

T A M P A B A Y ' S

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

July 2021

Pasco/North Tampa/New Tampa Edition - Monthly

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**FREE**  



**Osteoarthritis**  
"OH MY ACHING KNEES!!"

See Page 6

**Oxygen Therapy**  
**for Stroke**

**CAN IT HELP TO REGENERATE**  
**THE DAMAGED BRAIN?**

See Page 10



**Is My Rotator Cuff**  
**Tear the Cause of**  
**My Shoulder Pain?**

See Page 12

**Connecting With**  
**Each Other**

**THE KEY TO HEALTH & WELLNESS**

See Page 19



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# Contents JULY 2021

- 6 Osteoarthritis: "Oh, My Aching Knees!!"
- 8 Bladeless Skin Cancer Treatment for Non-Melanoma Skin Cancers
- 9 Do You Really Need a Hysterectomy?
- 10 Oxygen Therapy for Stroke: Can it Help to Regenerate the Damaged Brain?
- 11 A Patient's Excruciating Back and Leg Pain... Relieved in One Day!
- 12 Is My Rotator Cuff Tear the Cause of My Shoulder Pain?
- 14 Quantum Technology: Innovative Treatment for Peripheral Neuropathy
- 16 Alzheimer's Disease & Brain Health
- 17 Vitiligo Awareness
- 19 Connecting With Each Other: The Key to Health & Wellness
- 20 Does Home Health Care Really Help?
- 21 Emotion Takes Control and Overrides Logic and Facts
- 22 Spiritual Wellness: Failure is a Part of Growth

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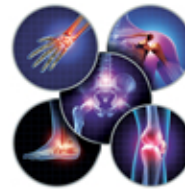
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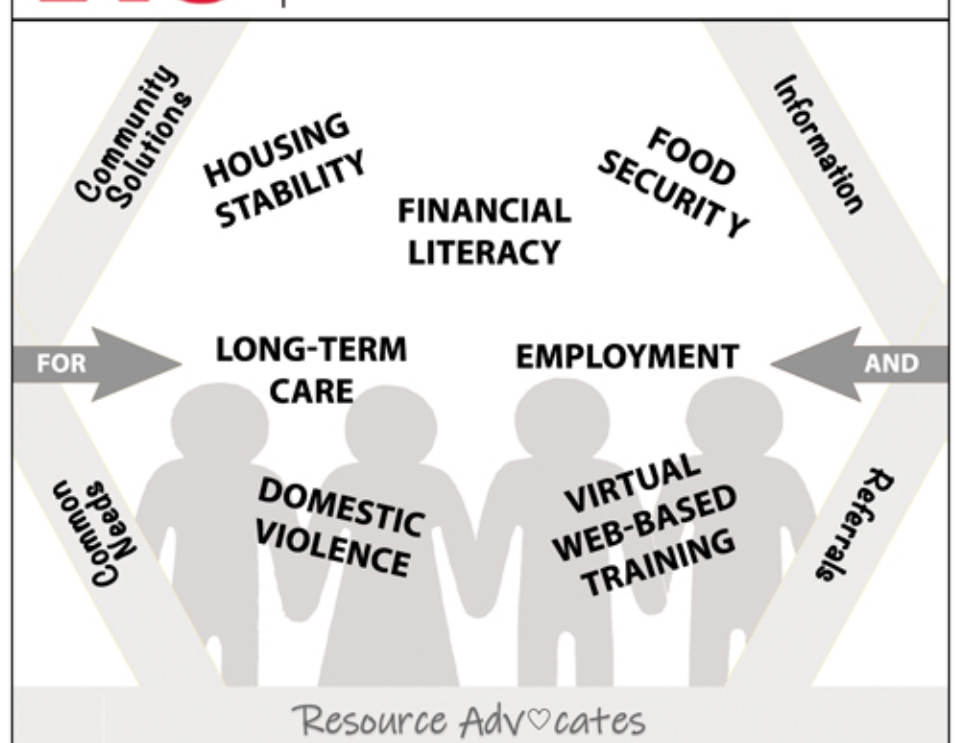
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# Osteoarthritis:

## “Oh, My Aching Knees!!”

By Joseph Borrelli, Jr., MD, MBA

**T**he Center for Disease Control (CDC) estimates that there are approximately 55 million Americans with arthritis, and this is projected to increase to 78 million by the year 2040. The most common type of arthritis is osteoarthritis (OA), osteoarthritis is also commonly referred to as “wear and tear arthritis” and “degenerative joint disease”. The knee is one of the most common of the body’s large joint to develop OA.

### What is OA?

Osteoarthritis is a condition where the natural cushioning substance, articular cartilage, that covers the ends of each bone in a joint, is gradually worn away. Articular cartilage is a meticulously organized and is a very tough material, it consists of chondrocytes (the cells of the cartilage), collagen (the fiber of the cartilage), proteoglycans (large bottle brush molecules which attract and trap water) and water. There are no nerve ends or blood vessels within cartilage, which impairs its ability to repair itself once degeneration starts.

The common denominator in the development of OA is the wearing away of the articular cartilage of our joints. Some joints appear to be more susceptible to the development of OA (knee) than other joints (elbow). Generally, as the articular cartilage begins to wear away, tiny cartilage particles are released into the joint’s fluid and are taken up by the synovial cells of the lining of each joint. The take-up of these cartilage fragments stimulates an inflammatory response within the joint, which is responsible for many of the symptoms we experience once OA begins to set in.

### OA Symptoms:

- Soreness and pain
- Joint swelling and stiffness
- Warmth
- Mobility issues



X-ray of a knee without osteoarthritis. The joint space between the femur and tibia represents the normal articular cartilage.

It is not uncommon for these symptoms to persist and worsen over the course of years, eventually leading to loss of joint motion, deformity and functional limitations.

### Diagnosing OA

Correctly diagnosing OA is important so as to make sure the joint symptoms are not caused by more sinister conditions (infection, fracture, tumor, etc.). Generally, OA can be diagnosed based upon a thorough history and physical examine and regular x-rays. Occasionally, more high-tech imaging is necessary to confidently make the diagnosis of OA. These more sophisticated imaging technics include CT scans and on occasion Magnetic Resonance Imaging (MRI). In most cause MRI’s are not necessary for the diagnosis of OA and should be reserved for those situations where the diagnosis is unclear.



X-ray of a knee with advanced OA. The joint space between the femur and tibia is markedly decreased, indicating that the articular cartilage has worn away, the bone beneath where the cartilage has become denser and bone spurs have formed around the joint.

### Treatment Options

Once OA has been definitively diagnosed treatment can be initiated. In most cases treatment of OA during its early stages includes the use of acetaminophen, ice, weight reduction and muscle strengthening. Muscle strengthening, particularly the muscles around the knee, should be performed under the supervision of a certified physical therapist to assure the exercises are performed correctly and to reduce the risk of addition injury. The muscles about the knee are secondary stabilizers and their strengthening can help reverse the instability that commonly occurs with thinning of the articular cartilage, ligamentous laxity and generalized muscle atrophy that occurs as we age and become less active. The use of acetaminophen, weight reduction, ice and physical therapy are the primary components of the first stage of conservative management of OA of the knee.

