

SOUTH FLORIDA'S

Health & Wellness[®] MAGAZINE

November 2016

North Palm Beach Edition - Monthly



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**New Technology Makes
EARLY DETECTION
OF THIS NATION'S LEADING
CAUSE OF DEATH POSSIBLE**

**TOP 4 QUESTIONS
Patients Ask About
ROBOTIC FUE HAIR
TRANSPLANT SURGERY**

**WHO SHOULD I SEE for
a Hearing Problem?**

**"Welcome Relief from
FEMININE AGING SYMPTOMS"**

**REPLACE OR KEEP A TOOTH:
HOW DO I DECIDE?**



Robin A. Sykes, M.D.
 Board Certified Plastic Surgeon
 "Top Docs" Jupiter Magazine 2013, 2014, 2015, & 2016
 Johns Hopkins University School of Medicine



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New Technology Makes Early Detection of This Nation's Leading Cause of Death Possible

A new, noninvasive technology that screens people for signs of hardened arteries aims to find heart disease long before symptoms develop, and early enough to do something about it. The **Soteria Cardiac Platform** will revolutionize the way we screen, test, and treat **Atherosclerosis**. Arteriosclerosis/Atherosclerosis are often used interchangeably. Simply put, we are referring to changes in the artery wall that:

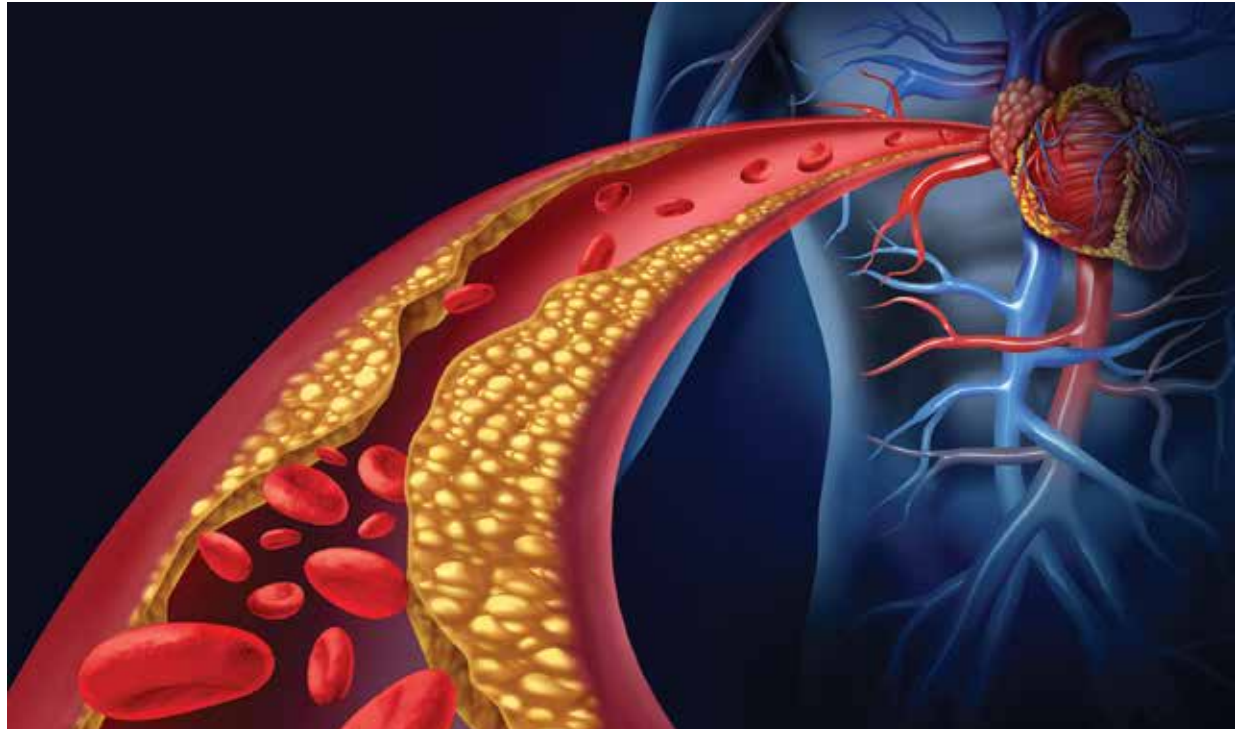
1. Occurs when the blood vessels that carry oxygen and nutrients from your heart to the rest of your body (arteries) and importantly to the heart muscle (myocardium), become thick and stiff — sometimes restricting blood flow to your heart, organs and other tissues. Healthy arteries are flexible and elastic, but over time, the walls in your arteries can harden, a condition commonly called hardening of the arteries.

2. And refers to the buildup of fats, cholesterol and other substances in and on your artery walls (plaque), which can restrict blood flow. Very profound is that these plaques can rupture within the wall, triggering blood clot and rapid acute local obstruction.

These conditions are the underlying cause of heart attack (Coronary Artery Disease – CAD), Stroke (Cerebrovascular disease), and Peripheral arterial disease (PAD). CAD is the leading cause of death for all individuals over the age of 65, in all developed nations worldwide.

The US population is approximately 320 million. Every year about 2 million people in the US die from ALL causes; of those deaths, OVER 1 million are due to this arterial disease – Atherosclerosis and its effects (heart attack, stroke, or peripheral artery disease). The numbers are staggering. This disease is responsible for over ½ of all deaths in the US annually.

This epidemic has become the focus of many medical professionals, from blood lipid screenings, stress tests, MRI's, CT scans, Thallium Scans, PET scans to Coronary Angioplasty (heart cath). However, all of these tests are costly, some invasive and none allow us to see effectively what is happening to the structure of the artery wall itself – the most predictive element leading to a heart attack or stroke. A medical pioneer and inventor has changed that.



If you are in the medical community you have likely heard of Dr. Jeffrey Raines or one of his contributions to the world of medicine and diagnostics. Dr. Raines invented the Pulse Volume Recorder (PVR) in the early 1970's, which he sold to Life Sciences, Inc. This machine remains the 2nd most used device in diagnosing and monitoring Peripheral Vascular Disease to date, you can find it in hospitals throughout the world. Dr. Raines is also responsible for Intraoperative Autotransfusion used by trauma surgeons worldwide and contributed to the development of B-mode Ultrasound. His latest invention has been 42 years in the making. The **Soteria Cardiac Platform** was cleared by the FDA in 2014 after rigorous testing and certifications. It has received an A++ rating and is now available for distribution in the US.

