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April 2015

North Palm Beach Edition - Monthly

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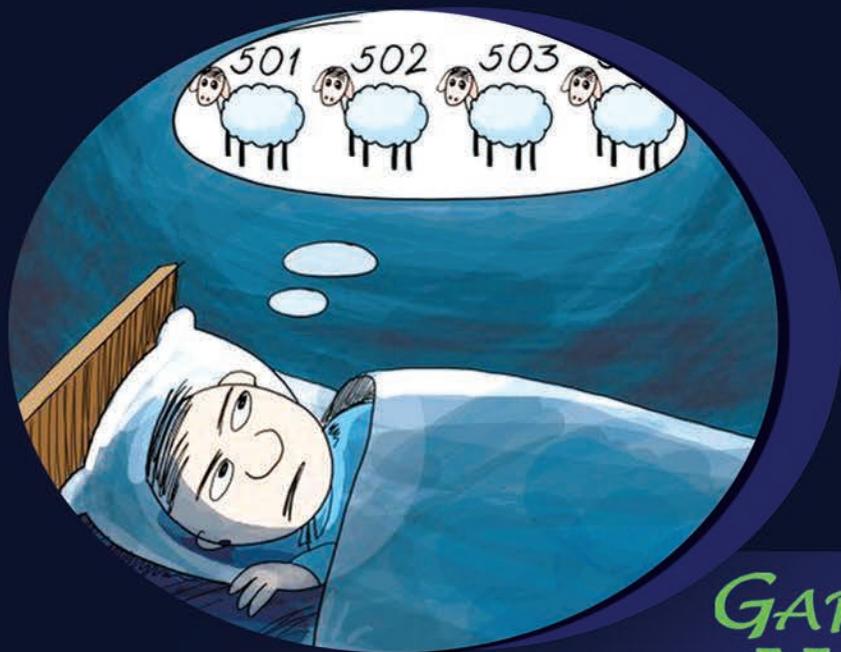
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IN FOCUS: *Hair Transplant Surgery – UNPLUGGED!*

By Alan J. Bauman, M.D.

For many, when it comes to hair loss, a hair transplant is the only permanent way to restore a receded hairline, build back density and create a more youthful look. But despite the boost in confidence and self-image a hair transplant can deliver, many patients are reluctant to undergo this minor procedure, often due to fears of a fake or “pluggy” look, fears that the process is painful or that it may leave a visible scar.

- How natural looking can a hair transplant be?
- How comfortable is the procedure?
- What is the downtime?
- How can an unsightly scar be avoided?
- How should I select a hair transplant surgeon?

FIRST, WHAT IS A HAIR TRANSPLANT?

A hair transplant is a procedure in which healthy, living and growing hair follicles are harvested from the back of the head and redistributed into the balding areas of the scalp where they will produce hair. Because follicles from the back of the head are resistant to the effects of dihydrotestosterone (DHT), the hair-killing hormone responsible for androgenetic alopecia, these follicles won't fall out or “thin” later on, and will remain generally immune to male and female pattern hair loss. In this sense, a hair transplant offers the most permanent living and growing solution for hereditary hair loss without the hassle of a wig or weave.

WHY DO SOME HAIR TRANSPLANTS LOOK “PLUGGY”?

Today's microsurgical hair transplants are vastly superior to the primitive hair transplants of the 70's, 80's and early 1990's. Back then, hair restoration was still a relatively new field with few specialists and no board certification, and the procedures were more “crude”—hindered by available tools and techniques.

In these older procedures, large punches, “plugs” or minigrafts of scalp containing large numbers of follicles were placed into rows creating an unsightly “doll's hair” result. The naturalness of the result was severely limited by the size of these skin



grafts, large gaps between the grafts, a lack of proper angulation of the hair follicles, and a lack of appreciation for the attributes of a natural hairline. Patients who had hair transplants performed in the “old days” may still look pluggy, artificial or unfinished today because of the way these old transplants were performed. However today, a completely natural result is possible thanks to the artistic transplantation of grafts that contain as little as a single hair follicle. In addition, new less-invasive harvesting methods have eliminated the linear scar and improved the speed and comfort of the recovery.

LINEAR VS FUE: WHAT IS THE NEWEST, LEAST INVASIVE TYPE OF HAIR TRANSPLANT?

FUE or “Follicular Unit Extraction” is the least invasive type of hair transplant. Over the past ten years, this new method of hair transplant harvesting continues to evolve. In the past, a strip of hair-bearing scalp was removed from the back of the head, which was then microsurgically dissected into tiny skin grafts prior to implantation. While quite efficient, this invasive procedure came with surgical risks like the possibility of wound

infection, significant postoperative pain, a long activity-restricted recovery phase and a permanent linear scar.

Thankfully, the improvement of tools and techniques now allow the efficient and accurate harvesting or “extraction” of individual follicular units without the removal of strip or leaving linear scar. FUE is a minimally invasive hair transplant procedure that heals more quickly, comfortably and with less activity restrictions than old-style linear strip-harvesting. And, because there's no linear harvest, there is absolutely NO telltale linear scar left with an FUE hair transplant, so short haircuts can be worn.

HOW IS AN FUE HAIR TRANSPLANT PERFORMED?

FUE is performed using a tiny microsurgical tool called NeoGraft—literally smaller than the tip of a ballpoint pen—to individually extract healthy hair follicles for transplantation. Because there is no major incision and no stitches or staples used, the recovery phase is quicker and more comfortable—allowing for workouts and most athletic activities to resume after just several days.



Although the NeoGraft FUE procedure is less invasive, it still takes hours to complete. A NeoGraft FUE hair transplant is performed comfortably in the office under local, relaxation-type anesthesia while the patient reclines, takes a nap, listens to music or watches TV. Snacks and lunch are provided and at any time, the patient may take a bathroom break.

WHO SHOULD PERFORM A HAIR TRANSPLANT?

Because hair transplantation is a safe outpatient cosmetic procedure and the number of hair transplant procedures is growing by leaps and bounds due to technical advancements such as NeoGraft FUE, there are a variety of different physicians who “dabble” in this procedure and have begun to offer this service to patients as an occasional part of their practice. These may include dermatologists, plastic surgeons, general practitioners, weight loss specialists, and even OBGYNs and dentists whose practices are not even remotely dedicated to hair restoration or the treatment of hair loss. Patients should also



be aware that many practices do not routinely perform minimally invasive NeoGraft FUE but may try to steer patients toward the older, more easily performed, more invasive strip harvest procedures.

Due to the complexity of recreating a natural-looking hairline, as well as the risks of damaging or mishandling the precious hair follicles during both types of hair transplant procedures, it is highly recommended that patients seek out a specialist whose practice and surgical technicians are completely devoted to hair restoration and perform hair transplantation on a daily basis. A doctor who is truly qualified to perform a NeoGraft FUE will be board-certified in hair restoration (i.e., a Diplomate of the American Board of Hair Restoration Surgery), recommended by the American Hair Loss Association, have participated in NeoGraft FUE training activities, such as at the International Society of Hair Restoration Surgery Live Surgery Workshops, and has a comprehensive before-and-after portfolio of his own work that demonstrates natural results on a variety of patients.

Key Benefits of the NeoGraft FUE

- Least invasive hair transplant available
- No 'telltale' linear scar where the donor hair is harvested
- No stitches or staples to be removed
- Shorter, more comfortable recovery
- Less activity restrictions after surgery and quicker return to athletic activity
- Very short haircuts are possible after surgery
- Excellent hair growth results in experienced hands
- Soft, feathery hairlines can be created — for a natural result

The take home message is that today a completely natural result is possible. Very small “follicular-unit” grafts—many containing as little as a single hair follicle—are used to artistically restore a natural, feathery hairline shape, as well as the angle, orientation and position of hair follicles in order to create a result that truly defies detection. It is the stroke of the surgeon’s hand that meticulously creates the angle, orientation and position of each implanted follicle. A high degree of microsurgical precision, experience and a surgeon’s “aesthetic eye” is mandatory in order to achieve a natural looking result through hair transplantation.

To put things in perspective, microsurgical techniques now allow the restoration of areas as delicate and intricate as eyebrows and even eyelashes — procedures far beyond what surgeons could accomplish just a few decades ago—allowing men and women to enjoy the benefits of a full head of hair... and beyond!

The critical step for patients, however, is to seek out a qualified and experienced full-time hair restoration specialist.

About Dr. Alan J. Bauman, M.D.

Dr. Alan J. Bauman is the Founder and Medical Director of Bauman Medical Group in Boca Raton, Florida. Since 1997, he has treated nearly 15,000 hair loss patients and performed nearly 7,000 hair transplant procedures. An international



Alan J. Bauman, M.D.
Hair Loss Expert

lecturer and frequent faculty member of major medical conferences, Dr. Bauman’s work has been featured in prestigious media outlets such as The Doctors Show, CNN, NBC Today, ABC Good Morning America, CBS Early Show, Men’s Health, The New York Times, Women’s Health, The Wall Street Journal, Newsweek, Dateline NBC, FOX News, MSNBC, Vogue, Allure, Harpers Bazaar and more. A minimally-invasive hair transplant pioneer, in 2008 Dr. Bauman became the first ABHRS-certified Hair Restoration Physician to routinely use NeoGraft FUE for hair transplant procedures.

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Parkinson's disease



One of the disorders that is most gratifying for me to treat is Parkinson's disease (PD). There is almost always something that can be done to improve a PD patient's quality of life. This is true at the time of diagnosis of PD and continues throughout the course of the disease. I have enjoyed keeping up with the latest advancements, and look forward to future discoveries.

April is Parkinson's disease awareness month. PD afflicts 1.5 million Americans and this number rises every year. To this day, PD remains a clinical diagnosis based upon the hallmark features of resting tremor, slowness of movement and rigidity. Additional features include constipation, loss of sense of smell, orthostatic hypotension (low blood pressure when standing), fatigue, depression, anxiety, urinary and erectile dysfunction, balance problems and acting out dreams. These non-motor symptoms often occur long before the motor features of PD are present. Combinations of these non-motor features may place one at risk for the future development of PD.



In the early stages of PD, most patients respond well to initial therapy, usually with either immediate release levodopa (in the form of Sinemet), a dopamine agonist or an MAO-B inhibitor. Almost all patients eventually require levodopa, which remains the most efficacious agent for treating the motor features of the disease. An extended formulation of levodopa has recently been approved for treating the wearing off seen with immediate release levodopa. This medication may also be useful in reducing the number of times that levodopa needs to be taken during the day; its role, however, in early PD remains unclear at this time.

