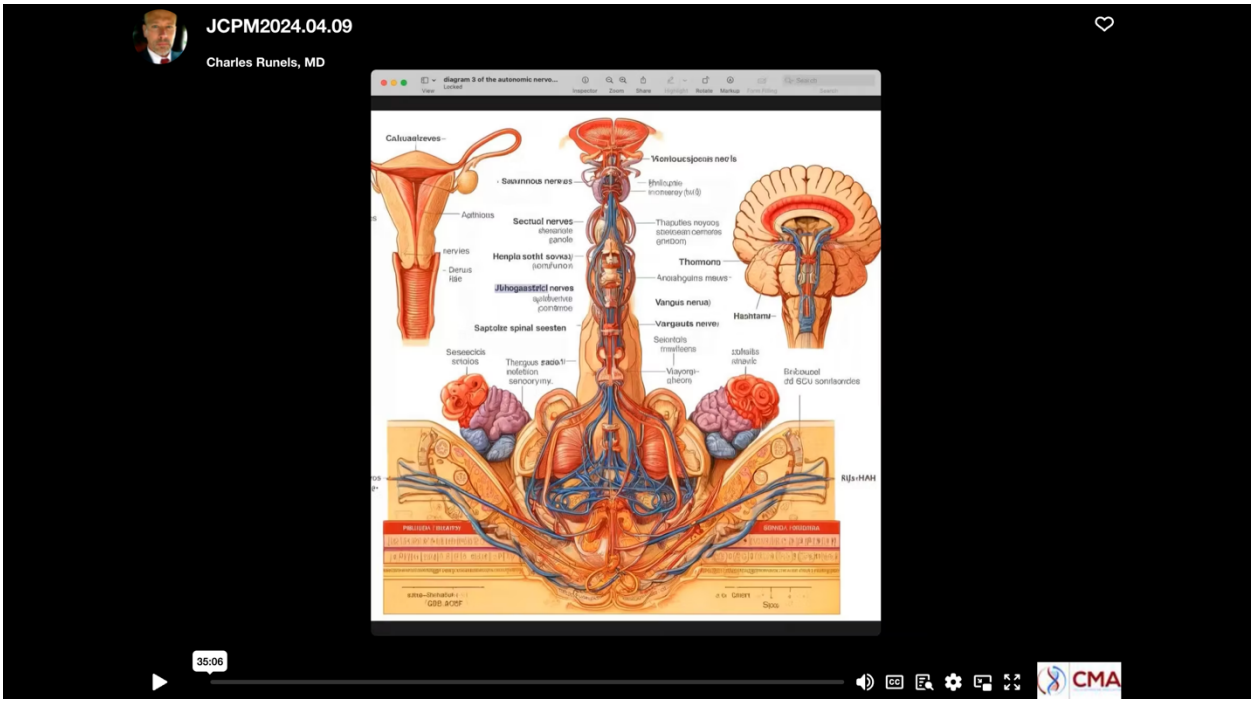
JCPM2024.04.09

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of April 9, 2024, with Charles Runels, MD.

>-> The video of this live journal club can be seen here <-<[1]



Topics Covered

- My Conversation with AI about the Female Sexual Response and the Autonomic Nervous System
- A Simple Diagram of the Mechanism of Action of the Clitoxin® Procedure
- How much is the charge for the Clitoxin® procedure?
- What to learn from the BoNT treatment of migraines and ED
- Explaining Clitoxin® to Patients
- *Are we to use Xeomin® also for the P-Shot®?*
- *Is Clitoxin® appropriate for pre-menopausal patients?*

[1] "JCPM2024.04.09."

- *Questions*
  - *Should we use Xeomin for the Priapus Toxin® procedure?*
  - *Why the increased volume for Clitoxin® compared with the O-Shot® procedure*
  - *Can you offer the Clitoxin® procedure to premenopausal women?*

Charles Runels, MD
Author, researcher, and inventor of the Vampire Facelift®, Orchid Shot® (O-Shot®), Priapus Shot® (P-Shot®), Priapus Toxin®, Vampire Breast Lift®, and Vampire Wing Lift®, & Clitoxin® procedures.

Transcript

Charles Runels, MD:

Welcome to our journal club. I keep thinking every week that this is the week to roll out our new procedure, Clitoxin®, and every week, there seem to be a few more things to put in place. The best way to launch many things is to be ready, fire, aim (instead of ready, aim, fire). You get it out there and then do what you can to improve it. How many versions of Windows are there? He never would've launched it had Bill Gates waited until it was perfect.

