

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

Health & Wellness[®] MAGAZINE

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FREE

**LUMBAR SPINE PAIN: SYMPTOMS,
CAUSES, & TREATMENTS**

**FOUR COMMON
HAIR LOSS FEARS
(AND HOW TO AVOID THEM)**

**BREAST CANCER AWARENESS
DURING THE COVID-19 CRISIS**

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

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contents

October 2020

6 Lumbar Spine Pain:
Symptoms, Causes & Treatment

8 Four Common
Hair Loss Fears
(and How to Overcome Them)

10 Little-Known VA Pension
Can Be a Life-Saver

11 Breast Cancer Awareness
During the COVID-19 Crisis

12 Platelet-Rich-Plasma
(PRP) Therapy for Pain Conditions

14 Imagine Fat Reduction
and Muscle Toning in One:
Check Out truBody by Cutera

16 Cure Erectile Dysfunctions
and Peyronie's RejuvaWAVE®
Priapus Shot, Stem Cells, &
Exosome and Low-T Treatments

18 Anyone Can
Suffer from Anxiety
Neurofeedback Can Help

20 A New Procedure Available
at ATC Can Help Patients Avoid
Pricey Cosmetic Surgery

21 Replacing Missing Teeth –
More Options than You May Think

22 Understanding Dry Eye
and Blepharitis

23 Spiritual Wellness: Selfie

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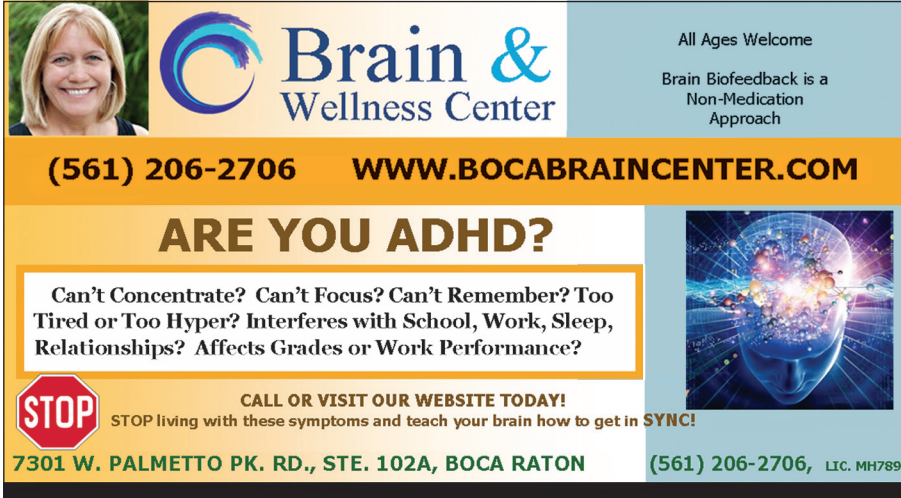
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Lumbar Spine Pain: Symptoms, Causes & Treatments

By: Regenxx at Gold Coast Orthopedics, Regenerative Medicine

The body is an interconnected machine with each part working together in harmony. The lumbar spine is a crucial element of this machine. The hip, knee, and foot are all controlled by spinal nerves within the low back. A problem in the lumbar spine could create problems at any point in the lower body. Common lumbar issues include arthritis, foraminal and spinal stenosis, pinched nerves, disc problems, muscle atrophy, loose ligaments, and spondylolysis. In this article, we will give you a brief overview of these common lumbar spine problems along with their potential symptoms, causes, and treatments.

First, let's take a look at the spinal column and its parts.

The Spinal Column

The spinal column is made up of vertebrae that are stacked one on top of the other with an intervertebral disc between each level to provide cushion and absorb shock. The cervical spine consists of the neck area and is made up of seven vertebrae (C1-C7). Following the cervical spine is the thoracic spine (T1-T12), the lumbar spine (L1-L5), the sacrum (S1-S5), and the coccyx. The posterior (back) portion of these vertebrae is known as the spinous process and on either side of these, connecting one vertebra to the next, are finger-joint-sized articulations called facet joints.

Another extremely important part of the spinal column is the spinal canal. This tunnel runs down the middle of the column and houses the spinal cord, which has many nerves that transmit muscle commands and sensory information throughout the body and to the brain. There are small holes in the spinal column where the nerves exit and branch off to other parts of the body. There is one at each level of the spinal column. One of these holes is called a foramen. Any of these structures can become damaged or diseased in some way and lead to pain, discomfort, or even disability.

Foraminal Stenosis

When the spine is healthy, spinal nerves easily traverse through the tunnels transmitting sensory information from each body part to the brain and provide impulses to the muscles so they can contract and move the body part. However, when the spine is unhealthy, the flow of information can be disrupted.

The disc or cushion in between the spine bones can bulge and/or the spine joints can get arthritis causing the foramen to narrow. This narrowing of the tunnel is called foraminal stenosis and can cause the nerves to get pinched. The pressure from a pinched nerve can cause muscle tightness, weakness, numbness, tingling,



burning, or electrical pain in the specific distribution of that nerve. For example, if there is a lower lumbar foraminal stenosis, you could experience numbness in your big toe. Sometimes the symptoms slowly manifest over time from a more subtle pinching of the nerve. If the nerve is irritated, it may release inflammatory substances into the tissue to which the nerve travels causing that tissue to degenerate more rapidly than other areas leading to painful problems such as tendinopathy.

You could have laser spine surgery to open up the hole, but this surgery can have major side effects and serious implications. Another way to surgically treat stenosis is with a spinal fusion, but the mention of a fusion should be a huge red flag to seek out other opinions. Why? Adjacent segment disease (ASD). After a fusion, the motion of the fused segments is limited and the biomechanical loads are transferred to the segments above and below the level of the fusion. These adjacent segments could get damaged and become painful over time resulting in additional surgeries.

Surgery is often performed after an MRI diagnosis of the problem. An MRI indicating stenosis is not enough to appropriately diagnose that stenosis is the cause of pain. If you do have foraminal stenosis, you should not put all your trust in MRI results. Patients may or may not have pain with foraminal stenosis. The MRI is a description of the appearance of the spine. Many people have stenosis and no noticeable problems. An experienced physician knows that it's critical to treat the person, not the MRI. This can be determined by a thorough history and physical examination. Research also shows that skilled physical therapy is as effective as surgery in relieving stenosis symptoms.

