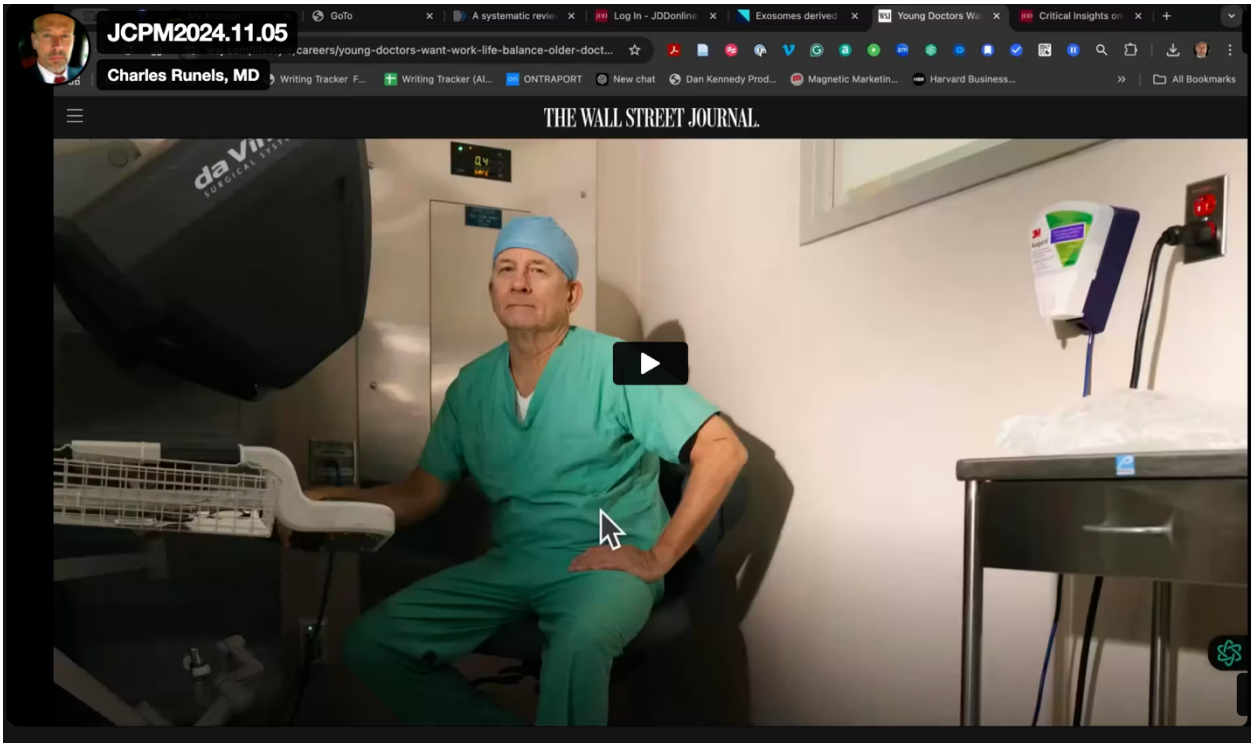
# JCPM2024.11.05

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of November 11, 2024, with Charles Runels, MD.

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




## Topics Covered

- Dealing with the Sex Conversation in a Conservative Neighborhood
- Four ways to practice privacy
- **Are You Willing to Go to Jail to Protect Privacy?**
- **Autologous Exosomes**
- **The Embedment of Platelets when Using a Gel Kit**
- ***Wall Street Journal* on Doctor Burn-Out Supports Premises of the CMA**
- **Best Way to Be a Martyr**
- **References**
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# Transcript

Welcome to our Journal Club. This paper just came out in the *Journal of Sexual Medicine on November 1st* and is a review of the prevalence of sexual dysfunction in Arabic-speaking countries in the Middle East.[1]

I'm coming to you this morning from Alex Bader's Group; The *European Society of Aesthetic Gynecology* is meeting this week in Istanbul, and it is now five o'clock in the morning here. I'm excited to be at this meeting, and many thought leaders throughout Europe and the Arabic-speaking world are present.

One thing that I hear from this group, and of course, many of them are part of our Cellular Medicine Association group, is the silent prevalence of, you notice the word silent, is the silent prevalence of **female genital mutilation**, which is an additional overlay. But even in the United States, where it's not as prevalent practice, you still have 40% of females who suffer from female sexual dysfunction. So, if you think about that idea, a prevalence of 40% by definition, you must have psychological distress to be counted, then add into that culture where it may be difficult to seek help, even more, difficult than in the United States, it adds a different dimension.

