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Health & Wellness[®] MAGAZINE

October 2019

South Palm Beach Edition - Monthly

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**SMALL CHANGE WITH
A BIG IMPACT**

**SCARED OF LOSING YOUR HAIR?
YOU AREN'T ALONE**

**WHAT CAN YOU DO FOR
CELLULITE AND STRETCH MARK
IMPROVEMENT?**

**ALZHEIMER'S DISEASE:
HOW ACUPUNCTURE AND
FUNCTIONAL MEDICINE IS
HELPING PATIENTS**

**PAIN MANAGEMENT
FOR FACET JOINT PAIN:
RADIOFREQUENCY
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LAW OFFICE OF ANDREW CURTIS, ESQ
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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.

Revocable Living Trust

ATTENTION SENIORS:

- Why Forbes Magazine says that the middle class may need living trusts
- Why a will may not avoid probate
- How a living trust may avoid probate
- Why you may have probate in more than one state if you own out-of-state real property
- How a trust may protect your child's inheritance from divorce
- How a trust may protect your child's inheritance from sons-in-law and daughters-in-law

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SMALL CHANGE WITH A BIG IMPACT

Our body is made of 65% water, so staying hydrated is important to keep everything functioning properly. As adults, we lose more than 80 ounces of water daily just through daily normal activity. Elderly adults and diabetic patients are among the most at risk groups for dehydration. Dehydration is one of the most frequent causes of hospitalization after age 65. With advancing years, seniors can lose their sense of thirst and tend not to drink enough. Age slows down our metabolic rate after 35 and we need fewer calories. We are not generally as physically active as we once were, either.



Our fluid intake can be affected by medication, emotional stress, exercise, general health, and the weather. Chronic health problems like diabetes, high blood pressure, and heart disease, and may take medications can make us more susceptible to dehydration. Dehydration is caused by loss of salts and water from sweating, the Florida heat, vomiting, diarrhea and certain medications. Severe dehydration can become life threatening to the elderly or diabetics because there is no longer enough fluid in the body to carry blood to major organs. The most common signs and symptoms of dehydration include persistent fatigue, muscle weakness or cramps, headaches, dizziness, forgetfulness, sunken eyes, confusion, or an increased heart rate.

When you do not drink enough water, your body receives mixed signals on hunger. Dehydration causes you to believe you need to eat when you really need liquid intake. As a fresh start, aim to drink about half your body weight in ounces of water daily. If you weigh 130 lbs. you would aim for 65 ounces or about 4 average water bottles a day. Pace yourself throughout the day so you do not feel overwhelmed. Start in the morning with a glass of water before breakfast and any meal for the rest of the day. In between meals, keep a bottle of water with you to take sips out of every hour. It is necessary to protect joints, flush waste – especially the extra blood sugar diabetics experience.

Don't like drinking water as much as drinking a soda? We can't blame you on that one. Jazz up your water with a lemon slice or a mint leaf. If you miss the bubbles in soda, have sparkling water because that counts too! Or you can try calorie free Coconut Water Chocolate Flavor Drops (available at TrustedDiabetics.com) if you are missing a sugary coffee shop drink. This will add flavor without calories, sugar or carbohydrates and help you hit your water goals each day.

– David Steinberg,
Pharm D.

www.TrustedDiabetics.com

SCARED OF LOSING YOUR HAIR? YOU AREN'T ALONE

By Alan J. Bauman, MD, ABHRS



Hair loss is commonly listed among the most feared symptoms of aging. Men and women are often so attached to their locks that they will go to great lengths to keep it for as long as possible. While you may find yourself one of the lucky ones who manage to keep a healthy head of hair, it is more likely that you'll join the more than 80 million men and women in the U.S. suffering from hair loss.

5 SCARY HAIR LOSS TRUTHS

- 1.** The use of Minoxidil is FDA-approved for hair regrowth and has proven science behind it but the reality is it doesn't work for everyone. In fact, over-the-counter minoxidil may only work well in about 35 percent of patients, according to medical studies, meaning there is a 65 percent chance standard over-the-counter minoxidil, like Rogaine, may not help you. Some patients require a specially formulated, compounded prescription minoxidil solution (like Formula 82M) for optimal results.
- 2.** By the time hair loss becomes noticeable to the naked eye, about 50 percent of the hair follicles may have already been lost. The earlier patients can get started on preventive or restorative therapies, the better their odds are for retaining a full and healthy hairline and head of hair.
- 3.** According to the American Hair Loss Association, by the age of 35, approximately one-third of men will experience some degree of hair loss; and by the age of 50, 50% of men will have significantly thinning hair.

As a man ages, the risk of losing hair increases, and is proportional to age: 60% in 60s, 70% in 70s, and so on.

4. Roughly half of all women over the age of 40 suffer from some form of hair loss. That's right - half. While most people tend to think of hair loss as a man's problem, the reality is that women are almost just as likely as men to lose hair. It's just less noticeable from afar because it happens more diffusely.

5. Medications, laser therapy, PRP, nutritional, etc. can help make hair follicles grow thicker healthier hair, but once the follicle is dead and gone, the only option for restoring hair in that area is a hair transplant.

IS "VAMPIRE PRP" THE ANSWER TO YOUR HAIR LOSS?

While it may sound like something out of a horror story, one of the most promising tools to treating hair is — your blood. While this may conjure up unsettling images of vampires, the treatment is actually simple, quick and highly effective.

How exactly does "vampire" therapy breathe new life into failing follicles, and is it right for you? Platelet-rich plasma (PRP) therapy, also commonly referred to as "Vampire PRP," is one of the most promising cell therapy treatments to become available for hair loss sufferers in recent years.

Following a simple blood-draw, the patient's blood is spun in a special centrifuge with specific kits designed to separate and concentrate blood platelets, producing the high-quality PRP — a powerful growth factor "cocktail." Once activated, platelets release powerful molecules, which have profound biologic regenerative effects on the hair follicles and skin. Under comfortable local anesthesia, this powerful cocktail of growth factors, cytokines and other proteins is injected into the area of the scalp where weak hair follicles exist. PRP may be enhanced through the use of placental extracellular matrix (ECM) called BioD or another ECM from dried porcine bladder called ACell.

PRP has become one of the most exciting recent breakthroughs in hair restoration, and is not only showing positive results as a stand-alone treatment, it has proven to be a valuable tool during hair transplantation as well. During the transplant



Before and 12 months after PRP+ECM by Dr. Alan Bauman



Before and 12 months after PRP+ECM by Dr. Alan Bauman

process, PRP has been shown to strengthen non-transplanted hair, minimize donor scarring and accelerate wound healing. In addition, PRP has been reported by some hair transplant surgeons to improve graft survival.

In addition to its effectiveness in treating certain types of hair loss, a growing number of patients are drawn to PRP because of its quick and non-invasive nature. Performed correctly, this virtually painless outpatient procedure takes about one hour and requires no downtime for patients, which means you could literally have it performed during lunchtime. Mild soreness or swelling, if any, resolves in less than a day and when administered correctly and improved hair growth may be measured in a matter of weeks.

EARLY INTERVENTION

The biggest takeaway should be that early intervention is the key to preventing and managing hair loss. Once you understand the cause of your hair loss, you need to determine the best way to stop losing more hair, enhance the hair you have and restore the hair you've lost. For most patients, this means using a combination, or 'multi-therapy' approach: non-invasive treatments to protect the hair you have and hair transplantation to restore the hair you've lost. Some patients might accomplish their goals using only non-invasive treatments.

For more information PRP, or other effective treatments for hair loss, please visit www.baumanmedical.com or call 561-220-3480

MORE SCARY STATS ON HAIR LOSS

- It's estimated that approximately 30 million women and as many as 50 million men experience hair loss as a direct result of their genetic make-up.
- According to the American Hair Loss Association, two-thirds of men will begin to see their locks lose some of their luster by age 35.
- By 50, about 85 percent of men will have experienced a significant amount of thinning.
- The American Hair Loss Association estimates that about 25 percent of men who are affected by the condition begin to see the first signs of hair loss before age 21.
- Women make up nearly 40 percent of American hair loss sufferers.
- After menopause, women experience hair loss at almost the same rate as men.

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.

