

Snoring Cures: Fact Or Fiction

Find Out:

- **The Most Common Myth About Snoring**
- **How Snoring Can Kill You - Literally**
- **Do Throat Sprays, Nasal Strips & Pillows Work?**
- **The Loudest Snore On Record**
- **The Most Effective Ways To End Snoring**

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This report is for educational and informational purposes only and should not be taken as medical advice. Talk to your doctor before making any changes to your medical regimen.

Congratulations on ordering this free report. You've taken the first step in your journey to breathing better, sleeping better, and waking up refreshed again. Whether you're the snorer or the suffering bed-partner, the information in this report will guide you to make the most appropriate decision in treating your snoring problems.

I'm Dr. Steven Y. Park, and I'm an otolaryngologist, an ear, nose and throat physician and surgeon that specializes in treating snoring and obstructive sleep apnea. And what makes me qualified to give you information about snoring? I'm board certified in otolaryngology - head and neck surgery, and I specialize in treating sleep-breathing problems ranging from snoring to upper airway resistance syndrome to obstructive sleep apnea.

I used to do the same thing that all otolaryngologists did with snoring, including nasal operations and palatal stiffening procedures but even though they worked to various degrees initially, it always seemed to come back. Then as I began to connect the dots between snoring, sleep apnea, jaw anatomy, lifestyles, diet, heart disease, and even digestive problems, I began to see snoring in a totally new light. About 5 years ago, I had a **eureka** moment, which lead me to develop concepts that I eventually wrote about in my book *[Sleep, Interrupted](#): A physician reveals the #1 reason why so many of us are sick and tired*. It was endorsed by numerous New York Times best-selling authors including Dr. Dean Ornish, Dr. Christiane Northrup, Dr. Mark Liponis and Mary Shomon. I got my undergraduate degree at Johns Hopkins and my medical degree from Columbia University. I'm also a clinical assistant professor of otolaryngology at the New York Medical College.

I'm not trying to impress you with my credentials—rather, I wanted you to know more about my background and training so that you'll understand how I became so passionate about treating snoring and obstructive sleep apnea. Yes, academics and a medical practice are a great place to learn about these issues, but ultimately it was on a personal level that lead me to my passion for this area: my son's snoring problem, and my wife's sleep problem. I describe these personal situations more fully in my book, *[Sleep, Interrupted](#)*.

Snoring is so common these days that it's almost a given that it's normal to snore. While it is true that many people snore, especially as you get older, but most people don't take it seriously. In fact, the media and the general public considers snoring something to be laughed at. However, not sleeping all night due to your bed-partner's snoring is nothing to laugh about. A significantly increased risk of obstructive sleep apnea and its' associated medical complications such as heart attack and stroke is nothing to laugh about. Relationship that are ruined due to snoring is also nothing to laugh about.

What I'll describe to you in this report is my 10 years of experience and research into the causes of snoring, and admittedly, an unconventional but holistic view of sleep-breathing problems.

The content you'll see below is 2 chapter excerpts from my book, *[Sleep, Interrupted](#)*: *A physician reveals the #1 reason why so many of us are sick and tired*. Hopefully, after reading this report, you'll take your snoring condition seriously and have the tools to deal with it once and for all.

Your Annoying Snoring Problem

If you're the victim of a snoring bed-partner, you are not alone. In a study by the National Sleep Foundation, 67% of adults reported that their partner snores.¹ Many couples sleep separately in an attempt to minimize the problems caused by chronic loud snoring. It's estimated that about 20% of men and 5% of women in their thirties snore, but these figures rise to 60% of men and 40% of women in their sixties.² About 35% of habitual snorers are estimated to have obstructive sleep apnea (OSA), which is a staggering percentage of the population.³ However, of most concern is the fact that about 80–90% of people with OSA are not diagnosed, implying that a significant number of snorers have undiagnosed OSA.⁴ This is important because untreated OSA is known to be linked to an increased risk of developing high blood pressure, depression, obesity, heart disease, heart attack or stroke.

Whether or not you snore, you should read on. As I mentioned in the breathing chapter, you don't have to snore to have significant sleep-breathing problems, including OSA. If you suffer from chronic fatigue, lack of energy or many of the other problems mentioned in previous chapters, then this may be an important chapter for you later in life. Or you could be sleeping with someone who snores. By reading this chapter, you could potentially save his or her life.

