

CENTRAL FLORIDA'S

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

November 2016

Marion Edition - Monthly

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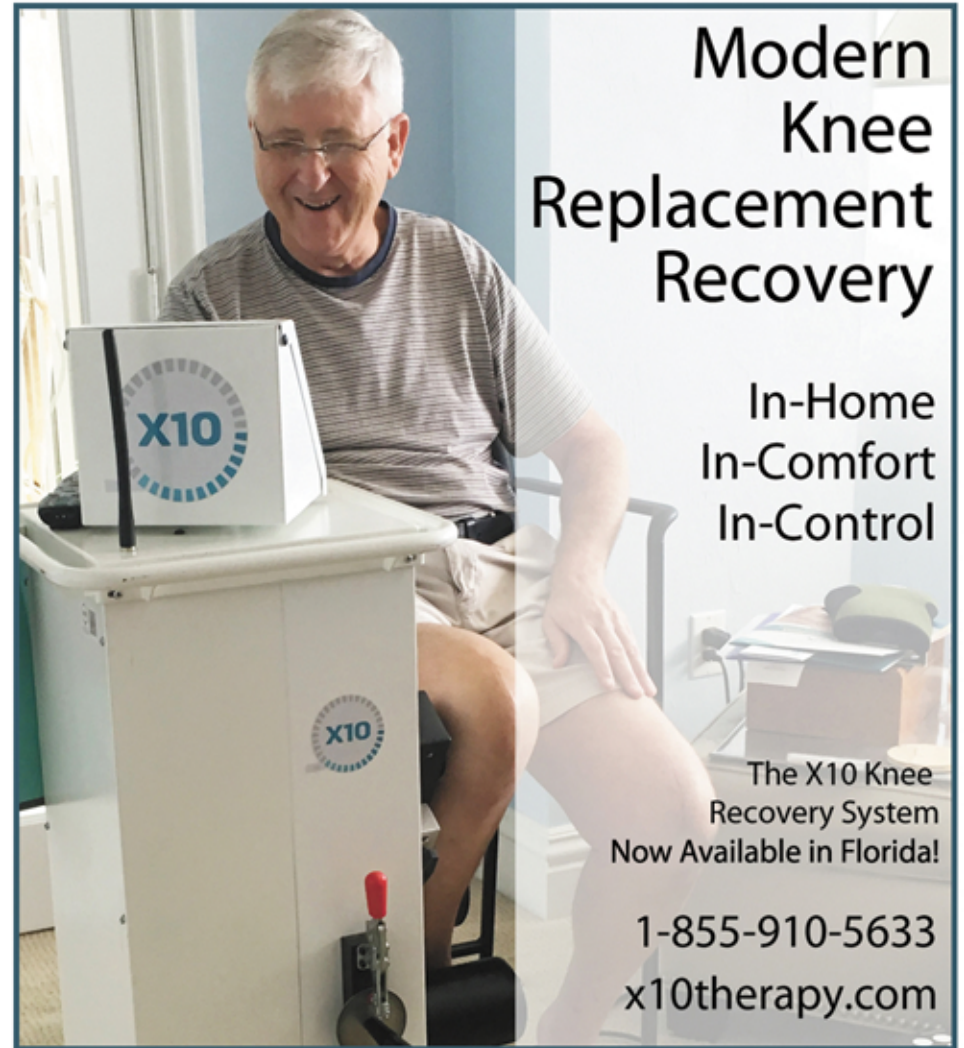


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Don't become part of that statistic in 2015. - DR. ANAND KESARI

### Improved Early Detection of Colon Cancer

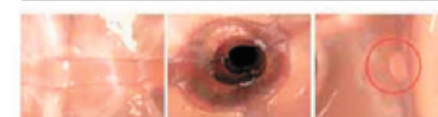
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# COOKBOOKS

## to Benefit Cancer Patients in Need Now on Sale

The nonprofit 21st Century C.A.R.E. foundation is proud to announce that cookbooks to benefit cancer patients are now available for purchase. Proceeds from the cookbook will be used to provide financial assistance to cancer patients in need.

The cookbook is titled "Caring Recipes for the 21st Century Volume II" and can be purchased at 21st Century Oncology's offices in Ocala or Beverly Hills, or online for \$15. This is the second cookbook from the foundation, and this volume has all new recipes, illustrations, guides, and a recipe pocket to store your own recipes. The cookbooks are easy-to-read and professionally printed with a spiral bound.

"Our first cookbook was a great success so we are very excited to do this again to further help cancer patients in need," says Solomon Agin, D.D., Chairman of the Board & President of 21st Century C.A.R.E. "This is one way to help patients financially while providing delicious dishes doing it."

21st Century C.A.R.E. is a nonprofit charitable foundation dedicated to helping cancer patients through financial assistance, cancer education and cancer screenings.

Purchasing a cookbook is a great way for the residents of Marion and Citrus Counties to help their neighbors in a practical way while also gaining some favorite homemade recipes.

21st Century C.A.R.E. is anticipating a great demand for this cookbook so be sure to order yours today by calling Helen Greene at (352) 615-5600 or visiting [www.21stcenturycare.org/fundraising-cookbook](http://www.21stcenturycare.org/fundraising-cookbook).

For more information, visit: [www.21stcenturycare.org](http://www.21stcenturycare.org)

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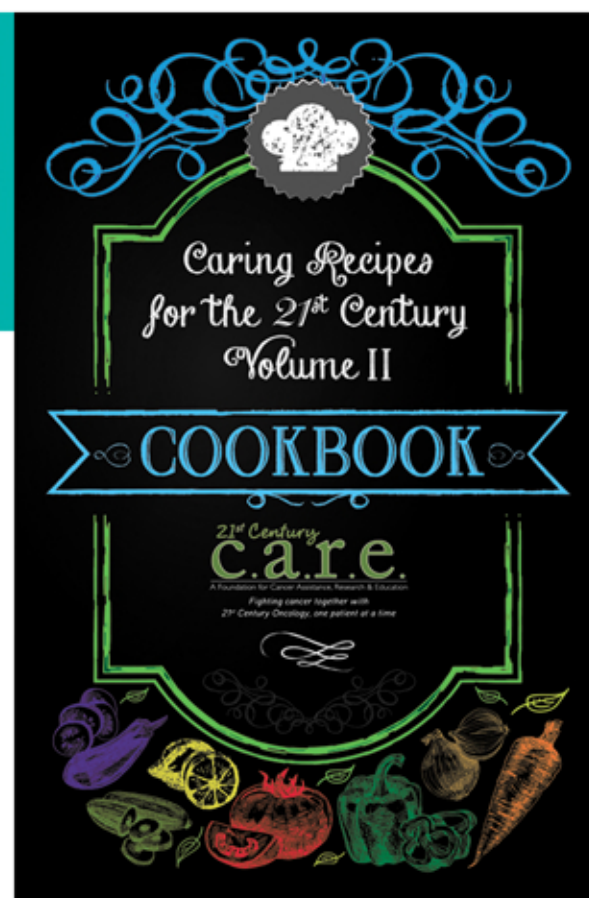
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**Proceeds will help  
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to cancer patients in need.**



**About the 21st Century C.A.R.E. Foundation:**  
Started in 1996, the mission of this nonprofit charitable foundation is to provide financial aid to cancer patients in need, and provide cancer education at the community level to patients, care providers and the general public.

Throughout the year, 21st Century C.A.R.E. visits communities across the country to conduct a number of cancer screening programs, including for skin, head and neck, colorectal and prostate cancers. 21st Century C.A.R.E. is well known for its financial assistance program that provides help for cancer patients through basic expenses like transportation to appointments, groceries, medical supplies, temporary housing and childcare. The foundation's belief is that by not having to worry about these necessities, cancer patients can concentrate on what is really important – beating their disease.



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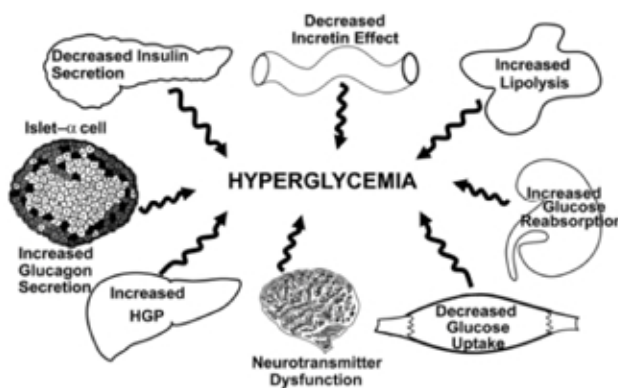
# DIABETES

## IS MORE COMPLICATED THAN YOU THINK...

By Axel Martinez, MD, Family Practice

I wish you a Happy Diabetes Awareness Month. Yet, it is not something that anyone is happy about. Diabetes is a scary word, especially if one is the recipient of the diagnosis. It's usually a forever deal and it takes a long time to learn to cope with it, treat it and have it under control.

You can google diabetes and get a ton of information. It can even lead to more confusion about what it is, what it does, and how to take care of it. You can ask most people and they will tell you it's a disease of the pancreas where your body can't process sugar well. It's actually a lot more complicated than that. The following picture is the current model that doctors have right now that cause diabetes, they call it the ominous octet.



It's different organs having different problems and these are called the Ominous Octet. This means eight different problems happening in the body at the same time, that cause what we know as diabetes. In the current research they have come up with 14 different things. That study will likely be coming out soon. My point is 8-14 different things going on at the same time in the body is complicated. It's complex for a doctor and it's complicated for a patient.

Why do I care? Besides being a doctor, I still care about what happens in diabetes because my family has had it on all sides. I was worried for a long time it was trying to catch me. It was inevitable, it's in my genes, and I can't outrun it. You see, being overweight, obese and having sedentary lifestyles are



linked to it. My point is many people are at risk, including myself. Many people are in the early stages and haven't been diagnosed. Most of us don't know how or what to do with this very common chronic illness.

