Discover the Benefits of K-Laser Class 4 Laser Therapy Treatments

(A Special Interview with Dr. Phil Harrington)

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola
PH: Dr. Phil Harrington

Introduction:

DM: Welcome, everyone. This is Dr. Mercola, and today I am joined by Dr. Phil Harrington. We’re going to be discussing light therapy or, more specifically, lasers. Dr. Harrington is a chiropractor, but also in an earlier life taught physics. In high school, was it?

PH: Yes, that’s right.

DM: Okay. He was really fascinated with this topic and thought it would be wise, like many people do when they come to a different profession, to integrate it with his previous experience. He was initially attracted to laser therapy and started using a popular laser company and even popular today, a company called Erchonia. It became somewhat disastrous, and then he started his own company that actually makes the real deal, authentic laser. We’ll get into more details about that.

I want to thank you for coming down to Chicago to join us and help us understand more about this really powerful form of treatment. Maybe you can begin by expanding on some of the details and filling in the blanks in the background I provided.

PH: Okay, all right. Dr. Mercola, thank you so much for the opportunity to be here today to talk about the K-Laser Class 4 laser therapy treatments. Probably the first thing I should do is [make] a small correction: I did not start the company; our company president is Dr. Richard Albright.

DM: Okay, I’m sorry.

PH: Who’s a chiropractor from Franklin, Tennessee.

DM: Okay.

PH: But I think that I was the first employee of the company back in 2007. Yes, my background is that I went to Iowa State University. I got a degree in physics and taught high school math and science for three years in a town in Western Iowa. Then I went to Palmer College in Davenport, graduated at Palmer College of Chiropractic in 1996, and practiced chiropractic in a small town in Iowa for 10 years.
Yes, early on, I did start to use that other very low-powered red laser. At the time, it seemed like an interesting concept that we could use lasers to heal the body. But through the clinical experience that I gained with that device and also once I really started to think about it from a scientific standpoint, a very, very weak red laser is not the way to go when you’re wanting to heal deep-seated musculoskeletal conditions. I expanded my interest. There was another Class 4 therapy laser…

DM: Well, before we start.

PH: Okay, yeah, sure.

DM: We’re talking about Class 4 and Class 3. Maybe you can define what a Class 3 and Class 4 laser is, because most people have no clue what that is.

PH: Okay, very good. Lasers are classified according to their power output. We talk about a Class 3a, Class 3b, and a Class 4. Now, a Class 3a laser has up to five milliwatts of power. A Class 3b…

DM: A Class 3a would typically be a…

PH: Laser pointer.

DM: That’s laser pointer.

PH: Yeah, that’s what that other laser was. It was a Class 3a.

DM: There are a number of expensive, relatively expensive devices in the market that are under this classification, at least according to the governmental standards.

PH: Right.

DM: Less than five milliwatts and essentially a laser pointer.

PH: Right. With the Class 3b lasers, you’re going up to half of a watt or 500 milliwatts, and then any laser that is more than half of a watt is a Class 4 laser.

Let’s talk about the importance of power when it comes to laser therapy. Power is measured in watts, and you can think of it as the brightness of the lights, like the lights around us. A higher-powered laser is a brighter light, and it can produce more energy per unit of time.

When it comes to doing laser therapy treatment, that gives us two benefits: (1) it means that we can apply a therapeutic dosage of laser light to a much larger volume of tissue in the patient. (2) But then also by shining that brighter light at the surface, we can get photons of light deeper into the tissues. We can treat those very, very deep-seated pain conditions.

DM: Well, it occurs to me that we probably should take a step back and explain why someone would want to even consider laser light therapy as a treatment modality.

PH: Perhaps, just real briefly, we could talk about how it does work and the mechanism of action of laser therapy.
DM: Sure, yeah.

PH: We’ll just summarize that. Basically, three things are happening when we do a K-Laser treatment.

DM: Or more generically, any laser treatment.


DM: K-Laser just happens to be a really potent and effective one.

PH: Yes. Well, the effects of laser therapy treatments are to reduce pain, reduce inflammation, and enhance tissue healing. That could be whether it is soft or hard tissues in the body – muscles, ligaments, or even bones. Laser therapy is proven to help to do with all of those conditions.

