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# **Mesh-Free Hernia Repair**

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**FRED AMIR, R.E.H.S.**

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The information presented in this book is not intended as a substitute for the medical advice of a trained health care professional. You should consult a physician in matters relating to your health and any symptoms that may require medical attention.

## **ABOUT THE AUTHOR**

Fred Amir is the author of *Rapid Recovery from Back and Neck Pain: A Nine-Step Recovery Plan*, recipient of the University of California's Knowles Ryerson Award for Leadership, a registered environmental health specialist, and the founder and president of Health Solutions.

Health Solutions is a health consulting and educational firm specializing in empowering individuals with knowledge and strategies to maximize their innate abilities for better health. Fred's seminars, titled *Rapid Recovery from Chronic Pain*, *The Road to Wellness*, *Living by Design 101*, and *living by Design 201* have helped others recover rapidly to live pain-free and much healthier and happier lives. He has conducted seminars for the University of California, Office of the President, CIGNA Group Insurance, Iowa State University, and other organizations.

Fred is an avid reader who believes in life-long learning and is a student of martial arts, having studied kenpo karate and tae kwon do. He is married and has two children. .

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# Preface

As the editor of Mesh Medical Device News Desk, I have heard from many people who have suffered from painful mesh-related complications after surgical repair of an inguinal hernia. To understand how serious these complications can be, you can read their patient profile stories at [meshmedicaldevicenewsdesk.com](http://meshmedicaldevicenewsdesk.com).

Unfortunately for some patients, their doctors did not tell them the facts before surgery. After surgery, some doctors turn away patients with complications or send them to learn pain management techniques, as if that were an acceptable course of treatment.

When Fred Amir developed an inguinal hernia, he knew from his previous experience with chronic back pain and disability that he had to do his homework to avoid medical negligence and incompetence. Facts convinced him to avoid the use of mesh, and in his search for an alternative he discovered a mesh-free, tension-free repair with excellent results.

In this book, he will give you extremely valuable information and guide you in your journey to good health.

*Jane Akre*  
*Editor*  
*Mesh Medical Device News Desk*

# Foreword

In today's world, it has become increasingly difficult for patients with inguinal hernias to have them repaired without the use of a mesh. For a variety of reasons, including incentives offered to surgeons by mesh makers and insurance company rules or state laws in favor of mesh repair, patients are not given the option of having their inguinal hernias repaired without a mesh. Recently, I learned that a surgeon was taken to court by the licensing board of the state because he did not use mesh for inguinal hernia repair.

Fred Amir was a patient facing this dilemma. He did not want to have mesh inserted inside his body for repair of his groin hernia because it is a foreign substance. In this well-written and well-researched book, he recounts the challenges he faced finding a mesh-free repair. Fred explains the complications associated with the use of mesh and how published research clearly shows that a mesh repair is not superior to a mesh-free repair.

His detailed account of his surgery and recovery gives you an excellent road map to help you get your hernia repaired without mesh and to have a speedy recovery.

*Prof. Dr. Mohan Desarda  
Chief of Hernia Center, Poona Hospital & Research Center  
Inventor of the Desarda Repair  
Pune, India*



# Introduction

About 30% of men and 3% of women develop inguinal (groin) hernias in their lifetimes. Some 750,000 inguinal hernia operations are performed in the United States each year.

What you are about to read will provide you crucial information about inguinal hernias and how you can protect yourself from months of chronic pain, recurrent infections, fistula, and other complications associated with the most common treatment administered. You will discover:

1. Crucial medical research your doctor may not know or might not tell you
2. The most common type of surgery you may want to avoid
3. What a mesh is, and why you don't want one placed in your body
4. A proven, innovative, mesh-free, tension-free procedure
5. How to prevent an inguinal hernia from developing
6. Alternative treatments

The above is presented in the same format as in my book, *Rapid Recovery from Back and Neck Pain: A Nine-Step Recovery Plan*. The information is intertwined with a brief account of my personal experiences with an inguinal hernia, the medical system, and my search for an effective treatment.

# 1

## How It All Began

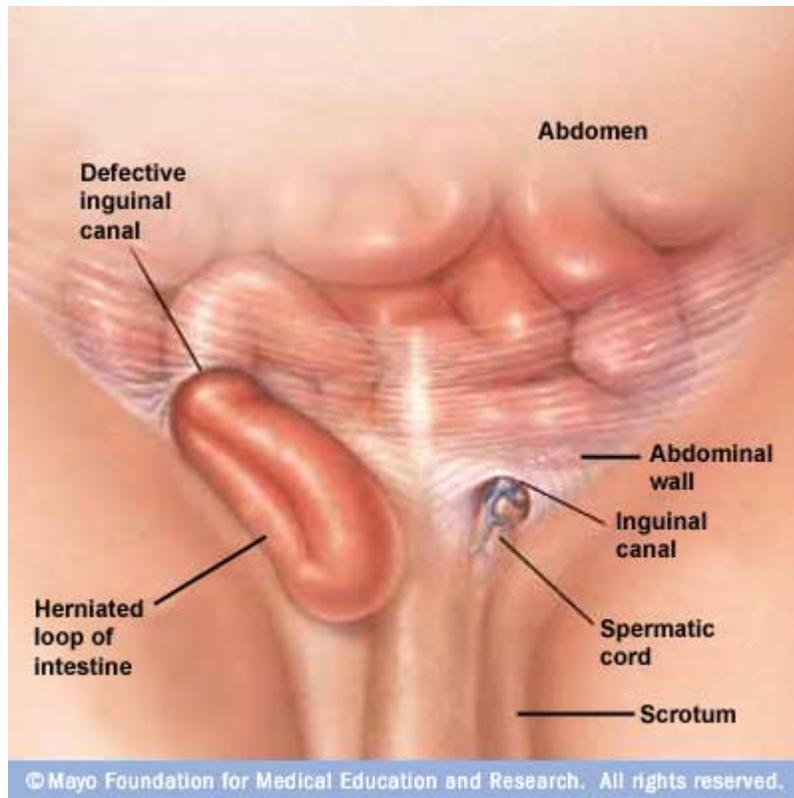
Sometime after April 15, 2010, I noticed pain on the right side of my abdomen when stretching. I thought it was probably a pulled muscle and continued to do my morning stretches and exercises but avoided exercises that caused pain.

For the next few nights I woke up to the same pain but did not think much of it. I also noticed that when I coughed or sneezed I really felt it in my entire abdomen. However, as I continued with my exercises, the pain subsided. The pain eventually became so abated that two weeks after it began, I squatted and lifted heavy pots of trees several times without hesitation.

