

# JCPM2024.02.06

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The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of February 6, 2024 with Charles Runels, MD.

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

## Topics Covered

- **Marketing is not to “get people to do something.”**
- **PRP or PRF or PRFM?**
- **Be as smart as you are, even if others do not understand you (a marketing tip)**
- **Here’s an Email You Could Send**
- **Acne Scars-a review of the literature (with pearls)**
- **The antimicrobial effects of PRP (and how it may relate to the breast)**
- **Pearls for Treating Migraines with Botulinum Toxin and Why Some Would Rather Pay You than Receive it Free (insurance paid) from their Neurologist.**
- **Judo Marketing (Vampire Marketing)**



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Thank you for being on the call today. We have three papers to cover. One regarding melasma in people with dark skin. The other has to do with microneedling for acne scars and then one with the antibacterial properties of PRP. I think you'll find some practical uses for the research in your practice, and I hope to give you some marketing tips that will help you.

## Marketing Is not to “get people to do something.”

Connecting & educating—that is marketing. Think about marketing as a physician, not to get anything from anyone. Marketing and selling (done properly) are ways of exchanging something of higher value, exchanging the fulfillment of a promise that's worth more than what you're being paid. So, you make a promise that's worth more than the money you're going to receive. You fulfill the promise and then people are happy that they paid you.

For that to happen, people who need the promise to be fulfilled in this case today regarding acne scars, someone who might have melasma with dark skin and worried about the complications that might happen with treatments that might be more appropriate for lighter skin, by connecting with those with such worries and making them well, that's marketing done in the highest level.

And the other thing we will cover today—I've noticed more advertisements about the use of botulinum toxin for migraine than what I'm used to seeing. For that reason, since I've been treating migraines now for, I guess, almost two decades with botulinum toxin, I thought I might give you some pearls about both how to make things work clinically and how to deal with the idea that some may prefer to see their neurologist because it's paid for by insurance and why some might be pointed in that direction. Others may benefit because it looks better aesthetically and because the results for the headache itself work better than what your neurologist might do. That's the last part of what we'll cover today and then how you might market those ideas.

## **PRP or PRF or PRFM?**

All right, we'll start with this paper. It's an open-source paper, so I put it in the files you can download while on the call if you want to pull this up.<sup>1</sup>: Because it's open source, you can share it with your patients, which I recommend. They call this a narrative review article. They start with 539 articles and trim it down significantly.

And here are some of the things I pulled out of it that I thought were most revealing:

One is that they point out that some of the articles show that platelet-poor plasma, in some cases around the eyes, and other indications that have to do with aging and wrinkling seem to work better than platelet-rich plasma. That's, I think, an indication that there may be much more going on than what we've identified within the platelets. I bring it up because some wash the platelets (after isolating the PRP with a centrifuge) to try to decrease the pain by removing the anticoagulant.

[Here's a nice article comparing PRP, PRFM, and PRF.](#)<sup>2</sup> Keep in mind, though the Selphyl kit is very high quality and the only one I know that comes with its own calcium chloride (included), if you add CaCl to the PRP made with any other kit (using the protocols on our membership sites) you are still making PRFM. Many of our members have had great success with Selphyl. The only real downside is that it only makes less PRP or PRFM per tube than the other kits (not a problem if you just spin more tubes).

The sodium citrate in Pure Spin and Emcyte kits hurts like crazy; otherwise, they are excellent kits. So, I recommend you swap that out with an ACD solution or something other than what comes with the PureSpin or the Emcyte kit, so you don't have to wash the platelets to decrease the pain. Because there's something in that plasma that is helpful. Call your rep. If they will not swap it (sodium citrate for ACD), get another rep, if they still won't swap it, then use another kit (Regen or Selphyl).

It's also why I often get the question, "Well, what's the best concentration to use?" And this points out some of the confusion as you dive into the literature. It's not plain. Sometimes a higher concentration, as in this case with platelet-rich plasma, may not work as well as a lower concentration of platelet-poor plasma. Except with joints, where we know the higher concentration works better.

