

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

# Health & Wellness<sup>®</sup> MAGAZINE

June 2016

North Palm Beach Edition - Monthly

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**FREE**



**5 Things Even Your Dad  
May Not Know About  
MALE PATTERN BALDNESS**

**A New ALZHEIMER'S CLINICAL  
STUDY OPPORTUNITY  
Right Here In Palm Beach**

**Top Ten  
BEAUTY MUST HAVES**

**MY GUMS  
ARE RECEDING:  
Does This Matter?**

**What Is  
DIABETIC RETINOPATHY?**





# Worried About Memory loss?



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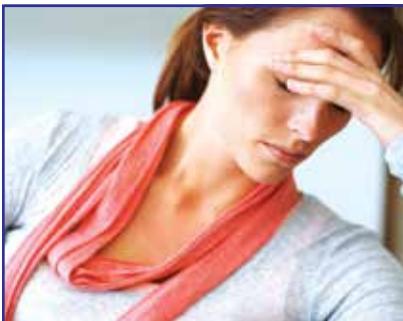
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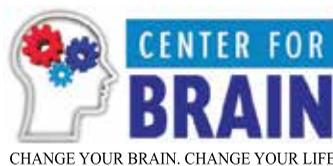
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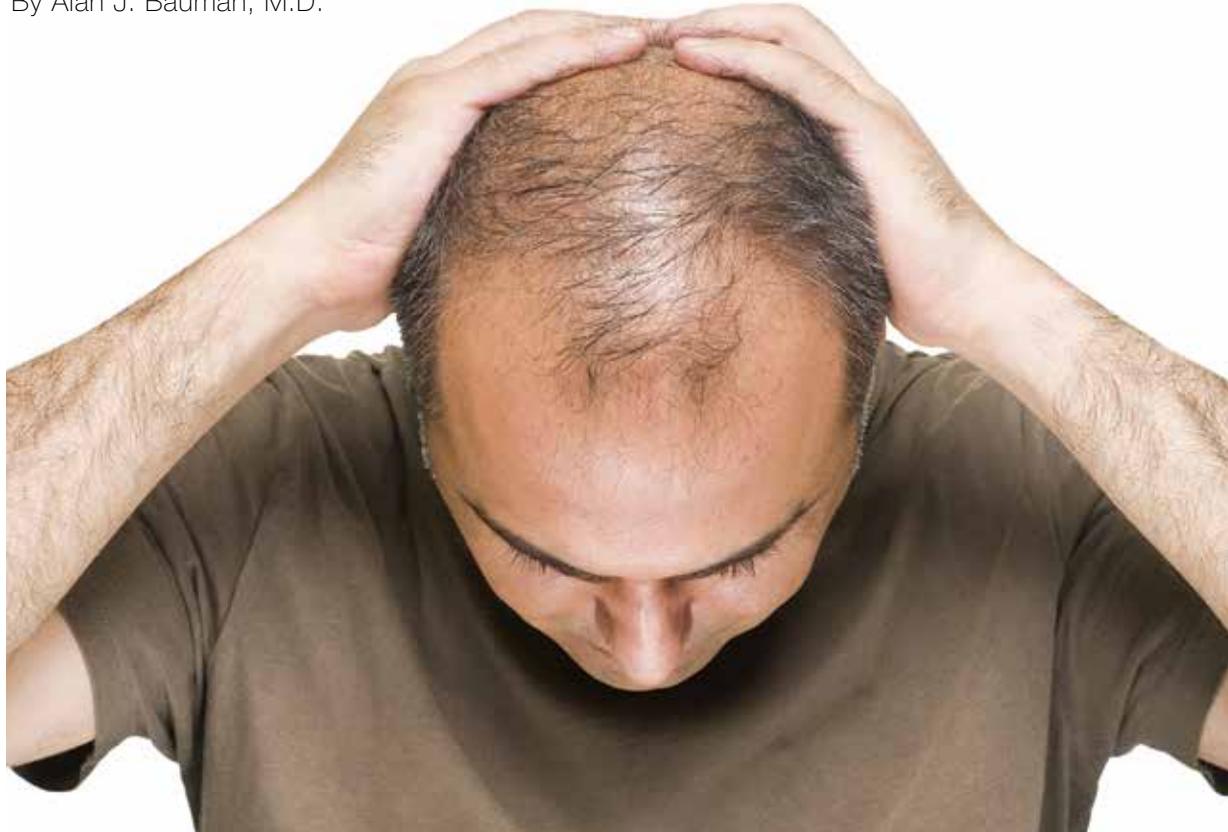
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# 5 Things Even Your Dad May Not Know About MALE PATTERN BALDNESS

By Alan J. Bauman, M.D.



**O**dds are, your grandpa experienced it, probably your dad too. Is any man truly safe from hair loss?

For most men, hair loss seems unavoidable. If you look down the street, it is hard to find a man older than 40 who isn't experiencing some degree of hair loss or thinning. If you look at the statistics, this makes sense. According to the American Hair Loss Association, by the age of 35, approximately one-third of men will experience some degree of hair loss; and by the age of 50, 50% of men will have significantly thinning hair.

## WHAT IS MALE PATTERN BALDNESS?

For nearly 95 percent of men, male pattern baldness is the culprit behind their hair loss. Male Pattern Hair Loss, or Androgenetic Alopecia, has been proven to be caused by the progressive miniaturization of hair follicles that are sensitive to the hormone dihydrotestosterone (DHT), a breakdown product of the male hormone testosterone. Male pattern hair loss is inherited and can start anytime after puberty. Under the influence of DHT, the follicles which are sensitive to it start to miniaturize, producing progressively thinner, shorter and less pigmented hair over time resulting in a loss of coverage in a highly-recognizable pattern: recession of the frontal/temporal hairline and baldness in the crown/vertex areas. Eventually, the follicles stop producing hair altogether.

But despite its prevalence among men, there are still an abundance of misconceptions and misinformation surrounding hair loss.

Here are five little-known facts about male pattern baldness.

**1. Despite what you've been told, it isn't mom's fault.** Genetics are the main cause of hair loss in men and women; in fact, there are approximately 200 genes that regulate hair and hair growth. But while it has long been believed that hair loss is passed down solely from the mother's side, we now know that the genes can be inherited from either your mother and father's side, or a combination of the two and we are always discovering an increasing number of non-genetic factors which can accelerate hair loss. Are you at risk? New genetic tests can accurately determine an individual's risk of losing their hair so they can begin preventative treatments early.

**2. 50% of Your Hair is Gone Before it Becomes Noticeable.** How early you spot your thinning hair determines how much hair you save, by the time you notice your hair loss, 50 percent could already be gone. While this number may seem shocking, it confirms what those in the hair restoration field have long known, that the best tool in fighting

hair loss is early detection, making it essential for patients to seek the advice of a certified hair restoration physician as soon as possible.

**3. Your Hair Loss Risk is Proportionate to Your Age.** Male pattern baldness can start any time after puberty. But while 20 may seem early for hair loss to start, that is the reality for nearly of quarter of men. For men, the risk of losing your hair is proportional to your age, in other words: 20% in 20s, 30% in 30s, and so on. This math proves true for men into their 90s.

**4. 60% of Men Can't Correctly Spot a Hair Transplant.** – Not long ago, hair transplants looked fake and 'pluggy' and left undesirable scarring. Today, thanks to scientific advancements and new technology, like NeoGraft FUE and ARTAS robotic-assisted transplants, the procedure is completely undetectable to the naked eye. In fact, according to a Hair Transplant Challenge Survey, sponsored by the International Society for Hair Restoration Surgery (ISHRS), 60 percent of men couldn't correctly spot a hair transplant. Today, it is no longer your father's hair transplant!

**5. Hair loss Isn't Inevitable.** In the past, there were no effective treatments in sight for hair loss and hair thinning patients; the only solution was to cover up hair loss with hats and artificial hairpieces. Fortunately, today there are many effective hair loss medications and treatments that have made hair loss a treatable condition. Along with these treatments, advances in hair transplantation have made it possible to restore hair loss permanently.

If you are concerned about hair loss, or would like more information on the growing number of effective treatment options, you should call 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.

**TREATMENT OPTIONS**

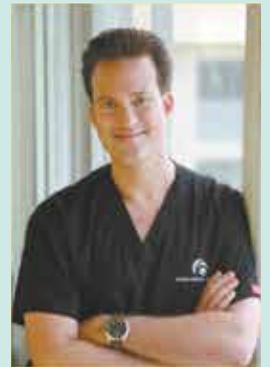
Once your doctor has diagnosed the extent of your hair loss and the causes behind it, your physician may recommend both medical therapies and lifestyle changes as part of your treatment regimen. Medical treatments that will help mitigate hair loss include a specially compounded prescription minoxidil 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 ARTAS, 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 precision and artistry for natural-looking results. The most effective strategy is usually a multi-therapy approach, along with routine follow-ups for tracking purposes to see what's working. Regular follow-ups should be performed every 90 days while undergoing treatment. These appointments can help ensure patients are responding to their treatment regimen and getting the best results possible.

**Hair Loss by the Numbers**

- 9 out of 10 balding men cite hair loss as their #1 health and aging concern.
- 50 million men in the U.S. are reported each year to suffer from hair loss – and that's a conservative estimate.
- Male Pattern Baldness accounts for 95% of hair loss in men.
- Men have a 4 in 7 chance of inheriting the baldness gene.
- There are approximately 200 genes that regulate hair and hair growth.
- By the time your hair loss is highly visible, 50% of your hair can already be gone, so early detection and early treatment is paramount.
- By 35, one-third of men will experience some degree of hair loss; and by the age of 50, 50% will have significantly thinning hair.
- According to an International Society for Hair Restoration Surgery Survey, 60% of men can't correctly tell if someone has had a hair transplant.

**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. A 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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# Top Ten

## BEAUTY

## MUST HAVES



Summer is here, and the pressure is on to look and feel better than ever. So we had our team at MD Beauty Labs, put together their favorite beauty treatments for the summer.