The search for a neuroprotective agent continues. Regular exercise such as dance (ballroom dancing is becoming popular in the PD community) as well as yoga, combined with a Mediterranean style diet, may be neuroprotective and could potentially slow down the disease course. Cognitive training has also been found to be useful in PD. Recent studies have shown that computerized cognitive training, as well as playing certain video games, may be useful for enhancing cognitive functioning. At Gardens Neurology, we have been utilizing cognitive remediation strategies in patients with PD and other disorders showing evidence of cognitive impairment. It makes intuitive sense that keeping cognitively active is crucial in a disease where cognitive impairment is so common. We have seen early success and improvements with cognitive remediation.

A medication for refractory orthostatic hypotension in PD has been recently approved. A novel class medication for treating psychosis, which is currently in its final stages of development, will most likely hit the market soon. Melatonin and clonazepam are both effective options for patients who act out their dreams secondary to REM-sleep behavior disorder (RBD). There is an increasing recognition that various sleep disturbances are common in patients with Parkinson's disease, whether from RBD, restless legs syndrome, excessive daytime sleepiness, circadian rhythm disturbances or insomnia. At Gardens Neurology, we have just opened an Insomnia Center, to help address insomnia, an often neglected problem, which if left untreated, may lead to additional health consequences.



Given all that is happening, this is truly an exciting time to be caring for patients with PD. Now that we can identify much earlier those individuals who are at high risk of developing PD, such as those who have RBD, a future cure from a neuroprotective agent does not seem out of the realm of possibilities.

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By Michael Cohen,
Founder, Center for Brain

CHRONIC ANXIETY? PANIC ATTACKS? Wish it could just stop?

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Maybe it's time to consider
the Biofeedback Solution

FEELING OVERWHELMED?

You don't have to live with chronic anxiety anymore, and you don't need to live with feelings of being overwhelmed or burned out. There's something new that can change how you feel and help you take back control of your life.

Biofeedback, enhanced by 21st century technology, helps you feel better, manage stress better and improves your ability to handle the challenges of everyday living – without being overwhelmed.

Biofeedback is one of the most powerful methods available today for minimizing anxiety and panic attacks. With practice and reinforcement, you can train

your brain and body to respond more calmly to stress and significantly reduce the need to try to avoid it or live with it.

The Center for Brain has helped countless people (both children and adults) get control of their anxiety and take charge of their life again, frequently in a surprisingly short time.

Most people with anxiety have tried medications to feel better, often with disappointing results. Medications may not eliminate your symptoms and don't teach your brain and body to make permanent changes. Medications don't help you learn to quiet your mind or to be calm without them. Unfortunately for sufferers of anxiety,

many doctors are unfamiliar with treatments other than medication. Other approaches like nutritional changes and acupuncture can have disappointing results as well.

WHAT CAN BIOFEEDBACK DO?

Biofeedback and neurofeedback has been proven to greatly reduce or even eliminate anxiety symptoms. For people taking medication, biofeedback can help lessen reliance on medicines. In some cases people are able to stop taking anxiety medication entirely.

Consider the experiences of three patients who sought the Biofeedback Solution from Center for Brain.



52-year-old Cecily had suffered from depression and anxiety since her late 20s following a car accident. She was taking medications for depression and sleep, but over time these didn't help. Doctors ran out of ideas, and her anxiety surged. Cecily became increasingly fearful and anxious of everything in her life, stopped participating in normal activities, and felt completely overwhelmed. An intensive and comprehensive intervention of biofeedback therapy, an adjustment of her hormones and acupuncture broke her cycle of anxiety and depression. Today she is sleeping without medication and living a calm and peaceful life.



24-year-old Brett had become so paralyzed by panic attacks that he had been unable to work or drive for two years. He was on heavy-duty mood stabilizers, an antipsychotic medication and other drugs. The medications helped somewhat but not enough for him to function. After one month of biofeedback sessions 3-4 times per week his panic attacks and extreme anxiety diminished and he was able to drive again. Now that he knows how to calm himself he reports feeling "completely normal."



Melissa, 47, had anxiety so severe that she was unable to drive, couldn't pay attention to anything and was afraid to leave her house. She took numerous medications for anxiety and sleep but she did not get better. At the time she came to Center for Brain she had been suffering extreme anxiety for a solid year with very little relief. After a month of biofeedback she began feeling much calmer and was sleeping better. She started leaving the house and was even able to get and keep a job. Following three months of treatment she appeared in our office bright, cheerful and engaging without any anxiety symptoms.

WHY CAN'T YOU SIMPLY TALK YOURSELF OUT OF ANXIETY?

People who don't understand anxiety may tell you to calm down and not let things bother you. If it were that easy, you'd already do it, right? When you have anxiety, the parts of your brain that are supposed to keep you calm aren't working very well.

As a result, anxiety sufferers are often overwhelmed, exhausted, and feel the people around them don't understand. You can't talk yourself out of an entrenched emotional pattern.



CAN YOU LEARN TO BE CALMER?

Absolutely! Biofeedback is one of the most powerful technologies in the world for reducing anxiety and panic attacks. It helps the brain change the stuck patterns that cause the anxiety. While everyone experiences anxious moments, with chronic anxiety, your brain gets stuck in that state, and it's difficult to change it.

Biofeedback worked for 65-year-old Jacob who developed severe agoraphobia (fear of leaving the house). Antidepressants didn't help. Either did Valium, other calming medications and even daily medical marijuana. He suffered through eight months of non-stop anxiety. He fantasized about "walking in front of a bus" rather than go on living the way he was. Center for Brain provided biofeedback services to him at home, five times a week for two weeks. Within ten days he had stopped the medical marijuana. Over the course of three months he significantly reduced his other medications and once again was able to leave his house.

"We've developed a unique comprehensive program to help those with chronic Anxiety and Depression to change their life. It helps your brain to manage mood and anxiety successfully."

Michael Cohen, President and Founder, Center for Brain

HOW DOES BIOFEEDBACK WORK?

Biofeedback training helps in changing brain patterns. For example, neuro-biofeedback measures the brain's rhythms. It rewards you when you make healthy patterns. With repeated training, the brain and body learn to maintain those healthier patterns. Correcting anxiety with biofeedback takes practice and reinforcement. The more your brain learns how to be calm through biofeedback, the more it becomes a normal state in everyday life.

"With biofeedback training, you learn to moderate your response to stress so anxiety occurs less frequently and is less intense and debilitating if it does happen. Biofeedback helps you calm the over-reactive patterns that make life more difficult and allows you to take charge of your life again."

Michael Cohen, President and Founder, Center for Brain

We also offer other tools that can be helpful with anxiety, and we encourage our clients to try different methods to see which work best. Some of these tools, such as heart rate variability training, can even be used at home.



MICHAEL COHEN,

President and Founder of the Center for Brain Training is one of the leading experts in brain biofeedback. For 16 years, he's taught courses and provided consulting to MD's and mental health professionals around the world, helping them incorporate new biofeedback and neurotechnologies for chronic pain, anxiety and mood disorders, ADHD and neurological problems.

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Laser Liposuction

Laser Liposuction has been around for many years and should have made traditional liposuction obsolete by now, however many physicians are still performing traditional liposuction for several reasons. It can be performed under general anesthesia, and there is no large investment involved as there is with a laser technology. When a patient is put under general anesthesia, the trauma that is caused during the procedure only becomes evident after we wake up. We consider liposuction to be surgery and we expect to have post-surgical consequences which include pain, bruising, swelling, and downtime for several weeks if not more. No pain, no gain right? Not necessarily.

LASER LIPOSUCTION HAS MANY ADVANTAGES OVER TRADITIONAL LIPOSUCTION.

Less Downtime

With traditional liposuction, a cannula is forced under the skin to manually break up the tissue. This movement and force can cause trauma that is comparable to an impact that is felt by a severe car crash. However, the laser fiber that is used during the laser liposuction, replaces this technique and gently melts the fat without the abrupt force. Since we only create a tiny incision that is 1.5mm in size there is minimal scarring. Although swelling and bruising and pain can occur it is minimized. We do not use drains or even stitches and patients are fully ambulatory after the procedure.

Flexible Fiber

Laser liposuction is performed with a laser that uses a fiber that is as small as the stem of an ink pen. It is flexible in nature so it allows for more precise angles and movements to target the hard to reach areas such as the area surrounding the rib cage. As I've seen in many cases, clients who visit me after liposuction performed years prior, there is often a fat bulge that runs along the ribcage because it cannot be reached safely without the possibility of puncturing a lung. So physicians usually steer clear of that area to avoid the risks. With the small flexible laser fiber, we can safely reach those similar types of areas with only minimal risk involved.

Less Risk

Since we are able to locally anesthetize the patient without putting them under, the risks that are associated with general anesthesia are eliminated. There is minimal risk of blood clots compared to traditional liposuction since patients are up and about immediately after surgery. Also, the patients are able to drive home if narcotic prescription medica-

tions are not taken. In most cases, patients choose not to take any.

Skin Tightening

After traditional liposuction, the fat is removed and then what? Loose hanging skin is left? That is exactly what can happen. If you are a young individual then chances are you will have good skin retraction, but with laser liposuction we are able to use a specific wavelength once the fat is removed that is very effective for skin tightening. The skin tightening will continue to improve for up to six months after the procedure.

Even Results

With manual disruption of fat cells, it is not possible to evenly break up the fat. Often times there are ripples that are left under the skin. By using a laser to melt the fat cells, we can keep treating the area until all the fat is evenly melted and dislodged, thereby achieving more even and precise results. In order to assess whether or not a patient is a candidate, a complimentary consultation is recommended.



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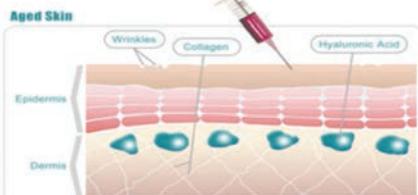
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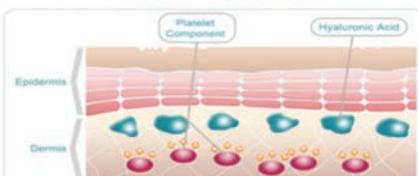
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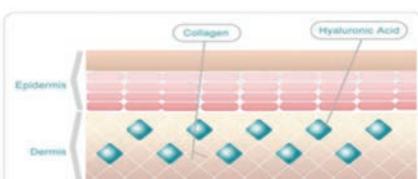
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By Lauren R. Rosecan, M.D., Ph.D., F.A.C.S.