And there's another issue between the lines here. The initial research with PRP was prompted by the idea or the problem that dentists and orthopedic surgeons had, which is how to trigger healing in tissue that is avascular or nearly avascular, like inside of the joint where the synovial fluid nourishes the cartilage and not blood. And in similar type tissues within the mouth when you're doing oral surgery, especially after, say, radiation treatment for cancer.

So, these specialties did a lot of the preliminary work for a decade before we picked it up in the aesthetic and the urology arenas. In orthopedics and dentistry, the idea was to gather as many growth factors as possible and put them in a smaller volume so that you can put them into the small surgical space.

But imagine you don't have that problem. Imagine it can be a larger volume. For example, if you're treating the scalp, or you're treating the breast, or you're treating the penis. Obviously, the penis has a lot more volume to it than, say, the small space within the knee joint, or an elbow joint, or within the surgical wound after a tooth extraction or jaw surgery. For that reason, you could argue that there may need to be studies comparing whole blood versus platelet-rich versus platelet-poor.

We also know that saline itself, because of the hydrodissection, can have an effect.<sup>3 4 5</sup> If you look at PubMed, you can already see there's a logarithmic expansion of the number of studies that are done because, like with any other field, the more we know, the more we realize what we don't know. But I point this out so that if you're using a gel kit or a double-spin centrifuge, in either case, you don't somehow look at the supernatant or the platelet-poor plasma as not useful.

This is a nice summary where they say, "***The lack of uniformity in PRP preparation methods and protocols makes it hard to think about what we're doing.***" And that disclaimer or criticism you'll find in every meta-analysis without exception that I have read at least regarding platelet-rich plasma.

Then, the next sentence is encouraging, even though they say it is in most studies, but you can add to that. "***Even though there's a wide variability from a clinician standpoint, even with that wide variability, the signs of facial aging, hyperpigmentation, wrinkles, dehydration are improved when you use platelet-rich plasma.***" And that's accompanied by histological responses.

So, we're not making this up. It can be documented, and it is often documented on biopsy.

## Be as smart as you are, even if others do not understand you (a marketing tip)

And so, how would that play into your practice, practically speaking?

Well, since this is an open source, you have the article there in your downloads. I'll put in the chat box now the link to it. You could send a very simple email or social media posts might go..."Here's a recent article, this just came out. Here's a recent article showing how our strategies with the Vampire Facial® and the Vampire Facelift® decrease aging." You put a link to that and then you put your contact information. It could literally be a two-line email with a link to this article, and you have a marketing campaign, or a marketing message.

## Here's an Email You Could Send

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),

Here's a recent article that shows how our Vampire Facelift® works ([click to read the science](#)).

Some of the science may seem confusing, and much more research needs to be done, but the verdict is plain: ***if you want to decrease the age of your face on a cellular level (not just make it look younger but actually reverse some of the effects of aging at the cellular level), your own blood contains growth factors and cytokines that will work to do exactly that.***

If you think this may be of help to you or someone you love, contact us.

Best regards,

Your name

your contact info

a link to your page about the Vampire Facelift (which should have a link to make and appointment)

[Charles Runels, MD](#)

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## **Continuation...Why You Should be as smart as you are.**

I know we were taught always to talk where people can understand us, and that's still true to a certain degree. I noticed this when I used to do it very quickly on the fly in the middle of a very busy emergency room, to secure the consent form. You must communicate to people accurately and completely the benefits and risks before doing an ER procedure. So that part is true; they must understand you. To take that further, let's say I'm speaking to a mother when I looked too young to be there, which is no longer true at 63, but at 30, I looked too young.

So, I'm speaking to a mother about why I need to do a spinal tap on her baby. I would explain the risks and benefits of the procedure so that she understands all she needs to know to give full and legitimate consent. If she looked like she was still dubious of my skills, then if I made the next two or three sentences unintelligible because I swapped over to the scientific lingo, she would suddenly realize I may be knowledgeable and would gain more trust.

