HUSHWELL

Why You Really Snore

The Natural Program That Finally Fixes It

Identify your snoring type. Follow the plan. Sleep silent.

A Complete Step-by-Step Guide | Hushwell | First Edition

MEDICAL DISCLAIMER

PLEASE READ BEFORE PROCEEDING

This ebook is for educational and informational purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment. Always consult your doctor before making changes to your health routine, especially if you have been told you may have sleep apnea or any other medical condition.

Important: About Sleep Apnea

Snoring can sometimes be a symptom of obstructive sleep apnea (OSA), a medical condition in which breathing repeatedly stops and starts during sleep. OSA requires clinical diagnosis and treatment. If you experience any of the following, please see a doctor before using this program:

- You are told you stop breathing or gasp during sleep
- You wake up choking or with a feeling of panic
- You feel excessively sleepy during the day no matter how long you sleep
- You wake with frequent headaches in the morning
- Your snoring is extremely loud and has worsened quickly

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INTRODUCTION

The Hidden Cost of a Noisy Night

You probably did not pick up this book because you decided you had a problem. Chances are, someone else told you. A partner who elbows you awake at 2am. A friend who heard you through a hotel wall. A doctor who asked whether you sleep well.

Snoring is easy to dismiss. You are asleep when it happens, so you do not hear it. And in popular culture it is played for laughs, a comedic nuisance rather than something worth taking seriously.

But here is what the research actually shows. Snoring is not just noise. It is a sign that your airway is being partially blocked during sleep, forcing your body to work harder to breathe. Over time, that effort adds up.

What Snoring Is Actually Doing to You

Chronic snoring is linked to broken sleep, even when you stay in bed for eight hours. Your body keeps waking slightly to clear the airway, often without you knowing. The result is a kind of invisible fatigue that builds over months and years.

Research has linked chronic snoring to:

- Increased blood pressure over time
- Higher risk of heart disease and stroke
- Reduced concentration and memory during the day
- Mood changes, irritability and a higher risk of depression
- A weakened immune system
- Weight management becoming harder because of disrupted sleep hormones

And that is before we consider what it does to the person sleeping next to you. Studies show that bed partners of snorers lose an average of one hour of sleep per night. Over years, that is thousands of lost hours. It quietly strains a relationship in ways that are hard to measure but very easy to feel.

Why Most Snoring Solutions Fail

The anti-snoring market is enormous. Strips, sprays, chin straps, special pillows, wristbands. Most people try one or two, get disappointed, and give up. Not because the products are all bad, but because they are used without understanding why that particular person snores.

Snoring is not one condition with one cause. It is a symptom that can come from several different places. Putting a nasal strip on someone whose snoring comes from weak throat muscles is like putting a plaster on the wrong cut. It might feel like you are doing something, but nothing changes.

The Hushwell Approach

This program starts by identifying your snoring type. Rather than giving you a generic list of tips, Chapter 2 walks you through a simple self-assessment that points you to the chapters most relevant to your situation. You are following a targeted plan, not a one-size-fits-all guide.

How to Use This Book

Read Chapters 1 and 2 in full first. They lay the groundwork and help you identify your main snoring type. From Chapter 3 onwards, you can read every chapter in order, which is recommended, or go directly to the chapter that matches your type.

Chapter 7 pulls everything together into a simple 30-day plan you can start immediately. The Appendix at the back gives you a daily checklist to use throughout the program.

Before You Continue

If you have ever been told you stop breathing during sleep, if you wake gasping, or if you feel severely tired during the day regardless of how long you sleep, please see a doctor before using this program. These are signs that your snoring may be connected to a medical condition called obstructive sleep apnea, which needs clinical assessment.

With that said, let us begin.

CHAPTER 1

Why You Really Snore

Before you can fix a problem, you need to understand it. Most people have a vague sense that snoring has something to do with the throat, but the actual mechanics are simpler and more fixable than most people realise.

What Is Actually Happening When You Snore

When you are awake, the muscles around your upper airway, your tongue, soft palate, and throat walls, stay active enough to hold the passage open. When you fall asleep, those muscles relax. For most people, they relax just enough to allow easy breathing. For snorers, they relax too much, causing the airway to narrow.

As air is forced through a narrowed passage, the surrounding soft tissue vibrates. That vibration is the sound of snoring. The narrower the passage, the harder the air has to push through, and the louder the sound.