### HORMONE THERAPY



Unbalanced hormones are responsible for the millions of people who suffer from an array of problematic symptoms. The human desire to muscle

through the hormonal changes leaves so many untreated. Hormones are a silent controller and a big part of our functionality. The most common symptoms are fatigue, mental fog, sleep deprivation, and low libido. A simple blood test can help to identify the deficiencies in your body. Helping you to overcome these issues and relieve these symptoms is a big deal and one we don't take lightly. So if you have any of these symptoms and are just a bit curious, then it may be time to get checked out.



### SCULPSURE FAT LOSS AT THE SPEED OF LIGHT

If we could vote top new treatment for 2016, this would be it. SculpSure is a ground breaking

new laser for the purpose of fat destruction. Don't have time to go under the knife? Or scared even? Well we've got a cure for you. Try fat loss on your lunch break. This new laser uses light waves to destroy fat cells under the skin and its easy. SculpSure uses laser light to penetrate under the surface of the skin to heat up the cell to a specific level that causes them to melt, but with leaving the outer layer of skin intact. Fat cells are carried away via your own body's lymphatic system. Unlike cryolipolysis which freezes fat cells, SculpSure melts them and as a result of using heat, it tightens and tones skin.

### HYDRAFACIAL



This indulging facial is just that, INDULGENT. The hydrafacial is the perfect compliment to your complexion. With its hydrating properties, this facial cleanses, exfoliates and extracts impurities leaving the skin rejuvenated. The hydrafacial replaces microdermabrasion a new name, "hydradermabrasion." With its patented technology, the hydrafacial is a hydradermabrasion treatment that uses a vortex fusion, to dislodge and remove toxins in the skin leaving you with relaxed and refreshed skin.

### SKIN CARE



It's Florida! And we know the sun cannot be avoided. So it might not be right away, but our skin shows the damage at some point. We recommended maintaining your youthful skin before it's too late. Our favorite skin care voted #1

by our team and our clients is Tensage<sup>®</sup>. This skin care line contains unique and natural growth factors using SCA technology. Believe it or not, hundreds of millions of years ago, during a period when our planet was bombarded by extreme radiation, a little snail, the cryptophalus aspersa, evolved a method to protect itself. A secretion of growth factors and glycoproteins covered its skin and was absorbed, which prevented the damage from the sun's rays. Today this secretion is known as SCA. The benefits of the SCA are amazing and is the primary source of antiaging in this line. It delivers firmer skin, restores photo damaged skin, increases hydration making for softer more youthful skin.

**LASER HAIR REMOVAL**



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**IV VITAMIN THERAPY**



IV Vitamins have been saving the day for so many of our clients. The busy lifestyles of our active patients requires a simple boost that can increase support of the everyday function. From sports, to workouts, to traveling, IVs have been a best contender in the anti aging world. So whether you need hydration, vitamins, hangover remedy or even skin lightening, we have the IV Cocktail solutions for you!

**VI PEEL**



We like to think of this as a miracle peel. This high potency chemical peel agent is reversing the signs of aging one candidate at a time. With its active peeling process, two days after the initial application, you may get a few stares in the grocery line, but so what. It is very effective for removing sun damage or skin discoloration, reducing acne scars, and refining pore size. So if you're bothered by your skin's appearance and you're ready to do something about it, come check out the VI Peel.

**BOTOX**



Relax its just Botox! Did you know that Botox has been used for years in the medical field in children with strabismus? This purified protein

made its debut when doctors noticed wrinkles were smoothing out when injecting it for medical purposes. Now millions of people around the world are smoothing out their forehead lines and crow's feet and we bet you didn't notice. So if you constantly make strong facial expression, it will eventually catch up with you in time. Those lines will be on your face even when you're resting! So what can you do about it? Botox! C'mon give it a try!

**PERMANENT MAKEUP**



If you walk into MD Beauty Labs, just for a tour, chances are you will run into someone who is wearing makeup, permanently! We wouldn't trust our faces to just anyone, only the best. Our team is dressed with makeup from the brows, to eyeliner and even lips! See firsthand how natural and inconspicuous our makeup looks. With an artistic eye and talent for shaping the eyes, brows and lips, Ashley Swain has been dressing faces for the past 20 years. Lucky for us, she has become a part of our team and strives for perfection when it comes to your face. So if you're tired of re applying your makeup on a daily basis, we think it's time you make a stop here at the beauty lab for your consultation.

**FILLERS**



Wrinkles, deflated lips, deflated cheeks, sunken eyes, and marionette lines, what do these all have in common? Well, these are signs that you may need a facial filler. What's a facial filler you ask? In our case it's a natural substance, most of them comprised of hyaluronic acid (a sugar molecule in your body). Used to naturally and gently restore volume to the face. If you're not sure what you need, not a worry, our doctor is an expert in recommending what's right for you. Using Juvederm Ultra, Juvederm Ultra Plus, Juvederm Voluma and Belotero, these are just a few of the products that may enhance your appearance. You can achieve a new look refreshed look in under 30 minutes. It's worth a complimentary consultation, we promise.



**Medical Director, Daniela Dadurian M.D.**  
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MD Beauty Labs at The Whitney in West Palm Beach was established by Dr. Daniela Dadurian. Board Certified in Anti-aging Medicine, she's well trained to offer proven and effective cosmetic and wellness services. MDBL's state-of-the-art facility offers Medical, Aesthetics, Body Contouring & Spa Treatments in a luxurious, contemporary loft environment. With Dr. Dadurian's team of Nurses, Medical Estheticians, Massage Therapists, Permanent Makeup Specialists and Medical Spa Concierge, MD Beauty Labs is dedicated to providing the best in restoring and revitalizing experiences.

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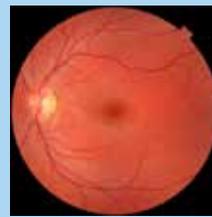
# WHAT IS DIABETIC RETINOPATHY?

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

**D**IABETIC RETINOPATHY, the most common diabetic eye disease, occurs when blood vessels in the retina change. Sometimes these vessels swell and leak fluid or even close off completely. In other cases, abnormal new blood vessels grow on the surface of the retina.

The retina is a thin layer of light-sensitive tissue that lines the back of the eye. Light rays are focused onto the retina, where they are transmitted to the brain and interpreted as the images you see. The macula is a very small area at the center of the retina. It is the macula that is responsible for your pinpoint vision, allowing you to read, sew or recognize a face. The surrounding part of the retina, called the peripheral retina, is responsible for your side—or peripheral—vision.

Diabetic retinopathy usually affects both eyes. People who have diabetic retinopathy often don't notice changes in their vision in the disease's early stages. But as it progresses, diabetic retinopathy usually causes vision loss that in many cases cannot be reversed.



A Normal Retina



Diabetic Retinopathy

## DIABETIC EYE PROBLEMS

There are two types of diabetic retinopathy:

### BACKGROUND OR NONPROLIFERATIVE DIABETIC RETINOPATHY (NPDR)

Nonproliferative diabetic retinopathy (NPDR) is the earliest stage of diabetic retinopathy. With this condition, damaged blood vessels in the retina begin to leak extra fluid and small amounts of blood into the eye. Sometimes, deposits of cholesterol or other fats from the blood may leak into the retina.

NPDR can cause changes in the eye, including:

- **Microaneurysms:** small bulges in blood vessels of the retina that often leak fluid.
- **Retinal hemorrhages:** tiny spots of blood that leak into the retina.
- **Hard exudates:** deposits of cholesterol or other fats from the blood that have leaked into the retina.
- **Macular edema:** swelling or thickening of the macula caused by fluid leaking from the retina's blood vessels. The macula doesn't function properly when it is swollen. Macular edema is the most common cause of vision loss in diabetes.
- **Macular ischemia:** small blood vessels (capillaries) close. Your vision blurs because the macula no longer receives enough blood to work properly.

Many people with diabetes have mild NPDR, which usually does not affect their vision. However, if their vision is affected, it is the result of macular edema and macular ischemia.

### PROLIFERATIVE DIABETIC RETINOPATHY (PDR)

Proliferative diabetic retinopathy (PDR) mainly occurs when many of the blood vessels in the retina close, preventing enough blood flow. In an attempt to supply blood to the area where the original vessels closed, the retina responds by growing new blood vessels. This is called neovascularization. However, these new blood vessels are abnormal and do not supply the retina with proper blood flow. The new vessels are also often accompanied by scar tissue that may cause the retina to wrinkle or detach.

PDR may cause more severe vision loss than NPDR because it can affect both central and peripheral vision. PDR affects vision in the following ways:

**Vitreous hemorrhage:** delicate new blood vessels bleed into the vitreous — the gel in the center of the eye — preventing light rays from reaching the retina. If the vitreous hemorrhage is small, you may see a few new, dark floaters. A very large hemorrhage might block out all vision, allowing you to perceive only light and dark. Vitreous hemorrhage alone does not cause permanent vision loss. When the blood clears, your vision may return to its former level unless the macula has been damaged.

**Traction retinal detachment:** scar tissue from neovascularization shrinks, causing the retina to wrinkle and pull from its normal position. Macular wrinkling can distort your vision. More severe vision loss can occur if the macula or large areas of the retina are detached.

**Neovascular glaucoma:** if a number of retinal vessels are closed, neovascularization can occur in the iris (the colored part of the eye). In this condition, the new blood vessels may block the normal flow of fluid out of the eye. Pressure builds up in the eye, a particularly severe condition that causes damage to the optic nerve.

## DIABETIC RETINOPATHY SYMPTOMS

You can have diabetic retinopathy and not be aware of it, since the early stages of diabetic retinopathy often don't have symptoms.

As the disease progresses, diabetic retinopathy symptoms may include:

- Spots, dots or cobweb-like dark strings floating in your vision (called floaters);
- Blurred vision;
- Vision that changes periodically from blurry to clear;
- Blank or dark areas in your field of vision;
- Poor night vision;
- Colors appear washed out or different;
- Vision loss.

Diabetic retinopathy symptoms usually affect both eyes.

See a simulation of what vision with nonproliferative diabetic retinopathy and vision with proliferative diabetic retinopathy look like.

Careful management of your diabetes is the best way to prevent vision loss. If you have diabetes, see your eye doctor for a yearly diabetic retinopathy screening with a dilated eye exam — even if your vision seems fine — because it's important to detect diabetic retinopathy in the early stages. If you become pregnant, your eye doctor may recommend additional eye exams throughout your pregnancy, because pregnancy can sometimes worsen diabetic retinopathy.