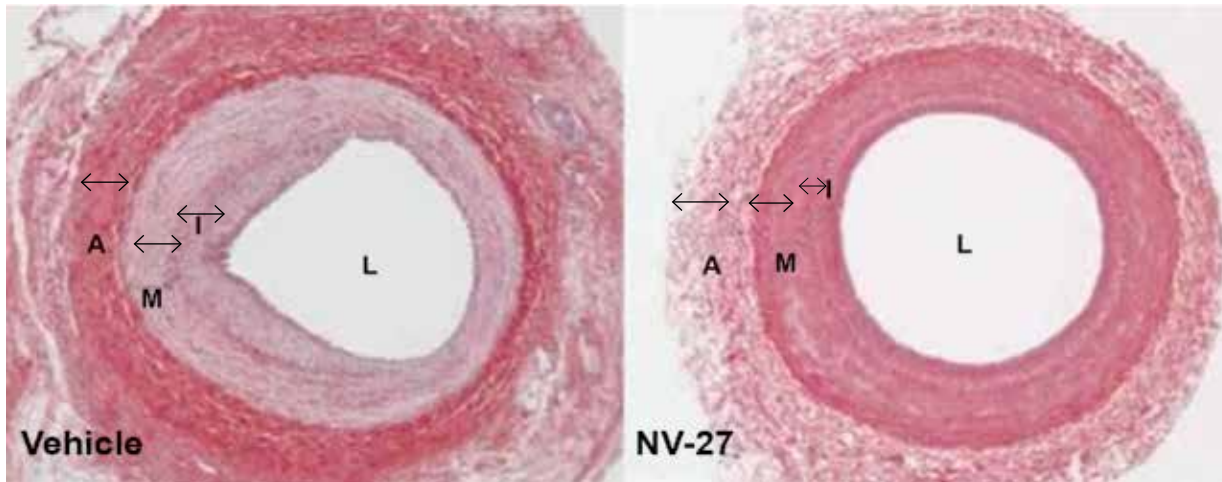
Dr. Raines explains that one of his biggest frustrations for cardiologists is seeing patients when it is too late for preventative measures and damage has already occurred. "Patients often do not come to the attention of a Cardiologist until they have experienced a Cardiac Event – or heart attack of some kind," states Dr. Raines, "Most frustrating was the awareness that these individuals began having changes in their artery wall years before any symptoms ever developed. I was driven to develop a test that would allow physicians us to see what is

happening to the wall and structure of the artery itself, which is the most predictive indicator of a coronary artery disease, heart attack and stroke".

Researchers have clearly identified changes in the artery wall can be detected post-mortem by at least age 30. Until now we have had no screening device that will allow us to identify these individuals who are at increased risk for heart attack or stroke. Such an early identification would allow medical professionals to intervene at a time where a real difference can be made, before the disease has progressed.

In truth, most people with atherosclerosis have no symptoms. Advanced CAD may exist with minimal or no symptoms and can progress rapidly to an abrupt closure of the artery, possibly resulting in a catastrophic event. Sudden death is the first symptom of coronary heart disease in 50% of heart attack deaths. In fact, the average age of a person in a Cardiac Cath Lab, for the first time, nationwide is 55. Many of these people had no prior symptoms. If we could identify these individuals at age 30 – preventative measures could be taken so that a heart attack or stroke is avoided.

The **Soteria Cardiac Platform** is a noninvasive diagnostic test that measures arterial compliance.

Fig.1 –Development of the Early Atherosclerosis (Note the thickened Intima (I) on the left)

Arterial Compliance is simply the artery's ability to expand and contract (much like a balloon) as a function of the body's systemic blood pressure and demand for oxygenated blood increases and decreases. This elasticity is vital to a working vascular system. Decreased arterial elasticity is caused by thickening of the artery wall secondary to the presence of plaque build-up in the artery wall (Arteriosclerosis/Atherosclerosis). This technology is also effective in monitoring those who have experienced arterial disease by identifying changes or stability of the disease during and following treatment.

The **Soteria Cardiac Platform** is completely noninvasive. It uses three blood pressure cuffs attached to the upper arm, thigh, and calf, to produce a series of measurements and mathematical computations that gauge the elasticity/compliance of the thigh and calf level artery walls. Arterial compliance, is the local arteries' change in volume divided by its change in internal pressure as blood moves through. An artery with low compliance is stiff, and allows very little change in volume as blood pumps through. The more atherosclerosis an artery has, the more plaque and thickening it contains, and the lower its compliance. "The result is a measurement of generalized arterial elasticity which has a direct correlation with degree of atherosclerosis and cardiovascular risk," said Raines. The test only takes about 10 minutes, and can be administered by a medical assistant.

The result is a detailed report of the patient's risk of heart disease, stroke or peripheral vascular disease, which includes a **Soterogram Score**, compared to normal values compiled from clinical studies conducted through the National Institutes of Health and FDA. The report includes whether obstructions and wall disease are absent, mild, moderate or severe, and in the case of peripheral arterial disease identifies precisely where blockages are located. The **Soterogram** shows the person's actual age, their arterial age, and their level of atherosclerosis.

Currently the most used test to detect cardiac risk is the stress ECG and echocardiogram combination. It is expensive and not effective in measuring atherosclerosis and cardiovascular risk. In fact when asked by the FDA how the **Soteria Cardiac Platform** compared to the current, most used available method for detecting atherosclerosis. Dr. Raines presented the FDA with research on a sample of 177 patients who were not diagnosed with heart disease. An abdominal MRI found artery buildup in 37 patients. By comparison, the stress ECG and echocardiogram combination found none of the previously undiagnosed 37 cases, and the Soterogram found 76 percent of them.

Young, asymptomatic patients are not likely to undergo expensive or invasive cardiac testing. However, it is in this population that interventions, lifestyle changes, and monitoring can make a dramatic difference to lifetime cardiac and vascular health. The **Soteria Cardiac Platform** is designed as a screening, diagnostic, and monitoring tool to be utilized in the primary care practitioner office. The cost of the test is practical for screening, at \$200 and is covered by most insurance policies.

Currently the **Soteria Cardiac Platform** is being used in 30 South Florida offices. The company has prepared for mass expansion, and is offering the technology and equipment to medical professionals at no cost. Dr. Raines understands the demands of a medical practice in purchasing new and innovative technology and is persistent in his desire to make this test available for all practitioners for early screening. If your medical office is interested in learning more about the Soteria Cardiac Platform, or if you as a patient would like to find an office currently offering this test please call **305-595-4447**, Email graines@SoteriaMed.net, or visit www.SoteriaMed.net.

Dr. Jeffrey Kent Raines

Dr. Jeffrey K. Raines, CEO, Founder and Chief Technical/Medical Officer, was responsible for the Soteria Cardiac Platform including its design and module development. Dr. Raines holds a BS Mechanical Engineering from Clemson University and a Master's in Mechanical Engineering from the University of Florida. After attending Harvard Medical School and training in the Surgery Department of Massachusetts General Hospital, Dr. Raines received a PhD in Engineering from MIT. His thesis title was Diagnosis and Analysis of Arteriosclerosis in the Lower Limbs from the Arterial Pressure Pulse; this work outlined the construction and testing of a new medical device called the Pulse Volume Recorder ("PVR"). This device was built and distributed by Life Sciences, Inc. and became a central device in the diagnosis of peripheral vascular disease and in the development of vascular diagnostic laboratories around the world. In 1972, the device was formally introduced via a presentation at the Society for Vascular Surgery and its publication in the Journal of Surgery. To this day, with the initial design intact, this device remains the second most common physiologic vascular laboratory test ordered for arterial disease worldwide. Dr. Raines received royalties over 17 years which aggregated in excess of \$20 MM and tests using the machinery generated revenue exceeding \$1.7 Billion per Year over the 17-year period. Dr. Raines was Chief of Research at the University of Miami Department of Surgery until his retirement in 2004 and Director of the Miami Vein Center from 2004 to 2010. Dr. Raines has developed Soteria's technology over a period of 43 years and now that it has FDA clearance, he looks forward to expanding the use of the Platform worldwide. Dr. Raines developed B-mode ultrasound imaging with Dr. William Glenn and performed the world's first B-mode image. Dr. Raines is also responsible for developing intraoperative auto-transfusion which is now used worldwide in trauma surgery. Dr. Raines is Emeritus Professor of Surgery at Harvard Medical School and the University of Miami. Dr. Raines is a Senior Member of the Society of Vascular Surgery, was elected to American College of Cardiology in 1975 and the Harvard Surgical Society in 2006. Dr. Raines lives in Homestead, Florida with Glo, his wife of many years; they have four children and five grandchildren.