If the above measures are unsuccessful in relieving the knee pain associated with OA, additional measures can be undertaken. These include judicious use of non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen, naproxen and diclofenac, to mention just a few. NSAIDs are designed to reduce the inflammation associated with OA thereby reducing the pain and swelling of the degenerating and inflamed joint. Although effective in relieving the symptoms of OA, particularly in its early stages, NSAIDs have

been associated with gastric upset, stomach ulcers and kidney problems. The newer NSAIDs that have recently become available are more specific inhibitors of the enzymes involved in inflammation and are less likely to interfere with the protective lining of the GI tract. These newer NSAIDs are also taken less often than the older NSAIDs, during the course of the day. Although for many patients these medications are very effective at relieving their symptoms of OA they have not been shown to affect the natural history of the disease process.

The third line of treatment for degenerative arthritis of the knee is intra-articular injections. Typically, the first injections performed include a combination of fast and delayed action analgesics (lidocaine) combined with a corticosteroid. These types of injections are typically effective early in the disease process for relieving the pain and swelling of the knee. However, subsequent injections seem to be less and less effective at relieving pain and swelling of the knee. This type of injection is designed to numb the knee (analgesics) and reduce the surrounding inflammation (corticosteroids). The effects of these injections is somewhat unpredictable with some patients getting several months' worth of pain relief and other patients getting only a few weeks of pain relief. The length of time this type of injection is effective is related to the arthritic stage of the knee.

Visco-supplementation of the knee's synovial fluid is another type of knee injection. These, mostly hyaluronic acid products are designed to increase the lubrication of the knee and provide anti-inflammatory action, both which aid in pain reduction. These products can be quite expensive and often require pre-authorization by one's insurance company before being administered by your physician but can provide long lasting pain relief.



Xray after TKA, the femur and the tibia have been resurfaced with metal implants and the space between the two has been reestablished with highly cross-linked polyethylene.

Cooled radiofrequency ablation (COOLIEF) treatment of the knee is generally reserved for knee pain, secondary to advanced OA, in patients who are unable or unwilling to undergo a total knee arthroplasty (TKA). This procedure is generally performed by an interventional radiologist and involves temporarily incapacitating the nerves around the knee that are responsible for transmitting pain. Pain relief from this procedure is possible for up to a year or more.

#### Some Individuals Will Need Knee Replacement

Once all means of conservative management for OA of the knee have been exhausted consideration can be given to performing a total knee replacement/TKA. The goals of TKAs is to relieve pain, improve function and to correct leg deformity and increase knee range of motion. This surgical procedure involves removing the arthritic surfaces of the femur, tibia and patella and resurface them with metal and plastic. In most cases, the total knee components are cemented or glued into place with an acrylic cement, doing so allows the patient to weight-bear on the prosthesis once the patient has recovered from anesthesia. In general, total knee replacements have an excellent track record and, in most cases, provide excellent pain relief and improved function for many years and in some cases decades.

Although there are several different types of total knee prostheses on the market, I prefer the use of a prosthesis that does not rely on the anterior cruciate or posterior cruciate ligaments for stability, but rather relies on the design and the fit of the prosthesis for its stability and function. This particular type of design, the "medial pivot" or "medial congruity" prosthesis is being recognized more and more by experts in the field as the best design for primary TKA. This design has been shown to allow easier and more consistent implantation, improved knee range of motion, improved stability and less post-operative anterior knee pain, as compared to other types. Additionally, these "medial pivot" types have recently been shown to have superior longevity, including a recent report where nearly 98% of these knees were still in place at 18 years.

Although, there have been significant improvements in the design and manufacturing of total knee replacement components this type of surgery is not without risks and potential complications. Before a decision to undergo a total knee replacement is made, patients should have exhausted all

means of conservative management for their knee arthritis. Prior to surgical intervention patients should have a thorough discussion of the procedure and of the patient's expectations, as well as a complete review of the potential surgical risks, with their surgeon. Additionally, in an effort to minimize these risks and maximize outcomes patients should be medically optimized (including weight reduction, diabetes control, smoking cessation). Although undergoing a total knee arthroplasty for the treatment of disabling knee arthritis can be a positive life-changing event it is not without risks and requires hard work on the side of the surgeon as well as the patient.



**Joseph Borrelli, Jr., MD, MBA** is a Board Certified orthopedic surgeon who has been in clinical practice for more than 25 years. Dr. Borrelli received his medical degree from the University of South Florida, Morsani

College of Medicine, Tampa, FL. He completed his 5-year orthopedic surgery residency at the world renown Hospital for Special Surgery, Weill College of Medicine, Cornell University, NY, NY. Following his residency, Dr. Borrelli returned to Tampa for completion of an orthopedic trauma fellowship at Tampa General Hospital/USF, Tampa, FL. During his 25 years in practice, he has treated thousands of patients with a variety of fractures, sprains and strains, as well as patients with OA involving the knee, hip, elbow and shoulders. He has previously received awards for his innovative research, teaching and compassionate patient care. Dr. Borrelli is part of BayCare Medical Group and sees patients at the BayCare Outpatient Imaging Center in Trinity, FL and performs surgery exclusively at Morton Plant North Bay Hospital in New Port Richey, FL.



To schedule a consultation please call (813) 264-6490.

# Bladeless Skin Cancer Treatment for Non-Melanoma Skin Cancers

**D**id you know that skin cancer is the most common type of all cancers? Most skin cancers are non-melanomas. These are malignant but unlikely to spread if treated early. If they are treated early on, they also tend to be more surface-related and not too deep into the dermal layers. Melanomas, on the other hand, are often disfiguring and very dangerous. Malignant melanomas tend to proliferate, penetrate, and spread into other areas of the body more rapidly. Malignant Melanomas require Mohs Surgery.

Basal cell and Squamous cell carcinoma are both common non-melanoma skin cancers. These types of cancer can be treated with non-invasive Electron Beam Therapy.

## Non-Surgical Electron Beam Therapy

Electron beam offers patients an effective treatment without surgery. A small electron beam pinpoints the area precisely and destroys the cancer cells on contact. It is well controlled and does not penetrate the tissues too deeply, which preserves healthy tissue. While it is highly effective, it requires several rounds of treatment to ensure the cancer cells are completely eradicated and not impeding any tissue margins. Electron beam therapy offers dermatologists a precise mechanism for non-melanoma cancers and is an excellent option for sensitive areas such as the ears, lips, nose, and near the eyes. Electron beam therapy disrupts the cancer cells and reduces their likelihood of reproducing. Not all dermatologists offer this innovative procedure. ForCare Medical Group is on the leading edge of advanced procedures and treatment options. They are one of the only offices that provide Electron Beam Therapy here locally.

A dermatologist can diagnose up to 3,000 different skin disorders. On a regular basis, you should have a screening at least once a year. Because some forms of skin cancer grow very rapidly, if you are experiencing any new lesions, bumps, or moles that are of concern, you should schedule a dermatology appointment immediately.



## Be Proactive About Protecting Your Skin

Because early detection is the key to successful treatment, continual emphasis on the importance of regular skin screenings are critical to your health. Proactive prevention through sun protection and early diagnosis continue to be the smartest strategies.

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To schedule your appointment, please call ForCare today at (813) 733-7523.



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**Seth B. Forman, M.D.**

Dr. Seth B. Forman, award-winning Dermatologist, is owner of the ForCare Medical Group and has provided patient care for 12 years. He is Board Certified in Dermatology and Dermatopathology.

Dr. Forman graduated from the Medical College of Virginia in Richmond and completed his residency in a training program dedicated to dermatology and skin care at the Medical College of Virginia. He served as Chief Resident during his final year of training. Following that, he completed an advanced fellowship in dermatopathology at the Geisinger Medical Center in Danville, PA. Additional fellowships include the Radiation Oncology Summer Fellow at The Medical College of Virginia and the Microsoft Interactive Fellow at the University of Southern California.

