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

September 2017

Marion Edition - Monthly

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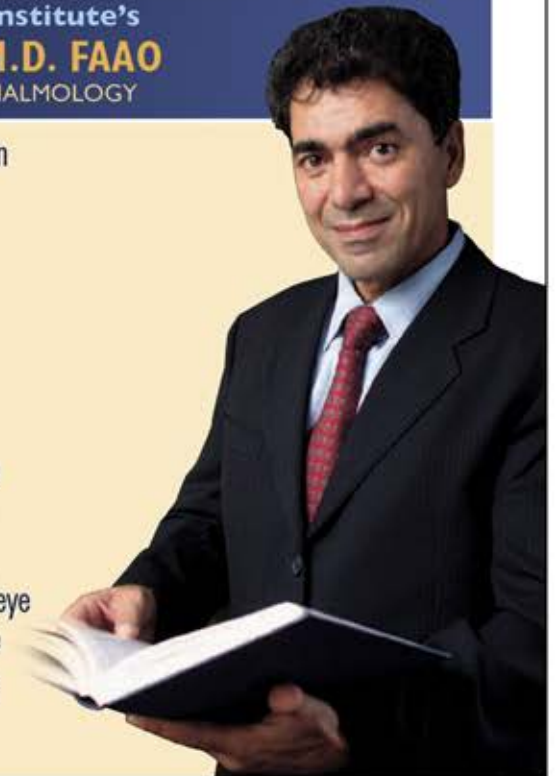
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*"My doctors at Florida Cancer Specialists and the clinical trials they offer are the reason I'm here today."*

-Patient & Lung Cancer Survivor

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## Ocala Neurosurgical Center Adds Fourth Neurosurgeon to Its Practice

Ocala Neurosurgical Center (ONC) has announced the addition of neurosurgeon Jacob Freeman, MD to its surgical team. ONC, which has been serving patients and referring physicians throughout Marion County and The Villages® community for more than two decades, delivers diagnoses and treatment of brain and spinal diseases and disorders, including brain tumor, spinal pain and stenosis, motions syndromes and other neurological issues.

ONC is pleased to welcome Dr. Freeman, who has completed two skull base surgery fellowships with a concentration on endoscopic surgical procedures. Dr. Freeman's surgical experience includes a variety of breakthrough procedures that were previously unavailable to local referring doctors and patients. Among them is endoscopic endonasal surgery, in which a tiny camera mounted on an endoscope can be inserted through the nose to explore all three compartments of the skull base, preventing or minimizing the need for incisions in the face or skull.

Neuro-endoscopy can also be used to access and navigate the fluid-filled spaces of the ventricular system deep within the brain. Through a 2-centimeter incision on the scalp, ventricular tumors can be biopsied and cerebrospinal fluid flow can be restored in patients with a condition called hydrocephalus. Given its small size and angling options, the neuro-endoscope can also be used to maximize tumor resections during a standard transcranial approach.

During his fellowship training, Dr. Freeman performed approximately 75 hours of traditional open and endoscopic cadaveric lab dissections and has published multiple papers on endoscopic skull base surgery. From his experience, Dr. Freeman estimates that roughly 1 in 5 patients requiring skull base or ventricular surgery may be able to receive an endoscopic procedure instead of open surgery.



In addition to his specialized training using the endoscope to treat skull base tumors, Dr. Freeman makes use of the latest neurosurgical techniques and instrumentation, including 3-D image guidance and awake brain tumor resection, to help ensure the preservation of speech. "By mapping, navigating and monitoring the brain during surgery, I'm able to remove tumors more completely with less injury to the brain," says Dr. Freeman. "For our patients, this means smaller incisions, reduced risk and shorter operating times, which all lead to improved surgical outcomes."

Of his move to join ONC, Dr. Freeman states, "I chose ONC because the surgeons are of the highest character. They are known for both quality of care and surgical expertise. I'm able to add to ONC's services and establish comprehensive, state-of-the-art tumor treatment here in Central Florida that will help deliver the best outcome to patients needing cranial operations. It was a perfect fit for both me and the practice, as well as for patients and referring doctors seeking the name they have come to know and trust. That's ONC."

JACOB FREEMAN, MD



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# Detecting Lung Cancer Early With CT Screening

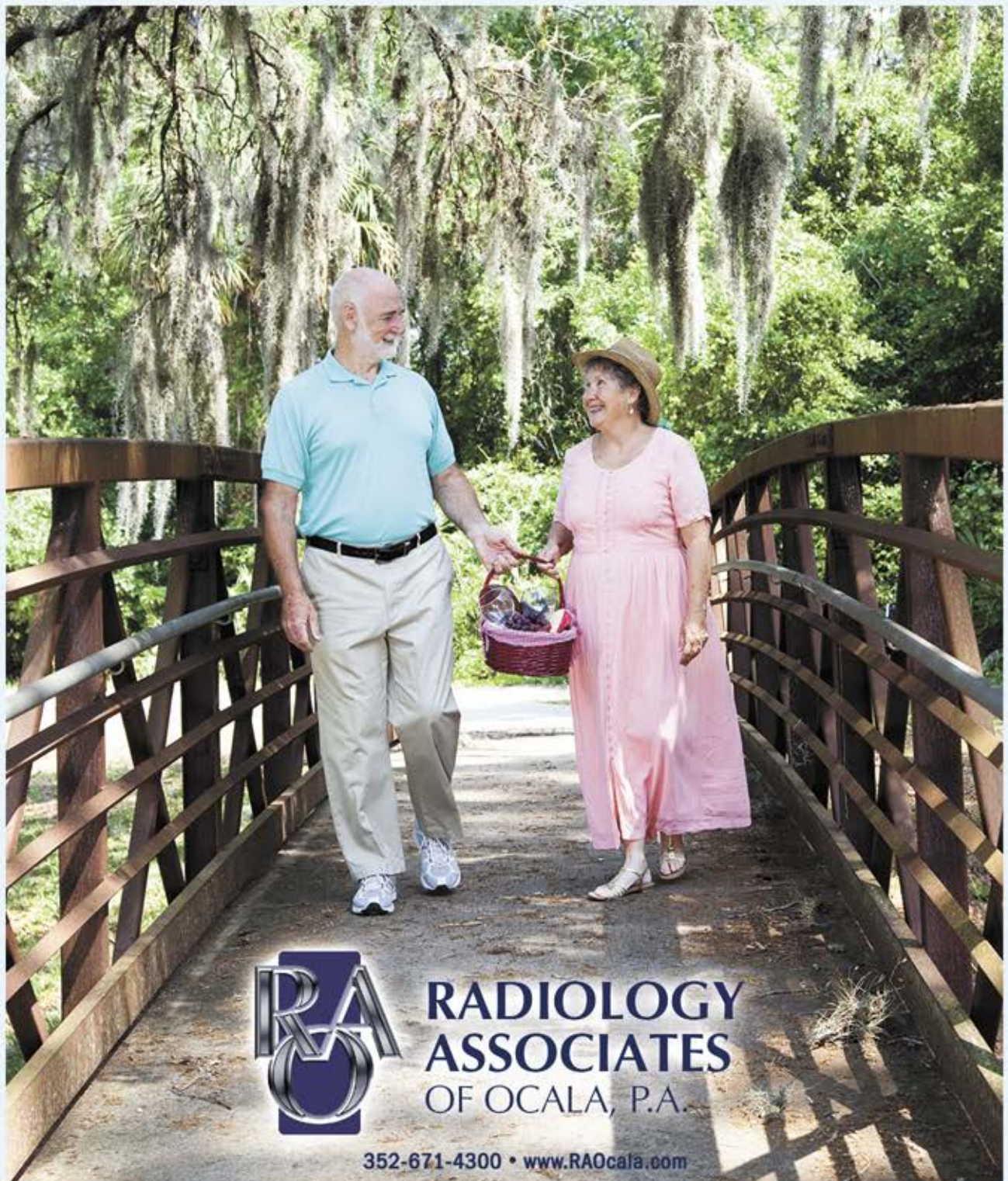
**L**ung cancer is the most deadly cancer in the US and globally, and roughly 85% of people who get lung cancer are current heavy smokers and those who have quit within the last 15 years.

If you are or were once a heavy smoker, you should know about Low Dose Computed Tomography, or LDCT. In a randomized clinical trial of current and former heavy smokers, those who presently or previously reached 30-pack years – which is the number of packs smoked a day multiplied by the number of years spent smoking – LDCT proved to catch nodules in the lung while they were still small and localized enough to be medically treated. In fact, participants who received diagnostic testing with LDCT had 20% fewer lung cancer deaths than those given conventional chest x-rays. For the one in five whose lives were saved by LDCT, that is a significant improvement in care.

If you have smoked a pack a day for 30 years, or two packs a day for 15 years, you are considered a heavy smoker. Early discovery is crucial for survival because once lung cancer produces symptoms like wheezing, a bloody or chronic cough or weight loss, it most often indicates that cancer has spread outside the lung, where it can be impossible to treat. If you are or were a heavy smoker, the American Lung Association and other health organizations recommend annual LDCT screening. The test is quick and painless, with up to 90% less ionizing radiation than conventional CT scanning, so it is considered safe and effective.

The good news is that lungs heal quickly, so quitting is always beneficial, no matter what your age or how long you have smoked. And if you need help quitting smoking, there are resources designed to assist you, including medication and counseling.

Talk to your doctor about LDCT screening today. It is a quick, easy test that could save your life.



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## CT LUNG SCREENING

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If you're a current or former heavy smoker, CT lung cancer screening can dramatically improve your chances of catching lung cancer early, while it is still treatable.

**Talk to your doctor about CT lung cancer screening. It's a few painless minutes that could save your life.**

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*from left to right: John M. Cain, MD, Mark A. Yap, MD and Kerry B. Raduns, MD*

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# Endoscopic Skull Base Surgery

## Treatment of Disease With Less Risk & Discomfort

**N**ot long ago, growths and abnormalities occurring along the base of the skull and brain and at the very top of the spinal column, collectively called the “skull base,” could be treated only by making a surgical opening in the skull (called a transcranial approach) and, frequently, the face (transfacial approach). These approaches can be quite invasive, placing the patient at risk of complications. A breakthrough in skull base surgery is endoscopic endonasal surgery, a minimally-invasive technique for the removal of select abnormalities that grow along the skull base. Working through the nose with specially-designed endoscopic instruments and a tiny, high-definition endoscope (camera), tumors can be removed with superior accuracy, fewer complications and no incisions to the head or face.

Given its small size and angling options, the neuro-endoscope can also be used to maximize tumor resections during a standard transcranial approach in what is called endoscope-assisted tumor surgery. Capable of producing a clear, high-definition image even in fluid, the endoscope can be used to operate deep within the ventricles (fluid-filled spaces) of the brain. With this application, tumors within the ventricles can be biopsied or removed and new pathways opened for restoration of cerebrospinal fluid circulation when normal blood flow has been lost.

While this type of surgery may not work for every condition, it allows patients to avoid the risks, pain and long recovery times associated with open surgery. Board Eligible and fellowship-educated neurosurgeon Dr. Jacob Freeman has specialized training and experience in endoscopic skull base surgery, as well as a host of other neurosurgical procedures. Dr. Freeman and the rest of the Ocala Neurosurgical Center

medical team first perform advanced diagnostic testing to determine the location and nature of the problem, and then formulate a treatment plan.