Think of it like placing your thumb over the end of a garden hose. The water does not stop, but the pressure increases, the flow becomes turbulent, and if the hose walls were soft, they would flutter. Your airway works the same way.

Where the Blockage Happens

Different people snore from different parts of the airway. Knowing where matters, because the solutions differ.

- **The nose** - Congestion, allergies or a structural issue can block airflow before it even reaches the throat, forcing mouth breathing and making the problem worse downstream.
- **The soft palate and uvula** - The soft, fleshy rear roof of the mouth and the small dangling tissue at the back are among the most common sources of vibration in snoring.
- **The tongue** - When the tongue falls backward during sleep, particularly when lying on the back, it can partially block the throat.
- **The throat walls** - Weak muscles allow the sides of the throat to cave inward during sleep.

The Four Snoring Types

This program is built around four main snoring types. Most people have one dominant type, though some have a mix.

Type 1: Positional Snoring

Snoring that happens mainly or only when sleeping on the back. Gravity pulls the tongue and soft palate rearward, narrowing the airway. This is one of the most common types and one of the easiest to address.

Type 2: Nasal Snoring

Snoring caused by restricted airflow through the nose. Often linked to allergies, congestion or a structural issue. Usually accompanied by mouth breathing.

Type 3: Muscle Tone Snoring

Snoring caused by airway muscles that are too weak to stay open during sleep. This type responds well to targeted daily exercises. It is more common in people over 40, as muscle tone naturally reduces with age.

Type 4: Lifestyle Snoring

Snoring significantly worsened or caused by factors like excess weight around the neck, alcohol, smoking or chronic poor sleep. Addressing the lifestyle factor can produce dramatic improvement.

What Makes Snoring Worse Night to Night

Several things consistently amplify snoring regardless of your type. This is why your snoring can vary from one night to the next.

- Drinking alcohol in the evening
- Sleeping less than usual, which pushes you into deeper sleep stages faster
- Sedating medications including some antihistamines and sleeping tablets
- Sleeping on your back
- Weight gain around the neck
- Nasal congestion from a cold, allergy or dry air
- Smoking

> **Key Takeaway:** Snoring is a mechanical problem with identifiable causes and real solutions. The next step is working out which type applies to you.

CHAPTER 2

Find Your Snoring Type

Work through the questions below honestly. If you have a bed partner, involve them. They have information you do not have, because they are awake to hear what you cannot.

For each section, count how many questions you answer yes to. The section with the most yes answers is your primary snoring type.

Section A: Positional Indicators

- Does your snoring stop or reduce when you sleep on your side?
- Does your partner say you snore much louder on your back?
- Do you often wake with your mouth open and dry?
- Do you tend to roll onto your back during the night?

Two or more yes answers: **Chapter 3 is your priority.**

Section B: Nasal Indicators

- Do you regularly breathe through your mouth, day or night?
- Do you have chronic nasal congestion, allergies or frequent colds?
- Does your snoring get noticeably worse when you have a cold?
- Have you ever been told you have a deviated septum (a crooked wall inside the nose)?
- When you breathe through each nostril separately, does one feel significantly more blocked?

Two or more yes answers: **Chapter 4 is your priority.**

Section C: Muscle Tone Indicators

- Do you snore in most positions, not just on your back?
- Has your snoring gradually gotten worse over the past few years?
- Do you snore even when your nose feels completely clear?
- Are you over 40?
- Is your snoring loud enough to be heard through a closed door?

Two or more yes answers: **Chapter 5 is your priority.**

Section D: Lifestyle Indicators

- Do you drink alcohol regularly, particularly in the evenings?
- Have you gained weight in the past two to three years, particularly around your neck or face?

- Do you smoke?
- Do you regularly sleep less than seven hours?
- Does your snoring get noticeably worse on nights when you have been drinking?

Two or more yes answers: **Chapter 6 is your priority.**

Reading Your Results

Most people will score yes in more than one section. That is normal. Snoring rarely has a single cause. The section with the most yes answers is your primary type and should get the most attention in your 30-day plan. Note it down before moving on.

A Quick Word on Sleep Apnea

This is important.

If you or your partner have noticed pauses in your breathing during sleep, if you wake gasping or choking, or if you feel severely tired during the day no matter how long you sleep, these can be signs of obstructive sleep apnea. Please see a doctor before continuing. Sleep apnea is a medical condition that needs clinical diagnosis and treatment. This program is not a substitute for that.

