

# JCPM2024.01.30

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The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of January 30, 2024, with Charles Runels, MD.

The [video of this live journal club can be seen here](#)←

## Topics Covered

- The hypothalamus and how it relates to sex and the [Priapus Toxin™](#) procedure.
- Two tips about autoresponder emails that cost nothing and will add 10's of thousands of dollars to your practice (maybe 100's of thousands)
  - The email as a course
  - The procedure-specific autoresponder
  - A sample email you could send to improve your botulinum practice
- Treating BXO
- Another review article supporting PRP for androgenic alopecia
- Question 1: "How soon after the Priapus Shot® or the P-100, when we add botulinum toxin to the Priapus Shot®, should a patient see results?"
- Question 2: "Can PRF be used as opposed to PRP?"
- Question 3: "I have a breast cancer patient who is suffering from painful sex and atrophy. Two years post-radiation. Any advice?"
- Question 4: "What do you think about adding exosomes to the P-Shot® or other procedures?"



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Welcome to the Journal Club. Today's covers research regarding the P-Shot® procedure, BXO, breast cancer & PRP, alopecia, and a little trick with marketing that some of you have heard me talk about, but I've yet to see anyone implement it. And it's a simple thing to do that costs almost nothing. So, let's start with P-Shot®. We'll do some science, then marketing, and then we'll come back to the science.

## The Hypothalamus and How it Relates to Sex and to the Priapus Toxin™ Procedure.

As you guys know, one of the things we're doing to augment the P-Shot® is to mix botulinum toxin with it ([Priapus Toxin™](#) procedure). Part of the mechanism is that it relaxes smooth muscle, resulting in the opening of the valves of the arterioles with increased arterial circulation and improved erection, which is exactly what Viagra does.

The other mechanism is less obvious and less talked about and is diagrammed here, looking at how the autonomic nervous system affects the hypothalamus.

When I hear discussions of how thoughts might change your body, just thinking makes you well, or makes your body healthier, or makes it get sick. It's not as esoteric or metaphysical as it might appear. The pituitary gland is part of the brain, and the pituitary is connected to the hypothalamus, which is connected to the autonomic nervous system. And even as physicians, that's part of the body that we don't think as much about. I've always thought about it more esoterically as this nebulous thing. But if you look, the parasympathetic and sympathetic nervous system ganglion are connected to the hypothalamus, to the lateral hypothalamus, which affects arousal.

Botulinum toxin migrates and then affects the autonomic nervous system, which not only affects circulation but could affect the hypothalamus, which would affect all hormones and affect arousal directly.

This is an open-source picture (Figure 1). I'll put a link to it in the chat box:<sup>1</sup>

The paper by Raise-Abdullahi et al (from which Figure 1 comes) covers post-traumatic stress disorder, but it gives a good description of how the autonomic nervous system functions and how it's connected to the hypothalamus. And so, you can extend it and understand how sexual function might be affected by changing the autonomic nervous system.

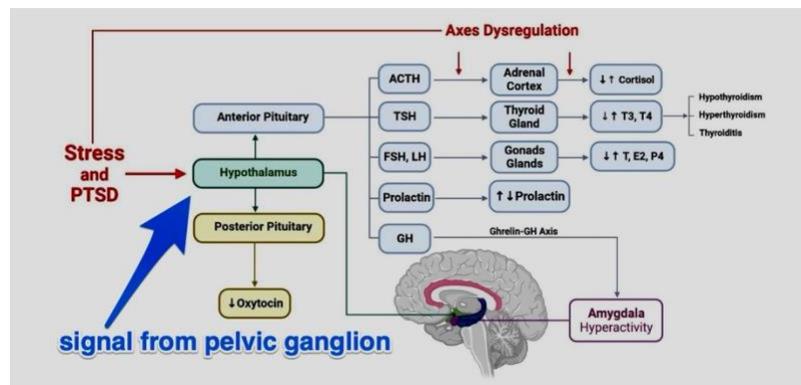


Figure 1. Cascade effects of autonomic nervous system on hormones and sex. Adapted from Raise-Abdullahi, 2023.

<sup>1</sup> Raise-Abdullahi et al., "Hypothalamus and Post-Traumatic Stress Disorder."

