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Health & Wellness[®]

MAGAZINE

December 2016

South Palm Beach Edition - Monthly

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YOUR TRESSES...**
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by Andrew M. Curtis, ESQ



TRUSTS ARE NOT JUST FOR THE WEALTHY



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

Another reason for having a revocable living trust is to protect against incapacity. In the trust, you designate who would manage

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

Further, once the decision is made to have a trust, the trust can in effect allow you to "rule from the grave"! with your assets distributed the same way you would have done as if you were still alive. For example, most wills simply say that on a person's death that his or her children inherit equally. However, think about it – once your child inherits your money, he or she is completely free to leave it to whomever he or she wants, such as a boyfriend, spouse, or other non-blood relatives. So let's say your daughter dies 5 years after you, and leaves the inheritance she got from you to her husband. Even if you like her husband, this could prove



to be a bad result, because the husband could remarry and the new spouse could have children from a previous marriage, and now all of a sudden your hard earned money is going to support kids you never knew. Further, if you leave your assets to your son in a regular will, his wife could divorce him and take the money. A Solution is to leave you assets to your children in a lifetime trust. They could each use the money for their normal living, but would be protected, and upon death, the remaining assets would pass to the child's children, (your grandchildren), or if none, to the child's siblings, not to some stranger.

Another place where trusts are extremely useful is in second marriage situations. If you simply leave your assets to your new spouse, he or she is free to leave the assets to his or her children, and not to yours, once

you pass on. Instead, a trust could be used, so that your assets would be available to care for your spouse after you die, but upon the spouse's subsequent death, the assets would pass to your children, not theirs. Don't assume your spouse will, follow your wishes, because after you die, his or her relationship with your children could change with the passage of time.

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

Trusts can also be used to protect your children's inheritance in the event they go bankrupt, divorce, or face a lawsuit.. And for persons with handicapped children, a "supple-

mental needs trust" can be utilized, to make sure the government simply doesn't take the disabled child's, inheritance as reimbursement for goverment benefits, and to make sure the child does not lose such benefits.

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

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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Don't STRESS your TRESSES...

How to Keep Your Hair from Falling Out During this (Stressful) Holiday Season

By Dr. Alan J. Bauman

With the holiday season upon us, we're not too far from the mega-stress that comes with shopping, dealing with out-of-town guests, making special meal preparations, traveling and everything else in between. We all know that stress can take its toll on our physical and mental health, but did you know it can also affect your hair?



That's right, the increased emotional stress from the holidays can severely impact our hair follicles. This effect is due in part to elevated cortisol levels and other hormonal fluctuations that happen inside us. These physiological responses to stress can lead to temporary hair and scalp related problems such as excess shedding, hair thinning as well as dry and even flaky scalps.

The good news for us this holiday season is that stress alone doesn't cause permanent hair loss; the bad news however is that it can also lead to a hair loss situation called 'telogen effluvium' or excessive temporary shedding while also influencing and accelerating the 'normal' timeline for permanent hereditary male and female pattern hair loss to occur. People who are most susceptible to this type of stress-induced fallout are also likely have other factors working against them. Contributing factors to hair loss range from genetic predispositions to baldness, to certain health and lifestyle risk factors that may already be stressing on the hair follicles (e.g., illness, hormonal imbalance, lack of sleep, medications, poor nutrition, smoking, etc.).

Whether your problem is thinning hair, a dry or even flaky scalp, or hair that has simply lost its luster, here are a few simple steps you can take to put a life back into your "stressed tresses."

Scalp Makeover – If you're looking for something relaxing to gift either to yourself or for a loved one, consider booking a 'Scalp Makeover' appointment. During this scalp pampering session, each guest can enjoy a therapeutic scalp steaming and a relaxing scalp massage, as well as hair growth boosting treatments such as low-level laser light therapy. A beautiful head of hair starts with a healthy scalp. A scalp makeover can serve as a relaxing break that will also help overcome common hair problems, including hair thinning, excessive shedding and breakage.

Feed Healthy Hair – Your body needs food to live and grow, and in turn, so does your hair. How you eat can determine how healthy, or unhealthy, your hair is going to be. Women and men who lack a balanced nutrition are more at risk of having thinning occur to their hair. Another tip is to avoid extreme "crash" diets because they can lead to major shedding and temporary hair loss. For those looking to give their hair a real added boost, nutritional supplements added to a healthy diet can be extremely effective in helping follicles produce healthier, stronger, shinier hair.

Nutritional Supplements – Another easy way to support healthy hair throughout the holidays (and year round), is with specialized nutritional supplements which can boost healthy hair growth and improve the overall quality and appearance of your hair. While taking a vitamin seems like an easy fix, it is important to do your homework, because not all hair supplements are created equal. Some good choices include Bauman MD Hair Vitamin Complex and Viviscal Professional, which contains Amino-Mar (sustainable shark cartilage) as well as high-dose medical-grade 10,000 mcg Biotin taken daily. Nutrafol is another high-tech hair supplement that has promised to be helpful for "stress shedding."

Low Level Laser Light Therapy – Over the past few years, the FDA has given the "official approval" to a select few low-level laser devices as proven safe and effective for the treatment of hair loss by regrowing and improving hair growth-and not just for men, but for women too. The latest group of hands-free helmets and caps, offers a discreet, powerful, convenient and effective hair loss treatment that is non-chemical, non-invasive, as well as side-effect and pain-free.

Platelet-Rich Plasma (PRP) for Hair Regrowth – A PRP treatment is a quick yet highly effective "lunchtime" procedure that is great to have done especially during the holidays to combat hair loss. Natural growth factors locked within the platelets of your own blood are concentrated, collected and then carefully redirected into the areas of hair loss, stimulating hair regrowth.



This before and after photograph shows the hair regrowth results for a 40-year-old female patient who had a PRP hair regrowth treatment done by Dr. Alan J. Bauman at Bauman Medical in Boca Raton, Florida. Notice the increase in scalp coverage as well as improved hair quality, shine and overall appearance. Photo Courtesy of Bauman Medical Group, P.A.. Copyright 2016. All Rights Reserved.

A PRP session only takes about one hour and there is virtually no downtime afterwards. Be sure to choose a board-certified hair specialist when looking for where to get a PRP hair regrowth treatment done because not all PRP procedures are done equally.

It is important to know that hair loss or other hair problems caused by stress, whether emotional or physical, can be particularly difficult to self-diagnose. A temporary hair loss episode doesn't usually happen immediately following the stressful period or triggering event – it often

happens weeks, or even months afterwards. This means that you may not see the impact of a stressful holiday season until one or maybe even two months later.

To properly diagnose the cause of your hair loss or thinning, or other serious hair or scalp problems, it is important to be evaluated by a board-certified hair restoration physician, who can accurately measure and evaluate your situation--helping determine if your hair loss is in fact due to stress, or if it is a symptom of a more serious underlying health condition.