**Well, what do you do?** You go find a doctor that can help you. Most of the time it will be your PCP, or primary care provider. A doctor knows the usual tests to order and some new tests can help diagnose earlier diabetes and pre-diabetes, these included a urinalysis, a hemoglobin glycosylated A1C, and sometimes even a fasting insulin depending on the doctor. You might not be aware that by time someone is usually diagnosed with diabetes, only 20% of the cells in your pancreas responsible for making insulin are working. So physicians and patients have to be more aggressive with diagnosing diabetes and pre-diabetes.

**What do I do if I have diabetes?** Well that is also a complicated answer. You should definitely see your doctor about it. If you don't have a doctor, you need one. Let me explain. Diabetes is hard to treat, but it's treatable. Back in the days there was insulin, then they added oral medications, such as metformin, which were the only solutions we had available. Later came the medications that could cause our blood sugar to go lower, and worked similar to insulin. But recently in the past couple of years, there have been new medications that help doctors

with the treatment of diabetes much better than about 10 years ago. We have different families of medications at our disposal that can help with diabetes and could even help with weight loss in diabetics that are overweight. These medications range from medications that help you void excess. Your doctor should be aware and ready to confront the challenges of Diabetes with you. This is a challenge that you confront together. It requires a physician, diabetes educator, dietitian, eye doctor and the patient to work together to overcome the hurdles associated with this challenging disease. I hope this article gives you a better insight and the hope that Diabetes is treatable, and you can get better and live healthily through Diabetes with help.

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# Stem Cells—Setting the New Standard for Treatment of Orthopedic Conditions

## WHAT ARE STEM CELLS?

Over the past several years, stem cell and PRP (Platelet Rich Plasma) therapy have soared in popularity and are highly sought after treatment options, as a natural and non-surgical alternative to treat many common orthopedic conditions.

Our bodies naturally produce stem cells. Because micro-damage occurs constantly, all body tissues are struggling to keep up with growth and healing in the face of continual wear and tear. In normal healing, platelets from the blood travel to the injured area to stop the bleeding. They then initiate three phases of healing: inflammation, proliferation and remodeling. Released growth factors from the platelets serve as signals to orchestrate the needed repair to the damaged area and begin to regenerate new tissue. Stem cells are also called to the area. Sometimes this process is impaired and unable to overcome the process of degeneration. As we get older, wear and tear begins to outpace growth and healing. Stem cells become less abundant and less effective.

Stem cells obtained from the patient's bone marrow and concentrated platelets from the blood can be injected into the injured region(s) under precise ultrasound and/or X-ray guidance to assist the body in healing the chronic injury and improving the pain and function.

## TREATABLE TISSUES

**Ligaments • Tendons • Joints/Cartilage • Muscles  
Nerves • Bone • Meniscus/Labrum  
Degenerated/Bulging/Torn Discs**

## CAUTION—NOT ALL STEM CELLS AND STEM CELL DOCTORS ARE THE SAME

Patients should be vigilant when choosing physicians for this type of therapy. Because patients are requesting stem cell and PRP injections for their orthopedic problems, many medical offices are beginning to offer this treatment strategy. Unfortunately, many practitioners are poorly qualified and misguided. Some of these injectors are doing it blindly, without image-guidance and with inferior laboratory techniques resulting in poorer quality stem cell and PRP solutions. Others are treating everything under the sun with "stem cells". This should be a red flag.

## THE REGENEXX DIFFERENCE

Since 2005, Regenexx has led the way in advancing this new field of Interventional Regenerative Orthopedics with a fervent commitment to researching and publishing the scientific and



clinical data – more than 50% of the world's orthopedic stem cell research has been published by Regenexx. Affiliated doctors are highly trained musculoskeletal experts who are skilled at precise image guided injections utilizing ultrasound and X-ray. This exclusive group of doctors have been hand-picked to be part of this network and then further trained in highly refined procedural and laboratory techniques.

With Regenexx, all patients are tracked by a team of professional researchers in the only national registry database of its kind, containing nearly 40,000 procedures. With this, safety and outcomes can be better analyzed and followed. No other stem cell organization offers this combination of successful persistent effort.

The Regenexx SD procedure can provide 10 to 20 times the amount of stem cells obtained than by any other available techniques. The stem cells are taken from the bone marrow, through a virtually painless harvesting procedure. Beware of doctors offering fat derived stem cell procedures for orthopedic problems. This is a clear violation of FDA regulation. Fat derived stem cells are also much less studied, are less effective than bone marrow derived stem cells for orthopedic tissue, and are associated with more procedural complications. And be very wary of doctors offering "amniotic" or "placental stem cells". Laboratory research by Regenexx has found these products to be devoid of actual living stem cells.

## Dr. James Leiber

James Leiber, DO, is the founder and medical director of New reGeneration Orthopedics of Florida. He is a former officer, physician, and educator in the Air Force, including personal physician to the **vice president and president at the White House**. He is triple board certified in: Neuromusculoskeletal Medicine (AOBNMM), Pain Medicine, and Family Medicine (ABFM), as well registered in Musculoskeletal Sonography (RMSK).



Dr. Leiber specializes in Interventional Regenerative Orthopedics with years of experience and is honored to have been the **first Regenexx Network Provider in Florida since 2012** offering the nation's most advanced non-surgical stem cell and platelet treatments (PRP) for injuries and arthritis under precise image guidance utilizing ultrasound and fluoroscopy (X-ray).

These types of injections are natural and safe having the potential of re-growing normal tissue and eliminating the need for surgery in many cases. Conditions treated involve ligament, tendon, joint, muscle, nerve and spine related pain. For more information on these procedures, visit [www.NewreGenOrtho.com](http://www.NewreGenOrtho.com), or make an appointment by calling (941) 357-1773. [info@newregenortho.com](mailto:info@newregenortho.com)

In research by Regenexx, patients with knee osteoarthritis showed that greater than 90 % feel major improvement with several years of lasting results, even with "bone on bone" arthritis using Regenexx protocols. Many conditions can be successfully treated, ranging from tendon and ligament tears to arthritis to disc herniations, and avascular necrosis (death of bone).

Additionally, Regenexx performs culture-expanded treatments in which isolated stem cells are grown to much larger quantities before precise placement – and can be cryopreserved, saving them for future treatments. This procedure (Regenexx-C) takes place in Regenexx's Cayman Island facility and can be the best choice for certain advanced conditions.

For patients suffering from pain related to chronic injury, the first step to improving their quality of life is to talk to an experienced Regenexx physician who can provide accurate and realistic expectations regarding these new and exciting treatment options.



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## Low Dose CT – A Proven Life-Saving Scan for Longtime Smokers

**B**ig news in the realm of lung cancer treatment: Low Dose Computed Tomography, or LDCT, can dramatically reduce the chance of lung cancer death among heavy smokers. The landmark finding is the result of a randomized clinical trial of more than 53,000 current and former heavy tobacco smokers ages 55 – 74. In the trial, sponsored by the National Cancer Institute, participants were given either a standard chest x-ray or LDCT annually for three years. Those who received LDCT had superior discovery of nodules in the lung while they were still small and contained enough to be medically treated, resulting in 20% fewer lung cancer deaths than those who received conventional chest x-rays. Loosely applied, this translates to one out of five lung cancer victims' lives being saved through early discovery using this advanced diagnostic scan.

"This is monumental," says RAO Board Certified radiologist Mark Yap, MD. "From our own empirical evidence, we have often recommended LDCT for early discovery of lung cancer among longtime smokers. To have such a large clinical trial support our independent thesis is validating."

Lung cancer is the most deadly cancer in the US and worldwide, and approximately 85% of its sufferers are current and former heavy smokers, those who have reached 30 "pack years." A pack year is calculated by: number of packs a day x number of years spent smoking. For example, someone smoking one pack a day for 30 years or two packs a day for 15 years has reached the 30-pack-year threshold. Former smokers who hit this benchmark are still considered at high risk until they have been smoke-free for 15 years. "The lungs begin to heal very quickly once a person stops smoking, so quitting is still the best preventive measure there is," says Dr. Yap. "But longtime smokers often have so much lung damage it takes many years for their lungs to heal completely, and often cancer is already present. Cessation of smoking can limit cancer growth, and in many former smokers the nodules are so small only low-dose CT is capable of capturing them."

Early discovery is important because once symptoms of lung cancer appear (chronic dry, phlegmy or bloody cough, wheezing, weight loss), it most often signifies the spread of cancer outside the lung, where it is challenging – and too-often impossible – to treat. Discovering anomalies in the lung before they cause symptoms is critical in catching lung cancer while it is still treatable.

Low-dose computed tomography is a non-invasive diagnostic scan that provides a nearly 3-D view of the chest and lungs with up to 90% less ionizing radiation than conventional CT. "RAO's Medical Imaging Center will feature the most advanced LDCT technology available. It is capable of detecting the tiniest



abnormality in the lungs that other technologies can miss," adds Board Certified radiologist Ralf Barckhausen, MD.

Based on the findings of the clinical trial, the American Cancer Society, the American Lung Association, the National Comprehensive Cancer Network and other influential medical bodies now recommend that high-risk individuals consider annual LDCT screening. People ages 55-77 with a 30-pack-year history and a qualified medical professional's written order for LDCT are eligible to have their scans covered by Medicare.

Current and former heavy smokers are encouraged to talk to their doctors about whether LDCT might be a healthcare measure to consider. "And if you have tried and tried to quit smoking, don't count yourself out yet," says Dr. Barckhausen. "Very often the next time is the last time, so keep the faith and keep trying. It's worth it."

For more information, contact your primary care physician to find out if this screening exam is right for you.

