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# Health & Wellness<sup>®</sup> MAGAZINE

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**PLATELET-RICH PLASMA  
FOR HAIR REGROWTH:  
5 FREQUENTLY ASKED  
QUESTIONS ABOUT PRP**

**TURN BACK  
THE HANDS OF TIME**

**KNOW THE ABCS  
OF SKIN CANCER**

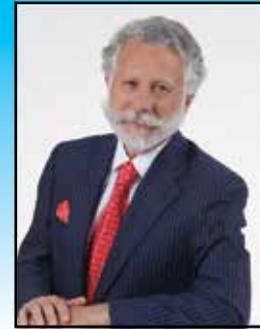
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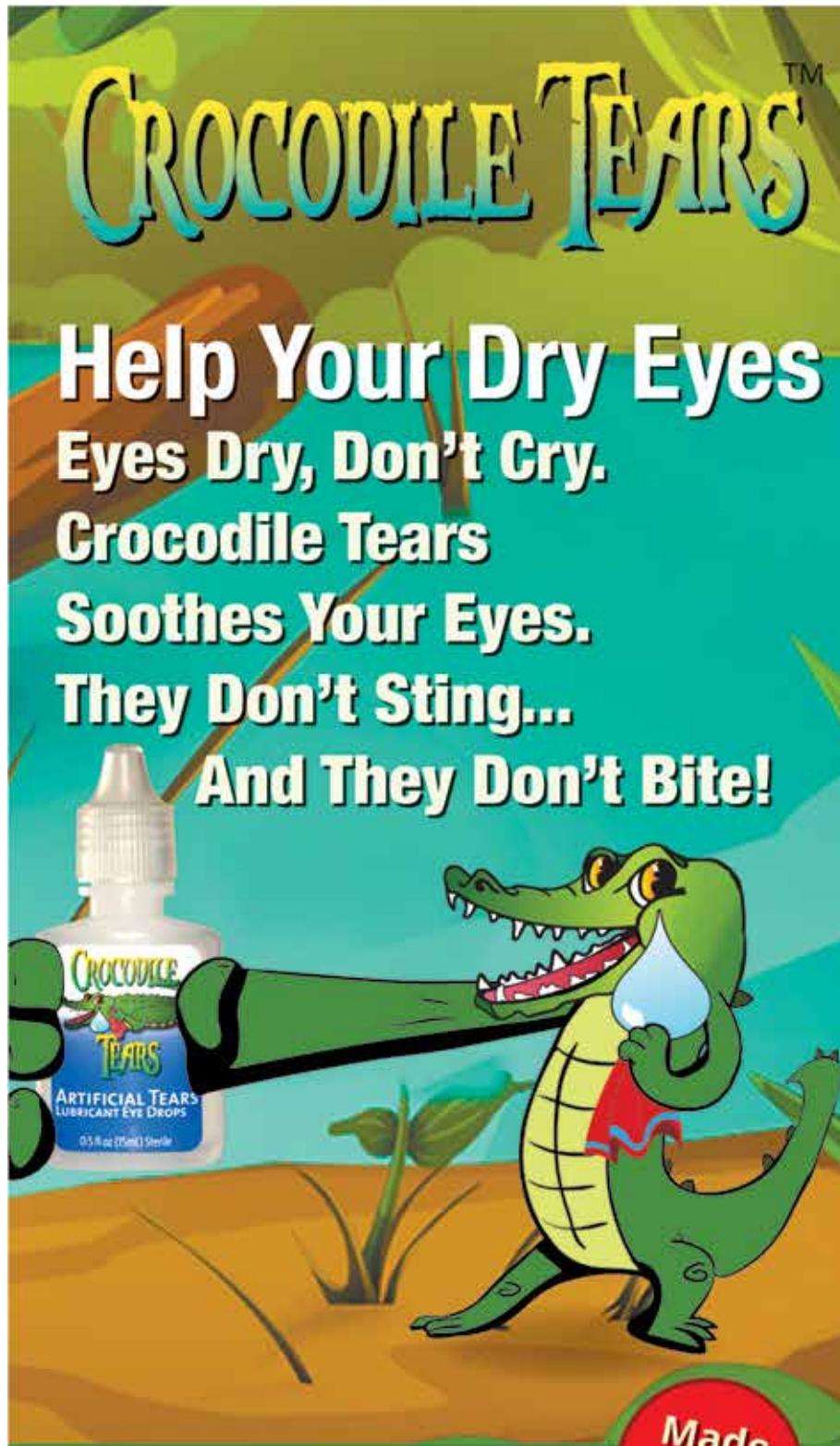
  
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# Platelet-Rich Plasma for Hair Regrowth: 5 Frequently Asked Questions about PRP

By Dr. Alan J. Bauman, MD, ABHRS Board-Certified Hair Restoration Physician

**U**sing concentrated growth factors from our own blood platelets is a relatively new practice in the field of medical hair restoration, but PRP or Platelet-Rich Plasma has been widely used in orthopedics, dentistry and plastic surgery for decades. What initially began as a way to repair damaged joints, tissues and bones has recently become a viable way to stimulate scalp follicles to improve, enhance and regrow hair.

**Here are 5 of the most frequently asked questions about this promising new hair regrowth treatment:**

## **WHAT IS PRP AND HOW DOES IT WORK?**

When it comes to the latest medical hair loss treatments, the use of PRP or Platelet-Rich Plasma is a powerful yet simple non-surgical in-office option for patients wishing to bring back fuller, thicker, healthier hair. Performed under local anesthesia, PRP is a comfortable outpatient procedure that takes about one hour and allows patient to return to regular activity with usually no downtime. During the procedure, a small blood sample is taken and processed in special sterile equipment to produce a powerful platelet concentrate. Platelets are known to contain very powerful growth factor proteins and cytokines which when applied into the scalp stimulate improved hair growth. PRP is often enhanced through the addition of ECM or Extracellular Matrix such as ACell or BioD for stronger and longer-lasting results.

## **WHO IS A CANDIDATE FOR PRP?**

PRP has been found to be most effective on two types of hair loss patients: patients who have thinning areas where weak quality hair exists on the scalp primarily due to male or female pattern hair loss and patients with small round bare patches of Alopecia Areata. People with certain blood disorders or on certain medications may NOT be good candidates for PRP. The first step is to schedule a consultation with a qualified, experienced and properly credentialed Hair Restoration Physician who will be able to diagnose your situation, identify hair loss risk factors and discuss the best treatment plan to address your specific hair restoration goals..

## **WHEN CAN YOU EXPECT TO SEE RESULTS FROM PRP AND HOW LONG DO THE RESULTS LAST?**

Typically, hair improvements can be detected using HairCheck measurements several months before the results are visible to the naked eye. Increases in Hair Mass Index using the HairCheck device help predict how much improvement the patient can expect to see in the weeks or months to come. It may take six to twelve months to judge the full results of PRP+ECM visually in the mirror or in standardized photos, which are essential for tracking results. At Bauman Medical and at any Bauman Certified HairCoach™ location, HairCheck measurements are taken every three months so that the improvement can be quantified. Hair growth improvements from PRP+ECM treatments typically last about ten to twenty months, requiring to repeat their treatment after about every year or two in order to maintain positive hair growth effects.

