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Health & Wellness[®] MAGAZINE

January 2017

South Palm Beach Edition - Monthly

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IN THE NEW YEAR**

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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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How To 'Banish Baldness' in the New Year

By Dr. Alan J. Bauman

As we kick off the New Year, many people are working hard to keep their resolutions to improve their health and appearance. For some, this means diets and gym memberships, and for others, it means not only admitting they're losing their hair, but taking action and actually doing something about it.

If you think you're losing your hair, you're not alone --consider that over 80 million men and women in the U.S. suffer from hair loss. Unfortunately, seeking help for hair loss still seems to have a negative stigma attached to it. Not seeking professional help at the first signs of hair loss means we are only hurting ourselves. Delaying treatment is especially detrimental because in most cases, hair loss is a progressive

condition that advances and worsens over time; the sooner we act, the better the chances of slowing, stopping and perhaps even reversing the hair loss process. The good news is that for mostly everyone, hair loss is a treatable condition, and the earlier we get started on preventive or restorative therapies, the better the odds for banishing baldness and retaining a full, healthy head of hair.

For those seeking their best possible head of hair as part of their resolutions this coming year, here is a look at what the process should look like:

STEP 1: FINDING A DOCTOR

The first step in treating hair loss is finding the right doctor. Many hair loss patients are unaware of the qualifications, training and expertise required to properly treat hair loss. After a chat at the salon with their hairstylist, they may end up asking their primary doctor, visiting their general dermatologist or hometown cosmetic surgeon for advice. However, in order to achieve optimal results, it is important to consult with an experienced hair restoration physician—a doctor who specializes exclusively in the medical diagnosis, treatment and tracking of hair loss and hair growth. You should look for someone who is board-certified in hair restoration. Only a qualified and experienced hair restoration physician can prescribe the latest and most effective multi-therapy treatment options, as well as track your progress and make sure your hair loss treatments are in fact working.

STEP 2: DIAGNOSING THE PROBLEM

Once you've found a doctor, he or she will help you identify risk factors and assess where you are in the hair loss process. This requires a discipline, methodology and science that is much more involved than merely looking for bald spots. This is one of the reasons why new diagnostic tools, like HairCheck, are so important. HairCheck is a highly sensitive hand-held 'trichometer,' device that measures hair caliber and density together and expresses them as a single number (called the Hair Mass Index (HMI) or "Hair Number"). This number is then used to accurately assess hair loss, growth and breakage on any area of the scalp. By tracking these numbers, your doctor can help you determine the extent and rate of your hair loss and/or breakage and inform you of any changes over time. This information also makes it infinitely easier to catch hair loss before it becomes significantly noticeable. Another tool that a doctor can use to help diagnose and treat hair loss is a genetic test which can determine a man's (and woman's) risk for losing hair; This is valuable information to help justify starting preventative hair loss treatments early.

STEP 3: TREATMENT OPTIONS

Once the extent of your hair loss and the causes behind it have been evaluated, your physician may recommend both medical therapies and lifestyle changes. Medical treatments that may help mitigate hair loss include a specially compounded

prescription minoxidil solution, platelet-rich plasma (PRP) treatments, prostaglandin analogs, low-level laser light therapy, and nutritional supplements. In advanced cases, hair transplantation may be the best strategy for permanently banishing hair loss. New microsurgical no-scalpel/no-stitch hair follicle harvesting techniques like NeoGraft FUE or ARTAS robotic-assisted transplants allow for a comfortable and minimally-invasive no-linear-scar “follicle-by-follicle” approach. For those who aren’t candidates for transplantation or certain medical treatments due to autoimmune alopecias, scalp injury or chemotherapy, new 3D printed hair and scalp cranial prosthesis devices are a promising and life-changing option. Depending on your evaluation, the best strategy may require a multi-therapy approach with routine follow-ups to track and see how well everything is working.

STEP 4: MAKING THE COMMITMENT

There is one more critical step required once a person decides to start any type of treatment for their hair loss; they need to make a commitment to stick with their treatment regimen. One of the hardest parts of treating hair loss in both men and women, is helping the person understand that it is a long-term process. Just like hair loss, initial changes in hair regrowth take time and can be subtle before they are noticeable to the naked eye. When treating hair loss, it is important to keep in mind that it can take more than a year to see the full, final results from treatments, so many end their treatment early, disrupting and reversing any progress that had been made. Regular follow-up appointments should be performed every 90 days while undergoing treatment. These visits can help ensure the person is responding to their treatment regimen and getting the best results possible.

Hair loss is a progressive but treatable condition, which means that the earlier the treatment is started, the better your chances of success.



FINDING A HAIR RESTORATION PHYSICIAN WHO CAN PROVIDE YOU WITH A “MASTER PLAN”

- A hair restoration physician is someone who specializes exclusively in the medical diagnosis, treatment and tracking of hair loss.
- Look for physicians who are board-certified in hair restoration by the American Board of Hair Restoration Surgery, accepted members of the International Alliance of Hair Restoration Surgeons and recommended by the American Hair Loss Association.
- Due to the limited number of board-certified hair restoration physicians worldwide, prospective patients should absolutely be able to consult with the physician long-distance.
- Medical doctors who do not specialize in hair restoration (general practitioners, dermatologists, etc.) may not be up to date on the latest treatment methods and technologies. Before choosing your doctor, check their level of experience and qualifications, read their patient reviews, ask for before-and-after pictures and, most importantly, ask lots of questions.

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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By Aaron Rosenblatt, MD



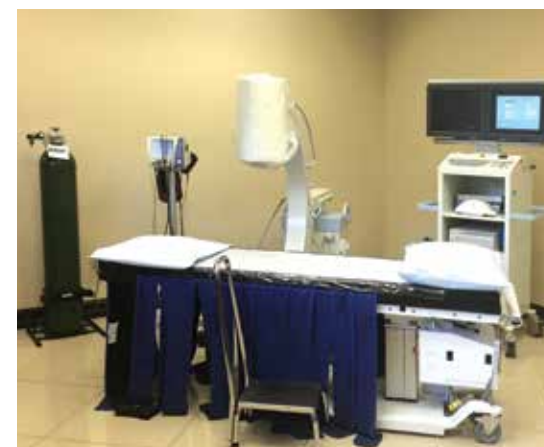
Back surgeries can fail for a devastatingly simple reason; the operation was not the right treatment, because the surgeon never pinpointed the source of the pain. As a result, patients may be just as miserable as they were before, or worse off. Unfortunately a desperate number choose to try surgery again. This is usually the wrong decision as well and this should be avoided. Statistics show also that by two years after a patient's first surgery, about 8% of patients have had another operation and by 10 years after, the rate jumps to 20%, an analysis of Washington State hospital data found.