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# Advanced Treatment for OVERACTIVE BLADDER

**H**ave you tried treatment for overactive bladder and still suffer from any of the symptoms below?

- ✓ Urgency to get to the restroom in time
- ✓ Increased frequency of urination
- ✓ Getting up at night 2 or more times to urinate
- ✓ Wearing adult protective undergarments or pads
- ✓ Inability to empty your bladder completely
- ✓ Curbing your usual activities because you must be near a restroom at all times

If you are a man or woman who said yes to any of these, then you should know about some of the advanced therapies that are available and can drastically improve your quality of life.

Commonly used therapies such as behavioral modification, bladder training and medications are a first line of therapy for overactive bladder (OAB). Unfortunately, in many patients, these do not work or don't work well enough. Some patients may even be unable to tolerate the common side effects of medications such as dry mouth, dry eyes or constipation. If you or someone you know has OAB, the use of sacral neuromodulation or Botox may be the answer. In a specialty trained urologists' hands these treatments can succeed where others have failed.

## SACRAL NEUROMODULATION

Sacral neuromodulation (SNM) allows regulation of the nerves that go to the bladder. This works by sending messages back to the brain to regulate the "on-off" switch for bladder function. A simple way to think of SNM is as a pacemaker for the bladder. It can help to bring your bladder function back to normal function if it is too active or even underactive.

SNM is approved by the FDA for the treatment of refractory OAB, urge incontinence and urinary re-tenion. Currently one company (Medtronic Inc., Minneapolis) produces this SNM device for international use under the name InterStim®. In Europe, it is also



used successfully to treat bowel dysfunction including severe constipation, fecal urgency, frequency and fecal soiling. This is possible because there are nerves in the pelvis that work on both the bladder and bowel.

SNM is a very appealing option to patients due to its high success rate (up to 80%) and a unique trial phase. This trial phase of 3 to 7 days is called a percutaneous nerve evaluation (PNE) and is a simple procedure that places a thin temporary lead next to the nerve that controls bladder function. This can be placed using local anesthesia or light sedation and takes minutes to perform. This gives the patient the ability to "test drive" the device without going through the full implant. It also helps patients to gain insight on just how much the InterStim could help them. At the end of the trial, the leads are removed in the office without damaging the nerve.



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If the PNE is successful in reducing symptoms, it is likely that the full implant will work in these patients. The InterStim uses an implantable lead and small battery that are placed for long-term treatment of OAB or urinary retention. Once placed, the InterStim can last up to ten years depending on its use. The battery can be easily changed under local anesthesia. After implan-

tation, the InterStim is virtually undetectable even in a bathing suit. This device can drastically improve a patient's quality of life.

## BOTULINUM TOXIN (Botox)

Botox injections are another option in the treatment of OAB. The Botox is placed directly in the bladder muscle for treatment of OAB and urge incontinence.

This is done with a simple cystoscopy (small telescope) and can be done under local anesthesia or sedation. It works by binding to nerve endings allowing for relaxation of the bladder muscle. This has been shown to improve symptoms in up to 70% of patients and up to 60% of patients will have complete resolution of their OAB or urge incontinence. Botox, however, only lasts 6 to 9 months and needs to be repeated. The FDA considers this an off-label use even though it has been used successfully for years. Use of Botox in the bladder carries no greater risk to the patient than cosmetic procedures.

These are only a few of the many options that can significantly improve quality of life. A full range of treatments for OAB and any other urologic concerns are offered at Advanced Urology Institute.



# COPD TREATMENT TAKES CENTER STAGE

By David Ebner, Staff Writer

**T**he world will never forget the momentous day when four young men from Liverpool, England, walked onto the stage of the Ed Sullivan show in 1964. The Fab Four strolled onstage, squinting in the glare of the lights and smiling at the squealing fans, and that grainy black and white image became the music history icon of the "British Invasion."

Stem cell research appeared on the world stage with much less fanfare. There were no screaming fans or standing ovations when doctors conducted the first stem cell procedure in the form of a bone marrow transplant in 1956. The painstaking hours scientists spent researching and studying cells in laboratories across the world passed unremarked upon in the pages of Life Magazine. Even in 2012, when John B. Gurdon and Shinya Yamanaka won a Nobel Prize for their discovery that "mature cells can be reprogrammed to become pluripotent," enthusiasm was limited mostly to the medical community.

The advent of stem cell research may seem inconsequential in comparison to the rise of the Beatles or Elvis Presley, but its impact on the medical industry is nothing less than revolutionary. Although the ethical implications of using embryonic stem cells have a high-profile and controversial history, knowledge of *adult* stem cells—cells present inside the body of every adult, remains relatively obscure. Adult stem cells live in the blood or bone marrow, and can be extracted and reintroduced into different parts of the body, as needed. Some stem cells can re-specialized to mimic whatever type of cell they are near. For example, when bone marrow stem cells are extracted, isolated and reintroduced to the lungs of a patient with a progressive lung disease, the stem cells have the potential to morph into lung cells. The hope is that the new cells will be disease-free

and will promote healing and potentially return lung function. For someone suffering from a debilitating disease, such investigative stem cell therapy could mean the difference between struggling for air and singing "Twist and Shout" in the shower.

Physicians at the Lung Institute ([lunginstitute.com](http://lunginstitute.com)) have been performing such procedures since 2013, increasing the quality of life for over 83 percent of the patients they've treated as reported by the patients themselves in a recent study. During a stem cell procedure, cells are extracted from the patient's blood or bone marrow tissue. The cells are then isolated and returned intravenously. This outpatient procedure is completed over three days and is considered minimally invasive. According to the Lung Institute's Senior Medical Director, Jack Coleman, Jr., M.D., "stem cells are important because they offer an alternative approach. Instead of looking at symptoms simply to make the patient more comfortable, investigative stem cell therapy can potentially target the disease itself, challenging conventional medicine's fatalistic mindset that there's nothing more we can do."

It's difficult to imagine a medical breakthrough stealing the show from the latest trending celebrity. However, real people have sought these innovative procedures, and some are already seeing a difference in their lives. They may not be screaming like the crazed Beatles fans of the sixties, but the alternative procedure fan base grows every day among people who look to stem cell research for answers.

If you or a loved one suffer from a chronic lung disease, the specialists at the Lung Institute may be able to help. You can contact the Lung Institute at 800-921-4631 or visit [lunginstitute.com/Health](http://lunginstitute.com/Health) to find out if you qualify for these new treatments.





A photograph of a family (a man, a woman, and two children) walking away from the camera on a beach at sunset. The sun is low on the horizon, creating a warm, golden glow. The family's silhouettes are reflected in the wet sand. The text "KNOW YOUR OPTIONS!" is overlaid in large, bold, orange letters on the left side of the image.

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Knee replacement surgery was first performed in the U.S. in 1968. Since then, improvements in surgical materials and techniques have greatly increased its effectiveness and safety in the operating room. According to the Agency for Healthcare Research and Quality, and the Journal of the American Medical Association more than 600,000 knee replacements are performed each year in the United States.

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# Compounded Medications Provide Relief from Diabetic Peripheral Neuropathy

By Jessica DiLeo, PharmD

## Diabetic Peripheral Neuropathy: An Overview

Diabetes mellitus is a lifelong health issue. In fact, by 2030, it is estimated that the worldwide prevalence of diabetes will reach an alarming 366 million (1). With the incidence of diabetes mellitus climbing each year, the complications associated with this condition will continue to rise as well.

Neuropathies are among the most common of all complications associated with diabetes mellitus, affecting up to 50% of patients (2). More specifically, diabetic peripheral neuropathy is by far the most common diabetic neuropathy, causing dysfunction of the peripheral nerves (2,3). Furthermore, the incidence of diabetic peripheral neuropathy increases with the duration of diabetes mellitus (1).

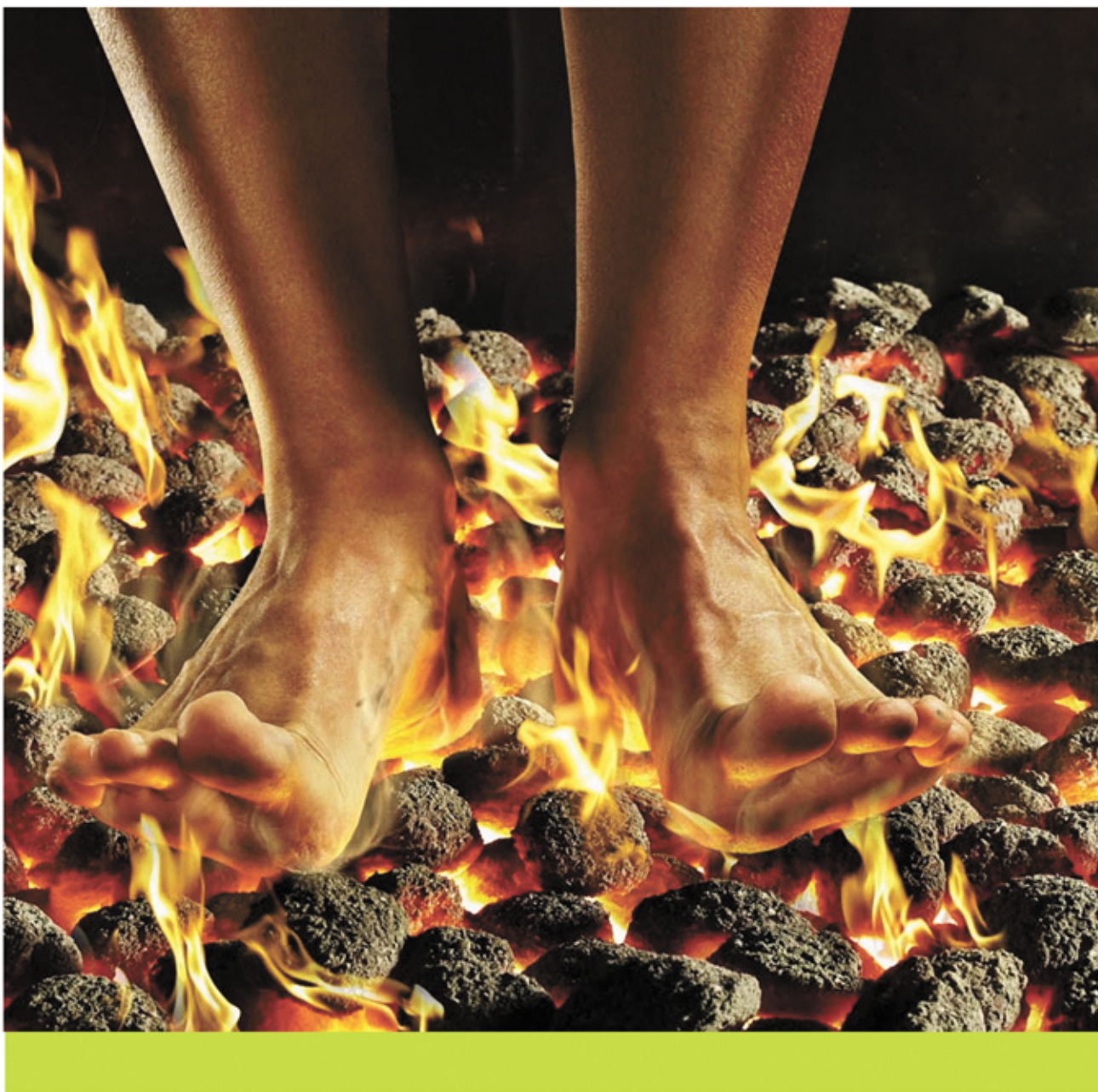
Diabetic peripheral neuropathy can be characterized by multiple symptoms, including burning pain, knife-like pain, electric shock-like pain, tingling, and prickling (2). There are a number of medications that are often prescribed for the management of these pain symptoms associated with this condition, including tricyclic antidepressants, anticonvulsants, and anesthetics (2).