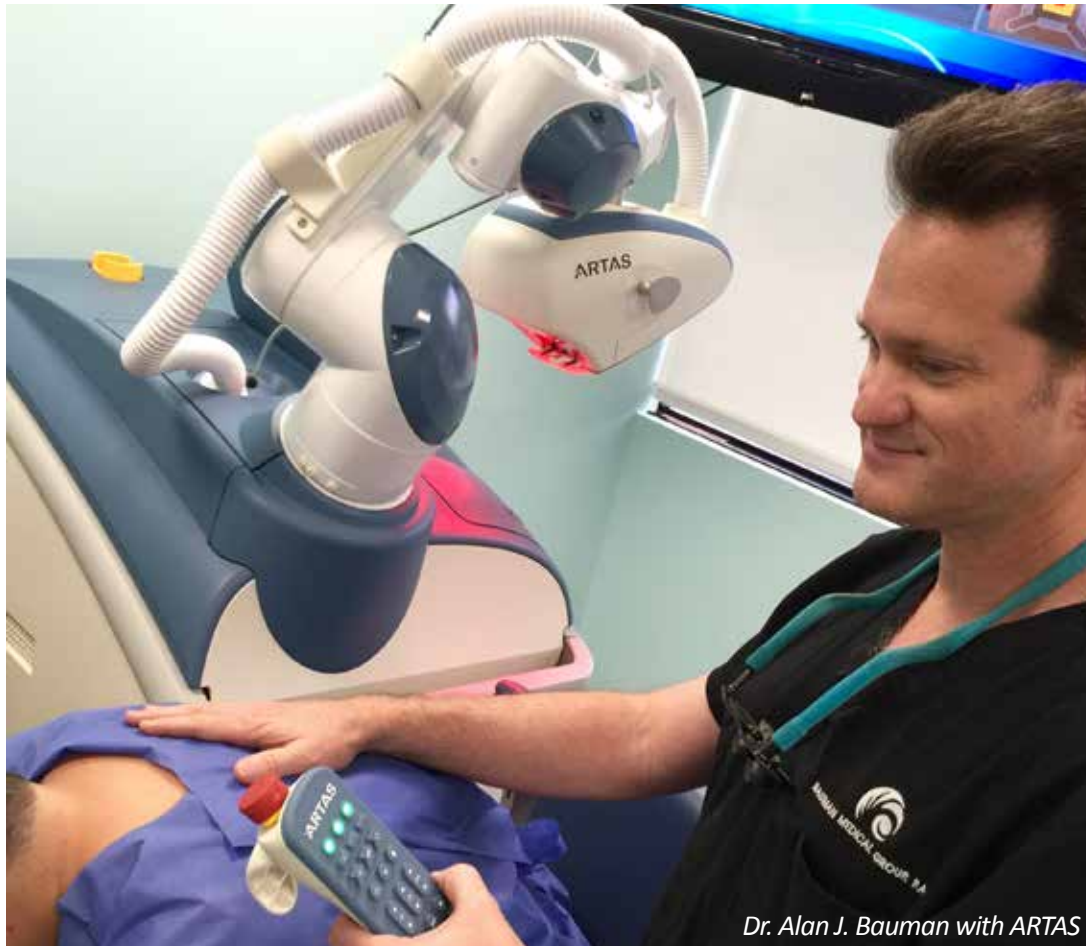


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Top 4 Questions Patients Ask About Robotic FUE Hair Transplant Surgery

By Dr. Alan J. Bauman



Dr. Alan J. Bauman with ARTAS

Permanently restoring one's hair to a more youthful and healthy state with a hair transplant can make you look and feel great. But, what's new in the field of hair transplantation that has improved patient comfort, downtime, naturalness and overall results? The ARTAS robotic-assisted follicular unit extraction hair transplant is the latest advancement in the field of minimally-invasive surgical hair restoration. Follicular unit extraction, or FUE, is an advanced technique that leaves no linear scar and has a quicker, more comfortable recovery than traditional "strip" harvest procedures. Thanks to this new high-tech robotic system, experienced hair transplant surgeons are now able to safely perform FUE hair transplants with more precision, control and efficiency.

Currently there are just a small number of clinics offering the FDA-approved ARTAS robotic-assisted transplant system worldwide, but that number is growing rapidly as more consumers opt for less-invasive transplant techniques.

Here are four of the most frequently asked questions regarding robotic-assisted transplants:

1. WHAT CAN I EXPECT IN TERMS OF DOWNTIME/RECOVERY?

Patients choose minimally-invasive robotic FUE hair transplantation with the ARTAS system for a number of important reasons. First, they want the benefit of FUE—the no-scalpel, no-stitch technique of harvesting of follicles from the donor area. ARTAS transplants involve a simple, single-day procedure for most patients. Patients are typically awake and comfortable during the procedure, watching a movie or relaxing, listening to music. After the procedure, you're able to return home immediately. Most patients return to their usual activities within a few days. While this less-invasive technology has made recovery faster and easier; it is important for patients to understand that the process doesn't end with the surgery. Follow up care and commitment is necessary to ensure optimal results.

2. WILL MY RESULTS LOOK NATURAL?

The combination of the artistry of the doctor and technology offered by robotic-assisted hair transplants means patients are getting the 'best of both worlds,' and the end result is hairlines that look incredibly natural and not transplanted. This is in large part thanks to an interactive software program, called the ARTAS Hair Studio. The ARTAS Hair Studio allows the surgeon to create a digital 3D preview image for patients, which helps paint an accurate picture for patients of what they can expect, to ensure that they have realistic expectations going into surgery. Once the plan is created and both the physician and patient have signed off, the 3D image is delivered to the robot for recipient site making. This imaging helps create an optimal site distribution that avoids damaging existing healthy hair. And because the donor area is just as important as the recipient area, the software aids in preserving the natural look of the area, with robotic precision.

3. WHAT ARE THE BENEFITS OF AN ARTAS TRANSPLANT?

Patients and physicians are drawn to robotic-assisted transplants for a variety of reasons, such as improved accuracy and precision of the graft-harvesting process. Not only does the robotic-assisted technique allow for reduced harvesting time, but also increased survival of harvested follicular unit grafts. The robot's optical guidance system works at 60 times per second to identify, measure and characterize available hair follicles for harvesting. Robotic FUE harvesting of grafts is performed hundreds to thousands of times during each hair transplant procedure session with a consistency of speed and accuracy that would be difficult to duplicate with the human hand.

4. WILL IT HURT?

Thankfully, major advances in medications and techniques now allow skilled hair transplant surgeons to safely perform procedures virtually painlessly. Long lasting local anesthesia is used to keep all transplant zones comfortable during the procedure. Most patients will relax, nap, listen to music or watch movies while the transplant procedure is being performed. Over the past 20 years, Dr. Bauman has developed a sophisticated "ouchless"



Before ARTAS Surgery

Immediately after Surgery

One Year of Regrowth

hair transplant protocol of tools and techniques that are designed to keep patients 100 percent comfortable. After FUE procedure is performed, the vast majority of patients simply need a motrin, tylenol or nothing at all for comfort.

It is important to note that when selecting a hair transplant surgeon, it is important to make an informed and educated choice. Many hair loss patients are unaware of the qualifications, training and expertise needed to properly perform a hair transplant. As with other medical specialties, hair restoration even has its own board-certification. Before choosing a surgeon, it is important to know their qualifications, visit the clinic, read reviews, ask for before-and-after pictures and most importantly, ask questions. Not only should you look for a surgeon with the technical skills, but

also a significant amount of artistry, which is also needed in order to recreate the natural patterns of hair growth and achieve realistic looking results. To find a qualified hair restoration specialist, start by visiting the American Board of Hair Restoration Surgery, International Alliance of Hair Restoration Surgeons and the Fellows of the International Society of Hair Restoration Surgery.