WHAT IS BRANCH RETINAL VEIN OCCLUSION (BRVO)?

The retina — the layer of light-sensitive cells at the back of the eye — is nourished by the flow of blood, which provides nutrients and oxygen that nerve cells need. When there is a blockage in the veins into the retina, retinal vein occlusion may occur.

Branch retinal vein occlusion (BRVO) is a blockage of the small veins in the retina. (When there is blockage of the main vein in the retina, it is called Central Retinal Vein Occlusion.)

BRVO often occurs when retinal arteries that have been thickened by atherosclerosis (hardening of the arteries) cross over and place pressure on a retinal vein. When the vein is blocked, nerve cells within the eye may die.

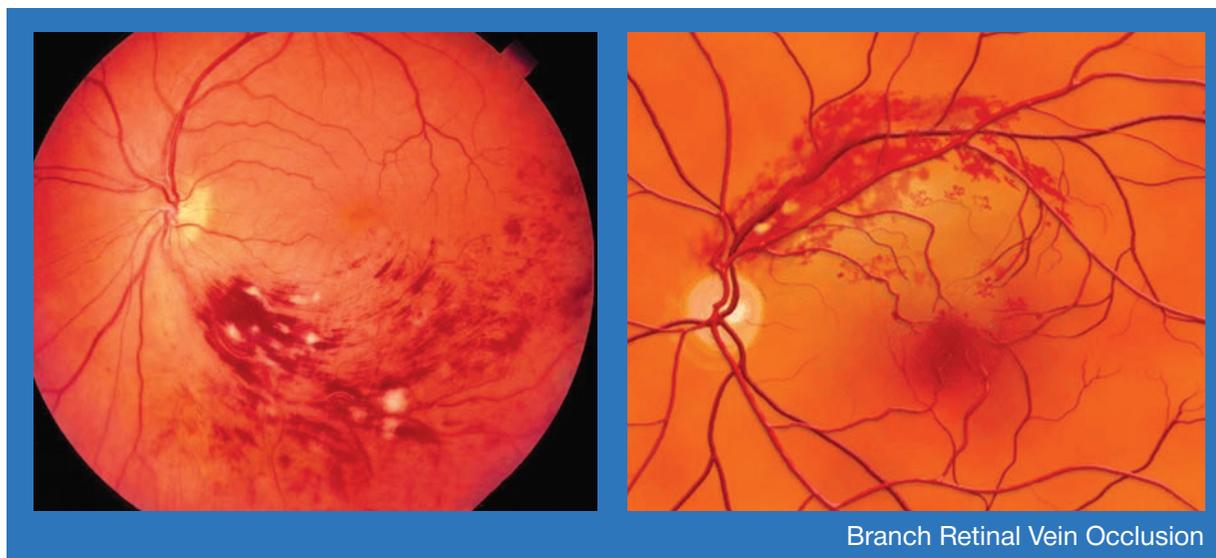
BRANCH RETINAL VEIN OCCLUSION (BRVO) SYMPTOMS

Because the macula—the part of the retina responsible for central vision—is affected by blocked veins, some central vision is lost.

The most common symptom of BRVO is vision loss or blurring in part or all of one eye. The vision loss or blurring is painless and may happen suddenly or become worse over several hours or days. Sometimes there is a sudden and complete loss of vision. BRVO almost always happens only in one eye.

WHO IS AT RISK FOR BRANCH RETINAL VEIN OCCLUSION (BRVO)?

BRVO is associated with aging and is usually diagnosed in people who are aged 50 and older. High blood pressure is commonly associated with BRVO.



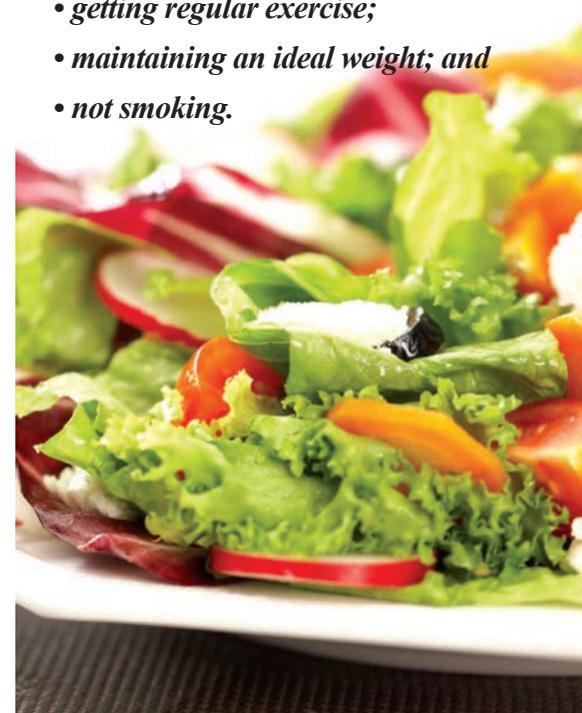
Branch Retinal Vein Occlusion



In addition, people with diabetes are at increased risk for BRVO. About 10 percent to 12 percent of the people who have BRVO also have glaucoma. People with atherosclerosis (hardening of the arteries) are also more likely to develop BRVO.

The same measures used to prevent coronary artery disease may reduce your risk for BRVO. These include:

- *eating a low-fat diet;*
- *getting regular exercise;*
- *maintaining an ideal weight; and*
- *not smoking.*





Fluorescein angiography



Slit-lamp examination

BRANCH RETINAL VEIN OCCLUSION (BRVO) DIAGNOSIS

If you experience sudden vision loss, you should contact your ophthalmologist immediately. He or she will conduct a thorough examination to determine if you have branch retinal vein occlusion (BRVO).

Your ophthalmologist will dilate your eyes with dilating eye drops, which will allow him or her to examine more thoroughly the retina for signs of damage. Among the other tests that your Eye M.D. may conduct are:

- **Fluorescein angiography.**
This is a diagnostic procedure that uses a special camera to take a series of photographs of the retina after a small amount of yellow dye (fluorescein) is injected into a vein in your arm. The photographs of fluorescein dye traveling throughout the retinal vessels show how many blood vessels are closed.
- **Intraocular pressure.**
- **Pupil reflex response.**
- **Retinal photography.**
- **Slit-lamp examination.**
- **Testing of side vision (visual field examination).**
- **Visual acuity, to determine how well you can read an eye chart.**

In addition, you may be tested to determine your blood sugar and cholesterol levels. People under the age of 40 with BRVO may be tested to look for a problem with clotting or blood thickening.

BRANCH RETINAL VEIN OCCLUSION (BRVO) TREATMENT

Because there is no cure for branch retinal vein occlusion, the main goal of treatment is to stabilize vision by sealing off leaking blood vessels. Treatments may include laser treatment and injections.

Finding out what caused the blockage is the first step in treatment. Your Eye M.D. may recommend a period of observation following your diagnosis. During the course of BRVO, many patients will

have swelling in the central macular area. This swelling, called macular edema, can last more than one year.

MicroPulse Focal laser treatment can be used to reduce swelling of the macula. With this form of laser surgery, your Eye M.D. applies many non-scarring laser burns to areas of fluid leakage around the macula. The main goal of treatment is to stabilize vision by sealing off leaking blood vessels that interfere with the proper function of the macula. Treatment with injections of Avastin or Eylea in the eye may also be done.



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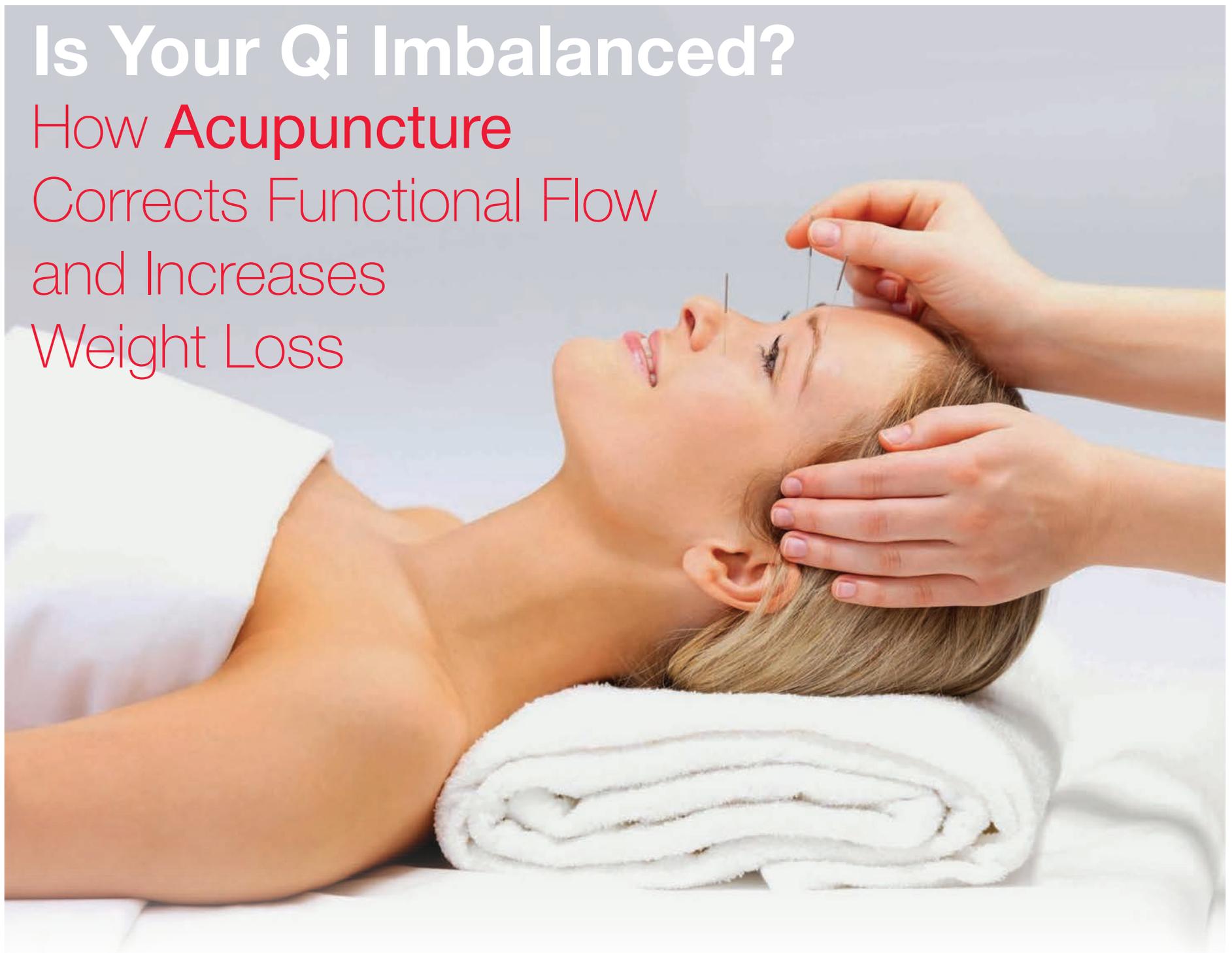
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Is Your Qi Imbalanced?

