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October 2016

South Palm Beach Edition - Monthly



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**Is "Vampire PRP"
the ANSWER
to YOUR HAIR LOSS?**

**PLATELET-RICH-PLASMA
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By Dr. David Steinberg,
Pharmacist

Ensuring our Parents Health Through Medication Compliance

As the baby boomer generation ages and medications become more numerous, children and family members are charged with caring for the loved ones. This task comes not only with much stress but also with many questions. The questions often range from “Who will administer the medication when I’m not there?” “Is there a risk of my family member taking too many pills?” “How can I be sure that my family member is taking the same amount of medications he was taking at the long term care facility?”

These are just a couple of questions that we get at the pharmacy when we consult with family members and patients. As patients increase the number medications taken along with an increase to the number of physicians, the rise of medications errors is inevitable. Patients rely on family members or homecare givers to ensure compliance. We can do more. Every extra precaution or measure is well worth it when it comes to our family member. Our pharmacy has a unique system to mitigate medication errors such as over-medication and under-medication. We use, what is commonly called in the industry, a “bingo card.” It is becoming the industry gold standard and not only ensures medication compliance but puts the family at ease. It is a unit dose system where the patient’s medications are

divided into morning, afternoon, evening and bedtime. Each time slot has its own cell allowing the patient to know if the medicine was taken or not. It eliminates counting pills, filling pillboxes, and remembering doses. As a pharmacist, I hope to reduce common and preventable errors and help everyone live healthier lives. Please call TrustedMedRx with any questions at **561-613-6209** or **855-9EZ-MEDS**.



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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.

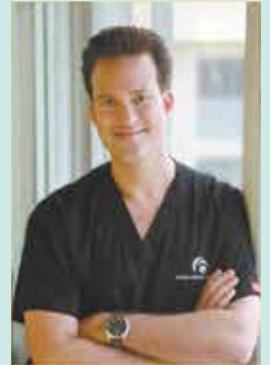
Patients should note that to achieve optimal results, a multi-therapy approach might be required, depending on the severity of the hair loss and their personal goals. PRP may be used as an adjunct to FDA-approved medications like finasteride and minoxidil, or other therapies like low-level laser therapy, 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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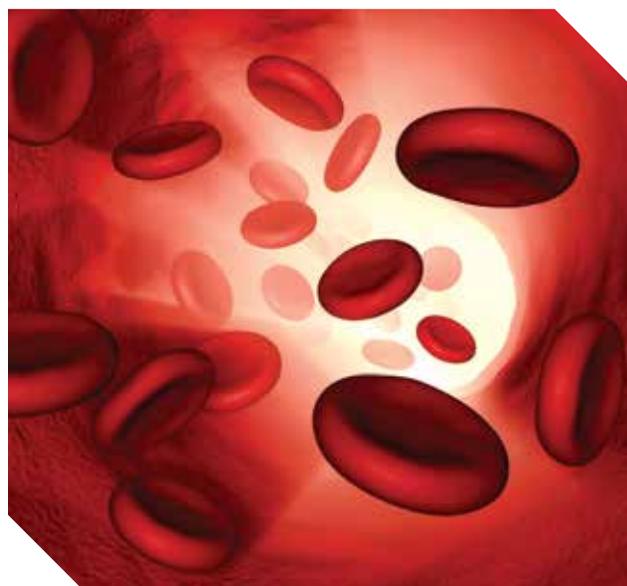
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Platelet-Rich-Plasma (PRP) Therapy for Pain Conditions



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

A growing number of people are turning to PRP injections to treat an expanding list of painful conditions and or injuries, including osteoarthritis. It is commonly used for knee arthritis, we also use this method on other joints as well such as shoulders, wrists, sacroiliac, ankles and hips. This is also used to help treat pain from the neck and low back. This can be used to treat disk pain and or arthritic pain from the entire spine.

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

The goal is to:

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

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

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

WHAT ARE PLATELETS? Like red and white blood cells, platelets are a normal component of blood. Platelets

secrete substances called growth factors and other proteins that regulate cell division, stimulate tissue regeneration, and promote healing.

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

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

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

Whether the patient has a one-time injection or a series of injections spaced over weeks or months is up to the individual patient and doctor. If a series of injections is planned, a





doctor may recommend a single blood draw during the first visit and use fresh PRP in the first injection and freezing and thaw the remaining PRP as needed for future injections. However, some experts believe freezing and thawing PRP negatively affects its usefulness and prefer to do a separate blood draw for each PRP injection. Dr. Rosenblatt believes it is safer to take a fresh sample of blood prior to any new injection.