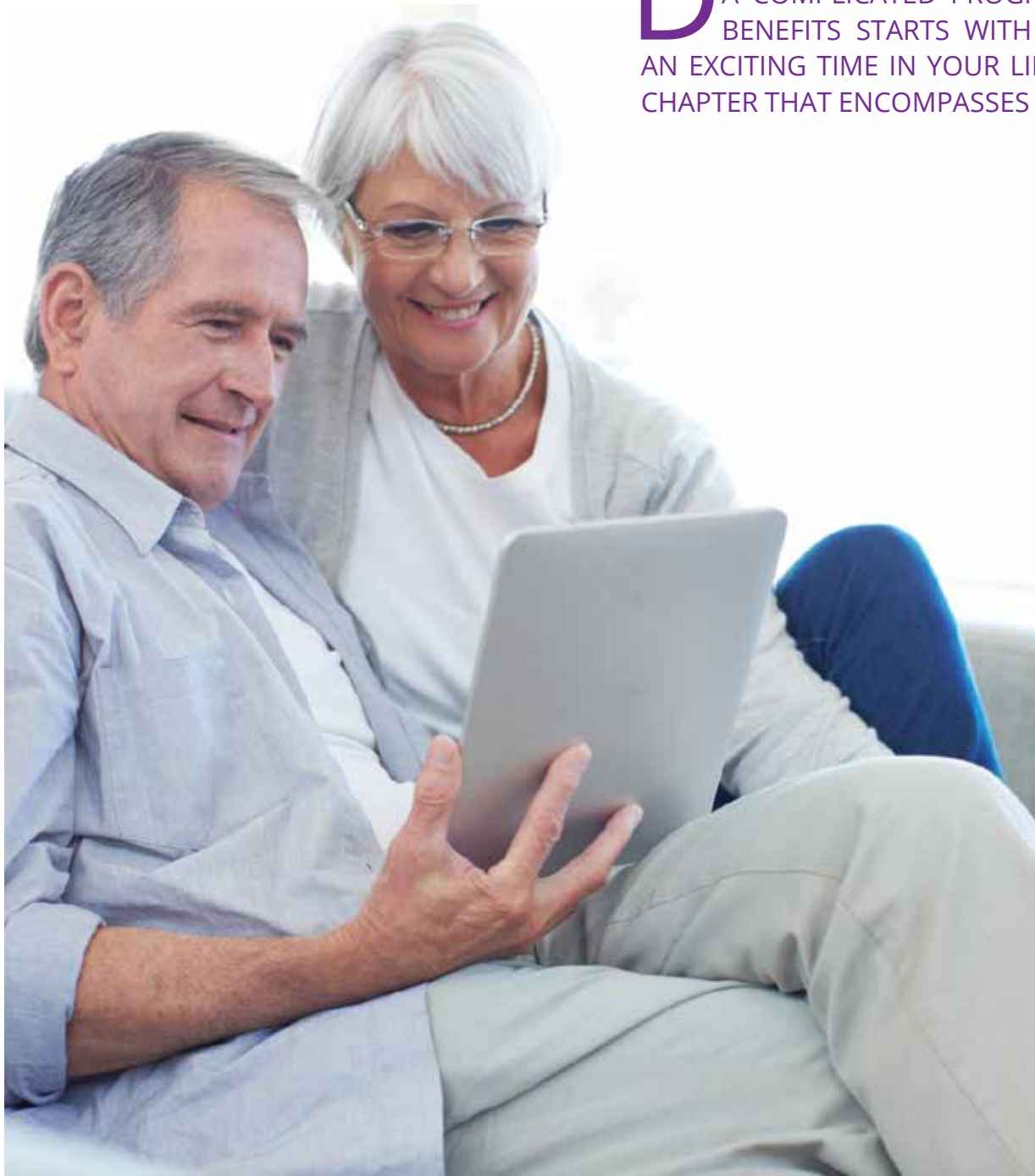


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Navigating the Medicare Puzzle

DOES MEDICARE CONFUSE YOU? YOU ARE NOT ALONE. MEDICARE IS A COMPLICATED PROGRAM. WISELY MANAGING YOUR MEDICARE BENEFITS STARTS WITH UNDERSTANDING THE FACTS. AGE 65 IS AN EXCITING TIME IN YOUR LIFE. IT'S THE BEGINNING OF A WHOLE NEW CHAPTER THAT ENCOMPASSES THE WHOLE YOU (BODY, MIND AND SPIRIT).



Aetna Medicare is more than a typical insurer; we are a health company and we are devoted to helping you realize your health ambitions, big and small. We hope to join you in your health journey by turning your ambitions into achievements so you can age actively.

HOW DO YOU KNOW YOU'RE GETTING THE BEST ADVICE?

Guidance and support go a long way towards achieving your best health. That's why Aetna representatives help simplify Medicare and connect you to the right coverage, resources and care.

WHAT DO I NEED TO KNOW ABOUT MEDICARE?

Medicare is a sophisticated system, but maneuvering your way through the maze 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 (Original) 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. We understand that a total



approach to health and wellness may be different for each of our members. That's why we offer a choice of Medicare Advantage, Medicare Supplement and Prescription Drug Plans (PDP) for supporting your unique health ambitions.

Having the right amount of coverage is key to taking care of the whole you. That's why we offer Medicare Advantage plans that cover your doctors (Part B), hospitalization (Part A) and prescription drugs (Part D) in one simple plan – some with added benefits for dental, vision care and fitness. Medicare Advantage includes PPO & HMO plans, which have co-pays or deductibles instead of the 20% balance that Medicare does not cover. The benefits depend upon the plan you select.

A Medicare Supplement plan (sometimes called, MediGap) may help protect your savings and peace of mind. Aetna Medicare Supplement plans are designed to fill the coverage gaps left by Original Medicare and place a firm limit on how much you pay each year. One of the benefits of pairing a Medicare supplement insurance plan with Medicare is the flexibility. You can use any doctor or hospital that accepts Medicare, and a network does not limit you. We have over

10 plans to choose from – to ensure you get the coverage you need, while minimizing out-of-pocket costs.

If you do choose a Medicare Supplement, it is important to add an additional PDP to cover your Prescriptions. Medicare Supplement plans do not include prescription drug coverage.

Sometimes feeling your best requires the right combination of prescription drugs. Since Medicare has no coverage for Part D, Aetna Medicare has a range of PDPs to support your health ambitions. They include a 60,000-strong pharmacy network. And, with a broad list of covered drugs – changes are good yours are on it.

HOW DO I FIND OUT MORE?

At Aetna Medicare, we understand the more you learn the more you know. In fact, Aetna has a legacy of caring for the whole person, providing care, trust and access to Medicare coverage since 1966. And, Aetna representatives advocate for our members' best health by helping them get the most from their benefits, building trust and always providing a clear path to care.



Lisa Sachs

Lisa Sachs is a licensed Field Sales Representative in Palm Beach County and has been a proud Aetna employee for ten years. She loves working with the senior community and is passionately dedicated to her clients. Lisa assists people with Medicare parts A and B, with enrollment in the HMO, PPO, POS and SNP (special needs plans for those with Medicaid) offered by Aetna. Her duties don't stop there though as she also specializes and assists members to see if they possibly qualify for additional government programs offered by the state of Florida such as Medicaid and the Extra Help program through Social Security. She believes in always being as available as possible and insists upon the highest level of customer service. "Sometimes just picking up your phone and sincerely showing that you care, is all someone might need at the moment", she says. She makes a point to do just that by keeping her phone close to her at all times and even taking calls on weekends and holidays. "I feel the need to treat my clients the way I would want someone to treat my Mother or Father. Medicare can be a bit confusing and she prides herself on taking as much time as needed to fully explain the benefits of each plan and the enrollment process. For a phone or in house appointment Lisa can be reached at your convenience seven days a week at **(561) 267-1186**

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By Aaron Rosenblatt, MD

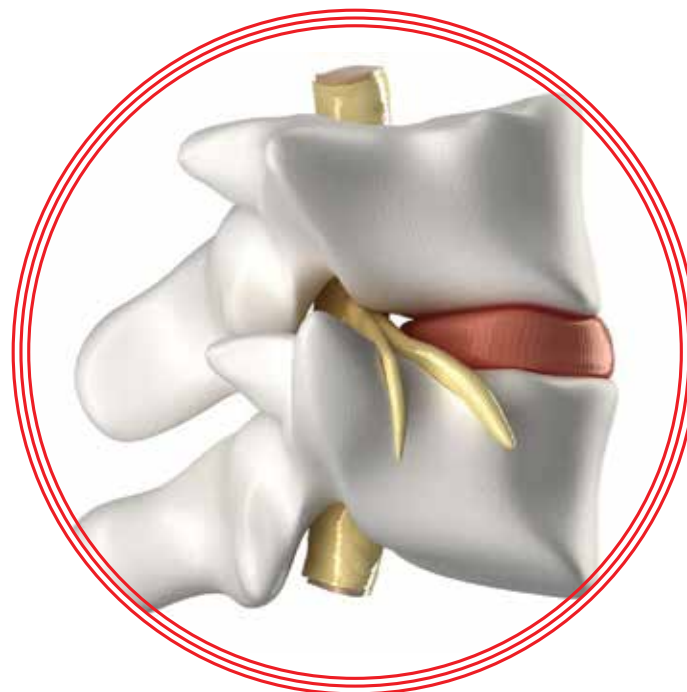
Pain Management for Facet Joint Pain: Radiofrequency (RF) Ablation/Rhizotomy



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

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

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



BASIC FACET JOINT ANATOMY

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

WHAT TO EXPECT DURING AND AFTER THE PROCEDURE

The procedure is performed in a sterile setting similar to an outpatient procedure suite.