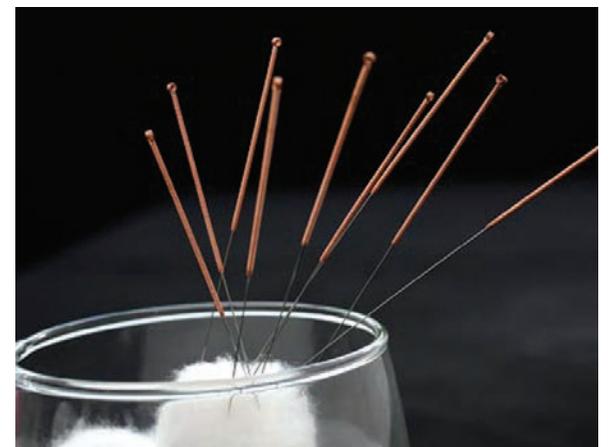
How Acupuncture Corrects Functional Flow and Increases Weight Loss



Patients have long touted the effectiveness of acupuncture for weight loss, and the scientific community finally agrees. Acupuncture for weight loss has often been questioned as to whether it is scientifically valid even though millions have had benefit from the effects of acupuncture for weight loss. However a recent metaanalysis in the International Journal of Obesity proved that weight loss can be obtained without the side effects of the anti-obesity medication using instead Traditional Chinese Medicine (TCM). Acupuncture and Chinese herbal medicine are the two chief components of TCM.

The primary outcomes of the research used changes in body weight, changes in body mass index (BMI), changes in waist and hip circumference, and changes in body fat percentage to verify the results of the research. It was also revealed that the acupuncture trials had more benefit than placebo and lifestyle modification.

Many patients coming to Dr. Meng often ask if the benefits of acupuncture for weight loss have a long lasting effect. Researchers have confirmed that the relapse of weight gain was more common in the control groups than in the Chinese herbal medicine or acupuncture treatment groups.



Sounds great, but how does it work?

Acupuncture works by addressing imbalances in your body, and correcting them removes the impediments to lose weight. This is why; it is not surprising that the research has shown the weight loss from acupuncture to be of benefit for the longer term.

Some people have a qi (pronounced chi) imbalance. Qi is the body's energy, if you have too little qi, then it is hard for you to lose weight. Qi also circulates in the body, and stress can lead to the slowing of this circulation, also called qi stagnation.

Correcting these imbalances will lead to more energy and an increased in your ability to take off pounds. Dr. Meng is trained in determining the correct imbalance in your body and addressing it.

It's powerful, it's a little mysterious, and it is safe.

As stated above, there is science behind the effectiveness of acupuncture and how it assists with weight loss by correcting functional imbalances. Once the imbalance is corrected, the treatments help to boost metabolism. Acupuncture has also been shown to stimulate the brain and to release neurochemicals and hormones. This helps you relax, and gives you more energy. Also, for many, poor digestion and constipation lead to weight gain, which acupuncture is great at addressing.

Any side effects from the acupuncture and Chinese herbal medicine in the treatment of acupuncture are negligible when compared to modern pharmaceuticals.

The same acupuncture points and the same Chinese herbal medicines have been used for over 2000 years for weight loss and they have never have been taken off the market.

Pulling it all together to improve qi and achieve the best results.

Acupuncture is only a part of a weight loss plan. After determining what the root cause of your imbalances, Dr. Meng develops an individualized plan that includes acupuncture points and herbs that together will maximize weight loss. The herbal therapy, specially developed by Dr. Meng, works to assist the functions of the acupuncture and is especially important for detoxing the body. The herbs work all day long, and are critical for achieving the best results.

In addition to strengthening digestive and waste systems, all Dr. Meng's Weight Loss Program acupuncture treatments reduce



stress and anxiety, which is critical for weight loss. Stress works against weight in several ways. Stress reduces the functioning of the internal organs, which in turn reduces the functioning of the body's digestive and waste elimination abilities. Stress also triggers the fat cells to essentially open up; resulting in increased size and number. Many people also tend to snack or eat something to make them feel better when they're feeling stressed and of course this results in weight gain.

Derived from TCM, Dr. Meng's weight loss program not only helps with weight loss and stress, but also improves sleep, increases energy, and promotes an overall sense of well-being. All this is accomplished by using a combination of acupuncture, herbal formulas, and food therapy.

From a Western perspective, Dr. Meng's Weight Loss Program will help to lower cholesterol, lower blood pressure, stabilize blood sugar levels, reduce stress, and improves blood circulation.

If you are interested in learning more about your qi and the roll acupuncture can have in achieving weight loss goals, call Meng's Acupuncture Medical Center at 561-656-0717 for a free consultation.

Yanhong Meng, AP, DOM

Dr. Meng, MD (China), AP, received her medical degree from the prestigious Shandong University in China and has also completed several advanced training courses in



oriental medicine from well-respected TCM hospitals in China. She has over 18 years of experience as a doctor of Chinese medicine. She has owned and operated Meng's Acupuncture Medical Center since 2007.

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COMMUNICATION IS KEY

Submitted by Dana Luzon, Au.D. CC-A, FAAA
Written by Danette Jackson, Au.D.

Communication could be considered one of the most important factors in any successful relationship. Whether it is with your spouse, your children, or your friends, a relationship lacking communication can be detrimental to yourself as well as your loved ones.

Hearing loss affects all parties

A lack of communication can be the result of many factors, often not immediately recognized. Many people with hearing loss, along with their loved ones, face this major problem every single day. Not being able to hear someone can cause embarrassment for those experiencing the loss and annoyance for those trying to speak with them. One party may feel as if the other is not listening, or may grow weary of having to repeat themselves. Meanwhile, the person with the hearing loss is tired of saying, "What?"

A cause of relationship struggles

Without addressing the severity of the hearing loss, many relationships struggle due to this lack of communication, leaving both parties exasperated. Moreover, many people in this situation have no clue as to why they are so frustrated. Too often, I have seen individuals withdraw from their daily lives and the things they love to do, because they struggle with communication.

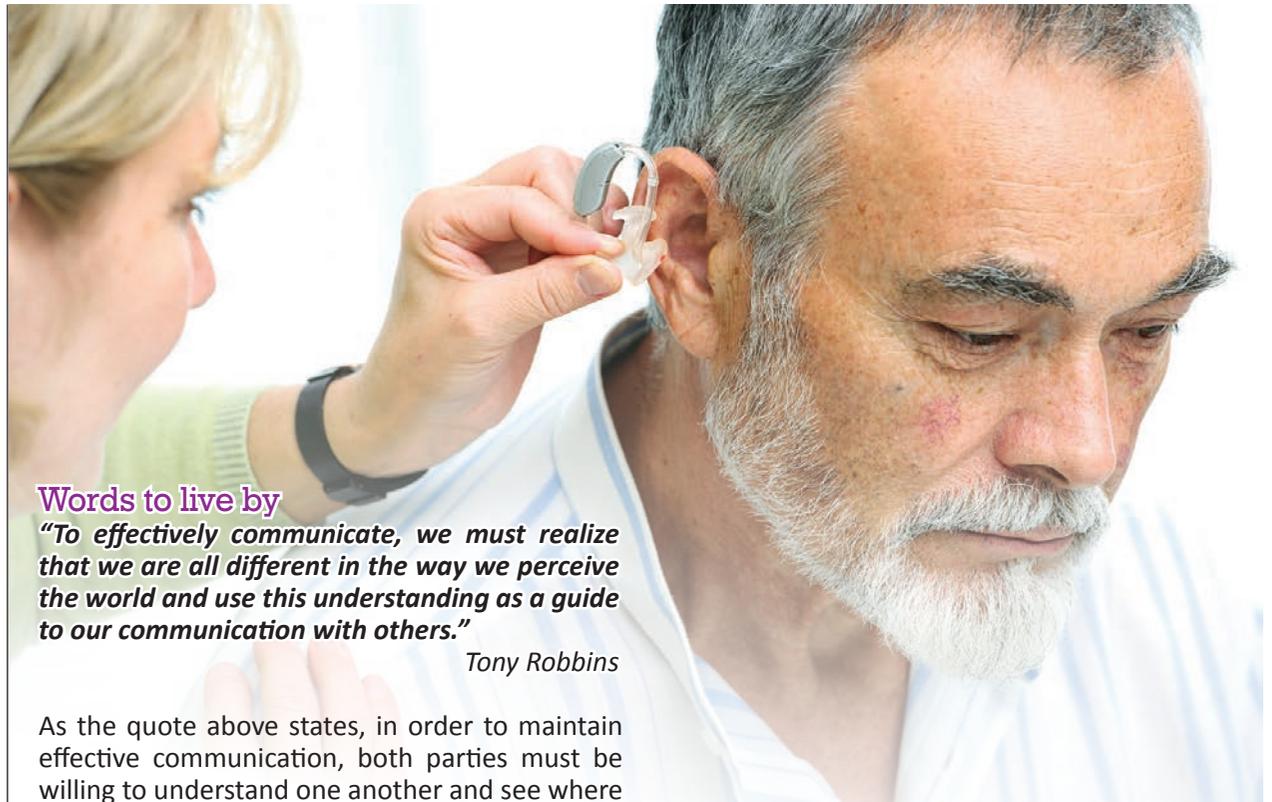
Communication Tips

For a person with hearing loss:

- Watch the person you are speaking with to pick up visual clues.
- Decrease the background noise as much as possible. Closing doors and windows may help.
- When you cannot control background noise, position yourself so the noise is behind you and the person you are talking with is in front of you.
- Ask people to rephrase rather than repeat; be specific about what you did not hear.
- If you have hearing aids, use them consistently.
- Paraphrase and repeat back important information to be sure you understood correctly.
- Please be patient.

