

SOUTH FLORIDA'S

Health & Wellness[®] MAGAZINE

July 2017

South Palm Beach Edition - Monthly

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FREE

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

**TURN BACK
THE HANDS OF TIME**

**KNOW THE ABCS
OF SKIN CANCER**

DO I HAVE UVEITIS?

**PAIN MANAGEMENT
FOR FACET JOINT PAIN:
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South Florida's Health & Wellness Magazine can be found in over 1,800 South Florida medical facilities including, hospitals', doctors', chiropractors' and dentist offices and more. Find a copy of your FREE South Florida's Health & Wellness Magazine in most grocery and convenient stores as well.

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Little-Known VA PENSION Can Be a LIFE-SAVER

Written By Thomas Gregory – U.S. Navy Veteran



Established in 1952 under Title 38 of the United States Code, Congress created two types of benefits for war Veterans and their survivors within the Department of Veteran Affairs. The first is “compensation for service-related disability or death” and second, “a pension for non-service connected disability or death”. A little-known VA pension, which falls under the non-service connected section of Title 38, is called **Aid & Attendance**. The **Aid & Attendance** Pension pays for a caregiver to assist with activities of daily living such as meal preparation, bathing, dressing/undressing, transportation, light-house keeping, laundry and various others.

If you are a war veteran or surviving spouse of a war veteran 65 years of age or older, who served 90 days or more on active duty, with one of those days occurring during a declared period of war, you may qualify for Aid & Attendance. In addition to the war service requirements, to qualify, you must have the medical need (i.e. assist with activities of daily living) and meet certain financial requirements. In general, Aid & Attendance is intended to pay for homecare or assisted living care and in some rare cases, independent living facilities. This significant monthly benefit can pay as much as \$25,000 per year toward your care. Very few war veterans know about this benefit and even fewer surviving spouses are aware of this help available from the VA.

There are approximately 600,000 war veterans currently living in Florida that are 65 years of age or older. If we include surviving spouses of war veterans, the number is easily in excess of one million. Conservative estimates indicate that at least 25% of these veterans and spouses would qualify for Aid & Attendance Pension, if they only knew it existed. Maybe that's you.



If you are veteran of foreign war or the surviving spouse of a war veteran, and you feel you may qualify, please **call Attorney Andrew Curtis at 561-998-6039** and his staff will review your situation with you and determine if you qualify.

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.

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

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



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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.

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

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

Using 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 on 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 or by calling toll-free **844-GET-HAIR** or **+1-561-394-0024**.



Female PRP+ECM Results After 10 Months



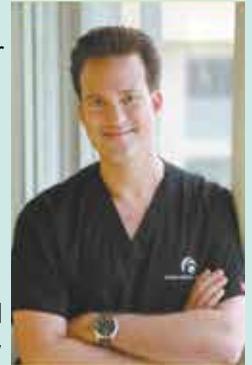
Male PRP+ECM Results After 12 Months

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
- 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.

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

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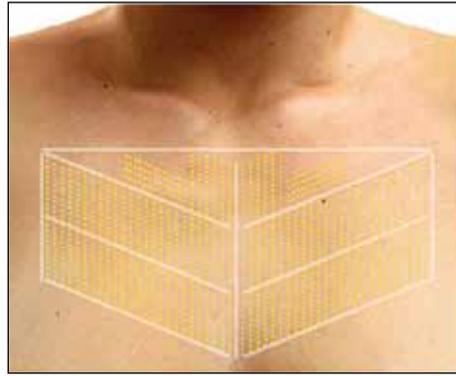
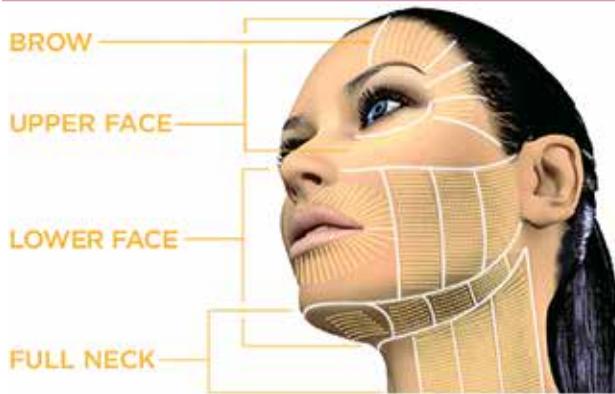
TURN BACK THE HANDS OF TIME