## Compounding: An Overview

Compounding is the art and science of preparing specialized medications with an individual patient in mind. Unlike the "one-size-fits-all" nature of mass-produced manufactured medications, compounded medications are individualized and "made from scratch"—ingredients are mixed together in the exact strength and dosage form required by the patient at the request of the prescriber. This preparation method allows the compounding pharmacist to work with the patient and the prescriber to customize a medication to meet the patient's specific needs.

*Compounding may be recommended for reasons including, but not limited to, the following situations:*

- Patients may be allergic to a specific preservative, dye, or binding agent found in a manufactured product. A compounding pharmacist would be able to compound the same product without the allergy-causing agent.
- If a manufactured medication is discontinued, a compounding pharmacist may be able to obtain the bulk powder form of the medication and compound it into a similar dosage form.



- Pediatric or veterinary patients who may require a different dosage form (i.e., a solution rather than a tablet) or flavoring could benefit from having their medication compounded.

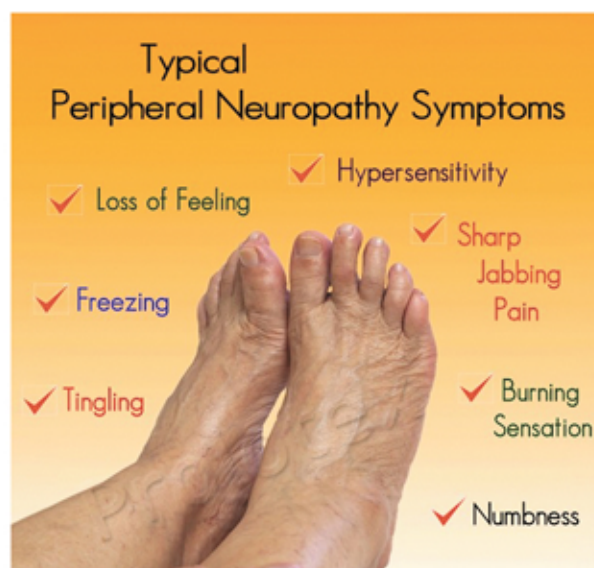
- A compounding pharmacist is able to combine multiple medications into one convenient dosage form, often increasing patient compliance.

- When patients are sensitive to medications, such as stomach upset from anti-inflammatory medications, a compounding pharmacist can prepare a transdermal formulation (i.e., cream/gel) that the patient would apply directly to the site of pain, avoiding adverse side effects.

## Case Study

A 64-year-old male was diagnosed with diabetic peripheral neuropathy affecting the feet and toes one year ago by his family physician. He was initially started on Lyrica® but was switched to gabapentin due to the cost of Lyrica. He was instructed to take one gabapentin 400 mg capsule three times daily. The patient reported that he noticed some improvement in his feet after taking the gabapentin for a couple of weeks, but he was still bothered by the burning and tingling, especially after being on his feet for long hours. He then made an appointment with a podiatrist who prescribed a compounded transdermal cream containing ketamine





10%, gabapentin 6%, imipramine 3% and bupivacaine 2%. He was instructed to apply one gram of the medication to the feet and toes three to four times daily. After applying the transdermal medication as prescribed for a week, the patient reported that his feet were much more comfortable. He reported that his pain level typically decreased from an 8 to 9 on a scale of 10, down to 2 to 3 on a scale of 10 within 30 minutes after application of the topical medication, and the pain relief lasted a couple of hours. He stated, "After rubbing the medicine on my feet at night, I'm asleep within 20 minutes!"

### Discussion

The use of tricyclic antidepressants for the management of pain associated with diabetic peripheral neuropathy is supported by several randomized, controlled studies. While the mechanism of action of these agents is not clear, it is thought that they inhibit the reuptake of norepinephrine and serotonin as well as affect sodium channels and N-methyl-D-aspartate (NMDA) receptors (2). Despite the fact that this drug class is considered as a first line medication in the treatment of diabetic peripheral neuropathy, it is often not used due to its side effect profile. The anticholinergic effects of these medications, including dry mouth, blurred vision, and postural hypotension, make them an undesirable choice for treatment. In fact, up to one-third of patients who are prescribed tricyclic antidepressants are unable to tolerate these agents (2). It is unfortunate that these patients are unable to reap the benefits of these medications simply because of the side effects associated with them. However, via compounding these patients can receive the benefits while avoiding unwanted side effects of this class of medications. Because transdermal delivery allows medications to travel directly to the site of pain rather than having to be taken systemically, there are little to no side effects experienced.

Among other neurotransmitters involved in pain perception associated with diabetic peripheral neuropathy, NMDA receptor sites reside in the neural periphery (4). Both NMDA glutamate receptor antagonists, dextromethorphan and memantine, have been evaluated in painful diabetic neuropathy with results confirming their effectiveness (5). Antidepressants and ketamine produce multiple pharmacological effects that contribute to peripheral analgesia. According to an open-label study using topical amitriptyline 2% and ketamine 1%, an NMDA antagonist, in the treatment of neuropathic pain syndromes, long-term pain reduction was achieved. Furthermore, there was no significant systemic absorption of either medication (6).

Of the anticonvulsants used in the management of diabetic peripheral neuropathy, gabapentin is the most widely used. Damaged or demyelinated nerves spontaneously fire, have excess voltage and have extra-sensitive electrolyte channels in the affected area (7). Gabapentin is a calcium channel blocker that works to inhibit the release of excitatory neurotransmitters. There are undesirable side effects associated with gabapentin taken orally as well, including sedation, dizziness, and headache (7).

There are a number of studies that have determined the efficacy of lidocaine when used topically in the treatment of neuropathy, and more specifically diabetic neuropathy. The mechanism of action of lidocaine is believed to "reflect decreased ectopic discharges within peripheral sensory afferents (i.e., a selective effect on hyperexcitability), as pain relief occurs in the absence of anesthetic effects" (8). Because inflammatory processes can contribute to the pain associated with diabetic peripheral neuropathy, these agents prove even more beneficial since they also provide anti-inflammatory effects (8).

Until a few years ago, there were no studies performed to determine the ability of a transdermal cream to deliver medications through the human skin. This study proved that multiple medications could be rapidly delivered through the skin simultaneously (9). The transdermal delivery vehicle used

in the compounded formulation utilizes liposomes to facilitate the movement of medications through the various layers of the skin. A liposome is a tiny vesicle made out of the same material as a cell membrane (10). These phospholipid bilayers encapsulate the medications and carry them through the skin to their action site.

### Conclusion

Diabetic peripheral neuropathy is a common and serious complication of diabetes mellitus. If not properly managed, further complications such as foot ulcers and amputations may occur. Because of the side effect profiles of many of the first line treatment medications, compounded transdermal pain relief formulations, supporting multiple medications, may offer a beneficial alternative for those patients with diabetic peripheral neuropathy.

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November is Diabetes Awareness Month

# LINK BETWEEN OBESITY AND LOW TESTOSTERONE

**O**besity, a condition linked to heart disease and diabetes, now appears to be associated with another health problem, but one that affects men only -- low testosterone levels.

In a study conducted by the University at Buffalo endocrinologists, researchers discovered that about 40% of obese participants had lower-than-normal testosterone levels. The percentage escalated to 50% among men who also had diabetes. It also was found that as body mass increase levels rose, testosterone levels dropped. Given the fact that about one-third of the United States' population is obese, this news is concerning for men.

## Effects of Low Testosterone

A decrease in testosterone levels is a normal part of the aging process for men. For every year beyond age thirty, male testosterone levels decrease by about one percent. Currently, over thirteen million men have low testosterone levels.

Low testosterone levels can affect sexual functioning including a reduced desire for sex, fewer spontaneous erections, and infertility. The ADA maintains that 70% of men with low testosterone levels have erectile dysfunction, and 63% have experienced a decrease in sex drive. One study showed that men who lose significant amounts of weight reported having better sexual functioning.

Physical changes may also present such as increased body fat, decreased strength and muscle mass, fragile bones, decreased body hair, hot flashes, and increased fatigue.

Low testosterone levels can also cause sleep disturbances such as insomnia and emotional changes such as sadness or depression.



