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September 2019

North Palm Beach Edition - Monthly



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Shedding Light on ALOPECIA AREATA

By Alan J. Bauman, MD, ABHRS

SEPTEMBER IS ALOPECIA AREATA AWARENESS MONTH

and it's an important opportunity for those suffering from alopecia areata and other less common forms of hair loss, like cicatricial (scarring) alopecia, to get educated about effective new hair restoration options that can help.



ABOUT ALOPECIA AREATA

According to the National Alopecia Areata Foundation, over 6.8 million people in the U.S. have, had, or will develop alopecia areata at some point in their lives. Unlike androgenetic alopecia (common male and female hereditary or “pattern” hair loss), alopecia areata is an autoimmune disorder in which the body’s immune system mistakenly attacks the hair follicles, resulting in the sudden loss of hair. Most often, hair loss occurs in small circular zones, with the hair itself coming out in clumps, leaving smooth, bald patches of varying sizes on the scalp, beard, or elsewhere on the body. Depending on the type and severity of alopecia, sufferers may experience one or more small bald patches on the scalp that spontaneously regrow, or it may progress to full cranial hair loss, including eyebrows and eyelashes, called alopecia totalis, or total body hair loss, otherwise known as alopecia universalis.

WHAT CAUSES IT?

Unfortunately, at this time, we don’t know exactly why the immune system attacks the body’s own hair follicles, but it is believed that genetic factors may contribute to the condition as nearly 20% of affected people have a family member with the condition.

Certain other factors, such as extreme psychological stress, physiological stress, or even allergies, can trigger the condition in some people, but there is little evidence to support that stress on its own may be to blame.

Those who are affected by alopecia areata are more likely to suffer permanent hair loss if they:

- Have a family history of the condition
- Show signs of alopecia before puberty
- Have the condition for periods of more than a year at a time
- Have extensive hair loss
- Have another autoimmune disease
- Are prone to allergies
- Have fingernails or toenails with abnormal coloring, shape, texture, or thickness

TREATMENT OPTIONS

While medical treatments for hair loss have advanced dramatically over the last few decades, there is no true cure for alopecia areata. However, in recent years, we’ve seen continued improvement in treating these rarer forms of alopecia.

Before and 4 months after PRP by Dr. Alan Bauman

The most common treatment for patchy hair loss associated with alopecia is a course of corticosteroid injections into the scalp or skin. Corticosteroids may also be applied topically directly to the affected areas, as is often the case with younger children. PRP, or Platelet Rich Plasma injections, are a non-pharmaceutical treatment option with fewer side effects that have been reported to be successful in some cases, especially when combined with ECM (Extracellular Matrix) for added effectiveness.

Sometimes, these treatments are given in tandem with topical applications of over-the-counter minoxidil. If a less greasy and stronger version is desired, compounded Formula 82M minoxidil may be prescribed.

For those who haven’t been successful with available treatment options and are seeking an alternative to traditional wigs, weaves, hats or scarves, they might want to consider a durable high-quality medical-grade prosthetic hair system called a “CNC.” These cranial prosthetic devices are made with a 3D-printing process to allow each to be custom-fitted to the patient’s scalp and precisely match their skin color, often called a “second skin” or “second scalp.” 100% unprocessed human hair of appropriate color, curl, and length is then meticulously implanted in natural hair growth patterns. Painstakingly handcrafted in Italy and applied with a medical-grade adhesive, they allow patients to shower, shampoo, swim, dance, play sports or even skydive, and to style their hair normally. With monthly service appointments, these comfortable, high-end hair and scalp prosthetics last for years and are virtually indistinguishable from one’s own natural hair, allowing those with extensive hair loss to have a completely full head of hair.

And looking ahead, recent studies are demonstrating that a powerful class of anti-inflammatory drugs called Janus Kinase (JAK) inhibitors are likely to play a crucial role in the treatment of alopecia areata in the future. JAK inhibitors have not only been shown to effectively treat hair loss and stimulate regrowth in alopecia areata but may also be able to stimulate growth in the androgenetic alopecia. More research and studies are currently underway, but this is a promising treatment option for sufferers.





Before and after PRP/ACell by Dr. Alan Bauman



Traction Alopecia before and 4 months After PRP by Dr. Alan Bauman

stress, and avoiding harsh chemicals or environmental factors that can trigger the immune system.

Perhaps one of the best ways to combat alopecia, however, is through education. The

EDUCATION AND AWARENESS

Even if you've never been affected by the condition, there remains a chance that it could still affect you. As with all hair loss, the best means of prevention is to maintain a healthy scalp, and that is best accomplished by enjoying a good diet, alleviating

more we understand about the condition, the better we will be able to treat it in the future and to accept it in the meantime.

For more information on alopecia areata, or to learn what treatment option may be right for you, please visit www.baumanmedical.com or call **561-220-3480**.

SEPTEMBER IS ALSO MENOPAUSE AWARENESS MONTH, HERE ARE A FEW TAKEAWAYS FOR WOMEN AT RISK FOR HEREDITARY HAIR LOSS:

- A woman's chance of losing hair after menopause is almost just as high as it is for men at that age, but female pattern hair loss looks different.
- Female hair loss typically causes diffuse loss of hair behind the frontal hairline but it can also cause a less feminine, receding hairline in the temples.
- It's easy to miss the early warning signs of female pattern hair loss – but catching it early is key, as 50% loss can occur before it's noticeable to the human eye. There are a number of effective treatments for female hair loss, but the best results occur when they're started early on.
- Hair loss around menopause is common due to changes in hormone levels and activity, but it cannot be commonly cured with hormone replacement alone.
- Genetic predisposition, unusual levels of stress, hormonal imbalances, vitamin deficiencies, crash diets, medications, styling habits, as well as a history of illness and surgery can also be contributing factors to female hair loss.
- Most women benefit from a combination of pharmaceutical and lifestyle changes in treating their hair loss and thinning. Results are proportional to your level of discipline and compliance with the prescribed regimen and how early you begin treatment.
- Medical treatments to protect and enhance hair follicle functioning may include compounded topical minoxidil Formula 82M, platelet-rich plasma injections, Latisse/Bimatoprost or other prostaglandin analogs, low-level laser therapy, off-label anti-androgens (for post-menopausal women only) and nutritional supplements like Viviscal Professional, Nutrafol Female Core Plus, and pharmaceutical grade biotin.

About Dr. Alan J. Bauman



Alan J. Bauman, MD, ABHRS, IAHRs
Hair Loss Expert

Dr. Alan J. Bauman is the Founder and Medical Director of Bauman Medical Group in Boca Raton, Florida. Since 1997, he has treated over 20,000 hair loss patients and performed over 9000 hair transplant procedures. An international lecturer and frequent faculty member of major medical conferences, Dr. Bauman was recently named one of "10 CEOs Transforming Healthcare in America" in Forbes.

His work has been featured in prestigious media outlets such as The Doctors Show, CNN, NBC Today, ABC Good Morning America, CBS Early Show, Men's Health, The New York Times, Women's Health, The Wall Street Journal, Newsweek, Dateline NBC, FOX News, MSNBC, Vogue, Allure, Harpers Bazaar and more.

A minimally-invasive hair transplant pioneer, in 2008 Dr. Bauman became the first ABHRS certified Hair Restoration Physician to routinely use NeoGraft FUE for hair transplant procedures.



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SINUS, SINUSITIS AND THE ALLERGIST

“MY HEAD HURTS, MY NOSE IS STUFFY AND IT RUNS LIKE A FAUCET. I HAVE SINUSITIS.”

From the desk of Dr. Walter M. Ryan, III

But what is sinusitis. As with most terms in medicine – the “itis” ending means inflammation. Inflammation is a way for the body to protect itself, and help with the healing process. The inflammatory process will include white blood cells and chemicals that are the work horses for inflammatory response. Among the cause of inflammation are infections or trauma.



So what is sinusitis (inflammation of the sinuses)? First what are sinuses? Sinuses are openings or pocket of air or cavities within the head- the skull to be more precise. The functions of the sinus is to make the skull lighter, help with the quality of our voice, but the primary function is thought to be help in production of mucus and the warm and moisten air before it travel to the lungs. There are four types of sinuses-maxillary, ethmoid, frontal, sphenoid. There are 2 maxillary on each cheek; there are about eight ethmoids sinuses on each side of the nose between the eyes. The frontal sinuses are up between the eyebrows, the sphenoid sinuses are behind the ethmoids. The sinuses are lined with a mucosal layer. All of them have a drainage site at the bottom of the cavity except the maxillary. Its drainage site is near the top like the overflow hole in a sink.