## Marketing: Two Autoresponder Tips

The next two tips are things that I've taught for over a decade. I've been doing [hands-on workshops with a day of marketing every month for almost two decades](#). These are simple, easy things to do, and nobody I know in our group has done them:

You're familiar with the idea of an autoresponder. If you go to my main website built in 1998 with FrontPage 98. [\(here←\) I put an opt-in form to subscribe to an autoresponder.](#)

I called it *Health Lessons* because I worked as a primary-care Internist then. And so I talked a lot about exercise and diet, but I didn't have anything for sale. I just thought of it to educate my patients. These were the days before YouTube, podcasts, and even Facebook. It was Myspace back then.

### 1. An Autoresponder can be a course.

And if you notice, there's one place to subscribe to my *Health Lessons* newsletter, where I update people about their health or general medical things. This one (see video) subscribes them to a course I call the Female Orgasm System (subscribe to both; both are free, so see how it works).

This brings up two ideas about emails, which is still the best way to market (email). They're long-form. Well, other than being very good at what you do, that's the best way to market. But people don't know you're good at what you do unless some of their friends find you. Email works the best. It's called an opt-in form, and some of my people have done this part where you have a form that offers something for free in exchange for a first name and an email address. Then, emails that you've already written can come automatically. Here's an example of an opt-in form (found at [Runels.com](#)):

**Here's tip #1: If you make those series of emails a course, then your emails can be a course, either for free or for pay.**

**Autoresponder—a series of prewritten emails sent to someone at predetermined intervals.**

Figure 2. Example of an opt-in form (you should have one).

And for some reason, hardly anybody does it. And even though it's free as part of your service if you have one of the standard email providers like Constant Contact, AWeber, MailChimp, Infusionsoft (I call it Confusionsoft because it's so difficult to use), Salesforce, or [Ontraport](#). There are so many others out there now. Constant Contact is probably the

easiest way to get started, but it has a huge drawback: constantcontact.com. The drawback is that they only let you have one series of emails.

For example, here, I have a series of emails about general medicine, but *if you wanted to implement what I'm about to tell you, you could not do it with Constant Contact because they only allow you one series.*

[I prefer ONTRPORT for the best combination of functionality and ease of use.](#)

You don't have to have the stack written yet; you don't have to have any emails written. But the first time you write one, if you then stack that up as the first one to go out the next time someone subscribes to your email list, or the next time you have a new patient come into your office, or the next time you see one of your previous patients and get their email address.

You're not sending HIPAA-compliant sensitive private information when you send a general newsletter, general information. So, you can send people that. You're not sending their lab results to them. If someone's your patient, you can have something they mark on their intake form where they opt in, and that would be best. But if someone is your patient, they've given you permission to communicate with them. And if they opt out, okay, so what? Their loss, they opted out. All right, so you've got this stack of emails you've done, and every time you do another email, you stack it up to go as the next one out.

## ***2. The Procedure-Specific Autoresponder***

Now, the other thing I'm about to show you, and what this letter shows you, is that you can ***have a procedure-specific second stack***. This is the email in this 3-letter autoresponder for first-time Xeomin patients; I quit doing it because it works so well. And I am no longer trying to grow my practice. I care for the people who have been with me for a decade or longer, and that's it. But when I was trying to grow my practice over a decade ago, within a year, from New Orleans to Destin (there's a guy in Destin, one of the top in the country, that I never did beat) But otherwise from New Orleans, including New Orleans, to Destin, I was the top Allergan account for cosmetic Botox—*in less than a year of picking up a syringe*.

And I'm showing you one of the ways that happened without spending money on advertising. One of them was Botox parties ([described in detail in the first module of my course](#)). The other is this email I'm about to show you. And I had it set up so that it went out immediately by just clicking a button; the person, if they come in to see me, I enter their information into my software, and then by just clicking a button, they get this first email that day:

## **Here's a Procedure-Specific Email You Could Send (you can get the [full series of 3 emails here<- \]](#))**

1. Copy and paste the following message into a new Word document.
2. Then edit it so that it sounds like you.
3. Add a story or a personal observation if you have time.
4. Then fill in the information with your phone number, etc. and send it to your patients.



Hello [First Name]

Thank you very much for trusting me to do your Botox treatment. I hope that you like the result.

### ***About the Botox***

Usually, some of the effects of the treatment can be seen at 2 days and full effect at 2 weeks.

