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November 2017

Marion Edition - Monthly

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2D vs. 3D Mammography

What's the Difference?

Standard 2D mammography and, years later, 2D digital mammography, were technological breakthroughs in the effort to diagnose breast cancer early, when it is most easily treated. The latest advance in digital mammography screening is 3D mammography™ exams, also known as digital breast tomosynthesis.

The differences between 2D and 3D mammography™ exams are notable, especially for the estimated 47% of women with dense breast tissue. Dense breast tissue is closely-compacted, creating areas that can be nearly or completely invisible to radiation, making it difficult for 2D mammography to capture images of lesions, especially when they are small.

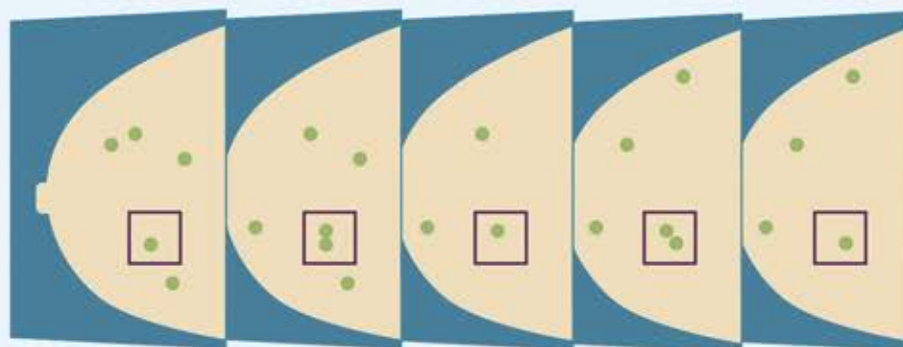
Dense breast tissue may also increase a woman's chances of developing breast cancer because it is composed of more epithelial cells than fatty breast tissue, and epithelial cells are more commonly affected by cancer, making detection especially important. 2D digital mammography, which produces just a single image with each scan, can miss small cysts, tumors and cell changes in dense breast tissue.

In contrast, 3D mammography™ exams comprise a series of x-ray images that are sent to a computer for a nearly-3D composite that your RAO radiologist and doctor can review from various angles for easier discovery of abnormal cells and a potentially quicker diagnosis. Five independent clinical studies and new research reported in JAMA demonstrate that 3D mammography™ exams provide superior detection of invasive breast cancers and far fewer false positives than 2D mammography, meaning there is less chance of being called back and enduring subsequent tests. Women who have undergone the stress of being called back for additional breast scans can tell you the extra peace of mind is invaluable.

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RAO and the American College of Radiology recommend annual screening mammograms for women 40 and older. If you have dense breasts, tested positive for the BRCA1 or BRCA2 gene, have a family history of breast cancer, or have other reasons for preferring the enhanced accuracy of 3D mammography™ exams, you can make an appointment at RAO's Women's Imaging Center or TimberRidge Imaging Center without a doctor's referral. To make an appointment and find out if your insurance covers tomosynthesis, call RAO at 352-671-4300.



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TRIGEMINAL NEURALGIA

A Complex Name for Complex Facial Pain

Trigeminal neuralgia (TN) is a potentially serious neurological disorder involving one or more branches of the trigeminal nerve that serve the face. TN is most often caused by compression of the trigeminal nerve by an encroaching facial vein or artery, but sometimes the cause cannot be determined. Whatever the cause, TN is typically marked by the sudden onset of very severe and recurring stabbing pain in the face and/or jaw. Because of its location, TN is often misdiagnosed as a temporomandibular disorder (TMD, TMJ) or even as a psychosomatic disorder, but TN is very real and painful enough to be life-altering. TN often remits and recurs without warning, and left untreated, can shift from being intermittent to constant, and become so severe it causes permanent physical damage, so early diagnosis and appropriate intervention is important. "An accurate diagnosis is key in addressing TN," says Ocala Neurosurgical Center's Board Certified neurosurgeon Dr. Antonio DiSclafani. "Our team of neurosurgeons has extensive experience accurately evaluating, diagnosing and treating TN. We can differentiate it from TMD and other disorders causing facial pain."

The first course of action is always specific prescription medications proven to address TN pain. However, the relief they provide may not last. "As many as 50+% of patients develop resistance to the drugs and the pain returns," says Dr. DiSclafani. "Therefore, most TN patients who develop resistance to medication or are under age 60 when TN first strikes are candidates for effective neurosurgical treatment. Generally speaking, the sooner in the course of the disease we can intervene, the better the long-term outcome."



Surgical treatments provided by ONC include:

Microvascular Decompression – MVD is the most common surgical approach to treating TN. Entering through a small surgical incision behind the ear, your surgeon will move the imposing artery or vein away from the trigeminal nerve, relieving pressure, and insert a small Teflon pad between the nerve and the compressing vessel. The pain relief provided by this procedure is highly effective and lasting for about 80% of patients, and delivers the best chance to reduce or eliminate medication. Because it is major surgery involving creating a small hole in the skull, patients typically remain in the ICU overnight and in the hospital for several days afterward. Patients are told to rest for four to six weeks following surgery.

ANTONIO DISCLAFANI, MD

- In practice of neurosurgery since 1988. Joined Ocala Neurosurgery Center in 1993
- Board Certified in Neurological Surgery by the American Board of Neurological Surgery
- Medical Degree from the University of Texas Health Science Center in Houston
- Residencies at the University of Tennessee & St. Jude Hospital in Memphis
- Member, Alpha Omega Alpha Honor Medical Society
- Fellow, American College of Surgeons
- Fellowships in neuro-oncology, University of California at San Francisco & St. Jude Hospital in Memphis
- Certified by the National Board of Medical Examiners
- On staff at Munroe Regional Medical Center & Ocala Regional Medical Center

Dr. DiSclafani 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.

Dr. Antonio DiSclafani, his partner neurosurgeons, Dr. Daniel Robertson, Dr. Mark Oliver and Dr. Jacob Freeman, 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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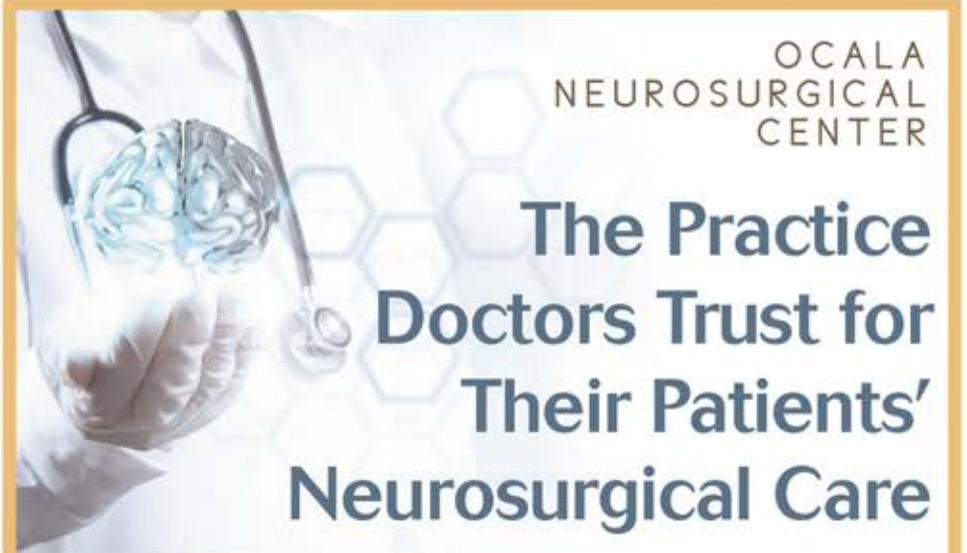


Radiosurgery – Also known as Gamma Knife surgery, radiosurgery is the least invasive direct treatment option, and is performed as an outpatient procedure. Because it involves no cutting, it is not actual surgery, but rather the delivery of a targeted beam of radiation to the trigeminal nerve where it enters the brainstem. Radiosurgery doesn't treat the cause of TN, but it can help to relieve its symptoms by damaging the trigeminal nerve and reducing its pain signals. More than 80% of patients find relief from Gamma Knife treatment, but it may take weeks or even months for significant relief to be achieved, so most patients will continue to remain on prescribed medication for at least three to six months afterward. Once full relief is reached, many patients are able to go off medication. Some patients find pain relief to be permanent, but for some pain may return as the nerve restores itself.