And taking a line from Faraday, you never really prove anything; you go with the best science until someone proves you wrong. You must go with what the current research shows.

My Conversation with AI about the Female Sexual Response

Just for kicks, this morning, I experimented: I went online to the AI app, ChatGPT-4[2], to see what it might know about the autonomic nervous system in relation to sexual medicine (since this idea is key to the Clitoxin® procedure). When I asked ChatGPT to tell me how the autonomic nervous is involved in the erection response, it gave me a beautiful answer that was precise and accurate. You realize what it's doing. Obviously, it doesn't know anything. It's software. It's a computer, but it synthesizes what it can find online.

So, when I asked, "Write a description of the autonomic nervous system of effects on erection men?" He said, "Yeah."

[2] "ChatGPT."

And ChatGPT answered (paraphrasing), “Initiation begins with sexual arousal by contact, or sights or sounds. Signals from the brain travel to the spinal cord. Nerve fibers from the sacral segments of the spinal cord activate the parasympathetic neurons. These neurons release nitric oxide, a vasodilator at the nerve terminals in the penis. Nitric oxide stimulates the production of cyclic GMP in smooth muscle cells, causing relaxation with increased blood flow and venous compression, and you get an erection. But, if there's a stress response, the sympathetic nervous system-activated anxiety causes the fight or flight response and diverts blood away from nonessential functions, including the penis, which doesn't help you much if you're fighting or fighting.”

Everything in the answer was precise and exact.

Next, I asked ChatGPT-4 to draw what happens with the autonomic nervous system when the female is aroused; this is what it gave me:

First, it gave me the following picture. The picture it gave is a good metaphor for what anybody's brain looks like when you don't know the answer. You're doing that test; you don't know the answer, but try to make up something that looks smart. That's exactly what the ChatGPT did.

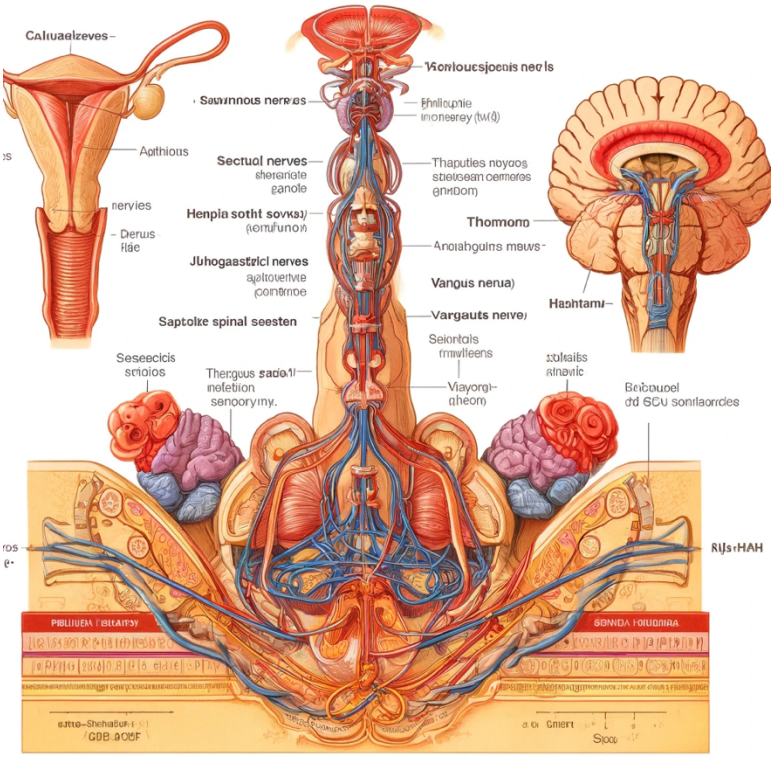


Figure 1. Nonsensical drawing done by AI when asked to explain the autonomic nervous system’s involvement in the female sexual response.

It's a beautiful diagram that looks smart, but it's drawing all sorts of crazy things that don't exist. I think it's showing me a female pelvis but explains nothing, and the words and much of the drawing are nonsensical.

Why does this matter? Why does chat GPT matter at all? It matters because it shows us that the dogma or the accepted body of knowledge regarding the sexual response in the man is very accurate, accurate enough for a search engine to go out and find the answers and give a precise and accurate answer. But, when you ask it about the female sexual response in relation to the autonomic nervous system, it starts talking about the somatic nervous system and gets confused even about how that works.

So, I called it out and said, "Your diagram is bogus, so could you just write it out for me?"