For family members and friends:

- Speak slowly and clearly without exaggerating speech.
- Face the person you are talking with so he or she can make use of visual cues.
- You may speak in a slightly louder voice, but do not shout, as you will distort the way speech sounds and looks.
- Do not talk with your hands or objects (such as mugs, newspapers, or pencils) in front of your face.
- Keep all auditory and visual distractions to a minimum.
- Be sure you are understood by asking the person to repeat back important information.
- Rephrase rather than repeat when necessary.
- Get the other person's attention before speaking. Call their name, tap their shoulder, etc.
- Please be patient. Communication is a two-way street.



Words to live by

"To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others."

Tony Robbins

As the quote above states, in order to maintain effective communication, both parties must be willing to understand one another and see where the lack of communication is occurring. If you or a loved one has hearing loss, you probably understand the significance of communication in your relationships. Below are some tips on how to communicate when someone in the relationship is hard of hearing. Remember, hearing loss does not just impact those who have it but also their family members and friends.



Dana Luzon,
Au.D., CCC-A
Doctor of Audiology

Originally from Southern NJ, Dana Luzon received her undergraduate degree in Speech Pathology and Audiology from the Richard Stockton College of NJ, and continued on to receive her Doctorate of Audiology at Salus University's residential program. Her varied clinical experiences throughout her doctoral studies include: VA hospitals, rehabilitation clinics, ENT and private practice settings. Her professional interests include: audiologic rehabilitation and progressive tinnitus devices. Her interests in the field outside of the clinic include: Humanitarian Audiology, and Audiology Awareness. Dr. Luzon currently lives in West Palm Beach, FL.

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Computer CT Guided Dental Implant Surgery: Implant Procedures with No Incisions

By Lee R. Cohen, D.D.S., M.S., M.S.

Dental implants can help patients regain their ability to chew and smile with confidence. The implant itself supports the crown or crowns (the chewing part of the tooth) allowing the new “teeth” to be anchored. New technologies are now available that aid your surgeon in performing these procedures in an extremely conservative and comfortable fashion.

Traditional Implant Placement:

Implants are usually planned by the surgeon using a combination of a clinical evaluation and a careful examination of dental x-rays. These x-rays are helpful, but have the limitation of only showing a 2-dimensional view of the area. Typically the “width” and exact locations of important structures such as nerves cannot be determined.

CT scans offer a significant improvement in the detail provided to the surgeon when planning the procedure. In-office CT scanning takes typically less than a minute and involves sitting in a chair while the unit rotates around your head. The scan offers a 3-D view of the structures being evaluated. The views are similar to slicing a loaf of cinnamon raisin bread and seeing the exact detail of each slice. In the CT scan, nerves, sinuses and other important anatomy can be identified with a high degree of precision. This information allows the procedure to be planned in the most conservative and safest manner. Once the treatment has been planned, the procedure is performed by opening the gum tissue and inserting the implant into the desired location. Sutures are typically used to close the surgical area.

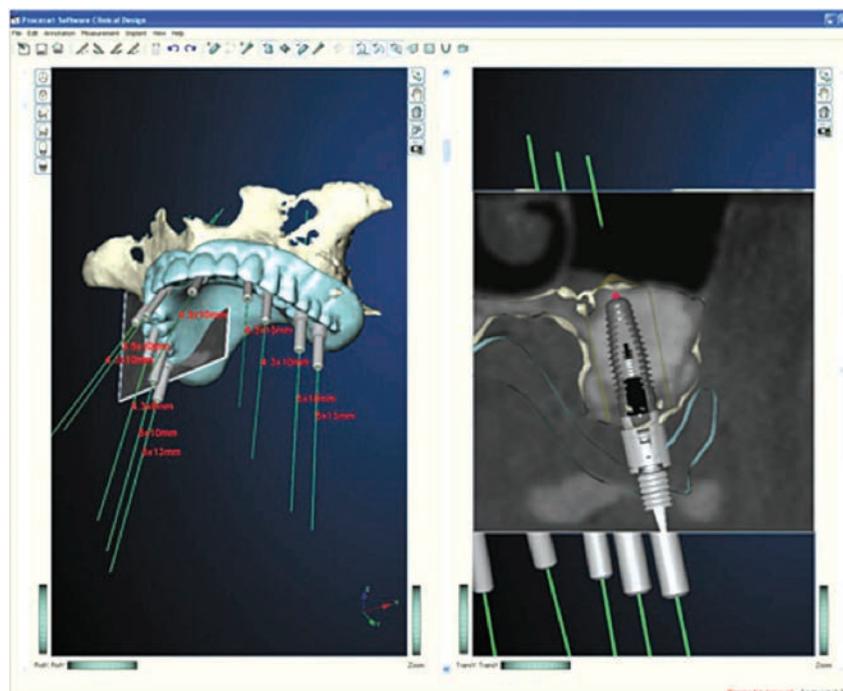
Computer CT Guided Implant Surgery:

Guided Implant Surgery allows your procedure to be “performed” in advance of the actual surgery. The majority of the work occurs when you are not in the dental office. Once the CT scan is taken, advanced computer programs are used to “perform the surgery” and place implants within the 3D representation of your mouth in the safest and most ideal positions.

These implant positions can be shared in advance with your general dentist so that the overall treatment is ideal. In a very oversimplified example, the programs used are similar to a very advanced video game with full representation of your jaws and all the implants available to an exact scale. Ideal placement location and implant size selection can be determined using this software.

A surgical guide is created that only allows the surgeon to place the implant in the predetermined locations. The technology lets the surgeon perform the procedure without the need for typical incisions and suturing. This conservative approach typically leads to decreased pain, swelling and a more streamlined recovery. Improved safety can often be achieved around nerves and sinuses with the use of this procedure. The state-of-the-art procedure can be used for patients requiring 1 implant to patients in need of full mouth rehabilitation.

This technology has drastically changed the way dental implant surgery can be planned and performed with improved preciseness and typically decreased pain. The procedure is not applicable for every case and needs to be determined by your surgeon on an individual basis. Shorter treatment times, increased safety and decreased pain are patients’ most frequent comments regarding this type of therapy.



Lee R. Cohen, D.D.S., M.S., M.S.

Lee R. Cohen, D.D.S., M.S., M.S., is a Dual Board Certified Periodontal and Dental Implant Surgeon. He is a graduate of Emory University and New York University College of Dentistry.



Dr. Cohen completed his surgical training at the University of Florida / Shands Hospital in Gainesville, Florida. He served as Chief Resident and currently holds a staff appointment as a Clinical Associate Professor in the Department of Periodontics and Dental Implantology. Dr. Cohen lectures, teaches and performs clinical research on topics related to his surgical specialty.

The focus of his interests are conservative approaches to treating gum, bone and tooth loss. He utilizes advanced techniques including the use of the Periolas Dental Laser (LANAP procedure) to help save teeth and treat periodontal disease without the use of traditional surgical procedures. Additionally, he uses in-office, state of the art 3D CT imaging to develop the least invasive dental implant and bone regeneration treatment options. Dr. Cohen and his facility are state certified to perform both IV and Oral Sedation procedures.

Dr. Cohen formerly served on the Board of Trustees for the American Academy of Periodontology and the Florida Dental Association. He is past president of the Florida Association of Periodontists and the Atlantic Coast District Dental Association. In addition, Dr. Cohen has been awarded Fellowship in the American College of Dentists, International College of Dentists and the Pierre Fauchard Academy.



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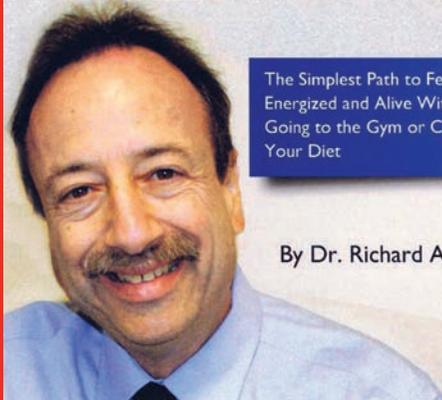
Have you ever taken a bite out of an apple and set it on the counter? What happens to the apple? It turns brown, right? The reason it turns brown is due to oxidation. Oxidation is caused by free radicals (positive ions) in the air, and guess what, we breathe those same free radicals. If you see what it's doing to the apple, guess what it's doing to you? The same thing! We also drink and eat food processed with preservatives and other chemicals which contributes to the buildup of toxins in your body. The positive ionic molecules that we breathe, eat and absorb into our cells, tissues and organs often become overwhelmed with toxins, lowering our body's resistance level and increasing body's chances to become susceptible to develop fibromyalgia, chronic fatigue, arthritis and other immune disorders. The body must expel these harmful toxins to fight disease and to function optimally.



The organ responsible for filtering toxins is the liver. When was the last time you cleaned your filter? Can you imagine if you never cleaned the air conditioning filter in your house or the oil filter in your car? Do you think they would work properly? If you choose not to clean, or chose to ignore the liver, toxins will accumulate in it and once it becomes saturated, toxins will overflow into surrounding tissues and organs. Then, once these toxins are absorbed they prevent normal circulation and stagnation begins leading to cellular death and changing the body's pH to become acidic. You have to eliminate the acidity and change the body's pH to an alkaline one in order to regain health. Most health care professionals and nutritionists address this problem by recommending a colon cleansing or a liver flush, or may even prescribe something to make you feel "more comfortable." But think about it. If the cells of your liver and organs and surrounding tissues are clogged with toxins, how can prescribed drugs and supplements be absorbed? It's not going to happen. If your sink is clogged, do you add

more water to it hoping it will miraculously start to drain? Of course not. You have to "roto-rooter" the sink to have it drain. That is what we do, and this is how we do it. We start with a lymphatic drainage massage to increase lymphatic flow in the body, moving stagnant fluids to reduce swelling and inflammation. Next, we use the far-infrared sauna that emits waves about two inches sub-dermal into the body to stimulate cellular metabolism and breaks up water molecules which hold toxins, thus allowing the body to expel toxins through perspiration. Finally, we do the ionic detox foot bath. A module is placed in a shallow pan of warm water with your feet. The module produces negative ions, which attract the positive ions (toxins) in our body. Your feet are used because of the abundance of sweat glands capable of allowing the ionic exchange. After thirty minutes, the water turns brown, just like the oxidized apple, and toxins have been released from your body. Your body is energized and stronger and you feel relaxed and lighter with a sense of well-being.

