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Health & Wellness[®] MAGAZINE

October 2016

North Palm Beach Edition - Monthly



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SCARY HAIR LOSS?**

**"Welcome RELIEF FROM
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"Top Docs" Jupiter Magazine 2013, 2014, 2015, & 2016
Johns Hopkins University School of Medicine



Upcoming Seminars at Jupiter Plastic Surgery Center:

- Oct. 6th ThermiVa Event 5pm - 7pm.**
Join us to learn about the latest for Vaginal Rejuvenation & treatment of stress incontinence. Refreshments will be served.
- Oct. 12th Mini Facelift & Fillers Lunch & Learn**
Alisha, our Merz rep will be available to answer all of your questions about Radiesse®, and how to rejuvenate your hands and face with this great injectable.
- Oct. 26th ZO Skin Health Lunch & Learn**
Our guest Nicole, will be on hand to answer all of your questions about treatment of pigmentation and fine lines using ZO products.
- Nov. 9th Put Your Best Face Forward**
Join us to learn more about the benefits of Fillers, Facials, Peels, Pellevé and how to rejuvenate your hands, all without surgery.
- Nov. 30th Mini Facelift & Fillers**



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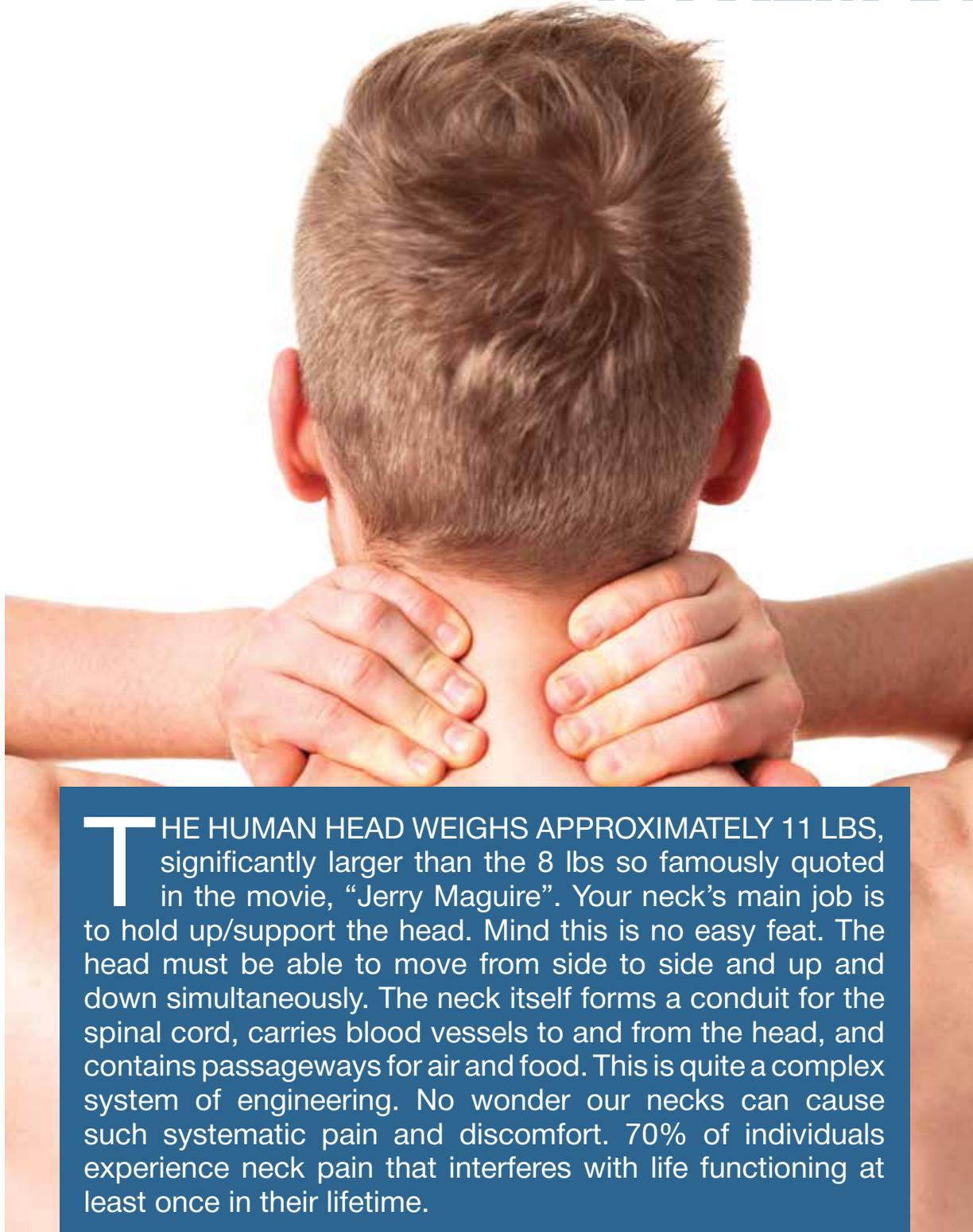
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THE HUMAN HEAD WEIGHS APPROXIMATELY 11 LBS, significantly larger than the 8 lbs so famously quoted in the movie, “Jerry Maguire”. Your neck’s main job is to hold up/support the head. Mind this is no easy feat. The head must be able to move from side to side and up and down simultaneously. The neck itself forms a conduit for the spinal cord, carries blood vessels to and from the head, and contains passageways for air and food. This is quite a complex system of engineering. No wonder our necks can cause such systematic pain and discomfort. 70% of individuals experience neck pain that interferes with life functioning at least once in their lifetime.

Neck pain can be debilitating. Pain can radiate from the neck to the back down the arms and sometimes even down to the hips and legs. Neck pain can create chronic and intense headaches. The neck itself can become stiff with a decreased range of motion where pain is often worsened with movement.

Traditional treatments frequently create temporary relief for neck pain sufferers but long-term restoration of neck function and pain relief is infrequent. “The MCU (Multi-Cervical Unit) is changing the way we treat and cure debilitating neck pain” explains Dr. Marc Weinberg of the Active Health Center, “ Multi-cervical unit (MCU) is designed to increase cervical range of motion and strength in order to restore neck function.”

Prior to the MCU, it was nearly impossible to objectively diagnose muscle dysfunction and weakness. Because other examination methods like CT scans, X-rays, and nerve testing have been unable to detect functional muscle weakness, accurate strengthening of these delicate injuries has often been called “the missing link” in neck pain treatment. The MCU is so valuable because it offers a more reliable diagnosis of strength and motion, and then uses those findings to customize and target the treatment using the same machine. Research reveals that patients who are treated with the MCU typically experience far better success rates with more permanent relief than those who opt for traditional therapies alone. It is a priceless asset in the diagnosis and treatment of neck pain.

The MCU is the most comprehensive cervical spine evaluation and rehabilitation system in the world. It provides a thorough and objective evaluation of the cervical spine (the neck) and its related muscles. It then prescribes a series of neck-strengthening exercises to resolve the underlying cause of your neck pain. Unlike massage, acupuncture and decompression, which do nothing to strengthen muscles, the MCU offers a restorative approach.



Whiplash suffered in a car accident more than four decades ago came back to haunt Linda Barbic.

Whiplash typically occurs when a person's head is forcefully and quickly thrown backward and then forward. This motion can injure discs between the bones, ligaments, muscles, nerves and neck tissues.

Linda admits she never sought proper treatment after the accident explaining, *"I was never in much pain, so I ignored it. Years later I was diagnosed with cervical osteoarthritis."*

Cervical osteoarthritis is extremely common. More than 85% of people over the age of 60 are affected. The condition can cause pain and stiffness in the neck, but many experience no noticeable symptoms. This was not the case for Linda. Unbearable pain suddenly came out of nowhere.

"The pain I experienced was debilitating," Linda describes. *"I love riding my bike, and I could no longer do that because I couldn't stand to lean over. My pain was a nine on a scale of one to ten on most days. I couldn't even get a peaceful night's rest."*

Linda searched for treatment options, and consulted a neighbor who recommended Dr. Weinberg. Linda's neighbor had wonderful results from her treatment at Active Health Center.

"I never heard of an MCU machine before going to see Dr. Weinberg," Linda confirms. *"I was glad to know that there was a chiropractor in my area who had advanced technology to offer. I was in so much pain before. Now, I can ride my bike again without pain and function normally on a daily basis. I am pain free, thanks to Dr. Weinberg!"*

Here's how it works:

- The MCU is a digital system that evaluates and records the patient's cervical spine movement and isometric strength. Evaluations take about 45 minutes to perform.
- The patient's strength and range of motion is accessed, and a report is generated.
- The MCU recommends a therapy program precisely tailored to suit the patient's needs
- Strengthening sessions last 20-30 minutes and are conducted 3 times per week for only 6-12 weeks

The amazing part of the MCU, it can detect the presence of weakness in any neck muscle group. It can pinpoint the location and then strengthen the muscle(s) thereby allowing the inflamed tissues, like bulging or herniated discs, swollen facet joints, overused muscles and even areas of stenosis to "quiet down" and heal, thus alleviating neck pain. Along with a thorough examination, the MCU can also determine if neck weakness is not the cause of your neck pain and is a comprehensive evaluation

to help determine if the MCU treatment will be beneficial to each patient.