The day after I lifted the heavy pots, I was fine. However, when we returned from the farmers' market, where I had carried heavy bags filled with fresh produce for several blocks, I began to feel a lot of pain and noticed a bulge the size of a small egg in my groin.

### The Primary Care Physician

I saw my primary care physician the next day. He diagnosed me with a right inguinal hernia. This was the first time I had heard the term inguinal, which was to become a very familiar word to me. According to the Mayo Clinic's website, "Inguinal [groin] hernias occur when soft tissue – usually part of the intestine – protrudes through a weak point or tear in your lower abdominal wall. The resulting bulge can be painful – especially when you cough, bend over or lift a heavy object." Below is an illustration of an inguinal hernia from Mayo Clinic's Website.



My doctor told me that I should have surgery as soon as possible; otherwise, the bulge would grow to the size of a fist. He referred me to a surgeon whom he called a professor, who had taught at medical schools and had recently started his practice. “He will fix you up, and you will be back to normal in a couple of days,” the doctor said.

### What Should Have Happened

1. According to at least one medical textbook on the diagnosis and treatment of inguinal hernias, my doctor should have tried to push the bulge in. In some cases, this is all that is needed, along with wearing a hernia support belt (also known as a truss) and avoiding lifting or carrying anything heavy for a month. That might have been all I needed. In fact, later I met someone whose doctor did exactly that, and he recovered completely without surgery.
2. My doctor could have told me about the study published in the *Journal of the American Medical Association* in 2006 that concluded, “Watchful waiting is an acceptable option for men with minimally symptomatic inguinal hernias. Delaying surgical repair until symptoms increase is safe because acute hernia incarcerations occur rarely.”
3. There was also no need to make me feel that surgery was urgent. A study published in the *American Journal of Surgery* in 2008 concluded, “Delaying hernia repair in patients who are minimally symptomatic does not have an adverse effect on subsequent operation and on other outcomes.” One of my relatives waited eight years before he had his operation and had a good outcome.

## **It's in the Genes**

While waiting to see the surgeon, I asked relatives and friends who had hernias in the past. They all had laparoscopic surgery done with mesh and were satisfied with the results. I discovered that my paternal grandfather also had developed an inguinal hernia and wore a truss for many years until he finally relented and agreed to have surgery. My older and younger brothers had also developed inguinal hernias.

## 2

# The Mesh Salesman

Frankly, this whole matter came at a very busy time. I only had time to do a brief search on the Internet on “hernia surgery” (better known as “hernia repair”). I discovered that in England, where hernia repair is an elective surgery with a fairly long wait time, patients wear a truss for many weeks until their surgery date. On mesh, I discovered that some patients continue to have pain and/or feel the presence of the mesh for a few months.

I checked the surgeon’s bio online. He was young and appeared to be very talented and qualified. Since he had taught at two prestigious medical schools, I expected to have a very lively and intellectual discussion with him.

When I went for my appointment, the surgeon examined me carefully and told me about laparoscopic surgery and how the mesh works. He gave me a plastic mesh to hold, and, while I was holding it, he brought out a denser and heavier one to hold with my other hand so that I could feel how the new, improved one was so much lighter and less dense. “Is he a mesh salesman?!” I wondered to myself. “Why does he keep an old, useless mesh in his office?” When I asked him what his thoughts were about wearing a truss, he said, “C’mon, you are not ninety-nine years old. Why would you want to wear a truss?” Frankly, I was taken aback with this manipulative, salesman-like approach. I guess he had just started his practice and was eager to sell me on the most profitable treatment option.

I left the surgeon’s office feeling very uncomfortable about him. I realized I needed to do more in-depth research to find the best option for treating my inguinal hernia, and definitely to find a different surgeon!

## **What *Should* Have Happened**

The surgeon should have explained to me that, for a small hernia like mine, an open repair under local anesthesia – where an incision is made on the abdomen and the hernia is repaired – would have been the safest and best treatment. Laparoscopic surgery is riskier since it is done under general anesthesia, and the sharp probes used in the procedure may damage internal organs and cause other, more serious complications. One of the largest studies comparing the two types of repair, published in 2004 in the *New England Journal of Medicine*, concluded, “The open technique is superior to the laparoscopic technique for mesh repair of primary hernias.”

## **The Truss**

As soon as I left the surgeon’s office, I bought a truss. There are several types of trusses. Some are like underwear with padding that presses against the hernia, and others are like belts that provide support for the area adjacent to the hernia but do not press on the hernia itself.

I found the underwear type difficult to use when sitting or driving. The belt type was easy to fasten or unfasten as needed, depending on how long I needed to sit or drive, and comfortable to wear when standing or walking. It really helped with my pain and discomfort, which made it easier to delay surgery. Wearing a truss is usually encouraged for the elderly who are not good candidates for surgery.

Frankly, I believe doctors and popular medical websites in the United States do not advise patients to use a truss so that their pain and discomfort force them to rush into having surgery. There is a lot of money to be made in an industry which forces surgery as the only option. As mentioned earlier, in England, patients are advised to wear a truss since hernia repair is an elective surgery and, under their medical system, it may be weeks before one is scheduled for surgery.

## 3

# The Search

Perhaps the best thing that came out of my meeting with the surgeon was that I realized I needed to do my own search to find the best treatment options for my hernia. I searched online using Google, Google Scholar, Google Books, the National Library of Medicine website (pubmed.gov), and various medical and surgical journals. I scoured the medical literature for answers.

My first concern was having a synthetic material like a mesh, which is usually made of Gore-Tex, Teflon, Dacron, Marlex, or Prolene, placed in my body. Since early 1990s it has become common medical practice to surgically insert mesh for hernia repair. A mesh provides a tension-free repair, and we are told that the recurrence rate is lower than that of repairs done without mesh.

Without a mesh, the traditional open repair is done in a way that the repair area is under tension. The surgeon would close the defect by firmly stitching muscle to the inguinal ligament below. Even at rest, this creates tension in the muscles, and it gets aggravated many fold during acts of coughing or straining. Secondly, this displaced muscle, by natural virtue, would try to move back to its original place over a period of time. Already weak, muscle gets weaker by suturing it under tension, and repair with such weak muscle fails to give any lifetime protection, even if it is securely sutured. Natural scarring of tissues and muscular shrinking further increases the tension and also weaken the tissues, resulting in a high level of recurrence. Despite this, I have met people whose open repair without mesh has lasted 25 or 30 years, and some 85% have never had a recurrence.