If you come to see me between 2 to 4 weeks, the Botox is in full effect, and I can modify the treatment if needed. I do not charge you to touch up an area I have already treated. If you want a new area treated, there would be an extra charge.

This repeat visit is not necessary but does give me a chance to learn your face (where if you wait until all of the effects wear off, then I do not know what you looked like after the treatment and cannot improve upon your recipe).

### ***Two ways to get your Botox at a lower cost:***

1. If you refer someone to me who gets a Botox or Juvéderm treatment, then you get **\$50 off of your next treatment (which you can do by forwarding this email...I always ask everyone how they found me). You get \$50 off for every person referred.**

2. If you join the **Botox Club** this also gives some savings.

***If you don't have this yet (#1 Weight Loss Secret), you can pick it up for free.***

Not only does it help you keep your weight normal but it does wonders for your skin and it's free, just [click here](#).

I'm looking forward to seeing you again soon.  
Here's where to make an appointment online--->>>[\(click\)](#)

Peace & health,

Charles

Charles Runels MD

Charles Runels, MD



[Vampire Facelift®](#)

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Now, I'd put Xeomin, which I'm using mostly now. "Hope you like the result," and then remind them that you start to see results in two days. Full effects, two weeks. They come to see me between two to four weeks so I can tune it up, and if they love it, they don't have to come back, but if they come back between that time, I'll touch it up for free. And then I tell them about my Botox club. And this isn't active here, but there's a link that takes them there in the active form.

Five or six years ago, I put a place where they could click and make an online appointment, and I use Calendly. But that, in the beginning, was just a phone number, or they could reply with an email. And then a link to my Vampire Facelift® page. Now, if you click the link in the chat box, you can get a copy of this, work it to where it sounds like you, and send it. You don't even have to have the autoresponder; just copy-paste it and send it to everybody when they first see you. And you see, I had a link for them to sign up for my list because they remembered they were just coming for the Botox. If they weren't already a part of my general list, there was a link there for that. And in return for doing that, I gave them a recording about the virtues of walking. That's the "Number One Weight Loss Secret."

*Summary of 2nd email tip:*

In summary, for every procedure, you can have a series of emails. For a botulinum toxin, it went out the day they had it. Two weeks later, I reminded them they could come back for me to look at it while it was still in full effect. And I wouldn't charge them if I touched it up. Three months later, to remind them, or

instead of 12 weeks, it went out at 10 weeks to remind them to come for the next appointment. So, three emails, and then it ended, and they never saw that one again. If I did Juvéderm, there was also a series.

And they all go out automatically.

You could do this for any procedure you do so that they would get your normal post-op instructions or post-procedure instructions and then follow-up instructions in emails for every procedure.

If I were redoing this, I would have a link to a video where I explain the whole thing. I've been teaching people how to market their doctor practice for over a decade. For the past 13 years, hundreds of lives have changed; still, I've never met anyone who did this procedure-specific autoresponder (a different set of autoresponders for one or more of their procedures)—*but it works like crazy*.

I put a [link here that you can click on that'll take you for a free trial of Ontraport because I found it's the easiest-to-use software, which also allows me to have more than one autoresponder series of emails](#). And they give good customer support; I've learned most of what I'm teaching you by just calling tech support over the past two decades of building websites and then letting them teach me how to do the next thing.

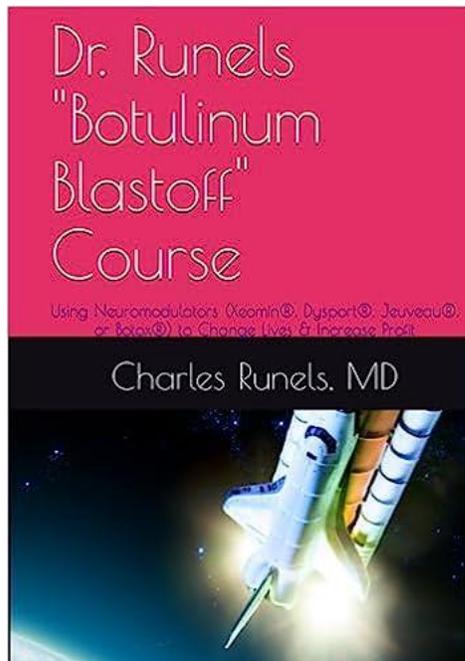
## **Treating BXO (lichen sclerosus of the foreskin)**

Let's go back to the P-Shot®. We talked about how our botulinum toxin might be affecting the autonomic system both through the hypothalamus but also by increasing parasympathetic tone when you inject the penis with our [Priapus Toxin™ procedure](#).