Radiofrequency Rhizotomy – Radiofrequency rhizotomy (also known as radiofrequency lesioning) is typically indicated for high-risk patients for whom open surgery is contraindicated, and for people suffering from multiples sclerosis, whose TN is often caused by MS instead of nerve compression. Radiofrequency rhizotomy is like radiosurgery in that it addresses pain by reducing the pain signals transmitted by the trigeminal nerve, but instead of using radiation, radiofrequency rhizotomy is performed by guiding an electrode through the cheek to the trigeminal nerve and numbing it with electric shocks. 9 out of 10 radiofrequency rhizotomy patients experience immediate pain relief, but facial numbness and a return of facial pain in the two to three years following the procedure may occur. Still, its safety compared open surgery make it a better option for high-risk patients who no longer respond to medication and whose TN is severe and/or constant.

If you suffer from facial pain, there is help. For more information about trigeminal neuralgia diagnosis and treatment options, please contact the helpful, knowledgeable staff at Ocala Neurosurgical Center.

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Making Sense of Ineffective Treatment(s) of the Thyroid Gland

By Dr. Michael John Badanek BS, DC, CNS, DACBN, DCBCN, MSGR./CHEV.

The most prescribed medication in the USA today is Thyroid medication. It far supercedes statin (cholesterol lowering) drugs and psycho-trophic (mind altering) drugs by a large margin. The interconnections between thyroid disease and food and nutrients, immune dysregulation, chronic disease, inflammation, stress, and liver function, brain and mood, hormones, and many other key systems have been recognized for decades. Chapter after chapter of books written and thousands of peer review articles and the science and collective wisdom of physicians who treat and listen to their patients show these important interconnections between thyroid dysfunction and the correlation with the rest of the body. The thyroid needs the body as much as the body needs the thyroid to function. Yet, most doctors treat thyroid conditions as simply a problem isolated to two small lobes of the butterfly shaped gland that can be understood simply by test one isolated test called the TSH (thyroid stimulating hormone) level.

"The power of patient's stories is how we Americans change the paradigm of thyroid care".

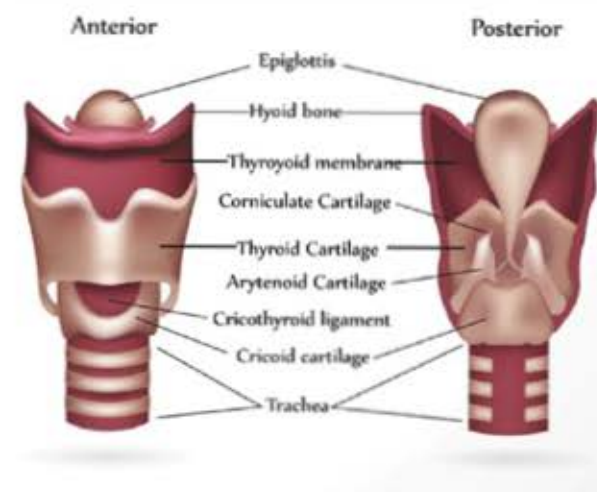
As physicians, we are privy to the most private details of our patient's lives. After quickly telling their spouse to "cover their ears" patients reveal to the physicians their most distressing and embarrassing symptoms. Thyroid patients rarely come with just a thyroid problem. The core symptoms of hot or cold intolerances, weight problems, fatigue, anxiety or depression, tremors, brain fog, constipation or frequent stools are just the beginning of our evaluation. A full evaluation often reveals other conditions found in thyroid patients but not related directly to the hormone function such as; diabetes, hypoglycemia, stress, chronic infections, toxic exposures, allergies, unusual body and joint pains, unhealed injuries, chronic hives, and other conditions. For doctors would work in conventional medicine, where one Chief Complaint is the focus of each office visit, the magnitude of patient's complaints can become overwhelming. Doctors may cut their patients off or request that they return for a follow up visit(s) to address each and every complaint presented by the patient. The power of knowing the patient's whole story is never heard or never understood in the full picture of the patient's complaints. Many doctors start feeling the anxiety of just how many prescriptions must be written in order to address each and every subjective complaint the thyroid patient presents with.



The "pill for every ill" approach is as unsatisfying to patients as it is to the physician treating the patient. Yet, very few physicians have been trained to treat patients otherwise. As physicians who specialize in treating complex patients, it is clear that not only is this approach unsatisfying to patients and physicians alike, but from my experience it simply does not work. Trying to manage ten symptoms using ten medications rarely leads to improvements in a person's quality of life. In my practice, we focus on a deep understanding of a patient's story, a patient-centered interpretation of basic and clinical science, and addressing the root of the patient's illness, not just covering up the symptoms. Thyroid patients need personalized attention and specific care to their individual problem(s).

The functional and integrative medicine approach to thyroid disease is distinguished by an understanding of the interrelationship between the thyroid and the rest of the body. The cause or etiology of most chronic conditions in multi-factorial and the thyroid disease is no different. There is rarely a single problem; more commonly there are many underlying conditions (problems) resulting in the chief complaint. While many physicians consider the cause of thyroid diseases to be unknown (idiopathic), this claim of ignorance ignores the thousands of studies that inform us of how the thyroid is injured by lifestyle, environmental factors, and genetic predisposed factors.

Understanding the complex physiology of the thyroid gland requires an understanding of the needs of the gland itself. Tending to our thyroid health requires knowing the dietary and nutritional requirements of the thyroid, interactions of the thyroid to other bodily systems, and avoidance of thyroid disrupting toxic and inflammatory insulting issues.



Therefore, the thyroid is vulnerable to a wide variety of influences and phenomena that can alter the function and even the structure of the thyroid itself. The integrative medicine framework for understanding and treating thyroid disorders includes a comprehensive evaluation of the patient's personal history, dietary habits, exposures, nutrient levels, hormone balance, digestive function, immune regulation, microbial pathogens, stressors and more. Only with a careful evaluation based upon both laboratory and clinical data, can an appropriate diagnosis and treatment strategy be developed. The advantage of the integrative practitioner is the ability to deepen an understanding of why thyroid function is compromised, and also deploy an enormous tool kit of resources and clinical interventions to restore global health to the patient and provide specific targeted treatment protocols for the thyroid itself.

If you or any other family members or friends are suffering with chronic long term thyroid problems or other health care issues that have not been successfully addressed and treated by attending physicians we urge you call and set up an appointment today. Dr. Badanek has been in private practice the thirty six (36) years in functional/integrative medicine. He is dedicated in the quest of finding and treating the root cause(s) of disease and not just masking the symptoms. You can schedule an appointment: 352-622-1151 (Ocala, Florida)



352.622.1151 | DrBadanek.com



Dr. Michael Badanek

BS, DC, CNS, DACBN, DCBCN, DMM, CTPP, MSGR/CHEV

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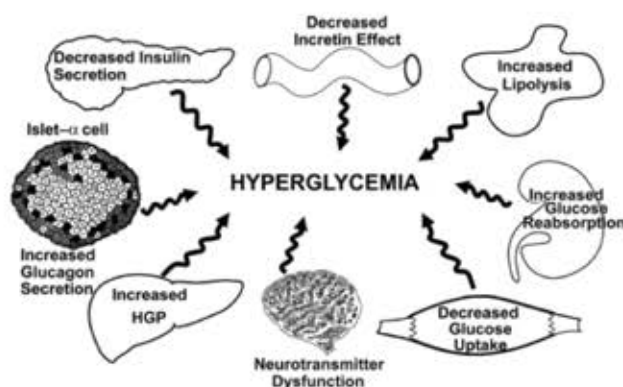
DIABETES

IS MORE COMPLICATED THAN YOU THINK...

By Axel Martinez, MD, Family Practice

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

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



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

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



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

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

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

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

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LUNG CANCER UPDATE

According to the American Cancer Society, lung cancer is the leading cause of cancer deaths in the United States. More people die of lung cancer in a year than from breast, prostate, colon, and pancreatic cancer combined. Lung cancer is the second most common cancer in both men and women – it ranks just behind prostate and breast cancer, respectively.