In majority of cases, use of a mesh does not cause complications; however, once you place a foreign object into the body, it may react in unexpected ways. Timothy Kuwada, MD, an Assistant Clinical Professor at the Department of Surgery in University of North Carolina, Chapel Hill, states, "With the increased utilization of hernia prosthetics, the incidence of mesh-related complications has also risen. Although rare, mesh infections and enterocutaneous fistulas are a devastating complication that can have significant effects on long-term quality of life. Furthermore, a growing body of literature suggests that mesh can increase chronic pain and discomfort in the form of a foreign body sensation, excessive rigidity, and collateral nerve and tissue inflammation. Multiple high volume (>1000 cases) studies have demonstrated a relatively high incidence of chronic pain after inguinal hernia repair."

There have also been several recalls of various mesh brands and models. In 2005, the Food and Drug Administration recalled 100,000 Kugel meshes. If you had the mesh inside you causing pain, bloody stool, infection, and other possible complications., you would have to go through another operation to remove the mesh. This would not always be easy, as body tissue grows into the mesh.

Also, regarding recurrence rate, a 10-year study published in 2009 in *The Surgeon*, the journal of the Royal College of Surgeons of England and Ireland, concluded that using mesh had not reduced the recurrence rate. It states, "Our findings help to explain why there has been no significant fall in the incidence of recurrent inguinal hernias in national data sets and large scale audits, despite a widespread use of mesh."

Another study published in 2010 in *The American Surgeon* found no advantage for the use of mesh in regards to infection, testicular swelling, post-operative chronic pain, or recurrence. The study concluded, "The anatomic procedure without mesh should continue to be offered to patients who have an initial inguinal hernia repair."

Some 750,000 hernia repairs are done annually in the United States. The more mesh that is used in these repairs, the more profits the mesh manufacturers make. Thus, they are in competition to bring new, improved meshes into the market and capture more of the market share. Of course, every time a new mesh is introduced – like the recalled Kugel or PROCEED meshes – complications may arise.

In fact, complications are not limited to use of mesh in hernia repair. Serious complications, including pain, infection, bleeding, organ perforation, urinary problems, recurrent prolapse, and vaginal scarring/shrinkage, associated with transvaginal placement of surgical mesh for pelvic organ prolapse (POP) led the United States Food and Drug Administration to issue a warning on July 13, 2011. The warning stated, "The FDA is issuing this update to inform you that serious complications associated with surgical mesh for transvaginal repair of POP are not rare." (On July 22, 2012, Cable News Network (CNN) reported that a jury in Bakersfield, California, awarded Christine Scott 5.5 million dollars for damages caused by the BARD Avaulta vaginal mesh. Thus far she

has had eight surgeries to correct the mesh-related complications. You can read her story at [www.meshgonewrong.com](http://www.meshgonewrong.com).)

All of the above information made me realize that having a synthetic material like mesh placed inside of me was like playing Russian roulette with my health. So I decided that an open repair without mesh would be much safer for my hernia repair.

## **The Second Surgeon**

On the recommendation of two doctors that I respect and trust, I saw a local general surgeon who had been in practice for some 25 years. He was very nice and agreed with my assessment to have an open repair without mesh. When I called later to schedule my surgery, the receptionist told me open repair was not good for me. "You should have laparoscopic with a mesh. That's better for you," she said.

I was really surprised that she meddled in patients' affairs. I told her that I had discussed the matter with the doctor and he agreed to open repair without mesh. She checked my file and said the doctor wrote in it "laparoscopic with mesh." I was quite surprised that he had written this, despite my clear explanation of why I wanted open repair without mesh. When I asked to talk to the doctor himself, the receptionist said that it was better that I discussed it in person and gave me an appointment for the following week.

## 4

# Mesh-Free Options

While waiting for the day of my appointment, I searched the Internet for more information. This time I came across an online discussion group and read many horror stories of people who suffered from chronic pain and other complications because of mesh. These stories convinced me more that it was not worth the risk and to avoid mesh at all costs.

The good news was that one person had posted about a minimal-repair technique done for sports and inguinal hernias by the German surgeon Dr. Ulrike Muschaweck. Many top athletes, including the USA's soccer team captain, had gone to Germany prior to playing at the World Cup for this operation. Dr. Muschaweck does not use a mesh, and most patients can lift up to 44 pounds right after the surgery and go running the next day.

Needless to say, I was quite excited. I emailed Dr. Muschaweck with specifics of my condition to see if this would work for my case.

Since her technique appeared to me to be a simpler version of the open repair technique, I wondered if a good local surgeon would be able to repair hernias with the same technique. To test my theory, I emailed a good friend of mine who is a physician in Fresno, California, to ask a surgeon and verify if a skilled surgeon would be able to do the minimal-repair technique.

I also figured that this type of innovative technique might be practiced at university hospitals, such as Stanford and/or the University of California, San Francisco (UCSF). So I emailed them both. Stanford replied that they do, and they gave me an appointment. UCSF replied that they use mesh.

### **The Second Visit**

I printed Dr. Muschaweck's paper published in *Hernia: The World Journal of Hernia and Abdominal Wall Surgery* and took it with me for the second visit to the surgeon who had previously agreed to do the mesh-free surgery. I wanted to see if he was aware of this technique or would be willing to do it for me. When I met with him, I discovered that, in addition to being a surgeon, he served as the sales manager. At this time, he tried to convince me to have a laparoscopic repair done with a mesh. The surgeon even made the irresponsible statement that there have never been any complications associated with mesh! I left his office quite disappointed with him and with doctors who put profits before welfare of their patients.

Few days later I met with the surgeon at Stanford. He had not carefully read my email or the study I had attached by Dr. Muschaweck. In person, he told me that they do not offer this technique at Stanford and proceeded to tell me about laparoscopic repair with mesh. I told him that there had been a misunderstanding and left.

### **Frustrated**

As you can imagine, I was quite frustrated at this point. Here I was living in the San Francisco Bay Area and I could not get a simple operation done. As I explain in my *Living by Design* workshop, "Welcome frustration! Frustration means that you are about to have a breakthrough, even if it takes weeks, months, or years. Many of the world's most important discoveries and inventions came about as a result of someone being really frustrated with a problem. So never give up, and realize that all the frustration will make you work harder to find a solution."

It was all the frustration with my back pain and the medical system that led to developing my Rapid Recovery plan, which helped me and others recover rapidly from pain to live active lives. So I kept searching for a solution and praying for guidance to find the best option.

Meanwhile, I received an email from Dr. Muschaweck. She did not rule out the use of a mesh in some cases. It would have been very disappointing for me to endure the pain and trouble of air travel to Germany and still end up with a mesh in my body.