Contact your Eye M.D. right away if you experience sudden vision changes or your vision becomes blurry, spotty or hazy.

## DIABETIC RETINOPATHY DIAGNOSIS

The only way to detect diabetic retinopathy and to monitor its progression is through a comprehensive eye exam.

There are several parts to the exam:

**VISUAL ACUITY TEST.** This uses an eye chart to measure how well you can distinguish object details and shape at various distances. Perfect visual acuity is 20/20 or better. Legal blindness is defined as worse than or equal to 20/200 in both eyes.

**SLIT-LAMP EXAM.** A type of microscope is used to examine the front part of the eye, including the eyelids, conjunctiva, sclera, cornea, iris, anterior chamber, lens, and also parts of the retina and optic nerve.

**DILATED EXAM.** Drops are placed in your eyes to widen, or dilate, the pupil, enabling your Eye M.D. to examine more thoroughly the retina and optic nerve for signs of damage.

It is important that your blood sugar be consistently controlled for several days when you see your eye doctor for a routine exam. If your blood sugar is uneven, causing a change in your eye's focusing power, it will interfere with the measurements your doctor needs to make when prescribing new eyeglasses. Glasses that work well when your blood sugar is out of control will not work well when your blood sugar level is stable.

Your Eye M.D. may find the following additional tests useful to help determine why vision is blurred, whether laser treatment should be started, and, if so, where to apply laser treatment.

### FLUORESCIN ANGIOGRAPHY

Your doctor may order fluorescein angiography to further evaluate your retina or to guide laser treatment if it is necessary. 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:

- Which blood vessels are leaking fluid;
- How much fluid is leaking;
- How many blood vessels are closed;
- Whether neovascularization is beginning.

**OPTICAL COHERENCE TOMOGRAPHY (OCT)**

OCT is a non-invasive scanning laser that provides high-resolution images of the retina, helping your Eye M.D. evaluate its thickness. OCT can provide information about the presence and severity of macular edema (swelling).

**ULTRASOUND**

If your ophthalmologist cannot see the retina because of vitreous hemorrhage, an ultrasound test may be done in the office. The ultrasound can "see" through the blood to determine if your retina has detached. If there is detachment near the macula, this often calls for prompt surgery.

*When to schedule an eye examination.*

Diabetic retinopathy usually takes years to develop, which is why it is important to have regular eye exams. Because people with Type 2 diabetes may have been living with the disease for some time before they are diagnosed, it is important that they see an ophthalmologist (Eye M.D.) without delay.

The American Academy of Ophthalmology recommends the following diabetic eye screening schedule for people with diabetes:

**Type 1 Diabetes:** Within five years of being diagnosed and then yearly.

**Type 2 Diabetes:** At the time of diabetes diagnosis and then yearly.

**During pregnancy:** Pregnant women with diabetes should schedule an appointment with their ophthalmologist in the first trimester because retinopathy can progress quickly during pregnancy.

**DIABETIC RETINOPATHY TREATMENT**

The best treatment for diabetic retinopathy is to prevent it. Strict control of your blood sugar will significantly reduce the long-term risk of vision loss. Treatment usually won't cure diabetic retinopathy nor does it usually restore normal vision, but it may slow the progression of vision loss. Without treatment, diabetic retinopathy progresses steadily from minimal to severe stages.

**LASER SURGERY.** The laser is a very bright, finely focused light. It passes through the clear cornea, lens and vitreous without affecting them in any way. Laser surgery shrinks abnormal new vessels and reduces macular swelling. Treatment is often recommended for people with macular edema, proliferative diabetic retinopathy (PDR) and neovascular glaucoma.

Laser surgery is usually performed in an office setting. For comfort during the procedure, an anesthetic eyedrop is often all that is necessary, although an anesthetic injection is sometimes given next to the eye. The patient sits at an instrument called a slit-lamp microscope. A contact lens is temporarily placed on the eye in order to focus the laser light on the retina with pinpoint accuracy.

**VITRECTOMY SURGERY.** Vitrectomy is a surgical procedure performed in a hospital or ambulatory surgery center operating room. It is often performed on an outpatient basis or with a short hospital stay. Either a local or general anesthetic may be used.

During vitrectomy surgery, an operating microscope and small surgical instruments are used to remove blood and scar tissue that accompany abnormal vessels in the eye.

Removing the vitreous hemorrhage allows light rays to focus on the retina again.

Vitrectomy often prevents further vitreous hemorrhage by removing the abnormal vessels that caused the bleeding. Removal of the scar tissue helps the retina return to its normal location. Laser surgery may be performed during vitrectomy surgery.

**MEDICATION INJECTIONS.** In some cases, medication may be used to help treat diabetic retinopathy. Sometimes a steroid medication is used. In other cases, you may be given an anti-VEGF medication. This medication works by blocking a substance known as vascular endothelial growth factor, or VEGF. This substance contributes to abnormal blood vessel growth in the eye which can affect your vision. An anti-VEGF drug can help reduce the growth of these abnormal blood vessels.

After your pupil is dilated and your eye is numbed with anesthesia, the medication is injected into the vitreous, or jelly-like substance in the back chamber of the eye. The medication reduces the swelling, leakage, and growth of unwanted blood vessel growth in the retina, and may improve how well you see.

Medication treatments may be given once or as a series of injections at regular intervals, usually around every four to six weeks or as determined by your doctor.



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# What is CBD

## AND THE MEDICAL TREATMENT IT PROVIDES?

Jeff Mandall, owner of Vapor Rocket, South Florida CBD, and an advisor to the board of directors for Miami Beach Community Health Centers is the local expert about CBD and its use. He prides himself in working with area medical providers to educate and facilitate treatment of patients with a multitude of different health problems. We went straight to the expert to get our questions answered and here's what we learned:

**CANABIDIOL**—CBD—is a cannabis compound that has significant medical benefits, but does not make people feel “stoned” and can actually counteract the psycho activity of THC. The fact that CBD-rich cannabis is non-psychoactive makes it an appealing option for patients looking for relief from inflammation, pain, anxiety, psychosis, seizures, spasms, and other conditions without disconcerting feelings of lethargy or dysphoria.

Scientific and clinical research—much of it sponsored by the US government—underscores CBD’s potential as a treatment for a wide range of conditions, including arthritis, diabetes, alcoholism, MS, chronic pain, schizophrenia, PTSD, depression, antibiotic-resistant infections, epilepsy, and other neurological disorders. CBD has demonstrable neuroprotective and neurogenic effects, and its anti-cancer properties are currently being investigated at several academic research centers in the United States and elsewhere.

Extensive preclinical research—much of it sponsored by the U.S. government—indicates that CBD has potent anti-tumoral, antioxidant, anti-spasmodic, anti-psychotic, anti-convulsive, and neuroprotective properties. CBD directly activates serotonin receptors, causing an anti-depressant effect, as well.

Here are five facts that you should know about this unique compound:

### 1. *CBD is a key ingredient in cannabis*

CBD is one of over 60 compounds found in cannabis that belong to a class of molecules called cannabinoids. Of these compounds, CBD and THC are usually present in the highest concentrations, and are therefore the most recognized and studied.

CBD and THC levels tend to vary among different plants. Marijuana grown for recreational purposes often contains more THC than CBD.

However, by using selective breeding techniques, cannabis breeders have managed to create varieties with high levels of CBD and next to zero levels of THC. These strains are rare but have become more popular in recent years.

### 2. *CBD is non-psychoactive*

Unlike THC, CBD does NOT cause a high. While this makes CBD a poor choice for recreational users, it gives the chemical a significant advantage as a medi-

cine, since health professionals prefer treatments with minimal side effects.

CBD is non-psychoactive because it does not act on the same pathways as THC. These pathways, called CB1 receptors, are highly concentrated in the brain and are responsible for the mind-altering effects of THC.

A 2011 review published in Current Drug Safety concludes that CBD “does not interfere with several psychomotor and psychological functions.” The authors add that several studies suggest that CBD is “well tolerated and safe” even at high doses.

### 3. *CBD has a wide range of medical benefits*

Although CBD and THC act on different pathways of the body, they seem to have many of the same medical benefits. According to a 2013 review published in the British Journal of Clinical Pharmacology, studies have found CBD to possess the following medical properties:

MEDICAL PROPERTIES OF CBD	EFFECTS
Antiemetic	Reduces nausea and vomiting
Anticonvulsant	Suppresses seizure activity
Antipsychotic	Combats psychosis disorders
Anti-inflammatory	Combats inflammatory disorders
Anti-oxidant	Combats neurodegenerative disorders
Anti-tumoral/ Anti-cancer	Combats tumor and cancer cells
Anxiolytic/ Anti-depressant	Combats anxiety and depression disorders

Unfortunately, most of this evidence comes from animals, since very few studies on CBD have been carried out in human patients.

But a pharmaceutical version of CBD was recently developed by a drug company based in the UK. The company, GW Pharmaceuticals, is now funding clinical trials on CBD as a treatment for schizophrenia and certain types of epilepsy.

Likewise, a team of researchers at the California Pacific Medical Center, led by Dr. Sean McAllister, has stated that they hope to begin trials on CBD as a breast cancer therapy.



### 4. *CBD reduces the negative effects of THC*

CBD seems to offer natural protection against the marijuana high. Numerous studies suggest that CBD acts to reduce the intoxicating effects of THC, such as memory impairment and paranoia.

CBD also appears to counteract the sleep-inducing effects of THC, which may explain why some strains of cannabis are known to increase alertness.

### 5. *CBD is legal in the US and many other countries:*

If you live in the US, you can legally purchase and consume Cannabidiol in any state.

Cannabidiol from industrial hemp also has the added benefit of having virtually no THC. This is why it's not possible to get “high” from CBD.

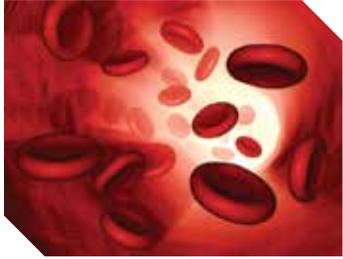
In fact various government agencies are taking notice to the clinical research supporting the medical benefits of CBD. The U.S. Food and Drug Administration recently approved a request to trial a pharmaceutical version of CBD in children with rare forms of epilepsy. The drug is made by GW Pharmaceuticals and is called Epidiolex.

