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May 2017

North Palm Beach Edition - Monthly



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South Palm GI, LEADING DELRAY BEACH GASTROENTEROLOGY PRACTICE, Now Part of Gastro Health



From L- R: Jonathan Kaplan, M.D., Morris Naus, M.D., Andi D'Avanzo ARNP, Michael Blum, M.D. and James Chong, M.D.

South Palm GI, located at 4675 Linton Boulevard in Delray Beach, Florida, is now part of Gastro Health, South Florida's largest, private gastroenterology practice.

Founded in 2006, Gastro Health comprised of over 60 physicians in 25 locations. Gastro Health provides patients access to some of the nation's premier gastroenterologists, pediatric gastroenterologists, colorectal surgeons, and allied health professionals. In addition to delivering gastrointestinal care, providers offer a wide range of additional services including: anesthesia, infusion, imaging, pathology, specialty pharmacy and in-office RX dispensing.

Patients can take comfort in the fact that South Palm GI physicians – which include Dr. Michael

Blum, Dr. James Chong, Dr. Jonathan Kaplan and Dr. Morris Naus – will continue to provide the highest quality care for procedures such as colonoscopy, upper GI endoscopy, liver biopsy and more. Additionally, South Palm GI employs an advanced registered nurse practitioner, specializing in gastroenterology.

By joining Gastro Health's network, the group will continue to provide patients the safe and affordable gastrointestinal care they need. All of Gastro Health's care centers are equipped with the latest state-of-the-art technology to ensure the best outcomes possible for each individual patient.

"We are very excited to become a part of Gastro Health, which is one of the preeminent leaders

in gastroenterology in the United States." said Dr. Michael Blum, President of South Palm GI. "We look forward to expanding our patient care services and continuing to deliver quality gastrointestinal care for our patients."

South Palm GI is Gastro Health's 23rd South Florida location and its 3rd in Palm Beach County. Other Palm Beach County locations include 9980 Central Park Blvd. North, Suite 316 in Boca Raton, Florida and 1157 South State Road 7 in Wellington, Florida.

"We are thrilled to have South Palm GI join Gastro Health, which complements our new Wellington location and plans for expansion in Palm Beach County," said Gastro Health, CEO, Alejandro Fernandez. "South Palm GI is a premier practice located in Delray Beach, FL with highly skilled providers and staff. We look forward to helping the community of Delray Beach with all of their digestive health needs."

For more information about Gastro Health, visit gastrohealth.com.

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Neck or Back Pain? Headaches?

New non-invasive technology offers long-term relief.



Ever wake up with a crick in your neck so severe you could barely turn your head? Neck pain, which affects up to half of U.S. adults each year, is one of the most common reasons for doctor visits. Yet the pain is often over-treated with drugs, injections, and surgery, which don't help much in the long term. Here's what you need to know.

WHY IT HURTS

The strain of holding up your 10- to 12-pound head year after year makes your neck vulnerable to injury. Pain can occur after sleeping in the wrong position, cradling a phone too long, spending hours hunched over a computer, simply carrying a heavy suitcase, or from a recent or old injury. Pain can radiate from the neck to the back down the arms and sometimes even down to the hips and legs. Neck pain can create chronic and intense headaches. The neck itself can become stiff with a decreased range of motion where pain is often worsened with movement.

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

Prior to the **MCU**, it was nearly impossible to objectively diagnose muscle dysfunction and weakness. Because other examination methods like CT scans, X-rays, and nerve testing have been

unable to detect functional muscle weakness, accurate strengthening of these delicate muscles 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.

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 assessed, 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
- Ongoing maintenance in the MCU is not needed once treatment is concluded

The MCU Multi-Cervical Unit is the most effective and complete system for the assessment and rehabilitation of patients suffering from neck pain, whiplash associated disorders (WAD), and general cervical spine disorders. The MCU is an unmatched, research-backed tool that empowers physical therapists and chiropractors alike to objectively evaluate, strengthen, and restore the ailing neck and cervical spine.

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

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

MCU

OFFERS EFFECTIVE TESTING AND TREATMENT FOR:

- General and Chronic Neck Pain
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THE MCU CAN TREAT:

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Do You Have “Invisible Baldness?”

By Dr. Alan J. Bauman, Hair Loss Specialist

You can't always trust the “mirror test” when it comes to spotting hair loss – you could be going bald and not even know it.

Invisible baldness is a condition that affects both men and women, typically in their 30s or 40s, but it can begin earlier as well.



What is “INVISIBLE BALDNESS?” Invisible baldness is essentially the initial stage of a chronic hair loss condition such as androgenetic alopecia that is especially difficult to spot with the naked eye. Scientific research confirms that it generally takes about 50% of the hair to be gone before baldness becomes clearly visible (e.g., receded hairline, widening part, thinning on top, etc.). In general, hair loss is a chronic, progressive condition that gets worse over time without treatment. This means that the earlier you start on preventive or restorative hair loss therapies, the better your odds for retaining a full and healthy head of hair.

One way you can check for early signs of hair loss is to keep an eye on how much hair is being shed each day. A typical healthy head of hair will only lose about 50 to 100 hair strands per day. Therefore, if you're noticing an above average number of hairs on the pillow in the morning or

in the shower drain or in your brush, you may be in the beginning stages of male or female pattern hair loss. That said, however, excessive shedding doesn't always mean you are losing your hair – it could also be a sign of a larger underlying health condition or scalp issue, which results in temporary hair loss or “Telogen Effluvium.”

Other symptoms of early loss may include receding or thinning in the temple areas, less overall volume or a slight decrease in coverage of the scalp in sunlight or other lighting conditions.

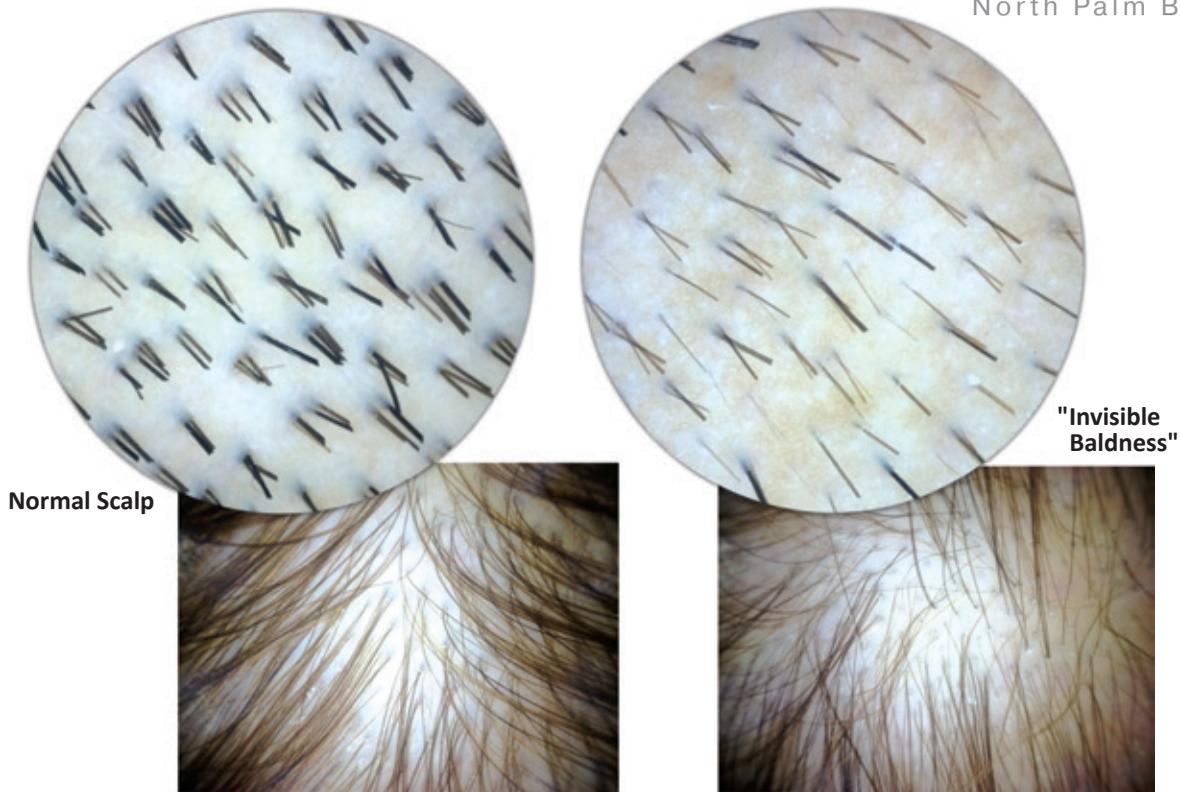
For these reasons, it is important to schedule a visit with a board-certified Hair Restoration Physician whenever these initial symptoms are first observed. The physician will evaluate your situation and do a complete exam including a microscopic evaluation of your scalp and take baseline measurements. Your hair doctor may recommend blood tests and/or genetic tests that will help determine what treatments are likely to help.