When the drainage sites swell, the air in the sinus gets absorb, which causes a negative pressure and that results in discomfort. Think of when ears get blocked when flying in a plane of diving deep under water.

What cause these the drainage site to get blocked? It can be do mechanical obstruction such as a deviated septum or nasal polyps or from inflammation of the nose either from infections or allergies.

The infections can be virus, bacterial fungus. The most common infection would be a virus. Usually a virus will last 5 to 7 days. That is why most infectious sinus complaints are not treated with an antibiotic until symptoms persist for 7 to 10 days. The symptoms may include fever, muscle aches, loss of smell, thick green mucus from the nose, bad breath, headache, pain in the upper teeth, copious amount of mucus draining down the throat.

Allergies – allergic rhinitis – cause swelling in the nasal passages. The symptoms can be runny nose, sneezing, stuffy nose, itchy nose. There is usually no significant fever no muscle aches. The individual may have a family history of allergic disorders such as asthma or eczema. The individual may be able to identify a seasonal component or a particular trigger such as dust, animals, etc. Allergic rhinitis is a risk factor for developing sinusitis



Those are the most common causes of sinusitis – though there are others such as immune deficiencies, chronic inflammatory disease.

The diagnosis can be made by history and physical. But sometimes additional tests are necessary such as imaging (usually CT of sinus), rhinoscopy, and allergy testing (either skin testing or blood). Rarely are cultures necessary.

Treatment will depend on the finding-it can range from symptomatic treatment for viral infections, to antibiotics for bacterial infection. If allergies are the contributing cause – the treatment may range from topical nasal steroids, antihistamine, to leukotriene modifiers, immunotherapy. If there is a structural cause it may require a surgical intervention.



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BodyTite is a minimally-invasive device for body contouring delivering results previously only achieved through excisional procedures. BodyTite is powered by directional RF, resulting in three-dimensional tissue remodeling through fat coagulation and volumetric heating. The coagulation of fat using RF-induced heat results in radio-frequency assisted lipolysis (RFAL).

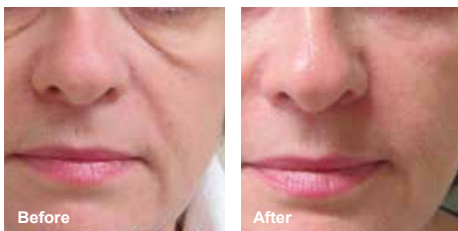
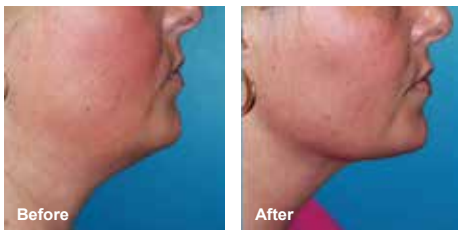
Multiple areas can be treated in one visit such as stomach, arms, chest, knees and inner and outer thighs.²

FACETITE (face and neck)

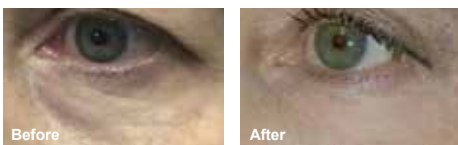
In just one treatment, FaceTite can provide significant improvements to the contour of the face and small body areas. Using RFAL technology, FaceTite is the next best thing to a traditional facelift, without the associated large scars and downtime. Any areas on the face and neck with saggy skin can be treated. This includes the double chin, jowls and other areas with deep lines and loose skin.²



BODYTITE



FACETITE



ACCUTITE

ACCUTITE (face, neck and smaller areas of the body)

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DANIELA DADURIAN, M.D., MEDICAL DIRECTOR

Daniela Dadurian, M.D., specializes in anti-aging medicine, laser treatments, and cosmetic medicine. She’s traveled the world to research the safest and latest technologies on the market to provide you with the best possible treatments and care.

Dr. Dadurian received her medical degree from the University of Miami School of Medicine and is board-certified in anti-aging and regenerative medicine, as well as laser surgery. Her expertise in anti-aging techniques and her passion for excellence are reflected in the attentive personal care she gives each patient.

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Medical Director, Daniela Dadurian M.D.

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Daniela Dadurian, M.D. received her medical degree from the University of Miami School of Medicine. She is certified by the Board of Anti-Aging & Regenerative Medicine and the Board of Laser Surgery. Dr. Dadurian has also completed a fellowship in Stem Cell Therapy by the American Board of Anti-Aging Medicine. She is a member of the International Peptide Society, the American Academy of Anti-Aging Medicine and the Age Management Medicine Group. Dr. Dadurian is the medical director of several medical spa and wellness centers in palm beach county with locations in West Palm Beach and on the island of Palm Beach. She is a leading expert in anti-aging & aesthetic medicine. Her state of the art facilities offer an array of anti-aging, functional medicine, cosmetic and laser therapies.

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2019 BREAKTHROUGHS IN CANCER RESEARCH

The American Society of Clinical Oncology (ASCO) recently published *Clinical Cancer Advances 2019: ASCO's Annual Report on Progress Against Cancer*. The report highlights the most important clinical research advances over the past year and makes recommendations for areas of focused research in the future.

Advances Continue in Immunotherapy Research

As you might expect, immunotherapy continues to be a leading area for cancer research. There have been new combinations of immunotherapy drugs this year that are addressing more cancer types than previously had been studied. There are several different types of immunotherapy treatment; however, all of these therapies use the body's own immune system to attack cancer cells. Specifically, new drugs tested in clinical trials have shown better survival rates in renal cell (kidney) cancers and squamous cell cancer of the skin.

Progress Against Rare Cancers

One of the most important advances cited in the report is the progress made in treating rare cancers, which account for approximately 20 percent of all cancers diagnosed each year in the United States. As stated in the ASCO report, "Progress has historically lagged behind the achievements made in more common cancers," because it often takes longer to recruit significant numbers of people with a rare type of cancer who are willing to participate in a clinical trial. However, this year, five major studies are making progress against various types of rare cancers:

- New combination of targeted therapies for a rare type of thyroid cancer produced responses in over two-thirds of patients.
- Treatment was developed for a rare type of sarcoma, a cancer that starts in the bones or soft connective tissue.
- New method of targeted radiation treatment was developed for patients with an advanced type of midgut neuroendocrine tumor.



- Standard treatment for HER2-positive breast cancer was shown to significantly slow progress of a type of HER2-positive uterine cancer.
- First promising therapy was developed for a rare cancer of the joints.

Advances in Cancer Diagnostics

One of the most significant achievements in the past twelve months was the result of a long-term study that demonstrated that some women with early-stage breast cancer can safely forego chemotherapy, sparing them the often-difficult side effects of treatment. The TAILORx study, which opened in 2006, confirmed that as many as 70 percent of women with hormone receptor-positive, node-negative breast cancer did not need to have chemotherapy, based on the results from a 21-gene assay. The study, which used a molecular test to assess the expression of 21 genes associated with breast cancer recurrence, provided evidence that there was no additional benefit from chemotherapy for 70 percent of women with this most common type of breast cancer.

Florida Cancer Specialists (FCS) is a strategic partner of Sarah Cannon Research Institute, one of the leading clinical trial organizations in the world. The clinical research program at FCS encompasses Phase I, Phase II and Phase III trials for a wide range of cancer types. Over the past four years, the majority of new cancer treatments approved for use in the U.S. were first studied in clinical trials with FCS participation, prior to approval. To learn more, visit FLCancer.com.

World-Class Cancer Treatment Close to Home

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

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



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My Partial Denture is Moving... What Can Be DONE?

Partial dentures have long been used to help fill in the spaces where people are missing teeth. These types of appliances are “removable”, meaning they can be taken in out of the mouth. Partials have served an important function over the years, allowing patients to chew and smile when other options are not possible either due to lack of remaining/supporting teeth or financial limitations.