She needs you to show her that you are smart.

Richard Feynman said, "If you're always speaking in lingo, you probably don't understand it. It helps you prove to your own self if you can explain something without scientific lingo."

Still, when you speak with your patients, using my full vocabulary is a demonstration that at least I'm not stupid. It was very helpful in convincing mothers and fathers that they could trust me. So, of course, that applies to what we're doing now because there's an erroneous assumption that every communication with your patients should be such that they understand every word you send to them.

But some of your patients might be smarter than we are. I know some of my patients are smarter than I am, and the words they don't know, thanks to the internet, they can look them up. Most people with a high school degree, perhaps a 10th-grade degree, can wade through most of the papers we read. As you know, most medical literature is not like trying to understand your third semester of calculus; it has a vocabulary that may be unfamiliar, but the concepts are usually simple. So, all that to say, it's okay to shoot a link to a scientific paper to lay people, and I think our hesitancy of doing that is exactly equivalent to talking down to someone as if they're not as smart as you are when they may be at least as smart if not smarter.

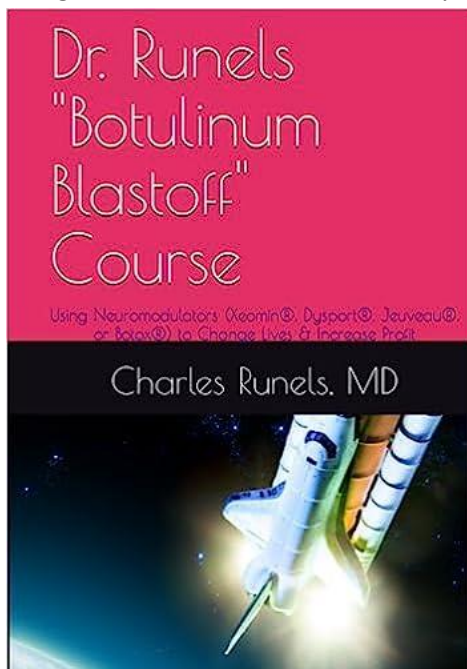
So you can put a link to that and shoot it out if you do facelifts or facials, and you're going to get some people to respond by setting up an appointment.

## Acne Scars-a review of the literature (it works)

Okay, so the next one is another meta-analysis, looking at acne scars.<sup>6</sup> This one is not open source, so you can't send the article to your patients, but you can send a link. In the article, they started off with 721 articles and narrowed it down to 13. Comparing all the different modalities for treating acne scars, they started saying something I'd never thought about.. There is no agreed-upon protocol for treating acne scars.

There are many different methods, but you would think something this severe and extremely life-limiting would have a standard protocol for those who have a face that's disfigured from bow to stern with deep acne scars. This can be extremely disturbing, especially in the formative years when they might occur when you're dealing with a teenager or someone in their early 20s, or they're dealing with forming relationships and forming their concept of who they are.

I'm grateful for it, but I know that my severe pustular cystic acne as a teenager did influence my



personality. It made me more understanding of those who don't want to be seen in public and made me more ... That includes people with morbid obesity and limited abilities to ambulate, et cetera. There's a hidden population of people who don't want to be looked at because they know they will be hard to look at for most people. And so this is not to be taken lightly.

You think, "Okay, it's not life-threatening." But it's extremely disturbing to those who might have it, and we are in a space to help with it.

So, I'll jump to their conclusions. After reading lots of papers, the conclusion is that the best standalone treatment is a laser. But the problem with that is you also have the highest risk of complications with pigment changes and scarring from the laser itself. When you add platelet-rich plasma to the laser,

they determined that that's the best combo treatment. Because the PRP helped both increase the aesthetic success and decrease the problems with scarring from the laser erythema edema, et cetera. So you had a better result just looking at that. And you also had fewer complications, but you still have more complications with a laser. So, if you have a laser and you use platelet-rich plasma with it for acne scars, you're doing by their analysis, the best treatment for outcome. But you also still have more risk of side effects than should you use the second-best treatment, which is PRP combined with microneedling. And by their meta-analysis, PRP combined with microneedling is better than either alone.