EARLY DETECTION SAVES LIVES

Although there have been some real advances in the treatment of lung cancer, the average five-year survival rate for lung cancer in the U.S. is only 16.3%, unless it is detected early. If the disease is detected early, while it is still localized within the lungs, the five-year survival rate soars to 52.6%, nearly three times greater. The bad news is that only about 15% of all lung cancer cases are diagnosed at an early stage. Why? Because often in the early stages there are no real symptoms. That is one of the reasons why regular screenings are so important – especially if you are a current smoker or if you have ever been a heavy smoker for longer than 15 to 20 years.

A study published in 2011 found that through the use of low dose spiral CT scans of the chest, lung cancer can often be detected in its early stages before it becomes incurable, or even before a patient is showing symptoms. This type of screening can detect early stage cancers that cannot be seen on traditional chest x-rays. Check with your physician to see if you could benefit from a CT lung scan.

IMPROVEMENTS IN THE TREATMENT OF LUNG CANCER

Many advances in the treatment of lung cancer have occurred in the past decade, including the development of medications known as targeted therapies, which interfere with certain processes that cancer cells use to grow and spread, and immunotherapies, a type of targeted therapy that boosts the body's immune system to fight cancer. These drugs have given oncologists many more options in treating lung cancer and have made treatment more effective and safer for patients.

Newer immunotherapy treatments have significantly improved survival rates for some lung cancer patients. A recent study, presented at the American Association for Cancer Research (AACR) Annual Meeting in April 2017, demonstrated that, for a small subset of patients, immunotherapy can work for a very long time.



About 85% of all cases of lung cancer occur in people who are smokers or have smoked in the past. The remaining 15% of cases occur in non-smokers, for reasons not yet fully understood.

LUNG CANCER RESEARCH INVESTIGATES MANY POSSIBILITIES

Many clinical trials are looking at newer combinations of chemotherapy drugs to determine which are the most effective. Especially important for older patients who may have other health problems, doctors are studying these combinations to discover if treatment outcomes can be further improved. Sometimes, chemotherapy is used in combination with certain targeted therapies, which has been shown to improve survival rates.

With some types of lung cancer, research has shown that receiving chemotherapy before radiation or surgery may actually be helpful. Chemotherapy may shrink the tumor, making it easier to remove it with surgery. It may also increase the effectiveness of radiation, and it can destroy hidden cancer cells at the earliest possible time.

One of the more recent areas of lung cancer research focuses on creating cancer vaccines. Cancer vaccine research involves triggering the immune system to recognize and attack cancer cells without harming normal cells. Unlike common vaccines that are used to prevent diseases such as mumps or measles, cancer vaccines are used to treat, not prevent, lung cancer. Although the research in this area is showing some promise, vaccines are only available in clinical trials at this time.

There is still much research needed to develop even more effective treatments for lung cancer; however, today more people are surviving the disease than ever before.

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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FLCancer.com**

November is Diabetes Awareness Month

LINK BETWEEN OBESITY AND LOW TESTOSTERONE

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

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

Effects of Low Testosterone

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

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

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

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

Age is Not Always the Deciding Factor

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

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

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

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

With our waistlines expanding, the results could speak to many American men. In view of the fact that almost one-third of the U.S. is obese, these observations have profound pathophysiological, clinical, epidemiological and public health implications.

Weight loss increases testosterone levels.

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

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



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

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

At Lifestyle Solutions we also offer growth hormone replacement to help treat adult growth hormone deficiency that affects adults over 30-40 years of age.

For an appointment or to speak with someone about our weight loss programs, call 352-368-2148. today.

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
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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.

Female Continence & Pelvic Surgery Center

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352-633-0703 | www.fecapsc.com | www.addlifeurogyn.com



HOW DIABETES DIRECTLY AFFECTS YOUR HEART

Dr. Sivasekaran, MD

Since November is American Diabetes Month, there's no better time like the present to address the widespread epidemic affecting our country. Diabetes affects over 30 million Americans and is the 7th leading cause of death. What's even more staggering is that folks with diabetes are 2 to 4 times more likely to die of a cardiac episode than those individuals without high blood sugar.

If you are prediabetic or have diabetes, it's imperative that you see a cardiologist. With diabetes, cardiac episodes are not a matter of "IF," but rather a matter of "WHEN!"

Glucose And Your Heart

Concerning your heart's health, sugar (glucose) raises your risk for heart disease by contributing to metabolic syndrome. Metabolic syndrome is a condition in which the insulin and leptin levels are high and resistant. Usually, high blood pressure, high cholesterol, high triglycerides and visceral fat are prevalent in diabetics, which leads to heart disease and coronary disorders.

Insulin is a hormone that helps move sugar into the blood for energy, in the case of an insulin resistant person, they have too much sugar, and the body cannot adequately utilize the source. This leads to weight gain, obesity, and subsequently, a more sedentary lifestyle. Leptin is a hormone that helps regulate body weight by sending signals to the hypothalamus in the brain. When the signals are distorted, the body becomes leptin resistant, and a person may often feel extremely hungry and irritable, which contributes to a vicious cycle of overeating foods that are high in sugar and unhealthy fats.

Metabolic syndrome is a significant factor in heart disorders, and in recent years, metabolic syndrome has become a commonly identified risk factor for cardiovascular disease because a vast amount of Americans are overweight and their entire bodies are literally inflamed; this inflammatory response affects their vascular structures. When the vessels are circulating high-glucose blood, atherosclerosis occurs at a greater intensity. Atherosclerosis is a build-up of plaque and causes a hardening of the arteries.

Why are so many Americans affected by diabetes? The average person consumes 30 teaspoons of sugar per day. It's hiding in everything from salad dressings to low-fat baked goods to crackers. Unfortunately, Sugar has become a major staple in the American diet. The normal fasting blood sugar levels



are anywhere from 70-99 mg/dl. The normal A1C, which measures the blood glucose level, should be below 5.7%.

Type I Diabetes Complications

- Cardiovascular Disease and Elevated Risks
- Eye disease and conditions
- High blood pressure
- High cholesterol
- Kidney disorders
- Low blood sugar
- Stroke risks

Type II Diabetes Complications

- Alzheimer's and Dementia
- Amputations
- Heart Disease
- Kidney disease
- Neuropathy
- Non-Healing ulcers
- Skin Conditions
- Stroke Risks
- Vascular disease
- Vision loss and disorders

Even for individuals that are responsible, and are treating their diabetes with medication and have balanced levels of glucose, their risk for cardiovascular disease is still at a higher level than most other patients. Why? Their metabolic syndrome directly affects their risk factors.

Metabolic Syndrome in Diabetics Triggers

- High Lipid Counts
- Being Overweight
- Poor Diet (Sugar Cravings)
- Visceral fat
- Abdominal fat
- High blood pressure
- Lack of exercise

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.

What You Can Do

Along with your physicians dietary and exercise recommendations, getting your blood sugar levels lowered with medication is the first step for people with Diabetes. The other important factor is to stop smoking, as this causes additional arterial weakening and atherosclerosis.

Losing weight and keeping stress levels low will also help with alleviating the side effects of diabetes. If you have diabetes or any heart-related symptoms, please call to make an appointment with a cardiologist today. It's too risky to take a wait and see approach; your health is more important than your convenience.

Dr Sivas provides a wide range of services that focus on the prevention, prompt diagnosis, and state-of-the-art treatment of cardiovascular disease. He prides himself on being an exceptional practice where patients come first. His medical staff are highly trained professionals, maintaining the highest level of accreditation in cardiology to address the unique needs of those they are privileged to serve.

Don't Ignore Your Symptoms! If you or someone you know needs to have a cardiology consultation, are concerned about your risk factors, or are experiencing symptoms of chest discomfort, shortness of breath or other related issues, please contact them at (352) 369-5300, or visit DrSivaOcala.com

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

Siva M.D. P.A.

Office Location:

2845 Southeast 3rd Court
Ocala, FL 34471

Advanced Treatment for **OVERACTIVE BLADDER**

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

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

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

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

SACRAL NEUROMODULATION

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

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



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

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



855-298-CARE
Advancedurologyinstitute.com

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

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

BOTULINUM TOXIN (Botox)

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

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

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

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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CLEAR FACTS ABOUT CATARACTS

A cataract is the most common cause of vision loss in people over age 40 and is the principal cause of blindness in the world. In fact, there are more cases of cataracts worldwide than there are of glaucoma, macular degeneration and diabetic retinopathy combined.