Although these appliances are very useful, they do not come entirely free of potential problems. Partial dentures typically rest on the gums in the empty spaces and usually have metal clasps that grab onto the adjacent teeth for support. In many cases, the clasps are visible when patients speak or smile. In addition, the clasps can put tremendous strain on the remaining teeth which could ultimately lead to additional loss of teeth.

Another common complaint with partial dentures is the “rocking” or “movement” that can occur during chewing. This is a possible issue due to the fact that our gum and bone continually changes over time, which alters the way the prosthesis sits in the mouth. In addition, rocking can occur if the teeth supporting the partial denture are loose. Ultimately, partials can serve patients well, but some do feel that the movement, pressure on the remaining teeth or impact on chewing and speech are problematic.

STABILIZING THE PARTIAL:

An alternative does exist that can help remove some of the areas patients most complain about with their partial. If sufficient bone is present in



the areas where teeth are missing, dental implants may be used to help support and stabilize the prosthesis.

Dental implants serve as “root replacements” that can be placed in the mouth where your previous roots lived in the bone (before the teeth were removed). Under most circumstances the roots will bond with the bone over a number of months. Typically we hear how crowns can be connected to the healed implants to replace teeth. We also have the ability to use these implants in different ways. In the example of stabilizing a denture, connections similar to a trailer hitch or ball can be attached to the implant. Snaps that lock onto these balls are incorporated into the denture on the underside (where the partial rests on the gums).

This allows a patient to “snap” the partial into place and limits movement considerably. In most occasions, metal clasps can be avoided. The benefits of this procedure are often considered the elimination of rocking or movement, improved chewing ability and improved esthetics.

This often simple treatment offers patients the ability to improve issues they may have related to partial dentures. A thorough evaluation of the bone using a 3D CT Scan can help determine if this therapy is appropriate. It is important to remember that no one treatment is suitable for all cases.



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 Green 2 CT imaging which offers Hi Resolution 5 Second Low Dose Scans 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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WHAT IS DIABETIC RETINOPATHY?

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

DIABETIC RETINOPATHY, the most common diabetic eye disease, occurs when blood vessels in the retina change. Sometimes these vessels swell and leak fluid or even close off completely. In other cases, abnormal new blood vessels grow on the surface of the retina.

The retina is a thin layer of light-sensitive tissue that lines the back of the eye. Light rays are focused onto the retina, where they are transmitted to the brain and interpreted as the images you see. The macula is a very small area at the center of the retina. It is the macula that is responsible for your pinpoint vision, allowing you to read, sew or recognize a face. The surrounding part of the retina, called the peripheral retina, is responsible for your side – or peripheral – vision.

Diabetic retinopathy usually affects both eyes. People who have diabetic retinopathy often don't notice changes in their vision in the disease's early stages. But as it progresses, diabetic retinopathy usually causes vision loss that in many cases cannot be reversed.

DIABETIC EYE PROBLEMS

There are two types of diabetic retinopathy:

Background or nonproliferative diabetic retinopathy (NPDR)

Nonproliferative diabetic retinopathy (NPDR) is the earliest stage of diabetic retinopathy. With this condition, damaged blood vessels in the retina begin to leak extra fluid and small amounts of blood into the eye. Sometimes, deposits of cholesterol or other fats from the blood may leak into the retina.

NPDR can cause changes in the eye, including:

- **Microaneurysms:** small bulges in blood vessels of the retina that often leak fluid.
- **Retinal hemorrhages:** tiny spots of blood that leak into the retina.
- **Hard exudates:** deposits of cholesterol or other fats from the blood that have leaked into the retina.
- **Macular edema:** swelling or thickening of the macula caused by fluid leaking from the retina's blood vessels. The macula doesn't function properly when it is swollen. Macular edema is the most common cause of vision loss in diabetes.
- **Macular ischemia:** small blood vessels (capillaries) close. Your vision blurs because the macula no longer receives enough blood to work properly.

Many people with diabetes have mild NPDR, which usually does not affect their vision. However, if their vision is affected, it is the result of macular edema and macular ischemia.



A Normal Retina



A Retina showing signs of Diabetic Retinopathy

Proliferative diabetic retinopathy (PDR)

Proliferative diabetic retinopathy (PDR) mainly occurs when many of the blood vessels in the retina close, preventing enough blood flow. In an attempt to supply blood to the area where the original vessels closed, the retina responds by growing new blood vessels. This is called neovascularization. However, these new blood vessels are abnormal and do not supply the retina with proper blood flow. The new vessels are also often accompanied by scar tissue that may cause the retina to wrinkle or detach.

PDR may cause more severe vision loss than NPDR because it can affect both central and peripheral vision. PDR affects vision in the following ways:

Vitreous hemorrhage: delicate new blood vessels bleed into the vitreous – the gel in the center of the eye – preventing light rays from reaching the retina. If the vitreous hemorrhage is small, you may see a few new, dark floaters. A very large hemorrhage might block out all vision, allowing you to perceive only light and dark. Vitreous hemorrhage alone does not cause permanent vision loss. When the blood clears, your vision may return to its former level unless the macula has been damaged.

Traction retinal detachment: scar tissue from neovascularization shrinks, causing the retina to wrinkle and pull from its normal position. Macular wrinkling can distort your vision. More severe vision loss can occur if the macula or large areas of the retina are detached.

Neovascular glaucoma: if a number of retinal vessels are closed, neovascularization can occur in the iris (the colored part of the eye). In this condition, the new blood vessels may block the normal flow of fluid out of the eye. Pressure builds up in the eye, a particularly severe condition that causes damage to the optic nerve.

DIABETIC RETINOPATHY SYMPTOMS

You can have diabetic retinopathy and not be aware of it, since the early stages of diabetic retinopathy often don't have symptoms.

As the disease progresses, diabetic retinopathy symptoms may include:

- Spots, dots or cobweb-like dark strings floating in your vision (called floaters);
- Blurred vision;
- Vision that changes periodically from blurry to clear;
- Blank or dark areas in your field of vision;
- Poor night vision;
- Colors appear washed out or different;
- Vision loss.

Diabetic retinopathy symptoms usually affect both eyes.

See a simulation of what vision with nonproliferative diabetic retinopathy and vision with proliferative diabetic retinopathy look like.

Careful management of your diabetes is the best way to prevent vision loss. If you have diabetes, see your eye doctor for a yearly diabetic retinopathy screening with a dilated eye exam – even if your vision seems fine –

because it's important to detect diabetic retinopathy in the early stages. If you become pregnant, your eye doctor may recommend additional eye exams throughout your pregnancy, because pregnancy can sometimes worsen diabetic retinopathy.

Contact your Eye M.D. right away if you experience sudden vision changes or your vision becomes blurry, spotty or hazy.

DIABETIC RETINOPATHY DIAGNOSIS

The only way to detect diabetic retinopathy and to monitor its progression is through a comprehensive eye exam.

There are several parts to the exam:

Visual acuity test

This uses an eye chart to measure how well you can distinguish object details and shape at various distances. Perfect visual acuity is 20/20 or better. Legal blindness is defined as worse than or equal to 20/200 in both eyes.

Slit-lamp exam

A type of microscope is used to examine the front part of the eye, including the eyelids, conjunctiva, sclera, cornea, iris, anterior chamber, lens, and also parts of the retina and optic nerve.

Dilated exam

Drops are placed in your eyes to widen, or dilate, the pupil, enabling your Eye M.D. to examine more thoroughly the retina and optic nerve for signs of damage.

It is important that your blood sugar be consistently controlled for several days when you see your eye doctor for a routine exam. If your blood sugar is uneven, causing a change in your eye's focusing power, it will interfere with the measurements your doctor needs to make when prescribing new eyeglasses. Glasses that work well when your blood sugar is out of control will not work well when your blood sugar level is stable.

Your Eye M.D. may find the following additional tests useful to help determine why vision is blurred, whether laser treatment should be started, and, if so, where to apply laser treatment.

Fluorescein angiography

Your doctor may order fluorescein angiography to further evaluate your retina or to guide laser treatment if it is necessary. This is a diagnostic procedure that uses a special camera to take a series of photographs of the retina after a small amount of yellow dye (fluorescein) is injected into a vein in your arm. The photographs of fluorescein dye traveling throughout the retinal vessels show:

- Which blood vessels are leaking fluid;
- How much fluid is leaking;
- How many blood vessels are closed;
- Whether neovascularization is beginning.