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



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

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By Aaron Rosenblatt, MD

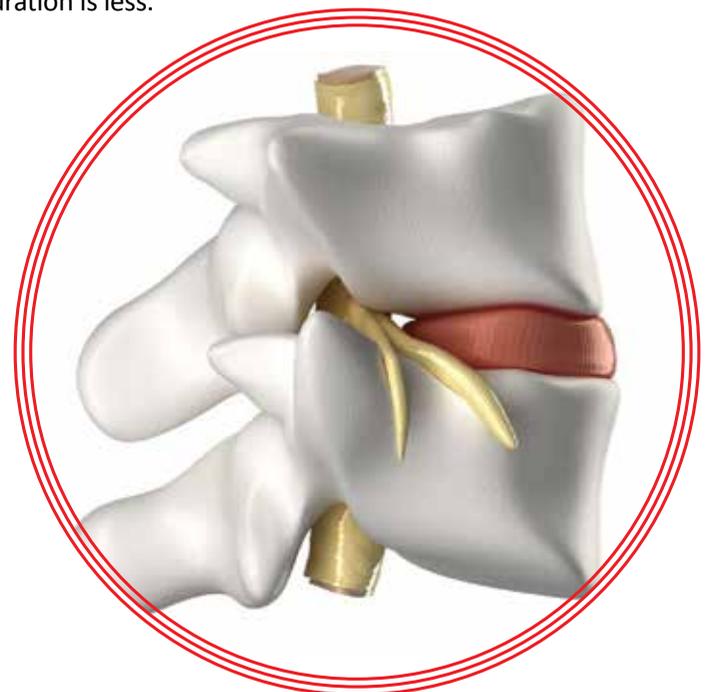
Pain Management for Facet Joint Pain: Radiofrequency (RF) Ablation/Rhizotomy



The purpose of radiofrequency (RF) rhizotomy, also known as RF neurotomy or ablation, is to reduce or eliminate facet joint pain (arthritis) and related symptoms in the neck, mid back or low back. The goal of the procedure is to interrupt communication of pain between a specific medial nerve root and the brain. The medial nerve roots innervate the spine's facet joints. This is how we feel this pain.

Before a RF rhizotomy is performed, the pain generating facet joint nerves have been identified by means of a diagnostic injection, such as a facet joint or medial branch nerve block. Other tests may include MRI. Since the medial branch nerves do not control neck or low back muscles, it is not harmful to disrupt or turn off their ability to send signals to the brain conceived as pain.

RF ablation is a precisely targeted injection that works by creating energy to destroy a facet joint's medial branch nerve. Relief from pain and related symptoms may last a year or longer. However, the medial branch nerve root regenerates (grows back) and facet joint pain may come back in years time. Results vary from patient to patient. For example, if there is instability at the segment where the RF neurotomy is performed, pain relief and its duration is less.



BASIC FACET JOINT ANATOMY

Each vertebra in the cervical (neck), thoracic (chest), and lumbar (low back) has two sets of facet joints at the back of the spine. One pair faces upward and one downward with a joint on the left and right sides of the vertebra. Facet joints are hinge-like and link vertebrae together. Each facet joint is innervated by a medial branch nerve. The medial branch nerves control sensation to the facet joint. These nerves DO NOT control sensations or muscles in your arms or legs and therefore are safe to treat.

What to Expect During and After the Procedure
The procedure is performed in a sterile setting similar to an outpatient procedure suite.

