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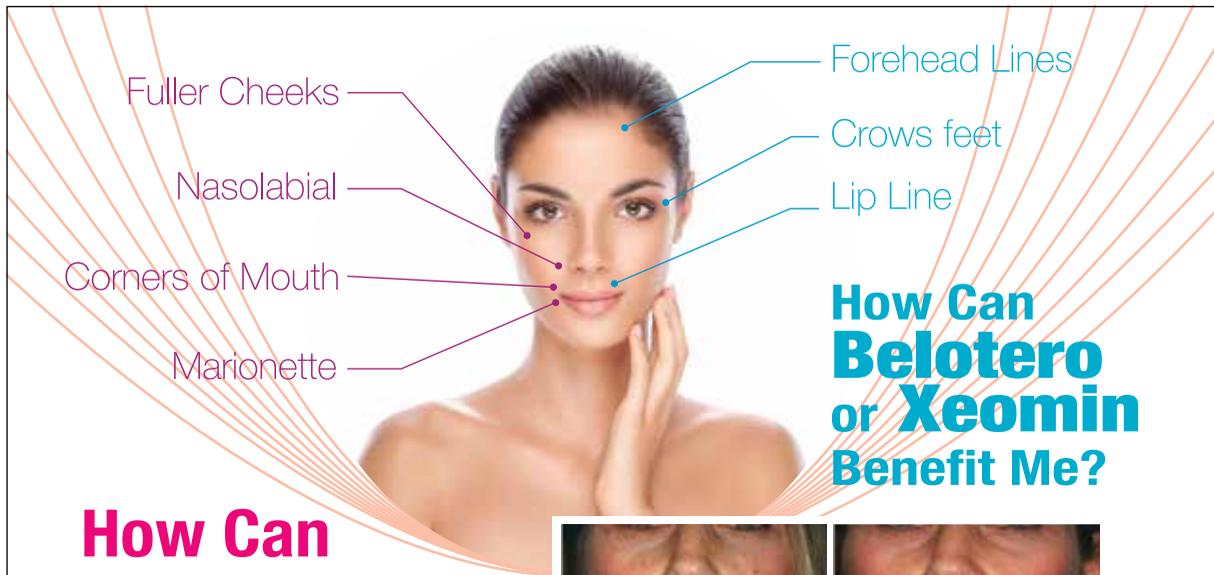
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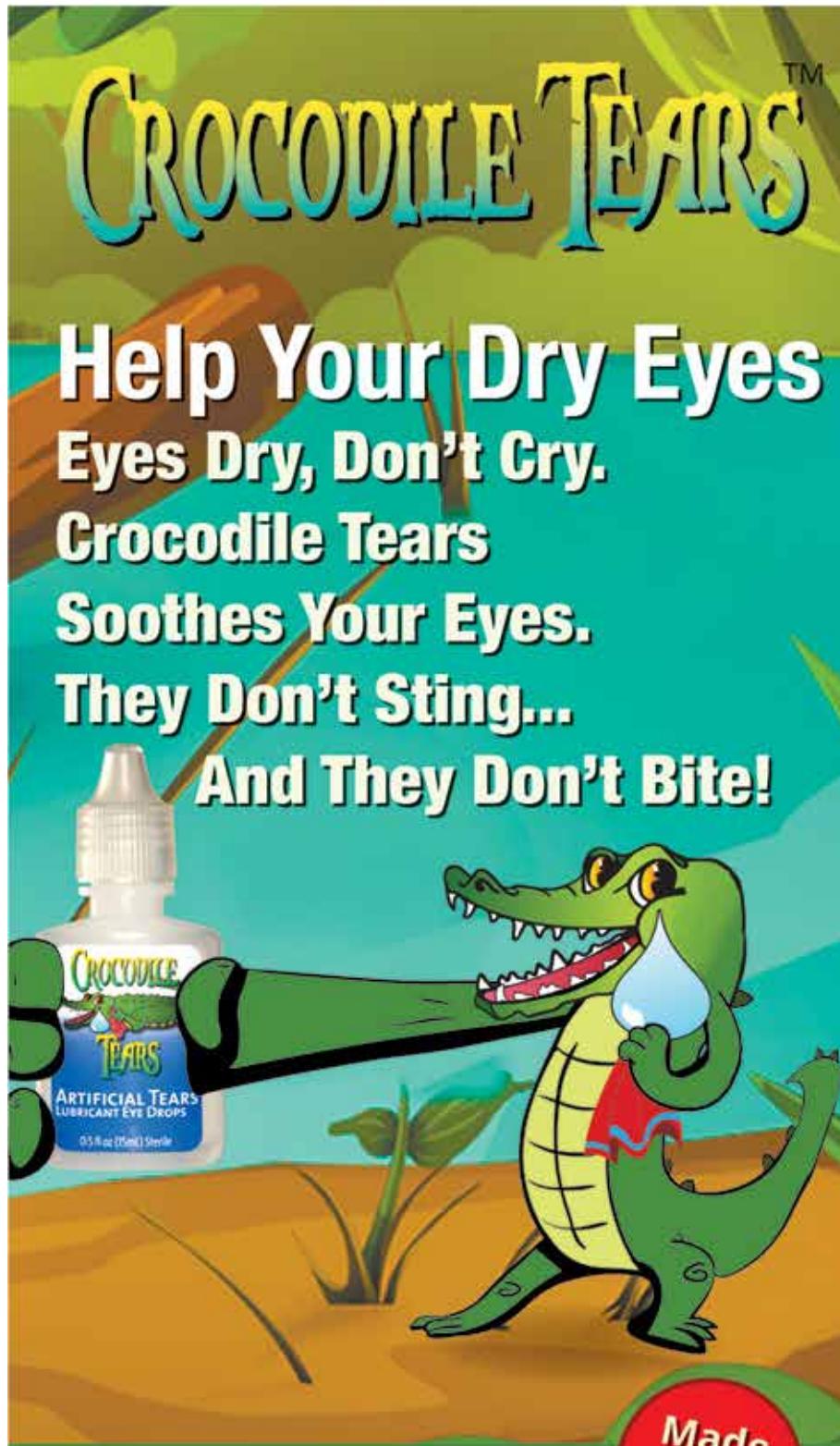

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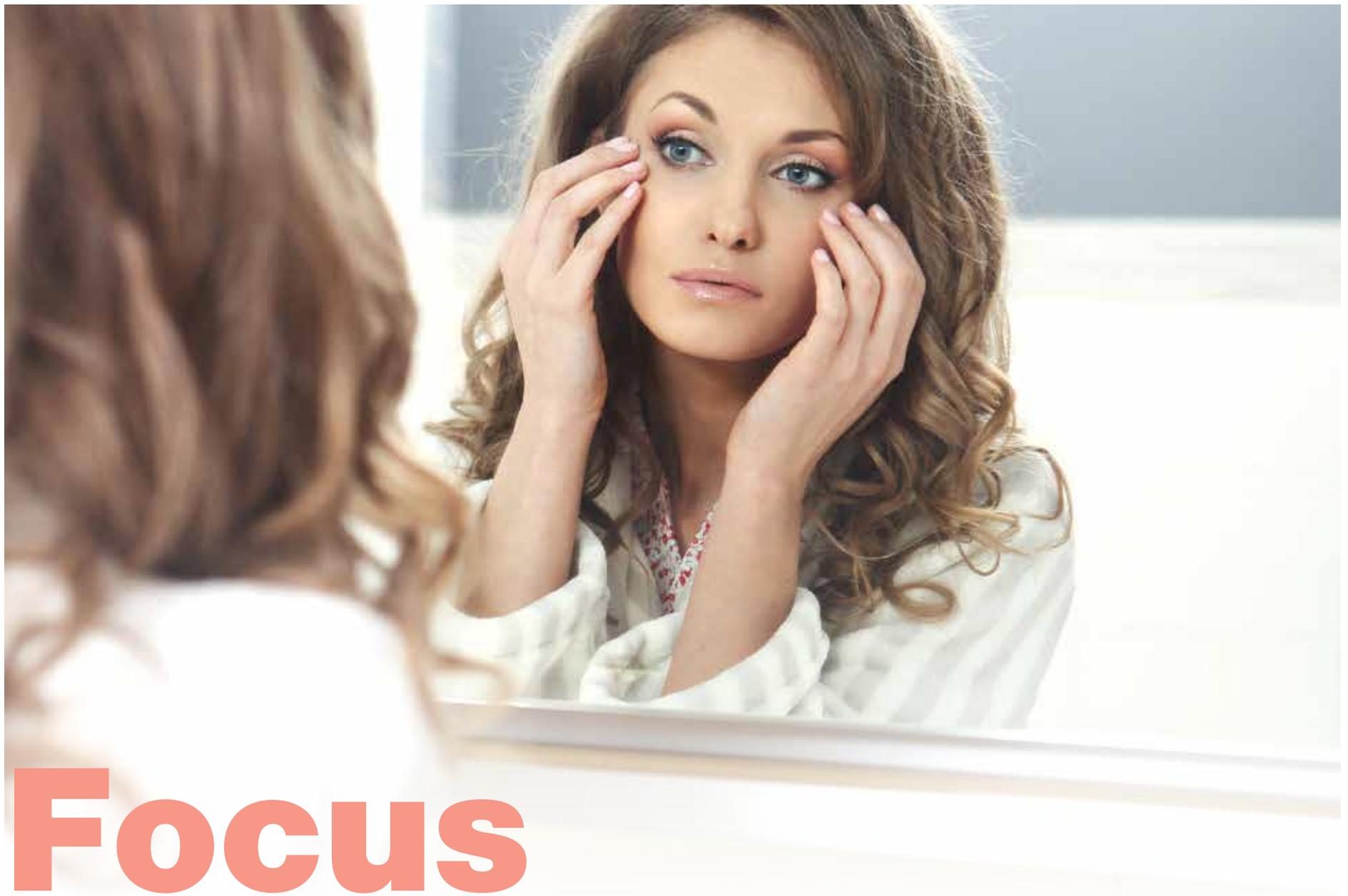
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Focus on the Face

by Dr. Robin Sykes

You look in the mirror in the morning, and the face that greets you makes you exclaim "My face is falling". It can be hard to put your "best face forward" when you know that no amount of makeup or sleep will fill in the hollows of your cheeks, or take away the sad expression around your mouth. Often times, this is what brings a patient to the plastic surgeon.