Beware of Holiday-Related “Crash” Diets

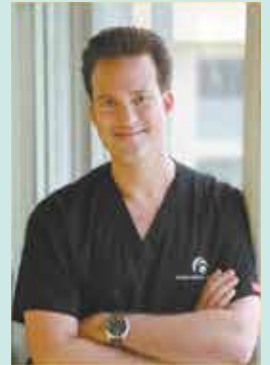
Crash dieting may seem like the perfect way to shed some of the unwanted pounds we may all inevitably pack on during the holidays, but these drastic changes in nutrition can have serious implications on our health – and our hair.

- ‘Crash dieting’ can lead to temporary hair loss.
- Four to six weeks after starting a crash diet, major shedding may occur anywhere throughout the scalp.
- A steep drop in nutrients to the body forces some hair follicles to shed their hair strands and go into a prolonged resting phase during which time no new hairs are grown.
- Shedding condition is usually temporary, but it could still take anywhere from 6 to 10 months for the hair to return.

If you are concerned about sudden hair loss or are experiencing thinning hair following an extreme diet, seek advice and an evaluation from a hair restoration physician for measurements, treatments and tracking because untreated hereditary hair loss always gets worse with time.

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 procedures. An international



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

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

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NEW TECHNOLOGY PREDICTS EARLY AGE HEART DISEASE RISKS



Look for a new noninvasive technology in your Primary Care Physician's office that can accurately predict your risk of heart disease by age 30.

Area Primary Care Physicians are just learning of new technology aiding them in identifying and providing early intervention for those at increased risk of heart disease. And the response is tremendous. This new technology allows physicians to identify individuals at increased risk of heart disease as early as 30 years old, long before currently available screening tests can detect. This new insight, into the actual artery function, is ground breaking and will revolutionize how PCP's screen, test, and treat all arterial diseases including Coronary (heart), Cerebrovascular (stroke) and Peripheral arterial disease.

The underlying cause of a heart attack is Coronary Artery Disease (CAD). CAD is the leading cause of death of all individual over the age of 65 in the United States. 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 1/2 of all deaths in the US annually.

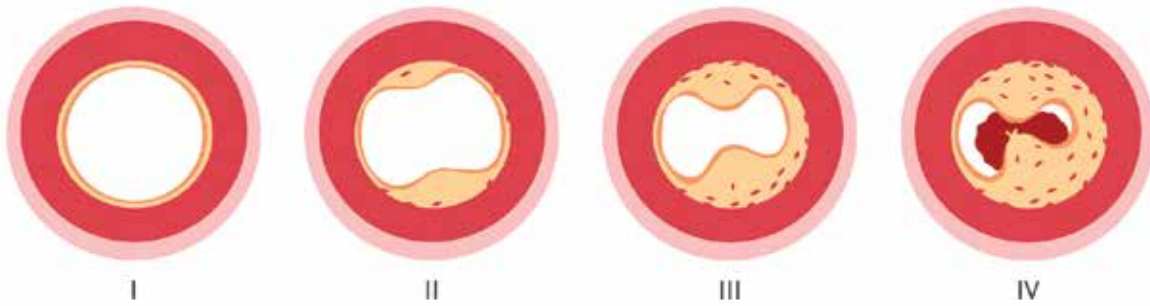
This epidemic has become the focus of many medical professionals, from blood lipid screenings, stress tests, MRI's, CT scans, Thallium Scans, PET scans to Coronary Angioplasty (heart cath). However, all of these tests are costly, some invasive and none allow us to see effectively what is happening to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

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.

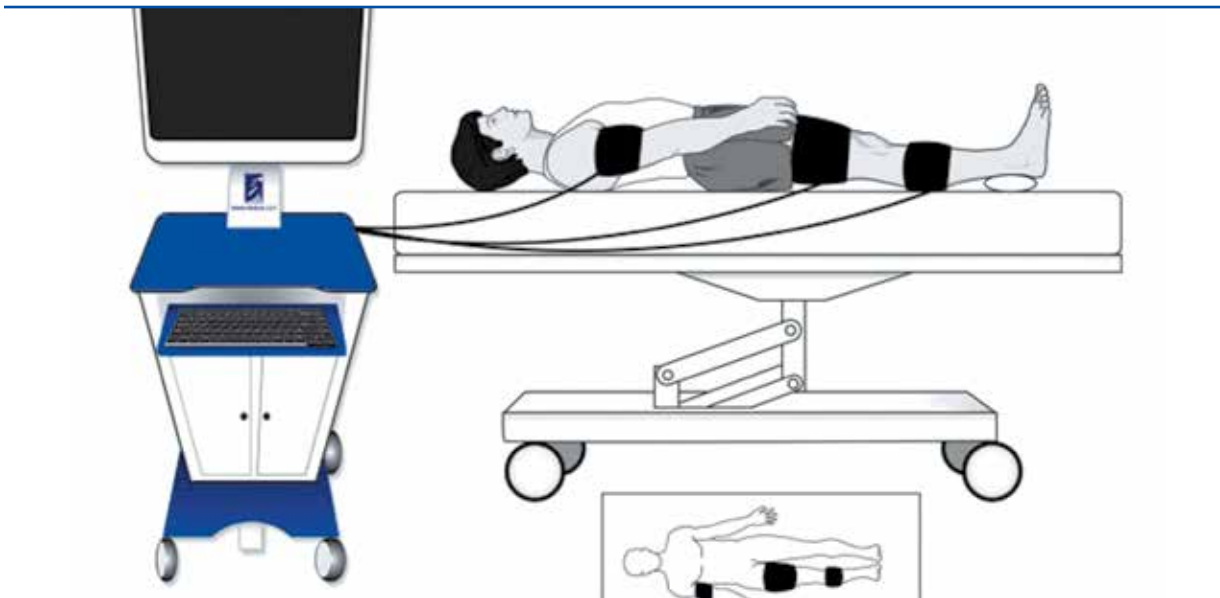
In truth, most people with atherosclerosis have no symptoms. Advanced CAD may exist with minimal or no symptoms and can progress rapidly to an abrupt closure of the artery, possibly resulting in a catastrophic event. Sudden death is the first symptom of coronary heart disease in 50% of heart attack deaths. 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. A medical pioneer and inventor has done just 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.

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.



Development of the Early Atherosclerosis



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 research has shown not effective in measuring atherosclerosis and cardiovascular risk. In contrast the Soteria Cardiac Platform cost only \$200 and is covered by most insurers.

This is truly a win – win for the public and the Primary Care Physician. The patient will have the opportunity to receive the screening in their PCP's office on an annual basis, or more regularly if indicated due to increased risk. The PCP will have the opportunity to receive the technology and training on the testing equipment at no cost. Currently the Soteria Cardiac Platform is being used in 30 South Florida medical offices. This is expected to quickly expand as the company is now prepared for mass distribution. If your medical office is interested in learning more about the Soteria Cardiac Platform, or if you as a patient would like to find an office currently offering this test please call **305-595-4447**, Email graines@SoteriaMed.net, or visit www.SoteriaMed.net.

