

S O U T H F L O R I D A ' S

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

November 2016

South 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**

**LITTLE-KNOWN VA PENSION  
CAN BE A LIFE-SAVER**

**FACET JOINT INJECTIONS  
FOR BACK PAIN**

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# Little-Known VA PENSION Can Be a LIFE-SAVER

Written By Thomas Gregory – U.S. Navy Veteran



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

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

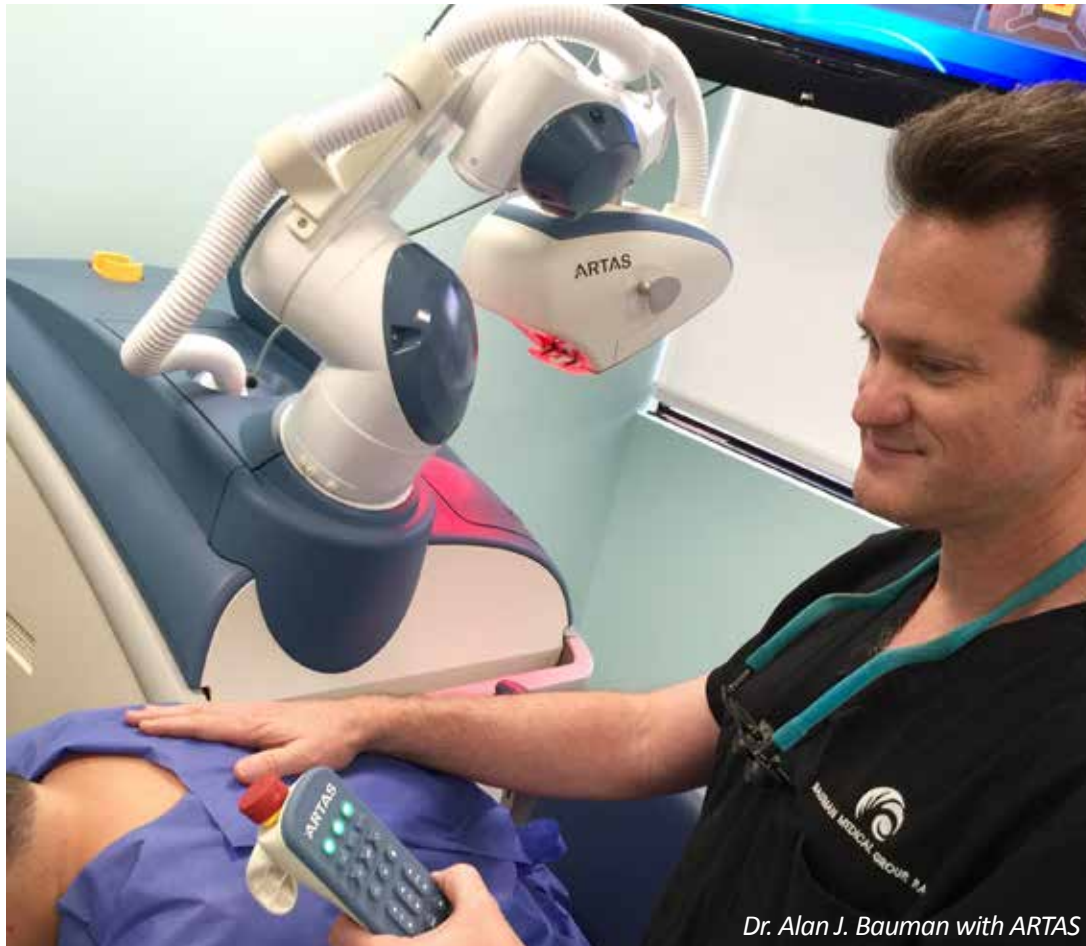
There are approximately 600,000 war veterans currently living in Florida that are 65 years of age or older. If we include surviving spouses of war veterans, the number is easily in excess of one million. Conservative estimates indicate that at least 25% of these veterans and spouses would qualify for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



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

# 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](http://baumanmedical.com) and search key word "ARTAS robot." To learn more about Dr. Bauman, and Bauman Medical, visit [www.baumanmedical.com](http://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.