Fortunately, there are some wonderful ways to fix sad faces, and the results can be natural in appearance. One is the mini-facelift. This procedure is safer and quicker than a standard facelift, and highly effective in making the face look refreshed and natural. It is a great procedure when done earlier in life, and can even be done later in life as a conservative, safer lift.

The other answer is a true revolution. It involves restoring the volumes of the face which have been lost over time primarily through fat and bone loss, as a result of natural aging. The fillers available to do these miracles have been evolving over the past decade, and there are now a number of excellent choices of products to use. It is amazing what a little filler in the cheeks can do to rejuvenate the appearance, taking a "rectangular" face, bottom-heavy due to jowl formation, and to restore a more youthful "oval" or "heart-shaped" face with the use of cheek augmentation.

Over the past two years, even more fillers have also become available, which are able to smooth out fine and deeper lines of the cheeks and lips, in what can be described as "air-brushing" the face. These fillers are very



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soft and pliable, and do not increase volume, but result in a smoother overall appearance.

The best thing about fillers, is that they fill in a void in the surgeon's armamentarium. There is no surgery involved, and they can give results that enhance a surgical procedure. They can be used in place of surgery if surgery is not wanted or not needed. They are great after a prior facelift, when volume loss becomes apparent. They have minimal down-time. The use of topical anesthetic and micro-cannulas can also give a quicker result with less pain and bruising.



Robin A. Sykes, MD is a Board-Certified Plastic Surgeon. She has a BA in Biology from Wells College, an MD from the Johns Hopkins University School of Medicine, General Surgery training at the University of Miami, and Plastic Surgery training at the University of Kansas. She is a National Merit Scholar and Phi Beta Kappa. In addition, she has many years of art training, and brings this to her work in aesthetic plastic surgery. Many new technologies as well as new aesthetic devices and products are available

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How to Spot, Diagnose and Treat Hair Loss

By Dr. Alan J. Bauman



Roughly 80 million men and women in the U.S. suffer from hair loss. This may sound like a daunting figure, but in reality most hair loss cases today are treatable – thanks to several decades of advanced medical research and high-tech treatment development.

However, the most important weapon in the battle against baldness is a relatively simple one – early detection.

By the time hair loss becomes noticeable to the naked eye, about 50% of the hair follicles have already been lost. The earlier patients can get started on preventive or restorative therapies, the better their odds are for retaining a full and healthy hairline.

Since August is National Hair Loss Awareness Month, it's a good opportunity for all consumers – men and women, old and young – to learn more about the early signs of hair loss and the treatment options available.

DETECTING HAIR LOSS

A common mistake with detecting hair loss is to rely on the “mirror test” before taking action. That is, most people wait until their hair loss becomes readily noticeable – perhaps it's diffuse thinning in the crown for men and women, or a receding hairline in men.

However, relying on this type of visual confirmation puts the patient at a disadvantage because as noted above, by the time hair loss is visible half of the follicles are already gone.

Some people think that a better way to check for early signs of hair loss is to examine how much hair is being shed each day. This also can be tricky because a typical healthy head of hair will lose approximately 100 hair strands per day. If you're noticing an excessive number of hairs on the pillow in the morning, at the bottom of the shower or in the comb, you may be in the active stages of male- or female-pattern hair loss. What's tricky about that? Well, excessive shedding doesn't always mean you have male or female-pattern hair loss. It could be a sign of an underlying health problem or scalp issue, which results in temporary hair loss called telogen effluvium.

Further, patients put themselves at another disadvantage when they tell themselves that their hair loss has stopped. Studies show us that left untreated, hair loss will always get worse over time even though visually it appears to have stopped.

For these reasons, it is important to schedule a visit with a qualified hair restoration physician when these symptoms are observed. He or she will be able to run the proper tests to determine the true cause of your hair loss, and what types of treatments might be needed. A hair restoration physician can also run tests that will help predict the likelihood of future hair loss.

DIAGNOSING THE PROBLEM

Hair restoration physicians have several tools at their disposal to gauge a person's risk of hair loss, and the rate at which active hair loss is progressing.

These include:

- **GENETIC TESTS** – While the results are a little more complicated than a “yes” or “no”, a new genetic test by HairDX can accurately determine a man's (and woman's) risk for losing their hair, so they can begin preventive treatments early. The test uses a simple cheek swab and can determine the genetic risk of developing male and female pattern hair loss. There are also genetic tests that can determine how well you are likely to respond to certain medical treatments. For example, the HairDX Genetic Test for androgen sensitivity can help predict your response to certain types of medical treatment (such as finasteride or Propecia). This information helps the physician tailor a treatment regimen specific to the patient's genetics and therefore patients avoid spending hundreds or thousands of dollars on a treatment that may not be effective for them.

- **HAIR DENSITY MEASUREMENTS** – The HairCheck® device is a highly sensitive hand-held

‘trichometer,’ which measures hair caliber and hair density together, and expresses them as a single number known as the Hair Mass Index (HMI) or “Hair Number.” Doctors can use this number to accurately assess hair loss, growth and breakage on any area of the scalp. By tracking these numbers, a physician can determine the extent and rate of the patient's hair loss and/or breakage, and inform them of any changes over time. This information also helps monitor and track the efficacy of their treatment regimen in case modifications are needed. This type of testing works for both men and women.

- **SCALP EXAMS** – Newly developed “Trico-Tests” are highly effective at determining if an underlying problem with the scalp is the root cause of a hair disorder. Patients are evaluated with non-invasive, pain-free skin diagnostic tests that check the scalp's pH, sebum and hydration levels to determine if there are any abnormalities. A magnified videoscopic examination of the scalp is also performed to examine any signs of scalp flaking or dandruff, excess sebum production, identify bacterial or fungal colonies and assess overall hair follicle health and function. Depending on the patient's symptoms, hair strand cortisol level testing may also be administered (for example: Bauman Medical's “sTRESS Test”). Scalp testing is available for both men and women.

EFFECTIVE TREATMENT OPTIONS

Once the cause of the hair loss has been determined, an effective treatment program can be developed. This is likely to include a multi-therapy approach, and certain lifestyle changes may also be recommended.

Today, there are a variety of effective treatment options available for both men and women:

Topical and Oral Treatments: In addition to the over-the-counter Rogaine, and Rogaine for Women, topical treatments include compounded topical minoxidil Formula 82M and Latisse/Bimatoprost or other prostaglandin analogs. Currently, there is only one FDA-approved oral medication finasteride (brand name Propecia).

Low Level Laser Therapy: In recent years, low-level laser therapy has become a key element of the multi-therapy hair restoration regimen. Thanks to continued support from the FDA, and a wide array of devices, including in-office laser ‘hoods’, at-home handheld units, hats, and brushes, more patients and doctors are utilizing phototherapy as an effective treatment option.

Nutritionals: Many hair loss patients benefit from the addition of nutritional supplementation in their treatment regimen. Hair vitamins and supplements, like Viviscal Pro and “SuperBiotin” are specially-formulated to nourish thinning hair, while also creating a healthy environment for existing hair and hair follicles.

Scalp Makeover: During a scalp makeover, the patient undergoes a simple skin diagnostic test to see if their sebum, pH, hydration, toxin and cortisol levels are imbalanced, and then depending on the results, a variety of scalp therapies are provided. Treatments for the scalp range from sebum-regulating topical serums (as well as hydration, anti-hormonals and blood microcirculation stimulants) to scalp steaming, scalp massage, electrotherapy stimulation, hair boosting dermal patches and laser therapy. A scalp makeover can help overcome common hair problems, including hair thinning, excessive shedding and breakage.

Platelet Rich Plasma Therapy, or PRP: The use of autologous PRP (platelet rich plasma) for wound healing after hair transplants and as a stand-alone treatment for enhancing hair growth has become a promising new treatment for both men and women. The application of PRP to the scalp requires short outpatient visits which can normally be done over a lunch hour.

Hair Transplant Robotics: The first robot designed to perform part of the hair transplant recently became available. Called the ARTAS System, it’s an image-guided robot that harvests up to 1,000 hair grafts in a single hour – which has made hair transplant surgery even more accurate and efficient.

NeoGraft FUE: Less invasive hair transplants allow for the transplantation of hair without the ‘telltale’ signs of old-style hair transplantation such as the linear scar on the back of the head. The automated NeoGraft device helps the surgeon extract hair follicles from the donor area of the scalp individually without the need for scalpel or stitches, leaving no linear scar. Recovery is faster, more comfortable and less restrictive. Artistic hairline design and single-follicle transplantation techniques create hair transplant results that truly defy detection.