So it says, "Certainly. The pathway of the autonomic nervous system from the clitoris to the hypothalamus, which is where the arousal center is, involves a complex network of nerves. It all begins when the clitoris, which contains erectile tissue, becomes engorged with blood during arousal. The cavernous nerves, which are branches to the pudendal nerve ..."

Eh, wrong. The pudendal nerve branches to the dorsal nerve of the clitoris. The sensation of the clitoris is the somatic nervous system. It is already wrong. So, *I said, write out the pathway of the autonomic nervous system and it starts spouting out the somatic nervous system.*

I think most college kids at least know that erection arises from the parasympathetic nervous system. I'm sure every physician on this call knew that, at least by the end of medical school. The AI software knew that, too. But, when asked about the female autonomic nervous system and the sexual response, and going out and gathering the best it could, artificial intelligence gave me a somatic nervous system description when I specifically asked for an autonomic nervous system explanation.

So then I called it out and said to the AI, "That's incorrect. The autonomic nervous system is relayed through the inferior hypogastric plexus and passes through the ganglion of the lateral vaginal wall, at least in the parasympathetic nervous system; with the sympathetic nervous system, it takes a different route. And the pudendal nerve is part of the somatic nervous system."

ChatGPT answered, "Oh, I'm sorry for the oversight. Here's the corrected pathway. Cavernous nerves supply input from the clitoris to the inferior hypogastric plexus (also called the pelvic plexus)…"

Then it went on to give an improved answer. The point is that your colleagues and your patients think the same way—regarding the somatic nervous system. What makes the response to botulinum toxin in the clitoris[3] unexpected and not obvious is that the brain of most of us think about the somatic nervous system exclusively when we think of the female sexual response when the autonomic nervous system is just as important as the somatic in the female as it is in the male.

[3] Runels and Runnels, "The Clitoral Injection of IncobotulinumtoxinA for the Improvement of Arousal, Orgasm & Sexual Satisfaction- A Specific Method and the Effects on Women."

A Simple Diagram of the Mechanism of Action of the Clitoxin® Procedure

Somatic nerves track up through the dorsal nerve of the clitoris to the pudendal nerve and then to the spinal cord and onward to the sensory part of the brain: the woman becomes aware of sexual stimulation.

On the autonomic side, 1) sensation of the cavernous nerves in the clitoris goes to 2) the ganglion in the lateral vaginal wall and then to the inferior hypogastric plexus which connects to the 3) hypogastric plexus, which connects to the vagus nerve and the spinal cord to go to the arousal center in the hypothalamus, which 4) causes increased arousal, orgasm, desire, and lubrication and, 5) the cerebrum becomes aware of these responses and feeds back to the arousal center and to the efferent nerves that cause the orgasmic and arousal responses in the genitalia and the uterus.[4]

So, there is a coming and going from the brain through the ganglion, parasympathetic and sympathetic. And that the autonomic nervous system is responsible for most of the pleasure of sex, lubrication, orgasm, and desire. The woman becomes aware of it with her thinking brain, but her midbrain gives her those sensations, just as with the male.

Unless you're a very practiced yogi, it's hard for you to consciously change your blood pressure or your body temperature, your heart rate, or make your bowels move by conscious thought in that same way. In the same way, it can be difficult to decide to be aroused—that is also an autonomic response. Somehow, one must trigger the autonomic nervous system for that to happen.

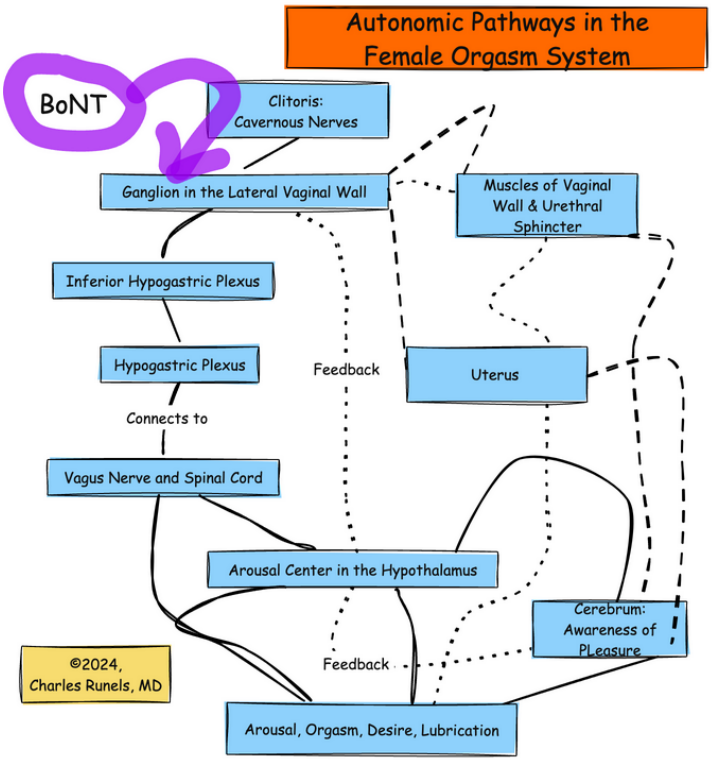


Figure 2. The location of the effects of BoNT on the autonomic component of the female orgasm system.

