

S O U T H F L O R I D A ' S

Health & Wellness[®] MAGAZINE

March 2016

North Palm Beach Edition - Monthly

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FREE



**6 POSSIBLE REASONS
Behind Your Hair Loss**

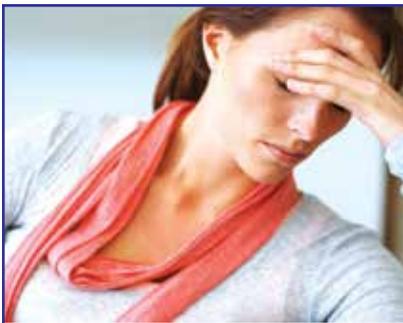
**Are There Any
NEW TECHNOLOGIES
For FAT REDUCTION?**

**What Is
a MACULAR PUCKER?**

**Do You
SUFFER from
CHRONIC PAIN?**

SMILE IN A DAY

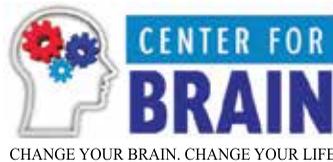




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6 POSSIBLE REASONS Behind Your Hair Loss

By Alan J. Bauman, M.D.

Here are 6 Possible Reasons You Could Be Losing Your Hair:

The hair restoration field is constantly evolving and advancing, as each year, we learn more about the root causes of hair loss. Each discovery is bringing us closer and closer to not only understanding why we lose our hair, but what we can do to both treat, and prevent it.

We've already taken another step forward in 2016, with two new studies, which both found that hair follicle stem cells play a large role in age-related hair loss. These findings confirm what many hair restoration experts have known for some time, that stem cell therapy will no doubt play a key role in reversing hair loss, stimulating hair growth, and ultimately preventing hair loss in the future.

While these scientific findings are exciting for those of us in the field, they don't mean a lot to hair loss sufferers, at least not yet. And while stem cells may be playing a role in your hair loss, there are also a number of other reasons why you are losing your hair.

GENETICS – There are approximately 200 genes that regulate hair growth. Both men and women can inherit “the hair loss gene” amongst other hair characteristics that make hair loss more significant. After puberty, the hereditary hair loss genes can take over—causing a gradual and progressive miniaturization of hair follicles. As our hair ages, the follicle function diminishes in proportion to hereditary risk.

HORMONES – This is especially important for women, because at times in a woman's life when hormone levels change—birth control pills, childbirth, menopause, hormone replacement therapy, etc.—sometimes there's an association with significant hair loss. Scientific studies suggest that some women may be genetically predisposed to be sensitive to androgens (even small levels), which are known to be the primary trigger for hair loss in men.

HEALTH – Your health can play a large role in the health of your hair. Weight loss, thyroid disorders, stress and other health-related issues can also cause hair loss. Additionally, certain medications may also cause hair loss, such as: oral acne medications with retinoids, antibiotics, antifungals, antidepressants and other mood modulators, birth control pills and other hormone treatments, anti-hypertensives, cholesterol-lowering drugs, immunosuppressants, and more.

PHYSICAL DAMAGE – Women who wear hair extensions, braids and tight ponytails can cause lasting physical harm to hair follicles, resulting in a type of permanent hair loss known as *traction alopecia*, a form of *scarring alopecia*. Even men who frequently sport a “man-bun” can be at risk. Additionally, using harsh chemicals like bleaches

and dyes, blow dryers and flat irons, and combing the hair when wet puts the hair strands themselves at risk of damage and breakage.

DIET – Our follicles need certain types and amount of nutrients to produce healthy hair, so when you engage in unhealthy dieting (such as crash diets) or have nutritional deficiencies – particularly in calories, protein, iron, zinc or vitamins A, B, C – you become at risk of a short-term hair loss condition known as ‘telogen effluvium.’ This risk is compounded for those who are already genetically predisposed to hair loss.

SCALP CONDITIONS – An unhealthy scalp, and certain skin conditions, such as dandruff, psoriasis, and fungal infections, can cause inflammation, which can make it difficult for hair to grow. A medical analysis of the scalp can also identify problems such as imbalances in sebum, pH, hydration, toxin and cortisol levels, which can be contributing factors in unhealthy hair, as well as hair loss and thinning.

Hair loss may be due to one or a number of factors. If you are concerned about hair loss, or would like more information on the growing number of effective treatment options, you should contact a board-certified hair restoration physician—someone who specializes exclusively in the medical diagnosis, treatment and tracking of hair loss and its treatment. These specially trained physicians have had extensive training specific to treating hair loss, and have up-to-date knowledge of the newest treatment options. Unlike primary care physicians, hair restoration physicians will use advanced diagnostic tools, like the HairCheck device, which helps to accurately assess hair loss, growth and breakage on any on any area of the scalp, to help determine the extent and rate of the patient's hair loss.



Once the extent of your hair loss has been identified, your hair restoration physician may recommend both pharmaceutical and lifestyle changes as part of your treatment regimen. Medical treatments that will help mitigate hair loss include a specially compounded prescription Formula 82M minoxidil solution, platelet-rich plasma injections (PRP, also called the ‘vampire hair growth treatment’), prostaglandin analogs, low-level laser therapy, and nutritional supplements. In advanced cases, hair transplantation via NeoGraft FUE, or the ARTAS robot, may be the patients’ best

strategy for treating their hair loss. These state-of-the-art techniques are only available through board-certified hair restoration surgeons, and require both proper planning and artistry for natural-looking results.

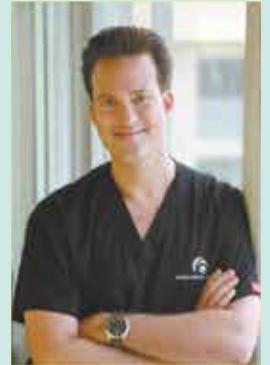
We may not know exactly why some people lose their hair, and others don’t, but we do know that hair loss is no longer inevitable, it’s optional. Remember, early detection and intervention give you the best chance at saving the hair that you have, and reversing the loss.

WEAPONS TO FIGHT HAIR LOSS

- **PRP Hair Regrowth** - Does our own blood hold the cure for baldness? A new “vampire” cell therapy treatment called PRP or Platelet Rich Plasma concentrates platelets from a small sample of your own blood and re-injects them back into the scalp to rejuvenate weakened hair follicles in a quick and effective non-invasive outpatient procedure.
- **Laser Therapy** - Low-level laser therapy has become an accepted standard in the treatment of hair loss, including FDA approved laser caps that are easy to use and hands-free.
- **NeoGraft FUE Hair Transplant:** The "Cadillac" of transplants. NeoGraft FUE is a machine that allows doctors to perform a hair transplant surgery with remarkable precision and without scalpel or stitches.
- **ARTAS Robotic Hair Transplant** - The Artas Robotic System is an image-guided robot that can harvest up to 1,000 hair grafts in a single hour – which makes hair transplant surgery faster and safer.
- **Formula 82M** - A new upgrade on the FDA-approved topical treatment minoxidil (aka Rogaine). Formula 82M has a better delivery mechanism, less side effects, and dramatically improves the efficacy of this powerful treatment.
- **Genetic Tests for Hair Loss** - Do you have the hair loss gene? With a simple swab of the cheek, you can accurately determine your chances of going bald later in life!
- **HairCheck** - By the time hair loss becomes noticeable, you’ve already lost 50% of your strands! A new gadget now makes it possible to track your hair count and spot hair loss early on, before it’s too late.
- **Future Treatments** - Hair cloning and stem cell therapy are just a few of the future treatments now in development.

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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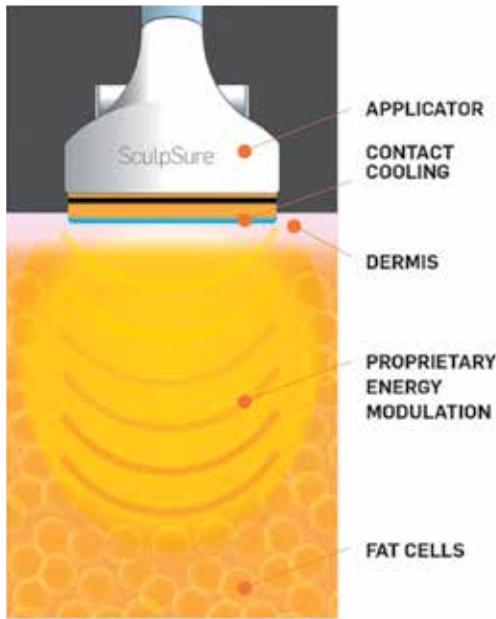
Are There Any New Technologies For Fat Reduction?