3-D Printed Hair: For male or female hair loss patients suffering from severe or extensive hair loss, or those looking for an alternative to hair transplantation, “3D-Printed Hair” is the latest breakthrough in hair replacement. New non-surgical medical-grade hair and scalp prosthesis, like the CNC 3-D Hair System, offers a customized, natural hair replacement option for a complete return to an active lifestyle, without compromise! The 3-D printed hair system can be shampooed, dried and styled as your own hair. With monthly maintenance and proper care, the prosthesis can last up to 4-5 years – much longer than traditional wigs or hairpieces.

SEEING IT THROUGH

Treatment programs should be customized for the individual patient, and based on a full examination of the person’s genetic factors, health history, hair loss progression and lifestyle issues. Routine follow-ups are also important in order to determine how well the follicles are responding to the treatments, and to see if changes should be made in the therapy regimen.

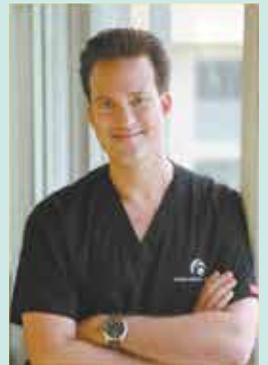
One of the hardest parts of treating hair loss is helping the patient understand that it is a long-term investment and process. Just like hair loss, initial changes in hair regrowth take time and can be subtle before they are noticeable to the naked eye.

When one starts to actually treat their hair loss, it is important to keep in mind that it can take more than a year to see the full, final results from treatment. This is longer than many other treatments or procedures that patients may have had experience with in the the past, therefore patients can be tempted to end their hair treatments too soon. Ending treatment prematurely disrupts any progress that had been made. Regular follow-ups should be performed every 90 days as this helps to reconfirm to the patient that they are responding to their treatment regimen and getting the best results possible. If they are not responding, adjustments to treatments can be made expeditiously.

Hair loss is a treatable condition, but the earlier the problem is detected and treatment started, the better your chances are of keeping your hair and re-growing what has been diminished.

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

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



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

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

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Tips on Finding a Hair Restoration Physician

- A hair restoration physician is someone who specializes exclusively in the medical diagnosis, treatment and tracking of hair loss and its treatment.
- Look for physicians who are board-certified in hair restoration by the American Board of Hair Restoration Surgery and recommended by the American Hair Loss Association.
- Due to the limited number of board-certified hair restoration physicians worldwide, prospective patients should be prepared to travel and consult long-distance.
- Before choosing your doctor, visit the clinic, read reviews, ask for before-and-after pictures and, most importantly, ask questions.
- Medical doctors who do not specialize in hair restoration (general practitioners, dermatologists, etc.) may not be up to date on the latest treatment methods and technologies. This can lead to subpar results and, in some cases, treatment complications.



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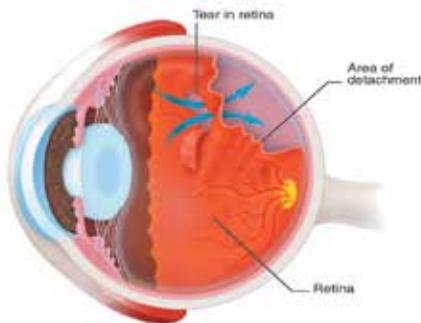
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RETINAL TEAR and RETINAL DETACHMENT



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

The retina is the light-sensitive tissue lining the back of our eye. Light rays are focused onto the retina through our cornea, pupil and lens. The retina converts the light rays into impulses that travel through the optic nerve to our brain, where they are interpreted as the images we see. A healthy, intact retina is key to clear vision.



The middle of our eye is filled with a clear gel called vitreous (vi-tree-us) that is attached to the retina. Sometimes tiny clumps of gel or cells inside the vitreous will cast shadows on the retina, and you may sometimes see small dots, specks, strings or clouds moving in your field of vision. These are called floaters. You can often see them when looking at a plain, light background, like a blank wall or blue sky.

As we get older, the vitreous may shrink and pull on the retina. When this happens, you may notice what look like flashing lights, lightning streaks or the sensation of seeing “stars.” These are called flashes.

Usually, the vitreous moves away from the retina without causing problems. But sometimes the vitreous pulls hard enough to tear the retina in one or more places. Fluid may pass through a retinal tear, lifting the retina off the back of the eye — much as wallpaper can peel off a wall. When the retina is pulled away from the back of the eye like this, it is called a retinal detachment.

The retina does not work when it is detached and vision becomes blurry. A retinal detachment is a very serious problem that almost always causes blindness unless it is treated with detached retina surgery. Torn or Detached Retina Symptoms

Symptoms of a retinal tear and a retinal detachment can include the following:

- A sudden increase in size and number of floaters, indicating a retinal tear may be occurring;
- A sudden appearance of flashes, which could be the first stage of a retinal tear or detachment;
- Having a shadow appear in the periphery (side) of your field of vision;
- Seeing a gray curtain moving across your field of vision;
- A sudden decrease in your vision.

Floaters and flashes in themselves are quite common and do not always mean you have a retinal tear or detachment. However, if they are suddenly more severe and you notice you are losing vision, you should call your ophthalmologist right away.

WHO IS AT RISK FOR A TORN OR DETACHED RETINA?

People with the following conditions have an increased risk for retinal detachment:

- Nearsightedness;
- Previous cataract surgery;
- Glaucoma;
- Severe eye injury;
- Previous retinal detachment in the other eye;
- Family history of retinal detachment;
- Weak areas in the retina that can be seen by an ophthalmologist during an eye exam.

TORN OR DETACHED RETINA DIAGNOSIS

Your ophthalmologist can diagnose retinal tear or retinal detachment during an eye examination where he or she dilates (widens) the pupils of your eyes. An ultrasound of the eye may also be performed to get additional detail of the retina.

Only after careful examination can your ophthalmologist tell whether a retinal tear or early retinal detachment is present. Some retinal detachments are found during a routine eye examination. That is why it is so important to have regular eye exams.

TORN OR DETACHED RETINA TREATMENT

A retinal tear or a detached retina is repaired with a surgical procedure. Based on your specific condition, your ophthalmologist will discuss the type of procedure recommended and will tell you about the various risks and benefits of your treatment options.

TORN RETINA SURGERY

Most retinal tears need to be treated by sealing the retina to the back wall of the eye with laser surgery. Both of these procedures create a scar that helps seal the retina to the back of the eye. This prevents fluid from traveling through the tear and under the retina, which usually prevents the retina from detaching. These treatments cause little or no discomfort and may be performed in your ophthalmologist's office.

Laser surgery (photocoagulation). With laser surgery, your Eye M.D. uses a laser to make small burns around the retinal tear. The scarring that results seals the retina to the underlying tissue, helping to prevent a retinal detachment.

Detached retina surgery

Almost all patients with retinal detachments must have surgery to place the retina back in its proper position. Otherwise, the retina will lose the ability to function, possibly permanently, and blindness can result. The method for fixing retinal detachment depends on the characteristics of the detachment. In each of the following methods, your Eye M.D. will locate the retinal tears and use laser surgery or cryotherapy to seal the tear.

Vitrectomy

This surgery is commonly used to fix a retinal detachment and is performed in an operating room. The vitreous gel, which is pulling on the retina, is removed from the eye and usually replaced with a gas bubble.

Sometimes an oil bubble is used (instead of a gas bubble) to keep the retina in place. Your body's own fluids will gradually replace a gas bubble. An oil bubble will need to be removed from the eye at a later date with another surgical procedure. Sometimes vitrectomy is combined with a scleral buckle.

If a gas bubble was placed in your eye, your ophthalmologist may recommend that you keep your head in special positions for a time. Do not fly in an airplane or travel at high altitudes until you are told the gas bubble is gone. A rapid increase in altitude can cause a dangerous rise in eye pressure. With an oil bubble, it is safe to fly on an airplane.

Most retinal detachment surgeries (80 to 90 percent) are successful, although a second operation is sometimes needed.

Some retinal detachments cannot be fixed. The development of scar tissue is the usual reason that a retina is not able to be fixed. If the retina cannot be reattached, the eye will continue to lose sight and ultimately become blind.

After successful surgery for retinal detachment, vision may take many months to improve and, in some cases, may never return fully. Unfortunately, some patients do not recover any vision. The more severe the detachment, the less vision may return. For this reason, it is very important to see your ophthalmologist regularly or at the first sign of any trouble with your vision.



The Retina Institute of Florida

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

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Are There Any **New Technologies For Fat Reduction?**



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

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

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

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



TARGET

Selective wavelength to target fat cells below the dermis.

DISPURT

Highly efficient wavelength for controlled energy delivery.

ELIMINATE

Overtime, the body naturally eliminates the fat cells.



BEFORE SculpSure™ **AFTER SculpSure™**

SculpSure™ is a breakthrough non-invasive body contouring treatment for fat that has been unresponsive to diet and exercise.

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

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

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

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



Medical Director, Daniela Dadurian M.D.

- * Board Certified Anti- Aging Medicine
- * Board Certified Laser Surgery

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.

The specialty recognition identified herein has been received from a private organization not affiliated with or recognized by the Florida Board of Medicine.

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A New Alzheimer's Clinical Study Opportunity Right Here In Palm Beach

By Dr. Laszlo Mate



The MINDSET study is a phase 3 clinical research study evaluating a new investigational treatment for mild-to-moderate Alzheimer's disease.