Are you a candidate for ARTAS robotic-assisted FUE hair transplantation with board-certified hair transplant surgeon, Dr. Alan Bauman? For more information on the ARTAS Robotic-Assisted FUE Hair Transplant, visit baumanmedical.com and search key word "ARTAS robot." To learn more about Dr. Bauman, and Bauman Medical, visit www.baumanmedical.com or call **1-877-BAUMAN-9** or **561-394-0024**.

About Dr. Alan J. Bauman, M.D.

Dr. Alan J. Bauman is the Founder and Medical Director of Bauman Medical Group in Boca Raton, Florida. Since 1997, he has treated nearly 15,000 hair loss patients and performed nearly 7,000 hair transplant pro-



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

cedures. An international lecturer and frequent faculty member of major medical conferences, Dr. Bauman's work has been featured in prestigious media outlets such as The Doctors Show, CNN, NBC Today, ABC Good Morning America, CBS Early Show, Men's Health, The New York Times, Women's Health, The Wall Street Journal, Newsweek, Dateline NBC, FOX News, MSNBC, Vogue, Allure, Harpers Bazaar and more. A minimally-invasive hair transplant pioneer, in 2008 Dr. Bauman became the first ABHRS-certified Hair Restoration Physician to routinely use NeoGraft FUE for hair transplant procedures.

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Tips on Finding a Hair Restoration Physician

- A Hair Restoration Physician is someone who specializes exclusively in the medical diagnosis, treatment and tracking of hair loss and its treatment.
- Look for physicians who are ABHRS board-certified in hair restoration, recommended by the American Hair Loss Association and accepted by International Alliance of Hair Restoration Surgeons.
- Due to the limited number of board-certified hair restoration physicians worldwide, prospective patients should be prepared to travel and or consult long-distance.
- Before choosing your doctor, visit the clinic, read reviews, ask for before-and-after pictures and most importantly, ask specific questions about how hair loss is diagnosed, tracked and treated in their clinic.
- Find a specialist because primary care doctors, endocrinologists, plastic surgeons, and even most dermatologists, are not fully equipped to diagnose and scientifically track your hair loss and hair regrowth process.



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WHAT IS AGE-RELATED MACULAR DEGENERATION?

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

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

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

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

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

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

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

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

There are two types of macular degeneration:

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

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

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

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

USING AN AMSLER GRID TO TEST FOR MACULAR DEGENERATION

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

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

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

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

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

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



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

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

MACULAR DEGENERATION SYMPTOMS

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

DRY MACULAR DEGENERATION SIGNS AND SYMPTOMS

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

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

WET MACULAR DEGENERATION SIGNS AND SYMPTOMS

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

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

WHO IS AT RISK FOR MACULAR DEGENERATION?

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

Oxidative stress and macular degeneration

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

Macular degeneration in families

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

Inflammation and macular degeneration

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

Smoking, high blood pressure and abnormal cholesterol and macular degeneration

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

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

MACULAR DEGENERATION TREATMENT

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

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

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

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

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

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

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

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

WET MACULAR DEGENERATION TREATMENT

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

Anti-VEGF medication injection treatments for wet macular degeneration

A common way to treat wet macular degeneration targets a specific chemical in your body that causes abnormal blood vessels to grow under the retina. That chemical is called vascular endothelial growth factor, or VEGF. Several new drug treatments (called anti-VEGF drugs) have been developed for wet AMD that can block the trouble-causing VEGF. Blocking VEGF reduces the growth of abnormal blood vessels, slows their leakage, helps to slow vision loss, and in some cases improves vision.

Your ophthalmologist administers the anti-VEGF drug (such as Avastin, Lucentis, and Eylea) directly to your eye in an outpatient procedure. Before the procedure, your ophthalmologist will clean your eye to prevent infection and will use an anesthetic drop or injection

of anesthetic with a very fine needle to numb your eye. You may receive multiple anti-VEGF injections over the course of many months. Repeat anti-VEGF treatments are often needed for continued benefit. In some cases, your ophthalmologist may recommend combining anti-VEGF treatment with other therapies. The treatment that's right for you will depend on the specific condition of your macular degeneration.

Micro-Pulse Laser treatment for wet macular degeneration

Although most cases of wet AMD are treated with medication, in some instances thermal laser therapy may be used. Laser treatment is usually done as an outpatient procedure in the doctor's office or at the hospital.

The laser beam in this procedure is a high-energy, focused beam of light that produces a small burn when it hits the area of the retina to be treated. This destroys the abnormal blood vessels, preventing further leakage, bleeding and growth.

Following laser treatment, vision may be more blurred than before treatment, but often it will stabilize within a few weeks. A scar forms where the treatment occurred, creating a permanent blind spot that might be noticeable in your field of vision.

Usually the abnormal blood vessels are destroyed by laser treatment. However, it is likely that 50 percent of patients with wet macular degeneration who receive this laser procedure will need a re-treatment within three to five years. You may be instructed to use the Amsler grid daily to monitor your vision for signs of change.



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FUNCTIONAL MEDICINE & ANTI-AGING



Functional Medicine & Anti-Aging can be very broad terms to most people and it can be hard to understand what services or procedures fall under these categories. As a physician, my background is in internal medicine. I spent years treating illness and sick patients. It was a constant circle of prescribing medications to treat patients who were battling disease. One pill at a time, every patient would leave with the latest drug therapy to combat diabetes, high cholesterol, hypertension, depression, insomnia and much more. At the same time my patients were asking me about services like Botox and lasers. So many people have asked me if I would start injecting in my practice because they would rather come to me. After my father passed away of lung cancer in 2001, I had decided it was time for a change. So that's when the concept was born, to develop a medical spa facility to offer functional & anti-aging medicine.



Functional Medicine is defined as the medical practice or treatments that focus on optimal functioning of the body and its organs, usually involving systems of holistic or alternative medicine. It integrates traditional medicine with holistic means to keep an individual healthy rather than just treat symptoms. Most people are very health conscious these days and are becoming more and more informed of the magnitude of underlying causes of disease. There are many ways to prevent illness by taking a few steps to understand your biological makeup. There are blood tests to identify deficiencies in vitamins and minerals, pinpoint specific food sensitivities, and measure imbalances in hormones. These tests can help us prevent and treat symptoms at the source. For example, if you are deficient in vitamin D or B vitamins, we are able to precisely determine case by case each individual person's needs. We no longer blindly recommend supplements and products that we think you should take. We now "know" exactly what your body is lacking. In the past if a patient was depressed, then naturally they needed an anti-depressant, if they could not sleep, then they needed a sleeping pill, right? Now we have found that a person may be lacking a specific hormone in the body that may be the reason to keep one up at night and we can eliminate the need for prescription drugs by alternative therapies such as hormone therapy. Some of the treatments that are considered to be functional medicine are bio identical hormone therapy, iv vitamin therapy, food and allergy testing and micronutrient testing. So as I learned about these therapies, I started to incorporate them into my daily practice. Many of my patients no longer needed medications and began to feel better than ever before. I knew this was a turning point in my medical career.

Anti-Aging is defined as a product or technique to prevent the appearance of getting older. So then, how is it possible and what can we do? As the face ages it tends to lose elasticity and the firm support below the skin known as collagen and elastin. Our skin is exposed to environmental stressors pollution and sun damage. We develop wrinkles around the face, including vertical lip lines, marionette lines, as the skin sags we develop jowles, the sun shines and brown spots appear. So, in society it is never been more in demand to look younger than today.