There is no one best way to treat everyone. But the chance of finding relief for ongoing pain unquestionably lies in understanding what has gone wrong. This is not an easy task. Then seeing the most appropriate specialist for your problem and asking the right questions is quite important. With back problems, perhaps more than with any other medical condition, getting the best care at the utmost importance. The most important doctor you can see, at this point, is an Interventional Pain Management Specialists like Dr. Aaron Rosenblatt. A well qualified and certified doctor like him can evaluate a patient completely. He will order the appropriate scans and or test needed in order to come up with a plan to properly diagnose and the treat the issues **WITHOUT SURGERY.**

Once all of the appropriate tests are done Dr. Rosenblatt can see what diagnostics need to be completed in his state-of-the-art pain management facility. That's why it's critical to have a thorough workup. To get a sense of the cause of your pain X-rays and MRI/CT scans can be helpful but just because these

scan say you have a disc problem here and or an arthritic problem there does not mean that this is where your pain is generated from.

As an interventionalist, Dr. Rosenblatt will take this information and set up diagnostic tests within his office to properly pinpoint the exact regions of the spine which require any type of treatment. Without these diagnostic tests, the wrong diagnoses can be made and then ineffective treatment with surgery becomes likely. That's because high-tech images routinely uncover bulging discs and other "abnormalities." Dr. Rosenblatt will use this information and interventional techniques to avoid surgery.



Trouble is, many findings on scans often have nothing to do with what's hurting. If you take 100 people off the street and give them MRI's or Cat Scans, 33% of them, even if they had no back pain whatsoever, would have obvious structural problems. Data also points out that less than 5% of all patients who experience back pain will EVER require surgery but, unfortunately, a much higher percent of patients wind up with an operation. We will help avoid this situation.

Here's the real problem... Patients tend to think of back surgery as the BIG CURE or consider it the treatment that will work successfully. Sometimes, in our desperation to get our lives back, it may seem like a good idea to jump over those less invasive procedures and go right to the big one. This is rarely true.

Dr. Rosenblatt says, "Per my experience, it is rarely the case that a patient I see in my office will ever require surgery for pain. I also see too many patients who have already had 1 or more back surgeries without any relief." Surgery should NEVER be seen as worth trying for pain. This approach usually fails to help patients overcome their pain and now their spines are complicated and worse off due to after effect of surgery.

If a doctor recommends an operation, get a second opinion as soon as possible. A good surgeon should understand that you need to be comfortable with any decision and prior to having a surgery other opinions are necessary. For a truly useful second look, Dr. Rosenblatt can fully evaluate this situation and give what options exist.



Dr. Rosenblatt explains, "There have been too many times where patients were scheduled for one type of surgery and something totally different was causing their pain. Specifically, issues with sacroiliac joints, hips and other regions of the body can mimic pain which would also NOT require surgery."

Dr. Rosenblatt continues, "I'm always trying to help a patient fully understand what is causing them a pain issue. This is usually pinpointed easily, diagnosed properly and then treated successfully without the need for any type of surgery."

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

to benefit and also help avoid surgery. Every patient is evaluated by Dr. Rosenblatt and a comprehensive treatment plan is always made. Patients are all seen by Dr. Rosenblatt himself. Patients are NOT seen by PA's (physician assistants) or NP's (nurse practitioners). Dr. Aaron Rosenblatt is double board certified in Pain Management and also in Physical Medicine and Rehabilitation. He runs on time and does not make patients wait hours in his office to see him. 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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MY STORY

Providing medically advanced care to his patients is a top priority for Marc Weinberg, DC, of Active Health Center. When a neck injury nearly caused him to sell his practice almost nine years ago, he was devastated with the prospect. But constant, debilitating pain nearly left him with no other choice.

“I was at a Miami Dolphins football game when suddenly I was hit in the back of the neck with a water bottle that came flying at me like a missile from the upper deck,” Dr. Weinberg recalls. “It definitely hurt a lot, trust me. I managed to make it through the remainder of the game, but over the next few days, I noticed swelling and I started to experience regular headaches.

“Over a period of months, my condition worsened, every little thing I did triggered pain,” he continues. “I experienced confusion, or commonly called *brain fog*. It became more and more difficult to concentrate. I feared I was at a point where I needed to sell my practice as could no longer see my patients, and care for them, due to my own injury and its effects.”

Dr. Weinberg describes how the injury also affected his personal life.

“I couldn’t even sit on the bleachers to watch my kids play baseball. I was very active and I enjoyed playing racquetball, golf and tennis and had to stop all three.”

Dr. Weinberg had two torn ligaments in his neck, an injury similar to whiplash resulting from a car accident. There was no strength in his neck to support the head on his shoulders.

“I lived in constant pain,” he explains. “I couldn’t sit in a chair or on the couch. At the end of my workday, I would lie on my office floor in agony hoping to get relief.”

He tried chiropractic and physical therapy, but to no avail. At one point, he was told that he needed to stabilize his neck by wearing a collar.

“At that point, I thought to myself, *I can’t imagine walking into a chiropractor’s office and seeing the doctor in a neck brace*. All I could think of was how that would look to my own patients. That was my turning point. If I wanted to continue to treat my own patients, I needed to find a way to fix this problem. I dove into researching evidence-based *neck rehabilitation*, and I found information on the MCU, or Multi-Cervical Unit, machine.

“I read about an upcoming physical therapy convention in Orlando where this machine would be on display, and I went to see it for myself.”

HOW IT WORKS

Dr. Weinberg says that the MCU is both diagnostic and therapeutic, so going to the convention to see it was a great opportunity for him to try it out himself.

“At the convention, I used the machine, and what’s great about it is that it performs both the diagnostic testing and the treatment, so there is no guesswork. This makes the treatment precisely targeted and individualized for each patient’s specific needs.”

“During testing, a person is put through a series of isometric strength exercises where you don’t even need to move, while the machine records sixteen different ranges of motion. If it is determined that you are a candidate for the MCU, you are then prescribed a customized series of exercises, as I was. The MCU helps to restore strength and function of the cervical spine. The average treatment regimen is nine weeks, but for many the prescribed regimen is shorter. The treatment is completely painless.”