## 5

# The Desarda Repair

While doing more research on mesh-free repair, I came across the work of Prof. Dr. Mohan Desarda, of Pune, India. I visited his website and viewed the following video of an interview with Stuart Harris, of Australia. He had traveled to India to have a mesh-free, tension-free repair done. The day after surgery, he was bending, walking freely, and even lifting luggage.

[http://www.youtube.com/watch?v=BuM3FQap\\_1A](http://www.youtube.com/watch?v=BuM3FQap_1A)

Then there was David Williamson, of Los Angeles, with similar results.

<http://www.medicalvideos.us/videos/1633/>

If you have read *Rapid Recovery from Back and Neck Pain: A Nine-Step Recovery Plan*, you know that I am quite skeptical when it comes to these types of claims but keep an open mind when presented with new information. I was looking for an independent verification of Prof. Dr. Desarda's work. That came when I viewed the following video made by Ron Powers, of Rockville, Maryland, about his trip to India and hernia repair by Prof. Dr. Desarda. He, too, had a quick recovery.

[http://studioposeidon.com/revolutionary\\_hernia\\_repair.htm](http://studioposeidon.com/revolutionary_hernia_repair.htm)

Now I was very interested. I emailed Ron and learned more about his experience. I even watched a video of how a typical Desarda repair was done (not that I understood much of it!).

As a public service, Prof. Dr. Desarda has put all the information about his innovative technique online so that any surgeon anywhere in the world can learn it and benefit their patients. I was impressed by his concern to help others with his medical knowledge – a completely different approach compared to the surgeons I had seen thus far.

## Correct Diagnosis Is Half the Cure

Then I began to study in-depth his many papers involving hundreds of case studies published in medical journals worldwide.

Prof. Dr. Desarda put forth a new theory for the cause of inguinal hernia. He discovered – based on a study, involving 500 body halves, published in 1971 by B.J. Anson – that 53% of people are missing or have a defect in tendons known as aponeurotic extensions from the transversus abdominis aponeurotic arch. This is a thin but strong membranous structure, the fibers of which are directed downward and medially. Individuals who are missing or who have defective aponeurosis extensions are more likely to develop inguinal hernias with age or other risk factors, such as chronic cough, constipation, heavy lifting, and family history. Those who have this tendon in place are protected from developing inguinal hernia despite age, heavy lifting, constipation, and other risk factors.

There is a saying: “Correct diagnosis is half the cure.” Prof. Dr. Desarda’s repair aims to correct this deficiency, and by correcting it without a mesh, he has achieved great results. I emailed Prof. Dr. Desarda, as well as several of his patients and doctors who follow his technique. After evaluating all of the responses I received I decided this was the repair I wanted for my hernia. However, by now my hernia had grown as large as half a tennis ball. I could only sit in an upright position for thirty minutes or so before pain became unbearable. The idea of air travel to India and sitting several hours in an airplane was too painful to consider.

## 6

# The Good Doctor

Around this time, my physician friend from Fresno recommended I contact Dr. Zafar Parvez. Dr. Parvez is a general, thoracic, and weight loss surgeon who has been in practice for more than twenty years. Of course, in addition to my physician friend's recommendation, which meant a lot to me, I did my own research. I discovered that Dr. Parvez's patients had given him an overall rating of 4.5 out of 5 stars on [healthgrades.com](http://healthgrades.com).

Also, his patients described Dr. Parvez as an excellent surgeon who was honest and caring, and who was a good listener. He answered their questions to their satisfaction and treated them with courtesy. All this made me feel comfortable about seeing Dr. Parvez.

My wife and I drove three hours to Fresno for a visit at his office. We found his waiting room full, which I thought was a good sign. His staff was very friendly and helpful. Dr. Parvez checked my hernia and said it was too large for Dr. Muschaweck's minimal repair technique. I then introduced Dr. Parvez to the Desarda repair by providing him with one of his papers as well as a DVD of his technique.

Dr. Parvez read the paper and watched the DVD and said that this was a very sound approach, and that it was easy to learn and easy to perform. We determined that, since the month of Ramadan was starting in three days, we had better schedule the surgery for after Ramadan. My wife and I left his office feeling very comfortable with Dr. Parvez and his staff. In fact, my wife commented that he must be a very confident and competent surgeon to be willing to learn and implement the Desarda repair. I certainly agreed with her assessment.

Fortunately, during Ramadan, Dr. Parvez had four hernia patients who did not want mesh used in their repairs and agreed to the Desarda technique. He was amazed at how little pain they had after the operation and how quickly they recovered. This was, of course, great news for me as well. My surgery was set for three weeks after Ramadan.

The entire arrangement for my surgery was handled meticulously and with care by Dr. Parvez's staff. I was very happy about that.

As I waited for the surgery date, based on Prof. Dr. Desarda's papers and the communication I had had with his patients, I developed the following reasonable expectations:

1. Minimal post-operative pain. Most of his patients experienced little pain after the operation, as these are tension-free repairs. I hoped for minimal pain as well.
2. Early ambulation. Again, since these are tension-free repairs, Prof. Dr. Desarda reports that most patients were ambulatory with a few hours after the operation. The patients with whom I communicated all had a similar experience and found it easy to start walking and moving around just a few hours after surgery. I expected the same.
3. Very slight chance of post-surgical complications. In his papers, Prof. Dr. Desarda mentions the following rare complications: wound edema, mild skin infection, and hematoma, which can happen with other surgical procedures as well. I certainly hoped to be among the majority that did not have any complications at all.
4. Short recovery time. Prof. Dr. Desarda mentions in his papers that most patients returned to normal activities – like bending, kneeling, stooping, climbing one or more flights of stairs, carrying groceries, attending to office duties, or doing normal, non-vigorous activities – within 4 to 14 days. As seen in the videos, some even had a faster recovery. Since my hernia was more serious than those of Stuart Harris and Ron Powers, I expected to be back to my daily activities in 7 to 10 days.

# 7

## The Surgery

We arrived in Fresno the night before the surgery and checked into a hotel. On Thursday, October 7, 2010, at 7:30 am, I was operated on by Dr. Parvez under local anesthesia with sedation.

The surgery took about two hours. After the surgery, we returned to the hotel. I had some pain and discomfort but nothing requiring medication even after the anesthetics wore off. I was fine when lying down, and even sitting for a few minutes was tolerable. The only really painful part was getting in and out of bed. I needed my wife's help, especially to get out of bed. This was where an adjustable hospital bed would have been very helpful. I managed to walk around the room a few times just a few hours after surgery. Dr. Parvez had used glue to seal the incision. This was really great, as I did not have to worry about changing the dressing or getting it wet when taking a shower. Later on, when it was completely healed, there was practically no scar. Below are my personal notes from the days following the surgery.