Optical coherence tomography (OCT)

OCT is a non-invasive scanning laser that provides high-resolution images of the retina, helping your Eye M.D. evaluate its thickness. OCT can provide information about the presence and severity of macular edema (swelling).

Ultrasound

If your ophthalmologist cannot see the retina because of vitreous hemorrhage, an ultrasound test may be done in the office. The ultrasound can "see" through the blood to determine if your retina has detached. If there is detachment near the macula, this often calls for prompt surgery.

WHEN TO SCHEDULE AN EYE EXAMINATION

Diabetic retinopathy usually takes years to develop, which is why it is important to have regular eye exams. Because people with Type 2 diabetes may have been living with the disease for some time before they are diagnosed, it is important that they see an ophthalmologist (Eye M.D.) without delay.

The American Academy of Ophthalmology recommends the following diabetic eye screening schedule for people with diabetes:

Type 1 Diabetes: Within five years of being diagnosed and then yearly.

Type 2 Diabetes: At the time of diabetes diagnosis and then yearly.

During pregnancy: Pregnant women with diabetes should schedule an appointment with their ophthalmologist in the first trimester because retinopathy can progress quickly during pregnancy.

DIABETIC RETINOPATHY TREATMENT

The best treatment for diabetic retinopathy is to prevent it. Strict control of your blood sugar will significantly reduce the long-term risk of vision loss. Treatment usually won't cure diabetic retinopathy nor does it usually restore normal vision, but it may slow the progression of vision loss. Without treatment, diabetic retinopathy progresses steadily from minimal to severe stages.

Laser surgery

The laser is a very bright, finely focused light. It passes through the clear cornea, lens and vitreous without affecting them in any way. Laser surgery shrinks abnormal new vessels and reduces macular swelling. Treatment is often recommended for people with macular edema, proliferative diabetic retinopathy (PDR) and neovascular glaucoma.

Laser surgery is usually performed in an office setting. For comfort during the procedure, an anesthetic eyedrop is often all that is necessary, although an anesthetic injection is sometimes given next to the eye. The patient sits at an instrument called a slit-lamp microscope. A contact lens is temporarily placed on the eye in order to focus the laser light on the retina with pinpoint accuracy.

Vitrectomy surgery

Vitrectomy is a surgical procedure performed in a hospital or ambulatory surgery center operating room. It is often performed on an outpatient basis or with a short hospital stay. Either a local or general anesthetic may be used.

During vitrectomy surgery, an operating microscope and small surgical instruments are used to remove blood and scar tissue that accompany abnormal vessels in the eye. Removing the vitreous hemorrhage allows light rays to focus on the retina again.

Vitrectomy often prevents further vitreous hemorrhage by removing the abnormal vessels that caused the bleeding. Removal of the scar tissue helps the retina return to its normal location. Laser surgery may be performed during vitrectomy surgery.

Medication injections

In some cases, medication may be used to help treat diabetic retinopathy. Sometimes a steroid medication is used. In other cases, you may be given an anti-VEGF medication. This medication works by blocking a substance known as vascular endothelial growth factor, or VEGF. This substance contributes to abnormal blood vessel growth in the eye which can affect your vision. An anti-VEGF drug can help reduce the growth of these abnormal blood vessels.

After your pupil is dilated and your eye is numbed with anesthesia, the medication is injected into the vitreous, or jelly-like substance in the back chamber of the eye. The medication reduces the swelling, leakage, and growth of unwanted blood vessel growth in the retina, and may improve how well you see.

Medication treatments may be given once or as a series of injections at regular intervals, usually around every four to six weeks or as determined by your doctor.



The Retina Institute of Florida

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THE SOUND VOID:

HOW HEARING LOSS SNEAKS UP ON YOU

By Dana Luzon Coveney, Au.D.
Board Certified Doctor of Audiology

HOW SOUND WORKS

To begin with, it helps to understand how sound works. Most people think hearing loss is a question of volume. But that's only part of the story. Sound is a combination of frequency (also called pitch) and intensity (also called loudness).

FREQUENCY

Frequency measures how fast (or how frequently) a sound wave vibrates. High frequency means a high pitch, like the notes on the right side of a piano, and low frequency means low pitch, like the notes on the left side of a piano.

INTENSITY

Intensity measures loudness. A whisper has low intensity, and a shout has high intensity.

FREQUENCY AND INTENSITY TOGETHER

Each sound is a combination of these two qualities.

A baby screaming has high frequency and high intensity.

A man shouting has low frequency and high intensity.

The sound of leaves rustling has high frequency and low intensity.

A rumble of thunder has low frequency and high intensity.





THE SOUND VOID®

Knowing how sound works helps us understand Sound Voids. We use the term Sound Void to refer to any moment lacking in clarity. Sound Voids have a lot to do with why your companion probably picked up on your hearing loss before you did.

Sound Voids happen all the time: Allergies or a cold affect your ears, leading to increased chance of misunderstanding what people say. Even a buildup of earwax can lead to an increase in Sound Voids.

But Sound Voids are also common with noise-induced or age-related hearing loss. Early on in these types of hearing loss, when someone speaks to you, you miss the high-frequency sounds, such as s, sh, c, ch, p, f, and h. These sounds help you identify words. With those sounds missing, “cat” could be mistaken for “hat” and “pickle” for “fickle.”

With this type of Sound Void, the intensities aren’t the problem — it’s the frequencies. In other words, you can hear people speaking just fine, but sometimes you misunderstand them.

At this early stage, what is actually a hearing loss truly seems to you like a momentary lack of clarity. You assume someone mumbled a little, or there are more people than usual at the restaurant. Loved ones probably think the same thing.

THE SOUND VOIDS INCREASE

But as time goes on, the Sound Voids become more frequent, and those closest to you start to notice subtle signs: You turn up the volume on the TV or radio, you need statements repeated more often, and you get tired more easily while socializing in public venues.

Your companion, by this point, has started to wonder if you have hearing loss. Because you’ve developed coping skills, you probably haven’t truly realized how it’s affecting you or your loved ones.

THE SOUND VOIDS TAKE OVER

Eventually, enough of your hearing is damaged that you’re not just missing frequencies — intensity is now a problem, too. You’re more likely to miss the low-frequency sounds of speech, the ones that provide volume, such as o, i, and j.

At this point, your companion has probably wondered aloud whether you have hearing loss, and you’ve started to realize how your hearing loss is affecting others. This is when many people consider getting their hearing tested.

THE HEARING EVALUATION

When you come to your first appointment with us, we encourage you to bring a companion, someone who spends a lot of time with you. Why is that? Because they’re able to give us a different perspective on your hearing loss. In fact, your companion probably noticed your hearing loss — and how it was affecting you — before you did.

This is why the companion is such a key part of the hearing evaluation: They’ve witnessed the early Sound Voids, the gradual behavior changes, how your hearing loss affects those around you, and your realization that you might have hearing loss. Their outside observations are an important complement to your internal observations.



*Dana Luzon Coveney,
Au. D. , FAAA,
Doctor of Audiology*

Dr. Dana Luzon Coveney has a Doctorate in Audiology and over 10 years of clinical experience in the field. She has been the clinical director of Audiology & Hearing Aids of the Palm Beaches since 2010. Dr. Luzon Coveney is skilled in diagnosing and treating hearing loss and tinnitus through her expertise which results in better living through better hearing. She is dedicated to providing the finest quality, most advanced diagnostic and treatment services and products in an honest, fair, and patient-focused environment. Dr. Luzon Coveney is heavily involved in community outreach locally and abroad.

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FACIAL REJUVENATION THROUGH ACUPUNCTURE

Acupuncture has been around for centuries, providing the Yin and Yang properties to release the flow of Qi (energy) to pathways and vital organs for peak health and wellness. When the tiny flexible needles are placed strategically in the dermal layer of the face or neck area (depending on your concerns), the stimulation brings notable contour along with brightness and a youthful glow.

You will first have an advanced evaluation to see which channels are blocked in your body that may be exacerbating facial wrinkles, age spots, acne, laxity, dark circles, or other areas of concern. Many times the symptoms that show signs of aging on the face are brought on by blocked energy and inflammatory responses in our internal organs. The acupuncture needles will be placed strategically in specific areas on your face and neck in need of rejuvenation.