Hair restoration physicians have several tools at their disposal to gauge a person's risk of hair loss. These tools can help detect hair loss in its earliest stages, and in some cases, before it even begins.

Effective hair loss evaluation tools include:

- **Genetic tests** – A new genetic test by HairDX can accurately determine a person's risk for losing their hair, so they can begin preventive treatments early. The analysis uses a simple cheek swab and can determine the genetic risk of developing male and female pattern hair loss.

- **Hair density measurements** – The HairCheck® device is a highly sensitive hand-held ‘trichometer,’ which measures hair caliber and hair density together, and expresses them as a single number known as the Hair Mass Index (HMI). Doctors and Bauman Certified HairCoaches routinely use this scientific measurement to accurately assess percentages of hair loss, growth and breakage on any area of the scalp. Not just diagnostic at the



HairCam photos courtesy of Dr. Alan J. Bauman©

time of initial evaluation, this information also helps monitor and track the efficacy of any treatment regimen.

- **Scalp Exam** – Newly developed “Scalp Makeover” evaluations are highly effective at determining if an underlying problem with the scalp may be the root cause of a hair disorder. Patients are evaluated with non-invasive, pain-free skin diagnostic tests that check and measure the scalp’s pH, sebum and hydration levels to determine any imbalance. Scalp testing is available for both men and women.

- **HairCam™ Microscopy** – Specialized hand-held scalp microscopes with special dual-polarized LED lighting can detect miniaturized hairs vs. areas of depleted density as well as help diagnose rare hair loss conditions and other scalp problems.

Seeing it Through

Just like hair loss, initial subtle changes in hair regrowth take time before they are noticeable to the naked eye, often taking 6-12 months to see visible results from a treatment. Consistent tracking with HairCheck measurements can confirm the early response to therapy at the scalp and predict the visible improvements to come.

Take Home Message

Hair loss is a treatable condition, but the earlier the problem is detected and treatment started, the better your chances are for keeping your hair.

ABOUT BAUMAN MEDICAL:

- Established in 1997 by Board-Certified Hair Restoration Specialist, Dr. Alan J. Bauman, M.D.
- World’s largest and most comprehensive stand-alone clinic dedicated exclusively to hair transplantation and the treatment of hair loss in men and women.
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- Private individual long-distance and in-office consultations available with Dr. Bauman by visiting www.BaumanMedical.com or calling **561-394-0024**

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 20,000 hair loss patients and performed nearly 7,000 hair transplant procedures. An international lecturer and frequent faculty member of major medical conferences, Dr. Bauman was recently named one of



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

the top 5 transformative CEO's in Forbes Magazine. His 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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WHAT IS DIABETIC RETINOPATHY?

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

Diabetic retinopathy, the most common diabetic eye disease, occurs when blood vessels in the retina change. Sometimes these vessels swell and leak fluid or even close off completely. In other cases, abnormal new blood vessels grow on the surface of the retina.

The retina is a thin layer of light-sensitive tissue that lines the back of the eye. Light rays are focused onto the retina, where they are transmitted to the brain and interpreted as the images you see. The macula is a very small area at the center of the retina. It is the macula that is responsible for your pinpoint vision, allowing you to read, sew or recognize a face. The surrounding part of the retina, called the peripheral retina, is responsible for your side—or peripheral—vision.

Diabetic retinopathy usually affects both eyes. People who have diabetic retinopathy often don't notice changes in their vision in the disease's early stages. But as it progresses, diabetic retinopathy usually causes vision loss that in many cases cannot be reversed.

DIABETIC EYE PROBLEMS

There are two types of diabetic retinopathy:

Background or nonproliferative diabetic retinopathy (NPDR)

Nonproliferative diabetic retinopathy (NPDR) is the earliest stage of diabetic retinopathy. With this condition, damaged blood vessels in the retina begin to leak extra fluid and small amounts of blood into the eye. Sometimes, deposits of cholesterol or other fats from the blood may leak into the retina.

NPDR can cause changes in the eye, including:

- **Microaneurysms:** small bulges in blood vessels of the retina that often leak fluid.
- **Retinal hemorrhages:** tiny spots of blood that leak into the retina.
- **Hard exudates:** deposits of cholesterol or other fats from the blood that have leaked into the retina.
- **Macular edema:** swelling or thickening of the macula caused by fluid leaking from the retina's blood vessels. The macula doesn't function properly when it is swollen. Macular edema is the most common cause of vision loss in diabetes.
- **Macular ischemia:** small blood vessels (capillaries) close. Your vision blurs because the macula no longer receives enough blood to work properly.

Many people with diabetes have mild NPDR, which usually does not affect their vision. However, if their vision is affected, it is the result of macular edema and macular ischemia.

Proliferative diabetic retinopathy (PDR)

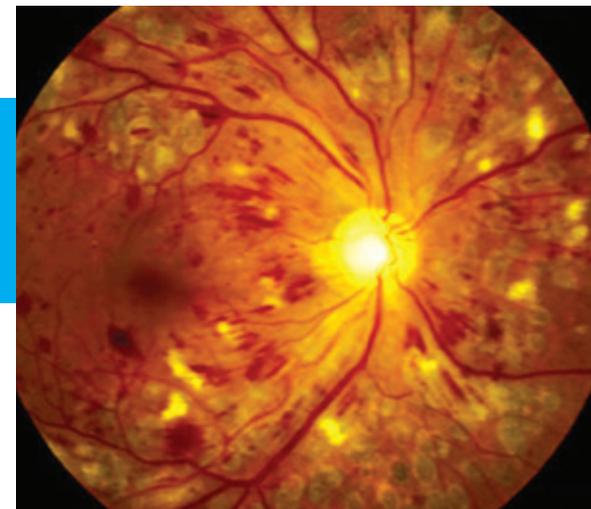
Proliferative diabetic retinopathy (PDR) mainly occurs when many of the blood vessels in the retina close, preventing enough blood flow. In an attempt to supply blood to the area where the original vessels closed, the retina responds by growing new blood vessels. This is called neovascularization. However, these new blood vessels are abnormal and do not supply the retina with proper blood flow. The new vessels are also often accompanied by scar tissue that may cause the retina to wrinkle or detach.

PDR may cause more severe vision loss than NPDR because it can affect both central and peripheral vision. PDR affects vision in the following ways:

Vitreous hemorrhage: delicate new blood vessels bleed into the vitreous — the gel in the center of the eye — preventing light rays from reaching the retina. If the vitreous hemorrhage is small, you may see a few new, dark floaters. A very large hemorrhage might block out all vision, allowing you to perceive only light and dark. Vitreous hemorrhage alone does not cause permanent vision loss. When the blood clears, your vision may return to its former level unless the macula has been damaged.

Traction retinal detachment: scar tissue from neovascularization shrinks, causing the retina to wrinkle and pull from its normal position. Macular wrinkling can distort your vision. More severe vision loss can occur if the macula or large areas of the retina are detached.

Neovascular glaucoma: if a number of retinal vessels are closed, neovascularization can occur in the iris (the colored part of the eye). In this condition, the new blood vessels may block the normal flow of fluid out of the eye. Pressure builds up in the eye, a particularly severe condition that causes damage to the optic nerve.



DIABETIC RETINOPATHY SYMPTOMS

You can have diabetic retinopathy and not be aware of it, since the early stages of diabetic retinopathy often don't have symptoms.

As the disease progresses, diabetic retinopathy symptoms may include:

- Spots, dots or cobweb-like dark strings floating in your vision (called floaters);
- Blurred vision;
- Vision that changes periodically from blurry to clear;
- Blank or dark areas in your field of vision;
- Poor night vision;
- Colors appear washed out or different;
- Vision loss.

Diabetic retinopathy symptoms usually affect both eyes.

See a simulation of what vision with nonproliferative diabetic retinopathy and vision with proliferative diabetic retinopathy look like.

Careful management of your diabetes is the best way to prevent vision loss. If you have diabetes, see your eye doctor for a yearly diabetic retinopathy screening with a dilated eye exam — even if your vision seems fine — because it's important to detect diabetic retinopathy in the early stages. If you become pregnant, your eye doctor may recommend additional eye exams throughout your pregnancy, because pregnancy can sometimes worsen diabetic retinopathy.

Contact your Eye M.D. right away if you experience sudden vision changes or your vision becomes blurry, spotty or hazy.

DIABETIC RETINOPATHY DIAGNOSIS

The only way to detect diabetic retinopathy and to monitor its progression is through a comprehensive eye exam.