It is interesting to watch technology as it continues to evolve. Many of my patients are up to date with what is trending in aesthetic technology. There is a new exciting technology that melts and tightens skin simultaneously without downtime.

COOLSCULPTING® has been a good fat reduction treatment for many of my patients. It is a way to non-invasively destroy fat cells by freezing fat, however it takes about 1 hour per area and depending on the patient, it could take up to 4 to 6 hours in one day! Also, the cost of CoolSculpting® is pretty much equivalent to liposuction.

A newer technology has just been FDA approved for the same application of destroying fat cells non-invasively, but it uses heat. It's called SculpSure™ by Cynosure®. SculpSure™ is a laser device that uses a 1060 nm wavelength to target fat cells and destroy them without any incisions.

Unlike CoolSculpting®, SculpSure™ takes less time, the treatment areas are much larger and there is no downtime. One treatment takes only 25 minutes and there have been no reported side effects.



- TARGET**
Selective wavelength to target fat cells below the dermis.
- DISPURT**
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- ELIMINATE**
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SculpSure™ is a breakthrough non-invasive body contouring treatment for fat that has been unresponsive to diet and exercise.

- 25 minute treatment
- Clinically proven to permanently reduce fat
- Customized treatment sessions to achieve the look you want

The treatments applicators are placed on the skin and a balance of laser wavelength with cold is projected to the fat layer, making it hot enough to achieve the right temperatures to destroy fat cells, but cold enough to be comfortable. The destroyed cells are disposed of by the body's lymphatic system.



BEFORE SculpSure™



AFTER SculpSure™

The results are seen in 6-8 weeks and most people require just 1 treatment. Another major advantage and game changer is the skin tightening effects of this laser.

So in summary, SculpSure™ is less expensive, takes less time and tightens skin very effectively. I'm very excited and happy to share this information!

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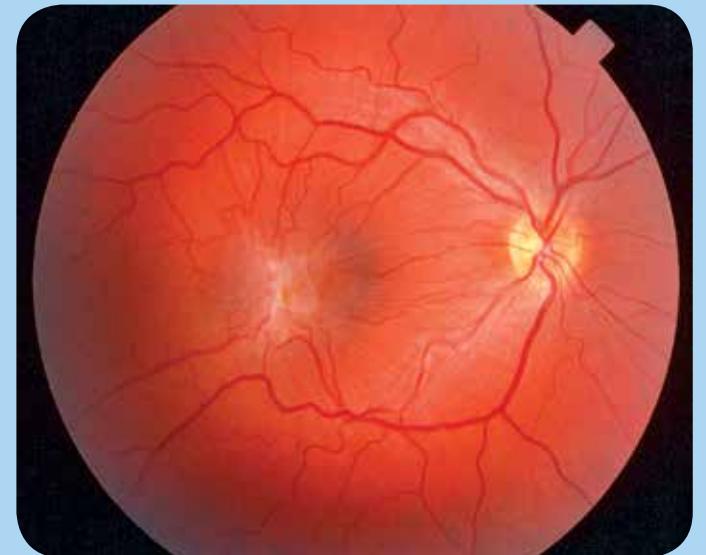
WHAT IS A MACULAR PUCKER?

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

A MACULAR PUCKER (also called an epiretinal membrane) is a layer of scar tissue that grows on the surface of the retina, particularly the macula, which is the part of your eye responsible for detailed, central vision.

The macula is the small area at the center of the eye's retina that allows you to see fine details clearly. The retina is a layer of light-sensing cells lining the back of your eye. As light rays enter your eye, the retina converts the rays into signals, which are sent through the optic nerve to your brain where they are recognized as images. Damage to your macula causes blurred central vision, making it difficult to perform tasks such as reading small print or threading a needle.

As we grow older, the thick vitreous gel in the middle of our eyes begins to shrink and pull away from the macula. As the vitreous pulls away, scar tissue may develop on the macula. Sometimes the scar tissue can warp and contract, causing the retina to wrinkle or become swollen or distorted.



MACULAR PUCKER CAUSES

As you age, the vitreous — the clear, gel-like substance that fills the middle of your eye — begins to shrink and pull away from the retina. As the vitreous pulls away, scar tissue may develop on the macula. Sometimes the scar tissue can warp and contract, causing the retina to wrinkle or bulge.

Other eye conditions associated with macular pucker include:

- Vitreous detachment;
- Torn or detached retina;
- Inflammation (swelling) inside the eye;
- Severe trauma to the eye (from surgery or injury); and
- Disorders of the blood vessels in the retina, such as diabetic retinopathy.

MACULAR PUCKER SYMPTOMS

With a macular pucker, you may notice that your central vision is blurry or mildly distorted, and straight lines can appear wavy. You may have difficulty seeing fine detail and reading small print. There may be a gray or cloudy area in the center of your vision, or perhaps even a blind spot.

Symptoms of macular pucker range from mild to severe. Usually macular pucker affects one eye, although it may affect the other eye later. Vision loss can vary from none to severe vision loss, although severe vision loss is uncommon. A macular pucker does not affect your side (peripheral) vision.



For most people with macular pucker, their vision remains stable and does not worsen over time.

MACULAR PUCKER DIAGNOSIS

During an eye exam, your ophthalmologist will dilate your pupils and examine your retina. You may have a test called fluorescein angiography that uses dye to illuminate areas of the retina.



Another test called optical coherence tomography (OCT) is helpful in making an accurate macular pucker diagnosis. With OCT, a special camera is used to scan your retina. It measures the thickness of the retina and is also very sensitive at detecting swelling and fluid.

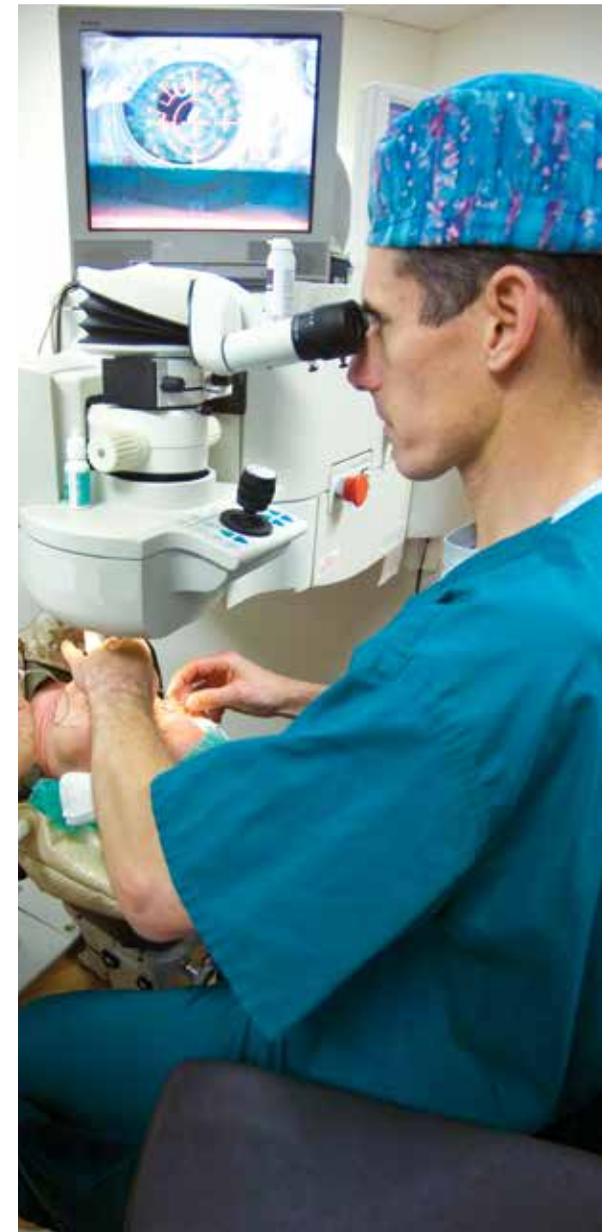
OCT can also diagnose macular abnormalities that are too small to be seen in an examination or with angiography.