According to the company, the drug consists of “more than 98 percent CBD, trace quantities of some other cannabinoids, and zero THC.” GW Pharmaceuticals makes another cannabis-based drug called Sativex, which has been approved in over 24 countries for treating multiple sclerosis.

We at Vapor Rocket are not medical doctors, however, we do pride ourselves on working closely with treating medical physicians, scientists, and leading researchers in the CBD field to ensure we provide our patients with the highest quality CBD to treat identified medical conditions. If you are interested in using CBD for treatment of an ailment, we recommend you consult your doctor to make sure it's right for you.

Vapor Rocket provides top of the line, high quality organic botanical oils, waxes, and pastes that offer numerous medicinal benefits. With no prescription required, our product captures the highest concentration of cannabidiol available, a chemical compound that triggers and modulates receptors in the brain to offer the following benefits: Anti-seizure, Easing chronic pain, Psychological Health Benefits, Anti-inflammatory properties. If you have further questions about CBD or request that we work with your medical professional, please contact Vapor Rocket's knowledgeable staff at **561-200-0122**.

# Platelet-Rich-Plasma (PRP) Therapy for Pain Conditions



**P**LATELET-RICH PLASMA THERAPY, sometimes called PRP therapy, takes advantage of our blood's natural healing properties to repair damaged cartilage, tendons, ligaments, muscles, or even bone.

A growing number of people are turning to PRP injections to treat an expanding list of painful conditions and or injuries, including osteoarthritis. It is commonly used for knee arthritis, we also use

this method on other joints as well such as shoulders, wrists, sacroiliac, ankles and hips. This is also used to help treat pain from the neck and low back. This can be used to treat disk pain and or arthritic pain from the entire spine.

When treating osteoarthritis with platelet-rich plasma, we inject PRP directly into the affected joint.

#### The goal is to:

- Reduce pain
- Improve joint function
- Slow, halt and even repair damage to cartilage

Platelet-rich plasma is derived from a sample of the patient's own blood which is easily obtained at their time of the visit. The therapeutic injections contain plasma with a higher concentration of platelets than is found in normal blood. This is also all prepared in the doctor's office.



**WHAT IS PLASMA?** Plasma refers to the liquid component of blood; it is the medium for red and white blood cells and other material traveling in the blood stream. Plasma is mostly water but also includes proteins, nutrients, glucose, and antibodies, among other components.

**WHAT ARE PLATELETS?** Like red and white blood cells, platelets are a normal component of blood. Platelets secrete substances called growth factors and other proteins that regulate cell division, stimulate tissue regeneration, and promote healing.

We use PRP therapy to treat osteoarthritis and also theorize that the platelet-rich plasma:

- Inhibits inflammation and slow down the progression of osteoarthritis
- Stimulates the formation of new cartilage
- Increases the production of natural lubricating fluid in the joint, thereby easing painful joint friction
- Contain proteins that alter a patient's pain receptors and reduce pain sensation

Platelet-rich plasma injections are outpatient procedures. Because the patient's blood must be drawn and prepared for injection, a typical procedure may take anywhere from 45 to 90 minutes.

Whether the patient has a one-time injection or a series of injections spaced over weeks or months is up to the individual patient and doctor. If a series of injections is planned, a doctor may recommend a single blood draw during the first visit and use fresh PRP in the first injection and freezing and thaw the remaining PRP as needed for future injections. However, some experts believe freezing and thawing PRP negatively affects its usefulness and prefer to do a separate blood draw for each PRP injection. Dr. Rosenblatt believes it is safer to take a fresh sample of blood prior to any new injection.

#### PLATELET-RICH PLASMA INJECTIONS REQUIRE PRECISION

- An experienced physician, like Dr. Rosenblatt, should perform the injections. The use of imaging technology (e.g., fluoroscopic guidance) ensures a precise injection.
- Precision is important because, like viscosupplementation treatments, platelet-rich plasma injections must be made directly into the joint capsule.



By Aaron Rosenblatt, MD

Scientists are still exploring which arthritis patients should be eligible for PRP injections. While nodefinite conclusions can be made, research suggests that PRP injections are appropriate for patients of all ages.

Dr. Rosenblatt explains, "When appropriate, PRP injections are an extremely safe and effective way to help treat the pain of so many different types of individuals. I have used this technique on young athletes and for older patients with joint and or spine pain with great success. It even surprises me sometimes how well this treatment works. It's truly amazing how people with acute or chronic pain and or injuries respond to this treatment."

In Dr. Rosenblatt's beautiful freestanding interventional pain management building in Delray Beach, FL, individuals have been able to benefit from this technique. People have flown in from all over the United States for this treatment specifically with Dr. Rosenblatt. He has been performing this procedure with great success. Every patient is evaluated by the Dr. Rosenblatt and a comprehensive treatment plan is always made. Please look forward to more articles about Dr. Aaron Rosenblatt and the vast number of procedures he performs to help people with all types of pain. His main focus is to help individuals avoid surgery, eliminate pain medications and to ultimately feel much better on a daily basis and enjoy life!

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# Hittin' the Sand and Waves: PROTECT YOUR HEARING AIDS!

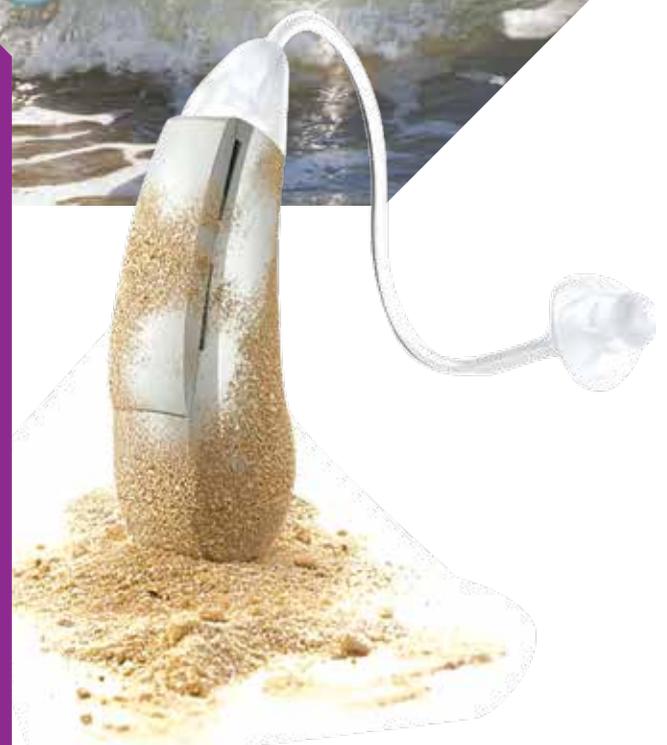
By: Dana Luzon, Au.D., FAAA. Board-Certified Doctor of Audiology



**F**rom surfing, boating, and swimming to kiteboarding, kayaking, and fishing, summer marks the sweet spot for water sports, pool parties, and time at the beach.

Your hearing aids help you make the most of the season – enjoying adventures and making memories – so it's important to protect them from harmful elements such as moisture, sand, and heat.

Whether you're playing Marco Polo, setting sail, or just catching some sun in the sand, following a few hearing aid maintenance tips can help you keep the fun at hand.



**WATER, SAND, AND HEARING AIDS DON'T MIX.** Wiping your devices daily with a clean, dry cloth helps clear moisture and debris and reduces the risk of damage.

**SUMMER HEAT CAN DO A NUMBER ON YOUR HEARING AIDS,** so pick a cool, dry spot for storage, and avoid leaving the devices in a hot car.

**WATER-RESISTANT HEARING AIDS AREN'T WATERPROOF.** They can get damaged when immersed, so be sure to take them out before swimming or shower.

**HEARING AID COVERS** help protect your devices from water splashes and keep out dust and dirt, too.

**A HEARING AID DRYER OR DEHUMIDIFIER** not only dries and sanitizes your devices as you sleep but can also double as their regular storage container.

**BATTERIES NEED A BREAK,** so at night remove them from your devices and leave the battery door open, helping reduce moisture and maximize battery life.

**KEEP A HAT NEARBY** in case an unexpected rain shower crashes your beach party. It'll help keep the rain off you as well as your hearing aids.

**SEE YOUR AUDIOLOGIST** for maintenance advice tailored to your summer plans or have your hearing aids professionally cleaned and checked.

Summer fun is for everyone, so don't sit out your favorite waves because of your hearing aids. Think of them as you would your cell phone, keeping them safe from harm's way, and enjoy your best season ever.



**Dana Luzon,  
Au. D., 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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## A New Alzheimer's Clinical Study Opportunity Right Here In Palm Beach

By Dr. Laszlo Mate



**T**he MINDSET study is a phase 3 clinical research study evaluating a new investigational treatment for mild-to-moderate Alzheimer's disease.