But then when we look at the basic mechanism of how it works, we are enhancing the microcirculations. We are getting more red blood cells flowing to the area. But then it’s not just the arterial blood supply to the area; we are enhancing the venous and the lymphatic return from the area. We’re also increasing oxygenation of those tissues. We are stimulating the hemoglobin molecule to dump off oxygen at the treatment site, so we are increasing the oxygenation of those tissues.

And then finally, we’re stimulating the cytochrome oxidase enzyme. This is really one of the key discoveries in the whole science of laser therapy. The mechanism of action is that the cytochrome oxidase enzyme in the mitochondria inside of the cells…

DM: These are in all cells?

PH: In all cells, right.

DM: Specifically, you’re targeting the injured cells.

PH: Yeah. That’s an interesting aspect of laser therapy: those injured or damaged cells are more readily accepting of the photons of light. They will absorb them more than the…

DM: Because a healthy cell doesn’t need the extra energy. It’s sort of optimized and balanced. It’s humming along.

PH: Exactly, yeah. By stimulating the cytochrome oxidase enzyme, we are utilizing that oxygen in the respiratory chain inside of the mitochondria, producing more ATP for that cell. Like you say, regardless of what kind of cell it is, it’s going to function at a higher level.

Now, we are not turbocharging. We’re not making the body do anything that it could not normally do. We’re just facilitating the process. We are helping those cells produce the energy that they normally would, so they can function as they normally should.

DM: Let’s also clear up some potential confusion, especially since this is a high-powered laser. Lasers are also used in other areas of medicine, specifically in surgical interventions, where they use it for cutting, removing tattoos, and a lot of other dermatological applications. Can you differentiate? Because this doesn’t do that.
PH: Exactly, right. The interaction that we’re getting in the body with the K-Laser is called a photochemical reaction. By shining that light on a tissue, we are getting that ATP energy produced. Whereas your surgical lasers, hair removal lasers, or tattoo removal lasers, they are designed to cut or ablate the tissues. They have a very, very high-powered density, a very, very high concentration on that laser.

DM: What’s their power compared to something like the K-Laser?

PH: With your surgical lasers, their power output is going to be 100 watts or more, but then that light is concentrated to a very tiny spot.

DM: Okay.

PH: Surgical laser, the way it works is to instantaneously vaporize the water molecules in the cell. It’s kind of like popcorn. That cell explodes and that’s what cuts that tissue.

DM: Okay.

PH: This is a really good question because it has been an issue that several state boards of chiropractic examiners have looked at. I guess… One of the feathers in my cap or one thing that I’m really proud that I have been able to be a participant in is appearing in front of state boards of chiropractic examiners in several states, educating that board, and making them aware that, yes, this is a pain management tool. It is not an ablative tool. It is a therapeutic modality that is in the scope of practice for chiropractors.

DM: Again, your laser is about 15 watts, and the ablative ones, the ones that actually do surgical cutting, are closer to 100 watts.

PH: Right.

DM: It’s focused and this is non-focused.

PH: Exactly, right. You get a little bit difference in the… It’s called laser tissue interaction, depending on that concentration or that power density of the light.

DM: Maybe you can provide some examples. Well, before you provide the examples, to me, you know, I’m just exploring this as a concept because I’ve always been fascinated with technology. I just love technology, especially if it can enhance and improve human health.

PH: Right.

DM: It seems like there’s a lot of potential here. I’ve never really studied it carefully, but it seems like it should be part of everyone’s armamentarium to have as a tool. Because it seems almost inevitable as you go through life, especially as you try to stay healthy and integrate an exercise program into your lifestyle, that injury (it seems almost invariably) is going to happen. You fall down or you get into a car accident. Injuries are part of life.

This may be, in my perspective, one of the better alternatives that one could integrate into other modalities. Because it’s not a modality that’s used by itself; it’s one that you integrate into a whole program.
PH: Exactly, right. Yeah.

DM: Maybe you can provide some type of examples to people where this type of therapy can be utilized.