Conservative neighborhoods can make it difficult to talk with your patients about sex and to let them know you are open to treating sexual dysfunction. That is part of the theme of this article, it deserves noticing. I think I can offer some solutions.

## Dealing with the Sex Conversation in a Conservative Neighborhood

First, realize that many of your patients will come to see you about sexual dysfunction but use urinary incontinence as the ticket in the door.

For example, I had a woman who came to see me and said, "My husband is dying from prostate cancer, and I love him, and I want to be there for him. He's in the end stages, and I want to be with him. And so, I told him I was coming here for incontinence, but I have a boyfriend and I really want the O-Shot® procedure to help me with sex."

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[1] Zakhour et al., "A Systematic Review on the Prevalence of a Silent Female Disorder in Arabic-Speaking Countries and the Middle East."

For her to say that safely to me, there had to be a degree of trust and a feeling of safety. And that is the point I'm getting at. The big point is creating a reputation for being discreet and combining that with a ticket through the door of urinary incontinence.

So, how do you create that feeling of privacy?

It's easy to advertise for incontinence and talk about incontinence to get through the door, but how do you create that degree of discretion?

One way is to make a big point with every patient that you will practice privacy. If the spouse comes with them, I will have time with them when they're with their spouse, and then I'll send the spouse away for a short time and tell them my privacy rules.

## Here are Four Ways to Practice Privacy:

1. I will never speak to you in public unless you speak first.

   That rule is important because just their spouse knowing they came to see you can create a problem. Even in the US, with your cosmetic practice, saying hello to this person in front of their spouse could precipitate an avalanche of questions that can be a major problem for their marriage. So that's a rule that I make them aware of the first time, every time I have a first-time visit with a patient.

   Privacy Rule #1: ***If I see you outside the office, I won't speak to you unless you speak to me first.***

2. The second rule is that ***if you speak to me outside the office, I will never discuss anything that happens in this office unless you bring it up first***. My staff has been told to follow the same rules. So, if they see one of my patients, they are instructed never to speak to them unless that person speaks first.

3. The third rule is that ***I have paper charts***.

   If you're still accepting insurance and you must have an EMR, then that's fine, but I have a paper chart. I used to feel somewhat second-class about that, but I heard a very prominent physician (a gynecologist at George Washington University School of Medicine) lecturing in Washington, DC, and he said, "I take care of some of the most prominent powerful vaginas in the world."



He takes care of congressmen and senators and statesmen and sometimes visiting statesmen, or stateswomen I should say.

He says, "I keep a paper chart that's locked in a filing cabinet in a locked room, and no one can hack it with their computer. No computer can hack that."

So, I think telling your patients that if you do keep a paper chart with last name and first name with the label on a folder, telling them the degree to which you practice privacy is a major thing.

As another example, the "Boston Men's Clinic" started 20 years ago and did well. This was about the time injecting the corpus cavernosum in men was becoming common practice, and I knew some of the principals in that company. They spent over $10 million just on the legal bill of securing and protecting their intellectual property, which was their method and primarily protecting marketing their name, the "Boston Men's Clinic." And, of course, they weren't just in Boston; they were everywhere.

But if you listen, I don't know if you remember their ads, but they were primarily on men's sports radio and TV. The ad didn't even say what they did, except that they treated male sexual dysfunction and were all about privacy (nothing about the method of treatment). I remember one of the ads they ran was about a man who came to their clinic, and his father happened to be there simultaneously, but ***neither knew the other was there. So…***

4. Another way to practice privacy is to ***arrange the mechanics of your office so that when people visit you, they never have to see another person***.

   I know that may be difficult if you're in a clinic where you have partners. It's the typical waiting room where all the different partners have people waiting there simultaneously in a waiting room where they're looking at each other, but if you can arrange it so that you have a separate entranceway for at least your sexual dysfunction patients, but preferably all your patients that are paying you cash. There is no waiting room. They go directly to the exam room, or if there is a waiting room, it's only brief and a separate waiting room from the rest of your clinic. It works tremendously to increase the feeling of safety and privacy for your patients.