CHAPTER 3

The Position Fix

If positional snoring is your primary type, this is encouraging news. It is one of the most straightforward forms of snoring to address, and results can show up from the very first night.

Why Sleeping on Your Back Causes Snoring

When you lie on your back, gravity works directly against your airway. Your tongue, jaw and the soft tissue at the back of your throat all shift backward and downward, narrowing the passage air needs to travel through. Research consistently shows that snoring is substantially more frequent and louder when sleeping on the back compared to the side. Studies have found that side sleeping can reduce snoring intensity by nearly 50 percent in people without underlying sleep apnea.

The challenge is that most people do not choose their position consciously. You fall asleep on your side and roll onto your back at 2am without knowing. The goal of this chapter is to change that default.

Four Practical Methods to Stay on Your Side

Method 1: The Pillow Wall

Take a firm pillow or tightly roll a bath towel and place it directly behind your back when you lie on your side. When you roll backward during the night, you hit the pillow and your body naturally shifts back to its side without waking you fully. This is the simplest approach and requires nothing more than a spare pillow. Start here.

Method 2: The Tennis Ball Method

Sew a tennis ball, or any firm round object of similar size, into a small pocket on the back of the shirt you sleep in. When you roll onto your back, the discomfort of the ball makes your body shift back to the side. It feels odd for the first few nights but becomes effective quickly. This technique has been used in clinical studies and consistently shown to reduce back sleeping.

Method 3: A Body Pillow

A long body pillow, the kind you hug lengthways, gives your body something to stay anchored against. It also supports the upper arm and knee, which makes side sleeping more comfortable for people who find it awkward. Many people find this the easiest long-term option because it improves comfort rather than just creating a barrier.

Method 4: Elevating the Head of the Bed

Raising the head of your bed by about 10 to 15 centimetres allows gravity to help keep the tongue and soft palate forward rather than falling back. The key is to raise the entire head end of the bed, not just add extra pillows. Extra pillows cause the neck to bend forward, which actually compresses the airway. Instead, place firm books or purpose-made bed risers under the legs at the head of the bed. This is simple, costs almost nothing, and has research support for reducing snoring.

Getting Your Pillow Right

Even when sleeping on your side, your pillow matters. The goal is to keep your head level with your shoulders so your spine stays in a straight, neutral line. A pillow that is too flat lets your head tilt down toward the mattress, compressing one side of the airway. A pillow that is too thick pushes your head upward, creating the same problem from the other direction.

As a rough guide, side sleepers need a pillow roughly 10 to 14 centimetres thick depending on shoulder width. Broader shoulders need more height. If you wake with neck pain, your pillow height is likely wrong.

Tools That Can Help

Positional sleep trainer devices

Small wearables worn on the chest or upper back that vibrate gently when you roll onto your back. The vibration prompts your body to shift position without fully waking you. Available from sleep health retailers and pharmacies.

Contoured side-sleeper pillows

Designed with a lower central section and raised sides to keep the head positioned correctly for side sleeping. Available in most bedding stores.

CHAPTER 4

Breathe Better, Snore Less

When the nose is blocked, the body switches to mouth breathing. Mouth breathing bypasses the nose's natural job of filtering and humidifying air, and it delivers airflow directly into the throat in a way that is far more likely to cause vibration and snoring. The goal of this chapter is to open the nasal airway and make nasal breathing your default again.

Understanding Why Your Nose Gets Blocked

- **Allergies** - The most common cause. Allergens cause the lining of the nose to swell, narrowing the passage. Year-round sufferers often do not realise how severe their restriction has become because it has been their normal for so long.
- **A deviated septum** - The wall between the two sides of the nose is rarely perfectly straight. A significant lean to one side causes chronic one-sided blockage. Mild cases can be managed with the strategies below. Severe cases may eventually need minor corrective surgery.
- **Bedroom environment** - Dry air, dust, pet dander and mould are irritants that inflame the nasal lining every night. Many people notice they breathe better in different environments and wrongly assume this is unrelated to their snoring.

Six Practical Strategies to Open Your Nasal Airway

1. Saline Nasal Rinse Before Bed

This is one of the most effective and underused strategies available. A saline rinse uses a mild saltwater solution to physically flush mucus, allergens and irritants out of the nasal passages. The result is clearer, more open airways for several hours, covering the critical period of early sleep.