Our approach to foraminal stenosis utilizes nonsurgical solutions to treat it before it progresses. Precise image-guided injections of the patient's own platelets into the foramen and around the nerve can help manage the problem.

Facet Joint Osteoarthritis and Instability

The facet joints that we spoke of earlier can become injured from trauma or develop arthritis from cartilage breakdown due to wear and tear. Facet joints allow for and limit movement in the spine. When bending backward, these joints become compressed and when you bend forward, they open up. When damage or arthritis occurs, facet joints can become chronically painful, especially with movement. Facet arthritis is often referred to as Degenerative Joint Disease (DJD).

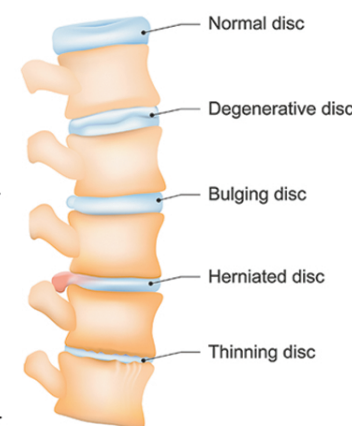
For facet arthritis or injuries, doctors may recommend a radiofrequency ablation (RFA) also referred to as a rhizotomy of the small nerve that senses pain from that specific facet joint. This is a destructive process that damages the nerve. Although this can be effective in some cases, it may leave the surrounding muscles weaker which can actually be a cause of back pain.

A surgical option is a lumbar fusion to bolt two or more vertebrae of the spine together to eliminate movement and therefore, pain. The nature of this surgery can also damage the muscles that stabilize the area. This is an irreversible procedure that can cause adjacent segment disease in the vertebrae above and below. This surgery should only be considered in the most extreme cases.

Our approach for DJD often includes high-dose PRP, platelet lysate, or stem cell injections precisely targeting the facet joints, surrounding ligaments, atrophied muscles, and around the nerves. This is a tissue preservation strategy that involves no cutting, surgery, hardware, or tissue destruction helping patients avoid pain medications and damaging cortisone injections.

Disc Problems

Within the lumbar spine, there are four types of disc problems that can occur. A herniated disc occurs when the outer covering of the structure breaks open allowing the inner gel to herniate out. A bulging disc is when the outer covering doesn't completely break open, but the fibers are stretched and weak leading the gel to bulge. A torn disc means that the outer cover has a tear that causes or it may allow the leaking of chemicals on the associated spinal nerve. Lastly, a degenerated disc is one that has collapsed or narrowed due to insufficient living cells inside the disc not producing enough of the substances that keep the disc plump. A severely degenerated disc is usually not a source of pain unless it's



bulging or leaking onto a spinal nerve. Earlier in the degeneration process, while the disc still has plumpness to it, tears in the back of the disc can be a source of low back pain that results in severe episodes of pain with sitting, coughing, sneezing, or lifting. When a disc is severely degenerated, it usually is no longer painful itself. However, the mechanical load of the compressive forces in the spine at that level are no longer being taken up by the disc and therefore get transferred to the facet joints leading to wear and tear and DJD as described above.

Generally, disc surgeries include either back fusions or disc replacement. Regarding fusion, the vertebrae are bolted together with hardware to keep them immobile. With disc replacement, the goal is to have fewer side effects than a fusion, however, research has shown that abnormal motion with an artificial disc can also lead to ASD. The other side effects of having a device implanted include wear-and-tear ions in the blood from the breakdown of the metal or plastic device, ongoing pain, and potential revision surgeries.

With our approach, herniated and bulging discs are treated based on the problem they are causing. For pinched nerves, instilling isolated growth factors or platelet lysate around the irritated nerve can help the nerve recover and become more tolerant of its narrow space. Injection of the surrounding ligaments and muscles provides for stability with better-controlled movements taking pressures off the disc and nerves. In some cases, bulging discs may be treated with a same-day stem cell treatment to reduce the size of the bulge or heal a tear. In other cases, cultured (grown) stem cells injected in a specific way may be required. Torn discs can be treated with either stem cell or PRP injections very effectively. Symptoms respond well to a treatment protocol focused on platelet and/or stem cell technology deployed to treat undesirable disc and lumbar segment movements due to lax ligaments and arthritic facet joints.

Pinched Lumbar Nerve

Pinched nerves can be caused by foraminal stenosis from bulging or herniated discs and facet joint arthritis as discussed. A pinched lumbar nerve can cause pain, numbness, tingling, or weakness anywhere along the route that particular nerve branch supplies. Pain may or may not be present in the low back.

Chronic knee pain could actually be due to a pinched nerve in the lumbar spine. A doctor may mistakenly conclude that the knee is the source of the pain. This is exactly why we find it so important to consider the entire musculoskeletal system as a whole rather than in parts and to take an extensive history and physical.

The surgical approach to a pinched nerve depends on the root cause. For example, if a disc bulge is to blame, it could be a discectomy and graft and/or lumbar fusion. If it is a foraminal stenosis, laser surgery may enlarge the foraminal opening where the nerve is being pinched. Problems with invasive lumbar surgery are many, including long recovery times and often continuing pain. Ultimately, the structure never fully functions as it originally did.



Our approach includes examining the full musculoskeletal system to determine the source of pain and the pinched nerve and then developing an appropriate treatment plan. Treatment may consist of precise image-guided injections of healing growth factors isolated from a patient's own blood platelets, PRP, or stem cells.

Steroids, NSAIDs, & Other Drugs - Not Recommended

You may be presented with other treatments within the traditional orthopedics model for lumbar problems, including steroid shots or medications. Nonsteroidal anti-inflammatory drugs (NSAIDs) come with a long and growing list of dangerous side effects, such as sudden-death heart attacks, stroke, gastrointestinal bleeding, addiction, and overdose.

Narcotics can provide pain relief but are not addressing the issue directly and of course, can be addictive. Overdose has become an increasing public health issue.

Steroid shots have been shown to destroy local cartilage in the joint which can progress arthritis and provide no significant long term pain improvement. In fact, pain relief usually diminishes with repeated steroid injections. The list of problems with these injections is also lengthy.

