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March 2017

North Palm Beach Edition - Monthly

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**COLORECTAL CANCER
AWARENESS-GET SCREENED**

**#BADHAIRDAY...?
BEYOND PHYSICAL SYMPTOMS;
THE PSYCHOLOGICAL IMPACT
OF LOSING YOUR HAIR**

**ARE YOU
CHRONICALLY ANXIOUS?
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Read more about neurofeedback and Center for Brain on Page 8

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Colorectal Cancer Awareness-Get Screened

Leslie H Perla MD FACP

WHAT IS COLORECTAL CANCER?

Colorectal cancer is a malignancy that can affect any portion of the lower gastrointestinal tract referred to as the colon and rectum. It is the second leading cause of cancer related death in the United States. About ninety three percent of the cases of colorectal cancer are diagnosed in individuals over the age of fifty. The lifetime risk of colon cancer is similar in men and women but the age adjusted mortality is higher in men. The overall five year survival is reported to be sixty percent. About eighty percent of the affected individuals have sporadic disease and remaining twenty percent are inherited. The good news is that colorectal cancer screening has been demonstrated to decrease the incidence of colorectal cancer as well as the mortality associated with it through early detection and primary prevention. Early detection and removal of polyps which may be precursors to colon cancer have been shown to save lives.

ARE THERE ANY WARNING SIGNS?

The clinical presentation of colorectal cancer may include alteration in bowel habits such as unexplained diarrhea or constipation or change in stool caliber (such as pencil thin stools). Rectal bleeding and abdominal pain may be other manifestations of the disease. Anemia and unintentional weight loss may occur as well. Colorectal cancer may even mimic other diseases such as diverticulitis. Individuals who experience any of these symptoms should seek medical care immediately.

WHO IS AT RISK FOR COLORECTAL CANCER?

African Americans have the highest reported incidence and mortality from colorectal cancer. Family history of colon cancer, advanced age, familial adenomatous polyposis syndrome, Lynch

Syndrome, having had a uretersigmoidostomy, history of Peutz-Jeghers, juvenile polyposis and serrated polyposis and MUTYH- associated polyposis are all risk factors for developing colorectal cancer. Individuals who have had prior history of colonic adenomas/cancer as well as prior history of pelvic irradiation are at increased risk. A history of uterine/ovarian cancer at age less than fifty also increases the risk for developing colorectal cancer. Patient's with long standing history of inflammatory bowel disease such as ulcerative colitis and Crohn's disease are at an elevated risk for developing colorectal cancer as well. Additional moderate risk factors include a prior history of breast cancer as well as having the mutation of the APC gene in patients of Ashkenazi Jewish descent.

DO I NEED TO GET SCREENED IF I DO NOT HAVE ANY SYMPTOMS?

The key to screening is to not wait until the warning signs appear. The American Cancer Society and the US Multi-Society Task Force on Colorectal Cancer advocate initiating colorectal cancer screening at age fifty for average risk individuals (ie those patients who do not exhibit the warning signs or do not have the risk factors previously described). Screening modalities include:

Testing the stool for blood: a) Fecal occult blood testing (FOBT)- guiac based with high test sensitivity) performed yearly or b) Fecal immunochemical testing (FIT) yearly or Colonoscopy every 10 years (This is a tube with a light that may be used to inspect the entire colon and potentially remove



Dr. Perla inside the Gastro Health's giant colon at the Wellington Chamber of Commerce 5K fundraiser.

polyps and biopsy abnormal appearing tissue if found at the time of the study) or Flexible sigmoidoscopy every five years.(This is a shorter tube with a light which may be used to inspect a limited portion of the colon.) or Double Contrast Enema every five years(This is a type of X-ray during which time barium is injected into the rectum to visualize the colon) or Computed tomographic colonography every 5 years(This is a special type of CT scan utilized to visualize the colon) or Stool DNA testing-interval is uncertain.

The American College of Gastroenterology recommends that African Americans initiate colorectal cancer screening at age forty-five.

WHEN SHOULD I START MY SCREENING IF I HAVE A FAMILY HISTORY OF COLORECTAL CANCER?

The American Cancer Society and US Multi-Society Task Force on Colorectal Cancer advocate that individuals with a first degree relative (parent, child, sibling) with colorectal cancer or with adenomatous polyps diagnosed younger than age sixty or who have two first degree relatives diagnosed with colorectal cancer at any age have colonoscopies every five years starting at age forty or ten years younger than the earliest diagnosis in their family, whichever is first. Individuals with a first degree relative with colorectal cancer or adenoma diagnosed at age sixty or older or two second degree relatives with colorectal cancer should initiate colorectal cancer screening with average risk options beginning at age forty. Patients with a family history of familial adenomatous polyposis syndrome should receive genetic counseling. Genetic testing should begin at ages ten to twelve. Patients who are gene carriers should be offered flexible sigmoidoscopy every twelve months beginning at puberty to assess whether they are expressing the gene. If polyposis is noted, then consideration should be

given to proceeding with colectomy. Patients with a family history of colorectal cancer in multiple family members across several generations (particularly if the malignancies occurred at young ages) should be offered genetic counseling and considered for genetic testing to assess for hereditary nonpolyposis colorectal cancer. If the genetic test cannot be performed, then these patients should be offered colonoscopy every 1-2 years beginning at age twenty to twenty five or two to five years younger than the youngest age at which the diagnosis of colorectal cancer was made, provided that the diagnosis was made prior to age twenty five. Patients with a long standing history of extensive inflammatory bowel disease are at increased risk for colorectal cancer. Colonoscopic surveillance to assess for dysplasia which are precancerous cells, should be performed every one to two years beginning after eight to ten years of disease duration in patients with pancolitis and after fifteen years in patient with left sided colitis.

IS THERE ANYTHING THAT I CAN DO TO DECREASE MY RISK FOR DEVELOPING COLORECTAL CANCER?

Diets that are high in vegetables and fruits have been shown to confer a moderate protective benefit (RR less than 0.6). Physical exercise, Cox 2 inhibitors , folate and high calcium intake have been demonstrated to provide a modest protective benefit (RR 0.9-0.6). Moderate risk factors for colorectal cancer that are potentially modifiable include history of smoking, alcohol consumption, obesity, and a diet higher in fats, red meats and calories. Colorectal cancer screening helps save lives. Unfortunately, it is still underutilized. Increased public awareness and education regarding the importance of colorectal cancer screening in addition to more equitable patient access are critical factors in achieving optimal patient utilization.



Dr. Leslie Perla, MD is a gastroenterologist in Wellington, Florida. She is currently licensed to practice medicine in Florida, Connecticut, and New York. She is affiliated with Florida Hospital Memorial Medical Center.

Education & Training:

Yale-New Haven Hospital Fellowship
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See our article on page 16



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TREATING CHRONIC NECK PROBLEMS

Not all neck injuries or weakness create pain alone. Take it from Tish Kern who experienced an uncommon symptom, "I would wake up in the middle of the night with itching on both of my arms, it was horrible and nothing would help but ice". Tish has always been active. Cheerleading, swimming, diving, volleyball, tennis, and running; at 65 she wanted to continue an active life but pain and numbness often stood in her way. Tish explains, "I have stenosis, or narrowing in certain areas of my spine, and a herniated disc. Prior to learning this, I consulted several doctors finally it was a neurologist that told me I had three options, physical therapy (which I had already tried), an epidural injection (I already had), or chiropractic care. I asked her for the name a good chiropractor, she referred me to Dr. Weinberg at Active Health Center.

Neck pain, injuries, or weakness 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. As in Tish's case, neck injury and/or inflammation can not only create pain but also itching, numbness and tingling.

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.

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.

Tish says the treatment was "quite a miracle". "After two rounds of treatment I can sleep at night, no more itching, and I can move my neck, it's really unbelievable" Tish explains. Now that her treatment is completed, Tish is back to playing



tennis regularly and enjoying life. She even referred her husband to Active Health Center to treat an old football injury and a colleague who had been a professional soccer player. Tish reports, "They fixed them both up".

Tish can't thank the people at Active Health Center enough, "Dr. Weinberg, Dr. Behrue, Dr. Hunte and Dr. Holleman are dedicated to getting people back on their feet and doing as much as they possibly can. It's not just business to them; they want to make you feel better. They are empathetic, compassionate, dedicated and knowledgeable."

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

The MCU is the preferred treatment for Major League Baseball, the National Football League, major research facilities, and air forces around the world, including the US Air Force and the US Navy.

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#BadHairDay...?