MACULAR PUCKER TREATMENT

For more severe symptoms, a surgery called vitrectomy is recommended. The surgery is usually performed as an outpatient procedure in an operating room. During surgery, your ophthalmologist uses microsurgery instruments to remove the wrinkled tissue on your macula and to remove the vitreous gel that may be pulling on the macula. Sometimes an air or gas bubble is placed in the eye to help the retina heal or to seal any tears or holes.

After the tissue is gone, the macula flattens and vision slowly improves, though it usually does not return all the way to normal. After the operation, you will need to wear an eye patch for a few days or weeks to protect the eye, and you may need to do some particular head positioning if an air or gas bubble was placed in your eye during surgery. You will also need to use medicated eye drops to help the eye heal.

In most cases, while vision improves after macular pucker surgery, it generally does not return to normal. It can take up to three months for vision to fully recover. On average, about half of the vision lost from a macular pucker is restored; some people have significantly more vision restored, some less. In most cases, the visual distortion of macular pucker is significantly reduced.



The Retina Institute of Florida

Lauren R. Rosecan

M.D., Ph.D., F.A.C.S.

The Retina Institute of Florida with four offices conveniently located in Palm Beach and Martin Counties.

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DO YOU SUFFER FROM CHRONIC PAIN?

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YOUR DOCTOR DOESN'T KNOW
WHAT ELSE TO DO?

MEDICATION NOT A GOOD SOLUTION?



By Mike Cohen, Director, Center for Brain

YOU DON'T HAVE TO STRUGGLE WITH CHRONIC PAIN FOR THE REST OF YOUR LIFE

If you're reading this, you're probably desperately seeking a solution for chronic pain. You've likely sought help from several healthcare professionals, tried medications, pursued yoga or chiropractic or maybe even seen a mental health professional in case "it's all in your head."

You may be wondering: Will I have to live with chronic pain for the rest of my life?

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You've heard it before. Some great new machine or procedure will solve your problem or reduce your pain. Then... it doesn't live up to its promises.

At Center for Brain you'll never be offered a treatment that we haven't thoroughly investigated and tested, no matter how good it sounds in theory.

In 2013 we learned of BRT being used in Europe with great success. We were cautiously optimistic about its potential for our practice. However, we've built a solid reputation in South Florida for providing dependable, effective non-drug therapies such as neurofeedback that really do help patients with chronic pain (and other disorders such as anxiety and insomnia) who haven't responded to conventional treatments.

To be incorporated into our sophisticated toolbox, BRT had to meet my very stringent criteria (which few of the dozens of technologies I've evaluated over the years have): (1) Does it work consistently, beyond a doubt, with *complicated*, chronic, treatment-resistant cases? (2) And do results sustain over time?

To find out I put it to the test for six weeks – with some very difficult chronic cases, including this one:

A 37-year-old woman had suffered for ten years with daily headaches and chronic back and neck pain. Just getting out of bed triggered severe pain throughout her body. She was unable to lift anything, turn her neck or lift her constantly-stiff and painful shoulders. After undergoing one session, she reported for five days that she had been able to get out of bed easily for the first time in years, had had no headaches and had 70 percent improvement in her pain. (Author's note: Despite expecting some sort of improvement, the extent of her response surprised us. Over time we've seen other equally-impressive results, although usually it takes more than one session. The client needed more sessions to produce sustained progress, but the amount of change in one session was remarkable – and gave an indication of what was possible).

With the results we saw with this client and others during our six-week trial, we committed to invest in the technology. Consistent results are, after all, the only thing that counts with pain.

We refined how to combine the treatments with our neurofeedback tools and have seen our clients improve to an extent that astounded us. Frankly, after more than a decade of searching for a new technology to complement or enhance the benefits of our neurofeedback technology, BRT revolutionized how Center for Brain treats chronic pain.

We can't say how long it will take for any given individual to see results, or even guarantee that you'll get results at all, but in the two years that we've been providing BRT, at least 75 percent of our clients have reported consistent improvement, and even more improvement when combined with neurofeedback. In complicated chronic cases, pain reduction often occurs in as little as one session but more commonly in six sessions.

Here are two more of our success stories:

A client had been plagued by chronic back pain since the age of 16. She tried many solutions, eventually seeking help from a pain doctor and becoming addicted to pain medication. She was confined to her bed and couch three to four days a week and struggled to get anything done. After four bioregulation treatments over the course of a month, she reported an 80% reduction in pain and a significant reduction in pain medications. After two more sessions she discontinued her pain medications and resumed normal life, including working in her yard. One year later she was still pain- and pain medication-free.

A woman had 40 years of chronic headaches, neck and back pain she attributed to a car accident at age 19. She had seen more than 50 healthcare specialists, including neurologists, chiropractors and acupuncturists, without any relief. After four sessions she reported significantly reduced pain, and after a month she had had no headaches and reported a 75% reduction of her pain.

WHAT IS BIOREGULATION THERAPY

BioRegulation Therapy has its roots in acupuncture but with the added advantage of modern-day technology. It's a body balancing method whereby a computerized machine reads the electrical impulses (frequencies) being emitted by the cells in your body. It filters out the disharmonic "unhealthy" vibrations that interfere with optimal cell communication (and thus interfere with their optimal functioning),



Since combining BioRegulation Therapy with neurofeedback, the results in pain reduction astounded even us. Neurofeedback helps pain but it's not enough. Pain is tough. We spent more than a decade searching for a technology to enhance neurofeedback. BRT revolutionized how Center for Brain treats chronic pain.

amplifies the "healthy" harmonic frequencies, and sends them back to the cells. These harmonic frequencies "invigorate" the cells and encourage them to function the way they are supposed to.

Once the cells are doing their jobs better, the nervous system calms down and pain signals, which have become magnified over time, diminish.

All you have to do is recline on a comfortable chair or table in one of our pleasantly-decorated treatment rooms and relax. Our computer does the rest. You feel nothing during your treatment.

WHY YOU MIGHT NOT HAVE HEARD OF BIOREGULATION THERAPY FROM YOUR DOCTOR

Because BioRegulation Therapy is a non-drug treatment for pain, many doctors and other health professionals are unaware of the technology and its effectiveness. In the United States, our health culture is centered on drugs. Therefore other approaches, even though they are effective, are often overlooked because they lack large promotional budgets such as those of pharmaceutical companies.

Important things to know about us before turning to Center for Brain for help:

- We see you as a person in distress, not a "patient" or a "case."
- We believe you when you say you're hurting.
- We listen to you. With care and compassion. Without judgment.
- We ask a lot of questions to get to know who you are and what makes your problem unique.

- In addition to BioRegulation therapy, we have an array of other specialized tools designed to help re-program your out-of-whack electrical signals that are at the root of chronic pain.
- We take a holistic approach to your healing by offering complementary modalities, such as nutrition and counseling, available from our team of highly-credentialed specialists.

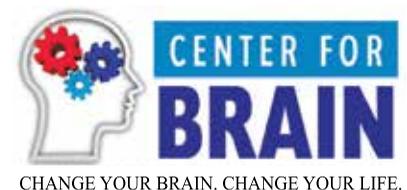
You have nothing to lose but your pain by calling Center for Brain to learn more about chronic pain treatments at **(561) 744-7616** or visit **www.CenterforBrain.com**.

Take your first step toward pain relief by calling today.



Michael Cohen,
President and Founder of the
Center for Brain.

He's one of the leading experts in brain biofeedback. For 18 years, he's taught courses and provided consulting to MD's and mental health professionals around the world to help incorporate new biofeedback technologies that help individuals adapt and strengthen their nervous system through neuroplasticity. This helps sleep, mood, attention and neurological function.



Jupiter/Abacoa 561.744.7616
www.CenterforBrain.com

Low Level Laser WEIGHT CONTROL

Low Level Laser Therapy (LLLT) is the application of a coherent cold laser light to treat certain conditions. It has been used to successfully treat many kinds of musculoskeletal injuries, because it promotes healing and tissue repair. LLLT has also been found to be an extremely successful treatment for alcohol & drug addiction, smoking cessation, and weight control.

HOW DOES LLLT WORK?

It works along the same principle as acupuncture but of course, no needles. The laser light easily penetrates through the layers of your skin to activate healing responses by your cells and to stimulate your nerve endings to produce endorphins. Endorphins such as serotonin are produced normally by your body and are nature's natural mood lifter and help keep you from feeling anxious or moody.