How to do it: Get a squeeze bottle or neti pot from any pharmacy, along with pre-mixed sterile saline sachets. Fill the bottle with warm water and one sachet. Lean over a sink, tilt your head to one side, and gently pour the solution into the upper nostril. It will run out of the lower nostril along with mucus. Repeat on the other side. Do this five to ten minutes before bed.

Use pre-mixed sterile saline sachets or distilled water. Do not use plain tap water without boiling it first.

2. Nasal Strips

External nasal strips are adhesive bands pressed onto the bridge of the nose before sleep. They gently pull the sides of the nostrils outward, widening the nasal opening and reducing airflow resistance. They are inexpensive, available without prescription, and can show results on the first night.

3. Internal Nasal Dilators

Small, soft plastic or silicone inserts that sit just inside the nostrils and gently prop them open. They work on the same principle as nasal strips but from the inside, which some people find more effective and more comfortable for nightly use. Available from pharmacies.

4. A Humidifier in the Bedroom

Dry air irritates and inflames the nasal passages, making congestion worse. A cool-mist humidifier in the bedroom keeps the air at a comfortable moisture level, roughly 40 to 50 percent humidity. If you wake with a dry throat, dry mouth or dry nasal passages, your bedroom air is too dry. Clean the humidifier weekly to prevent mould growth inside the unit.

5. Reducing Bedroom Allergens

Simple steps that make a real difference:

- Wash bedding weekly in hot water to kill dust mites
- Use pillow and mattress covers designed to block dust mites
- Keep pets out of the bedroom entirely
- Vacuum regularly, including the mattress surface
- Consider a HEPA air purifier, which removes airborne allergens from the room

6. Managing Allergies with Your Doctor

If you have significant allergies and the above measures are not enough, discuss treatment options with your doctor. Non-sedating antihistamines and nasal corticosteroid sprays are both evidence-based and can make a significant difference to nighttime nasal airflow. Unlike older antihistamines, the non-sedating versions do not worsen muscle relaxation in the airway during sleep.

Retraining Yourself to Breathe Through the Nose

If you have been a habitual mouth breather for years, your body may default to it even when the nose is clear. During the day, make a conscious effort to keep your mouth closed and breathe through your nose while walking, working, or watching television. Over two to three weeks, nasal breathing becomes the default again.

CHAPTER 5

Strengthen Your Airway

This is the chapter most snoring guides leave out. It is also, for many people, the most powerful intervention available.

The muscles around your upper airway, your tongue, soft palate, throat walls and jaw muscles, are exactly like any other muscle in the body. When they are weak or undertoned, they collapse too easily during sleep. When they are conditioned through regular exercise, they maintain enough tone to hold the airway open even in the deepest stages of sleep.

The Research

Multiple clinical studies have shown that a structured program of tongue and throat muscle exercises produces meaningful reductions in snoring. A 2018 systematic review published in the European Archives of Oto-Rhino-Laryngology found that oropharyngeal exercises, meaning exercises targeting the mouth and throat muscles, significantly reduced both snoring frequency and intensity. A 2025 randomised controlled trial found that after six weeks of this type of training, bed partners reported a significant reduction in snoring. These results are consistent across multiple studies.

The investment required is ten to fifteen minutes per day.

The Hushwell Airway Exercise Program

Perform this sequence once per day. Morning or early evening works best. Consistency matters far more than how hard you push. Most people notice a real difference by week three.

Exercise 1: Tongue Slide

3 sets of 20 repetitions

Press the tip of your tongue firmly against the roof of your mouth, right behind your upper front teeth. Slide the tongue backward along the roof of the mouth as far as it will comfortably go, keeping it pressed firmly against the palate the entire time. Slide it back to the start. That is one repetition. This strengthens the tongue muscles that keep it from falling backward during sleep.

Exercise 2: Tongue Push-Down

3 sets of 20 repetitions

Place the tip of your tongue lightly behind your lower front teeth. Press the full flat surface of your tongue down firmly against the floor of your mouth. Hold for one second, then release. This works the muscles along the underside of the tongue that help anchor it forward during sleep.