PLATELET-RICH PLASMA INJECTIONS REQUIRE PRECISION

- An experienced physician, like Dr. Rosenblatt, should perform the injections. The use of imaging technology (e.g., fluoroscopic guidance) ensures a precise injection.

- Precision is important because, like viscosupplementation treatments, platelet-rich plasma injections must be made directly into the joint capsule.

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

Dr. Rosenblatt explains, “When appropriate,

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

In Dr. Rosenblatt’s beautiful freestanding interventional pain management building in Delray Beach, FL, individuals have been able to

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

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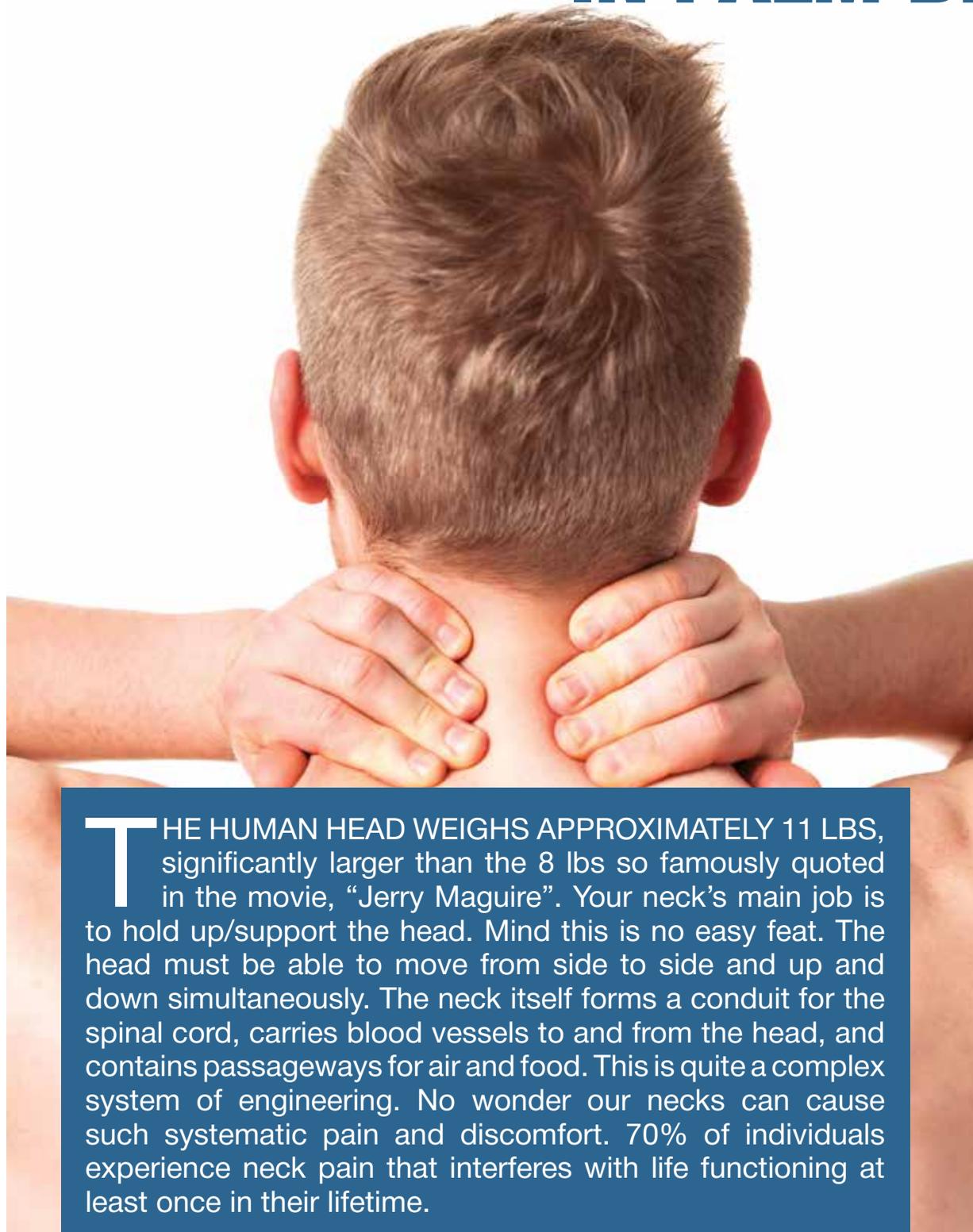
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THE HUMAN HEAD WEIGHS APPROXIMATELY 11 LBS, significantly larger than the 8 lbs so famously quoted in the movie, “Jerry Maguire”. Your neck’s main job is to hold up/support the head. Mind this is no easy feat. The head must be able to move from side 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**
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The MCU can treat: • Neck pain • Headaches • Dizziness from the neck • Upper back pain • Arm numbness, tingling, burning.