Dr. Jeffrey Kent Raines

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



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Pain Management for Sciatica



SCIATICA TREATMENT

Sciatica refers to pain that radiates along the path of the sciatic nerve, which branches from your lower back through your hips and buttocks and down each leg. Typically, sciatica affects only one or both sides of your body.

Sciatica most commonly occurs when a herniated disk, bone spur (arthritis) on the spine or narrowing of the spine (spinal stenosis) compresses part of the nerve. This causes inflammation, pain and often some numbness in the affected leg(s).

Although the pain associated with sciatica can be severe, most cases resolve with non-operative treatments in a few weeks with treatment that Dr. Rosenblatt can easily perform.

Pain that radiates from your lower (lumbar) spine to your buttock and down the back of your leg is the hallmark of sciatica. You might feel the discomfort almost anywhere along the nerve pathway, but it's especially likely to follow a path from your low back to your buttock and the back of your thigh and calf.

The pain can vary widely, from a mild ache to a sharp, burning sensation or excruciating pain. Sometimes it can feel like a jolt or electric shock. It can be worse when you cough or sneeze, and prolonged sitting or walking can aggravate



By Aaron Rosenblatt, MD

symptoms. Some people also have numbness, tingling or muscle weakness in the affected leg or foot. You might have pain in one part of your leg and numbness in another part. You do not have to have low back pain to have sciatic pain.

Please call Dr. Rosenblatt when self-care measures fail to ease your symptoms or if your pain lasts longer than a week, is severe or becomes progressively worse. **Get immediate medical care if:**

- *You have sudden, severe pain in your low back or leg and numbness or muscle weakness in your leg*
- *The pain follows a violent injury, such as a traffic accident*
- *You have trouble controlling your bowels or bladder*

Sciatica occurs when the sciatic nerve becomes pinched, usually by a herniated disk in your spine or by an overgrowth of bone (bone spur) on your vertebrae. More rarely, the nerve can be compressed other tissue or damaged by a disease such as diabetes. Shingles is another common cause that would require treatment.

During the physical exam, Dr. Rosenblatt will check your muscle strength and reflexes. For example, you may be asked to walk on your toes or heels, rise from a squatting position and, while lying on your back, lift your legs one at a time. Pain that results from sciatica will usually worsen during these activities.



Many people have herniated disks or bone spurs that will show up on X-rays and other imaging tests but have no symptoms. So doctors don't typically order these tests unless your pain is severe, or it doesn't improve within a few weeks.

- **X-RAY.** An X-ray of your spine may reveal an overgrowth of bone (bone spur) that may be pressing on a nerve.

- **MRI.** This procedure uses a powerful magnet and radio waves to produce cross-sectional images of your back. An MRI produces detailed images



of bone and soft tissues such as herniated disks. During the test, you lie on a table that moves into the MRI machine.

- **CT SCAN.** Can also be used for a faster imaging result or when an MRI is not allowed.

After evaluation, Dr. Rosenblatt might recommend injection of a medication into the area around the involved nerve root(s). This can help reduce and or eliminate pain by suppressing inflammation around the irritated nerve. This can greatly improve the pain and discomfort from the multiple causes of sciatica and help improve an individuals overall function. There are several different types of nerve root treatments to consider based on the location and severity of the impingement of the nerve. Usually treatment takes no longer than 5-6 minutes and can provide immediate relief!

Dr. Rosenblatt explains, "This procedure is simple and helps people of all ages to help feel less pain and function at a higher level. It is great for neck and lumbar spine pain. It will also help to avoid unnecessary spine surgery."

In Dr. Rosenblatt's beautiful freestanding interventional pain management building in Delray Beach, FL, thousands of individuals have been able to benefit from this technique. Dr. Rosenblatt has been performing this procedure for more than 17 years with great success. Please look forward to more articles about Dr. Aaron Rosenblatt and the vast number of procedures he performs to help people with all types of pain. His main focus is to help individuals avoid surgery, eliminate pain medications and to ultimately feel much better on a daily basis and enjoy life!

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THE MCU™ Provides Miraculous Relief From Chronic Neck Pain



Neck pain is a common occurrence in normal day life, **now there is a solution!**

A practicing dentist for 35 years in New York, Robert Herbsman is now retired and living in Juno Beach. The constant bending over to work on patients' teeth while seated in his dental chair left him with severe head and neck pain.

"The pain in my head would go down through the back of my skull and push into the temporal areas," Robert recalls. "The pain would come and go, but when it did occur, I would say it was a ten on a scale of one to ten. It was almost debilitating. And I couldn't take an aspirin and expect it to go away. It wasn't that kind of headache."

Robert went to see more than one neurologist and underwent numerous MRIs and CT scans attempting to pinpoint the problem.

"Not one of them could give me a definitive answer as to what was going on," he recalls. "It was extremely frustrating for me. I tried acupuncture, injections and chiropractic. Nothing worked long term. It was always a temporary fix. I grew so frustrated I just decided to give up for a while."

An avid outdoorsman, Robert enjoys kayaking, the beach and cycling long distances. He eventually became physically unable to continue with those favorite activities.

"I lost my zest for life when I got to a point where I had to stop doing the things I loved because of the constant pain," he explains. "You fall into a depression when that happens. I did not want to continue like that."

One day while lounging at his community pool, Robert received some unsolicited advice from a neighbor.

"My neighbor is a massage therapist at Active Health Center, she thought perhaps the problem was muscle related, so she suggested I come in for some massages, which I did," he shares. "It helped tremendously, and over time she suggested I see one of the doctors there and try their MCU machine."

The MCU, or *Multi-Cervical Unit*, works to isolate and strengthen weak muscles in the neck.

Robert took heed of his neighbor's advice and made an appointment to see Colin O. Behrue, DC, at Active Health Center.

An accurate diagnosis

During his initial consultation, Dr. Behrue determined that Robert had degenerative discs in his neck, bone spurs and arthritis.

“As a dentist for so many years, he tended to use one side of his body while treating patients, so he was leaning a lot to one side, and he had his neck bent all the time. As a result of that repetitive motion, a lot of damage incurred in the cervical area,” Dr. Behrue describes.

Robert’s treatment plan began with chiropractic care to regain his range of motion.

“He started with gentle, very specific chiropractic care,” Dr. Behrue shares. “Once Robert was able to turn his neck again without constant pain, such as when he is driving a car, we then moved forward with light physical therapy in order to train his muscles and his body to recognize what his ‘new normal’ is.”

Robert’s treatments with the MCU began shortly thereafter. The treatments are specifically designed for each individual to strengthen his/her neck muscles in the identified areas of weakness.

Finding the missing piece

“Doctors need to know about the MCU,” states Marc Weinberg, DC, “because the research is there. Until the MCU came along, there was no technology to objectively measure and treat neck weakness.”

He explains that the MCU is both diagnostic and therapeutic, once an individual has been tested, the treatment is relatively easy. “When we do the testing, the patient goes through a series of isometric strength exercises. They don’t have to move, but the machine records sixteen different ranges of motion. Once we use the testing functions of the MCU to find the source of weakness, the machine goes to work to fix the problem.”