In Fact, Medical Research shows that 75% of people with chronic neck pain, from any cause, will get significant relief of their pain simply by strengthening their neck with the Multi-Cervical Unit.

If you or someone you love has suffered from neck or upper back pain, contact the team at Active Health Center for an evaluation to see if the MCU treatment is right for you.

MCU offers Effective Testing and Treatment for:

- **General and Chronic Neck Pain**
- **Whiplash Associated Disorders**
- **Muscle Tension headache**
- **Cervical Disc Conditions**
- **Sports Related Injuries**
- **Job/Posture dysfunctions**

The MCU can treat: • Neck pain • Headaches • Dizziness from the neck • Upper back pain • Arm numbness, tingling, burning.



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Is “Vampire PRP” the Answer to Your Scary Hair Loss?

By Dr. Alan J. Bauman



Losing your hair can be scary. In fact, hair loss is often cited as one of the biggest concerns associated with aging among both men and women.

So why is hair loss so terrifying? In nearly every culture, hair is associated with youth, sex appeal and good health, which explains why we try so hard to hold onto it.

But there is good news, today, there are medications, advanced therapies and procedures available to treat hair loss at every stage. And while it may sound like something out of a horror story, one of the most promising tools to treating hair is — your blood. While this may conjure up unsettling images of vampires, the treatment is actually simple, quick and highly effective.

How exactly does this new “vampire” therapy breathe new life into failing follicles, and is it right for you? Platelet-rich plasma (PRP) therapy, also commonly referred to as “Vampire PRP,” is one of the most promising new treatments to become available for hair loss sufferers.

The procedure itself is fairly easy on the patient. Following a simple blood-draw, the patient’s blood is spun in a special centrifuge with specific kits designed to produce the high-quality PRP — a powerful growth factor “cocktail.” Once activated, platelets release powerful molecules which have profound biologic effects on the hair follicles and skin. Under comfortable local anesthesia, this powerful cocktail of growth factors, cytokines and other proteins is injected into the area of the scalp where weak hair follicles exist. PRP may be enhanced through the use of placental extracellular matrix (ECM) called BioD or another ECM from dried porcine bladder called ACell.

PRP has become one of the most exciting recent breakthroughs in hair restoration, and is not only showing positive results as a stand-alone treatment, it has proved to be a valuable tool during hair transplantation as well. During the transplant process, PRP has been shown to strengthen non-transplanted hair, minimize donor scarring and accelerate wound healing. In addition, PRP has been reported by some hair transplant surgeons to improve graft survival.

In addition to its effectiveness in treating certain types of hair loss, a growing number of patients are drawn to PRP because of its quick and non-invasive nature. This outpatient procedure takes about one hour and requires no downtime for patients, which means you could literally have it performed during your lunch hour. Mild soreness or swelling, if any, resolves in less than a day and when administered correctly and improved hair growth maybe measured in a matter of weeks.



BEFORE

AFTER



BEFORE

AFTER

As with all hair loss treatments, PRP is most effective when started early, before the hair follicles have been completely obliterated. The areas of the scalp where the hair follicles are producing hair fibers that are thin, wispy and weak is where PRP holds the greatest potential, and where the therapy can really make a difference. One downside to PRP treatment for hair regrowth is that it does not offer permanent results. Most patients who undergo PRP therapy using BioD require a repeat treatment in about 12 to 24 months. Without extracellular matrix, expect treatments as soon as every other month. It typically takes three months to measure the improvements from PRP using the scientific HairCheck cross-sectional hair bundle trichometry

measurement tool. Over time, the PRP treatment may need to be repeated depending on the patient's response to therapy, hair loss condition and goals.

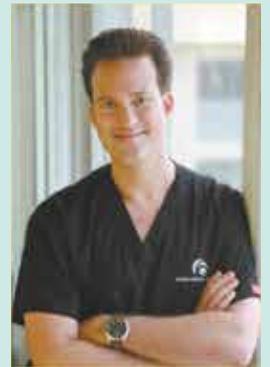
Patients should note that to achieve optimal results, a multi-therapy approach might be required, depending on the severity of the hair loss and their personal goals. PRP may be used as an adjunct to FDA-approved medications like finasteride and minoxidil, or other therapies like low-level laser therapy, compounded minoxidil, nutritional supplementation and minimally invasive FUE hair transplantation, such as NeoGraft or ARTAS robotic transplants.

5 SCARY TRUTHS ABOUT HAIR LOSS

- The use of Minoxidil is FDA-approved for hair regrowth and has proven science behind it but the reality is it doesn't work for everyone. In fact, over-the-counter minoxidil may only work well in about 35 percent of patients, according to medical studies, meaning there is a 65 percent chance standard over-the-counter minoxidil, like Rogaine, won't help you. Instead, you may require a prescription for a specially formulated, compounded minoxidil solution (like Formula 82M) for optimal results.
- By the time hair loss becomes noticeable to the naked eye, about 50 percent of the hair follicles may 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.
- 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. As men age, the risk of losing hair increases, and is proportional to age: 60% in 60s, 70% in 70s, and so on.
- Roughly half of all women over the age of 40 suffer from some form of hair loss. That's right - half. While most people tend to think of hair loss as a man's problem, the reality is that women are almost just as likely as men to lose their hair.
- Medications, laser therapy, PRP, nutritionals, etc. can help make hair follicles grow thicker healthier hair, but once the follicle is dead and gone, the only option for having hair in that area is 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. 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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“WELCOME RELIEF from Feminine Aging Symptoms”

by Dr. Robin Sykes



Many women are reluctant to talk about the changes that occur “down under” as we age. Often times symptoms begin as early as after child birth, but then become worse with natural changes associated with decrease in hormone levels and the passage of time.

Symptoms range from stress incontinence (leakage), laxity of the tissue and decrease in elasticity of the tissue both internal and external.

There is now a new treatment that can address these issues, causing real improvement, and with no associative pain and no down time.

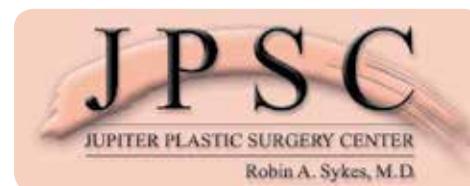
This treatment is called **ThermiVa**, and it is based on Radio Frequency technology. Transcutaneous temperature-controlled radio frequency therapy of the feminine tissues has shown a more youthful appearance, restoration of elasticity, considerable improvement and stress incontinence symptoms, reduction in overactive bladder symptoms, and reduction and sexual dysfunction.

There are other treatments available using laser technology, but the **ThermiVa** treatments are unique in that they can be used effectively both internally and externally, and that there is no recovery period required. It is a painless treatment and there are no open wounds created with this safe and effective technology. These treatments can create improvement which lasts 1-2 years.

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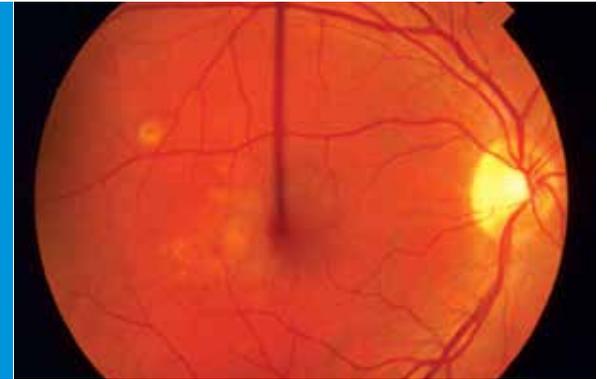
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By Lauren R. Rosecan, M.D., Ph.D., F.A.C.S.

CHOROIDAL NEOVASCULAR MEMBRANES

Choroidal neovascular membranes (CNVM) are new blood vessels that grow beneath the retina and disrupt vision. These blood vessels grow in an area called the choroid, the area between the retina and the sclera (the white part of your eye). The choroid supplies oxygen and nutrients to the eye. CNVM occur when new blood vessels start to grow in the choroid and break through the barrier between the choroid and the retina. When CNVM leak in the retina, they cause vision loss.



CNVM are associated with many serious eye diseases, most commonly wet age-related macular degeneration. In addition, CNVM are found in patients with histoplasmosis, eye trauma and myopic macular degeneration, an eye disease in patients who are extremely nearsighted.