I don't know if you can do this in your practice or not, but the way I do it is that the practice is next door to a bookstore. And I don't do this with every patient, but I do it with many of them. I will tell them to go to the bookstore, and I will text them when it's their time to see me. Usually, there is no wait, but it's still reassuring to them.

So they go there, and if it's their visit, I wait until the previous patient is completely gone, and then I text them to come up.

One of the people who chooses to do this is getting toxins—she's only getting botulinum toxin—but she's a local celebrity. She was a TV news lady for years and now is a talking head on two different radio stations.


One of them is a blues station. I like listening to the blues on Saturday mornings, so she's a celebrity to me, too. She's married to a very prominent man, which puts her in the news a lot, and people know her.

So, she sees me for botulinum toxin, partly because she knows it's going to be private. And I didn't meet her because she showed up in my office. I met her because she came to a private affair, a Botox party.

Now I use Xeomin, so I shouldn't call it a Botox party, call it a toxin party. Her hairdresser at the time had a little event with eight other people. This lady knew there would be no one there. They would be much more private than just wandering into an exam room. So those are the ways that I keep it private. One is I make a mechanism for the person not to be seen. I've had rock stars. I've had, like I said, politicians, but it doesn't need to be that. It can just be a woman who doesn't want people to know she came to your office.

## Are You Willing to Go to Jail to Protect Privacy?

To let you know to the extent that I practice privacy, I had a case where a judge requested a chart of mine because there was a divorce proceeding, and when I refused to give it up, he put out a warrant for my arrest. So, I hired an attorney, fought it, and avoided giving up that chart. I had even chosen not to write down the sensitive part in the chart, which was that the woman had a boyfriend who she had brought to me for a P-Shot®. Now, had there been a child custody battle where the woman's mental health was at stake or in question, or suppose there was drug abuse or something, then I would've made something known. I don't know if you know this, but in the United States, the instant someone files for a divorce, the spouse can request the medical record.

While they're married, he or she cannot. With the instant one of them files for divorce, the spouse can request the medical record, and in all 50 states, you must give it up.

That put me in a bind; I've had that happen twice. Both times, I chose to say no, which put me at risk of going to jail. I don't know that you must take it to that extreme. I suppose you don't. But when I read the oath we take about the Hippocratic Oath. There's a section in there that says you won't tell secrets. And I think that that's the bottom line of this paper: you need to be a secret keeper, and your people need to know that you will keep their secrets. Sometimes, maybe not everything goes in the chart. That's okay to say that to your patient, I think. Not only am I not going to say this, but I'm not even going to write down everything you say to me in this chart.

I know now there's the software. I went and had a friend of mine inject my shoulder, and I hurt; of all things, I hurt my shoulder doing yoga. It made my joint go in some weird position, and he injected it with platelet-rich plasma. I had some software that listened to our conversation and then did our notes for him. Some of you may be using that software.

Perhaps it's okay to say, "I'm turning off my phone. There is nothing turned on in this room."

Of course, as a man, I always have an escort with me if there's a woman in the room. But if there's a man in the room, I usually send my female escort away. So, there's nothing. My pen is down. I've told the person I'm going to keep a secret.

When I speak with a woman, my escort sits down; she's always silent. My staff is told to be silent when I'm conversing, so they become invisible as much as possible.

But I also tell the patient, "My staff knows to keep secrets," even if it's just botulinum toxin. ***They know they will lose their jobs if I even think there's a chance they might not be a secret keeper***, and this person is a secret keeper. There's enough conversation to know that I have a grown-up helper.

So, ***Rule #5: Staff must be good secret keepers and tell your patients of that fact***.

It doesn't matter if you're in Turkey, where I am today, or in Florida or Vegas; people want their secrets kept. So, I think with that, I'll stop talking about privacy. There are a couple more papers I want to talk about.

We have 12 more minutes in our 30 minutes today.

## Autologous Exosomes

One of them just came out about extracting Exosomes.[2] This is an open-source paper, so I'll give you the link to it about extracting exosomes from platelet-rich plasma. I didn't know this was possible until a few years ago, but you don't have to buy exosomes.