PH: One way that it’s used is together with some of the various soft tissue mobilization techniques – whether it’s active-release technique, the Graston Technique (where they’re using the Graston tools and instruments to work on the soft tissue), or just generically some of the PNF-type of stretching. But yes, we always want our doctors to do the K-Laser treatment before they do those soft tissue techniques.

Another technique or modality that it’s used together with is spinal decompression. When a person has a bulging or a herniated disc, by running the laser on the lower back, we are reducing the inflammation internally, we are reducing the kinans (the tissue irritants in the body), and we are helping to stimulate the blood flow in the area to help that decompression treatment help to heal up that damaged disc.

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Another interesting area – this is one that we’re just at the forefront of – is both human and animal practitioners are using the laser together with either the platelet-rich plasma injections or with stem cell therapy. We’re just at the beginning of discovering the benefits of those things together. That’s a whole exciting new area.

DM: Many who are watching this interview may know that we have a veterinarian associated with our site, Dr. Karen Becker. She integrates a laser therapy in her office. She doesn’t use the K-Laser, but something similar. She had looked at that and chose another one. There are other competitors. There’s a number out there. But this is a powerful… It wouldn’t matter which one you use. It’s a powerful intervention that can be used to receive some amazing benefits.

I’m wondering if you could maybe give some simple examples of people who have been treated or the types of injuries that people have improved upon.

PH: Okay. In the chiropractic office, it’s going to be a lot of the acute injuries, whether it’s a strain, sprain, or a shoulder injury. It could also be some of the repetitive-use injuries such as carpal tunnel syndrome. It could be traumatic injury, whether it’s a post-motor vehicle accident with the cervical strain/sprain. It’s also getting into some of the more chronic issues, whether it’s a frozen shoulder or arthritis – knee arthritis or hip arthritis. One interesting aspect over that as a modality is that it can be used over metal implants.

Everyone who uses the K-Laser has their own top three or top five treatments that they do, where they are very satisfied to help that patient. I put that in my top three.

DM: Okay.

PH: In my practice, I had about a 50 percent geriatric population and had a large number of patients with knee or hip replacements, whether it was a few weeks ago or months ago, who were still in pain, had discomfort, had loss of range of motions, and had a lot of scar tissue in the
body. By using the K-Laser together with some soft tissue mobilization techniques, we’re able to get those patients out of pain very quickly and restore range of motions.

Sometimes when you tell stories of patients being treated with this device and you hear it for the first time, you’ll shake your head and be like, “That’s impossible.”

DM: “That’s impossible,” right.

PH: I lost track the number of times that I would have a geriatric patient using either a walker or a four-prong cane walk in to the treatment room. We give them the treatment with the K-Laser, and they go back out walking down the hallway normally unassisted. We are able to give them dramatic pain relief and restored function. Once again, it’s very, very satisfying to help those patients who were at wit’s end. They had no idea what else they were going do. But once you use the K-Laser on them, you can help them.

DM: Yeah. One of my good friends is Dr. Patrick Gentempo. If you’re a chiropractor, I’m sure you… It’s highly likely you know who he is. He’s been a good friend for nearly 10 years. We meet on a weekly basis. He recently just developed some severe exacerbation of lower back pain that he’s had for a while because of an injury that he had as a teenager. I didn’t realize until just last week that the way that he was able to get out of it was with K-Laser treatment.

PH: Really?

DM: Yeah.

PH: I like that news.

DM: Yeah, it was good. And he obviously is aware and has availed of many other alternative therapies. The traditional approach that most people are going to use when they have these types of injuries is going to be the drugs or surgeries.

PH: Right.

DM: To me, at this point in time, it would seem almost medical negligence bordering on medical malpractice not to give this a therapeutic trial first before you go to, well, maybe surgery and even drugs. I mean, we know Vioxx killed 60,000 people, and all it was was an anti-inflammatory. It doesn’t, in any way, shape, or form, treat any cause of the problem. It was just a symptomatic Band Aid that killed 60,000 people. There is a risk for taking these drugs.

PH: Right.

DM: It doesn’t mean that you’re going to die, but it could cause death. It could cause some serious side effects. And surgery is irreversible. Once you’re under the knife, there’s no way to turn it back essentially. That has to be your working assumption.