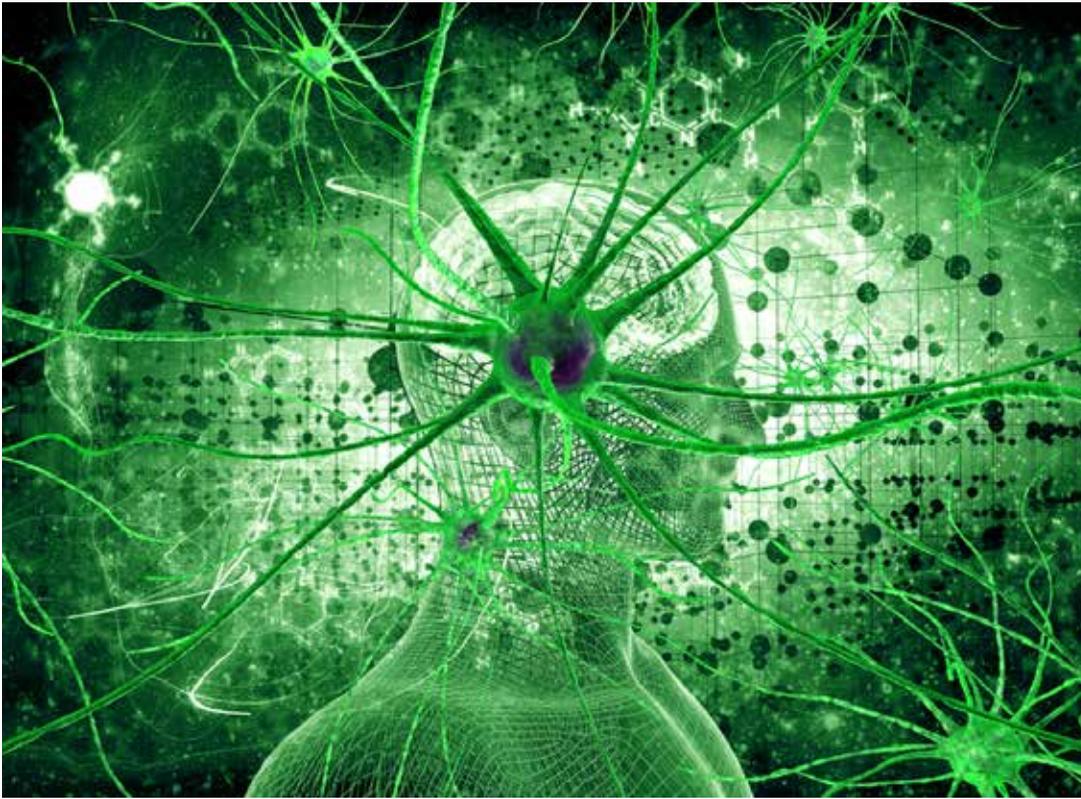
This study drug, known as RVT-101, is being studied as an add-on therapy to donepezil (sometimes known as Aricept®), the most widely used medicine to treat Alzheimer's disease today. In a previous 684-patient clinical study, the combination of RVT-101 and donepezil provided patients with statistically significant benefits in cognition and ability to perform daily living activities, as compared to donepezil alone.

The MINDSET study is designed to confirm these results and could be the final study required for the FDA approval of RVT-101.

The study involves approximately 170 expert physicians at clinics around the world, referred to as research "investigators." I am pleased to be one of these investigators, and will be seeing patients for the study at my clinic right here in Palm Beach.

### **ABOUT RVT-101, A POTENTIAL TREATMENT FOR MILD-TO-MODERATE ALZHEIMER'S DISEASE**

RVT-101 works by raising levels of acetylcholine, a vital chemical in the brain that is believed to help with cognition and performing daily living activities. RVT-101 works by rais-



Participating in clinical studies allows dementia patients and caregivers to contribute to the development of new treatments and access potential treatments that are only available through study participation. The MINDSET study is evaluating an important potential oral treatment, and I encourage patients and caregivers to learn more.

ing levels of acetylcholine directly, similar to turning up a faucet. Donepezil also increases acetylcholine, but does so indirectly by preventing acetylcholine from being cleared from the brain, similar to blocking a drain. In combination, RVT-101 and donepezil work together to increase acetylcholine by both turning up the faucet and blocking the drain.

RVT-101 only increases acetylcholine in the brain (not the rest of the body), so researchers believe drug the drug avoids some of the unwanted side effects associated with donepezil. RVT-101 has already been studied in 13 clinical trials and administered in over 1,250 individuals, and showed a favorable safety and tolerability profile in those studies.

RVT-101 is administered as a once-daily, oral therapy without the need for PET imaging, MRI monitoring or IV infusions.

#### WHAT IS INVOLVED IN STUDY PARTICIPATION

The MINDSET program will consist of a 6-month double-blind study, in which patients will have a 50-50 chance of receiving RVT-101 or placebo. "Double-blind" means that neither the

patient nor the investigator knows whether the patient is receiving RVT-101 or placebo. All patients who complete the double-blind study will be eligible to enroll in a 12-month open-label extension study in which all patients will receive RVT-101.

Study participants will receive the study medication, study-related medical care, and study-provided donepezil at no cost to them. Transportation to and from study visits can be provided or reimbursed. Compensation for study-related time may also be available. Insurance is not required to participate.



#### WHO IS ELIGIBLE

Individuals between the ages of 50 and 85 who are suffering from Alzheimer's disease or memory loss and taking the medication donepezil (often known as Aricept®) may be eligible to participate.

If you or a loved one might be interested in participating in the MINDSET study, please call the practice of Dr. Laszlo Mate at **561-626-5551**

**Editor's Note:** Dr. Laszlo Mate, a neurologist in Palm Beach who specializes in the treatment of Alzheimer's disease and dementia, recently began enrolling patients in a clinical study evaluating a potential new treatment for mild-to-moderate Alzheimer's disease. We invited Dr. Mate to share more information about this study, called MINDSET. If you or a loved one might be interested in participating, please call Dr. Mate's office at **561-626-5551**.

# Effective Treatment for Menopause and Weight Gain

**M**enopause 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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# PSYCHIC MEDIUM JOHN EDWARD COMES TO SOUTH FLORIDA

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in West Palm Beach and Ft. Lauderdale



**F**lorida – Psychic Medium John Edward will be coming to the Palm Beach Gardens Marriott and The Westin Ft. Lauderdale on **June 14 and 15** respectively.

Edward, the former television host of Crossing Over with John Edward, will begin each evening with an interactive question-and-answer session. He will then connect with the Other Side and give messages to the audience from family and friends who have crossed over.

Both events begin at 7:00pm. Tickets are on sale now; for more information, visit **[www.JohnEdward.net](http://www.JohnEdward.net)** and **[www.eTix.com](http://www.eTix.com)** or call **1-800-514-3849**.

John Edward has brought a fresh, honest and thought provoking attitude to the world of psychic phenomena. As a medium, author and lecturer, he has, over the last three decades, helped thousands with his uncanny ability to predict future events and communicate with those who have crossed over to the Other Side. Deeply compelling, often startling and occasionally humorous, John's down-to-earth approach has earned him a vast and loyal following.

In 2000, John pioneered the psychic phenomena genre with the television program Crossing Over with John Edward on the Syfy network. It was the first television show syndicated worldwide devoted to psychic mediumship and it would go on to run for four seasons. John followed up the success of Crossing Over with John Edward with another television program, John Edward Cross Country, which debuted on the WE network in 2006 and ran for three seasons.

**JOHN EDWARD**  
COMMUNICATE, APPRECIATE, VALIDATE

# MY GUMS ARE RECEDING: DOES THIS MATTER?

**M**any of us look in the mirror and notice that around some or all of our teeth the gums are disappearing. In many cases, the teeth involved are sensitive to hot or cold and often the appearance of the teeth is longer than what we would like. The questions we are most often asked related to this issue are: “Does this need to be treated?” and “Can it be treated?” In order to answer these questions, we must first review what is considered healthy.



## HEALTHY GUMS:

A tooth consists of both the crown (the part we see in the mouth) and the root (the part under the gum and in the bone supporting the tooth). Typically, jaw bone surrounds the root. This bone is covered by gum tissue. To be clear, if we look in our mouths, we can see the crown of the tooth only. Below the crown we see gum tissue which is covering the bone.

It is also important to understand that we have 2 different type of gum tissue in our mouths, thick and thin. Thick tissue is the dense tissue on the roof of our mouths, while thin tissue is the soft, stretchy tissue inside our cheeks. The difference is important as the thick, dense tissue helps protect and prevent gum loss. Our teeth are surrounded by both types of this gum tissue. The thick tissue is usually present right where the gum and crown meet.

## WHAT HAPPENS:



Many different factors can lead to gum recession (loss). Common examples include poor oral hygiene, smoking, medical issues such as diabetes, overly aggressive brushing

and misaligned teeth. As the gum starts to recede, we first lose thick gum until it eventually reaches the thin gum which recedes at an even quicker rate. When the gum tissue goes away it leaves the underlying bone exposed. This causes the jaw bone to resorb away as well.

## PROBLEMS:



As you can imagine, losing gum and bone around our teeth can lead to a number of problems. First of all, if we lose jaw bone eventually the teeth themselves will become loose and ultimately be lost. Secondly, as the gum and jaw bone recede, the root part of the tooth becomes exposed to the mouth. The root does not have a protective layer of enamel on it like the crown does, which can allow cavities to occur at a more rapid rate. Root cavities often lead to tooth problems at a quicker rate than traditional cavities. Other issues related to recession involve sensitivity to hot and cold, along with a less pleasing appearance (longer looking teeth).

## WHAT CAN BE DONE:

The main goal of treatment of this type of periodontal problem is to slow or stop the progression of the recession. There is no true cure to this problem and it is something a patient will deal with for their entire life. Research has shown that gum procedures have a high success rate of slowing down the gum and bone loss. Typically, treatment options involve developing a new band of thick tissue to put the brakes on the recession. Some situations allow for the gum tissue to be brought back to its original position. Each case needs to be evaluated both clinically in the mouth and with a current set of x-rays in order for your periodontist to determine what treatment option would be best.



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.*

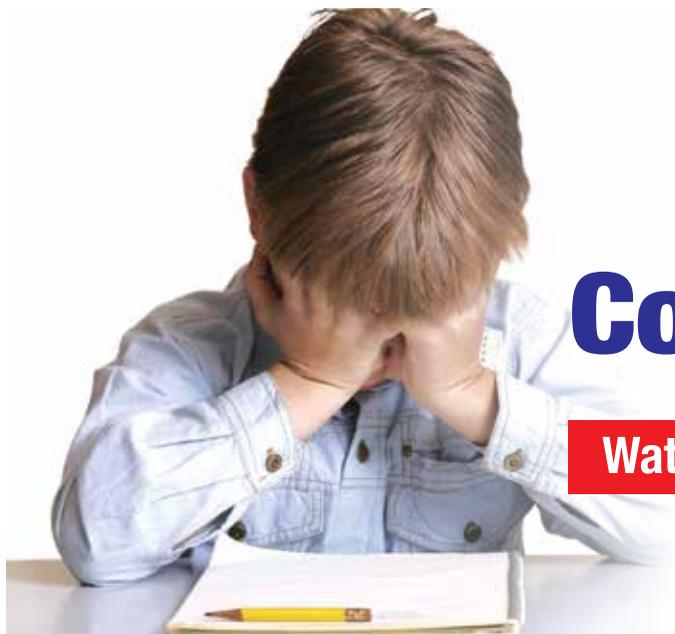
*Dr. Cohen formerly served on the Board of Trustees for the American Academy of Periodontology and the Florida Dental Association. He is past president of the Florida Association of Periodontists and the Atlantic Coast District Dental Association. Dr. Cohen is a member of the American College of Maxillofacial 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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# STRUGGLES with Reading? Math? Comprehension? Writing?