CHOROIDAL NEOVASCULAR MEMBRANES SYMPTOMS

If you have CNVM, you may experience painless vision loss. You may notice blank spots in your vision, especially your central vision. Your vision may be distorted, so that straight lines appear bent, crooked or irregular.

WHO IS AT RISK FOR CHOROIDAL NEOVASCULAR MEMBRANES?

Because wet age-related macular degeneration accounts for most patients with CNVM, they are most commonly found in people age 50 and older, with the risk growing with age.

However, people with risk factors for different eye diseases or who experience eye trauma may develop CNVM at a younger age.

CHOROIDAL NEOVASCULAR MEMBRANES DIAGNOSIS

If your ophthalmologist suspects you may have CNVM, he or she will take special photographs of your eye using fluorescein angiography and optical coherence tomography (OCT).

During fluorescein angiography, a fluorescein dye is injected into a vein in your arm. The dye travels throughout the body, including your eyes. Photographs are taken of your eye as the dye passes through the retinal blood vessels. Abnormal areas will be highlighted by the dye, showing your doctor whether you have choroidal neovascular membranes.

OCT scanning is an imaging technique that creates a cross-section picture of your retina, which helps in detecting abnormal blood vessels.

CHOROIDAL NEOVASCULAR MEMBRANES TREATMENT

Treatment of CNVM may vary depending on the underlying disease. Treatment for CNVM includes anti-VEGF treatment or/and thermal laser treatment. Depending on the progress of your disease, you may receive with one or more of these treatments.

ANTI-VEGF TREATMENT

A common way to treat CNVM targets a specific chemical in your body that causes abnormal blood vessels to grow under the retina. That chemical is called vascular endothelial growth factor, or VEGF. Several new drug treatments (called anti-VEGF drugs) have been developed that can block the trouble-causing VEGF. Blocking VEGF reduces the growth of CNVM, slows their leakage, helps to slow vision loss and in some cases improves vision.

Your ophthalmologist administers the anti-VEGF drug directly to your eye in an outpatient procedure. Before the procedure, your ophthalmologist will clean your eye to prevent infection and will use an anesthetic to numb your eye with a very fine needle. You may receive multiple anti-VEGF injections over the course of many months. Repeat anti-VEGF treatments are often needed for continued benefit.

THERMAL LASER TREATMENT

Another form of treatment for CNVM is with thermal laser therapy. Laser treatment is usually done as an outpatient procedure in the doctor's office or at the hospital.

The laser beam in this procedure is a high-energy, focused beam of light that produces a small burn when

it hits the area of the retina to be treated. This destroys the abnormal blood vessels, preventing further leakage, bleeding and growth.

Following laser treatment, vision may be more blurred than before treatment, but often it will stabilize within a few weeks. A scar forms where the treatment occurred, creating a permanent blind spot that might be noticeable in your field of vision.

Usually the abnormal blood vessels are destroyed by laser treatment. However, patients who receive this laser procedure often need a re-treatment within three to five years.



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Lauren R. Rosecan

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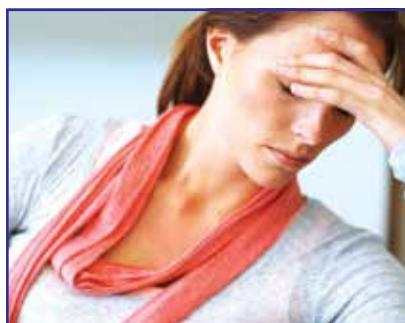
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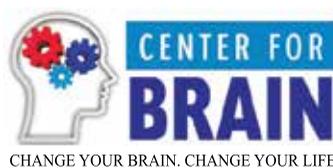
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Health & Wellness MAGAZINE

Dental Implants: A Conservative Treatment Option

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

One of the first things a patient typically asks at a dental appointment is, “what is the most conservative option?” Personally, if it were my mouth being treated, I would ask the same question. The key to making the best choice is understanding what the word “conservative” means in your particular case.



A Common Dilemma:

An example of a dilemma that often leaves patients confused is when they are informed that a tooth has to be removed. If we review the treatment options for this type of situation, the most commonly used one in the past was a “bridge”. To be clear, when a single tooth has a deep cavity, the dentist will often place what is called a “cap” or “crown”. A bridge is nothing more than having crowns placed on the teeth on either side of the empty space where a tooth has been removed. The bridge has a fake crown connected to it (the fake crown fills the empty space-see the side bar picture).

In many instances, the option of a bridge makes sense. Let’s consider a situation where the teeth on either side of a tooth extraction have significant decay. If these teeth already require crowns to make them healthy, then adding a fake middle tooth to this treatment truly is conservative (no additional work was needed).

The Implant Option:

For many, the words dental implant strikes fear. What is interesting is that in most cases, dental implants are the least invasive and least bothersome of all the procedures we perform. As a refresher, a tooth has two parts: the root and the crown. The root is the part that acts like the anchor and is below the gum in the jaw bone. The crown is the part we can see when we smile and that we use to chew.

A dental implant is nothing more than a root replacement. If a tooth needs to be replaced (such as the example above), a dental implant is often a very conservative and painless option. Once the tooth is removed, this new root or “implant” can

be placed in the empty space where the previous root lived. It is not visible as it lives below the gum line. Over a number of months, the jaw bone and implant fuse (with a very high success rate). Ultimately, the dentist can then place a crown onto this new root. The good news is that usually the adjacent teeth do not need to be touched at all. Many times, the procedure can be performed without even making an incision. This option may be very suitable for a patient who is losing a tooth, but has neighboring teeth in ideal condition.

It is important to understand that each circumstance requires individual evaluation and planning. After careful review, often with a 3D scan, your dental surgeon can help advise you as to the best option for your situation. Understanding that a dental implant can be one of the most conservative options often allows patients to have less overall treatment with less overall pain.



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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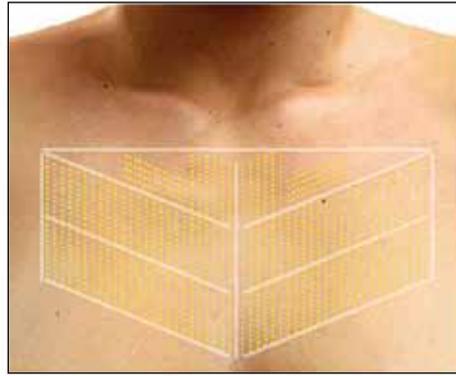
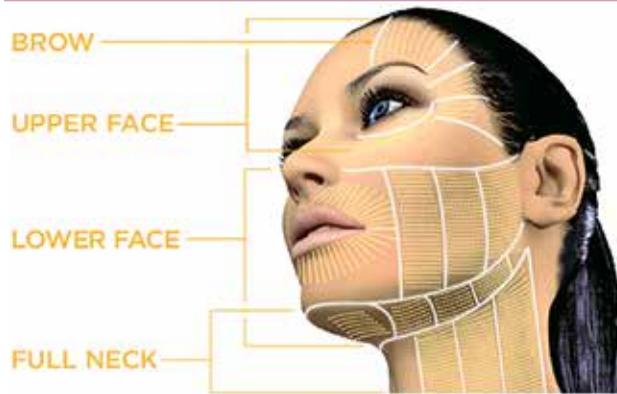
TURN BACK THE HANDS OF TIME



Reversing the aging process is not as easy as taking a miracle pill. It requires many facets of health and wellness. Good nutrition and exercise play a critical role in promoting total body wellness. As the aging process progresses the body can break down many important components in our skin. Collagen is the main source of protein in the skin that maintains our youthful appearance. Collagen is responsible for skin firmness. Once it diminishes we lose elasticity that causes wrinkles to appear. A new technology involving ultrasound is revolutionizing facial rejuvenation to reduce the appearance of aging.



ULTHERAPY TREATMENT ZONES



If you have weakened collagen in the deeper connective tissue, it can cause the skin to succumb to gravitational forces that begin to stretch, sag and shift downward, a process we call “aging”.

Ulthera is an FDA cleared device to non-invasively lift the face and neck. It has recently received FDA clearance to non-invasively treat the chest to improve lines and wrinkles of the décolleté.

Ultherapy works by using ultrasound guided technology to actually view the underlying tissue that is being treated. For the first time, we are able to reach below the dermal layer sending ultrasound energy into the fibromuscular layer promoting collagen production. If you have weakened collagen in the deeper connective tissue, it can cause the skin to succumb to gravitational forces that begin to stretch, sag and shift downward, a process we call “aging”. Ultherapy is a procedure for lifting the neck, eyebrows and midface with meaningful results and no downtime.