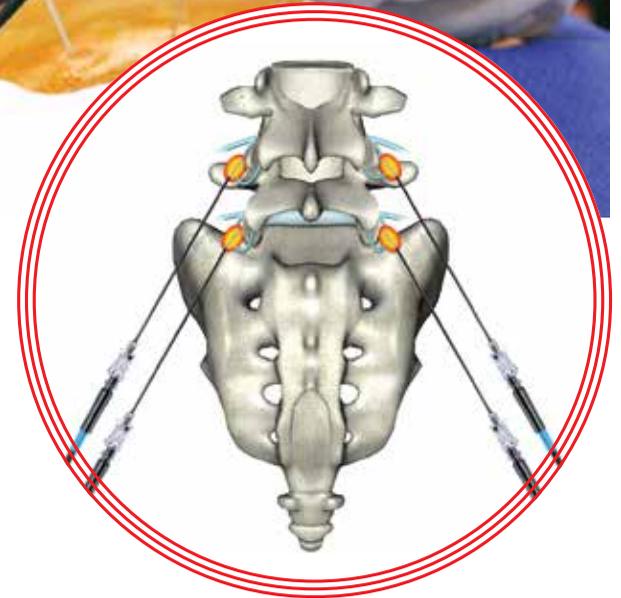
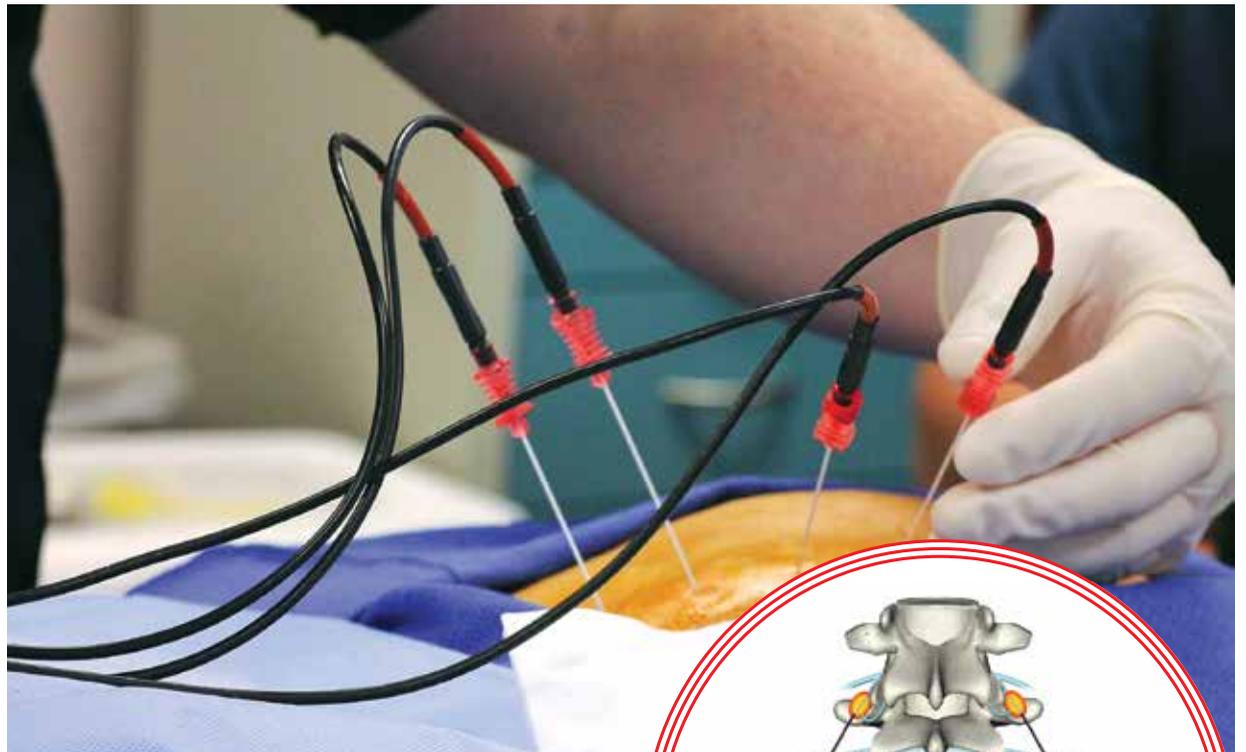
Your injection site is cleaned and draped. Skin numbing medication is injected and given time to take effect.

Dr. Rosenblatt uses fluoroscopic guidance (real time x-ray) to guide the needle electrode beside the medial branch nerve. Through the electrode, mild electrical current (radiofrequency) stimulates the medial branch nerve. As the electrode is energized, the nerve is changed so the patient’s arthritic spine pain will improve.

After the procedure, the patient is moved to the recovery area where our medical staff continues to monitor you if needed. You may be discharged home following your RF ablation. Our medical staff provides you with written aftercare and home instructions.

BENEFITS OF RADIOFREQUENCY ABLATION INCLUDE:

- Pain relief for up to 2 years
- Significant and longer lasting pain relief compared to steroid injections
- Low complication and morbidity rates



- Appreciable pain relief compared to surgery: Nearly half of back pain sufferers are not helped by surgery
- Greater range of motion
- Lower or no use of analgesics (pain meds)
- Improved quality of life
- No significant recovery time

Dr. Rosenblatt explains, “This procedure is so valuable to help people of all ages virtually eliminate their arthritic spine pain. It is great for neck and lumbar spine. It has saved people from requiring spine surgery. It is simple to perform and provides life changing relief.”