Beyond Physical Symptoms; The Psychological Impact of Losing Your Hair

By Dr. Alan J. Bauman, Hair Loss Specialist



Everyone is familiar with the common signs of hair loss... crown balding and receding of the hairline in men, as well as less volume and less coverage in women with more scalp shining through. But the physical symptoms like hair in your brush or sink are actually NOT the most worrisome aspect of someone who is experiencing unwanted hair loss.

Hair loss is often considered a cosmetic problem, but surveys and studies continue to find that losing your hair can have various different negative psychological effects including lower confidence and self-esteem. Hair changes can make someone look and feel older, less healthy and feel less confident. In extreme cases, hair loss can also cause depression, anxiety and other socially-damaging emotional issues. These psychological effects can be especially problematic to women because trying to conceal their hair loss can amplify insecurities and adversely affect how they feel about themselves on a daily basis.

The negative stigma that some people associate with hair loss is sometimes strong enough that it actually prevents men and women from seeking professional help once symptoms first start. Instead, many times, they try to either ignore the signs or attempt to conceal their hair loss on their own with a new cut, or by wearing a hat or scarf. People many times end up squandering valuable time and money by trying over-the-counter products that promise to be "miracle treatments." All of these distracting activities only worsen the problem because the longer you wait to address and actually treat your hair loss, the more difficult it can

become to resolve it. Despite what many believe, hair loss is a treatable condition. Preventing and catching it early and starting a treatment sooner rather than later can make all the difference when it comes to safeguarding the fate of your follicles and maintaining your emotional well-being.

Another misguided fear regarding hair loss treatments comes from public's misconceptions about hair transplants. Recent medical and technological advances have made hair transplant procedures virtually undetectable. Unfortunately for many, the simple mention of the "T" word (Transplant) still conjures up feelings of discomfort and images of doll-looking hair plugs as well as unsightly scars. Thankfully, today, we have minimally-invasive techniques that permanently restore the hair in a way that is safe, comfortable and most importantly, undetectable. In fact, according to a recent survey conducted by the International Society of Hair Restoration Surgery (ISHRS), 60 percent of participants could not tell or spot a hair transplant patient.

These increasingly undetectable results over the past decade are due in part to advances in FUE technology. FUE, or Follicular Unit Extraction, is an effective option for men and women that allows for a quicker, more comfortable recovery with less post-op activity restrictions. The results also avoid and completely omit the tell-tale linear scar on the back of the head that is associated with older and more invasive linear or "strip-harvest" type of hair transplants. Most important is the artistic planning for the angle, orientation and placement of each individually harvested hair follicle by the physician, which allows for a completely natural, permanent restoration of living and growing hair. FUE is also a great "touch-up" option for patients who had transplants done years ago and for those who have been told they didn't have enough donor hair to have another restorative procedure. FUE also allows for the harvesting of beard and body hair. These "new-found" follicles can be used to fill in troublesome areas on the scalp and give the patient the ability to restore themselves back to a full head of hair.

NEOGRAFT FUE:

The FDA-cleared NeoGraft FUE hand-held device can be used to extract individual permanent hair follicles from the donor areas – which are then implanted into the bald and bare areas of the scalp. This means no scalpels, sutures, or staples are used while harvesting and no long, linear scar. The FUE hair transplant technique has been available for more than a decade, but prior to NeoGraft, it was too time-consuming and expensive for most patients to utilize. Now that the FUE process can be accurately and efficiently performed, surgeons can perform the "Highest Quality" of hair transplants in considerably less time, and at less expense for patients, all with excellent hair regrowth results.



Patient
of Dr. Alan J. Bauman, M.D.



ARTAS ROBOTIC SYSTEM:

The FDA-cleared ARTAS robot is an exciting medical device that assists hair transplant surgeons by helping to safely and effectively extract hair follicles for transplantation using the FUE technique. The robot's precision allows patients to benefit from an unprecedented level of safety, efficacy and comfort during their hair transplant procedure. The innovative ARTAS robotic FUE system uses advanced digital imagery to map and analyze the hair in natural groupings on the scalp. The system features precision robotics—utilizing special cameras and software to detect and analyze follicular units—calculating density, exit-angles, orientation and location and proceed with harvesting based on specific algorithms pre-programmed by the surgeon.

One of the most exciting features of the ARTAS System is the ARTAS Hair Studio, an interactive software program that allows the surgeon to create a digital 3D preview image which will help "paint the picture" for patients to ensure that they have realistic expectations about their results, before going into surgery.

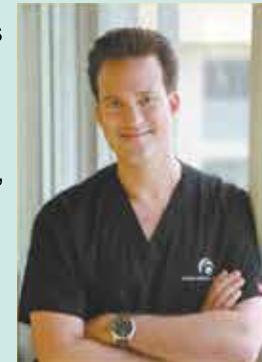
The bottom line is, hair loss is a treatable condition and not something you have to live with or hide and worry about. If your hair restoration physician recommends a hair transplant, don't let unwarranted fears stop you from turning back the clock and achieving amazing permanent results. Preventing further hair loss and improving hair growth will help restore a feeling of vitality, youth and confidence in both men and women.

DR. BAUMAN'S TIPS FOR KEEPING YOUR HAIR TRANSPLANT A SECRET:

- Select minimally invasive NeoGraft FUE or ARTAS Robotic System for your transplant procedure—which leaves no telltale linear scarring, no stitches to be removed, and offers a shorter, more comfortable recovery.
- Prior to your procedure, grow your hair to more than one inch in the donor area. This allows you to easily conceal the 'stealth-shave.'
- Wear a bandana or hat for one week following your surgery to cover the transplanted areas until the scabs fall off.
- Use healing treatments (like low level laser therapy, healing mist sprays, topical PRP, etc.) to accelerate skin recovery.
- Choose a surgeon and staff who can create an aesthetically natural and undetectable hairline. It is important to consult a hair transplant doctor who is certified in hair restoration by the American Board of Hair Restoration Surgery, recommended by the American Hair Loss Association and routinely attends the International Society of Hair Restoration Surgery Annual Scientific Meetings.

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 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.



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

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Are you Chronically Anxious?

Neurofeedback Helps Chronic Anxiety without Medication

By Mike Cohen, Director
Center for Brain

TAKE A MOMENT TO ANSWER THESE QUESTIONS:

- Do you feel fearful?
- Do feelings of fear “come out of nowhere”?
- Do you worry excessively about situations or events, out of proportion to their chances of happening?
- Do your worries result in physical symptoms such as sweating, nausea and diarrhea?
- Do you have trouble concentrating, even on important matters?
- Is your sleep disturbed? Do you have trouble going to sleep, falling asleep or both?
- Are you frequently irritable?
- Do you have panic attacks? These are sudden episodes of intense fear causing severe physical reactions when there is no real danger or apparent cause. You feel like you’re losing control, having a heart attack or even dying.
- Do your symptoms make it hard to carry out day-to-day activities and responsibilities, causing problems in relationships and work?

If you said “yes” to two or more of these questions you probably have anxiety – and you also probably already know it, especially if you’ve been plagued by these symptoms for six months or more.

Maybe you’ve tried medications and they didn’t help much, or you don’t want to take drugs.



For someone like you there is a solution called **neurofeedback** – and it doesn’t involve drugs.

Why Can’t I Talk Myself Out of My Anxiety?

People who don’t understand anxiety may tell you to calm down and not let things bother you. You may even tell yourself that, but if it were that easy you’d already be doing it!

Anxiety and fear are a normal state of mind when there’s a true threat or danger. For most people, when the danger has passed, the mind goes back into a calm state.

People prone to anxiety have often suffered trauma either as a child or as an adult which wasn’t addressed and worked through with therapy, impacting their feelings of safety. The brains of people subject to chronic anxiety get “stuck on high alert,” making it difficult to go about daily life. No amount of logic changes how you feel. How can you concentrate, trust people or have normal interactions when your brain is telling you that your life or well-being may be at risk?

What is Neurofeedback?

Neurofeedback is one of the most powerful technologies in the world for reducing anxiety and panic attacks. It helps the brain get “unstuck” from high gear and operate the way it should when going about day-to-day living.

Neurofeedback takes advantage of “neuroplasticity,” the brain’s ability to change itself. It teaches the brain another way to respond to stimuli like everyday triggers. A computer

analyzes the brainwaves, then “talks back” to the brain using customized sounds and images. This feedback encourages positive brain activity such as relaxation, focus and attention and discourages the type of brain activity which causes anxiety. With repeated training the brain learns to slip more easily back into a state of calm.