Exercise 3: Exaggerated Vowel Sounds

3 sets of 10 repetitions

Open your mouth and say the sounds A, E, I, O, U out loud, making each one as exaggerated as you can. Stretch your mouth wide for A. Spread the lips back for E. The goal is maximum muscle engagement with each sound, not volume. This exercises the soft palate, uvula and the walls of the throat simultaneously.

Exercise 4: Tongue Stretch

Hold each position for 10 seconds, 5 repetitions per direction

Extend your tongue as far forward as possible, reaching toward your chin. Hold for ten seconds. Then immediately curl the tongue upward as far as possible toward your nose. Hold for ten seconds. Alternating these two directions works the full range of tongue musculature.

Exercise 5: Soft Palate Lift

3 sets of 15 repetitions

Open your mouth and say a prolonged ahh sound, as if a doctor is examining your throat. As you do, try to actively lift the soft tissue at the back of the roof of your mouth upward. You can see this movement in a mirror: the back of the mouth rises slightly. This directly trains the muscle that keeps the soft palate elevated and clear of the airway during sleep.

Exercise 6: Jaw Jut and Hold

Hold for 10 seconds, 5 repetitions

Push your lower jaw forward until your lower teeth sit just in front of your upper teeth. Hold this position firmly and feel the stretch in the muscles at the base of the tongue and the underside of the jaw. This strengthens the muscles that help maintain forward tongue position throughout the night.

Exercise 7: Gargle

30 seconds, twice daily

Gargle vigorously with warm water for 30 seconds. The gargling action exercises the soft palate and uvula against the resistance of the water. Do it once in the morning and once before bed. It takes thirty seconds each time and has been included in clinical snoring exercise programs.

Exercise 8: Nasal Breathing Practice

5 minutes daily

Sit comfortably, close your mouth and breathe only through your nose. With each inhale, breathe in slightly more slowly than feels natural, creating a small sense of resistance. This reinforces the nasal breathing habit and gently conditions the nasal airway. Do this during a quiet activity like reading or watching television.

Building the Habit

Attach the exercises to something you already do daily, brushing teeth, morning coffee, or a lunch break, and it becomes automatic. Missing more than two days in a row resets much of the muscular adaptation built up to that point.

Tools That Can Help

Mandibular Advancement Devices (MADs)

A mandibular advancement device is a mouthguard-style appliance worn during sleep that holds the lower jaw slightly forward. This prevents the tongue from falling back and the throat from collapsing. It is the most clinically validated non-surgical anti-snoring device available. Boil-and-bite versions are available from pharmacies and are a reasonable starting point. Custom-fitted versions from a dentist offer superior comfort for long-term use.

CHAPTER 6

Lifestyle Levers

This chapter is not about perfection or overhauling your life. It is about six specific factors that have an outsized effect on snoring, and practical, honest steps to adjust each one. Think of them as dials. You do not need to turn any to zero. You just need to move them in the right direction.

Lever 1: Alcohol

Alcohol is one of the most powerful snoring amplifiers that exists. It acts as a muscle relaxant throughout the body, including the throat and tongue. Even moderate amounts consumed in the evening measurably increase snoring frequency and intensity. Research shows that peak muscle relaxation occurs two to three hours after finishing a drink, meaning a nightcap hits the airway hardest right when you are trying to sleep.

- Finish your last drink at least three to four hours before bed
- On evenings when you have been drinking, use your positional aids and nasal strips as a compensatory measure
- Track the pattern: most people find the link between drinking nights and worse snoring is stark and motivating once they see it clearly

Lever 2: Body Weight

Excess weight around the neck and throat physically compresses the airway from the outside. A neck circumference greater than 43 centimetres in men or 38 centimetres in women is associated with a significantly higher snoring risk. Research shows that even a five to ten percent reduction in body weight produces a meaningful improvement in snoring severity.

- Focus first on reducing alcohol calories and late-night eating, as both directly affect sleep quality and weight
- Incremental progress produces incremental improvement. There is no minimum threshold before snoring gets better

Lever 3: Sleep Schedule

When you are sleep-deprived, your body compensates by falling into deeper sleep stages more quickly. In these deeper stages, airway muscle tone is at its lowest. The result is heavier snoring following poor sleep, creating a cycle where snoring disrupts sleep and poor sleep makes snoring worse.

