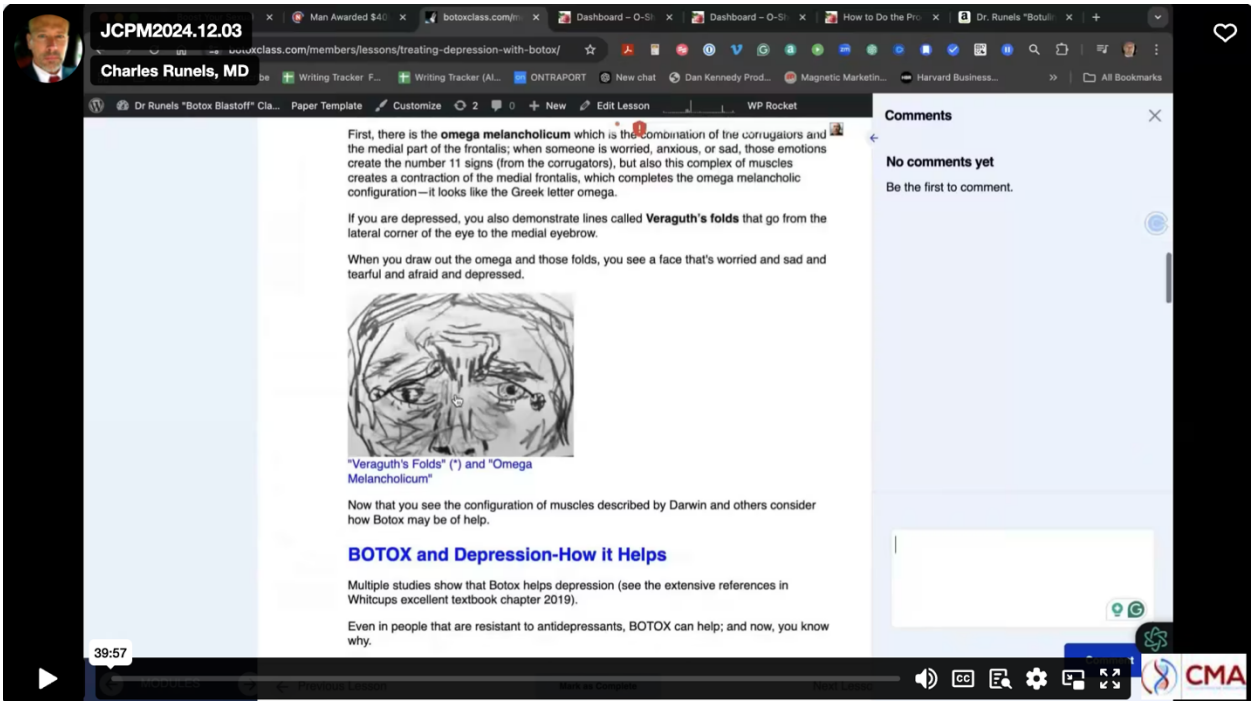
# JCPM2024.12.03

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of December 3, 2024, with Charles Runels, MD.

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

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- **O-Shot® Procedure Nuances For Better Results**
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**Charles Runels, MD**
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# Transcript

Hello and welcome to our Journal Club. I have an interesting question that was sent to me that I would like to cover; some new ideas or confirmation about hair that answers some of the questions we've had for a long time, and a huge lawsuit that was settled in the past week that can be instructional. Thankfully, it's not anybody in our group, but it's very important. There are some lessons to be learned from it. And some ideas about adipose-derived stem cells and then I'll end it with some ideas about depression during the holidays. I think that patients, many of your patients, are grateful if you just recognize that the holidays are not always happy for everyone. We know that as adults, but I think it's helpful to bring it up to your patients with your emails and social media and how you're communicating with people, of course, in the office.

## Patient Emotions During Holidays-How you can help and grow your practice

If you give people permission to be sad, and I hesitate because the word depression is, I think, overused, people can be lonely. My mother lost both her husband of 65 years and her daughter in the past year. That's a profound loneliness. There can be despondency. There can be hopelessness. There can be just melancholy or contemplative immobilization. So, there are lots of different emotions that get dumped into the word "depression." And I think during the holidays, it's extremely helpful to recognize that that's out there and then bring it up.

It doesn't mean you have to be a depressing force, it can be an uplifting force. And I have some things that may be helpful that you could offer. We'll save that for the end. So, I think let's start off with just the question. It's a good one.

## O-Shot® Procedure Nuances for Better Results

And the question was, "Do I really need to use that 27-gauge needle when I do an O-Shot®?"

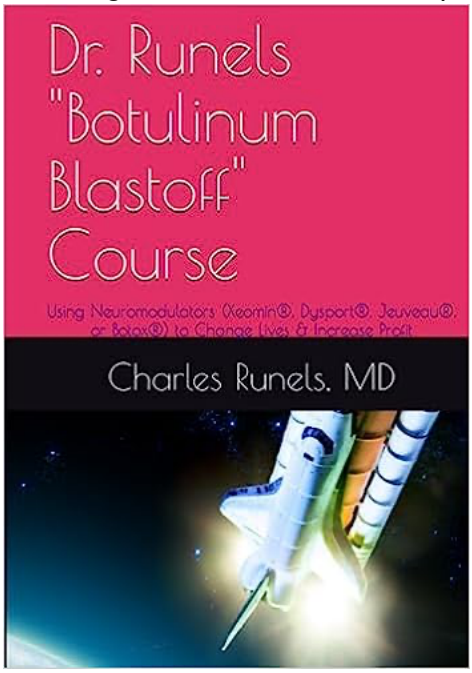
Let me change what I'm showing you. That one picture, I think, answers that question [see video].