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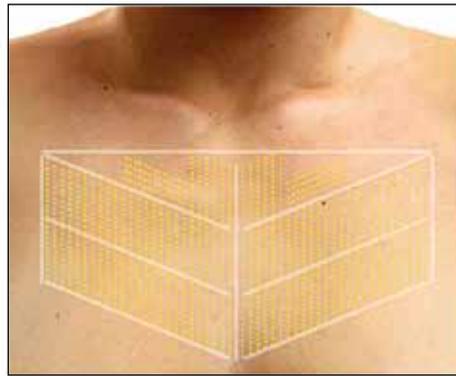
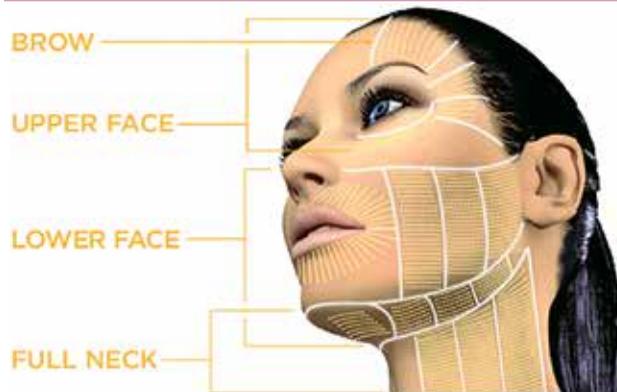
TURN BACK THE HANDS OF TIME



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.



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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.

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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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.mdbeachtylabs.com or call **561-655-6325**.

For more information regarding PRP and its uses, please contact **561-655-6325**. Or visit www.mdbeachtylabs.com

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:

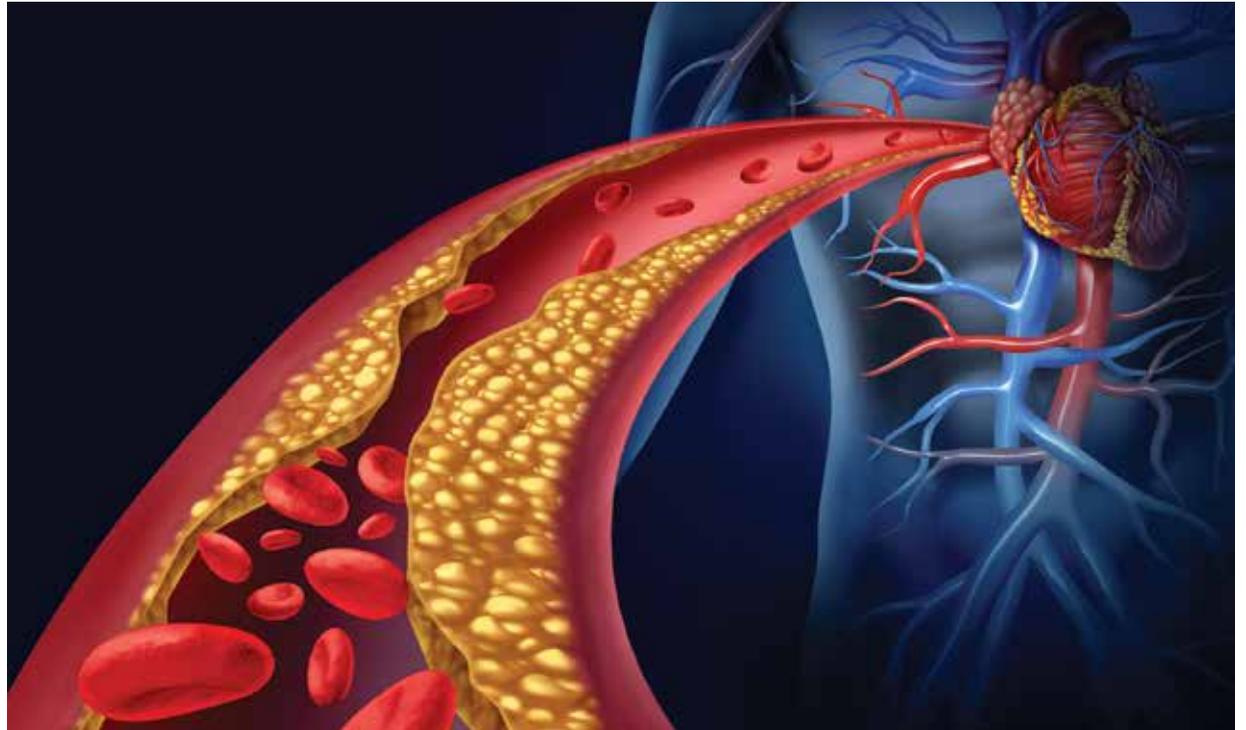
1. Occurs when the blood vessels that carry oxygen and nutrients from your heart to the rest of your body (arteries) and importantly to the heart muscle (myocardium), become thick and stiff — sometimes restricting blood flow to your heart, organs and other tissues. Healthy arteries are flexible and elastic, 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.