Today, cataracts affect more than 22 million Americans age 40 and older. And as the U.S. population ages, more than 30 million Americans are expected to have cataracts by the year 2020.

Types of Cataracts Include:

- A **subcapsular cataract** occurs at the back of the lens. People with diabetes or those taking high doses of steroid medications have a greater risk of developing a subcapsular cataract.
- A **nuclear cataract** forms deep in the central zone (nucleus) of the lens. Nuclear cataracts usually are associated with aging.
- A **cortical cataract** is characterized by white, wedge-like opacities that start in the periphery of the lens and work their way to the center in a spoke-like fashion. This type of cataract occurs in the lens cortex, which is the part of the lens that surrounds the central nucleus.

Symptoms and Signs of Cataracts

A cataract starts out small and at first has little effect on your vision. You may notice that your vision is blurred a little, like looking through a cloudy piece of glass or viewing an impressionist painting.

A cataract may make light from the sun or a lamp seem too bright or glaring. Or you may notice when you drive at night that the oncoming headlights cause more glare than before. Colors may not appear as bright as they once did.

The type of cataract you have will affect exactly which symptoms you experience and how soon they will occur. When a nuclear cataract first develops, it can bring about a temporary improvement in your near vision, called "second sight."

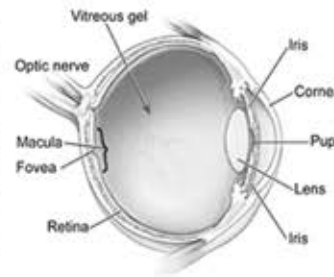
Unfortunately, the improved vision is short-lived and will disappear as the cataract worsens. On the other hand, a subcapsular cataract may not produce any symptoms until it's well-developed.

If you think you have a cataract, see an eye doctor for an exam to find out for sure.

What Causes Cataracts?

The lens inside the eye works much like a camera lens, focusing light onto the retina for clear vision. It also adjusts the eye's focus, letting us see things clearly both up close and far away.

The lens is mostly made of water and protein. The protein is arranged in a precise way that keeps the lens clear and lets light pass through it.



But as we age, some of the protein may clump together and start to cloud a small area of the lens. This is a cataract, and over time, it may grow larger and cloud more of the lens, making it harder to see.

No one knows for sure why the eye's lens changes as we age, forming cataracts. But researchers worldwide have identified factors that may cause cataracts or are associated with cataract development. Besides advancing age, cataract risk factors include:

- Ultraviolet radiation from sunlight and other sources
- Diabetes
- Hypertension
- Obesity
- Smoking
- Prolonged use of corticosteroid medications
- Statin medicines used to reduce cholesterol
- Previous eye injury or inflammation
- Previous eye surgery
- Hormone replacement therapy
- Significant alcohol consumption
- High myopia
- Family history

Treating Cataracts

When symptoms begin to appear, you may be able to improve your vision for a while using new glasses, strong bifocals, magnification, appropriate lighting or other visual aids.

Think about surgery when your cataracts have progressed enough to seriously impair your vision and affect your daily life. Many people consider poor vision an inevitable fact of aging, but cataract surgery is a simple, relatively painless procedure to regain vision.

Cataract surgery is very successful in restoring vision. In fact, it is the most frequently performed surgery in the United States, with more than three million Americans undergoing cataract surgery each year. Nine out of 10 people who have cataract surgery regain very good vision, somewhere between 20/20 and 20/40. We are fortunate to have some of the best cataract surgeons in the country in Sarasota and Manatee counties.

352.237.0090 Dr. Latif Hamed, M.D. FFAO
800.489.1129
 3230 SW 33rd Rd, Ocala, FL



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.

He has been recognized multiple times by his peers in "Best Doctors of America".

Dr. Hamed's office at 3230 SW 33rd Road in Ocala, is equipped with the most advanced diagnostic equipment and newest procedures, allowing him to offer his patients the newest way to reduce or eliminate glasses. New patients are welcome. Most insurance plans are accepted and filed for you.

The Smile Prescription:

The Secret to Happiness is Under your Nose

Did you know that smiling and laughing are programmed into our brain?

I love this story; it is going blow your mind on how this works!

Dr. Itzhak Fried is a neurosurgery professor at UCLA. What he found is literally shocking in every sense of the word. Dr. Fried's team delivered electricity to a woman's brain to stimulate smiling and laughing! It sounds like a taser that makes you laugh!

As the story goes, the test subject was instructed to perform unrelated tasks, such as reading, counting, or moving her hands and feet. When they delivered very small amounts of electricity to the front of her brain, she consistently demonstrated a smile.

At higher currents, a "robust and contagious laughter" was induced, and the higher the current, the longer the duration and intensity of the laughter. This laughter was accompanied by a sensation of mirth and merriment, and when the current got high enough, she would stop performing all other activities while laughing. When the laughter was stimulated with electric shocks, she associated whatever she was doing at the time with being "funny." Stand-up comics around the world are dying to learn about this technology!

If the test subject was reading about a horse and received the stimulation, she thought the horse was funny. If she was talking to people in the room during stimulation, she thought the people were funny. If you let this sink in, the implications are astonishing. Our brain is like a computer, and brain cells (neurons) work using electricity and chemicals (neurotransmitters is the fancy word for these chemicals in our brain). This electrical and chemical stimulation creates "shocks" in our brain all the time, and we use these shocks to control our body to move, sing, read, laugh, eat, play, or sleep. Just like this young lady, we can give ourselves "Smile Shocks" and stimulate our own brain to feel however we want to feel. We can choose what we find to be funny or not funny. And we can rehearse and strengthen the behavior patterns and neural networks that we choose with these brain shocks. Kind of creepy, and the good news is that you don't need to hook batteries up to your head to make this happen. Just practice your smile and give your brain a smiling power surge!

Basic neurophysiology tells us that stimulating (or shocking) the brain is how we get better at a musical instrument, sport, language, or any discipline for that matter.



By constantly stimulating a specific area of our brain, we consistently improve that behavior. It is like building a muscle. The more you stimulate it, the more that area develops. Doesn't it feel good to be stimulated? So let's make sure we stimulate ourselves (shock our brain) in behaviors that are favorable and serve us. This strategy also works when you stimulate and reinforce behaviors relating to anger, sadness, depression, and rage. And, all of our brain stimulation ultimately comes from within.

So here is the question: Are you controlling what stimulates your brain? Or, are you letting other people or external factors shock your brain and control what stimulates your behaviors?

Who is minding your mind? If you don't mind your mind, someone else will start controlling it. Frankenstein had the bolts on the sides of his neck just in case his brain needed a jumpstart. Just think of people in the same way, and sometimes they need a "smile shock" to get their smile going. Always keep your jumper cables handy!

We can Jumpstart a Smile in Anyone! The Evidence Is In!

Now you can understand why this is so important to me. The evidence is clear that smiling and creating positive meaning in your life will make you happier, reduce your stress, and help you live longer.

On the other hand, lack of smiling correlates to feelings of sadness, depression, and a shorter life span. This is so important, we have created a simple five step fun process that everyone can follow to enhance their smile. Isn't it fun to learn about the magic in life?

Saturday Smile

Here's a story I would like to share with you to raise awareness about smiling. So I'm feeling good because it's a Saturday morning. :) My wife and daughter like to sleep in so I pack my noisy boys into the car to go get breakfast. My dad used to bring us doughnuts on Saturdays, so I can't help but take the kids to the bakery. We are in the car, and it is a little too early in the morning for the boys to really get into their fighting (if you have kids you understand), and I propose a game to keep them occupied.

I put my best smile on, "Hey you guys, want to play a game?"

"What is it?" they say with excitement.

"As we drive, let's watch these people walking and exercising. Let's see how many we can count that have a smile on their face!" "Okay!" they say with the energy like we were going to Disney World. If they were dogs their tails would be wagging like crazy. It may just be the thought of pastries getting their blood sugars up, but I will take what I can get. We look at the walkers, runners, bikers, and stroller-pushing pedestrians. One, two, three, and so on.