According to Dr. Weinberg, research indicates the MCU is the absolute best way to strengthen the neck. It’s the missing piece of traditional neck pain care, and a must to treat neck weakness.

“Starting in the 1990s, a fair amount of research came out. The research showed that neck weakness leads to neck pain, and you need to address the neck weakness first in order to treat the pain,” explains Dr. Weinberg. “If someone gets into a car accident, or has ongoing repetitive motion, micro-trauma (from keeping their head down all the time, like Robert) they start off with some neck discomfort. The muscles become inhibited, and that weakness leads to more pain, which leads to further weakness: It’s a vicious cycle.

“We see patients coming in with many different symptoms – pain, headaches, numbness, tingling – but oftentimes these other factors can be stabilized just from strengthening the neck,” Dr. Weinberg explains.

The average treatment regimen is nine weeks, but people typically begin to see results in just three to five weeks.

“It’s completely painless, easy to use, and we constantly monitor every patient,” adds Dr. Behrue.

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



“Many of our patients, like Robert, 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.”

Robert says he has returned to enjoying his favorite outdoor activities once again.

“I can paddle my kayak and pedal for miles on my bike, and I feel great. Better than I ever have. Dr. Behrue is very knowledgeable and has a lot of compassion for his patients. I consider myself to be the lucky one! I’m glad I found them!”

If you or someone you love is suffering from neck pain or recurrent headaches, give the staff at Active Health Center a call and see if the MCU is right for you.

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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:



CANABIDIOL—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.

Samantha Brown – Boynton Beach. *"I suffer from severe migraine headaches and use to take up to 8 Excedrin a day but since I started CBD I've been able to go about my daily routine without any delays from my condition."*

David Anderson – Lake Worth. *"My seizures went from seven to eight a month down to one since I started CBD products."*

Alicia Gomez – Boca Raton. *"Since using CBD I have felt a decrease in my anxiety and pain from my arthritis."*



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



Laser Liposuction

Laser Liposuction has been around for many years and should have made traditional liposuction obsolete by now, however many physicians are still performing traditional liposuction for several reasons. It can be performed under general anesthesia, and there is no large investment involved as there is with a laser technology. When a patient is put under general anesthesia, the trauma that is caused during the procedure only becomes evident after we wake up. We consider liposuction to be surgery and we expect to have post-surgical consequences which include pain, bruising, swelling, and downtime for several weeks if not more. No pain, no gain right? Not necessarily.

LASER LIPOSUCTION HAS MANY ADVANTAGES OVER TRADITIONAL LIPOSUCTION.

Less Downtime

With traditional liposuction, a cannula is forced under the skin to manually break up the tissue. This movement and force can cause trauma that is comparable to an impact that is felt by a severe car crash. However, the laser fiber that is used during the laser liposuction, replaces this technique and gently melts the fat without the abrupt force. Since we only create a tiny incision that is 1.5mm in size there is minimal scarring. Although swelling and bruising and pain can occur it is minimized. We do not use drains or even stitches and patients are fully ambulatory after the procedure.

Flexible Fiber

Laser liposuction is performed with a laser that uses a fiber that is as small as the stem of an ink pen. It is flexible in nature so it allows for more precise angles and movements to target the hard to reach areas such as the area surrounding the rib cage. As I've seen in many cases, clients who visit me after liposuction performed years prior, there is often a fat bulge that runs along the ribcage because it cannot be reached safely without the possibility of puncturing a lung. So physicians usually steer clear of that area to avoid the risks. With the small flexible laser fiber, we can safely reach those similar types of areas with only minimal risk involved.

Less Risk

Since we are able to locally anesthetize the patient without putting them under, the risks that are associated with general anesthesia are eliminated. There is minimal risk of blood clots compared to traditional liposuction since patient are up and about immediately after surgery. Also, the patients are able to drive home if narcotic prescription

medications are not taken. In most cases, patients choose not to take any.

Skin Tightening

After traditional liposuction, the fat is removed and then what? Loose hanging skin is left? That is exactly what can happen. If you are a young individual then chances are you will have good skin retraction, but with laser liposuction we are able to use a specific wavelength once the fat is removed that is very effective for skin tightening. The skin tightening will continue to improve for up to six months after the procedure.

Even Results

With manual disruption of fat cells, it is not possible to evenly break up the fat. Often times there are ripples that are left under the skin. By using a laser to melt the fat cells, we can keep treating the area until all the fat is evenly melted and dislodged, thereby achieving more even and precise results.

In order to assess whether or not a patient is a candidate, a complimentary consultation is recommended.



BEFORE



AFTER

FOR MORE INFORMATION visit
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 for a complimentary consultation.



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

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Could it be your child's eyes?

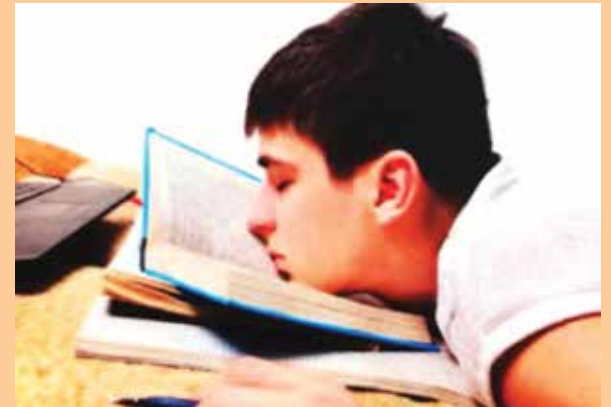
ADD/ADHD *Dyslexia* **Anxiety**
Reluctant Reader
Headaches

What Could my Child be Experiencing?

Your child might be suffering from Binocular Vision Dysfunction (BVD). With BVD, one eye sees an image differently (vertically, horizontally or both) than the other eye. The body corrects this by overusing and severely straining the eye muscles, causing the symptoms of BVD which include headaches, blurry vision, dizziness, difficulty with reading, learning and concentrating, and even anxiety in large spaces like malls.

Why Does BVD often go Undiagnosed in Children?

When children enter school, they are given standard vision screening. They are tested to determine how well each eye can see (visual acuity). You know the one—cover one eye, read the eye chart...cover the other eye, read the eye chart. They are not tested to see how well their eyes work together as a team (binocular vision) to identify major eye misalignment and double vision. The schools do not test for small amounts of misalignment. Any amount of eye misalignment can lead to reading and attention difficulties. Since BVD may affect up to 50% of children diagnosed with ADD/ADHD, reading and other learning problems, it is critical to test for even small misalignment amount.