Now, I got a question about treating BXO, and can you do it or not? It really bothers me because since it's on the how-to-do page. I think sometimes people do hands-on classes with our other teachers, and then they don't take advantage of our membership sites, which have so much stuff on them. Here's [Dr. Daller, a urologist who did some of the original research with Viagra, one of our premier urologists in our group](#). [Dr. Ibrahim is also one of our urologists](#); these two men are some of the smartest people I know. Those are their hands in the videos showing you how to do our procedures/

This video shows how to treat BXO. We were in London when we filmed this, and one of our premier urologists, who practices in Dubai, was there in London and we filmed his hands showing how to treat BXO, or lichen sclerosus of the foreskin, of a male. So, it's all right there on the membership site ([go here to apply for online training/membership](#)).

In addition, here is a nice little video about using the pump. I've quit using YouTube so much. I like using Vimeo because YouTube has become prudish. But if you click there, you can see it. There are our consent forms (English and Spanish).



And then someone asked me about this: Where are the links to order penis pumps wholesale?

Who knows why it happens? Sometimes, things just go away from our website, and I have no idea, or you'll have a part of the software just quits working, and you must update it and spend time and money.

But there used to be a link to get a wholesale price on a pump, electric, and a manual. And I'm talking with the company and communicating with the owner today. We're supposed to be getting another button to put right there within the next 24 or 48 hours.

(This was done. You will now see links to buy manual and electric pumps for wholesale when you login to our membership site. Still working on an even lower price, but

we have a discounted price there now on the supplies page: [login](#)-> dashboard-> supplies).

But the main thing I wanted to show you was this—we do treat BXO, and those studies have actually been done. We've covered them some in our Journal Club, but there's been at least four or five studies now showing that PRP helps lichen sclerosis of the foreskin.<sup>2 3</sup>

Okay, let see what else I was going to show you. There was another review article, let me show you this.

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<sup>2</sup> Casabona et al., "Autologous Platelet-Rich Plasma (PRP) in Chronic Penile Lichen Sclerosus: The Impact on Tissue Repair and Patient Quality of Life."

<sup>3</sup> "Shieh et al. - 2023 - Conservative Management of Penile and Urethral Lichen Sclerosus A Systematic Review.Pdf."

## **Another review article supporting PRP for androgenic alopecia.**

There was another review article of showing that rich plasma helps with androgenic alopecia.<sup>4</sup> This would be a great article to share with your patients.

What I normally do is, I'll read everything that's been out for the past month or two and pick the ones that I think are most helpful. As a clinician, *I like knowing things, but I especially like knowing things that help me better take care of patients.* And of course, we've seen so many wound care studies that I didn't think those were useful, but this one was useful because this is another one you could share with your patients about the benefits of PRP for androgenic alopecia.

As always, they say they want better studies without bias, everybody's bias, and better design. The problem is that people still don't get it; I don't think that you can't do a placebo with our procedures because they're procedures, versus there are pharmaceutical effects like you can give someone a shot of morphine and compare it with an IM injection of saline.

And in that case, saline hydrodissection is not a placebo; hydrodissection is a procedure, and the hydrodissection itself has an effect. We've covered multiple studies here showing saline is not a placebo when used in that capacity.<sup>5 6 7 8</sup>

For example, try to do a placebo-controlled study of, say, a hysterectomy, abscess drainage, or any procedure where disrupting tissue is part of the procedure. You cannot do a placebo study of a procedure. And so, when people do these ill-informed and unthought-out meta-analyses where they want placebo studies, they're not considering that ***part of our procedure is the hydrodissection itself.*** Then, by hydrodissection with our platelet-rich plasma, we're promoting the repair of the injury we just made.

***Just like when you do microneedling and then put PRP on top of the Vampire Facial®, you're causing injury and then you're facilitating repair, so the tissue becomes healthier than when you started.*** Sort of a hormesis type of response, where anything that doesn't kill the organism makes it healthier. Well, you can't do a placebo version of that. So, they're missing the point that this is a true procedure and not a

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<sup>4</sup> Donnelly et al., "The Role of Platelet-rich Plasma in Androgenetic Alopecia."