## **WHAT ARE SOME OF THE RISKS OF PRP TREATMENTS?**

Since PRP is derived from your body's own blood, this procedure possesses little to no risk of adverse reactions. After your procedure, your scalp will feel numb and appear pink for a few hours. Temporary swelling in the forehead or eye area is rare and takes a day or two to resolve. The main risks of PRP have less to do with side effects and more with what the doctor and/or staff may be doing and using in terms of outdated techniques or equipment resulting in a painful or an ineffective procedure. Be sure to look for an experienced and credentialed hair loss specialist who offers PRP.

## **WHAT IS THE RECOVERY FROM A PRP TREATMENT?**

There is no activity restriction for the patient after a PRP treatment. Patients may shower, shampoo, condition and style their hair normally immediately afterwards. No chemical coloring or hair perming treatments should be performed for at least 72 hours.

**TAKEAWAYS FOR PATIENTS**

PRP may be used as a stand-alone treatment or as an adjunct to FDA-approved prescription medications such as finasteride and minoxidil, as well as other therapies such as low-level laser therapy, compounded minoxidil, topical finasteride, nutritional supplementation and minimally invasive FUE hair transplantation, such as NeoGraft or ARTAS robotic-assisted transplants.

To find out if you are a candidate for PRP request a consultation with a board-certified Hair Restoration Physician and hair loss expert such as Dr. Alan J. Bauman. Private individual long-distance/phone and in-office/in-person consultations may be scheduled with Dr. Bauman by visiting [www.BaumanMedical.com](http://www.BaumanMedical.com) or by calling toll-free **844-GET-HAIR** or **+1-561-394-0024**.



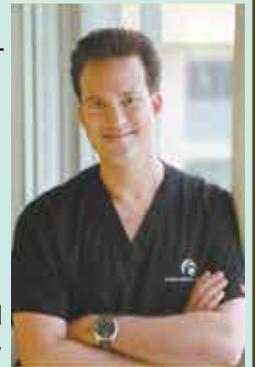
Female PRP+ECM Results After 10 Months



Male PRP+ECM Results After 12 Months

**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 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.



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

**TIPS FOR FINDING A DOCTOR FOR PRP**

- Look for a full-time American Board of Hair Restoration Surgery (ABHRS) board-certified hair restoration physician and Fellow of the International Society of Hair Restoration Surgery (FISHRS) designation
- Hands-on certification programs like the Bauman Certified HairCoach™ expose and help guide physicians with the latest techniques, tools and equipment. Find a Bauman Certified HairCoach near you at [www.CoachMyHair.com](http://www.CoachMyHair.com)
- Check for credentials that can help ensure you are receiving a thorough hair loss evaluation that includes standardized photos, scalp dermoscopy, accurate adjunctive treatment options, as well as the critical pre-treatment Hair Mass Index measurements using a HairCheck device. Seek out a physician with extensive experience specifically with PRP for the scalp, because techniques for hair growth are different when compared to other areas of the body.
- Find a PRP expert who utilizes PRP with ECM Extracellular Matrix, like ACell or BioD-Restore, so you can get the strongest and longest-lasting results from the treatment while also reduce the hassle and expense of more frequently repeated “weak” PRP treatments.
- Ask your hair restoration physician if they are planning to use a complete “scalp block” for a painless treatment using an “Ouchless Protocol,” or if they will simply apply anesthetic gel or spray, which makes for a more painful procedure.
- Ask if low level laser therapy will be applied pre and post-treatment to enhance the procedure.
- Ask your hair restoration physician if they will be reporting to you your PRP platelet concentration and volume of PRP that will be injected.

**Hair Loss Study Candidates Needed!**

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# Know the ABCs of Skin Cancer

Skin cancer is by far the most common type of cancer in the United States, and while some types of skin cancer can be easily treated, other types can be more dangerous. There are three main types of skin cancer — basal cell, squamous cell and melanoma. The type of skin cancer one has affects treatment options and prognosis (outlook). It's best to get an annual checkup for skin cancer from a physician or other professional; and, no matter what type, skin cancer should always be taken seriously.

Basal cell skin cancer is the most prevalent and least dangerous type of skin cancer. It generally appears on the head, neck or upper torso, and it grows slowly. Spots, blemishes, freckles and moles are signs of sun-damaged skin. They are usually harmless, but if you notice them changing, see a doctor.

While not as dangerous as melanoma, squamous cell skin cancer can spread to other parts of the body over some months. It usually appears as a thickened, red, scaly spot that may bleed easily, crust or ulcerate. It is generally found on those areas of the skin that are most often exposed to the sun.

## Risks and Warning Signs of Skin Cancer

Most moles, brown spots and other growths on the skin are usually harmless; however, it's a good idea to have an annual skin check by a professional health care provider. Older adults, people who are fair-skinned, and those who have a lot of moles are generally at greater risk, so it's important to know your skin well and recognize any changes that you see on your body.

Here's an easy way to recognize if a mole or other skin lesion may be cancerous — just remember the ABCs of skin cancer:

**Asymmetry:** One half of the mole or lesion doesn't match the other.

**Border:** The shape or edges of the mole are irregular.

**Color:** The color of the mole or lesion is not uniform.

**Diameter:** The mole is larger than 6 mm (about the size of a pencil eraser).

**Evolving:** The size, shape or color of the mole or lesion changes.

Knowing these skin cancer ABCs will help you to spot most skin cancers — but it's important to remember that not every skin cancer will show every one of these signs. It is safest to consult your doctor whenever you are unsure.

## Causes of Skin Cancer

Like all other types of cancer, skin cancer occurs when there is damage to the DNA of normal cells, resulting in uncontrolled growth of these damaged or mutated cancer cells. According to the American Cancer Society, causes of skin cancer can include:

- **Ultraviolet (UV) exposure** – The sun is the best-known source of UV radiation, but UV rays also come from artificial sources, such as tanning beds.
- **Genetics** – In a small percentage of skin cancers, risk factors can be inherited. Be sure to tell your physician if you have a family history of skin cancer.
- **Immune system suppression** – Some conditions, such as HIV/AIDS, and also certain medications can suppress the body's immune system, which normally fights cancer.
- **Radiation exposure** – In addition to the sun, other forms of radiation, such as X-rays or therapeutic radiation, may adversely affect skin cells.

With all types of cancer, including skin cancer, early detection and diagnosis can make a big difference in outcome. If you suspect that you may have skin cancer, have your physician check it out immediately. Most skin cancers are easily treated and often cured; and for those more serious types, such as melanoma, the earlier it is discovered and treatment begins, the better the outcome.

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## TOO MUCH GUM TISSUE SHOWS WHEN I SMILE: WHAT CAN BE DONE?

One of the things we notice when meeting a person for the first time is their smile. A smile does not just involve the teeth themselves, but also the gum tissues that act as the frame around the teeth. If either the teeth or the gum tissue are out of proportion, unwanted attention may be brought to these areas. Our eyes tend to be drawn to things that “do not seem” right. Imagine purchasing the latest, greatest TV and noticing a big dent in the frame around the television. Very typically, our attention will be brought to the dent and not the beautiful picture on the screen. We frequently see this type of issue in dentistry with patients who are bothered by a “Gummy Smile”.

### GUMMY SMILE TREATMENTS:

A variety of treatment options exist based on the cause of a “Gummy Smile”. In the case of inflamed gums due to excess plaque, initial periodontal treatment including scaling and root planning (deep cleaning) may be all that is needed.