The treatment of specific points on the body helps to reduce the desire to eat, providing a natural satiation without food. The laser helps to balance organ and glandular functions that regulate weight. LLLT quickly helps to activate the bodies innate cellular communication system and positive immune, enzyme and endorphin response.

A series of treatments is usually recommended after the initial consultation.

WHAT POINTS ON THE BODY ARE USED FOR WEIGHT CONTROL?

Applying the laser to various points on the body can facilitate weight loss by giving the person a feeling of well being, which can suppress the desire for excessive and inappropriate food. The laser can also stimulate metabolism and thereby enable the body to utilize food efficiently instead of storing it as fat.

Each patient is custom-treated according to his or her specific and unique diagnosis. Usually a combination of body, hand, and ear acupuncture points are used that are believed to influence the organs and energetic pathways associated with weight management and hunger control.

Diet and exercise are helpful in any program of weight reduction. Most people who come for the laser treatment for weight control, however, have been given diets and exercise regimens before. They may have good knowledge of what they should and shouldn't eat, but they feel depressed or irritable when they try to stay on a diet. The laser should relieve such problems and improve will power.

WHAT WEIGHT LOSS RESULTS CAN BE ACHIEVED USING LLLT?

The weight loss to be expected is about ten to fifteen pounds per month. Weight loss should continue after the treatments are completed until normal weight is achieved. The effects of the laser usually last at least 6 to 9 months following your last treatment.

A succession of three laser treatments over a three to six week period is recommended initially. You may require additional treatments, depending on desired weight loss goals. Sometimes a couple of treatments within the first weeks are necessary to get things started.

IS LLLT SAFE?

LLLT is a safe, painless and medication-free treatment with virtually no negative side effects. It has been used in England, Canada and Europe for over 20 years with no documented adverse side effects. Laser therapy is a non-medical procedure and is respected by many physicians as a highly effective treatment. Several companies are currently participating



in a study by the FDA to validate the effectiveness of LLLT. Countless patients are raving about their successful medication free treatment.

DOES LLLT HURT?

No. LLLT is completely painless. In fact, most people describe an extremely relaxed feeling after being treated.

Weight loss is enhanced when LLLT is combined with a healthy diet and regular exercise. It has been found beneficial to drink at least 8 glasses of pure water per day to help flush out toxins, eat 6 small meals per day to help control blood sugar. The glycemic index diet is worth looking at. For the best long term results avoid sugars, refined foods, sodas and saturated fats. Instead, eat plenty of fresh fruits, vegetables, whole grains, fish, lean poultry and use cold pressed flax oil and extra virgin olive oil.

IF you have tried everything and are tired of failing to control or lose weight, Low Laser Light Therapy may be just the treatment for you! For more information or to schedule a consultation, call 614-638-7957!



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DENTAL IMPLANTS ARE A LONG-TERM SOLUTION.

Traditional, tooth-supported dental bridges only last five to seven years. At some point they may need to be replaced. While dental implants may need periodic adjustments, they can last a lifetime when properly placed and cared for over time.

ENJOY LIFE WITHOUT WORRYING ABOUT YOUR TEETH!

No need to stay home or feel uncomfortable in public, embarrassed because your smile looks different, or worrying that missing teeth will limit your ability to join in the fun or that removable dentures or tooth-supported replacement teeth will loosen or fall out when you talk, eat or laugh. Teeth restored with dental implants are teeth that let you enjoy your life.

RETAIN YOUR NATURAL FACE SHAPE, AND SMILE.

A face without teeth can sag and appear sunken and sad. Dental implants allow you to maintain the natural shape of your face and smile.

KEEP YOUR TEETH IN YOUR MOUTH – NOT IN A CUP.

Dental implants allow you to keep your teeth where they belong – in your mouth. No more

worrying that your dentures might slip or fall out. Dentures may slip when you eat, talk, smile, laugh, kiss, yawn or cough. Dental implants are fixed in place and fuse naturally with your jawbone, meaning your replacement teeth won't move, click or shift.

EAT YOUR FAVORITE FOODS!

Taste and enjoy the foods you love without hesitation. You can bite naturally, eat virtually anything you want and, unlike removable dentures that can feel uncomfortable, you can experience the full taste of the food you eat with dental implants, too.

PROTECT YOUR HEALTHY TEETH.

Placing a tooth-supported bridge requires grinding away the teeth on one or both sides of the missing tooth or teeth. This damages healthy teeth to restore those that are missing. Dental implants go in the jawbone, in the spot where your missing tooth root was, without impacting healthy teeth.

MORE PREDICTABLE THAN OTHER REPAIR AND RESTORATION METHODS.

Dental implant treatment has a track record of reliable, long-term successful outcomes and is

often considered more predictable than other treatments to repair or replace missing teeth, including bridgework, removable appliances and retreatment of failing root canal teeth.

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The dental team at Drs. Lerner and Lemongello's office is available to ensure your comfort and safety and are available to answer any of your concerns. So whether it is for a dental check up, a simple tooth restoration, a smile makeover, dental implants, or complete mouth restorations our team is ready to help you achieve the smile you deserve and the dental health you want.

Get the beautiful smile you have always dreamed of, make an appointment today! Contact Drs. Lerner and Lemongello for an appointment and information on all dental procedures at **561-627-9000**. Visit our website at **www.lernerlemongello.com** and view our "Smile Gallery" for examples of some of South Florida's most beautiful smiles.

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Gerard J. Lemongello DMD



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Effective Treatment for Menopause and Weight Gain

Menopause is an inevitable part of a woman's life, whether brought on by necessary surgery or the natural progression of time. The symptoms often interfere with daily living and change women in a way that interferes with positive self image and emotions. As women approach menopause they endure many symptoms, but one that proves the most difficult for many women to accept is menopausal weight gain. Not only can a few extra pounds (or maybe more) ravage a woman's self-esteem and self-image, but weight gain can usher in a host of health concerns that put a woman at risk of developing life-threatening conditions. These include:

- Heart disease, stroke
- High blood pressure
- Osteoarthritis
- Breast cancer
- High cholesterol
- Kidney disease
- Sleep apnea
- Insulin resistance
(increasing diabetes risks)

WHAT IS MENOPAUSE?

Menopause is a transitional period marking the cessation of ovulation in a woman's body. This time of change may last a few months to several years. Symptoms vary from mild to severe, and are brought on as our bodies try to adapt to decreasing amounts of estrogen. Symptoms include hot flashes, night sweats, insomnia, fatigue, mood swings, memory loss, vaginal dryness, headaches, joint pain, and weight gain.





About 90% of menopausal women experience some amount of weight gain. Although weight gain is a natural and common aspect of getting older, there are ways to reduce it. Women who are educated about this symptom are more likely to find ways around the typical spare-tire waist or extra inches here and there. On average, women gain between 12 and 15 pounds between the ages of 45 and 55, the stage in life when menopause typically occurs. This extra weight generally does not evenly distribute itself throughout a woman's body. The weight tends instead to accumulate around the abdomen, and women often notice the shape of their bodies slowly lose their hour-glass figure and begin to take on a rounded shape.

DIAGNOSIS AND TREATMENT OF MENOPAUSE

Few areas of women's health stir up as much debate as Hormone Replacement Therapy (HRT), which is normally started when the first symptoms of menopause appear. While they may alleviate hot flashes and prevent osteoporosis, they will also increase the risk of breast, ovarian and uterine cancer, and have a number of significant side-effects. But HRT isn't the only solution. Menopause is an area in which Chinese Medicine shines. Acupuncture and Chinese herbal medicine have the ability to detect energetic changes that occur in the body and quickly relieve symptoms such as hot flashes, foggy mind, irritability and weight gain.

Evidence that Acupuncture and Herbal Medicine have been used for women's health can be found in early medical literature dating back to 3 AD.

STUDIES ON ACUPUNCTURE AND MENOPAUSE

Since the early seventies, studies around the globe have suggested that acupuncture and Chinese herbal medicine are effective treatments for hot flashes, anxiety, insomnia, vaginal dryness and many other symptoms associated with menopause. Recent studies show extremely positive results.