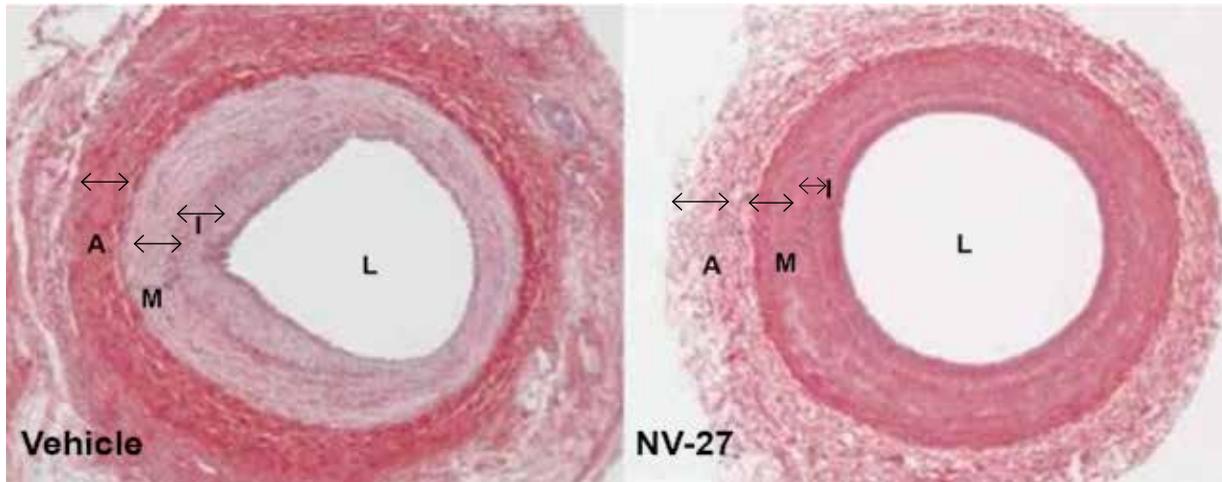
Dr. Raines explains that one of his biggest frustrations for cardiologists is seeing patients when it is too late for preventative measures and damage has already occurred. "Patients often do not come to the attention of a Cardiologist until they have experienced a Cardiac Event – or heart attack of 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.



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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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