So, the unexpected part of this, and this is a long explanation, I'm getting to how you explain it to your patients, but *the unexpected response to botulinum neurotoxin (BoNT) was because if*

[4] Smith et al., *The Netter Collection of Medical Illustrations.*

you think of the sensory part (somatic) of the nervous system, botulinum toxin has been used to block the motor end plate and relax muscles. Hence, it's used in bladder spasms and vaginismus. It's also been attempted to use it for decreasing sensation with persistent genital arousal disorder and vulvodynia (though not as successfully as with bladder spasms). So, if you think of only the somatic part of the orgasm system, then it would seem as if you would get the opposite of what you would want if you injected BoNT into the clitoris.

I'm walking through the whole thought process because until it's clear in your brain, it's difficult to answer questions from your patients; to explain anything, you should know at least ten things, probably 50 to 100 things for every one thing you say. Otherwise, if your depth of knowledge extends only to the words you're speaking, people know it, and your patients will know it. So, it's useful to read and know much more than you intend to say and much more than your patients will have the patience to hear. That was a confusing sentence. But yeah, your patients will need more patience than they have in order to listen to everything I'm saying right now, and you won't have time to say it during a day in your busy practice.

What to learn from the BoNT treatment of migraines and ED

In males, botulinum toxin has been used to improve erectile dysfunction, but in those studies, it was mentioned that a parasympathetic autonomic nervous system enhancement (not just smooth muscle relaxation with increased arterial blood flow) may be partly responsible for the response.[5] [6] And if you remember, those studies were done in men who had quit responding to PDE5 inhibitors like Viagra, and the flaccid penis became longer.

The flaccid penis became longer after the procedure, indicating that the parasympathetic nervous system at baseline had become more active relative to the sympathetic nervous system.

Regarding the female sexual response, one study reminded us of the importance of the autonomic nervous system by showing the path of the mid-urethral sling going through tributaries of the inferior hypogastric complex.[7]

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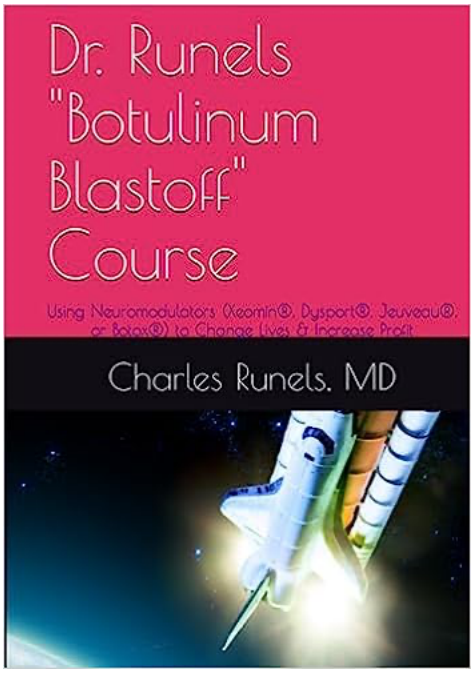
[5] Giuliano, Denys, and Joussain, "Effectiveness and Safety of Intracavernosal IncobotulinumtoxinA (Xeomin®) 100 U as an Add-on Therapy to Standard Pharmacological Treatment for Difficult-to-Treat Erectile Dysfunction."

[6] El-Shaer et al., "Intra-Cavernous Injection of BOTOX® (50 and 100 Units) for Treatment of Vasculogenic Erectile Dysfunction."

[7] Oconnell et al., "ANATOMICAL RELATIONSHIP BETWEEN URETHRA AND CLITORIS."

Consider the mechanism of action for botulinum toxin in migraines: it does not involve blocking the motor endplate and relaxing muscles; instead, it's thought that BoNT migrates along the axon by endocytosis along the Schwann cells to the trigeminal ganglion and the caudate nucleus to block the other afferents from the meninges, changing parasympathetic tone and blocking pain neurotransmitters to relieve migraine.[8] The procerus acts as a port to affect the ganglion with botulinum toxin. In the same way, the clitoris could act as a port to inject the autonomic ganglion.