From 1997 to 1999, one of the first studies in the United States to explore the effectiveness of acupuncture in alleviating hot flashes, insomnia and nervousness was conducted by Dr. Susan Cohen, D.S.N., APRN, associate professor of the University of Pittsburgh. It was found that during the course of acupuncture treatments, hot flashes decreased by 35% and insomnia decreased by 50%. A follow-up study revealed hot flashes significantly decreased in those receiving acupuncture, compared to those receiving routine care.

In a research review published in 2009, scientists analyzed 31 studies (with a total of 3,013 participants) and found that acupuncture was associated with a significant reduction of average body weight and improvement in obesity.

While these results are promising and the United Nations World Health Organization has approved acupuncture as a treatment for symptoms associated with menopause, further clinical trials with larger samples are currently underway.

A drop in estrogen and progesterone can increase a woman's appetite and cause her to eat up to 67% more, according to one study. An increase in appetite coupled with a slower metabolism with the onset of menopause can cause weight gain in women. This could, perhaps, account for the 12% jump in the number of women who are overweight in midlife compared to women in their 20's and 30's.

Women who gain in excess of 20 pounds after menopause increase their breast cancer risk by nearly 20%, but those who lose 20 pounds after menopause reduce their breast cancer risk by as much as 23%

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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Bring a Friend or a Family Member to Your Hearing Evaluation

By: Dana Luzon, Au.D., CCC-A, FAAA
Board-Certified Doctor of Audiology



As an audiologist, it is my job not only to diagnose a hearing problem, but to also determine what the biggest everyday struggles are that each patient has. Hearing loss is often very gradual and difficult for a patient to recognize when it starts. When it comes to hearing loss, most of the time it is a spouse, friend, or loved one who notices the problem first. During a consultation with a patient, I aim to discover what their biggest communication requirements are and who they struggle to hear the most. Having that person with you during the consultation process is really important. We address not only the patient's hearing concerns, but the companion's concern as well.

Most of the time we find that the hearing loss affects the patient's AND the companion's quality of life, and I want to make sure to answer everyone's questions during the consultation appointment. I ask about the patient's listening lifestyles and main goals for improvements in their everyday situations. As an AudigyCertified™ audiologist, I spend a lot of time making sure the patient and companion are heard and that all their questions and concerns have been answered.

If treatment with hearing devices is recommended during the consultation, realistic expectations are discussed with both the patient and the companion. Oftentimes, I find that patients or loved ones think the hearing devices will cure the hearing problem. In reality, hearing aids have specific limitations when it comes to hearing normally, and there are specific distance limitations as well. I counsel both the patient

and companion that hearing devices work their best when you are communicating face-to-face at a 3–6 foot distance, and they do not clearly pick up speech through walls or from different rooms. I go over so much information during the consultation that the companion also acts as a second set of ears to hear what their loved one might have missed.

Once the patient has been fit with their hearing devices, I use a program called Live Speech Mapping to verify that the devices are picking up their companion's speech at a soft and conversational level, ensuring an optimal hearing experience. It takes a team to help you achieve better hearing, and having a companion with you during the process will help obtain the best results. If you feel that you or a loved one are experiencing hearing difficulty, schedule an appointment today, and let us be your home for hearing healthcare!



**Dana Luzon, Au. D. , CCC-A, FAA,
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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By Dr. Dave DiSano

Why Hypnotherapy Works!

HYPNOTHERAPY, or hypnosis is the external power of suggestion. It is usually performed by a professional versed in the use of the power of suggestion. It changes that inner voice, our subconscious, thereby changing our conscious mind, and our behavior.

Hypnotism is not new, it dates back beyond recorded human history. The first practitioners of hypnotism were tribal medicine men, "witch doctors," and religious leaders that used their powers of suggestion to cure their patients.

The first written record of hypnosis was recorded in the 'Elber Papyrus' by the ancient Egyptians over 4,000 years ago. More modern records of the use of power of suggestion to cure patients were associated with a French doctor, Franz Anton Mesmer (1734-1815). It was reported that he was able to heal his patients by using "animal magnetism." This evolved to the point where he would simply wave his hands over his patients to cure them. However, at the time medical community could not replicate his results, ridiculed his work, and exiled him to Switzerland. Mesmer died there not recognized for any of his contributions to medicine at the time. But, his name lives on associated with the power of suggestion; have you ever been "Mesmerized"?

In the 19th Century a popular French physician, Jean Martin Charcot (1825-1893) published a paper on hypnotism that was accepted by The Academy of Science. Also, during that period two other physicians, Hippolyte Bernheim (1837-1919) and Ambroise Liebault (1823-1904) started refining the use of medical hypnosis keeping records of treating over 5,000 patients successfully. They started the Nancy School to teach medical hypnotherapy and even Sigmund Freud (1856-1939) studied there. What Freud learned at the Nancy School led him to later develop his psychoanalytical theory, that eventually influenced the field of psychology away from hypnotherapy.

In the 20th Century, two behavioral scientists led the modern acceptance of medical hypnosis. Clark Hull (1884-1952) published 'Hypnosis and Suggestibility' (1933), that described the controlled experimentation and use of hypnosis in curing patients. Milton Erickson (1901-1980) continued to bring hypnosis into the medical community as a viable treatment option for mental and physical disorders. He founded the American Society of Clinical Hypnosis in 1957 with the intent of providing education programs that further the medical professional's knowledge and use of hypnosis as an important clinical tool.

Medical Hypnotherapy is the practice of using over 100 years of clinical treatment in curing disorders of the mind and body. The techniques a clinical hypnotherapist uses relies on proven methods that alter the subconscious mind, thereby helping the body cure itself. The clinical hypnotherapist relaxes his patient usually with guided imaginary, then implants agreed upon healing suggestions into the subconscious, and uses a recording of the session for continual reinforcement after the session is finished. Today medical hypnotherapy has a proven track record of curing over 300 mental and physical disorders. By changing that inner voice, your subconscious, you can change your conscious behavior and significantly alter your mental or physical health.

Every philosopher, sage, mystic, wiseman (and woman), spiritual guru, or motivational/ self-help coach since the beginning of time have stated one truth (it's even in the Bible): "Change your thoughts, change your life!" Or, "What you say is what you get!" This is why hypnotherapy works! Hypnotherapy changes that inner voice, changing how you think (altering behaviors) or subconsciously helping the body heal itself! A hypnotherapist can help you change how you think!

Dave DiSano, Ph.D., C.H. is a psychologist who was certified in clinical hypnotherapy (C.H.) at Winchester Hospital in Woburn, MA. He has conducted individual and group hypnotherapy sessions for the past 15 years for mental disorders such as **anxiety, depression, phobias, insomnia, and performance issues.** Physical issues such **pain cessation, chronic illness, weight loss and smoking cessation.** He has also used **past-life regressions** to uncover current trauma. He is author of *Holistic Mental Health-Revised (2009)* that compares alternative therapies to traditional medications for mental disorders. And, with his wife, Mary, *Divinely Touched: Transform Your Life (2011)*, where he chronicles Mary's healing journey through the New Age and Metaphysical worlds using science and historical data to prove that consciousness can exist outside the body. Mary 'Divine' DiSano has degrees in medical technology, and healing techniques of Reflexology, Reiki, and Reconnective Healing. She is a Metaphysical practitioner, Energy Healer and motivational speaker. **Her healings have been described as "miraculous!"**

Dr. Dave and Mary have been feature speakers at holistic expos nationally and have appeared on TV and national radio shows. In their seminars they discuss the spirit dimension's influence in Mary's physical and mental illness, and her healings from shamans and light-workers after the medical community offered no cures for her. They also discuss the history of alternative medicine and how quantum physics explains energy healing as well as psychic phenomenon.

Dr. Dave conducts individual hypnotherapy sessions, and Mary conducts Reconnective Healings at Digits Wellness Spa, 2247 Palm Beach Lakes Blvd., Suite 209. WPB.

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THERAPEUTIC OPTIONS TO IMPROVE BLOOD CIRCULATION

By Alyssa Parker

Blood circulation is one of the most important components of our overall health and well-being. When clinical symptoms begin to arise due to poor circulation it's vital to seek preventative treatment options to avoid further complications. Common signs and symptoms that occur are fluid accumulation in a limb, a feeling of heaviness or tightness, thickening of the skin, pain or redness in affected limb. Blood circulation is driven by our heart which supplies our entire body with blood through the blood vessels. When the normal anatomy and function of our venous system has been disrupted that may lead to conditions such as venous insufficiency and lymphedema.