There are supplements that can be a good alternative for pain and inflammation. Chondroitin and glucosamine have been shown to be effective pain relievers and can preserve cartilage. Curcumin derived from turmeric can also decrease inflammation and relieve pain from arthritis and other issues.

Our spines are tuned to precision and attempting to rearrange the spine's biomechanics with fusions and surgeries is often a bad idea. It is essential to understand that where it hurts may or may not be where the primary damage is located.

Acting on a lumbar spine problem while it's still a small problem or when the issue first appears, will be less of an issue than trying to take care of it when it becomes a larger problem that spirals out of control. Conservative options may help in some cases, but if these options have failed, we urge you to seek out interventional orthopedic solutions!



Evan Musman, DO is a non-surgical orthopedic physician who completed his anesthesiology residency at the Albert Einstein College of Medicine in 1994. After training, he stayed at AECOM and served as an Attending in Anesthesiology instructing residents and focused on Pain Medicine. He then joined a private practice

in Connecticut where he served as the Medical Director of the Johnson Ambulatory Surgical Center and treated complex pain patients. He continued his northward migration and opened Vermont Pain Management, the first, free-standing interventional pain management practice in the state. He was the President of the Vermont Society of Interventional Pain Physicians for over 10 years. After over 25 years of practice, Dr. Musman became increasingly dissatisfied with destructive/ablative modalities including the overuse of corticosteroids and became active with regenerative modalities. He joined the Regenexx network of physicians. Dr. Musman's clinical practice focuses on Interventional Regenerative Orthopedics – Offering Regenexx procedures – the Nation's Most Advanced Non-Surgical Stem Cell and Platelet Treatments for Injuries and Arthritis under image guidance using ultrasound and fluoroscopy (live X-ray). He is a distinguished clinician and physician leader dedicated to the treatment of patients with special emphasis on sports-related injuries, orthopedic and spinal regenerative therapies. Dr. Musman treats sports-related and other common orthopedic conditions and is uniquely qualified to treat arthritis, complex degenerative disc disease, sciatica and other nerve disorders without surgery. His clinical skills, empathy and compassion for his patients have resulted in an impeccable reputation among patients and referring Physicians.



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FOUR COMMON HAIR LOSS FEARS

(AND HOW TO OVERCOME THEM)

By Dr. Alan J. Bauman, MD, ABHRS Board-Certified Hair Restoration Physician



One of the scariest aspects of hair loss is that the process is often well underway before you can see it in the mirror. “Invisible baldness” is essentially the initial stage of a chronic hair loss condition such as androgenetic alopecia that is especially difficult to spot with the naked eye. Scientific research confirms that it generally takes about 50% of the hair to be gone before baldness or lack of coverage becomes visibly detectable (e.g., receded hairline, widening part, thinning on top, etc.). In general, hair loss is a chronic, progressive condition that gets worse over time without treatment - making it essential for men and women to learn their risk and take a proactive approach to managing and treating their hair loss.

But, as scary as hair loss can seem, treating hair loss doesn’t have to be.

FEAR – I’m destined to go bald like my dad, grandpa, etc.

While it is true that genetics is the main cause of hair loss in men and women; today we know that there are approximately 200 genetic markers that regulate hair and hair growth and that these “genes” can be inherited from either your mother and father’s side or a combination of the two. If you are worried your genetics may be putting you at risk, testing is available that can determine an individual’s risk of losing their hair so they can begin preventative treatments early – at a time when they can be most effective. Hair Mass measurements using the HairCheck® device help evaluate hair loss conditions non-invasively, and measure early responses to therapy over time – months before they’re noticeable to the naked eye.

FEAR – The only option for treating hair loss is a hair transplant.

Patients often delay seeking treatment to their hair loss or thinning, because of fears relating to treatment. This can put them at a severe disadvantage, as 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 are able to accomplish their goals using only non-invasive treatments, including these cutting-edge treatment options:

- High-Density Platelet Rich Plasma (HD-PRP) "Vampire" Hair Regrowth Therapy with Extracellular Matrix (ECM)
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- Compounded Formula 82F Topical Finasteride + Minoxidil - designed to reduce the risk of side-effects from oral finasteride.
- Low-Level Laser Therapy - FDA-cleared, drug-free, side-effect-free hair regrowth using powerful physician-only devices such as CapillusRX 312 or the TURBO LaserCap devices for at-home use.
- Non-surgical 3D-Printed Hair Systems or Cranial Prostheses
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While these advanced treatments can be effective for protecting follicle function and stimulating healthy hair growth, once hair density is severely depleted, the only option for regrowth in that area is a hair transplant. And speaking of hair transplants...

For many patients, especially younger patients, the idea of a hair transplant is simply frightening, but this is largely due to misconceptions and outdated information. So let’s take a look at today’s transplants and why they are nothing to fear.



The HairCheck® tool can accurately determine the amount and quality of hair growing in a given area of the scalp to gauge the severity of hair loss and measure results during treatment.



Before and
one day after VIP|FUE™
by Dr. Alan Bauman

FEAR – Hair transplants are pluggy and painful.

While this may have been true decades ago, today, major advances in microsurgery, anesthetic techniques, and careful attention to patient comfort now allow skilled surgeons to comfortably restore permanent living and growing hair artistically, with 100% natural results. New, minimally invasive hair transplant procedures using an FUE or Follicular Unit Extraction approach enables skilled surgical teams to meticulously relocate as little as one hair follicle at a time so there are no “plugs,” no rows, and absolutely no linear scars left behind, which are typical of outdated linear or “strip-harvest” procedures.

FEAR – Everyone will know I had a hair transplant.

Cosmetic healing from a modern hair transplant typically requires about a week. When surgeons take a minimally invasive approach with SmartGraft FUE or ARTAS Robotic System for transplant harvesting, there are no stitches to be removed, recovery is shorter, more comfortable and less-restricted, and there is no telltale linear scar to hide in the long run.

While hair restoration doesn't have the stigma it once did, for those who still wish to keep

their transplant procedure a secret, there are even newer options available. One of the latest techniques is VIP|FUE™ No-Shave Long-Hair Follicular Unit Extraction, during which absolutely NO hair is trimmed for the procedure; ALL hair remains the same length. Hair follicles are extracted from the donor area and implanted into the recipient area without ANY trimming of hair whatsoever. The healing Donor Area remains completely hidden amidst the surrounding full-length hair and a 100% completely normal appearance of the Donor Area immediately after your procedure is maintained. No dramatic shave or trim is required around the sides and back of the scalp.