To look younger we can instantly fill in wrinkles, volumize cheeks, soften expression lines, zap brown spots away and even tighten the skin, all with no downtime. The treatments are safe and are for men and women. The most common of the anti-aging injectables are Botox, Juvederm, Voluma and the newest filler Volbella for vertical lip lines around the lips. Kybella is an injectable that dissolves fat under the chin. In terms of anti-aging lasers there is Ulthera skin tightening, Venus Legacy for skin tightening, ipl for brown spots and rosacea, sculpsure for noninvasive fat melting. As an aging woman of 50, I believe it is very satisfying to subtly enhance your appearance without looking like you have had any work done. It boosts your confidence and makes you feel good about yourself.

These are exciting times where we as physicians in the functional, anti-aging and cosmetic industry, have more effective tools in our tool box to change people's health, appearance and basically their quality of life, than ever before. I am passionate about what I do and will continue my scientific approach to find the fountain of youth.



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

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What is CBD

AND THE MEDICAL TREATMENT IT PROVIDES?



Jeff Mandall, owner of Vapor Rocket, South Florida CBD, and an advisor to the board of directors for Miami Beach Community Health Centers is the local expert about CBD and its use. He prides himself in working with area medical providers to educate and facilitate treatment of patients with a multitude of different health problems. We went straight to the expert to get our questions answered and here's what we learned:

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

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

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

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

1. CBD is a key ingredient in cannabis

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

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

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

2. CBD is non-psychoactive

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

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

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

3. CBD has a wide range of medical benefits

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

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

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

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

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

4. CBD reduces the negative effects of THC

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

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

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

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

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

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

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

We at Vapor Rocket are not medical doctors, however, we do pride ourselves on working closely with treating medical physicians, scientists, and leading researchers in the CBD field to ensure we provide our patients with the highest quality CBD to treat identified medical conditions. If you are interested in using CBD for treatment of an ailment, we recommend you consult your doctor to make sure it’s right for you.

South Florida CBD provides top of the line, high quality organic botanical oils, waxes, and pastes that offer numerous medicinal benefits. With no prescription required, our product captures the highest concentration of cannabidiol available, a chemical compound that triggers and modules receptors in the brain to offer the following benefits: Anti-seizure, Easing chronic pain, Psychological Health Benefits, Anti-inflammatory properties. If you have further questions about CBD or request that we work with your medical professional, please contact South Florida CBD knowledgeable staff at **561-200-0122**.



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MY STORY

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

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

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

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

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

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

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

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

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

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

HOW IT WORKS

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

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

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

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



“

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

”

THE MULTI-CERVICAL UNIT

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

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

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

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

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

SHARING HIS OWN EXPERIENCE

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

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

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

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

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

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

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

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Replace or Keep a Tooth: How Do I Decide?

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

The decision to keep or replace a tooth is a very emotional one for many patients. Beyond the concern over losing a tooth, many patients have difficulty with the idea of removing any part of their body. Typically, our patients request the most “conservative” option available. Although keeping a tooth (no matter how diseased it may be) seems conservative, it may in fact be the least conservative option that could end up in additional cost and more invasive procedures.



Collect The Data:

Just like in any important decision, it is critical to gather all the information you can regarding the prognosis of the tooth in question. It is obvious that we need to know about the presence of decay in a tooth and the extent of its invasion. Questions such as “will this tooth need a crown?”, “will this tooth need a root canal?” and “will this tooth need additional procedures to save it?” are all good to ask.

An equally important question is, “what is the periodontal health of my tooth?” Periodontal health is the health of the gum and bone tissue supporting the tooth (think of it as the ground around the tooth). Imagine you were building a new house on the beach which stands on a pillar. Clearly you would want to know the status of the pillar. It would be important to know if the ground around the pillar was solid. If it was determined that this ground was weak or much of it had washed away, you may think twice about investing time and money building something on that existing structure.



Similarly, if the gum and bone around a tooth is compromised, it may not be worth the investment to repair a tooth (such as placing a new crown). Although a new crown may help with the decay, it would be of no use if the entire tooth was lost due to the lack of bone support around it.

Alternatively, if the tooth truly does not have a good prognosis, removing it may help save the jaw bone. This will allow for other options to replace the tooth while bone still exists (for example a dental implant). Saving the bone in this situation is actually the conservative choice. Replacing a tooth is often a lot easier than replacing jaw bone.

Periodontal Evaluation:

A periodontal evaluation can help determine what the overall foundation around the tooth looks like prior to making your decision about the best treatment for you. This examination is painless and involves reviewing a current set of dental x-rays, measuring the “gum pockets” and “gum loss” around the teeth, checking for tooth mobility and determining the amount of healthy tooth root that remains in the bone. The above information can help predict the prognosis of the teeth.

Working with your dentist and periodontist as a team can help you decide what treatment options are available to you. Understanding the long term prognosis based on the health of the tooth and the periodontal foundation will help you make a more informed and conservative treatment decision.

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

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



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

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

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

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



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“WELCOME RELIEF from Feminine Aging Symptoms”

by Dr. Robin Sykes

Many women are reluctant to talk about the changes that occur “down under” as we age. Often times symptoms begin as early as after child birth, but then become worse with natural changes associated with decrease in hormone levels and the passage of time.



Symptoms range from stress incontinence (leakage), laxity of the tissue and decrease in elasticity of the tissue both internal and external.

There is now a new treatment that can address these issues, causing real improvement, and with no associative pain and no down time.

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Discounts are available on a series of treatments, both with this ad, as well as with attendance at our seminar.

RSVP TO SAVE YOUR SEAT!



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



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Who Should I See for a Hearing Problem?

Written by Nora Fuchs, Au.D., Audio-Logic, P.C.

Submitted by Dana Luzon, Au.D., Audiology & Hearing Aids of the Palm Beaches



It can be confusing to know who to turn to for what. What is the difference between an audiologist, an ENT, a hearing aid dispenser, and even my primary care physician? If I do have a hearing loss, why should I see an audiologist instead of an ENT or a hearing aid dispenser? These are all great questions, and it's important to know and understand the differences so you can get the right hearing healthcare for you and your loved ones.

Of course most of us are familiar with our primary care physicians (medical doctors, M.D., or doctors of osteopathy, D.O.) and their roles in preventive care, health maintenance, and disease control. They are usually our first choice when requiring medical attention. As it pertains to hearing, a primary care physician will prescribe medication to treat infections or other medical conditions of the ear (such as dizziness), remove earwax and other foreign objects from the ear, and screen for hearing loss to determine whether referral for diagnostic evaluation is indicated or not. From there a patient may be referred to an otolaryngologist or audiologist. Health insurance will often cover an appointment with a primary care physician, although prior authorization may be required at times.

An otolaryngologist, or ENT, is also a medical doctor, or doctor of osteopathy, who extended their education and training to specialize in diseases of the ear, nose, and throat. An ENT generally sees a patient when a disease process is beyond the scope of the primary care physician, especially if surgery is indicated. An otolaryngologist also prescribes medication. An otolaryngologist generally does not perform audiology/hearing evaluations or vestibular/balance evaluations, but they may employ an audiologist to provide these in the office or refer to an audiologist elsewhere. The ENT then uses that information to determine whether a hearing loss is medically or surgically correctable and to make recommendations for treatment from there. A patient may contact an otolaryngologist's office to arrange an appointment on their own, and insurance will generally cover these appointments but may require prior authorization for certain procedures.



Here is where most of the confusion lies:

What is the difference between a hearing aid dispenser and an audiologist?

Although there are some similarities between the audiologist and hearing aid dispenser job descriptions, there are also several key differences. For example, a hearing aid dispenser is licensed to complete audiometric testing for the sole purpose of fitting and selling hearing aids. A hearing aid dispenser's license is obtained through a state licensing examination. Once passed, the hearing aid dispenser often becomes a franchisee, or company store, of a particular manufacturer. The biggest thing to note: A dispenser is not permitted to complete or charge for any diagnostic hearing evaluation and may not see or dispense to children.