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### Age is Not Always the Deciding Factor

As previously noted, testosterone levels naturally decrease in men as they grow older, but obesity seems to be an important factor for decreased testosterone levels regardless of a person's age.

A study that was published in the 2012 journal Clinical Endocrinology found that obese teenage boys were not only at greater risk for diabetes and heart disease but also had testosterone levels that were between forty and fifty percent lower than their normal weight peers.

Controlling for age, physical maturity, and medical factors, 25 obese males and twenty-five normal weight males between the ages of fourteen and twenty were blood tested to measure total and free testosterone levels. Free testosterone is testosterone that is not chemically bound and thereby available to the body.

Mean testosterone levels were found to be 50% lower in the obese young men and mean free testosterone levels were found to be 46% lower.

With our waistlines expanding, the results could speak to many American men. In view of the fact



that almost one-third of the U.S. is obese, these observations have profound pathophysiological, clinical, epidemiological and public health implications.

### Weight loss increases testosterone levels.

It goes without saying that weight loss can improve testosterone levels, or other hormone imbalances in men.

If you have struggled with weight management and would like medical assistance, Lifestyle Solutions offers a free assessment of your nutrition and fitness levels. We can then customize a weight loss plan tailored to your individual needs, aspirations, and lifestyle. Physician supervised weight loss has proved to be an effective way for many men to lose the weight they have

struggled with for years. If needed, prescription weight loss medications or fat burning injections can be given to assist with your weight loss. Our experienced weight loss physician, attends to every patient, providing guidance and support at every step along the way.

Maintaining a healthy weight allows the body to better regulate testosterone and other hormones.

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## NOVEMBER IS ALZHEIMER'S DISEASE AWARENESS MONTH

# 10 Early Signs and Symptoms of Alzheimer's

**M**emory loss that disrupts daily life may be a symptom of Alzheimer's or another dementia. Alzheimer's is a brain disease that causes a slow decline in memory, thinking and reasoning skills. There are 10 warning signs and symptoms. Every individual may experience one or more of these signs in a different degree. If you notice any of them, please see a doctor.

### 1. MEMORY LOSS THAT DISRUPTS DAILY LIFE

One of the most common signs of Alzheimer's is memory loss, especially forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

#### *What's a typical age-related change?*

Sometimes forgetting names or appointments, but remembering them later.

### 2. CHALLENGES IN PLANNING OR SOLVING PROBLEMS

Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

#### *What's a typical age-related change?*

Making occasional errors when balancing a check-book.

### 3. DIFFICULTY COMPLETING FAMILIAR TASKS AT HOME, AT WORK OR AT LEISURE

People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

#### *What's a typical age-related change?*

Occasionally needing help to use the settings on a microwave or to record a television show.





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## 4. CONFUSION WITH TIME OR PLACE

People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

### *What's a typical age-related change?*

Getting confused about the day of the week but figuring it out later.

## 5. TROUBLE UNDERSTANDING VISUAL IMAGES AND SPATIAL RELATIONSHIPS

For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast, which may cause problems with driving.

### *What's a typical age-related change?*

Vision changes related to cataracts.

## 6. NEW PROBLEMS WITH WORDS IN SPEAKING OR WRITING

People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a "watch" a "hand-clock").

### *What's a typical age-related change?*

Sometimes having trouble finding the right word.

## 7. MISPLACING THINGS AND LOSING THE ABILITY TO RETRACE STEPS

A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.

### *What's a typical age-related change?*

Misplacing things from time to time and retracing steps to find them.

## 8. DECREASED OR POOR JUDGMENT

People with Alzheimer's may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.

### *What's a typical age-related change?*

Making a bad decision once in a while.

## 9. WITHDRAWAL FROM WORK OR SOCIAL ACTIVITIES

A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.

### *What's a typical age-related change?*

Sometimes feeling weary of work, family and social obligations.

## 10. CHANGES IN MOOD AND PERSONALITY

The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.

### *What's a typical age-related change?*

Developing very specific ways of doing things and becoming irritable when a routine is disrupted.



## WHAT IS THE DIFFERENCE BETWEEN ALZHEIMER'S AND TYPICAL AGE-RELATED CHANGES?

### SIGNS OF ALZHEIMER'S/DEMENTIA

- Poor judgment and decision-making
- Inability to manage a budget
- Losing track of the date or the season
- Difficulty having a conversation
- Misplacing things and being unable to retrace steps to find them

### TYPICAL AGE-RELATED CHANGES

- Making a bad decision once in a while
- Missing a monthly payment
- Forgetting which day it is and remembering it later
- Sometimes forgetting which word to use
- Losing things from time to time

## WITH EARLY DETECTION, YOU CAN:

- Get the maximum benefit from available treatments.
- Explore treatments that may provide some relief of symptoms and help you maintain a level of independence longer.
- Increase your chances of participating in clinical drug trials that help advance research.

## WHAT TO DO IF YOU NOTICE THESE SIGNS

If you notice any of the 10 Warning Signs of Alzheimer's in yourself or someone you know, don't ignore them. Schedule an appointment with your doctor.

Source: [www.alz.org](http://www.alz.org)

alzheimer's  association®





## Dr. Anand Kesari Offers Innovative Full Spectrum Endoscopy Procedure for Improved Early Detection of Colon Cancer

Gastro-Colon Clinic is one of the first in the nation to use EndoChoice's Fuse™ endoscope system to reduce the 'miss rate' of lesions during colonoscopy



**A**lthough colonoscopy exams prevent many colon cancer deaths<sup>1</sup> and are the gold standard, for detecting colorectal cancers,<sup>2</sup> the procedure is not completely effective in preventing cancer cases.<sup>3</sup> For this reason, Gastro-Colon Clinic has invested in an innovative technology that significantly improves the accuracy of colonoscopy exams and can greatly reduce the number of potentially pre-cancerous lesions missed by standard, forward-viewing endoscopes.

The Fuse™ endoscope system from EndoChoice®, Inc. uses three small cameras at the tip of a flexible GI endoscope. "Unlike standard, forward-viewing endoscopes that use a single camera, the Fuse system lets doctors see nearly twice as much surface area," said Dr. Kesari.

"The Fuse endoscope is all about seeing more of the GI tract. It projects the expanded view on three screens to give physicians previously unseen views, such as behind colonic folds and difficult anatomy. We are pleased to offer this important new technology to our community."

1 Zuber AG, Winawer SJ, Waye JD, et al. Colonoscopic Polypectomy and Long-Term Prevention of Colorectal-Cancer Deaths. *N Engl J Med* 2012; 366:687-696

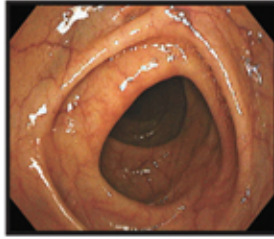
2 Rockey DC, Paulson E, Niedzwiecki D, et al. Analysis of air contrast barium enema, computed tomographic colonography, and colonoscopy: prospective comparison. *Lancet*. Jan 22-28 2005;365(9456):305-311

3 Brenner H, Chang-Claude J, Seiler CM, Sturmer T, Hoffmeister M. Potential for colorectal cancer prevention of sigmoidoscopy versus colonoscopy: population-based case control study. *Cancer Epidemiol Biomarkers Prev*. Mar 2007;16(3):494-499.

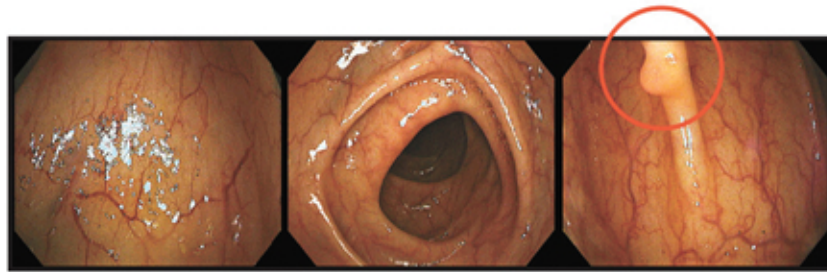
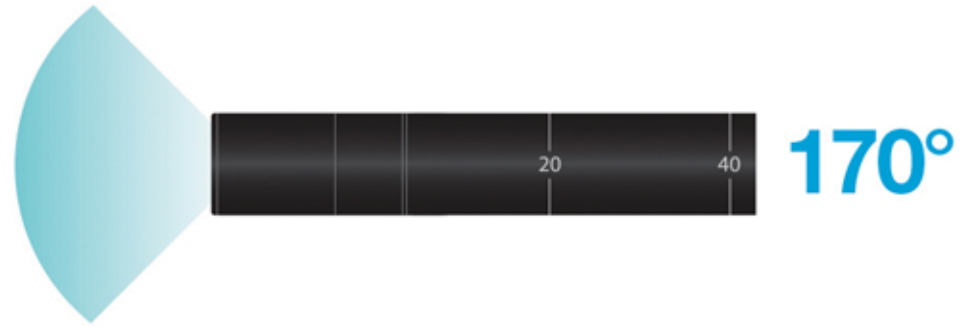


Dr. Anand Kesari

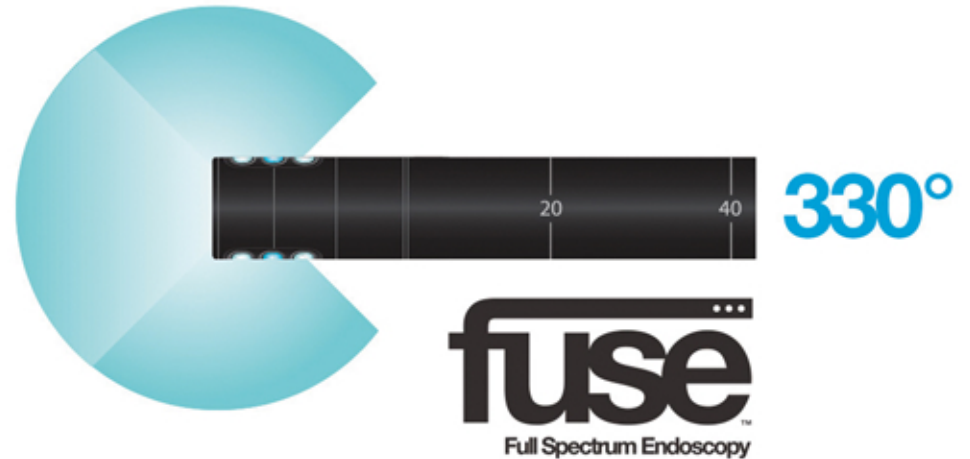




## Standard Colonoscope Limited 170° Field of View



## Fuse™ Colonoscope Panoramic 330° Field of View



The Fuse system recently received FDA 510(k) clearance for marketing in the U.S. "As an early adopter of the innovative Fuse system, Gastro-Colon Clinic is at the forefront of U.S. healthcare providers offering the best technology and procedures for detecting colorectal cancers," said Dr. Kesari. "Our team is proud to be using the new system in our ongoing effort to reduce cancer and provide the highest quality care to our patients."