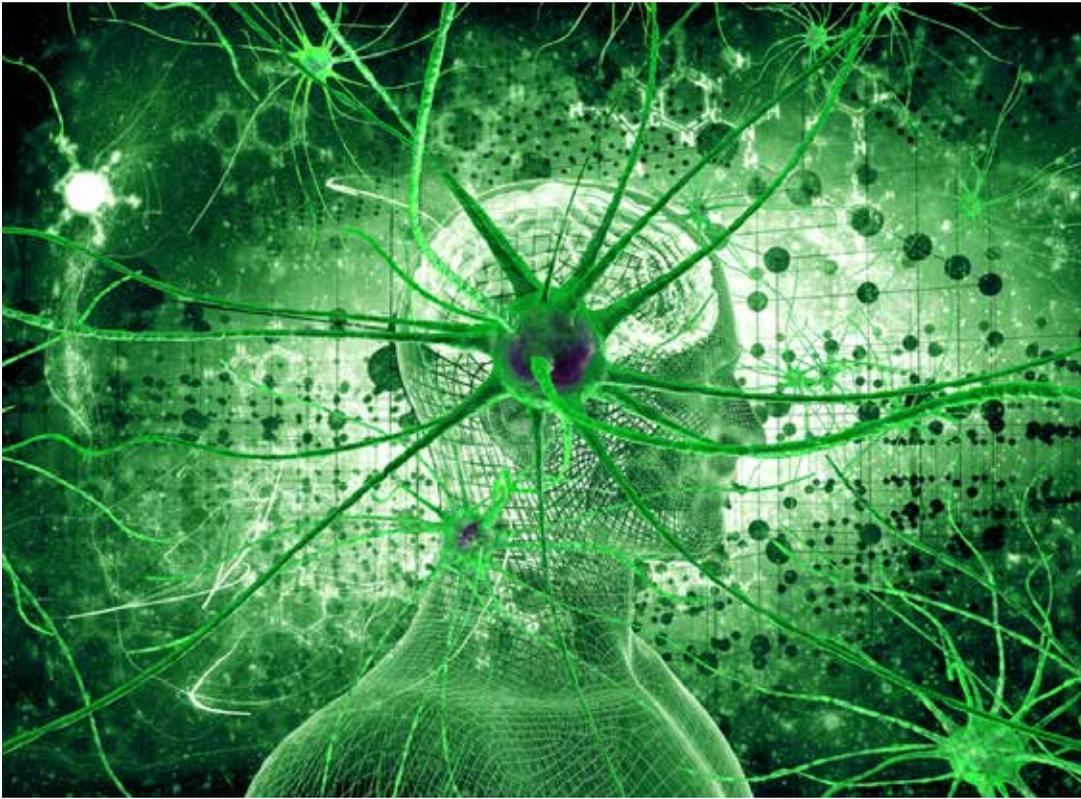
This study drug, known as RVT-101, is being studied as an add-on therapy to donepezil (sometimes known as Aricept®), the most widely used medicine to treat Alzheimer's disease today. In a previous 684-patient clinical study, the combination of RVT-101 and donepezil provided patients with statistically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

Written by Crystal Chalmers, North State Audiological Services
Submitted by Dana Luzon, Au.D., Audiology & Hearing Aids of the Palm Beaches

HEARING DIFFICULTIES CAN BE OVERCOME, BUT...

WHAT?



...It's not the widget

I see it all the time

A person will make an appointment to come into my practice and they – or a family member – are frustrated and confused. They have suffered from hearing difficulties for years ... and gone through just about every stage possible when it comes to trying hearing aids.

First they bought one of those \$59 devices from an ad they saw in the back of a magazine ... which did not help at all.

Then they bought something off the Internet for a few hundred dollars, which worked about as well as the first item.

After that they tried still more product-based options based on the praises about – and discounted prices on – Product XYZ that they saw in advertisements, with the same disappointing results.

Multiple attempts. Thousands of dollars wasted. Their take on the whole process: “Hearing aids don’t work!” My response is that they think that way because they placed their trust in a product rather than a process.

Fast-forward a few weeks and this new patient of mine is amazed at the results. Not only can they hear, but they can understand what it is that they are hearing! Their lives been changed for the better, as well as the lives of their loved ones, friends, and associates.

Results like these are the norm in my practice. The process I referred to earlier is implemented for each and every patient on a customized basis. And while the hearing aid technology is a part of that process, it is not the only part.

I liken this process to the construction of a building: there are vital components that must be in place or the structure will eventually fail, such as the pillars that support a roof. Combined, all the pillars (or “support beams” to use another term) collectively hold the roof up. But if one should fail, all are likely to fail, as well

As it applies to hearing difficulties the three “Pillars of Support” that provide for a successful solution are:

PATIENT GOALS

The first pillar of support is you, the patient. What are your goals? And what is your level of willingness to attend follow-up appointments and to take careful notes and assessments of how you perceive you are doing with your new ability to hear? Remember, we are retraining your brain to recognize and comprehend what it is now – and which it had not for some time – hearing.

THE PROFESSIONAL

My job is to get to know you, learn about your difficulties, the affect your hearing difficulties are having on your family/friends, lifestyle, etc. It is also up to me to know which hearing aid will be the best choice for you and your listening lifestyle.

THE BEST TECHNOLOGY

Just as no professional race car driver would hope to win the Daytona 500 driving an old jalopy, successful hearing loss treatment requires superb, science-based technology.

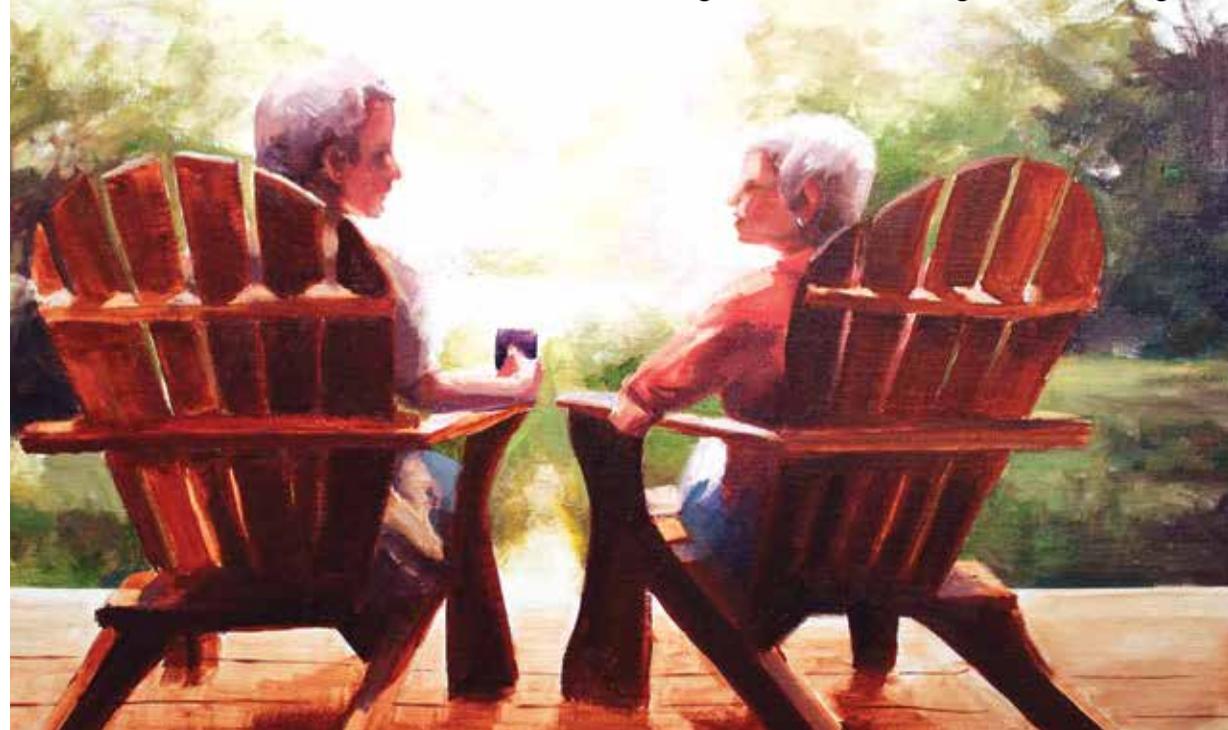


As part of AudigyGroupTM, I provide our patients with AGX Hearing Aid Technology, manufactured exclusively just for us by the top hearing aid manufacturers in the world. This fantastic, private-brand technology is available only through AudigyCertified™ practices and is the very best, period!

PEOPLE BRING IT ALL TOGETHER

In the long run, it really is about people. You. My fabulous AudigyCertified™ staff. An audiologist, like myself, who is educated and trained in diagnostic assessments, and who understands how the brain, its hearing system, and hearing aid technology should interact. The dedicated people of different backgrounds who work for the top hearing manufacturing companies. And the tremendous people at AudigyGroupTM who act as the glue in bringing this all together on a daily basis.

Success for people with hearing difficulties is attainable. But for these people – and their families – their focus should be on people who have pledged to make a positive difference in their patient’s lives ... not on selling them a widget ... Because hearing is a wonderful gift!