The Ultherapy treatment begins with marking the area on the face to be treated. This process is very important because it uses the same target area that is addressed in cosmetic surgery for skin tightening. Once the skin is marked for treatment a mild

sedative is given to aid in the comfort of the treatment. A full face treatment can take anywhere from 45-60 minutes. You may return to normal activities and can experience flushing or redness that should resolve within a few hours. The regenerative process is initiated at the first treatment, however results may take up to six months since you are relying on the body’s own healing process to repair and rebuild your skin’s foundation.

The New Ultherapy Décolletage Treatment utilizes the System’s signature imaging and micro-focused ultrasound therapy capabilities and takes about 30 minutes to administer. The Treatment stimulates the natural formation of collagen and elastin in the skin’s foundation to gradually smooth chest wrinkles. Results are visible after about three months.

The ability to treat not just skin but also its underlying support very precisely, from the inside out, helps ensure both safe and satisfying results. For More Information visit www.mdbeautylabs.com or call **561-655-6325**.



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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New Technology Makes Early Detection of This Nation's Leading Cause of Death Possible

A new, noninvasive technology that screens people for signs of hardened arteries aims to find heart disease long before symptoms develop, and early enough to do something about it. The **Soteria Cardiac Platform** will revolutionize the way we screen, test, and treat **Atherosclerosis**. Arteriosclerosis/Atherosclerosis are often used interchangeably. Simply put, we are referring to changes in the artery wall that:

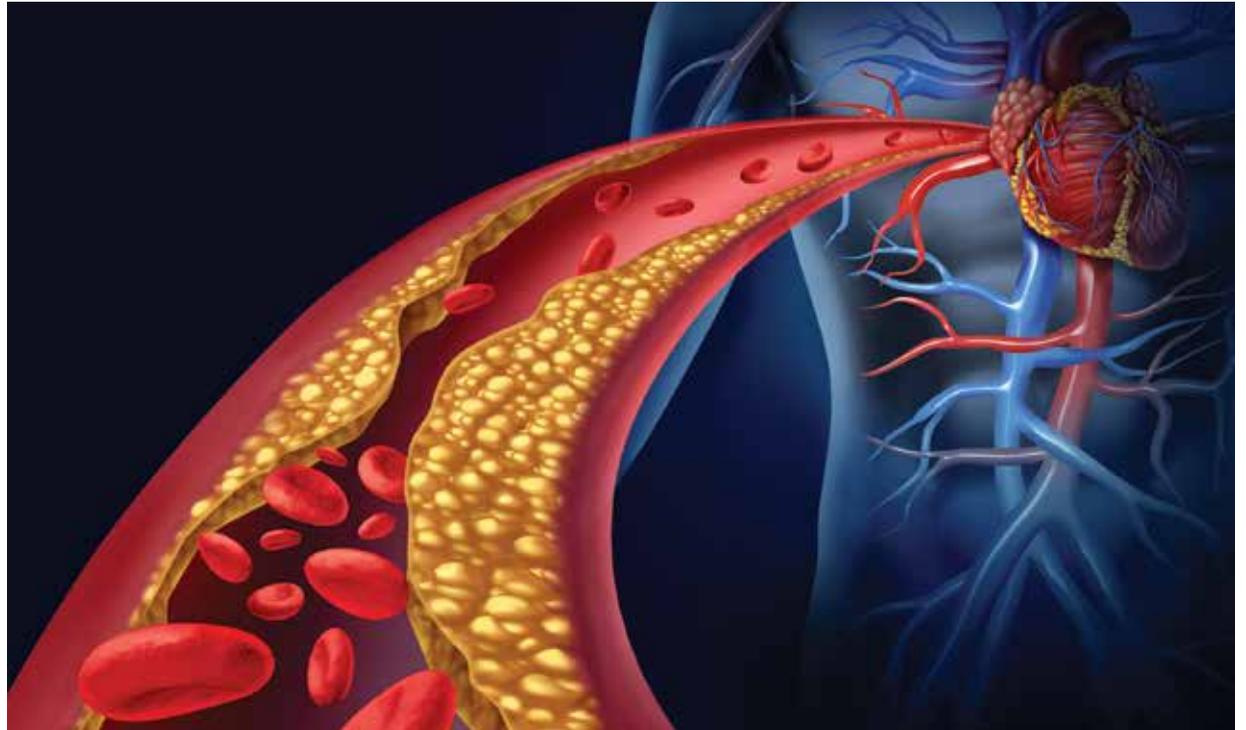
1. Occurs when the blood vessels that carry oxygen and nutrients from your heart to the rest of your body (arteries) and importantly to the heart muscle (myocardium), become thick and stiff — sometimes restricting blood flow to your heart, organs and other tissues. Healthy arteries are flexible and elastic, but over time, the walls in your arteries can harden, a condition commonly called hardening of the arteries.

2. And refers to the buildup of fats, cholesterol and other substances in and on your artery walls (plaque), which can restrict blood flow. Very profound is that these plaques can rupture within the wall, triggering blood clot and rapid acute local obstruction.

These conditions are the underlying cause of heart attack (Coronary Artery Disease – CAD), Stroke (Cerebrovascular disease), and Peripheral arterial disease (PAD). CAD is the leading cause of death for all individuals over the age of 65, in all developed nations worldwide.

The US population is approximately 320 million. Every year about 2 million people in the US die from ALL causes; of those deaths, OVER 1 million are due to this arterial disease – Atherosclerosis and its effects (heart attack, stroke, or peripheral artery disease). The numbers are staggering. This disease is responsible for over ½ of all deaths in the US annually.

This epidemic has become the focus of many medical professionals, from blood lipid screenings, stress tests, MRI's, CT scans, Thallium Scans, PET scans to Coronary Angioplasty (heart cath). However, all of these tests are costly, some invasive and none allow us to see effectively what is happening to the structure of the artery wall itself – the most predictive element leading to a heart attack or stroke. A medical pioneer and inventor has changed that.



If you are in the medical community you have likely heard of Dr. Jeffrey Raines or one of his contributions to the world of medicine and diagnostics. Dr. Raines invented the Pulse Volume Recorder (PVR) in the early 1970's, which he sold to Life Sciences, Inc. This machine remains the 2nd most used device in diagnosing and monitoring Peripheral Vascular Disease to date, you can find it in hospitals throughout the world. Dr. Raines is also responsible for Intraoperative Autotransfusion used by trauma surgeons worldwide and contributed to the development of B-mode Ultrasound. His latest invention has been 42 years in the making. The **Soteria Cardiac Platform** was cleared by the FDA in 2014 after rigorous testing and certifications. It has received an A++ rating and is now available for distribution in the US.

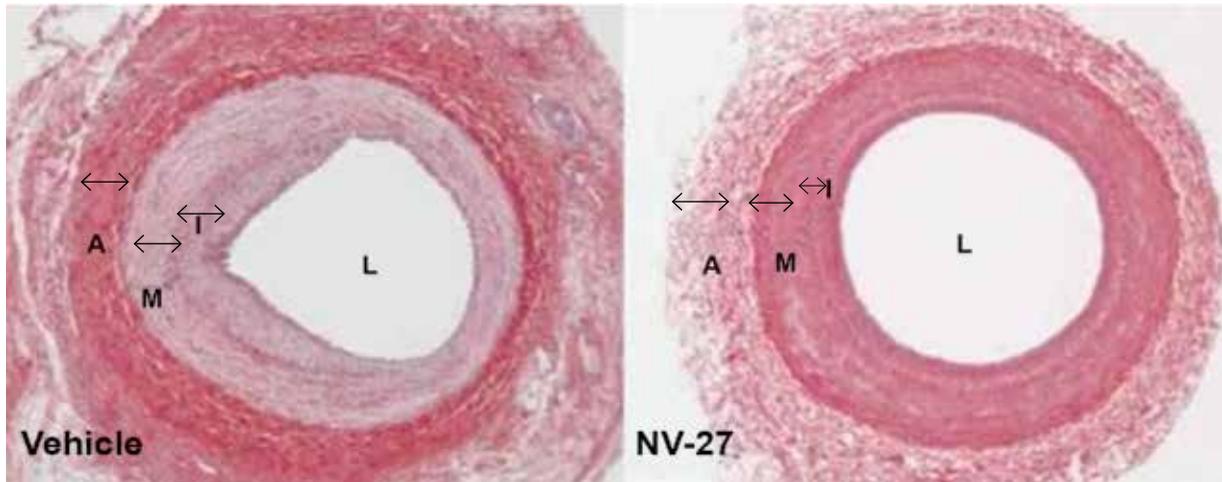
Dr. Raines explains that one of his biggest frustrations for cardiologists is seeing patients when it is too late for preventative measures and damage has already occurred. "Patients often do not come to the attention of a Cardiologist until they have experienced a Cardiac Event – or heart attack of some kind," states Dr. Raines, "Most frustrating was the awareness that these individuals began having changes in their artery wall years before any symptoms ever developed. I was driven to develop a test that would allow physicians us to see what is

happening to the wall and structure of the artery itself, which is the most predictive indicator of a coronary artery disease, heart attack and stroke".