In the case of excess gum tissue, the proper amount of visible tooth and gum can be restored to a more natural and esthetically pleasing ratio to fit the frame of your smile with a “Gum Lift”. This procedure, also known as esthetic crown lengthening, can help reshape your gums to reveal the part of the tooth covered by excess gum tissue. Depending on the specific situation, this procedure may be performed in conjunction with cosmetic dental procedures (such as veneers or crowns) on the teeth being treated. In either case, the outcome is to provide you with a more pleasing smile. This type of procedure may be possible with a laser alone in certain circumstances.

It is possible to have the appearance of excess gum tissue, even if the appropriate amount exists, due to a very mobile upper lip. In these cases, the “curtain” or lip moves very high towards the nose when one smiles. A variety of treatment options exist for this type of situation. Use of Botox® can help prevent the excess lip movement, but must be repeated every number of months. Small periodontal procedures to help reduce lip movement are also an option. In some extreme cases, more involved surgical procedures may be recommended.

### CAUSES OF EXCESS VISIBLE GUM TISSUE:

It is fairly common to see excess gum tissue around one’s teeth. This type of problem can give the appearance of very short teeth or a smile dominated by gum tissue. A variety of reasons exist why a “Gummy Smile” may appear. In some situations, a skeletal deformity may exist, but more typically a number of very treatable issues cause this presentation.

One common condition leading to this appearance is called “altered-passive eruption”. This type of problem occurs as the teeth erupt through the gums and descend toward their final position. The gum tissue does not com-



pletely retract upwards to its ideal position, leaving excess gum covering part of the tooth that should be visible.

Inflamed gum tissue can also appear due to plaque and bacteria accumulation around the teeth. This excessive, puffy, red-blue tissue can occur from ineffective oral hygiene. Often, plaque retention from appliances like braces make proper home care more difficult and this situation more likely to occur. In addition, certain medications make the gums more sensitive to plaque and increase the chance of gum inflammation becoming a concern.

Another common reason for the appearance of excess gums is the presence of a “big smile” or a “high lip line”. If we think of the lip as a curtain, the amount of tooth and gum that will show depends on how high the curtain is pulled up. Many individuals have an upper lip that barely moves even with the biggest of smiles (showing almost no gum and minimal teeth during smiling), while others with a broad smile reveal every part of their tooth and gum tissue up to their nose.

Lastly, the appearance of excess gum tissue can occur when teeth become significantly worn down, altering the balance between the visible tooth structure and the gum tissue.

It is important to realize that there is no one treatment to fit all the possible situations. A complete periodontal evaluation, with a recent set of dental x-rays, is needed to determine the unique dental needs of each individual gummy smile. Fortunately, many patients who do not like their smile or appearance due to this issue, can be treated in a fairly simple manner once the exact cause of the appearance of the excess gum has been diagnosed.

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

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



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

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

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



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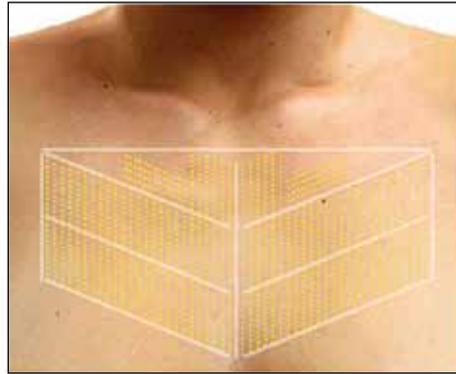
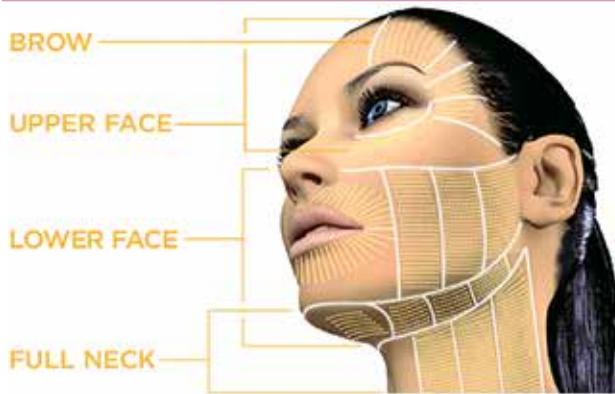
# TURN BACK THE HANDS OF TIME



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



## ULTHERAPY TREATMENT ZONES



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

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

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

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

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

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

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



**Medical Director, Daniela Dadurian M.D.**  
 \* Board Certified Anti- Aging Medicine  
 \* Board Certified Laser Surgery

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

The specialty recognition identified herein has been received from a private organization not affiliated with or recognized by the Florida Board of Medicine.

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# Relax

**W**e all deal with stress every day and we hear about it everywhere. Friends and family, at work or play, on TV or movies, books or news: everybody's talking about stress. So what are we doing about it?

First, let's define stress. Many years ago, Dr. Hans Selye, perhaps the most famous physician to research stress and its affects on us, had a fairly simple definition for stress. He defined stress as simply our response to change. Think about it: how do we respond to change? Implicit in this statement is the neutrality of the words "response" and "change". The change can be big or little, labeled good or bad or otherwise, but it's we who provide the labels and we who choose the response. And we usually respond in response to our labels! So who's responsible for how we view the change and how we respond to it? We are!

I'm sure we are all familiar with examples of the ability of our minds to convince us that something is either good or bad and therefore doable or not. Our parents got us to do things or eat food, for instance, that we didn't like, but managed to, after various forms of creative convincing. And we still do this, more or less, every day of our lives.

We all are living examples of how the body affects the mind and the mind affects the body. It's often a basic truth that when we feel good we act good and when we feel bad we act bad. For example, you know that when you are nervous or worried about something, symptoms appear in your body, such as upset stomach, restlessness,

headache, and so on. And the opposite is true: physical symptoms such as pain or illness can affect us emotionally and get us down, even depressed. So how we label changes and how we respond to them is our choice, and we can choose health and happiness.

Some incredible evidence has resulted from the large number of research projects over the years directed at the body-mind connections. A partial list of conditions that have been scientifically proven to be affected by positive attitude techniques includes:

- **allergies and allergic skin reactions**
- **asthma**
- **anxiety**
- **depression**
- **digestive symptoms such as nausea, vomiting, constipation and stomach ulcers**
- **heart pain and arrhythmias**
- **high blood pressure**
- **infertility**
- **insomnia**
- **pain of all types**
- **pms.**

I took a course with Dr. David Cheek years ago, who was then one of the best known physicians and researchers in the field of clinical hypnosis. He told us and demonstrated to us how he and other physicians had discovered and documented that people remembered everything while under anesthesia for surgery, and that with the proper suggestions, bleeding, side effects and healing times and responses were all significantly and positively shortened. The power of the mind is such that I have witnessed films of women having c-sections with no anesthesia, only hypnosis!

Many years ago, I had the good fortune to meet Dr. Herbert Benson, the founder of the Mind/Body Institute in Boston, Mass. He is an associate professor at Harvard Medical School, and has done much of the ground-breaking research on bridging the affects of mind and body in science and medicine. He has written several books, hundreds of research papers, lectured internationally, and many of you may have heard of him or seen him on TV. His book: "The Relaxation Response", addresses exactly what we have been discussing here.