"Do you see any smiling faces?" I say.

"No Dad..." Not a single smile. "Wait a minute...that kid tripped over and fell into the bushes, so his sister started laughing at him." On a beautiful, sunny Saturday morning in Florida, in a picturesque neighborhood with trees and golf greens, only the sister with the clumsy brother was smiling.

We get all the way to the bakery, passing at least thirty people. "I wonder why people don't smile more." My kids and I ponder. The facial expressions of choice were neutral, downward gazes, or mildly pained.

We walk into the bakery smiling, with a sense of adventure as we count faces (my kids were more focused on the doughnuts). People were there, eating, drinking coffee, reading the paper, listening to classical music overhead, and chatting. The young girl behind the counter had a slight smile ready for us. Everyone else was looking downward at their food, newspaper, or electronic gadget of choice. All of the other workers were moving like robots: cleaning, organizing, preparing, working, doing something, being busy, but not smiling. No one looked like they were having fun or enjoying life. I call it robot-face, or bot-face for short.

We walk up to the counter to give our order. I have a soft smile as my boys order, and they can be so wiggly as they talk—you know how little kids somehow cannot just stand still? They are being so cute that the teenage girl behind the counter starts smiling even bigger. Now we are getting somewhere!

I smile and tell her, "Hey, we've been people watching today to see who is smiling, and you are the only one in the store that has a smile on their face—and you have a GREAT smile!" She immediately breaks out into a great big smile and says,

"Thank you!" What a nice gift she gave us with her smile!

I told her, "Keep smiling, and make sure you share it with everyone!" As I put the change in the tip jar, she laughed and said, "Thank you for the tip!"

"No problem," I said.

She looked at me and said, "No, the tip about smiling. You are right, I do need to smile more. I don't want to look like a zombie. That is a tip that I can use all the time!" And she gave me her biggest smile yet.

We all enjoyed a smile together, and our morning was a memorable one.

It certainly made my boys happy, though I'm not sure if it was the smiling, the pastries, or the sugary sprinkles on top (sprinkles somehow make us smile too.)

What Is the Point of Smiling So Much?

I was shocked to realize that so many people walk around with a blank face, so I started counting to see if I was just fooling myself. I have counted smiles in grocery stores, parks, shopping malls, theaters, restaurants, airports, popular theme parks, indoors, and outdoors. Out of a hundred, the most common number of smiling faces I count is three!! The highest I got was ten, and that was in a restaurant when people were really yucking it up (was it the wine?). A survey of 2,000 people showed that adults smile on average seven times per day.¹¹ —REALLY?!!

One of the reasons we may not recognize this lack of smiling is because it is socially inappropriate to look at people's faces when they are not addressing us.

Just consider if you are glancing around the room and someone makes eye-contact while you are looking at them. We often divert our eyes and look the other way to avoid embarrassment. So, even if someone is wearing a blank face, it is almost a reflex for us not to check out their face too much. We don't want to be rude! These social rules make us less aware of how many people wear flat faces in their daily activities. I have a question for you. Have you ever noticed how many (or how few) people are smiling around you? Or how often YOU smile through the course of a day?

When I ask people how many smiles they think they will see in the next hundred people they come across, some say as high as seventy-five percent! Most of us tend to overestimate how much other people (and ourselves) smile. When you realize that so few people smile during their daily activities, it is not so surprising that stress and depression are such a problem today.

Now, consider the opposite of this blank-faced scenario. What if we walked around with a BIG smile on our face? What if we are just happy to be alive, happy we are not in the hospital, or happy that we have two hands, and we show this on our face with a grateful grin?

People will think there is something wrong with us, or that we are drunk, or up to something! It should be the other way around! The world would be a better place if more people walked around with smiling faces, and there were fewer flat expressions to be seen.

Living In Captivity

Take a moment to think about the simple things we do on a daily basis. If you go to the gym, there are usually some very motivated people there working out early in the morning. Their drive is admirable, though their faces don't usually look very happy. We go to the grocery store, surrounded by more choice.

The hypnosis of daily activities can make us look like we are automatons, or on cruise control. We can appear devoid of joy, happiness, or gratitude for the blessings we have. The bottom line is, people don't tend to look that happy, even though we live with some of the greatest financial, technological, and informational abundance in the history of the world! People often look like they are living in captivity. When we go to the zoo, we sometimes feel bad for the animals and say, "Wow, those animals don't look that happy." Yet, the animals in the zoo look through the bars at the humans and say, "Wow, those people don't look that happy." Who is the one living in captivity?!? Maybe that is why it makes us so sad when we feel for the animals at the zoo. On some level, most of us know what it means to be restricted, constrained, or held back from what we really need. People are held captive in their minds from what they want most—to smile and be happy.

Are you going to take control of your life, or are you going to live in the captivity of the auto-pilot mind? Break through the bars, take the Smile Challenge to heart, find your Smile Buddies, and claim the freedom, happiness, and smiling in your life now!

.....Enjoyed this post? Great!
The above post is an excerpt from
"The Smile Prescription" by
Dr. Rich Castellano and is available to
purchase NOW from Amazon and
Barnes & Noble



Dr. Castellano

ABOUT DR. RICH CASTELLANO

Wall Street Journal best-selling author, Dr. Rich Castellano (also known as "The Smile Dr.") is a double board certified facial plastic surgeon and facial analysis expert. He travels the country training doctors, healthcare providers, and entrepreneurs in innovative non-verbal communication found in his bestseller, *The Smile Prescription*. Dr. Castellano is currently the #1 Double Board Certified Facial Plastic Surgeon Bellafill injector in the world, and the #1 Radiesse injector in the Tampa Bay Area. He is the first facial plastic surgeon in the world to regularly broadcast his surgeries and procedures LIVE to thousands of viewers across the globe on Periscope.tv and FB. Dr. Castellano has made hundreds of live appearances including guest interviews on The Daily Buzz, FOX, NBC, ABC, CBS, and numerous other media outlets.



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Patient and any other person responsible for payment has a right to refuse to pay, cancel payment, or be reimbursed for payment for any other service, examination, or treatment that is performed as a result of and within 72 hours of responding to ad for the free, discounted fee, or reduced fee service, examination or treatment.

November is National Hospice and Palliative Care Month



COMFORT CARE: *a growing trend in medicine*

By Carmel Quigley, MD, Medical Director, Center for Comprehensive Palliative Care

Carmel Quigley, MD, is a Medical Director with the Center for Comprehensive Palliative Care and Hospice of Marion County.

All of us deserve to live as comfortably as possible, right? But when an accident, sudden illness or chronic condition takes hold of our lives, comfort may seem impossible or out of reach. In the past decade, hope for relief from acute pain and distressing symptoms has become a reality and within reach, thanks to a growing trend in modern medicine: palliative care.

Palliative Care? What is it?

The word “palliative” is defined as comforting, soothing, calming and reassuring. It should not be confused with quick fixes offered in so-called “pain clinic” settings. Palliative care is specialized medical care for people with serious conditions. Its focus is to provide relief from the symptoms, pain, and stress that entails—whatever the cause or diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of doctors and advanced registered nurse practitioners, who work together with a patient’s primary doctor and/or specialist to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and can be offered along with curative treatment.

So how is palliative care different than popping pills?

“I don’t want to become an addict or a statistic in the opioid crisis!” These are common but unwarranted concerns. Because patients are carefully regulated by their physicians with consultations from experts at Marion County’s Center for Comprehensive Palliative Care, people can rest assured that their pain and symptoms can be managed (most within 24-48 hours) and their conditions monitored on an ongoing basis. Those with advancing illness can deal with their situation without the added burden of debilitating pain or life-altering symptoms that prevent them from enjoying daily life.

How did palliative care start in Marion County?

A decade ago, Dr. Segismundo Pares, then Senior Medical Director for Hospice of Marion County, attended a medical conference where he learned that 80% of hospital patients were suffering. Eighty percent! The study concluded those patients could

benefit from palliative treatment. This fact applied not only to terminal patients, but to those who were not facing death. Dr. Pares determined to change that statistic...at least in Marion County. He began performing consults on hospital patients and single-handedly spearheaded the program, seeing 70 patients in two months. The positive results were astounding.