There are several parts to the exam:

Visual acuity test

This uses an eye chart to measure how well you can distinguish object details and shape at various distances. Perfect visual acuity is 20/20 or better. Legal blindness is defined as worse than or equal to 20/200 in both eyes.

Slit-lamp exam

A type of microscope is used to examine the front part of the eye, including the eyelids, conjunctiva, sclera, cornea, iris, anterior chamber, lens, and also parts of the retina and optic nerve.

Dilated exam

Drops are placed in your eyes to widen, or dilate, the pupil, enabling your Eye M.D. to examine more thoroughly the retina and optic nerve for signs of damage.

It is important that your blood sugar be consistently controlled for several days when you see your eye doctor for a routine exam. If your blood sugar is uneven, causing a change in your eye's focusing power, it will interfere with the measurements your doctor needs to make when prescribing new eyeglasses. Glasses that work well when your blood sugar is out of control will not work well when your blood sugar level is stable.

Your Eye M.D. may find the following additional tests useful to help determine why vision is blurred, whether laser treatment should be started, and, if so, where to apply laser treatment.

Fluorescein angiography

Your doctor may order fluorescein angiography to further evaluate your retina or to guide laser treatment if it is necessary. This is a diagnostic procedure that uses a special camera to take a series of photographs of the retina after a small amount of yellow dye (fluorescein) is injected into a vein in your arm. The photographs of fluorescein dye traveling throughout the retinal vessels show:

- Which blood vessels are leaking fluid;
- How much fluid is leaking;
- How many blood vessels are closed;
- Whether neovascularization is beginning.

Optical coherence tomography (OCT)

OCT is a non-invasive scanning laser that provides high-resolution images of the retina, helping your Eye M.D. evaluate its thickness. OCT can provide information about the presence and severity of macular edema (swelling).

Ultrasound

If your ophthalmologist cannot see the retina because of vitreous hemorrhage, an ultrasound test may be done in

the office. The ultrasound can "see" through the blood to determine if your retina has detached. If there is detachment near the macula, this often calls for prompt surgery.

When to schedule an eye examination

Diabetic retinopathy usually takes years to develop, which is why it is important to have regular eye exams. Because people with Type 2 diabetes may have been living with the disease for some time before they are diagnosed, it is important that they see an ophthalmologist (Eye M.D.) without delay.

The American Academy of Ophthalmology recommends the following diabetic eye screening schedule for people with diabetes:

Type 1 Diabetes: Within five years of being diagnosed and then yearly.

Type 2 Diabetes: At the time of diabetes diagnosis and then yearly.

During pregnancy: Pregnant women with diabetes should schedule an appointment with their ophthalmologist in the first trimester because retinopathy can progress quickly during pregnancy.

DIABETIC RETINOPATHY TREATMENT

The best treatment for diabetic retinopathy is to prevent it. Strict control of your blood sugar will significantly reduce the long-term risk of vision loss. Treatment usually won't cure diabetic retinopathy nor does it usually restore normal vision, but it may slow the progression of vision loss. Without treatment, diabetic retinopathy progresses steadily from minimal to severe stages.

Laser surgery

The laser is a very bright, finely focused light. It passes through the clear cornea, lens and vitreous without affecting them in any way. Laser surgery shrinks abnormal new vessels and reduces macular swelling. Treatment is often recommended for people with macular edema, proliferative diabetic retinopathy (PDR) and neovascular glaucoma.

Laser surgery is usually performed in an office setting. For comfort during the procedure, an anesthetic eyedrop is often all that is necessary, although an anesthetic injection is sometimes given next to the eye. The patient sits at an instrument called a slit-lamp microscope. A contact lens is temporarily placed on the eye in order to focus the laser light on the retina with pinpoint accuracy.

Vitreotomy surgery

Vitreotomy is a surgical procedure performed in a hospital or ambulatory surgery center operating room. It is often performed on an outpatient basis or with a short hospital stay. Either a local or general anesthetic may be used.

During vitrectomy surgery, an operating microscope and small surgical instruments are used to remove blood and scar tissue that accompany abnormal vessels in the eye. Removing the vitreous hemorrhage allows light rays to focus on the retina again.

Vitreotomy often prevents further vitreous hemorrhage by removing the abnormal vessels that caused the bleeding. Removal of the scar tissue helps the retina return to its normal location. Laser surgery may be performed during vitrectomy surgery.

Medication injections

In some cases, medication may be used to help treat diabetic retinopathy. Sometimes a steroid medication is used. In other cases, you may be given an anti-VEGF medication. This medication works by blocking a substance known as vascular endothelial growth factor, or VEGF. This substance contributes to abnormal blood vessel growth in the eye which can affect your vision. An anti-VEGF drug can help reduce the growth of these abnormal blood vessels.

After your pupil is dilated and your eye is numbed with anesthesia, the medication is injected into the vitreous, or jelly-like substance in the back chamber of the eye. The medication reduces the swelling, leakage, and growth of unwanted blood vessel growth in the retina, and may improve how well you see.

Medication treatments may be given once or as a series of injections at regular intervals, usually around every four to six weeks or as determined by your doctor.

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Connection Between Food and Your Physical & Mental Health

What's for dinner? This question is coming up in regards to mental health. More research is finding that a nutritious diet isn't just good for the body; it's great for the mind, too. Recent studies have shown the risk of depression increases about 80% when you compare teens with the lowest-quality diet, to those who eat a higher-quality, whole-foods diet.

Sadhguru, yogi, mystic and the foremost authority on yoga and Mark Hyman, American physician and bestselling author, explore the connection between the food that we eat and our physical and mental health, as well as possible approaches to change our food system.

Mark Hyman: One of the questions that came from the audience is about the connection between our mind, our mood, our emotional state, our mental health, and the food we eat. Everything from ADD to bipolar disease, to depression could be linked to that. So, what is the connection between our body and our mind?

Sadhguru: The yogic system does not identify body and mind as two different entities. Your brains are part of your body. It is just that what we generally refer to as mind is a certain amount of memory and intelligence. Between the rest of the body and the brain, which has more memory, which has more intelligence? If you look at it carefully, your body's memory goes back millions of years. It clearly remembers how your forefathers were. The mind cannot claim that kind of memory. When it comes to intelligence, what is happening in a single molecule of DNA is so complex that your whole brain cannot figure it out.

In the yogic system, there is a physical body and there is a mental body. There is an intelligence and memory running right across the body. People generally think the brain is everything just because it handles the thought process. And because of this separation of body and mind, a large number of people in the West are taking antidepressants at some point in their life.

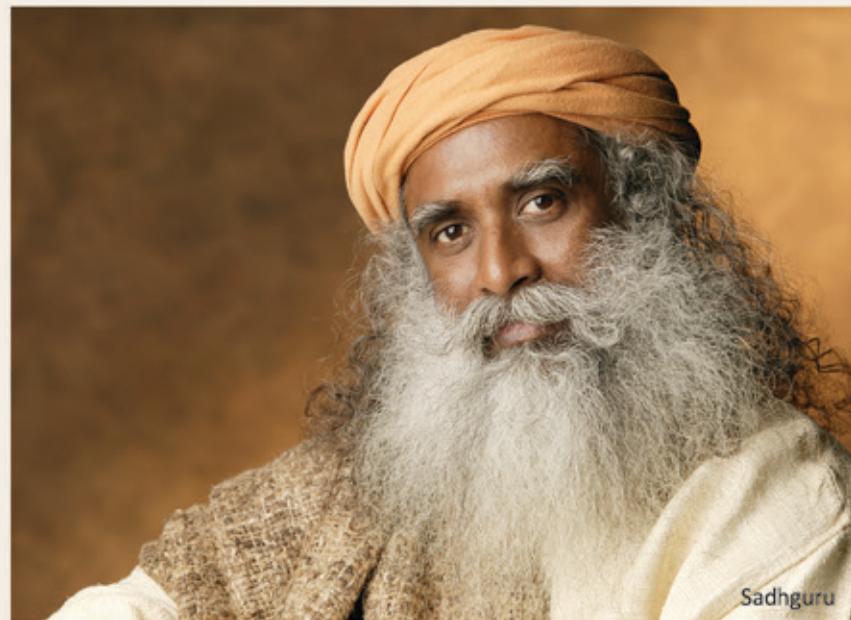
The type of food we eat has a huge impact on the mind. An average American is said to consume 200 pounds of meat per year. If you bring it down to 50 pounds, you will see 75% of the people will not need antidepressants anymore. Meat is a good food to survive if you are out in the desert or the jungle. If you are lost somewhere, a piece of meat will keep you going, because it provides concentrated nourishment. But it should not be a daily food that you eat when there are other choices.