Just remember, hair loss is no longer inevitable, it's optional, but only if you take action and take advantage of the effective tools and treatments available. When executed properly, hair restoration can be a fantastic, rewarding, and life-changing decision that most patients regret not doing sooner.

For more information on the causes and treatments for hair loss, or to learn what kind of results you might achieve with an advanced FUE hair transplant, please visit www.baumanmedical.com or call 561-220-3480.

TIPS ON FINDING A HAIR RESTORATION PHYSICIAN

- A Hair Restoration Physician is someone who specializes exclusively in the medical diagnosis, treatment, and tracking of hair loss and hair growth.
- Look for full-time hair transplant surgeons who are certified by the American Board of Hair Restoration Surgery (ABHRS) and accepted by the International Alliance of Hair Restoration Surgeons (IAHRS).
- Due to the limited number of full-time, experienced ABHRS-certified Hair Restoration Physicians worldwide, prospective patients should be prepared to travel and-or consult “virtually” via phone or video-call using Skype, Facetime, etc.
- Before choosing your doctor, visit the clinic, read reviews, ask for before-and-after pictures, and most importantly, ask questions about how to achieve your desired results and what should be done to maintain them.
- The ISHRS or International Society of Hair Restoration Surgery recently urged patients to avoid unprofessional clinics and unscrupulous practices that offer unsolicited financial incentives upfront. Ask yourself if a practice offering “free consultations,” deeply discounted coupons, or financial rebates truly has your best interests in mind.
- Ask for a referral from your primary care doctor or dermatologist to a qualified, credentialed, full-time Hair Restoration Physician who is fully equipped and trained to diagnose, treat and track your hair loss process and achieve your hair restoration goals.

About Dr. Alan J. Bauman



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

Dr. Alan Bauman is a full-time board-certified hair restoration physician who has treated over 30,000 patients, has performed nearly 10,000 hair transplant procedures and over 7000 PRP's since starting his medical hair loss practice, Bauman Medical in 1997.

Dr. Bauman is one of approximately only 200 physicians worldwide to achieve the certification from the esteemed American Board of Hair Restoration Surgery (ABHRS).

Dr. Bauman is known for pioneering numerous technologies in the field of hair restoration including minimally-invasive FUE Follicular Unit Extraction, VIP|FUE™, Low-Level Laser Therapy, PRP Platelet Rich Plasma, PDOgro™, Eyelash Transplants and others.

Dr. Bauman was voted “#1 Top Hair Restoration Physician” in North America by Aesthetic Everything for the 4th consecutive year and was recently named by Forbes as one of “10 CEOs Transforming Healthcare in America.”



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Little-Known VA PENSION Can Be a LIFE-SAVER

Written By
Thomas Gregory –
U.S. Navy Veteran

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



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

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

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

BREAST CANCER AWARENESS DURING THE COVID-19 CRISIS

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, to mention a few. Research is ongoing to bring more promising treatment options to patients.

Importance of 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.

Impact of COVID-19 on Breast Cancer Screenings

During the coronavirus crisis, many women are wondering if it is safe to go to certain medical appointments, including scheduled mammograms. Screening mammograms – at every age – are one of the best ways to diagnose breast cancer early, when it's most treatable. Women will need to make an informed decision with their physician as to whether to get a mammogram during COVID-19.

Remember – even if you are diagnosed with breast cancer, it does not necessarily increase your risk of having more serious complications if you do get COVID-19; however, for people in active treatment for breast or any type of cancer, there may be a higher risk for serious complications from COVID-19 if your treatments cause you to become immunocompromised (have a weakened immune system) or have lung problems.



Screening Guidelines for Women 55 to 75

The American Cancer Society (ACS) screening guidelines recommend that women ages 55 to 75 at average risk for breast cancer, with no family history, can be screened every one to two years. If you are between 55 and 75 and had a normal mammogram within the last year, you could choose to have your next mammogram up to 24 months after your last one, so that you don't have to be screened during the pandemic.

Are Mammograms Necessary for Women Over 75?

Considering that older people have a higher risk for COVID-19, some are questioning whether mammograms are even necessary after the age of 75 for women with no family history of breast cancer, and a record of normal mammograms. The ACS recommends that women should continue screening mammography as long as their overall health is good and they have a life expectancy of 10 years or longer.

One study, cited by BreastCancer.org, confirmed the benefits of regular mammograms and emphasized that there is no upper age limit for mammograms.

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.

Florida Cancer Specialists treats patients with all types of cancer, and offers a number 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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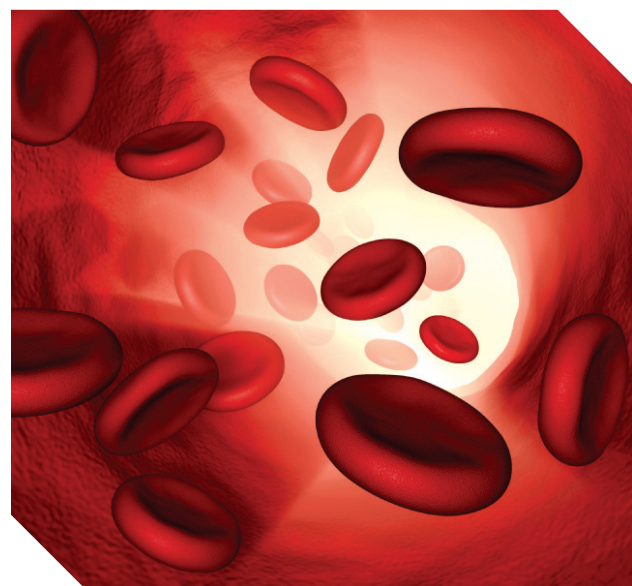
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Platelet-Rich-Plasma (PRP) Therapy for Pain Conditions



PLATELET-RICH PLASMA THERAPY, sometimes called PRP therapy, takes advantage of our blood's natural healing properties to repair damaged cartilage, tendons, ligaments, muscles, or even bone.