Do I Have to Do Neurofeedback Indefinitely?

No. The number of sessions varies depending on the individual, but 25-30 sessions are sufficient for many people to have retrained their brain for long-term improvement.

Does Neurofeedback Do the Same Thing That Medication Does?

In some ways, yes, but in one important way, no.

Both neurofeedback and medication calm the brain. The difference is that medication doesn't have any permanent impact on brain function. Once the medication wears off, you're right back where you started.

Neurofeedback, on the other hand, teaches the brain a different way to handle the stimuli of life, reducing its tendency to overreact to the situations encountered in day-to-day life. Many of our clients have been able to reduce or eliminate anxiety medications.

CLIENT SUCCESS STORIES

Cecily, 52, had suffered from anxiety and depression since her late 20s following a serious car accident. Medications helped at first but eventually did not. Doctors ran out of ways to help her, and her anxiety surged.

Cecily became increasingly fearful. She stopped participating in normal activities and felt completely overwhelmed. An intensive and comprehensive intervention of neurofeedback and other therapies at Center for Brain, along with an adjustment of her hormones, and acupuncture, broke her cycle of anxiety and depression. Today she is sleeping without medication and living a calm and peaceful life.

Brett, 24, had become so paralyzed by panic attacks that he had been unable to work or drive for two years. He was on heavy-duty mood stabilizers, an antipsychotic medication and other drugs. The medications helped somewhat but not enough for him to function.

After one month of neurofeedback sessions 3-4 times per week his panic attacks and extreme anxiety diminished, and he was able to drive again. Now that he knows how to calm himself he reports feeling “completely normal.”

Melissa, 47, had anxiety so severe that she was unable to drive, couldn't pay attention to anything and was afraid to leave her house. She took numerous medications for anxiety and sleep but did not improve. By the time Melissa came to Center for Brain, she had been suffering extreme anxiety for a solid year with very little relief.

After a month of neurofeedback, Melissa began feeling much calmer and was sleeping better. She started leaving the house and was even able to get and keep a job. Following three months of treatment Melissa appeared in our office bright, cheerful, and engaging, without any anxiety symptoms.

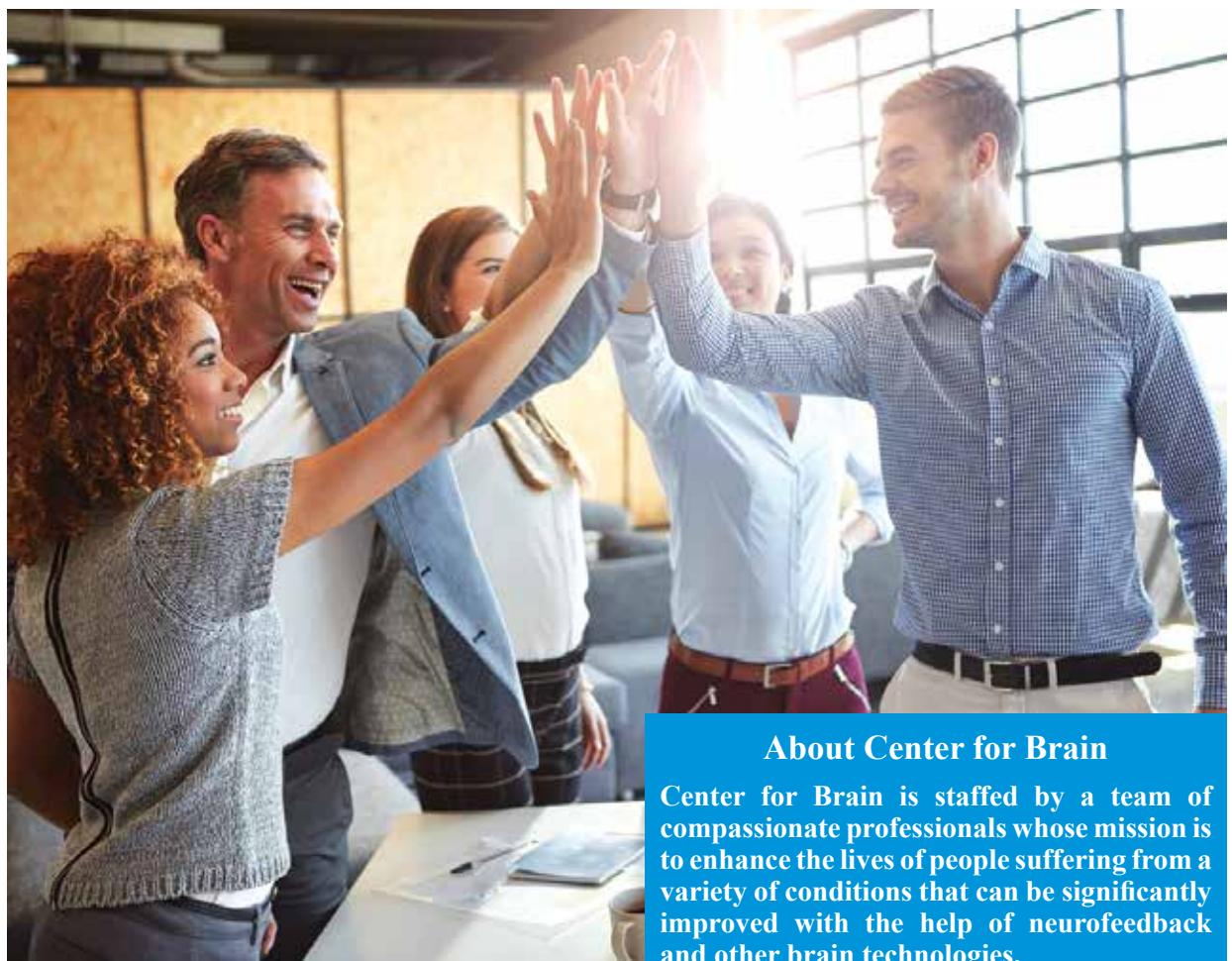
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About Center for Brain

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



Michael Cohen, Director

Center for Brain

Mike Cohen is a leading expert in brain biofeedback. For over 20 years he's worked with clients, taught courses and provided consulting to MD's and mental health professionals

around the world, helping them incorporate into their practices new biofeedback technologies for chronic pain, anxiety and mood disorders, ADHD and neurological problems.



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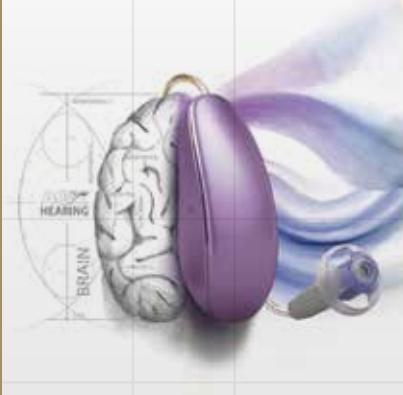
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Vaginal Rejuvenation

Intimacy is a difficult subject for anyone to share with a healthcare provider, however many women suffer from the effects that aging & childbirth have on their lives. It is very common for women not only to experience signs of aging in the face and body, but also in the vagina. It can range from aesthetic deterioration such as pigmentary changes to significant medical problems. With aging, the vaginal wall can lose elasticity and tone. This can also be a side effect of childbirth. It can result in leaking urine when coughing or sneezing, also called stress incontinence, and painful intercourse due to increased dryness, burning and itching. It can result in problems with intimacy and sexual satisfaction for many women.

In the past pelvic floor exercises or electro-stimulation were prescribed, however many times these are not successful. Surgical Vaginal rejuvenation options involve significant downtime and risk. Other options are topical treatments and hormones, but a great number of women prefer not to use hormones or cannot use them because of their history of breast cancer.

The Core Intima laser by Syneron is a revolutionary new laser that has significant improvement in the above mentioned symptoms. It is painless, non-surgical, has minimal downtime and requires a series of 3 treatments. The treatment only takes 10 minutes. A gentle laser energy is delivered to the vaginal wall. This stimulates collagen production, followed by a healing response to tighten tissue, and restore moisture in the vaginal canal. Most patients report improvement even after the first treatment.

The Core Intima is a Carbon Dioxide laser. Carbon Dioxide (CO₂) lasers have long been shown to regenerate collagen through heat induced collagen contraction. When studied under the microscope, vaginal tissue shows new collagen production and deposition, thereby thickening the vaginal wall. There is general structure improvement in the connective tissue and new blood vessel formation, thus increasing the circulation and restoring a "rejuvenated" or healthier tissue. There is improvement in lubrication and a return to a more active and healthy lifestyle. Symptoms of dryness, itching, painful urination, painful intercourse and recurrent infections improve significantly. For more information call **561-655-6325** or visit www.drdadurian.com.