Detox:
3 SIMPLE STEPS TO REGAIN YOUR HEALTH



The Simplest Path to Feeling Energized and Alive Without Going to the Gym or Changing Your Diet

By Dr. Richard A. Reiner

Dr. Richard Reiner has written a book about the experience, **"Detox:3 Simple Steps to Regain Your Health."** He will be doing a Health Presentation about Body Cleanse and Detox on April 11, 2015, at Whole Foods in Wellington, and will also be doing a book signing afterwards.

DR. RICHARD REINER

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Obesity Treatment Guidelines

You need to address four areas for a successful and sustainable weight loss program.

By Suheil Khuri M.D.

1. DIET: The composition of the healthiest diet is not known, however, total ingested calories are the critical factor for weight loss. You need to also know that:

- a. Lower calorie diet tends to cause greater loss of fat mass. However, excessive low calorie intake is not healthy and is not advised.
- b. Higher intake of proteins results in a greater retention of fat-free body mass (muscle sparing).
- c. Greater fat loss is expected in more obese individuals using the same calorie diets than in less obese individuals.

Low fat diets, specialized diets, meal replacement diets, and low carbohydrate diets lead to significant weight reduction but recent research has focused more on low carbohydrate diets. Dietary adherence is shown to be a more important factor than the type of diet itself.

Meal Replacement can be very helpful especially when the individual tends to crave sugars or other non-healthy foods. Meal replacements can be used as a full meal replacement, as a part of a meal, or a snack to avoid non-healthy food cravings.

2. BEHAVIOR / HABIT: To be able to maintain your weight loss, you must make several lifestyle and habit changes. The following lifestyle / habit changes are needed:

- Self-monitoring your progress regularly.
- Develop methods to recover from overeating or weight regain.
- Avoid foods and situational triggers that prompt eating.
- Portion control.
- Decrease the negative impact of stress on positive behavioral patterns by:
 1. Relaxation training: Music, yoga, meditation, or your own ways.
 2. Stress reduction: deep breathing, walking, and exercising.
- Prepare for special events and substitute one food for another.
- Avoid mindless eating.

- Change your shopping habits for healthier foods.
- Think in a positive manner and replace thoughts that undermine weight management efforts and congratulate yourself on successes and not mistakes.
- Expect setbacks and be prepared for them but look at them as temporary.

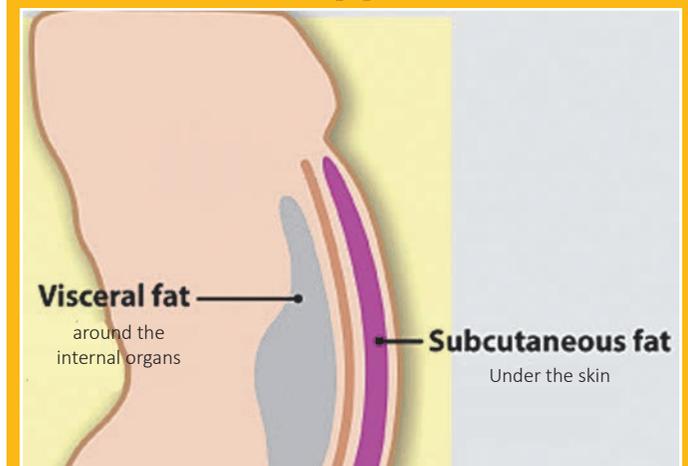
Changing a habit takes 4 weeks to install and 1 – 2 years to make permanent.

3. PHYSICAL ACTIVITY: This is very important factor in a successful weight loss program and especially in maintaining your weight loss. Need to consider:

- Moderate aerobic exercise: 150 minutes/week (30 minutes 5X/week). Should be performed in episodes of at least 10 minutes and preferably all through the week. Additional health benefits and weight loss are provided by increasing to 300 minutes a week of moderate intensity aerobic physical activity.
- Muscle strengthening activities that involve all major muscle groups performed on 2 or more days per week.

4. MEDICATIONS/SUPPLEMENTS: Medications used for weight loss are primarily ones that suppress the appetite. Their exact mechanism of action to induce weight loss is unknown. Those medications have been used for prolonged periods of time (up to 21 yrs. with Phentermine) with little to no risk of abuse or misuse, minimal side effects, cravings or withdrawal symptoms after cessation.

The Two Types of Fat



Visceral Fat is the Critical One

If following the previous three areas does not provide adequate weight loss, consult your doctor or a weight loss program to see if you are a candidate for adding medications/supplements to help you achieve your goal.

At 2 years: appetite suppressant medications study showed a 9% – 10% initial body weight loss compared to placebo which showed a 1.8% initial body weight loss. The treated group showed also improved cardiovascular problems and decreased incident of diabetes.

Other drugs that are used in obesity treatment help in dealing and addressing the co-morbidities associated with weight loss especially diabetes and especially in the development of Insulin resistance.

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PROLOTHERAPY – A PAIN TREATMENT FOR ALL LEVELS OF GOLFERS

Have you suffered an injury from golf, or one that is preventing you from playing golf? Over 50% of golfers suffer from traumatic or overuse injuries at some point. Golfing puts significant stress on the body, requiring aggressive twisting and torque which can lead to injury. While prevention is important through using good form, proper equipment, and CORE strengthening, when an injury occurs, repairing it in order to get back out on the course becomes even more urgent. For the year-round golfer in Florida, regenerative injection therapies (Prolotherapy) provide an excellent alternative to cortisone injections, pain medications, and joint surgery.

COMMON PAIN IN GOLFERS

Low back pain is the most common golfing injury. The golf swing, and the hunched over stance many take, puts significant strain and stress on the lower back. Back muscles are held in contracted positions in order to obtain the proper form. Professional golfers, like Tiger Woods, who underwent a microdiscectomy last April, have the highest incidence of back injury of all professional athletes. Countless hours on the driving range cause overuse injuries to the back, while brute force used to hit the prodigious drive results in traumatic injuries. Amateur golfers generate 80% more torque and shear loads than the professional golfer during the golf swing, leading to back injury from excess exertion and force.

Elbow injuries are the second most commonly injured area in golfers. Golfer's Elbow (medial epicondylitis) and Tennis Elbow (lateral epicondylitis) are both overuse injuries causing irritation of the tendon attachment to the bone. Both of these conditions increase with age and frequency of play. Any action that places a repetitive and prolonged strain on the forearm muscles will tend to strain and overwork those muscles and their tendon attachment. Poor swing mechanics are also a causative factor. Medial epicondylitis may develop from hitting the ground during the golf shot, and lateral epicondylitis may be caused by over-swinging. (See Figure 1.)

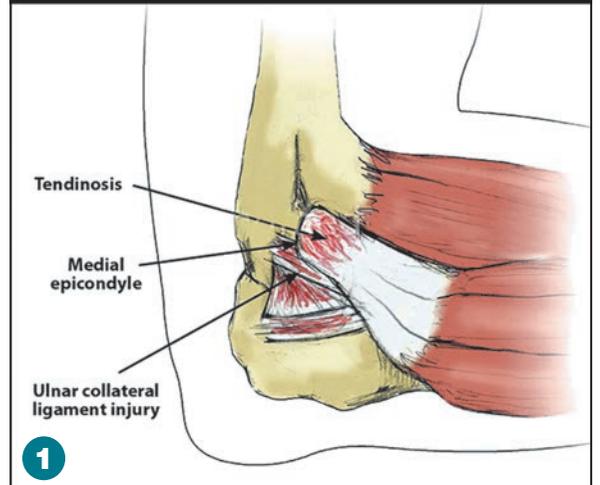
Shoulder pain is the third area with a high rate of injury in golfers. Due to the positioning in the backswing, the non-dominant shoulder is usually injured. Impingement syndrome, tendonitis, labral injuries, dislocations, rotator cuff injuries, and acromioclavicular osteoarthritis are common.

WHAT IS REALLY CAUSING YOUR PAIN? JOINT INSTABILITY.

While injured golfers may have a diagnosis of tendonitis, a bulging disc, or torn ligament on MRI, these all have a common denominator to be addressed: underlying joint instability. Ligaments and tendons are the tissues that keep our joints stable. When the ligaments are too lax or damaged, the surrounding muscles overcompensate to provide stability. However, these overcompensating muscles eventually become very tight and lead to muscle spasms and an awkward, painful swing. Over time, joints attempt stabilization by overgrowing bone, better known as arthritis. A preferable option for golfers to stabilize the joint naturally can be Prolotherapy, a regenerative injection treatment that stimulates repair of the painful area. (See Figure 2.)

Cumulative trauma through years of golf can result in small tears and laxity of the ligaments. In the back, for instance, the twisting, tearing and stretching of the vertebral ligaments causes instability and results in back pain. Prolotherapy treatment to such ligaments as the supraspinatus, infraspinatus, iliolumbar and sacroiliac, repairs the ligament tissue, strengthens the spine and eliminates pain. When it comes to elbow pain, it is most commonly due to ligament and tendon sprains such as the annular ligament and the ulnar collateral ligament, which both respond well to Prolotherapy. Shoulder pain can have many causes because it is a highly mobile joint with many muscle and ligament attachments that can

Medial view of elbow illustrating tendinosis. A chronically degenerated tendon (tendinosis) occurs when the underlying joint is unstable. In this example, the origin of wrist flexors is degenerated (tendinosis) from medial elbow instability caused by an ulnar collateral ligament injury. Prolotherapy to the tendonotic area will be helpful, but to resolve the problem both the tendinosis and the underlying ligament injury have to be treated.



become unstable through repeated use without sufficient rest, bad form, or trauma. Treatment to the various ligament and tendon attachments around the shoulder, including the biceps tendon, rotator cuff tendons, and joint capsule can be used to re-tighten and strengthen the joint to provide the golfer the power and stability needed for a strong swing.

USE YOUR OWN CELLS FOR REPAIRING SPORTS INJURIES

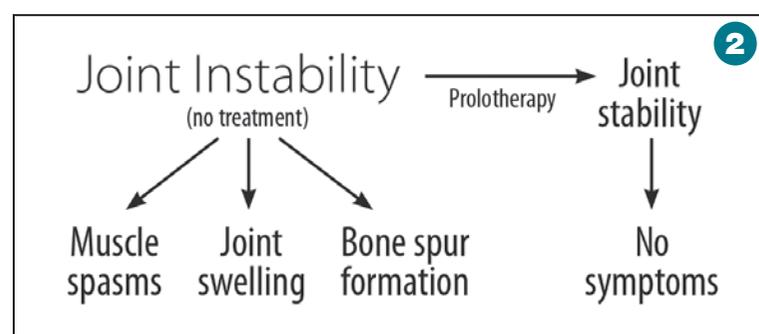
Cellular Prolotherapy is an option for more severe tears, injuries, and arthritis. Specific cells from a person's own blood and stem cells are concentrated and used to stimulate repair of tissue. Platelet Rich Plasma (PRP) is a type of Prolotherapy treatment that uses concentrated growth factors from a person's own blood. More advanced Stem Cell Prolotherapy uses cells from a person's bone marrow and/or fat cells. These methods give severe injuries and arthritic joints a supercharged boost of healing cells right to the area of cellular deficiency.