Signs your child may have BVD:

- ◆ They “tilt” their head
- ◆ Motion sickness
- ◆ Nausea/Difficulty gaining weight
- ◆ Clumsiness (poor depth perception)
- ◆ Headaches
- ◆ Dizziness
- ◆ Sore, tired eyes
- ◆ Skip lines when reading
- ◆ Re-reading for comprehension
- ◆ Blurred or double vision
- ◆ Light sensitivity
- ◆ Closing or covering an eye
- ◆ Anxiety

What is the solution?

iSee VisionCare patients, under the care of Dr. Sonneberg, undergo a detailed and thorough examination of their vision, including assessment for small amounts of eye misalignment (the NeuroVisual evaluation). Problems with near vision, far vision and alignment will be corrected using Vis-Align™ glasses, resulting in a reduction (or sometimes elimination) of their symptoms.

How do I find out if my child has BVD?

Call our office today to get the easy-to-complete screening questionnaire. Dr. Sonneberg will call you with the results and let you know if she might be able to help your child.

To find out, visit: www.iseevisioncare.com

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What would your child draw if he/she could see?



Before glasses

RuthAnn's Story

Seven-year old RuthAnn was having difficulty reading and paying attention in school. She was asked to draw a picture of her doctor prior to her exam (image on left). After RuthAnn received her new Vis-Align™ glasses, she drew the picture on the right of her doctor.



With Vis-Align™ Glasses

Jessica's Headaches

"My daughter had headaches so bad she missed a lot of school. Some days all she could do was to lie in a dark room and sleep. Her pediatrician and neurologist tried a number of medications, but nothing really seemed to work. CAT scans, MRI's and all of the other tests didn't find the problem, but the doctors that specialize in NeuroVisual evaluations did. She has subtle eye misalignment, and her Vis-Align™ glasses corrected it. Now Jessica rarely has bad headaches and almost never misses school."

Mother of Jessica, 13 years old

Chris' Concussion

"Chris hit his head when he fell off his bike two years ago and hasn't been the same since. He had been getting headaches frequently, and was nauseous a lot. He was clumsy and uncoordinated. He used to be a good reader, but after his concussion he read slowly and had trouble concentrating, which made homework a struggle for him. In spite of all of his hard work, his grades had fallen. The Vis-Align™ glasses prescribed by his doctor have made an unbelievable difference in all of these problems!"

Father of Chris, 9 years old

Sammy's Concentration Difficulties

"I've had trouble sitting still in school since first grade. I've been told I have ADD/ADHD and a 'learning disability'. Medications and other treatments really didn't seem to help much. Before I started using my Vis-Align™ glasses, I had difficulty concentrating, and reading was hard for me to do. I was a very slow reader – I had to read the same paragraph two or three times to understand it. My teachers thought I was lazy because I seemed smarter than my test scores."

Sammy, 17 years old

In 1995 doctors developed the NeuroVisual Evaluation™ (a specialized eye exam that finds the hidden misalignment of BVD). The groundbreaking prismatic glasses eliminate the need for the body to make any corrections resulting in a reduction or even elimination of the symptoms of BVD.

**Visit BVDKids.com
to see kids' BVD stories**



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Live Life Through a New Lens

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Is this all HOCUS POCUS or does NEUROFEEDBACK really work?

By Renee Chillcott, LMHC

Trying to figure out the best way to help yourself or your loved one can be maddening. There are so many treatment options out there and every one of them claims to “BE THE BEST” and of course it’s never for a small fee and always for a substantial financial commitment. So I’ve made it my mission to educate you on what Neurofeedback is, what it does well, what it doesn’t do well, the differences between a few things and some stories mixed with real research.

First things first. What is Neurofeedback?

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.

Neurofeedback teaches and guides 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.

Now that I have a small idea of what it is... can it help me?

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 is effective for all ages; children who experience focus and learning problems, mood regulation problems, autism spectrum disorders, and processing issues all benefit. Through brain training, children can learn to better concentrate on school-work, 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. We have treated children as young as 18 months and adults as young as 90.

What conditions does Neurofeedback produce the BEST results for?

When your brain is not functioning the way it is supposed to, you have symptoms. It’s these symptoms that lead us to a diagnosis. In reality, you may have all, some, a mixture or something different from this list:

Anxiety

- ADD/ADHD/Focus
- Auditory/visual processing
- Peak performance
- Autism/Asperger’s

Sleep disorders

- Sensory processing disorder
- Migraines/headaches
- Oppositional defiant disorder
- Learning disabilities

Depression

- Bipolar disorder
- Cognitive decline
- Rages/mood swings
- Obsessive compulsive disorder

Does that mean that the rest of the conditions you list on your website aren’t helped by Neurofeedback? Why do you list them?

Conditions or symptoms resulting from:

- Seizure disorders
- Chronic pain/Fibromyalgia
- Traumatic brain injuries
- Stroke
- Parkinson’s/Alzheimer’s
- Addiction/Substance Abuse
- Autism/Asperger’s (Yes, I put this on both lists).

These Conditions/symptoms are brain related, and many clients have experienced improvements with Neurofeedback, however, these conditions are more complex than the one’s listed above. Although truly an amazing thing to happen, improvements from



these conditions can take a lot longer, and typically require multiple modalities in order to provide the best treatment. We make it our commitment to be upfront, honest, and very real about what it takes to treat these conditions as well as what improvements to expect. Autism and Asperger’s syndrome are on both lists because, as we are becoming more aware of, these conditions range in severity on a spectrum and therefore the treatment modalities and results can also range on a spectrum.

An example of a case from this week....

A 46 year old woman came in suffering from PTSD after watching her fiancé have a fatal heart attack while they were on vacation. It’s been 14 weeks since the incident, however she is able to describe in detail the trauma, the events that led up to the trauma, stresses of her current financial situation due to the trauma and of course her incredible feelings of loss, sorrow, and loneliness. As a therapist, I listen, reflect with her, and am empathetic. As a neurofeedback therapist I realize that these events are replaying in her brain, over and over again like a looped film. They replay constantly, regardless of her activity. Her brain is stuck.

This is not an uncommon situation for anyone who endures intense stress. This stress can be very traumatic, as is the case with the loss of a loved one. Or this stress can just be intense; financial stress, marital or relationship stress, familial stress, and any combination of stress that causes the brain to be overwhelmed. When we encounter a stressful situation, our brain naturally kicks into overdrive. Our arousal levels raise, we fire faster neurons and make more intense chemicals like adrenaline in the brain. When the stress is over, we fully expect our brain to normalize. The fast neurons come down to a normal

amount, calmer neurons take over and more relaxing chemicals such as cortisol are being produced. This all occurs on an automatic level inside our brain. Behaviorally, we return to our normal routines, tell ourselves that everything is going to be ok, and “get over it”. But what happens when we try to do the calm down behaviors but the brain is continuing to act as if the trauma just happened? What happens when our brain “gets stuck” in overdrive? This is when dysfunction comes into play and we seek help. It can be very helpful to “talk it out” with a therapist, however, if the neurons are continuing to be “stuck” in this high arousal state, we’re going to continue to have symptoms. Those symptoms may be in the forefront of our daily lives as in the case of PTSD, or they may be brewing under the surface and rear their heads at non-significant times as in the case of panic disorder or panic attacks. Of course, they could just settle down enough to give us an overall sense of generalized anxiety. In any case, the solution is to teach the neurons how to regulate back to a “normal” state.