You can make them. Let me put this in the chat bar. You can make them from the person's own platelet-rich plasma, even from the platelet-poor plasma, I should say. There's a method called SuperShot that's out now. That's the trademark name, but it's a way of taking the platelet-poor plasma and extracting the exosomes from the person's whole blood. So you process the blood, you get the platelet-rich plasma, you take the platelet-poor plasma, and you can make this precipitate that is the person's own exosomes. And then add that back into your platelet-rich plasma. So I want to send out the transcript of this. I'll put a link to it. But you get that from the same people who sell the PureSpin kit for your Rejuvapen. They have a method of doing that that you can purchase that's proprietary. But this article talks about a method for doing it.

## The Embedment of Platelets when Using a Gel Kit

This one just came out about how the actual platelets can be embedded in the gel when using a gel-like Regen, Selphyl, or the old Eclipse tube that's been renamed.[3] I've used those kits, and I still use them. I love the Regen kit, but you must invert the tube after the centrifuge because some buffy coat layers out on top of the gel and must be resuspended.

They start with the warning that you guys have heard me say a lot: "You really ought to be using an FDA-approved kit."

I went on Amazon a few years ago and bought a centrifuge for $500, and you can buy those yellow top tubes for $6 a piece with no license, nothing. People can fake people off into thinking they're doing our procedures, which is why we spend so much money (a million dollars a year) on attorneys to make sure they don't advertise our procedures. You can fake people off by buying a $6 kit and looking like you're doing our stuff.

And so you can see here, they mentioned that the American Academy of Dermatology says it's actually in every meta-analysis I've read; it's in the research. It's a legitimate complaint that this is apples to

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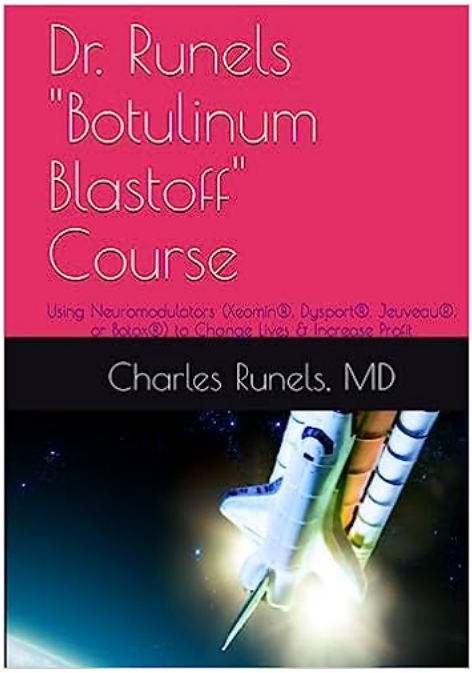
[2] Chernoff, "Combining Topical Dermal Infused Exosomes with Injected Calcium Hydroxylapatite for Enhanced Tissue Biostimulation."

[3] "Critical Insights on Preparation of Platelet-Rich Plasma in Tubes With a Thixotropic Gel Separator."

oranges; all the different kits being used and how the PRP is activated make a significant difference in what you're injecting. Where do you put the needle?

There are so many variabilities that it is hard to do a review article. And it makes it difficult, I think, for people to reproduce what others have done because in some of the articles, they're doing homemade PRP, which they say, again, here, that's not a good thing because you should be using a kit that's standardized. But even if you look at the various kits, it becomes apples to oranges.

So they're adding or pointing out another variable: if I use a gel kit and the same gel kit as you do. Even taking the blood out of that gel kit introduces some variability because if I invert it, agitate it, and resuspend the buffy coat that's now adhered to it. If you don't, we're going to have a different result. So, my point to all of this, and the point of this article, is that you should invert your gel kit. I usually invert it at least 10 times; 10 to 12 times seems the standard when I talk to people who own these companies about resuspending it. If you don't, you'll lose quite a number of your platelets that will be left behind in the gel. So, that's the bottom line: the two papers that came out in the past week have the most consequences.




## *Wall Street Journal* on Doctor Burn-Out Supports Premises of the CMA

The last one came out just within the past week in the Wall Street Journal on November 3rd.

I like reading Wall Street Journal and New England Journal because when you quote it to patients, they recognize it. They may not know the Blue Journal or the Green Journal or the Annals of Internal Medicine, but they know the Wall Street Journal and they know the New England Journal of Medicine. So when you quote it to them, they recognize it as a reliable source. Just let me give you a link to this because this is, I read the Wall Street Journal pretty regularly and I think they're the closest to a neutral source in politics, but they also cover medicine pretty well.

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So, two points about that.