## 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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# 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:

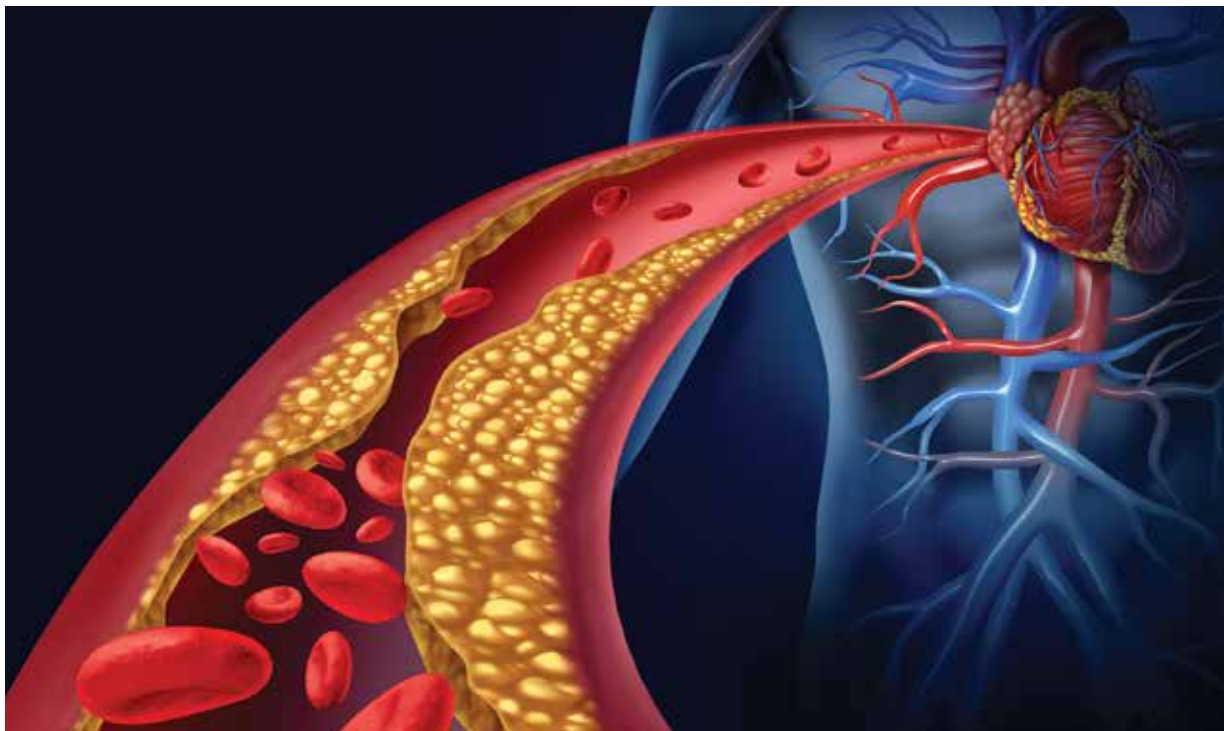
1. Occurs when the blood vessels that carry oxygen and nutrients from your heart to the rest of your body (arteries) and importantly to the heart muscle (myocardium), become thick and stiff — sometimes restricting blood flow to your heart, organs and other tissues. Healthy arteries are flexible and elastic, 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.

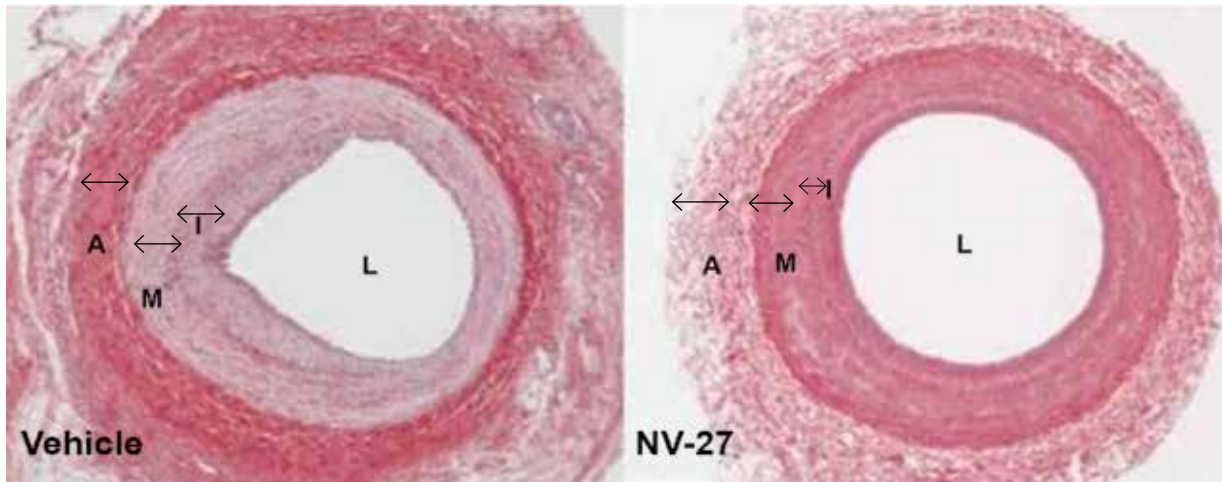
Dr. Raines explains that one of his biggest frustrations for cardiologists is seeing patients when it is too late for preventative measures and damage has already occurred. "Patients often do not come to the attention of a Cardiologist until they have experienced a Cardiac Event – or heart attack of 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.