In a multi-center trial conducted in the U.S., Europe and Israel, researchers performed a series of colonoscopies comparing standard, forward-viewing endoscopes and the new Fuse system.

The endoscope used in the first examination was selected randomly. After the first inspection, each patient immediately underwent a second colonoscopy performed by the same doctor, but with the competing endoscope. The 185 patient trial showed standard, forward-viewing endoscopes missed 41% of potentially pre-cancerous lesions,

or adenomas, while the Fuse system missed just 7%. Additionally, Fuse found 69% more adenomas when compared to standard, forward-viewing endoscopes. The results of this clinical study were presented at a major medical society meeting earlier this year and recently published in The Lancet Oncology.

"Standard, forward-viewing endoscopes provide up to 170 degrees of forward vision. The advantage of Fuse is that it allows endoscopists to examine twice the anatomy with a wide 330 degree view. This is especially advantageous because adenomas can be missed in difficult to find areas of the anatomy," said Dr. Kesari. "The findings are compelling and support the data from previous studies showing the limitations of standard, forward-viewing endoscopes. EndoChoice's innovative Fuse technology dramatically improves the effectiveness of this life-saving procedure. And improving the effectiveness of every procedure we perform here at Gastro-Colon Clinic is what we're all about."

Patient scheduling with the new Fuse system is now underway at Gastro-Colon Clinic. More than 15 million colonoscopies are performed across the United States each year and most insurance companies cover the costs for those patients over age 50.

## Gastro-Colon Clinic Dr. Anand Kesari

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# An Omega-3 Strategy for Pain Relief

By Bo Martinsen, MD

**M**ore than 76 million Americans live with pain every day. That's more than the number of people who have heart disease, diabetes, and cancers combined, according to a survey by the American Osteopathic Association.

But what's worse is that one-third of these people believe that medical treatment will not help, or feel that the treatment will create more undesirable side effects than the pain itself.

Unfortunately, many painkillers and medications designed to reduce inflammation can cause serious side effects, like gastrointestinal problems or addiction. But, there is a natural, anti-inflammation agent that can help treat pain – if we get the right dose.

## Treating Pain with Omega-3 Fish Oil

Adding an adequate dose of omega-3 fish oil to the diet can help patients reduce their need for medication, or in some cases, eliminate their dependence on painkillers altogether. Research shows that fish oil acts on the same biochemical pathways as pain-relieving medication. Furthermore, the cells can use the omega-3 to reduce inflammation without the body experiencing harmful side effects.

The pain-relieving benefits of omega-3 fish oil, however, are dependent on the dose consumed. To best understand the kind of doses needed to achieve results, let's look at a few studies with people having rheumatoid arthritis:

## The Science Behind Omega-3 and Pain Relief

A well-designed double blind, placebo-controlled study published in 2008 investigated the effect of consuming 10 grams of cod liver oil (or roughly 10 fish oil capsules) every day. At this daily dose, 65 percent of the patients significantly reduced their use of NSAID (Non-Steroidal Anti-Inflammatory Drugs) by more than 30 percent. However, the authors noted that many participants withdrew early from the study because they did not like taking 10 capsules of fish oil every day and often experienced fishy burps and stomach problems.

In another trial, the researchers again gave 10 capsules of fish oil a day to patients and found the same benefits – an almost 60 percent reduction in



NSAID intake. The researchers noted that the patients experienced the peak pain relief after one year of consuming a daily dose.

Finally, a university study from 2012 with more than 380 arthritis patients concluded that giving patients at least 2.7 g of EPA/DHA per day (or roughly nine capsules) for more than three months, reduced patients' need for NSAID drugs.

While there's good scientific evidence that omega-3 fish oil relieves joint pain, most people never experience it. In an Australian survey published in the Journal of Rheumatology in 2009, the authors noted that fish oil's chronic pain relieving effects have been known for some time. Sadly, very few people – including physicians – understand that the omega-3 dose required for getting results is far higher than one to two capsules a day. Most patients miss an opportunity to improve the quality of their daily life because they are taking an ineffective, small dose.

## What's the Take Home Message?

Millions of people can improve their chronic pain conditions and inflammation by getting an adequate dose of omega-3 every day.

So what is the right dose? In the studies above, researchers used roughly 2.5 to 3 grams of EPA/DHA a day to achieve the pain-relieving results. In terms of capsules, that dose is equivalent to consuming 8-12 regular fish oil capsules a day, or one tablespoon of liquid fish oil. Because most people find it hard to swallow handfuls of capsules a day, switching from capsules to a liquid fish oil improves motivation and compliance.

## About Dr. Bo Martinsen

Bo Martinsen, MD, is the co-founder and CEO of Omega3 Innovations. Born and raised in Norway, Dr. Martinsen received medical training at the University of Bordeaux in France and at the University of Oslo. Dr. Martinsen has extensive experience practicing psychiatry, general medicine, neurology and preventive medicine, in addition to training in epidemiology (Ph.D program at the University of Oslo) and business administration. He has served as medical consultant to large international corporations focusing on stress management and synergistic medicine.



At Omega3 Innovations, our customers frequently report that they have less pain after taking one tablespoon of Omega Cure® every day for at least three months. Those anecdotal testimonials match the time period and dose noted in the research studies above.

One customer, Holly Davis, said after six orthopedic surgeries and a daily Aleve regimen, she started taking Omega Cure regularly.

"Today, I still take Aleve, but it's averaging one dose monthly rather than daily," she says. "My liver is surely thanking me."

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[www.omega3innovations.com](http://www.omega3innovations.com)

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# LIFESTYLE IS KEY TO DIABETES SELF MANAGEMENT

**I**n many cases, you can control diabetes through better nutrition, a healthy weight, physical activity, and regular checkups with your health care team.

Sometimes medication is also necessary, which your health care provider will determine. Medication, if prescribed by your doctor or nurse practitioner, is a crucial component of diabetes management and should be taken as directed. Some medications need to be timed with meals, and if so your doctor or nurse practitioner will instruct you on appropriate timing.

What, when and how much you eat are all important factors in managing diabetes. With the help of your registered dietitian or health care professional, you should develop and follow a meal plan based on your individual needs.

## Nutrition Tips for People with Type 2 Diabetes

- Follow a consistent meal plan and schedule.
- Eat a balanced diet with a variety of foods, including fruits, vegetables, whole grain foods, low-fat dairy products, and lean meat, poultry, fish or meat alternatives.
- Eat the right amount of carbohydrate foods for good blood sugar control. Your registered dietitian can determine how much carbohydrate food your body needs at each meal.
- Choose lower fat options and limit saturated fats.
- Use sugar in moderation. Consider lower sugar options if available.
- Check nutrition labels.
- Get your fiber. The American Dietetic Association recommends that all people eat 20-35 grams of fiber per day. Fruits, vegetables, beans and whole grain foods are good sources of fiber.
- Drink plenty of water.
- Use less salt.

## Nutrition for People with Type 1 Diabetes

People with type 1 diabetes should follow good general nutrition guidelines, and in addition, the insulin dose can be adjusted to the mealtime carbohydrates, which allows for more flexibility in meal planning. Your health care provider can help determine how much insulin you need at each meal.

## Activity

Everyone knows that physical activity is good for your health. But it's especially important for people with diabetes or those trying to prevent the disease.

In addition to improving blood sugar control, decreasing the risk of diabetes, and maintaining overall good health and weight management, being active boosts brain activity, helps you deal with stress and improves your mood!

Type 2 diabetes is closely linked to being overweight. Diabetes research demonstrates that along with healthy eating habits, regular physical activity helps the body to use insulin better, which helps to improve the symptoms -- or even reduce the risk -- of Type 2 diabetes. It is very important to check with your doctor first before starting any exercise program. Your doctor can give you an appropriate exercise prescription based on your personal health status.

## Foot Care

It is very important to check your feet daily, keep them clean and soft, wear well-fitting, breathable shoes and socks, and report any changes you observe to your health care provider

## Checking Your Blood Sugar

If your doctor or nurse practitioner has instructed you to check your blood sugar, be sure to follow instructions for frequency and times of day, as this can help to identify blood sugar patterns which may need to be corrected. Your health care provider will determine your personal blood sugar goals.

Also, be sure to follow the meter instructions for coding (if necessary) and checking for accuracy with a test strip using control solution from time to time. It is also important to keep your strips tightly closed.

Always check your blood sugar if you feel symptoms of high blood sugar (thirst, frequent urination, fatigue, blurry vision), or low blood sugar (lightheadedness, dizzy, confusion, sweating, shaking, fast or pounding heartbeat) and call your doctor. It is important to immediately treat low blood sugar (<70) with a simple carbohydrate such as fruit juice, regular soda pop, or glucose tablets.

Check your blood sugar more often when you are sick, as infection can make blood sugar rise. And be sure to get plenty of fluids and drink some carbohydrate-containing fluids if you can't eat. It is very important to continue taking your diabetes medications when you are sick. If you are unsure of dosages if unable to eat, call your doctor or nurse practitioner.