He condenses the whole relaxation response to stress or change to two simple steps:

a sound or word or phrase or prayer, repeated silently or aloud, and a passive attitude, i.e., not worrying or thinking about any other thoughts or distractions, but always returning to one's relaxed center of focus.

That's it! Whatever your beliefs, culture, language or religion, you choose the word or phrase, and repeat it gently and relaxedly for about twenty minutes at a time. You can sit or stand or walk, you can be in any environment. Just repeat your positive word or phrase in a relaxed and focused manner, without following any other thoughts that may

come in. The results are tangible and reproducible and have been the subject of hundreds of research projects. Historically, this remarkable subject has been expressed for thousands of years in every culture and religion.

**My practice of Osteopathic Manipulative Treatment (OMT) focuses on relieving pain and dysfunction of many kinds. All our patients report a relaxation response as well, as the pain lessens, the body and mind relax, as the body and mind relax, the pain lessens, and so on!**

I urge you all to do this, to learn to be focused and relaxed, and share it with everyone you know. Imagine the results!



**WILLIAM H. STAGER, DO, MS, MPH, FAAFP, FAAMA, FAAO, FACOPF dist.**

**AOBNMM Board Certified: Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine**

**AOBFP Board Certified: Family Medicine Medical Acupuncture**

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**Tel: 561-832-1894**

**Physician is a Medicare provider**

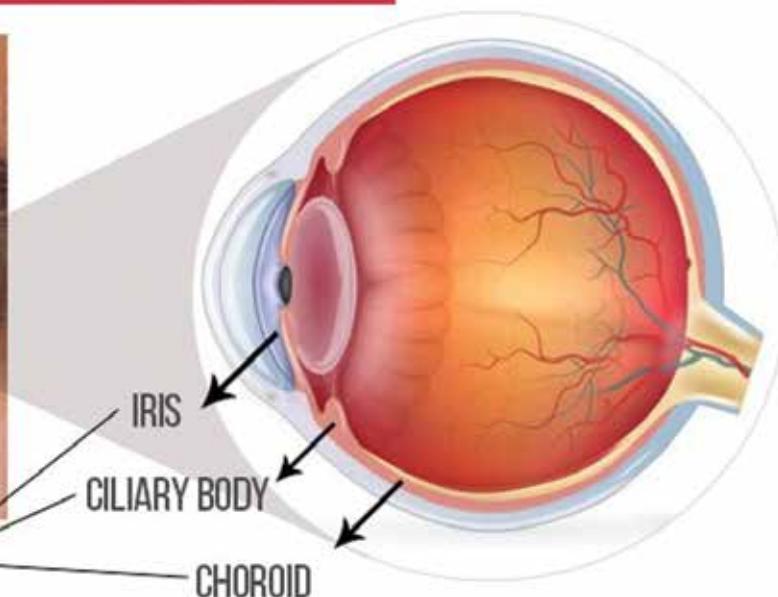


# DO I HAVE UVEITIS?

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

**UVEITIS** is inflammation of the uvea, which is made up of the iris, ciliary body and choroid. Together, these form the middle layer of the eye between the retina and the sclera (white of the eye).

## Uveitis



**T**he eye is shaped like a tennis ball, with three different layers of tissue surrounding the central gel-filled cavity, which is called the vitreous. The innermost layer is the retina, which senses light and helps to send images to your brain. The outermost layer is the sclera, the strong white wall of the eye. The middle layer between the sclera and retina is called the uvea.

The uvea contains many blood vessels — the veins, arteries and capillaries — that carry blood to and from the eye. Because the uvea nourishes many important parts of the eye (such as the retina), inflammation of the uvea can damage your sight.

There are several types of uveitis, defined by the part of the eye where it occurs.

- **Iritis affects the front of your eye. Also called anterior uveitis, this is the most common type of uveitis. Iritis usually develops suddenly and may last six to eight weeks. Some types of anterior uveitis can be chronic or recurrent.**

- **If the uvea is inflamed in the middle or intermediate region of the eye, it is called pars planitis (or intermediate uveitis). Episodes of pars planitis can last between a few weeks to years. The disease goes through cycles of getting better, then worse.**
- **Posterior uveitis affects the back parts of your eye. Posterior uveitis can develop slowly and often lasts for many years.**
- **Panuveitis occurs when all layers of the uvea are inflamed.**

### UVEITIS CAUSES

The specific cause of uveitis often remains unknown. In some cases, however, it can be associated with other disease or infection in the body.

#### *Uveitis may be associated with:*

- A virus, such as shingles, mumps or herpes simplex;
- Systemic inflammatory diseases;



- A result of injury to the eye; or
- Rarely, a fungus, such as histoplasmosis or a parasite, such as toxoplasmosis.

If you smoke, stop. Studies have shown that smoking contributes to the likelihood of developing uveitis.

**UVEITIS SYMPTOMS**

Uveitis may develop suddenly with eye redness and pain, or with a painless blurring of your vision. In addition to red eye and eye pain, other symptoms of uveitis may include light sensitivity, blurred vision, decreased vision and floaters. There may also be a whitish area (called a hypopyon) obscuring the lower part of the iris.

A case of simple "red eye" may in fact be a serious problem such as uveitis. If your eye becomes red or painful, you should be examined and treated by an ophthalmologist .

**UVEITIS DIAGNOSIS**

A careful eye examination by an ophthalmologist is extremely important when symptoms occur. Inflammation inside the eye can permanently affect sight or even lead to blindness if it is not treated.

Your ophthalmologist will examine the inside of your eye. He or she may order blood tests, skin tests or X-rays to help make the diagnosis.

Since uveitis can be associated with disease in other parts of the body, your ophthalmologist will



want to know about your overall health. He or she may want to consult with your primary care physician or other medical specialists. However, in approximately 40 to 60 percent of cases, no associated disease can be identified.

**UVEITIS TREATMENT**

Uveitis is a serious eye condition that may scar the eye. It needs to be treated as soon as possible. Eyedrops, especially corticosteroids and pupil dilators, can reduce inflammation and pain. For more severe inflammation, oral medication or injections may be necessary.

***If left untreated, uveitis may lead to:***

- Glaucoma (increased pressure in the eye);
- Cataract (clouding of the eye's natural lens);
- Neovascularization (growth of new, abnormal blood vessels); or
- Damage to the retina, including retinal detachment, damage to the optic nerve or both.

These complications may also need treatment with eye drops, conventional surgery or laser surgery. If you have a "red eye" that does not clear up quickly, contact your ophthalmologist.



**The Retina Institute of Florida**

**Lauren R. Rosecan**

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

*The Retina Institute of Florida with four offices conveniently located in Palm Beach and Martin Counties.*

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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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# Introducing RESOUND LINX3D WITH RESOUND ASSIST

By: Dana Luzon, Au.D., FAAA



Hearing aid manufacturers are constantly improving on the quality of their devices, and with every new launch comes new features that may benefit the patient and the audiologist. Having an audiologist to customize and adjust your hearing devices is an integral part of your hearing care experience.

With most hearing devices, they must be fine-tuned and adjusted over time for each patient which has always been done in the audiologist's clinic. ReSound has come up with a new solution that allows the patient to have their hearing aids adjusted from the comfort of their own home or whenever it is convenient for you, called ReSound Assist! This revolutionary advancement will cut out travel time to the clinic and many adjustments can be made based on the patients' needs after they are first fit in the office. With its unique integration with other smart devices, the all new hearing aids mean hearing care wherever you are.