Dr. Forman's research has led to his writing numerous peer-reviewed articles about various dermatological issues printed in select publications. Additionally, he is the primary author of two chapters in Comprehensive Dermatologic Drug Therapy, the leading reference textbook for dermatological therapeutics.

Dr. Forman is the winner of the AAMC/Pfizer Caring for Community Grant, American Cancer Society Community Service Grant and Mellette Cancer Scholarship. He is a member of the American Academy of Dermatology, Hillsborough County Medical Association and The American Medical Association.

A much sought-after speaker, Dr. Forman is a Regional Board Member for the American Cancer Society, Board Chair of Hillel Academy and has served as Board Member of The Liaison Committee for Medical Education (LCME), The Medical College of Virginia.



# Do You Really Need a Hysterectomy?

By Parveen Vahora, M.D.

**F**or women that have disorders of the uterus or other reproductive organ conditions, a hysterectomy is often recommended. However, in some cases, other options should be considered first, such as with endometriosis, pelvic organ prolapse, and certain cancers. This is especially the case, if women are still interested in trying to conceive. Other options can include medications, hormone therapy, ablations, surgery, or other minimally invasive procedures.

It's not uncommon for women to experience heavy bleeding due to fibroids or cysts at various stages in their life, but for many women endometriosis is often the primary disorder causing their ongoing issues. Endometriosis and intrauterine disorders can cause excessive bleeding and pain. For older women that are finished having children, gynecologists often recommend hysterectomy. The same holds true for women that are finished having children and may have complications due to cancer, ovarian cysts or tumors.

Deciding to have a hysterectomy is a big decision because once the reproductive organs are removed, hormone replacement therapy is absolutely necessary for overall wellbeing and health. However, in many cases, hysterectomy will be recommended as the optimal procedure for a women's overall health.

## What if I need a Surgical Hysterectomy?

Laparoscopic Hysterectomies are minimally invasive. Having a hysterectomy is a decision one in every three women in the United States will face. In fact, hysterectomy is the second most common major surgery among women in this country. Of those surgeries, approximately one-third will be performed as a minimally invasive procedure that can result in a shorter recovery and leave a smaller scar.

Dr. Vahora says "It is Not Your Grandmother's Hysterectomy®." Those who have a minimally invasive procedure typically return to normal activities in a few weeks. Women who have minimally invasive surgery have a faster recovery, less pain and less scarring. Traditional hysterectomies require an average hospital stay of five to seven days, and complete recovery may require up to two months. If you are a candidate for a minimally invasive procedure, you could return to your normal life in a much shorter time and experience a less painful recovery.



"Not Your Grandmother's Hysterectomy®," makes a monumental difference for patients.

Dr. Vahora is a pioneer for the DaVinci robotic surgery and in fact performed the first single-site hysterectomy in North Pinellas county. The benefits are numerous, such as shorter recovery times, less pain, and less scarring.

## After Hysterectomy Do I need to See my GYN?

Women that have undergone hysterectomy may think that they no longer need to see their gynecologist, but that is not true, and it is dangerous to put off gynecological wellness visits. Many issues can arise even after hysterectomy. It is advised that women continue with their yearly wellness exams and routine checkups.

Don't just live with your gynecological problems or discomfort, get the relief and new beginning that you are worthy of.

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**Parveen Vahora, M.D.**

*Dr. Vahora specializes in pelvic pain and endometriosis and is passionate about educating fellow physicians and the community on these topics. She is fellowship trained in minimally invasive surgery. Another focus of hers is sexual health and she offers MonaLisa Touch® for patients who have issues from having children, going through menopause, as well as post-menopausal women, cancer survivors, and those suffering from pain during intercourse or intense dryness or incontinence or prolapse.*

*Continually participating in research in the field of gynecology, Dr. Vahora is also a professional speaker, educating health care practitioners on hereditary cancers, multimodal pain management options, dyspareunia due to vulvovaginal atrophy and SERM treatment, and many other gynecological concerns.*

*Dr. Vahora looks at the whole person when administering highly acclaimed treatments, not simply their symptoms. She is a woman gynecologist and is well-known in her community for her deep commitment to positive outcomes for her patients. Most importantly, her patients love her because she listens, and her care is highly effective because of that.*

# Oxygen Therapy for Stroke: Can it Help to Regenerate the Damaged Brain?

Every year in the United States nearly 800,000 people will suffer from a stroke. If it's not caught early enough, it can lead to death, paralysis, cognitive impairment, aphasia and many more complications. When oxygen and blood can't reach the brain, the brain cells begin to die very rapidly.

Oxygen is the critical element of every cell in our body. Our bodies take in oxygen, and our bloodstream begins to flood our tissues and organs with oxygen-rich blood.

Countless researchers conceive that increasing the supply of oxygen to a stroke patient's damaged brain areas will alleviate brain damage by reducing swelling and regenerating brain matter.

Hyperbaric oxygen therapy (HBOT) is a medical treatment that delivers 100% oxygen to a patient's pulmonary system while they are within a pressurized chamber. This saturation of oxygen allows high-levels of life-sustaining oxygen to be delivered to the tissues and organs. This increase of the partial pressure of oxygen at the cellular level accelerates the healing processes and assists in the recovery from numerous indications.

In 2014 an extensive study called *Hyperbaric Oxygen Therapy in Acute Ischemic Stroke*, researchers studied Acute Ischemic Stroke patients and how HBOT effects oxidative stress, inflammation, apoptosis, neuroprotection and cerebral blood flow. They concluded that HBOT seems promising in reducing secondary hemorrhage of ischemic stroke patients which is worthy of further studies.<sup>1</sup>

Many patients have tried HBOT for various disorders and disease states, and the majority of them will give glowing reviews for disease reversal and regression. There are no guarantees and off-label use is at the person's personal discretion. Individuals wanting to explore HBOT have the right to do so, although results are always based on a patient's overall health, physical condition, and other medical factors.

References:  
1. Z Ding, Hyperbaric Oxygen Therapy in Acute Ischemic Stroke: A Review, *Interv Neurol*. 2014 Aug; 2(4): 201-211.



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#### Currently, There Are 15 FDA Approved HBOT Conditions:

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- Enhancement of Healing in Selected Problem Wounds
- Exceptional Anemia: Resulting of Bleeding
- Gas Gangrene
- Intracranial Abscess
- Osteomyelitis
- Radiation Injury
- Refractory Osteomyelitis
- Thermal Burns
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HBOT is used "off-label" for various disease states and disorders and HBOT may be ordered by a physician for off-label indications. Hyperbaric Centers of Florida makes no claims as to the efficacy for any indications other than the fifteen approved by FDA.

#### Common Off-Label Indications:

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- Inflammations
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- Oral Disease
- Peripheral Neuropathy
- Rheumatoid Arthritis
- Scleroderma
- Shingles
- Severe Migraines
- Sports Injury
- Stroke
- Tendon Injuries
- Ulcerative Colitis
- Venomous snake and spider bites

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Dr. Sunil Panchal

## A PATIENT'S EXCRUCIATING BACK AND LEG PAIN...

### Relieved in One Day!

One year ago, David was lifting a fire pit in his back yard and fell to the ground in infuriating pain. He could not get up as the pain was completely unbearable. EMS transported him to the emergency room, and he was admitted to the hospital. David had a herniated disc and was prescribed pain medications and discharged.