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](mailto:graines@SoteriaMed.net), or visit [www.SoteriaMed.net](http://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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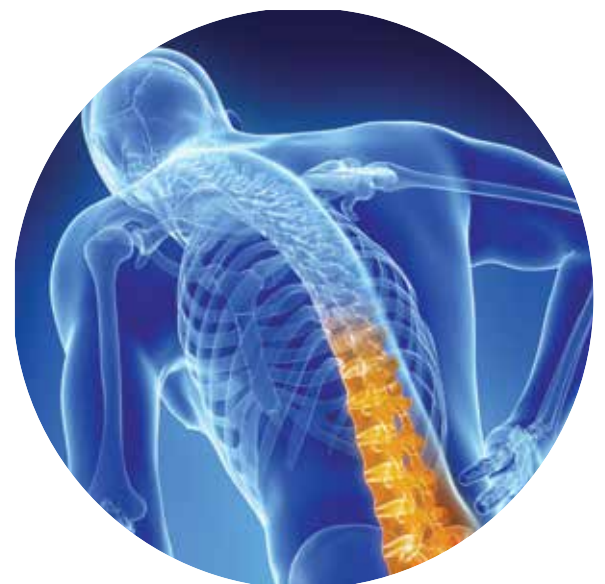
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# FACET JOINT INJECTIONS FOR BACK PAIN



By Aaron Rosenblatt, MD

**N**eck (cervical), mid back (thoracic) and low back (lumbar) pain are common ailments which can be acute or chronic. This may be debilitating and stop people from their usual activities of daily living. As many do not know, this pain from the spine can easily be treated by a qualified Interventional Pain Management Specialists, like Dr. Aaron Rosenblatt. Aaron Rosenblatt, MD is a double board certified medical specialist whose brand new state-of-the-art facility is located conveniently in the heart of Delray Beach, FL. He has been successfully treating patients in south Florida now for over 10 years. Patients also come from all over the country to see Dr. Rosenblatt due to his expertise in spine pain, joint pain (knee, hip, shoulder, wrist and ankle) and their treatment options. Spine pain from arthritis of the neck, mid back and low back are the most common pain syndrome he sees among his patients and he wants to spread awareness how this issue can be treated.



Facet joint injections link the bones of the spine together in the posterior or back part of the spine. Two facet joints are in the present at each spinal segment. They are named after the spinal bones that they connect. Because there are two joints per level, there is a right and left joint. The facet joints are important in restricting the motion of the cervical and lumbar spine, but they also allow twisting, flexion, and extension motions.

Facet joints are common sources of neck pain and lower back pain and also go under diagnosed and under treated. Trauma and arthritic changes can cause the release of pain generating substances that sensitize nerve endings located in the joint. This is easily treatable.