## WHO BENEFITS FROM THIS NEW FEATURE?

- **Patients who have limited transportation options.**
- **Patients who live far away from their audiology clinic.**
- **Patients who are only in Florida seasonally**
- **Homebound Seniors.**
- **Patients who are working full time and would need to take time off work to have quick adjustments made.**

"ReSound Assist will notify me when a patient is requesting a change to their hearing aid settings, I can make that change here in my office and send it back to the patient through a cloud based system. The hearing devices can now be adjusted based on real world patient experiences. This will give me real time feedback of the patient's struggles in different settings. This all new feature will allow patients to have an office visit and hearing aid adjustments from wherever they are. This will be much more convenient for patients who cannot always travel to the office for an appointment." Dana Luzon, Au.D.

Some other key features include direct to iPhone calls and music streaming as well as a next generation app that allows you to adjust your settings at any time and includes built in guidance and coaching so you can comfortably be yourself in any situation. This comprehensive sound ecosystem seamlessly connects your hearing aids, wireless accessories and smartphone apps. All the hearing technologies that improve your life now work together!

If you think this technology may be right for you, call Audiology & Hearing Aids of the Palm Beaches today for a hearing evaluation and in office technology demonstration. Schedule an appointment to see how the ReSound LiNX 3D can help you hear better today!

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

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



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# What is CBD

## AND THE MEDICAL TREATMENT IT PROVIDES:

**C**ANNABIDIOL—CBD—is a cannabis compound that has significant medical benefits, but does not make people feel “stoned” and can actually counteract the psycho activity of THC. The fact that CBD-rich cannabis is non-psychoactive makes it an appealing option for patients looking for relief from inflammation, pain, anxiety, psychosis, seizures, spasms, and other conditions without disconcerting feelings of lethargy or dysphoria.

Scientific and clinical research—much of it sponsored by the US government—underscores CBD’s potential as a treatment for a wide range of conditions, including arthritis, diabetes, alcoholism, MS, chronic pain, schizophrenia, PTSD, depression, antibiotic-resistant infections, epilepsy, and other neurological disorders. CBD has demonstrable neuroprotective and neurogenic effects, and its anti-cancer properties are currently being investigated at several academic research centers in the United States and elsewhere.

Extensive preclinical research—much of it sponsored by the U.S. government—indicates that CBD has potent anti-tumoral, antioxidant, anti-spasmodic, anti-psychotic, anti-convulsive, and neuroprotective properties. CBD directly activates serotonin receptors, causing an anti-depressant effect, as well.

Here are five facts that you should know about this unique compound:

### 1. CBD is a key ingredient in cannabis

CBD is one of over 60 compounds found in cannabis that belong to a class of molecules called cannabinoids. Of these compounds, CBD and THC are usually present in the highest concentrations, and are therefore the most recognized and studied.

CBD and THC levels tend to vary among different plants. Marijuana grown for recreational purposes often contains more THC than CBD.

However, by using selective breeding techniques, cannabis breeders have managed to create varieties with high levels of CBD and next to zero levels of THC. These strains are rare but have become more popular in recent years.

### 2. CBD is non-psychoactive

Unlike THC, CBD does NOT cause a high. While this makes CBD a poor choice for recreational users, it gives the chemical a significant advantage as a medicine, since health professionals prefer treatments with minimal side effects.

CBD is non-psychoactive because it does not act on the same pathways as THC. These pathways, called CB1 receptors, are highly concentrated in the brain and are responsible for the mind-altering effects of THC.

A 2011 review published in Current Drug Safety concludes that CBD “does not interfere with several psychomotor and psychological functions.” The authors add that several studies suggest that CBD is “well tolerated and safe” even at high doses.

### 3. CBD has a wide range of medical benefits

Although CBD and THC act on different pathways of the body, they seem to have many of the same medical benefits. According to a 2013 review published in the British Journal of Clinical Pharmacology, studies have found CBD to possess the following medical properties:

MEDICAL PROPERTIES OF CBD	EFFECTS
Antiemetic	Reduces nausea and vomiting
Anticonvulsant	Suppresses seizure activity
Antipsychotic	Combats psychosis disorders
Anti-inflammatory	Combats inflammatory disorders
Anti-oxidant	Combats neurodegenerative disorders
Anti-tumoral/Anti-cancer	Combats tumor and cancer cells
Anxiolytic/Anti-depressant	Combats anxiety and depression disorders

Unfortunately, most of this evidence comes from animals, since very few studies on CBD have been carried out in human patients.

But a pharmaceutical version of CBD was recently developed by a drug company based in the UK. The company, GW Pharmaceuticals, is now funding clinical trials on CBD as a treatment for schizophrenia and certain types of epilepsy.

Likewise, a team of researchers at the California Pacific Medical Center, led by Dr. Sean McAllister, has stated that they hope to begin trials on CBD as a breast cancer therapy.

### 4. CBD reduces the negative effects of THC

CBD seems to offer natural protection against the marijuana high. Numerous studies suggest that CBD acts to reduce the intoxicating effects of THC, such as memory impairment and paranoia.

CBD also appears to counteract the sleep-inducing effects of THC, which may explain why some strains of cannabis are known to increase alertness.

### 5. CBD is legal in the US and many other countries:

If you live in the US, you can legally purchase and consume Cannabidiol in any state.

Cannabidiol from industrial hemp also has the added benefit of having virtually no THC. This is why it’s not possible to get “high” from CBD.

In fact various government agencies are taking notice to the clinical research supporting the medical benefits of CBD. The U.S. Food and Drug Administration recently approved a request to trial a pharmaceutical version of CBD in children with rare forms of epilepsy. The drug is made by GW Pharmaceuticals and is called Epidiolex.

According to the company, the drug consists of “more than 98 percent CBD, trace quantities of some other cannabinoids, and zero THC.” GW Pharmaceuticals makes another cannabis-based drug called Sativex, which has been approved in over 24 countries for treating multiple sclerosis.

### Emergent Field of Water Soluble CBD

Researchers are currently diving into the arena of water soluble CBD. Simply put, “water Soluble” means “able to dissolve in water”. This entirely new discovery remains in its infancy and availability is limited. However, one thing is very clear. When CBD is water soluble it is more bioavailable for our bodies to use. Our bodies are 60 % water. When we ingest water soluble CBD a greater amount of CBD reaches the bloodstream, which lowers the actual therapeutic serving size required to achieve therapeutic effect.

Water soluble CBD is simply dosed as a packet to be mixed with 4-6 ounces of water, you simply drink as a beverage. To learn more about our water soluble line of products visit [www.PalmBeachHemp.com](http://www.PalmBeachHemp.com) or call our team at **561-282-8235**.

[www.palmbeachhemp.com](http://www.palmbeachhemp.com)

# DO ADDICTION TREATMENT PROGRAMS WORK?

**M**any people have doubts regarding the efficacy of addiction treatment due to the high rate of relapse following the completion of treatment. Due to the chronic nature of the disease, relapsing is common and does not mean treatment has “failed.” Rather, it’s an indication that treatment needs to be reinstated or adjusted.



In fact, research investigating the efficacy of addiction treatment suggests that a client who completes treatment, either inpatient or outpatient, has a 50 percent chance of staying clean and sober for the year following treatment. If the client completes treatment and attends Alcoholics Anonymous or Narcotics Anonymous once a week for the next year, then she has a 70 percent chance of staying sober. If the client completes treatment, attends one AA/NA meeting and one outpatient session per week, he or she has a 90 percent chance of remaining sober for the next year.