Dr. Weinberg’s own evaluation showed that there was no strength in his neck to support his head. “This is why no matter what I did, even something as simple as picking up a bag of groceries, my neck would flare up,” he describes. “I was so impressed with the way this machine works that I knew I had to have one in my own office. I wanted to provide my patients with this advanced technology for treating neck injuries.”



“

The MCU has changed so many lives. These people had very similar stories to mine where they tried everything from chiropractic to injections to therapy and nothing worked. Once they tried the MCU, they were able to get back to living normal, productive lives, with no more pain.

”

THE MULTI-CERVICAL UNIT

“My office acquired the MCU in November 2008. We were the first practice in the state of Florida to use one of these machines,” Dr. Weinberg shares. “Since then, other offices in Central Florida have seen the benefits and have acquired the MCU.”

Dr. Weinberg says he now has two of the MCU machines in his office.

“The MCU has changed so many lives. These people had very similar stories to mine where they tried everything from chiropractic to injections to therapy and nothing worked. Once they tried the MCU, they were able to get back to living normal, productive lives, with no more pain.”

Dr. Weinberg notes that the MCU is not the sole treatment used, but part of a customized treatment plan.

“Many of our patients receive hands-on care with our physical therapist in conjunction with the MCU treatment, but the MCU is the missing piece of the neck pain puzzle.”

SHARING HIS OWN EXPERIENCE

“I have learned, and research has proven, that neck weakness will lead to neck pain, and you have to address the neck weakness in order to treat the pain,” explains Dr. Weinberg. “That is exactly what this machine does. It strengthens specific neck muscles.”

Until the MCU came along, Dr. Weinberg notes, there was no technology to objectively measure and treat neck weakness. “Research confirms the MCU to be the absolute best way to strengthen the neck,” he states. “I am living proof of that.”

Because of his own unique experience and the positive results he achieved with the MCU,

Dr. Weinberg says he is often invited to participate in public speaking engagements to talk about neck strengthening with the MCU.

“I want to share my story because I think it is important for other chiropractors who may be thinking about purchasing this machine to hear it. I want them to listen to what I have learned about neck strengthening and how this machine helped me and how I use it to help others.”

Dr. Weinberg says he is thankful he was not forced into closing his practice and adds that he is back to enjoying tennis, golf and all the other activities he once had to stop participating in.

“I feel like myself again, and I owe it all to the MCU machine,” he confirms. “And best of all, I am thrilled to be able to share the amazing capabilities of the MCU with my patients.”

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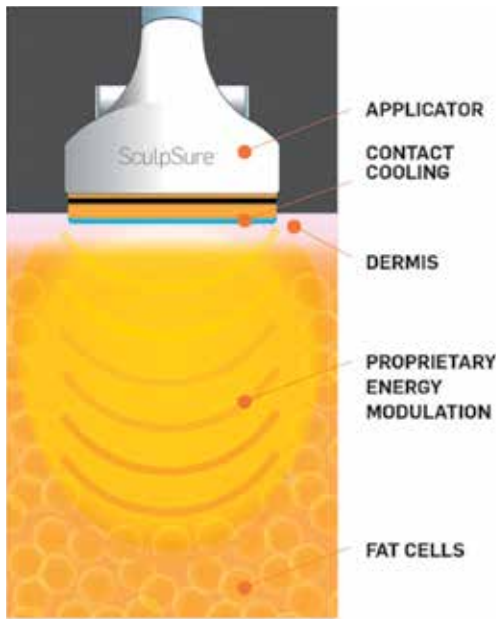
Are There Any New Technologies For Fat Reduction?

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

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

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

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



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

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

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January is Thyroid Awareness Month

Forgetful or Feeling Fatigue? You might have *Hypothyroidism*

We've all experienced changes in our bodies from time to time that seem more of a nuisance than a medical issue. Take, for example, forgetfulness or fatigue, difficulty falling asleep or staying asleep, perhaps even muscle or joint pain. Too often we chalk these symptoms up to the stresses of modern life or simply getting older. And that may seem to be reasonable.....that is, until these changes become pervasive, persistent and bring day-to-day life as you know it to a grinding halt.

Hypothyroidism, an often-hidden health problem in which the thyroid, the master gland of metabolism, produces less hormones than the body needs, impacting virtually all organ systems in the body. It is one of the most misunderstood, misdiagnosed and prevalent medical conditions in the U.S. Studies estimate that more than 10 percent of the general population suffers from the disease. Yet hypothyroidism frequently goes undiagnosed.

Here are the fundamentals regarding what you need to know about the symptoms of hypothyroidism, how the disease is diagnosed and treatment options.

Suspect.

For a condition that affects so many and whose impact can be devastating, it might seem odd that there seems to be a lack of knowledge about hypothyroidism (and thyroid disease in general). But there are several reasons for this.

The early effects of hypothyroidism are often mild, appear gradually and aren't concentrated in a single area of the body, so it's easy to disregard them or attribute them to other causes. Also, two people with the disease may have entirely different symptoms, and one person's symptoms can develop quickly, while the other



person's may take years to emerge. Some people with hypothyroidism have no symptoms at all. And as we age, diminished or faulty hormone production is common, so it's understandable that older patients in particular often go undiagnosed. Plus the body has the ability to compensate somewhat over the short term by increasing the stimulation to the thyroid to produce more hormones.

However, as production of thyroid hormone decreases and the body slows down, the disease progresses and classic symptoms of the condition begin to appear. They may include any of the following:

- **Constant fatigue:** Low thyroid function results in less energy.
- **Depression:** Fatigue is often accompanied by depression. Body functions slow down, including the brain. Routine mental tasks become more difficult. Appetite may decrease and you may sleep more.

- **Weight gain and fluid retention:** An underactive thyroid slows down all your body processes (your metabolism). With lower energy needs, you require fewer calories, so your appetite can decline, but your body converts fewer calories into energy, leading to weight gain. Fluid retention occurs due to decreased excretion of sodium and water by the kidneys.

- **Dry, brittle hair and nails:** Nails and hair are composed of very active cells that are highly sensitive to the metabolic slowdown seen in hypothyroidism.

- **Dry, itchy skin:** Skin issues are among the most common symptoms of hypothyroidism. When your body slows down it produces less heat and you sweat less, leading to dry skin.

- **Muscle or joint pain or stiffness:** Many people with hypothyroidism experience aches and pains that resemble arthritis.