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

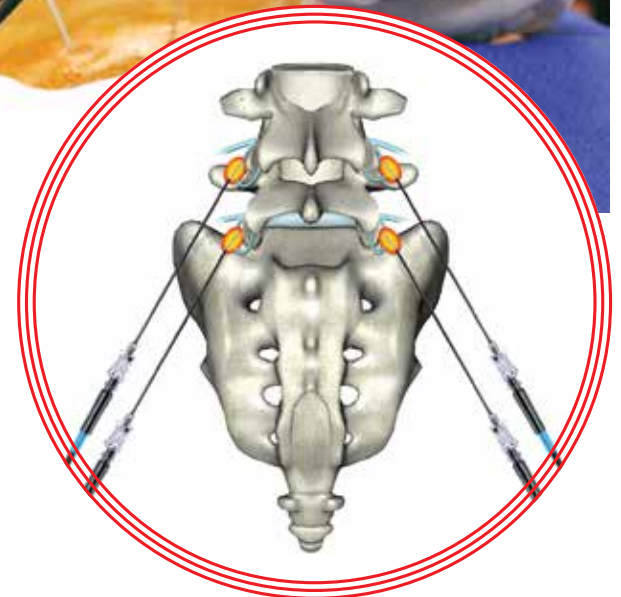
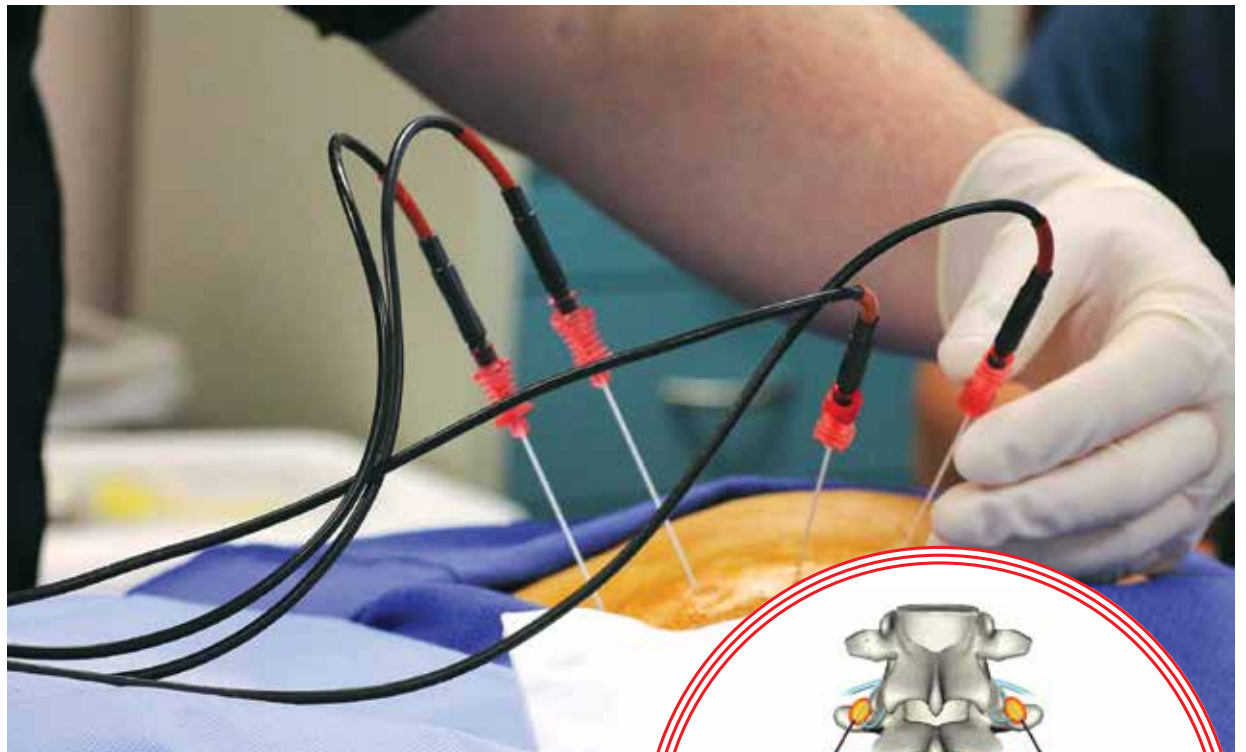
Dr. Rosenblatt uses fluoroscopic guidance (real time x-ray) to guide the needle electrode beside the medial branch nerve. Through the electrode, mild electrical current (radiofrequency) stimulates the medial branch nerve. As the electrode is energized, the nerve is changed so the patient's arthritic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

After the procedure, the patient is moved to the recovery area where our medical staff continues to monitor you if needed.

You may be discharged home following your RF ablation. Our medical staff provides you with written aftercare and home instructions.

BENEFITS OF RADIOFREQUENCY ABLATION INCLUDE:

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



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

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

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

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

Early Pain Treatment CAN PREVENT Prolonged Suffering!



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MORE OPTIONS FOR TREATING BREAST CANCER

Regardless of age, race, or family history, all women – and about 1% of men – have some level of risk for breast cancer. Primary risk factors include age and gender, along with a number of other factors, such as obesity and alcohol use, which can be moderated through healthy lifestyle choices. Today, there are many types of effective treatments for breast cancer, including surgery, chemotherapy, radiation, and hormone therapy. Research is ongoing to bring even more promising treatment options to patients.

Can Breast Cancer Be Inherited?

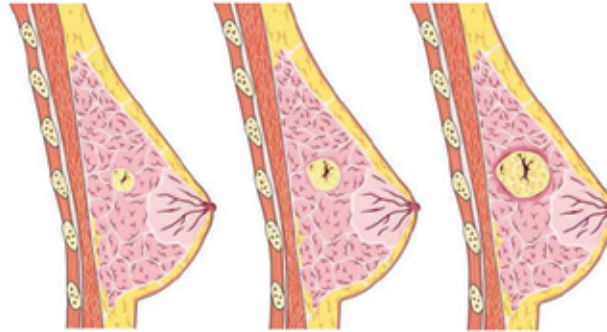
Certain types of breast cancer do seem to run in some families; however, it is important to understand that what is inherited is the abnormal (mutated) gene that could lead to breast cancer, not the cancer itself. The most common genetic risk factors for breast cancer are in women who have changes to the BRCA1 and BRCA2 genes. Women with this inherited gene mutation have up to an 80% chance of developing breast cancer during their lifetimes. If you have a close relative (mother, sister, daughter, etc.) with breast cancer, you should speak with your doctor about genetic testing.

Early Detection

Identifying any type of cancer at an early stage before it has spread extensively (metastasis) provides a much better outcome for patients. Florida Cancer Specialists' physicians concur with the American Cancer Society's recommendation that women over 40 with no family history of breast cancer should get a mammogram once a year; for women under 40, a clinical breast exam is recommended at least once every three years. In addition, monthly breast self-examinations can be an effective way of discovering any changes in the normal look and feel of the breasts.

New Findings Offer Guidelines for Chemotherapy

Results of a study released in June 2018 confirmed with better accuracy which patients will benefit from chemotherapy and which will not. It is estimated that, due to this new understanding, about 70,000 breast cancer patients can now safely skip chemotherapy. The study



was published in the *New England Journal of Medicine* (NEJM), and, according to its findings, almost 70 percent of women with early stage breast cancer and an intermediate risk of recurrence can now safely skip chemotherapy after their tumors have been surgically removed.