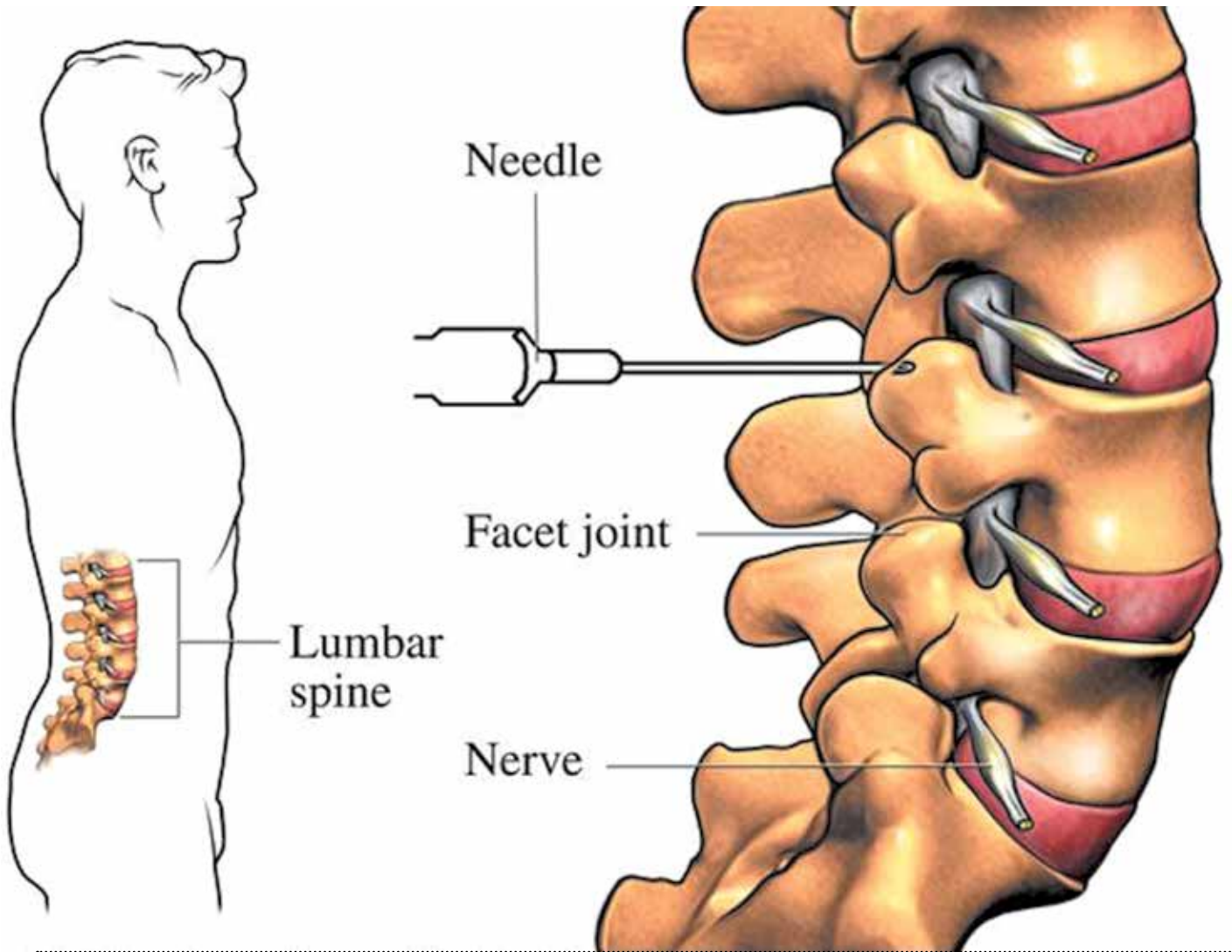
For patients with facet joint pain from the lower back, complaints usually consist of pain or tenderness in the lower back slightly over to one or both sides, pain with lower back extension, pain with twisting, and radiation of pain to the buttocks or back or front of the thighs. Similar symptoms can be found in the mid back and neck with pain, headaches and shoulder discomfort.

A facet joint block involves the injection of a local anesthetic into or next to the joint itself. This is always done under fluoroscopic guidance so Dr. Rosenblatt can see exactly where the medication needs to be placed. A local corticosteroid is commonly administered as well to provide extended relief. This simple procedure, which takes less than 5 minutes to perform, is done to help diagnose where the

pain is generated from and then to also treat the painful condition. Patients normally resume their usual activities immediately after this minimal procedure.

Dr. Rosenblatt explains, "This simple procedure to help people of all adult ages is extremely easy to perform and provide an immense amount of relief." In Dr. Rosenblatt's interventional pain man-

agement clinic in Delray Beach, FL, thousands of individuals have been able to benefit from this technique. Please look forward to more articles about Dr. Aaron Rosenblatt and the vast number of procedures he performs to help people with all types of pain. His main focus is to help individuals avoid surgery, eliminate pain medications and to ultimately feel much better on a daily basis and enjoy life!



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## WHAT IS AGE-RELATED MACULAR DEGENERATION?

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

**A**ge-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.



## The Retina Institute of Florida

### Lauren R. Rosecan

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

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# MY STORY

**P**roviding 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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# 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.



**F**unctional 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.**  
 \* Board Certified Anti- Aging Medicine  
 \* Board Certified Laser Surgery

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

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# 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**.



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

# Underlying Reasons for Limb Swelling

By Alyssa Parker

**M**any 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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or call and speak with a specialist.

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# Are Your EYES the Cause of Your Headaches and Dizziness?