"The pain medications worked for a while, but eventually, the pain returned, and I had excruciating pain in my left leg as well." Said David.

After seeing multiple doctors, including a spine surgeon, and getting CT scans, ultrasounds, and MRIs, no one could figure out why David's pain was so immense, and they also had no idea why his left leg was painful, even more so than his back. Unable to accurately diagnose and treat him, David was left to suffer for another five months.

His Primary care physician finally referred him to a pain specialist that has been helping numerous patients find relief through regenerative and alternative procedures. Dr. Panchal is the founder of the National Institute of Spine and Pain.

David continued, "At the very first visit that I had with Dr. Panchal, he looked over my images and immediately knew the root cause of my pain, and he explained to me in full detail exactly what he needed to do to relieve it."

From the images, Dr. Panchal saw that David had a nerve that was being impinged and compressed by spinal neural foraminal stenosis of L3. Spinal neural foraminal stenosis refers to the narrowing of the foramen, which are small openings between each vertebra in the spine. Nerve roots pass through the foramen, so in David's case, his nerve was severely compressed in the gap and causing him unyielding leg pain along with lower back pain.

Dr. Panchal explained that David needed a procedure to shave the disc down to relieve the pressure on the nerve. The procedure is called endoscopic discectomy and decompression of the nerve root.

This procedure is performed while the patient is under light anesthesia, which allows open communication for patients to express pain thresholds with Dr. Panchal. David was not happy about having to have any surgery, even though Dr. Panchal explained that it was minimally invasive. After two months, David decided he needed to do it to relieve his daily pain that was disrupting his life.

David told us that after the surgery, which was this past December, he has no pain! David no longer needs pain medications, and he is back to living the quality of life that he and his family enjoy, pain-free with complete resolution.

Endoscopic discectomy and decompression is an outpatient procedure done under x-ray fluoroscopy to remove herniated disc material through a small, half-inch incision. It's done under light sedation and local anesthetic.

A 3-D video is used to guide guidance, tiny instruments through an endoscopic probe. The procedure takes approximately an hour and causes minimal discomfort, and a small bandage is usually enough for the closure of the tiny incision.

*Dr. Sunil Panchal of the National Institute of Spine and Pain* has been committed to regenerative medicine and stem cell therapy for several years. Dr. Panchal explains exosome therapy further, "This is an exciting new approach for regenerative medicine. Unlike PRP which has limited growth factors, or bone marrow and fat aspirate, which has an unknown quantity of stem cells, or growth factors from the patient, or the use of fetal cord blood stem cells (which has unknown function after thawing and

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also the risk of tumor formation from foreign DNA), exosomes are a highly concentrated and reproducible source of growth factors for regenerative techniques.

"The other approaches typically take six months to see any results. With exosomes, I've had some patients begin to notice improvement as early as 2-3 weeks. And since this is an acellular product, there is no risk of tumor development." said, Dr. Panchal.

Dr. Panchal has treated patients with exosome therapy for pain in the cervical and lumbar facet joints, sacroiliac joints, knees, hips, ankles, elbows, shoulders, ligament injuries, and also degenerative discs. These tiny exosome communicators that secrete therapeutic and regenerative effects to the cells and tissues throughout the body are becoming highly-sought-after by many patients that have suffered from pain and chronic disorders. Some of the additional findings within peer-reviewed studies are as follows:

- Self-Renewing Capabilities
- Cellular Differentiating Ability
- Tissue Repair
- Anti-Inflammatory Effect
- Immunosuppression
- Neuroprotection

Although surgery is critical in certain situations, finding alternative methods to treat the underlying condition is always the first step. The National Institute of Spine and Pain is a state-of-the-art facility that specializes in the treatment of spine and orthopedic conditions, as well as acute and chronic pain management. They provide the utmost quality of care for patients to address the problem directly, and if needed, provide for their pain management needs.

At The National Institute of Spine and Pain, they treat each patient individually, using the latest equipment and various innovative procedures to diagnose pain and determine your care needs. The National Institute of Spine and Pain's President and Founder, Sunil J. Panchal, MD, is a board-certified interventional pain/ minimally invasive spine physician.

At The National Institute of Spine and Pain, their goal is to strive to deliver the highest quality of comprehensive care for those who are suffering from spine, joint, and nerve injuries. They have many alternatives to help you with your personalized treatment needs. Please visit their website at [www.nationalinstituteofpain.org](http://www.nationalinstituteofpain.org), or call them at **(813) 264-PAIN (7246)**.

# Is My Rotator Cuff Tear the Cause of My Shoulder Pain?

By Regenexx Tampa Bay, Regenerative Medicine

**W**hat's causing your shoulder pain? Is it due to instability? Could it be a rotator cuff tear? A labral tear? Arthritis? Inflammation? Swelling? Bone edema? Tendinosis (tendon degeneration)? A pinched nerve? More and more studies continue to show that shoulder MRI results often cannot predict why the patient is experiencing pain.

This is the case for various body areas including the lumbar spine, knee, and certainly shoulder. The MRI can provide a lot of good information, but it has been repeatedly shown not to substitute for a thorough history, exam and a diagnostic ultrasound by the physician. This takes time and focus.

Although most patients and providers will blame the rotator cuff tear as the cause of pain, it is never a given that a rotator cuff tear is actually the source of the pain. In fact, the studies we will cover in this article show that it is often inaccurate to assume that a rotator cuff tear is what is causing your shoulder pain despite what is seen on an MRI. Let's dive a bit deeper into rotator cuff tears, surgery, and determining the cause of your shoulder pain.

## What is a Rotator Cuff Tear?

The rotator cuff is a complex series of muscles and tendons that surround the shoulder and help lift the arm and stabilize the shoulder joint. A rotator cuff tear is simply a tear in the tendon usually close to where it attaches to the bone. While some rotator cuff tears result from trauma, the vast majority happen from wear and tear as we age- this is referred to as a degenerative tear.

The most common cause of a rotator cuff tear is simply a slightly more demanding movement than usual. How might this happen? It has been known for a considerable amount of time that the rotator cuff does not have a great blood supply which makes it harder for the body to heal an injury in that area.



So, what is the problem? It is likely to be a lack of healthy progenitor cells and stem cells to repair the damage as it occurs over time, and at some point with little provocation, the unhealthy tissue simply fails and a tear occurs.

## What Happens During Rotator Cuff Surgery?

Rotator cuff surgery involves cutting into the shoulder and stitching the tear back together. Recovery time from surgery can be lengthy and there is a good amount of research showing that this surgery is often ineffective for many types of rotator cuff tears. The tissue is often too weak to stay together with a stitch.

In larger tears, approximately 6 in 10 do not heal properly, even with surgery. For patients over 60, shoulder surgery recovery is even more difficult, with 1 in 3 rotator cuff tears not healing.

It is also notable that a good number of surgical patients never return to their full range of motion following surgery and pain can linger. Additionally, many studies show that shoulder pain prior to surgery actually has little to no correlation with the rotator cuff tear or the severity of the tear. So, what is causing the pain?

## Shoulder Pain and Inflammation

One study performed in Japan analyzed joint fluid obtained from 38 patients before and after orthopedic rotator cuff surgery for various chemical messenger molecules (cytokines). These cytokines work for the immune system and call our immune cells into action when there is inflammation, infection, or trauma.