Medical Director, Daniela Dadurian M.D.

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

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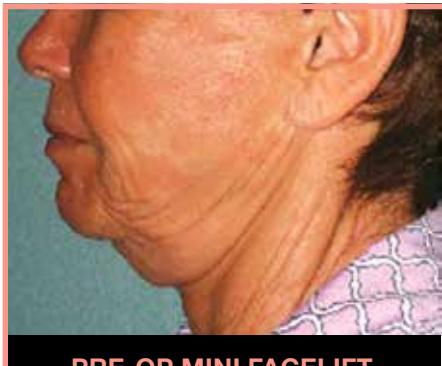
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Focus on the Face

by Dr. Robin Sykes

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



PRE-OP MINI FACELIFT

6 WEEKS
POST-OP MINI FACELIFT

PRE-RADIESSE AND BELOTERO

10 DAYS
POST-RADIESSE AND BELOTERO

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

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

or "heart-shaped" face with the use of cheek augmentation.

Over the past two years, even more fillers have also become available, which are able to smooth out fine and deeper lines of the cheeks and lips, in what can be described as "air-brushing" the face. These fillers are very soft and pliable, and do not increase volume, but result in a smoother overall appearance.

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

*Mini Facelift
and Filler
Seminar*

MARCH 15TH
12:30 P.M.

UPCOMING SEMINARS AT JUPITER PLASTIC SURGERY CENTER:

Wed. Mar 1st 12:30 pm

ThermiVa Feminine Rejuvenation.
Jupiter Plastic Surgery Center

Thurs. March 9th 5:30 - 7 pm

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Wed. March 15th

**Mini Facelift & Fillers Lunch & Learn
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Thurs. March 30th 5:00 - 7:00pm

ThermiVa Feminine Rejuvenation.
Jupiter Plastic Surgery Center

April 5th 12:30 pm

Sculptra, Restylane and Dysport Lunch & Learn



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

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Cancer's Early Detection Saves Lives

A cancer diagnosis changes everything; it is, perhaps, the most feared diagnosis a doctor can make. Any patient in that situation wants to be assured they have access to the most advanced treatments, delivered by a physician who is both experienced and compassionate. And it helps tremendously if treatment can be administered in a community setting, close to home, so the patient can be surrounded by family and friends.

Florida Cancer Specialists & Research Institute (FCS) has put together a network of expert, board-certified physicians who bring world-class cancer treatments to local communities, both large and small, across the state. With nearly 100 locations, FCS is the largest independent oncology/ hematology group in the United States. That status puts the practice on the leading edge of clinical trial research and gives FCS physicians access to the newest, most innovative treatments.

What Causes Cancer?

All cancers are caused by genetic changes in the DNA (deoxyribonucleic acid) inside our cells. DNA is the chemical in our cells that contains the genetic information needed for many factors, including how cells function. Just as every human being has unique DNA, or a distinctive genetic code, so does every malignant tumor. Cancer actually develops due to a genetic mutation, or damage to the DNA in our cells.

Most gene mutations occur after birth; however, about five percent of all cancers can be traced to a family history. There are a number of factors that can cause gene mutations, including smoking, long exposure to the sun, certain viruses, and cancer-causing chemicals, among others. No matter what type of cancer or what the cause of cancer, the earlier it is detected, the more treatable it usually is and the better the outcome for the patient.

March is Colorectal Cancer Awareness Month

Colorectal cancer is still the third-leading cause of cancer-related deaths in women in the United States and the second-leading cause in men, according to the American Cancer Society (ACS). However, the number of deaths from colorectal cancer has been dropping steadily in both men and women for several decades. One of the reasons for this decline is early detection. ACS guidelines recommend that, starting at age 50, people who are not at an increased risk due to family history, get a screening for colorectal cancer.

Colon cancer usually begins as abnormal cells in the colon that grow into polyps. Most polyps take 10-15 years before developing into cancer. With regular screenings, most polyps can be found and removed before they turn into cancer. If you have a family history of colorectal polyps or cancer, talk with your doctor about how to reduce your risk. You may want to begin screening earlier than age 50, or even receive genetic counseling to review your family medical history.

Doctors estimate that if everyone over the age of 50 had regular screenings to detect pre-cancerous polyps, we could reduce the incidence of this disease by 50%. In addition to early detection, treatment for colorectal cancer has vastly improved over the last few decades. As a result, there are now more than a million survivors of colorectal cancer in the United States.

Clinical Trials Lead to Tomorrow's Treatments and Cures

Clinical trial research is at the heart of improving cancer treatment and Florida Cancer Specialists is a setting a benchmark for clinical trials at its community-based facilities. FCS has built a clinical research program that includes a Drug Development Unit dedicated exclusively to Phase 1 (first in human) clinical trials and rivals many large academic medical centers. Through a strategic partnership with Sarah Cannon, one of the world's leading clinical trial organizations, FCS offers more access to national clinical trials than any other oncology practice in Florida. In 2016, 84% of all new cancer drugs were studied in clinical trials with FCS participation, prior to approval.

Florida Cancer Specialists treats patients with all types of cancer, and offers a number of services, such as an in-house specialty pharmacy, an in-house pathology lab and financial counselors at every location, that deliver the most advanced and personalized care in your local community.



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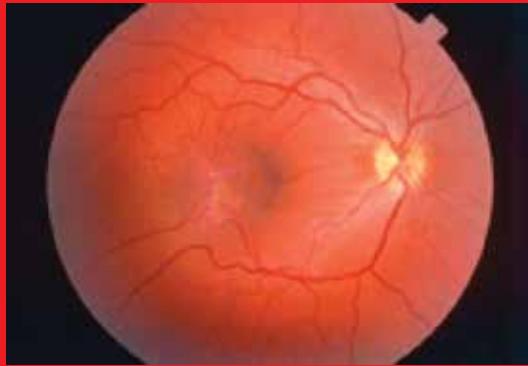
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WHAT IS A MACULAR PUCKER?

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



A MACULAR PUCKER (also called an EPIRETINAL MEMBRANE) is a layer of scar tissue that grows on the surface of the retina, particularly the macula, which is the part of your eye responsible for detailed, central vision.

The macula is the small area at the center of the eye's retina that allows you to see fine details clearly. The retina is a layer of light-sensing cells lining the back of your eye. As light rays enter your eye, the retina converts the rays into signals, which are sent through the optic nerve to your brain where they are recognized as images. Damage to your macula causes blurred central vision, making it difficult to perform tasks such as reading small print or threading a needle.

As we grow older, the thick vitreous gel in the middle of our eyes begins to shrink and pull away from the macula. As the vitreous pulls away, scar tissue may develop on the macula. Sometimes the scar tissue can warp and contract, causing the retina to wrinkle or become swollen or distorted.

MACULAR PUCKER CAUSES

As you age, the vitreous — the clear, gel-like substance that fills the middle of your eye — begins to shrink and pull away from the retina. As the vitreous pulls away, scar tissue may develop on the macula. Sometimes the scar tissue can warp and contract, causing the retina to wrinkle or bulge.

Other eye conditions associated with macular pucker include:

- *Vitreous detachment;*
- *Torn or detached retina;*
- *Inflammation (swelling) inside the eye;*
- *Severe trauma to the eye (from surgery or injury); and*
- *Disorders of the blood vessels in the retina, such as diabetic retinopathy.*

MACULAR PUCKER SYMPTOMS

With a macular pucker, you may notice that your central vision is blurry or mildly distorted, and straight lines can appear wavy. You may have difficulty seeing fine detail and reading small print. There may be a gray or cloudy area in the center of your vision, or perhaps even a blind spot.

Symptoms of macular pucker range from mild to severe. Usually macular pucker affects one eye, although it may affect the other eye later. Vision loss can vary from none to severe vision loss, although severe vision loss is uncommon. A macular pucker does not affect your side (peripheral) vision.

For most people with macular pucker, their vision remains stable and does not worsen over time.

MACULAR PUCKER DIAGNOSIS

During an eye exam, your ophthalmologist will dilate your pupils and examine your retina. You may have a test called fluorescein angiography that uses dye to illuminate areas of the retina.