An audiologist, or Au.D., is a doctor of audiology who specializes in hearing loss prevention, identifying, diagnosing, treating, and monitoring disorders of the auditory and vestibular systems of the ear. Treatment can include, but is not limited to, hearing aids. An audiologist is required to attend eight years of college specializing in hearing and balance function and disorders. The Au.D. is then nationally certified and holds and maintains a state license. An audiologist does not prescribe medication. Anyone may privately

pay for audiology services, but currently a patient must be referred by their primary care physician or an ENT in order for insurance to pay for their evaluation. If a hearing loss is identified that is not medically or surgically treatable, then the audiologist recommends the appropriate treatment, which can include hearing technology; provides aided verification and aural rehabilitation counseling; and monitors hearing and hearing aid performance. In addition, audiologists are trained to fit people of all ages with the technology needed.

My recommendations

I know it can be daunting finding good medical providers, so here are my recommendations for evaluating a potential audiologist:

Do they have experience and a license?

Do they communicate clearly with you about all aspects of hearing care, not just hearing aids?

Do they include assistance and training on the solutions in technology?

Do they offer trial periods, warranties, and loss and damage protection on purchases?

Do they include follow-up care needed after the initial purchase?



**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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Scientific Research finds **ACUPUNCTURE** is Effective for **WEIGHT LOSS**



Everyone is looking for the secret to weight loss, without falling victim to the latest gimmicks. With so many different opinions about how to lose weight, it can be difficult to tell what will really work.

Fortunately there is a technique for weight loss that has been tested for centuries: acupuncture.

This technique is safe, sound and reliable. And, even more exciting, using acupuncture for weight loss helps you lose weight in several different ways.

IS THERE PROOF THAT ACUPUNCTURE HELPS WITH WEIGHT LOSS?

Yes. In one study by Professor Sabina Lim, at the East-West Medical Research Institute at Kyung Hee University in Seoul, South Korea, researchers found that acupuncture resulted in about a 6% reduction in body mass index (BMI) over 8 weeks. For a 200lb person that is 12 lbs of fat loss without any other diet or exercise changes.

Researchers continue to study the effectiveness of acupuncture for weight loss, and the results are promising.

HOW DOES ACUPUNCTURE HELP WITH WEIGHT LOSS?

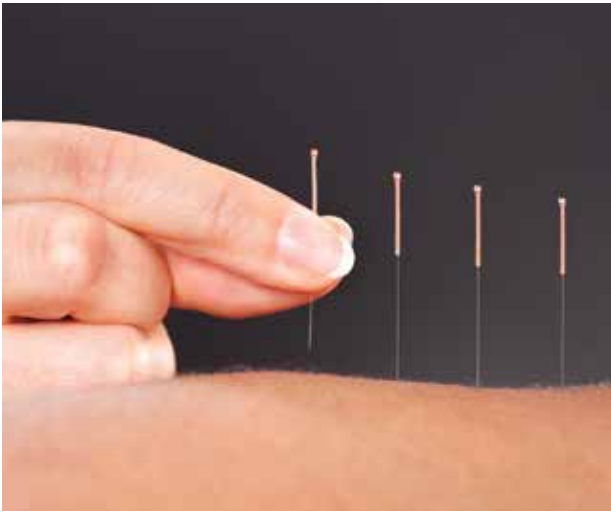
There are three primary ways that acupuncture can help with weight loss.

First of all, acupuncture helps balance hormones. Acupuncture can increase endorphins, which reduce cravings and generally make you feel more positive. This can help reduce binge eating.

It also decreases the hormones that contribute to weight gain. Both leptin and insulin levels dropped with acupuncture. Leptin regulates fat storage and metabolism and stimulates the feeling of being full. Insulin regulates carbohydrate and fat metabolism and the absorption of glucose from the blood. Acupuncture actually reduces the hormones that lead to overeating.

But if leptin stimulates the feeling of being full, why is it good to have reduced levels? Like insulin-resistance, cells can become immune to the effects of leptin when the levels are too high. Many obese people have excessively high levels of leptin. When your leptin level is high, you can no longer tell when to stop eating. Restoring balance to leptin levels may help to reduce leptin-resistance, making it easier to stop eating before you overeat.

The third way that acupuncture helps with weight loss is by reducing stress. Cortisol, the stress



hormone, can affect weight in several ways. It disrupts digestion, contributes to depression and escalates your “fight or flight” response. If you feel overwhelmed, you are more likely to binge for emotional reasons and to assume you have no time to prepare healthy meals.

And finally, acupuncture can aid digestion. According to Traditional Chinese Medicine (TCM), the spleen is responsible for digestion. Disharmony and imbalance in the spleen can lead to fatigue, slow metabolism, water retention, loose stools, and a feeling of heaviness. The liver is responsible for the flow of Qi, blood and

emotions. Disharmony in your liver can lead to cravings and compulsive eating.

By balancing your organ system, you support weight loss both physically and psychologically.

At Meng’s Acupuncture and Medical Center, Dr. Meng has successfully helping her clients loose weight with a comprehensive and individualized approach blending nutrition, Chinese herbal medicine and acupuncture. To learn more about Dr. Meng’s weight loss program call the office at **561-656-0717**.

Yanhong Meng, AP, DOM



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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Saturday, November 19, 2016

11:00 A.M. -12:30 P.M.

We look forward to meeting you! Join us to learn about how to stay healthy and increase longevity as we experience Florida’s seasonal changes through the traditions of Chinese Medicine. The autumn season comes with allergies, weakened immune system, skin conditions, constipation and holiday stresses. Bring your friends and family for both of you to receive a 30% Off Gift Certificate! Raffle for a chance to win a healthy-living gift basket and experience acupuncture demonstrations with Dr. Meng!

This is a FREE Educational Event!

Please R.S.V.P. at (561) 656-0717 to Reserve your Seat!

Underlying Reasons for Limb Swelling

By Alyssa Parker

Many people may experience complications after an operation due to the significant amount of trauma your body endures. Whether it's cancer related, non-cancer related, or a minor surgery, patients may develop post-operative symptoms such as swelling in a limb or a particular area of the body. Swelling in the limb which may appear to be temporary can later lead to chronic swelling known as lymphedema.

HOW THE LYMPHATIC SYSTEM WORKS

What does edema have to do with your lymphatic system? The lymphatic system serves as one of the body's main highways. Through its network of vessels and ducts, it works as a filtration system for body fluid entering into the blood stream. This fluid is referred to as "lymph" fluid, which is the interstitial fluid consisting of proteins, wastes, and a collection of white blood cells. The kidneys, skin, lungs, or intestines then eliminate the wastes that have been filtered out of the lymphatic vessels.

WHAT IS LYMPHEDEMA?



Lymphedema is a degenerative condition which means it will only get worse over time without treatment. There is no cure for Lymphedema. Once a lymph node has been damaged, your lymphatic can become compromised. Over the years, as you get older, you may incur irreversible damage to the lymphatic system through



medical procedures, injuries, or infection. Examples include cancer radiation, surgical lymph node removal, joint replacements, scarring of the lymphatic vessels through reoccurring infections i.e. cellulitis, or other health problems relating to gall bladder, kidneys, intestines, or reproductive organs. When an obstruction has occurred, a blockage in the lymph nodes can occur. The limb begins to swell with fluid because the lymphatic system is blocked/impaired, unable to move the fluid back into the circulatory system.