Chronic venous insufficiency (CVI) is when blood is unable to circulate from the lower limbs back to the heart. CVI is caused by incompetent valves and venous hypertension, in both parts of your venous system. The venous system is comprised of two parts, deep circulation and superficial circulation which are interconnected by perforating veins. Your venous system is an important component to delivering blood to the heart, then passing it through the lungs to obtain oxygen. The oxygenated blood is then delivered to the lower limbs.

Venous hypertension leads to secondary Lymphedema from the lymphatic system's inability to keep up with an abnormally high demand of protein rich fluid. Lymphedema is chronic swelling from protein-rich fluid accumulation in the tissue. Lymphedema occurs secondary to CVI when the lymphatic system is obstructed causing damage, blockage, or abnormal development. Primary Lymphedema can be hereditary or congenital condition, where an individual is born with a compromised lymphatic system. Signs and symptoms of this condition may take years to manifest in an individual.

RISK FACTORS

Once your circulatory system has been obstructed leading to venous insufficiency or lymphedema this may lead to an interruption in the venous and lymphatic flow. Both diseases are manageable and treatable however there is no cure for either one. Risk factors may include

- Unknown swelling of a limb
- Family history
- Invasive surgical procedure i.e. radical cancer surgery
- Chronic open wounds
- Decreased mobility
- Infections such as cellulitis/ lymphangitis
- Skin changes such as discoloration or hardening

THERAPEUTIC OPTIONS: COMPRESSION PUMP

Understanding the ongoing management of both venous insufficiency and lymphedema are important in preventing irreversible damage to the body. Compression therapy along with proper nutrition a healthy diet and exercise are the foundation of a treatment plan. Compression stockings are often difficult to get on with little results for chronic swelling. Diuretics may be harmful for long term treatment. Compression devices are widely recognized and highly effective treatment. This is a safe and effective way to assist your body's circulatory system in moving the excess fluid which has accumulated in the limb. A pneumatic compression device mimics the muscle contraction that

naturally occurs when performing a cardiovascular activity. Compression Devices are a recognized treatment option by Medicare and many commercial insurers.

WOUND HEALING

Chronic wounds are a huge burden on patients as well as health care providers. With poor blood circulation our body's ability to heal itself becomes less efficient. Compromised skin integrity from poor circulation will progress without treatment. At Acute Wound Care we provide patients with specialty dressings that heal the wound quickly and effectively direct to the home.

Remember it is important to seek treatment options to avoid further complications. The compression pump and specialty wound dressings are a therapeutic option recognized by Medicare and covered by many commercial insurers; Actual coverage varies with individual plans. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in this condition. Our highly trained staff will assist you in finding the appropriate treatment that will offer you a better quality of life.



ACUTE WOUND CARE

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Saving Teeth: Determining If Teeth Should Be Treated or Replaced

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

Patients every day face the decision of whether or not to have teeth treated or removed. The choice can be difficult from an emotional viewpoint as well as a functional one. In many cases, the tooth or teeth in question are not causing any pain. What may not be understood is the potential long term damage that can be caused by keeping a hopeless tooth in the mouth. A number of research articles have demonstrated the considerable impact maintaining a hopeless tooth can have on adjacent teeth and bone. It has been shown that this situation can lead to a 10x greater chance of losing a neighboring tooth and possibly increasing the cost of treatment. Understanding some basic criteria may help determine if you should consider treating or replacing a tooth in question.



Periodontal Evaluation:

A periodontal evaluation includes determining how much gum and bone support remains around the teeth. The painless examination typically includes reviewing a current set of dental x-rays, measuring the “gum pockets” and “gum loss” around the teeth, checking for tooth mobility and considering the amount of healthy root that remains in the bone. These parameters can help predict the prognosis of the teeth in question. There is no hard and fast rule that will give a black and white answer, but these indicators can help reveal the health of the tooth’s foundation. This information, along with the extent of the cavity present in the tooth, can be weighed together in the decision as to treat or replace the tooth.

A simple example might be a tooth requiring significant dental work that has a short root, significant bone loss, deep “gum pockets” and is loose. Clearly, this may not be the best candidate for extensive dental work as the prognosis for keeping the tooth a long time is poor. In addition, the mobility of the tooth will likely help destroy the bone in the area more rapidly, potentially condemning the adjacent tooth as well. In this situation, removing the tooth and replacing it may be a better and more cost effective option.

Compare this to a tooth with a small cavity, no bone loss, no mobility and slight gum inflammation. In this case, the tooth seemingly could be treated in a fairly conservative manner and be retained with a good prognosis.



In many cases, a patient is made aware of a tooth issue when a cavity develops. In some instances the issue can be corrected with a small filling. In other cases, more extensive dental work may be involved. It may be advisable to have a periodontal evaluation of the teeth being considered for treatment to be sure the surrounding bone and tissue are strong enough to maintain your investment for a good period of time. This would be similar to determining if the foundation was solid prior to building a new home. A common sense approach can be used to help make these decisions. For example, no one would want to invest in new furniture or carpets in a home that was burning down. A periodontal evaluation helps determine if the surrounding bone and gum are sufficient to support the teeth being examined.

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. Botox® and Dermal Fillers are also utilized to enhance patients' cosmetic outcomes.

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. Dr. Cohen is a member of the American College of Maxillofacial Implantology and the American Academy of Facial Esthetics. In addition, he has been awarded Fellowship in the American College of Dentists, International College of Dentists and the Pierre Fauchard Academy.



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Dr. Ariel Rodriguez

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By Mitchell Ghen, D.O., Ph.D.

INTRAVENOUS NUTRITION

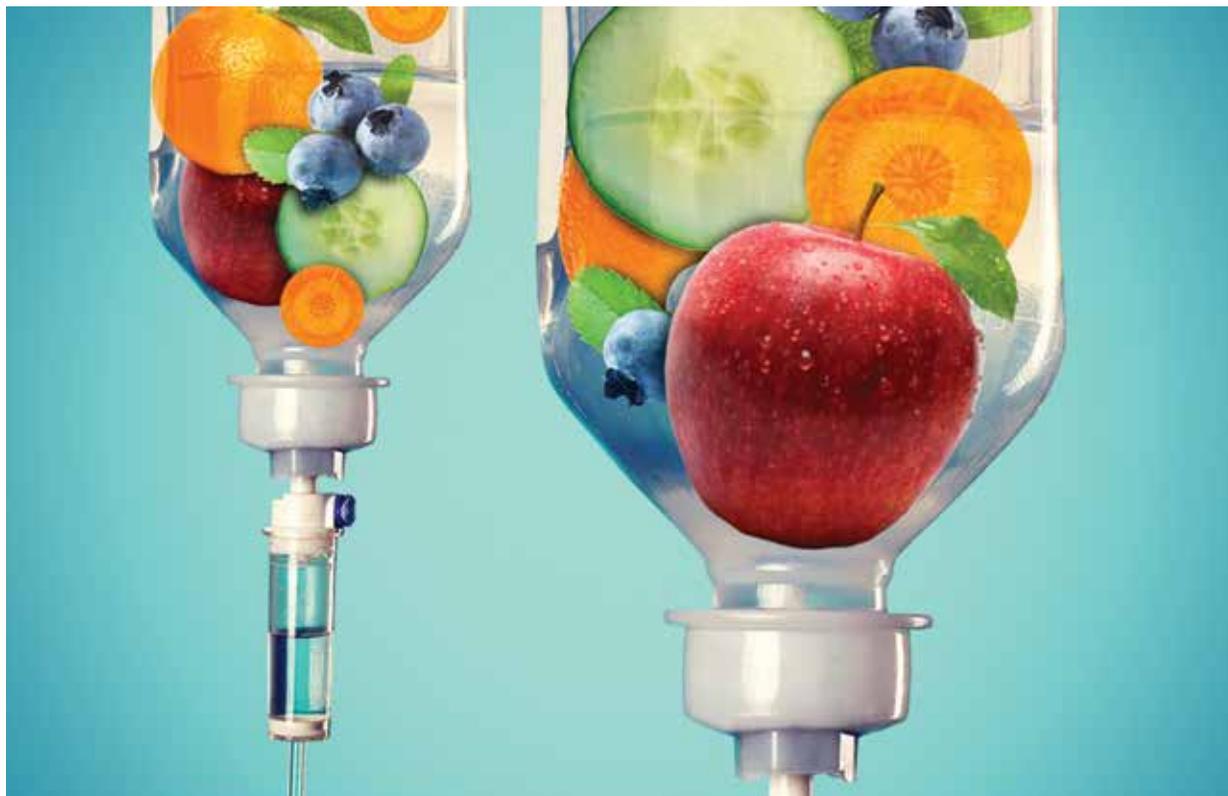
part one

Do you wait to get sick like most do, or would you like to begin to understand the workings of cellular medicine so you can prevent disease. We are 100 to 200 trillion cells according to all of the textbooks of biochemistry and physiology. We survive and thrive by certain vitamins and nutrients that are present in proper amounts at a cellular level. Most believe that we get enough of these nutrients from the foods that we eat and perhaps a multiple vitamin. But the thought is naïve and far from the truth. Many studies have clearly shown that the American diet for the most part is unable to keep up with the specific needs of our massive working at a cellular level. For that reason the concept of using intravenous nutrition becomes extremely attractive. Some believe especially those that do not do intravenous nutrition that oral supplementation is enough. But, on our best day perhaps 30 to 40% of what we eat is absorbed.