So, in the case of my client, with one neurofeedback session, she felt better; not where she was before the trauma, but noticeably better. With the second session, she reported sleeping for 6 straight hours (the first time in 14 weeks) and not crying while putting on makeup. She was ecstatic and although didn't quite have her head wrapped around how this was working, was convinced that it was, and was longing for more.

How long is treatment?

There are neurofeedback programs that spell out the number of sessions you will need; 20, 30, 40. In my experience I find that every brain is incredibly unique and because of that, everyone's treatment is also unique. In the case of my adult client with PTSD, she noticed a change in her brain state within 1-2 sessions. That is sometimes the case. Other times it may take up to 10 sessions to put your finger on the changes and/or to get your brain to respond to training. In the case of children, we find that number to be higher. We expect to see changes in behaviors (they very often cannot report a change in how they feel) within 20 sessions. Once we start seeing that your brain is improving, we need repetitions in order to teach your brain to maintain this new pattern. Our goal is for you to sustain this ability for your brain to shift states automatically over time, therefore, as you notice improvements from session to session, we will start increasing the time in between your sessions. The ultimate goal is for you to “call us if you need us”. Research and literature puts neurofeedback sessions in total at an average of 40. We have experienced clients needing more and clients needing less. At the initial evaluation we may be able to give you a more educated estimate based on the condition and situation. But at the end of the day, it is not possible to tell the brain how fast to learn, so patience is important.

Are the changes permanent and will I no longer need neurofeedback?

Neurofeedback is learning and as such, we tend to never forget. It's like “riding a bicycle” or learning how

to roller skate. Once the behavior, or neuropathway is developed or tweaked, it will always remember. However, we do not live in bubbles, therefore stresses and strains on our brain such as accidents, life events, chemical exposure, illness, trauma, or a super-moon may cause you to need a “tweak” or as we call it “booster session”. I have experienced first-hand the brain's ability to remember the neurofeedback process after as much as 6 years. With no neurofeedback in between. I hypothesize that this would hold true for any length of time. Therefore, when “boosters” are needed, it's typically 1-2 sessions and then the brain is back on track and on its way. There are always situations that occur that require sessions more often, however, I have yet to see a situation where we need to start from the beginning of treatment.

Does Neurofeedback work for everyone?

There is no modality that “works” for everyone. However, neurofeedback is learning. And even if a client comes in and does not see the results they expected to see, learning has occurred. The percentage of clients that feel as if neurofeedback didn't work for them is small...less than 10%. At the initial evaluation and throughout the process we work with you to not only correct brain patterns to where they should be but to also give you symptom relief that indicates Neurofeedback is working.

What's a QEEG and SPECT scan and do you assess the brain all along?

A QEEG (Quantitative Electroencephalogram) measures the electrical activity in the brain. As a neuron fires across the synapse it makes an electrical charge through a chemical reaction. The electrical charge is how we send information throughout the brain and body and the chemical reaction involves neurotransmitters (dopamine, serotonin, adrenaline, etc). By measuring this electrical charge using EEG we can tell how fast the neurons are firing and how many are firing at that speed. We use this EEG information to train/reward your brain in Neurofeedback. A QEEG is when we record the neurons on the entire head over a prolonged period of time. We record 5 minutes eyes open and 10 minutes eyes closed. This recording is then read by an independent specialist and variables such as connectivity or coherence, symmetry, amongst other findings are reported. A QEEG allows us to make inferences about blood flow in the brain. We can perform a QEEG in the office in approximately 1 hour.

A SPECT Scan (Single-photon emission computed tomography) gives us similar findings in a different way. A gamma-emitting radioisotope is injected into the patient allowing us to see the blood flow changes in the brain in a 3-D image. Inferences can then be made about the neuron firing that is occurring in the brain. SPECT scans are more invasive and more costly.

Through EEG we are able to see the behavior of the neurons at every session. However, we caution clients about using this as way to measure improvements. We use EEG to assess initially, however, as your brain's behavior can change from one session to the next, only drastic changes are typically noticed.

Slight changes in EEG from one session to another is more difficult to attribute to improvements. Our opinion is that the “proof is in the pudding”. We will check in every session to assess symptom changes. Changes in symptoms is an indication of a more balanced and flexible brain as well as improving your quality of life, therefore, we put a heavy emphasis on not only making the appropriate healthy brain changes but also making you, the person behind the brain, feel better.

I have more questions...how do I get started?

Getting started is easy, just give us a call. The Brain and Wellness Center staff will answer all of your questions, and help you get scheduled. If you are wondering what services are best for you? We can help determine that at the time of the intake, in a telephone consultation, or you can schedule a face to face consultation and see our facility. Call, email or message us today! Brain and Wellness Center, 7301 W. Palmetto Park Rd., Suite 102A, Boca Raton, FL 33433. **(561) 206-2706**, e-mail us at info@bocabraincenter.com, or text us at **(561) 206-2706** and don't forget to visit our website at www.BocaBrainCenter.com.

Neurofeedback has been researched and studied since the 1960's. Some areas where research can be found are journals, books, and online resources. Here are a few:

The Journal of Neurotherapy
ISNR.net
Eegspectrum.com



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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Underlying Reasons for Limb Swelling

By Alyssa Parker

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

HOW THE LYMPHATIC SYSTEM WORKS

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

WHAT IS LYMPHEDEMA?



Lymphedema is a degenerative condition which means it will only get worse over time without treatment. There is no cure for Lymphedema. Once a lymph node has been damaged, your lymphatic can

become compromised. Over the years, as you get older, you may incur irreversible damage to the lymphatic system through



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

COMPRESSION PUMP TREATMENT

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

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

POSSIBLE SYMPTOMS OF LYMPHEDEMA

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



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

Diuretics, you should be asking questions and seeing a specialist immediately. This is where choosing a physician experienced in recognizing and treating Lymphedema is critical.

SOME GOOD QUESTIONS TO ASK YOUR PHYSICIAN INCLUDE:

- Does my family have a history of swelling (Hereditary Lymphedema)?
- Stemmer's sign present?

- Pitting (push your finger into your skin and count how long it takes to return) or skin hardening?
- Hemosiderin staining (port wine skin stains or "red socks") appear from the ankles down?
- Traumatic injury or surgery potentially damaging Lymph nodes (Hip replacements, etc)?
- Radiation to Lymph areas?