One is that ***your patients want you to be their curator***.

Let me back up a step. So you have the Wall Street Journal, which is news and finance, which is what most people think of it as. But because they read widely and report, I think, neutrally, when they say

something about medicine, you know that they have read many papers in many specialties before they bring you something about medicine. And usually, it's something about some new idea. It's other research that came out. This is only the second time I've seen them mention something about the finances that points out the fact that we (as physicians) are being abused. The most important line in this article, I think, is they say that a primary care doctor only spends about 13% of their time talking with the patient because there's so much time spent, and this is in the United States with the burden of the paperwork or now the staring at the computer.[4]

Hopefully, that'll change some with the new AI that'll take your notes for you by listening in. But they're burnt out.

And, of course, I see them coming to our group because they don't want to give up medicine. I met a physician recently, an orthopedic surgeon, who is going to quit because he is fed up with how little he is being paid. And I've met so many physicians like that—it is changing medicine.

For example, I met a pediatrician who tried to practice in New York City, and it cost her more to pay for her young daughter's childcare than she was making. So let me say that again, ***going to work to be a physician in New York City, her childcare (for a young daughter) was costing her more than the net profit she was bringing home from being a physician.***

And most of your patients don't believe that.

They don't believe that's a phenomenon. I have family members who have told me; some of you know I have two sisters, and I lost one of them to breast cancer in the past year. So, I have a very smart, brilliant sister. She's brilliant. She reads; she's an educator.

When I mentioned something like this to her, she said, "I've never seen a broken doctor."

Well, we know broke doctors, but they don't advertise it. And people don't believe that. And good people, good people who are smart, don't believe it. ***No politician ever lost a vote by cutting the salary of physicians***. They'll get votes by talking about the greedy pharmaceutical companies or the greedy insurance companies—but the lobbyists protect the profits there, but they won't lose votes by saying, "Doctors are broke. We should give them a raise," and our societies have let us down in protecting our income.

And so, what do you do with this Wall Street Journal article?

I don't know, but I think I can tell you what I did with it for several years, I was a medical director of four different nursing homes. This was after the second time I went broke, and the first time was trying to do an insurance practice. And anyway, you guys know my story, but the bottom line was that I

[4] Chen, "Young Doctors Want Work-Life Balance. Older Doctors Say That's Not the Job."

eventually came up with having a cash practice that gave me enough freedom to go see people in the nursing home, and I didn't care if they paid me or not.

As a third-year medical student, I considered going into gynecology. I loved the specialty, and I wound up taking a different path. As you can see, I still migrated back to it with our O-Shot® procedure. But a brilliant gynecologist was my mentor then, and he said to me, "You know, back in the days of Charles Dickens, there were no wealthy physicians who became wealthy by practicing medicine. If you went into medicine, you either did it because you took a vow of poverty or you had so much money that you could take care of sick people as a hobby, as an altruistic thing you did for mankind; we may go back to that idea—and maybe that's not a bad thing."

I know a surgeon from a wealthy family with oil money, but he loves practicing surgery. I read of a physician who immigrated. This was back in my medical student days, but this man came here and couldn't get hospital privileges as a surgeon because he had a degree from another country. So, he just dabbled in real estate on the side, and eventually, he became the largest landlord to the government. The government doesn't own that building when you see the post office. Someone built it, and then they leased the building to the postal service.

I know someone who built post offices and leased them back to the government as part of his business. This guy built such an empire that he could build his own hospital to give himself privileges as a surgeon. Those wealthy people who practice medicine because they love it are out there; some of you are doing that now. But, you could do the same thing on a smaller scale by simply having a cash part of your practice, and then the cash part finances your other insurance part, whatever that is, whether it's taking care of sick people, delivering babies, or seeing people in the nursing home. So, I did that for a number of years, and I told people my 30 and 40-year-old women doing cosmetic procedures financed my money-losing hobby of taking care of the 90-year-old women in the nursing home.

Well, this article, I saw one article about this probably seven years ago in the Wall Street Journal. I've never seen it in any other place, but here's a second article that talks about the abuse we put up with.[5] And so what do you do with this?

You won't ever get sympathy from your patients about how much you're paid, but I think it's okay to share this with your patients when they question the cash part of it. Now, your best patients won't question you because they want to pay you; they appreciate this. They appreciate much of what you're doing is not paid for by insurance. But *having some place in the introductory part of your website where you discuss the idea that you are not able to do the things you want to do under an insurance-based umbrella.*

[5] Chen.