COSMETIC ACUPUNCTURE IS AN EFFECTIVE, SAFE, NON SURGICAL TREATMENT TO REDUCE THE SIGNS OF AGING.

The ideal solution to other toxic methods of facial rejuvenation is to utilize the micro-circulation technique through increasing the qi and xue (energy and blood), which creates the youthful luminosity that most people want to achieve. As the flow of energy improves, a greater amount of vitality and blood are circulated into the face, oxygenating, firming and toning the skin to diminish fine lines and improve overall skin and muscle tone.

Cosmetic Acupuncture is an effective, safe, non surgical treatment to reduce the signs of aging. Celebrities and the elite have been getting acupuncture facials for the past 20 plus years now, but even more notable is that the treatment has been growing in popularity by the general population that realizes the toxic free effectiveness of the method. That is why cosmetic acupuncture is on the rise.

BENEFITS OF FACIAL REJUVENATION PROGRAM:

Tightens pore, minimizes fine lines, improves muscle tone, and evens facial color and tone by:

- increasing circulation and oxygenation of the skin
- reducing acne outbreaks
- nourishing the skin for a healthy, natural, more radiant glow
- brightening the skin to reduce dull complexions
- increasing collagen and elastin production
- increasing lymph circulation
- leaving skin feeling refreshed and rejuvenated

In 6000 BC acupuncture originated in China. Instead of needles, at the time they utilized tiny hair thin bones. Cosmetic acupuncture for skin rejuvenating purposes has been the treatment of choice for thousands of years in China. As early as the Sung Dynasty (960AD- 1270AD), acupuncture was performed on the Empress and Emperor's concubines. For centuries, the Chinese have known that beauty radiates from the inside out. If the internal body is nourished and the energy and blood are flowing smoothly, the external body will reveal this radiance.

Several years ago, a study was conducted in the International Journal of Clinical Acupuncture, which reported that among 300 cases treated with Skin Rejuvenating Acupuncture, 90% reported marked effects with one course of treatment. The results included: the skin becoming more delicate and fair, improvement of elasticity of facial muscles and leveling of wrinkles, a bright complexion, and overall rejuvenation.

Trusting your delicate face in the hands of a practitioner can be intimidating, that's why when you choose to have cosmetic acupuncture, its imperative to see an experienced licensed Acupuncture Physician and Doctor of Oriental Medicine like Dr. Meng.

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For over 20 years, Dr. Yanhong Meng has been practicing acupuncture. She is a licensed Acupuncture Physician and Doctor of Oriental Medicine. Dr. Meng graduated from Shan Dong Traditional Chinese Medicine University in 1996. In 1996, Dr. Meng began practicing at the Shan Dong Lai Wu Traditional Chinese Medicine Hospital, and for three years worked under the direct guidance of Dr. Gu Dao Xia, the inventor of Acupuncture Point Nutritional Injection Therapy.

Dr. Meng attended Shen Yang Western University from 1999-2001, where she deepened her knowledge of Traditional Chinese Medicine (TCM) Theory and Practical application in conjunction with Western Medicine. In 2002, Dr. Meng completed a rigorous clinical rotation at the Beijing Traditional Chinese Medicine University.

Also, from 2002-2004, Dr. Meng operated a TCM Clinic in Dublin, Ireland. After moving to the United States, Dr. Meng graduated with honors from The Atlantic Institute of Oriental Medicine in 2007, where she received her Masters in Oriental Medicine. Since 2007 she has owned and operated Meng's Acupuncture Medical Center in Palm Beach Gardens, Florida.

**If you want to look younger, please call
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Dr. Meng, MD (China), AP, received her medical degree from the prestigious Shandong University in China and has also completed several advanced training courses in oriental medicine from well-respected TCM hospitals in China. She has over 18 years of experience as a doctor of Chinese medicine. She has owned and operated Meng's Acupuncture Medical Center since 2007.

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LICENSED MEDICARE CONSULTANTS — HELPS NAVIGATE YOU THROUGH MEDICARE'S CONFUSING MAZE



Getting the most from your health plan is important to many seniors, but it is not always easy to navigate your way through all of the benefit plans and options. Your plan choices may vary depending on the county in which you live, the medical conditions you have, and your financial status.

Medicare can be confusing: **Licensed Medicare Consultants** of Palm Beach, offers their clients the most comprehensive plans to suit their personal needs, and assists them every step of the way.

It is essential to review your benefits each year between October 15th and Dec 7th. Unless there is a special exception, this is the time you can enroll, disenroll, or change your plan. This timeframe is referred to as the Open Enrollment Period (OEP).

WHAT DO I NEED TO KNOW ABOUT MY MEDICARE OPTIONS?



Medicare is a sophisticated system – maneuvering your way through the intricacies is the tricky part. You'll want to have the best coverage based on what your income will allow.

MEDICARE HAS SEVERAL PARTS:

- Part A (Hospital)
- Part B (Physician & Out-Patient Services)
- Part C (Medicare Advantage Plan)
- Part D (Prescription Drug Coverage)

Because Medicare only covers approximately 80% of Part B expenses, most individuals will need to enroll in supplemental coverage to cover the cost associated with outpatient services.

At age 65, most people enroll in Medicare Part A & Medicare Part B. Medicare only covers about 80% of Part B expenses. You are responsible for the other 20%.

When you opt to enroll in Medicare Part C (Medicare Advantage Plan), it combines Part A, Part B, and sometimes Part D coverage. This is similar to PPO & HMO plans, which have copays or deductibles instead of the 20% balance that Medicare does not cover. The benefits depend upon the policy you select.



SPECIAL ENROLLMENT PERIOD (SEP)

Whether you're moving out of state or making a town move, there are opportunities to change your plan or to enroll in a new plan if necessary. Special Enrollment Period allows you to change your policy outside of the Open Enrollment Period. Typically, you have 60 days to change your plan if you move. This will enable you to either keep your existing plan or enroll in new coverage.

Having an experienced agency guide you through this intricate process is ideal so that you and your family are certain not to be left without coverage. Flown.

Because this is the season for open enrollment, it's critical to review your plan and to seek help if you're considering making changes to an existing plan.

Regardless of Open Enrollment and age restrictions, those that already carry a supplement plan can choose to change their plan at any time, and there are options to try and save money on those plans.

Avoid the puzzling conundrum and call Licensed Medicare Consultants today. No matter what type of insurance you are looking for, they'll guide you each step of the way to get you the best plan that fits your needs.

Call **866-300-3520** or **561-277-6846** to find out more.

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PANIC ATTACKS?

Today's Biofeedback Helps You Tackle Life Without Them

by Michael Cohen, Director and Chief of Neurotechnology

PANIC ATTACKS can be debilitating. They can occur “out of the blue.” They cause intense fear or discomfort. They’re accompanied by physical symptoms – sweating, racing heart, stomach issues and tight chest and extremities.

Do you or someone you love suffer from panic attacks?

Do you live in daily fear that a panic attack can occur any time, any place?

You’re not alone. Every day millions of people in the U.S. experience panic attacks, and the problem is getting worse. In fact, it seems to be an epidemic.

You can reduce the number and intensity of your panic attacks without medication or therapy.

Over the past 10 years I’ve seen a significant increase in the number of teens and adults coming to me for panic attacks, and I hear the same thing from my colleagues.

No one knows for sure why these numbers are increasing. I speculate that it may have something to do with environmental factors, like the **decreased nutritional value of food** and **more pesticide residues** in our food. It may also have to do with the proliferation of **smart phones**, the **internet** and **social media** – **too much screen time** and **too little sleep**.

Drugs don’t work for many people

Many of the people who come to the Center for Brain Training have already gone to doctors or emergency rooms and been prescribed drugs, like Xanax, which didn’t work very well. They’re at the end of their rope.

The Center for Brain Training Experience

Clients have a very different experience at our clinic.

Holistic. No drugs. No therapy. No judgment.

Customizing our approach to each person is a hallmark of care at the Center for Brain Training.

We offer a unique approach to dealing with panic attacks that combines neurofeedback with body biofeedback, also known as bioregulation therapy. This combination helps re-set and calm the nervous system and breaks the cycle.

It works for about 80% of our clients. By the fifth session, most people have noticed improvement. (We may recommend that some people, depending on their situation, do as many as 15 more sessions to ensure that the benefits hold.)