Researchers have clearly identified changes in the artery wall can be detected post-mortem by at least age 30. Until now we have had no screening device that will allow us to identify these individuals who are at increased risk for heart attack or stroke. Such an early identification would allow medical professionals to intervene at a time where a real difference can be made, before the disease has progressed.

In truth, most people with atherosclerosis have no symptoms. Advanced CAD may exist with minimal or no symptoms and can progress rapidly to an abrupt closure of the artery, possibly resulting in a catastrophic event. Sudden death is the first symptom of coronary heart disease in 50% of heart attack deaths. In fact, the average age of a person in a Cardiac Cath Lab, for the first time, nationwide is 55. Many of these people had no prior symptoms. If we could identify these individuals at age 30 – preventative measures could be taken so that a heart attack or stroke is avoided.

The **Soteria Cardiac Platform** is a noninvasive diagnostic test that measures arterial compliance.

Fig.1 –Development of the Early Atherosclerosis (Note the thickened Intima (I) on the left)

Arterial Compliance is simply the artery's ability to expand and contract (much like a balloon) as a function of the body's systemic blood pressure and demand for oxygenated blood increases and decreases. This elasticity is vital to a working vascular system. Decreased arterial elasticity is caused by thickening of the artery wall secondary to the presence of plaque build-up in the artery wall (Arteriosclerosis/Atherosclerosis). This technology is also effective in monitoring those who have experienced arterial disease by identifying changes or stability of the disease during and following treatment.

The **Soteria Cardiac Platform** is completely noninvasive. It uses three blood pressure cuffs attached to the upper arm, thigh, and calf, to produce a series of measurements and mathematical computations that gauge the elasticity/compliance of the thigh and calf level artery walls. Arterial compliance, is the local arteries' change in volume divided by its change in internal pressure as blood moves through. An artery with low compliance is stiff, and allows very little change in volume as blood pumps through. The more atherosclerosis an artery has, the more plaque and thickening it contains, and the lower its compliance. "The result is a measurement of generalized arterial elasticity which has a direct correlation with degree of atherosclerosis and cardiovascular risk," said Raines. The test only takes about 10 minutes, and can be administered by a medical assistant.

The result is a detailed report of the patient's risk of heart disease, stroke or peripheral vascular disease, which includes a **Soterogram Score**, compared to normal values compiled from clinical studies conducted through the National Institutes of Health and FDA. The report includes whether obstructions and wall disease are absent, mild, moderate or severe, and in the case of peripheral arterial disease identifies precisely where blockages are located. The **Soterogram** shows the person's actual age, their arterial age, and their level of atherosclerosis.

Currently the most used test to detect cardiac risk is the stress ECG and echocardiogram combination. It is expensive and not effective in measuring atherosclerosis and cardiovascular risk. In fact when asked by the FDA how the **Soteria Cardiac Platform** compared to the current, most used available method for detecting atherosclerosis. Dr. Raines presented the FDA with research on a sample of 177 patients who were not diagnosed with heart disease. An abdominal MRI found artery buildup in 37 patients. By comparison, the stress ECG and echocardiogram combination found none of the previously undiagnosed 37 cases, and the Soterogram found 76 percent of them.

Young, asymptomatic patients are not likely to undergo expensive or invasive cardiac testing. However, it is in this population that interventions, lifestyle changes, and monitoring can make a dramatic difference to lifetime cardiac and vascular health. The **Soteria Cardiac Platform** is designed as a screening, diagnostic, and monitoring tool to be utilized in the primary care practitioner office. The cost of the test is practical for screening, at \$200 and is covered by most insurance policies.

Currently the **Soteria Cardiac Platform** is being used in 30 South Florida offices. The company has prepared for mass expansion, and is offering the technology and equipment to medical professionals at no cost. Dr. Raines understands the demands of a medical practice in purchasing new and innovative technology and is persistent in his desire to make this test available for all practitioners for early screening. If your medical office is interested in learning more about the Soteria Cardiac Platform, or if you as a patient would like to find an office currently offering this test please call **305-595-4447**, Email graines@SoteriaMed.net, or visit www.SoteriaMed.net.

Dr. Jeffrey Kent Raines

Dr. Jeffrey K. Raines, CEO, Founder and Chief Technical/Medical Officer, was responsible for the Soteria Cardiac Platform including its design and module development. Dr. Raines holds a BS Mechanical Engineering from Clemson University and a Master's in Mechanical Engineering from the University of Florida. After attending Harvard Medical School and training in the Surgery Department of Massachusetts General Hospital, Dr. Raines received a PhD in Engineering from MIT. His thesis title was Diagnosis and Analysis of Arteriosclerosis in the Lower Limbs from the Arterial Pressure Pulse; this work outlined the construction and testing of a new medical device called the Pulse Volume Recorder ("PVR"). This device was built and distributed by Life Sciences, Inc. and became a central device in the diagnosis of peripheral vascular disease and in the development of vascular diagnostic laboratories around the world. In 1972, the device was formally introduced via a presentation at the Society for Vascular Surgery and its publication in the Journal of Surgery. To this day, with the initial design intact, this device remains the second most common physiologic vascular laboratory test ordered for arterial disease worldwide. Dr. Raines received royalties over 17 years which aggregated in excess of \$20 MM and tests using the machinery generated revenue exceeding \$1.7 Billion per Year over the 17-year period. Dr. Raines was Chief of Research at the University of Miami Department of Surgery until his retirement in 2004 and Director of the Miami Vein Center from 2004 to 2010. Dr. Raines has developed Soteria's technology over a period of 43 years and now that it has FDA clearance, he looks forward to expanding the use of the Platform worldwide. Dr. Raines developed B-mode ultrasound imaging with Dr. William Glenn and performed the world's first B-mode image. Dr. Raines is also responsible for developing intraoperative auto-transfusion which is now used worldwide in trauma surgery. Dr. Raines is Emeritus Professor of Surgery at Harvard Medical School and the University of Miami. Dr. Raines is a Senior Member of the Society of Vascular Surgery, was elected to American College of Cardiology in 1975 and the Harvard Surgical Society in 2006. Dr. Raines lives in Homestead, Florida with Glo, his wife of many years; they have four children and five grandchildren.



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ASK THE AUDIOLOGIST

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



According to the Better Hearing Institute, hearing loss is now the third most common health problem in the country today, behind only arthritis and heart disease with more than 50 million Americans suffering from its effects. There are some common questions I get from patients in regards to their hearing, hearing loss and hearing aids so I would like to answer a few of the most common:

1. How does hearing work?

Sounds start as moving waves and enter the ear canal, and then the sound will vibrate your eardrum and send the signal through your middle ear bones, to your permanent hearing organs or your cochleas. The cochleas then transmit the sound to the brain to be processed into speech and other sound information. The brain takes the sound coming from both ears to be able to tell where sound is coming from.

2. What causes hearing loss?

Hearing loss can be caused by a variety of factors. There are a few major factors that can additively affect hearing:

- **Genetics**- Hearing loss can have a familial link.
-
- **Natural Aging Process**- the slow deterioration of hearing over time can get more progressive the higher up in age we go.
-
- **Toxicity/Trauma**- Head trauma or a fall can sometimes affect the physical parts of the ear which transmit sound. Some medications are toxic to the ears (ototoxic). See this pdf for more information on ototoxic medications: www.chcheating.org/sites/default/files/Ototoxic_Brochure.pdf





- **Noise Exposure-** Two types of sound exposure can cause noise-induced hearing loss: prolonged noise exposure or a sudden, loud, single burst of sound like a bang from a firecracker. Always wear hearing protection if you are in a high noise environment to prevent any hearing loss.

3. Will my hearing get worse?

There are no predictions when it comes to hearing loss changes. I recommend baseline hearing evaluations if you feel you are having difficulty. Then as years go on, if you feel your hearing has changed or after exposure to dangerously loud noises, your hearing can be re-tested and compared to previous results.

4. Why do I need two hearing aids?

Hearing happens at the level of the brain. If you are diagnosed with hearing loss in both ears, it will always be medically recommended to correct the loss in both ears because the brain needs sound coming through both of your ears equally and evenly to process the best signal possible. Using just one hearing aid when a hearing test result indicates that you need two, reduces your brain's hearing and understanding by 50%.