**DO YOU SUFFER FROM ANY OF THE FOLLOWING:  
Migraines/Headache, dizziness, anxiety, panic  
attacks – especially when driving, neck pain, motion  
sickness, clumsiness, difficulty reading, nausea, light  
sensitivity, blurred/shadowed/doubled vision?**

Have you been to numerous doctors ( ENT, Neurologist,  
Primary Care, etc.) only to be told that there is nothing  
wrong with you?

Have you been put on many medications to help your  
symptoms but nothing seems to work?

I bet you never thought your eyes could be the cause of  
your suffering!

When you have a *binocular vision disorder* (BVD), the muscles surrounding your eyes are not perfectly in alignment. There can be a horizontal misalignment, a vertical misalignment called vertical heterophoria or both. There are six muscles that surround each eye and that control the movements of the eyes. Those muscles need to be perfectly aligned to allow vision that is clear, single and in focus. When the muscles are misaligned the brain works very hard to try and keep them stable. Symptoms of BVD occur when the body struggles ineffectively to realign the muscles.

Did you know that even a slight misalignment in the eyes can cause any of the symptoms mentioned above?

Did you know that this type of eye misalignment is not screened for or picked up on routine eye exams?

I am the only eye doctor in the state of Florida that is a certified Neuro Visual specialist and who has trained under the care of the country's foremost expert, Dr. Debra L. Feinberg. Dr. Feinberg has been practicing Neuro Visual Optometry for over 20 years and has patented her techniques and the equipment that she uses to diagnose and treat BVD. Patients have traveled from all over the world to be evaluated and treated by Dr. Feinberg. In an effort to bring this groundbreaking BVD treatment to more patients, and to make it more convenient for patients to receive treatment, approximately three years ago Dr. Feinberg began training other doctors to become Neuro Visual specialists. I am only the eighth doctor in the country to have been trained in this highly specialized field under Dr. Feinberg.

I am still amazed at how treatment for BVD helps patients the way it does. The beauty of this treatment is that your glasses become your medicine. Most of my patients are able to begin feeling better and are able to start reducing their medications for anxiety and other symptoms soon after they get their glasses.

The feeling of helping a patient get their life back never gets old. I often receive hugs and elicit tears from my patients as they realize the life-changing treatment they have received. I have had patients who haven't been behind the wheel of a car in years tell me that they now have the confidence to start driving again.



One patient told me that he got on an airplane for the first time in three years, after suffering from severe dizziness that prevented him from flying. Hearing success stories like that make this type of work so gratifying.

#### SO HOW DO I ACTUALLY HELP PATIENTS WITH BVD?

Using the highly specialized training received from Dr. Feinberg, I perform a unique evaluation that focuses on the muscles of the eyes. This completely non-invasive evaluation consists of the use of special lenses and lights to see which muscles are not in alignment. I will then use prism lenses in a pair of glasses to realign the patient's eye muscles. Prisms are special lenses that move images to where the eyes' natural position are. The use of prisms allows the eyes to relax while the glasses do all of the hard work. For those who might be concerned about how eyeglasses with prism lenses will make them look, rest assured that no one can tell the difference between standard eyeglass lenses and the prism lenses that I prescribe.

Patients have traveled great distances for me to examine and treat them. These patients are willing to try anything to feel better. They have been told that there is nothing wrong with them or that it is all in their head, when actually there is a medical diagnosis for what they have been feeling. I feel very blessed to be able to help these patients. It is the best feeling in the world!

To find out more about Binocular Vision Disorders or to see if you would be a good candidate for a Neuro Visual evaluation you can visit our website [www.iseevisioncare.com](http://www.iseevisioncare.com).

Dr. Erin Sonneberg  
is the founder and  
owner of  
iSee VisionCare located  
in Boynton Beach,  
Florida. If you would  
like to speak to  
Dr. Sonneberg about  
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# WHAT IS NEUROFEEDBACK