The gut health factor

Many experts now believe that mental health isn't only in your head but can also be greatly influenced by your gut health. Emerging research is showing that an unbalanced gut microbiome (microorganisms that live in the digestive tract) can be highly related to panic attacks and anxiety symptoms.

As part of our comprehensive approach, we frequently recommend diet changes and special dietary supplements that can help improve gut health. We also sometimes refer our clients to a functional or integrative medicine doctor to rule out underlying physical causes.

You're Invited to a FREE SEMINAR
The Gut-Brain Connection to Panic Attacks, Anxiety and Depression



Co-presenters include Mike Cohen, Director and Chief of Neurotechnology at the Center for Brain Training, John DeLuca, M.D., an integrative medicine physician, and Carolyn Cohen, Director of BioRegulation Therapy at the Center for Brain Training.

Registration is required, and seating is limited to 25 guests.

If you'd like to know more about how your gut health can impact panic attacks, anxiety, mood or sleep, plan to attend our free seminar on **Wednesday, September 25** at 6 p.m. in our office.

To register or for more information go to:
www.CenterForBrain.com
 or call Gwen at **(561)377-0124**

Case histories of panic attack sufferers

“Nicole” had worked for years as a waitress to put herself through nursing school. When she got her dream job, it soon became a nightmare. Severe anxiety and daily panic attacks made walking into the hospital every day an exercise in courage. She worried that her mental state might impact her ability to care for her patients. A year of experimenting with different medications didn't help.

Desperate, she tried neurofeedback. After her third session she felt calm enough to discontinue her medication. After her fifth session she was panic-free with significantly less anxiety and was able to discontinue her neurofeedback training.

Brett* had become so paralyzed by panic attacks that he had been unable to work or drive for two years. He was on heavy-duty mood stabilizers, an antipsychotic medication and other drugs. The medications helped somewhat but not enough for him to function. After one month of intensive neurofeedback training, his panic attacks and extreme anxiety diminished, and he was able to drive again.

“My skin was crawling. I was sick to my stomach all the time and my whole body felt like it was shocking me.”

That's how Aaron* described the debilitating and tortuous months when he was so engulfed by the flames of panic and sudden-onset anxiety that he couldn't sleep, stopped eating and shut out everything and everyone he cared about.

After doctors – and medications – couldn't help, he found his way to the Center for Brain Training. After three months of neurofeedback, body biofeedback and CBD oil he was “back to his old self 100 percent.”

**Names changed to protect confidentiality*



Michael Cohen
 Director and Chief of Neurotechnology

Mike is one of the leading experts in brain biofeedback. For more than 20 years he has helped children and adults feel better who suffer with a wide range of problems including ADHD, anxiety, insomnia, and learning and processing issues. He has taught neurofeedback to over 2,500 healthcare professionals, including medical doctors, all over the U.S. and the world.



CENTER FOR BRAIN TRAINING
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An Alternative to Pain Medications

Chronic pain affects many people in the United States. It's diagnosed when a person has experienced pain for at least three months or longer. Many individuals suffer for your years in silence before they seek medical help, but unfortunately, the standard of care for chronic pain is to mask it with drugs or injections.



With the epidemic of people becoming addicted to pain relievers like oxycontin and other narcotics, educating the public on proven alternative methods that actually heal the body to reduce pain instead of “numbing it” is helping many people to overcome their painful conditions.

COMMON CAUSES OF CHRONIC PAIN

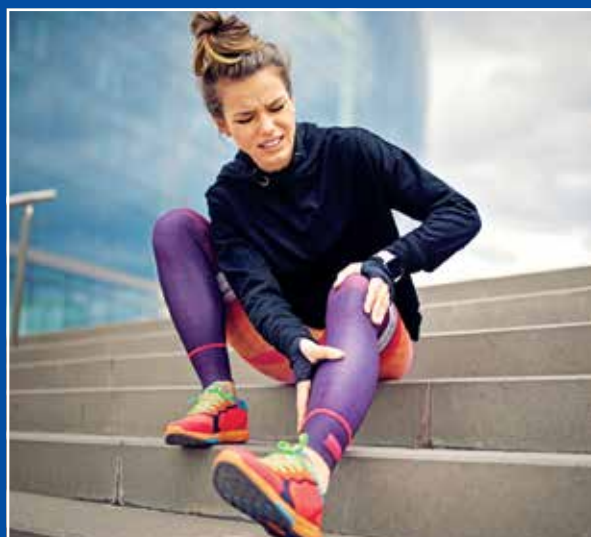
- Injury & Trauma**
- Disease & Infections**
- Fibromyalgia**
- Spinal compression**
- Arthritis**
- Neuropathy (Nerve Damage)**

Neuropathy is associated with many of the above-listed types of pain, as it's common for nerve damage to have occurred in individuals with diabetes, chemotherapy treatment, injuries, autoimmune diseases, compressed spinal vertebrae, cholesterol medication side effects, a build-up of toxins, and vascular disease.

In the United States alone, neuropathy affects nearly 20 million people. This nerve damage happens because the small blood vessels, which supply blood and nutrients to the nerves becomes impaired. When the nerves are no longer fed nutrients, they either die, or their signals to the brain become restricted and unsuccessful.

SYMPTOMS OF NEUROPATHY MOST OFTEN INCLUDE THE FOLLOWING SENSATIONS

- Tingling
- Numbness
- Burning
- Sensations of cold/hot
- Stumbling
- Impingements
- Electrical vibrating sensations
- Falling & stumbling
- Lack of strength
- Decreased range-of-motion
- Muscle cramps
- Joint inflammation



HOW LASER THERAPY WORKS

As mentioned, the most common treatment for pain and nerve damage is to mask it with prescription medications, but there is a way to actually "treat" the symptoms and improve the nerve function in the body. Over the past decade, Laser Therapy has proven effective in treating and reducing chronic pain and neuropathic issues.

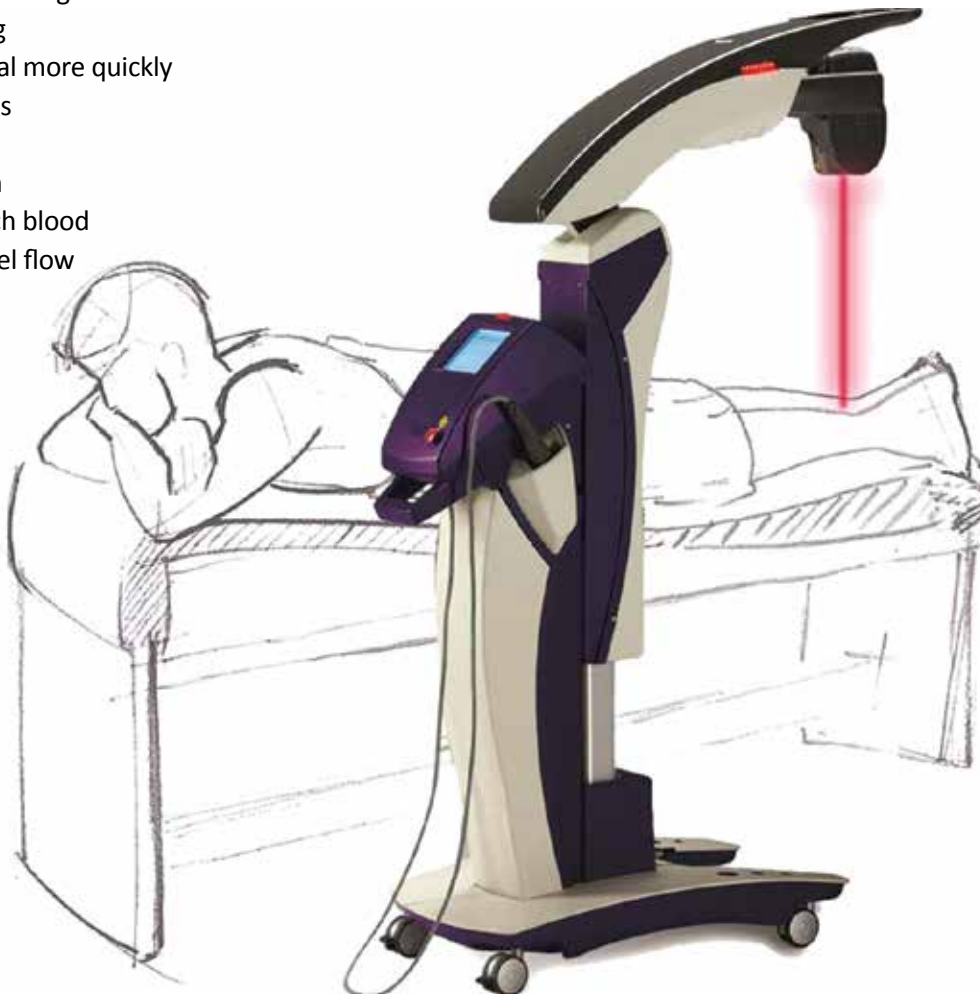
Laser Therapy uses no thermal or heating effect; it creates microcirculation around the soft tissue and nerve fibers through a concentrated light that penetrates through the skin without any injections or cutting. It is easily placed on the areas of concern and permeates the body through an intense light beam.