- Aim for a consistent bedtime and wake time seven days a week, including weekends
- Target at least seven to nine hours of sleep per night
- Resist compensating for a bad night by sleeping in very late, as irregular schedules worsen the body clock and overall sleep quality

Lever 4: Smoking

Smoking causes ongoing inflammation and irritation inside the nose and throat, narrowing the airway and increasing mucus production. Both effects directly worsen snoring. The effects are continuous for as long as smoking continues.

- Stopping is the only fully effective solution here
- Even reducing smoking, particularly in the hours before bed, provides some benefit
- Your doctor can advise on evidence-based support for stopping

Lever 5: Hydration

When the body is dehydrated, mucus secretions in the nose and soft palate become thicker and stickier, making tissues more prone to vibration. Staying well hydrated keeps the airway passages lubricated and mucus thin.

- Aim for at least two litres of water throughout the day
- Reduce caffeine in the afternoon and evening, as it has a mild dehydrating effect
- A glass of water before bed supports airway lubrication overnight

Lever 6: Sedating Medications

Many common medications relax airway muscles as a side effect. These include older antihistamines (the kind that cause drowsiness), sleeping tablets, certain anxiety medications and muscle relaxants. If you take any of these regularly and snore, raise this with your doctor or pharmacist.

- Non-sedating antihistamines are a preferred alternative for allergy management and are less likely to worsen snoring
- Never discontinue prescribed medication without medical advice
- A pharmacist can flag which of your medications may be contributing and suggest alternatives worth discussing with your doctor

CHAPTER 7

Your 30-Day Sleep Silent Plan

Everything in the preceding chapters is useful in isolation. But the difference between reading and actually changing your snoring is a plan you can follow. This chapter takes everything and turns it into a clear, week-by-week program.

Before starting, look back at your results from Chapter 2 and note your primary snoring type. Your plan is built around that, with a shared foundation that benefits everyone.

The Foundation: What Everyone Does From Day One

- Set up your positional sleep aids from the very first night
- Begin the airway exercises from Chapter 5 every single day
- Keep consistent sleep and wake times
- Stop alcohol at least three to four hours before bed
- Optimise bedroom air quality: clean, humidified if dry, free of allergens

Week 1: Set Up (Days 1 to 7)

The goal of week one is not dramatic change. It is getting your environment right and learning the exercises properly.

- Night 1: Put your positional aids in place. Pillow wall, body pillow or bed risers. Do not wait to start this.
- Days 1 to 3: Learn the airway exercises from Chapter 5. Focus on doing them correctly rather than rushing.
- Day 2: Address your bedroom environment. Set up a humidifier if the air is dry. Wash your bedding. Remove obvious allergen sources.
- Days 4 to 7: If nasal snoring is your primary or secondary type, begin a saline nasal rinse before bed each night.
- End of week: Ask your partner to note any change in your snoring. This is your baseline measurement.

Week 2: Build (Days 8 to 14)

Your exercise form is now established. Your environment is optimised. This week focuses on the lifestyle levers.

- Implement your alcohol cutoff if you have not already. Note how your snoring changes on drinking versus non-drinking nights.
- Add one extra set to exercises 1, 2 and 3 in the airway sequence.
- If your positional aids are not working well enough, try a different method from Chapter 3.
- Focus on your hydration. Aim for two litres of water daily.
- Mid-week check-in with your partner: any change so far?

Week 3: Deepen (Days 15 to 21)

By week three, most people notice their first real improvement. Airway muscle tone is beginning to increase and environmental changes are compounding.

- If muscle tone snoring is your primary type and you have not yet tried a mandibular advancement device, this is a good week to add one.
- Review your sleep schedule. Are you getting seven or more hours consistently? If not, adjusting your bedtime is the simplest improvement available.
- If nasal strips alone have not been sufficient, try internal nasal dilators as an alternative or in addition.
- Do not skip exercises this week. Progress from week two consolidates now.

Week 4: Lock It In (Days 22 to 30)

The final week is about identifying what has worked and turning it into permanent habit.

- Identify the two or three changes that have made the most noticeable difference. These become your permanent habits.
- Continue the full exercise program daily.
- Final partner check-in: measure your progress against week one. Write it down.
- Set a 60-day reminder to reassess. Airway muscle gains continue for several weeks after the 30-day program ends.

If You Are Not Seeing Results After 30 Days

If you have been consistent and still see little improvement, there are two likely explanations. Either there is an underlying structural cause that needs medical assessment, or the daily exercises have not been as consistent as you believe. Be honest with yourself about the second possibility before assuming the first.