Abnormalities treated with these advanced techniques include benign and malignant tumors, infection, cysts, hydrocephalus



and others. There are many blood vessels, nerves, muscles, bones and cavities in and around the skull, so symptoms can vary depending on the cause, size and location of the defect. Symptoms may include pain, numbness, weakness, visual disturbances, nasal congestion, nasal or ear infections, dizziness, nausea, ringing in the ears, hearing loss and other problems.

“Neuro-endoscopic surgery has revolutionized the way we approach and resect certain tumors of the brain and skull base,” says Dr. Freeman. “For many patients, it means less pain and faster recovery.”

Though it is easier and safer than traditional open surgery for certain lesions, endoscopic brain tumor surgery requires a multidisciplinary team of specialists to perform. “ONC has a highly experienced and talented team who will work with other specialists in the area to ensure the best possible outcome for each patient we treat,” states Dr. Freeman. For more complex tumors involving the brain and nasal sinuses, Dr. Freeman says, “We combine the endoscopic endonasal approach with one or more traditional open approaches to maximize our resection and improve outcomes. We always endeavor to use the least number of entry points to adequately address the issue so we can reduce the chance of infection and improve recovery.”

Depending on the problem, additional remedies may be indicated. Says Dr. Freeman, “When needed, I communicate directly with a patient’s referring physician to help compose a comprehensive treatment plan and follow-up course to promote the best and longest-lasting result.”

### JACOB FREEMAN, MD

- In practice of neurosurgery since 2009
- Joined Ocala Neurosurgery Center in 2017
- Board Eligible, American Board of Neurological Surgery
- Medical Degree, Georgetown School of Medicine
- Chief Neurological Surgery residency, University of Colorado
- Fellow, Skull Base Surgery, University of Colorado
- Fellow, Skull Base Tumor Surgery, University of Texas MD Anderson Cancer Center

*Dr. Freeman is a Member of the American Association of Neurological Surgeons, the Congress of Neurological Surgeons, the Florida Neurological Society and the Marion County Medical Society. He is the author of multiple publications regarding endoscopic skull base and other neurological surgeries and procedures.*

*Dr. Jacob Freeman, his partner neurosurgeons, Dr. Daniel Robertson and Dr. Antonio DiSciafani, Dr. Mark Oliver, and their talented support team are dedicated to providing unsurpassed diagnostic and therapeutic care for a range of neurological and spinal disorders. Our foremost mission is to help you return to a life of health, comfort and vitality.*

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WELCOMES

**Jacob Freeman, MD**



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Ocala Neurosurgical Center is pleased to introduce the newest member of our neurosurgical team, Dr. Jacob Freeman.

Dr. Freeman brings to ONC the latest advanced endoscopic brain tumor treatments as well as other breakthrough procedures designated to achieve the best possible outcome for patients with brain and spinal diseases. Having completed two skull base tumor surgery fellowships, Dr. Freeman has extensive experience treating pituitary tumors, meningiomas, gliomas and many other benign and malignant lesions of the brain.

**For more information on Dr. Freeman and ONC, we invite you to contact us today.**



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# CHOLESTEROL AND YOUR HEART

Dr. Sivasekaran, MD

**M**any Americans do not understand the role that cholesterol—a fat-like substance found in all cells of the body—plays in heart health and heart disease. When there is too much cholesterol in the blood, cholesterol can build up on artery walls and slow or stop blood flow to the heart. Here's what you need to know . . .

To understand high blood cholesterol it helps to learn about cholesterol, a waxy, fat-like substance found throughout the body.

Our bodies need some cholesterol to make hormones, vitamin D, and substances that help digest foods. Our bodies make all the cholesterol we need. However, cholesterol also is found in some of the foods we eat.

Cholesterol travels through the bloodstream in small packages called lipoproteins. These packages are made of fat (lipids) on the inside and proteins on the outside. Two main kinds of lipoproteins carry cholesterol throughout the body:

## HDL (good) cholesterol

With HDL cholesterol, higher levels are better. Low HDL cholesterol puts you at higher risk for heart disease. People with high blood triglycerides usually also have lower HDL cholesterol. Genetic factors, type 2 diabetes, smoking, being overweight and being sedentary can all result in lower HDL cholesterol.

## LDL (bad) cholesterol

A low LDL cholesterol level is considered good for your heart health. However, your LDL number should no longer be the main factor in guiding treatment to prevent heart attack and stroke, according to new guidelines from the American Heart Association. For patients taking statins, the guidelines say they no longer need to get LDL cholesterol levels down to a specific target number. A diet high in saturated and trans fats raises LDL cholesterol.

Having healthy levels of both types of lipoproteins is important.

## High Blood Cholesterol and Triglycerides

Triglyceride is the most common type of fat in the body. Normal triglyceride levels vary by age and sex. A high triglyceride level combined with low HDL cholesterol or high LDL cholesterol is associated with atherosclerosis, the buildup of fatty deposits in artery walls that increases the risk for heart attack and stroke.



## Know Your Cholesterol Numbers

Keeping your cholesterol levels healthy is a great way to keep your heart healthy – and lower your chances of getting heart disease or having a stroke.

But first, you have to know your cholesterol numbers.

The American Heart Association recommends all adults age 20 or older have their cholesterol, and other traditional risk factors, checked every four to six years.

Your test report will show your cholesterol levels in milligrams per deciliter of blood (mg/dL). Your total cholesterol and HDL (good) cholesterol are among numerous factors your doctor can use to predict your lifetime or 10-year risk for a heart attack or stroke. To determine how your cholesterol levels affect your risk of heart disease, your doctor will also take into account other risk factors such as age, family history, smoking and high blood pressure.

## High Cholesterol and Heart Disease

People who have high blood cholesterol have a greater chance of getting coronary heart disease, also called coronary artery disease. Coronary heart disease is a condition in which plaque builds up inside the coronary (heart) arteries. Plaque is made up of cholesterol, fat, calcium, and other substances found in the blood. When plaque builds up in the arteries, the

condition is called atherosclerosis. Atherosclerosis can lead to serious problems, including heart attack, stroke, or even death. The higher the level of LDL cholesterol in your blood, the GREATER your chance is of developing heart disease. The higher the level of HDL cholesterol in your blood, the LOWER your chance is of developing heart disease.

## RATNASABAPATHY SIVASEKARAN, MD

Dr. Siva has been in practice for fourteen years. He earned his Honors Bachelors of Science in Biology from University of Waterloo, Canada. He went on to earn his Doctor of Medicine from St. George's University School of Medicine graduating on the Dean's List. He is American Board of Internal Medicine certified. Dr. Siva has affiliations with AMA, AHA and Marion County Medical Society. He opened his own private practice in Ocala in 2006, and he has privileges at all hospitals and nursing homes in Ocala for continued care of his patients.

To find out more information, please contact Dr. Siva's office at (352) 369-5300, or visit [DrSivaOcala.com](http://DrSivaOcala.com)



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*This information is for educational purposes only and is not intended to replace the advice of your doctor or health care provider. We encourage you to discuss with your doctor any questions or concerns you may have.*

# THYROID CANCER INCIDENT RATES ON THE RISE

Located at the front of the neck, on both sides of the windpipe and just below the Adam's apple, the thyroid gland is a small, butterfly-shaped gland that affects your body a lot more than most people think. The thyroid produces hormones that regulate the body's metabolic rate, as well as some heart and digestive function, muscle control, brain development and bone maintenance. A normal thyroid gland is not usually visible or felt from the outside. Lumps or nodules can sometimes appear in the area where your thyroid is located. These are usually comprised of an overgrowth of cells and, most often, are benign – not cancerous. However, about one in 20 of these nodules is malignant and classified as thyroid cancer.

Currently, almost 60,000 Americans are diagnosed each year with a form of thyroid cancer, according to the National Cancer Institute. However, the death rate from thyroid cancer remains low compared to most other cancers. With a five-year survival rate of nearly 97%, and a 100% survival rate if detected early, the vast majority of patients with thyroid cancer can be treated successfully.

## The Role of Gender, Age and Genetics in Thyroid Cancer

While scientists do not yet understand the reasons, women are diagnosed with three of every four thyroid cancers and 82 percent of these women are Caucasian. Thyroid cancer can occur at any age, but unlike other cancers that most often occur over the age of 50, about two-thirds of all thyroid cancer cases are found in people between the ages of 20 and 55.

Scientists have identified several gene mutations that can be inherited and play a role in thyroid cancer. If any of these apply to you, ask your physician about getting genetic counseling:

- You have a family history of thyroid and/or other cancers.
- You get thyroid cancer before age 45.
- Your type of cancer is MTC (Medullary Thyroid Cancer)
- You have thyroid cancer and another type of cancer.

## Aggressive Thyroid Cancer is Increasing

A March 2017 study by the National Cancer Institute (NCI) published in the Journal of the American Medical



*Women are at a higher risk for thyroid cancer by four to one compared to men.*

Association (JAMA) found that while most thyroid cancers are not life threatening, the death rate for a particularly aggressive form of the disease – advanced papillary thyroid cancer – has increased. In fact, over the past four decades, the overall incidence rate for all types of thyroid cancer has tripled in the United States, causing quite a debate among researchers as to what is causing this startling surge. As we learn more about what drives thyroid cancer on a molecular level, we will have answers to that question in the future.

Some possible reasons cited in the JAMA study for an increase in the number of thyroid cancer cases include:

- Better diagnostic tools that are able to detect much smaller tumors that likely would not have been serious
- A rise in obesity rates that are linked to an increase in several types of cancer
- Certain chemicals, such as flame-resistant compounds in clothing and furniture, some pesticides and other chemicals found in foods and plastics

## World-Class Cancer Treatment Close to Home

Florida Cancer Specialists & Research Institute (FCS) has put together a network of expert, board-certified physicians who bring world-class cancer treatments to

local communities, both large and small, across the state. With nearly 100 locations, FCS is the largest independent oncology/hematology group in the United States. That status puts the practice on the leading edge of clinical trial research and gives FCS physicians access to the newest, most innovative treatments.

Florida Cancer Specialists treats patients with all types of cancer, and offers a 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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## September is Prostate Cancer Awareness Month

# How to Avoid Prostate Cancer and Other Prostate Problems

If you are a man approaching middle age, make it a priority to get to know, love, and care for your prostate. Ignore this little organ at your peril! Roughly half the male population of North America and Western Europe will have enlarged prostates by their mid-50s. And prostate cancer remains frighteningly common.

### What is the Prostate?

The prostate is a gland, about the size of a walnut, found just below a man's bladder. It releases seminal fluid, and during orgasm, contracts to allow ejaculation. Unfortunately, as men age, the prostate often enlarges, sometimes up to four times the size it would be in a healthy 20-year-old. This is largely the consequence of natural hormonal changes, especially the decreasing levels of testosterone and its conversion into DHT.

### Tips to Avoid Prostate Trouble

Prostate trouble can be distressing (having to get up three or four times a night to urinate, suffering from unwanted leakage at work, and so on), as can the medical examinations and treatments. To avoid these problems, not to mention prostate cancer, try the following:

#### 1) Exercise Regularly.

Exercise helps boost the immune system and reduce stress. But make your exercise gentle. Do not take up cycling or riding horses, as these activities can damage the prostate. Yoga is particularly good. If you attend a class, ask your teacher if there are any exercises she would recommend, especially those that target the pelvic area.

#### 2) Reduce the amount of eggs you consume.

Researchers at Harvard University conducted a study into 1,000 men in the early stages of prostate cancer. They found that those who ate an egg a day doubled the risk of their cancer metastasizing. The culprit is thought to be a compound



known as choline. According to Dr. Michael Greger, an American physician and author of How Not to Die, who quotes from the Harvard study in his book, choline may also increase your chances of developing prostate cancer in the first place.