There are many ways to look at this. One thing is animals have the intelligence to know in the last few moments that they are going to get killed, no matter how cunningly or how scientifically you do it. Any animal that has the capacity to express some kind of emotion will always grasp when it is going to be killed.

Suppose all of you come to know right now that at the end of this day, you are going to get slaughtered. Imagine the struggle that you would go through, the burst of chemical reactions within you. An animal goes through at least some fraction of that. This means when you kill an animal, the negative acids and whatever other chemicals are in the meat. When you consume the meat, it creates unnecessary levels of mental fluctuations.

If you put people who are on antidepressants on a conscious vegetarian diet, in about three months' time, most of them will not need their medication anymore.

For most of those who have become mentally ill, the illness has been cultivated – there is nothing pathologically wrong with them. Such a large percentage of people cannot be mentally sick unless



we are culturing it within our social fabric. We should never let commercial forces determine the quality of our lives. Commerce is there to serve humanity. But right now, we have structured the economic engine across the world in such a way that human beings are here to serve the economic and commercial process.

It is not in the hands of the politicians and policy-makers alone. If everyone realizes their physical and particularly their mental health improves when they change what they eat and how they eat, we will also change the politicians.

Inner Engineering Total, a 4-day, in-person program will be offered in Tampa from June 1st - 4th.

This course provides tools and solutions to create your life the way you want it. It imparts practical wisdom to manage your body, mind, emotions, and the fundamental life energy within. To learn more visit: www.InnerEngineering.com or contact us at tampa@ishausa.org / 813-413-1661.

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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 flow 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.



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May is Better Hearing Month

Written by Dr. John O'Day, Au.D. Presented by Dr. Dana Luzon, Au.D., FAAA

I was thinking the other day about 33 years ago when I was just starting my audiology practice. One day I had very lovely 83 year young lady who requested a hearing test. As with all my other patients I was interviewing/talking to her in my sound booth when after the very first question she started crying. Okay, I'm a guy in my 20's thinking "it's just a hearing test", but I soon found out that there was so much more to her story. The patient proceeded to tell me she had just been diagnosed with dementia by her M.D. and her family agreed. This was a tough realization for her and she was beginning to think she was "losing it" because she kept hearing and responding incorrectly when people spoke to her. This hearing test was the last check for her, she was afraid the results would reveal what she feared the most. It was then that I realized how much I needed to exercise empathy with my patients, as they all have stories as to why they are getting their hearing checked.

In the case of this patient, we found she was barely hearing conversational speech, a common symptom of hearing loss. The good news was that it was fixable and within 2 weeks the patient was fit with hearing aids. Once fit everyone realized pretty quickly she had no dementia, she simple wasn't hearing enough to understand what was being said to her. This is what I love about my job, helping people get connected back to their lives.

The big pictures lesson I learned was I wasn't just doing a hearing test, for a lot of patients I'm a life line in order to keep a normal life. I've never forgotten that. In fact I've made it my mission to educate others on the topic as much as possible.

So why don't people recognize that they have a hearing loss?

There are 3 primary reasons:

1) Hearing loss can naturally happen over time and isn't always noticeable. In today's world there are so many sounds around us it makes it hard to focus. Hearing loss is not like turning down the sound on TV. Most of us will lose hearing in the high frequencies first while maintaining good hearing in their bass. This is why you will hear many with a hearing loss complain that they hear as loud as they use to but no longer can understand what is being said to them.

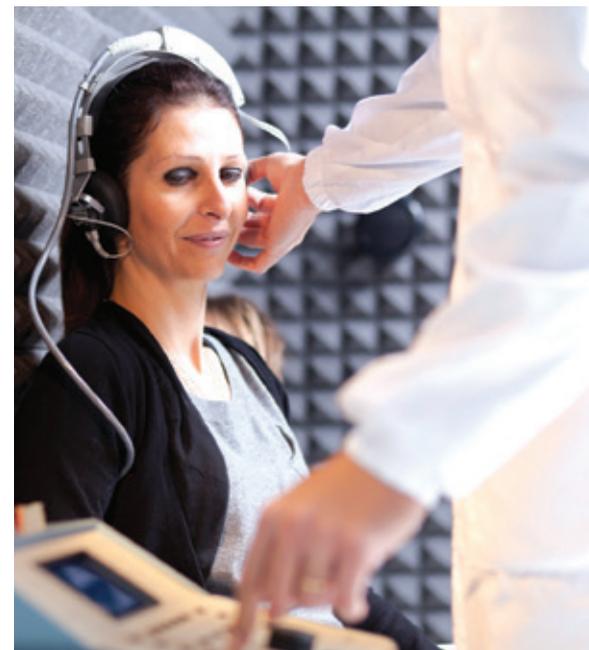
2) It is easy to dismiss a potential problem if you're not ready to face the possibility of it. On average, it can take up to 7 years before someone will do something about their hearing upon initial

diagnosis. Imagine all the sounds that are lost within a 7 year period! Don't miss out on your life out of fear! In the case of my lovely patient above, she was afraid of the outcome because it was possibly going to change her entire world. We were able to help her connect back with her world.

3) Hearing loss is more noticeable to friends and family first. I've seen this over and over again. The person with hearing loss doesn't realize they are even missing anything. They can't hear people calling out to them so when they finally do hear, it's the first time. To them, they don't understand why everyone is so impatient. It is here where those relationships can start to feel strain. The hearing impaired person gets tired of the attitude and "nagging" the friends and family get tired of repeating themselves. If a solution isn't diagnosed soon, those relationships will eventually give up on each other and isolation will occur. This is what we want to stop on a daily basis, people don't have to live like that.

If you or a loved one can identify with anything outlined above, please don't hesitate to call. Many times the solution is simply removing wax build up. You don't have to go through this alone and you don't have to watch a family member go through this on their own.

Our patient-centered approach allows us to focus on satisfying your hearing care need, whatever they may be. Our practices will work with you to diagnose and find solutions for your hearing, tinnitus, and balance needs using state-of-the-



art equipment and the most advanced technology. Because our focus is entirely on your unique needs, coming to one of our practices means that you'll experience patient care that is specific to you, with exceptional follow-up care that ensures your hearing and balance needs are being met.

A strong patient-provider relationship based on honesty, integrity, and values is what we strive for, and we feel that this is the best approach to making sure you don't miss any of the precious moments in your life.

Dana Luzon, Au. D., FAA, Doctor of Audiology

Originally from Southern NJ, Dana Luzon received her undergraduate degree in Speech Pathology and Audiology from the Richard Stockton College of NJ, and continued on to receive her Doctorate of Audiology at Salus University's residential program. Her varied clinical experiences throughout her doctoral studies include: VA hospitals, rehabilitation clinics, ENT and private practice settings. Her professional interests include: audiological 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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DO YOU HAVE A PROBLEM WITH ALCOHOL OR DRUGS?

By Ashley Miller, M.Ed, LMHC, CAP



Chances are, if you think you have a problem with alcohol or drugs (prescription or recreational), you probably do. Honestly answer these questions to help assess your situation:

1. *Have you felt you ought to cut down on your use?*
2. *Have people annoyed you by criticizing your use?*
3. *Have you felt bad or guilty about your use?*
4. *Have you ever used first thing in the morning to steady your nerves or to get rid of a hangover?*

If you answered “yes” to two or more of the above questions, it suggests you have a substance use problem. More important than the number of “yes” responses is how you feel and how your behavior affects your life.

Many people do not get the help they need since their feelings of worry, hopelessness, fear, guilt, and shame prevent them from reaching out to professionals who can help them. Facing up to the fact that you might have a problem takes courage. Deciding to take control and get some help is a really brave move, and if you do feel you have a problem, getting help can be the best thing ever. The easiest and quickest way to get help is to talk to someone about it. The sooner you talk to someone about what you’re going through, the sooner things will start to feel a bit better. Fortunately, getting the help you need is as simple as making a confidential phone call to an addiction professional who can offer support and insight into your individual needs.

Recovery from addiction is possible. At Origins of Hope we specialize in creating a women centered treatment program that focuses on the individual. Through our holistic approach, we help heal the entire person, mentally, physically, and spiritually. Our interdisciplinary staff works closely with each patient to help overcome addiction and inspire hope.

WOMEN CENTERED

Women are unique in so many ways and treatment is no different. Our treatment program is women centered and focuses on the distinct needs of women in addiction recovery. The atmosphere at Origins of Hope, characterized by support, acceptance, and hope, is the foundation that provides our client’s the ability to work through challenges productively. We recognize the special traits that women possess and encourage strategies and skills that highlight those traits and strengthen healing. Since women frequently become dependent on substances to seek relief from painful emotions, we teach women ways to calm oneself through self-soothing techniques and sharing with others to replace destructive ways of coping.