### My Recovery Diary

#### Recovery, Day 1

I had a lot of pain when I woke up, but as I walked around the pain became less and less. This was the pattern for the first few days and it is very common with most surgeries. I managed to go outside the room and walk in the hallway a few times. Dr. Parvez came for a visit. I went out and greeted him in the hallway. He was happy to see me walking upright. He said that with the traditional open repair without mesh, patients walk with a slight bend due to tension in the repair site for a few days after surgery.

We sat down and talked for more than an hour. I was amazed how I could sit on a chair and socialize the day after surgery without much difficulty. I continued to make improvements the rest of the day. Later that day I even walked outside with shoes on.

### **Recovery, Day 2**

I slept really well, and it was much easier getting out of bed. I went out with my wife and bought chocolate and flowers to take to Dr. Parvez's office. Just 48 hours after surgery, I was out shopping! It felt great.

I noticed swelling in the scrotum area, which can happen with laparoscopic as well as open repair surgery. I wrote to Prof. Dr. Desarda about it later, and he replied that in cases of large hernias where repair is more extensive, this can happen and can be easily remedied by wearing scrotal support for a few days. I bought one and managed to walk a lot more. We went to a beautiful park for a walk, shopped at a supermarket, and ate out. We even went out to do some shoe shopping for my wife. I was still amazed at how much I was able to do just two days after surgery!

### **Recovery, Days 3-6**

On the third day, I took a shower, went out to eat breakfast with my wife, and walked afterwards. I managed the three-hour ride back home well. It was good to be home.

By the end of the sixth day of recovery, the scrotal swelling was 90% better. At that time, it made sense to speed up my recovery. Based on my conversation with Dr. Parvez and an email from Prof. Dr. Desarda encouraging me not to be afraid of performing daily activities, such as climbing stairs and driving, with great excitement I began my rapid recovery. I managed to walk 20 minutes, drive to a nearby supermarket, and help with chores at home.

### **Recovery, Day 7**

I started the day with a bowl of oatmeal and a 20-minute walk. I was walking at a faster pace and in a much more relaxed and fluid fashion. I managed to get into our van that morning. It was little challenging since it required stepping up to get into it. It caused a bit of irritation and pain. I drove to the post office, ran some errands, and went to the mosque to pray. I thanked God for bringing Prof. Dr. Desarda and Dr. Parvez into my life and for making it possible to have my repair done without a mesh.

I was climbing stairs much more easily and even bent down and touched my toes. I went for another 20-minute walk. However, this second walk, which was faster and more rigorous, caused some discomfort.

### **Recovery, Day 8**

I slept very well. As I got out of bed, I felt a lot of pain around the entire incision area – the kind of pain you feel if you work out really hard. It was all external muscle pain. I was not worried since there was no discoloration or swelling of the incision area. I wondered if the pain was due to stretched muscles when I was getting in and out of the van or if I had walked too much and overworked the muscles. I did not know.

I lay down and cooled the area with an ice pack. It improved quickly, and the pain completely disappeared by afternoon. It was quite unexpected, though, and it made me reevaluate my recovery plan.

I was very grateful that I had gotten what I wanted: a mesh-free, tension-free, recurrence-free repair with minimal post-operative pain that required no medication, and a smooth recovery. As far as I was concerned, God willing, this was going to be my first and last hernia repair. Since I was not preparing for the Olympics, at least not yet, whether I recovered in 7 days or 17 days did not matter. The last thing I wanted to do was to hurt myself and delay my recovery.

I was already driving, walking, shopping, eating out, and carrying light items easily. Whether I ran up the stairs or carried heavier items a few days later was not that important to me. I decided it was best to take my time and let my body heal properly and just continue my recovery at a more relaxed pace.

### **Recovery, Days 9–30**

During this period I continued to improve. I drove on the freeway and around town, shopped, ate out, and attended several meetings. I felt pain or irritation at the site of incision after sitting for more than half an hour or so, but this was relieved by standing or walking. By the 15th day, I literally ran up and down the stairs and felt I was at a point where my recovery was really taking off. I felt much better and stronger, even lifting gallon-size containers from the grocery shelf and horizontally transferring them into the cart. I could sleep on my side again instead on my back all night. That felt really good.

By the third week, I felt very little pain when coughing and sneezing, and by the 23rd day I felt no pain at all. After one month, I was 99% pain-free and began working out with light weights.

### **Recovery, Days 31–120**

We traveled to Southern California for Thanksgiving, just seven weeks after my surgery. I drove 2-3 hours at a time without any pain or discomfort, which was far better than the 20-30 minutes I could drive before the surgery. I climbed many stairs with complete ease, walked a lot, and enjoyed many hours of socializing with relatives and friends.

I truly relished walking in the streets of Los Angeles not feeling any pain. I thanked God with every step and prayed for Dr. Parvez and Dr. Desarda. Two weeks later my family and I flew to Mecca, which required total of sixteen hours sitting in an airplane, lots of walking, and carrying suitcases. I was careful not to lift any heavy suitcases, but did roll them around. It was a wonderful trip and I came back feeling better and stronger. I noticed a definite flattening of my healing ridge after I returned from Mecca. ([www.rapidrecovery.net/mecca.html](http://www.rapidrecovery.net/mecca.html))

“Healing ridge” describes the area of swelling and hardness beneath the incision after open repair. The ridge is caused by local tissue swelling and inflammation as it 'heals' into the surrounding muscle. It may harden somewhat, feeling like a roll of quarters or even a small 'cucumber' beneath the skin. It remains virtually unchanged for 3 weeks or more after which it gradually softens and flattens. The size and duration of the 'ridge' is related to the size and complexity of the hernia itself. Perhaps all the praying and walking sped up the healing of my healing ridge!

It also became much less sensitive to pressure. For the first three months it was sensitive to direct pressure, whether from a seat belt pressing on it or lying down on it directly. Dr. Parvez told me it may take 3-6 months for it to completely heal.

Also, in open repair, the incision cuts through nerves on the skin so the area will be numb for a while. As these nerves re-grew after about a week or so I began to feel mild and sometimes not so mild electrical shocks. These are very short in duration and have become much less now. Eventually after many months the full sensation shall return to the area. Frankly, the numbness did not bother me since some numbness in the lower part of my abdomen does not interfere with any of my daily activities.