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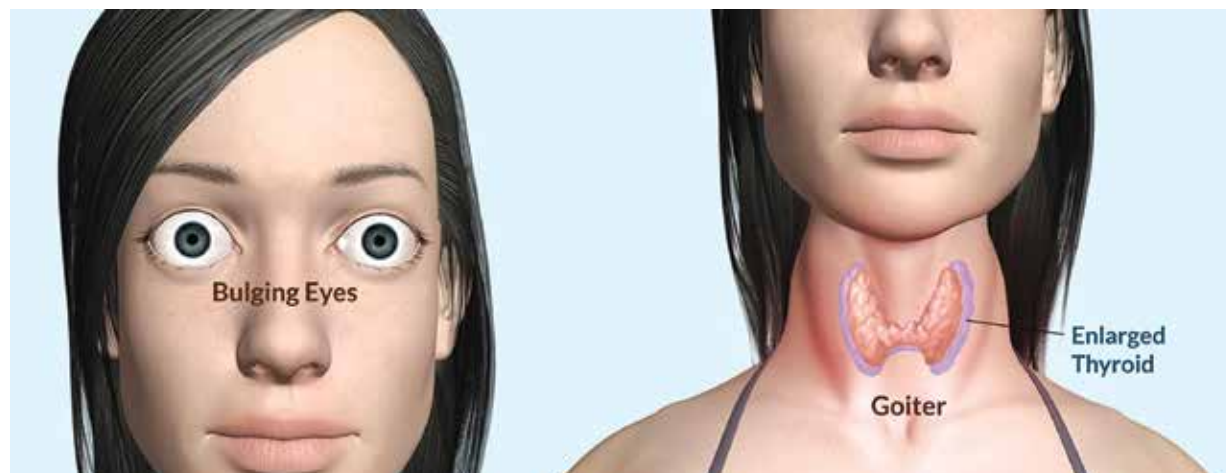
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What Is GRAVES' DISEASE?

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



Graves disease is an autoimmune disorder that leads to over activity of the thyroid gland (hyperthyroidism). The gland produces hormones that regulate your body's metabolism (the process by which the body transforms food into energy).

When Graves' disease affects the eyes, the condition is known as thyroid associated ophthalmopathy (TAO) or thyroid eye disease. Graves' disease usually appears before age 40.

Too much thyroid hormone along with circulating antibodies may cause the soft tissues and muscles that surround the eye to swell. Structures within the eye's orbit — the bony space in which the eyeball sits — include muscles, blood vessels and nerves. When these structures swell within the enclosed space of the orbit, the eyes protrude or bulge. This may lead to problems moving the eyes, often resulting in double vision, one of the more common signs of thyroid ophthalmopathy.

GRAVES' DISEASE SYMPTOMS

Graves' disease causes wide-ranging symptoms, some of which are related to the eye and others that are not.

Graves' disease symptoms that are not related to the eye include

- Anxiety;
- Irritability;

- Difficulty sleeping;
- Fatigue;
- A rapid or irregular heartbeat;
- A tremor of hands or fingers;
- An increase in perspiration or warm, moist skin;
- Sensitivity to heat; and
- Weight loss, despite normal eating habits.

THYROID DISEASE AND THE EYE

Graves' disease can affect the eyes in multiple ways.

Eyelid retraction. The combination of eyelid swelling and eye protrusion sometimes causes the eyelids to retract and reveal the sclera (the white part) of the eye.

Eye protrusion. This occurs when the muscles around the eyes swell, which pushes the eye forward. People with this condition look as if their eyes are bulging or they are staring.

Dry eye. Because of protrusion and eyelid retraction, the eyes are more exposed to the environment. This causes blurred vision, light sensitivity, dry eye, excessive tearing, irritation and inflammation.

Double vision. Muscle swelling may cause double vision.

Eye bags. Eyelid swelling can cause tissue around the eyes to bulge forward.

WHO IS AT RISK FOR GRAVES' DISEASE?

Women are much more likely to develop Graves' disease than men. Graves' disease usually appears before the age of 40. Having a family history of Graves' disease also increases your risk.

Other factors that can increase your risk for Graves' disease include:

- Smoking, which also increases your risk for developing eye problems from the disease;
- Pregnancy or recent childbirth;
- Stress; and
- Having an autoimmune disorder, such as rheumatoid arthritis or type 1 diabetes.

GRAVES' DISEASE DIAGNOSIS

To determine if you have Graves' disease or thyroid eye disease, your ophthalmologist will examine your eyes to see if they are irritated or protruding.

As part of a physical exam, your doctor will also check your pulse and blood pressure, and look



to see if your thyroid gland is enlarged. Blood work may also be ordered to check the levels of thyroid hormones. Your Eye M.D. may also recommend a CT scan, which can help show swelling of certain eye muscles.

GRAVES' DISEASE TREATMENT

If thyroid hormone levels are irregular, reducing the overproduction of thyroid hormone may be necessary. The eye problems associated with Graves' disease may be treated by non-surgical and surgical methods.

Non-surgical treatment may include taking steroid medications by mouth to control swelling and inflammation of the eye muscles, wearing sunglasses frequently to relieve light sensitivity associated with thyroid eye disease,

and applying lubricating ointment to relieve dry eye.

Surgical treatment for thyroid eye disease may include the following:

- Surgery of certain eye muscles to help treat double vision;
- Eyelid surgery to treat eyelid retraction and help protect the eye;
- A procedure called orbital decompression for certain advanced cases of thyroid eye disease.

This procedure, aimed at treating eye protrusion, consists of creating targeted breaks in some of the orbital bones to allow the swelling to expand to other areas and not push the eyes outward.



The Retina Institute of Florida

Lauren R. Rosecan

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5 Ways to Beat the Holiday Frenzy

By Dana Hall McCain

Around December 15th of last year, a mom at my kids' school looked at me, with hollow eyes, and said, "It's official: December is worse than May." The jam-packed schedule of holiday school festivities, church events, neighborhood gatherings, and the ever-growing list of what it takes to make Christmas "special" for your family had sapped her of all its intended joy. For many families, December has turned into an endurance test, rather than a season of rest, reflection, and celebration.

Here's the deal: You're in charge of you. Period. Most of the crushing busyness of Christmas is made up of things we can simply say "no" to. How do I know? I've been doing it for a couple of years, and my family's life is better for it.

Will someone occasionally do a double take when you're bold enough to say, "Thank you, but we won't be able to make it this year." or "My child won't be participating in the children's choir holiday extravaganza." (with its 15 rehearsals)? Maybe. Does it matter? Only if you value *appearing* to enjoy the celebration of the birth of Christ over actually *enjoying* the celebration of the birth of Christ. If they think you're nuts, you're probably doing something right.

Bottom line: We've all participated in the creation of this negative cultural phenomenon, and we're the only ones who can turn it around.

1. Scale back the gift-giving this year.

Are you, like me, guilty of turning the practice of giving a token of Christmas generosity to loved ones into a time-consuming and expensive train wreck? Every extra gift on that list is one more thing to pay for, one more thing to drive to the store to pickup, and one more thing to wrap. Here are some ways you might scale back:

- A few years ago, I talked with my brothers and sisters-in-law about the challenge. I suggested that we let our children participate in a gift exchange by drawing a name out of a hat and buying one gift for that person, rather than each family buying something for every niece and nephew. The kids love it.



It also created a new Thanksgiving tradition — as that's when they have the big drawing to see who will buy for whom! Gifts marked off my list: Four.

- Rather than receiving a litany of small and large gifts from "Santa," our children receive three each year — no more, no less. When they were children, we explained that Santa brings three gifts to children to remind them of the wise men who brought gifts to Baby Jesus. Gifts marked off my list: An infinite number that mathematicians speak of with reverence.