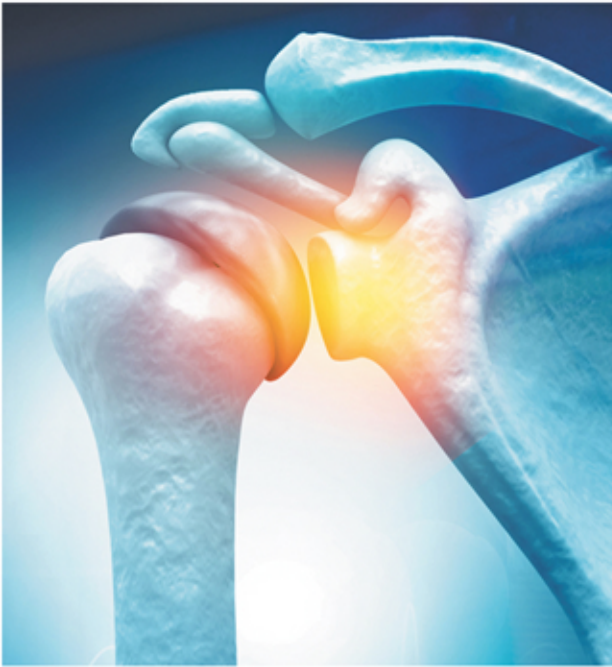
Imagine that our immune cells are like firefighters, always ready and waiting. The firefighters might be at the station cleaning trucks, training, or stocking their equipment, but when that alarm sounds, they jump into action and race to the fire. For us, that alarm is our cytokines, and when it sounds, our immune cells race straight to the inflammatory fire as our first responders.

Interestingly enough, the study that we referenced earlier concluded that larger rotator cuff tears were associated with less pain and that more pain was accurately predicted by more IL-8 (interleukin 8) in the joint fluid. IL-8 is an inflammatory cytokine or an alarm sounding when inflammation is present. The pain that was studied in this study was due to the inflammation and not the tear itself.

Another study states that "the prevalence of full-thickness rotator cuff tears increases with age [and] many patients are asymptomatic and may not require surgical repair." Even while there was pain present, the study concluded that physical therapy rather than surgery should be sufficient to address the symptoms in most cases.

## Does Rotator Cuff Repair Surgery Fix Pain?

Unfortunately, the answer is no. One study proved this disappointing result that rotator cuff repair does not fix pain or function in the shoulder. This should be eyeopening for patients, whose primary goal for undergoing a rotator cuff repair is to reduce or eliminate their pain. There are countless studies showing that shoulder pain is often not due to the presence of



a rotator cuff tear. If a surgeon repairs a tear in your rotator cuff to eliminate your pain, but your tear is not the actual source of your pain, why was it necessary to have the surgery? It may be that the tear caused inflammation which thereby causes the pain. Sewing up the tear may not get rid of the inflammation.

#### **Why not use Cortisone or Anti-inflammatories to get rid of Inflammation?**

The problem is that cortisone gets rid of inflammation at a cost. The tissue gets even weaker and unhealthier. The local stem cells are damaged or killed leaving the tissue in worse condition than it already was in. If someone receives a cortisone injection within a year of a rotator cuff repair, it is more likely to fail and need a revision.

In regards to NSAIDS, aside from the myriad of systemic problems they can cause (gastrointestinal bleeding, kidney damage, stroke and heart attack to name a few), they also have been shown to inhibit tendon healing and in Regenexx's laboratory, they have been shown to negatively impact stem cells.

#### **The Best Alternative**

If the reason that the rotator cuff fails in the first place is a lack of local stem cells, doesn't it make logical sense that replacing those cells is critical to get the structure as healthy as possible?

What if you could avoid rotator cuff surgery and have a much quicker recovery? Well, for about 70-80% of rotator cuff tears, you can. We have pioneered a

procedure to do just that over the last 14 years that includes an ultra-precise injection of your own stem cells under image guidance using a patented protocol.

Rotator cuff tears are one of the most commonly treated conditions at Regenexx Tampa Bay, and we consistently see successful outcomes in these patients. With that said, while most tears will heal with just a precise injection, there are a few massive tears that are unlikely to be helped without surgery. Keep in mind that even after surgery to repair a massively damaged rotator cuff, stem cell injections may assist in the healing and improvement of the tissue. For example, one study showed that using stem cells after surgery reduced the re-tear rate by half.

The Regenexx procedure addresses more than just the rotator cuff tear. Precise injections of the surrounding ligaments improve stability, injections of the other nontorn rotator cuff tendons and biceps tendons improve their strength and function, injections of the labral tissue, when there is evidence of damage, strengthens that tissue and injections of the joint and cartilage can improve any arthritis that is present.

In some cases, when there is edema (swelling) in the bone itself seen on MRI (which represents small microfractures), injections will help heal the bone. There may even be a component of a pinched nerve in the neck that is contributing to the pain and accelerated degeneration of the tissue in the shoulder. In these cases, platelet lysate injections around the nerve (epidurals) can help as well.

Following the procedure, skilled physical therapy will likely be recommended. For our patients in the Tampa Bay region, we recommend Competitive Edge Performance (CEP) therapy at our Tampa location with EXOS. As you can see, this is a comprehensive plan to get you back to the activities you love to do. CEP offers the latest in recovery science and "bio-tech" to expand the scope of physical therapy practice beyond injury rehabilitation into the realm of achieving optimal health and wellness for all clients.

Whether you've had surgery to repair your rotator cuff or not, Regenexx may be able to help you with your shoulder pain. Contact us today to find out how.



#### **Dr. James Leiber**

James Leiber, DO, is the founder and medical director of Regenexx Tampa Bay. He is a former officer, physician, and educator in the Air Force, including personal physician

to the vice president and president at the White House. He is triple board certified in Neuromusculoskeletal Medicine (AOBNMM), Pain Medicine (CAQPM), and Family Medicine (ABFM), as well registered in Musculoskeletal Sonography (RMSK).

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

He is a published author, presenter, and is currently the program director for the Interventional Orthopedic Foundation.



#### **Ron Torrance II, DO, FAOASM -**

Board Certified in Sports Medicine and recent co-author of *Exercise 2.0* for Regenexx and author of the 2018 best paper of the year on *The Concussed Athlete*. Dr. Torrance has

achieved semi-professional ranking as a beach volleyball player and trains as a competitive CrossFit athlete.



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# Quantum Technology:

## Innovative Treatment for Peripheral Neuropathy

BY DR. ROBERT LUPO, D.C.

**2**0 million people have Peripheral neuropathy happens when the small blood vessels, which supply blood and nutrients to the nerves become impaired. When the nerves are no longer fed nutrients, they either die, or their signals to the brain become restricted and ineffective.

### Causes of Neuropathy

- Diabetes
- Chemotherapy
- Injuries
- Autoimmune diseases
- Compressed spinal vertebrae
- Alcoholism
- Cholesterol medication side effects
- Build-up of toxins
- Vascular disease

### Traditional Treatments Don't Get to The Root Cause

The most common treatment for nerve damage is to mask it with prescription medications, but there is a way to actually "treat" the symptoms and improve the nerve function in the body. Over the past several decades, quantum technologies have been studied and due to the effectiveness of these devices, next generation technology has paved the way for effective peripheral neuropathy treatment.

### Quantum Technology

**Dr. Robert Lupo** is on the cutting edge of multiple technological advances to offer his patients the most effective, groundbreaking options without surgery or addictive drugs. That is why he chose to work directly with RST Sanexas, due to their incomparable results.

Dr. Lupo explains, "This technology is remarkable as it's able to treat peripheral neuropathy on a cellular level to regenerate and repair damaged nerves. No matter if it's caused by diabetes, alcohol abuse, chemotherapy or other common conditions that lead to neuropathic disorders, the Sanexas technology is equally effective at treating the disorder."