In Dr. Rosenblatt’s beautiful freestanding interventional pain management building in Delray Beach, FL, thousands of individuals have been able to benefit from this technique. Dr. Rosenblatt

has been performing this procedure for more than 15 years with great success. Please look forward to more articles about Dr. Aaron Rosenblatt and the vast number of procedures he performs to help people with all types of pain. His main focus is to help individuals avoid surgery, eliminate pain medications and to ultimately feel much better on a daily basis and enjoy life!

Early Pain Treatment CAN PREVENT Prolonged Suffering!



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Relax

We 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.

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AOBFP Board Certified: Family Medicine Medical Acupuncture

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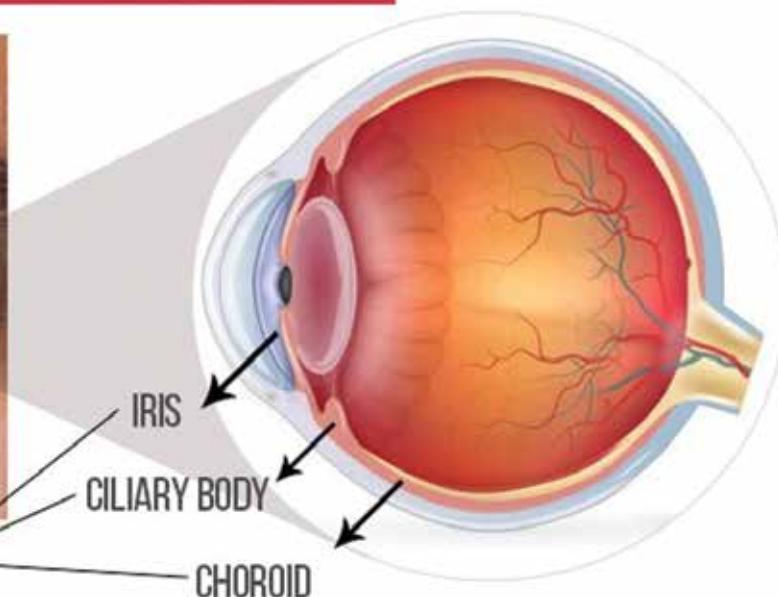


DO I HAVE UVEITIS?

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



The 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.

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DO ADDICTION TREATMENT PROGRAMS WORK?

Many 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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GAINSWave is a Revolutionary New Therapy that Treats Erectile Dysfunction (ED)

WHAT CAUSES ED?

As men age, the vessels in the penis weaken, contract and fill with micro-plaque just as they do elsewhere in the body. This prohibits men from achieving an erection or decreases the firmness of a man's erection. At the same time, the penis decreases in sensitivity, making it harder to achieve a pleasurable orgasm. Finally, the time necessary between orgasm and the ability to achieve an erection (the refractory time) increases. The bottom line is that most erectile dysfunction is a result of poor blood flow, known as vasculogenic ED.

COMMON TREATMENT FOR ED:

As many as 50% of men experience some form of ED by the age of 50. For many years men with ED have resorted to oral ED medications to relieve their symptoms. Oral medications for ED can be an effective temporary relief of the symptoms of ED, they don't target the root cause of most patients' ED, they can often bring unwanted side effects, and they can fail to work up to 50% of the time in some men.

Expensive oral medications such as Viagra and Cialis may cause unwanted side effects, such as nasal congestion, headaches, upset stomach, vision changes, facial flushing, and dizziness. They also have to be taken before intercourse limiting spontaneity. Finally, there are many men with cardiovascular disease who are not candidates for treatment with these medications.

Depending on the severity of ED, The Journal of Urology reported oral ED medications may only yield up to a 27% effective rate in those with severe ED. This leads patients with more severe ED to invasive treatments like penile injections, where medication is injected directly into the penis before intercourse. This again limits spontaneity and chronically drains the wallet.

WHY MEDICATE WHEN YOU CAN CURE?

Introducing the only Erectile Dysfunction Treatment that treats the underlying cause of ED, GAINSWave is revolutionary, non-invasive and heals the underlying causes of ED. GAINSWave uses FDA-cleared, scientifically proven non-invasive technology that uses Acoustic Pressure Waves to stimulate cellular metabolism, enhance blood circulation and stimulate tissue regeneration



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- No Side Effects
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- Over 80% Patient Satisfaction

creating new blood vessels in treated areas. GAINSWave is about regenerative medicine – helping men return to their younger, healthier selves, and enabling a spontaneous, active sex life.