Over 10,000 patients in the clinical study received a genomic test that estimates the individual risk that cancer will recur. Known as gene expression testing, this assessment helps determine which breast cancer patients are most likely to benefit from chemotherapy following breast surgery.

Those with a high-risk score (above 25) were advised to have chemotherapy along with hormone therapy, which is standard treatment; those with a low-risk score (0 to 10) would still need hormone therapy, but could forgo chemo and avoid its sometimes harsh side effects.

Prior to this study, the group of patients with test results in the intermediate risk range (between 11 to 25) did not have a clear course of action with regard to chemotherapy; however, the study found that within the intermediate-risk group, all women over 50 whose tumors responded to hormone therapy and tested negative for the HER2 gene had no significant benefit by adding chemotherapy and could safely skip it. Chemo did offer some benefit for those 50 and younger who had a recurrence score between 16 and 25.

Florida Cancer Specialists is proud to have participated in this study. Its findings provide more certainty about which patients in the intermediate-risk group need chemotherapy and which do not. This is just one example of the incredible benefit clinical research brings to both current and future cancer patients.

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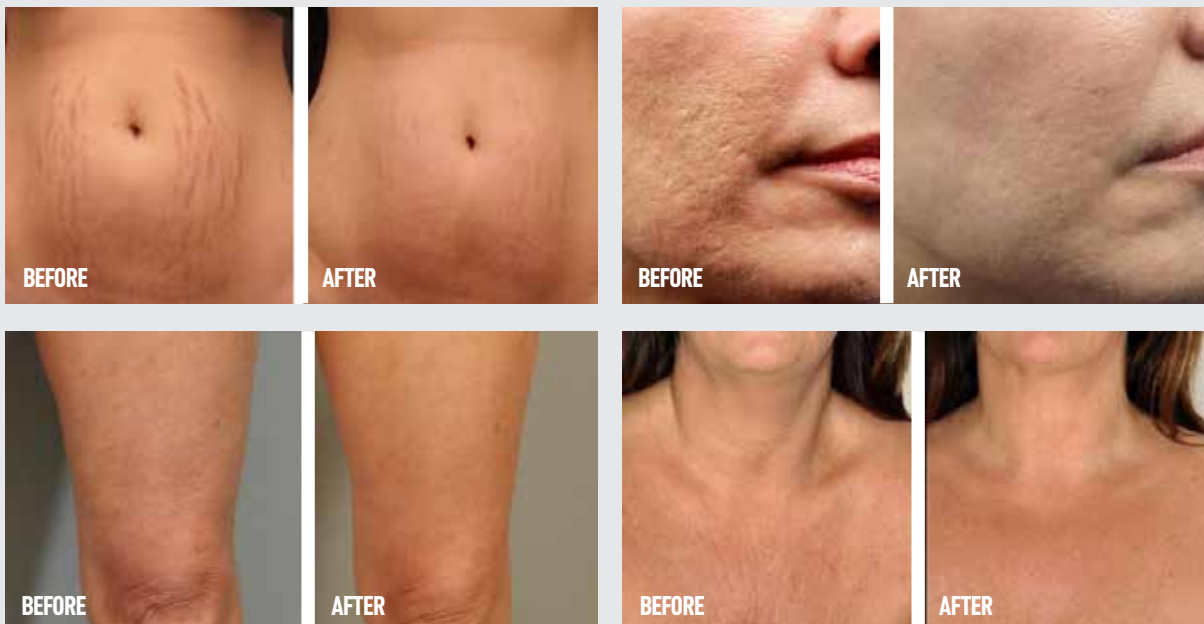
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Daniela Dadurian, M.D. received her medical degree from the University of Miami School of Medicine. She is certified by the Board of Anti-Aging & Regenerative Medicine and the Board of Laser Surgery. Dr. Dadurian has also completed a fellowship in 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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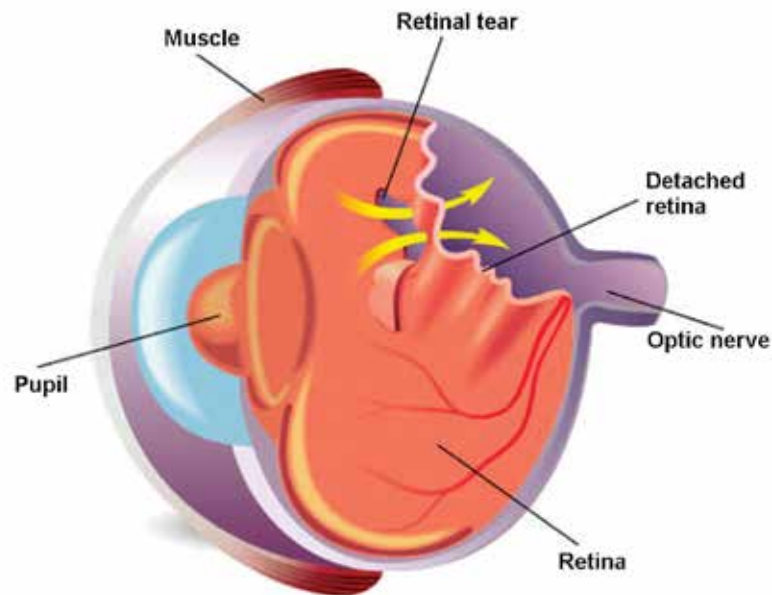
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RETINAL TEAR AND RETINAL DETACHMENT

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

The retina is the light-sensitive tissue lining the back of our eye. Light rays are focused onto the retina through our cornea, pupil and lens. The retina converts the light rays into impulses that travel through the optic nerve to our brain, where they are interpreted as the images we see. A healthy, intact retina is key to clear vision.



The middle of our eye is filled with a clear gel called vitreous (vi-tree-us) that is attached to the retina. Sometimes tiny clumps of gel or cells inside the vitreous will cast shadows on the retina, and you may sometimes see small dots, specks, strings or clouds moving in your field of vision. These are called floaters. You can often see them when looking at a plain, light background, like a blank wall or blue sky.

As we get older, the vitreous may shrink and pull on the retina. When this happens, you may notice what look like flashing lights, lightning streaks or the sensation of seeing “stars.” These are called flashes.

Usually, the vitreous moves away from the retina without causing problems. But sometimes the vitreous pulls hard enough to tear the retina in one or more places. Fluid may pass through a retinal tear, lifting the retina off the back of the eye – much as wallpaper can peel off a wall. When the retina is pulled away from the back of the eye like this, it is called a retinal detachment.

The retina does not work when it is detached and vision becomes blurry. A retinal detachment is a very serious problem that almost always causes blindness unless it is treated with detached retina surgery.

TORN OR DETACHED RETINA SYMPTOMS

Symptoms of a retinal tear and a retinal detachment can include the following:

- A sudden increase in size and number of floaters, indicating a retinal tear may be occurring;
- A sudden appearance of flashes, which could be the first stage of a retinal tear or detachment;
- Having a shadow appear in the periphery (side) of your field of vision;
- Seeing a gray curtain moving across your field of vision;
- A sudden decrease in your vision.

Floaters and flashes in themselves are quite common and do not always mean you have a retinal tear or detachment. However, if they are suddenly more severe and you notice you are losing vision, you should call your ophthalmologist right away.

WHO IS AT RISK FOR A TORN OR DETACHED RETINA?

People with the following conditions have an increased risk for retinal detachment:

- Nearsightedness;
- Previous cataract surgery;
- Glaucoma;

- Severe eye injury;
- Previous retinal detachment in the other eye;
- Family history of retinal detachment;
- Weak areas in the retina that can be seen by an ophthalmologist during an eye exam.

TORN OR DETACHED RETINA DIAGNOSIS

Your ophthalmologist can diagnose retinal tear or retinal detachment during an eye examination where he or she dilates (widens) the pupils of your eyes. An ultrasound of the eye may also be performed to get additional detail of the retina.

Only after careful examination can your ophthalmologist tell whether a retinal tear or early retinal detachment is present. Some retinal detachments are found during a routine eye examination. That is why it is so important to have regular eye exams.

TORN OR DETACHED RETINA TREATMENT

A retinal tear or a detached retina is repaired with a surgical procedure. Based on your specific condition, your ophthalmologist will discuss the type of procedure recommended and will tell you about the various risks and benefits of your treatment options.