5. What hearing aids are right for me?

You don't just purchase hearing aids, you see a certified and qualified audiologist to listen to your individual hearing concerns and make the best recommendation for your specific listening needs. There are hundreds if not thousands of different hearing aids on the market today, and choosing a trusted Audiologist is the first step to finding the hearing aids that are best for you. Then, you and your audiologist create a plan together to meet all of your expectations for better hearing. As an Audigy Certified professional, I believe in providing the highest level of patient care. Please visit my website at www.hearingcarefl.com for more information or call today to schedule an evaluation and let us be your home for hearing healthcare.



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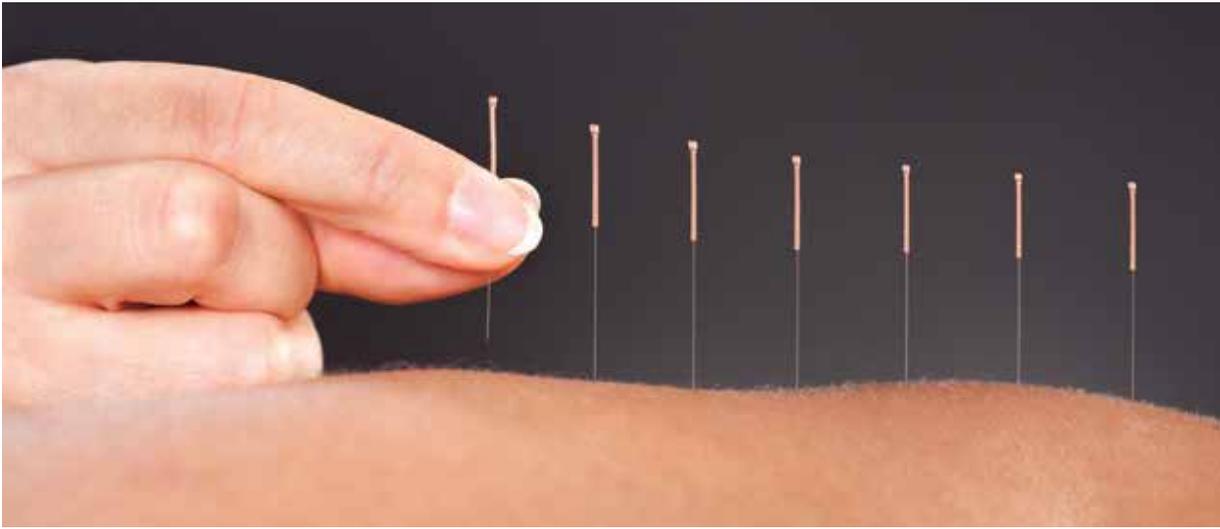
Scientific Research finds **ACUPUNCTURE** is Effective for **WEIGHT LOSS**



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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Finding the Cause of Your **VERTIGO**



Vertigo and balance disorders can have a very debilitating impact on your life. It makes you reluctant to perform some very basic tasks of human existence. Walking in open spaces without a wall suddenly becomes intimidating, and finding the right sleeping position is almost like a game of roulette. One wrong move and the world starts spinning.

Then once it hits, you start becoming nauseated eventually leaving you tired and scared of your next movement. Living with chronic vertigo can take away a lot of the joy of living.

I've consulted with a lot of patients with vertigo in my practice. When I ask them about their diagnosis, most people simply say that vertigo is their diagnosis. The problem is that when someone says that they were diagnosed with vertigo, it's not really a diagnosis in its true form. Vertigo is basically just a Latin word for dizziness.

Being dizzy and coming back with a diagnosis of vertigo would be like going into a doctor's office with low back pain, and the doctor says that your diagnosis is lumbago. Lumbago is just the Latin word for low back pain. It's not a diagnosis, it's just repeating the symptom back to you in Latin. You don't need the doctor to re-hash your symptom back to you, you want them to find out WHY you have that problem.



VERTIGO has slowly become one of the most common conditions we are seeing in the office today. Most of the time, people come to see us after they have had work ups done by their primary, ENT, neurologist, and physical therapist.

Vertigo is a symptom of a LOT of different conditions. Some of which include:

- Meniere’s Disease
- Benign Paroxysmal Positional Vertigo
- Infection
- Multiple sclerosis
- Migraine
- Cervicogenic vertigo
- Head trauma

Once we establish a cause, then we can establish a game plan to get rid of the cause.

ATLAS DISPLACEMENT AND VERTIGO

When you have vertigo, the overwhelming majority of doctors and therapists will evaluate your eyes and your inner ear. While the inner ear and the eyes are important, many cases of vertigo may be coming from a part of your neck called the Atlas.

The Atlas is the top bone in the neck and is connected to important muscles that have a huge role in dizziness. These muscles are called the suboccipital muscles and they play a role in something called proprioception.

Proprioception is considered your body’s 6th sense. It is a system that allows your brain to know where different body parts are in space. Close your eyes, lift your arm over your head, and wiggle your fingers. You know exactly where your hand and fingers are in space because of the movement of those joints. That is what proprioception is.

The top of the neck is one of the largest contributors to proprioception. That’s why so many people with whiplash or concussions can become dizzy. The muscles in the neck become dysfunctional and start giving your brain bad information about its environment. This can

**Body Balance is Controlled by 3 Sensory Systems:
Vestibular, Visual, Proprioceptive**

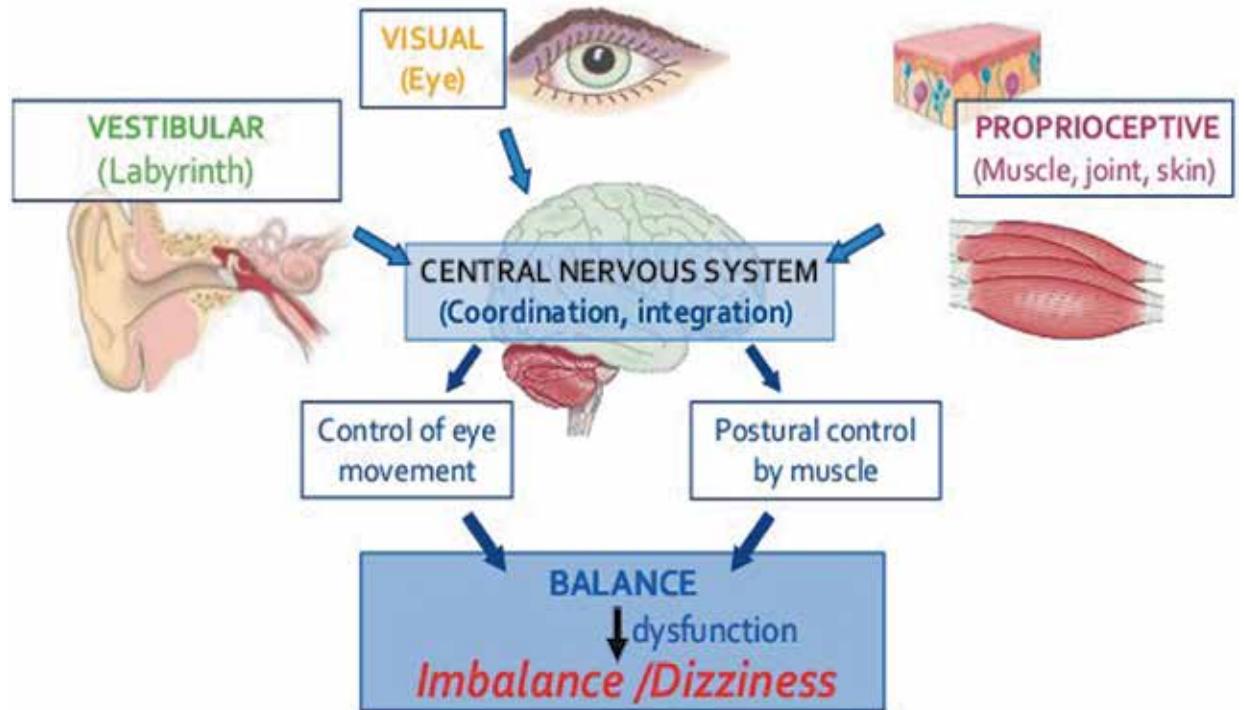


Image source: <http://www.slideshare.net/mataharitimoer/how-to-manage-patients-with-vertigo>

even happen even in the absence of neck pain! When we evaluate patients with vertigo, we make sure to do a thorough examination of the neck to determine if that’s the cause. Many patients who get their neck corrected will often feel an improvement in their vertigo symptoms in a matter of weeks.

If you’ve been to several doctors for your vertigo with no luck, it may just be a problem in your neck that needs to be corrected.

IT STARTS AND ENDS IN THE BRAIN

Your sense of balance all starts and ends in the brain, but here’s the important thing to remember. The information your brain puts out is only as good as the information that goes in. Ensuring proper function of the neck may be the missing link in the care of people with vertigo.