Our comprehensive approach addresses the physical, psychological, emotional, spiritual, and sociopolitical aspects of addiction. We provide specialized treatment services and offer an array of resources to help with specific issues experienced by women including child care, parenting, domestic violence, housing, etc., to help women overcome barriers that may prevent them from engaging in treatment.

Ashley Miller, a Certified Addictions Professional, is the Clinical Director of Origins of Hope, a premier treatment program for women. Utilizing holistic & evidence-based methods, OOH aids women in developing the skills necessary to overcome addiction and establish a solid foundation in recovery.



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Fibromyalgia

By William H. Stager, DO, MS, MPH, FAAFP, FAAMA, FAAO, FACOPF dist.

FIBROMYALGIA is a common pain syndrome affecting about two percent of Americans, more in women than in men. I call it a syndrome because it is a spectrum of conditions, whose predominant signs and symptoms include muscular pain, fatigue, and mood changes. Its' cause is unknown, and there are no lab tests to diagnose it. Very often, blood tests or X-rays are normal. Your physician needs to rule out several conditions that look like it or can even occur concurrently with it. Then, the diagnosis is made by history and physical exam.



Some of the conditions that look like fibromyalgia or can occur with it are:

- Hormonal disorders, like hypothyroidism, hyperparathyroidism, Addison's disease, and Cushing's Syndrome
- Medications, especially the lipid lowering drugs (I see this a lot), and steroid use
- Polymyalgia rheumatica
- Sleep apnea
- Viral infections, like hepatitis C and parvovirus
- Autoimmune disorders, like systemic lupus erythematosus and rheumatoid arthritis
- Lyme disease
- Eosinophilia-myalgia syndrome
- Malignancy

Fibromyalgia is a rheumatological disease, and rheumatologists are the medical specialists who diagnose and treat the over 100 rheumatological diseases. The American College of Rheumatology developed the definition of fibromyalgia in 1990: a history of pain in all four quadrants of the body for over 3 months, plus 11 of 18 tender points. New diagnostic criteria were developed in 2010, not using tender points but rather focusing

upon widespread pain and allied symptoms such as problems with sleep, thinking clearly, and fatigue.

People with fibromyalgia have increased sensitivity to pain, and even that may come and go. The affected muscles usually have a decreased range of motion (they're stiffer), can be weaker, and tire easily. Because the muscles are tight and tender most of the time, they cut off the blood circulation to them and their area, resulting in lack of oxygen and nutrients to the area. This releases neurotransmitters that then sensitize the nerves to the muscles, resulting in pain. This becomes a vicious cycle of pain, muscle tightness, nerve sensitization all the way back to the brain and spinal cord, an exaggerated pain response, hypersensitivity, and more pain. What was an acute problem becomes a chronic one, inducing referred pain, as well.

Fibromyalgia signs and symptoms include muscles that are tight, tender, and weak, plus a long list of physical and emotional problems. These include: chronic fatigue, sleep disturbance, anxiety, depression, inability to deal with stress, weight gain or loss, heat or cold intolerance, visceral pains and dysfunctions, headaches, allergies and hypersensitivities to almost anything, hearing and visual disturbances.

What causes fibromyalgia? There is no one answer to that. Officially, the answer is unknown. Research has come up with a variety of answers, such as infectious diseases, physical or emotional trauma, hormonal disorders, and a nervous system that is hypersensitive to stress responses. People can have fibromyalgia alone or with other conditions, which just confounds the picture.





Treatment: There are as many ways to treat people with fibromyalgia as there are symptoms. Understanding and education for you and your family probably comes first. A sympathetic physician, nurse or therapist is important. There are many support and information groups out there and you can find them in the phone book, newspaper, bookstore, and Internet. I have spoken about fibromyalgia at the local Palm Beach County Arthritis Foundation headquarters, and you will find the staff and resources there very helpful. They can be reached at: **561-833-1133**, or by website: **www.arthritis.org**.

Exercise that helps stretch and strengthen muscles, and relaxation techniques to ease depression and anxiety, including hypnosis, are all helpful. Diet is always a big question mark, as we have all heard of people who either added or deleted certain foods from their diets that helped their conditions. It boils down to what's right for you, the individual. One way to explore whether foods are hurting or helping you is to carefully eliminate them, one at a time, for a few weeks, and see your results. I'm a firm believer in taking your vitamins, so: at least get a good multivitamin and take it with your diet.

Hands-on bodywork, gently and carefully done, can be a real blessing and lifesaver. I encourage everyone to explore osteopathic manipulation, acupuncture, and gentle massage techniques.

Good psychotherapy can be invaluable, too. I often spend a lot of time with my patients trying to discover the cause of their conditions, and it often includes discovering "who's the pain in your neck", not just "what's the pain in your neck". Understanding one's past can be very liberating. Cognitive-behavioral therapy is one way to learn skills to cope. These include: relaxation training, activity pacing, visual imagery, cognitive restructuring, problem solving, and goal setting. Our attitude and behavior patterns are so important, and we can do a lot to control them and make them work positively for us.

There are a number of herbs, homeopathic and other natural remedies on the market that can help to varying degrees. I will mention one of my favorite groups here: the Bach Flower Remedies. There are 38 remedies, each corresponding to a different emotion. Rescue Remedy is the one I recommend the most, either as a liquid or to rub on as a cream. Again, bookstores, the Internet, etc., are all great resources for information.

Medications can often be a positive help. Pain meds, such as the NSAIDs (non-steroidal anti-inflammatory drugs) of which there are about twenty on the market, some prescription-only, and some over-the-counter, are usually the mainstay for pain. Anti-anxiety and anti-depressant meds can also be helpful. Sleep medicines can be helpful, as people with fibromyalgia often find that they don't get restful sleep.



William H. Stager, DO, MS, MPH, FAFAP, FAAMA, FAO, FACOPF dist.

AOBNMM Board Certified: Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine

AOBFP Board Certified: Family Medicine

Medical Acupuncture

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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 AD) 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.

Call us at Meng's Acupuncture Center Medical Center to setup your appointment to look younger today **561-656-0717**.



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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CHEWING IS DIFFICULT WITH MISSING TEETH: WHAT CAN I DO?

Frequently patients come into our office complaining of difficulty chewing. I am not referring to painful chewing, but difficulty due to missing teeth. Unfortunately, patients often look at their teeth in a very different fashion than the rest of their body. Many patients will have teeth removed without replacing them, with the thought that there are many more in the mouth that can be used to chew. These patients often will allow this to occur with multiple teeth which ultimately leads to problems with chewing or speech.



WHAT OCCURS:

As teeth are removed or lost, a number of issues can occur over time. Research has demonstrated that approximately 25% of the jaw bone in the area can be lost within the first year of tooth removal. This loss will likely continue at a slower rate indefinitely. This change in bone structure might impact the neighboring teeth on either side causing bone loss (and support loss) to these teeth as well.

Remaining teeth can shift over time due to the loss of teeth and supporting bone structure. This shifting can change the way you bite. In fact, if you remove a tooth but still have an opposing tooth (i.e.- remove an upper molar while still having the lower molar below), it is possible that this tooth will grow out of the bone (as if it were trying to reach to contact something).

Any of these issues can significantly alter the way we chew, speak or look.

WHAT CAN BE DONE RIGHT AWAY:

Addressing the loss of teeth can be done a number of ways. One of the most important things to consider immediately is having your surgeon place a bone graft (typically a powder) in the area the tooth or teeth are being removed at the time of the procedure. The placement of this graft can help slow or prevent bone loss in the area. In addition, it may help preserve the jaw bone for future tooth replacement options such as a dental implant. This grafting can often be performed at the same time tooth replacement procedures such as dental implants are being performed.

OPTIONS:

A variety of options exist when considering tooth replacement. Some patients opt for a removable denture. This device can fill in the spaces where a missing tooth or teeth are located. A removable denture typically is composed of acrylic (or another material) and may have clasps that attach it to remaining teeth. This appliance is taken in and out of the mouth. In some situations, the denture may move when speaking or chewing as it is not truly locked into place.

Crowns and bridges are another option to help replace missing teeth. In this case, the remaining teeth in the area can be prepared for a crown (AKA a “cap”). Often times, multiple teeth can be crowned and connected. A common example is a 3 Unit Bridge. Here the teeth on either side of the missing tooth space are prepared for a crown. When the laboratory creates the 3 crowns, they are all connected in a row. The middle tooth is actually a fake tooth that is supported on either side by the crowns resting on tooth roots. This treatment can be very successful, but does have some downsides. If the neighboring teeth are weak, already have restorations or are clean and healthy, then using them as support for a bridge may not be ideal.