- **Constipation:** The muscles of the digestive tract contract to move its contents through the bowel. Hypothyroidism slows down these contractions.
- **Sensitivity to cold:** This is due to the body conserving heat energy by constricting the blood vessels to the skin, minimizing heat loss.
- **Menstrual cycle changes:** Hypothyroidism causes an imbalance of female hormones, leading to excessive and irregular menstrual bleeding.
- **Slow pulse:** Low levels of thyroid hormone commonly cause the heart to beat more slowly than normal, a condition called bradycardia.
- **High cholesterol:** Low levels of thyroid hormone cause the liver to make fewer LDL receptors, which pull LDL (bad) cholesterol out of the blood.
- **Increased sensitivity to medication:** A slower metabolism alters the way in which the body processes medication or clears it from the system, causing medications to be more potent or have more side effects.

Although symptoms can vary dramatically from person to person, and not every symptom means that you have an underactive thyroid, if you have been suffering from health issues and your physician has yet to determine what the underlying cause is, ask to have your thyroid function checked.

Before you can fully understand what doctors are looking for when they suspect hypothyroidism, it is helpful to know some details regarding how the complex interactions and connections between the thyroid and the body's other endocrine systems work together to keep your body in balance.

The thyroid gland weighs less than 1 ounce and is located at the front of your throat below the voice box (larynx). Shaped like a butterfly, the thyroid has two lobes connected by a middle section of tissue called the isthmus. The thyroid extracts iodine that has been passed into the bloodstream from food that we eat and uses it to make two kinds of hormone: T4, or thyroxine, which is relatively inactive, and T3, or triiodothyronine, the more active thyroid hormone. As thyroid hormone is produced, it is stored in microscopic follicles in the thyroid gland. When your body needs the hormone, the thyroid releases a

small amount of T3 into the bloodstream along with T4, which is converted to "active" T3. The T3 travels through the blood to the liver and other organs in quantities needed to meet your cells' metabolic needs. The thyroid itself gets its direction from the pituitary gland, a pea-sized structure located at the base of the brain which releases thyroid stimulating hormone (TSH) that tells the thyroid how much hormone to make. When the thyroid does not produce enough hormone, the pituitary gland produces more TSH in order to stimulate it. Hence, an elevated TSH level indicates hypothyroidism.

Detect.

When visiting a doctor to be assessed for possible thyroid problems, you will be asked to provide a medical history, highlight any troubling symptoms you are experiencing. The physician will also perform a physical exam to look for signs of the disease. He/she will assess the size of your thyroid gland and look for enlargement by manually feeling around your neck area. He/she will also check for any signs of hypothyroidism, such as dry skin, a puffy appearance and coarse or thinning hair.

If your doctor suspects thyroid dysfunction, diagnostic tests will be ordered, beginning with blood work. Only blood tests can confirm if you are hypothyroid, and a test that measures TSH levels in your blood is the single best indicator. Thyroid hormone levels may be checked to determine the severity of disease as well as antibodies against the thyroid to determine its cause.

If you are found to have a TSH level that does not fall within an established "reference range," your doctor may likely recommend treatment. And if a primary care physician diagnoses your thyroid disorder, you may be referred to an endocrinologist, a medical doctor whose specialty is the body's glandular, or endocrine, system.

Defeat.

The goal of hypothyroidism treatment is to replicate normal thyroid function and return your body to a balanced state. Standard treatment consists of daily intake of a synthetic thyroid hormone, levothyroxine sodium, which comes in pill form and works in the same way your own thyroid hormone would normally work. The initial dose is carefully selected by the physician based on your age, weight, gender, other medical conditions and the

severity of your hypothyroidism. You should consult with your endocrinologist about other medications you are taking, such as iron or calcium supplements, antacids, and cholesterol-lowering medications, since they can interfere with the effectiveness of thyroid medicines.

Because each person's thyroid hormone needs are very precise, finding the proper dose of levothyroxine can take some time and adjustments in medication dosage are typical until the patient's TSH level is within normal range. Keep in mind that the medication is slow-acting, so you are unlikely to feel its full effects immediately.

Once the thyroid hormone dosage that is right for you has been determined, you should stick to the same dosage of the same medication, whether brand name or generic manufacturer, and take it at the same time each day.

Once you and your doctor agree on the brand and thyroid hormone dosage that is right for you, you should not switch the brand of hormone replacement medication you are taking. While each brand is FDA-approved and all have the same active ingredient, inactive ingredients vary from brand to brand and can have a significant impact on how much T4 your body absorbs. However, sticking with the same generic formulations may be difficult. Pharmacies often dispense different generic drugs based on what is in stock, the cost of the medicines and the formulation's availability. If your insurance plan only covers generic drugs, make sure your pharmacist provides the same pills from the same manufacturer every time.

Patients should experience relief from some symptoms within a few weeks, while some changes such as dry skin may not improve until several months after starting treatment. Once your TSH levels are stabilized, they'll typically be checked every six months and the dosage adjusted if necessary.

Since most cases of hypothyroidism in adults are permanent and often progressive, many patients need to take thyroid medication throughout their lives. The good news is that the medication is relatively inexpensive, has minimal side effects and can restore a hypothyroid patient to optimal health.

Source: thyroidawareness.com

WHAT IS AGE-RELATED MACULAR DEGENERATION?

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

Age-related macular degeneration (AMD) is a deterioration or breakdown of the eye's macula. The macula is a small area in the retina — the light-sensitive tissue lining the back of the eye. The macula is the part of the retina that is responsible for your central vision, allowing you to see fine details clearly.

The macula makes up only a small part of the retina, yet it is much more sensitive to detail than the rest of the retina (called the peripheral retina). The macula is what allows you to thread a needle, read small print, and read street signs. The peripheral retina gives you side (or peripheral) vision. If someone is standing off to one side of your vision, your peripheral retina helps you know that person is there by allowing you to see their general shape.

Many older people develop macular degeneration as part of the body's natural aging process. There are different kinds of macular problems, but the most common is age-related macular degeneration.

With macular degeneration, you may have symptoms such as blurriness, dark areas or distortion in your central vision, and perhaps permanent loss of your central vision. It usually does not affect your side, or peripheral vision. For example, with advanced macular degeneration, you could see the outline of a clock, yet may not be able to see the hands of the clock to tell what time it is.

Causes of macular degeneration include the formation of deposits called drusen under the retina, and in some cases, the growth of abnormal blood vessels under the retina. With or without treatment, macular degeneration alone almost never causes total blindness. People with more advanced cases of macular degeneration continue to have useful vision using their side, or peripheral vision. In many cases, macular degeneration's impact on your vision can be minimal.