So I have in the beginning days now 13 years ago when I first put my hand on platelet-rich plasma, I had no microneedling device. I had great results treating scars, sometimes zoster scars, surgical scars, acne scars, everywhere from C-section scars to thyroidectomy scars by subsizing the scar with a needle injecting subdermally and then injecting intradermally with no microneedling at all. So I had great results with that. But then when I got microneedling pen and started doing both the subsizing and intradermal injections and the deeper scars combined with microneedling with platelet-rich plasma, then I had even better results. That's to me even though your results by meta-analysis are better with a laser combined with PRP, I think because of the increased risk, my own personal preferences for my face, I would rather have the microneedling combined with PRP, so I don't risk the downtime and the scarring from the laser itself. But in your hands if you have great skills and don't have worries about damaging people with your laser, then that combination was shown to be the best by this meta-analysis.

### **The antimicrobial effects of PRP (and how it may relate to the breast)**

So let's cover this one real quick, and then I'll get to my pearls about treating migraine and marketing the treatment of migraine with botulinum toxin. So here's another review of antimicrobial effects and this one is also open source.<sup>7</sup>

Okay. You think, "Well, why do I even need that?" I think that the best thing I guide from this is that it's not what they ever talk about. They talk about how the leukocytes and how the bacteria, or infection-fighting components of platelet-rich plasma, work and what they are. But to me the extension of this paper is what matters. Unless you're treating wounds, maybe it's diabetic wounds or surgical wounds that are poor to heal. To me, the more direct effect of this or the implications of it is that it could explain why we're seeing remarkable results for things like chronic interstitial cystitis, unexplained dyspareunia, or recurrent urinary tract infections, all of which we have seen. And there are the beginnings of research about platelet-rich plasma used in our O-Shot<sup>®</sup>, which is helpful for those indications.<sup>8 9 10 11 12</sup>

My favorite wound care study was done in the face of women who had recovered from or had been treated for breast cancer. Let me see if I can find it for you real quick. For breast cancer, they treated the scar that was remaining after the port was removed for administration of the chemotherapy agent.<sup>13</sup> What they found was there was actually a decrease in the recurrence rate and biopsy rate of the women who had PRP to treat their port. The reason for the study was of course, to make sure that PRP did not increase the rate, but they showed a decrease in the rate of recurrence. But the point is that both in scarring or treatment of scars in this case, in the breast in someone who's had breast cancer and in other arenas, there's not been any demonstration of causing cancer.

As a matter of fact, the two other studies show a trend towards less breast cancer but that one study showed statistical difference with fewer recurrence rates. Now I'm not saying PRP prevents breast cancer. But the reason I bring it up now is that there was a Canadian doctor who did a study showing

that the bacterial milieu of the breast in women with breast cancer tended to be more inflammatory than in those without.<sup>14</sup> That might explain why an antibacterial product like platelet-rich plasma might decrease the chances of recurrence. That's a study that I hope will one day be done. Hopefully we can somehow pull it off in our group. It would need I think, to be a 20, 30-year study multicentered with several thousand women to get the power that it would need to demonstrate whatever the results might be. But I think there would be a trend towards fewer breast cancers because of the antibacterial and therefore attenuation of chronic inflammation that might occur by injecting the breast with PRP.

Okay, I think with that, let's swap over to migraines and then I'll open the mic for whatever comments or questions you might have, and we'll call it a day.

## **Pearls for Treating Migraines with Botulinum Toxin and Why Some Would Rather Pay You than Receive it Free (insurance paid) from their Neurologist.**

All right, some of you know there's an online version. I'm showing you the PDF version of [a book I published regarding botulinum toxin treatments](#). There's an online course to match the book. You're looking at the table of contents. The book includes how to use events like Toxin parties and other events to grow your practice and find people who need you. I condense the strategies for cosmetic use of some botulinum toxin in the face to 12 injection points with lots of pictures, 414 pages, 200 pictures. But the reason I'm bringing this up now again is that there's a chapter on four different medical problems. One of them is depression also covered, which is well-supported by the research but not yet covered by insurance. Then there are migraines, which are covered by insurance. A quick look at the science behind it, and then I'll give you my nuances for marketing and treatment.