Do you think that it would be reasonable to seek someone who has a higher-level laser therapy available – at the 15-watt level or so – and to provide that as an alternative to going to essentially irreversible surgery?
PH: Yes. Once again, the Class 4 K-Laser treatments, it is amazing. They are so effective at treating a wide variety of conditions, whether it is soft-tissue injuries, acute injuries, or nerve damage.

For example, we have a gentleman from the Twin Cities who was so successful at treating diabetic neuropathy that he has franchised a chain of treatment centers where the only condition that they treat is diabetic neuropathy, and the K-Laser is a keystone in their treatment plan.

K-Laser treatments virtually have no side effects. When we talk a little bit about how the laser works, one effect that we’re getting is vasodilation of the tissues and also a lot of release of the tissue irritants in the area. If we’re treating a patient that has a lot of myofacial trigger points, a lot of gunk, a lot of garbage in their muscles, a lot of metabolic waste products, and we give them a K-Laser treatment, a couple of hours afterwards they might be a little bit sore. It’s absolutely not any tissue damage going on; it’s because we’re causing the release of all of those metabolic waste products that were locked up in the muscle.

When we do give a K-Laser treatment for the first time, we make the patient aware. [We say] “Hey, a couple of hours from now, you’re might be kind of sore. But take that as a good thing. Look at what’s happening here.” And then also just push a little bit of extra water, a little of extra fluids, to help them flush that out of their system.

DM: Terrific. Those are good points. I’m wondering if you could describe it here. Because when we first talked on the phone, you shared with me that you were using the lower-milliwatt versions, the one that’s really comparable to a laser pointer, but yet is being widely promoted and, interestingly, is used by many, many practitioners.

PH: Right.

DM: And you were one of them.

PH: Yes.

DM: I’m wondering if you could describe your experience personally and then maybe give a perspective on the differences.

PH: Well, okay, that laser, it’s five milliwatts of power, which is 5,000 of a watt (.0005). It’s using a red wavelength only – 635 nanometers in the visible red. Now, when you look at the depth of penetration with laser, red laser light only goes into the body one or two millimeters. Now, red laser is fantastic at superficial wounds, cuts, abrasions, and perhaps even treating vitiligo.

DM: All sorts of ulcerations.

PH: Yeah, any superficial condition, red light is very, very good at that.

DM: We even have and sell a red-light bed, too.

PH: Oh, you do?
DM: Yeah, it's like a tanning bed, but it has the bulbs that are optimized to produce somewhere 600 nanometers.

PH: Okay, all right. That laser: five milliwatts of power with only that red wavelength. Now, when you look at depth of penetration with laser, getting laser light deep into the body – that’s your goal at the end of the day in doing a laser therapy treatment.

DM: Or at least, to reach the injured cells.

PH: Exactly right. When you look at depth-of-penetration studies in tissue… Actually, I would like to talk some about the depth-of-penetration analysis later on.

DM: Sure.

PH: Let’s remember to talk about that. There’s a range right around 800 nanometers. It’s in the near-infrared. Right around 800 nanometers is where we are getting the deepest penetration of the laser light.

DM: You can’t see it. You can’t see near-infrared.

PH: Right.

DM: It’s invisible to the human eyes.

PH: Exactly. That’s why we all wear the safety glasses: because that infrared light does not make our blink reflex kick in. So, we wear the safety glasses.

DM: Which is required for all Class 4 lasers.

PH: Right, exactly. But it is kind of a neat demonstration that your digital camera or a camera on a cellphone is sensitive in that region of the infrared. If you look through that camera on your cellphone, you can see the infrared light of the treatment. It is a powerful demonstration.

DM: These lower-milliwatt lasers don’t have the near-infrared; they just have the red.

PH: Just the visible red, yeah.

DM: The biggest issue here is the depth of penetration.

PH: Exactly.

DM: If you’re only going superficial and your injury happens to be two centimeters below that, you’re not going to be able to stimulate below those beneficial effects that you’ve mentioned earlier.