Watch your child's academic confidence soar by summer's end

By Mike Cohen, Director, Center for Brain  
Jupiter, Florida

Certain children, no matter how hard they try, struggle in school.

Too often the parents struggle right along with them. They spend countless hours helping their child keep up – not to mention digging into their pockets for tutoring, special classes or other learning programs.

**CENTER FOR BRAIN SEES A LOT BRIGHT CHILDREN WHO HAVE TO TRY HARDER THAN OTHER CHILDREN JUST TO KEEP UP. MANY OF THOSE EXPERIENCE DRASTICALLY-IMPROVED LIVES AFTER WORKING WITH US.**

You may have been told that the root of your child's school difficulties is an attention deficit. However, if your child struggles with reading, with comprehension, with math or has difficulty getting words onto paper (for example taking notes) – then he or she may not have an attention deficit at all – it could be a learning or processing issue.

Sound familiar?

**Many academic problems are brain issues, not a lack of desire in the child to do well.**

Though stimulants may temporarily improve attention, they don't correct processing issues. They don't help the frustration; the behaviors and the anxiety that often come with learning challenges when the medication wears off.

**They do not fix anything.**

The root cause of a child who struggles academically may be that parts of the brain that are supposed to talk to each other aren't doing it very well.

Why is this important? Research shows that there must be functional connections between key areas of the brain in order for learning to take place easily. Without them, certain subject areas – and school in general – become a nightmare and an enormous frustration for the child.

Malfunctioning connections can result in **dyslexia** and other reading problems, **dyscalculia** (difficulty with math) and/or **processing problems**. Furthermore, the resulting frustration *can often look like ADHD*.

**Announcing an Innovative  
3-STEP PROGRAM for Helping Your Child  
Overcome Learning Challenges**

***Being able to save kids (and adults) from a lifetime of struggle is at the heart of our mission at Center for Brain.***

Until now, we've done that with conventional neurofeedback. Thanks to the advent of the revolutionary Connectivity Map and MCT neurofeedback, treatment can now be even more targeted and effective.

I've been in this field for 20 years working with and teaching child psychologists from around the world about how neurofeedback helps ADHD and processing issues, but I've never been more excited about any development than I am the Connectivity Map and MCT neurofeedback.

Here's how the 3-step program works:

**STEP 1: Conduct a Connectivity Map to identify the problem**

We record a special EEG at our center of your child's brain. It's painless and takes about 30 minutes. The raw data is processed in the laboratory

of neuropsychologist Dr. Robert Coben.\* The lab creates a report, and the findings are reviewed in depth with the parents.

The Connectivity Map identifies specific areas of the brain that are poorly connected or poorly organized and are likely to be impacting the child's ability to process information.

(Parents of our clients frequently exclaim that this information describes their child's struggles remarkably well: "This is exactly what Brittney tells me happens every night when she's doing math homework!" "You are describing Ricky when he tries to write his language arts essay!" They often marvel, too, at the fact that tests for which they have laid out thousands of dollars didn't turn up what was really going on the way the Connectivity Map did.)

**STEP 2 – Encourage new brain organization with MCT neurofeedback**

Neurofeedback technology is used to help promote changes in the way neurons in the brain fire. A new type of neurofeedback called MCT is even more effective than traditional neurofeedback. MCT stands for "multivariate coherence training." It was co-developed by Dr. Coben as a way to hyper-target and gently encourage those connections to improve. And they do so faster than you might think.

Step 2 involves 15 sessions of MCT neurofeedback training, typically two or three sessions per week, targeted to the specific brain connectivity issues identified from analysis of the Connectivity Map.

We ask parents during the course of training to keep track of any changes in reading, math, writing, comprehension, behavior and mood changes.

**STEP 3 – Re-evaluate changes, assess progress**  
After 15 neurofeedback sessions, we conduct a second Connectivity Map to see where physical changes have occurred and to summarize parent feedback. We identify areas, if any, that may need additional training.

### HELP FOR YOUR STRUGGLING CHILD IN A MATTER OF WEEKS

**Can you find a way to highlight these stories, to call attention to them?**

#### REAL STORIES

Now that you know a bit about the science, let me tell you about real people from our practice who have benefited from our 3-step program.

A 12-year-old girl had been diagnosed with learning disabilities. She had trouble keeping up with classmates and particularly struggled with math and taking notes. She had chronic headaches that weren't helped by medication and suffered chronic exhaustion. After a Connectivity Map and five MCT sessions the girl told her mother she was more easily thinking up topics and ideas for writing. Two sessions later she reported math seemed simpler. After two more sessions she came home with the proof – the first high math score she had ever earned. With continued training, she experienced a significant decrease in headaches and significant increase in energy.

One 8-year-old girl had such severe learning disabilities that her mother was told by a neuropsychologist that she would need significant help for the rest of her academic career. She didn't like to read and didn't read well. She hated math and struggled to add even single digit numbers. Following a Connectivity Map and about seven MCT neurofeedback sessions she blurted out one day that she'd like her parents to give her some numbers to add. When single digit addition quickly became boring she requested strings of double digits. She was doing math for fun! On another occasion, after 10 sessions, while in a waiting room, she picked up a large children's book and read 66 pages as her mother looked on in astonishment. Another joyful moment occurred when her mother discovered her in bed one night with a flashlight reading under the covers!

#### ...NOT JUST FOR KIDS.

If your child has learning disabilities, it's likely that one or both of the parents may have them as well. Here's how our program changed the life of a woman in her mid-50s, who had a number of severe learning disabilities that were ignored when she was young.

"Joan's" learning disabilities left her overwhelmed and practically paralyzed by the demands of normal life. Unable to process information well, she suffered extreme and unrelenting anxiety and conflicts with her husband. She had trouble reading and trouble paying attention. She came to

us because she thought she had severe ADHD. A Connectivity Map revealed that she did not have ADHD but rather some significant connectivity issues in two parts of her brain. After five targeted MCT treatment sessions, she reported feeling calmer. She was also able to communicate with her husband without the conversation erupting into conflict.

**What's indisputable is that at any age the brain can improve how it processes information.**

#### CALL US TODAY.

If what you've read in this article resonates with you, it's time to contact Center for Brain to find out more.

I know you have a lot of questions. That's why I offer a **free, no-obligation consultation**. Once we meet and I understand your situation better, we can discuss if this new technology is a good option for your child or even for yourself.

**Call us at (561) 744-7616** or visit our website at: **www.centerforbrain.com**. We look forward to meeting you and speaking with you.

\*Robert Coben, Ph.D., developer of the application of the Connectivity Map to learning and processing issues, as well as the application of MCT neurofeedback for it, is Director and Chief Neuropsychologist of NeuroRehabilitation and Neuropsychological Services at Integrated Neuroscience Services in Fayetteville, Arkansas. He is also an affiliated researcher of New York University Medical Center. He is past president of the International Society for Neurofeedback and Research, and President Elect of the International Board of quantitative Electrophysiology.

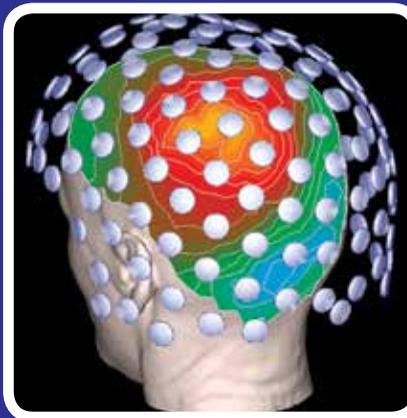
\*\*ISNR is the International Society for Neurofeedback and Research.

I first heard about the Connectivity Map in the fall of 2015 at the ISNR\*\* conference when Dr. Coben presented a study he co-authored on children with learning problems. Frankly, his results blew me away. Children treated twice a week for 20 sessions with individually-tailored neurofeedback based on a Connectivity Map enhanced their reading scores an average of 1.2 grade levels! The control group showed no improvement.

He did extensive pre- and post-neuropsychological testing to document the children's improvements. Increasing grade level competence by one year in 20 sessions (as little as five weeks) is very impressive. I checked with several child psychologists I know, and they were equally impressed.

I am unaware of any other tool that has documented this level of consistent improvement.

By February of 2016, Center for Brain began using this three-step treatment protocol on a select group of clients. By then an enhanced version of MCT neurofeedback had been developed which potentially reduces the number of sessions required for most children to around 15. The results exceeded our expectations and convinced us we had a fantastic way to help people overcome the challenges of learning disabilities.