Initially, it was thought to be working by relaxing the muscles, but our current model for the cause of migraines is that it's more due to uncoupling of the regulation of circulation of the meninges and that triggers the pain fibers for the meninges when there's dysregulation of the blood flow. The common or accepted science now is that you're not preventing migraines with botulinum toxin by relaxing trigger points within the muscle. Instead, botulinum toxin (BoNT) is injected and then migrates along the afferent nerves to the trigeminal ganglion and then to the caudate nucleus, which is also shared by the afferent from the meninges. The result is a decrease in the sympathetic autonomic nervous system a relative increase in the parasympathetic nervous system, and a blocking of pain transmission. That's the current theory of it.

Well, if you look at the actual trigger injection points that are recommended by the standard protocol, involves anywhere from 150 to 200 units put into all seven of those muscle groups, procerus, corrugators, frontalis, occipitofrontalis, the temporalis, the trapezius, and the splenius capitis. Now remember, I've been doing this for now almost two decades, but of course part of the problem with that is I start to believe everything I'm saying (so I could be wrong). But what my patients have told me is that



when they get this full treatment like this, they feel floppier as you might expect when you're putting that much neurotoxin within the neck muscles. And it isn't as pretty as when we do the treatment. Because if you look at what they're doing, there's less thought about the tailor-making of the dosages that are used in the frontalis.

It does not include the orbicularis oculi. Orbicularis oculi in other words, aren't treating crow's feet or doing a brow lift. So, you have unopposed relaxation of the frontalis except for treating the corrugators and the procerus. And even with the standard treatment of the corrugators and procerus, there may not be a complete relaxation. So, you wind up having no lift of the lateral brow. As a matter of fact, you get a drop of the lateral brow because the relaxation of the frontalis goes uncompensated. All that to say is that you may be using more than what's needed if you follow that FDA standard guideline. You may be making the person's eyes look droopy, less open, less young, less attractive. So that's the standard treatment for it by the protocol that the neurologist would follow. Nothing over here, nothing in the crow's feet. And then another protocol used even more in the neck that came out of Mayo.

So, how does this relate to marketing of it?

Because it's all over the television now. Some of you who know me know that I don't own a television. I will watch it if I go to someone's house, and I will enjoy it. When I see it now if I travel, I'll turn on the television in my room and make that part of the vacation. But when I'm home, it's like having unhealthy food in my house. I'm going to eat it if it's there. And so by not having it there, I'm less likely to eat it. I haven't owned a television to watch regular TV since I left home for college in 1978. But when I travel, I turn it on. And when I'm at someone else's house, it's usually on. As little as I watch it, there must be a lot of ads about treating migraine because it seems that I see them despite the fact I'm not watching much television.

## **Judo Marketing (Vampire Marketing)**

Now, it relates to marketing, and I'll wind this down in the next minute, I call it judo marketing. If there's a trend, if something is being talked about, then it's easier to join that conversation than it is to bring up a new topic by spending lots of money. Therefore, if you send an email that goes something like this, "You may be noticing ads on your television about treating migraines with botulinum toxin. That is a known indication, and it's paid for by insurance. We can also treat bruxism with it, which is also a trigger for migraines. But we know a way to do it to make your neck less floppy." And by the way, I noticed I used a very non-scientific word, floppy. But if you combine that with a scientific word, it's like having garlic in your food. You wouldn't eat it by itself, but the combination of it works.

So, if you said something like, "The way I do it, I use botulinum toxin to block the motor endplate, but I do it in such a way that your neck is not floppy." You see what I did there? So you're using your scientific words, but you mix with it concrete words that give a very definite visual to the reader. It's hard to

visualize motor endplate for most people, but it lets people know that you know the science, and it balances out the word floppy.