Overall, good outcomes depend on the nature and extent of the person’s problems, the appropriateness and quality of the treatment program, and are contingent on adequate treatment length and resolve.

## CHOOSING A QUALITY TREATMENT PROGRAM

The first step is to ensure that the program is accredited and run by licensed mental health professionals and addiction specialists. Next, to determine the quality of the treatment program you should ask the following questions:

### 1. Does the program use evidence-based treatments that are backed by science?

Effective drug abuse treatments can include behavioral therapy (including but not limited to cognitive-behavioral therapy, motivational interviewing, and group therapy,) medications, or preferably a combination of both.

### 2. Does the program tailor treatment to the needs of each patient and adapt treatment as the patient’s needs change?

Treatment is not “one size fits all.” The best treatment addresses the individual’s specific needs, not just their substance abuse. In addition to addiction treatment, a person may require treatment for co-occurring mental health problems, medical services, family therapy, legal services, etc. Furthermore, individual treatment should be continuously evaluated and modified to meet the client’s changing needs.

### 3. Is the duration of treatment sufficient?

Although appropriate time in treatment depends on the type and severity of the person’s problems and needs, research indicates that most people need at least 3 months of treatment to maintain a sober lifestyle

### 4. Is there ongoing support after leaving treatment?

Treatment alone is not enough to sustain recovery for most people. A good treatment program will actively help develop an aftercare regimen including an ongoing program of support, twelve step meetings, and if necessary, will arrange further counseling or outpatient treatment to help the patient maintain sobriety upon their return home.

## GENDER-SPECIFIC SERVICES

To further ensure the “right fit,” gender-specific addiction treatment services have been found to

be more effective for women than traditional programs originally designed for men.

Women-specific programs are sensitive to women’s issues. They understand that women have differing needs and respond differently to treatment approaches when compared to men. For example, the type of confrontation used in traditional programs tends to be ineffective with women since women need a treatment environment that is supportive, safe, and nurturing. Successful programs provide psychiatric and mental health services while integrating trauma-focused interventions, since women have higher rates of co-occurring issues (depression, anxiety, ADHD, etc.) and past trauma. In addition, they provide supplemental services to address medical and social issues specifically experienced by women – including, but not limited to – childcare, parenting, domestic violence, housing, etc.



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**T**he future of the facial is here! Coolifting is a simple, fast and effective treatment that dramatically reduces wrinkles and rejuvenates treated areas in just 5 minutes. Coolifting is designed to treat facial wrinkles, in both the expression zones and the gravitational zones: eyes outline, forehead, frown, cheeks and lips' zone.

The reduction of wrinkles has been the cornerstone of aesthetics for many years. Until now, treatments combined long sessions with little result or invasive treatments met with marginal changes. Coolifting has changed the rules of the game offering a simple, fast and effective treatment that dramatically decreases the appearance of wrinkles, activates collagen production and is completely non-invasive.

The process is simple, Coolifting is a new facial that combines a controlled spray of carbon dioxide and a blend of hyaluronic acid and botanicals to generate beautiful results with no downtime, no injections, and no pain.

### FREQUENTLY ASKED QUESTIONS

- **How long will it take to see results?**

There is an immediate luminosity to the skin. You will also notice a lifting/tightening effect within 12-24 hours of the facial. Clients who sign up for a package of four facials, followed by monthly follow-ups, will see substantial improvement over time.

- **Is there any maintenance required after a treatment?**

Post-treatment, you can return to your regular skin care regimen, with a good moisturizer followed by a mineral sunscreen. These guidelines also apply if you get Coolifting "maintenance" facials.

- **Can people with sensitive skin be treated with Coolifting?**

Yes. Coolifting can be used on all skin types or degrees of pigmentation.

- **Is it ok to use Coolifting after microneedling?**  
Coolifting can be used in conjunction with microneedling, chemical peels, microdermabrasion, and other procedures to reduce the redness and inflammation caused by these procedures.

- **Is there any downtime after a treatment?**  
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-Teresa

# Does Your Child Have an Anxiety Disorder?

## Neurofeedback Helps Anxiety in Children without Medication

by Michael Cohen, Director  
Center for Brain



**I**t'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.

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?  
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#### About Center for Brain

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



**Michael Cohen, Director**  
Center for Brain

Mike Cohen is a leading expert in brain biofeedback. For over 20 years he's worked with clients, taught courses and provided consulting to MD's and mental health professionals around the world, helping them incorporate into their practices new biofeedback technologies for chronic pain, anxiety and mood disorders, ADHD and neurological problems.



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



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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.



### ACUTE WOUND CARE

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By Dr. Jonathan Chung

# Disc Herniations: Not All are Equal

**N**eck pain and back pain are two of the most common reasons for visits to a doctor's office. One of the most notorious causes of neck and back pain are caused by herniated discs in the spine. Most people have heard of a herniated disc, but there's a lot of misinformation about the condition what to do to get it treated. Today's article is going to deal with the most common misconceptions.

## **MISCONCEPTION #1 Hernia = Herniated Disc:**

First of all, a herniated disc and a hernia are not the same things. A hernia is a condition that typically involves parts of your internal organs poking out of the body and can lead to parts of the organ to become ischemic and die. Many people use these terms interchangeably, and believe me when I say that it's never good for the chiropractor or the patient to have a person with a hernia in the office. Those people belong in the ER.

A herniated disc involves a part of the intervertebral disc poking out of the normal barriers of the spine. They are often called slipped disc or ruptured discs. When someone has a herniated disc, the common threat is that of a pinched nerve causing pain or dysfunction to spine or the extremities.

## **MISCONCEPTION #2**

### **Herniated Discs Require Surgery:**

The truth is that herniated discs range widely in magnitude and severity. They are generally categorized into 3 different types in order of severity: disc prolapse, disc extrusion, and disc sequestration. A prolapse is when the disc begins to push out of its normal barrier. An extrusion is when parts of the disc have visibly entered the spinal

canal. Sequestrations are when the disc material begins to break off the main disc and separate into the spinal canal.

Most of you reading this probably have a prolapse and don't even know it. Research shows that as many as 60% of disc herniations show no pain or symptoms. Protrusions and smaller extrusions that cause pain can typically be managed conservatively without surgery. Larger extrusions and full sequestrations can affect the spinal cord, cause muscular weakness, and even affect organ function which certainly becomes a surgical issue.

## **MISCONCEPTION #3 Chiropractic is unsafe for people with disc herniations**

I'm often confronted with this misconception when someone introduces me to a friend or family member with a spine problem. Even though as many as 60% of my patients are people who are coming to me for relief from disc herniations, I'm often told that their spine has herniations and that chiropractic is not safe.

While this may have been true for some of chiropractic's olden days where people only used a heavy handed and rough style of manipulating the spine,

we live in a time where multiple techniques can be applied that are gentle and effective in helping people with disc problems.

Most doctors offer therapies to relieve the pain of a bad disc. This can range from things like traction devices, injections, and acupuncture. These therapies do a great job of relieving the pain from a bad disc, which we know can be excruciating.