TORN RETINA SURGERY

Most retinal tears need to be treated by sealing the retina to the back wall of the eye with laser surgery. Both of these procedures create a scar that helps seal the retina to the back of the eye. This prevents fluid from traveling through the tear and under the retina, which usually prevents the retina from detaching. These treatments cause little or no discomfort and may be performed in your ophthalmologist’s office.

Laser surgery (photocoagulation)

With laser surgery, your Eye M.D. uses a laser to make small burns around the retinal tear. The scarring that results seals the retina to the underlying tissue, helping to prevent a retinal detachment.

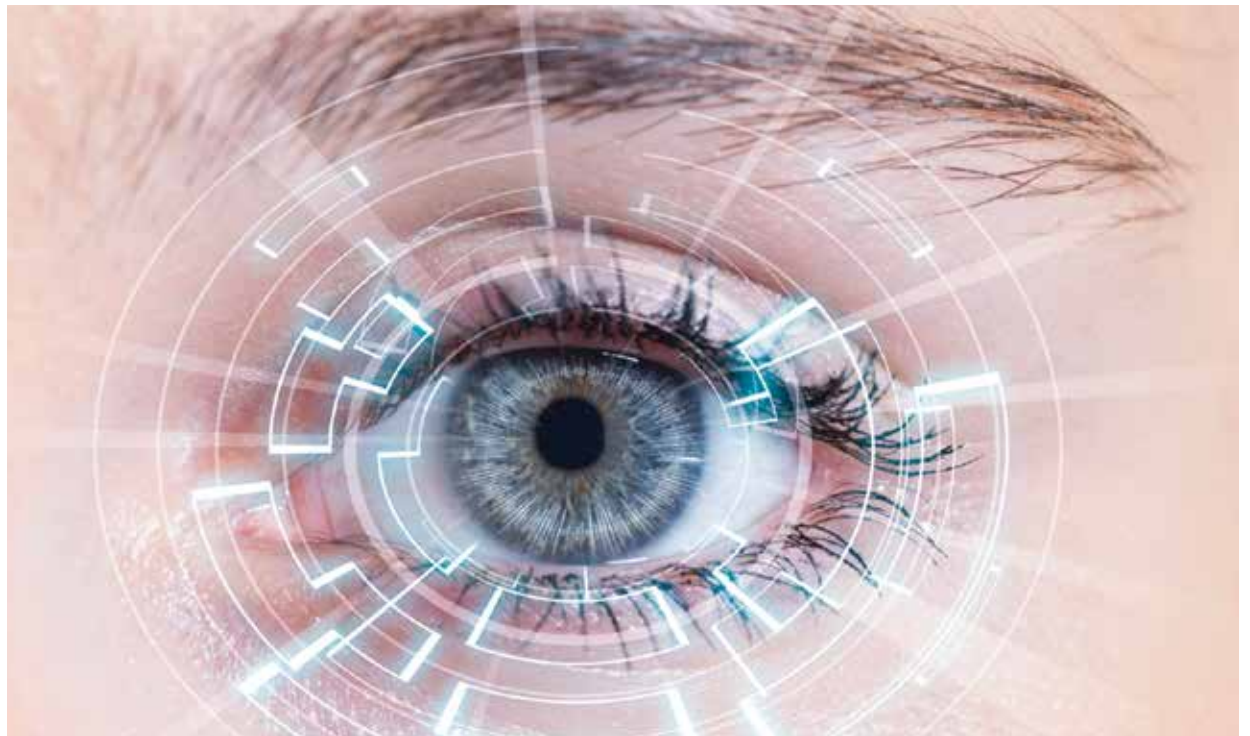
Detached retina surgery

Almost all patients with retinal detachments must have surgery to place the retina back in its proper position. Otherwise, the retina will lose the ability to function, possibly permanently, and blindness can result. The method for fixing retinal detachment depends on the characteristics of the detachment. In each of the following methods, your Eye M.D. will locate the retinal tears and use laser surgery or cryotherapy to seal the tear.

Vitrectomy

This surgery is commonly used to fix a retinal detachment and is performed in an operating room. The vitreous gel, which is pulling on the retina, is removed from the eye and usually replaced with a gas bubble.

Sometimes an oil bubble is used (instead of a gas bubble) to keep the retina in place. Your body’s own fluids will gradually replace a gas bubble.



An oil bubble will need to be removed from the eye at a later date with another surgical procedure. Sometimes vitrectomy is combined with a scleral buckle.

If a gas bubble was placed in your eye, your ophthalmologist may recommend that you keep your head in special positions for a time. Do not fly in an airplane or travel at high altitudes until you are told the gas bubble is gone. A rapid increase in altitude can cause a dangerous rise in eye pressure. With an oil bubble, it is safe to fly on an airplane.

Most retinal detachment surgeries (80 to 90 percent) are successful, although a second operation is sometimes needed.

Some retinal detachments cannot be fixed. The development of scar tissue is the usual reason that a retina is not able to be fixed. If the retina cannot be reattached, the eye will continue to lose sight and ultimately become blind.

After successful surgery for retinal detachment, vision may take many months to improve and, in some cases, may never return fully. Unfortunately, some patients do not recover any vision. The more severe the detachment, the less vision may return. For this reason, it is very important to see your ophthalmologist regularly or at the first sign of any trouble with your vision.



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Lauren R. Rosecan

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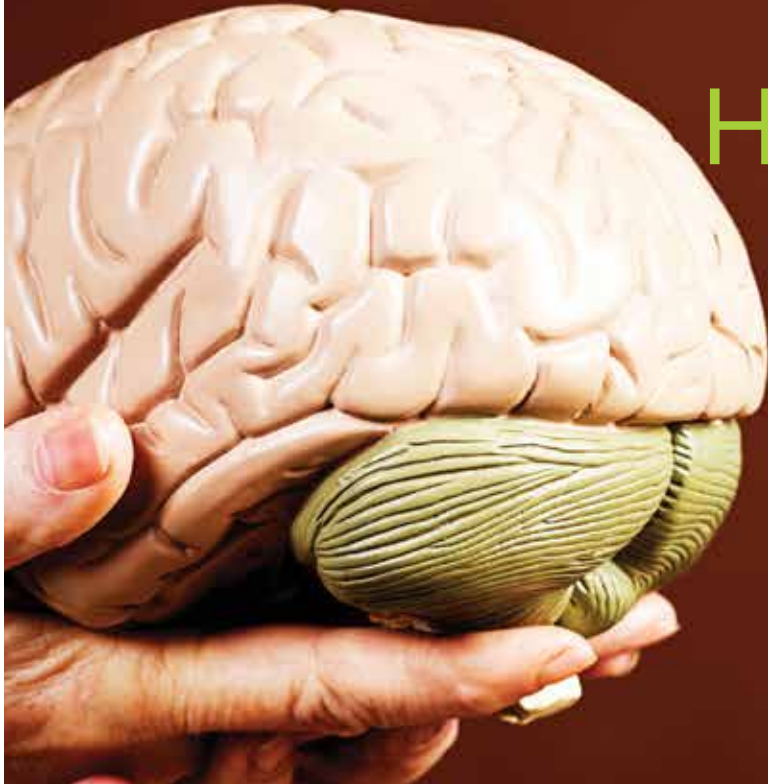
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ALZHEIMER'S DISEASE:

HOW ACUPUNCTURE AND FUNCTIONAL MEDICINE IS HELPING PATIENTS



By: Chaas Gantt and Maria Gantt

Unfortunately, we all know someone that has been diagnosed or has a family member with Alzheimer's Disease (AD). More than 30 million Americans suffer from some type of dementia. It is estimated a total cost of \$290 billion dollars will go towards healthcare for AD and other dementias in the year of 2019. It is the sixth leading cause of death in the United States (<https://www.advisory.com/daily-briefing/2019/01/16/deaths>) and like other common chronic diseases; we know it develops as a result of multiple factors rather than a single cause. Fortunately, Alzheimer's disease is not a normal part of aging. Lifestyle modifications, acupuncture and functional medicine are proving to be an effective way to treat AD and other neurodegenerative diseases.