#### 3) Eat plenty of seeds.

Sunflower, sesame, pumpkin, and above all, flaxseeds are all good for the prostate. They are packed with essential fats, but more importantly, they contain zinc, which is vital for a healthy prostate. Flaxseeds are also packed with lignans, proven to slow the growth of prostate cancer cells in petri dishes and possibly in human bodies as well.

#### 4) Eat lots of tomatoes.

Tomatoes contain lycopene, a substance known to prevent prostate cancer. But to enjoy maximum benefit, you need to cook them, as the lycopene is released when tomatoes are heated. Since garlic and olive oil are also good for the prostate, try

frying tomatoes in a small amount of good-quality olive oil along with chopped garlic. If you prefer not to fry them, you can grill or even bake them.

#### 5) Take a zinc supplement.

Zinc supplements have been shown to slow benign prostatic hypertrophy (BPH), a condition which involves the enlargement of the prostate. Zinc interferes with the conversion of testosterone into DHT, a hormonal trigger for prostate enlargement. And zinc deficiency is common among those diagnosed with prostate problems. However, make sure you buy a good quality brand.

#### 6) Take a turmeric supplement.

Turmeric, hailed by some as nature's wonder drug, may also have benefits for the prostate. Curcumin, found in turmeric, is thought to inhibit the compounds responsible for prostate enlargement. Those who take turmeric supplements also reduce their risk of incontinence and urinary infection. When the prostate goes wrong, it tends to become swollen and inflamed; turmeric is a well-known anti-inflammatory.

#### 7) Take a PSA test.

This stands for Prostate Specific Antigen. If your PSA levels are elevated, this may mean your prostate is becoming enlarged; it may even indicate the early stages of cancer.

Difficulties with the prostate are so common that most men will experience them at some point, even if it is merely the annoyance of having to urinate several times a night. Unfortunately, modern medicine is still far too reactive. In other words, the medical establishment waits for you to get sick, then treats you. The key is to not get sick in the first place. And that is especially true of the prostate.



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# Pelvic Organ Prolapse

Until recently, pelvic organ prolapse (POP) was rarely addressed because women were reluctant to discuss the embarrassing symptoms. Because of our increasing life expectancy, POP has become one of the most common disorders women will face in their life-times. Today, many gynecologists and primary care physicians routinely screen women for symptoms, and a new surgical specialty of urogynecology has arisen to treat pelvic organ prolapse and the incontinence that often accompanies this problem.

Pelvic organ prolapse is a term used to describe the drop-ping of a pelvic organ through or out of the vagina. Pelvic organs include the bladder and urethra, the rectum and anus, and of course the uterus and vagina itself. Pelvic organ prolapse is an unfortunately common problem, with childbirth, age, menopause, and hysterectomy being the most common causes and smoking, chronic coughing or heavy lifting, chronic constipation, diabetes, and obesity being common risk factors. With our aging population, POP is expected to affect half of all women and 1 in every 9 will undergo surgical treatment to correct prolapse.

Think of the vagina as though it were an empty pillowcase that can turn inside out in the wash. Prolapse is like the pillow case trying to turn inside out because the support structures of the vagina and pelvis have weakened and are not holding the tissues and organs in place anymore. Anything that can stretch or break these support structures (ligaments and muscles) can cause POP.

**Symptoms** – Sometimes a patient doesn't even know she has prolapse until her doctor points it out during her exam. However, many patients experience discomfort with a range of symptoms, including:

**Pain and Pressure:** lower back discomfort or pressure sensation in the vagina that gets worse by the end of the day or during bowel movements.

**Urinary Symptoms:** urinary frequency, stress incontinence or difficulty starting to urinate.

**Bowel Symptoms:** constipation, accidental loss of stool or pressure or pain during bowel movements  
**Sexual Difficulties:** pain with intercourse due to irritated vaginal tissue.

**Treatment:** Women with mild to no symptoms don't need treatment, but should avoid risk factors that could worsen the problem such as smoking, lifting heavy weight or being overweight. If you are experiencing major discomfort, POP can be successfully treated using many different modalities, from exercise to medicine to splints (pessaries) to surgery. Let's summarize these treatments.

- Pelvic Floor Exercises have the advantage of being noninvasive, and in mild cases can help to relieve some symptoms of discomfort or maybe leaking. Prolapse is not reversed using this treatment.
- Medicine, like vaginal estrogen creams, can also alleviate some symptoms, but also do not reverse the prolapse.
- Pessaries are excellent in keeping the pillow case (vagina) from turning inside out by taking up space in the vagina like a pillow does in a pillow case. A pillow case can't turn inside out if the pillow is in it! Pessaries are great for temporary control of the pro-lapse or for people who cannot proceed with other treatments. They can provide permanent relief of the symptoms of prolapse, but must be maintained and cleaned periodically.
- Surgery is the treatment for any hernia in the body. With surgery the prolapsed organ will be repositioned and secured to the surrounding tissues and ligaments. When the benefits of surgery outweigh



the risks, surgery may be the best choice. Surgery involves anesthesia and recuperation time, but may be the best long term option. Many surgeries for POP can be done on an outpatient basis.

If you've been diagnosed with POP understanding your treatment options is extremely important. All treatments have their advantages and drawbacks, which should be thoroughly discussed with your urogynecologist before decisions are made. Make sure your urogynecologist is Board Certified and has extensive experience in dealing with your specific problem.



**Uzoma Nwaubani, MD,**  
FACOG, FPPMRS  
Fellowship Trained and Board Certified  
Urogynecologist and Pelvic  
Reconstructive Surgeon

## Uzoma Nwaubani MD - "Add Life To Your Years"

Dr. Nwaubani is a Nigerian born medical doctor. She obtained her medical degree (MD) from the University of Nigeria and completed an OB/GYN residency at New York University, followed by a Fellowship in Urogynecology/Pelvic Reconstructive Surgery at Mt. Sinai College of Medicine. Prior to starting her residency training, she worked as an Obstetrician and Gynecologist in the Caribbean Island of Trinidad and Tobago, and also as a Clinical Instructor in Histology/Pathology at St. Georges' University School of Medicine.

Dr. Nwaubani's professional interest include Urogynecological surgery, minimally invasive pelvic surgery, prolapse and incontinence management, Gynecological evaluations and surgery, female pelvic medicine and wellness, menopausal medicine and urogynecological research and education.

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# Am I a Candidate for Dental Implants?

**G**enerally speaking, if you have lost teeth you are a candidate for dental implants. It is important that you are in good health, however, as there are some conditions and diseases that can affect whether dental implants are right for you. For example, uncontrolled diabetes, cancer, radiation to the jaws, smoking, alcoholism, or uncontrolled periodontal (gum) disease may affect whether dental implants will fuse to your bone. It is important to let your dental surgeon know all about your medical history (past and present) together with all medications you are taking, whether prescribed, alternative (herbal) or over-the-counter.

Where and how implants are placed requires a detailed assessment of your overall stomatognathic system ("stoma" - mouth; "gnathic" - jaws), within which the teeth function. This will necessitate compiling records that include study models of your mouth and bite, and specialized radiographs (x-rays), which may include 3D scans known as computerized tomograms (CT scans). Planning with the help of computer imaging ensures that dental implants can be placed in exactly the right position in the bone.

## How and why is bone lost when teeth are lost?

Bone needs stimulation to maintain its form and density. In the case of alveolar (sac-like) bone that surrounds and supports teeth, the necessary stimulation comes from the teeth themselves.

When a tooth is lost, the lack of stimulation causes loss of alveolar bone. There is a 25% decrease in width of bone during the first year after tooth loss and an overall decrease in height over the next few years.

The more teeth lost, the more function lost. This leads to some serious aesthetic and functional problems, particularly in people who have lost all of their teeth. It doesn't stop there. After alveolar bone is lost, the bone beneath it, basal bone – the jawbone proper – also begins to resorb (melt away).

## How can bone be preserved or re-grown to support dental implants?

Grafting bone into the extraction sockets at the time of tooth loss or removal can help preserve bone volume needed for implant placement.



Surgical techniques are also available to regenerate (re-grow) bone that has been lost to provide the necessary bone substance for anchoring implants. In fact, a primary reason to consider dental implants to replace missing teeth is the maintenance of jawbone.

Bone needs stimulation to stay healthy. Because dental implants fuse to the bone, they stabilize it and prevent further bone loss. Resorption is a normal and inevitable process in which bone is lost when it is no longer supporting or connected to teeth. Only dental implants can stop this process and preserve the bone.



## How are dental implants placed and who places them?

It takes a dental team to assess and plan dental implant placement and restoration – the fabrication of the crowns, bridgework or dentures that attach atop the implants and are visible in your mouth. The dental team consists of a dental surgical specialist – a periodontist, oral surgeon, or a general dentist with advanced training in implant surgery; a restorative dentist, who plans and places the tooth restorations; and a dental laboratory technician who fabricates the components to attach a new tooth to an implant.

Placing dental implants requires a surgical procedure in which precision channels are created in the jawbone, often using a surgical guide. The implants are then fitted into the sites so that they are in intimate contact with the bone. They generally require two to six months to fuse to the bone before they can have tooth restorations attached to them to complete the process.

Bellevue Dental Center is family-owned and dedicated to delivering the best in general, restorative, implant, and cosmetic dental care for your entire family as well as same day emergency services and extended office hours. Their mission is to ensure your dental experience is positive and stress free. You will enjoy compassionate, comfortable dental care designed to provide a lifetime of optimal oral health. Together with our periodontist, all of the doctors at Bellevue Dental Center have extensive experience with placing and restoring dental implants. Bellevue Dental Center has a long heritage of dentists with a great deal of trusted experience. Your smile will be in good hands with Dr. Henry Sweeny Sr., Dr. Henry "Bo" Sweeny Jr., Dr. Samuel Sweeny and their dedicated staff.



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## About Dr. Henry A. Sweeny Jr.

*Dr. Henry A. Sweeny Jr. joined Bellevue Dental Center in July of 2003 after graduating from Dental School. He is fondly known to his patients as Dr. Bo. He attended the University of Florida and received a Bachelor of Science in Nutritional Sciences, a Masters of Science in Food Science and Human Nutrition and continued at the University of Florida to complete his Doctor of Dental Medicine. Throughout his extensive career, Dr. Sweeny has attended continuing education courses and has focused on comprehensive training in Implant Placement and Implant Restoration. He also has completed advanced education in Cosmetic Dentistry. Dr. Sweeny is a member of the American Dental Association, Florida Dental Association, and the International Team for Implantology. Dr. Sweeny's practice also includes General Dental Procedures, Root Canals, Oral Surgery, Extractions, and Dentistry on Children. He has a particular passion for Implants and Oral Surgery. Dr. Sweeny is an avid fisherman and in his free time he also enjoys golf, hunting, exercising, volunteering in the community, and can frequently be seen attending University of Florida Gator football games. He works alongside his Father, Henry A Sweeny Sr. DMD and his Brother Samuel J Sweeny DMD at this treasured local Dental Practice.*

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# HEART NEWS

## FOR WORKAHOLICS AND CHOCOHOLICS

**C**onsistently working long hours might do more than wear you out – it could also raise your risk of a common and potentially dangerous heart rhythm disorder called atrial fibrillation, or AFib. The information came from a study of more than 85,000 people in Europe, finding that those who worked 55 or more hours per week were about 40 percent more likely to develop AFIB than those working 35-40 hours.

AFib is the most common form of cardiac arrhythmia and has been a commonly known risk factor for stroke. Some experts have been quick to note that – because the study couldn't prove cause and effect – its results should be interpreted with caution.