Thus, the Center for Comprehensive Palliative Care (CCPC) was launched under the auspices of Hospice of Marion County. As a consulting service to physicians, CCPC was awarded national recognition as a model program in its first year. Its success continues to grow, but the patients are the real beneficiaries.

How does someone get palliative care?

Well-informed consumers should know the facts. They can request palliative treatment if the outcome from surgery, accident or disease has left them in physical or mental distress. Palliative care improves health care quality in three significant ways. It:

1. effectively relieves physical symptoms and emotional suffering
2. strengthens patient-family-physician communication and decision-making
3. ensures well-coordinated care across healthcare settings

As a holistic approach to care, palliative medicine is about a person’s whole being, including family and loved ones. It is covered by Medicare, Medicaid and most private insurances. A consult is available through one’s own physician or by calling (352) 291-5881 for information about receiving services.

The Future of Palliative Care

The steady growth is primarily in response to the increasing number of people with serious and chronic illness. People are living longer, but not necessarily better. Their needs are many, placing overwhelming caregiving demands on families. We recognize their needs at CCPC and are addressing these challenges through a strong partnership between patient, family and our supportive palliative care team.

Today, CCPC is overseen by three medical directors and five advanced registered nurse practitioners, one of whom serves as the program’s manager. Together we will conduct more than 1,000 consults this year, in hospitals, nursing homes, assisted living facilities and even private homes. We are also gratified to have recently earned the Joint Commission’s seal of approval, the national standard in quality healthcare. Palliative medicine is real medicine. And it can help make life worth living.

Feel better. Live better.

*Learn how the Center for Comprehensive Palliative Care can help:
(352) 291-5881 or visit www.marionpalliativecare.com.*



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

With 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.

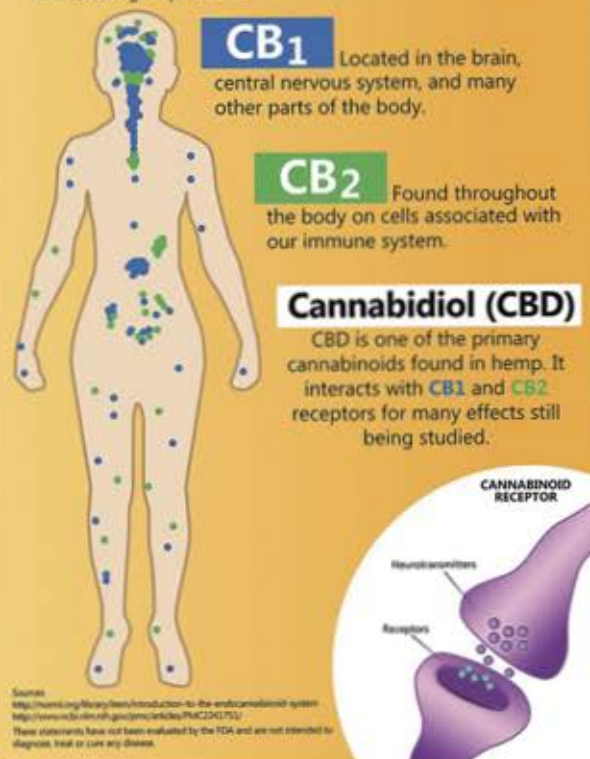
Before a patient can legally purchase medical marijuana in Florida the specialized marijuana physician will enter a recommended dosage amount into the registry. Once the doctor has recommended a dosage the medical marijuana patient can only purchase medical marijuana from licensed MMTC's any marijuana 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.

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.



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.

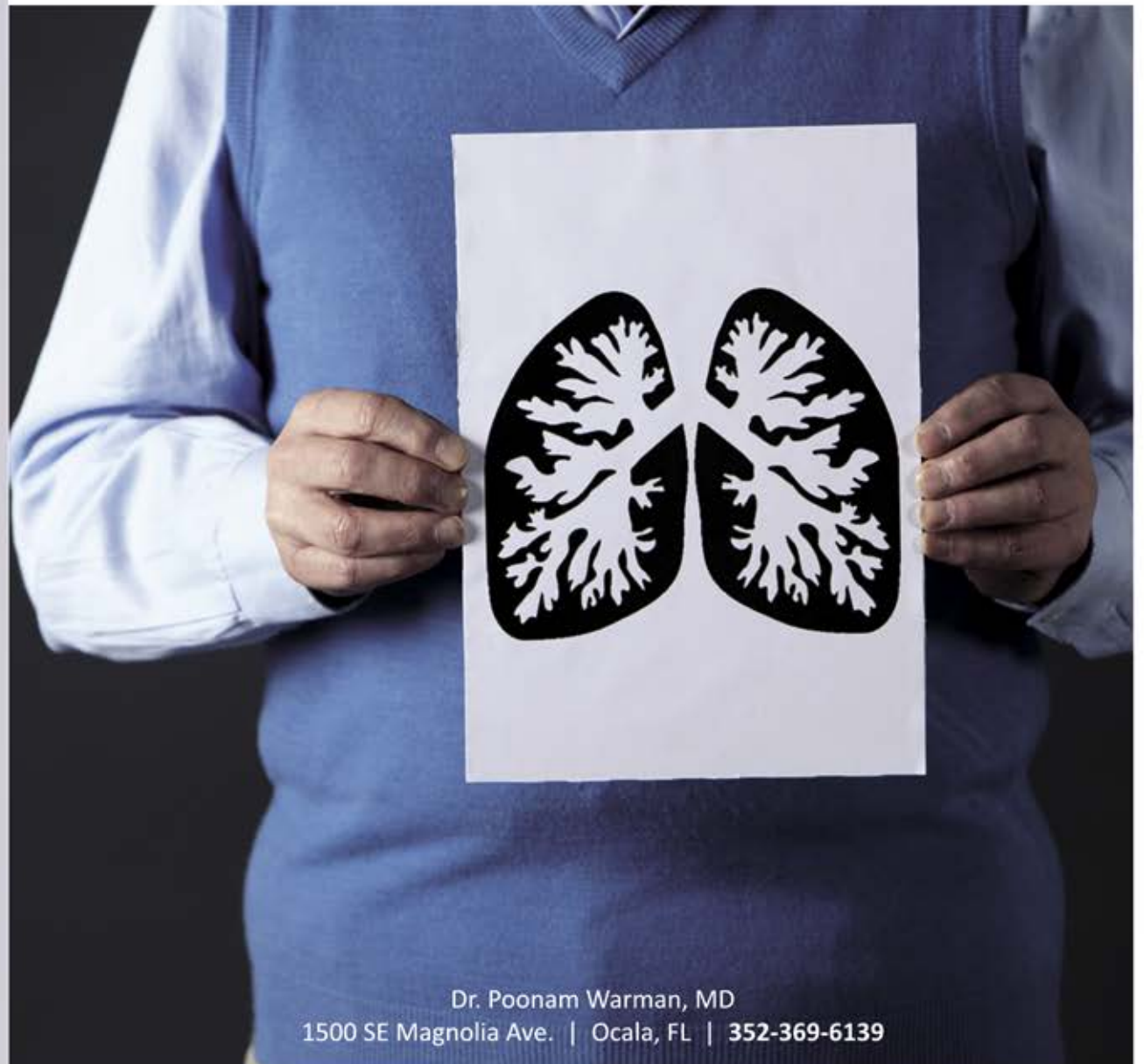
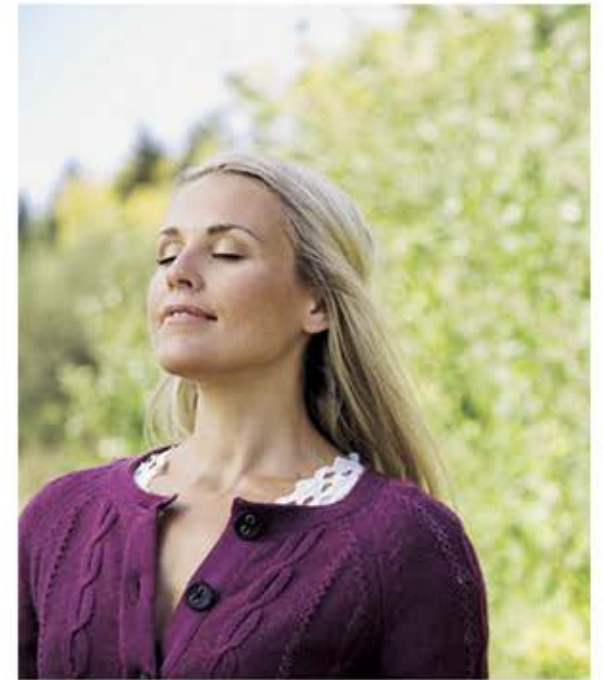
Although COPD cannot be cured, it can be managed. The goals of treatment are to:

- 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

Learn How You Can Feel Better, Look Better & Perform Better

Energy Medical—A Therapeutic Health Center

You Are Amazing!