Snoring is no laughing matter. Although some doctors claim that there can be such a thing as “benign snoring,” I think that all snoring implies partially obstructed breathing. Imagine the last time you had a cold and your nose was partially blocked. You could still breathe, but you were uncomfortable. This also explains why people tend to snore more when their noses are stuffy. The fact that you are snoring means that somewhere between your nose and voice box, there is a narrowed area of soft tissue that has constricted to the point where air squeaks through and the palate vibrates. This is not normal. This process can cause various degrees of deep sleep interruption, leading to poor quality sleep for you as well as for your bed-partner.

If you snore, that means that you're still breathing. But consider this: If you stop snoring, then the situation can be more dire—you can be obstructed and not breathing at all.

From Snoring to Obstruction

Let's say that you go to sleep on your back. Remember that during deep and especially REM sleep, your throat muscles relax, predisposing you to either partial or total obstruction. When your throat muscles are partially relaxed, and as your tongue begins to fall back, air is drawn through your throat at a faster rate (like sucking through a flimsy straw), creating a vacuum effect, narrowing the soft palate structures. When the area behind the palate narrows to a certain point, the soft tissues begin to flutter, and you begin to snore. If your bed-partner is bothered, then he or she will elbow you, and you will roll over onto your side, lessening the loudness of snoring (bruised rib syndrome). If you remain on your back, snoring will increase in intensity as you progress through your sleep stages from light to deep sleep. At a certain point, especially in deep sleep, your throat muscles relax completely and you will stop breathing.

Once this occurs, two things can happen: After you try to take a few breaths inward, your brain senses that you are not breathing or are about to stop breathing and wakes you up subconsciously to light sleep or a semi-awake state. If you stop breathing for greater than ten seconds and then wake up, you just had an apnea.

Why Snoring Matters

Snoring is accompanied by a variety of health problems, from mild to severe. Evidence suggests that the vibrations caused by snoring damages the nerve endings in the soft palate, weakening muscle tone, thus further aggravating snoring.⁵ This is like your hands going numb after using a sander or handheld massager. Studies also report that loud sound vibrations could cause carotid artery wall trauma and rupture of plaques in rabbits, which has implications for humans.⁶ This is one way that we suffer from strokes.

In addition to the consequences of forceful sound vibrations, the loudness of the snoring sounds can cause additional problems. The loudest recorded snore was measured at 103 decibels, which is louder than standing next to a diesel bus engine. Regulations require that ear protection must be worn for industrial jobs once the sound level reaches 90 decibels. Interestingly, the wife of one of the world's loudest snorers was deaf in one ear. No prizes for guessing in which ear she was deaf.

Because snoring is a predictor of multiple health problems, one way of roughly predicting your own future health is to look at your parents. If your father snores like a train, has depression, high blood pressure, and had a heart attack at age 51, then your snoring may mean that you are at risk for similar problems in the future.

There are hundreds of studies that link snoring and a higher incidence of high blood pressure, heart disease and stroke in adults,⁷⁻⁹ as well as behavioral problems, learning difficulties, and asthma in children.^{10,11} If you have a large population of snorers, a significant fraction of these people will also have OSA. This means that it's not so much the snoring that's causing all the problems, but that the presence of OSA within the snoring group will skew the numbers, causing an association between snoring and all the above medical conditions.

It's important to also bear in mind that OSA is not something that you either have or don't have. As you can see from Figure 21.1, everyone is on a continuum. Simple snorers are at the left of the line, but as you either gain weight or age, you can move up the line to the right, towards clinical OSA.



Figure 21.1 Sleep-breathing continuum

Not So Simple Tips for Snorers

If you look at various medical websites on the internet or in brochures, you will see the same list of bulleted points listed below to help with your snoring. They include:

- Eat healthily and exercise
- Lose weight
- Avoid tranquilizers, sedatives, antihistamines, or older-style sleeping pills before bedtime
- Avoid alcohol or a heavy meal for at least three to four hours before bedtime
- Practice regular sleep patterns
- Sleep on your side or stomach.

These tips may seem like common sense ideas, especially the ones about eating the right foods, exercising, and maintaining a healthy weight. Also, alcohol or any medication which relaxes your muscles can make you go to sleep faster, but they worsen the quality of your sleep.

There are over 300 patents registered to treat snoring. If you read the product packaging or their website testimonials, it may seem that their product is the “cure” for snoring. The problem is that it only works for some people. And even if it does work to help the snoring, you may be delaying getting proper diagnosis and treatment for OSA.