In AFib, the heart's two small upper chambers – the atria – don't beat the way they should. Instead of beating in a normal pattern, the atria beat irregularly and too fast, quivering like gelatin. The heart needs to pump properly, so your body gets the oxygen and food it needs.

***Some of the most common symptoms of AFib include:***

- Irregular and rapid heartbeat
- Heart palpitations or rapid thumping in the chest
- Dizziness or sweating with chest pain or pressure
- Shortness of breath or sudden anxiety
- Fatigue when exercising
- Fainting







It's estimated that between 3 and 6 million people in the U.S. have atrial fibrillation. One can live with AFib, but untreated it can lead to other medical problems including stroke, heart failure, chronic fatigue and inconsistent blood supply. The risk of stroke is about five times higher in patients with AFib, as blood can pool in the atria and trigger blood clots. Treatment options include medications such as beta blockers or calcium channel blockers to slow or regulate heart rhythms, blood thinners to prevent clots from forming, and even electrical cardioversion, a pacemaker or other surgical procedures, depending on the underlying cause and level of disability.

Interestingly, researchers at Harvard recently published the results of yet another atrial fibrillation study – this one focused on the link between chocolate and AFib. A study of more than 55,000 Danish men and women clearly suggests that eating a little chocolate regularly may lower the odds of developing AFib. The most positive impact was seen in the group who ate 2 to 6 servings per week.

Even just a few small changes can make a huge difference in your risk factors. Since AFib

patients are predisposed to having blood clots, which could lead to stroke, if you are concerned you might have Atrial Fibrillation, please call your physician immediately for a consultation

**AFib Prevention:**

- Start exercising regularly
- Eat a healthy heart diet
- Manage high blood pressure
- Avoid excessive alcohol and caffeine
- Maintain a healthy weight
- Stop smoking immediately

At Munroe Regional Medical Center, their cardiologists are experts in invasive diagnostic testing and interventional procedures. If you or someone you know has a cardiac related healthcare episode, a chronic heart condition such as atrial fibrillation or heart failure, or have an elevated risk for heart-related health issues, Munroe Heart has the expertise and the technology to bring you superior cardiac healthcare.

As an Accredited Atrial Fibrillation Center by the American College of Cardiology, Munroe Regional Medical Center provides cardiac care through a team of experienced cardiovascular,

thoracic cardiologists, interventional cardiologists, cardiac anesthesiologists, and cardiac rehab specialists. With decades of experience in treating heart conditions, Munroe Heart has led the hospital to become a cardiac education center for numerous hospitals in the state of Florida.

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*If you suspect your heart rhythm might be irregular, be sure to ask your primary care doctor to do a preliminary evaluation, and to refer you to a cardiologist if needed. If you need assistance scheduling with a physician, please call Munroe Regional Medical Center at 1-800-575-3975, or visit their website at [MunroeRegional.com](http://MunroeRegional.com).*

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# IMPROVE YOUR THYROID FUNCTION AND LOSE WEIGHT

**Y**ou've done your homework and tried every weight loss program you could find. Nothing worked for your weight loss, or if it did, it didn't work for long. You lost weight only to regain it. Or you sacrificed for months without shedding a pound.

Doctors and others told you that you didn't have will power, and you started to believe them. You questioned yourself. Is this weight loss problem in my head or is it in my hormones?

Would you be surprised to learn that an estimated 30 million Americans are unsuccessful at weight loss because of an existing thyroid problem, and not because of a lack of will power or discipline?

Weight loss is regulated by the thyroid. The thyroid gland is the primary regulator of your body's metabolism. If it does not function properly people can have weight loss as well as weight gaining issues.

It plays a distinct role in maintaining body temperature, can adjust the metabolic rate of every cell, controls neurotransmitters in the brain altering your moods, appetite, behavior and emotions.

When the thyroid isn't doing its job, many people have significant hair loss, or feel cold even though it is warm. When thyroid hormones aren't regulated the result is often depression, forgetfulness, irritability and trouble losing weight.

An underactive thyroid doesn't support your body's metabolic rate and you can become overweight even if you only eat a little food. If you have an underactive thyroid, without treatment weight loss seems hopeless.

Weight loss is difficult or nearly impossible when your metabolism slows to a crawl. You feel fatigued, and your mind acts like it is in a fog.

Most people do not realize how much thyroid imbalance can effect and change their quality of life. If you are one of those who have struggled with weight loss for many years, you may find relief when you get the proper testing and make the appropriate lifestyle changes.

## Addressing Underlying Cause is Important to Losing Weight

Lifestyle Solutions MedSpa's physician directed weight loss programs enable their physician to monitor and regulate hormone levels, administer required hormone therapy and recommend appropriate individualized lifestyle changes to reactivate the thyroid with the goal of ultimately allowing the body to lose and maintain a healthy weight. The programs focus on addressing not only your weight loss goals, but on treating the underlying cause of your inability to lose and maintain a healthy weight.

"We understand your health and weight struggles", says Dr. Michael Holloway, the MedSpa's Medical Director and founder. "Making the appropriate realistic, healthy and sustainable lifestyle changes will many times reset the thyroid gland and improve one's overall metabolic rate, energy levels and success with shedding those undesirable pounds often without the need for additional medication."

Whether your thyroid is not functioning properly, or you are suffering from diabetes-related issues, high blood pressure, fatigue, or a host of other conditions, our physician-directed programs can help get your health and weight back on track.

At Lifestyle Solutions MedSpa, we dig deep to find the underlying causes of your health issues and weight problems, then our physician and dedicated staff work directly with you to correct your health problems.

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For more information on the programs available at Lifestyle Solutions MedSpa or to schedule a consultation, call 1-844-LIFESTYLE today!



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## 5 Potential Health Crises Home Inspections Prevent

**A** home inspection is one of the most important steps in the home buying process, but some real estate agents might encourage their customers to skip it to cut closing costs. A good REALTOR®—one who has your best interest in mind—will never advise bypassing a home inspection. Why? Because we don't just care about our bottom line; we care about you. Skipping a home inspection might not only result in costly home repairs—it could severely impact your health. Here are five serious health hazards a home inspection can prevent

### 1. Mold-related illness

All kinds of mold love Florida's warm, moist climate, and inadequate moisture control inside a home can quickly lead to an infestation. The damage may even go unseen, as mold can grow easily within walls, ceilings, and air ducts. Various types of mold can produce chemicals called mycotoxins that may cause respiratory irritation, rashes, shortness of breath, headaches, and fatigue in people exposed to them. Small children, the elderly, and those with compromised immune systems may be especially at risk. A home inspection will check for moisture and mold issues, ensuring your new home is mold-free.

### 2. Water contamination

Waterborne illness is unthinkable in 21st century America thanks to modern advances in sanitation, but when sewage and septic systems break down or are improperly installed, a serious outbreak can occur. Waterborne pathogens can cause such illnesses as Legionnaire's disease, typhoid, cholera, and dysentery. Home inspectors check to make sure sewage and sanitation systems are functioning properly, keeping your drinking water nice and clean.

### 3. Hazardous materials

Some homes, especially older ones, may be built with materials now known to pose health risks to residents. One of the most well known and dangerous of these is asbestos, a toxic mineral that can cause mesothelioma, lung cancer, and respiratory problems. It was widely used in home construction until the late 70s, when the public became aware of its dangers. A home inspector may check an older home for the presence of asbestos, but newer homes are not at usually at risk. However, all homes may be at risk for radon and carbon monoxide, two odorless and invisible gasses that can be deadly in high concentrations. Inspectors usually offer radon and carbon monoxide testing services, and it's wise idea to add them to your inspection package if you can.



### 4. Rodents and pests

Most home inspections will look for pests or potential sources for pests. These include rats, mice, roaches, termites, mosquitoes, and a host of other unpleasant Florida bugs. It's not just a matter of keeping icky bugs away, but keeping you healthy. Rats and mice can spread disease, as can the ticks and fleas they carry. Properties that hold a lot of standing water can serve as breeding grounds for mosquitoes, which can infect both humans and livestock with potentially deadly diseases like West Nile and encephalitis. Being aware of pests and pest attractants in your home is the first step to protecting yourself and your property.

### 5. Disaster-related injuries

While you might have an impressive stock of food, water, and important hurricane supplies, do you know if your home is as hurricane-ready as you are? Many storm-related injuries aren't caused by the weather itself, but a home's inability to withstand it. Home inspectors in Florida keep an eye out to make sure roofs and support areas are built to stand up to the sustained winds and rain of tropical storms, ensuring you'll be safe and sound when the next hurricane comes your way. They'll also check for the more subtle ways nature might be working against your home, namely settling caused by sinkholes. Most sinkholes in Florida don't spontaneously swallow homes whole, but gradual sinking can compromise several elements of your home's infrastructure, potentially putting you at risk. Getting a home inspection will reveal whether or not sinkholes are a concern for your property.

For more information about how home inspections can protect your health and your property, contact a team member at Showcase Properties of Central Florida! We're dedicated to helping you buy and sell with confidence, and are always here to ensure you get the best real estate advice.



### Dawn Trigg

Broker Associate, REALTOR®

*Dawn is a GRI REALTOR® and broker associate with Showcase, and a 30-year Ocala resident. She holds bachelor degrees in Health Science from UF and Elementary Education from Saint Leo's University. In New York, as well as Florida, she developed a career as a dental hygienist and transitioned to education in the early 2000s. She has previously taught at Grace Christian School here in Ocala. A wife of 32 years and mother of two, Dawn enjoys being active in her community by holding memberships to several local organizations: she previously held board positions with the Junior League of Ocala and the Pioneer Garden Club, was an executive with Marion County Medical Society Auxiliary, and was a board member of Grace Episcopal School. Currently, she is a member of the Ocala Marion County Board of Realtors, and attends First United Methodist Church of Ocala.*

*Dawn's love of real estate stems from the social and human aspects of the profession, and she thoroughly enjoys meeting new people. Continuing her education in real estate is also crucial to her as a professional in the field. She utilizes her growing knowledge and active listening skills to help her customers achieve their goals, and brings her emphasis on personal integrity and honesty to bear on every transaction she makes.*



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# HOW TO DECREASE YOUR RISK OF PROSTATE CANCER

By Michelle Haessler, M.D.

One in six men will develop prostate cancer in their lifetime. Whereas, many men will have a type of nonaggressive prostate cancer that is referred to as “low grade” and never need treatment, many will develop a more aggressive form of prostate cancer, which will require treatment.

**T**his treatment could consist of hormonal treatment, surgery, radiation treatment or a combination of these modalities. These treatments can be costly not only financially but they can have numerous comorbidities associated with them. Wouldn't it be preferable to never develop this disease?

Prostate cancer and numerous other cancers, are inversely related to UV light exposure. The more sunlight a person gets the lower the cancer rates. Even living closer to the equator lessens your risk of cancer. Also, prostate cancer mortality in the US has been shown to be lower with more UV exposure. Why is this? Vitamin D levels are higher with more UV exposure. Unfortunately, Americans are quite deficient on this vitamin.

The National Health and Nutrition Survey 2005-6 showed that overall in the U.S. 41.6% of Americans were deficient in this vitamin. African Americans fared the worst with 82.2% being deficient and Hispanics were 69.2% deficient. The reason is that people with more pigment in their skin absorb less sunlight and therefore less vitamin D is produced.