Golfers have more options for treating injuries than they may realize. Seeing a Prolotherapist can get a person back on the course fast because Prolotherapy requires almost no down time. It is ideal for professionals who need to continue training and the casual golfer who doesn't want to stop their beloved sport.

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The Healing Benefits of Broccoli

By Ronna L. Clements,
Natural Health & Wellness
Innovator

A second therapeutic value of broccoli is that it is an outstanding food that helps to prevent cancer cells from flourishing. How do we know this is true?

As a specialist in Cellular Regeneration, I stay abreast of quality research studies on the subject of food as it relates to cellular rebuilding. A study at Georgetown University reported in the British Journal of Cancer found that indole-3-carbinol is a chemical in specific vegetables such as broccoli, cauliflower, and cabbage, and this compound can actually boost DNA repair in cells and may stop them from becoming cancerous.

This is a crucial finding because DNA is the material inside the nucleus of the cell that carries genetic information. This is certainly positive to know because if some individuals are genetically predisposed to cancer, cellular repair can be done by regularly eating this amazing food. It's fascinating and scientists are pursuing this line of study.

Professor Eliot Rosen led the study and he quotes, "it is now clear that the function of crucial cancer genes can be influenced by compounds in things we eat. Our findings suggest a clear molecular process that would explain the connection between diet and cancer prevention."

The leaders in the field of anti-aging have stated as long as 25 years ago the importance of including broccoli in one's diet.

So, there it is – some interesting information. You never thought something like broccoli could be so wonderful.

The next time you see it in the produce aisle, remember this article and think about buying a few stalks. You just may end up loving it.

Bon appetit mes amis!

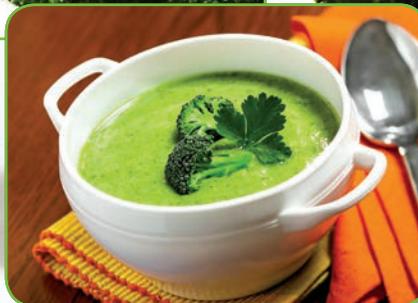
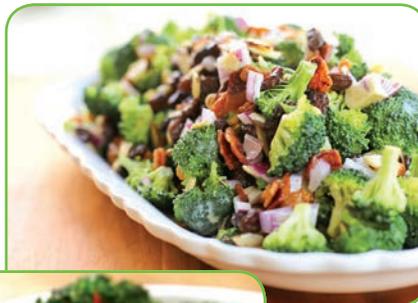
Broccoli was grown in France and Italy in the sixteenth century, and it was not well known in this country until the early 1900's when the D'Arrigo Brothers Company made a trial planting of Italian sprouting broccoli in California.

A few crates were sent to Boston and by 1925 the market was well established. Since then, the demand for broccoli has greatly increased and today it is a very popular food.

California, Arizona, and Texas are the main broccoli producing states. It is a member of the cabbage family and can be gas forming, but if cooked in a steamer or over a low fire, this may be avoided. Broccoli is best if undercooked because it leaves a higher chlorophyll content in the vegetable. This is not only good for the cells and tissues of the body, but the higher chlorophyll content will counteract the sulfur compounds that form gas.

When choosing broccoli, look for tenderness in the stalk especially the upper portion. If the stalk is tough and if the bud clusters are open and yellow, the broccoli is over-mature and it will not be as tasty. Fresh broccoli does not keep a long time so purchase only as much as you can immediately use. Fresh is always best.

One of the therapeutic values of broccoli is that it lies within the cabbage family and if eaten with protein, the combination will help drive amino acids to the brain. Broccoli is high in vitamin A (9,700 International Units) and vitamin C (325 mgs), low in calories, and it is beneficial to the digestive and eliminative systems.



April is Autism Awareness Month



THE LEADING & MOST EXPERIENCED ORGANIZATION ON AUTISM-RELATED WANDERING PREVENTION & RESPONSE



What is Autism?

- Autism is a bio-neurological developmental disability that generally appears before the age of 3.
- Autism impacts the normal development of the brain in the areas of social interaction, communication skills, and cognitive function. Individuals with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.
- Individuals with autism often suffer from numerous co-morbid medical conditions which may include: allergies, asthma, epilepsy, digestive disorders, persistent viral infections, feeding disorders, sensory integration dysfunction, sleeping disorders, and more.
- Autism is diagnosed four times more often in boys than girls. Its prevalence is not affected by race, region, or socio-economic status. Since autism was first diagnosed in the U.S., the incidence has climbed to an alarming one in 68 children in the U.S.
- Autism itself does not affect life expectancy, however, research has shown that the mortality risk among individuals with autism is twice as high as the general population, in large part due to drowning and other accidents.
- Currently, there is no cure for autism, though with early intervention and treatment, the diverse symptoms related to autism can be greatly improved and in some cases completely overcome.



Autism Facts & Stats

- Autism now affects 1 in 68 child
 - Boys are four times more likely to have autism than girls.
 - About 40% of children with autism do not speak. About 25%–30% of children with autism have some words at 12 to 18 months of age and then lose them.
- Others might speak, but not until later in childhood.
- Autism greatly varies from person to person (no two people with autism are alike).
 - The rate of autism has steadily grown over the last twenty years.
 - Co-morbid conditions often associated with autism include Fragile X, allergies, asthma, epilepsy, bowel disease, gastrointestinal/digestive disorders, persistent viral infections, PANDAS, feeding disorders, anxiety disorder, bipolar disorder, ADHD, Tourette Syndrome, OCD, sensory integration dysfunction, sleeping disorders, immune disorders, autoimmune disorders, and neuroinflammation.
 - Autism is the fastest growing developmental disorder, yet most underfunded.
 - A 2008 Danish Study found that the mortality risk among those with autism was nearly twice that of the general population.
 - Children with autism do progress – early intervention is key.
 - Autism is treatable, not a hopeless condition.

For more information on Autism, go to our website at <http://nationalautismassociation.org/>.

Article Source: National Autism Association

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By Carl McAloose

PHYSICAL ACTIVITY

Benefits More Than Your Body

We all remember having PE in school. I dare say that when asked what your favorite part of the school day was, many of us said “PE.” And why not? PE was fun. You got to play games, jump, run and best of all, you weren’t sitting at your desk. You got to burn off that extra energy, and that made being in the classroom easier. Study after study shows the correlation of physical activity, whether it’s PE, sports or just riding your bike around your neighborhood, helps improve your overall health. These studies also show that physical activity helps you mentally.

The annual *Sports & Fitness Industry Association* survey found that over 21 million youth ages 6-17 play team sports on a regular basis, with an additional five million occasionally involved in sports. We all know that regular physical activity provides many benefits, like maintaining healthy muscles, bones and joints, not to mention helping with your weight. Your doctor tells you this and more each year when you have your physical.

For our kids, playing sports means they are eight times more likely to still be active at the age of 24 compared to those who don’t participate in sports. (*Perkins study*). The benefits extend to academics. Several studies have concluded that physical activity helps improve academic achievement, from grades to standardized test scores. Think about it. Don’t you feel more relaxed and focused after physical activity? It’s easier to concentrate and learn.

Additionally, studies have shown that physical activity can also positively impact our youth in the areas of self-esteem, goal-setting and leadership. As a parent, just spending some time with your kids playing catch, shooting baskets or any other sport or game gives you quality time with them in a fun setting. It also sets a good example of the importance of physical activity.

Kids who participate in sports learn to manage their time better. They get an extra sense of confidence because they can balance the demands of school and sports. Playing a sport also teaches them the value of teamwork, cooperation and leadership.

The benefits of sports are more than physical. They are also mental. Studies show physical activity can help with things like improving your mood. Whether you like to play sports, work out in the

gym, or take your dog for a brisk walk, physical activity helps stimulate brain chemicals that make you feel more positive.

We all have some level of stress in our lives. Too much of that can lead to many problems, both mental and physical. When you’re exercising, you help reduce your levels of stress hormones – namely adrenaline and cortisol. Physical activity helps distract your mind from negative thoughts, which allows you to think more creatively. Simultaneously while exercising, your body produces endorphins, which naturally make you feel happier and relaxed.

Studies have also shown that regular physical activity helps improve your level of concentration. Mental skills such as thinking, using good judgment and learning stay sharp as you age if you do a mix of aerobic and muscle-strengthening activities. And those types of activities are common in sports!

I know that when I exercise, I sleep better. We know that exercise helps you relax and get rid of stress and tension, so it makes sense that would help you get a good night’s sleep.

As a parent, all three of my children have been involved in sports in some form. I have seen how it has helped them not only physically, but also academically, mentally and socially.

Not every child participating in sports will go on to be a professional athlete, but they will all treasure the memories of family time together and the friendships they made along the way. Most importantly, they have learned that physical activity is lifelong fun!

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Carl McAloose is the Athletic Director at Florida SouthWestern State College. The Buccaneers will debut their softball and baseball teams in the fall 2015, followed by men’s and women’s basketball in fall 2016. More information is available at www.FSW.edu/athletics.

April is Youth Sports Safety Month CONCUSSIONS IN YOUTH SPORTS

As the number of reported cases of traumatic brain injury (TBI) increases in professional sports, so too does awareness of concussions at the college and amateur levels. The NFL now takes helmet to helmet contact as a serious offense after coming under intense scrutiny for allowing players to reenter the game after sustaining brain jarring hits.