Another common treatment option are dental implants. The implants (also known as root replacements) can be placed in the site where your original tooth root lived. The implants are left to heal for a number of months while the bone fuses to them. This fusion typically occurs with a 97% success rate. Once the implant has fused, your dentist can proceed to make a crown that will be seated on it. This is often the treatment that most closely resembles the function of your original tooth. Bone quality and quantity are critical to implant success. Research has shown implants may remain in place for the rest of your life. Although you cannot get a cavity on a dental implant (it is made of titanium), you can lose bone around the implant just like you can around a tooth root. A 3D CT scan can help determine if you are a good candidate for dental implant therapy.

Removing teeth without considering replacement may lead to significant problems and jaw bone loss. A number of options to replace teeth exist. Discussing your specific desires with your dentist and surgeon may help provide you with the most ideal long term plan.

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 Periolas 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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Read more about neurofeedback's impact on depression and Center for Brain on Page 26



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by Andrew M. Curtis, ESQ

TRUSTS ARE NOT JUST FOR THE WEALTHY



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

Another reason for having a revocable living trust is to protect against incapacity. In the trust,

you designate who would manage your assets in the event,, let's say, you get Alzheimer's disease. Without a trust, court proceedings might well be necessary, and a stranger could even be designated by the court to manage your affairs.

Further, once the decision is made to have a trust, the trust can in effect allow you to "rule from the grave"! with your assets distributed the same way you would have done as if you were still alive. For example, most wills simply say that on a person's death that his or her children inherit equally. However, think about it – once your child inherits your money, he or she is completely free to leave it to whomever he or she wants, such as a boyfriend, spouse, or other non-blood relatives. So let's say your daughter dies 5 years after you, and leaves the inheritance she got from you to her husband. Even if you like her husband, this could prove to be a bad result, because the husband could remarry and the new spouse could have children from a previous marriage, and now all of a sudden your hard earned money is going to support kids you never knew. Further, if you leave your assets to your son in a regular will, his wife could divorce him and take the money. A Solution is to leave you assets to your children in a lifetime trust. They could each use the money for their normal

living, but would be protected, and upon death, the remaining assets would pass to the child's children, (your grandchildren), or if none, to the child's siblings, not to some stranger.

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

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

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

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

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or call 800-731-8784.**



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.



By Dr. Ricardo Leano

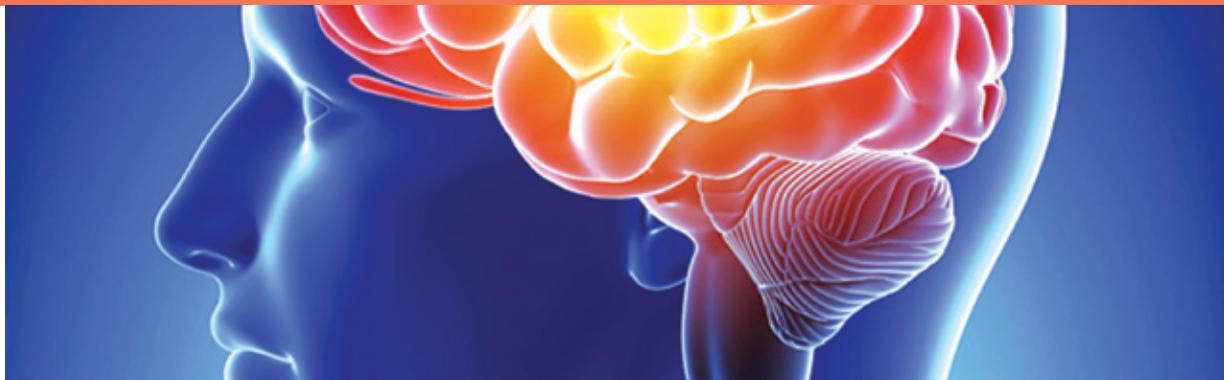
NEUROMODULATION

Neuromodulation is a technology developed in the 1960's to treat intractable and chronic pain. It works by the alteration, also called modulation, of nerve activity through the delivery of electrical stimulation or chemical agents to targeted sites of the body. At the beginning, the devices were intended exclusively for pain relief. These initial efforts were not without complications due in large part to mechanical deficiencies of the new devices. Over the years, the devices were optimized after decades of computer modeling research.

Neuromodulation is carried out to normalize – or modulate – nerve function. It is an evolving therapy that can involve a range of electromagnetic stimuli such as a strong magnetic field (repetitive transcranial magnetic stimulation), a very small electric current (spinal cord stimulator), or a drug introduced directly into the subdural space (intrathecal drug delivery). Neuromodulation devices and treatments are life changing. They are designed to affect every area of the body and treat diseases or symptoms from tremors to headaches to spinal cord damage to urinary incontinence. Most frequently, people think of neuromodulation in the setting of chronic pain relief, the most common indication in the U.S. However, there are many neuromodulation applications, such as spinal cord stimulation for ischemic disorders (angina, peripheral vascular disease), deep brain stimulation (DBS) treatment for Parkinson's disease, and sacral nerve stimulation for pelvic disorders and incontinence.

The most clinical experience has been with electrical stimulation. The treatment employs the body's usual biological response by stimulating nerve cell activity that can influence groups of nerves by liberating neurotransmitters, such as dopamine, or other chemical messengers such as the peptide Substance P, that can modulate the firing patterns of neural circuits. There may also be more direct electrophysiological effects on neural membranes as the mechanism of action of electrical interaction with the nerves. The end effect is a "normalization" of a neural network function from its perturbed state. Presumed mechanisms of action for neurostimulation include depolarizing blockade, stochastic normalization of neural firing, axonal blockade, reduction of neural firing keratosis, and suppression of neural network oscillations. Although the exact mechanisms of neurostimulation are not known, the empirical effectiveness has led to considerable application clinically.

Neuromodulation devices involve the application of electrodes (leads) to the brain, spinal cord or peripheral nerves. Basically, the system consists of 2 basic components: leads and generator. The lead component may be an epidural, subdural or parenchymal electrode placed via minimally invasive needle techniques (so-called percutaneous leads) or an open surgical exposure to the target (surgical



"paddle" or "grid" electrodes), or stereotactic implants for the central nervous system. The other component is an IPG (implanted pulse generator). In general, neuromodulation systems deliver a low-voltage electrical current that passes from the generator to the nerve via the leads and can either inhibit pain signals or stimulate neural impulses where they were previously absent. The IPG can have an either a non-rechargeable battery requiring replacement every 2–5 years (contingent on stimulation parameters) or a rechargeable battery that is charged via an external inductive charging system.

In the case of drug delivery systems, these are pharmacological agents delivered through implanted pumps. These systems have also 2 components: a catheter and a pump. This system allows us to employ smaller doses of medication if the range of 1/300 of a dose by mouth, which means much fewer side effects, increased patient comfort and improved quality of life.

Like any other therapy, neuromodulation may not be amenable to every single patient due to lack of efficacy, the presence of side effects or any other reason. Neuromodulation therapy may be considered for select patients, through a multidisciplinary assessment, either as an adjunct to other care, or when symptoms do not satisfactorily respond to more conservative measures, for instance, when current drugs are ineffective or become challenging for long-term use due to development of tolerance, addiction, adverse side-effects or toxicity. For these reasons, we perform a trial that lasts 3 to 5 days. We assess the results with the patient and together make the decision if she/he will benefit or not from the device. If the patient reports a great improvement if

the patient can handle the device and if there are no contraindications for the neuromodulation therapy, the patient is scheduled to have the permanent implant. After the system has been implanted, a clinician will work with the patient to program the stimulation pattern. This programming can be adjusted over time. At home, patients use hand-held controllers to turn off or switch between programs. Recuperation from the implant procedure may take a few weeks. While they are not a remedy for an underlying condition, neuromodulation therapies bring an additional means of managing symptoms of chronic conditions. Despite their technological complexity, neuromodulation devices, when introduced quite early in treatment, may be more cost-effective at controlling certain conditions over time than medical management approaches. Examples include spinal cord stimulation for the treatment of neuropathic pain.

As with most therapeutic technologies, neuromodulation devices have advanced, becoming smaller, more easily implanted and removed, and more highly targeted. Those advances, combined with a growing body of knowledge and physician skill, can all contribute to the cost-effective use of the therapy in chronic conditions.

If you have questions and want more information, call Dr. Ricardo Leano MD at Palm Beach Pain, LLC (561) 248 1166



For any consultation, call (561) 248 1166 for an appointment with Dr. Ricardo Leano at Palm Beach Pain, LLC

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Yes. This is an FDA cleared technology, originally developed in Europe and used worldwide. RejuvaWave™ uses state-of-the-art technology that has extensive applications including orthopedic medicine, urology, and anti-aging treatments and wound healing. RejuvaWave™ has virtually no risks or side effects. RejuvaWAVE™ therapy has been used extensively in Europe for over 10-15 years, but is relatively new to the U.S. for erectile dysfunction. As the leader in men's sexual health, Simply Men's Health introduced this technology in the spring of 2015 and the results have been nothing short of amazing.