COMPRESSION PUMP TREATMENT

One recognized treatment is using a compression pump. This is a safe and effective way to assist your body's lymphatic system in moving the lymph fluid which has

accumulated in the limb and can cause painful swelling, non-healing wounds, heaviness, and discomfort decreasing your mobility. The compression pump is a gentle massaging technique that compresses in a rhythmic cycle, similar to that of a normally functioning lymphatic system that has not been damaged.

POSSIBLE SYMPTOMS OF LYMPHEDEMA

- Swelling in your legs or arms
- A feeling of heaviness or tightness
- A restricted range of motion
- Aching or discomfort
- Recurring infection/cellulitis
- Hardening or thickening of the skin on your arms or legs

It is important to rule out other causes of edema including nutritional issues, allergies and reactions to medication you may be on. True Lymphedema should not be treated with Diuretics as they draw from the Venus system not the Lymphatic system. Removing fluid from the body in this fashion takes away the wastes' only means of transport and can lead to serious recurrent infections or cellulitis since the lymph waste is now trapped in the limb and has no place to go. If symptoms return when you cease Diuretics, you should be asking questions and seeing a specialist immediately. This is where choosing a physician experienced in recognizing and treating Lymphedema is critical.

SOME GOOD QUESTIONS TO ASK YOUR PHYSICIAN INCLUDE:

- Does my family have a history of swelling (Hereditary Lymphedema)?
- Stemmer's sign present?
- Pitting (push your finger into your skin and count how long it takes to return) or skin hardening?
- Hemosiderin staining (port wine skin stains or "red socks") appear from the ankles down?
- Traumatic injury or surgery potentially damaging Lymph nodes (Hip replacements, etc)?
- Radiation to Lymph areas?



ACUTE WOUND CARE

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Your Jaw Pain May Be in Your Neck

by Dr. Jonathan Chung

One of the most common and troublesome problems that I'm noticing in my practice is a condition known as Temporomandibular joint dysfunction, or TMD for short. In fact, many of you may have heard someone talk about their TMJ or having TMD, but didn't quite know what it was.



TMD involves the joint that connects your jaw to your head. Proper movement of this joint is critical to proper function. Some of the symptoms caused by TMD include:

- *Sharp/stabbing jaw pain*
- *Inability to open the jaw properly*
- *Headaches*
- *Neck pain*
- *Painful clicking*
- *Teeth grinding*
- *Clenching*
- *and much more*

It has rapidly become one of the more common reasons for visits to a neurologist and pain clinics, because of the dramatic impact on your quality of life. Many times, this condition is treated with medications like neurontin or anti-depressants. In some cases, muscle relaxers or injections to the joint.

WHAT DOES THIS HAVE TO DO WITH THE NECK?

A search of PubMed will show numerous references for increased incidence of TMD in conjunction with a whiplash injury, or head/neck trauma. A review showed that people with whiplash/head injury actually have more severe pain and more pronounced dysfunction of the joint.

Another review showed that just treating the jaw in these whiplash related cases showed poorer outcomes suggesting that the cause of the problem may be outside the joint itself. The whiplash associated cases showed just a 48% improvement compared to the non-whiplash cases which improved 75% of the time. That leaves a huge amount of people who are still in pain and suffering because the primary insult to the body was not addressed properly.

TMD USUALLY COMES IN 2 VARIETIES.

1. Muscular dysfunction – the muscles of the jaw (pterygoids, masseter, temporalis) become hypertonic and dysfunctional creating painful musculature and sloppy movement.

2. Articular dysfunction – the joint itself can have problems. Dislodging of the disc, arthritic degeneration, and inflammation can irritate the very sensitive nerve endings that cover the joint. Not much can be done about arthritic breakdown of a joint. However, this is a less common cause of TMD. The most common causes of TMD stem from muscular imbalance and dislodging of the articular disc. In a way, these two problems are intimately related. When you have bad jaw muscles moving the jaw abnormally, then it leaves more room for the articular disc to shift out of place.

So what can make these jaw muscles dysfunctional? To know that, we have to know what controls the muscle. Every muscle in your body is controlled by a nerve. Whether it be a big bulky bicep, an achy sore back muscle, or the strong pumping of a heart muscle, nerves signal how they fire.

For the jaw muscles, a special nerve called the **Trigeminal Nerve** emanates from the skull and provides nerve supply for the face, jaw muscles, teeth, brain, and other important structures.

The trigeminal nerve is one of twelve specialized nerves called Cranial Nerves. The unique thing about Cranial Nerves is that they do not exit out of the spine. They actually begin come out of the brain and the brainstem, and exit out of the skull. Therefore, a problem with one of the cranial nerves is usually indicative of a problem at the brain stem.

ATLAS DISPLACEMENT, WHIPLASH, AND THE BRAIN STEM

One of the reasons that my office gets referrals from dentists and neurologists for TMJ patients is because of how Atlas Displacement Complex impacts the health and function of the brain stem. While the top of the neck doesn't apply direct pressure to the brain stem, the movement and function of the neck has large implications for this important piece of anatomy.

When someone has an episode of whiplash, there can be substantial damage and injury to the neck, but the more concerning portion is what happens to the nervous system. A phenomenon known as **Central Sensitization** occurs. This problem happens when the brain stem fires inappropriately. When this happens, even the slightest touch or movement can trigger a pain sensation in the brain.

This is why many doctors can find no physical damage to the body, but people will suffer with chronic pain issues like fibromyalgia. People recognize this quickly when the pain is stemming from the neck, shoulders or back, but the reality is that this same thing is happening in the jaw muscles.

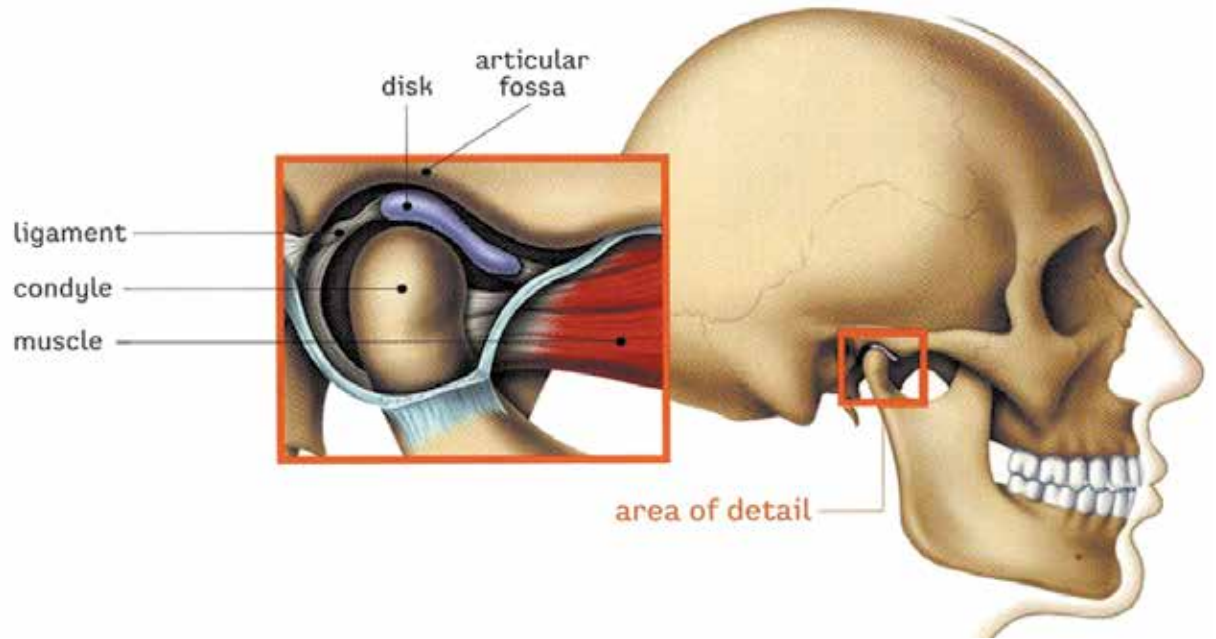
To get to the root of someone's problems, we have to evaluate this critical, but under studied part of the nervous system. How does an Upper Cervical Chiropractor address this?