PH: Right. I mean, there are other issues involved here in the sense that, that company teaches that you can treat through clothing, which is an absolute nonsense. I have a YouTube video posted that shows red laser going through different colors of clothing. I mean, once you get to black clothing, red laser light does not go through at all. There’s some kind of fuzzy science going on there.
DM: It’s a useful tool, but it has to be used appropriately.

PH: Yeah.

DM: And apply what we know about physics.

PH: Exactly. Once again, getting back to the K-Laser, by using those infrared wavelengths: 800 nanometers penetrates deepest (that’s absorbed by the cytochrome oxidase enzyme), 905 most efficiently targets the hemoglobin molecule, and 970 most efficiently stimulates microcirculation in the tissues. When we look at the equipment itself, the K-Laser is unique in that it is the only Class 4 therapy laser that utilizes those three infrared wavelengths.

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But then we talked about how the red is excellent at treating superficial conditions. We also have a 100-milliwatt, 660-nanometer visible red. In essence, with those four wavelengths, we’re the only machine that has those four wavelengths together. But we’re also able to treat anything from the skin all the way deep into lower back, disc, or hip. We can get very, very deep in the body.

DM: Okay. Does your instrument allow the clinician to differentiate which wavelengths are being used? Are they all being used all the time, or you can specify which ones?

PH: There are two approaches there. We have taken everything that we know from our research. You’ve gotten a little bit about my background. But K-Laser, as a company, one of our keystones is our director of research and development. His name is Bryan Stephens. He has a Ph.D. in physics from Vanderbilt University as well as a degree in mathematics from Wake Forest University – one of the most intelligent. I always like to talk to Bryan because he’s one of the guys whom you talk to and you feel like your IQ jumped up 10 points after you talk to him. Bryan was key in doing our depth of penetration research, so that we are looking exactly what dosage we are getting into the body.

For a practitioner who begins to use the K-Laser, we have all of the protocols put into the machine. We take what we know about laser therapy, put it in the machine, then the practitioner examines diagnosis, and they put in the information that they know about the patient. In a standard treatment, a regular treatment, we are using all four of those wavelengths together at one time. But the practitioners, if they decide that they want to use just one, two, or three of those, they can do that. It’s very easy to select those particular wavelengths.

DM: Perfect. You had mentioned earlier that you wanted to discuss the depth of penetration.

PH: Right.

DM: Could you do that now?

PH: Yeah, that’s one of the things. When Bryan came on board with K-Laser a few years ago, he looked at everything that was out there, everything that was available. And the way he described it was that a lot of the laser therapy equipment, someone would develop a machine, and then they would try to manufacture the science to support that particular piece of equipment. I mean, that’s
backwards. What you should be doing is taking the available science and trying to develop a machine that matches up with all those characteristics.

When we look at scientific evidence in support of laser therapy, we have the studies that look at mechanisms. How does laser therapy work? We have the studies that look at cell cultures – in vitro studies looking at cell cultures and tissue cultures – so we can determine the effects of laser.

Then we look at the small animal studies. There are some very, very good small animal studies using mice, rats, and rabbits to look at treating different lesions, musculoskeletal lesions. Obviously, Joe, if we have optimal treatment parameters for a mouse, optimal treatment parameters for you are going to be substantially different, okay? I mean, obviously, because

**DM:** I would hope so.

**PH:** But unfortunately, some of the lower-powered laser companies, they try to use that mouse study to validate what they are doing with their machine.

**DM:** Now, you’ve mentioned some really interesting benefits of this. I’m wondering if the FDA’s okay with this. I’m wondering if the FDA’s okay with this. I suspect they are; otherwise, you wouldn’t be saying these things because they would quickly write you a letter or throw you in jail.

**PH:** Right.

**DM:** Maybe you can address the FDA issue.

**PH:** Okay. Yeah, all therapy lasers are FDA-cleared medical devices. Yes, the K-Laser is FDA-cleared. One interesting thing about the FDA clearance is they really do not recognize the biostimulatory effects of laser therapy. They see it simply as an infrared-heating device.

**DM:** Okay, interesting.

**PH:** When you look up the FDA clearance for the K-Laser, you will see that it is an infrared lamp for topical heating for temporary relief of muscle spasms, joint stiffness, or that sort.