A growing number of people are turning to PRP injections to treat an expanding list of painful conditions and or injuries, including osteoarthritis. It is commonly used for knee arthritis, we also use this method on other joints as well such as shoulders, wrists, sacroiliac, ankles and hips. This is also used to help treat pain from the neck and low back. This can be used to treat disk pain and or arthritic pain from the entire spine.

When treating osteoarthritis with platelet-rich plasma, we inject PRP directly into the affected joint.

The goal is to:

- Reduce pain
- Improve joint function
- Slow, halt and even repair damage to cartilage

Platelet-rich plasma is derived from a sample of the patient's own blood which is easily obtained at their time of the visit. The therapeutic injections contain plasma with a higher concentration of platelets than is found in normal blood. This is also all prepared in the doctor's office.

WHAT IS PLASMA? Plasma refers to the liquid component of blood; it is the medium for red and white blood cells and other material traveling in the blood stream. Plasma is mostly water but also includes proteins, nutrients, glucose, and antibodies, among other components.

WHAT ARE PLATELETS? Like red and white blood cells, platelets are a normal component of blood. Platelets

secrete substances called growth factors and other proteins that regulate cell division, stimulate tissue regeneration, and promote healing.

We use PRP therapy to treat osteoarthritis and also theorize that the platelet-rich plasma:

- Inhibits inflammation and slow down the progression of osteoarthritis
- Stimulates the formation of new cartilage
- Increases the production of natural lubricating fluid in the joint, thereby easing painful joint friction
- Contain proteins that alter a patient's pain receptors and reduce pain sensation

Platelet-rich plasma injections are outpatient procedures. Because the patient's blood must be drawn and prepared for injection, a typical procedure may take anywhere from 45 to 90 minutes.

Whether the patient has a one-time injection or a series of injections spaced over weeks or months is up to the individual patient and doctor. If a series of injections is planned, a





doctor may recommend a single blood draw during the first visit and use fresh PRP in the first injection and freezing and thaw the remaining PRP as needed for future injections. However, some experts believe freezing and thawing PRP negatively affects its usefulness and prefer to do a separate blood draw for each PRP injection. Dr. Rosenblatt believes it is safer to take a fresh sample of blood prior to any new injection.

PLATELET-RICH PLASMA INJECTIONS REQUIRE PRECISION

- An experienced physician, like Dr. Rosenblatt, should perform the injections. The use of imaging technology (e.g., fluoroscopic guidance) ensures a precise injection.
- Precision is important because, like viscosupplementation treatments, platelet-rich plasma injections must be made directly into the joint capsule.

Scientists are still exploring which arthritis patients should be eligible for PRP injections. While nodefinite conclusions can be made, research suggests that PRP injections are appropriate for patients of all ages.

Dr. Rosenblatt explains, “When appropriate,

PRP injections are an extremely safe and effective way to help treat the pain of so many different types of individuals. I have used this technique on young athletes and for older patients with joint and or spine pain with great success. It even surprises me sometimes how well this treatment works. It’s truly amazing how people with acute or chronic pain and or injuries respond to this treatment.”

In Dr. Rosenblatt’s beautiful freestanding interventional pain management building in Delray Beach, FL, individuals have been able to

benefit from this technique. People have flown in from all over the United States for this treatment specifically with Dr. Rosenblatt. He has been performing this procedure with great success. Every patient is evaluated by the Dr. Rosenblatt and a comprehensive treatment plan is always made. Please look forward to more articles about Dr. Aaron Rosenblatt and the vast number of procedures he performs to help people with all types of pain. His main focus is to help individuals avoid surgery, eliminate pain medications and to ultimately feel much better on a daily basis and enjoy life!

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Imagine **Fat Reduction** and **Muscle Toning** in One:

Check Out **truBody** by **Cutera**

For so long we have been told that a proper diet and consistent exercise was the only way to meet our lifestyle goals or create a perfect body. In some ways, like valuing a healthy lifestyle in terms of diet and exercise, this still holds true; however, there is a protocol developed recently to not only blast away fat but tone and build muscle definition at the same time. For the first time in the aesthetics arena, two technologies, truSculpt iD and truSculpt Flex by Cutera were combined to create truBody, a protocol that targets fat and muscle in the same treatment plan. truBody is a solution for those hoping to achieve a specific appearance when dieting and exercise is simply not enough. This protocol is ideal for those who are already in shape or are enthusiastic in their workout routines and dedicated to a healthy diet and lifestyle; hoping to address those pesky areas that they continue to struggle with.

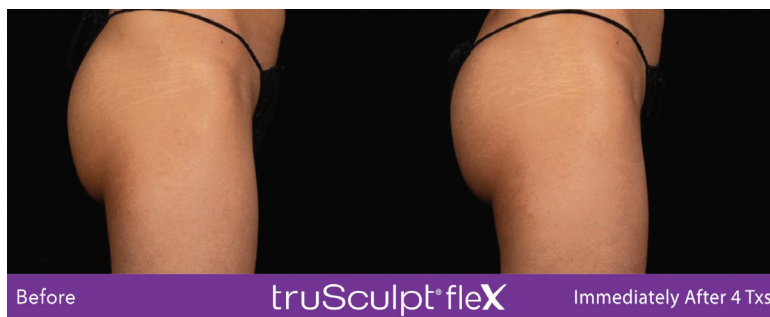
For so long we have been told that a proper diet and consistent exercise was the only way to meet our lifestyle goals or create a perfect body. In some ways, like valuing a healthy lifestyle in terms of diet and exercise, this still holds true; however, there is a protocol developed recently to not only blast away fat but tone and build muscle definition at the same time. For the first time in the aesthetics arena, two technologies, truSculpt iD and truSculpt Flex by Cutera were combined to create truBody, a protocol that targets fat and muscle in the same treatment plan. truBody is a solution for those hoping to achieve a specific appearance when dieting and exercise is simply

not enough. This protocol is ideal for those who are already in shape or are enthusiastic in their workout routines and dedicated to a healthy diet and lifestyle; hoping to address those pesky areas that they continue to struggle with.