A study in *Journal of Clinical Cancer Research* took vitamin D blood samples from 700 men. Half were of European ancestry and half from African American ancestry. Low Vitamin D levels were associated with a more aggressive (higher grade) form of prostate cancer as well as a more advanced prostate cancer in all men. African Americans were also found to be at a higher overall risk of developing prostate cancer.

Another study presented at the 2005 American Chemical Society studied men with prostate cancer who chose to undergo prostatectomy with subsequent Vitamin D supplementation or active surveillance with the addition of Vitamin D. Men who had undergone surgery showed a decrease in inflammatory processes when they took vitamin D. Men who had undergone surveillance and Vitamin D supplementation at 1 year showed a decrease in the number of positive biopsy cores (less cancer) at repeat biopsy but no change in PSA.



## What are the ways to get vitamin D?

The human body must obtain vitamin D from outside sources. Fortified milk products, fatty fish, mushrooms and egg yolks are the main sources of dietary supplementation. Sunshine is a good source and is actually the main source for humans. Whereas, sunshine is wonderful source, if you have darker skin you simply do not absorb as much and are most likely deficient in this vitamin. If you have light skin then you are at risk for skin cancer with excess sun exposure. As a matter of fact, there have been more skin cancers diagnosed in the last 30 years than all other cancer combined.

The answer is to supplement with vitamin D and get the levels up to a therapeutic level. I would recommend a blood level of 40-60ng/ml. As to decreasing skin cancers the answer is nicotinamide. In 2015 the *New England Journal of Medicine* published a randomized phase 3 study looking at taking nicotinamide at a certain dose twice a day. What they found was amazing. At one year the total amount of skin cancers was reduced by 23%, basal cell carcinomas were reduced by 20%, squamous cell carcinomas by 30% and actinic keratosis (precancers) by 11%.

An easy and convenient way to get both of these vitamins is in a new product CoVital-7. It not only has the recommended doses of Vitamin D and Nicotinamide but also Curcumin which has been shown to decrease cell proliferation and piper nigrum which enhances its effects. CoVital-7 was developed by The Ola Kino Company, LLC. The Co-Founders of The Ola Kino Company are Michelle Haessler M.D., a Board Certified Radiation Oncologist with more than 25 years in practice and Kacie Van Colen, RCPH.T.

**To learn more about the product and to purchase visit [www.theolakino.com](http://www.theolakino.com)**

## Michelle Haessler, M.D.

Board Certified Radiation Oncologist  
Dr. Haessler is a Board Certified Radiation Oncologist. She has spent over 25 years diagnosing and treating cancer patients. At age 30 she decided to go to Medical School and become a physician. She was a single parent with a 3-year-old daughter. Her daughter provided motivation for her decision to become a physician. Dr. Haessler wanted to provide a good life for her daughter and prove to her that women can accomplish anything in life if they wanted it badly enough.



She graduated from the University of Nevada, Reno School of Medicine in 1989 and completed her internship in Internal Medicine the following year. While going through her oncology rotation she was inspired by her cancer patients. Their bravery and optimism against all odds, their love of life and all of the people around them, motivated Dr. Haessler to devote her life to helping these patients in any way she could.

She completed her Radiation Oncology residency at Henry Ford Hospital in 1994. She is most appreciative of the wonderful education and experience she received there. HFH is a world renown cancer center treating an endless variety of cancers from the rarest to the most common forms. She remembers the excellent, dedicated physicians she had the honor of working with.

Dr. Haessler has worked as a Radiation Oncologist in Nebraska and Iowa for approximately the last 17 years. While she was an Assistant Professor at Creighton University and elsewhere she gave numerous lectures on a variety of cancer topics including: breast cancer, prostate cancer, lung cancer, radiation oncology emergencies, radiobiology, advances in cancer treatments, palliative care etc. She loved teaching medical students, nurses, residents, her patients and anyone that wanted to listen.

Throughout all her experiences, Dr. Haessler has had a profound love for her patients and respect for all the hard work and dedication her fellow oncologists have had. After seeing so much heartbreak with the passing of terminally ill patients, Dr. Haessler usually could be heard after a long day uttering “I HATE CANCER”. She attended a lecture on the effects of vitamin D3 and its decrease in the risk of certain cancers and this then became Dr. Haessler's next challenge in life to try to decrease the incidence of cancer.

New studies were published which showed that certain cancer risks might be decreased with simple daily supplements. After years of studying this and pondering how best to convey this information, Dr. Haessler decided to develop a nutritional supplement which taken twice daily may decrease the incidence of certain cancers, decrease the expense of cancer treatment, decrease the discomfort of treatment but most importantly decrease the heartbreak of cancer itself, thus, the creation of Covital-7.

**CoVital-7 can be purchased at:**  
**Naples Pharmacy**  
**848 1st Avenue North, Suite 120**  
**Naples, FL 34102**  
**(next to Wynn's Market)**

# UNDERSTANDING COPD

Dr. Poonam Warman, MD

## What is COPD?

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that can limit your airflow. When some people hear "COPD," they are not sure what to think. It may be confusing because Chronic Obstructive Pulmonary Disease is only one of a group of closely related chronic lung diseases.

COPD may include chronic bronchitis, emphysema, asthma, asthmatic bronchitis and other conditions. A high percentage of people who suffer from COPD are, or were, tobacco users. There is no cure for COPD. But proper medications and lifestyle changes can control symptoms and reduce the progression of damage to your lungs.

## First and foremost, if you smoke, stop!

COPD is an extremely common condition affecting about 5% of Americans; meaning approximately 13.5 million people in the USA have COPD. 15 million people are thought to have undiagnosed COPD. More than 125,000 deaths occur annually due to COPD.

Emphysema is a disease that damages the terminal air sacs in the lungs and chronic bronchitis affects the smallest breathing tubes in the lungs.

Common day-to-day COPD symptoms include coughing up mucus or phlegm, difficult breathing and shortness of breath, wheezing and chest tightness. Some people may think they simply have a "smoker's cough" or that breathlessness is just a part of getting older. It may be nothing serious or it may be an early sign of COPD. Either way, it is always recommended to seek medical attention if these symptoms persist. COPD is a very progressive disease that gets worse over time, especially with continued smoking. By the time many patients are diagnosed with COPD, they have lost some of their lung function. The earlier COPD is diagnosed, the sooner you and your doctor can start managing it.

A diagnosis of COPD may be delayed or missed because symptoms of COPD generally develop slowly over years and may not be noticed initially.



Some symptoms, such as fatigue, weakness, and dizziness can be vague and attributed to other conditions, such as aging. Other symptoms, like shortness of breath, cough, and chest pain may be confused for symptoms of a heart attack, pneumonia, heart failure, or influenza.

Many COPD patients suffer from cardiovascular disease, likewise many COPD patients die of heart failure or stroke. Why you might ask? Unfortunately, disease often does not stay tucked neatly into one part of the body. Our lungs enable us to breathe. More specifically, the lungs bring oxygen to the blood, and the heart transports this oxygenated blood to the rest of the body. If the lungs fail to oxygenate the blood sufficiently, as occurs in a COPD patient, blood vessels may become brittle or constricted. Before long, the heart pumps too weakly to do its job

well, leading to further health problems. COPD makes the heart work harder, especially the right side, which pumps blood into the lungs.

Even mild COPD can harm the heart; sometimes even before COPD symptoms even occur. The heart receives blood from the body, pumps it into the lungs, receives it fully oxygenated from the lungs and pumps it back into the body. If you have COPD, this process is not as efficient as it should be.

When you are diagnosed with COPD, you may have many questions and the answers may not always be clear at first. Many people think that the symptoms of COPD are just a part of getting older and not a sign of something more serious. For this reason, they may have COPD for a long time before the symptoms become enough of a problem that they see a doctor.

**Here are some questions to ask yourself to help determine if you may have COPD:**

- Are you a smoker?
- Do you have a nagging cough that goes on for weeks or months?
- Do you have a cold that never seems to clear?
- Do you often feel like you have trouble breathing?
- Are you unable to take a deep breath?
- Do you get winded during mild activity?
- Are you always tired and exhausted?
- Do you have trouble gaining weight despite eating adequately?

**If you answered yes to any of these questions, you may want to consult your doctor immediately.**

It is important that COPD be diagnosed in its early stages. The sooner a person quits smoking and avoids other risk factors that can make COPD worse, the better the chances of slowing the damage to the lungs.

Most doctors can make a tentative diagnosis of COPD by asking about your symptoms during a physical exam. Other tests used to confirm a diagnosis of COPD may include:

- Chest x-rays, which are used to rule out other conditions that have the same symptoms as COPD.
- Blood tests, which tell doctors how much oxygen is in the bloodstream.
- Electrocardiography (EKG or ECG) and echocardiography, which are used to rule out any heart problems that may be causing your symptoms.
- Breathing test [PFT] to evaluate the nature and severity of the COPD.

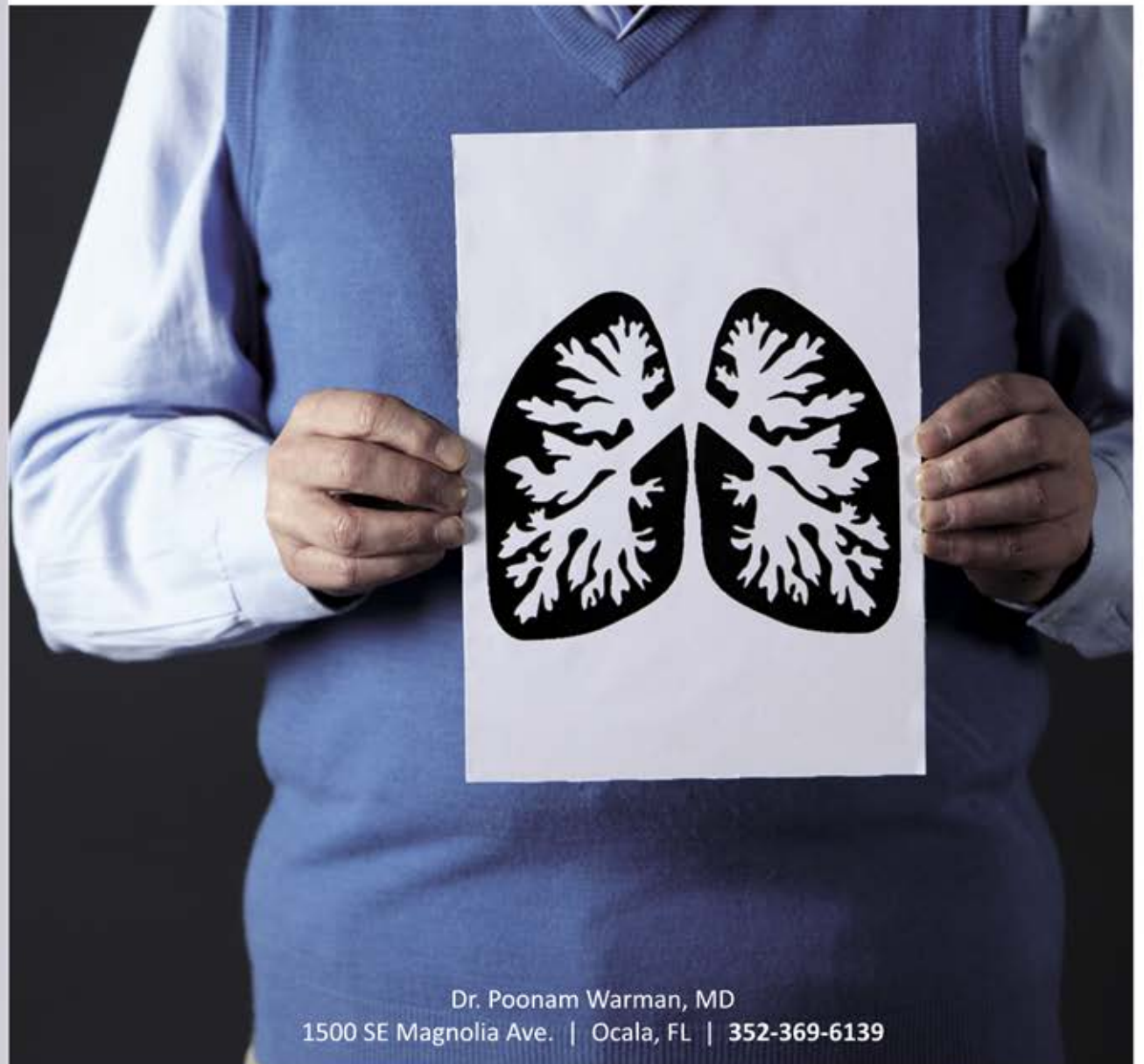
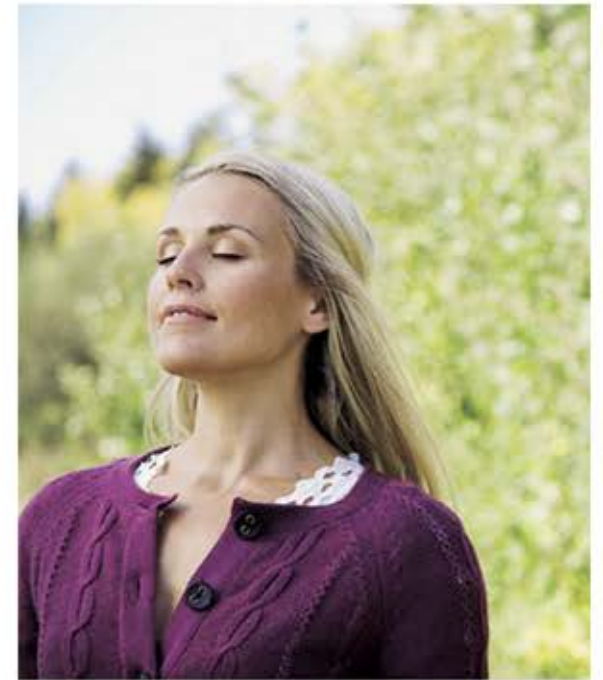
**Although COPD cannot be cured, it can be managed. The goals of treatment are to:**