The message is loud and clear! Our bodies are amazing! We read stories & hear testimonies all through out our lives of amazing physical accomplishments, health recoveries, athletic performances, artistic masterpieces, etc. Is there a secret?

Remember when you were young and how quickly you recovered from injuries and sickness? Remember how much energy you had? What changed?

The Fountain of Youth Is Within You!

Your body should be producing over 2,000,000 new stem cells every second of every day. This only happens when you have enough energy! How can we increase our energy levels? How can we harness the fountain of youth within us?

Your Amazing Ability To Heal!

The truth is, we have an amazing ability to heal from virtually any kind of disease or injury but only when we have enough energy for our cells to function in a normal fashion. We have amazing abilities to perform, mentally and physically; but only when we have enough energy.

What energy, you ask? The same energy measured by doctors with EKG, EMG, EEG and Nerve Conduction tests. Electro-Cardiograms, Electro-Myograms, Electro-Encephalogram tests, measure the electrical energy of the heart, muscles, brain and nerves. Cellular energy (ATP) is generated in the mitochondria of every cell.

Electrical energy is an intricate part of our overall general health and well-being. Exercise, diet, massage, yoga, chiropractic, supplements, acupuncture, drugs, surgeries, etc. etc., will only take you so far. Why? — because our whole body runs on electricity. Are you ready to have more energy?

You Are Amazing. You Can Even Be Better!

There is a technology that when applied to the skin causes every cell in the body to shine at its brilliance

with increased energy. Increased energy levels means increased strength, endurance, mental clarity, focus, blood-flow, performance levels, detoxification, accelerated natural healing and much, much, more.

AMT, (Acuscope, Myopulse Technology) is a unique, artificial intelligence, micro-current delivery instrument which helps optimize the very same electrical energy measured with EKG, EMG, EEG, & Nerve Conduction devices. AMT increases ATP production through-out the entire body! It sounds complicated but it's as simple and pleasant as a massage, a wonderfully, unique massage.

Electro-Massage – The Ultimate Therapeutic Experience

EMed's unique Electro-Massage is a futuristic, amped-up version of traditional massage utilizing AMT technology. The Electro-Massage allows energy to flow right through your therapist's fingers, penetrating muscles, nerves, organs and skin. You will experience pain relief, melting-muscle knots, increased energy levels, enhanced blood-flow, improved collagen production, detoxification and much more. A 2 hr Full-Body Electro-Massage really is the Ultimate Therapeutic Massage Experience.

Benefits Of Electro-Massage

- Measurable pain relief in muscles and nerves
- Improved blood flow, oxygen & nutrient delivery to cells
- Increased energy levels, strength & endurance levels
- Improved mental clarity, focus & concentration
- Improved lymph drainage & detoxification
- Dramatic stress reduction & relaxation
- Overall performance enhancement
- Improved overall health & accelerated natural healing
- Increased collagen production for optimal skin conditioning
- And much more...

energy therapies and detoxification quickly becomes apparent when you enter the futuristic health and skincare center.

EMed's unique AMT technology has an amazing history. For more than 30 years it has been used as a secret weapon in the back room of many Olympic and professional sports teams. Acclaimed by Sports Illustrated as the "Miracle Machine." AMT is based on physics. Physical science controls chemistry. All the functions of the body can be optimized with AMT. An AMT Electro-Massage is the ultimate therapeutic experience.

How Can EMed, AMT and Electro-Massage Help You?

- Helps you look better, feel better and perform better
- Provides highly effective, fast and lasting results
- Increases energy levels, blood flow, natural healing and detoxification
- Utilizes advanced artificial intelligence, electro-magnetic, pulsed-frequency waveform technologies to safely restore health without drugs or surgeries

EMed also offers an entire wellness program into their patient care that synergistically combines traditional massage and anti-aging therapy facials with electro-massage, electro facials, and mental clarity treatments.

Facials using the AMT technique are amplified. Referred to as the Bio-Energetic Face Lift, micro-current facials stimulate collagen production, blood flow and lymph drainage on an accumulative basis. Normal, healthy skin will naturally optimize oxygen, nutrient absorption, and moisture levels.

Decades ago, micro-current treatment was used exclusively for Hollywood's elite celebrities to help their skin and facial muscles tighten through non-invasive micro-current treatments. It was reserved only for the stars that could afford its high price and secrecy at the time. Fortunately, times have changed and now this fantastic technology is available for everyone to enjoy.

Mental Clarity treatments are also available in their wellness package. This process involves the technologist utilizing AMT to stimulate the brainwaves and to help alleviate anxiety through the clarifying method of micro-current stimulation.

Since cell regeneration is proven unmatched with AMT therapy, EMed's facial, massage, mental clarity, and performance enhancement packages normalize the condition of the skin and cells - to return and regenerate damaged cells to their own natural, healthy state.

EMed now offers Corporate, Individual and Family Wellness program packages. These various levels of wellness are not only affordable but contain a number of wellness services and performance enhancement options.

You really can Look Better, Feel Better and Perform Better without drugs or surgery. Call Energy Medical today and schedule your Electro-Massage and free consultation at 352-552-1889 or visit EnergyMedical.net



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\$85.00 For One Hour Session
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\$85.00 For One Hour Session
Call and Schedule
2hr sessions are available

Energy Medical (EMED), is the leader in the field of electric medicine; specializing in pain relief and accelerated healing. They understand the importance of normalizing tissue at a cellular level for optimal health. Nutrition, exercise, energy and detoxification are the foundational building blocks for optimal cellular health. EMed's expertise in

Create a Safe Home for Dementia Patients

People 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.

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Having trouble Paying For Medical Equipment or Services?

Find out how HECM has Helped Many In Similar Situations

By Mark E. Ary, MBA - Senior Licensed Loan Originator

A Home Equity Conversion Mortgage (HECM) Loan is a reverse mortgage program that enables you to withdraw a percentage of your home's equity. If you're a senior and you have either paid off or paid down a significant portion of your mortgage, you may qualify for this supportive program.

Many people decide to move forward with a HECM for various reasons, but if you're suffering from a chronic health condition, it could be the answer you've been looking for. Because our population is living longer, people are searching for viable options to help them live out their best life. So while the retirement age used to only last a decade, it is now lasting for two or more decades. With longer life, we can experience and make many more memories, but along with this longevity of life, we often face significant health issues and financial challenges.

If you are diagnosed with cancer, your office visits, surgery, and treatment will be ongoing, and your cost associated with your care will be continuously escalating. The same holds true for many other age-related diseases and disorders. HECM's are not to be looked at as a last resort to economic difficulty, but rather as an opportunity to assist with your mounting healthcare bills.

Oxygen and Home Health Treatments

If you are medically uninsured or underinsured, healthcare services can be costly! Perhaps you have a severe condition like COPD, which requires you to have oxygen tanks and therapy in your home. If you are unable to afford these costs, you will likely spend multiple trips being rushed to the Emergency Room, due to the chronic fluid build up in your lungs and your sense of not being able to breathe. Being proactive and utilizing the government approved HECM program in these types of situations is far better than paying exorbitant unexpected ER visits.



The same holds true for countless other conditions that cause individuals to be predominately home-bound with a taxing effort to get the care they need. If you've had a stroke, have Heart Failure, or complications due to Dementia or other disorders you may need in-home care. In these situations, home health professional medical treatment is a top priority for keeping you healthy by getting you the therapy you need, like PT, OT, and Speech, or perhaps, even assisting you with your daily tasks.