**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.



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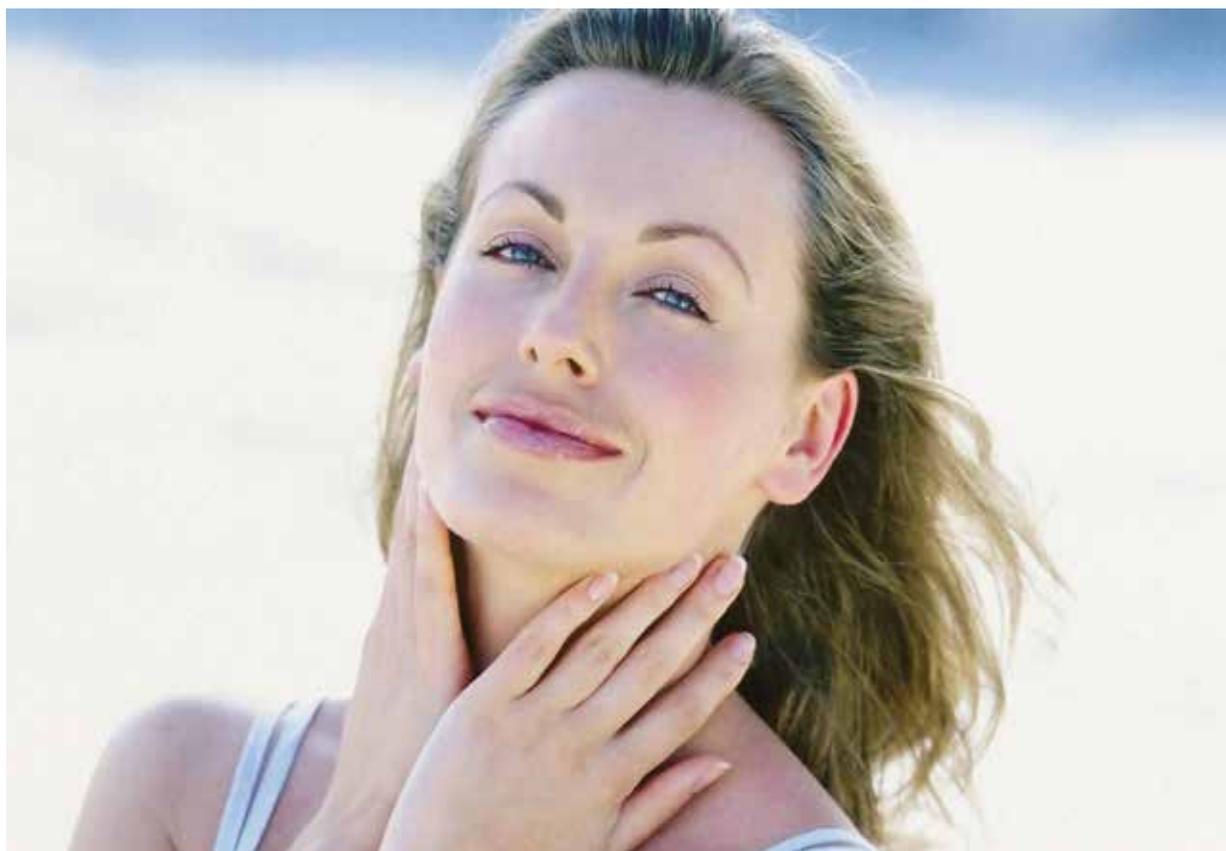
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Monthly Series: Helping You Make Educated Decisions About Your Skin

# SUMMER SHAPE-UP: COOL AND HEALTHY CAN BE FUN AND FLAVORFUL

By Janet Robbins and Bella Giavanna

It's true what they say. Beauty begins on the inside. What you consume affects your body and your skin. So as we enter the summer months, consider these tips and creative ideas to make for a healthier you.



## STAY HYDRATED BEYOND JUST WATER

Summer outdoor activities and events combined with the heat calls for increasing your water intake. Keep extra water bottles in the refrigerator in order to stay cool and hydrated at the same time. If you find plain water boring, make ice cubes with muddled basil, spearmint, cucumbers, and/or raspberries. Drop a couple of those flavored ice cubes in your water to zest it up. Another great way to stay hydrated this summer is to prepare a large pitcher of green or hibiscus tea and store in your frig for

convenient pours. Both types of tea offer the added benefit of antioxidants and a change-up from plain water.

## TIS THE SEASON FOR DELICIOUS RIPE PRODUCE AND FRESH SEAFOOD

Fill up half your plate at mealtime with delicious low-calorie veggies. And in the summer heat, beef, veal and pork can feel too heavy to digest making you feel sluggish, lethargic, and fatigued. Eat fish, lobster, clams and crab, which are lower in calories and packed with protein.

## BEAT THE BARBECUE BLUES

Just because others are grilling burgers and dogs doesn't mean you can't join the "party." In fact, grilling is a healthy way to cook. But choose leaner alternatives like ground turkey and chicken, or go vegetarian and enjoy a plant-based green or walnut burger available at most grocery stores. You can cook a million things on the barbecue, especially with a grill pan or stir-fry griller. Choose your favorite veggies. A combo of zucchini, squash, and eggplant or asparagus, corn, leeks and red onions drizzled with no-fat, low-calorie balsamic vinegar make for a robust entrée or compliment for your summer meal. If you don't have a grill pan, simply wrap the veggies in foil and throw it on the rack.

## SWEETEN UP YOUR HEALTH CONSCIOUSNESS

Instead of the typical dessert of high calorie ice cream, cool down this summer with frozen fresh fruit. Just like with veggies, take advantage of low-priced ripe summer fruit. Buy extra grapes, mangoes, pineapple, bananas and blueberries (filled with antioxidants). Make it easy by prepping in advance. Simply wash and cut up fruit into bite-sized pieces and throw them into freezer bags and into the freezer for a quick treat to break the summer heat.

## PACK UP TO COOL DOWN

While you're packing up the cooler with water, juice boxes, soda or beer, throw in a pack of washcloths. As the ice melts it will moisten the washcloths. Then, if you get overheated just reach in and take out a wet ice-cold washcloth and place it around your neck. It's so refreshing and really comes in handy after an intense game of Frisbee, basketball, tennis, a hike or any rigorous outdoor activity.

## EAT EARLIER

You will sleep better at night if don't go to bed with a full stomach. Instead of digesting your food all night long, your body will be resting and repairing. Eating earlier will also allow you to take advantage of the longer summer days with after-dinner activities like watching the sunset with your loved one or taking a walk.



**DO EVEN MORE FOR YOUR SKIN**

Skincare from the outside is much more effective combined with what’s going on inside. And using the right ingredients is far more important than using lots of ingredients. When you eat high-powered antioxidants like spinach and kale, those nutrients are absorbed in the bloodstream and end up in the dermal capillaries, which feed and nourish your epidermis, the outer layer of your skin. Now add ingredients like vitamin A serum or peptides, and your skins flourishes from a powerhouse of antioxidants. Also, try adding an orange to your diet every day. You already know that it’s a great source of Vitamin C, but did you know that it’s necessary for the production of collagen.

**OH, AND DON'T FORGET THE SUNSCREEN**

Lather up, reapply, reapply, reapply. Keep the sunscreen coming throughout your time in the sun. Sunburn is not pretty for anyone and the health consequences can be grave.

Put these tips into action and you’re going to see a beautiful you inside and out. Now go love yourself and love your summer!

**JANET ROBBINS,  
Ceo And Founder  
of Reflections  
Laser & Wellness Center**



Janet Robbins is considered a pioneer in her field as a clinical medical aesthetician, certified clinical electrologist, licensed massage therapist and certified skincare instructor for GlymedPlus Skin Science Institute. With more than 20 years of experience and a degree from the Florida College of Natural Health, she maintains a commitment to ongoing self education, including in the areas of anti-aging and bioidentical hormone replacement modalities.

In 2004, she opened her first laser and wellness center with the belief that healthy skin starts from within. Janet’s scientific approach to rejuvenating skin led her to expand into a total health and wellness field, bringing eastern and western medicine to her practice.

Janet is the creator of the 350-hour aesthetic program at the Alpha Institute of Massage & Aesthetics, now known as the Palm Beach Academy in Lake Park. She now has her own advanced training facility for licensed professionals. She sits on the Electrology Advisory Board for Anton Academy of Massage & Aesthetic in West Palm Beach, is a consultant with Health & Wellness Magazine and has been featured in Society Magazine and Florida Woman.

My passion is to educate both the professional and the consumer.

Janet and her Center support the American Cancer Society, the Cancer Alliance of Help & Hope and Susan G. Komen South Florida.

Ask about a complimentary consultation.

**BELLA GIAVANNA** has been helping men and women transform their health and their bodies for 25 years. She has worked in the healthcare profession for over 20 years in Florida, California, Illinois, and New York. Using her certificate in Plant-Based Nutrition from Cornell University, her 400-hour certification as a Raw Foods



Chef and her many fitness certifications, Bella G. has had the privilege of changing the internal and external health of over 1,000 people. She is the author of two books and lectures locally on diet and exercise.



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# Limb Swelling: A Search for New Treatments

By Alyssa Parker



**F**inding an effective treatment of leg edema is a challenge many physicians face. Chronic leg swelling that builds up overtime, is often indicative of a serious disorder, and may become disabling if left untreated. There are two types of leg edema venous insufficiency and lymphedema. Unfortunately, Lymphedema is under-recognized in most instances. For years lymphedema has remained a mystery. “Approximately 10 million Americans have lymphedema, following cancer therapy, recurrent infections, injuries or vascular surgery.” Due to the

lack of significant research done on the lymphatic system up until recently, medical education has largely ignored it in its curriculum. Consequently, many patients have been misdiagnosed, treated to late, or not treated at all.

### **Is your edema symptomatic of poor lymphatic circulation or CVI?**

The lymphatic system is one of several parts of your circulatory system. Its role is to work as a filtration system draining fluid that enters the blood stream. Through your kidneys, skin,

lungs, or intestines the waste is filtered out of your lymph vessels. Your Lymphatic system plays a huge role in assisting your immune system, before any lymph gets recycled into the blood stream; lymphocytes identify and destroy any harmful microbes trying to invade the body. Once lymphedema has set in, fluid will begin to accumulate due to the body’s inability to properly filtrate the lymph fluid. When the lymph fluid becomes trapped your body begins to store it in the interstitial tissue. This is when swelling and inflammation begin to



Lymphedema is a degenerative condition which means it will only get worse over time without treatment. A widely recognized and highly effective treatment is using a compression pump.

occur. Damage to the lymphatic system through medical procedures, injuries, or infection is irreversible. Lymphedema may also be inherited in which case you are born with a compromised lymphatic system.

Chronic venous insufficiency is another condition that causes swelling in the legs along with open wounds. CVI occurs when the valves in the veins that normally channel the blood to the heart become damaged which then leads to pooling of the blood in the lower extremities. Discoloration of the skin, referred to as hemosiderin staining, is identified by a reddish staining of the lower limb. From poor circulation shallow wounds may develop due to the stagnant blood that would normally return to the heart. Symptoms vary but may include swelling, aching, itching or burning, varicose veins, infection, chronic venous ulcer, and decreased mobility.

### The Search For New Treatments

There is no cure for Lymphedema or Chronic Venous Insufficiency. When your circulatory system has been damaged leading to one of these conditions, you must seek treatment to prevent further complications. Lymphedema is a degenerative condition which means it will only get worse over time without treatment. A widely recognized and highly effective treatment is using a compression pump. 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 and can cause painful swelling, nonhealing wounds, heaviness, and discomfort decreasing your mobility. The compression pump is a gentle massaging technique that compresses in a rhythmic cycle, similar to that of a normally functioning lymphatic system that has not been damaged. This is a great treatment option for patients who have tried compression stocking, elevation, diuretics, or massage with little or no relief.