SCIENTIFICALLY PROVEN RESULTS

There are over 40 clinical studies showing GAINSWave technology to be effective in treating ED. Patients are reporting great improvements to their sexual health, including:

- Longer lasting erections
- More Spontaneous erections
- Fuller Erections
- Relief from symptoms of Erectile Dysfunction and Peyronie's Disease
- Enhanced sensitivity
- Improved sexual performance
- Decreased recovery time between orgasms

IS IT SAFE?

Yes. This is an FDA cleared technology that originally developed in Europe and is used worldwide. GAINSWave uses state-of-the-art technology that has extensive applications including orthopedic medicine, urology, and anti-aging treatments and wound healing. While a specific indication for treating ED has not yet been granted, we know

that it is only a matter of time given the extraordinary success. In clinical practice, over a 79% of the men who utilize this treatment report improvement in symptoms related to ED. We have even seen improvements in those men who have lost functioning after some forms of prostate surgery. GAINSWave has virtually no risks or side effects and no downtime. This therapy has been used extensively in

Europe for over 10-15 years, but is relatively new to the U.S. for erectile dysfunction.

HOW TO GET STARTED

Dr. Erickson, takes on each case with individualized care. Return to the sexually confident and active man you were before suffering from erectile dysfunction. Some men in their 40's and early 50's even find it helpful for reinvigorating their sex life and improving their performance to levels they enjoyed in their 20's.

Contact Dr. Erickson for a private consultation today, **561-807-9132.**

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“Multinational clinical trials demonstrated it is a safe, effective and well-tolerated treatment for erectile dysfunction (ED) which includes men who do not respond to type-5 (PDE-5) inhibitor (Viagra).”

– *Urology Times, Oct 1, 2015*

“Treatment is effective even in patients with severe erectile dysfunction (ED) who are PDE5i non-responders.”

– *The Journal of Urology, May 2016*

“This treated shows a possible cure in some (ED) patients.”

– *The Scandinavian Journal of Urology*

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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.

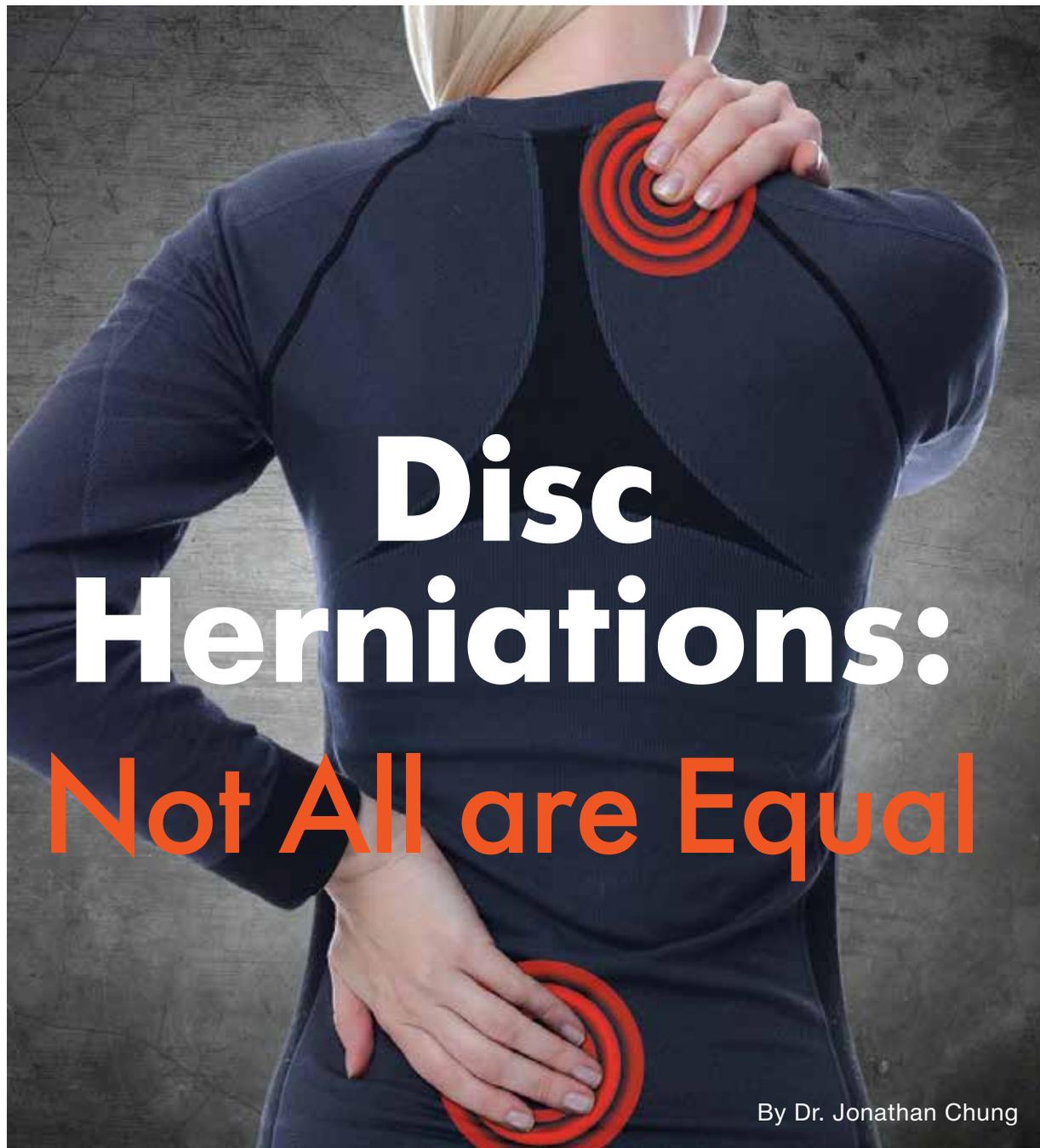
The compression pump is approved by Medicare and covered by many commercial insurers; Actual coverage varies with individual commercial insurance policies. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed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