Some common devices that are marketed for snoring include nasal dilator strips, a throat lubricant spray, and a pillow. A recent study objectively showed that these three devices did not significantly improve snoring.¹² I have some patients that do find them useful, but the improvement is not consistent enough for me to recommend. However, there are some instances where after a thorough medical examination, I may recommend a nasal dilator strip, especially if you have nasal valve collapse, as described in Chapter 20.

Another common recommendation for snorers is to sew a sock with a tennis ball to the back of your pajamas while sleeping. In theory, this sounds great, but in practice, all it does is to prevent you from sleeping on your back and ultimately delays the diagnosis of sleep-breathing problems. There are even devices that detect when you are snoring and wakes you up. Yes, it stops the snoring, but you’re still waking up. In essence, your bed-partner’s elbow can do the same thing for essentially no cost.

In my experience, people try many of the over the counter options and even some of the conservative measures, with limited success. Many just give up and accept the fact that snoring is just a routine part of life and just deal with it. I mentioned in a previous chapter that one of the trends in new housing construction was a request for two separate master bedrooms.¹³ The major reason for this request was due to bed-partner snoring. Obviously, snoring by itself will not break up a relationship, but if there are other issues that are not addressed, sleep deprivation due to a snoring partner can aggravate any pre-existing problems.

By whatever means snoring is initiated, it is a sign of health problems down the road. The next time you hear someone snoring, whether it's your loved one or your next door neighbor, before covering up your ears or banging the walls, have that person talk to a doctor first. You could be saving his or her life.

Treatment Options for Snoring

If you've tried some of the conservative measures mentioned in this book and wish to take care of the snoring problem more definitively, the next option is to undergo a thorough examination by an ear, nose and throat (ENT) doctor, especially one who specializes in snoring and OSA. After a comprehensive medical history and a general ENT examination, you will most likely undergo a quick and painless office procedure called a laryngoscopy, where a thin spaghetti-like flexible camera is passed through your nose in order to examine your nasal passageways, throat and voice box. After determining where potential sites of obstruction are located, you will most likely be sent for a sleep study to find out if you have OSA. In most cases, you will be sent for a formal overnight sleep study, either in a hospital setting or a free-standing facility.

Some doctors will administer a home-based sleep study. These range from a simple oxygen and heart rate sensors to a full-blown sleep study. In general, the simpler the exam, the less accurate the study. Even the full home-based studies are not as accurate or reliable as a laboratory based study. One of the main reasons for this is that, since you are attached to so many monitors and leads, if one lead comes off in the laboratory, the technician will be alerted and will come in to reconnect the lead. If this happened at home, and if that lead is an important one, then the entire night can be wasted. Hopefully, with advances in technology in the near future, this won't be an ongoing issue.

Once you undergo a sleep study and are found not to have significant OSA, what are your medical options? That depends on the results of your history and exam findings.

Open Up Your Nose

The first and most obvious step to examine is your nose. I described nasal anatomy and all the different reasons for nasal congestion in a prior chapter. If you have any degree of nasal congestion, that is the first thing that should be addressed. If you have nasal valve collapse, then you can try nasal dilator strips. For some people, this can make a dramatic difference. Unfortunately for many, these aids make no difference whatsoever. For others, there is a mixed response.

The next area to address is the inside of your nose. If you have allergies or a deviated nasal septum, this should be taken care of as well. One quick test to see if nasal congestion is aggravating (not causing) snoring is to use a nasal decongestant spray (oxymetazoline) for two to three nights before you go to sleep. These medications are strong nasal decongestants that should not be used for more than a few days at a time. There is the potential for addiction, but when used appropriately for short bursts, it can be a useful medication. If your snoring is much improved after using a nasal decongestant spray, then the source of your nasal congestion should be addressed. Sometimes, you can have both nasal valve collapse as well as nasal congestion due to allergies or a deviated septum. Either way, by addressing these two areas, you can quickly determine whether the nose is an aggravator factor in your snoring problem.

Other less common conditions include nasal polyps or chronic sinusitis. Some adults have enlarged adenoids, which are like tonsils but centrally located in the back of the nose. They can swell in response to allergies or infections, thus aggravating snoring.