## Safe Sharps Disposal

Lancets (as well as needles/syringes, if used) should be disposed of in a safe sharps container. Contact your local community government center for appropriate disposal of used sharps.

## Good Health Care Follow Up

Finally, it is very important to see your doctor or nurse practitioner regularly to monitor your diabetes, make adjustments in medications, order appropriate tests, and prescribe education for you to better manage your diabetes day to day.

Education is an important tool in the day to day self management of diabetes. Chances are you have diabetes or know more than one person living with the condition. Learn the risks, causes, and treatment options for diabetes to help protect yourself and loved ones.

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# Can An Occupational Therapist Help You?

## What Is Occupational Therapy

Occupational Therapy (OT) is a healthcare profession whose goal is to help you achieve optimum performance of your daily life tasks. After a comprehensive evaluation, an occupational therapist develops an individualized treatment plan aimed to remediate or restore function or compensate for deficits after an illness, injury or condition.

## Common Conditions/Diseases Treated by Occupational Therapists

- Osteoarthritis/Rheumatoid Arthritis
- Stroke/Multiple Sclerosis/Parkinson's Disease
- Dupuytren's Contracture
- Carpal Tunnel Syndrome
- Carpometacarpal Joint Arthroplasty
- Tennis/Golfer's Elbow
- Hand/Wrist/Elbow/Shoulder Fractures
- Rotator Cuff Injuries
- Sports/Auto/Personal Injuries Affecting the Upper Extremity



SheaLan Mullen, OTR/L



Nancy Schmeltzer, OTR/L

## OT Treatment at PhysioMed

Occupational therapy treatment may include manual techniques, modalities (ultrasound, electrical stimulation, paraffin treatment, splinting), therapeutic exercise, therapeutic activities and training related to self-care/activities of daily living (ADLs). More specifically, activities of daily living include eating, bathing, dressing, grooming and toileting. Treatment will focus on deficits identified in the evaluation such as decreased strength, decreased range of motion, decreased fine motor or gross motor coordination, pain/nerve symptoms and decreased independence with ADL. At PhysioMed, treatment is provided on a one-to-one basis allowing the therapist to customize each treatment based on the client's performance. Additionally, the client is able to ask questions that help them understand their condition/exercises and ensure carry-over of performance to their home environment. If you, or a loved one is struggling with your daily tasks, Shealan Mullen, OT or myself, Nancy Schmeltzer, OT would welcome the opportunity to help you live your best life!

## Wim Vergauwen, MPT, CMT - Owner Certified Manual Therapist



Wim was born in Belgium and received his Master's degree in Physical Therapy in 1991 from the University of Leuven, Belgium. He also received his European Master's degree of Adapted Physical Activities in 1992 in Copenhagen, Denmark. Wim has more than 25 years experience in outpatient facilities. He is respected throughout his field for his competence and expertise in the treatment of spinal disorders. Wim has been an adjunct instructor for the Physical Therapy program at the University of Central Florida, and as a Certified Manual Therapist, he has also been an instructor of continuing education courses.

## Scottie Bull, PT, CLT-LANA - Owner Certified Lymphedema Therapist



Scottie received her Bachelor's degree in Physical Therapy from the University of Central Florida. She has been an outpatient therapist since her graduation on 1997. She has over 20 years of experience in outpatient rehabilitation settings and in 2001 she began specializing in the treatment of Lymphedema. That same year, she implemented a Lymphedema support group which continues to meet monthly. In 2009, Scottie met her professional goal of achieving national certification as a lymphedema therapist from the lymphology Association of North America (LANA). Currently, she is the only LANA certified therapist in Lake County.



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# New Advances in Compression Therapy for Limb Swelling

By Alyssa Parker

A common challenge faced in the medical field is finding the cause of an individual's limb swelling. Any limb swelling may be your body's way of letting you know there is a potential underlying condition that can cause even more damage if left untreated. When swelling in a limb becomes chronic, pinpointing the origin is vital to getting proper treatment. Some of the most common diagnosis are venous insufficiency and lymphedema.

Fluid accumulation can cause painful swelling, non-healing wounds, heaviness, and discomfort decreasing your mobility. Recent studies show that nearly 7 million people in the United States suffer from venous disease. While 2 to 3 Americans suffer from secondary lymphedema.

Chronic venous insufficiency (CVI) is when blood is unable to circulate from the lower limbs back to the heart. CVI is caused by incompetent valves and venous hypertension, in both parts of your venous system. The venous system is comprised of two parts, deep circulation and superficial circulation which are interconnected by perforating veins. Your venous system is an important component to delivering blood to the heart, then passing it through the lungs to obtain oxygen. The oxygenated blood is then delivered to the lower limbs.

Venous hypertension leads to secondary Lymphedema from the lymphatic system's inability to keep up with an abnormally high demand of protein rich fluid. Lymphedema is chronic swelling from protein-rich fluid accumulation in the tissue.



Lymphedema occurs secondary to CVI when the lymphatic system is obstructed causing damage, blockage, or abnormal development. Primary Lymphedema can be hereditary or congenital, where an individual is born with a compromised lymphatic system.

## Risk Factors

Once your circulatory system has been obstructed leading to venous insufficiency or lymphedema this may lead to an interruption in the venous and lymphatic flow. Both diseases are manageable and treatable however there is no cure for either one.

### Risk factors may include:

- Unknown swelling of a limb
- Family history
- Invasive surgical procedure i.e. radical cancer surgery
- Chronic open wounds
- Decreased mobility
- Infections such as cellulitis/ lymphangitis
- Skin changes such as discoloration or hardening

## Management: Compression Pump

Understanding the ongoing management of both venous insufficiency and lymphedema are important

in preventing irreversible damage to the body. Compression therapy along with proper nutrition a healthy diet and exercise are the foundation of a treatment plan. Compression stockings are often difficult to get on with little results for chronic swelling. Diuretics may be harmful for long-term treatment. Compression devices are widely recognized and highly effective treatment. This is a safe and effective way to assist your body's circulatory system in moving the excess fluid which has accumulated in the limb.

A pneumatic compression device mimics the muscle contraction that naturally occurs when performing a cardiovascular activity. A compression device is used for both acute care (short term in the hospital) as well as chronic care (long term in the home). The compression pump increases blood flow and lymphatic flow. By increasing the circulation in the affected limb many painful symptoms will be alleviated. When compression treatment is used on a limb the excess fluid is removed and worked back into the lymphatic system the natural way. For patients with chronic ulcers using a compression device will help heal the wound from the inside out, by increasing the circulation in the return of the blood from the heart. The heart delivers oxygen rich blood back to the legs and the tissue speeding the recovery time.

For patients who many have Chronic venous insufficiency a test called a vascular or duplex ultrasound may be used to examine the blood circulation in your legs.

The compression pump is approved by Medicare and covered by many commercial insurers; Actual coverage varies with individual commercial insurance policies. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in treating swollen limbs and chronic wounds. **Call us today at 855-949-4325 (HEAL) or visit [www.acutewoundcare.com](http://www.acutewoundcare.com).**



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Dr. Bo Martinsen and  
Dr. Anne-Marie Chalmers



# THIS HOLIDAY SEASON, LOOK BEYOND THE SCALE TO SEE WHAT YOU'RE MADE OF

It's that time of year again: holiday season has officially begun. Let the parties, celebrations, and traditions begin. Does the thought of trying to fit in that dress make you uncomfortable? Want to make a change but don't want to step near the scale?



## What does the number on the weight scale really mean?

When it comes to overall health, weight is not nearly as important as the composition of that weight. Rather than tracking weight, we should be aware of our body composition. Stepping on a weight scale simply tells us the combined weight of all our body's tissues. That weight may fluctuate throughout the day depending on the time of day, hydration status or what we are wearing. In contrast, body composition reveals the relative proportions of fat and lean mass in the body. Fat mass consists of two types of fat: essential and nonessential fat. The second component of body composition, lean mass, refers to bones, tissues, organs and muscle.

Essential fat is the minimal amount of fat necessary for normal physiological function. For males and females, essential fat values are typically considered to be 3% and 12%, respectively. Fat above the minimal amount is referred to as nonessential fat. It is generally accepted that a range of 10-22 percent for men and 20-32 percent for women is considered satisfactory for good health.

A body composition within the recommended range suggests you have less risk of developing obesity-related diseases such as diabetes, high blood pressure, and even some cancers.

How can you determine your body composition? Though the *InBody Composition Analyzer*, now available at Wellness 360 in The Villages, FL. They offer a safe



and effective, PERSONALIZED plan for individual patient needs. Whether you need to lose 10 lbs or 110 lbs, their program is customized to meet your goal.

Their strong medical team can speed up and ease your journey to weight loss, and more importantly, lifestyle change. There are four phases of the program—Screening, Reducing, Adapting, and Maintenance—in which you are supervised by a caring team of healthcare professionals who will create, and help you stick with, a program to reach your weight loss goal and develop a healthier lifestyle.

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- Segmental Muscle Balance
- Water Distribution
- Body Composition History
- Skeletal Muscle Mass
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## Introducing... Health Weight DNA Insight!

Have you ever wondered why certain diets work for some people, but not others? We are now offering Healthy Weight DNA testing. This test analyzes your own genetic makeup to help determine what type of nutritional plan works best for your body.

There is no one-size-fits all approach to weight loss. It can be difficult, both mentally and physically, to stick to a regimen that may not be suited for your genetic make-up. Healthy Weight DNA InSight allows us to individualize programs even further and to work "with" your body, instead of fighting "against" it. And the best news is... its AFFORDABLE!