When it comes to exercise, whether walking or weightlifting, I have learned to take it easy and go for small and steady increases. When I did increase the weight or my walking too much, too fast, I experienced pain at night or the next day. When I backed off the pain subsided.

My first dental checkup was after Thanksgiving and reclining on the chair was quite uncomfortable. However, few days later I noticed that the same position did not bother it. Certain activities and positions may not be comfortable at first. However, as the body heals, these will become much easier.

As my “healing ridge” continues to heal I am grateful for living an active life again. It feels wonderful to just pick up and carry everyday things without having to first assess if they are too heavy and may cause pain. Now I can focus on more productive and enjoyable aspects of life. For these improvements in my health I thank God every day and enjoy every moment of my waking hours, as well as my sleeping hours. After so many months of having to sleep on my back practically every night, I truly relish the simple pleasure of lying down on my right or left and sleeping comfortably.

## Recovery, Days 91-180

Shortly after I wrote the above update I helped my wife prune a tree in our front yard. NOT GOOD!

As I reached up high with both arms to clip and pull the tree branches, I overstretched and overexerted my healing ridge. I started having pain that night and had a lot of pain the next day, especially while sitting and lying down on my sides, but no pain walking and standing. Since it was tolerable I went ahead with my trip to Oregon. When I returned I called Dr. Parvez. He told me that it would take six weeks to recover.

He was right. It took about four weeks for me to be able to sleep on my sides comfortably and six weeks before I could get back on the treadmill and workout with weights. The good news was that I was able to carry on my daily activities despite this setback. Live and learn!

I learned that even if you are absolutely pain-free, it is important to be very careful for the first six months or so not to prune trees or any similar activity.

Since I began to exercise regularly in mid-March, 2011, I have made a lot of progress. I am walking two miles a day and using heavier weights than I did prior to pruning the tree. I have to admit that I still have some pain from time to time compared to being almost completely pain-free prior to pruning the tree. Also, there is no more numbness around the healing ridge and I no longer get those "electric shocks."

I have received emails from many readers of my hernia story sharing their experiences and asking questions. Among the emails I have received I found the following most interesting:

"In January of this year, just a few weeks ago, I was told I had either an inguinal or direct hernia. I was supposed to have mesh surgery to repair it last week, but it was cancelled because I had some infected hair follicles in the area where they planned to make their cut. I am supposed to meet with the surgeon in two weeks to see if the infection has cleared up. But since the surgery has been postponed, I have learned about the problems with mesh.

Today, a friend of mine told me he had mesh hernia surgery two years ago, and he is still having some problems. He says the edges of the mesh are extremely sensitive, almost as if they are cutting into his flesh. If the area where the mesh is embedded is tapped or brushed, the area where the mesh is, swells and turns red. He says if anyone should ever hit that area hard, he says he will wind up at emergency.

This evening, I got on the internet, and I read with interest your article on your hernia surgery experience, and I am thinking that a few infected hair follicles might have saved me from making a huge mistake."

Saved by infected hair follicles!

### **Recovery, Days 181-270**

There is not much to report for this period. About two weeks after I wrote the above update I recovered fully from the tree pruning incident and continue to do well. Six months appears to be the magic number as indicated by accounts of others who have had open repair done, with or without mesh.

### **October 07, 2011**

Well, it has been a year since my Desarda repair and I feel fantastic. I am running (actually mostly sprinting) two miles three times a week, and doing push-ups, crunches, pull-ups, leg raises, and more, living a very active pain-free life, by the grace of God, and loving every minute of it.

I do feel a bit of tightness around my healing ridge sometimes. I spoke with Dr. Parvez about it. He said that is the external oblique muscle, which is the first layer of muscle surgeons cut through to go deeper and do the repair. The repair itself is deep inside and nothing to worry about. In time the tightness will subside. A friend of mine, who had inguinal repair done with mesh about year before my repair, was experiencing similar tightness even one year after surgery. His muscle tightness subsided by working out with a kettle ball. I have noticed that the more rigorous my activities the less tightness I feel. It is a minor issue and is not hampering my activities in any way.

Thus far Dr. Parvez has performed more than 83 Desarda repairs, including a patient from Tennessee who wrote me the following email:

"Hello Mr. Amir,

I have been intending to contact you since my inguinal hernia surgery nine weeks ago by Dr. Parvez.

I want you to know how much I appreciate your encouraging Dr. Parvez to attempt this new (at least to American doctors) technique, as well as the detailed journal you shared with everyone on your Rapid Recovery website. After much research on the internet, including your documentation and references, I made the trip from my home in Tennessee to Fresno and had the surgery. I couldn't be happier with the results so far.

Like yourself, I attempted to persuade a local general surgeon to study Dr. Desarda's

procedure and allow me to be the first patient. He declined, saying that he didn't feel comfortable learning a new technique "over the internet". My hope is that the insurance companies will pressure the medical establishment to learn and perform this simpler, less costly and more reliable procedure."

This is certainly my hope too.

**April 07, 2012**

It has been eighteen months since my surgery, and I am doing fantastic. In the past six months, in addition to running, I have done high intensity workouts on a recumbent bicycle, swam, and rebounded on a trampoline.

I read about the benefits of rebounding and tried it. It did stretch the right external oblique in a new way and caused some discomfort at first. In fact, I emailed Dr. Desarda and Dr. Parvez and both assured me it was safe to do so. I continued with rebounding and experienced no discomfort. In all respects I am doing well, with the exception of occasional tightness of the right external oblique when I sleep on my left side.

I continue to receive emails from those who have successfully undergone the Desarda repair. The following was posted in our Rapid Recovery forum.

"Hello Rapid Recovery group,

Thank you for letting me join. Sorry for the lengthy post but rather than just staying silent and reading your posts I felt I should introduce myself.

I am a 68 y/o retired California physician now living in South India where I have only one, albeit very important patient. She has had a three year odyssey with back pain just like Fred's and I suspect many others of you. I have learned acupuncture and osteopathy to try to help and have accompanied her to all the allopathic treatments and specialists with the usual results.

I learned about Fred through providence. I had an inguinal hernia and was scheduling surgery when I thought to look on Google images for a picture of my condition to refresh my memory. I found a nice one and clicked on the website for more... it was Fred Amir's site and I started reading his story which caught my interest. I followed his logic and could relate to his misadventures with the medical community. I tried to find a doctor to do Dr. Desarda's repair in the big cities nearby and just like Fred was told mesh was the "gold standard" and the only thing anyone would do. I then called Dr. Desarda and flew to Pune where he operated under local anesthesia and the day after I travelled 8 hours by plane and Indian roads back to where I live. Now 16 days later it almost seems like I haven't even had an operation. A big smile and thanks to Fred.