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At the Simply's Men's Health, take on each case with individualized care and cater your private consultation with our experienced staff of physicians. We pinpoint the exact cause of your sexual health issues and provide a diagnosis to create a customized

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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.

Enjoy a SPONTANEOUS & ACTIVE SEX LIFE again in as little as 3 weeks – no pills, no needles, no surgery!

Does Your Child Have an Anxiety Disorder?

Neurofeedback Helps Anxiety in Children

without Medication

by Michael Cohen, Director
Center for Brain



It's a startling fact: One in every 10 children has an anxiety disorder, and many of those children are being given powerful drugs to try to treat it.

Anxious children are different from kids with normal fears

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.

An anxious child's brain, however gets stuck on "high alert," preventing them from concentrating, trusting people or feeling safe.

Normal kids might get anxious after seeing a scary movie or being in a thunderstorm, but they get over it quickly and resume normal activities. Anxious children (and adults, for that matter) feel very unsafe in the world – even when in a safe environment. They're often socially withdrawn, scared of new experiences and perceive negative situations as catastrophic. Comforting doesn't work, because anxiety is a problem in their brain.

Younger children suffering from anxiety frequently have stomachaches and sleep problems. They struggle in school. Older children may also do poorly in school and be more likely to have serious behavioral and sleep issues.

Misdiagnosis and powerful drugs

Many children with an anxiety disorder are misdiagnosed with ADHD and given medications that are not appropriate. Others are properly diagnosed and given drugs like anti-depressants or more serious drugs that don't address the root of the problem: inability to turn off the fear or anxiety circuits in their head.

Medications can artificially force a child's brain to be calmer, but when the medication wears off, nothing has changed. Furthermore, they have side effects, and no one knows for sure what certain prescription medications do to a child's developing brain.

The neurofeedback solution

With medications not the answer, more and more parents are opting out of drug therapy in favor of neurofeedback. It's a proven non-drug treatment that reduces anxiety by training the part of the brain that is supposed to make you calm (often the temporal lobe) to do a better job. It gently encourages the brain to change itself and to operate – naturally – in a calmer, more functional way.

Success stories

We've treated hundreds of kids at Center for Brain using neurofeedback, and seen many of them experience significant improvements in their lives. Here are stories of three of them:

An eight-year-old boy had struggled with going to sleep and staying asleep for years. He woke his mother up several times during the night and wanted her to sit up with him until he fell asleep. They were both exhausted. After just one neurofeedback session he slept through the night for six months. A thunderstorm at that point caused a recurrence of the sleep issues, which were significantly reduced with a second session.

A 13-year-old girl was so anxious and nervous at school that her mother was called almost daily to come get her. This interfered with the mother's work and was stressful to the entire family. After six neurofeedback sessions the number of calls from school was significantly reduced, and the girl herself noticed she was less nervous. By 13 sessions, the problems had almost completely subsided. When the girl did call from school, she was able to be comforted over the phone and resume her classes. After several more sessions, the calls stopped. The little girl learned she was "OK" on her own and was no longer easily upset. She began doing better in school, and the family began functioning more normally.

A 10-year-old girl needed to be in complete control at all times around other children. She became agitated when she wasn't. It was a big turnoff to her peers. After 20 neurofeedback sessions she stopped needing to be in control. She became more relaxed and flexible and made friends for the first time.

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Did you know that many children with an anxiety disorder come by it "naturally?" A child who has a parent with an anxiety disorder has a greater chance of developing one. It could have to do with a genetic disposition or the fact that anxious parents accidentally "teach" anxious feelings and behaviors through example. It's common for us at Center for Brain to work with parents and their children at the same time to help reduce anxiety in both.

What is neurofeedback?

Neurofeedback is one of the most powerful technologies in the world for reducing anxiety. 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.

Most children enjoy neurofeedback training because it involves playing simple video games that entertain them while helping their brains change.

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 that causes anxiety. With repeated training, the brain learns to slip more easily back into a state of calm.

Have you been seriously considering getting help for your anxious child?

**DON'T WAIT ONE MORE DAY!
Call NOW for your free consultation
561-744-7616**

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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Finding the Cause of Your VERTIGO

Dr. Jonathan Chung

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

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

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

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

Being dizzy and coming back with a diagnosis of vertigo would be like going into a doctor's office with low back pain, and the doctor says that your

diagnosis is lumbago. Lumbago is just the Latin word for low back pain. It's not a diagnosis, it's just repeating the symptom back to you in Latin. You don't need the doctor to re-hash your symptom back to you, you want them to find out WHY you have that problem.

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

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

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

ATLAS DISPLACEMENT AND VERTIGO

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

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

Proprioception is considered your body's 6th sense. It is a system that allows your brain to know where different body parts are in space. Close your



eyes, lift your arm over your head, and wiggle your fingers. You know exactly where your hand and fingers are in space because of the movement of those joints. That is what proprioception is.

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

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

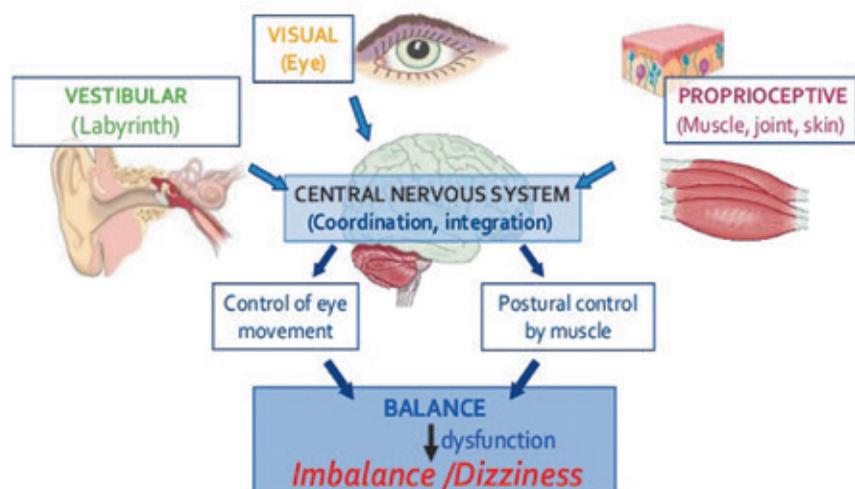
If you've been to several doctors for your vertigo with no luck, it may just be a problem in your neck that needs to be corrected.

IT STARTS AND ENDS IN THE BRAIN

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

Body Balance is Controlled by 3 Sensory Systems:

Vestibular, Visual, Proprioceptive



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ARE YOU TOXIC?

The question is no longer if you are toxic, the **REAL QUESTION** is **HOW TOXIC ARE YOU?**



COMMON SYMPTOMS INDICATING EXCESSIVE TOXINS: **fatigue, depression, headaches, brain fog, poor memory, tremors, and coordination issues.**

The lymphatic system absorbs toxins and metabolic waste products. Congested lymphatic fluid is laden with toxins that cannot be efficiently eliminated impairing the immune system.

The body contains three times more lymph fluid than blood. Through a complex network lymphatic fluid is carried to the lymph nodes where toxins, metabolic waste, and fats can be filtered and purified.

Toxins and our health, throughout our life we are in constant contact with environmental toxins leading to a variety of health concerns. The CDC's Fourth National Report on Human Exposure to Environmental Chemicals tested 212 chemicals, 6 of which were toxic and found evidence of all 212 in the blood or urine in most Americans.

Toxins come from a variety of sources and initial exposure begins in utero. The lymph system is formed at the end of week 5 in the womb. EWG (environmental working group) in 2005 found **287** chemicals in the umbilical cord blood of newborns. **180** of the 287 chemicals found are known to cause cancer in humans or animals, and **217** are toxic to the brain affecting the nervous system.

Our highest exposure to harmful toxic chemicals is actually coming from the food we eat. To reduce your exposure to pesticides and herbicides avoid eating non-organic fruits and vegetables on the Dirty Dozen List. Also, conventionally raised meat and dairy have been found to have the highest levels of "hormone disrupting" chemicals. 25 million pounds of antibiotics are fed to live stock annually and animal feed is sprayed with high amounts of chemicals.

Factors that may affect your ability to excrete toxins include genetics, diet, and lifestyle. Conditions and diseases associated with an excessive toxic burden on the body: allergies, asthma, obesity, chemical sensitivities, fibromyalgia, fertility issues, chronic infections, and autoimmune diseases.