<sup>5</sup> Asghar et al., "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars."

<sup>6</sup> Cass, "Ultrasound-Guided Nerve Hydrodissection: What Is It? A Review of the Literature."

<sup>7</sup> Saltzman et al., "The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis."

<sup>8</sup> El-Amawy and Sarsik, "Saline in Dermatology."

pharmacological injection. I think that pharmacological injection mentality not only causes, I think, misinformed or inadequately informed demands for placebo-controlled studies, but *it also discounts the importance of knowing exactly to where to stick the needle. Because if part of the procedure is hydrodissecting and your needle is in the wrong tissue plane or off target completely, then you're not going to get the effect because again, this is not a pharmacological effect. This is hydrodissection and fertilization of the right tissue. So you have to make it in the right tissue.*

But except for that, PRP for androgenic alopecia demonstrated potential to be used therapeutically. The some shows their bias in their meta-analysis. Low quality, and by that they mean, they're looking for placebo studies that can't be done.

Trying to explain that to your patients is probably an exercise in wasted breath; most doctors don't understand what I just said. You guys get it, but try to explain it to your colleagues who have never used PRP; they will not likely understand. The people who wrote this paper don't understand what I just said; I don't think so. At least, they didn't express it in the study.

### **Question 1: "How soon after the Priapus Shot® or the P-100, when we add botulinum toxin to the Priapus Shot®, should a patient see results?"**

With botulinum toxin, as we just covered, the effect begins in two days, with the full effect in two weeks. And that's what we're seeing. No one has documented the initial onset. Still, if you look at the placebo-controlled studies where they injected botulinum toxin into the penis, if you use a hundred units of both Xeomin, Dysport, and Botox in all three of those studies, It was still going at 3-months and up to a year in the Xeomin study.<sup>9 10 11 12 13</sup>

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<sup>9</sup> El-Shaer et al., "Intra-Cavernous Injection of BOTOX® (50 and 100 Units) for Treatment of Vasculogenic Erectile Dysfunction."

<sup>10</sup> Giuliano, Denys, and Joussain, "Effectiveness and Safety of Intracavernosal IncobotulinumtoxinA (Xeomin®) 100 U as an Add-on Therapy to Standard Pharmacological Treatment for Difficult-to-Treat Erectile Dysfunction."

<sup>11</sup> Giuliano, Denys, and Joussain, "Safety and Effectiveness of Repeated Botulinum Toxin A Intracavernosal Injections in Men with Erectile Dysfunction Unresponsive to Approved Pharmacological Treatments."

<sup>12</sup> Morris, Jobling, and Gibbins, "Botulinum Neurotoxin A Attenuates Release of Norepinephrine but Not NPY from Vasoconstrictor Neurons."

<sup>13</sup> Porter, "Botox."

I tell them that it will probably take two weeks, and they're usually pleasantly surprised when they start to see benefits somewhere between two days and a week. With a PRP, the same thing happens: the full effect is at three months, and the beginning of the effect is at about three weeks. So with the Priapus Shot® or the Priapus Toxin™ procedure or the P-100 with all three of those, I'm telling them that it will start to work around two to three weeks, with full effect at three months.

### **Question 2: "Can PRF be used as opposed to PRP?"**

I get that question frequently. It's a great question, and no study gives you a definitive answer, but I covered it in the last Journal Club, and I've got a lot of review studies. And I know people get it; some are passionate about how wonderfully their PRF works. But *activated PRP* is better.<sup>14 15 16 17</sup>

*Our official position is to use PRP, not PRF. If you use PRF and get a bad outcome, I cannot defend you because it is not what our protocol calls for.*

*I have received horror stories from men who received PRF instead of PRP for the P-Shot®. Just do not use PRF for the P-Shot® or the O-Shot®. That is my best advice. If you do use PRF, you are not doing the P-Shot or the O-Shot, you are doing something else and should go back to using PRP or drop out of our group.*

### **Question 3: "I have a breast cancer patient who is suffering from painful sex and atrophy. Two years post-radiation. Any advice?"**

We have a study supporting the idea of using our O-Shot® in this situation. It was published in *Menopause*.<sup>18</sup>

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<sup>14</sup> DeLong, Russell, and Mazzocca, "Platelet-Rich Plasma."