I then noticed Fred also had written a book on recovering from back pain. When I read it for the first time last week I was awestruck by the contents and am reading now for the second time. I know it is correct and have ordered Dr. Sarno's books and other resources suggested in Fred's book.

Thanks to all and especially to Fred for looking for himself for solutions and then for sharing them when finally found."

**April 30, 2012**

Jane Akre is a former CNN and Fox News reporter who was fired by Fox News for refusing to bury her investigative report of Monsanto Corporation's deceptive practices. Ms. Akre was featured in the documentary *The Corporation*. She interviewed me for the Mesh Medical Device News Desk.

<http://meshmedicaldevicenevwsdesk.com/featured-articles/couple-finds-no-mesh-hernia-repair-doctor-in-fresno/>

**August 31, 2012**

I continue to do well. The occasional tightness I experienced when I lay down on my left side improved with one visit to my acupuncturist and later disappeared completely. To read the latest updates, please visit [www.rapidrecovery.net](http://www.rapidrecovery.net).

### **Useful Tips**

It is a good idea to allow your body to heal properly the first two to three weeks after surgery. Just take short walks and try to relax. After all, you have been cut into and sewn up. Your body needs time to heal. According to Dr. Andrew Weil, taking 1000 mg of vitamin C twice a day can help speed up recovery.

Here are some helpful additional tips for your stay in Fresno for the surgery and what to do after the surgery.

- 1. How long to stay in Fresno:** Both Dr. Parvez and Dr. Desarda advise that patients can travel 24 hours after the surgery. I am certain that it is safe to do so; however, I decided to stay three nights after the surgery to give my body more time to heal before subjecting it to the rigors of travel, especially because my home is quite a distance from Fresno. The extra stay meant a lot less pain and a great deal of improvement in my mobility.
- 2. Where to stay:** Most national hotel and motel are available in Fresno. Try to get a room with a kitchen and on the first floor that is close to where you park your car.
- 3. What to eat:** We made chicken and beef broth and froze them and took them with us. I figured that after surgery I would not have much appetite due to the anesthetics and the surgery itself. It was a good decision. Having a room with a kitchen made it much

easier to heat food. For the first two days, I ate a soft diet, such as broth, Jell-o, and oatmeal.

4. **Bathroom planning:** Since getting in and out of the bed is the most painful part, it is helpful to have one of those plastic urinal containers in case you have to go in the middle of the night. I did not have one. The first night I woke up needing to urinate and did not want to wake up my wife to help me get out of bed. It was quite painful, but I endured the pain and got up. I was worried that I might have harmed the incision but did not.

5. **Medications to take with you:** I took Tylenol and Advil with me, hoping to avoid taking stronger pain medications. However, I did not need to take them since I did not have much pain. Of course, everyone is different. Some patients do require strong pain medicine. If you feel you really need it, do not hesitate. The only thing I used was an ice pack to reduce swelling and pain.

6. **What else to take with you:** You may develop constipation, diarrhea, or a mild fever in response to the anesthetics. You may want to take a thermometer, milk of magnesia, prune juice, or anti-diarrhea medicine with you. Also a scrotal support is good to have, just in case. Hopefully you will not need one.

7. **How much time to take off:** It is a good idea to take two weeks off from work if you can; even though after one week most people can return to office work and light activity. Also climb stairs one step at a time for the first week, using your good side.

# 8

## Prevention and Alternative Treatments

### How to Prevent Inguinal Hernia Formation

Prof. Dr. Desarda points out that strong musculo-aponeurotic structures around the inguinal canal can protect those with defective or absent aponeurosis extensions from formation of a hernia. So, prior to formation of a hernia, if you can keep your abdominal muscles strong, you may be able to protect yourself from developing an inguinal hernia. Of course, there are no guarantees.

### Alternative Treatments

When I was first diagnosed with an inguinal hernia and faced the possibility of going under the knife, suddenly those acupuncture needles seemed quite painless. So, for the first time in my life, I tried acupuncture. It brought immediate temporary relief from the pain and discomfort. I also tried Ayurveda and yoga, as well as visualization and affirmations. All of these helped to relieve the pain and discomfort temporarily. However, alternative treatments did not keep the bulge from growing larger and larger. Prof. Dr. Desarda warns that after a hernia has formed, some exercises may increase the size of the bulge. Be careful.

# Epilogue

While going through this ordeal, I kept remembering the book *Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves into Slick Marketing Machines and Hooked the Nation on Prescription Drugs*. In this book, Melody Peterson, an award-winning medical reporter, demonstrates how the practice of medicine is influenced by the pharmaceutical and medical device-making companies.

I am one of hundreds of patients who are living proof of the validity of the Desarda repair – with an excellent outcome, using no mesh – and the medical establishment shows little interest in offering it as an option to patients. As patients, we need to demand that surgeons provide the mesh-free Desarda repair as an option for those of us who do not want mesh in our bodies.

I hope what you read here will help you choose the best option for your hernia repair and wish you a speedy recovery. I look forward to hearing from those of you who would like to share your experiences and comments. You may email me care of the publisher: [info@rapidrecovery.net](mailto:info@rapidrecovery.net) , or email me directly at [rapidrecoverybook@gmail.com](mailto:rapidrecoverybook@gmail.com)

To get in touch with Dr. Zafar Parvez, you may email [nomeshhernia@gmail.com](mailto:nomeshhernia@gmail.com) or call his office at 559-438-3000.

Best wishes and God bless!

Fred Amir  
[www.rapidrecovery.net](http://www.rapidrecovery.net)

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Watchful waiting vs. repair of inguinal hernia in minimally symptomatic men: a randomized clinical trial. (Journal of American Medical Association, 2006 Jan 18; 295(3):285-92.

[http://www.ncbi.nlm.nih.gov/pubmed/16418463?ordinalpos=3&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/16418463?ordinalpos=3&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum)

Does delaying repair of an asymptomatic hernia have a penalty? American Journal of Surgery. 2008 Jan;195(1):89-93.

[http://www.ncbi.nlm.nih.gov/pubmed/18070730\](http://www.ncbi.nlm.nih.gov/pubmed/18070730)

## The First Surgeon

A study published in 2004 in the *New England Journal of Medicine* concluded, "The open technique is superior to the laparoscopic technique for mesh repair of primary hernias." (*New England Journal of Medicine*, 2004; 350:1819-1827) The recurrence and complication rate were also found to be higher among those with laparoscopic repair.