**Call Wellness 360 to schedule your complimentary InBody Composition, a \$75 value, with the mention of this article. The analysis takes less than 45 seconds to complete, and is the starting point to permanent weight management success.**

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## Medical Spotlight:

Program Director

**Terri Martz, MA**

Terri has been helping patients in the Greater Orlando area lose weight through lifestyle management and comprehensive



food plans for over 10 years. Terri's background in nutrition and fitness make her uniquely suited to partner with patients to restore balance and hope to their lives through wellness and weight loss. Terri has committed herself to ongoing medical education and regularly participates in obesity medicine conferences that present the most current understanding of how to manage patients that are overweight.



# Diabetes and Your Eyes

**D**iabetes affects your entire body, including your eyes. According to The American Academy of Ophthalmology, diabetics are 25 times more likely to lose vision than those without this disease. The most common complication of diabetes is diabetic retinopathy, and the longer you have diabetes, the more likely it is that you'll develop diabetic retinopathy.

High blood sugar levels, as associated with diabetes, often affect blood vessels in the retina of the eye, causing diabetic retinopathy. There are 2 stages of classifications of diabetic retinopathy: non-proliferative or proliferative.

Non-proliferative retinopathy, sometimes known as background diabetic retinopathy, is the most common form of the disease. This condition is first diagnosed when small retinal blood vessels start to swell. As the disease progresses, these blood vessels break and leak blood.

Proliferative retinopathy is the more advanced stage of diabetic retinopathy. As the condition progresses, more and more blood vessels are blocked. Sensing the need for new blood vessels to supply nourishment, new blood vessels grow, but they are frail and abnormal, often hemorrhaging and scarring. Patients with this type of diabetic retinopathy can experience severe vision loss, and even blindness.

At both the early and advanced stage, fluid can leak into the macula, the center of the retina that allows you to see fine detail. Known as macula edema, it is another common cause of vision loss in diabetics.

It is worth noting that smoking does accelerate the damaging effect that diabetes has on the retina. Several other influencing factors include your genes, your blood pressure levels, how long you have had diabetes and of course, your blood sugar level.

In the early and most treatable stages of diabetic retinopathy, there are usually no visual symptoms or pain. In fact, many times the disease can even progress to an advanced stage without your noticing the gradual change in your vision.

## Symptoms of Diabetic Retinopathy May Include:

- Abnormal patterns in the field of vision
- Dark streaks in your vision
- Sudden onset of decreased vision
- Distorted central vision
- Floaters
- Red film that blocks vision
- Blind spots
- Poor night vision
- Items may have a blue-yellow color tone, interfering with color perception

We strongly recommend that all diabetics have yearly comprehensive medical eye exams. Your eye doctor will dilate your eyes and check your retina, blood vessels and optic nerves for changes. We may also order a fluorescein angiography to track and photograph dye as it flows through the retina to look for leaking blood vessels.



We also commonly perform an Optical Coherence Tomography (OCT) to assess fluid accumulation (macular edema) in the retina of diabetics.

The OCT can show areas of retinal thickening and is often a useful tool in assessing a patient's response to a treatment.

## Treatment

The most important tool for treating diabetic retinopathy is good management of the underlying diabetic condition. Nevertheless, once diabetic retinopathy has presented itself, there are several methods of treatment. Lasers are the mainstay; often used to treat the early stages of diabetic retinopathy by sealing leaking blood vessels. More advanced cases may require a vitrectomy, a surgical procedure needed when the vitreous, the gel in the eye, contains a great amount of blood.

The optimal time for treatment is before the patient experiences visual symptoms so early detection and treatment is the best protection against significant vision loss. Diabetic retinopathy can progress into its advanced stages with no pain, no recognizable vision loss. That's the reason it is so important for all diabetics to get a yearly comprehensive medical eye examination.

Please take time to educate yourself, and any loved ones with diabetes, on how to preserve their vision.

**Call and Schedule your Eye Exam Today!**  
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# Holiday Survival 101

By Rachel Robertson, Staff Writer

**T**hanksgiving brings the beginning of the holiday season and with it comes more than just visions of turkey dinners and sugar plums. For many of us, visions of stress, fatigue, and anxiety are at the forefront of the season. Here are some tips to help you avoid the holiday blues!

- Can't stand the thought of going to the mall? Between the fights for the last remaining parking spot, to the crowds of exhausted shoppers, to the budget slamming bills, shopping can be one of the most stressful parts of this time of year. It may sound simple, but it's true. Just don't do it! Shop online or shop locally. Most websites offer coupon codes for free shipping and comparison shopping is made simple by shopping online. If you prefer to do your spending out of the house, then shop locally. Go to your local small shops or flea markets. You can find great deals, smaller crowds, and you help your local economy. Make a list of what you are looking for before you leave or log on.

- It never fails. There's always that one person that you forgot to pick something up for. Suddenly, there you are, holding their thoughtfully wrapped gift in your hands, and you go into panic mode. "I HAVE NOTHING TO GIVE HER IN RETURN! HELP!" This year, keep a couple of small ticket items wrapped in a closet. A simple candle or a bottle of wine or even a basket of bath soaps, set aside just in case, can help ease your mind if nothing else. In fact, keeping a small amount of "go to" items year round is a great stress reliever. Whether it's a forgotten birthday or a last minute holiday emergency, if you know it's there, you can relax.

- No matter how much we love our families, sometimes those family get-togethers bring more than just overeating and hugs. If you tend to find yourself feeling stress around your loved ones, try these ideas. Have a few responses in mind for those stress-inducing questions that you know are coming. Use humor when possible. And when all else fails, have a few "get away" options at your disposal. Take a walk. Run an errand. Sometimes just having "an out" if needed can relieve anxiety.

- Anxiety can be at its highest while deciding where to spend the holidays. Trying to please everyone usually leads to pleasing very few. Women especially tend to feel the pressure to please. So, if you are drowning in a sea of invitations and expectations, sit down with the one or two people who need to make the decisions as soon as possible. Take a realistic look at your schedule and what is and is not possible. If needed, schedule a dinner on an optional date. Many families have started celebrating the holidays in the weeks prior or following the day itself in an effort to simplify and ease some of the tension of the holiday itself.



- Delegate! If you are hosting the big family dinner this year, ease the stress on your plate by hosting a potluck. Or, if that's not an option, buy a few prepared dishes before so that you aren't focused on the cooking when you could be focused on the fun.

- Take some time for you. Read a book. Watch a movie. Order a pizza one night. Take some of the pressure off yourself. Think about perspectives. Look back on your holidays in years past. How many times can you remember any major disappointments because you didn't get the "right" gift or eat the "perfect turkey?" It's doubtful that any of your family members will look back in 10 years with disappointment. Breathe. Laugh. Let go of some of that self-induced pressure to be perfect. Remember that it will be ok, and sometimes being ok is a gift in and of itself.



# This Thanksgiving, Try This

By Alex Anderson

I have this incredibly wealthy friend. Well, he's wealthy by my standards anyhow. If I had to guess, his net worth is somewhere north of say, a hundred million dollars. He's also very giving. One of the kindest people you'll ever meet. And he has, at times, been very generous to me.

Which, by the way, gave me a life puzzle to solve. How do I say "thank you" or show my heartfelt appreciation to someone with a whole lot more wealth than me? What could I possibly buy or do for him that he could not buy himself or does not already own? You see my problem...right?

What I came up with was another question. What was important and meaningful to him? And how could I express my love and appreciation in those ways?

You know where I'm going with this, don't you? We God-loving Christ followers have the same problem with God. How do you show God how much you sincerely love him in ways that are meaningful to Him? After all, He created and owns the very air you and I are breathing right now. So what could we possibly do to show Him how thankful we are for our health, our friends and the wonderful privilege of living in the United States of America?

I do believe that God enjoys it when we spend time in prayer alone with Him. I think His heart is moved with joy when we get together at church and worship and praise Him. I'm sure reading the Bible delights Him. After all, He is the author and it is the world's all-time best seller. But is there anything else we can do to speak His love language? I'm thinking about something really dear to His heart.

I believe there is. Here's my answer.

Since we know God loves us, it would make lots of sense that He would love others. That gives you and I our way of showing Him heartfelt and authentic love and appreciation for all He's done for us.



Now don't misunderstand. God is not expecting us to pay Him back for what He did through sending Jesus to die on the cross and restore us knuckleheads back into relationship with Him. Nope, that would be about as effective as pouring your cup of Starbucks coffee in the Gulf of Mexico thinking you were going to change the tide level. Not quite enough.

What we do know is that God has a soft spot for others, just like He does for us, and there are ways of "loving others" on His behalf that are very important to Him.

In Matthew 25 (NLT) we read...

*31 "But when the Son of Man[a] comes in his glory, and all the angels with him, then he will sit upon his glorious throne.*

*34 "Then the King will say to those on his right, 'Come, you who are blessed by my Father; inherit the Kingdom prepared for you from the creation of the world. 35 For I was hungry, and you fed me. I was thirsty, and you gave me a drink. I was a stranger, and you invited me into your home.*

*36 I was naked, and you gave me clothing. I was sick, and you cared for me. I was in prison, and you visited me.' 37 "Then these righteous ones will reply, 'Lord, when did we ever see you hungry and feed you? Or thirsty and give you something to drink? 38 Or a stranger and show you hospitality? Or naked and give you clothing? 39 When did we ever see you sick or in prison and visit you?'*

*40 "And the King will say, 'I tell you the truth, when you did it to one of the least of these my brothers and sisters, you were doing it to me!'*

Take advantage of this inside scoop on how to do something for the God of the universe in a meaningful and personal way.

This Thanksgiving, be the "hands and heart of Jesus" to someone else, would you?

To your spiritual health,  
**Pastor Alex Anderson**  
Author, *Dangerous Prayers*  
alex.anderson@alexanderson.org  
www.dangerous-prayers.com  
mybayside.church





## The signs of a heart attack can be different in women.

In fact, some women can experience a heart attack with no chest pain at all. So know the signs. If you feel them, get to an emergency room – fast. Call 911 and know that you can count on the Accredited Chest Pain Center at Munroe Regional Medical Center.



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