When macular degeneration does lead to loss of vision, it usually begins in just one eye, though it may affect the other eye later.

TYPES OF MACULAR DEGENERATION: DRY MACULAR DEGENERATION AND WET MACULAR DEGENERATION

There are two types of macular degeneration:

Dry, or **atrophic**, macular degeneration (also called **non-neovascular macular degeneration**) with drusen.

Most people who have macular degeneration have the dry form. This condition is caused by aging and thinning of the tissues of the macula. Macular degeneration usually begins when tiny yellow or white pieces of fatty protein called drusen form under the

retina. Eventually, the macula may become thinner and stop working properly.

With dry macular degeneration, vision loss is usually gradual. People who develop dry macular degeneration must carefully and constantly monitor their central vision. If you notice any changes in your vision, you should tell your ophthalmologist (Eye M.D.) right away, as the dry form can change into the more damaging form of macular degeneration called wet (exudative) macular degeneration. While there is no medication or treatment for dry macular degeneration, some people may benefit from a vitamin therapy regimen for dry macular degeneration.

USING AN AMSLER GRID TO TEST FOR MACULAR DEGENERATION

If you have been diagnosed with dry macular degeneration, you should use a chart called an Amsler grid every day to monitor your vision, as dry macular degeneration can change into the more damaging wet form.

To use the Amsler grid, wear your reading glasses and hold the grid 12 to 15 inches away from your face in good light.

- Cover one eye.
- Look directly at the center dot with the uncovered eye and keep your eye focused on it.
- While looking directly at the center dot, note whether all lines of the grid are straight or if any areas are distorted, blurry or dark.
- Repeat this procedure with the other eye.
- If any area of the grid looks wavy, blurred or dark, contact your ophthalmologist.
- If you detect any changes when looking at the grid, you should notify your ophthalmologist immediately.

Wet, or exudative, macular degeneration (also called neovascular macular degeneration)

About 10 percent of people who have macular degeneration have the wet form, but it can cause more damage to your central or detail vision than the dry form.

Wet macular degeneration occurs when abnormal blood vessels begin to grow underneath the retina. This blood vessel growth is called choroidal neovascularization (CNV) because these vessels grow from the layer under the retina called the choroid. These new blood vessels may leak fluid or blood, blurring or distorting



central vision. Vision loss from this form of macular degeneration may be faster and more noticeable than that from dry macular degeneration.

The longer these abnormal vessels leak or grow, the more risk you have of losing more of your detailed vision. Also, if abnormal blood vessel growth happens in one eye, there is a risk that it will occur in the other eye. The earlier that wet macular degeneration is diagnosed and treated, the better chance you have of preserving some or much of your central vision. That is why it is so important that you and your ophthalmologist monitor your vision in each eye carefully.

MACULAR DEGENERATION SYMPTOMS

In its earliest stages, people may not be aware they have macular degeneration until they notice slight changes in their vision or until it is detected during an eye exam. People who are at risk for macular degeneration should have regular eye exams to test for macular degeneration and, if diagnosed, be

DRY MACULAR DEGENERATION SIGNS AND SYMPTOMS

- Blurry distance and/or reading vision
- Need for increasingly bright light to see up close
- Colors appear less vivid or bright
- Hazy vision
- Difficulty seeing when going from bright light to low light (such as entering a dimly lit room from the bright outdoors)
- Trouble or inability to recognize people's faces
- Blank or blurry spot in your central vision

Dry macular degeneration can affect one or both eyes. You may not notice vision changes if only one eye is affected, as your unaffected eye will compensate for vision loss in the other eye.

WET MACULAR DEGENERATION SIGNS AND SYMPTOMS

- Distorted vision — straight lines will appear bent, crooked or irregular
- Dark gray spots or blank spots in your vision
- Loss of central vision
- Size of objects may appear different for each eye
- Colors lose their brightness; colors do not look the same for each eye

Wet macular degeneration symptoms usually appear and get worse fairly quickly.

WHO IS AT RISK FOR MACULAR DEGENERATION?

Recently much new information on macular degeneration has been discovered. Genetic changes appear to be responsible for approximately half the reason for individuals getting macular degeneration. Additionally, there are other risk factors for developing the disease. Many older people develop macular degeneration as part of the body's natural aging process. One large study found that the risk of getting macular degeneration jumps from about 2 percent of middle-aged people in their 50s to nearly 30 percent in people over age 75.

Oxidative stress and macular degeneration

Our bodies constantly react with the oxygen in our environment. Over our lifetimes, as a result of this activity, our bodies produce tiny molecules called free radicals. These free radicals affect our cells, sometimes damaging them. This is called oxidative stress and is thought to play a major role in how macular degeneration develops. Approximately 1 in 3 Caucasians have genetic changes that make them more prone to damage from oxidative stress, which can lead to macular degeneration.

Macular degeneration in families

Heredity is another risk factor for macular degeneration. People who have a close family member with the disease have a greater chance of developing macular degeneration themselves.

Inflammation and macular degeneration

Some studies have shown that inflammation (swelling of the body's tissues) may play a role in macular degeneration development. Inflammation is the way the body's immune system fights off infection or other things it considers "invaders." But an overactive immune system with its associated inflammation may be a risk factor for macular degeneration.

Smoking, high blood pressure and abnormal cholesterol and macular degeneration

Smoking and high blood pressure are associated with the wet form of macular degeneration. Research also suggests there may be a link between being obese and having early or intermediate-stage macular degeneration develop into the advanced (wet) form.

Another risk factor for developing macular degeneration may include having abnormal cholesterol levels or having high blood pressure (called hypertension).

MACULAR DEGENERATION TREATMENT

The Age-Related Eye Disease Study 2 (AREDS2) showed that among people at high risk for developing late-stage, or wet, macular degeneration (such as those who have large amounts of drusen or who have significant vision loss in at least one eye), taking a dietary supplement of vitamin C, vitamin E, lutein and zeaxanthin, along with zinc, lowered the risk of macular degeneration progressing to advanced stages by at least 25 percent. The supplements did not appear to provide a benefit for people with minimal macular degeneration

or people without evidence of the disease during the course of the study.

Following is the nutrient supplementation shown to be beneficial in lowering the risk of macular degeneration progressing to advanced stages:

Vitamin C – 500 mg; Vitamin E – 400 IU; Lutein – 10 mg; Zeaxanthin – 2 mg; Zinc oxide – 80 mg; Copper (as cupric oxide) – 2 mg (to prevent copper deficiency, which may be associated with taking high amounts of zinc)

Another large study in women showed a benefit from taking folic acid and vitamins B6 and B12. Other studies have shown that eating dark leafy greens, and yellow, orange and other colorful fruits and vegetables, rich in lutein and zeaxanthin, may reduce your risk for developing macular degeneration.