**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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BREAKING THE CHRONIC PAIN CYCLE OF FIBROMYALGIA

Chronic pain takes many shapes and forms, but we know that it has a huge social and economic burden. The Institute of Medicine reports that roughly 116 million, or 30% of the population suffer from pain lasting a year or longer. Although chronic pain isn't a life threatening issue, it's certainly a problem that has a dramatic effect on the quality of someone's life. After taking care of hundreds of people with conditions like fibromyalgia, I know that these people experience quite a toll both physically and emotionally.



Perhaps the worst part about fibromyalgia is that there is no known cause or cure. It's basically invisible to any blood tests or MRI studies, and most of the drugs available are for pain control. People with fibromyalgia may often be depressed, have anxiety, and have a sense of isolation because they don't feel that their friends and family understand their struggle. This often compounded by the fact that their doctors have told them that the pain is psychosomatic, or just in their minds because no tests can reveal an underlying disease process.

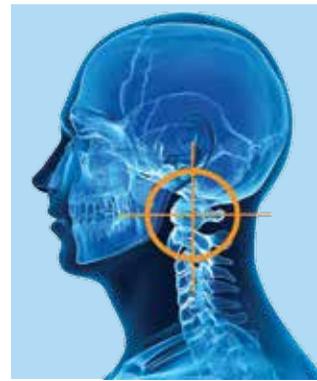
In recent years, fibromyalgia has become one of the most published topics in medical journals. As a result, we are starting to develop an understanding of the disease on a deeper level to know that it's certainly NOT just in the patient's mind. Research is pointing to problems within the central nervous system and tiny blood vessels in the skin as likely causes of the deep body-wide pain. But what does this mean in terms of treatment?

For most people, drugs that target the nervous system like Lyrica or Gabapentin are the first line of treatment and many have had success. However, some patients can be sensitive to drug reactions, or their bodies may develop a high tolerance for the dosages. In cases like these, many patients start to seek out alternative therapies like acupuncture, reiki, and homeopathy.

Traditional chiropractic has also been a source of relief for many people seeking help with chronic pain. However, many people with the chronic pain of fibromyalgia can feel apprehensive about seeing a Doctor of Chiropractic because manipulations can seem too rough for someone who can barely stand to be touched.

NOT ALL ADJUSTMENTS ARE BUILT THE SAME

In chiropractic, there are dozens of techniques and approaches to correcting the spine. Some are heavy handed and require a lot of force, but others are very gentle and rely more on precision. It's not to say that one is better than the other, but some are just designed for specific patient populations in mind.



Atlas Correction is so light, that most people often wonder if I even touched them, and then they start to feel their body change.

In my office, I attract many patients with fibromyalgia, trigeminal neuralgia, and TMJ problems that are Secondary to a Structural problem in the neck called Atlas Displacement Complex. Most of these people are afraid to be touched, and gravitate to a lighter approach. This type of condition requires a precision type of adjustment called an **Atlas Correction**. This type of adjustment is so light, **that most people often wonder if I even touched them**, and then they start to feel their body change. Currently, only about 1000 doctors in the country are trained in this type of care.

This approach is effective because of the spine's influence on the central nervous system. When the top of the neck shifts abnormally and moves improperly, the nerves firing into the brainstem become distorted. In this way, the brain is like a computer that relies on spinal positioning to operate normally. When there are garbage signals going into the brain, then garbage signals come out in the form of pain. This phenomenon in fibromyalgia patients creates a condition called central sensitization. This is the reason why people with fibromyalgia can feel excruciating pain from a light touch. It's not that there's a physical injury,

but the nervous system is getting scrambled signals and is primed to experience pain.

This is NOT designed to cure you. The cure lies in the fact that the body is capable of healing itself. When you remove interference to the body's self-healing ability, I find that people can return to a level where life is livable again. By breaking the pain cycle through the nervous system, you can impact the way stress affects the body and the immune system. By no means is this a cure all, but it can be a great catalyst to being steered back on the path towards a normal life. I've seen numerous patients who've been able to go from disability to working or resuming exercise again in a matter of months.

One of the greatest joys of doing this type of work is giving people a glimmer of hope. So many people are convinced that they have to live in pain, or have been told that the problem they're having is all in their head. In my office, I've helped hundreds of people recover from chronic pain with this gentle procedure. However, it's not for everyone. Only people with a problem in their Atlas can receive this type of care, and that requires a detailed Upper Cervical Chiropractic Examination to identify the problem. Sometimes a little bit of hope is all a person needs to start healing again.



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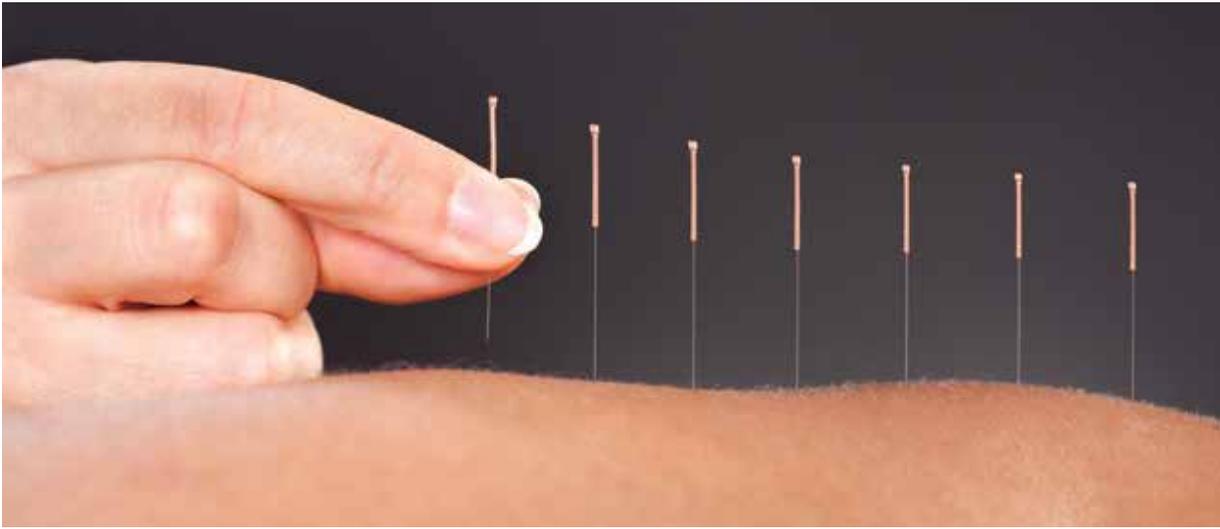
Scientific Research finds **ACUPUNCTURE** is Effective for **WEIGHT LOSS**



Everyone is looking for the secret to weight loss, without falling victim to the latest gimmicks. With so many different opinions about how to lose weight, it can be difficult to tell what will really work.

Fortunately there is a technique for weight loss that has been tested for centuries: acupuncture.

This technique is safe, sound and reliable. And, even more exciting, using acupuncture for weight loss helps you lose weight in several different ways.



IS THERE PROOF THAT ACUPUNCTURE HELPS WITH WEIGHT LOSS?

Yes. In one study by Professor Sabina Lim, at the East-West Medical Research Institute at Kyung Hee University in Seoul, South Korea, researchers found that acupuncture resulted in about a 6% reduction in body mass index (BMI) over 8 weeks. For a 200lb person that is 12 lbs of fat loss without any other diet or exercise changes.

Researchers continue to study the effectiveness of acupuncture for weight loss, and the results are promising.

HOW DOES ACUPUNCTURE HELP WITH WEIGHT LOSS?

There are three primary ways that acupuncture can help with weight loss.

First of all, acupuncture helps balance hormones. Acupuncture can increase endorphins, which reduce cravings and generally make you feel more positive. This can help reduce binge eating.

It also decreases the hormones that contribute to weight gain. Both leptin and insulin levels dropped with acupuncture. Leptin regulates fat storage and metabolism and stimulates the feeling of being full. Insulin regulates carbohydrate and fat metabolism and the absorption of glucose from the blood. Acupuncture actually reduces the hormones that lead to overeating.

But if leptin stimulates the feeling of being full, why is it good to have reduced levels? Like insulin-resistance, cells can become immune to the effects of leptin when the levels are too high. Many obese people have excessively high levels

of leptin. When your leptin level is high, you can no longer tell when to stop eating. Restoring balance to leptin levels may help to reduce leptin-resistance, making it easier to stop eating before you overeat.

The third way that acupuncture helps with weight loss is by reducing stress. Cortisol, the stress hormone, can affect weight in several ways. It disrupts digestion, contributes to depression and escalates your “fight or flight” response. If you feel overwhelmed, you are more likely to binge for emotional reasons and to assume you have no time to prepare healthy meals.

And finally, acupuncture can aid digestion. According to Traditional Chinese Medicine (TCM), the spleen is responsible for digestion.

Disharmony and imbalance in the spleen can lead to fatigue, slow metabolism, water retention, loose stools, and a feeling of heaviness. The liver is responsible for the flow of Qi, blood and emotions. Disharmony in your liver can lead to cravings and compulsive eating.

By balancing your organ system, you support weight loss both physically and psychologically.

At Meng’s Acupuncture and Medical Center, Dr. Meng has successfully helping her clients loose weight with a comprehensive and individualized approach blending nutrition, Chinese herbal medicine and acupuncture. To learn more about Dr. Meng’s weight loss program call the office at **561-656-0717**.

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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4060 PGA Blvd., Suite 202
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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**.