<http://www.nejm.org/doi/pdf/10.1056/NEJMoa040093>

## The Truss

The truss that I found most versatile and useful was the one made by Truform.OTC.

<http://www.herniaproducts.com/pm-81-3-truform-elastic-truss-with-scrotal-pad.aspx>

## Mesh Complications

According to Timothy S. Kuwada, MD, Assistant Clinical Professor, Department of Surgery, University of North Carolina, Chapel Hill; Director, Bariatric Fellowship Training, Carolinas Medical Center, Charlotte, North Carolina, "With the increased utilization of hernia prosthetics, the incidence of mesh-related complications has also risen. Although rare, mesh infections and enterocutaneous fistulas are a devastating complication that can have significant effects on long-term quality of life. Furthermore, a growing body of literature suggests that mesh can increase chronic pain and discomfort in the form of a foreign body sensation, excessive rigidity, and collateral nerve and tissue inflammation. Multiple high volume (> 1000 cases) studies have demonstrated a relatively high incidence of chronic pain after inguinal hernia repair. In an effort to improve post-herniorrhaphy [hernia repair] quality of life, prosthetic manufacturers are increasingly focused on developing meshes that have a more favorable graft-host profile.

Dr. Roth discussed the influence of mesh on quality of life and chronic pain after hernia repair. He began by reviewing the growing trend of prosthetic hernia repairs. According to Dr. Roth, the adoption of the Lichtenstein technique, as well as laparoscopic approaches to inguinal hernias, has led to a significant increase in mesh repairs for these hernias. For example, in 2003 there were over 750,000 inguinal hernia repairs in the United States with over 90% of these procedures utilizing mesh. Similarly, in 2004 it is estimated that there were 300,000 incisional hernia repairs with more than 50% employing mesh." Report on Hernia Repair from SAGES 2008, Contents of Highlights of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) 2008 Annual Scientific Session and Postgraduate Course.

And the following article published in *Clinical Microbiology and Infection*, titled, "Mesh-related infections after hernia repair surgery," elaborates more on mesh complications.

"Clinicians have been challenged in the past few years by an increasing variety of novel non-infectious and infectious complications following the widespread use of meshes after open or laparoscopic repair of hernias. The possibility of a mesh-related infection occurring weeks or even years after hernia repair, should be considered in any patient with fever of unknown origin, or symptoms and/or signs of inflammation of the abdominal wall following hernia repair. The reported incidence of mesh-related infection following hernia repair has been 1%–8% in different series, and this incidence is influenced by underlying co-morbidities, the type of mesh, the surgical technique and the strategy used to prevent infections. An approach that combines medical and surgical management is necessary for cases of mesh infection. The antimicrobial treatment regimen chosen initially should include coverage of *Staphylococcus* spp. and,

particularly, *Staphylococcus aureus*." *Clinical Microbiology and Infection*, Volume 11, Issue 1, pages 3–8, January 2005.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1469-0691.2004.01014.x/full>

## **Mesh Recalls**

United States Food and Drug Administration video on Kugel mesh recall

<http://www.youtube.com/watch?v=pu8m4-PEpmA&feature=related>

[http://www.awkolaw.com/images/pdf/updated\\_bard\\_kugel\\_fda\\_recall.pdf](http://www.awkolaw.com/images/pdf/updated_bard_kugel_fda_recall.pdf)

The Proceed Surgical Mesh was hit with an FDA recall on December 21st, 2005 after a troublesome pattern surfaced with regards to a the soft mesh layer of the patch delaminating from the polypropylene layer, leaving it exposed. It was determined that this exposure to the polypropylene could lead to an increased risk of adhesions and bowel fistulization. Symptoms associated with these injuries may include chronic abdominal pain, prolonged fever, or tenderness at the implant site.

[http://www.awkolaw.com/products\\_proceed.html](http://www.awkolaw.com/products_proceed.html)

<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm262435.htm>

## **Recurrence and Pain**

"Recurrence after inguinal hernia repair at ten years by open darn, open mesh and tep [i.e. laparoscopy] – No advantage with mesh" *The Surgeon*. 2009 Apr; 7(2):71-4.

<http://www.thesurgeon.net/article/S1479-666X%2809%2980018-8/abstract>

"Is Postoperative Chronic Pain Syndrome Higher with Mesh Repair of Inguinal Hernia?" *The American surgeon*. 2010 Oct; 76(10):1115-8

<http://www.ncbi.nlm.nih.gov/pubmed/21105623>

## **Online Discussion Groups on Hernia**

Hernia mesh patch recall

<http://www.topix.com/forum/city/fort-worth-tx/TE4DF83JKBNAOCFNO>

Laparoscopic hernia repair complications

<http://www.topix.com/forum/health/hernia/T5STIF9JIVONJQJTK>

### **Dr. Ulrike Muschaweck**

Minimal Repair technique of sportsmen's groin: an innovative open-suture repair to treat chronic inguinal pain. Muschaweck U, Berger L. *Hernia*. 2010 Feb;14(1):27-33.

<http://www.ncbi.nlm.nih.gov/pubmed/20063110>

Dr. Ulrike Muschaweck's website

[http://www.physioroom.com/experts/expertupdate/interview\\_ulrike\\_muschaweck.php](http://www.physioroom.com/experts/expertupdate/interview_ulrike_muschaweck.php)

The USA's soccer team captain goes to Germany for hernia repair

[http://www.usatoday.com/sports/soccer/worldcup/2010-05-23-usa-central-defenders-injuries\\_N.htm](http://www.usatoday.com/sports/soccer/worldcup/2010-05-23-usa-central-defenders-injuries_N.htm)

### **Prof. Dr. Mohan Desarda**

Study of 200 patients and detailed explanation of Prof. Dr. Desarda's theory and method published in *BMC Surgery*. This article explains in detail Prof. Dr. Desarda's theory and technique.

<http://www.biomedcentral.com/1471-2482/3/2>

Study of 860 patients treated with the Desarda repair and follow up results published in *Hernia*.

<http://resources.metapress.com/pdf-preview.axd?code=p18250118002321j&size=largest>

More articles by Prof. Dr. Desarda

<http://www.desarda.com/articles>

Prof. Dr. Desarda's Website

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## **Epilogue**

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*Moynihan, Ray and Cassels, Allan, Selling Sickness: How the World's Biggest Pharmaceutical Companies Are Turning Us All Into Patients (New York: Nation Books, 2005)*

*Hadler, Nortin, MD, Worried Sick: A Prescription for Health in an Overtreated America (Chapel Hill, NC: The University of North Carolina Press, 2012)*