Recently, many body sculpting technologies have been introduced to the medical aesthetic industry. However, no treatment has shown results such as those of truSculpt iD. truSculpt iD provides a hands-free and customizable fat-reducing treatment through non-invasive, Monopolar radio frequency platforms that use Real-Time Temperature Control. Real-Time

Temperature Control works to treat an entire fat layer, which has been clinically proven to safely and permanently reduce an average of 24% of fat in an area, with no downtime. Because truSculpt iD has no downtime or required recovery, it makes the perfect first step in the truBody protocol. Additionally, truSculpt iD uses this industry disrupting radio frequency instrument to tailor each treatment to the patient's long-term body aesthetic goals. The radio frequency works to break apart and destroy fat through Apoptosis, which is a medical system that literally kills fat cells. Over the next 12 weeks, patients' bodies will naturally remove these dead cells from the

area and of the body. Another benefit of this treatment is that depending on which area the patient wants to address, it can be performed quickly; sometimes receiving the treatment in less than 15 minutes. truSculpt iD is tailorable but also incredibly versatile as the design of the technology allows for treatments on small areas and large areas of stubborn fat. Unlike competing body sculpting technologies like CoolSculpting, the applicators and devices used with truSculpt iD allow even more specific or rounded areas to be targeted, in combination with larger or flatter areas, all at once. truSculpt iD is almost completely pain free, with little discomfort ever disclosed by patients. While it is not a system for weight loss, truSculpt iD provides an option to patients hoping to truly meet their body sculpting needs, before proceeding with the next step in the protocol, truSculpt Flex.



truSculpt Flex is the second technology used to create a lean and defined appearance that is typically hard to achieve. A muscle defining and sculpting device, truSculpt Flex has the ability to perform personalized treatments on patients following their truSculpt iD experience, customizing the second treatment in the protocol based on the patient's fitness levels, goals, and current physique. Using Multi-Directional Stimulation (MDS),

truSculpt Flex produces a method of electrical stimulation of the muscles using three treatment modes, which replicate intensified crunch,

squat, and twisting actions. Only truSculpt Flex has been able to achieve fast results and treat multiple areas of the body at the same time; unlike its competitor, Emsculpt. This technology can treat up to three areas of the body at once, making it more convenient for patients who want to sculpt more than one part of the body. Over a 45-minute treatment session and using two to sixteen applicators, the treatment is completed. As previously noted, there are three unique modes used during these 45 minute treatments: Prep, Tone, and Sculpt. Patients will have a customized experience based on their specific needs, but mainly, their current fitness levels. Prep Mode is the recommended and best choice for starting this treatment cycle, as it works to elongate and stretch muscles, preparing them for toning and sculpting in the following sessions. It is important to note however, that

Prep Mode may only be used in a cycle once for someone who is already lean and defined versus an individual who needs a muscle memory refresher. Regardless of the timeline of each patients' protocol, the results over the next few weeks will be successful, as the technology is multifaceted.

As a standalone treatment, truSculpt Flex is the only technology available that can perform a non-surgical buttlift by strengthening the gluteus muscles.

Initially, two treatments per week are performed. There is a recommended amount of six treatments in the protocol in order to establish the type of results patients hope to

see. Therefore, it is recommended that patients receive 4 treatments in a time frame of 2 weeks, no closer together than two days and no further apart than seven. Following the consecutive weeks of treatment, a maintenance program will be designed by Dr. Dadurian for each patient and their individual goals and needs.

Together, these truSculpt iD and truFlex iD have the ability to burn fat and define muscle in even the most stubborn places, with quick results and no downtime. Spend less time in the gym and call MD Beauty Labs today to book a complimentary consultation.

Meet the Doctor



Medical Director, Daniela Dadurian M.D.

- * Board Certified Anti- Aging Medicine
- * Board Certified Laser Surgery

Dr. Daniela Dadurian, has been practicing cosmetic dermatology, functional and integrative medicine for more than two decades. Her passion for aesthetics and her background in Internal Medicine has allowed her to create a unique approach in rejuvenating every individual from the inside out. Dr. Dadurian received her medical degree from the University of Miami School of Medicine and specializes in anti-aging and regenerative medicine, as well as laser technology. Her expertise in cosmetic dermatology, anti-aging techniques and devotion for eminence are reflected in the vigilant personal care she gives each patient. Dr Dadurian always stays at the forefront of technology and often travels the world searching for the latest, safest and most effective treatments for her patients and herself.

The specialty recognition identified herein has been received from a private organization not affiliated with or recognized by Florida Board of Medicine.



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Cure Erectile Dysfunctions and Peyronie's RejuvaWAVE® Priapus Shot, Stem Cells, & Exosome and Low-T Treatments

Simply Men's Health, the # 1 ED clinic established in 2014, brings their World-Renowned RejuvaWAVE®, the Gold-Standard in WAVE therapy for ED, to Boca Raton.



Serving West Palm Beach, Boca Raton and Miami, Simply Men's Health is quickly grabbing attention as the leader in Men's Sexual Health and Regenerative Medicine for introducing the most advanced, cutting-edge treatments to CURE ED and Peyronie's Disease. Even when all else has failed, Simply Men's Health has over 90% success rate in restoring your sexual vitality.

Turn back the clock with Simply Men's Health, RejuvaWAVE® and RejuvaEnhancement™ Stem Cell Treatments. Men of all ages can enjoy a spontaneous, active sex life once again, as they did when they were much younger.

Why Medicate When You Can CURE?

Simply Men's Health has revolutionized the standard of care by introducing and developing the ground breaking RejuvaWAVE® and RejuvaEnhancement™ Procedure to CURE ED and Peyronie's. Traditional ED Treatments such as the "blue pill" just offer a "band aid" approach to mask the condition, while the underlying disease and degenerative age-related erectile dysfunction continues to progress until eventually the pills stop working. Their exclusive, state-of-the-art RejuvaWAVE® (acoustic-pressure wave) combined with RejuvaEnhancement™ Procedure (stem cells) repairs damaged tissues and regenerates and



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

grows new blood vessels helping to REVERSE and CURE the underlying cause of Erectile Dysfunction and Peyronie's.