Once the person is out of acute pain, it's in the patient's best interest to fix the underlying reason the disc went bad to begin with. Some people have disc problems from something like a severe accident or fall, but many others have years of structural and biomechanical imbalance in their spine. When the spine loses its normal structure, it begins to have poor motion and poor motion will wear down the tissues of the disc.

A chiropractor who focuses on Structural Correction looks to correct these subtle imbalances so that the spine will be more balanced in gravity. A balanced spine in gravity means healthier movement and better outcomes for chronic disc patients in the long term. If you're suffering from secondary problems like chronic back pain, sciatica, neck pain, or arm pain from a previous disc herniation, then your problem may be from a Structural Shift in the spine. Stop suffering every time you get up out of a chair or bed and experience the Structural Difference.



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By Dr. Ricardo Leano

# OSTEOARTHRITIS

**O**STEOARTHRITIS (OA) affects about 27 million Americans and is the most common chronic condition of the synovial joints and a common cause of chronic pain in older people. OA can affect any joint, but it occurs most often in knees, hips, and lower back. Neck, small joints of the fingers and the bases of the thumb and big toe are also frequently affected. It is also called Degenerative Joint Disease (DJD) or Degenerative Arthritis.



In normal joints, the cartilage covers each end of the bones that are involved in that joint. The cartilage is a firm, rubbery material that provides a smooth, gliding surface for joint motion and functions as a cushion between the bones. OA is characterized by focal areas of loss of cartilage causing pain, inflammation, and joint stiffness. As OA worsens over time, bones may break down and develop growths called spurs. Pieces of bone or cartilage may chip off and float around in the joint. In the body, an inflammatory process occurs and cytokines (proteins) and enzymes produced further damage the cartilage. In the final stages of OA, the cartilage wears away and bone rubs against bone leading to joint damage and more pain. The cartilage lacks blood supply evading the own-body healing abilities. It is better to regenerate your cartilage, instead of replacing it with titanium. You may completely avoid or, at least, postpone a major surgery for several years.

Age, genetic factors, and other systemic factors like obesity, all predispose to the development of osteoarthritis. But, we also know that certain forms of activity predispose joints to OA, as well as joint injury and some hormonal factors. Although OA occurs in people of all ages, osteoarthritis is most common in people older than 65.

Symptoms of osteoarthritis differ, depending on which joints are affected and how severely they are affected. Scientists have noticed a confusing lack of direct relationship between radiographic evidence of severity of OA and symptoms. However, the most common symptoms are pain and stiffness, mainly early in the morning or after resting. Symptomatic joints may get swollen, particularly after prolonged activity. Symptoms tend to build over time rather than abruptly.

Even though symptoms may differ, there are features that are common to all symptomatic OA joints. These include pain, which is usually use-related (prolonged activity or prolonged rest); short-lasting stiffness or difficulty initiating movement after rest; limitation of movement with pain at the end of the range, often accompanied by cracking of the joint during activity; tenderness of the joint and palpable bony swelling around it; and, in some cases inflammation (warmth, swollen, tenderness, and redness).

Osteoarthritic pain, swelling or stiffness may make it problematic to complete ordinary duties at work or at home. Simple activities like opening a box of food, tucking in bed sheets, grasp and hold objects, such as a pencil, or to do delicate tasks, such as needlework, grasping a computer mouse or driving a car can become very difficult. Activities such as lifting objects, walking, and climbing stairs may become problematic.

The pain, reduced flexibility, side effects from medication, consequences from treatments (surgery) and other factors associated with OA can lead to adverse health effects not directly related to the joint disease. Many people believe that the effects of OA are unavoidable, so they don't do anything to manage it. OA symptoms can deter work, social life, and family life if actions are not taken to stop joint damage, control pain and improve flexibility.

Not having an adequate treatment may have consequences. Knee or hip pain may lead to a sedentary lifestyle that endorses weight gain and possible obesity, which can lead to the development of diabetes, heart disease and high blood pressure. People with OA have risk factors such as decreased function, muscle weakness and impaired balance that make them more likely to fall and may experience as much as 30 % more falls and greater risk of fracture than those without OA. Side effects from medications used for pain relief, like opioids, can also contribute to falls. On the other hand, invasive treatments like surgery (total joint replacement) carry the risk of infections, lengthy and painful rehabilitation, and prolonged absence from work.

The joints that are most commonly involved are the cervical and lumbar spine, knees, hips, hands, and great toes. The joints least likely to be affected by OA are the ankles and the shoulders. OA of the spine is a difficult problem because chronic back pain is particularly poorly associated with any definable pathology.

Symptoms vary depending, of course, of which joint is affected. Knee OA manifest with pain, stiffness, reduced flexion, weakness, deformity and "grating" sensation with movement. Hip OA manifests with pain on walking, which may be felt in the buttock, groin, thigh, or knee (source of diagnostic confusion). In the hands, OA affects more the joints in the fingers and the base of the thumb. Bony growths (nodes) at the edge of finger joints are typical. Pain, redness, tenderness, and deformity are not uncommon in the fingers.

The diagnosis is mainly clinical based on symptoms and physical exam. Plain X-Rays are helpful in confirming the diagnosis and are of value in excluding other causes of joint pain. Other helpful studies include Ultrasonography and MRI.

The traditional treatment was aimed to manage symptoms and to avoid iatrogenic complications. Most information on management of peripheral joint OA focus on the knee, but it can be applied to any joint. Education is particularly important in OA. Specific muscle-strengthening exercises can reduce pain and disability. Moving is one of the most beneficial ways to manage OA. Assistive

devices like scooters, canes, walkers, splints, shoe orthotics, etc. can help with function, mobility and to lessen the risk of fall. The U.S. DHHS recommends 150 minutes of moderate exercise per week to everyone, including those with arthritis. Pain control can be achieved with different medications, like acetaminophen, NSAIDs (ibuprofen, naproxen, and celecoxib) and topical creams. Intra-articular injections with steroids have good evidence supporting relief for a few weeks. Intra-articular injections of hyaluronic acid have also been shown to be effective and requires 3 to 5 weekly injections. Surgical options may include arthroscopic debridement for milder disease or total joint replacement for more severe cases with all the concurrent risks and costs.

The most novel approach to treat OA is Regenerative Medicine (Reg-Med). Reg-Med comprises the intra-articular injection of PRP (Platelet Rich Plasma), stem cells from bone marrow, mesenchymal cells from fat, or stem cells from amniotic fluid or umbilical cord blood. Many times, and depending on the individual patient, PRP are combined with any of the other modalities. The cartilage lacks blood supply evading the own-body healing abilities. When mesenchymal or stem cells are injected directly into the joint, all the healing elements are deposited directly next to the cartilage to allow that tissue to heal and even regrowth eradicating all the symptoms and limitations the patient is suffering. The treatment is performed in a few minutes and the patient may return to work in a couple of days. Painful and lengthy rehabilitation is not necessary. Your cartilage can regenerate. It is like intra-articular 3-D printing. Results are getting noticeable in a few weeks and rarely the procedure must be repeated. The cost of this procedure is, in most of the cases, less than all co-payments involved in a major surgery.

If you or any of your loved ones have been diagnosed with Osteoarthritis and a total joint replacement was offered, visit Palm Beach Pain for a free consultation with Dr. Leano before surgery. It is better to regenerate your cartilage, instead of replacing it with titanium. You may completely avoid or, at least, postpone a major surgery for several years. Call **(561) 248 1166** for an appointment and a free consultation.