For example, if you're doing the P-Shot® procedure, it's not paid for by insurance. So, it's not this long of crying and asking for sympathy. It's just a matter-of-fact thing that you put on your website where you say that much of what I do is not covered by insurance.

## Best Way to Be a Martyr

And this is a known thing that some of us are having to figure out how to create a financial structure where we're able to care for people and not depend on insurance to take care of the basics of what you have to do, pay for your staff, the car that you drive to work.

A link to an article like this creates credibility for that idea. Without it, people don't; they just honestly don't believe it.

And as a kid, I remember my dad telling me, "Son, never talk about your health because people just don't want to hear it."

He said, "Even your doctors wouldn't want to listen to you if you weren't paying them." The same applies to the abuse you submit to as a physician. Nobody wants to hear about it. So, just don't even talk about it.

People don't want to hear about your pain—maybe your mother or your spouse for a short time. But I don't think anything can be gained by asking for sympathy from anybody.

I have a nephew who's a test pilot for the Navy. He flew jets off the back of a battleship; now, he's a test pilot. My oldest son was a paratrooper, 82nd airborne. Those are two people willing to die for a cause. You guys are also martyrs when you sacrifice; as this article points out, you leave the comfort of your family in the middle of the night to care for someone who's sick. That's being a martyr. It's giving up a piece of your life (a way of dying). But the best martyrs, the true people who sacrifice, do it for their soul satisfaction and do it in the spirit of the way St. Paul talked about it, where your left hand doesn't even know what your right hand is doing. ***You do it in secret, and then your reward is in your soul***; if you make a production about it, that becomes your reward.

## Website Tips for Martyrs

So, back to your website: You don't ask for sympathy even though you have reasons to be respected for your sacrifices. You subtly mention, "I accept cash because I have ways of helping you that are not paid for by insurance, and if I don't help you, I won't keep your money."

And then you put a little link to this article[6], a little hyperlink on your website, or in one of your emails wherever you explain the cash part of your practice, and point out the fact that here's a Wall Street Journal article pointing out why that doesn't work; "I cannot do everything I know how to do for you and expect insurance to pay for it so that I can turn on the lights and buy gas for my car."

That's it. And I'm over the 30 minutes I was trying to come under. I hope that's helpful to you. And I think with that, I will end it.

Thank you for being on the call at a time when I'm not even going to go there, but I know a lot of political things are happening today (election day in the US), and I'm almost glad I'm on the other side of the world, but it all works out. I'll end with this one last thing: back in the sixties, I was born in 1960. My dad said back then, they said the communists were going to "take over without firing a shot." Dad used to chuckle, and of course, he retired at 50 on a telephone man's salary (as a lineman) because he was bright and understood how to invest. He read like crazy; the top tax bracket in the 1960s was 10%. He bought his first stock in high school, retired at 50 on the stock market, and started building apartment buildings and neighborhoods. So, he understood capitalism, but in the sixties, he was climbing telephone poles for a living.

He said, "You know, Son, if the communists take over, they'll still need telephones, and we'll be okay."

He said, "I don't know how the lawyers will come out. There are too many of them. They might line them up and shoot them, but they'll need telephones, and we'll be okay."

I love meeting with physicians worldwide because it seems like we don't pay attention to each other's flags. In the United States, no matter what flag is flying, I like that physicians fly the flag of good health, good spiritual, physical, and emotional health, and we can leave the politics to others.

William Osler had a warning.

He said, "If you're a good physician, eventually someone will come to you and ask you to run for office."

He said, "Don't do it. Don't do it. Don't succumb to the temptation. Just stick to medicine."

I think I'll end it with that.

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[6] Chen.

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## Tags

Journal Club, Sexual Medicine, sexual dysfunction, Arabic-speaking countries, Middle East, female genital mutilation, cultural barriers, urinary incontinence, patient privacy, paper chart, Boston Men's Clinic, clinic privacy, exosomes, platelet-rich plasma, SuperShot, PRP, exosome extraction, gel kits, FDA-approved, confidentiality, insurance issues, cash practice, physician burnout, medical ethics, patient trust, cash payments, Wall Street Journal, healthcare system, medical profession, burnout, Charles Runels, Cellular Medicine Association

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