- No matter how short or long your list, keep your gift budget in check. To download our Money-Saving Christmas Gift Planner, go to imom.com.

2. Scale back the decorating.

Confession: I'm a Christmas decor snob. I don't like artificial greenery and much prefer to have wreaths and garland made from fresh material. The problem? Buying fresh greenery is expensive, unless you do lots of prep work yourself. I used to do this year-after-year and, all the while,

my heart was shrinking to Grinch-like proportions under the weight of the task. One day, while sitting on my back porch surrounded with piles of evergreen branches and floral wire, whispering bad words under my breath, I had a moment of clarity: I don't have to do this! Even if the garland is fake or doesn't exist at all, Christmas will still come! I made a nice bonfire out of the remaining branches and watched my evergreen anxiety drift away like the sparks in the crisp December air.

3. Scale back the need to accept invitations.

Let's revisit what an invitation is, shall we? It's just a little piece of paper letting you know that if you'd like to attend an event, your company would be welcomed. You're not obligated or required by law to go to any social gathering. Afraid of offending your host? Don't be. Just practice the art of the very gracious decline. It sounds something like this: "Thank you so much for inviting us for dinner. It sounds like so much fun! Unfortunately, we have a conflict that evening and won't be able to make it. I do hope we can do it another time. Thanks again for including us!" (If this seems like overkill, you should know that I'm Southern. Our communication and our tea are insanely sweet.) Besides, scheduled time on the sofa with your husband and kids is a legitimate conflict. Perhaps the most legitimate one you'll ever have.

4. Don't let the Church Ladies intimidate you.

I remember the first year I decided the "Children's All-Star Christmas Extravaganza/Play/Concert With Live Goats in the Manger" at my church was more than we could really handle. When I emailed the children's choir director to let her know (weeks in advance) that my grammar school daughter wouldn't be able to participate, she was shocked.



Disappointed. Saddened by our abject lack of love for Baby Jesus. For a time, I tried to explain that we really do love Baby Jesus, and that He was the reason we were trying to make our holiday more contemplative and less action-packed. But she didn't want to hear it. In her mind, we didn't care much for the Baby Jesus and held a chilling disregard for small farm animals. I knew in my heart that I do love Jesus *and* goats, and if she didn't understand, it was fine. With the 15 extravaganza rehearsals off the books, we had time for some family Christmas devotions and more. It was...perfect.


5. Don't pretend to be Martha if you're not.

For some people, all things baking and crafty come very naturally. They love to scour Pinterest for neat ways to package Christmas treats for neighbors and happily hum eighteen verses of "Angels We Have Heard on High" while putting it

all together. It's their native language. But for those of us who speak other languages, let's drop the need to pretend. Rather than stressing yourself out giving the kinds of gifts to friends and neighbors you think they expect, figure out what comes naturally to you. For instance, my neighbor, Rhoda, gives a small gift to the local food bank in our honor each year, and they provide her with a card to give us, making us aware of the contribution. We love it. I have another friend who writes a personal note to nearby families and includes a unique scripture chosen just for us in each one. Christmas cheer can look like many different ways, so don't be afraid to get outside the box!



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THE CORNEA

By David A. Goldman MD



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

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

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

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

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

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

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

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



DAVIDA. GOLDMAN

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

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

was followed by a medical internship at Mt. Sinai – Cabrini Medical Center in New York City. He then completed his residency and cornea fellowship at the Bascom Palmer Eye Institute in Miami, Florida. Throughout his training, he received multiple awards including 2nd place in the American College of Eye Surgeons Bloomberg memorial national cataract competition, nomination for the Ophthalmology Times writer’s award program, 2006 Paul Kayser International Scholar, and the American Society of Cataract and Refractive Surgery (ASCRS) research award in 2005, 2006, and 2007. Dr. Goldman currently serves as councilor from ASCRS to the American Academy of Ophthalmology. In addition to serving

as an examiner for board certification, Dr. Goldman also serves on committees to revise maintenance of certification exams for current ophthalmologists.

Dr. Goldman’s clinical practice encompasses medical, refractive, and non-refractive surgical diseases of the cornea, anterior segment, and lens. This includes, but is not limited to, corneal transplantation, microincisional cataract surgery, and LASIK. His research interests include advances in cataract and refractive technology, dry eye management, and internet applications of ophthalmology.

Dr. Goldman speaks English and Spanish.

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THE ARRIVAL

Do you ever find yourself in what seems like a hopeless situation? Is your life so hectic that you wish for just a moment of peace? Do you wish you laughed more, stopped to smell the roses, and enjoyed life more easily? Are relationships in your life broken – do you long for love?

If you answered “yes” to any of the above, then I have the answer for you. If you answered “no” then still read this article, commit it to memory, and bring it back to mind when need it.

Here is the answer: Christmas. Christmas is the season in which we can find all of the things we want (and need): hope, peace, joy, and love.

Many times Christmas is referred to as the Advent Season. In simplest terms, “advent” means “arrival”. But when speaking of Christmas, what exactly has arrived?. Sure, we celebrate the arrival of a baby born to a virgin in a small village in the Middle East. The baby’s name? Jesus.

But the arrival of Jesus means a lot more than just another birth. You see Christmas is the season when we celebrate the arrival of hope, peace, joy, and love because Jesus brings all those things in a relationship with Him.

We can have hope in a relationship with Jesus. No matter what may come, we anchor ourselves to the truth of Who Jesus is and what He’s done for us. The Scriptures remind us of the hope Jesus brings: “The people who walked in darkness have seen a great light; those who dwelt in a land of deep darkness, on them has light shone.” And we see it fulfilled: “She will bear a son, and you shall call his name Jesus, for he will save his people from their sins.”

Matthew 1:21

We can know peace because of the life we can have in Him. The prophets of old wrote: “For to us a child is born, to us a son is given; and the government shall be upon his shoulder, and his name shall be called Wonderful Counselor, Mighty God, Everlasting Father, (the) Prince of Peace”. Isaiah 9:6 And on the night in which Jesus was born, the angels proclaimed: “Glory to God in highest heaven, and peace on earth to those with whom God is pleased.” Luke 2:14

We can have joy in an abundant life in Christ. The angels also said: “Fear not, for behold, I bring you good news of great joy that will be for all the people. For unto you is born this day in the city of David a Savior, who is Christ the Lord.” Luke 2:8-14

And we can experience an unconditional love that never runs out. “For God so loved the world, that he gave his only Son, that whoever believes in him should not perish but have eternal life. For God did not send his Son into the world to condemn the world, but in order that the world might be saved through him.” John 3:16-17

So during this Advent Season as we celebrate The Arrival, think about all that means for us in our daily lives. As the carols play on the radio, as you see the “The Reason for the Season” bumper stickers, as you drop coins in the red buckets on the way into the store, remember that it’s about Jesus and the hope, peace, joy, and love that comes in a relationship with Him.

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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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