Palatal Narrowing and Tongue Collapse

The next general area of potential narrowing and collapse is the soft palate. This is the most common source of snoring. If there is any degree of narrowing or muscle weakness in this area, and especially if your tonsils are large, this area can narrow down and collapse circumferentially. Once there is significant narrowing, the air you breathe squeaks through this narrowing, and because the soft palate has a free edge, it begins to vibrate, emitting snoring sounds.

In general, snoring treatments focus on stiffening the soft palate. The original office procedure that was introduced a few decades ago was the laser-assisted uvulopalatoplasty or LAUP. This involves using a laser to burn and trim the free edge of the soft palate, essentially removing excess and redundant tissues. It usually has to be repeated two or three times in the office under local anesthesia. Because it's so painful, it's not performed as widely anymore, especially since the introduction of quicker, less painful options.

A subsequent procedure for snoring that was developed utilized radio-frequency energy. After administering a local anesthetic, a small needle is inserted into multiple areas of the soft palate and a small amount of thermal energy is applied, causing, in essence, a slight burn. As the wounds heal, a scar reaction occurs, leading to shrinkage and tightening of the soft palate tissue. This is not as painful, but the procedure still involves two to three applications.

Another clever way of stiffening the soft palate is to inject the scarring agent sodium tetradecyl sulfate, which is routinely used for varicose veins.¹⁴ Ethanol can be used as well. This procedure also has to be performed two to three times for a successful outcome.

The most recent way of treating snoring is to place three small braided polyester rods inside the muscle layer of the soft palate (Pillar procedure). As the wounds heal over time, it promotes scarring and tightening of the soft palate, making it more difficult for vibration to occur, and hence diminishes snoring. The advantage here is that it only has to be performed once, and the pain is minimal compared with the laser procedure.

There are many more, less widely used procedures, but the above methods represent the major means of dealing with problem snoring. These procedures are successful in about 70–80% cases. It's hard to define success, since all the papers report success differently. The bottom line is that either you or your bed-partner must be happy with the level of snoring control. Obviously, as you age and throat tissues start to sag, it's expected that snoring may slowly return. But once a given procedure

works, about two out of three people report continued silence at the one-year mark.

In my experience, there are few people who are ideal candidates for snoring procedures alone. The traditional way of screening out OSA via a formal overnight sleep study before offering a snoring procedure has one major flaw: If you stop breathing thirty times per hour with short subconscious arousals after every obstructive event, and if each episode last only for five to nine seconds, then you will be told you don't have OSA. You may then successfully undergo a snoring procedure by stiffening the palate, but still you are not sleeping well, and you remain excessively tired during the day, which impacts your job performance as well as your personal life. This can occur because most people have tongue collapse as the instigator of the snoring, causing the palate to flutter.

A few more caveats: If you have very large tonsils, and you don't have any significant tongue collapse, then removing your tonsils may be enough to cure your snoring. In children undergoing tonsillectomy with or without adenoidectomy, snoring goes away in most cases.

Although most of the snoring sounds can come from the soft palate, other areas inside the throat can vibrate as well, such as the tonsils, the walls of your throat, your tongue, and the epiglottis (a little "hood" that sits at the base of your tongue, just in front of the voice box).

Lastly, for many people, the tongue is the most common culprit. Due to various considerations discussed previously in the anatomy chapter, the human tongue can fall back for multiple reasons. If the overall volume inside your facial bones is small to begin with, then there's less room for your tongue to maneuver, making it more likely to fall back under certain conditions. In this situation, a mandibular advancement device may be a good option for you. These devices were discussed in more detail in the chapters on treating sleep-breathing problems. Notice that many of the way of treating snoring and OSA are very similar.

There are a few more interesting options that I want to mention. A number of internet programs exist that claim to help snorers, mainly via strengthening the throat and tongue muscles. There are tongue and singing

exercises, and even studies that show that playing an Australian Aborigine musical instrument called the didgeridoo can help as well. All of these methods involve profound tongue and throat muscle control, presumably leading to improved muscle tone at night while sleeping. I don't think they are harmful in any way, and I continue to tell patients that they can try it, and if it works, keep doing it. I have had a number of patients that swear by some of these methods. My only concern about these programs is that it may delay diagnosis of underlying OSA.

Other Usual and Unusual Ways to Stop Snoring

All the options listed below, although not proven to help snorers on a consistent basis, have been reported to work at least some times in some people. Most of the reports are anecdotal, with no objective supportive data. One major problem is that if it works, it may only delay diagnosing and treating any underlying obstructive sleep apnea.