These vitamins and minerals are recommended in specific daily amounts in addition to a healthy, balanced diet. Some people may not wish to take large doses of antioxidants or zinc because of medical reasons.

It is very important to remember that vitamin supplements are not a cure for macular degeneration, nor will they give you back vision that you may have already lost from the disease. However, specific amounts of these supplements do play a key role in helping some people at high risk for developing advanced (wet) AMD to maintain their vision, or slow down the progression of the disease.

Talk with your ophthalmologist to find out if you are at risk for developing advanced macular degeneration, and to learn if supplements are recommended for you.

WET MACULAR DEGENERATION TREATMENT

Treating the wet form of macular degeneration may involve the use of anti-VEGF treatment, Micro-Pulse Laser Treatment of wet macular degeneration generally reduces—but does not eliminate—the risk of severe vision loss.

Anti-VEGF medication injection treatments for wet macular degeneration

A common way to treat wet macular degeneration 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 for wet AMD that can block the trouble-causing VEGF. Blocking VEGF reduces the growth of abnormal blood vessels, slows their leakage, helps to slow vision loss, and in some cases improves vision.

Your ophthalmologist administers the anti-VEGF drug (such as Avastin, Lucentis, and Eylea) 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 drop or injection

of anesthetic with a very fine needle to numb your eye. You may receive multiple anti-VEGF injections over the course of many months. Repeat anti-VEGF treatments are often needed for continued benefit.

In some cases, your ophthalmologist may recommend combining anti-VEGF treatment with other therapies. The treatment that's right for you will depend on the specific condition of your macular degeneration.

Micro-Pulse Laser treatment for wet macular degeneration

Although most cases of wet AMD are treated with medication, in some instances thermal laser therapy may be used. 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, it is likely that 50 percent of patients with wet macular degeneration who receive this laser procedure will need a re-treatment within three to five years. You may be instructed to use the Amsler grid daily to monitor your vision for signs of change.



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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."*



www.southfloridacbd.com



THE HOLIDAYS ARE OVER... WHY AM I STILL ANXIOUS?

By Renee Chillcott, LMHC

Late nights, holiday food, visiting with relatives and financial strain may have caused the Holidays to be not quite joyful and bright, but now that it's over and I am back to my routine, why do I still feel so anxious? I'm having trouble falling or staying asleep, I am obsessively thinking or worrying about things and I'm irritable or easily frustrated. My anxiety seems to sometimes be manageable and other times completely out of control and I may even be experiencing panic or anxiety attacks. Nothing seems to really make it better. What can I do?

WHERE DO I START?

First, there is a difference between anxiety and stress. Anxiety is a pattern in the brain and stress (physical or emotional) is a condition caused by an external force. Second, Neurofeedback can help. Strong research evidence indicates that there are functional brain abnormalities associated with anxiety and panic disorder and post-traumatic stress disorder (PTSD). And Neurofeedback training corrects functional brain abnormalities. Simply put, Neurofeedback corrects the anxiety patterns in your brain, thus allowing you to handle stress with ease.

HOW DOES NEUROFEEDBACK WORK?

Neurofeedback, also known as EEG biofeedback, has been studied and practiced since the late 60's. It is exercise for your brain; 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. Allowing you to be more "flexible" in stressful situations.



WHAT DO I HAVE TO DO?

While the client sits comfortably watching a movie or pictures appear on a monitor (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) in the center of the frontal lobe (Anterior Cingulate) you may experience worrying, obsessing, not being able to let things go; or if too many "fast" waves (high beta) are firing in the left temporal or parietal lobe, you may experience trouble sleeping, racing thoughts, panic attacks, physically unsettled. The therapist adjusts a reward band to encourage more balanced activity and this encouragement or "reward" happens through an auditory reinforcement of "beeps" and sometimes through visual reinforcement of changes on the screen.

WHAT SHOULD I EXPECT?

Mental clarity improves when you operate a calmer, more efficient brain. As you learn to slow down "inner chatter" or activate a "sleepy" brain, you become more effective at responding to stress and adapt more readily to different situations, both psychologically and physically. Parenting becomes less exhausting, appointments are more easily kept, decision-making improves, sleep improves, frustration reduces and mood swings and overwhelmed/depression lifts.

HOW DO I GET STARTED?

Getting started with Neurofeedback is fairly simple. Call, text, or email our office to set up an intake session. At the intake session, you will receive a clinical interview, treatment plan recommendations, and a Neurofeedback session.

CALL TO MAKE
AN APPOINTMENT TODAY!

www.sflHealthandWellness.com



Renee Chillcott, LMHC

Renee Chillcott is a Licensed Mental Health Counselor that has been practicing Neurofeedback training since 2005. Renee attended The University of Central Florida where she received her Bachelor of Arts Degree in Psychology in 1995. She then went on to complete her Master's Degree in Mental Health Counseling with Nova Southeastern University in 2001. She has been a mental counselor in a variety of settings including Outpatient Treatment Agencies, Alternative Education Settings, and Private Practice. Renee received her license in Mental Health Counseling in 2004. Renee decided to enter the field of Neurofeedback because there was very little information made available to people/parents about alternatives to medication. Through the use of Neurofeedback she saw more significant and permanent changes in not only her clients, but also her own family and herself. This inspired her to become 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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Compression Devices:

Effective Treatment for Limb Swelling

By Alyssa Parker

Many individuals attempt to manage their limb swelling through various treatments such as compression stockings, exercise, diuretics, and elevation with little or no results. Limb swelling, also known as edema, may be a symptom of an underlying medical condition. Some of the most common conditions where limb swelling is the first symptom include venous insufficiency, post operative trauma, infection, and lymphedema. Clinicians may overlook the cause of your swelling; Lymphedema or venous insufficiency is not always evident in their earliest stages. It's important to seek treatment early on to prevent further complications. These conditions can be easily misdiagnosed as acute and minor swelling followed with minimal treatment. Pneumatic compression devices are one of the most highly recommended treatments for these conditions and are recognized by Medicare.