## and how can it help me?

By Renee Chillcott, LMHC

### WHAT IS NEUROFEEDBACK?

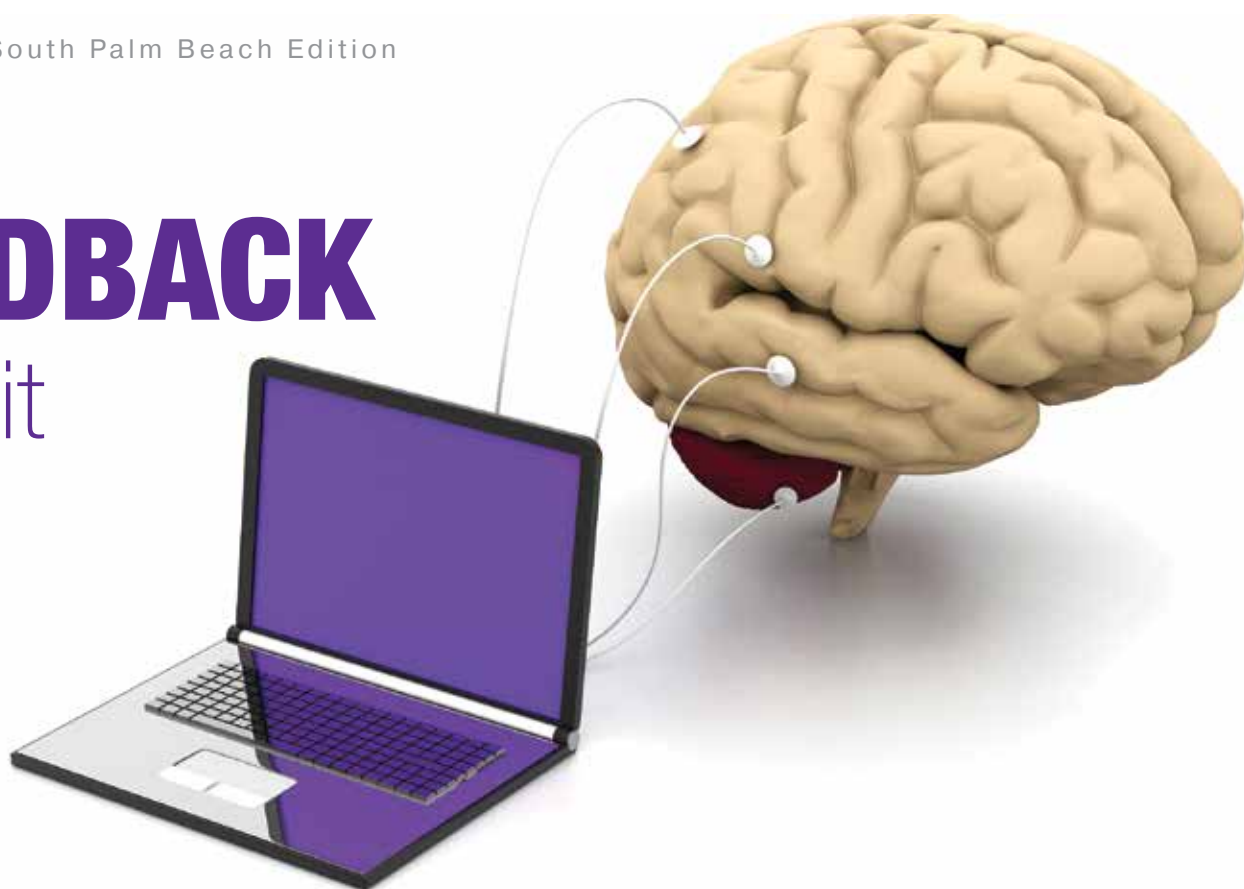
Neurofeedback, also known as EEG biofeedback, has been studied and practiced since the late 60's. It is exercise for your brain; allowing you to see the frequencies produced by different parts of your brain in real-time and then through visual and auditory feedback, teaches the brain to better regulate itself. Neurofeedback can be used to help detect, stimulate, and/or inhibit activity in the brain safely and without medication. It can help restore a wider "range of motion" in brain states, much like physical therapy does for the body.

While the client sits comfortably watching a movie or pictures appear on the screen (a calm and focused state), the EEG equipment measures the frequency or speed at which electrical activity moves in the areas where electrodes have been placed. This information is sent to the therapist's computer. The therapist is then able to determine what frequencies are out of balance. For example, when the EEG shows that you are making too many "slow" or "sleepy" waves (delta/theta) or too many "fast" waves (high beta), the therapist adjusts a reward band to encourage more balanced activity. This encouragement or "reward" happens through an auditory reinforcement of "beeps" and sometimes through visual reinforcement of changes on the screen.

It is important to understand that the neurofeedback approach does not "cure" or "fix" your brain. We teach and guide your brain to produce frequencies which help it relax and/or focus. We provide the brain with gentle "challenges" and encouragement in a user-friendly, stress-free format so it learns to regulate or shift to healthier states more smoothly on its own at the appropriate time.