1. Restore healthy positioning to the neck – create a state of Normal Structure in the neck so that the proper signals get to the brain.

2. Increase circulation through the brain – proper alignment ensures that blood flow to and from the brain stem properly. Proper blood flow means better nerve firing.

3. Restore healthy biomechanics to the jaw – Once the neck alignment is restored, most of the time the jaw will reset on it's own. However, sometimes gentle jaw adjustments may be necessary. This can be done with the help of a skilled specialist called a Neuromuscular Dentist.

But don't take our word for it. Here are what some of our patients have said on Google Business.



Thank you Dr Chung for your help in getting me through those initial weeks after experiencing horrible pain, fear and anxiety that comes with TMJ. Your immediate and ongoing compassion and support has been a life-saver for me! I had fear not only of the jaw problem but of chiropractors in general after having a bad experience with "cracking and popping" treatments! After your treatments, I am really amazed at how much better I feel and know I am in good hands every time I walk through your door! If anyone is in need of chiropractic care, be kind to your body, don't hesitate to call on Dr. Chung, he will take care of you.

- Marian Neihoff

I recently had some extensive dental work done and experienced severe jaw pain for over a week, and couldn't eat without severe discomfort. Diagnosed with TMJ, I went to see Dr. Chung, and he was able to make me pain free, in just 3 visits !! I can't thank him enough , other than to say he's got my business life!

- Richard Bomar



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Are you **Chronically Anxious?**

Neurofeedback Helps Chronic Anxiety without Medication

By Mike Cohen, Director
Center for Brain

TAKE A MOMENT TO ANSWER THESE QUESTIONS:

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

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

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



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

WHY CAN’T I TALK MYSELF OUT OF MY ANXIETY?

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

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

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

WHAT IS NEUROFEEDBACK?

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

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

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

DO I HAVE TO DO NEUROFEEDBACK INDEFINITELY?

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

DOES NEUROFEEDBACK DO THE SAME THING THAT MEDICATION DOES?

In some ways, yes, but in one important way, no. Both neurofeedback and medication calm the brain. The difference is that medication doesn’t have any permanent impact on brain function. Once the medication wears off, you’re right back where you started.

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

CLIENT SUCCESS STORIES

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

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

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

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

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

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

Have you been seriously considering getting help for your anxiety?

DON’T SUFFER ONE MORE DAY!

Call now for your free consultation.

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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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UNDERSTANDING DRY EYE AND BLEPHARITIS

Dry eye is believed to be one of the most common ocular conditions in the United States. More common in women, one study estimated the prevalence of dry eye in women ≥ 50 years old was 7.8% or 3.23 million women in the US. Called keratoconjunctivitis-sicca, the underlying pathology is a decreased production of tears by the lacrimal gland. If insufficient tears are produced, the ocular surface begins to dry out. When mild, a simple occasional irritation may be all that is noted by the patient. Moderate dry eye sufferers can develop superficial abrasions of the cornea and conjunctiva. Severe dry eye sufferers can have corneal ulcerations that can cause permanent loss of vision. The treatment of dry eye consists of rebuilding the tear film. Artificial tears provide an immediate increase in the wetness of the cornea, but are time-limited. Medications such as Restasis work by increasing the amount of tears being produced, but they can take several months to achieve therapeutic success. Other treatments involve punctal plugs – these are microscopic tops that are used to effectively cap off the punctum (hole in the lid closer to the nose where your tears naturally drain). Much like putting a plug in a sink, these allow the tears created to remain on the ocular surface longer.

Of course, if tear production is minimal, the effect of plugs will be small. Unfortunately, not all dry eye diagnosis and treatment are that simple. Blepharitis, a distinct entity from dry eye, can have similar symptoms and signs. Blepharitis refers to an inflammation of the eyelid margin. Sometimes, it can mimic dandruff on the eyelashes. In these cases, eyelid scrubs with baby shampoo or tea tree oil shampoos may be helpful. However the most common type of blepharitis affects small glands in the eyelid called meibomian glands. These meibomian glands are responsible for secreting the oil component of the tear film. Though our tears are mostly water-like, there is an oil component to them. Much like oil creates a separate



layer in a pot of water, so too does the oil from the meibomian glands form a layer of the natural tear. In severe forms of blepharitis, these glands can become dysfunctional, leading to an absence of oil. In cases such as these, the patient's tears evaporate rapidly and, despite producing enough tears and not having "dry eye", experience the exact same symptoms. In these cases, treatment is targeting more at improving function of the meibomian glands.

While there is no complete cure for all forms of dry eye, proper identification of the underlying cause is critical to resolving symptoms. While dry eye and blepharitis contribute significantly to ocular discomfort, there are many other causes. Evaluation with an eye professional is always recommended to uncover these causes. In most cases, early treatment of these findings is much simpler than treating later on.

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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Developing Discipline



Here’s a question for you: What is one thing in your life that you are not doing, that if you started doing on a regular basis would make a tremendous positive difference in your life?

Here’s a follow-up question: **WHY ARE YOU NOT DOING IT?**

Answer: most of us are not doing it because we lack discipline.

In ancient times there was once a king named Solomon. The Bible says that he was the wisest man who ever lived. People would come from miles to hear his wisdom and we are fortunate because many of his wisdom is collected in the book of Proverbs in the Old Testament.

In Proverbs 28:25 Solomon says, “A person without self-control is like a house with its doors and windows knocked out.” Discipline is pretty important, huh?

You see this virtue of discipline touches every fiber of our lives. Discipline is the indispensable tool to making your life work: our life, our health, our happiness, our wealth, our family life, our success is all rooted in our discipline. Discipline helps us to get to where we want to go.

You ask any great athlete and they will tell you about the importance of discipline. You ask any successful business man or woman and they will tell you about the importance of discipline. You ask any accomplished musician, actor, writer, salesperson or leader and they will tell you about the importance of discipline.

Spiritually speaking, the same is true: our relationship with God is largely determined by our discipline. You ask any godly man or godly woman and

they will tell you about the importance of discipline. Spiritual discipline is the habit of making wise decisions and then living in alignment with them. Our behavior needs to be in alignment with our thinking and that takes discipline.

Prov. 10:17 says, “*People who accept discipline are on the pathway to life, but those who ignore correction will go astray.*” NLT

Here are three “Disciplines of Being Disciplined”.

1. Persistence – “Never Give Up”

Prov. 12:24 “Work hard and become a leader; be lazy and become a slave.” Discipline always starts from within; we grow and develop our self-discipline by growing and changing our attitude towards it.

2. Advance Decision Making – “Say No Now”

Prov. 13:16 says, “A wise man thinks ahead, a fool doesn’t and even brags about it.” Be prepared in advance to make the right choices. Don’t wait until it’s too late.

3. Delayed Gratification – “Putting Pain before Pleasure”

You do the difficult now in order to enjoy the benefits later. The Apostle Paul reminds us that, “No discipline is enjoyable while it is happening--it is painful! But afterward there will be a quiet harvest of right living for those who are trained in this way.” Heb. 12:11 NLT

So... let me ask you: What is one thing in your life that you are not doing, that if you started doing on a regular basis would make a tremendous positive difference in your life? And why are you not doing it?

Dr. Ray Underwood

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