### RST Sanexas: Is NOT a TENS unit device

For three decades, RST Sanexas' ardent, progressive research team members have been developing, refining, clinically testing, test-marketing and authoring scientific papers with its breakthrough electric cell signaling and quantum resonant specific induction (QSRI) technologies.



In 1995, RST-Sanexas medical devices were revamped to use quantum-based communications-level technology with both frequency modulation (FM), as well as the typical amplitude modulated (AM) electronic signals. To this day, amplitude modulation (AM) signals represents 99% of all marketed TENS type devices even though the human body operates exclusively by (FM) frequency modulated energy.

In 1996, after exhaustive clinical application data was received, a new electronic signal generating Patent was issued (UHdfg). The Patent covers this brand new advanced random, yet sequential AM/FM signal generation technique with spread spectrum frequency hopping technology.

RST-Sanexas technology is still fundamentally more advanced than any other electromedical device in use today.

### How Sanexas Technology Relieves Neuropathic Pain

Why does quantum technology hold so much promise for health care? Many cell processes take place at the nanoscale (the world of atoms and sub-atomic particles). At that scale, matter stops behaving according to the laws of classical physics and starts demonstrating the unique properties of quantum mechanics. Quantum technology is set to revolutionize the way we think about health care, medical data and even our own biology.

Pain treatment modalities and instruments that operate on quantum theory use resonance to increase energy in and between cells. Molecular resonance is best understood with an analogy in the macroscopic world. When a piano tuner strikes a tuning fork next to the piano, the specific piano string will vibrate when it is correctly tuned to the same frequency. Similarly, cells resonate and transfer energy between molecules very rapidly.

*This procedure is covered by Medicare and most insurance carriers.*

### Dr. Lupo's Practice—An Integrated Approach

At Physical Medicine Center, Inc. you can expect a welcoming, friendly environment with a staff that genuinely cares about your progress. Their goal is your improved quality of life—that's why their comprehensive treatment plans are designed to help you reach your goals. If pain is holding you back, call today to learn more about their natural, non-surgical, non-drug options for pain relief.

### Dr. Robert Lupo, D.C.

*Dr. Robert Lupo is the clinic director at Physical Medicine Center located in north Tampa near the University of South Florida and New Tampa. Physical Medicine Center is a multidisciplinary medical center that offers Medical Care, Chiropractic Care, and Physical Therapy. Dr. Lupo attended Life University in Marietta Georgia and graduated with a Doctor of Chiropractic degree in 1985. Dr. Lupo has taken post-graduate education in chiropractic orthopedics, neurology, spinal disc injury care, and auto accident and injury care. Physical Medicine Center also offers massage therapy, treatment for dizziness, balance disorders, Spectra cell nutritional blood analysis, bio-identical hormone replacement therapy for men and women and offers the nationally known Medifast weight system.*

If you want drug-free alternative options for your health needs, look no further than the Physical Medicine Center in north Tampa. The Physical Medicine Center treats both male and female patients who desire alternative therapies to get to the root cause of their conditions. Call them today at 813-607-5095 to schedule your appointment.

Source: <https://www.rstsanexas.com/science>

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# Alzheimer's Disease & Brain Health

**B**y now, most of us have heard the horrifying statistics that nearly 6 million Americans have Alzheimer's disease or other forms of dementia, and that number is expected to triple by 2050. However, many people don't realize that out of that staggering number, most of the individuals are women. To make it resonate even further, about 3.6 million are women.

The reasons for this ratio are not concrete, but many researchers attribute it to lifestyle factors such as stress and hormonal imbalance. It is becoming better known that genetics may play a role in the disease, as well as toxins, chemical exposure, and lifestyle choices (diet and sedentary lifestyle), but there are things you can do to stave off the progression and onset of the condition.

Alzheimer's Disease is not curable with medications. Some drugs are thought to deter the progression of the disease, but now, research is showing that it might not be an optimal treatment long term as the plaque that forms may be more of a protective measure. Taking matters into your own hands and living a healthy lifestyle are essential tools, and the earlier you start, the better.

## Interventional Research

A few years ago, a cognitive study incorporated an interventional methodology to take a multi-domain approach to dementia prevention. The trial called the FINGER Study was conducted over a two-year period in Finland by a team of healthcare providers.

With over 1200 participants, the randomized tests were done on a control group and a multi-domain intervention group. The control group was given regular health advice on a weekly basis, while the intervention group was given tactical exercise, diets, and performance studies three to four times per week.

**The multi-domain intervention group's protocol consisted of:**

- Dietary guidance
- Physical activity
- Cognitive training and socialization
- Intensive monitoring and management of metabolic and vascular risk factors

The study concluded that it is possible to prevent cognitive decline through physical exercise, diet, cognitive training and socialization, and lower metabolic risk factors.



## Diet

All diets should be customized to each person's needs, but it's apparent that diets high in sugar and processed carbohydrates are contributing to neurodegenerative disease states by increasing inflammation in the brain and body. Eating a diet rich in healthy fats, fish, vegetables, and berries is optimal. Limiting alcohol consumption is also very important for brain health. It is well documented that alcohol shrinks the brain.

*Aston Gardens offers a memory care facility on their Tampa Bay Campus.*

## Aston Gardens

Aston Gardens is also one of the most highly sought after communities, due to their dedication to senior needs, their commitment to enriching the lives of each resident and their families by providing personalized care, welcoming living spaces, and superior amenities within three distinct tiers, which include independent living, assisted living, and memory care facilities.

Independent living focuses on being as active, healthy and independent as you want to be, but never alone. Choose from one of our independent living apartment homes, or a luxury for-sale villa and enjoy the all-inclusive carefree, maintenance-free lifestyle at America's award-winning senior living community.

Assisted living offers residents a lifestyle of personal attention and help with activities of daily living, including bathing, grooming, dressing, taking medications and eating properly. Our focus is on health and wellness, helping residents to be as independent as possible with a personalized care plan that includes engaging social activities for a healthy body, enlightened mind and renewed spirit. With beautifully appointed assisted living suites, assisted living at The Inn is easy with the Aston Gardens One Price Personalized Plan. There are no confusing care levels to think about and our residents pay one low price for services.

**SHINE® Memory Care** offers a private special needs neighborhood for residents with memory care related issues. Residents needing Alzheimer's care and other dementia care receive the very best attention and services in a supportive, compassionate and secure setting. Based on each individual's needs and capabilities, the professionals at Aston Gardens At Tampa Bay create a personalized plan to help our residents live life as fulfilling as possible, in a secure and comfortable environment.

Want to know why so many people choose to live at Aston Gardens? It's the resort-style life, the caring staff, friendly community, and attention to detail that makes Aston Gardens surpass expectations.

**Aston Gardens At Tampa Bay** is a luxury senior living community offering the best combinations of active-adult lifestyles and personalized care services. Wake up inspired each morning with a wealth of amenities, activities, and support at your doorstep. Explore the stylish Grande Clubhouse and indulge in our unique lifestyle services: Sensations Dining, Celebrations Activities and Dimensions Wellness. Let our dedicated team members handle transportation, maintenance, housekeeping, concierge services and more. Here you will find compassionate people engaged in enriching the lives of seniors, ensuring their needs are taken care of every day. Aston Gardens At Tampa Bay offers the best value in affordable, carefree, senior living. Everything we do is focused on providing you the very best in senior living. It's all right here!