Tennis balls: For some people, staying off your back can make a big difference. The problem is staying on your back. The most common recommendation is to sew a sock filled with a tennis ball to the back of your pajamas. This method has mixed results, and in general, although it sounds great, doesn't work that well. It just only annoys the snorer or they just sleep on top of it.

Sleep position devices: There are a number of gadgets and devices that prevents you from rolling onto your back. They range from triangular wedges to shirts filled with foam rods to prevent sleeping on your back. The only way to know whether or not they work is to try it. For some people, it can make a huge difference, even if you have obstructive sleep apnea. For many others, you may have a mixed response, or no response at all.

Side sleep position pillows: This one positions your arm above your head and somehow forces you to sleep on your side. Again, I've heard mixed responses from my patients. If you can sleep with your arm above your head for hours without it becoming numb, then this may work for you.

"Contour" pillows: This pillow works better if you prefer to sleep on your back. The lower end of this pillow is a bit higher than the middle part that

the top of your head touches. This forces your head to be cocked back a bit, lifting up your chin somewhat, thereby opening up your airway somewhat. This is the same maneuver that you're taught to do during CPR to open up the airway before you give mouth-to-mouth. Notice that after you fluff up your pillow you go to bed, the pillow height diminishes slowly, and by the end of the night, your chin is closer to your head, which closes your airway. Another option is to either roll up a towel into a "log" or get one of the Asian husk-filled pillows that are shaped like a roll. You'll have to experiment to find the right height.

Diet and weight loss: This will help to various degrees for most people who are overweight, but what if you're already thin? Also, since poor sleep leads to weight gain hormonally and metabolically, it can be very difficult to lose weight no matter how much you diet or exercise. For some, losing 10-15 pounds may help a great deal with your snoring, but chances are, it'll return sooner or later as you get older.

Nasal dilator clips: Whether external (Breathe-Rite) or internal (Nozovent, Nasal Cones, or Breathewitheez), these work sometimes by pulling your soft flimsy nostrils apart, preventing nostril collapse when you inhale. During sleep, especially when your muscles relax, any degree of nasal congestion can aggravate higher vacuum pressures that can aggravate tongue collapse. Despite being touted to cure snoring, it only works about 10% of the time. Here's one simple test to see if you should invest any money on these products: take both your index fingers and gently press on your skin, right next to your nostrils. Press gently and pull your cheeks apart on each side towards the outer corners of the eyes. This is called the Cottle maneuver.

Wind instruments: Playing any type of wind instrument (flute, clarinet, trumpet, etc.) can in theory promote throat and tongue muscle tone. Reports of success are anecdotal.

Playing the Didgeridoo: Various studies have suggested that playing this ancient Aborigine wind instrument can help relieve snoring. The mechanism in how it works is similar to any wind instrument.

Singing: The mechanical act of singing promotes profound throat muscle tone and control. Similar to all the wind instruments, prolonged periods of singing promotes relaxation, since exhalation is activated by your parasympathetic nervous system.

Tongue Exercises: Has been found to be helpful for some people, but needs continuous exercises. Recent studies have confirmed some benefit.

Throat sprays: Various mixtures of herbs and natural ingredients are promoted for snoring, but a recent objective study showed that they were not helpful.

Acupuncture: No consistent evidence, but helps with stress and fatigue. One recent study showed a drop in the apnea severity by 50%. I do find it helpful in some of my patients as a complementary form of treatment in addition to standard options.

Bedpartner's elbow: Works to wake you up to stop snoring, but never curative. This is called the "bruised rib syndrome".

Electronic devices that wake you up when you snore: More expensive than a bedpartner elbowing you in the ribs.

Ear plugs for the bedpartner: May help the bedpartner sleep, but not very effective for the very low-frequency snoring vibrations.

Sleeping in another room: Usually alleviates the problem, but bad for relationships, and not very helpful for "heroic" snorers where the sounds vibrate the bedroom walls 2-3 rooms down.

Tips for Partners of Snorers

There are many ear plug companies that heavily promote their products for snoring, and as something that can save your marriage or relationship as well. This works sometimes, but only covers up the problem (pun intended). I get so upset whenever I see these ads, since it only delays getting to the root of the problem, and many people with OSA continue to go

undiagnosed. Once I had a woman who got a piece of the ear plug stuck deep in her ear canal and it became so severely infected that it required removal under anesthesia. Obviously, not everyone who snores should undergo a formal medical evaluation and an overnight sleep study. My point here is that if your bed-partner snores, you should at least get him or her screened to make sure that there's no significant OSA. Once cleared, then you can go ahead and wear ear plugs.