I like concrete Anglo-Saxon words like that. Concrete, floppy, neck, eyeball, water, dirt, sun. Those are Anglo-Saxon words. Excitation is not; draw a picture of excitation. Ask your first graders to draw that picture, and then ask your first graders to draw a picture of the sun. Include words that your first grader could draw a picture of, along with your Latin science words. And you'll have a much more powerful communication that brings people to you who need what you have.

The pearl about treating migraines: my experience has been that many people who are getting this full treatment right here, if they're relieved by that, well, they will be just as relieved if you only treat procerus and the corrugators. And then you add a tailor-made treatment of frontalis and orbicularis oculi, and you have a successful migraine treatment combined with it, a not floppy neck, and a more beautiful aesthetic result; that's what you have to offer.

So your communication will be, "If you're getting great results with your neurologist, go for it. But I know how to do what they're advertising on television in a way that uses less botulinum toxin. I can make your face look younger, more relaxed, and less droopy than what you might be seeing with your neurologist. I can add in treatments for bruxism, gummy smile and other things that may be helpful to you. And we also know that botulinum toxin helps depression." So, you put that in about three lines, and you shoot it out with a link to, I can give you a link here in a second. I can copy-paste. I have references at the end of this chapter. I'll copy-paste some of those into the chat box. And you have a very powerful communication. I'll also put [a link to this course in the chat box](#) if you're interested, and then I'll take questions. Let's call it a day. Okay, so here are these references about using botulinum toxin for migraines.<sup>15 16 17 18</sup>

Let's see what questions we have, and then let's call it a day.

## Questions:

The first one is from Shannon. Oh, yay. Nice to hear from you, Shannon. Let's see. She's excited about working at Medi Spa. Yay. Okay, we're on standby. And you have a very brilliant group. I consider myself more of a facilitator of lots of smart people talking with each other. This is a great place to jump in, get a flow for what we're doing, and ask questions you might have. So, thanks for speaking up.

Second question: Will you get a brow droop from a migraine treatment if you do the full FDA recommended protocol?

Yes, absolutely. You're going to brow droop if you do that full treatment for most people. You do get a brow droop, 40 units. You're right. So, Thomas says that 40 units in the frontalis is huge. There are

people that can handle it, but most females that are in the 45- to 50-year-old range can't without drooping—so follow the recommendations in my book<sup>19</sup> or [course](#).

Yes, I'm going to shoot you a link to the course. [Here's a link to the course if you can click on that.](#)

And I think with that, we'll call it a day. I hope that was helpful to you guys. Have a great day and I'll see you next week.

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19. Runels C. *Dr. Runels "Botulinum Blastoff" Course: Using Neuromodulators (Xeomin®, Dysport®, Jeuveau®, or Botox®) to Change Lives & Increase Profit.*; 2023.

## Tags

Charles Runels MD, Vampire Facelift®, Orchid Shot® (O-Shot®), Priapus Shot® (P-Shot®), Priapus Toxin®, Vampire Breast Lift®, Vampire Wing Lift®, penile rehabilitation, PRP injection, melasma, dark skin treatments, microneedling, acne scars, antibacterial properties, marketing for physicians, botulinum toxin, migraine treatment, facial aging, hyperpigmentation, wrinkles, dehydration, platelet-rich plasma, platelet-poor plasma, orthopedic surgery, dental surgery, saline hydrodissection, acne scar treatment,

laser therapy, antimicrobial effects, chronic interstitial cystitis, dyspareunia, urinary tract infections, breast cancer scarring, botulinum toxin treatments, Botox parties, cosmetic use, medical problems, depression, bruxism, gummy smile, motor endplate, FDA-approved kit, advertising, BrandShield, opt-in emails, Cellular Medicine Association, sperm count, testicles, low-hanging fruit, marketing tips, Online Training for Multiple PRP Procedures, ONTRAPORT.

## 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 emails: ONTRAPORT \(free trial\)](#) ←

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