DR. JONATHAN CHUNG is a Doctor of Chiropractic who focuses on Structural Correction and is primarily concerned with Structural Shifts of the spine. He graduated from the University of Central Florida with a B.S. in Microbiology and Molecular Biology. Dr. Chung then went on and received his doctorate from Life University’s College of Chiropractic. Dr. Chung is certified in pediatrics from the International Chiropractic Pediatric Association, and is a Structural Chiropractic Researcher who has been published in scientific peer-reviewed journals. Read more from Dr. Chung at chiropractorwellington.com/blog



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Tackling ADHD and Learning Disabilities

Without Medication

By Mike Cohen, Director
Center for Brain



Here's a bold statement that might surprise you.

Not every child who fidgets, has trouble paying attention or struggles in school has ADHD. In fact, *50 percent of children wearing this label also have a learning disability* that might have been overlooked – something I see regularly in my practice.

This incomplete diagnosis is why many children on medications do poorly academically, despite being intelligent and even seeming calmer in school. Many attention problems are a byproduct of learning issues that frustrate the child and cause them to act out or have trouble staying focused.

Just because your child responds positively to stimulant medication doesn't mean an ADHD diagnosis is correct. Stimulant medications improve focus for just about anyone – even people without ADHD. However, medications can't overcome processing and learning issues – and they don't teach your child how to pay better attention.

No parent wants to medicate a child unnecessarily, so what's a parent to do? How can you find out what's really going on?

AT CENTER FOR BRAIN WE HAVE A WAY TO HELP ANSWER THE QUESTION AND PUT AN END TO THE GUESSING GAME: DOES MY CHILD REALLY HAVE ADHD - OR IS THERE SOMETHING ELSE GOING ON?

STEP ONE: The Brain Map

We first conduct a brain map, called a Connectivity Map, at our Jupiter office, created from a specialized EEG. The raw data are processed for a report which we review in depth with the parents.

We can tell from this map if the child truly has ADHD, has a learning disability, has some of both or none of these, making it possible to target treatment, where indicated. The 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 report describes their child's behaviors and struggles perfectly).

STEP TWO: Once we've learned from the map the cause of the attention, behavior or learning problem, we customize an advanced neurofeedback program to train their brain.

Remember that academic problems are brain issues, not a lack of desire or ability in the child to do well.

Neurofeedback technology is used to promote changes in the way neurons in the brain fire. A new type of neurofeedback called MCT (multivariate coherence training) is even more effective than traditional neurofeedback. MCT was co-developed by Dr. Robert Coben*. It hyper-targets and gently encourages those connections to improve, often doing so surprisingly fast.

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 brain map.

STEP THREE: Re-evaluate changes, assess progress

After 15 neurofeedback sessions, we conduct a second brain map to see where physical changes have occurred and to summarize parent feedback. We identify areas, if any, that may need additional training.

WHY THIS SYSTEM WORKS

Research shows that there must be functional connections between key areas of the brain in order for attention and 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 issues with attention, dyslexia and other reading problems, dyscalculia (difficulty with math) and/or processing problems. Furthermore, the resulting frustration can often look like ADHD.

In one study, 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.



We know you have a lot of questions. That's why we offer a free, no-obligation consultation.

Once we meet you and your child and understand your situation better, we can discuss if this new technology is a good treatment option. At the very least, with a Connectivity Map you'll have a much clearer idea of what's really happening with your child.

To learn more or to book an appointment, call us at **(561)744-7616**.

ABOUT CENTER FOR BRAIN

Center for Brain is staffed by a team of compassionate professionals whose mission is to enhance the lives of people suffering from a variety of conditions that can be significantly improved with the help of neurofeedback and other brain technologies.



Michael Cohen, Director
Center for Brain

Mike is one of the leading experts in brain biofeedback. For more than 20 years he has helped children and adults feel better who suffer with a wide range of problems including

ADHD, anxiety, insomnia, and learning and processing issues. He has taught neurofeedback to over 2,000 healthcare professionals, including medical doctors, all over the U.S. and the world.

***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.

SUCCESS STORIES

A 13-year-old boy who had been diagnosed with ADHD began doing his homework by himself - and without reminders – after undergoing 15 sessions of MCT neurofeedback. He had required one-on-one homework assistance for years from his mother.

A 12-year-old girl who had never been able to do math, struggled with writing, and who suffered from chronic headaches, began thinking up ideas more easily for writing assignments after five sessions. Two sessions later she earned the highest math grade in her academic history. Her headaches significantly decreased and her energy increased.

One 8-year-old girl with attention problems and severe learning disabilities had a severe dislike for math and reading. After seven sessions she started doing math for fun. After 10 sessions she began reading for pleasure. Her mother even discovered her in bed one night with a flashlight reading under the covers!



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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.

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?



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Digestive Disorders	Muscle Tensions
Disc Herniations	Muscular Imbalance
Dizziness (Vertigo)	Neck Pain
Dowager's Hump	Numbness / Tingling
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October is Breast Cancer Awareness Month

Breast cancer starts when cells in the breast begin to grow out of control. These cells usually form a tumor that can often be seen on an x-ray or felt as a lump. The tumor is malignant (cancerous) if the cells can grow into (invade) surrounding tissues or spread (metastasize) to distant areas of the body. Breast cancer occurs almost entirely in women, but men can get it, too.

Breast cancers in women can start from different parts of the breast. Most breast cancers begin in the ducts that carry milk to the nipple (ductal cancers). Some start in the glands that make breast milk (lobular cancers). A small number of cancers start in other tissues in the breast. These cancers are called sarcomas and lymphomas and are not really thought of as breast cancers.

It's also important to understand that most breast lumps are not cancer; they are benign. Benign breast tumors are abnormal growths, but they do not spread outside of the breast and they are not life threatening. But some benign breast lumps can increase a woman's risk of getting breast cancer. Any breast lump or change needs to be checked by a health care provider to determine whether it is benign or cancer, and whether it might impact your future cancer risk.

SYMPTOMS

Knowing how your breasts normally look and feel is an important part of keeping up with your breast health. Finding breast cancer as early as possible gives you a better chance of successful treatment. But knowing what to look for does not take the place of having regular mammograms and other screening tests. Screening tests can help find breast cancer in its early stages, even before any symptoms appear.

The most common symptom of breast cancer is a new lump or mass. A painless, hard mass that has irregular edges is more likely to be cancerous, but breast cancers can be tender, soft, or rounded. They can even be painful. For this reason, it is important to have any new breast mass or lump or breast change checked by a health care professional experienced in diagnosing breast diseases.



OTHER POSSIBLE SYMPTOMS OF BREAST CANCER INCLUDE:

- Swelling of all or part of a breast (even if no distinct lump is felt)
- Skin irritation or dimpling
- Breast or nipple pain
- Nipple retraction (turning inward)
- Redness, scaliness, or thickening of the nipple or breast skin
- Nipple discharge (other than breast milk)

Sometimes a breast cancer can spread to lymph nodes under the arm or around the collar bone and cause a lump or swelling there, even before the original tumor in the breast tissue is large enough to be felt. Swollen lymph nodes should also be reported to your doctor.

Although any of these symptoms can be caused by things other than breast cancer, if you have them, they should be reported to your doctor so that he or she can find the cause. Because mammograms do not find every breast cancer, it is important for you to be aware of changes in your breasts and to know the signs and symptoms of breast cancer.



Perform a monthly self-examination Women should perform a self breast-exam each month and any changes or abnormalities should be discussed with a doctor or physician.

1) In the Shower

Using the pads of your fingers, move around your entire breast in a circular pattern moving from the outside to the center, checking the entire breast and armpit area. Check both breasts each month feeling for any lump, thickening, or hardened knot. Notice any changes and get lumps evaluated by your healthcare provider.



2) In Front of a Mirror

Using the pads of your fingers, move around your entire breast in a circular pattern moving from the outside to the center, checking the entire breast and armpit area. Check both breasts each month feeling for any lump, thickening, or hardened knot. Notice any changes and get lumps evaluated by your healthcare provider.



3) Lying Down

When lying down, the breast tissue spreads out evenly along the chest wall. Place a pillow under your right shoulder and your right arm behind your head. Using your left hand, move the pads of your fingers around your right breast gently in small circular motions covering the entire breast area and armpit. Use light, medium, and firm pressure. Squeeze the nipple; check for discharge and lumps. Repeat these steps for your left breast.