Reversing Gum Recession:

Scalpel FREE, Suture FREE, Graft FREE

Gum recession is very common among patients for a variety of reasons. Recession can occur due to genetics, past orthodontics (braces), tooth shifting, infrequent dental hygiene appointments, inflammation and aggressive tooth brushing (among others).



Recession is the loss of the gum tissue that covers the root portion of the tooth. The gum tissue protects both the tooth itself, along with the supporting jaw bone. If the gum starts to recede, the underlying bone will start to resorb as well. This change can lead to significant issues such as tooth loosening, tooth loss, jaw bone loss, root cavities (that frequently lead to the need for root canals), longer looking teeth and tooth sensitivity.

TRADITIONAL GUM GRAFTING:

Traditional therapy for treating gum recession is called “gum grafting”. The technique typically involves surgically taking tissue from one part of the oral cavity (typically the roof of the mouth) and transplanting it to the area where gum tissue has receded. More specifically, the area that has recession is opened surgically. Tissue is then removed from the “donor” location in the mouth and sutured in place where the recession has occurred. If there is a large area of recession, multiple areas in the mouth may be needed as donor sites, in order to collect a sufficient amount of tissue to treat the recession. In some cases, tissue from a tissue bank can be used in place of surgically removing tissue from another location in the mouth.

PINHOLE GUM REJUVENATION:

A new procedure, similar to a laparoscopic technique, has been developed with over 10 years of research showing its effectiveness in treating gum recession. This procedure is performed by making a small pinhole in the gum tissue. Using specially designed instruments, the gum tissue is loosened and guided over the receded part of the tooth. There is no incision, suturing or tissue graft placement. Due to this fact, patients can expect minimal post-operative symptoms (pain, swelling and bleeding). Most patients also are pleasantly surprised by the instant cosmetic improvement. The technique is also known as the Pinhole Surgical Technique (PST) and the “Lunchtime Gum Lift”. The procedure has been featured on “The Doctors Show”, “Dr. Steve Show”, “ABC”, “NBC”, and over 240 stations across the United States and Canada.

This procedure has helped treat thousands of patients with gum recession. Our patients have been extremely satisfied with both the immediate cosmetic results and quick recovery because no scalpel or sutures were used. An evaluation by a Certified Pinhole Technique Clinician can help determine if your recession can effectively be treated by this amazing, non-invasive therapy.

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

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



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

The focus of his interests are conservative approaches to treating gum, bone and tooth loss. He utilizes advanced techniques including the use of the Periolase Dental Laser (LANAP procedure) to help save teeth, dental implants, regenerate supporting bone and treat periodontal disease without the use of traditional surgical procedures. Additionally, Dr. Cohen is certified in Pinhole Gum Rejuvenation, which is a scalpel and suture free procedure to treat gum recession with immediate results.

Dr. Cohen 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.



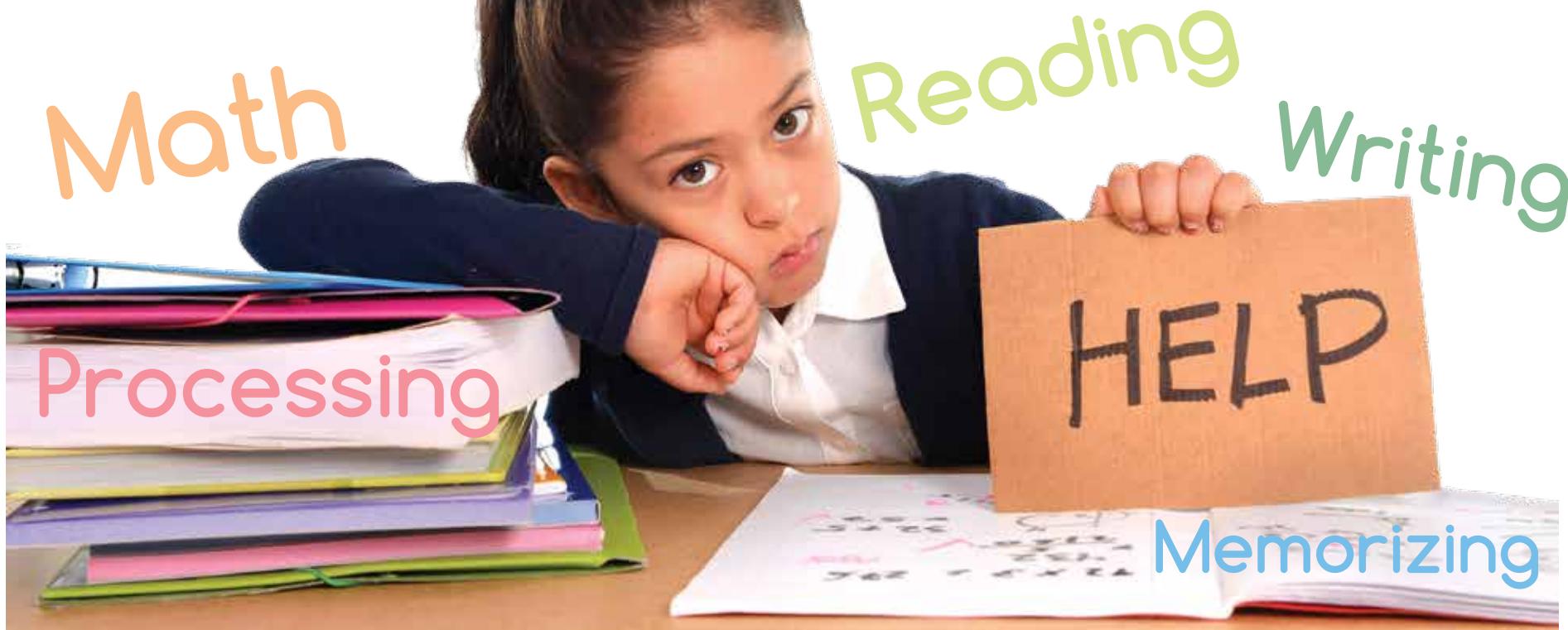
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For More Information and an animation
of the treatment please see:
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DO YOUR CHILD'S LEARNING STRUGGLES HAVE YOU WORRIED?



CENTER FOR BRAIN CAN HELP!

By Mike Cohen, Director
Center for Brain

Thirteen year old Aaron sat quietly at the kitchen table finishing his homework while his mother Alicia read her favorite magazine. “All done, Mom,” Aaron said, as he bounded out of his chair and headed to his bedroom with a big smile.

Alicia was smiling, too, because just six months ago that ordinary scenario didn't exist in their household. Both were soldiers in a war called “processing problems” that made school a trial for them both, and no one knew if it would end well.

Alicia worked in an office all day, then came home to a struggling and discouraged son who needed one-on-one attention every day to complete his homework. “This situation turned my life upside down,” Alicia said. “It was almost like having to home school him after he had been in school all day.”

Everything changed when Alicia brought Aaron to the Center for Brain in Jupiter, where he took part in a special three-tiered learning disabilities/processing program and saw his grades – and his confidence - soar.

Center for Brain sees a lot bright children like Aaron who have to try harder than other children just to keep up. Many of those children experience drastically-improved lives after working with us.

You may have been told that the root of your child's school difficulties is attention deficit. However, if your child struggles with reading, with comprehension, with math or has difficulty getting words onto paper (for example taking notes) – it could actually be a learning or processing issue.

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, which can often look like ADHD. 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's academic struggles may be that areas of the brain that are supposed to talk to each other aren't doing it very well. Without those key connections, school becomes an enormous frustration for the child.

Malfunctioning connections can result in **dyslexia** and other reading problems, **dyscalculia** (difficulty with math) and/or **processing problems**.

NO NEED TO DESPAIR
CENTER FOR BRAIN OFFERS AN
INNOVATIVE 3-STEP PROGRAM TO HELP
YOUR CHILD OVERCOME LEARNING
CHALLENGES

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

STEP 1: Conduct a Connectivity Map to identify the problem

We record a special, painless EEG of your child’s brain. 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 areas of the brain that are poorly connected or poorly organized and are likely impacting your child’s ability to process information.

(Parents of our clients frequently remark 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 essays!” 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 – Train the brain with MCT neurofeedback (biofeedback for the brain)

MCT neurofeedback, a new type of neurofeedback, helps promote changes in how neurons in the brain fire. MCT stands for “multivariate coherence training.” It hyper-targets and gently encourages improvement in the brain’s functioning – often surprisingly quickly. Aaron’s mother reported he was doing homework independently and more calmly after just two sessions!

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

STEP 3 – Re-evaluate changes, assess progress

After 15 neurofeedback sessions, we conduct a second Connectivity Map to see the percentage of changes that have occurred in connectivity, to determine if additional training is needed and to summarize parent feedback.



HELP IN A MATTER OF WEEKS

Here are the stories of two more children we treated:

A 12-year-old girl with diagnosed learning disabilities found math and note taking in class nearly impossible. She also had chronic headaches not helped with medication. She was frequently exhausted. After five MCT sessions she told her mother she was more easily thinking up topics and ideas for writing. Two sessions later she reported math seemed simpler, and her first-ever high math scores proved it. Her headaches also significantly subsided and she had more energy.

The mother of one 8-year-old girl was told by a neuropsychologist that her daughter had such severe learning disabilities that she would need significant help for the rest of her academic career. She hated reading and didn’t read well. She despised math and struggled to add even single digit numbers. Following seven MCT sessions she asked her parents to give her math problems for fun. After 10 sessions she began to voluntarily read. Her mother even discovered her in bed one night with a flashlight reading under the covers!