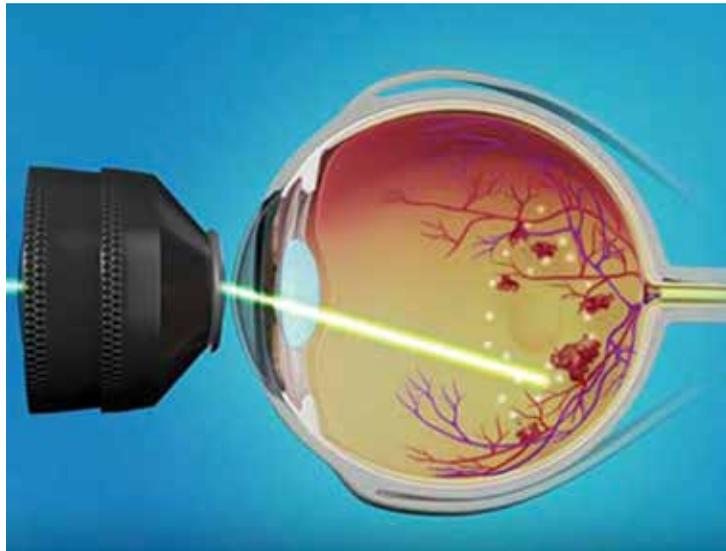
A common way to treat CNVM targets a specific chemical in your body that causes abnormal blood vessels to grow under the retina. That chemical is called vascular endothelial growth factor, or VEGF. Several new drug treatments (called anti-VEGF drugs) have been developed that can block the trouble-causing 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.



The Retina Institute of Florida

Lauren R. Rosecan

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

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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 medicine, 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.

South Florida CBD 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 modules 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 South Florida CBD knowledgeable staff at **561-200-0122**.

Samantha Brown – Boynton Beach. *"I suffer from severe migraine headaches and use to take up to 8 Excedrin a day but since I started CBD I've been able to go about my daily routine without any delays from my condition."*

David Anderson – Lake Worth. *"My seizures went from seven to eight a month down to one since I started CBD products."*

Alicia Gomez – Boca Raton. *"Since using CBD I have felt a decrease in my anxiety and pain from my arthritis."*



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Could it be your eyes?

Headache/Migrain

Anxiety

Nausea

Reading Problems

Dizziness

ADD/ADHD

TBI/Concussion

Sinusitis

Neck Pain

What Could I be Experiencing?

Your might be suffering from Binocular Vision Dysfunction (BVD). With BVD, there is a misalignment where one eye sees an image differently (vertically, horizontally or both) than the other. The body corrects this by overusing and severely straining the eye muscles, causing the symptoms of BVD. The most common symptoms are not traditionally thought to be associated with your vision (but they are!) and can include headaches, dizziness, anxiety, nausea, neck pain and reading difficulties.

Why does BVD often go Undiagnosed?

When you go to the eye doctor, your eyes are tested to determine how well each eye can see (visual acuity). Usually very little time, if any, is spent testing how well your eyes work together as a team (binocular vision). Even if these tests are performed, they only identify major eye misalignments and double vision—they often are unable to find small amounts of misalignment. Any amount of eye misalignment can lead to BVD symptoms. Since BVD may affect up to 70% of adults suffering from persistent headaches, 30% suffering from anxiety, and 30% who have persistent symptoms from a concussion or TBI, it is critical to test for even small amounts of misalignment.



Signs and Symptoms of BVD:

- ◆ Headaches/Migraines
- ◆ Dizziness
- ◆ Anxiety
- ◆ Panic attacks (especially while driving)
- ◆ Your head “tilts” to one shoulder
- ◆ Neck pain
- ◆ Motion sickness
- ◆ Clumsiness (poor depth perception)
- ◆ Difficulty walking/balance problems
- ◆ Difficulty reading/concentrating
- ◆ Closing or covering an eye to read
- ◆ Nausea
- ◆ Convergence insufficiency
- ◆ Light sensitivity
- ◆ Blurred/Shadowed/Double vision

What is the solution?

iSee VisionCare patients, under the care of Dr. Sonneberg, undergo a detailed and thorough examination of their vision, including assessment for small amounts of eye misalignment (the NeuroVisual evaluation). Problems with near vision, far vision and alignment will be corrected using Vis-Align™ glasses, resulting in a reduction (or sometimes elimination) of their symptoms.

How do I find out if my child has BVD?

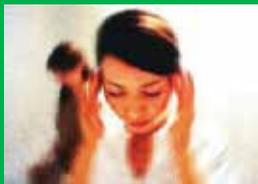
Call our office today to get the easy-to-complete screening questionnaire. Dr. Sonneberg will call you with the results and let you know if she might be able to help you.

Live Life Through a New Lens

Does this sound like you?

- ◆ Have you seen **one or more specialists** for your symptoms and **nothing seems to help**?
- ◆ Do you suffer from persistent symptoms related to a **concussion** or **Traumatic Brain Injury (TBI)**?
- ◆ Have you been told **there's nothing wrong with you, "it's just in your head"**?
- ◆ Have you been **diagnosed** with any of the following that can be **commonly confused with BVD**?