Simply Men's Health is the leader in Men's Sexual Health and a pioneer in the field of regenerative medicine. Simply Men's Health was

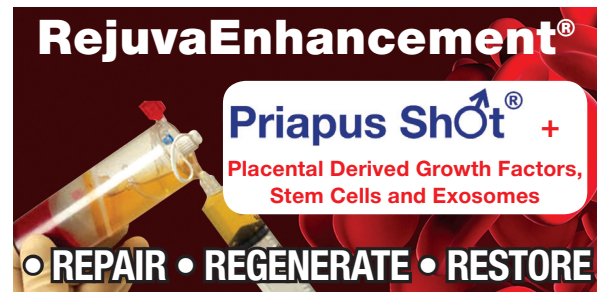
the first to introduce Acoustic Pressure Wave therapy (shockwave) for erectile dysfunction (ED) in South Florida. And now Simply Men's Health is revolutionizing the field of men's sexual health by introducing the state-of-the-art RejuvaEnhancement® Procedure to help reverse the inevitable aging process and treat ED and Peyronie's Disease. Peyronie's is a build up of scar tissue in the penis that causes a curvature or bend in the erected penis. This disorder typically causes a great deal of pain during intercourse.

Is RejuvaWAVE® Safe? Instead of Medicating – Cure with RejuvaWAVE®?

Yes RejuvaWAVE® is an FDA cleared technology, originally developed in Europe and used world-wide and has virtually no risk and no side effects. Although acoustic pressure wave technology has been used in Europe for almost 20 years, it is relatively new to the US for ED and Peyronie's. RejuvaWAVE® uses state-of-the-art, scientifically proven technology that uses Acoustic Pressure Waves to stimulate cellular metabolism, enhance blood circulation, and to stimulate tissue regeneration, which creates new blood vessels in treated areas. As the leader in men's sexual health, Simply Men's Health introduced their exclusive RejuvaWAVE® technology in 2015, and the results have been nothing short of amazing!

The RejuvaWAVE® is revolutionary, non-invasive, and HEALS THE UNDERLYING CAUSES OF ED. Traditional treatments for ED, such as pills or injections, lose effectiveness over time and have to be used every time a man wants to engage in sexual activity. Our treatment is about regenerative medicine; helping men return to their younger healthier selves, and enabling a spontaneous, active sex life.

RejuvaEnhancement™ Procedure: PRP, Stem Cells and Exosomes.



RejuvaWAVE® stimulates your body's own healing response and creates new blood vessels and regenerates tissue in the area treated. The RejuvaEnhancement™ Procedure combines the growth factors and stem cells from your own body along with cryogenically-preserved amniotic and umbilical growth factors, cytokines, stem cells and exosomes derived from human placental, amniotic and umbilical tissues which activate your own body's stem cells and regenerative capacity.

The RejuvaEnhancement™ Procedure works synergistically with and exponentially magnifies the regenerative and restorative effects of RejuvaWAVE® to restore one's sexual vitality and enabling one to enjoy a spontaneous and active sex life again. Also, this procedure can increase both the length and girth of the penis by up to one inch.

Stem Cells Therapy Helps with Peyronie's and Erectile Dysfunction and potentiates the effectiveness of RejuvaWAVE®

Stem cells are the human body's master cells, with potential to grow into any one of the body's more than 200 cell types. They can replicate into more unspecialized stem cells, or they may react to the environment in which they are placed by receiving signals from that environment telling them which differentiation "pathway" to go down. Stem cells contribute to the body's ability to renew and repair its tissues.

What are Amniotic and Umbilical Stem Cells?

Simply Men's Health uses stem cells, undifferentiated biological cells derived from the amniotic fluid, amniotic membranes and umbilical cord that can differentiate into various cell types that can help your body repair, regenerate and renew your health and vitality. These are derived from donated afterbirth from full term babies whose mothers have been thoroughly screened.

What are Exosomes?

Exosomes are little vesicles that are released by stem cells that carry all the regenerative messages and actually impart the regenerative benefit. Exosomes are being described as the 'secret sauce' of stem cells. Exosome therapy is a very concentrated form which harnesses the highly potent natural regenerative capability from stem cells.

Are Stem Cells and Exosomes Safe?

This cryogenically preserved amniotic and umbilical tissue has a "100-year history" with no reported recipient rejections since the amniotic tissue is immunoprivileged and does not express HLA type antibodies.

How to Get Started?

At Simply Men's Health, we respect your time and privacy. You receive individualized care with our experienced staff of physicians. We pinpoint the exact cause of your sexual health and create a customized treatment plan. Almost everyone will experience a decline in sexual functioning. But with the advent of Regenerative medicine, Erectile Dysfunction is no longer an inevitable part of aging. Simply Men's Health's innovative approach of regenerative medicine can restore your sexual confidence and allow you to enjoy a Spontaneous and Active Sex life again!

WHAT OUR PATIENTS ARE SAYING:

Testimonial: "I am celebrating my second anniversary since being treated at Simply Men's Health and I am maintaining the high level of performance I achieved with RejuvaWAVE® treatment. My spontaneity and stamina is back and my frustration and performance anxiety that goes along with it is gone. I am performing like I did decades ago. It's like magic! There are a lot of copycats out there, but Simply Men's Health was the first to provide this treatment and they are the best!" – Steve, Wellington

Testimonial: "I'm a 70 year old widow and have had ED for over twenty years. Unexpectedly, I met a wonderful lady and when we wanted to take our relationship to the next level, I couldn't perform. I came to Simply Men's Health and after several months I started to notice improvements... and after about six months ED is no longer a problem. I have sex regularly without any pills or needles." – Joseph, M

Testimonial: "I am in my 70's and have diabetes, high cholesterol, and had prostate removed for cancer several years ago. I had tried everything, and thought my sex life was over. I have been coming to Simply Men's Health for about six months, and the results have been amazing. They have restored my ability to enjoy a spontaneous sex life again. The RejuvaWAVE® and RejuvaEnhancement™ Stem cell procedures are remarkable. I feel like Superman." – E.M.

Testimonial: "I have chronic renal failure and diabetes and am on dialysis and suffer from chronic symptoms and knee pains. I had IV stem cells treatment and I noticed a difference right away in my wound healing and my knee pain was gone." – Joshua
Testimonial: "I have been suffering from degenerative arthritis and was getting steroid injections for knee pain which didn't help much or for long. Several months ago, I had stem cell injections for my knees. The procedure was quite painless and after a month or so I notice remarkable improvements. I can walk pain free." – John M.