Acupuncture is a part of the whole medical system in Asian countries, having a history of over 2,500 years of effectively treating illness. The World Health Organization (WHO) has published guidance on the efficacy of acupuncture in the cure or relief of 64 different clinical conditions, such as dementia, stroke rehabilitation, parkinsonism, depression, chronic pain, headache, hemiplegia, nausea and vomiting, among others (WHO. *Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials*. Geneva, Switzerland: World Health Organization Press; 2003). Promising findings about the effects of acupuncture/EA on stem cell mobilization and on progenitor cell proliferation in the central nervous system (CNS) is just one of the ways acupuncture has shown to have beneficial effects in several neurodegenerative diseases and has been proven to be a nondrug method for mobilizing stem cells in the CNS (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5530374/>)

Amyloid Precursor Protein (APP) is an integral membrane protein in many tissues and concentrated in the synapses of neurons. According to Alzheimer's Association: "Scientists don't yet know APP's function, but they've learned that day-to-day brain activity involves continuous "processing" of APP into shorter pieces. One of the brain's APP processing pathways produces beta-amyloid, a fragment that's the chief component of plaques and a prime suspect in Alzheimer's-related brain changes." What if Amyloid-beta buildup is a symptom of an underlying problem in the body that is triggering the chain of biological events and symptoms leading to Alzheimer's and other neurodegenerative conditions?



Conventional medicine is focusing on removing Amyloid-beta plaque buildup in the brain by using a bottom-level approach. Amyloid-beta is not the main problem. The Amyloid-beta build up is a symptom of an underlying problem in the body. It's the body's response to several factors impeding the health of an individual. Functional medicine offers a top-level approach where it addresses the underlying causes of the disease by addressing factors that include nutrient deficiencies, inflammation, toxin build up and overload on the system, pathogens, oxidative stress and/or atrophy. A course of treatment is to discover the root cause of the problem, remove or reduce the insults and improve health with lifestyle modifications, acupuncture and functional medicine.

There have been breakthroughs in early detection of Alzheimer's via blood test. It may be able to detect Alzheimer's 10 years before onset with 100% accuracy. The biomarker that is focused on is a protein in the brain called IRS-1 (Insulin Receptor Substrate). The National Institute on Aging conducted a study to show the efficacy of this blood test where they collected blood samples from 174 participants, 70 having Alzheimer's, 20 having diabetes and 84 were healthy (<https://www.fasebj.org/doi/abs/10.1096/fj.14-262048>).

After discovering these biomarkers what does an individual do? Where does a person go from there? How can someone take care of their brain in a way that prevents neurodegeneration from setting in? This is the challenge that people are

faced with and may not know where to turn to find accurate information on treatment options.

An individual can begin their journey by getting comprehensive blood tests administered by a functional medicine practitioner. Some examples of the blood tests are: to determine if there is a toxic overload in the system by testing heavy metals, pesticides, chemical exposure and antimicrobials; to determine if there is insulin resistance which can cause inflammation in the brain; to determine if there are pathogens present; to determine if a hormone imbalance exist and if the thyroid is functioning properly.

After the blood tests are complete, a treatment protocol is created to address each issue to optimize health and achieve the greatest possible outcome. Each individual will have their unique treatment regimen.

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Chas Gantt L. AP is board certified by The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®), Functional Medicine Practitioner, Board Certified Herbalist, Injection Therapy Certified and State Licensed. He has learned and apprenticed under renowned physicians and master acupuncturists in the United States, Europe and Asia.

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POT CROCK?

Marijuana has inspired many myths. Here's the lowdown on what's fact and what's fiction.

By Craig Tomashoff

Sit too close to the TV and you'll ruin your eyesight. Go swimming less than an hour after eating and you'll cramp up. Make a weird face and it'll stick like that. Whether they were meant to terrify us or soothe us, these urban legends and many more have long been a part of our lives. So it should come as no surprise that a mythology has also sprung up around cannabis. So many questionable myths have hung around for so long, it's hard to know what's true and what are remnants from the Reefer Madness era. To clear things up, we asked two experts in the field—Emma Chasen, veteran cannabis educator and industry consultant; and Dr. Adie Rae, co-founder of Habu Health, one of the country's leading cannabis research groups—to help separate weed fact from fiction.



MARIJUANA REDUCES SEX DRIVE

FALSE In fact, while too high a dose of cannabis could lead to conditions that aren't exactly turn-ons, like drowsiness, anxiety, and/or paranoia, the appropriate dose might actually improve your sex life. "For females with low libido, cannabis appears to be a viable therapy to enhance it," says Rae. Chasen agrees that it can up your sex drive because marijuana "increases blood flow and there are endocannabinoid receptors densely populated in our reproductive systems, increasing sensation and often diminishing pain."

MARIJUANA STAYS IN YOUR SYSTEM FOR 30 DAYS

TRUE Cannabinoids are lipids, which are the same thing that your fat tissue is made of. This means that when you ingest cannabis, its molecules get stored in your body's fat tissue. Rae says that those who use cannabis more than twice a week can expect to have detectable levels of it in their urine for up to 30 days, although there is a lot of variability, depending on a person's body metabolism and physiology.

MARIJUANA IS HIGHLY ADDICTIVE

MOSTLY FALSE If you want to talk about substances that encourage addiction, Rae suggests discussing nicotine or alcohol instead, since they are the real offenders. Chasen does point out that to be technically addictive, a substance must produce a measurable withdrawal and tolerance—which cannabis does. "Withdrawal symptoms may leave you grumpy, in some pain and not able to sleep, but they definitely won't kill you. And while tolerance can be developed to the psychoactivity of THC, tolerance to the benefits of THC cannot. Therefore, THC can be considered addictive but it's not addiction that will likely ruin your life."

MARIJUANA CAUSES SHORT-TERM MEMORY LOSS

SOMEWHAT TRUE According to Rae, "THC impairs some kinds of cognitive function but not others." However, she adds that THC's impact on memory formation is "largely dose-dependent." The effects of low doses of THC have not been measured. Chasen adds that while excessive THC "may lead to short-term memory loss," especially in young adults, there are compounds in cannabis (particularly one called pinene) that can offset this potential problem.

ALL CBD OILS ARE THE SAME

FALSE With hemp-derived CBD products flooding the market, buyers need to be wary of what they're getting. "Craft hemp," as it's often called (a la "craft beer"), may be everywhere but according to Rae, it also has less than .3 percent THC. There's still a wide range of therapeutically valuable molecules in there even with virtually no THC. However, the highest-quality CBD oils feature what she says is a "full spectrum" of ingredients that come from organically grown cannabis and not "the fibers industrial hemp that contains minimal beneficial ingredients."

YOU CAN OVERDOSE ON MEDICAL CANNABIS

TRUE and False Technically, says Chasen, this is possible – if you define overdose as simply taking too much of a substance. "Operating with this definition, a lot of people overdose on cannabis and have anxious, paranoid experiences," she explains, adding that "you cannot lethally overdose on cannabis. There are CB1 receptors in brainstem cardiorespiratory centers, which means cannabis cannot shut down essential functions such as breathing and heartbeat. To date, there have been no reported deaths due to an overdose of cannabis."

MAJOR MEDICAL ORGANIZATIONS DON'T SUPPORT MEDICAL MARIJUANA USE

TRUE There is a qualification to this, however. The reluctance of organizations like the American Medical Association to get onboard with cannabis has more to do with the fact that it is still federally prohibited and there's next to no endocannabinology education in medical schools, than because of any inherent mistrust of the plant. "This is slowly evolving," explains Rae. "The AMA and other large medical societies have too much to lose in terms of federal credibility to amend their policies."

MARIJUANA CAUSES GYNECOMASTIA

FALSE It's highly unlikely pot causes male breast development, but Rae admits there is "very sparse evidence" for this belief dating back at least to the 1960s. She cites a case report from the '70s and another from 2007 that found THC had effects on both male and female gonadal hormones. But she adds, "these are very complex interactions. Some individuals may be more at risk than others. It may also be dose-dependent, but no studies have been done." Chasen says that cannabis shouldn't be a direct cause of gynecomastia, which is a disorder caused by hormonal imbalance.

CBD CAN CURE ANYTHING

FALSE Even cannabis' most passionate supporters admit CBD has its limits. "It's a compound with large therapeutic potential," says Chasen. "However, to improve efficacy, it must be taken in a holistic context. CBD won't cure you of anything and it may not even help you if you continue to sacrifice health and care in other areas of your life." Still, Rae adds, CBD does have a "very powerful placebo effect," which can be a "psychological tool for managing chronic disease. Allowing your brain to think that a substance is going to work is often more powerful than the substance itself."