Another test called optical coherence tomography (OCT) is helpful in making an accurate macular pucker diagnosis. With OCT, a special camera is used to scan your retina. It measures the thickness of the retina and is also very sensitive at detecting swelling and fluid. OCT can also diagnose macular abnormalities that are too small to be seen in an examination or with angiography.

MACULAR PUCKER TREATMENT

For more severe symptoms, a surgery called vitrectomy is recommended. The surgery is usually performed as an outpatient procedure in an operating room. During surgery, your ophthalmologist uses microsurgery

instruments to remove the wrinkled tissue on your macula and to remove the vitreous gel that may be pulling on the macula. Sometimes an air or gas bubble is placed in the eye to help the retina heal or to seal any tears or holes.

After the tissue is gone, the macula flattens and vision slowly improves, though it usually does not return all the way to normal. After the operation, you will need to wear an eye patch for a few days or weeks to protect the eye, and you may need to do some particular head positioning if an air or gas bubble was placed in your eye during surgery. You will also need to use medicated eye drops to help the eye heal.

In most cases, while vision improves after macular pucker surgery, it generally does not return to normal. It can take up to three months for vision to fully recover. On average, about half of the vision lost from a macular pucker is restored; some people have significantly more vision restored, some less. In most cases, the visual distortion of macular pucker is significantly reduced.



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Lauren R. Rosecan

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

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Why Wait for Better Hearing

By: Dr. Dana Luzon, Au.D., FAAA. Board Certified in Audiology

Some people experience mental roadblocks when they are first diagnosed with hearing loss and find out they need hearing devices. Some wait months or years before seeking treatment. Joan felt this way before moving forward, below is her story:

"When I first got my hearing aids, I spoke very openly about them with friends... specifically asking that they speak directly to me as I was adjusting to them. I found it was very easy to explain that it was no different than if I had gotten glasses – except that no one is embarrassed saying "wait I need my reading glasses to read the paper you just gave me."

Once I spoke openly about my hearing aids, several friends began to ask me how I knew I needed them, whether they were uncomfortable and what sort of changes they had made in my life.



Knowing I needed them was obvious once I realized how much louder my tv was and how often I asked people to "repeat" what they had said. As a professional, I missed points in lectures I attended and even lines in a play if I was any distance from a stage. Recent studies have shown that hearing loss can negatively affect one's mental activity, and it certainly decreases one's social interaction.

Once I decided to get them, I researched various types of hearing aids and places to purchase them. Although one can have a quick hearing test and prescription at "big box" stores, like Costco, I preferred to have my testing done by a Doctor of Audiology just as I have always had my vision tests and prescriptions by an Optometrist.

This is how I found my way to Dr. Dana Luzon. The initial screening tests were thorough, as were her explanations of the various types of hearing aids available. There is a great deal of information to take in when deciding what type would suit me best. The extended period of time allowed for patients to adjust to wearing hearing aids was very important to my ultimate satisfaction as were weekly appointments if there were problems.

It has been just a year and the changes in my quality of life – especially my social interactions have been enormous. They are so much a part of me that I forget I am wearing them. My voice always was loud, a by-product of 30 years as a college professor. It remained loud as I began to experience hearing loss, and I would raise my voice reflexively to compensate when I couldn't hear someone.

Hearings aids have made such a change in my daily life, and I want others to enjoy a similar change. To this end, I often mention that I wear hearing aids because they can't be seen under my hair. Now, my voice has softened, and sometimes others have to ask me to "repeat". I want to show there is no reason to be self-conscious about having a hearing loss."

If this story sounds familiar don't wait years before seeking help. Audiology & Hearing Aids of the Palm Beaches can be your home for hearing healthcare!



**Dana Luzon,
Au. D. , FAAA, Doctor of Audiology**

Originally from Southern NJ, Dana Luzon received her undergraduate degree in Speech Pathology and Audiology from the Richard Stockton College of NJ, and continued on to receive her Doctorate of Audiology at Salus University's residential program. Her varied clinical experiences throughout her doctoral studies include: VA hospitals, rehabilitation clinics, ENT and private practice settings. Her professional interests include: audiology rehabilitation and progressive tinnitus devices. Her interests in the field outside of the clinic include: Humanitarian Audiology, and Audiology Awareness. Dr. Luzon currently lives in West Palm Beach, FL.



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PHYSICAL SIGNS OF SUBSTANCE USE MAY INCLUDE

- Change in sleep patterns or appetite
- Weight loss or weight gain
- Eyes that are bloodshot
- Pupils that are smaller or larger than normal
- Shakes and/or tremors
- Slurred speech
- Impaired coordination
- Unusual smells on breath, body, or clothing

BEHAVIORAL SIGNS OF SUBSTANCE USE MAY INCLUDE:

- Decreased motivation
- Loss of interest in extracurricular activities
- Drop in attendance or performance at work or school
- Financial problems or an unusual need for money
- Engaging in secretive or suspicious behavior
- Sudden changes in relationships

PSYCHOLOGICAL SIGNS OF SUBSTANCE USE MAY INCLUDE:

- Unexplained change in personality or attitude
- Sudden mood changes
- Periods of unusual hyperactivity or agitation
- Appearing fearful, withdrawn, anxious, or paranoid with no apparent cause

Furthermore, if your loved one is compulsively seeking and using drugs or alcohol despite negative consequences, such as loss of job, debt, family problems, or physical problems brought on by their use, then he or she is most likely addicted.

Being a friend or family member of someone abusing alcohol or substances can be extremely difficult. At times, it may feel so overwhelming that it may seem easier to ignore the problem. In the long run, minimizing or denying your loved one's use will inevitably be damaging to you, other family members, and the person you are concerned about.

The first step to helping your loved one is learning more about the disease of addiction. You may

want to either talk to a member of AA, NA, Al-Anon or Nar-Anon, or speak with a professional to help better understand your friend or family member's behavior. If your loved one is willing to take the next step, suggest an assessment by an addictions professional to help them understand their options and receive the care that they need.

Addiction is one of the leading causes of preventable death in America. So when you talk to your loved one about their drinking or substance use, you may be literally saving a life.



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ACUPUNCTURE: The New Facelift?

WHAT IS SKIN REJUVENATING ACUPUNCTURE?

Skin Rejuvenating Acupuncture is an effective, safe, non-surgical treatment to reduce the signs of aging. It is a great natural alternative to Botox. It is based on the principles of Chinese Medicine which has been around for thousands of years. It involves the insertion of very thin disposable needles just under the skin's surface on the face and body where needed to balance energy and encourage healing.

This specific, very shallow insertion creates tiny "micro-traumas" on the skin's surface which stimulates your production of elastin and collagen, which is critical to anti-aging. It also increases oxygen and blood circulation to the skin. This combination helps fill in fine lines and give firmness and tone to the skin for a healthy, glowing complexion.

Acupuncture has been used for thousands of years to treat many conditions and illnesses. The

effectiveness of acupuncture has been related to the manipulation of the energy points on the body to balance and to remove blockages in the meridians (energetic pathways), in order to achieve health and to prevent diseases.

Skin Rejuvenation Acupuncture has attracted great attention in the last few years, especially in the big cities like New York City and Los Angeles. It used to be a treatment only for the rich and famous in Hollywood, but now everyone wants the royal treatment.

A 1996 report in the international journal of Clinical Acupuncture reported that among 300 cases treated with acupuncture for skin rejuvenation, 90% has marked effects with one course of treatment. The effects included: more delicate skin, improvement of elasticity of facial muscles and tone, brighter complexion, and overall rejuvenation.

HOW DOES IT WORK?

A practitioner specializing in Cosmetic Acupuncture is able to utilize the meridians that either end or begin at the face to stimulate and balance the energy and at the same time, treat the underlying factors that contribute to the aging process. This involves the insertion of hair-thin disposable needles just under the skin at specific areas on the face and body. The needles are inserted into the energy pathways or meridians to improve the flow of Qi (energy inherent in all living things). As the flow of energy improves a greater amount of energy and blood are circulated to the face, oxygenating, firming and toning the skin to diminish fine lines and improve overall skin tone.

WHAT ARE THE BENEFITS OF SKIN REJUVENATING ACUPUNCTURE?

Skin Rejuvenating Acupuncture may take 5 to 10 years off the appearance of your skin. It helps to eliminate fine lines and makes the deeper lines look



softer. It also firms and tones the skin to help reduce sagging along the jaw line and drooping eyelids.

