways become blockaded on several probable sites.

The higher airway could be blockaded by the excess tissue inside the airway, bulky tonsils, and a massive tongue and typically include the airway muscles comforting as well as collapsing when asleep. An additional site of impediment might be the nasal passageway. Occasionally the configuration of the utter and the airway could be an aspect in the sleep disorder.
The common symptoms of sleep disorder are excessive daytime sleepiness. Sometimes the patient might be ignorant of this symptom—generally the bed associate is particularly aware of this. The sleep disorder also causes trouble in proper breathing while sleeping.

There are much of the associated features that might include: morning headaches, loud snoring, a dry mouth upon awakening, unreflecting sleep, high blood pressure, chest retraction throughout sleep in tiny children, overweight, depression, irritability, difficulty concentrating, change in personality, excessive perspiring during sleep, reduced libido, heartburn, frequent nocturnal urination, insomnia, nocturnal snorting, gasping, choking, restless sleep, confusion upon awakening, and rapid weight gain.

Well one should also know how serious the sleep disorder is in humans. It is a potentially critical condition that requires instant checkup attention. The risk of undiagnosed disruptive sleep disorder includes strokes, heart attacks, impotence, high blood pressure, irregular heartbeat and heart disease. In calculation, the obstructive sleep disorder causes daytime sleepiness that might result in lost productivity, accidents and interpersonal association problems. The harshness of the symptom might be moderate, mild or severe.

The sleep test, known as polysomnography is frequently done to diagnose the sleep disorder. There are two kinds of polysomnograms. The overnight polysomnography test involves the monitoring of the brain waves, eye movement, muscle tension, respiration, oxygen stage in the blood plus audio monitoring. The second type of polysomnography check is the home monitoring test. The Sleep Technologist keeps one up to each electrode as well as teaches one on how to proof ones sleep with the computerized polysomnograph which one takes home plus returns up in the morning.

These were painless tests which are generally covered by the insurance. A number of people contain facial deformities which might cause the sleep disorder. It simply might be that their jawbone is minor than it should be otherwise they might have a smaller aperture at the reverse of the throat. Fixing a deviate septum might help to open up the nasal passages. Remove of the tonsils and polyps or adenoids might help also. The Kids are more likely to contain their adenoids and tonsils removed.

Doctor Anand Kumar from Amrita Institute of Medical Science explains insomnia/sleep disorder, its symptoms and remedies in this edition of ‘Doctor’s Talk’.