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 I meet you and 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 an affiliated researcher of New York University Medical Center.



**Michael Cohen, Director
 Center for Brain**

Michael Cohen is one of the leading experts in brain biofeedback. For more than 20 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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Underlying Reasons for Limb Swelling

By Alyssa Parker



Many people may experience complications after an operation due to the significant amount of trauma your body endures. Whether it's cancer related, non-cancer related, or a minor surgery, patients may develop post-operative symptoms such as swelling in a limb or a particular area of the body. Swelling in the limb which may appear to be temporary can later lead to chronic swelling known as lymphedema.

HOW THE LYMPHATIC SYSTEM WORKS

What does edema have to do with your lymphatic system? The lymphatic system serves as one of the body's main highways. Through its network of vessels and ducts, it works as a filtration system for body fluid entering into the blood stream. This fluid is referred to as "lymph" fluid, which is the interstitial fluid consisting of proteins, wastes, and a collection of white blood cells. The kidneys, skin, lungs, or intestines then eliminate the wastes that have been filtered out of the lymphatic vessels.

WHAT IS LYMPHEDEMA?

Lymphedema is a degenerative condition which means it will only get worse over time without treatment. There is no cure for Lymphedema. Once a lymph node has been damaged, your lymphatic can become compromised. Over the years, as you get older, you may incur irreversible damage to the lymphatic system through medical procedures, injuries, or infection. Examples include cancer radiation, surgical lymph node removal, joint replacements, scarring of the lymphatic vessels through reoccurring infections i.e. cellulitis, or



other health problems relating to gall bladder, kidneys, intestines, or reproductive organs. When an obstruction has occurred, a blockage in the lymph nodes can occur. The limb begins to swell with fluid because the lymphatic system is blocked/impaired, unable to move the fluid back into the circulatory system.

COMPRESSION PUMP TREATMENT

One recognized treatment is using a compression pump. This is a safe and effective way to assist your body's lymphatic system in moving the lymph fluid which has accumulated in the limb and can cause painful swelling, non-healing 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.

POSSIBLE SYMPTOMS OF LYMPHEDEMA

- Swelling in your legs or arms
- A feeling of heaviness or tightness
- A restricted range of motion
- Aching or discomfort
- Recurring infection/cellulitis
- Hardening or thickening of the skin on your arms or legs

It is important to rule out other causes of edema including nutritional issues, allergies and reactions to medication you may be on. True Lymphedema should not be treated with Diuretics as they draw from the Venus system not the Lymphatic system. Removing fluid from the body in this fashion takes away the wastes' only means of transport and can lead to serious recurrent infections or cellulitis since the lymph waste is now trapped in the limb and has no place to go. If symptoms return when you cease Diuretics, you should be asking questions and seeing a specialist immediately. This is where choosing a physician experienced in recognizing and treating Lymphedema is critical.

Compression pump is a safe and effective way to assist your body's lymphatic system in moving the lymph fluid which has accumulated in the limb and can cause painful swelling, non-healing wounds, heaviness, and discomfort decreasing your mobility.



SOME GOOD QUESTIONS TO ASK YOUR PHYSICIAN INCLUDE:

- Does my family have a history of swelling (Hereditary Lymphedema)?
- Stemmer's sign present?
- Pitting (push your finger into your skin and count how long it takes to return) or skin hardening?
- Hemosiderin staining (port wine skin stains or "red socks") appear from the ankles down?
- Traumatic injury or surgery potentially damaging Lymph nodes (Hip replacements, etc)?
- Radiation to Lymph areas?

SPECIALISTS IN ACUTE WOUND CARE

Remember, ANY swelling is an indication of an overloaded Lymphatic system. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in this condition. For more information and articles on this topic, Google "Acute Wound Care," visit www.AcuteWoundCare.com, or call **239-949-4412** and speak with a specialist. Remember, nothing heals faster than an educated patient.

ACUTE WOUND CARE

Contact Acute Wound Care today and speak with a specialist by calling

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www.AcuteWoundCare.com



by Andrew M. Curtis, ESQ



TRUSTS ARE NOT JUST FOR THE WEALTHY



Perhaps the most common misconception among the general public concerning the areas of wills and trusts is the notion that if a couple owns less than \$5,000,000.00 in assets, that they don't need a revocable living trust. This is a false notion. For example, I recently had a fellow come to my office whose mother has just died. All she owned was a \$50,000.00 condo, and had a will, which read "I leave my condo to my child". What could be more simple and clearer than that? Well, believe it or not, the child had to go through probate before he could get the condo, and the legal fee was \$2,000.00. A revocable living trust could have avoided this.

Another reason for having a revocable living trust is to protect against incapacity. In the trust, you designate who would manage your assets in the event,, let's say, you get Alzheimer's disease. Without a trust, court

proceedings might well be necessary, and a stranger could even be designated by the court to manage your affairs.

Further, once the decision is made to have a trust, the trust can in effect allow you to "rule from the grave"! with your assets distributed the same way you would have done as if you were still alive. For example, most wills simply say that on a person's death that his or her children inherit equally. However, think about it – once your child inherits your money, he or she is completely free to leave it to whomever he or she wants, such as a boyfriend, spouse, or other non-blood relatives. So let's say your daughter dies 5 years after you, and leaves the inheritance she got from you to her husband. Even if you like her husband, this could prove to be a bad result, because the husband could remarry and the new spouse could have children from a previous marriage, and now all of a

sudden your hard earned money is going to support kids you never knew. Further, if you leave your assets to your son in a regular will, his wife could divorce him and take the money. A Solution is to leave you assets to your children in a lifetime trust. They could each use the money for their normal living, but would be protected, and upon death, the remaining assets would pass to the child's children, (your grandchildren), or if none, to the child's siblings, not to some stranger.

Another place where trusts are extremely useful is in second marriage situations. If you simply leave your assets to your new spouse, he or she is free to leave the assets to his or her children, and not to yours, once you pass on. Instead, a trust could be used, so that your assets would be available to care for your spouse after you die, but upon the spouse's subsequent death, the assets would pass to your children, not theirs. Don't assume your spouse will, follow your wishes, because after you die, his or her relationship with your children could change with the passage of time.

Another use of a trust is to manage assets inherited by children who are not good with money. You could provide that the child would get only the income from his or her inheritance, for example.



Trusts can also be used to protect your children's inheritance in the event they go bankrupt, divorce, or face a lawsuit.. And for persons with handicapped children, a "supplemental needs trust" can be utilized, to make sure the government simply doesn't take the disabled child's, inheritance as reimbursement for goverment benefits, and to make sure the child does not lose such benefits.

Thus, there are many reasons why a trust may be advisable for even a person of modest means.

Andrew Curtis is an attorney whose practice concentrates in the areas of trusts, estates, and elder law. He is a graduate of some of the top universities in the country. He devotes his time to estate planning for the middle class, charging moderate fees, and then getting referrals from happy clients.

561-998-6039

**for more information contact
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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.

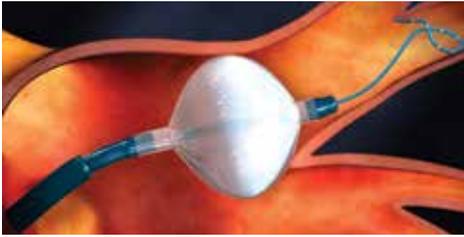
ACHIEVING A NORMAL HEART RHYTHM WITH CRYO

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.

Medical School

Universidad Central de Venezuela. Magna Cum Laude Internship/Residency Internship and Residency in Internal Medicine, Hospital of St. Raphael, Yale University School of Medicine

Fellowships

Fellowship in Cardiovascular Diseases, The Western Pennsylvania Hospital, Temple University Program, Pittsburgh, PA. Chief Cardiology Fellow. The Western Pennsylvania Hospital, Temple University Program. Pittsburgh, PA. Fellowship in Clinical Cardiac Electrophysiology. Lahey Clinic, Tufts University School of Medicine. Burlington, MA.

Board Certifications

Clinical Cardiac Electrophysiology, ABIM
Advanced Heart Failure and Transplant Cardiology, ABIM
Cardiovascular Diseases, ABIM
Internal Medicine, ABIM
Nuclear Cardiology, ASNC
Echocardiography, ASE
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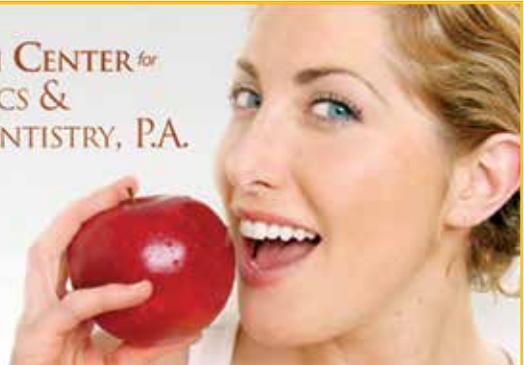
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Protecting Your Eyes

By David A. Goldman MD

Protecting your eyes from injury is one of the most basic things you can do to keep your vision healthy throughout your life.

You may be somewhat aware of the possible risks of eye injuries, but are you taking the easiest step of all to prevent 90 percent of those injuries: wearing the proper protective eyewear?

If you are not taking this step, you are not alone. According to a national survey by the American Academy of Ophthalmology, only 35 percent of respondents said they always wear protective eyewear when performing home repairs or maintenance; even fewer do so while playing sports.