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ANYONE CAN SUFFER FROM ANXIETY

NEUROFEEDBACK CAN HELP

By Renee Chillcott, LMHC

It's human nature to seek out the reasons why we feel anxious. Very often we look at external factors for the root cause; the current pandemic, being unhappy in a job, unhappy with living situation, or conflict with family or significant others tend to be our "go to". We may also look at our past experiences, upbringing, or past trauma, to explain this unrelenting uneasy feeling we have inside.

The truth is that anxiety is a pattern of neuron firing in the brain that can be present from birth and life situations can exacerbate it to the point of dysfunction. Brain neural patterns don't necessarily dictate how we will behave, however, trying to change the environment, situation or behavior won't alter the patterns. Therefore, you can't talk someone out of anxiety. Anxiety is also not reserved for adulthood, it can cause dysfunction and issues in life regardless of age. Adults are unable to "change" their way 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
- Tantrums
- Fussiness
- Sensitive
- Not a good sleeper

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

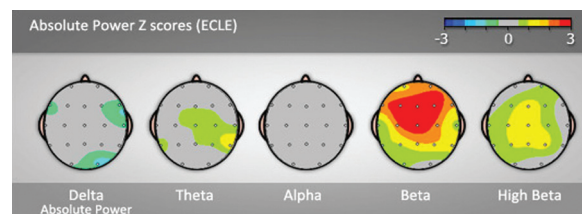
I know what you are thinking. These symptoms are normal for children this age. And you are correct; they are perfectly normal, developmental behaviors for infants and toddlers. This is why diagnosing anxiety in young children is very difficult and not usually done unless symptoms are severe. In most 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 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.

Adults can experience similar frustration when treating anxiety with medication. The diagnosis is a broad one and there may be very different neuron patterns causing the anxious feelings. This can cause treatment to be somewhat of a guessing game. Others struggle with side effects and dependency.

Neurofeedback can help. Neurofeedback can not only help reduce the anxiety symptoms specific to you, but it can “retrain” the neural patterns in the brain so that anxiety is better managed or controlled throughout your 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 • Depression • ADD/ADHD
- Sensory processing disorder • Bipolar disorder
- Seizure disorders • Auditory/visual processing
- Chronic pain/Fibromyalgia • Migraines/headaches
- Traumatic brain injuries • Stroke • Cognitive decline
- Peak performance • Oppositional defiant disorder
- Rages/mood swings • Attention/focus/concentration
- Reactive attachment disorder • Autism/Asperger’s
- Learning disabilities • Obsessive compulsive disorder

WHAT IS AN EXAMPLE OF IMPROVEMENTS I MAY SEE?

At our center, our goal is to teach you how to tune into your own functioning. With children, we also teach the parents how to look at overall functioning rather than piecing together events or moments. We help you open your mind to possibilities with Neurofeedback rather than give too many examples that confuse the process or feel like a placebo. Changes you may experience or observe after a session are indicative of a learning process that will lead to improved functioning. Examples of those positive changes may be:

- Sleep patterns/quality of sleep
- Energy levels, calmer or more activated
- Ability to focus or concentrate
- Physical symptoms such as pain, headaches, migraines, tics, balance issues
- Mood or emotions
- Motivation and organization
- Feelings of Well Being
- Obsessive behaviors or thoughts
- Memory/cognitions
- Anxiety patterns or trauma patterns
- Coping
- Regulation
- Learning, communicating, and/or performance

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**.



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A New Procedure Available at ATC can Help Patients Avoid Pricey Cosmetic Surgery

It's evident that that lotions and potions are never going to correct the underlying weakening of the facial, neck and décolletage muscles and collagen fibers. When sagging skin, dullness and lack of elastin are taking a toll on maturing faces, Alma Lasers ClearLift™ is the answer many people have been waiting for.

The Virtually Painless Alternative to Skin Resurfacing

ClearLift™ is a non-ablative approach to laser skin resurfacing. ClearLift providers are able to offer patients skin resurfacing treatments that are fast and virtually painless with visible results and no downtime.

The innovative technology delivers a controlled dermal wound deep beneath the skin, (up to 3mm in depth). The outer layer of the skin is left undamaged. All stages of healing and skin repair occur under the intact epidermis.

ClearLift Offers Numerous Advantages:

- **Fast Treatment Time** - no topical numbing is required and treatments can take as little as 20 minutes.
- **Virtually Painless** - patients report a comfortable, skin resurfacing experience.
- **No Downtime** - after a ClearLift treatment, patients can immediately return to their daily life.

Alma Lasers introduced ClearLift to serve the thousands of patients who desired the results of skin resurfacing without the usual post treatment recovery time and pain associated with traditional skin resurfacing.

ClearLift patients report visible improvement in their skin's appearance in as little as one treatment.¹

References

1. Alma Lasers, Clearlift, The Virtually Painless Alternative to Skin Resurfacing, Buffalo Grove, ILL, 2017 almalasers.com

ClearLift™



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Mindy DiPietro
CEO

Kathleen M. Marc, MD
Medical Director



Replacing Missing Teeth – More Options than You May Think

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



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 compliment 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

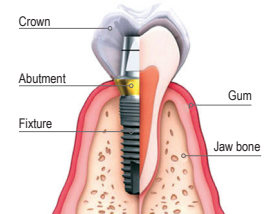
Another common treatment is to replace missing teeth with crowns/bridges. Typically, patient satisfaction is very high with this treatment modality as it provides you with “glued in” teeth. Teeth adjacent (on both sides) to the missing ones are prepared to be fitted with dental crowns (also known as 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.”



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UNDERSTANDING DRY EYE AND BLEPHARITIS

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

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



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

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

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

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

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

Dr. Goldman speaks English and Spanish.

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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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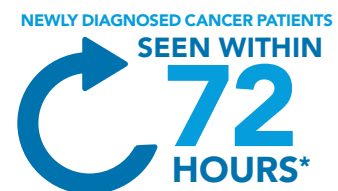
You don't plan for a cancer diagnosis. You begin to worry about your family, friends, work and health. Florida Cancer Specialists will be by your side — throughout the journey. Our doctors and nurses provide personalized, targeted treatment and clinical expertise so you can have peace of mind. And with world-class care that's close to home, we're always here to help.

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