MARIJUANA LEADS TO HARDER DRUGS

FALSE Marijuana opponents have long called it a "gateway" drug, but Chasen sees that more as a social trait of cannabis rather than a physical one. "From a social behavior examination, people who consume cannabis may have traditionally been more likely to consume other illicit substances," he says. "But from a physiological perspective, cannabis doesn't lead to harder drugs. It does not cause a change in the boy that would make it more likely for people to seek out other, more dangerous substances." Likewise, Rae admits that while cannabis use is "correlated with the use of harder drugs, so are alcohol use and nicotine use. 'Correlation' and 'causation' are not the same."



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YOUNG PEOPLE CAN SUFFER FROM ANXIETY

NEUROFEEDBACK CAN HELP

By Renee Chillcott, LMHC

It's hard to imagine sometimes, that children or young adults can suffer from anxiety. What do they have to be worried about? Without careers, bills, mortgages, and financial or family responsibilities, their lives are simple and easy.

The truth is that anxiety is a pattern of neuron firing in the brain that can be present from birth. Brain neural patterns don't necessarily dictate how we will behave, however, trying to change the environment or behavior won't alter the patterns. Therefore, you can't talk someone out of anxiety. And for children and young adults, you can't change their routines or discipline them from feeling anxious.

In babies and infants, anxiety neural patterns in the brain may present as:

- Colic
- Fussiness
- Not a good sleeper
- Tantrums
- Sensitive

As a child gets older into the toddler years it may present as:

- Terrible two's, three's, and four's
- A spirited child
- Cranky, fussy, and not a good sleeper or napper
- Tantrums
- Picky or sensitive
- Difficulty with separation

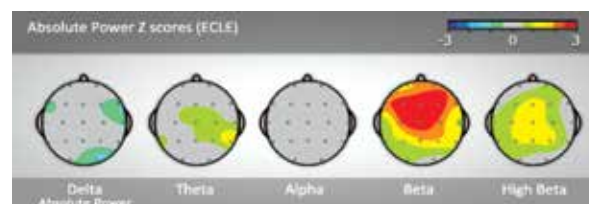
I know what you are thinking. These symptoms are normal for children this age. And you are correct; they are perfectly normal, developmental behaviors for infants and toddlers. This is why diagnosing anxiety in young children is very difficult and not usually done unless symptoms are severe. In most cases, anxiety manifests at an older age when the symptoms are abnormal for the age or stage of development. And

even then, parents tend to want to attribute what they observe to behavioral, personality or social causes.

"She didn't study for her test and that is why she's refusing to go to school today". "He's unmotivated to do anything except play video games and that is why his stomach hurts all of the time and he sleeps all day". "She just has too many activities scheduled and that's why she's overwhelmed". "He has too much homework and is up all night studying which explains why he doesn't sleep well".

The reality of the situation is that neither your child's personality nor their hectic schedule is the culprit. It's their brain, or rather, the neural patterns in their brain, that is not allowing them to handle the workload at school, pressure with friends, feeling good, making good food choices, having a normal sleep schedule, and so on. And to make it even harder to diagnose or differentiate, anxiety patterns can look different but produce the same results.

Here is an example of one type of anxiety pattern. Increased BETA and High BETA is located in the central and frontal lobes. This could cause anxiety symptoms that range from OCD, anger control issues, irritability and impulsivity, poor judgement, excessive worrying, feelings of being overwhelmed and depressed, among others.



Very often, we contribute anxiety to traumatic events. As in the case of PTSD (Post-Traumatic Stress Disorder). Therefore, it becomes difficult to recognize the early symptoms of anxiety in children who haven't experienced a traumatic event. However, as mentioned previously, these neuron firing patterns can be present from birth and may not have a root or cause in emotional or physical trauma. It's a pattern in the brain that they are born with.

As a child reaches school age, anxiety may look like:

- Worrying about performance, grades
- Worrying about parents or loved ones dying
- More separation anxiety
- Fear of getting sick (vomiting is most popular)
- Fear of getting sick at school
- Social anxiety, difficulty with friends
- Feeling overwhelmed
- Nightmares or unable to sleep/fall asleep alone
- Sleep walking, talking or restless sleep
- Fatigue
- Refusal to go to school or meltdowns when going to school
- Frequent trips to the clinic
- Vocal or motor tics
- Loss of appetite or poor diet
- Somatic symptoms such as stomachaches, headaches, diarrhea, or digestive problems
- Poor grades usually due to missing school or falling behind

As they reach the teenage and young adult years, the problem can become more apparent and more severe:

- Continued worry and difficulty handling traumatic events
- Dropping out of extra-curricular activities
- More social interaction difficulties or isolation
- Depression, suicidal or homicidal ideations
- Poor choices when confronted with life decisions (drugs, alcohol, sex)
- Beginning to develop dysfunctional coping skills or self-medicating
- Poor school performance/ failing classes, suspensions or expulsions
- Poor conduct: lying, stealing, violence
- Onset of panic attacks
- Continued somatic symptoms and fluctuation in weight (gain/loss)
- Manifestation into other anxiety disorders such as: Obsessive-compulsive Disorder, Eating Disorders, Trichotillomania, PICA, Body Dysmorphic Disorders, Phobias, Panic Disorders, Addiction, Social Anxiety, Performance Anxiety, etc.

According to The *Anxiety and Depression Association of America*, "Anxiety and depression are treatable, but 80 percent of kids with a diagnosable anxiety disorder and 60 percent of kids with diagnosable depression are not getting treatment, according to the 2015 Child Mind Institute Children's Mental Health Report."

Many health professionals believe that anxiety is a normal part of childhood and symptoms are not cause for alarm. Others believe that parenting and discipline need to be improved or implemented to treat the symptoms. In severe cases, medication is introduced as a treatment, but unfortunately, many children who suffer with symptoms, are medication resistant or not severe enough to medicate.

NEUROFEEDBACK CAN HELP

Neurofeedback can not only help reduce the anxiety symptoms specific to your child, but it can "retrain" the neural patterns in the brain so that anxiety is better managed or controlled throughout your child's life. Through Neuroplasticity, Neurofeedback becomes a permanent correction of the anxiety patterns in the brain.

WHAT IS NEUROFEEDBACK?

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

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

WHAT TYPES OF CONDITIONS DOES NEUROFEEDBACK HELP?

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

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

WHAT IS AQEEG (QUANTITATIVE EEG) OR BRAIN MAP?

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

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

IS THERE ENOUGH RESEARCH?

Neurofeedback has been researched since the 60's. Here are some resources for research. We have several journal articles, studies and books in our office for you to enjoy, however because of the amount of information out there, we cannot possibly have everything. Here are a few resources.

Look up the work of:

Dr. Joe Kamiya and Dr. Barry Sterman
(Credited for earliest development of Neurofeedback).

Look for specific researched conditions:

- <https://www.eeginfo.com>
- <https://www.isnr.org>
- <http://www.eegspectrum.com>

Print Resources:

- Journal of Neurotherapy*
- Neuroregulation*
- Applied Psychophysiology and Biofeedback*
- A Symphony in the Brain: The Evolution of the New Brain Wave Biofeedback* (Curtain Up) Paperback – 31 May 2001 by Jim Robbins.
- Healing Young Brains: The Neurofeedback Solution* Paperback – 15 May 2009 by Robert W. Hill, Eduardo Castro.

HOW DO I GET STARTED?

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



Renee Chillcott, LMHC

Renee Chillcott is a Licensed Mental Health Counselor that has been practicing Neurofeedback training since 2005. Renee 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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All the Rage with Celebrities, The Vampire Facelift and Facial Can Give You Your Youthful Appearance Back



As we age skin can become dull, lose elasticity and droop. There are of course surgical options and hyaluronic acid fillers, but the procedures that are topping everyone's wish list are the Vampire facelift and the vampire facial.

Naturally found in your blood, platelets are a rich source of proteins called growth factors, which promote healing and regeneration. Platelet-rich plasma (PRP) contains a higher concentration of platelets than the amount normally found in your blood. To create PRP a sample of your blood is drawn and placed it in a centrifuge, which separates out the platelets. These concentrated platelets are recombined with your blood plasma to make PRP. Platelet Rich Plasma (PRP) is then reinjected into the problem areas.