Eye Injury Facts and Myths

- Men are more likely to sustain an eye injury than women.
- Most people believe that eye injuries are most common on the job — especially in the course of work at factories and construction sites. But, in fact, nearly half (44.7 percent) of all eye injuries occurred in the home, as reported during the fifth-annual Eye Injury Snapshot (conducted by the American Academy of Ophthalmology and the American Society of Ocular Trauma).
- More than 40 percent of eye injuries reported in the Eye Injury Snapshot were caused by projects and activities such as home repairs, yard work, cleaning and cooking. More than a third (34.2 percent) of injuries in the home occurred in living areas such as the kitchen, bedroom, bathroom, living or family room.
- More than 40 percent of eye injuries every year are related to sports or recreational activities.
- Eyes can be damaged by sun exposure, not just chemicals, dust or objects.
- Among all eye injuries reported in the Eye Injury Snapshot, more than 78 percent of people were not wearing eyewear at the time of injury. Of those reported to be wearing eyewear of some sort at the time of injury (including glasses or contact lenses), only 5.3 percent were wearing safety or sports glasses.

If you have suffered an eye injury, review these care and treatment recommendations. But most importantly, have an ophthalmologist or other medical doctor examine the eye as soon as possible, even if the injury seems minor.

For all eye injuries:

- DO NOT touch, rub or apply pressure to the eye.
- DO NOT try to remove the object stuck in the eye.
- Do not apply ointment or medication to the eye.
- See a doctor as soon as possible, preferably an ophthalmologist.

If your eye has been cut or punctured:

- Gently place a shield over the eye. The bottom of a paper cup taped to the bones surrounding the eye can serve as a shield until you get medical attention.
- DO NOT rinse with water.
- DO NOT remove the object stuck in eye.
- DO NOT rub or apply pressure to eye.
- Avoid giving aspirin, ibuprofen or other non-steroidal, anti-inflammatory drugs. These drugs thin the blood and may increase bleeding.
- After you have finished protecting the eye, see a physician immediately.

If you get a particle or foreign material in your eye:

- DO NOT rub the eye.
- Lift the upper eyelid over the lashes of your lower lid.
- Blink several times and allow tears to flush out the particle.
- If the particle remains, keep your eye closed and seek medical attention.

In case of a chemical burn to the eye:

- Immediately flush the eye with plenty of clean water
- Seek emergency medical treatment right away.

To treat a blow to the eye:

- Gently apply a small cold compress to reduce pain and swelling.
- DO NOT apply any pressure.
- If a black eye, pain or visual disturbance occurs even after a light blow, immediately contact your Eye M.D. or emergency room.
- Remember that even a light blow can cause a significant eye injury.

To treat sand or small debris in the eye:

- Use eyewash to flush the eye out.
- DO NOT rub the eye.
- If the debris doesn't come out, lightly bandage the eye and see an Eye M.D. or visit the nearest emergency room.

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, microincisional 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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Two years ago this very month I found myself in what was seemingly a perpetual series of events that turned our world upside down. It was one of the most difficult times of my life. In a very short span of a couple of weeks I found myself having been betrayed by people I love very much, criticized, and even cast out. My family experienced the loss of a loved one. And I was without a ministry home – in between jobs.

I needed a breakthrough. I needed the clouds to separate just for a moment so I could make it through the rainstorm of life. I was on the edge of chaos in my life and I needed to keep moving forward. I was faced with a choice: would I give up and stop pursuing God? Or would I press on? Truthfully... I wasn't so sure.

But I knew I had a choice.

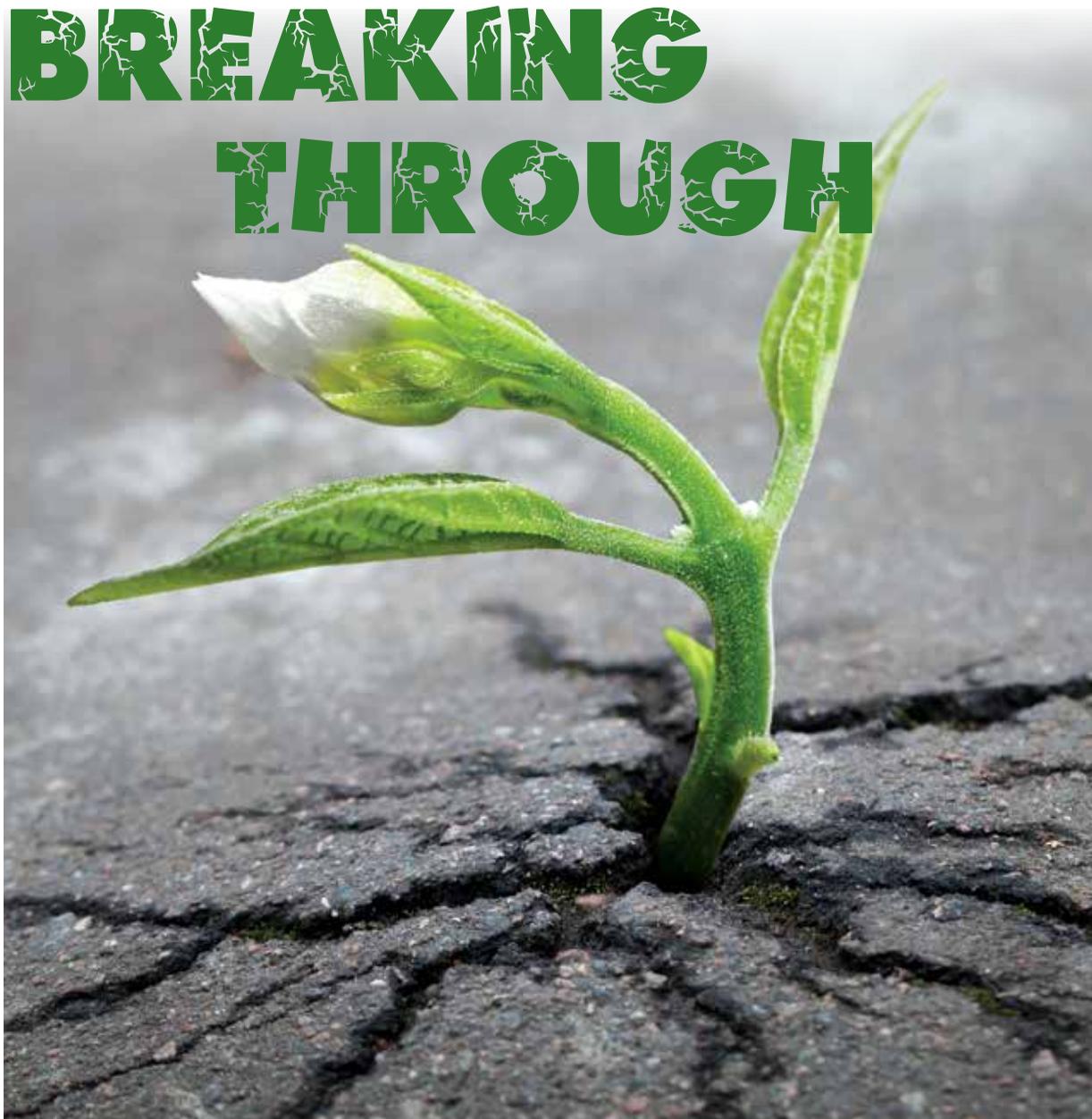
Looking back I've learned that there are four things we can do when needing a breakthrough.

1. DON'T HAVE ALL THE ANSWERS. It's OK to not know why... to not know how... to not know when... God desires for our hearts to be open and honest – to realize that we may never have all the answers. Jesus said, “blessed are the poor in spirit, for theirs is the kingdom of heaven.” (Matthew 5:3) God can much better fill an empty vessel.

2. LISTEN. Once we get to a place where we admit we don't know it all, then we go looking and listening to the One Who does. “For the word of God is living and active, sharper than any two-edged sword, piercing to the division of soul and of spirit, of joints and of marrow, and discerning the thoughts and intentions of the heart.” (Hebrews 4:12). The Bible is God's resource for daily living. It can cut through all the garbage and give us the direction we need.

3. WRITE IT DOWN. When we listen and take heed to what God is saying, I recommend writing it down because I can almost guarantee that at some point, you're going to question whether or not that really happened. Keep a journal of the times you choose to break through. If the Creator of the universe is willing to speak, I should be willing to take notes.

BREAKING THROUGH



4. DO IT. Now the hard part: move on. Whatever you choose to break through, then now get to it. Sitting around waiting for circumstances to be perfect will result in never doing anything because they'll never be perfect. Get to it!

These are the steps that worked for me to experience the breakthrough I longed for during that unbelievable tough time two years ago. I'm grateful today because I can now see the good and the “better” that God had for us on the other side of the tough times.

No matter what you're going through remember this: “And we know that for those who love God all things work together for good, for those who are called according to his purpose... For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers, nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.” (Romans 8:28, 38-39)

Brent Myers



Worried About Memory loss?



A research study in Palm Beach is enrolling patients with mild-to-moderate Alzheimer's disease

Qualified Patients Must:

- Be between 50 and 85 years old
- Taking the medication donepezil (Aricept®)

Additional eligibility criteria apply



Transportation to and from study visits can be provided at no cost or reimbursed



To learn more, call the practice of Dr. Laszlo Mate
at 561-626-5551
or visit www.AlzheimersGlobalStudy.com