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# Vitiligo Awareness

**V**itiligo can be psychologically devastating to individuals dealing with the loss of skin pigmentation. It is more commonly recognized with a growing understanding due to public awareness education and through the efforts of the vitiligo spokesperson and supermodel, Winnie Harlow, who has the disorder.

Vitiligo is a skin condition that can affect the skin, eyes, inner ears, mucous membranes, and hair. White patches appear due to loss of skin pigmentation. Melanocytes (pigment-producing cells) are attacked and destroyed, leaving the area unable to produce pigment. Although the cause is relatively unknown, one-third of those affected have genetic dispositions to the disorder. It usually starts to show on the hands, face, or feet and is often progressive in nature. Any race, skin color, or ethnicity can develop vitiligo, but often it is initially diagnosed in younger people and is more noticeable on darker skin tones.

While there are treatment options available, Forcare Clinical Research is paving the way for newly developed treatments with an advanced clinical trial.

A research study underway in Tampa is looking for adults with vitiligo to test an investigational medication. There is no cost to participate.



*Compensation may be provided.*

## Vitiligo Clinical Research

ForCare Clinical Research is seeking participants in the Tampa area. Vitiligo can have a serious impact on a person's life, especially when nothing seems to help. ForCare's research study is now underway in Tampa seeking participants. Study-related care will be provided to participants at no cost. Reimbursement for time and travel may be provided. Participants will receive study-related care and investigational treatment at no cost.



### Seth Forman, M.D. is The Lead Physician Overseeing ForCare Clinical Research

Dr. Seth B. Forman, award-winning Dermatologist, is owner of the ForCare Medical Group and has provided patient care for 12 years. He is Board Certified in Dermatology and Dermatopathology.

Dr. Forman graduated from the Medical College of Virginia in Richmond and completed his residency in a training program dedicated to dermatology and skin care at the Medical College of Virginia. He served as Chief Resident during his final year of training. Following that, he completed an advanced fellowship in dermatopathology at the Geisinger Medical Center in Danville, PA. Additional fellowships include the Radiation Oncology Summer Fellow at The Medical College of Virginia and the Microsoft Interactive Fellow at the University of Southern California.

Dr. Forman's research has led to his writing numerous peer-reviewed articles about various dermatological issues printed in select publications. Additionally, he is the primary author of two chapters in Comprehensive Dermatologic Drug Therapy, the leading reference textbook for dermatological therapeutics.

Dr. Forman is the winner of the AAMC/Pfizer Caring for Community Grant, American Cancer Society Community Service Grant and Mellette Cancer Scholarship. He is a member of the American Academy of Dermatology, Hillsborough County Medical Association and The American Medical Association.

A much sought-after speaker, Dr. Forman is a Regional Board Member for the American Cancer Society, Board Chair of Hillel Academy and has served as Board Member of The Liaison Committee for Medical Education (LCME), The Medical College of Virginia.

**ForCare Clinical Research (FCR)**, an independent, multi-specialty clinical research facility, is located in Tampa, Florida. Since its inception in 2012, FCR has focused on providing access to novel treatment and therapies for both chronic and acute conditions. Our Investigators have over 40 years of combined research experience and a proven record of successful execution of Phase I through Phase IV industry-led trials. Our Investigators are board certified in dermatology, rheumatology, internal medicine, family practice, anatomic pathology, dermatopathology and internal medicine. ForCare Clinical Research routinely exceeds enrollment expectations, preserves subject retention, reduces trial timelines and delivers reproducible, quality data.



### ForCare Medical Practice in Tampa, FL

ForCare medical practice is dedicated to improving the health of Tampa, FL and surrounding areas. With advanced treatment options and passionate providers. They have a comprehensive practice that includes, dermatology, rheumatology, primary care and a clinical trials division.

**To learn more about clinical trials, please call ForCare Clinical Research today at (813) 264-2155.**



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## We Are The Right Place To Be Right Now

As a company that's served the best interests of seniors for nearly 30 years, we are no stranger to emergency management. Our commitment to the health and safety of our residents has long been paramount, and although COVID-19 is a new threat, it is by no means the first one we've faced head on.

In any emergency situation, it's imperative to know where trusted resources can be found. For seniors and families specifically, the importance of safeguards required for COVID-19, in many ways highlight the numerous benefits of living in a supportive community setting like the many we offer.

By leveraging extensive prior experience, financial strength, innovative technology and national buying power, we can provide the resources and forward thinking necessary to implement Enhanced Protocols and Operational Procedures immediately at our communities nationwide. We believe you or your loved one can be as confident as we are in our strategies to combat the spread of this virus.

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# Connecting With Each Other: The Key to Health & Wellness

**S**ocial distancing helped us survive the pandemic. It also taught us how staying connected with loved ones is the very thing that makes survival worthwhile.

Yet even before COVID-19 we faced a health crisis. Few people talked about it, but it was right here – the loneliness epidemic. For many, life feels like it's getting back to normal, but the large number of lonely, isolated seniors that remain is a crisis that we cannot ignore. Loneliness has physical consequences that can be devastating, especially for seniors. It eclipses obesity and even smoking for premature decline and even death.



Connection is the cure. Research shows that friendships drastically reduce the mortality risks associated with isolation and loneliness. Seniors in Service can help with TelePals! TelePals offer regularly scheduled friendly calls that help reduce isolation so seniors can remain living independently, with dignity. TelePals get background checks and expert training. Participants are carefully matched based on interests, culture and skills, building enduring relationships that help them both. The heartwarming stories tell it best.

Angelina is 83-years-old and lives alone, with no support from family or friends. Her fixed income does not allow her access to technology, internet or even cable TV. For the past year, the fear of COVID-19 has made her feel imprisoned in her own home. Imagine being elderly, alone and scared - cut off from the world. There's nobody to check up on

her to make sure she's eating. There's nobody to share her memories with. There's nobody to tell her there's someone who cares. The pastor at her church hears about TelePals and encourages his parishioners to enroll. Most are too proud to admit that they're struggling. But Angelina and Christine, who is also a senior, both volunteer to help. Soon they are chatting by phone regularly. Although they've never met, they discover they have a lot in common. It turns out that they both are retired teachers and both love reading the exact same books. When Christine learns about Angelina's diabetes, she starts asking about her diet and how often she's getting up to walk around her house. Angelina says having a new friend has changed her life. "She really cares...You got a treasure with her and now she is mine."

For Jim, TelePals offers a lifeline. As a veteran, he's conditioned to never ask for help. Doctor visits are one place he finds connection. In the waiting room, he sees a flyer stating: "You've Got a Friend!" An invitation to call Seniors in Service. Inexplicably, he makes the call: "I am 70 and I have nobody." TelePals offers socialization and wellness-checks through telephone reassurance. For some, it's the only conversation they have all day. Enrollment is easy by phone or [www.TelePal-Now.org](http://www.TelePal-Now.org). Kevin, a retired businessman, enrolls to volunteer. As a veteran, he shares a special bond with others who've served our country. Kevin shares, "We share experiences from our past and daily lives...We get serious but also laugh a lot...It's the highlight of my day."

Intergenerational TelePals Chelsea and Rebecca initially wondered what they would talk about. A USF psychology student, Chelsea learned how isolation affects mental health. She learns about TelePals on USF's website and volunteers. She's nervous at first but hearing about Rebecca's adventures when she was young is fun! During COVID-19, Chelsea ensures Rebecca is social distancing and has everything she needs. She's poised to alert TelePals staff of any concerns. Their chats helped them both as they navigated the changes brought by the pandemic, together.