- Slow down the disease by avoiding tobacco smoke and air pollution.
- Limit your symptoms, such as shortness of breath. Increase your activity level.
- Improve your overall health and quality of daily living.
- Prevent and treat flare-ups. A flare-up is when your symptoms quickly get worse and stay worse.

Medications, Oxygen Therapy, Pulmonary Rehabilitation programs, Lung Volume Reduction Surgery are all options for treatments that are available to treat patients suffering from COPD.

Many people are able to manage their COPD well enough to take part in their usual daily activities, hobbies, and family events. It is important to talk to your doctor about all of your concerns and to ask lots of questions. Something that you may not think is relevant may be useful in pinpointing the problem.

Dr. Warman specializes in pulmonary diseases and can help anyone who is suffering with COPD. Schedule a consultation today and get back your life and start breathing easier again, the act of breathing is living!



Dr. Poonam Warman, MD  
1500 SE Magnolia Ave. | Ocala, FL | 352-369-6139



## Medical Marijuana, What is Legal, What Isn't, and Who is Eligible?

**W**ith the ever-changing regulations, laws, and curious citizens, there are basic informative rules of purchasing and consuming medical marijuana that all Florida residents should know. But first, the definition of what "medical marijuana" actually is will be helpful information to differentiate street drugs from those that are deemed for medicinal purposes.

### Medical Marijuana

There are different species and hybrids of the marijuana plant. With strict guidelines, the State of Florida highly regulates how their crops are grown for medical treatment. For instance, some of the plants have much less THC (tetrahydrocannabinol) in them than others. THC is the mind-altering, euphoric component of marijuana that gives the "high" feeling, typically associated with marijuana. However, new laws were put in place that allows recommendations of elevated levels of THC for certain patients with aggressive disorders.

The natural marijuana plant contains both CBD and THC. CBD or cannabinoids can treat many different forms of diseases and disorders with low THC. Our brain and nerve cells have cannabinoid receptors,

so our bodies naturally react to CBD (cannabinoids) and TCH (tetrahydrocannabinol) through merging directly with our cells. Our natural endocannabinoid system works synergistically with CBD and TCH, creating a multitude of beneficial reactions in the body.

### Qualifying Medical Conditions

Currently, there are 12 medical conditions explicitly defined in the Florida medical marijuana initiative. However, the Florida marijuana law also states that any medical condition in which the medical marijuana doctor believes that the medical use of marijuana would likely outweigh the potential health risks for a patient may be used as criteria when certifying a patient for the Florida medical marijuana program. The medical conditions specifically defined in Florida's medical marijuana law are:

- Cancer
- Epilepsy
- Glaucoma
- HIV
- AIDS
- Seizures
- Crohn's disease
- Chronic muscle spasms
- Post-traumatic stress disorder (PTSD)
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's disease
- Multiple sclerosis
- Any other medical condition that the doctor approves

Certified Associates, LLC has an extended list of qualifying medical conditions that their doctors may use as criteria when certifying a patient for Florida's medical marijuana program. In addition, for any medical condition that may require pain medication, marijuana may be considered as an alternative treatment to prescription pain medications.

### What is a Marijuana Card?

Any person wanting to obtain a medical marijuana card, which is a certificate stating you are eligible to purchase and have medical marijuana, needs to be registered in a State database.

### How can I get registered in the database?

You must visit a Physician that is licensed to recommend medical marijuana. To legally purchase and consume medical marijuana in Florida, the person must have one of the qualifying medical conditions as stated in Florida's medical marijuana law or any other medical condition that a certified marijuana doctor deems appropriate. The person must have a

marijuana evaluation conducted by a marijuana doctor who is licensed by Florida's Department of Health to practice medicine in Florida and who is also certified by the Florida Department of Health's Office of Compassionate Use (OCU) as a marijuana doctor. The marijuana doctor issues a certificate and enters the patient into the Compassionate Use Registry database. Only people who are registered in the Compassionate Use Registry database can purchase and consume medical marijuana in Florida.

A minor can enroll in the Florida medical marijuana program, but must have the written consent of the parent or legal guardian, and must also get a marijuana certification from two doctors instead of one.

### To apply for a medical marijuana card in Florida, you must have the following:

- Proof of Florida residency, i.e. valid Florida ID, driver's license, voter ID, utility bill with the same name on application
- Medical records proving your medical condition
- Signed release of information form
- Certification from a licensed physician registered with the Florida Department of Health's medical marijuana program

### Where can I purchase the Marijuana?

There are highly-regulated medical marijuana dispensaries, which are the only place you can purchase marijuana legally. Marijuana is still listed as a Schedule I narcotic by the US federal government and therefore cannot be sold in pharmacies since pharmacies are regulated by the federal government's DEA. Medical marijuana can only be legally purchased from a licensed medical marijuana grower/dispensary, or MMTC's, as they are known in Florida.

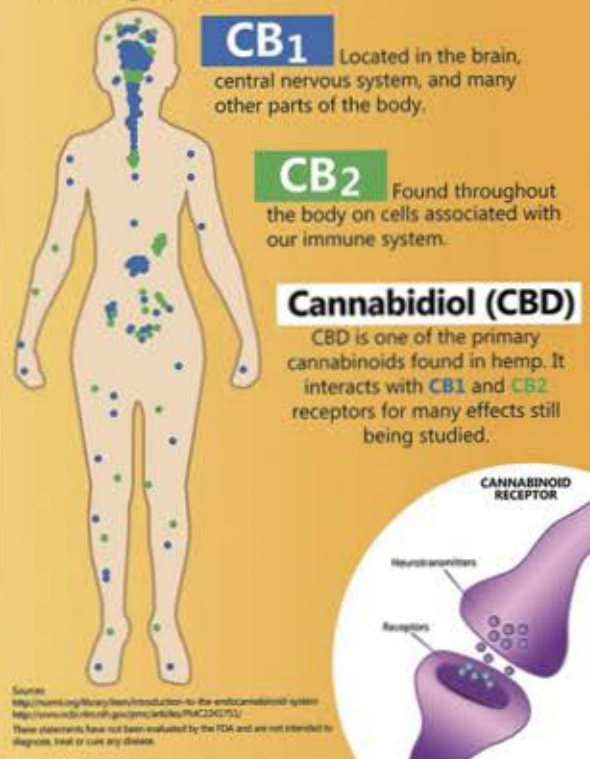
Before a patient can legally purchase medical marijuana in Florida the specialized marijuana physician will enter a recommended dosage amount into the registry. Once the doctor has recommended a dosage the medical marijuana patient can only purchase medical marijuana from licensed MMTC's any marijuana purchased outside of these sources is deemed illegal and is not protected under Florida's medical marijuana

Certified Associates, LLC has the most marijuana-friendly and best marijuana doctors in Florida. Certified Associates, LLC is dedicated to offering their patients the best support. If you have any questions or need help, please feel free to call them anytime toll-free at (844) 420-PASS (7277), or visit [FloridaCard.com](http://FloridaCard.com).

**Certified Associates, LLC's Ocala Office**  
 1713 E. Silver Springs Blvd., Suite 4  
 Ocala, FL 34470  
 Tel (352) 414-4545

### The Human Endocannabinoid System

The endocannabinoid system consists of two receptors, called CB1 and CB2. These receptors are found on cell surfaces and impact various biological processes.





# Create a Safe Home for Dementia Patients

**P**eople with Alzheimer's can live in their homes, as long as safety measures are in place. As Alzheimer's progresses, a person's abilities change. But with some creativity and problem solving, you can adapt the home environment to support these changes.

## How dementia affects safety?

With creativity and flexibility, you can create a home that is both safe and supportive of the person's needs for social interaction and meaningful activity.

Alzheimer's disease causes a number of changes in the brain and body that may affect safety. Depending on the stage of the disease, these can include:

**Judgment:** forgetting how to use household appliances

**Sense of time and place:** getting lost on one's own street; being unable to recognize or find familiar areas in the home

**Behavior:** becoming easily confused, suspicious or fearful

**Physical ability:** having trouble with balance; depending upon a walker or wheelchair to get around

**Senses:** experiencing changes in vision, hearing, sensitivity to temperatures or depth perception

## Home safety tips:

### Assess your home.

Look at your home through the eyes of a person with dementia. What objects could injure the person? Identify possible areas of danger. Is it easy to get outside or to other dangerous areas like the kitchen, garage or basement?

### Lock or disguise hazardous areas.

Cover doors and locks with a painted mural or cloth. Use "Dutch" (half) doors, swinging doors or folding doors to hide entrances to the kitchen, stairwell, workroom and storage areas.

### Be prepared for emergencies.

Keep a list of emergency phone numbers and addresses for local police and fire departments, hospitals and poison control helplines.

### Make sure safety devices are in working order.

Have working fire extinguishers, smoke detectors and carbon monoxide detectors.

### Install locks out of sight.

Place deadbolts either high or low on exterior doors to make it difficult for the person to wander out of the house. Keep an extra set of keys hidden near the door for easy access. Remove locks in bathrooms or bedrooms so the person cannot get locked inside.