HECM loans have a fairly standard process through the FHA (Federal Housing Administration) and allow you to use for your basic needs and necessities including your healthcare. You can choose whether you want a line of credit or a fixed monthly allotment. And the best part is that you still are in control of your home and it's title.

At Edison Mortgage Group, Mark Ary's mission is to serve his customers with honesty, integrity, and competence. Mark's goal is to provide home loans to his clients while providing them with the lowest interest rates and closing costs possible. Furthermore, he helps borrowers overcome roadblocks that can arise

while securing a loan. Mark wants to thank you for giving him the opportunity to earn your business! "What sets me apart from my competition is that my rates and fees are among the best in the nation."—Mark Ary

To find out more about your reverse mortgage options, please call Mark today at (239) 549-1997.

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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.

This 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.

To learn more about the product and to purchase visit www.theolakinocompany.com



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, RCPHT.

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Five Tips to Help Florida Residents Prepare for Open Enrollment and Save on Health Care Costs

Between October 15 and December 15, 2017 more than 235 million people will select or switch their health benefits plan during open enrollment. Now is the time to prepare for this important decision.

While more than 70 percent of Americans say they are prepared for open enrollment, most people struggle to understand basic health insurance terms, according to a recent UnitedHealthcare survey. Only nine percent of survey respondents could successfully define all four basic health insurance concepts: plan premium, deductible, co-insurance and out-of-pocket maximum.

Pete Clarkson, CEO for UnitedHealthcare's Medicare & Retirement Division in North & Central Florida, shares five tips to help you make the most out of your health benefits and better understand how to use your health care dollars.

1. Know your open enrollment dates

Open enrollment isn't the same or at the same time for everyone, so there are key dates to keep in mind depending on your situation:

- For the more than 177 million Americans with employer-provided coverage, many companies set aside a two-week period between September and December when employees can select health benefits for the following year.

- For the more than 58 million seniors and other people enrolled in Medicare, that open enrollment runs from October 15 to December 7 each year.

- Health insurance marketplace or individual state exchange open enrollment runs from November 1 to December 15, 2017.

For most people, changes made to coverage during open enrollment take effect January 1, 2018.

2. Take time to review your options

Every person or family has unique health and budget needs, so there is no one-size-fits-all approach to selecting a health plan. Take the time to explore your options and understand the benefits and costs of each plan so you can find the coverage that works best for you and your family members.

- Check if your current coverage still meets your needs and if your benefits will change next year.
- Determine if the plan is a good fit for your budget and pay attention to more than just the monthly premium. You should also understand other out-of-pocket costs, including deductibles, copays and coinsurance.

- Make sure your medications are covered. Even if you don't expect to change plans, it's important to ensure your drugs will still be covered next year.

3. Make sure your doctor is in your plan's care provider network

Even if you don't make any changes to your health insurance this year, it's still a good idea to ensure that any doctor you see regularly – or plan to visit in the coming year – is in your benefit plan's care provider network. If you plan to visit a doctor or hospital outside of the network, be sure to understand how your costs will differ from a network care provider because those costs will most likely be higher.



For the more than 58 million seniors and other people enrolled in Medicare, open enrollment runs from October 15 to December 7 each year. UnitedHealthcare is encouraging everyone to take the time to research options and prepare for this important decision.

Also, check if your plan includes 24/7 telehealth services for consultations on minor health issues. Often, telehealth – defined as online, or virtual, visits with a doctor over a computer, tablet or mobile phone – is available to people enrolled in employer-sponsored health plans and group Medicare Advantage plans, as well as select individual Medicare Advantage plans. Virtual visits may provide convenient and affordable access to care for minor medical issues, including allergies, bronchitis and seasonal flu.

4. Don't forget about additional benefits

Additional benefits such as dental, vision, accident or critical-illness insurance are often affordable options that can protect you and your family from head to toe. For people enrolled in Medicare, many are surprised to find that Original Medicare doesn't cover prescription drugs and most dental, vision and hearing services. But many Medicare Advantage plans do, often at a \$0 monthly premium beyond the premium for Original Medicare.

5. Take advantage of wellness programs.

Some health plans offer discounts on gym memberships and provide financial incentives for completing health assessments, signing up for health coaching programs, lowering your cholesterol, losing weight, meeting walking goals or stopping smoking. Programs are designed to reward people for making healthy choices and being more engaged in improving their health.

For help navigating open enrollment, visit UHCOpenEnrollment.com for articles and videos with easy-to-understand information about health benefits and health insurance terms.



HEALTH INSURANCE

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Health insurance marketplace or individual state exchange open enrollment runs from November 1 to December 15, 2017. Every person or family has unique health and budget needs, so take the time to explore your options and understand the benefits and costs of each plan.

The Pastor, The Widow, and The Doctor

By Alex Anderson,
Senior Associate Pastor at Bayside Community Church

A pastor went to visit a widow. She greeted him with a warm smile. She invited the pastor in and offered him a cup of coffee. As they sat at the kitchen table in her modest home and talked the pastor began to realize how poor the widow was. Not only was the home in need of repair, which included a new roof, but she wore clothes that were very clean and neat, like the inside of her home, but were tattered and in need of replacing.

The pastor was moved with compassion for the widow and felt bad for even drinking her coffee. He began to pray in his heart how he could help the widow.

Under the circumstances, she was surprisingly buoyant. She never complained and had a smile on her face.

Her husband died less than two years earlier. He had been a blue-collar worker all of his life and made very little income. He did not leave any money for retirement nor did he have life insurance.

Out of compassion, he asked how she was doing financially knowing that she was not able to work due to health problems. As a small crease formed on her forehead she paused and looked into her coffee cup and hesitated but with a little more nudging from the pastor she shared her financial situation.

Her only income was a little less than \$500 per month from Social Security and she obviously had no savings. In addition to her home needing thousands of dollars in repairs, she owed thousands of dollars in medical bills. Her words began to settle into the pastor's hearts with an uneasy sick feeling. "How could anybody live on less than \$500 per month" was his first thought and the second was, "What could be done about it?" His internal prayer to God was "This has to be fixed, Lord. She must not live like this any longer."

The pastor thought, "The moment I get in my car I'll call the church treasurer and immediately have money given to her." He also decided to leave her



with the hundred dollars in twenties he had in his wallet, hoping to leave it in a way that she would find after he left.

As they continued to talk the pastor had a thought that he knew came from the Father in Heaven but he wrestled with the very idea. He decided to obey Holy Spirit and asked the widow a very personal question that could have seemed inappropriate and taken the wrong way under the circumstances. So he asked her permission first to ask the question since it could be a very sensitive issue. She said she trusted that he heard from God and would like to hear the question.

So he asked, "Do you tithe?"

For a moment she just sat and stared at him. And after gathering herself she looked him in the eye and said, "No. Not really. In the past my husband and I would give a little here and there but we did not honestly give God ten percent of our income. Why do you ask?"

The pastor, who know the real reason God instituted tithing, began to teach the widow. After about thirty minutes had gone by the widow's eyes lit up

and she said, "Do you mean to tell me God uses the tithe as a way of getting the things I need to *me* and He's not trying to get something *from me*?" The pastor smiled and said, "Of course. The truth is God doesn't really need the money for Himself. Yes, the tithe is used by the church for expenses and to help others, but it so much more than that."

The pastor could see a glimmer of hope in the widow's eyes. After they had finished talking the pastor prayed for the widow and as he was leaving quickly put his cash in his empty coffee cup while the widow was looking the other way.

The widow began to tithe that week and over the following months, a young doctor learned of her needs and, after talking with his wife, kind of adopted her. With great joy, the doctor and his wife replaced the widow's roof, bought her a newer model car, and helped her with many other financial needs. The doctor even reported that his own practice began to experience record growth shortly after he began to help the widow.

I know the pastor in this story very well and it gave me great encouragement to learn of how the Lord had responded to the widow and the young doctor's faith. With our natural mind, it makes no sense to give when you don't have enough, but the difference is to whom it is given.

There once was a credit card commercial that had the tagline, "What's in your wallet?" So my question is, "What's in your hand?" And if you put it in God's hand with a small amount of faith, what could happen?

To your spiritual health,

Alex E. Anderson

Senior Associate Pastor at
Bayside Community Church
Author, *Dangerous Prayers*

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