Now, how do we know that that's what's happening?

We don't know.

But we have good evidence. First, looking at Wellbutrin, flibanserin, and bremelanotide—eight studies in a meta-analysis, our studies of botulinum toxin blew them off the map, all of them.[9] [10]

Also, studies looked at PDE5 inhibitors in women for vasodilatation of the clitoris. If botulinum toxin is working in that way, just causing vasodilatation of the arteries of the clitoris (acting through the motor-end plate), then it should wear off in three months because it's a muscle reaction, just like it goes away in two to three months in the face.

But in men, BoNT lasted six to nine months[11], and in our study, the effects lasted about six months[12], which would be longer than expected for a motor end plate mechanism of action. In the studies of

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[8] Ramachandran and Yaksh, "Therapeutic Use of Botulinum Toxin in Migraine."

[9] Weinberger et al., "Female Sexual Dysfunction and the Placebo Effect."

[10] Runels and Runnels, "The Clitoral Injection of IncobotulinumtoxinA for the Improvement of Arousal, Orgasm & Sexual Satisfaction- A Specific Method and the Effects on Women."

[11] El-Shaer et al., "Intra-Cavernous Injection of BOTOX® (50 and 100 Units) for Treatment of Vasculogenic Erectile Dysfunction."

[12] Runels and Runnels, "The Clitoral Injection of IncobotulinumtoxinA for the Improvement of Arousal, Orgasm & Sexual Satisfaction- A Specific Method and the Effects on Women."

Viagra in women, it didn't help so much.[13] [14] So, if BoNT worked by the same mechanism, one might expect a similar response, but we saw a much more dramatic improvement with the clitoral injection of BoNT than was seen with oral PDE5Is—indicating that another mechanism of action may be at work with the clitoral injection of BoNT.

Explaining Clitoxin® to Patients

So how do you explain the Clitoxin® procedure to patients?

We're in the same situation that we were in 20 years ago when it came to hormones in women and ten years ago when it came to PRP for sexual function.

In 2000, 24 years ago, I started doing hormone replacement with pellets, creams, and injections of testosterone in women and micromanaging levels based on normal ranges and symptoms.

This was before Suzanne Summers wrote her first book on the subject and popularized the idea. And every one of my colleagues in my town, not one of them, was doing what I was doing, and not many in the country. There was supportive research, but it wasn't commonly known. Estratest was still a commonly prescribed prescription, which is Premarin combined with oral testosterone. Nobody uses that anymore that I know of. Bodybuilders won't even take oral testosterone. It gets converted to estrogen in the liver and increases your chances of hepatomas. So Estratest was, in my opinion, a trash medication.

Women would come to me and say, "My sister lost 40 pounds and is having amazing sex. Would you explain what you did? Because I might want to have the same treatment," it would take me an hour to explain it.

And then I'd try to explain it, and I would take all the time it took to explain it, and then half the time, they would be exhausted by the explanation and say, "Nope. I don't think so."

I wasted their time and mine.

So finally, I hired a fellow in our town who had a local recording studio for musicians because this was the days before podcasts, and 24 years ago, YouTube was mostly a toy for kids back then. And I had him make a CD that cost me two bucks a piece, and it was an 89-minute explanation, and I called it *Fine Tune*

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[13] Tuiten et al., "Efficacy and Safety of On-Demand Use of 2 Treatments Designed for Different Etiologies of Female Sexual Interest/Arousal Disorder."

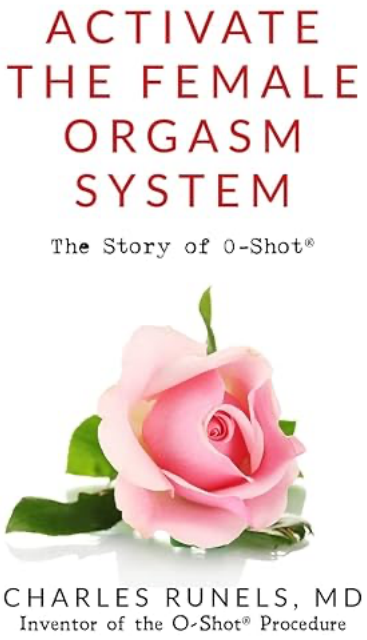
[14] Nurnberg et al., "Sildenafil Treatment of Women With Antidepressant-Associated Sexual Dysfunction."