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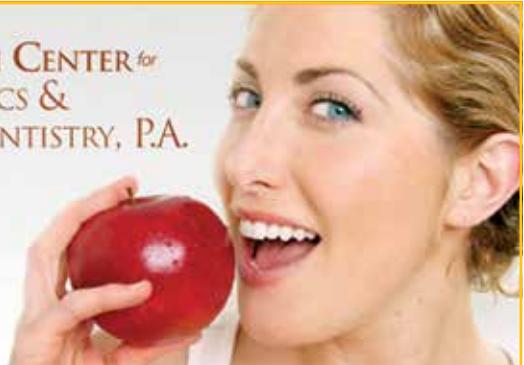
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UNDERSTANDING DRY EYE AND BLEPHARITIS

Dry eye is believed to be one of the most common ocular conditions in the United States. More common in women, one study estimated the prevalence of dry eye in women ≥ 50 years old was 7.8% or 3.23 million women in the US. Called keratoconjunctivitis-sicca, the underlying pathology is a decreased production of tears by the lacrimal gland. If insufficient tears are produced, the ocular surface begins to dry out. When mild, a simple occasional irritation may be all that is noted by the patient. Moderate dry eye sufferers can develop superficial abrasions of the cornea and conjunctiva. Severe dry eye sufferers can have corneal ulcerations that can cause permanent loss of vision. The treatment of dry eye consists of rebuilding the tear film. Artificial tears provide an immediate increase in the wetness of the cornea, but are time-limited. Medications such as Restasis work by increasing the amount of tears being produced, but they can take several months to achieve therapeutic success. Other treatments involve punctal plugs – these are microscopic tops that are used to effectively cap off the punctum (hole in the lid closer to the nose where your tears naturally drain). Much like putting a plug in a sink, these allow the tears created to remain on the ocular surface longer.

Of course, if tear production is minimal, the effect of plugs will be small. Unfortunately, not all dry eye diagnosis and treatment are that simple. Blepharitis, a distinct entity from dry eye, can have similar symptoms and signs. Blepharitis refers to an inflammation of the eyelid margin. Sometimes, it can mimic dandruff on the eyelashes. In these cases, eyelid scrubs with baby shampoo or tea tree oil shampoos may be helpful. However the most common type of blepharitis affects small glands in the eyelid called meibomian glands. These meibomian glands are responsible for secreting the oil component of the tear film. Though our tears are mostly water-like, there is an oil component to them. Much like oil creates a separate



layer in a pot of water, so too does the oil from the meibomian glands form a layer of the natural tear. In severe forms of blepharitis, these glands can become dysfunctional, leading to an absence of oil. In cases such as these, the patient's tears evaporate rapidly and, despite producing enough tears and not having "dry eye", experience the exact same symptoms. In these cases, treatment is targeting more at improving function of the meibomian glands.

While there is no complete cure for all forms of dry eye, proper identification of the underlying cause is critical to resolving symptoms. While dry eye and blepharitis contribute significantly to ocular discomfort, there are many other causes. Evaluation with an eye professional is always recommended to uncover these causes. In most cases, early treatment of these findings is much simpler than treating later on.

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.

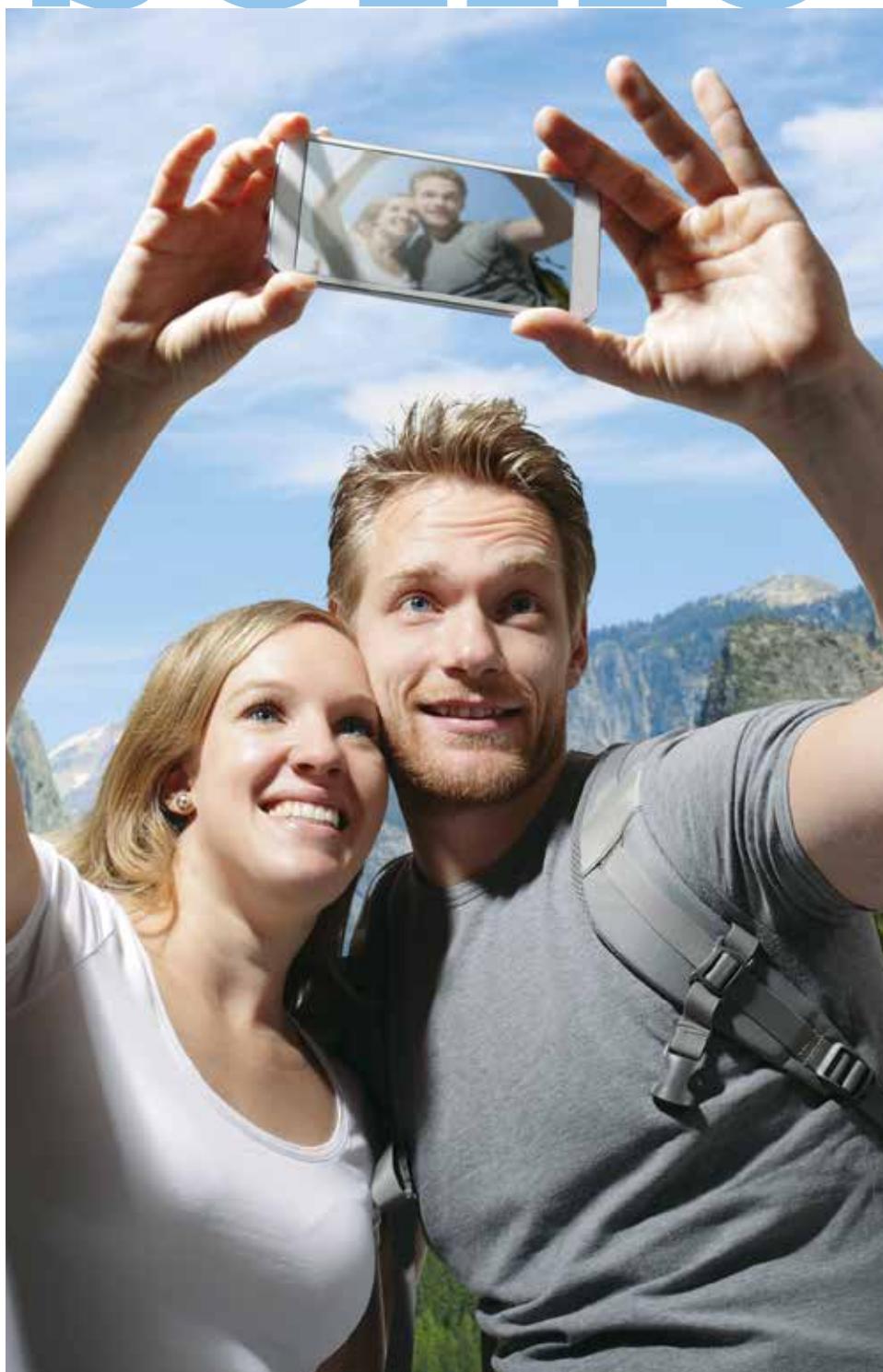
Dr. Goldman received his Bachelor of Arts cum laude and with distinction in all subjects from Cornell University and Doctor of Medicine with distinction in research from the Tufts School of Medicine. This was followed by a medical internship at Mt. Sinai – Cabrini Medical Center in New York City. He 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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selfie



A selfie is a photograph of yourself taken with a mobile phone or other handheld device, and uploaded to social media – Facebook, Instagram, Twitter, etc.

Personally, I am fascinated with the whole selfie concept. I wonder: do people think so much of themselves that they want others to look at them? Or do they think so little of themselves that they portray an unrealistic image through photos? Or maybe they just do it for fun? Who knows? But what I do know is that the selfie tells others a lot about ourselves.

And probably more than you even realize.

I read this the other day: “We (people) are God’s selfie.” When I first read it, I thought to myself: what a disappointment. But then as I spent more time letting the statement soak in, I began to understand the truth behind it – and the impact it could have on our lives if we began to embrace the whole idea.

We are God’s selfie.

In the Bible we see in Genesis chapter one that God created the heavens and the earth. He created the seas, the animals, and all that we see everyday. “Then God said, “*Let us make human beings in our image, to be like us... So God created human beings in his own image.* In the image of God he created them; male and female he created them.” (Genesis 1:26-27)

That passage also tells us what God thinks of “His selfie”. When God created all of the other things, at the end of the day He said it was ‘good’. When God created humans in His image, He said it was *very* good.

So here’s the deal: we are God’s selfie.

But what does that mean for us? It means that when you look in the mirror at yourself you should see something different. When you think that you don’t have value as a person you should think again. Because God sees great value in you.

The Apostle Paul write this: “...we are God’s *masterpiece*...” (Ephesians 2:10) King David wrote a song in which he wrote these words: “For you formed my inward parts; you knitted me together in my mother’s womb. I praise you, for *I am fearfully and wonderfully made.*” (Psalm 139:13-14)

No matter how breath taking the sunset may be. No matter how majestic the scenery may look. No matter how beautiful the painting appears or how wonderful the symphony sounds. None of it compares to you. Because you are God’s masterpiece.

You are God’s selfie.

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- LLM in Taxation New York University Law School 1986
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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.

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