PRP injections are an alternative to Botox and fillers. Platelet Rich Plasma is taken from the patient's own blood, spun down and reintroduced into the face just like a filler to create and stimulate your body's own growth factors. PRP produces collagen, hyaluronic acid, elastin, and plumps the skin. PRP injections with the vampire facelift maintain the facial contours of the natural look of the patient.

With just four to six PRP treatments over a two to four-week period, patients are seeing results that last for up to 2 years, so over the long-term, it's very cost effective and 100% safe. You don't have to be concerned about toxins or chemicals with your own PRP.

Vampire Facelift

For the "facelift", the PRP is injected into various areas of the face to create a plumping effect. The procedure is safe because it's utilizing the patient's own blood and it's free of toxins. The body begins to "repair" itself and regenerates collagen, elastin and healing properties, which create a youthful appearance.

Vampire Facial

The facial works in much the same way as the "facelift", but with tiny perforations in the skin as opposed to injections. The tiny perforations allow the PRP to penetrate into the dermal layers, and the results continuously improve the glow of the skin within two to three months. Many patients report plumped skin, a brighter complexion and seeing less noticeable dark circles.

Bring out your inner beauty naturally. Your beauty will be revived with a natural face shape, increased collagen, smoother skin, increased blood flow, youthful glow, and a younger appearance.

The O-Shot

Non-surgical procedure to treat sexual dysfunction and improve orgasms in women.

P-Shot®

Penile rejuvenation for peyronie's disease & erectile dysfunction.

Vampire Breast Lift

The Vampire Breast Lift is a non-surgical way of enhancing the breasts, and giving them a lift, without causing the downtime and pain that implants or even a standard breast lift would involve. It can give fullness, lift and enhance cleavage.

Aesthetic Treatment Centers

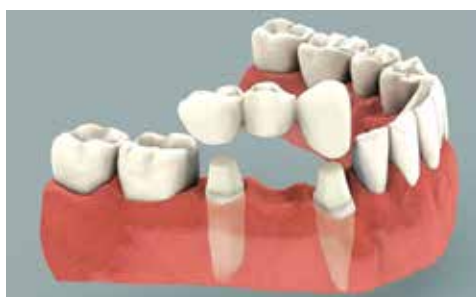
As a leader in the industry, ATC always offers the latest technology in skin and body care. By combining their expertise through industry leaders, innovative procedures, and cutting-edge products, you will always receive remarkable results within the serene, inviting atmosphere of the Aesthetic Treatment Centers.



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Replacing Missing Teeth – More Options than You May Think

It is astounding how many individuals live their lives with one or more missing teeth. When asked why they have not replaced their teeth, common answers include fear, cost, embarrassment and pain. What they may not realize is that living without a proper complement of teeth often leads to malnutrition, excess chewing on the remaining teeth (often causing them to break down even faster), tooth shifting and for many, insecurity related to their smile.



The good news is that there are numerous options to replacing missing teeth, many of which are relatively pain free and often are not astronomically expensive. Actually, costs increase as we attempt to function on the remaining teeth, asking them to carry the load of not only themselves, but of the teeth that have been lost. Overloading the teeth you still have frequently leads to their more rapid demise and the need for more extractions, dental work or tooth replacement.

OPTIONS:

The first question you must ask yourself is simple, “what do I want?” It does not matter what your friends, significant other or even your mother wants. Some will decide they want a full mouth makeover, while others simply want to have a healthy mouth with proper function. Once you decide the answer to this question, the options ahead of you will fall into place. Although there are numerous treatments available, I will focus on a few commonly chosen ones along with some of their advantages and disadvantages.

REMOVABLE APPLIANCES (DENTURES OR PARTIAL DENTURES)

One of the oldest treatments that exist to help replace teeth (whether it is one or all of your teeth) is the fabrication of dentures. This treatment is often the least costly, but is also the one with the least patient satisfaction. A mold is made of your mouth and an appliance is provided to you that typically consists of a plastic like material which rests on the remaining teeth and gums. This material supports fake teeth that fill in the spaces where your original teeth are missing. Dentures are a simple and affordable way for you to regain function and chewing ability, but they do not come without problems. Often times they are not stable and will move while you chew and talk. Bulky material in the mouth, change in taste of food and irritation to the gum tissue are also frequent complaints.

CROWNS AND BRIDGES

Another common treatment is to replace missing teeth with crowns/bridges. Typically, patient satisfaction is very high with this treatment modality as it provides you with “glued in” teeth. Teeth adjacent (on both sides) to the missing ones are prepared to be fitted with dental crowns (also known as a cap). Consecutive crowns or caps can be joined together as one piece (known as a bridge). As the bridge is glued into place on the supporting teeth on either side of the missing ones, this empty space is filled by crowns that appear to be naturally coming out of the gum tissue but in actuality are being supported as part of the bridge connection itself. A great real life comparison is an actual bridge. Typically there is a pillar on either side supporting the bridge and the center part which has no support from beneath only from the sides.

DENTAL IMPLANTS

To some this sounds very scary when in actuality it can frequently be less invasive than other options. A tooth is comprised of 2 parts, a crown (the part you see and chew with) and the root (the supporting part under the gum). A dental implant is simply a root replacement. This new root can be placed where your old root used to be. After a number of months of healing, a crown can be placed on this new root just like a crown can be placed on a tooth root. This treatment works very well in a situation when a tooth is lost between other teeth. An implant root can be placed with its own crown (a few months later) as opposed to cutting down adjacent teeth to fit a dental bridge.

All of the above treatments (and numerous others) have many variables and need to be determined on a case by case basis. A complete examination is required to help you understand the complexity of your individual situation and the options available to you. Knowing ahead of time what your overall desire is (such as a Hollywood makeover or a simple tooth replacement) will help you narrow down the options best suited to your “want.”

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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UNDERSTANDING DRY EYE AND BLEPHARITIS

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

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



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

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

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

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

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

Dr. Goldman speaks English and Spanish.


www.goldmaneye.com 561-630-7120

selfie



A selfie is a photograph of yourself taken with a mobile phone or other handheld device, and uploaded to social media – Facebook, Instagram, Twitter, etc.

Personally, I am fascinated with the whole selfie concept. I wonder: do people think so much of themselves that they want others to look at them? Or do they think so little of themselves that they portray an unrealistic image through photos? Or maybe they just do it for fun? Who knows? But what I do know is that the selfie tells others a lot about ourselves.

And probably more than you even realize.

I read this the other day: “We (people) are God’s selfie.” When I first read it, I thought to myself: what a disappointment. But then as I spent more time letting the statement soak in, I began to

understand the truth behind it – and the impact it could have on our lives if we began to embrace the whole idea.

We are God’s selfie.

In the Bible we see in Genesis chapter one that God created the heavens and the earth. He created the seas, the animals, and all that we see everyday. “Then God said, *“Let us make human beings in our image, to be like us... So God created human beings in his own image.* In the image of God he created them; male and female he created them.” (Genesis 1:26-27)

That passage also tells us what God thinks of “His selfie”. When God created all of the other things, at the end of the day He said it was ‘good’. When God created humans in His image, He said it was *very* good.

So here’s the deal: we are God’s selfie.

But what does that mean for us? It means that when you look in the mirror at yourself you should see something different. When you think that you don’t have value as a person you should think again. Because God sees great value in you.

The Apostle Paul write this: “...we are God’s *masterpiece*...” (Ephesians 2:10) King David wrote a song in which he wrote these words: “For you formed my inward parts; you knitted me together in my mother’s womb. I praise you, for *I am fearfully and wonderfully made.*” (Psalm 139:13-14)

No matter how breath taking the sunset may be. No matter how majestic the scenery may look. No matter how beautiful the painting appears or how wonderful the symphony sounds. None of it compares to you. Because you are God’s masterpiece.

You are God’s selfie.

Brent Myers

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Optimism. A powerful element in fighting cancer.

Marissa Lenney was diagnosed with stage 3 inflammatory breast cancer five weeks after her daughter, Adrianna, was born. Marissa’s family rallied around her as the doctors at Florida Cancer Specialists started her treatment less than 24 hours after her diagnosis. Being treated just 15 minutes from home allowed Marissa to soak up as many mom moments as she could. Florida Cancer Specialists’ quick response and her family’s support helped Marissa picture a future where she could be with her daughter.

“By getting treated locally at Florida Cancer Specialists, I was able to spend more time with the people who matter most — my family.”

Marissa

-Marissa Lenney, Patient & Breast Cancer Fighter

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