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Disc Herniations: Not All are Equal

By Dr. Jonathan Chung

Neck 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

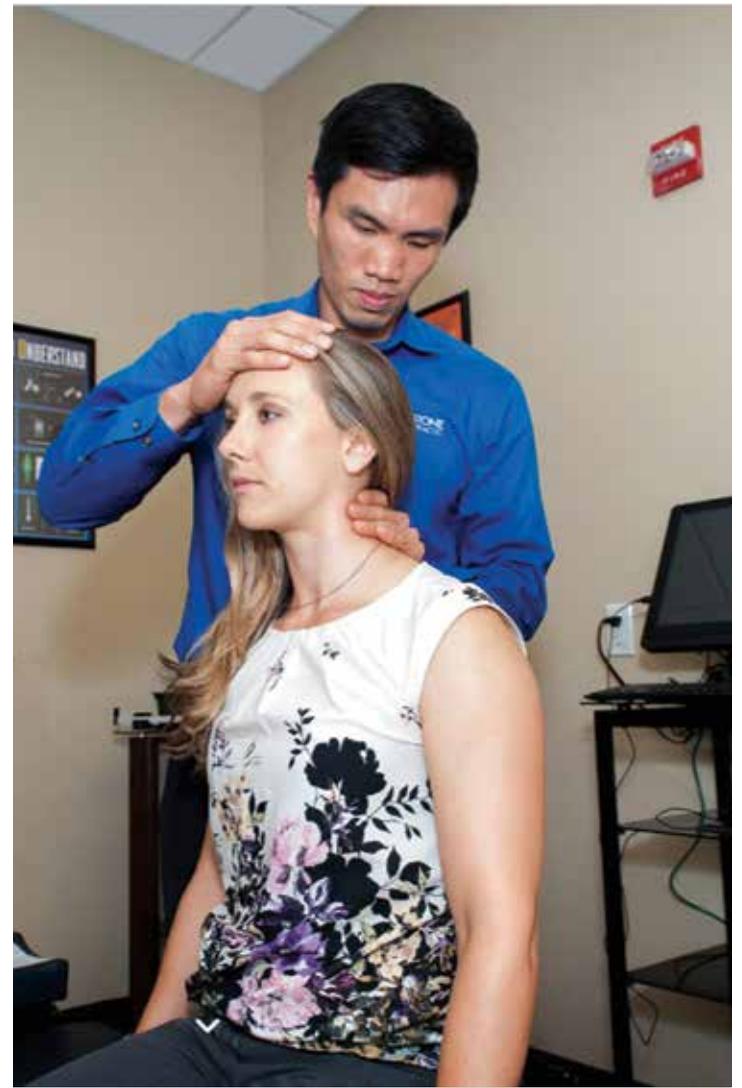
I'm often confronted with this misconception when someone introduces me to a friend or family member with a spine problem. Even though as many as 60% of my patients are people who are coming to me for relief from disc herniations, I'm often told that their spine has herniations and that chiropractic 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.