Laser Therapy is quick, painless and highly effective. The laser light's infiltration, an increase in ATP (Energy) and mitochondrial cell function, increases and produces the healing and stimulation of damaged tissues and nerves.



ADVANTAGES OF LASER THERAPY

- Decreases inflammation
- Stimulates tendon healing
- Incites nerve healing
- Helps wounds to heal more quickly
- Decreases numbness
- Decreases tingling
- Improves circulation
- Increases oxygen-rich blood
- Improves microvessel flow
- Relieves back and spinal inflammation
- Remove toxins



It is often beneficial to co-treat severe cases of chronic and neuropathic pain by combining laser therapy and synergistic approaches. These are regularly sought after by patients to improve mobility, functionality and alleviate pain faster.

SYNERGISTIC TREATMENT

- Decompression
- Electrical nerve stimulation
- Manual stretching
- Massage therapy
- Natural supplementation to regenerate the myelin sheath
- Therapeutic ultrasound

Treating the underlying cause of your pain is essential. Having a comprehensive evaluation to define your level of discomfort and conditions are critical steps to eliminating your pain naturally and improving your long-term outcomes.

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RejuvaWAVE®

**ReGAIN Your Sexual Vitality with
RejuvaWAVE®**

the Gold Standard in WAVE Therapy for ED

Want to put the spark back in your relationship? REJUVAation Medical Center offers two revolutionary procedures RejuvaWAVE® and RejuvaEnhancement that turn back the clock on sexual vitality and vigor. With these advanced procedures, men of all ages can enjoy a spontaneous, active sex life once again, as they did in when they were much younger.

Simply Men's Health REJUVAnation Medical Center is a leader and pioneer in the field of men's sexual health. They use exclusive, patented, state-of-the-art equipment RejuvaWAVE® (acoustic-pressure wave) combined with RejuvaEnhancement (umbilical stem-cell procedure) to reverse and cure the underlying cause of erectile dysfunction. No pills. No needles. No surgery.



RejuvaWAVE®

only available at Simply Men's Health

- 100% SAFE
- Non-invasive
- No Down Time
- No Side Effects
- 10-15 minutes per session
- Over 80% Patient Satisfaction

RejuvaEnhancement® Amniotic Stem Cells



- REPAIR
- REGENERATE
- RESTORE

These procedures naturally improve blood flow to the penis by stimulating the growth of new blood vessels and opening up blood vessels by removing micro-plaque. They optimize sexual performance, enhance size and fullness of erections, increase sensation, and reverse ED and Peyronie's Disease. Patients have seen incredible results in a very short amount of time.

"I'm in my '70s and have diabetes, bypass surgery and prostate cancer," says one patient. "I had tried everything and thought my sex life was over until I came to Simply Men's Health. The results have been amazing. They have restored my ability to enjoy a spontaneous sex life again. I feel like Superman!"

Owner of Simply Men's Health REJUVAnation Medical Center, Joan Katz, M.D., a Harvard-trained



physician in preventive and anti-aging medicine adds, "Simply Men's Health was designed to be a haven for men to confidentially restore men's sexual vitality. With our exclusive RejuvaWAVE®, we reverse the underlying cause and restore spontaneity."

All exams and procedures are done by male physicians and medical providers. Men of all ages can benefit from the treatments exclusively found at Simply Men's Health, including younger men who want to enhance size, optimize their sexual performance and improve their sexual health.

The medical center, specializing in regenerative medicine, also treats and cures other common issues, including hair loss and low testosterone, and uses stem cell therapies for anti-aging, sports injuries, knee pain, arthritis and chronic conditions.

- RejuvaWAVE® Shockwave Therapy to Cure ED and Peyronies Disease (PD)
- Non-Surgical Hair Restoration
- RejuvaEnhancement Priapus Shot
- Bio-Identical Testosterone Hormone Replacement
- Umbilical and Amniotic Stem Cell Therapies for Auto Immune Conditions and Chronic Diseases
- Knee and Joint Umbilical and Amniotic Stem Cell Therapies
- IV Anti-Aging Regenerative Medicine
- Medical Profiles Special Advertising Section

RejuvaWAVE®



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Enjoy a SPONTANEOUS & ACTIVE SEX LIFE again in as little as 3 weeks – no pills, no needles, no surgery!

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WHY THIS EASY, INEXPENSIVE PROJECT CAN ADD SERIOUS HOME SAFETY

ONE DAY BATH’S TUBCUT® ADDS CONVENIENCE AND PROTECTION FOR ALL AGES

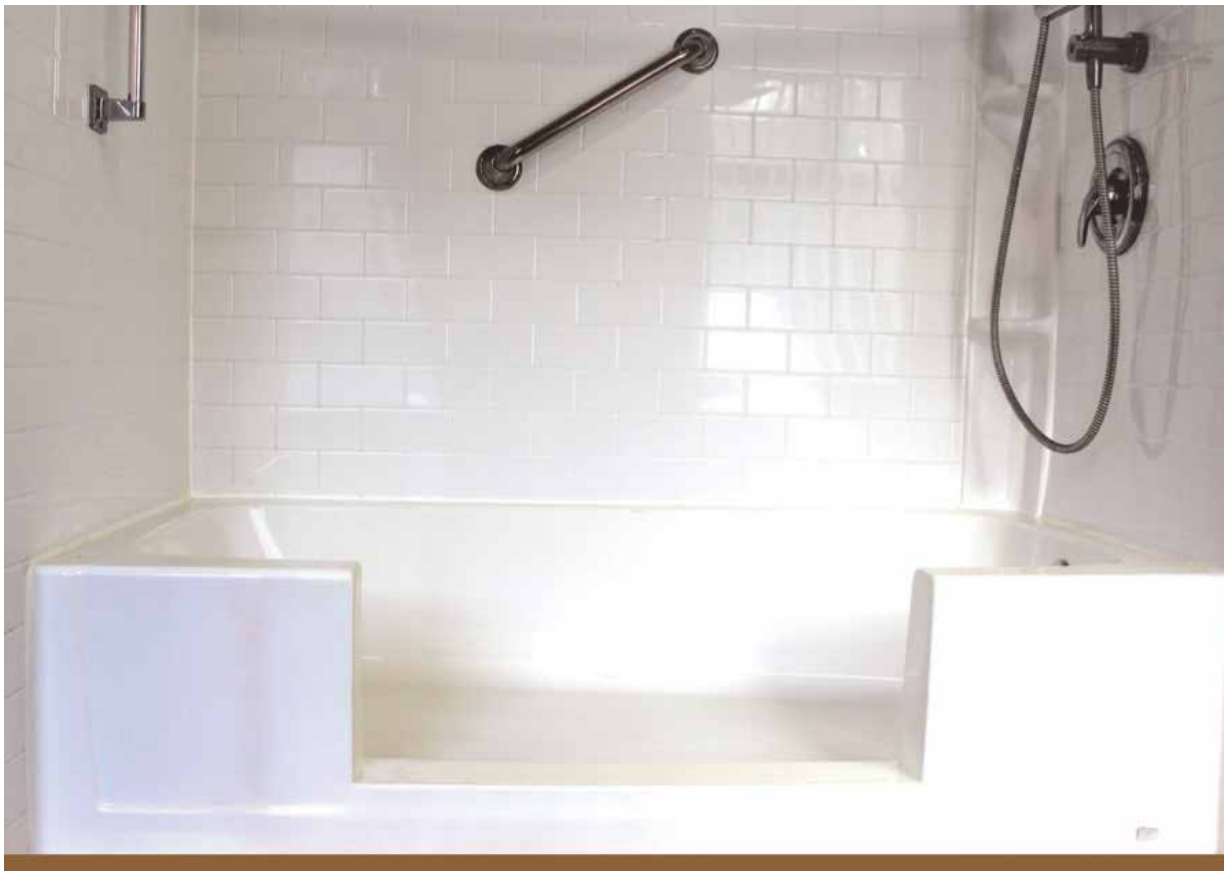


When was the last time you faced the need for a home project that you knew would absolutely solve your problem and also go easy on your wallet?