Your Female Body. You can still find little recordings of it on my internal medicine website from way back then.

So when someone would ask about my weight loss or how I manage women's menopausal symptoms, including weight gain, depression, lethargy, fatigue, fibromyalgia, and bad sex, I would give them that and say, "Listen to it. If you're still interested, go to the website. If you're still interested, call me."

And I would give it to my patients and say, "If someone asks what we're doing, don't try to explain it. Give them this and tell them that if they're interested, they should go to the website. If they're still interested, call me."

And I've never explained it again, not one time, ever. As you know, the same thing happened when we rolled out the Vampire Facelift® procedure. Most people didn't know what platelet-rich plasma (PRP) was in 2010 outside of dentistry and orthopedics. So, I put out a book, and I would give it to patients. To this day, I've never explained a Vampire Facelift® to anyone. It takes too long.



And the same thing with the O-Shot®. We did a book about the O-Shot®,[15], and finally, it's come to the point where what platelet-rich plasma is has become more commonly known, but it's still helpful.

I still haven't explained it.

If someone asks me about their face, and I think they might benefit from a Vampire Facelift®, I give them one of my books and say, "Look at that. It tells you how I do fillers and about the Vampire Facelift®. If you're interested, call me or make an appointment."

I'll answer questions after they see the book, but I will not try to explain it or even answer questions until they read the book.

So, the short answer to how you explain the Clitoxin® procedure (or any other difficult-to-explain procedure) is that you don't—use a video or a book to explain it. I have a video already made for physicians. It's probably a little much for most patients, but I bet most could follow it at Clitoxin.com.

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[15] Charles Runels, MD, *Activate the Female Orgasm System: The Story of O-Shot®.*

But there needs to be more explanation of some of it and less explanations of other parts of it. It's about 20 minutes long, but it probably needs about 30 minutes with diagrams and further explanations about what we're discussing here. And I will make that video for you. And you can make your own video.

I'll put it on our main website when you do something you're proud of. But the point is that you'll drive yourself batty and to exhaustion if you try to explain this to your patients.

It's one of those categories where if it takes too long to explain, you're better off not exhausting yourself. But, if you want to do it quickly, it could be that when we inject the clitoris, it causes vasodilatation, which enhances engorgement of the clitoris, but it also activates through the parasympathetic system, the arousal center in your hypothalamus.

That's the short version of how it's working. And I'll say that sentence again: It causes vasodilatation with engorgement of the clitoris, but it also could be activating through the autonomic nervous system, the midbrain and activating the arousal center and the hypothalamus, so that you're more easily aroused better and easier orgasms and more lubrication.

But having said that, the chances are that if it's a new patient who doesn't know you, you're more likely (if you tell them that) to relieve their curiosity but not convince them. So, you essentially talk them out of it.

Now, if it's already your patient, especially if they're already there for an O-Shot® and you tell them you have this new thing that you think could enhance it, they'll probably want it just because you said it, and they trust you to take care of them and not keep their money if it doesn't work. So, you could do that, and that short explanation has been adequate for my patients and those of others in our group who have already started offering this and are telling me it's working. But for someone new to you that calls and asks about it, or they just show up in your office for something else, the first-time BoNT patient or something, and you start trying to explain this, that short explanation will likely run them away.

There should be a web page about everything important to you in your practice. Clitoxin® should have its own web page and, on that web page, a video with you explaining it, or if you're just not going to do your own video, someone else's video, but sitting on your web page.

And the video could be by someone who lives far from you, so there's no worry about competition. I've had enough people ask how to explain this, so I need to make that video and put it somewhere so you guys can see it.

You send people there, you have them watch it, and then if they have questions, of course, you answer their questions, but you don't have the conversation until they watch the video.

All right, that's my formula for anything difficult to explain. Our O-Shot® has gone mainstream enough to where there's less need for explanation.

Nobody needs to explain; for example, if you have cancer, we need to cut this out. People get that. They also know what neurotoxins are in the face and how they help wrinkles. You don't have to explain that. 20 years ago, you did. And they don't need explanations for hormones now. Unfortunately, many of our colleagues are not convinced, but most patients have read three books about menopause and have either decided that's something they want or something they don't want, and they don't need your explanation anymore. My bet is that ten years from now, it will be the same for botulinum toxin in the clitoris, but it will probably take 5 to 10 years.

How Much to Charge for the Clitoxin® Procedure

The other question was about how much to charge.