DR. JONATHAN CHUNG is a Doctor of Chiropractic who focuses on Structural Correction and is primarily concerned with Structural Shifts of the spine. He graduated from the University of Central Florida with a B.S. in Microbiology and Molecular Biology. Dr. Chung then went on and received his doctorate from Life University's College of Chiropractic. Dr. Chung is certified in pediatrics from the International Chiropractic Pediatric Association, and is a Structural Chiropractic Researcher who has been published in scientific peer-reviewed journals. Read more from Dr. Chung at chiropractorwellington.com/blog



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Why Do I have The Summertime Blues?

By Renee Chillcott, LMHC



When we think of summer we imagine swimming pools, beach time, picnics, vacations and loads of fun-in-the-sun. Our emotions are happy and carefree. We don't usually imagine depression or anxiety during the summer months, as we reserve that emotion for the winter.

SO WHY DOES SUMMER MEAN INCREASED DEPRESSION, ANXIETY AND HEADACHES FOR ME OR MY LOVED ONES?

The answer is simple....INFLAMMATION. But what exactly is inflammation?

The term for opening of capillaries and increased flow of blood is called vasodilation. Capillaries open and an increase in blood flow occurs in the area. An area of injury may visibly swell up and we describe the area as "swollen" or "inflamed". In the case of body temperature, "when we are too hot, blood vessels supplying blood to the skin can swell or dilate (vasodilation). This allows more warm blood to flow near the surface of the skin, where the heat can be lost to the air." After healing or a reduction in body temperature, the capillaries return to normal through a process called vasoconstriction. This process is happening on an almost consistent basis during the summer months when temperatures can reach into the 90's to 100's, even in the evenings and early mornings.

If the capillaries do not close or do not close fast enough, we help them along. We apply ice (constricting the capillaries) or take a medication that reduces inflammation (such as ibuprofen) or promotes vasoconstriction (such as caffeine).

But, what happens to our heads if our body temperature rises, we experience vasodilation, but then do not experience vasoconstriction? A headache occurs. This is the result of increased blood flow we can feel through pain receptors covering the brain or scalp.

What if there is increased blood flow in our actual brain? This part of our body does not have pain receptors. Our brain doesn't technically "feel" pain. The result of increased blood flow in the brain that does not constrict is what we call Brain Inflammation.

WHAT ARE SOME CAUSES OF VASODILATION OR INCREASED BLOOD FLOW IN THE BRAIN?

- Heat or increased body temperature
- Inflammatory foods such as Gluten or Dairy
- Traumatic Brain/Head injuries
- Concussions

- Viruses such as Lyme
- Medications such as Antibiotics or Anesthesia
- Illness, Sinus irritation or colds/flu

WHAT HAPPENS IF THERE IS INCREASED BLOOD FLOW (INFLAMMATION) IN A PART OF THE BODY THAT WE CANNOT SEE?

After vasodilation or increases in blood flow, the brain, just as with other parts of the body should enter a period of vasoconstriction where blood flow decreases. If this does not happen, the blood flow or swelling remains. Unlike swelling in a wrist or ankle, the swelling that remains in your brain is not easily observed. Our first indication that we have increased blood flow that is not constricting is from symptoms.

Some of the symptoms that result from Brain Inflammation are:

- Depression
- Anxiety or related disorders
- Brain Fog
- Fatigue
- Trouble with memory
- Trouble with concentration
- Trouble with learning
- New allergies or sensitivities to food
- Headaches
- Irritability
- Increased pain
- Insomnia or sleep problems

HOW DO I FIX BRAIN INFLAMMATION?

Because we cannot see increased blood flow in the brain without special equipment, it can be difficult to know it is happening. As mentioned earlier, there are not pain receptors in the brain so we don't have pain to indicate swelling or inflammation. Typically, we notice symptoms that do not seem to resolve as an indication that there's a problem that needs to be fixed. There are medications that can provide some relief. However, when we are prescribing medication based solely off of symptoms, you can easily end up on the wrong medication track and not receive relief. Natural anti-inflammatory supplements can also provide relief as well as an adjustment to diet or change in lifestyle. However we recommend an evaluation and EEG study to confirm the inflammation and then suggest the appropriate treatment options for your situation.

WHAT IS AN EEG STUDY?