The loneliness epidemic is killing our seniors. You have the power to make it better. Reach out and connect! Got an hour? Give an hour! Seniors in Service offers opportunities for TelePals to participate safely and remotely. Know someone who could benefit?

Learn more by visiting  
[www.seniorsinservice.org](http://www.seniorsinservice.org).  
Or follow us on [www.facebook.com/seniorsinservice](https://www.facebook.com/seniorsinservice).

## JOIN TELEPALS!

**WHAT:** Seniors in Service of Tampa Bay

**WHO:** Caring volunteers (age 18+) are trained as TelePals to help people feel socially connected with friendly conversation or wellness checks.

**REQUIREMENTS:** Able to communicate by phone. Ability to read/understand English. Spanish a plus! Subject to background check.

**COMMITMENT:** Flexible to meet your schedule.

For more information, visit  
<https://seniorsinservice.org/> or call Chris Noble at 813-492-8916  
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# Does Home Health Care Really Help?

**A**ging can be challenging not only relating to our health but also our ability to perform daily tasks and to live the life we deserve. When we're younger, we often take for granted the ability to easily button a shirt without arthritic fingers or the capacity to walk safely from the bathroom to the living room without tripping over an area rug and getting hurt.

As these daily tasks become increasingly more difficult, many seniors find themselves wondering if a home health service is right for them, and what they actually do to help. With so many different companies in the home health arena, it's important to differentiate services and provision of care.

Companion Care provides services help with daily tasks, like cooking, washing laundry, and vacuuming the floor. For some seniors, that kind of help is all they need.

But for seniors with more complex needs, there's another option: skilled home health care.

## What does "skilled" home health mean?

Skilled home health services are provided by medical professionals, including home health aides, nurses or therapists, and are based on an order from a physician. These services could include a therapy, such as physical, speech or occupational. It could include medication management, meaning a nurse can help to make sure you are taking the right prescription, at the right time, with the right food or other medications.

An expert team of interdisciplinary professionals encompass the skilled home health model. Regular visits to monitor patients' medical conditions and treatments benefit recipients of care. For example, individuals with COPD often have incidents of fluid build-up, which can make it difficult for them to breathe, and often feel the need to call 911. With skilled home health, the team of nurses can prevent readmissions to the hospital by several means. The medical team can prescribe medications to block fluid build-up, have a daily vital reading monitored by a home health program, and have specialists help with understanding nutrition, and how to keep calm and learn to breathe more functionally through the episodes.



## Skilled nursing services at home means you can stay where you are most comfortable.

AARP reports that 89% of the aging population of patients want to remain in their home. It's important for individuals to maintain their independence even though they may require some form of temporary assistance. That's where Home Health Care medical professionals can help patients and their loved ones feel secure knowing that they're medical needs are being met in the comfort of their own home.

## In Pasco County, Gulfside Home Health is now offering skilled nursing services, and more.

Skilled home health services from Gulfside Home Health is aimed at helping those in need of skilled nursing services, as well as those needing rehab to recover from a surgery, injury or illness, all in the comfort of home. This can include physical therapy following a knee or hip replacement, speech therapy following a stroke, or occupational therapy to help with arthritis.

For the patient, receiving skilled therapies at home means you can get back to the things you love doing faster and learn new ways to keep your independence. For the caregiver, it means getting the help you need and finding solutions that fit both of your lifestyles.

## Gulfside Home Health Services

- Skilled nursing services
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Home rehabilitation services
- Nursing assessment at each home visit to monitor and manage progress

If you believe you could benefit from Gulfside Home Health's services, talk to your primary care physician about a referral for evaluation. For more information about Gulfside Home Health's services, or if you have any questions, please call **813-501-8244** or email [info@gulfside.org](mailto:info@gulfside.org).



**Gulfside  
Home Health**

Lic. 2019 #20155008

**813-501-8244**

[www.GulfsideHomeHealth.org](http://www.GulfsideHomeHealth.org)

# Emotion takes control and overrides logic and facts.

**C**ontinuing the discussion from last month's article of whether the market is primed for a pullback it leads to the problem of heavy social media involvement in markets that furthers the problem of making logic and fact-based decisions.

So, the missing critical facts are...

1. When did someone get information and buy in or get out?
2. Was the information obtained legally?
3. How accurate is the information?

Euphoria or Panic? Both are emotional with very little fact or process.

Although this has been going on for decades the rapid growth of social media and even alternative investment choices like crypto currency are accelerating the amount of misinformation which pushes emotions to the limit.

Another way to look at how you react to greed and emotion is if you have played a slot machine. Did you put in a reasonable amount based on your income and net worth? Did you cash out with a small profit or loss?

Did you put in more than you should have and let it ride up, down and maybe to zero?

In other words, how do you personally react to greed and desire? Does it have a similar influence on your investment decisions?

Do you have a process that helps you identify facts, clear up misconceptions, and control emotion when you make major investment decisions? Most people don't.

## ~~EMOTIONAL INVESTING~~

Generally, research shows over 80% of our investment decisions are based on emotion and possibly 100% of other decisions in our life. This is hard to control and hard to determine and we usually end up taking too much risk, paying too much in taxes, and not preparing properly for our future.

Going through a proper discovery meeting or attending an educational event on how you arrive at decisions will help you determine if you have too much emotion, misconceptions, myths, or other missing facts built into your investment, tax, and estate planning.

Sound investing.



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# Failure is a Part of Growth

By Pastor Timothy L. Neptune

**T**he Apostle Peter was a bold man. He stepped up when others stepped back. He was often the first to speak in a group setting. Because of his faith, he was able to walk on water. And, like most risk takers, he experienced his share of failures.

Faith involves risk. Failure is a possibility. But that's okay. Step out of the boat anyway. I love a small part of a speech given by President Teddy Roosevelt back in 1910. He said,

"It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat."

I would rather die on the playing field engaged in the battle than rot in the grandstands as a spectator.

Did Peter fail when he started to sink? Yes, he failed. But I think there were 11 bigger failures sitting in the boat afraid to even try to walk on water.

We need men and women of courage today. High-impact people who are willing to take risks and trust God with the results.

Failure is an indispensable part of growth.

The greatest lessons I've learned in life are from the many mistakes I've made along the way.

If you want to be a high-impact person, you too, will make some mistakes and need God to bail you out.

Peter took his eyes off of Jesus and his faith began to waver. But give Peter some credit... he was in the middle of a really big storm, he was outside of his boat in the darkest part of the night. Can you imagine how scary that must have been? I get nervous just standing at the back of cruise ship at night looking out at the sea!

Nevertheless, if we keep our eyes on Christ, what do we really have to fear?

As followers of Jesus Christ, we've been called to live a life of adventure that requires great risk and great faith.



Perhaps you've tried before but failed. That's okay. Admit your lack of faith and move on.

Whatever you do, don't give up, give in, or quit.

You lose more often than you win in life. There are more bad days than good days. You fail more often than you achieve. Remember that God is sovereign and always in control. Nothing can happen to you except by divine permission or divine directive.

Don't live with regrets and second guesses. Learn from your mistakes and then move on. It does no good to dwell on the past and wish you could do it over. Just keep moving forward... that's how your faith grows.

*Tim Neptune is the lead pastor of Venture Church Naples, a new church located on the campus of Florida SouthWestern State College in Naples, FL. For church times and other information, visit [www.venturenaples.com](http://www.venturenaples.com).*



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