*Discover a life more fulfilling*   
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### Treatment Cost

The compression pump is covered by Medicare and many commercial insurers. Acute Wound Care is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in this condition.

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# CRYOABLATION FOR ATRIAL FIBRILLATION. The Next Frontier



**An estimated 2.7–6.1 million people in the United States have Atrial Fibrillation (often called AFib or AF). With the aging of the U.S. population, this number is expected to increase. Afib is the most common type of heart arrhythmia.**

During AFib, the normal beating in the upper chambers of the heart (the two atria) is irregular, and blood doesn't flow as well as it should from the atria to the lower chambers of the heart.

Now, a new minimally invasive treatment option, cryoablation, has different and unique characteristics that allow doctors to achieve higher therapeutic success rates.

AFib may occur in brief episodes (paroxysmal), or it may become more persistent and even permanent. In paroxysmal Afib the faulty electrical signals and rapid heart rate begin suddenly and then stop on their own. Symptoms can be mild or severe. The most common symptoms include palpitations, a racing or pounding heartbeat, chest discomfort, fainting, light headedness, fatigue, shortness of breath or weakness.

AFib is a serious medical condition associated with an increased risk of stroke, heart failure and other heart-related complications.

Specializing in treating arrhythmia or irregular heart rhythms, – Yoel R. Vivas, M.D., F.H.R.S., and Luis F. Mora, M.D – say that cryoablation has several advantages over traditional radiofrequency ablation. “Cryoablation is an excellent treatment option for patients with paroxysmal AFib who have not responded to medication alone,” explains Dr. Vivas. “It is the future of AFib ablation techniques.” “It is the preferred ablation method at Emory University in Atlanta, where I did my Fellowship training,” adds Dr. Mora.

They are now performing cryoablations at Bethesda Heart Hospital and Delray Medical Center.

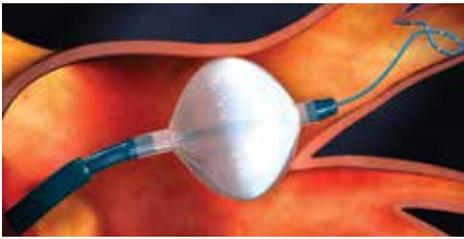
## **ACHIEVING A NORMAL HEART RHYTHM WITH CRYO**

Patients that suffer from Paroxysmal Afib most commonly have their arrhythmia arising from the pulmonary veins. These are the four veins that take blood from the lungs and drain it to the left

atrium. Once your doctor has decided that you may benefit from being in normal rhythm, medications (antiarrhythmic drugs) or an ablation procedure may be used.

“The principle of ablation consists in blocking or eliminating the electrical impulses that cause the irregular rhythm. We do this by freezing and subsequently creating scar tissue at the point where the pulmonary vein enters the atrium,” Dr. Vivas continued. “Our goal is to electrically isolate the four veins from the left atrium. This is why this procedure is known in the medical community as pulmonary vein isolation”. Cryoablation is a minimally invasive procedure that involve using a catheter inserted through the veins in the groins.

Cardiac electrophysiologist Yoel R. Vivas, M.D., says cryoablation is the future of A-fib ablation treatments.



Cardiac electrophysiologist Luis F. Mora, M.D., says cryoablation takes less time than conventional treatments.

Traditional ablation procedures have used Radio-frequency as a source of energy. This is a technology that warms up and basically “cauterizes” the tissue. The challenge of this technology is that the scar produced is small and multiple lesions are required to “isolate” the veins. The process is repeated all the way around the vein, creating a circle of scar “dots.” This can be technically challenging, and tiny gaps may be left between the scars that will allow the electrical currents to continue to pass. “Cryoablation works on the same principle, but uses cold instead of heat to create a much bigger and durable scar tissue,” added Dr. Vivas. With cryoablation, a special balloon is inserted through the catheter and inflated at the junction of each pulmonary vein with the atrium. Then it is filled with a refrigerant nitrogen gas to create a continuous scar area around the entire edge of the vein tissue.

**Cryoablation** disrupts the heart cells that create an irregular heartbeat.

**Cryoablation** is an effective alternative in the treatment of atrial fibrillation.

“One of the main advantages of cryoablation is that the procedure takes much less time. Instead of two to four hours, it usually takes about one hour,” states Dr. Mora. “That means the patient spends less time under anesthesia.”

**POTENTIAL LESS COLLATERAL DAMAGE**

Although all invasive procedures have risks, cryoablation has a lower risk of damaging the surrounding heart tissue, specifically the esophagus. Dr. Vivas adds, “Patients usually spend one night in the hospital and can return to normal activities within a few days. They may experience cough, minor soreness in the chest, or bruising or soreness in the groin where the catheter was inserted.” In most cases, one cryoablation treatment is enough; however, occasionally patients may need to go back for a repeat procedure.



**Yoel R. Vivas, M.D., F.H.R.S.**

**Dr. Yoel Vivas** is the founder of the Arrhythmia Center of South Florida. He’s been practicing cardiac electrophysiology in Boynton Beach and Delray Beach area since 2012. Dr. Vivas is a Fellow of the Heart Rhythm Society (FHRs). This distinction recognizes members for their

advanced training, certification and commitment to the research and treatment of heart rhythm disorders. Dr. Yoel Vivas offers comprehensive evaluation and treatment of abnormalities of the heart rhythm (Arrhythmia) including but not limited to ablation of atrial fibrillation, atrial flutter, supraventricular and ventricular tachycardia. He also specializes in implantation of pacemakers, defibrillators and devices to treat heart failure (CRT). Dr. Yoel Vivas is the only electrophysiologist in South Florida who is also board certified in Advanced Heart Failure and Transplant Cardiology. His special clinical interests include the treatment of advanced heart failure with novel devices and ablation of arrhythmias that predispose to heart failure or worsen its clinical symptoms.

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# How Doctors Choose Surgeons

By David A. Goldman MD

**W**hen it's time to have an elective surgical procedure how would you choose a surgeon? Most people will ask friends and family, others may do their own internet research. When I needed a hernia repair, I did what all other doctors do – I asked another doctor. Not just any doctor, but in this case the residents who worked with all the doctors in the department of surgery. When a family member needed surgery, I called and spoke to one of the scrub nurses at the local surgery center. While top degrees and awards certainly contain value, there is not always a direct correlation with surgical skill. Scrub nurses, OR technicians, and residents are in unique positions to compare surgeons not on a one-time basis, but on an annual day-in day-out experience. Surgical representatives are often the best because they survey hundreds of doctors within a large geography (and yes, I have relied on the advice of surgical reps many times for my family members).

This is not to downplay the value of resumes, accolades, internet research, and word of mouth. If a personal associate of yours had an excellent experience with a surgeon, you should absolutely trust their opinion. In southern Florida, the population is continually changing, with new patients relocating here every day. In some cases you may not know whom to see for care. Remember that there are multiple sources available for you to check.

So what occurred in my situation? I selected a surgeon based on the advice of residents and fellows who worked with all general surgeons. I had minimal postoperative discomfort and was extremely satisfied with the end result. Of note, a colleague sought out a “renowned” surgeon for the same procedure and had significant pain. When he developed a hernia on the opposite side he saw my surgeon. He couldn't believe how much better the experience was.

In summary, there are many ways to select a surgeon. But, if in doubt, do what the doctors do.



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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Brent Myers

## You Deserve a BREAK TODAY...

**I** know it's ironic to quote a famous fast-food chain advertisement in a health and wellness magazine, but on this one – they got it right!

They understood one of the most overlooked principles of our health: the need for rest. (How they recommend fulfilling that need, and what many others think is where we differ...)

Most studies indicate that we operate at our best when we have sufficient rest. Our bodies were not created to be able to go without stopping and taking a break. We were designed to wear down, be refreshed, and go again. Rest is important for all areas of our lives...

**PHYSICALLY.** Sleep and metabolism are controlled by the same area of the brain. Sleep releases hormones that control appetite. Researchers at the University of Chicago found that dieters who were well rested lost more fat. And a 2010 study found that C-reactive protein, which is associated with heart attack risk, was higher in people who got six or fewer hours of sleep a night.

**EMOTIONALLY.** Sleep and stress have similar effects on your cardiovascular stress. Being well rested can reduce stress levels and improve your overall health.

**MENTALLY.** Lack of sleep can make it difficult for you to concentrate and retain information. When you sleep, your brain goes through all the activities and impressions of the day which is important for memory formation.

But what's most interesting about rest, is that God knew the importance of rest long before the golden arches recommended it. God created us with the need for rest; He modeled it and even commanded it.

### *His Model*

“By the seventh day God had finished the work he had been doing; so on the seventh day he *rested* from all his work. Then God blessed the seventh day and made it holy, because on it he *rested* from all the work of creating that he had done.” (Genesis 2:2-3, NIV)

God didn't NEED rest. But he CHOSE to rest – giving us an example to follow. Think about this: if the Creator of the heavens and earth and the Sustainer of all living things was able to rest, then I think I could carve out some time to make sure I'm resting, too.

### *His Command*

“Remember the Sabbath day by keeping it holy. 9 Six days you shall labor and do all your

work, 10 but the seventh day is a sabbath to the Lord your God. On it you shall not do any work, neither you, nor your son or daughter, nor your male or female servant, nor your animals, nor any foreigner residing in your towns. 11 For in six days the Lord made the heavens and the earth, the sea, and all that is in them, but he rested on the seventh day. Therefore the Lord blessed the Sabbath day and made it holy.” (Exodus 20:8-11)

This, by the way, is in the Ten Commandments. Consider this: of all the possible things God could tell us to do – if you pared them down to the “top ten”, most of us would start with the Ten Commandments. And one of the top ten things God tells us to do is: REST.

As God's creation, He knows us better than we know ourselves. He designed us and put us together so He knows exactly what we need. And with all that knowledge and wisdom, what does He tell us to do? Rest.

We should be working hard to make sure that we rest daily (getting a good night's sleep); rest weekly (taking at least one day off from work); and rest annually (retreating for an extended time of refreshment).

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