**DM:** They allow you to say the other benefits that it produces? Because typically, when we try to do it even with something as simple as supplements, which are obviously not a medical device, they like to write us letters and shut us down. We’re really careful about them. We don’t say them.

**PH:** Right. Exactly.

**DM:** Even though it’s truthful, they do that. The FDA had these specific prohibitions, which prevent you from doing that.

**PH:** Well, you know, virtually any condition that we treat has pain associated with it.

**DM:** Okay.

**PH:** So, if we could be treating the pain, then…
DM: Okay, that’s perfect. All right. Can you comment on the observation that this treatment isn’t more widely known? I mean, even myself, who’s really fascinated with natural therapies, it’s… I was kind of superficially aware of it, but it’s not really in my consciousness as the first go-to approach.

PH: Okay, yeah. When you look at the history of therapy lasers in the U.S., the first therapy laser got FDA-cleared in 2002 and the first Class 4 therapy laser in 2003. Most of our early users in the human world were chiropractors because they do tend to be more early adapters of technology. When we look at…

DM: And you’re a chiropractor.

PH: Right.

DM: The founder is a chiropractor, too, right?

PH: Exactly right. Yeah. There is a great deal of skepticism in the medical community about “Does laser therapy work?” But I’m really sensing a turning tide there because just a few weeks ago, I installed a K-Laser at a pain management clinic at a hospital in Shenandoah, Iowa, South Western Iowa. We’re getting more and more requests from…

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DM: In a conventional setting like a hospital, would it be the physical therapy department that winds up using this? Have you seen a wider adoption of that in that field?

PH: The ones that I’ve seen, they will actually have a nurse practitioner or an LPN (licensed practical nurse) who will be the one delegated to do the treatments. They’ll use it from a pain management standpoint, but they are also getting some very, very interesting results with treating different wounds.

DM: Okay. This is not a home device.

PH: Exactly.

DM: This is not something that’s designed for the average user; this is really something for a healthcare professional who’s trained. How long does it take for the healthcare professional to understand how to use this properly?

PH: The first point: the FDA clears devices as either over-the-counter or prescription medical. There are a couple of lasers out there that are over-the-counter, which means that anyone can buy them while they’re very, very low in power. The K-Laser is a prescription medical device sold only to healthcare practitioners.

As far as training someone in using the machine, we give them all of the scientific information in what we call online modules, where they sit and watch laser therapy science, physiology, and safety, after which they take a certification exam. We also supply different training materials whether it’s booklets, DVDs, or webinars.

DM: How long does that training take?
PH: Well, to sit down and do the modules, it’s about a three-hour process. And then when someone does buy our unit, we do come to their clinic and give them [training]. Typically it’s a four-hour training session, so that we go through how to use the machine and how to treat different conditions.

DM: Perfect. Once the clinician has the machine and is properly trained, how long does a typical session last? Is it dependent upon the type of injury or the pain the patient has?

PH: It depends a little bit on the body part that we’re treating or the condition. Your shortest treatments could be some of the jaw issues, something fairly superficial, or treating a fairly small area. That would be three to three and a half minutes. And then on the other side of the spectrum, if we are doing either a disc herniation or a diabetic neuropathy, where we’re wanting to treat the lower back and all the way down the leg, that could be 12, 15, to 20 minutes of treatment time.

DM: Okay. I know this is also likely to vary upon condition, but how many treatments are required before the actual condition is resolved or the pain relief is really achieved?

PH: Okay. That’s always an important discussion to have with the patient in your consultation. Because one of the first things that will happen, whether it’s one to three treatments, their pain will drop dramatically, say, from an eight to a two on the pain scale.

We need to educate the patient that the absence of pain does not equal the presence of health. Even though we’ve done wonders to remove the pain, there’s still underlying tissue damage that does need to be healed up.

As you said, depending on the condition and the nature of the injury, but the vast majority of conditions, six to 12 treatments over a two- to four-week period of time, we can get some pretty good resolution of those conditions.

DM: I know this is just generalizing. But typically, your observation is that if a person’s coming down with pain pills, anti-inflammatories, or a combination, they’re able to gradually reduce and eliminate the use of that. Would you say that’s the majority of the people who undergo treatment?