LYMPHEDEMA AND CHRONIC VENOUS INSUFFICIENCY



After having a surgical procedure cancer or non-cancer related (example hysterectomy or gallbladder removal) it may take months or years for Lymphedema to manifest because of its slow progression. It is imperative that Lymphedema is treated quick and effectively, regardless of the severity. Complications dramatically decrease when treatment is started in the earliest stage of Lymphedema. When left untreated common complications include cellulitis or lymphangitis, skin changes such as skin thickening, restricted movement of a limb, or chronic wounds. Aside from surgical procedures and radiotherapy for cancer other



known triggers include vein stripping, peripheral vascular surgery, trauma, inflammation, infection, and insect bites.

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

TREATMENT

A widely recognized and highly effective treatment is using a compression pump. This is a safe and effective way to assist your body's circulatory system in moving the excess fluid which has accumulated in the limb and can cause painful swelling, 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. This is a great treatment option for patients who have tried compression stocking, elevation, diuretics, or massage with little or no relief. This is a safe and effective way to assist your body's circulatory system in moving the excess fluid which has accumulated in the limb and can

cause painful swelling, non-healing wounds, heaviness, and discomfort decreasing your mobility.

This is where choosing a physician experienced in recognizing and treating Lymphedema or CVI 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?

REMEMBER ANY SWELLING IS AN INDICATION OF AN OVERLOADED LYMPHATIC SYSTEM.

The compression pump is recognized by Medicare and covered by many commercial insurers; Actual coverage varies with individual plans. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in this condition.



ACUTE WOUND CARE

For more information and articles on this topic, Google "Acute Wound Care" or visit www.AcuteWoundCare.com or call and speak with a specialist. **239-949-4412** toll free 855-949-4325(HEAL)

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Are Your EYES the Cause of Your Headaches and Dizziness?

DO YOU SUFFER FROM ANY OF THE FOLLOWING:

Migraines/Headache, dizziness, anxiety, panic attacks – especially when driving, neck pain, motion sickness, clumsiness, difficulty reading, nausea, light sensitivity, blurred/shadowed/doubled vision?

Have you been to numerous doctors (ENT, Neurologist, Primary Care, etc.) only to be told that there is nothing wrong with you?

Have you been put on many medications to help your symptoms but nothing seems to work?

I bet you never thought your eyes could be the cause of your suffering!

When you have a *binocular vision disorder* (BVD), the muscles surrounding your eyes are not perfectly in alignment. There can be a horizontal misalignment, a vertical misalignment called vertical heterophoria or both. There are six muscles that surround each eye and that control the movements of the eyes. Those muscles need to be perfectly aligned to allow vision that is clear, single and in focus. When the muscles are misaligned the brain works very hard to try and keep them stable. Symptoms of BVD occur when the body struggles ineffectively to realign the muscles.

Did you know that even a slight misalignment in the eyes can cause any of the symptoms mentioned above?

Did you know that this type of eye misalignment is not screened for or picked up on routine eye exams?

I am the only eye doctor in the state of Florida that is a certified Neuro Visual specialist and who has trained under the care of the country's foremost expert, Dr. Debra L. Feinberg. Dr. Feinberg has been practicing Neuro Visual Optometry for over 20 years and has patented her techniques and the equipment that she uses to diagnose and treat BVD. Patients have traveled from all over the world to be evaluated and treated by Dr. Feinberg. In an effort to bring this groundbreaking BVD treatment to more patients, and to make it more convenient for patients to receive treatment, approximately three years ago Dr. Feinberg began training other doctors to become Neuro Visual specialists. I am only the eighth doctor in the country to have been trained in this highly specialized field under Dr. Feinberg.

I am still amazed at how treatment for BVD helps patients the way it does. The beauty of this treatment is that your glasses become your medicine. Most of my patients are able to begin feeling better and are able to start reducing their medications for anxiety and other symptoms soon after they get their glasses.

The feeling of helping a patient get their life back never gets old. I often receive hugs and elicit tears from my patients as they realize the life-changing treatment they have received. I have had patients who haven't been behind the wheel of a car in years tell me that they now have the confidence to start driving again. One patient told me that he got on an airplane for the first time in three years, after suffering from severe dizziness that prevented him from flying. Hearing success stories like that make this type of work so gratifying.

SO HOW DO I ACTUALLY HELP PATIENTS WITH BVD?

Using the highly specialized training received from Dr. Feinberg, I perform a unique evaluation that focuses on the muscles of the eyes. This completely non-invasive evaluation consists of the use of special lenses and lights to see which muscles are not in alignment. I will then use prism lenses in a pair of glasses to realign the patient's eye muscles. Prisms are special lenses that move images to where the eyes' natural position are. The use of prisms allows the eyes to relax while the glasses do all of the hard work. For those who might be concerned about how eyeglasses with prism lenses will make them look, rest assured that no one can tell the difference between standard eyeglass lenses and the prism lenses that I prescribe.



Patients have traveled great distances for me to examine and treat them. These patients are willing to try anything to feel better. They have been told that there is nothing wrong with them or that it is all in their head, when actually there is a medical diagnosis for what they have been feeling. I feel very blessed to be able to help these patients. It is the best feeling in the world!

To find out more about Binocular Vision Disorders or to see if you would be a good candidate for a Neuro Visual evaluation you can visit our website www.iseevisioncare.com.

Dr. Erin Sonneberg is the founder and owner of iSee VisionCare located in Boynton Beach, Florida. If you would like to speak to Dr. Sonneberg about your symptoms, please call the office at 561-733-9008.



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MAKING YOUR NEW YEAR'S RESOLUTIONS STICK

Lose weight? Check.

Start exercising? Check.

Stop smoking? Check.

It can be daunting when your list of New Year's Resolutions is as long as your holiday shopping list. In addition to the post-holiday slump, not being able to keep your resolutions by February, March or even late January may increase your anxiety. When your holiday decorations are packed up and stored away, the frustration of an unused gym membership or other reminders of failed resolutions can make the later winter months feel hopeless.

However, it is important to remember that the New Year isn't meant to serve as a catalyst for sweeping character changes. It is a time for people to reflect on their past year's behavior and promise to make positive lifestyle changes. "Setting small, attainable goals throughout the year, instead of a singular, overwhelming goal on January 1 can help you reach whatever it is you strive for," says psychologist Lynn Bufka, PhD. "Remember, it is not the extent of the change that matters, but rather the act of recognizing that lifestyle change is important and working toward it, one step at a time."

By making your resolutions realistic, there is a greater chance that you will keep them throughout the year, incorporating healthy behavior into your everyday life. APA offers these tips when thinking about a New Year's resolution:

Start small

Make resolutions that you think you can keep. If, for example, your aim is to exercise more frequently, schedule three or four days a week at the gym instead of seven. If you would like to eat healthier, try replacing dessert with something else you enjoy, like fruit or yogurt, instead of seeing your diet as a form of punishment.