Under most circumstances of age, gender, medications-such as proton pump inhibitors, Coumadin, corticosteroids, birth-control pills, and a sundry of other medicines, the absorption may be as low as 5% absorption. I am amazed at the number of physicians that I am now training on the use of intravenous nutrition. Physicians that years ago I would have never believed that such a treatment would make such a significant impact on their patients' health with all sorts of acute and chronic diseases. As the author of the only textbook on IV nutrition and the trainer of thousands of physicians a year the tide has already changed and the recognition of IV nutrition is taking it's rightful place as a serious treatment modality.

Few things hold as much fascination as the early history of nutrition. So much has been learned in the last 50 to 100 years and most of it in the last 20 years. We now understand that our guts

are not healthy to ensure proper nutrient absorption and that nutrition from either food or supplements was unable to keep up with the body's needs through the oral route only. Pretty much malabsorption became an integral part of the aging process especially as we became 40 or older. In 1628 Harvey found the blood circulates from the arterial to the venous system which set the stage for experimentation with IV infusions of wine, ale and opiates into a dog. Part of the early experimentation involved blood transfusions occurring between different species like those from a sheep to a man. And although these discoveries were made in the 1800s and early 1900s the complete IV nutritional therapy methods as known today only became available to modern medicine in approximately the last 50 years. The rationale for the use of IV nutrition became obvious very quickly. Bypassing the regular digestive system is a quick and easy way to provide the direct absorption of important nutrients into the bloodstream. One of the dilemmas, by the way, that modern medicine has always been struggling with. Obviously, many nutrients, antibiotics and other life-saving medications can be given very quickly intravenously to obtain blood levels that are therapeutic. Similar when we use IV nutritional vitamins and minerals we can get blood levels that are far superior to any oral product in the world. To enhance the patient's health – the one that is already sick or people just trying to maintain good optimal health, the IV route provides the nutrients that are needed rapidly. Patients experience a quick onset of energy, mental brightness, and dissolution of fatigue. Most have agreed that the year 1968 initiates the development of serious nutrition intravenous therapies. In 1982, a study in Chicago showed the cancer patients had a better chance of surviving major operation and drug or radiation therapy if their nutrition was improved through IV therapy before during and after treatment. As a biological system the human body is constantly repairing injury to itself from free radicals, chemical attacks, radiation and pollution damage. These injuries must be repaired to maintain optimal health.





The most pronounced aspects of IV nutrition are in addressing malabsorption and malnourishment—two things that are extremely prevalent in our aging population. Common complaints such as diarrhea, cramping, bulky stools, flatulence and other digestive problems lend itself to the IV repletion route. Malabsorption left unchecked leads to emotional disturbances, as well as symptoms of anxiety and depression along with stunted growth, retardation and even brain damage. Malnutrition differs from malabsorption in that it is defined as a condition that develops when the body does not get the right amount or balance of nutrients. When one thinks of malnourishment it

readily brings up images of the severely malnourished children of Third World countries but malnourishment can also occur at much lower and also a more subtle malnutrition. For many it's just due to fad diets or other poor nutrition regimen.

The natural process of aging or senescence decreases the efficiency of the natural repair mechanisms. Regenerative medicine is the attempt to aid this restoration and the natural process of renewal. The combination of benefits produced by proper diet, nutritional supplements, and regenerative medicine provide a powerful rationale for the development and use

of IV nutritional therapy. With this in place you can understand that inflammation, immune system support, weight loss, fatigue and pain syndromes, cancer support treatments, rehydration, and general well-being are significantly enforced by the use of intravenous therapies. In part two of IV nutritional therapies, we will discuss what are the components of these IV's, the efficacy of such components, and the proper IV for specific individual depending upon disease state. Be aware that malnutrition begins with subtle changes of our blood chemistry and physicians trained to recognize these subtle but serious changes could have a profound effect on your life span as well as the quality of life. Regardless of diet all diseases contribute to our malnutrition including but not limited to inflammatory bowel disease, irritable bowel syndrome, infection, autoimmune disease is, cancer, arthritis, and of course pre-and post surgical complications.



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The "Gold Standard" For Eliminating Spider Veins

For men and women plagued with unsightly spider and varicose veins the choice to wear shorts or sandals may be non-existent. There are a variety of treatments available claiming to eliminate these pesky veins, however, sclerotherapy remains the "gold standard" for elimination. Sclerotherapy is the art and science of collapsing or closing veins. A very tiny needle is carefully placed in the lumen or middle of the vein and medication is slowly injected to close the vein. The outcome of treatment depends on two things: the skill of the injector and the medication injected. Healthcare providers that have performed large numbers of sclerotherapy are, of course, more skilled in this procedure than those who perform this procedure less often.

You may wonder if sclerotherapy interferes with circulation. The answer is no. Once you visualize ugly spider and varicose veins they are no longer doing their job appropriately. Veins have tiny valves inside that work to bring blood back to the heart. The veins that you can see are no longer working effectively to bring blood back to the heart, but rather allowing blood to flow away and then back. In essence, a one-way valve becomes an ineffective and inefficient two-way valve. You still have miles of appropriately functioning veins deep within your legs and feet. The risk of sclerotherapy includes bruising and ulceration. The bruising that results is due to your body's unique ability to eliminate waste. Once a vein is closed your body sends cells that gobble up and eliminate the un-needed end product as waste. The bruising clears up within a matter of weeks. Eventually, the unsightly veins will disappear and the person will have clear legs

and feet again! Unfortunately, insurance does not pay for this procedure, as sclerotherapy is considered "cosmetic." Sclerotherapy was once considered financially unattainable for the average person. Now there is an option for those who desire clear legs and feet at an affordable price.

Oceanside Vein Center in Jupiter, Florida prides itself in improving the lives of others at affordable prices.

Victoria Zimmer, MSN, Family Nurse Practitioner—certified by the American Association of Nurse Practitioners—has over 20 years of experience in Palm Beach County working in various facilities in the emergency room, intensive care unit, open heart step-down unit, recovery room, telemetry, and home health care. She has years of experience injecting and treating others.





Victoria maintains and performs services using the most current evidence-based guidelines and uses only FDA-approved medications. Through her work as an adjunct clinical instructor at a local university, Victoria remains current and up-to-date in the latest FDA recommendations and esthetics guidelines, while motivating baccalaureate prepared nursing students to excel in a wide variety of clinical endeavors. Victoria has extensive experience injecting unwanted veins in legs. This procedure is known as "sclerotherapy." In addition, Victoria is extremely proficient in providing Botox and dermal fillers in order to maintain or achieve a beautiful face. Love your legs and face!

Victoria is passionate about providing excellence in your personal treatment. Whether you are coming in for sclerotherapy (spider vein

treatment), Botox, or dermal fillers, she guarantees your personal satisfaction.

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Congress and the Vatican Agree: Stem Cell Therapy Shows Promise in Curing Diseases

By Maren Auxier - Staff Writer

Stem cell therapy is gaining worldwide support from international policymakers, including the U.S. Congress and the Roman Catholic Church, helping progress the field of regenerative medicine. Congress passed the *Stem Cell Therapeutic and Research Reauthorization Act* on Dec. 16, 2015, securing stem cell industry funding for at least 5 more years. The Vatican also showed their support for stem cell therapy earlier this year, announcing *The Third International Conference on the Progress of Regenerative Medicine and its Cultural Impact* to be held within the Vatican April 28-30, 2016.