<sup>15</sup> Fermín et al., "Review of Dohan Eherenfest et al. (2009) on "classification of Platelet Concentrates."

<sup>16</sup> Hamilton et al., "Exercise and the Platelet Activator Calcium Chloride Both Influence the Growth Factor Content of Platelet-Rich Plasma (PRP)."

<sup>17</sup> Smith et al., "An Evaluation of the Effect of Activation Methods on the Release of Growth Factors from Platelet-Rich Plasma."

<sup>18</sup> Hersant et al., "Efficacy of Injecting Platelet Concentrate Combined with Hyaluronic Acid for the Treatment of Vulvovaginal Atrophy in Postmenopausal Women with History of Breast Cancer."

Let's see. And I have it where your patients can see it: [you can see the research and share this ←](#)

or [this←](#)

Lubrication is one of our low-hanging fruit indications.

In one study, they treated the scar from the port where women were getting chemotherapy. And one group got saline, not a placebo, but that's what they got. The other group got platelet-rich plasma, and the group that got platelet-rich plasma had a statistically decreased recurrence incidence and re-biopsy rate.<sup>19</sup> That's one of three very good studies showing that PRP does not increase the chance of recurrence of breast cancer. But of course, you're putting it in the vagina and the clitoris when you do an O-Shot®. And so, if PRP is carcinogenic, then every time you have surgery or scrape your knee, you're increasing your risk of cancer. So, it's not carcinogenic by anybody's study. As a matter of fact, you can make a case for the opposite. I don't tell people we're preventing breast cancer, but you can make a case that it's at least not increasing the risk of it and possibly decreasing the chances of it.

And yeah, you've got some strong research that you're going to help with dyspareunia from atrophy in women who don't want to be on estrogens. And it's such a good thing to tell your patients about, because those poor ladies are desperate. My baby sister recently died from breast cancer. I hate that disease. And I hate what it does to women, even those who survive it. So please preach that. Put it on your Facebook page, make a poster of it, tattoo it on your hand, or do whatever you can to make people know for some reason. Well, I'll tell you the reason. If this were a drug that did this, you'd see advertisements on daytime TV. But because there's no drug involved, it's the patient's own blood, and there's no budget to run the ads for this like there would be if it were a major drug. It doesn't mean drug companies are bad, it just means we're selling our time and our expertise. But there's no huge multi-gazillion-dollar budget for running ads about this.

And you're not going to see good-looking drug reps come in telling you to prescribe a person's blood back to them. But if this was a drug that did this, you would have ads on television about it.

#### **Question 4: "What do you think about adding exosomes to the P-Shot® or other procedures?"**

It's been done a lot, and some of our people are still doing it. I'm still not comfortable using exosomes because of the FDA, but I know that people question my logic. I am not referring to exosomes but to FDA exposure. I prefer not to worry about three-letter organizations like the FDA, FBI, IRS, DEA, and all

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<sup>19</sup> Eichler et al., "Platelet-Rich Plasma (PRP) in Breast Cancer Patients."

those people. I would rather them not be knocking on my door. And I worry that they might if I use exosomes.

Just be sure that someone with expertise in FDA law tells you it's okay. I'm still not certain that it is. But I know many salespeople are telling you otherwise, and I'm not convinced.

And that's the last question. So, thank you, guys, for being on the call. I hope that was helpful to you. Have a great day.

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## Tags

P-Shot®, Priapus Shot®, Marketing Strategies, Autoresponders, Botulinum Toxin, Sexual Function, PRP (Platelet-Rich Plasma), Androgenic Alopecia, Lichen Sclerosus, Email Marketing, Patient Communication, Clinical Applications, Cosmetic Treatments, Medical Treatments, Patient Questions, Treatment Outcomes.

## Helpful Links

- [Next Hands-On Workshops with Live Models](#) ←
- [Dr. Runels Botulinum Blastoff Course](#) ←
- [The Cellular Medicine Association \(who we are\)](#) ←
- [Apply for Online Training for Multiple PRP Procedures](#) ←
- [Help with Logging into Membership Websites](#) ←
- [The software I use to send email and multiple autoresponders: ONTRAPORT \(free trial\)](#) ←
- Sell O-Shot® products: You make 10% with links you place; shipped by the manufacturer), [this explains](#) and [here's where to apply](#) ←