It's hard for doctors to say “profit.” It's hard for us to say that word, but you must make a profit to keep the lights on. And botulinum toxin is expensive. No matter what brand you use, it's expensive. And if you don't have enough profit margin, you will go broke. Suppose you have a 20% profit margin, and then someone doesn't have a satisfactory result after receiving Clitoxin®. Nothing we do makes everybody happy. So there has to be something built to make people whole again if they feel like you took their money but did not make them better…without you going broke. Let's say you have a 10% markup over the cost of goods, and you refund money; you have to treat ten more people before you break even.

And I think to keep from losing money and to be able to refund money when it doesn't work, which shouldn't be more than 1 out of 10 times, you need to have enough profit built in that you can refund money and still be profitable on the next visit. And to do that, considering the exorbitant price of botulinum toxin, for a standalone botulinum toxin alone, it should be $1800 for the first Clitoxin® treatment. If you combine it with an O-Shot®, then I think it can be $1,400 for the first Clitoxin® treatment (in addition to your usual charge for an O-Shot®). Otherwise, you're going to lose money.

So, the first treatment of botulinum toxin injected into the clitoris would be $1800. Combining it with an O-Shot® would be your usual price for an O-Shot® plus $1400 for the botulinum toxin. Because remember, *this is not just a shot*.

This is an actual procedure that requires you to know how to mix the BoNT and the PRP. You must draw somebody's blood; you must talk to them and do an accurate history. You must know how to inject it, which takes some skill. So that's the answer to that question.

And we've avoided Botox because they've let us know they don't want to be involved. Even though I've taught how to use ... With botulinum toxin in the face using Botox for over a decade, I don't ... They

didn't give us a reason why. But in the process of basically getting their permission ... Not basically, we did get their permission because I didn't want to involve, not you, but myself as representative of our company in any sort of litigation with Allergan or whoever bought them, because they have more money than ... You know, they've got unlimited funds, practically speaking. So we got on paper that they would not in any way protest the word Clitoxin®, but in the process of getting that permission, they said they did not want to be involved in promotion of the procedure. My bet is reading between the lines is that they, like many companies and many of your colleagues, just don't want to be involved with what they perceive to be negative press that's related to sexual matters.

It's the reason why you can't as a physician, if you try to run an ad about the O-Shot®, you get banned. You can't do that on Facebook. I was banned, of all things, I was going to do videos on OnlyFans about sexual function. I got banned from OnlyFans. I've been banned from Pornhub. You can be, because you're a physician, there's potential litigation involved, and that is not involved with someone just showing their body parts doing pornography. But because you're offering medical advice and then you mix that along with sexual function, most of the social media, actually all of them at this point, because I've been banned from Twitter ... I can't run ads on Twitter, Facebook, Instagram or Pornhub because my disadvantage is I'm a physician and if you try to do click ads on those venues regarding our sexual procedures, you'll likely lose your account.

And I feel like that's the main reason. I don't know, the people, the MERZ company who's ... Manufacturers or distributes Xeomin, they know what we're doing. They did not have that opinion. So I would use this Dysport, or my preference is Xeomin, maybe Jeuveau. I would avoid marketing this in association with Botox. And that's it. Those are the five questions. We covered how to describe it to patients, and I promised you ... I gave you a short version and I gave you a long version. I'm going to do a video that's more specific for patients. My hope is that we can do a press release about this, this week. It keeps getting pushed back, but either this week or the first of next week. And we talked about how much to charge, we put it at $1800 bucks if they just get botulinum toxin. But then I would encourage them if they have not had a recent O-Shot® to combine it with the O-Shot® because the results were enhanced by 50% in our study.

And in that case, I would charge $1400 for the botulinum toxin, $1200 for the O-Shot®. But those would be minimal prices. You should go up ... I just visited my sons in New York and it costs more money just to walk down the street in New York. And so if you're in a town or you have expertise that demands higher, you should do that. And we should all do some things for free, but we should not advertise lower prices so that we're not competing on price, and instead we are making enough profit to support our families and to support our practice, so that we can give some things away. Then we talked about the reason for the increased volume in the clitoris and what botulinum toxin to use, and I gave you an overview of the supporting research, and I think that will end it. I'm very sorry for the technical glitch there in the middle of everything.

Questions

1. Are we to use Xeomin® also for the P-Shot®?

Regarding which botulinum toxin to use for the Clitoxin® procedure, we conducted the research using Xeomin.

And I mostly use Xeomin® for the P-Shot® 100 or the Priapus Toxin® procedure.