- | | | | |
|---------------------|---------------------------------|------------------------------|---------------------------------|
| ◆ Migraines | ◆ Sequela of a stroke | ◆ Panic disorders | ◆ Convergence Insufficiency |
| ◆ Anxiety disorders | ◆ Inner ear disorders | ◆ Spinal misalignment issues | ◆ Agoraphobia |
| ◆ ADD/ADHD | ◆ Reading/Learning difficulties | ◆ Sinusitis | ◆ Gastroparesis/cyclic vomiting |
| ◆ Dyslexia | ◆ TMJ | ◆ Meniere's Disease | ◆ Vertigo |



If you answered yes to one or more of these, you could have Binocular Vision Dysfunction (BVD)



Sarah's Headaches

"I've had headaches for the last 8 years. They were so bad that I had to quit my job. I searched everywhere for an answer, including an international headache clinic. I tried everything – treatments, therapies, and so many medications – nothing worked. An acquaintance from the headache clinic told me about her recent experience with vision specialists. My exam was thorough and the Vis-Align™ glasses are incredible. Headaches are rare now and I was able to return to work."

David's Dizziness and Nausea

"I was a healthy 55 year old guy, and then one day I became terribly dizzy and nauseous. I couldn't hold anything down and began to lose a lot of weight. I became so weak, and my balance became so poor, that I couldn't take care of myself. I ended up in a wheelchair in a nursing home. I thought my life was over. Thank goodness my daughter heard about vision specialists. My new glasses have eliminated my dizziness and nausea. I can eat again and walk again. I left the wheelchair and the nursing home behind!"

Sheri's Anxiety

"Anxiety has been a part of my life since I was a teenager. I'd been diagnosed with ADD and assumed it was causing the anxiety. I would sometimes get panic attacks while driving on the freeway. I found vision specialists while searching for answers on the Internet. It's hard to describe (and hard to believe) what a difference my glasses made for me. My anxiety just melted away. I've had no trouble driving on the freeways. I've also noticed my concentration when reading is so much easier now."

In 1995 doctors developed the **NeuroVisual Evaluation™** (a specialized eye exam that finds the hidden misalignment of BVD). Our innovative Vis-Align™ glasses eliminate the need for the body to make any corrections resulting in a marked reduction or even elimination of the symptoms of Binocular Vision Dysfunction (BVD).



6651 Woolbright Rd., Suite 112
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 561-733-9008

To find out, visit:

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Am I Controlling the Way I Think or is it Controlling Me?



Have you ever wondered “what’s going on in her brain” about your 6 year old? Or “what in the world makes him act that way” about your husband? Or have you ever been around someone and struggled to figure out why they say the things that they say?

Psychological theorists such as Albert Ellis have taught us that how we think will directly affect how we feel which in turn affects how we behave. Yes, this is true, but what controls our thinking?

I’ve tried and tried but I feel as if there’s a force that keeps me from fixing this thinking even though I know it needs to change.

Neuroscience research has discovered the phenomenon of “Neuroplasticity” which is simply defined as the brain’s ability to change throughout a person’s life. Researchers believe that our experiences and thoughts can change neuron firing patterns. It is also believed that injuries to either the structure of the brain (lesions, tumors) or to the soft tissue (closed head injury, brain bruise) can also change neuron firing patterns as well as psychological trauma, viruses, and chemicals either from medication, substance abuse, or the environment. And of course, there are many more of us that have inherited a disrupted brain pattern and have to sit back and watch history repeat itself through generations.

We are extremely vulnerable to changes in the neuron firing patterns in our brain. But does that mean that we’re all doomed? Not exactly. Because not all conditions cause disruption, we really have no way of knowing if a traumatic event, hereditary condition or external force will or will not impact our brain. So we’re left wondering, *is my brain pattern controlling me? Or am I controlling my brain pattern?*

First, what does a disrupted pattern look like? Here’s an example; when the neural pattern in the frontal lobe of the brain is disrupted, it is suffice to say that emotions will be impacted. Depending on the precise area as well as details of the disruption, we are able to predict possible executive functioning difficulties, depression, anxiety, negative thinking, word finding problems, OCD behaviors, anger control issues, impulsivity, trauma responses, and problems with social interactions, just to name a few. So as the neuron firing pattern is out of balance or not working properly, our thought patterns can also be out of balance and not working properly.