PH: Yes, absolutely.

DM: That’s a pretty good tradeoff.

PH: Yes.

DM: There’s a certain cost to this. Speaking of the cost, is it typically a treatment that’s covered by insurance? How does the reimbursement work for that?

PH: There’s not a specific CPT billing code for the treatment. In most cases, it is going to be out-of-pocket cash for the patient. There are some instances where insurance will cover. They will just have to check it.

DM: Especially with some of the new Affordable Care Act provisions, because they have these specific provisions that allow for these unusual yet useful types of therapies, there may be some coverage under that.
PH: Right.

DM: I’m wondering what the typical cost range is. I know it varies upon clinician, but what’s the range that one would expect for this type of therapy?

PH: Well, the nationwide range is going to be from 25 to 150 dollars, but most of them are between 40 and 65 dollars a treatment.

DM: Okay.

PH: When you look at a pain condition that you’ve been suffering from for years, and you can get it resolved with just a few hundred dollars’ worth of K-Laser treatments, that’s well worth it.

DM: You can easily run into that expense with one months’ worth of drugs.

PH: Yes.

DM: If you have to pay for them out of your pocket.

PH: Right.

DM: The challenge with our system, of course, is that there are these third-party carriers that sort of intervene between the patient and the therapy. If they’re only paying five or 10 dollars, it seems like it’s a relatively good deal. But in the long run, it certainly isn’t, especially after you suffer any serious side effect.

I would assume that there are a list of clinicians who are trained, certified, and have this resource available. Is it on your website?

PH: Yeah, it’s on our website. It’s K-LaserUSA.com. In both the upper left and upper right hand corner, we have links to Find a K-Laser Provider.

DM: Okay.

PH: On that page, we have both human medical and veterinary medical providers. Because oftentimes (it’s been interesting to make this observation over time), let’s say, a human patient gets better from whatever knee or back pain, then they noticed that their pet is suffering from some pain condition. They need to look up, “Oh, where can I take my pet to go for K-Laser treatments?”

DM: Now, interestingly and perhaps not surprisingly, a large percentage of our viewers have pets. If they have a pet, what type of conditions would a pet benefit from – the same ones as humans or any other condition?

PH: Actually, it’s going to be an expanded list because veterinarians are able to use medical devices as they see fit. Yes, it’s going to work for any of the arthritic conditions – hip dysplasia, intervertebral disc disease in dachshunds. Looking at the little dachshund (where the pet owner had brought them in, planning to put them down because their back legs were useless), get a few K-Laser treatments, and the little dachshund is up and running around again. Some of those stories are really heartwarming, you know. So, those chronic conditions.
But then veterinarians are also using it post-surgically. Any type of surgery that they do, after they put that last stitch in, immediately they will run the K-Laser over that treatment area. What they’ve observed is that the patient (the animal) appears to have less pain. They noticed that the wound closure rate is more rapid, that there is less scar tissue formation, and that that wound is less likely to dehisce or less likely to break apart. That is just with one post-surgical treatment application.

**DM:** Is there an optimum for the application of the treatment? The reason I ask is if it’s good for pets, it’s likely good for humans, except you can’t say that because it’s a human.

**PH:** Right.

**DM:** If a person has to have an operation typically in a hospital, is this something that their chiropractor could bring to them and treat them in the hospital post-surgery?

**PH:** That would be my dream, yeah. That would be fantastic.

**DM:** But is there a window when the application is optimized?

**PH:** Well, the sooner, the better. The sooner you can get the laser treatment on there… Because it is facilitating the body through the stage of inflammation, it’s activating all of the cells responsible for tissue healing. The sooner we can get the K-Laser on that injury or that surgical incision, the better.

**DM:** It wouldn’t seem that big of a stretch because in many operating facilities, they already have surgical lasers. Let’s get a low-powered one to heal it after they’ve ablated the tissue.

**PH:** Right. Yes.

**DM:** That would be an interesting process and probably not too difficult to implement, I would think. But we all have our goals.

**PH:** Yes, absolutely.