One other thing that I frequently see in people using ear plugs is that they tend to push normal ear wax deeper into the ear canals. Sometimes it pushes it in so far that hearing loss results. Normally, earwax comes out naturally by itself, but whenever you push ear wax in against the grain using ear plugs or even with Q-Tips®, you're only headed for trouble. Remember the old saying, "Never place anything larger than your elbow inside your ear." It's good advice.

Although I outline in this chapter ways to deal with snoring, the bottom line is that without addressing your anatomy, your diet and lifestyle, even after your snoring is taken care of, it will most likely come back. Covering up the snoring with sleep position changes, nasal dilator strips, throat sprays or pillows only delays treating the root cause of the problem. Typically, continued poor quality sleep can lead to weight gain over many years, progressing into true OSA.

What Can I Do Now?

As you can see from reading this report, there's usually never a quick fix solution for snoring. Depending on your unique situation, different options will work for different people, to various degrees. If there's something that's relatively easy for you to try without too much time, cost or effort, by all means give it a try. Ultimately, you'll have to change your physical anatomy, whether through lessening inflammation and swelling in your upper breathing passageways, or literally changing your anatomy through surgery.

If you try a number of conservative options and still continue to snore, this is the time to see a doctor about it. You can either see a sleep medicine

doctor, or an ear, nose and throat doctor, especially if you have any nasal or sinus issues along with your snoring.

But before you go see a doctor, get educated about the different ways to treat snoring. By reading this report, you'll be more knowledgeable about snoring than 90% of all doctors. I strongly recommend you also read my book, [*Sleep, Interrupted*](#), which will give you the "big picture" as to why we snore, and how sleep-breathing problems are directly related to a variety of medical problems, including depression, anxiety, hypertension, weight gain, menopause, and heart disease.

My main mission is to educate and empower as many people as possible about the seriousness of sleep-breathing problems and how they can better navigate the maze of different options and opinions. Hopefully you found this information helpful. Regardless of which option you choose to treat your snoring, the key is to take action and be persistent. Thanks for reading this report and I wish you all the best.

Dedicated to helping you breathe better and sleep better,

Steven Y. Park, M.D.

p.s. If you want to learn about the real reasons for snoring and sleep apnea and not the generic information that's repeated over and over, check out my book, [*Sleep, Interrupted: A physician reveals the #1 reason why so many of us are sick and tired*](#). It's been endorsed by numerous New York Times best-selling authors such as Dr. Christiane Northrup, Dr. Dean Ornish, Dr. Mark Liponis, and Mary Shomon.

By reading this book, you'll:

- know more about snoring and obstructive sleep apnea than most doctors
- discover why only humans are susceptible to sleep apnea
- find out how you can be severely tired and have a sleep-breathing problem, but not obstructive sleep apnea

- discover how sleep-breathing problems can cause or aggravate ADHD, depression, anxiety, menopause symptoms, headaches, TMJ, weight gain, heart disease, heart attack or stroke.
- learn step by step action steps for conservative options without ever seeing a doctor
- discover the truth about snoring procedures
- learn about all the mainstream options for treating snoring and sleep apnea as well as all the major surgical options.
- find out if you're a candidate for surgery

If you order now, you'll receive **two free interviews** (mp3 download and PDF transcript) titled: *12 Simple Ways To Beat Stress*, and *How to Go From Fatigued to Fantastic* (\$48 value). Go to sleepinterrupted.com to order today.

Read What New York Times Best-selling Authors Say About [Sleep Interrupted](#):

"There are many good books on better breathing. But none of them address why you need to breathe well when sleeping. Let Dr. Steven Park, an ENT physician, show you how you can breathe better while sleeping. Not only will this improve your energy, it can also save your life."

- **Christiane Northrup, M.D.**, Author of New York Times bestseller, *The Wisdom of Menopause*

"Both patients and physicians must read Dr. Park's unique and enlightening perspective on health issues related to poor breathing."

- **Dean Ornish, M.D.**, Author of New York Times bestseller, *Dr. Dean Ornish's Program for Reversing Heart Disease*

"The unique concepts presented by Dr. Park questions traditional models of health and disease and challenges physicians and patients alike to be inspired towards better health.