Change one behavior at a time

Unhealthy behaviors develop over the course of time. Thus, replacing unhealthy behaviors with healthy ones requires time. Don't get overwhelmed and think that you have to reassess everything in your life. Instead, work toward changing one thing at a time.

Talk about it

Share your experiences with family and friends. Consider joining a support group to reach your goals, such as a workout class at your gym or a group of coworkers quitting smoking. Having someone to share your struggles and successes with makes your journey to a healthier lifestyle that much easier and less intimidating.

Don't beat yourself up

Perfection is unattainable. Remember that minor missteps when reaching your goals are completely normal and OK. Don't give up completely because you ate a brownie and broke your diet, or skipped the gym for a week because you were busy. Everyone has ups and downs; resolve to recover from your mistakes and get back on track.



Ask for support

Accepting help from those who care about you and will listen strengthens your resilience and ability to manage stress caused by your resolution. If you feel overwhelmed or unable to meet your goals on your own, consider seeking professional help. Psychologists are uniquely trained to understand the connection between the mind and body. They can offer strategies as to how to adjust your goals so that they are attainable, as well as help you change unhealthy behaviors and address emotional issues.

Source: American Psychological Association





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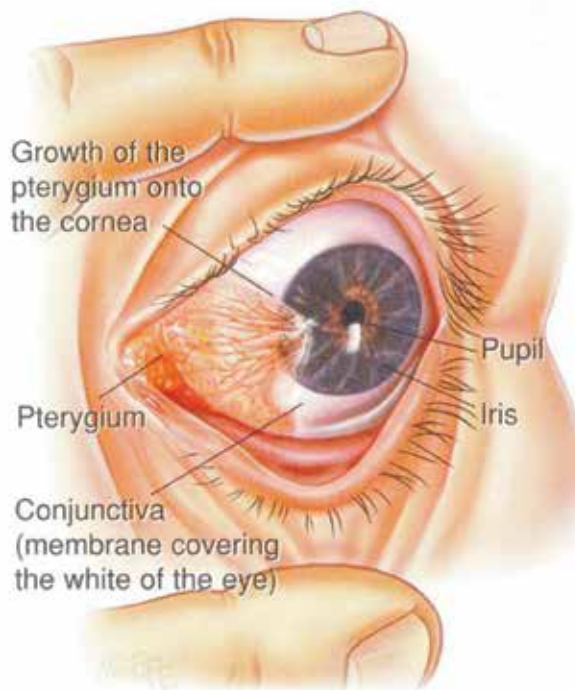
PTERYGIA AND SOUTH FLORIDA

By David A. Goldman MD

A pterygium is a fibrovascular growth that typically starts from the conjunctiva (skin of the eyeball) on the nasal side and grows onto the cornea. These are almost always the result of longtime sun exposure; thus, they are very common here in southern Florida. During my residency in Miami's Bascom Palmer Eye Institute, there was literally a book filled with names of people who desired pterygium surgery the demand was so great. In contrast, one of my colleagues related how during her training in Michigan, there was only one pterygium surgery a year and the OR was packed to see this "rare" case.

While a pterygium is non-cancerous, occasionally it can cause problems. In advanced cases, the pterygium may grow so far over the cornea as to induce astigmatism or even obstruct vision. Milder cases may only present with chronic foreign body sensation or redness. Still, some may cause significant cosmetic problems that the patient desires excision. Whichever the case, removal can be fairly simple.

Since the pterygium grows on the surface of the eye, it can be carefully dissected off. Just removing the pterygium alone, however, would leave a significant defect in the superficial eye which, besides being painful, would carry a high risk of recurrence. When pterygia grow back after surgery they tend to grow back very aggressively and repeat surgeries can be more challenging. To prevent recurrence, ophthalmologists will close the defect, either by using an allograft (transposing some of the patient's own conjunctiva over) or an amniotic membrane graft. While oftentimes these can be secured with sutures, more and more surgeons are securing the grafts with fibrin glue to allow more postoperative discomfort. While cosmetic outcomes can be wonderful, it is important to repeat that pterygia are in general benign lesions that do not require removal.



A pterygium may grow large enough to obstruct vision.

That said, there are several lesions that can mimic pterygia. These can include conjunctiva intraepithelial neoplasia and conjunctival amelanotic melanoma. Both of these lesions can appear as pterygia but can become malignant tumors and removal is highly recommended. Important distinguishing characteristics include pigmentation and rapid increase in lesion size. If you notice any of these changes, you should contact your ophthalmologist immediately



Before

After



DAVID A. GOLDMAN

Prior to founding his own private practice, Dr. David A. Goldman served as Assistant Professor of Clinical Ophthalmology at the Bascom Palmer Eye Institute in Palm Beach Gardens. Within the first of his five years of employment there, Dr. Goldman quickly became the highest volume surgeon. He has been recognized as one of the top 250 US surgeons by Premier Surgeon, as well as being awarded a Best Doctor and Top Ophthalmologist.

Dr. Goldman received his Bachelor of Arts cum laude and with distinction in all subjects from Cornell University and Doctor of Medicine with distinction in research from the Tufts School of Medicine. This was followed by a medical internship at Mt. Sinai – Cabrini Medical Center in New York City. He then completed his residency and cornea fellowship at the Bascom Palmer Eye Institute in Miami, Florida. Throughout his training, he received multiple awards including 2nd place in the American College of Eye Surgeons Bloomberg memorial national cataract competition, nomination for the Ophthalmology Times writer's award program, 2006 Paul Kayser International Scholar, and the American Society of Cataract and Refractive Surgery (ASCRS) research award in 2005, 2006, and 2007. Dr. Goldman currently serves as councilor from ASCRS to the American Academy of Ophthalmology. In addition to serving as an examiner for board certification, Dr. Goldman also serves on committees to revise maintenance of certification exams for current ophthalmologists.

Dr. Goldman's clinical practice encompasses medical, refractive, and non-refractive surgical diseases of the cornea, anterior segment, and lens. This includes, but is not limited to, corneal transplantation, microincisional cataract surgery, and LASIK. His research interests include advances in cataract and refractive technology, dry eye management, and internet applications of ophthalmology.

Dr. Goldman speaks English and Spanish.

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SELFIES

- **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
- JD Georgetown University Law School 1983
- MBA University of Michigan 1978
- BS Cornell University 1977

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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