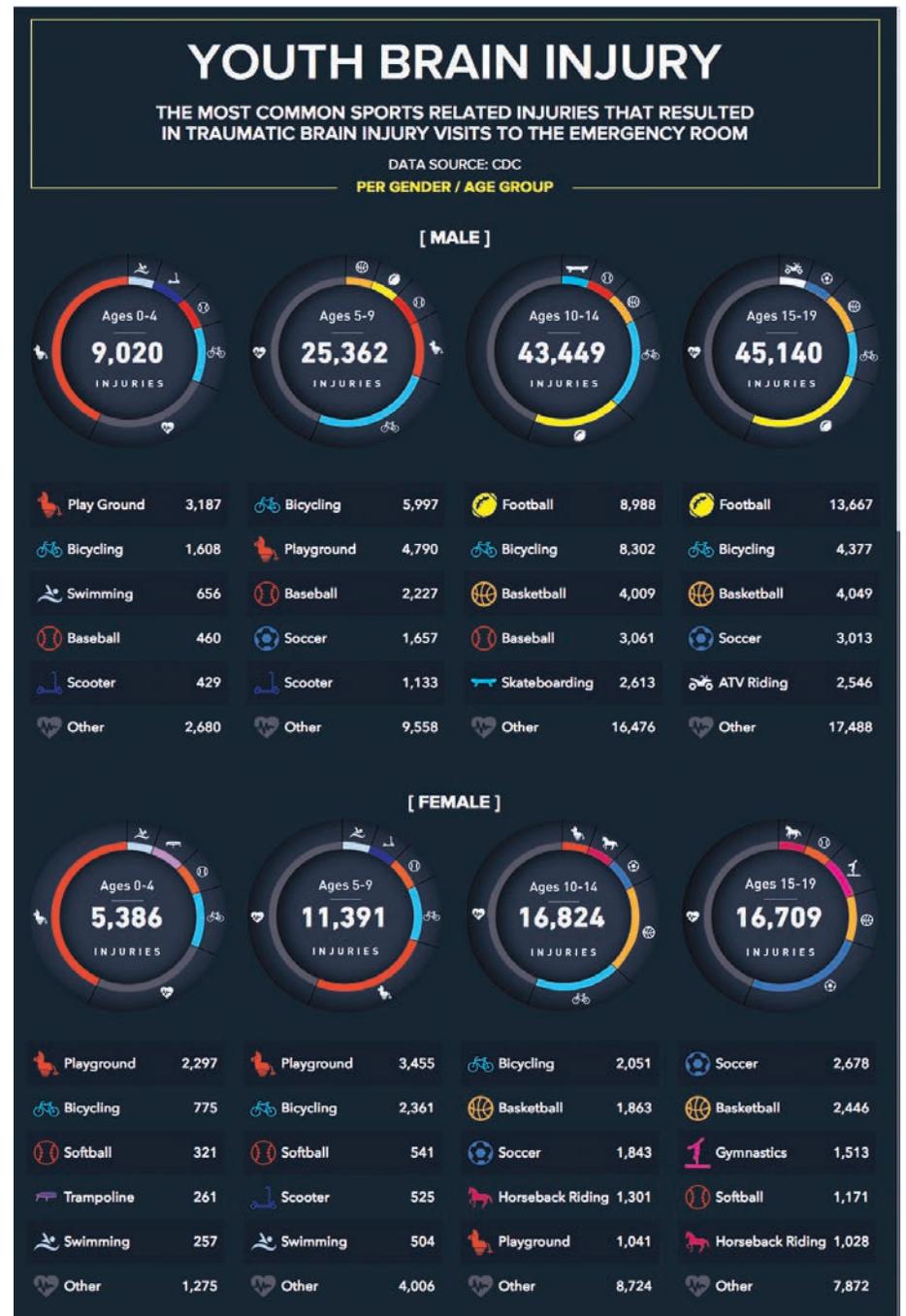
Professional leagues have their reputation and financial interests to consider, but what about little league players or high school athletes looking to advance their game to the next level?

The following interactive data visualization breaks down the total number of traumatic brain injuries sustained by children under 19 years of age between the years of 2001 and 2009. The data, taken from a 2011 study by the Centers for Disease Control and Prevention (CDC), is categorized according to gender, age range, and sport/activity.



No matter your level of expertise on the subject, the numbers have a way of speaking for themselves. Go to www.tnhealthandwellness.com and click on the article to review the interactive graph details.

Article source: Safer-America



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Laser Cataract Surgery: What you should know

By David A. Goldman MD

With every year, advances are made in ophthalmic surgery. While some are relatively insignificant, others can change the entire way we think about surgery. With cataract surgery, the latest development is the use of femto-second laser to assist with the surgery. While this is a very exciting development for the field, the exact details are not always shared with the patient.

To begin, what exactly is laser cataract surgery? Many physicians define this in different ways. Although patients today think that cataract surgery has always been performed with laser – in fact this is not the case. The majority of cataract surgery to date has been performed with ultrasound (similar to laser except sound waves are used instead of light waves) while the physician manually guides the ultrasound probe. Femtosecond laser cataract surgery allows the initial incisions and lens breakup to be performed by an image-guided computer/laser system. That said, the ultrasound probe is still used to manually remove the now laser fragmented lens. Having performed traditional and laser cataract surgery as well as having reviewed the literature extensively on the subject, I feel compelled to educate the public about it. First, there are several important questions that should be answered.

Is laser cataract surgery any safer? Not at all. If femtosecond laser cataract surgery did indeed provide safer outcomes then Medicare/private insurers would pay for it. In fact, if your ophthalmologist does recommend laser cataract surgery as being safer, I would recommend seeking another surgeon.

Does it reduce the total surgery time? No – the time to complete the entire surgery is longer because there are now two steps to the procedure.

Is it more comfortable? No – the two methods are virtually the same. The exception being that during the laser aspect of the procedure the patient may experience a little pressure.



Does this mean there are no advantages to laser cataract surgery? Again the answer is no. The laser does allow incisions not only to be performed in the cornea but also the capsule that holds the cataract/new intraocular lens. These incisions are performed in an entirely automated format that allows for outstanding reproducibility. It has also been commented on by many that these laser incisions allow for better accuracy when choosing the proper lens power. Furthermore, in certain cases, partial laser incisions known as arcuate incisions can be performed to neutralize small amounts of astigmatism.

So should you elect for laser cataract surgery? The decision is entirely up to you, but you should not feel pressure that if you undergo traditional cataract surgery that there is a higher probability of a complication. In the hands of a skilled surgeon, cataract surgery is an overwhelmingly successful procedure. The addition of laser to the procedure is more icing on the cake and is not required but some may prefer.

Dr. Goldman practices at 3401 PGA Blvd Suite #440 in Palm Beach Gardens, Florida. He has been ranked a Best Doctor and Top Ophthalmologist, as well as being recognized as one of the top 250 US surgeons by Premier Surgeon.



DAVID A. GOLDMAN

Prior to founding his own private practice, Dr. David A. Goldman served as Assistant Professor of Clinical Ophthalmology at the Bascom Palmer Eye Institute in Palm Beach Gardens. Within the first of his five years of employment there, Dr. Goldman quickly became the highest volume surgeon. He has been recognized as one of the top 250 US surgeons by Premier Surgeon, as well as being awarded a Best Doctor and Top Ophthalmologist.

Dr. Goldman received his Bachelor of Arts cum laude and with distinction in all subjects from Cornell University and Doctor of Medicine with distinction in research from the Tufts School of Medicine. This was followed by a medical internship at Mt. Sinai – Cabrini Medical Center in New York City. He then completed his residency and cornea fellowship at the Bascom Palmer Eye Institute in Miami, Florida. Throughout his training, he received multiple awards including 2nd place in the American College of Eye Surgeons Bloomberg memorial national cataract competition, nomination for the Ophthalmology Times writer's award program, 2006 Paul Kayser International Scholar, and the American Society of Cataract and Refractive Surgery (ASCRS) research award in 2005, 2006, and 2007. Dr. Goldman currently serves as councilor from ASCRS to the American Academy of Ophthalmology. In addition to serving as an examiner for board certification, Dr. Goldman also serves on committees to revise maintenance of certification exams for current ophthalmologists.

Dr. Goldman's clinical practice encompasses medical, refractive, and non-refractive surgical diseases of the cornea, anterior segment, and lens. This includes, but is not limited to, corneal transplantation, micro-incisional cataract surgery, and LASIK. His research interests include advances in cataract and refractive technology, dry eye management, and internet applications of ophthalmology.

Dr. Goldman speaks English and Spanish.

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I Have A Wait Problem

Brent Myers

You're reading a health and wellness magazine and you're thinking: that guy can't spell. But the truth is that you read it correctly: I have a wait problem: I don't like to wait. But who does?

Think about it... do you like to wait? Do you love sitting in the waiting room at the doctor's office? Do you look for the longest line at the grocery store so you can spend more time waiting? When the light turns green, does it make you happy when the car in front of you just sits there? Do you keep your fingers crossed that wait times are an hour at the amusement park? If you answered "no" to the questions above, then you have a wait problem too.

It's been estimated that we spend ten percent of our lives waiting. That comes out to be over two hours of everyday. I have a wait problem: I'm not very good at it. But I don't have a choice. Waiting is a part of our lives.

And waiting isn't just a part of everyday menial tasks, but big things in life too. Things like waiting for Mr. Right or Miss Perfect; waiting for your first grandchild; waiting for retirement; waiting on test results; waiting to hear back about the interview; waiting...

From a spiritual perspective, waiting is very important. So important, in fact, that God talks about it including these words: *"Even youths shall faint and be weary, and young men shall fall exhausted; but they who wait for the LORD shall renew their strength; they shall mount up with wings like eagles; they shall run and not be weary; they shall walk and not faint."* (Isaiah 40:30-31, ESV)

Waiting is expected by God.

Notice what he says... "...they who wait for the LORD..." Isaiah doesn't single out an individual or use the word "if". God – the creator and controller of time and all circumstances – knows we will have seasons of waiting. And He expects us to wait on Him.

God uses waiting to build our character.

Look at the different stages of development: flying high (wings), running, and walking. Waiting gets us to a place where we learn to take in the highest highs, but at the same time realize that slow and steady gets us where we need to go. Waiting helps us grow into constant and consistent forward movement in our lives... even when we are waiting.



Waiting is rewarded by God.

Isaiah shows us that waiting has its rewards. Tired of being tired? Close to giving up? Don't want to wait anymore? Read the passage again: "...and not be weary..." "...and not faint..." God honors us when we wait. God rewards our faithfulness in the midst of our waiting.

Waiting is the fruit of our faith.

Finally look at this: "...but they who wait for the LORD..." When we learn to trust our circumstances to God, we show that we really believe that He is in control. We demonstrate that we actually believe that He knows best and that He works all things together for good. When we wait on the LORD, we show the depth of our faith. So... how do I get better at waiting? The ability to wait on the Lord stems from being confident and focused on who God is and in what God is doing. It sounds simple – and it is – but simple is not the same as easy (because it's not).

But look at it like this... I heard the other day, "there are no problems, only opportunities". So at least now I know I don't have a wait problem after all – just a wait opportunity (and lots of them)!

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