OTHER BENEFITS INCLUDE:

- Improves muscle tone
- Increases circulation and oxygenation of the skin
- Tightens the pores
- Helps reduce acne outbreaks
- Nourishes the skin for a healthy natural more radiant glow
- Brightens the skin to reduce dull complexions
- Minimizes fine lines
- Increases collagen and elastin production
- Evens facial color and tone
- Increases lymph circulation Leaves skin refreshed and rejuvenated.

WHY CHOOSE SKIN REJUVENATING ACUPUNCTURE OVER A FACE LIFT?

While not a replacement for surgery, acupuncture is an excellent alternative for someone who does not want to undergo a surgical procedure. Skin rejuvenating acupuncture is a much more subtle procedure (which can be a good thing) and does not have the risks involved with surgery. It is also far less expensive than plastic surgery and is virtually painless and has no side effects or risk of disfigurement. Surgery may have an extended recovery period with swelling and discoloration.

WHO SHOULD NOT HAVE SKIN REJUVENATING ACUPUNCTURE?

There are various cautions including bleeding disorders, persons on blood thinners or persons with hypersensitivity or untreated high blood pressure. In such cases, our non-needle technique would be the preferred treatment.

DOES IT REALLY MAKE A DIFFERENCE?

Skin Rejuvenating Acupuncture has been performed for thousands of years in China. As early as the Sung Dynasty (960 A.D. – 1270 A.D.) acupuncture was performed on the Empress and Emperor's concubines. For centuries, the Chinese have known that beauty radiates from the inside out. If the internal body is nourished and the energy and blood are flowing smoothly, the external body will reveal this radiance. A study in 1996 in the International Journal of Clinical Acupuncture reported that among 300 cases treated with Skin Rejuvenating Acupuncture, 90% reported marked effects with one course of treatment. The effects included: the skin becoming more delicate and fair, improvement of the elasticity of facial muscles and leveling of wrinkles, a bright complexion and overall rejuvenation.

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Dr. Meng, MD (China), AP, received her medical degree from the prestigious Shandong University in China and has also completed several advanced training courses in oriental medicine from well-respected TCM hospitals in China. She has over 18 years of experience as a doctor of Chinese medicine. She has owned and operated Meng's Acupuncture Medical Center since 2007.

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Painless Gum Disease: Do I Need To Treat It?

We see an incredible amount of patients with all levels of gum and jaw bone disease with one common finding... lack of pain. This may seem like a blessing, but the lack of warning often does not prompt patients to seek treatment in the early stages. Leaving periodontal disease, inflammation and destruction of the gum and jaw bone untreated can lead to potentially significant dental problems that may require costly treatment.

WHAT HAPPENS:

A very large, recent study revealed that 1 in 2 adults over the age of 30 have some form of periodontal disease. That is every other one of us! Periodontal disease can range from simple, swollen gums to significant loss of jaw bone support and eventually loss of teeth. Most of this entire process can occur without any discomfort, which tends to lead patients into feeling that nothing dramatic is happening.

The development and progression of periodontal disease is not exactly the same for every patient, but it does often follow a similar pattern. Typically, plaque (which is bacteria) rests on the teeth and gum line. If left undisturbed (unbrushed), this plaque can calcify over time and turn into tartar. Tartar forms a ledge that can catch even more plaque making the situation continue to get worse.

Our bodies view this accumulation of plaque and tartar as an “infection”. Just as if you cut your hand, extra blood is sent to the area to help ward off the infection and begin the healing process. On our hand, this may be evident by a red, swollen area. In our gums, the tissues become inflamed and often bleed when brushed. We call this Gingivitis. If treated properly, Gingivitis has the potential to be reversible. If not addressed, there is a high probability that this disease will lead to destruction of the jaw bone supporting the teeth (and ultimately loss of the teeth).

WHAT CAN BE DONE:

Patients often avoid treatment for 1 primary reason, fear. What most people do not realize is that



periodontal disease can be treated in a number of ways that truly does not hurt. Early therapy often involves non-surgical treatments such as scaling and root planing (often called by patients a “Deep Cleaning”). This initial form of therapy can help remove much of the tartar deposits and reduce the gum inflammation. Many patients report a decrease in bleeding when brushing their teeth after this treatment.

In situations where the disease has progressed beyond just gum inflammation (a periodontal evaluation and x-rays are needed to make this determination), more advanced therapy may be indicated. An exciting, newer treatment for periodontal disease called LANAP (Laser Assisted New Attachment Procedure) or Laser Therapy is available which typically involves no pain or discomfort. LANAP is the only FDA approved laser therapy for the treatment of periodontal disease. Traditional periodontal procedures are also available to help try and slow (or potentially stop) the disease progression.

Catching periodontal disease early may help slow or stop the continuation of tissue, bone and possibly tooth loss. Many of the treatment options available are pain-free and can help prevent more invasive and costly procedures down the road. It is important to realize that you may not be symptomatic or in pain while this disease continues to destroy important gum and bone tissue. Regular periodontal evaluations and early intervention can truly help a patient increase their chances of maintaining their original teeth.

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

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



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

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

Dr. Cohen uses in-office, state of the art 3D CT imaging to develop the least invasive dental implant and bone regeneration treatment options. Dr. Cohen and his facility are state certified to perform both **IV and Oral Sedation** procedures. Botox® and Dermal Fillers are also utilized to enhance patients' cosmetic outcomes.

Dr. Cohen formerly served on the Board of Trustees for the American Academy of Periodontology and the Florida Dental Association. He is past president of the Florida Association of Periodontists and the Atlantic Coast District Dental Association. Dr. Cohen is a member of the American College of Maxillofacial Implantology and the American Academy of Facial Esthetics. In addition, he has been awarded Fellowship in the American College of Dentists, International College of Dentists and the Pierre Fauchard Academy.



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What is Happiness? – Hear from a Yogi, Sadhguru

"When do you really feel well in your life? When you're really happy, you're well. Even if you're physically ill you're still well. Isn't it? Fundamentally, well-being means a certain level of joyfulness, a certain exuberance of life. What is happiness? We can say happiness is this or that, but in terms of life, your life energies are happening in a more exuberant way than it normally happens. Depression means your life energies have become in a very low state. Happiness means your life energies are exuberant."

"Everybody has been happy, but the problem is they're not able to maintain it. All this effort of life, everything that you did; education, career, business, family, whatever you did, was in pursuit of happiness. Everything that humanity has done on this planet is in pursuit of happiness."

Sadhguru is a realized yogi, mystic and visionary who has dedicated himself to the elevation of the physical, mental, and spiritual well-being of all people. He is an author and opinion maker who is regularly invited to speak at leading prestigious international forums and conferences such as World Peace Summit at the United Nations and the World Economic Forum.



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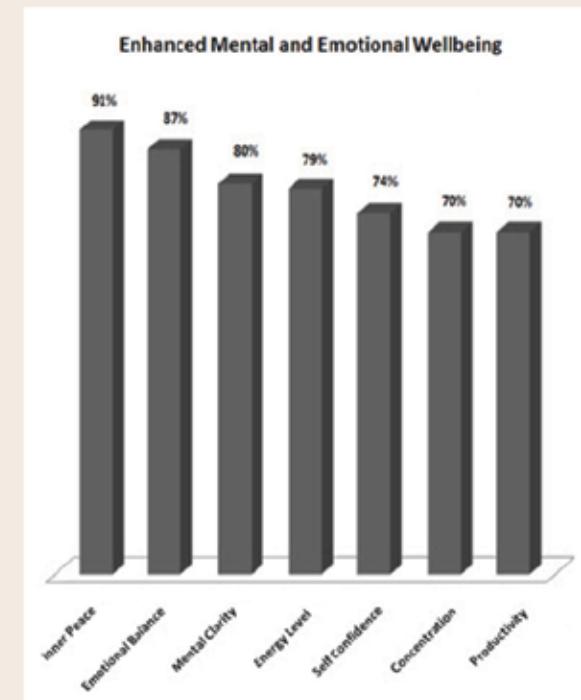
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"The significant changes I have noticed is the change in my mood and way I see life and everybody. - Gerson Vargas

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UNRAVELING TRIGEMINAL NEURALGIA

By Dr. Jonathan Chung

Most of you have probably never heard of trigeminal neuralgia (TN). It's a pretty rare disorder that affects about 4-5 people per 100,000. If you or someone you love has ever had it, then you know that this illness can be associated with the worst pain that a human being can experience. The constant and persistent pain is so debilitating that TN has been called "suicide disease" because an estimated 25% of sufferers will take their own life.

Today we are going to breakdown the anatomy of this devastating disorder, and how we can help.