The lymphatic system is vital to the body's immune system. Unlike the cardiovascular system, which uses the heart to pump blood for circulation, the lymph system has no mechanism other than muscle contraction to propel the fluid to the lymph nodes where toxins are eliminated. Poor lymph circulation can result from chronic illness, chemicals and pesticides in food, pollution, stress, sedentary life style, high fat, and high sugar diets.

Electro-Lymphatic Drainage is a one hour accelerated method of detoxifying the body. This non-invasive light touch therapy is 8-10 more effective than manual therapy by utilizing electro-sound therapy to break down congested lymphatic fluid, inert gases to kill bacteria and viruses, and micro-current to stimulate the lymphatic system.

Benefits of Lymph Drainage:

- Detoxifies body tissue Supports post mastectomy health
- Assists in weight loss Reduces edema and lymph edema
- Decrease cellulite Promote T-cell development
- Relieves chronic joint pain Treats pain from fibrocystic breast



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Limb Swelling: Medicare Approved Treatment Options

By Alyssa Parker

Pneumatic compression devices are one of the most highly recommended treatments for limb swelling and are a Medicare approved treatment option. Dating back to the 1960's pneumatic compression pumps have been used for the treatment of limb swelling due to acute and chronic conditions. In most cases compression pumps are used for swelling associated with lymphedema as well as venous insufficiency. Limb swelling left untreated without a clinical diagnosis and lack of proper treatment may lead to a variety of problems.

Patient's with Venous Insufficiency who experience severe and persistent edema overtime can lead to trapped protein-rich fluid also referred to as secondary lymphedema. The lower region of the leg becomes permanently swollen and may start to harden. Due to poor circulation and protein-rich fluid buildup wounds may become chronic and appear more frequently. Common signs and symptoms that occur are fluid accumulation in a limb, a feeling of heaviness or tightness, thickening of the skin, pain or redness, or chronic ulcers in the affected limb.

How does compression therapy work?

A compression device is used for both acute care (short term in the hospital) as well as chronic care (long term in the home). The compression pump increases blood flow and lymphatic flow. By increasing the circulation in the affected limb many painful symptoms will be alleviated. When compression treatment is used on a limb the excess fluid is removed and worked back into the lymphatic system the natural way. For patients with chronic ulcers using a compression device will help heal the wound from the inside out, by increasing the circulation in the return of the blood from the heart. The heart delivers oxygen rich blood back to the legs and the tissue.

The pneumatic sequential compression relieves the pain and pressure in the swollen area and reduces the size of the limb. The sequential inflation of the chambers, of the sleeve around the affected limb, begins distal (lower region of the limb furthest from attachment) to proximal (area of attachment to the body) naturally mimicking your bodies lymph return while stimulating the blood flow in the legs.

What causes limb swelling?

There can be many different causes for limb swelling, however, two of the most common diseases for chronic limb swelling are Lymphedema and 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.

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. Poor circulation may cause shallow wounds to 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.

Is a Compression Device the right treatment for me? Using a compression device is a great treatment option for patients who have tried compression stocking, elevation, diuretics, and massage with little or no relief. It's also a treatment option for individuals who have chronic venous ulcers. When compression stockings get worn out or stretched over time; many patients aren't receiving the needed compression. When using a compression pump the pressure is locked in, ensuring that you're getting the appropriate amount of pressure each treatment.

Diuretics may be useless and harmful over time if your edema (swelling) is a symptom of chronic venous insufficiency or lymphedema. Diuretics draw fluid from your venous system that your body must have in order to balance the continual fluid deposit from your arterial capillaries; if the needed interstitial fluid is not present because you are taking a diuretic, this will only aggravate your lymphatic system which may lead to additional

fluid retention and additional swelling. Also, using a pneumatic compression device may help the prevention of blood clotting along with deep vein thrombosis or those individuals who are at risk for it.

If you or someone you love suffers from limb swelling it is important to keep a few things in mind. If any of the following apply, seeking medical advice is recommended.

- Family history of edema, venous insufficiency, or lymphedema
- Pitting or skin hardening: push your finger into your skin and count how long it takes to return
- Hemosiderin staining: "red socks" appear from the ankles down
- Traumatic injury or surgery potentially damaging your circulatory system (knee replacement etc.)
- Radiation exposure

For patients who many have Chronic venous insufficiency a test called a vascular or duplex ultrasound may be used to examine the blood circulation in your legs.

The compression pump is approved by Medicare and covered by many commercial insurers; Actual coverage varies with individual commercial insurance policies. 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.



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DAVID A. GOLDMAN

By David A. Goldman MD

While there are certainly new developments in cataract surgery every year, these pale in comparison to the innovations that occur over decades. While many of the technologies discussed in this article are currently available in trials, it is important to remember that they are still in trials for a reason. Once safety data has been confirmed and designs have been optimized, cataract surgery in the next decade will be revolutionized.

To begin, the way surgery is performed will have completely changed. Today, cataract surgery is typically performed with a high-frequency microincisional ultrasound device. While it is very safe and provides great results, it is still dependent on the skill of the surgeon. In the next decade, these steps will likely become completely automated by computer and performed by a femtosecond laser. While these lasers are currently available in some areas of the country, the technology still needs some development – for example the surgeon controlled ultrasound device is still required to be used. That said, the rate at which these lasers are improving is impressive to say the least, and they will certainly play a role in cataract surgery in the future.

With intraocular lenses, exciting advances are also coming. The light-adjustable-lens (LAL) is currently under clinical trials from Calhoun vision. This lens contains components that are photopolymerized upon exposure to ultraviolet light. In essence, applying specific light onto the lens after implantation can not only correct refractive error (nearsightedness, farsightedness, astigmatism) immediately following surgery, but may even hold potential to adjust the patient's refraction as they age if needed. Another interesting technology is the FluidVision lens from Powervision. Instead of a fixed firm lens that is implanted into the eye, this lens contains fluid and channels that allow the shape of the implanted lens to change just like the eye's natural lens. This changing shape of the lens, referred to as accommodation, is the reason why most young people do not require glasses at all. Once an artificial lens is able to accommodate the same extent as the young human eye, we may be able to throw our glasses away forever.

Ultimately, over the years many exciting technologies come and not all turn out to deliver on what they had promised. That said, the products mentioned in this article have already done well in early testing and, though far from perfect, hint at a very exciting future for us all to see.

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, was recently ranked as a 'Top 40 under 40' most influential ophthalmologist in the world by British magazine 'The 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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Don't Give Up!

OK. So here we are... five months into a new year. How are things working out for you? Did you set goals for making this year the best year ever? Did you have dreams and ambitions to make this year different? Did you plan on making things better? Well... how are you doing?

Too often we wait until it's too late to ask these types of questions. But let me encourage you with this today: Don't Give Up!

Maybe you're well on your way to accomplishing your goals. To you I say: Press On! Keep pushing on! Perhaps you've had a rough go of it and you've been derailed or don't think you could ever reach the sights you set for this year. To you I say: Press On! Keep pushing on!

Now you may be thinking, "that's the same advice for both groups." You're right. The reason is because I believe this to be a fundamental principle we all need to learn: perseverance.

The apostle Paul penned these words nearly 2,000 years ago: "*So let's not get tired of doing what is good. At just the right time we will reap a harvest of blessing if we don't give up.*" (Galatians 6:9, NLT)

Think about that for a moment. Let that settle in. "let's not get tired of doing what is good," "we will reap a... blessing," but here is the kicker: "IF we don't give up."

Wow! That's an awfully big "IF"...

Perseverance reveals a lot about ourselves.

Perseverance reveals our conviction. Do I really believe in what I'm pursuing? Do I really feel deep down in my gut that what I'm going after is right and true? If I don't believe in it, then I'll give up quickly. But if I do believe, then how can I possibly give up?

Perseverance reveals our commitment. In his pursuit of creating a sustainable light bulb, Thomas Edison never gave up because he was committed. Edison is quoted as saying, "I have not failed, I've just found 10,000 ways that won't work." If I'm really committed to it, then it's not just a matter of "I won't give up" but really a matter of "I can't give up."



Perseverance reveals our character. Who are you when no one else is watching? What do you do when you're alone in your pursuit of your dreams and goals? If we persevere, we show our character. Winston Churchill once said: "Never, never, in nothing great or small, large or petty, never give in except to convictions of honor and good sense. Never yield to the apparently overwhelming might of the enemy."

The writer of Hebrews put it this way: "*So don't throw it all away now. You were sure of yourselves then. It's still a sure thing! But you need to stick it out, staying with God's plan so you'll be there for the promised completion.*" (Hebrews 10:35-36, The Message)

Stick with it. Press on. Reach your goals. Go for it!

I used to work for a gentleman who would say this: "We do not determine a man's greatness by his talent or worth, as the world does, but rather by what it takes to discourage him." (JF)

So be great... and Don't Give Up!

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