### Keep walkways well-lit.

Add extra lights to entries, doorways, stairways, areas between rooms, and bathrooms. Use night lights in hallways, bedrooms and bathrooms to prevent accidents and reduce disorientation.

### Remove and disable guns or other weapons.

The presence of a weapon in the home of a person with dementia may lead to unexpected danger. Dementia can cause a person to mistakenly believe that a familiar caregiver is an intruder.

### Place medications in a locked drawer or cabinet.

To help ensure that medications are taken safely, use a pill box organizer or keep a daily list and check off each medication as it is taken.

### Remove tripping hazards.

Keep floors and other surfaces clutter-free. Remove objects such as magazine racks, coffee tables and floor lamps.

### Watch the temperature of water and food.

It may be difficult for the person with dementia to tell the difference between hot and cold. Set water temperature at 120 degrees or less to prevent scalding.

### Support the person's needs.

Try not to create a home that feels too restrictive. The home should encourage independence and social interaction. Clear areas for activities.

## Quality Care

In-home care is all about making the changes that come with aging much more bearable. A good agency can provide staff that ease the burden of loved ones and improve the daily life of the senior in their care. Care Time strives to keep patients in their home as long as possible. Whether you or the senior in your life needs assistance four hours a day or around the clock, our friendly team can provide the quality senior home care and support you need! Call Care Time at 352-624-0570 to learn more.

To find out more, please visit their website at [caretimeflorida.com](http://caretimeflorida.com), or call (352) 624-0570

We all dream of a cure for cancer, but until that day comes why not do everything we can to decrease the risk?



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- Medication Management
- Hospital to Home Services
- Quality of Life Care
- End of Life Care

# Get to Know Your Eye Lens Implant Options

**D**uring my 30-year journey in eye surgery, no story has been as dynamic and exciting as the story of the human eye natural lens, its disorder called cataract, and our relentless effort to improve the process by which the cataract is evacuated and replaced with a man-made intraocular lens, and to fine tune the materials and the design of the intraocular lens implant that we place in the eye when we remove the cataract.

The story begins here. The human eye has a lens that sits behind the pupil that inspired the design of the camera with a lens behind the shutter. This lens is made up of a protein similar to egg white: when it is fresh it is transparent and when you cook it, it clouds up. With time the protein that makes up the human natural lens "cooks", a cataract develops, and our vision suffers. The young natural lens is a creative marvel: it focuses at distance and very quickly can zoom close up to a clear image that is devoid of unwanted optical aberrations. However, as the natural lens ages it begins to lose some of its remarkable capabilities in a process called the dysfunctional lens syndrome (DLS). This syndrome begins with the gradual loss of accommodation (zoom) due to the loss of the natural lens elasticity that is typically first noticed around age 40 and eventually mandates the use of reading glasses. DLS progresses as the lens begins to lose its transparency and some unwanted optical phenomena emerge such as glare and halos but the vision overall remains "good enough" with glasses. Some people at this point elect to have a highly successful procedure to replace the dysfunctional natural lens with a multifocal lens implant to restore their ability to see without glasses. Eventually the lens becomes cloudy enough that it affects the person's ability to carry on his or her activities of daily life: this cloudiness is what we call cataract. At this point, the changes in the lens are deemed medically significant and the person may elect to have insurance based cataract surgery. Cataract surgery in a nutshell is a procedure in which the old dysfunctional cloudy natural lens is replaced with a man-made intraocular lens IOL.

This IOL has come a long way since its inception some Eighty years ago. The first models of these lenses were rigid and optically low tech. Today's IOLs are by far some of the most technologically advanced marvels and are generally divided into two basic groups. The first is an IOL that is monofocal: it corrects the vision at distance but the patients still requires reading glasses. The second is a multifocal IOL that is typically designed to focus at distance and near and can reduce or eliminate entirely the need to wear glasses for any visual tasks.



This multifocal group has a number of different types: some are most suitable for golfers and active outdoors types, others for serious cell phone and computer users and others for avid small print readers. It is particularly crucial to match the person with the type of lens implant that most fulfills his or her visual requirements.

The field of intraocular lens implants is crowded with numerous offerings. I tell patients that there are many shapes and models of lens implants just as there are many different models of cars on the highway: putting the best implant in the patient's eyes that best fit his or her visual demands guarantees a comfortable "ride".

Intraocular lenses differ in rigidity ( rigid versus flexible), whether they are one or three pieces, whether they are made of silicon or acrylic or some other material, whether they are spherical or aspherical, and whether they are monofocal or multifocal. These offerings are wonderful in the sense that at the time of surgery we can pick out the lens implant that best matches the patient. For instance, patients with potential retinal problems are not suitable for silicon implants because if ever they needed retinal surgery requiring the use of silicon oil, the presence of a silicon implant affects overall visualization. Whereas multifocal implants are a technological wonder, giving most patients the ability to see distance and near without glasses, they are not suitable for everyone. For example I do not use multifocal implants in patients with macular degeneration or diabetic retinopathy because such patients will not reap the full benefits of such implants and single vision implants may offer such

patients better quality vision. I perform cataract surgery one eye at a time not only as a precaution against infections as these have become quite rare with modern facilities and techniques, but also because when the first eye is done, we obtain measurements after the surgery that we take into account when performing the surgery on the second eye to insure that both eyes work optimally to give the patient the best vision possible.

Few patients ever ask me what implant I plan to use for them when I perform their cataract procedure in terms of material and design. However, I have tried through my writings, lectures, and patient care to increase awareness of implant differences, as I believe truly that the more informed the patient is, the better choices they will make for his or her eye health. We ophthalmologists are some of the most detail oriented professionals as our world is not measured in feet or inches but in microns. When that quality is combined with a well-informed eager-to-learn patient the result are good choices that make the patient very happy and rewards the ophthalmologist as he or she see that the fruit of their long years of education and training is making a positive difference in the world.

**352.237.0090** Dr. Latif Hamed, M.D. FFAO  
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## Latif Hamed, M.D. FFAO Florida Eye Specialist Institute



Latif Hamed, M.D. FFAO

Dr. Latif Hamed, Florida Eye Specialist Institute, is Board Certified by the American Board of Ophthalmology and is also an examiner for that Board. He specializes in advanced laser, surgical and medical eye care. Dr. Hamed is a former professor and Chief of Division at UF Shands.

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# Investing in Your Future

**Meg Black**  
Financial Advisor

“Anytime you are making a decision that has financial implications, you should consult with an expert to discuss the risks and rewards involved with that decision,” says financial advisor Meg Black with Edward Jones, 8483 Mulberry Lane in The Villages.

**Meg’s advice to any new investor, or if you are in need of an investment broker change for whatever reason:**

1. A great time to see an advisor is when you are determining how much to save for retirement or if you have another major life change; for instance, if you’re getting divorced, buying or selling a home, or changing jobs.
2. If you start a new position, instead of rolling over a previous 401(k) into your new company’s plan, you may save a substantial amount of money and realize an improved return by using a financial advisor who offers you more investment options by rolling into a new IRA.
3. When you are thinking about when to retire and trying to determine if you are ready, an advisor can help you decide what your income stream is going to look like for life, which sheds light on whether working a few more years provides the financial benefit you want, or if you are ready to retire now.”

**The Edward Jones Difference**

Edward Jones is a full-service financial firm, handling savings plans for retirement and education, CDs, annuities, stocks, bonds, mutual funds, and life and long term care insurance. The well-established firm has offices nationwide and over 14,000 advisors. Their advisors use an established process to create a customized plan for each client to help them reach their financial goals.

“At Edward Jones, we have a team behind each advisor that helps them be an expert in whatever area their client needs,” Meg says. In addition, the firm does a lot of retirement planning in The Villages, a 55 plus community. But Meg emphasizes Edward Jones also works with small business owners who want to provide benefits to their employees, parents who are saving for college, and higher income earners who want to reduce taxes.

**What you should expect from your financial firm:**

When looking around for a financial advisor and firm, consumers should be looking for an advisor who is upfront about their costs and fees and the client needs to make certain the investment company is reasonable. Meg states, “I always perform a complimentary financial review and a written retirement income plan when I meet with a prospective client. So, even if you only want a second opinion or just want to ask some questions, I’m happy to sit down with you at no cost. My favorite client is one who I provide information and education to and then we partner together to make decisions to reach their goals.”



Consumers should also look for two important attributes when choosing an advisor. “The most critical quality is that you are comfortable with your advisor and feel like you can be honest with them about your concerns and that they are honest with you,” Meg states. “Second of all, the firm that your advisor is with is important; it must be a trusted organization that supports your advisor with a full team so that they can be extremely knowledgeable about your particular situation.”


If you or someone you know is need of financial investment advice, or has questions about their options, please contact Meg Black at Edward Jones Investments today.

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# Kids in Special Situations

## Helping autistic children benefit from interactive communication

Did you know that 1 in 68 children have Autistic Spectrum Disorder (ASD)? After High School, 35% of young adults with ASD have never had a job or have continued their higher education degree. Unfortunately, it's exceedingly rare for elementary and high school students with ASD to be full-time in a general education classroom with other neurotypical students.

In 2011, the Executive Director, Geeta Minocha founded the Kids in Special Situations (KISS), 501(C)(3) nonprofit organization, which offers a much-needed platform for children with Autism Spectrum Disorder in regards to social interaction.

Because the public school system is sometimes lacking in their ability to provide significant interaction between students with ASD and their neurotypical peers, Kids in Special Situations fills in the gap by providing an integrative platform for elementary-age students with autism spectrum disorder. These hosted events allow children with ASD to learn active ways to communicate with their peers, which will enhance their school activities, assist them in communicating with others throughout their lives, and also helps them establish socialization skills that will last into their future. Neurotypical peers that want to be involved will facilitate playing games, sharing, interacting, and helping those with ASD by offering genuine support during the events. Proactive, positive behaviors contribute to encouraging the development of communication, language, and basic social skills.

### KISS's Purpose

Geeta Minocha states, "While the Individuals with Disabilities Education Act (IDEA) ensures that students with cognitive disabilities have access to free public education, our public schools are not always able to integrate these children with their peers in general-education classrooms. This integration has long been seen as vital to the success of students with autism spectrum disorder (ASD); by interacting with abled peers at an early age, those with mild impairments are able to learn social cues that they'll utilize in jobs and relationships for the rest of their lives. Kids in Special Situations (KISS) is here to fill the gap left in the public school system and provide an integrative platform for elementary-age students with ASD so that they can develop effective communication skills and thrive in school and beyond.

*While we initially began with the intention of servicing the Central Florida ASD community, the general scarcity of similar integrative platforms has become a much more pressing problem. Our vision is a country in which every child with a cognitive disability is given an equal opportunity to form lasting relationships with his or her peers. We hope you'll join us on our journey to make this a reality."*

For years, research has been conducted on the effects of socializing children with ASD with their neurotypical peers. It's proven effective in helping the autistic child to model the reactions, actions, and responses of children their age. It's best to start socializing them at an early age between 3-8 years old, but it's never too late to get your child comfortable in these learning situations.

Children with ASD react best when the socialization is done in a fun environment and one that also allows them to take the lead in certain circumstances. At KISS, their events are themed to coincide with the time of year; for example, an upcoming fall and winter holiday event will utilize cookie decorating in groups or pairs; turkey bowling as a team, and many other activities that allow the children to interact with each other in an exciting environment. Many community businesses donate food for the events, and sometimes a mascot or two will be there to take pictures with the kids and of course to amuse the children.

### They Need You!

KISS's mission is to grow not only locally, but also to be able to provide other cities and states with the same educational and socialization benefits that the children in Marion and Lake Counties are obtaining.