"It remains one of the best kept secrets in America that umbilical cord blood stem cells and adult stem cells in general are curing people of a myriad of terrible conditions and diseases in adults as well as children," said U.S. Representative Chris Smith (R-Hamilton, NJ)¹

The Vatican released a similar statement regarding the benefits of regenerative medicine. "The new field of regenerative medicine holds great promise to alleviate the pain and suffering for hundreds of millions of people around the world. We must unite to discover and advance such new therapies, and find ways to bring them to all those in need," said Cardinal Gianfranco Ravasi, president of the Pontifical Council for Culture.²

This may come as surprising news to people whose familiarity with stem cell therapy extends only to the controversy surrounding *embryonic* stem cells. It is a common misunderstanding that all stem cells are derived from human embryos. In fact, stem cells can be derived from umbilical cords, blood, fat and bone tissue. The Catholic Church's position is to support *ethical* stem cell research, which, under their interpretation, excludes the use of embryonic stem cells.

Regenerative medicine provides patients with alternatives to traditional invasive or chemical treatments. Regenerative medicine is helping people with multiple sclerosis, blindness, rheumatoid arthritis and lung disease.



International policymakers like the Vatican and U.S. Congress are calling for advancement of the field of regenerative medicine after seeing positive outcomes.

Lung disease is the third-leading cause of death in the United States, and traditional treatment options have not changed in 30 years. The advent of stem cell therapy represents the greatest advancement in decades for people suffering from a degenerative lung disease.

The Lung Institute (www.lunginstitute.com) helps fight lung diseases by harvesting stem cells from a patient's own blood, fat tissue or bone marrow in a minimally invasive outpatient procedure. Stem cells act as your body's natural healing system, working to promote healing and reduce inflammation. While current stem cell treatments are not considered to be a cure for lung disease, they have shown the ability to improve patients' quality of life.

Lung Institute patient Becky D. explains how stem cell therapy improved her quality of life.

I wanted to be able to do all my activities of daily living without being short of breath, which is showing and all that stuff...and I do. I wanted to be able to walk across a soccer field to see my grandson play soccer, and I can. I wanted to be able to dance a little again, and I did.

According to a white paper recently released by the Lung Institute, 84 percent³ of patients who received stem cell therapy for COPD experienced an improvement in their quality of life. Several patients also saw an improvement in pulmonary function. COPD is a degenerative disease, making any improvement in lung function in such a case truly remarkable.

While the field of regenerative medicine is relatively new, it has made great strides in a short period of time and shows great potential to revolutionize the healthcare industry.

If you or a loved one suffer from a chronic lung disease, the specialists at the Lung Institute may be able to help. You can contact the Lung Institute at 800-921-4631 or visit lunginstitute.com/health to find out if you qualify for these new treatments.

1 <http://chrissmith.house.gov/news/documentsingle.aspx?DocumentID=398635>

2 <http://www.cbsnews.com/news/vatican-announces-third-regenerative-medicine-conference/>

3 <https://lunginstitute.com/resources>

March is Colon Cancer Awareness Month

THE BASIC FACTS ABOUT COLORECTAL CANCER

Colorectal cancer—cancer of the colon and rectum—is the second leading cause of cancer-related deaths in the United States for both men and women combined. The general population faces a lifetime risk for developing the disease of about 5 percent, while someone whose family has a history of colorectal cancer has a 10 to 15 percent chance of developing the disease. The risk rises to over 50 percent in people with ulcerative colitis and those whose family members harbor specific genetic mutations.

Approximately 140,000 new cases of colorectal cancer will be diagnosed and 56,000 people will die from the disease this year. Surpassing both breast cancer and prostate cancer in mortality, colorectal cancer is second only to lung cancer in numbers of deaths in the United States. Colorectal cancer strikes men and women with almost equal frequency.

What are the symptoms?

Colorectal cancer is often a silent disease, developing with no symptoms at all. When symptoms do occur they may include the following:

- Blood in or on the stool
- Change in bowel habits
- Stools that are narrower than usual
- General stomach discomfort (bloating, fullness, and/or cramps)
- Vomiting
- Diarrhea, constipation, or feeling that the bowel does not empty completely
- Frequent gas pains
- Weight loss for no apparent reason
- Rectal bleeding
- Constant tiredness, or new fatigue during activity that was previously tolerated

If you have any of these symptoms for more than two weeks, see your doctor or health professional immediately.

Can it be prevented?

YES! Polyp-related colorectal cancer can be prevented. The disease develops from benign polyps (mushroom-like growths on the lining of the colon and rectum). Removing these polyps before they become cancerous may prevent cancer from developing.

A low-fat diet, high in vegetable and fruit intake, and regular exercise can also lower your risk of developing colorectal cancer. Colorectal cancer can be cured in up to 90 percent of people when it is discovered in its early stages. It is estimated that approximately 40,000 lives a year could be saved through widespread adoption of colorectal cancer screening and early treatment in men and women.

Who is at risk?

The risk of developing colorectal cancer increases with age. All men and women aged 50 and older are at risk for developing colorectal cancer, and should be screened. Some people are at a higher risk and should be screened at an age younger than 50, including those with a personal or family history of inflammatory bowel disease; colorectal cancer or polyps; or ovarian, endometrial or breast cancer.

African Americans and Hispanics are more likely to be diagnosed with colorectal cancer in advanced stages. Incidence rates for colorectal cancer in these groups have been on the rise. Colorectal



cancer has increased 46 percent among African-American men and 10 percent among African-American women.

How do I get checked for colorectal cancer?

Current screening methods include fecal occult blood testing (a simple chemical test that can detect hidden blood in the stool), flexible sigmoidoscopy (a visual examination of the rectum and lower portion of the colon, performed in a doctor's office), double contrast barium enema (barium x-ray), colonoscopy (a visual examination of the entire colon) and digital rectal exam. Virtual colonoscopy, or CT colonography, is also being used in some specific situations, but is not recommended as a mainstream screening test as of this time. Colorectal cancer screening, including colonoscopies, costs are covered by Medicare and many commercial health plans.

Source: fscrs.org

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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 femtosecond 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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Spring (Change) is in the Air

Brent Myers

Spring ushers in a new season. It signals the end of “winter” and the beginning of something new. Spring brings new flowers, warmer temperatures, greener grass, and another baseball season. Spring also brings another ritual for many people: cleaning.

Yep – good ol’ fashioned spring cleaning. “Out with the old and in with the new.” Perhaps this annual cleaning is symbolic of the change of the seasons. As we rid ourselves of shorter days, and cooler temps, we welcome in the sun and going to the beach. Spring cleaning reminds us of hope for better days ahead.

And by doing so, Spring becomes the season of hope and change.

As we enter this season, we should stop and take inventory of change that we can make in our spiritual lives to bring about hope.

Here are some things we can do for a “spiritual spring cleaning.”

The apostle Paul wrote in a letter these words: “*Don’t copy the behavior and customs of this world, but let God transform you into a new person by changing the way you think. Then you will learn to know God’s will for you, which is good and pleasing and perfect.*” (Romans 12:2)

Note what Paul says:

Act differently. “...*don’t copy the behavior and customs of this world...*” Just because it’s popular doesn’t mean we have to do it. We should strive to act differently. We can learn to be kind, polite, forgiving, humble, and serve others. We can act differently by putting others ahead of ourselves.

Think differently. “...*a new person by changing the way you think...*” There used to be a phrase that said “Garbage In. Garbage Out.” This means that what we put in our heads is what we will eventually produce. This same Paul wrote in a different letter: “And now, dear brothers and sisters, one final thing. Fix your thoughts on what is true, and honorable, and right, and pure, and lovely, and admirable. Think about things that are excellent and worthy of praise.” (Philippians 4:8)

Be different. “...*let God transform you into a new person...*” Ultimately God does all the work and “spiritual cleaning” in our lives through His Son Jesus and His redemptive work. Again, Paul wrote these words: “This means that anyone who belongs to Christ has become a new person. The old life is gone; a new life has begun!” (2 Corinthians 5:17)

*Spring is here!
Change is here!
Hope is here!
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