An EEG study or QEEG (Quantitative EEG) is also called a brain map and does just that...it gives us a map of what is going on with the entire brain at one time. We attach electrodes to the whole head, 19 spots, and then record the brain waves with eyes open for 5 minutes and with eyes closed for 10 minutes. This recording is then sent to be



read and analyzed. We provide a summary of significant findings and the report shows the result of analyzing the data several different ways. The brain activity is not only compared spot by spot over the entire head, but we can also look at connections, symmetry, how different parts are communicating and all of this data is compared to a database of peers (same sex, handedness and age). It can help us see what areas of the brain have increased blood flow by indicating what areas of the brain have excessive amounts of slower neuron activity (slow neurons promote more blood flow). Another study that can be helpful is the SPECT scan.

HOW CAN NEUROFEEDBACK HELP?

Once the areas of inflammation or dysregulation are identified, we use Neurofeedback or EEG Biofeedback to balance the neural patterns

and reduce excessive slow activity. Teaching the brain to reduce these waves will help the brain to slow down increases in blood flow and return the brain to a more balanced and flexible state, thus relieving symptoms.

HOW DO I GET STARTED?

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

Renee Chillcott, LMHC

Renee Chillcott is a Licensed Mental Health Counselor that has been practicing Neurofeedback training since 2005. Renee attended The University of Central Florida where she received her Bachelor of Arts Degree in Psychology in 1995. She then went on to complete her Master's Degree in Mental Health Counseling with Nova Southeastern University in 2001. She has been a mental counselor in a variety of settings including Outpatient Treatment Agencies, Alternative Education Settings, and Private Practice. Renee received her license in Mental Health Counseling in 2004. Renee decided to enter the field of Neurofeedback because there was very little information made available to people/parents about alternatives to medication. Through the use of Neurofeedback she saw more significant and permanent changes in not only her clients, but also her own family and herself. This inspired her to become the owner/operator of The Wellness Center, located in Boca Raton. At The Wellness Center, adults, teens, children and families enjoy a variety of services from multiple providers. Neurofeedback, Brain Mapping, Acupuncture, Nutritional Counseling, Learning Programs, and counseling are among a few of the services offered.





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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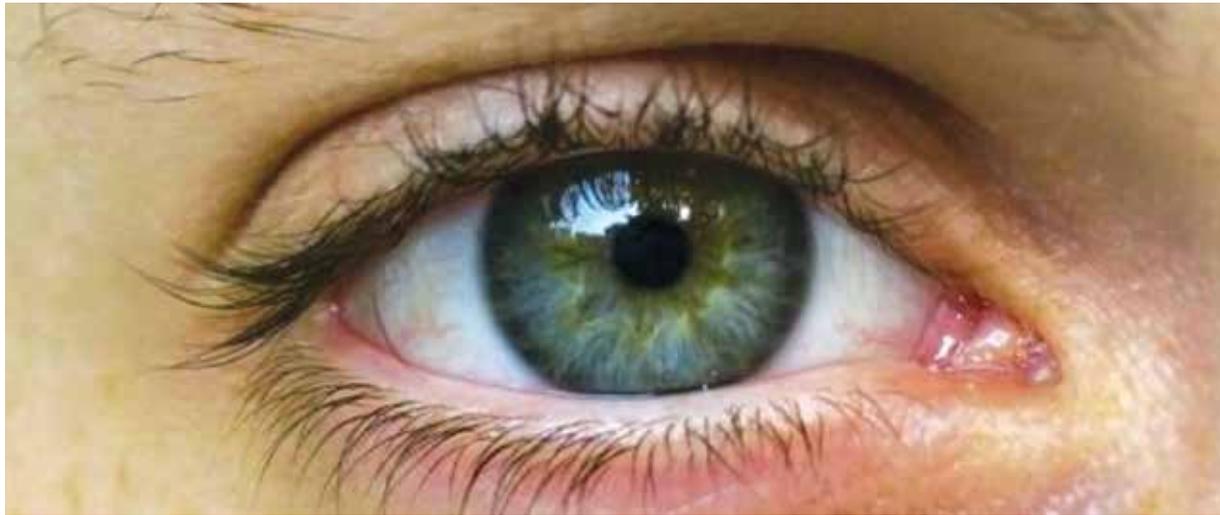
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THE CORNEA

By David A. Goldman MD



Although 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 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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IT'S HOT EVERYWHERE IN JULY

Brent Myers



Have 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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Andrew Curtis is an attorney whose practice concentrates in the areas of trusts, estates, and elder law. He is a graduate of some of the top universities in the country. He devotes his time to estate planning for the middle class, charging moderate fees, and then getting referrals from happy clients.

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