They need your help. There are many ways that you can get involved. If you'd like to donate or volunteer, please view their website at [kidsinspecialsituations.org](http://kidsinspecialsituations.org), visit their Facebook page, or follow them on twitter @KISSOrg.



# Using Omega-3 Supplements to Treat Dry Eyes

By Anne-Marie Chalmers, MD

If you stare at a computer screen all day, have reached the plus-55-years-old stage of life and have had a cataract operation, it's likely you have all the makings of a serious dry eye problem.

And you are not alone. Americans spend an astounding \$3.8 billion on dry eye symptom relief every year. Unfortunately, the majority of dry eye treatments options, such as saline solutions and topical lubricants, can be inconvenient and uncomfortable to apply. In addition, the results are often disappointing.

New research on the dry eye front is prompting more ophthalmologists and optometrists to recommend another treatment option: Increase the intake of omega-3 from fish and fish/cod liver oil.

Why would getting enough omega-3 be important for helping treat dry eye symptoms? Because at the heart of most dry eye problems, chronic inflammation is wreaking havoc.

## Inflammation in the Dry Eye

A long list of drugs, dry heat or air conditioning, long term contact lens wear, smoking, and diseases like Sjogren's Syndrome all contribute to increasing the prevalence of dry eyes. However, the principal cause of dry eyes seems to be the dysfunction of the Meibomian gland, thanks to chronic inflammation.

The Meibomian glands are located behind the eyelids. Their role is to produce the fats for the tears, which prevents the tears from evaporating and leaving the eye surface unprotected.

Inflammation disturbs the production and secretion of the lipids emitted by the Meibomian glands. The Meibomian glands create a mixture of lipids containing cholesterol wax esters, diesters, triacylglycerol, free cholesterol, phospholipids and free fatty acids. When the inflammation kicks in, however, the quality of that lipid mixture is changed, making it stiffer and more viscous. As a result, the lipids cease to effectively protect the tears and eye surface, resulting in familiar dry eye symptoms.

## Omega-3: The Body's Natural Inflammation-Damper

It is worth noting most patients with dry eyes have an overproduction of inflammation signals, meaning the patient's inflammation response is going into hyperdrive.



But what do the omega-3 fatty acids have to do with the Meibomian glands? Scientists speculate that the omega-3 fatty acids work in two different ways to reduce inflammation in the eye. First, the omega-3s suppress the inflammation within the Meibomian glands by inhibiting the inflammation signals. In addition, they also help the meibum lipids become more fluid.

## The Research on Omega-3 and Dry Eyes

Besides exploring the theory behind how omega-3 works in the eye, researchers have also been studying the practical application of omega-3 supplementation on patients with dry eye symptoms.

So far, the results are quite promising. To name just a few:

One 2015 study suggested that omega-3 supplements could help relieve computer-related dry eye symptoms, adding more data to a growing body of research. A 2013 placebo controlled, double blind randomized study found that 65 percent of patients who received omega-3 supplements experienced significant improvement of their dry eye symptoms within 3 months.

Furthermore, an investigation on Meibomian gland cells showed that EPA and DHA from fish oil reduced inflammation markers. In addition, the researchers found that the EPA and DHA increased the production of Resolvin D1. This is significant since Resolvin D1 helps restore the tissue back to its non-inflamed state.

At Omega3 Innovations, we have also been doing our own research on dry eyes. In the spring of 2015, a pilot study using one vial of Omega Cure® Extra Strength (3000 mg EPA/DHA) once a day found that 70% of the participants experienced relief from the symptoms of chronic dry eyes within three to four weeks.

## Quality, Consistency and Dose Matter

While the research on omega-3 supplements and dry eyes is exciting, it is important to keep in that mind that quality, consistency and dose do matter. Some studies suggest the anti-inflammatory effects of omega-3 don't kick in unless you get a dose equal to at least 2700 mg of EPA/DHA (roughly 8 – 10 regular fish oil capsules) daily.

In addition, as the studies above suggest, consuming enough omega-3 isn't a quick fix when it comes to improving dry eye symptoms. It may take anywhere from 3 to 12 weeks of consistent daily use before you start feeling a difference. Finally, using an oil with a low oxidation level (meaning a fresh oil) will increase the potency factor.

## Considering the Future of Dry Eye Treatment Options

With the increasing use of computers and an ever-aging population, the number of people affected by dry eyes symptoms will undoubtedly continue to grow. To combat the issue, we will need lower cost, effective treatments options.

Looking at above research, omega-3 supplementation could be one such answer – and one that could have a bigger health impact than treating the eyes. As one of the participants in our study commented, using Omega Cure Extra Strength not only reduced her need for eye drops and gave her more comfort when using contact lenses. It also helped improve her focus and made her skin and hair softer.

## About Anne-Marie Chalmers, MD

Anne-Marie Chalmers, MD, is the co-founder and president of Omega3 Innovations. Born and raised in the United States, Dr. Chalmers graduated from Brown University and completed her medical training at the University of Oslo in Norway. In Norway, Dr. Chalmers practiced emergency, family, and preventive medicine for many years. Her research and development work has included nutraceuticals (especially omega-3) and medical delivery device systems to facilitate ingestion of multiple medication combinations.



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# Shopping for Health Care It pays to do your Homework

By Dr. Efreem Castillo, Chief Medical Officer, UnitedHealthcare Medicare & Retirement

**A**s a family practitioner for nearly 20 years, I know firsthand every senior's medical needs are as unique as they are as individuals. The Medicare coverage plan that works best for you may not be the one that is right for your neighbor. So why do 60 percent of seniors say they've never re-evaluated their health care needs and shopped around for the most suitable health care plan?

You have Medicare options. Each year during the Medicare Open Enrollment Period, which lasts from October 15 to December 7, seniors and other Medicare beneficiaries have the opportunity to shop for health plans. But determining the right Medicare coverage for you or your loved one requires careful consideration and planning. September 15-21 is National Medicare Education Week – the perfect time to do some homework and learn about your options so that you can make an informed decision during Medicare open enrollment season this fall.

Ask yourself the following questions about your current coverage to determine whether it is best for you:

- Does your current coverage meet your health needs?
- Is the coverage a good fit for your budget?
- Does your coverage include your doctors?
- Does the coverage include your prescription drug costs?
- Does your coverage offer any additional benefits, such as hearing, vision or dental services??
- Does the coverage offer a gym membership?

If you answered “no” to any of these questions, now may be the time to consider switching coverage to make sure you receive the care you need at a price you can afford. Keep in mind, Original Medicare, the health insurance program offered by the federal government, generally covers about 80 percent of health care costs, with beneficiaries paying the remaining 20 percent. Original Medicare also does not have an out-of-pocket maximum, meaning that if you have unexpected health care costs, you could end up with a hefty bill.



A Medicare Advantage plan is one alternative to Original Medicare. Medicare Advantage plans are government-approved health care plans provided by a private company. Medicare Advantage plans include all of the coverage of Original Medicare and may also provide extra benefits, such as vision, hearing and/or dental coverage. You can even enroll in Medicare Advantage plans that offer prescription drug coverage or a gym membership. Medicare Advantage plans also carry an annual out-of-pocket maximum, so you can better predict your health care costs for the year.

If you decide that Original Medicare is best for you, but want or need extra coverage, you can also consider purchasing a Medicare supplement insurance plan – sometimes called Medigap – which helps pay for some of the costs not covered by Original Medicare. You can also purchase prescription drug coverage separately.

I encourage you to use National Medicare Education Week to do your own “health check” and reflect on your health care needs and budget. Then do your homework, shop around and don't hesitate to ask for help.

Remember, there are resources available to you, such as MedicareMadeClear.com that can help you find the best Medicare fit for you. With Open Enrollment rapidly approaching, take the time to make an informed Medicare decision.



## National Medicare Education Week Health Expo September 15th, 1-4 p.m.

Confused about Medicare? You're not alone. That's why on September 15th, baby boomers, Medicare beneficiaries, their families and caregivers in Lake County and the Villages area are invited to participate in an educational event as part of National Medicare Education Week, September 15-21, 2017.

This annual celebration begins exactly one month before the start of the Medicare Open Enrollment Period, October 15 – December 7, and is designed to prepare older Americans with the knowledge they need to make confident, informed decisions about their Medicare coverage.

### Location:

Wildwood Community Center  
6500 County Road 139  
Wildwood, FL 34785

Cost: Free; advanced registration requested, which can be done on-line at [www.VillagesMedicareWeek.com](http://www.VillagesMedicareWeek.com)

More information and resources:  
[MedicareMadeClear.com](http://MedicareMadeClear.com)



## A CHANGE IN DESTINY

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

**J**erry sat patiently in his shiny black Chevy Silverado in the same spot by the playground like he had done for the last four weekends. He reached over and picked up a brown paper bag, took out and slowly unwrapped his favorite mid-morning snack...a peanut butter and banana sandwich. Jerry would only use the creamy peanut butter because the crunchy kind made his teeth hurt...a problem he had lived with ever since he had barely survived a kick in the head by one of his grandfather's horses at three years old.

As he sipped his black coffee and ate he smiled to himself and wondered why he had not thought of this earlier in his career. It was the easiest money he had ever made and was a lot easier than painting houses for that no good father of his.

Across the street about three-quarters of a block away a man came out of his house, opened the door of his suburban and started the engine. The exhaust on that cold November morning created a small fog of burnt gasoline fumes that rolled down the sloped driveway towards the street. The man shortly went back inside of the house and left the suburban running.

Jerry took the last sip of his black coffee and looked at his dashboard clock and thought...'right on schedule'.

Before he could look back at the house all four doors of the suburban were open and a young family was piling in...headed for church like they had been doing for the last four Sundays.

As the suburban pulled away from the house Jerry cranked his truck, glad to have the heater on, and drove past the house with a smile. He circled the block behind the house to a vacant wooded lot, parked his truck, walked through the lot, jumped the back fence and...robbed the home.

As Jerry told me this story I could sense the remorse in his heart as his eyes began to tear up. He had already paid for his "sins" against humanity...twenty-two years in prison.



I have heard many stories like Jerry's over the years as a pastor, but how he ended it compelled me to share.

Jerry had not been a violent criminal, as a matter of fact, he was a very gentle soul and was a model inmate, even to the point of being paroled a couple of times for good behavior but he would shortly end up back in prison.

In his own words, "Back then, when I would get paroled I would still hang out with the wrong crowd. They would even say the same thing to me that the other inmates would say when I got paroled...'see you soon'."

According to Jerry the last time in the prison something happened that changed his destiny and it was why he was not still there.

Local churches sent people into the prison and held church services for the inmates. Jerry was one of those who became a Christ follower through that ministry.

Jerry also realized that he needed new friends once he was on the outside again. And finally, he needed a new identity.

Jerry said that during the two years before he was finally released for the last time, he would go around and intentionally tell the other inmates what

his life was going to be in the near future. That he would not only be paroled early (he served 22 years of a total sentencing of 30) but once out, he would make new friends, go to church and obey the law.

All those things came to pass. Jerry kept his word and is a successful mid-level manager in a service company. He also believed that even though he was a convicted felon, God would provide an understanding employer.

As we wrapped up our conversation, with tears in his eyes, Jerry said that those were church-goers whom he had robbed - the very kind of people that were responsible for bringing him to a life-giving relationship with Jesus Christ.

Jerry's final words were..."God sure does have a strange sense of humor."

*To your spiritual health,*

**Alex E. Anderson**

*Senior Associate Pastor at  
Bayside Community Church*

*Author, Dangerous Prayers*

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