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- 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.

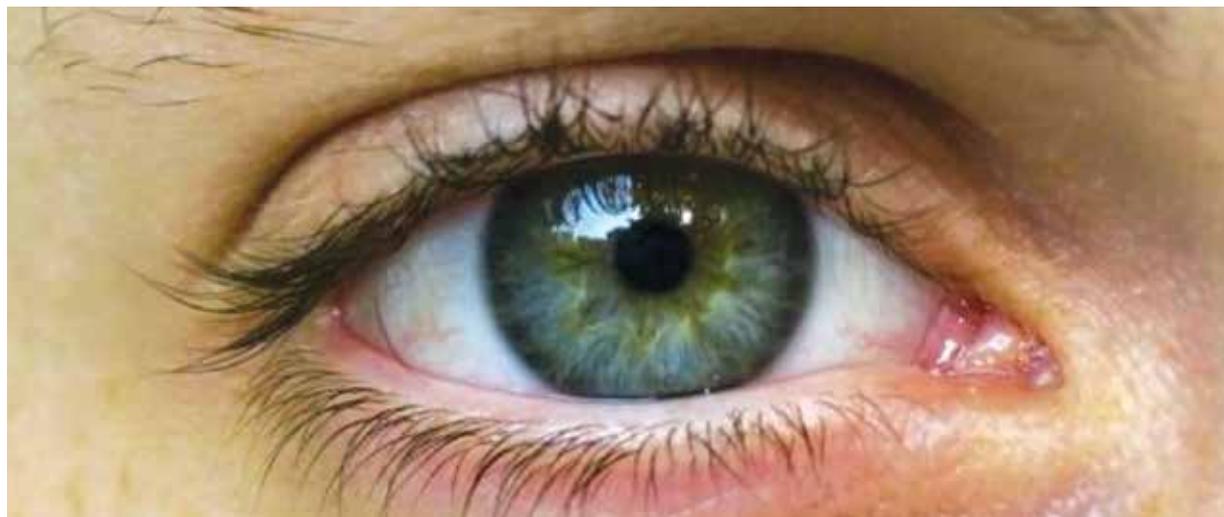


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# THE CORNEA

By David A. Goldman MD



**A**lthough people may have heard the word ‘cornea’ in reference to the eye, many are unaware of what it really refers to. While diseases such as glaucoma and macular degeneration affect the back of the eye, the cornea is in the front of the eye.

In fact, the cornea is the most anterior structure of the eye. It is the clear part responsible for much of the focusing of light waves which enter the eye. When patients place contact lenses on their eye, they are placing them on their corneas. When patients develop an abrasion (scratch) or infectious ulcer of the eye, it is typically in the cornea.

The cornea consists of several layers, but it is simplest to break it down into three: epithelium,

stroma, and endothelium. The epithelium is the superficial outer layer of cells. When a scratch occurs on the cornea, the epithelium acts quickly to fill in the scratch. In cases of severe dry eye, tiny dried out “holes” can also appear in the epithelium.

The stroma is the central portion of the cornea, and comprises the bulk of it. It provides the majority of structural support to the cornea. When patients undergo LASIK surgery, it is the stroma that is affected. In LASIK, a laser creates a flap within the stroma. That flap is then lifted and a laser then reshapes the cornea under the flap. For patients who are myopic (nearsighted), the laser flattens the center of the cornea. For patients who are hyperopic (farsighted), the laser removes tissue in a circular pattern to steepen the cornea. The endothelium is

the most posterior layer of the cornea. Consisting of a layer of cells, these endothelial cells work as microscopic pumps to pump fluid out of the cornea to keep it clear. As we age the number of endothelial cells decline. Typically this is asymptomatic. In conditions such as Fuchs Dystrophy, however, patients are born with a lower number of endothelial cells and at some point may require surgery. Fortunately, the surgical options have improved greatly – less than ten years ago a new procedure was developed called DSAEK. In the past, corneal swelling which did not respond to topical eye drops required a full thickness corneal transplant. With the DSAEK procedure, solely the posterior layer of cells is transplanted. With this newer technique, vision can be restored in weeks instead of months.

This is not to say that a full thickness corneal transplant does not have its place in eye care. Conditions such as keratoconus, where the cornea becomes irregularly cone shaped, and scars of the cornea can significantly limit visual acuity. In these cases, replacing all layers of the cornea can work well to restore vision. In many cases, laser vision correction can be performed over a corneal transplant so that the patient can see well without glasses.

While problems of the cornea, whether inherited or environmental, can significantly disturb vision, there are multiple procedures available to improve vision. As opposed to posterior eye pathology such as glaucoma and macular degeneration, the overwhelming majority of vision problems related to the cornea can be fixed.



DAVID A. GOLDMAN

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

Dr. Goldman received his Bachelor of Arts cum laude and with distinction in all subjects from Cornell University and Doctor of Medicine with distinction in research from the Tufts School of Medicine. This

was followed by a medical internship at Mt. Sinai – Cabrini Medical Center in New York City. He then completed his residency and cornea fellowship at the Bascom Palmer Eye Institute in Miami, Florida. Throughout his training, he received multiple awards including 2<sup>nd</sup> 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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# IT'S HOT EVERYWHERE IN JULY

Brent Myers



**H**ave you noticed that Summer has arrived? If you haven't, just wait, you will. This is how I can usually tell that our wonderful south Florida Summer has come: when I bathe, get dressed, walk outside the house thirty feet to my car and when I get in – I feel like someone has rubbed a glazed doughnut all over my face.

Is it just me? I doubt it.

But don't misunderstand my description for complaining. Several years ago I learned a very valuable lesson that has had a profound spiritual impact on my life. There was a July Summer day that I was grumbling about how hot and humid it was and wondering aloud how nice it must be in another part of the country. At that moment, a wise man looked at me and said, "Brent... it's hot *everywhere* in July."

Wow!! Simple, but so true!

He wasn't providing a meteorological analysis of the climate zones of the United States, but instead he was telling me: "Be content."

Too many times in our lives we look at our circumstances and wish things were better – or at least different. But spiritually speaking, we need to learn to be content with the life that God has given us – even if it stinks (for right now.)

St. Paul wrote these words: *"I am not saying this because I am in need, for I have learned to be content whatever the circumstances. I know what it is to be in need, and I know what it is to have plenty. I have learned the secret of being content in any and every situation, whether well fed or hungry, whether living in plenty or in want."* (Philippians 4:11-12)

Paul was sharing the reality of his life – that he had learned to be content. Whether he was poor or rich – regardless of the circumstances of his life – he was content. Oh, and just for a frame of reference... Paul wrote these words while in prison in ancient Rome!

But before we say to ourselves, "Well, that was the great St. Paul and I could never do that." Let's read a bit further: *"I can do all this through him who gives me strength."* (Philippians 4:13) Do you see that?! Paul couldn't do it on his own either!! He understood that his contentment in life – even in prison – came because Jesus Christ enabled him to deal with it.

So the next time life gives you a bad turn or the next time you find yourself complaining... seek to be content. Try to find the reality of the situation you are in – that God is doing something for a bigger purpose than yourself and He will get you through it. Learn to be content.

Socrates is credited with saying: "He who is not contented with what he has, would not be contented with what he would like to have."

Why? Because it's hot everywhere in July.

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– Chris Manis

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