If you have genuinely been consistent and progress is not happening, see your doctor. A sleep study can assess whether obstructive sleep apnea or another condition is involved.

CONCLUSION

A Final Word

You now have everything you need. A clear understanding of what causes snoring, a diagnostic framework that identifies your type, five targeted chapters with proven strategies, and a 30-day plan to put it into action.

The people who see lasting results from this program are not the ones who plan to start next week. They are the ones who set up their positional aids tonight, do their first exercises in the morning, and take the first small steps before the motivation of reading this fades.

Snoring is not inevitable. It is not simply what happens as you age. It is a mechanical problem with real, evidence-based solutions. Thousands of people have resolved their snoring through exactly this kind of targeted, consistent approach.

Your partner will notice before you do. And that moment, when someone who has nudged you awake for years tells you they slept through the night without waking once, is worth every morning of exercises.

Sleep well.

Hushwell

RESOURCES

What to Look For When Buying

This section is a practical buying guide for the products referenced throughout the program. Since product availability and brand names vary by country and change over time, we focus here on what actually matters when choosing each type of product, what features to prioritise, what to avoid, and what questions to ask.

Positional Sleep Trainer Devices

What they do: Worn on the chest or upper back, these devices vibrate gently when you roll onto your back, prompting position change without fully waking you.

- Look for adjustable vibration sensitivity. You want the device to respond quickly but not vibrate every time you shift slightly
- Lightweight and low-profile designs are more likely to be worn consistently. If it is uncomfortable, you will stop using it
- Battery life matters. A device that needs charging every night becomes a barrier. Look for at least a week between charges
- Available from sleep health retailers, pharmacies and online stores

Body Pillows

What they do: Provide a physical anchor for side sleeping and improve comfort for people who find side sleeping awkward.

- Firmness matters. A pillow that compresses completely provides no barrier. Look for one that holds its shape through the night
- Length should be at least as long as your torso, ideally full body length
- A removable, washable cover is essential for hygiene
- Try in store if possible. What feels comfortable for five minutes may not feel comfortable for eight hours

Mandibular Advancement Devices (MADs)

What they do: Hold the lower jaw slightly forward during sleep, preventing the tongue and throat from collapsing. The most clinically validated non-surgical anti-snoring device available.

- Boil-and-bite versions are the starting point. They are softened in hot water and then bitten into to create a custom impression of your teeth. These are available from pharmacies at modest cost
- Look for devices that allow adjustment of the degree of jaw advancement. Too much advancement causes jaw pain. Being able to fine-tune this significantly improves comfort and compliance
- If you grind your teeth at night, raise this with your dentist before purchasing. Some MAD designs are not suitable for teeth grinders
- Custom-fitted devices made by a dentist offer superior fit and comfort for long-term nightly use and are worth considering if you plan to use one permanently
- Do not use a MAD if you have significant dental work, loose teeth, or jaw joint problems without first consulting your dentist

Nasal Strips and Internal Dilators

What they do: Mechanically open the nasal passages to reduce airflow resistance and improve nasal breathing.

- External strips come in different sizes. Using the wrong size reduces effectiveness significantly. Most brands offer small, medium and large
- If you have sensitive skin, look for strips with a gentler adhesive. Skin irritation at the bridge of the nose is a common reason people stop using them
- Internal dilators come in soft silicone and firmer plastic versions. Softer versions are generally more comfortable for sleep. Try both if one does not suit you
- If strips or dilators produce no noticeable improvement after a week of consistent use, your obstruction is likely deeper in the nasal passage rather than at the valve, and medical assessment is worthwhile

Bedroom Humidifiers

What they do: Add moisture to dry bedroom air, reducing nasal and throat irritation that contributes to snoring.

- Cool-mist ultrasonic humidifiers are recommended over warm-mist models for bedroom use. They are quieter, safer and more energy efficient
- Choose a unit rated for at least the square footage of your bedroom. An undersized unit will not maintain adequate humidity
- A built-in humidity display or smart sensor that automatically maintains 40 to 50 percent humidity is worth the extra cost
- Clean the water tank with mild white vinegar weekly. Mould and bacteria grow rapidly in humidifier tanks and can worsen the very symptoms you are trying to reduce
- Change the water daily. Do not let water sit in the tank between uses

HEPA Air Purifiers

What they do: Remove airborne allergens, dust, pet dander and mould spores from the bedroom, reducing the nasal inflammation that drives congestion-based snoring.