THE ANATOMY OF FACIAL PAIN

Trigeminal neuralgia can seem very simple on the surface. The name of the disease stems from the nerve that it attacks called the trigeminal nerve. The trigeminal nerve is one of twelve specialized nerves that come from inside the skull called cranial nerves. As the trigeminal nerve exits the brainstem, it sends branches all throughout the head and neck. Here is a short list of the things connected to the trigeminal nerve:

- **Sensation on the surface of the head and neck (especially pain sensation)**
- **Sensation in the teeth and gums**
- **The meninges**
- **Major jaw muscles**

When you have trigeminal neuralgia, it can cause pain through 2 main ways.

The most common way is by a peripheral lesion where an artery in the skull is rubbing against the nerve roots of the trigeminal nerve near the brain stem. The pulsing of the artery is thought to be why people with trigeminal neuralgia feel intense waves of pain instead of a constant pain sensation.

The second way is more complicated. It involves the areas of the brain and spinal cord developing a heightened sensitivity to pain through a phenomenon called central sensitization. This is a similar mechanism by which chronic headaches, fibromyalgia, and other chronic pain issues can develop. Many times this phenomenon can be driven by a reaction to a previous injury involving the head, neck, face, or teeth.

TREATMENT OPTIONS

Most cases of true TN are resistant to anti-inflammatory medications. When anti-inflammatories fail, they are treated with anti-convulsant medications like Tegretol or Neurontin. These medications can be effective for some, many patients find the side effects (dizziness, brain fog, balance problems) of these medications to be intolerable.

For patients with a peripheral lesion like artery compression, there are surgical options. If patients have a confirmed compression of the trigeminal nerve roots by an artery, a surgery called microvascular decompression can be used to move the offending artery off of the nerve. The surgery has a very high success rate for a large number of TN cases, but it is also a major surgery which requires cutting through the skull, and has risks that come with neurosurgical procedures.

Other procedures like Gamma Knife radiation can be performed to damage the trigeminal nerve so that it does not transmit the pain signal to the brain. This

procedure has been less effective than decompression, and is subject to multiple treatments.

While these procedures can be great options for TN as a result of a peripheral lesion, it is unlikely to help those whose symptoms are not part of the peripheral nerve. Some forms of TN may be a brain related issue.

CENTRAL DISRUPTION – A BRAIN PROCESSING PROBLEM

So what if you have this face pain but there's no sign of a rogue artery pressing against the nerve? The problem may be with processing of pain rather than an offending lesion.

While peripheral problems are easy to understand, central problems can seem more abstract. When the brain and spinal cord aren't working properly, you can't do a blood test or look at an MRI and definitively say "This is why you have pain in your face". In order to test this idea, you often have to perform functional tests which test how your body feels different stimuli. Central disruption is more of a problem of too much or too little.

What I mean by that is that neurons in the brain can fire too often while other important nerves may not fire enough. When the firing of these nerves is out of balance, then the brain perceives things incorrectly.

The pain pathways of the head and neck converge into an area of the spinal cord called the trigeminal cervical nucleus. So if you have a pain in the head, face, or neck, all of the pain sensing fibers are going to enter into this region which is found in the spinal cord around the level of the first 3 neck vertebrae.

The trigeminal cervical nucleus, thalamus, and somatosensory cortex have a system determining if the brain should pay attention to a painful stimulus. This is what allows people to feel pain differently.

That's why our favorite athlete can ignore the pain of a broken leg in order to complete a task. It also allows us to perceive danger if we step on a nail in the dark.

When this system malfunctions, then the trigeminal cervical nucleus is allowing too many pain signals to get through to the brain. When it allows every painful stimulus to get to the brain, then the brain is constantly bombarded with pain signals even if that signal is harmless.

Symptoms of facial pain can be a result of too much firing from the trigeminal cervical nucleus.

That's what allows a cool breeze to the face, brushing your teeth, or scratching an itch on your face can be wrongly perceived as a painful stimulus that sends them cascading toward miserable facial pain.

When it comes down to it; your brain is perceiving the environment incorrectly because it is letting too much pain stimuli through the pain gate.

The good news about a central pain response is that your pain threshold can be changed by several factors as listed in the diagram. While we can't change our genetics, we can change almost every other factor on that list. From a treatment perspective, there are numerous things we can do to change brain and spinal cord input so that pain output decreases.

FIXING THE NECK TO FIX THE BRAIN

Upper Cervical Chiropractors have found a large amount of success in helping patients with trigeminal neuralgia and other facial pain syndromes. A quick search through chiropractic literature shows a dozen case studies detailing the improvements of patients with facial pain, including my own if you look hard enough for it.

Obviously these are just case studies and can't tell you much in themselves, but there is a logical rationale that helps explain how the neck can affect facial pain and why 75% of our trigeminal neuralgia patients get substantial improvement.

Brain input and spinal cord input play a big role in the sensation of pain. A big part of brain and spinal cord input comes from the top 3 nerves in the neck.

When the head and neck shift, brain and spinal cord input get altered in ways that can impact the trigeminal cervical nucleus. In our office, we find that this is particularly common when the Atlas vertebra rotates or twists out of position.

When this shifting occurs 3 things happen:

- **Torsional forces occur in the spinal cord potentially impacting the trigeminal cervical nucleus**
- **Compressive forces may occur along the vessels that can affect movement of spinal fluid and blood in the head.**
- **Aberrent input into the brain from asymmetry of spinal positioning leading to dominance of nociception (pain) into the brain.**

When the neck shifts in this manner, it doesn't always cause trigeminal nerve issues, but it is tied to other problems like headaches, neck pain, cervicogenic vertigo, and more.

It brings us back to a fundamental principle: upper cervical chiropractic is not about treating a specific condition. It's about improving the function of the brain and nervous system. When we correct the structure of the neck, we are looking to decrease these damaging forces into the spinal cord and veins and improve the symmetry of firing into the brain.

Because if we can play a role in making the brain more resilient, then it has the best chance to make itself resistant to the pain you may experience in your day to day life.



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WHAT OUR PATIENTS ARE SAYING:

Testimonial: I am 70 years old and have diabetes and have had heart surgery and had a stroke. I haven't had an erection in over 10 years and Viagra did nothing. I have tried several clinics and needles in the past, but nothing helped. I heard about this new treatment at Simply Men's Health, and I gave it try not having much expectations. To my surprise after my first treatment I woke up with an erection, something I hadn't seen in years, and by my 5th treatment I was having sex with my wife. It's truly a miracle treatment. Steven O.

Testimonial: I'm 34 years old and started to experience problems getting an erection and maintaining it over the last couple of years. I had tried Viagra and hormones, but it didn't help. I heard about Simply Men's Health and made an appointment not knowing what to expect. I signed up for the 3 week EPAT therapy and the Priapus shot. After just a couple of treatments I was getting erections, but even more amazing was that the curve in my penis straightened out. The treatment was only a few minutes and relatively painless, but the results are amazing. A. B.

Testimonial: I'm 80 years old and married to my high school sweetheart. One day my wife asked me if I could rub a genie bottle and have one wish, what would it be? My answer was to have sex like we used to when we were young. It would take a miracle. I have had problems with ED for over 10 years and had TURP surgery for my prostate. I had gone to urologists and tried pills and nothing helped. Well, my wife said she heard a commercial for Simply Men's Health. I called and made the first available appointment. I was so scared and nervous, but the staff was wonderful and understanding. Within a few weeks my wish came true and my wife and I are so ecstatic. Ral S.

Begin the Spring Season by Detoxing Your Body

Looking for a Detox to begin the Spring Season? Did you know that your body has a natural detoxifying system? Your lymphatic system functions to remove toxins including cancer cells from your body daily.

WHAT IS THE LYMPHATIC SYSTEM?

If you've ever woken up with puffy eyes, sinus congestion and a feeling of overall malaise, it is possible that your lymph system is congested and not working optimally. Lymphatic fluid is intracellular fluid that carries waste components from blood to lymph nodes where the waste material is neutralized. The lymphatic system is crucial in your body's ability to ward off disease and heal from injury. Your body contains double the amount of lymphatic fluid compared to your total blood volume. However, the lymph system unlike the cardiovascular system lacks a pump to circulate the waste material through the body.

When toxins accumulate in the lymphatic system, due to poor nutrition, dehydration, pollution, constipation and lack of exercise, the body becomes sluggish, and poor health is inevitable.