### HOW DOES A "BEEP" OR SOUND TRAIN MY BRAIN TO WORK BETTER?

The auditory or sound reward that corresponds to an increase or decrease in desired brainwave



activity is able to affect the brain on a neurological level. Auditory reward stimulates auditory pathways, impacts the vestibular system, and has many connections to the reticular activating system, which modulates wakefulness and attention. These systems operate in our brains without conscious effort. Therefore, neurofeedback teaches your brain through automated learning with little or no behavioral effort. Another way to say this is that neurofeedback involves operant conditioning or learning. This type of learning teaches us through a reinforced reward system. The auditory reward (beep) is delivered on a schedule of reinforcement that promotes optimal learning; not too hard and not too easy. This schedule of reinforcement or reward provides just the right amount of resistance to evoke a positive learning pattern.

### WHY TRAIN YOUR BRAIN?

Mental clarity improves when you operate a calmer, more efficient brain. As you learn to slow down "inner chatter" or activate a "sleepy" brain, you become more effective at responding to stress and adapt more readily to different situations, both psychologically and physically. Parenting becomes less exhausting, appointments are more easily kept, decision-making improves, and mood swings and depression often lift.

Neurofeedback has also been shown to be of remarkable value with school-age children who experience focus and learning problems. Through

brain training, children can learn to better concentrate on schoolwork, increase their frustration tolerance level, and are less prone to be overwhelmed with sensory overload while seated in a noisy classroom. With their thoughts more organized, they can focus more clearly on what others say to them and can begin to develop friendships and learn effectively.

### WHAT TYPES OF CONDITIONS DOES NEUROFEEDBACK HELP?

**Symptoms of these conditions, among others, can improve through neurofeedback training:**

- Anxiety Sleep disorders
- Depression
- ADD/ADHD
- Sensory processing disorder
- Bipolar disorder
- Seizure disorders
- Auditory/visual processing
- Chronic pain/Fibromyalgia
- Migraines/headaches
- Traumatic brain injuries
- Stroke
- Cognitive decline
- Peak performance
- Oppositional defiant disorder
- Rages/mood swings
- Attention/focus/concentration
- Reactive attachment disorder
- Autism/Asperger's
- Learning disabilities
- Obsessive compulsive disorder





### HOW MANY SESSIONS ARE NEEDED TO BEGIN SEEING RESULTS?

As the brain learns, you will see the changes. However, everyone learns at different speeds, so it cannot be determined how quickly someone will learn. On average, children take about 10-20 sessions to see changes and we can discuss what to expect during the intake appointment. For adults changes are usually noticed within 10 sessions. Total treatment is an average of 40 sessions, however we individualize treatment – some people need more and some less.

### NEUROFEEDBACK AND MEDICATION

As your brain begins to work more efficiently, medications also work better. For those who cannot take or are only marginally responsive to medication, neurofeedback can offer an alternative or supportive role to drug therapy by stimulating or inhibiting brain activity at the same basic neurological level as medication. Eventually with training, many people find they are able to reduce the dosages or cease taking some prescription drugs, but only after careful consultation and planning with the prescribing physician. For this reason, neurofeedback practitioners advocate consistent communication between clients and their physicians during training and encourage discussion of their neurofeedback experience with therapists and doctors so accommodations can be made as training progresses.

### WHAT IS A QEEG (QUANTITATIVE EEG) OR BRAIN MAP AND DO I NEED ONE?

The QEEG is a quantitative EEG. It's also called a brain map and does just that... it gives us a map of what is going on with the entire brain at one time. We attach electrodes to the whole head, 19 spots, and then record the brain waves with eyes open for 5 minutes and with eyes closed for 10 minutes. This recording is then sent to Advanced Psychological Services in North Carolina to be read and analyzed. They are able to not only give us a summary of significant findings but the report also shows the results of analyzing the data several different ways. The brain activity is not only compared spot by spot over the entire head, but we can also look at connections, symmetry, how different parts are communicating and all of this data is compared to a database of peers (same sex, handedness and age). It can help us see what areas need to be addressed more efficiently than just training spot by spot.

We don't always need this data to make improvements in symptoms but we do recommend it in certain situations. A QEEG can also be helpful information when diagnosing and/or trying to decide the best medication/supplement recommendations.

### HOW DO I GET STARTED?

Getting started with Neurofeedback is fairly simple. Call, text, or email our office to set up an intake session. At the intake session, you will receive a clinical interview, treatment plan recommendations, and a Neurofeedback session (if warranted in your treatment plan). We will also discuss the necessity or timing of a brain map or QEEG. It is not recommended that you stop your medication and you can continue your therapies. Call to make an appointment today!