- **Mark Liponis, M.D.**, co-author of New York Times Bestseller, *Ultraprevention*

“Dr. Park’s book offers not only a fascinating look at the critical role sleep plays in health and wellness, but practical advice to help resolve health- and energy-sapping sleep problems.”

• **Mary Shomon**, author of the New York Times bestseller, *The Thyroid Diet: Manage Your Metabolism for Lasting Weight Loss*

Here are some more reviewer's comments from Amazon:

I met with Dr. Park and from the moment I picked up the book in his waiting room, I knew I was destined to change my thinking about many factors affecting my health. I only had time to read the first chapter, and just like the time I met my husband, the "proverbial clouds parted and I saw the light." Dr. Park takes you on an amazing journey to self-realization, self-acceptance, and finally, self-help. He points out the many possible causes for your ailments. Most can be traced back to poor sleep hygiene. You will be truly enlightened by what Dr. Park reveals in his book. There's nothing better for you than a good night's sleep, every night - it refreshes, it restores, it may possibly heal. I read this book and gained a wealth of knowledge about my health. I recommend this book for every person who has been told they snore, who cannot seem to get a good night's sleep, and most importantly, for those who wake in the middle of the night frightened and unable to catch their breath. The information helped me and it can help you, too.

J. LaPreta

From Dr. Park's posts on the Sleepguide Sleep Apnea support forum, I recognized his passion about sleep disordered breathing issues and knew that reading his book would be a treat. What I didn't expect was that the book would be disruptive to our understanding of health and wellness generally. At the heart of *Sleep Interrupted* is Dr. Park's "Sleep- Breathing Paradigm," which he dares to put forward as an explanation for the interrelation and connection of a broad range of common and serious medical ailments that we typically don't see as being interrelated. The implications are enormous, and it behooves anyone serious about the future of our health care system to consider Dr. Park's revolutionary new paradigm.

Mike Goldman

As I began to read Dr. Park's informative and practical book, I had the feeling that I was reading a personal letter addressed to me from the doctor. It seemed that he knew exactly of the struggles and frustration that people with obstructive sleep apnea or upper airway resistance syndrome experience on a daily basis. Moreover, his insights on the Sleep- Breathing Paradigm are nothing short of profound. Yet in addition to the medical analysis, the book is highly practical as well and I implemented several of his suggestions on the first night.

Dr. Park delves into the causes, anatomy, and consequences of unrefreshing sleep in an easy to read, yet detailed style. Anyone struggling with poor quality sleep will benefit from reading this book. I know that I did.

J. Noah

I must admit that I couldn't put the book down before I was finished reading. In my opinion Steven Park is quite unique. The book offers many surprising descriptions of sleep disorders and provides a good insight into them. And his book is very easy to understand without any medical background.

After I had read a number of his posts on the American Sleep Apnea Association's support forum, I just HAD to read his book.

What I see as the most important thing in his message is that doctors should look at the whole person, not just at individual diseases. Although he is an ENT surgeon, he has a very broad experience in sleep disorders including Sleep Apnea, and he doesn't look at the problems only from a surgeon's point of view. (On the contrary)

This is THE BOOK if you have trouble sleeping, or for someone you know who has sleep problems.

But this book is also for physicians and I have therefore given one of his books to my ENT. I believe that if his "New Sleep Breathing Paradigm" was

used by a broader group of physicians, it would be a major step forward in sleep medicine.

Henning Medum

Dr. Park has written a very important book. In doing so, he has managed to thread the content in such a way so that it is accessible to both the general population and the medical community.

Sleep-related breathing disorders are epidemic in our adult population and present to a significant degree in our youth. These disorders are independent risk factors for a host of serious diseases ranging from cardiovascular diseases to diabetes and are implicated in conditions as diverse as fibromyalgia and pre-eclampsia in pregnancy. Unfortunately, even in people seeing regular medical care, these disorders remain largely undiagnosed.

Dr. Park's brilliant book illuminates the insidious nature of these sleep-breathing disorders in a way that easily allows readers to connect the dots between their symptoms and his premise. Anyone reading this book who sleeps with a snorer will quickly discover that the annoying sound that is interfering with their own sleep is, in reality, the sound of their bed partner literally fighting for their life.

David E. Lawler, DDS

Don't lose any more sleep than you need to.

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