Research has shown a strong relationship between sluggish lymphatic system and chronic illness, weight gain and premature aging. Symptoms of chronic lymphatic congestion are diverse but can include worsened allergies and food sensitivities, frequent cold and flu infections, joint pain, headaches and migraines, menstrual cramps, arthritis, fibrocystic breasts, breast tenderness, sinusitis, loss of appetite and GI issues, muscle cramping, tissue swelling, fatigue, mental fuzziness, mood irregularities, depression, parasites, skin breakouts, acne, and cellulite.

The reality is that you have twice as much lymph fluid in your body than you do blood. The lymph continuously bathes each cell and drains away the

detritus in a circulatory system powered only by your breathing and movement. If the movement of the lymph stopped entirely you would die in a matter of hours. Lymph fluid drains toxins, cancer cells, and viruses to lymph nodes to be removed as waste material from the body. The only natural mechanism to move lymph fluid in the body is muscle contraction. However, if the lymph fluid has become congested the fluid will not easily be moved through the lymphatic system resulting in a decreased immune system.

While our bodies are equipped with the system to rid bodies of toxins, like many other systems in the body, the lymphatic system does not always work with optimal effectiveness. This ineffectiveness leads to the symptoms and conditions we have just described. However, there is a safe, gentle and non-invasive way to stimulate the lymphatic system to work more effectively and efficiently.

Lymphatic drainage has been used to assist in the detoxification of the body since 1935. Lymphatic drainage promotes the movement of the lymph fluid and the removal of toxic matter throughout the body. Medical professionals throughout Europe and Asia recognize the importance of this secondary circulatory system in immune, digestive, nervous system function and detoxification.

Electro-Sound Lymphatic Drainage has added the use of technology to increase drainage effectiveness. It is a gentle, relaxing, non-invasive, accelerated method of cleansing and detoxifying the lymphatic system. This therapy combines mild electrostatic sound waves with inert gas ionization to balance hormones, break up blockages and directly stimulate the neuromuscular system. The results include relief from chronic inflammation, increased circulation, released blockages, proper elimination, cell nourishment and an enhanced immune system.



Electro Lymphatic drainage is up to 12 times more effective than traditional manual lymphatic drainage/massage and heals at a deeper level without applying pressure to the skin. Electro Lymphatic drainage is one of the most effective ways of detoxification. Both blood work and thermography confirm one session alone can reduce the body's toxin load by as much as 50%.

BENEFITS OF ELECTRO LYMPHATIC DRAINAGE THERAPY

- Faster recovery and less scarring from surgery and other types of trauma by making lymph flow faster and stimulating the formation of new connections between lymph vessels
- Clears congestive conditions such as chronic sinusitis, bronchitis, acne, and headaches
- Strengthens the immune system
- Relieves heaviness tightness and swelling in those suffering from lymphedema.
- Increases overall relaxation by decreasing stress
- Relieves retention of fluids during pregnancy and menstrual cycle
- Decreases local edemas and hematomas from orthopedic surgery, cosmetic surgery scars, and burn scars; leading to a decreased in healing time and increase in client mobility
- People who suffer from insomnia, stress, fibromyalgia, and autoimmune diseases such as multiple sclerosis, lupus, and rheumatism benefit greatly from Electro Lymphatic Drainage



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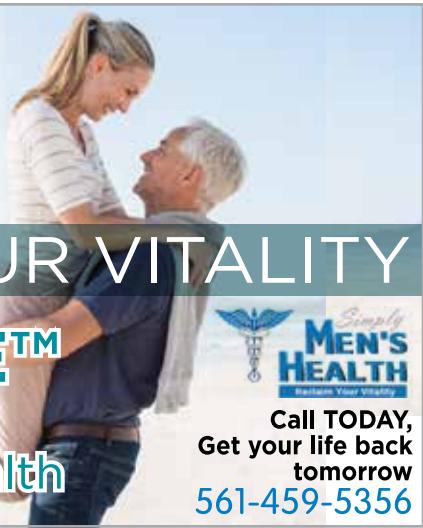
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Laser Cataract Surgery: What you should know

By David A. Goldman MD

With every year, advances are made in ophthalmic surgery. While some are relatively insignificant, others can change the entire way we think about surgery. With cataract surgery, the latest development is the use of femtosecond laser to assist with the surgery. While this is a very exciting development for the field, the exact details are not always shared with the patient.

To begin, what exactly is laser cataract surgery? Many physicians define this in different ways. Although patients today think that cataract surgery has always been performed with laser – in fact this is not the case. The majority of cataract surgery to date has been performed with ultrasound (similar to laser except sound waves are used instead of light waves) while the physician manually guides the ultrasound probe. Femtosecond laser cataract surgery allows the initial incisions and lens breakup to be performed by an image-guided computer/laser system. That said, the ultrasound probe is still used to manually remove the now laser fragmented lens. Having performed traditional and laser cataract surgery as well as having reviewed the literature extensively on the subject, I feel compelled to educate the public about it. First, there are several important questions that should be answered.

Is laser cataract surgery any safer? Not at all. If femtosecond laser cataract surgery did indeed provide safer outcomes then Medicare/private insurers would pay for it. In fact, if your ophthalmologist does recommend laser cataract surgery as being safer, I would recommend seeking another surgeon.

Does it reduce the total surgery time? No – the time to complete the entire surgery is longer because there are now two steps to the procedure.

Is it more comfortable? No – the two methods are virtually the same. The exception being that during the laser aspect of the procedure the patient may experience a little pressure.



Does this mean there are no advantages to laser cataract surgery? Again the answer is no. The laser does allow incisions not only to be performed in the cornea but also the capsule that holds the cataract/new intraocular lens. These incisions are performed in an entirely automated format that allows for outstanding reproducibility. It has also been commented on by many that these laser incisions allow for better accuracy when choosing the proper lens power. Furthermore, in certain cases, partial laser incisions known as arcuate incisions can be performed to neutralize small amounts of astigmatism.

So should you elect for laser cataract surgery? The decision is entirely up to you, but you should not feel pressure that if you undergo traditional cataract surgery that there is a higher probability of a complication. In the hands of a skilled surgeon, cataract surgery is an overwhelmingly successful procedure. The addition of laser to the procedure is more icing on the cake and is not required but some may prefer.

Dr. Goldman practices at 3401 PGA Blvd Suite #440 in Palm Beach Gardens, Florida. He has been ranked a Best Doctor and Top Ophthalmologist, as well as being recognized as one of the top 250 US surgeons by Premier Surgeon.



DAVID A. GOLDMAN

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

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

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

Dr. Goldman speaks English and Spanish.

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Spring (Change) is in the Air

Brent Myers

Spring ushers in a new season. It signals the end of “winter” and the beginning of something new. Spring brings new flowers, warmer temperatures, greener grass, and another baseball season. Spring also brings another ritual for many people: cleaning.

Yep – good ol’ fashioned spring cleaning. “Out with the old and in with the new.” Perhaps this annual cleaning is symbolic of the change of the seasons. As we rid ourselves of shorter days, and cooler temps, we welcome in the sun and going to the beach. Spring cleaning reminds us of hope for better days ahead.

And by doing so, Spring becomes the season of hope and change.

As we enter this season, we should stop and take inventory of change that we can make in our spiritual lives to bring about hope.

Here are some things we can do for a “spiritual spring cleaning.”

The apostle Paul wrote in a letter these words: “*Don’t copy the behavior and customs of this world, but let God transform you into a new person by changing the way you think. Then you will learn to know God’s will for you, which is good and pleasing and perfect.*” (Romans 12:2)

Note what Paul says:

Act differently. “...*don’t copy the behavior and customs of this world...*” Just because it’s popular doesn’t mean we have to do it. We should strive to act differently. We can learn to be kind, polite, forgiving, humble, and serve others. We can act differently by putting others ahead of ourselves.

Think differently. “...*a new person by changing the way you think...*” There used to be a phrase that said “Garbage In. Garbage Out.” This means that what we put in our heads is what we will eventually produce. This same Paul wrote in a different letter: “And now, dear brothers and sisters, one final thing. Fix your thoughts on what is true, and honorable, and right, and pure, and lovely, and admirable. Think about things that are excellent and worthy of praise.” (Philippians 4:8)

Be different. “...*let God transform you into a new person...*” Ultimately God does all the work and “spiritual cleaning” in our lives through His Son Jesus and His redemptive work. Again, Paul wrote these words: “This means that anyone who belongs to Christ has become a new person. The old life is gone; a new life has begun!” (2 Corinthians 5:17)



*Spring is here!
Change is here!
Hope is here!
Embrace it.
Love it. Live it.*

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