For most homeowners, there’s usually an endless list of modifications and renovations that we need to make as both we and our homes age. And if you’re like most people, you put off projects that have more to do with your own safety or comfort.

But chances are, you or someone you know has had to deal with everyday aches and pains, arthritis, bad knees, foot or ankle problems, a handicap or overall mobility problems, aging in place, acting as a caregiver, or general worries about slip and falls in the bathtub.

You’ve probably already heard that there are ways to make your bathtub more accessible, but pushed the thought to the back of your mind because you’re worried about how long your bathroom is going to be out of commission, the cost of the project, and even if having your bathtub modified is actually going to serve its intended purpose.



WELCOME TO THE NOVEL IDEA OF THE TUBCUT®.

If a person has difficulty lifting his or her legs over a traditional tub wall, then a portion of that tub wall can actually be cut and removed, then refinished. The cutout reduces the lift required to step or swing one's legs into the tub, and instead turns it into a walk-in shower. The modification can be done in less than one day. Even better? The cut portion of the tub can be saved, and the project can be reversed if you want to sell your home and not lose value.

"We can do this without disturbing the plumbing or making a big deal of construction. We're in and out of there in half a day, and then the customer is using their shower and their bathroom again by the next morning," says Paul Echavarria, owner of One Day Bath for the past two decades. "We also have no problem with doing a complete reversal for this project, and once that's complete, you would never know what that tub looked like before. It's seamless and waterproof. The whole entire tub gets resurfaced so that when we're done, the tub looks brand new again."

Since the original TubcuT® was first offered on the market, there have been a number of national companies offering what looks like an identical product and service. One Day Bath, however, points out that with TubcuT®, the user chooses how wide the opening is and where it starts and ends. This allows the panels to structurally become part of the tub through a strong bonding process. The panels are also made of a durable material that is easy to clean, and your tub's color can be matched perfectly to the panel's edge for a seamless look and watertight construction. Competitors use plastic caps or one-piece inserts, and their products are typically attached to the tub with caulk only and don't have any of the versatility of the TubcuT®.

"YOU WON'T HAVE ANYMORE TROUBLE GETTING IN AND OUT OF THE BATHTUB WITH TUBCUT®"



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Common Myths About Your Eyes

By David A. Goldman MD

Just because something is a common belief doesn't make it true. A lot of things you have probably heard about your vision turn out to be false. Here are five common myths that have no basis in science.

Sitting too close to the TV will ruin your eyes

Your mom may have warned you that you would ruin your eyes forever if you sat too close to the television or if you watched too much of it. Unfortunately for mom, that's not true. Watching televisions, including LCDs and flat screens, can't cause your eyes any physical harm. The same is true for using the computer too much or watching 3-D movies. Your eyes may feel more tired if you sit too close to the TV or spend a lot of time working at the computer or watching 3-D movies, but you can fix that by giving your eyes a rest.

Your vision will get worse if you read in the dark

Reading in dim light may be harder, but it doesn't damage your eyes. Remember that for centuries people read and worked by candlelight or gas lamps that offered far less light than electric lighting. Having good light will prevent eye fatigue and make reading easier, though.

Wearing glasses makes your eyes dependent on them

Eyeglasses correct blurry vision. You may want to wear your glasses more often so that you can see



clearly, but your glasses aren't changing your eyes so that they become dependent on your eye-glasses. You're just getting used to seeing things more clearly. Similarly, wearing glasses with the wrong prescription won't ruin your eyes. You just won't see as clearly as you would with the proper prescription.

Only boys are color blind

Color blindness, also known as color deficiency, occurs when you are unable to see colors in a certain way. Most commonly, color blindness happens when a person cannot distinguish between certain colors, usually between greens and reds, and occasionally blues. While males are much more likely to develop color blindness, females can also have the problem.

Eating carrots will make your eyesight sharper

Carrots are a good food for healthy eyesight because they contain vitamin A, a nutrient important to your eyes. However, a balanced diet can contain lots of foods that offer similar benefits. In any case, eating a lot of carrots won't help you see better unless you suffer from vitamin A deficiency, which is rare in the U.S. Also, eating too many carrots can be its own problem, causing your skin to turn yellow.



561-630-7120
www.goldmaneye.com

DAVID A. GOLDMAN

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

Dr. Goldman received his Bachelor of Arts cum laude and with distinction in all subjects from Cornell University and Doctor of Medicine with distinction in research from the Tufts School of Medicine. This was followed by a medical internship at Mt. Sinai – Cabrini Medical Center in New York City. He then completed his residency and cornea fellowship at the Bascom Palmer Eye Institute in Miami, Florida. Throughout his training, he received multiple awards including 2nd place in the American College of Eye Surgeons Bloomberg memorial national cataract competition, nomination for the Ophthalmology Times writer's award program, 2006 Paul Kayser International Scholar, and the American Society of Cataract and Refractive Surgery (ASCRS) research award in 2005, 2006, and 2007. Dr. Goldman currently serves as councilor from ASCRS to the American Academy of Ophthalmology. In addition to serving as an examiner for board certification, Dr. Goldman also serves on committees to revise maintenance of certification exams for current ophthalmologists.

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

Dr. Goldman speaks English and Spanish.



One
Another

It doesn't take much effort to hear of all the turmoil going on in our nation and around the world. It's quite frightening at times to think about where this all might end up. But if we're honest with one another, we really shouldn't be surprised. Conflict between people has existed since Cain and Abel – and it's not getting any better.

That is probably why God gave us so many instructions in how to get along with one another in the Bible.

Did you know that the phrase “one another” is used 100 times in the New Testament alone? Did you know that nearly half of those are given to those who call themselves Christ followers and over half are written by the apostle Paul? About one third of them deal with unity; another one third deal with love; and a good balance of the rest deal with humility.

So what are some of these great reminders of how to treat one another?

- Love one another (John 13:34, others)**
- Accept one another (Romans 15:7)**
- Forgive one another (Colossians 3:13)**
- Don't complain against one another (James 4:11)**
- Be at peace with one another (Mark 9:50)**
- Serve one another (Galatians 5:13)**
- Regard one another as more important than yourself (Philippians 2:3)**
- Don't judge one another (Romans 14:13)**
- Encourage one another (1 Thessalonians 5:11)**
- Pray for one another (James 5:16)**

Can you imagine – just for a moment – what the world would be like if we could just do these simple ten things... TEN... that's just ten percent of the total number of “one anothers” in the New Testament. If we just did ten percent of what we're asked... think about how different the world would be – think about how the headlines might read differently.

But words alone cannot change people; action is required. James, the half-brother of Jesus, says this: *“be doers of the word, and not hearers only, deceiving yourselves. For if anyone is a hearer of the word and not a doer, he is like a man who looks intently at his natural face in a mirror... and at once forgets what he was like. But the one who acts, he will be blessed in his doing.” James 1:22-25, ESV*

So if you want to change the world... if you want to see more good and less bad in the world... if you want to make a difference... then start with the person in the mirror and do the “one anothers”.

Brent Myers

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Support. A powerful element in fighting cancer.

With a cancer diagnosis, every day matters. When Chris Manis was diagnosed with stage 3b esophageal cancer, Florida Cancer Specialists started his treatment within a week. Years after his cancer battle, Chris and his son, Greyson, are inseparable. And with a new set of twins, Chris and his wife are ready for the next chapter of their lives.

"As my family grows, I am forever grateful to Florida Cancer Specialists and the care they gave me, so I can continue to care for my family."

Chris Manis

-Chris Manis, Patient & Cancer Fighter

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