### Renee Chillcott, LMHC

Renee Chillcott is a Licensed Mental Health Counselor that has been practicing Neurofeedback training since 2005. Renee holds a BA degree from The University of Central Florida and a Master's Degree in Psychology from Nova Southeastern University. She is a Licensed Mental Health Counselor and is the owner/operator of The Brain and Wellness Center, located in Boca Raton. At The Brain and Wellness Center, adults, teens, children and families enjoy a variety of services from multiple providers. Neurofeedback, Brain Mapping, Acupuncture, Nutritional Counseling, Learning Programs, and counseling are among a few of the services offered.



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 Johns Hopkins University School of Medicine



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 Join us to learn about the latest for Feminine Rejuvenation & treatment of stress incontinence. Refreshments will be served.
- Nov. 16<sup>th</sup> Put Your Best Face Forward. 12:30 pm - 1:30 pm**  
 Join us to learn more about the benefits of Fillers, Facials, Peels, Pellevé and how to rejuvenate your hands, all without surgery. LipoSonix non surgical fat reduction – Special savings now thru 12/31/16.
- Nov. 30<sup>th</sup> Mini Facelift & Fillers. 12:30 pm - 1:30 pm**  
 Come and learn about a wonderfully less invasive Facelift!  
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 Try our "Liquid Facelift".
- Dec. 7<sup>th</sup> "Skin Better Science" Lunch & Learn 12:30 pm - 1:30 pm**  
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# REPLACE OR KEEP A TOOTH: How Do I Decide?

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

**T**he 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 Periolase Dental Laser (LANAP procedure) to help save teeth, dental implants, regenerate supporting bone and treat periodontal disease without the use of traditional surgical procedures. Additionally, Dr. Cohen is certified in Pinhole Gum Rejuvenation, which is a scalpel and suture free procedure to treat gum recession with immediate results.*


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

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



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# “WELCOME RELIEF from Feminine Aging Symptoms”

by Dr. Robin Sykes

**M**any 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.

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**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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# Family Thanksgiving Activities

By iMOM.com

Over 200 years ago, after much thought and prayer, fully knowing their lives would be at risk, the great men of our country issued a declaration for independence. The result was the opportunity for us to enjoy a freedom that has allowed our country to prosper as no other country before it. We have so much for which we should be grateful.

## Declaration of Gratitude

As the founding fathers gathered in the Continental Congress long ago, gather your family. Discuss and list the freedoms, people, opportunities for which your family is grateful. Use the Declaration of Gratefulness to form your list. If you are celebrating with other families, take turns reading your declarations to each other. *To download a copy of the Declaration of Gratitude, go to [imom.com](http://imom.com) and type Declaration of Gratefulness in the search bar.*

After completing and reading your family declaration, consider praying as our founding fathers did for our nation, its leaders and its future.

## Fun Thanksgiving Activities

Thanksgiving Day is also for fun, food, and football. So when the food is enjoyed and the football is over (or the score is out of reach), it is time for fun! Here are some creative activities for kids and adults alike... rain, shine, or snow.

- Pin the tail on the turkey. Have your kids draw a turkey with a missing feather and feathered "tails" to take its place. Put a piece of tape on each tail and see who can get closest to the spot of the missing feather.



- If it's warm enough, head outside. Have three-legged races, play a "Pass the sweet potato" relay, or have a turkey trot race where everyone has to strut like a turkey. To make it even more fun, give out a trophy every year to the big winner. Inscribe the year and winner's name and have them bring back the trophy next Thanksgiving to hand off to the next winner.

- If you're stuck inside, play board games. Have a chess tournament, a monopoly marathon, or play Pictionary.

- Get a spiral notebook or journal. Write the date and have everyone write down what they're most thankful for from the past year. Make it a tradition. Bring out the book every year and add new memories.

- Decorating cookies isn't just for Christmas. Prebake some sugar or gingerbread cookies. Have a decorating station where the kids and adults can decorate Thanksgiving-themed cookies.

- Write down the names of everyone at your Thanksgiving dinner on slips of paper. Draw a name and tell what you're most thankful for in that person.

- Read the story of the Mayflower or the first Thanksgiving. Better yet, act it out!

- Have a blank card or have the children make a card. Have everyone sign it and mail it to a family member or a friend who couldn't join you.

- Have everyone bring a toiletry item (comb, brush, razor), snack food, or other small gift to pack up to send to a soldier overseas.



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# UNDERSTANDING DRY EYE AND BLEPHARITIS

**D**ry 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  $\geq 50$  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



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

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