2. Why the increased volume with the clitoral injection with Clitoxin® when compared with the O-Shot® procedure?

We did an ultrasound of the corpus cavernous of the clitoris, the part you can't see that goes along the pubic rami while doing an O-Shot®. And a one cc injection was not enough to plainly see the hydrodissection to the distal part of the clitoris, but two and a half ccs were. So, the increased volume was because we were trying to completely fill the clitoris, which with females, on average is five inches long, to completely fill it so that we'd have the best opportunity for activating the autonomic nervous system, all the cavernous nerves, so that all the ganglia would be activated.

3. Is Clitoxin® appropriate for pre-menopausal patients?

Yes. Of course, as with cosmetic botulinum toxin in the face, the woman should not be pregnant.

If you look at our study, some of those women were pre-menopausal. If you look at the stats, most of the incidence of sexual dysfunction is higher in younger women than in post-menopausal women.

If you stop a hundred pre-menopausal women walking down the sidewalk in New York City and then you stop a hundred post-menopausal women walking down the sidewalk in New York City, you will have more sexual dysfunction in the pre-menopausal women.

But remember, ***the definition requires that they be psychologically distressed*** by their dyspareunia and anorgasmia or decreased arousal. So, if the post-menopausal woman has those things, but she's already had her babies, and she's sick of having a man around the house, so she doesn't care if she's got dyspareunia, she, by definition, does not have sexual dysfunction. And those are all facts.

I speculate that prevalence is skewed: you wind up saying, "Well, it occurs more in younger women than older women," when, in fact, there are probably more symptoms in older women. The older woman is not as distressed by it because they're in a different place (through rearing children and possibly divorced or widowed).

But if you look at our study, we had both pre-menopausal and post-menopausal patients who participated, and *the woman who improved least was the post-menopausal woman who had not been hormonally replaced (as you would expect with an O-Shot® or any other treatment).*

There are no magic shots.

So, you still must think in terms of systems analysis. Clitoxin® is not a magic shot where you give it to anybody without thought, no matter what else is happening. It is not going to enhance the autonomic nervous system's response to arousal, lubrication, and orgasm if her lover is beating her up, if she's got significant psychological trauma because of abuse, or if she's a castrated woman with no hormones to help her with arousal. But if you get the other parts of the orgasm system in place and then you offer the Clitoxin® procedure, it gives you a better chance of helping them than (according to our numbers) any other prescription medicine on the market.

Alex says has a comment about that. Let me unmute you, Alex. Hold on.

Alexandra Runnels, MD, FACOG:

Figure 3. Alexandra Runnels, MD, FACOG

Can you hear me?

Charles Runels, MD:

Yes. Go for it.

Alexandra Runnels, MD, FACOG:

I wanted to add something to that question about premenopausal versus postmenopausal women. In our study, pre and postmenopausal women all got better. There wasn't a statistically significant difference between premenopausal and postmenopausal; when you looked at age, those two factors did not seem to affect the results. The trend was that the postmenopausal women showed a more robust improvement. They also started out with lower FSFI scores than the premenopausal women, but there wasn't a statistically significant difference between pre-and post-menopausal responses. They all improved. And so, the short answer is it doesn't matter, both pre and post-menopausal, young and old, doesn't matter as long as all the other components are in place.

Charles Runels, MD:

That's a much better answer than what I gave. I didn't know when I married Alex, but she knows the math. When she trained as a gynecologist, the head of her program demanded that they deeply

understand math, so she crunched the numbers in this study and understands the numbers. So, thank you for contributing, Alex.

Alexandra Runnels, MD, FACOG:

You're welcome.

Charles Runels, MD:

Some miscellanea: To see where we explain Clitoxin® on the membership site, go to the "How to Do" page.

Also, I added the logos for Clitoxin® to the membership page so you can download them there.

And for those of you who weren't here last week, we've also put a consent form and a source for our malpractice insurance on the "Legal" page on the membership site.

Okay, we'll end it with that. You guys have a great day. Bye-Bye.

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Tags

Charles Runels MD, Alexandra Runnels MD FACOG, Vampire Facelift®, Orchid Shot®, O-Shot®, Priapus Shot®, P-Shot®, Priapus Toxin®, Vampire Breast Lift®, Vampire Wing Lift®, Clitoxin®, autonomic nervous system, sexual arousal, nitric oxide, cyclic GMP, blood flow, sympathetic nervous system, anxiety, fight or flight response, botulinum toxin, clitoris, hypothalamus, arousal center, parasympathetic nervous system, sexual function, erectile dysfunction, botulinum toxin effects, medical innovations, Cellular Medicine Association, professional training, online training.

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=> 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) <=

=> Sell O-Shot® products: You make 10% with links you place; shipped by the manufacturer), this explains and here's where to apply <=