How do we know **what, where, when** and **how** neural patterns have been disrupted or are “off balance”? Performing a Quantitative EEG (QEEG or Brain Map) is one way Neuroscience practitioners can determine the precise location, “**where**”, as well as details, “**what**”, of the neuron firing disruption. Determining the “**when**” and “**how**” is trickier and requires special conditions in order to provide an accurate hypothesis.

What is a Quantitative EEG (QEEG or Brain Map)? The QEEG is also called a brain map and does just that...it gives us a map of what is going on with the entire brain at one time. We attach electrodes to the whole head, 19 spots, and then record the brain waves with eyes open for 5 minutes and with eyes closed for 10 minutes. This recording is then sent to an independent specialist to be read and analyzed. They are able to not only give us a summary of significant findings but the report also shows the results of analyzing the data several different ways. The brain activity is not only compared spot by spot over the entire head, but we can also look at connections, symmetry, how different parts of the brain are communicating and all of this data is compared to a database of peers (same sex, handedness and age). It can help us see what areas need to be addressed more efficiently than just training spot by spot.

So, what do I do with the information I get from a Brain Map? Here’s where we talk about the good news.

As the concept of Neuroplasticity describes how patterns can veer of course and wreak havoc in our brains and lives, the same concept can be

used to correct disrupted patterns. The technique is called Neurofeedback. Neurofeedback, also known as EEG biofeedback, has been studied and practiced since the late 60’s. It is exercise for your brain by allowing you to see the frequencies produced by different parts of your brain in real-time and then through visual and auditory feedback, teaches the brain to better regulate itself. Neurofeedback can be used to help detect, stimulate, and/or inhibit activity in the brain safely and without medication. It can help restore a wider “range of motion” in brain states, much like physical therapy does for the body.

While the client sits comfortably watching a movie or pictures appear on the screen (a calm and focused state), the EEG equipment measures the frequency or speed at which electrical activity moves in the areas where electrodes have been placed. This information is sent to the therapist’s computer. The therapist



is then able to determine what frequencies are out of balance. For example, when the EEG shows that you are making too many “slow” or “sleepy” waves (delta/theta) or too many “fast” waves (high beta), the therapist adjusts a reward band to encourage more balanced activity. This encouragement or “reward” happens through visual recognition of the changes on the screen and the auditory reinforcement of “beeps”.

Now that we understand that neuron firing in the brain is affected by our thinking and that we can change our thinking by changing the neuron patterns in the brain through Neurofeedback, the next step is simple. Getting started is easy, just give us a call. The Brain and Wellness Center staff will answer all of your questions, and help you get scheduled. If you are wondering what services are best for you? We can help determine that at the time of the intake, in a telephone consultation, or you can schedule a face to face consultation and see our facility. Call, email or message us today! Brain and Wellness Center, 7301 W. Palmetto Park Rd., Suite 102A, Boca Raton, FL 33433. **(561) 206-2706**, e-mail us at info@bocabraincenter.com, or text us at **(561) 206-2706** or visit our website at www.BocaBrainCenter.com.

Renee Chillcott, LMHC

Renee Chillcott is a Licensed Mental Health Counselor that has been practicing Neurofeedback training since 2005. Renee holds a BA degree from The University of Central Florida and a Master’s Degree in Psychology from Nova



Southeastern University. She is a Licensed Mental Health Counselor and is the owner/operator of The Brain and Wellness Center, located in Boca Raton. At The Brain and Wellness Center, adults, teens, children and families enjoy a variety of services from multiple providers. Neurofeedback, Brain Mapping, Acupuncture, Nutritional Counseling, Learning Programs, and counseling are among a few of the services offered.



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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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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.

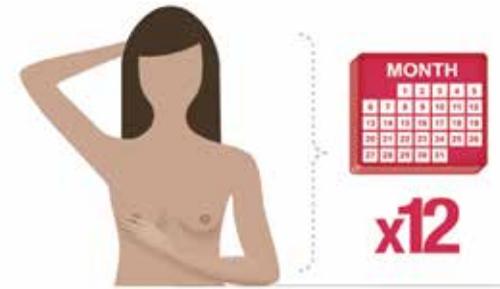


OTHER POSSIBLE SYMPTOMS OF BREAST CANCER INCLUDE:

- 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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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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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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