- True HEPA filters capture 99.97 percent of particles 0.3 microns and larger. Avoid products labelled HEPA-type or HEPA-like, which are not the same standard and are significantly less effective
- Check the Clean Air Delivery Rate (CADR) for the unit. It should be rated for at least the square footage of your bedroom
- Consider a combination HEPA and activated carbon filter unit. The carbon filter removes odours and volatile compounds that a HEPA filter alone does not capture
- Run it on a low setting throughout the night rather than briefly before bed. Continuous operation maintains consistent air quality

Saline Nasal Rinse Kits

What they do: Physically flush allergens, mucus and irritants from the nasal passages, clearing the airway for several hours.

- Pre-mixed sterile saline sachets are safer and more convenient than mixing your own solution. They are available in the pharmacy nasal care aisle alongside the rinse devices
- Both squeeze bottles and neti pots are effective. Squeeze bottles give more control over flow rate and pressure, which some people find easier to manage initially
- Use water that is body temperature, not cold and not hot. Cold water causes discomfort and reduces effectiveness
- If you experience stinging or burning with a commercial sachet, try a buffered saline formula, which is gentler on the nasal lining
- If you have had nasal surgery or a perforated septum, check with your doctor before using nasal irrigation

APPENDIX

Your Daily Program Checklist

Use this checklist every day throughout your 30-day program. Print it, photograph it, or copy the items into a notebook. Tracking your consistency is one of the strongest predictors of results. A tick is not just a record. It is a daily commitment.

EVERY MORNING

- ■ Gargle with warm water for 30 seconds

  Exercise 7 from Chapter 5. Start the day by working those soft palate muscles.

- ■ Complete the full airway exercise sequence

  Exercises 1 through 6 from Chapter 5. Allow 10 to 15 minutes.

- ■ Practise nasal breathing for 5 minutes

  Exercise 8. Do it over morning coffee or during a quiet moment.

- ■ Note how you slept

  Ask your partner: did the snoring seem better, worse or the same? One word is enough. Keep a simple log.

EVERY EVENING

- ■ Saline nasal rinse

  5 to 10 minutes before bed. Especially important if nasal snoring is your primary or secondary type.

- ■ Alcohol cutoff confirmed

  Last drink was at least three to four hours ago.

- ■ Positional aids in place

  Pillow wall, body pillow, bed risers or positional device, whichever method you are using.

- ■ Gargle again for 30 seconds

  Second gargle of the day. 30 seconds before brushing teeth.

- ■ Humidifier on if air is dry

  Especially important in air-conditioned or heated rooms.

- ■ Nasal strip or dilator applied if using one

  Applied just before lying down for best adhesion and positioning.

- ■ Sleeping on your side

  Set your positional aids. Consciously start the night on your side.

EVERY WEEK

- ■ Partner check-in

  Ask for an honest update on your snoring this week compared to last. Note any pattern.

- ■ Wash bedding in hot water

  Kills dust mites. Critical for allergy-driven nasal snoring.

- ■ Clean the humidifier

  Rinse the tank with mild white vinegar and rinse thoroughly with clean water.

- ■ Review your alcohol pattern for the week

  Were drinking nights consistently worse for snoring? Use this as motivation.

- ■ Honest exercise compliance check

  How many days did you complete the full exercise sequence? Fewer than five days means the results will be limited. Adjust your routine to protect this time.

30-DAY MILESTONES

- ■ End of Week 1: Baseline established

  You have your partner's week one report. Environment is optimised. Exercises are being done daily.

- ■ End of Week 2: Lifestyle levers addressed

  Alcohol cutoff in place. Hydration improved. Exercise intensity increased.

- ■ End of Week 3: First real improvement noted

  Partner reports a noticeable change. MAD added if relevant. Sleep schedule consistent.

- ■ End of Week 4: Permanent habits identified

  You know which two or three changes made the biggest difference. These are now non-negotiable daily habits.

- ■ Day 60 review scheduled

  Set a reminder now. Airway muscle gains continue after the program ends and a 60-day review will confirm your lasting progress.

A final reminder

The checklist is only useful if you use it. The people who see lasting results are not those who read this book most carefully. They are those who show up every morning and evening and do the small things consistently. That is the whole program.