This is from our O-Shot® membership site. Just to reorient you, if you're new to the group when you log into the O-Shot® website, you'll start off on the dashboard. If you get disoriented in all our membership sites, just go back to the dashboard.

The O-Shot®, I think, displays my prejudice in that I feel like, of the things we do, the thing that's most needed is for us to develop, prove, and promote the things we can do with the O-Shot® because many of the things we were able to help, there's very little else that is as helpful. But anyway, they're all structured the same: there's a dashboard, and then you can think of the dashboard like a filing cabinet, but then there's an actual course here.

This video gives you some orientation so you can drill down and go into the course, but if you just want to find an answer, you can just use this filing cabinet.

If you go to the how to do part of the O-Shot® and scroll down to this first or second video, it's 27 minutes. Four videos show you how to do the procedure. But this one, I chose this as a screen saver because it tells a lot of things. Urethra, you have labia minora, labia majora, remnant, and the beginning of the rugae. This is a 27 one-and-a-quarter-inch needle.




The reason it's one-and-a-quarter-inch is not that you're going to insert anything close to the full length of that needle into the vagina or the tissue of the anterior vaginal wall. But if you imagine, even though your insertion of the actual barrel of the needle is only a few millimeters, two to five millimeters, it's basically a subdermal injection, submucosal injection.

Imagine if you did not have this length, if you had only a half-inch needle, you would have your view partially obstructed by the syringe's barrel. That's the only reason. If you can see around a half-inch and want to use it, do it. But I thought about recommending that everybody just use a half-inch because I frequently see people when we're teaching our workshops; it's just second nature. It's like trying not to blink if something is headed towards your eye. For some reason, as people push the plunger, they tend to lose track and advance the needle deeper into the tissue, which puts it in the incorrect tissue plane. You can put it into the bladder. Put it on the other side of the urethra. It puts it in a place where the effectiveness is profoundly less.

So if you had a half-inch needle, perhaps you'd be less likely to go as far, but if you're putting three to five millimeters into the tissue with only a half-inch needle, you really can't see much. You can't see the orientation. You can't see the tissue well.

So, the length of the needle is only to facilitate your vision.

So you can put things at the right angle, and that's it.

People who do well with the O-Shot® and really all of our procedures. Well, as in, they're sending us emails. It's so interesting.

We'll get emails from people saying, "It's amazing how people are getting well. The profitability of my practice is going up even though I'm offering everybody money back if they're not completely loving the procedure. And there are literally people crying in my office."

Then, the same day, someone will call and say, "The First two didn't work. I'm not getting much attention," they will drop out.

When I look to see what differentiates the two people, two things come up.

One, those who drop out, the number one thing is they either never go onto our membership site, they took a hands-on course somewhere, and then they just go home, and that's all they do and look at.

Nothing about our marketing.

Nothing about the nuances of the procedure that are demonstrated in these videos.

Our Journal Clubs has over 800 videos on these websites, which is why you need a search bar. And the membership site counts. The people I see making half a million, a million, or more with our procedures are usually on the membership site 30 to 40 times the first month at least.

Second, they will call our office and have one of our consultants give them a tour of the website, ensuring they know where everything is and answer questions.

And they come to the Journal Clubs, at least in the beginning, until they get oriented, and then it becomes less needed. So, it is a long way of saying there are some nuances, and I don't claim that the procedure will stay like it is. I

t has evolved with smart people like yourself telling me how things might be better. But I think there's no doubt that just seeing it once in a class and then going home, not thinking about it, participating, and studying it more probably is just not as effective. So anyway, that's the reason for the long needle, and that's the question.

## Research on Hair Growth Treatments to Compare Microneedling, Minoxidil, and PRP

Okay, let me go back and show you the research I picked out for you today. It's open source, so let me drag it over here so you'll have it. I'll send you a link again in the email that goes out.[1]

They had three different groups and one group got just microneedling, the other one got microneedling with minoxidil daily, and the microneedling was three sessions separated by a month with evaluation

[1] Leonik, Smoczok, and Bergler-Czop, "Evaluation of the Efficacy of Microneedling without and with Minoxidil 5% and Autologous Platelet-Rich Plasma for Androgenetic Alopecia in Men."

two months after the third session. So microneedling, wait a month, another session, wait a month, third session, wait two months, measure.

And the third one was injecting platelet-rich plasma. And these were men, I think it was 30 in each group, looking to see what would happen. And there's an overlap of studies that's interesting. So they found a similar amount of hair growth in all three groups, including microneedling with no PRP and microneedling with minoxidil and PRP injected without microneedling.

The only difference they found was that the hairs, even though the numbers were the same, ***the actual thickness of the hair was greater in those who received platelet-rich plasma.***

We covered another study about a year ago where they compared injecting platelet-rich plasma with microneedling combined with platelet-rich plasma. And in that study, which you realize was not one of these three arms of this study, there was no arm with microneedling combined with platelet-rich plasma. In the study with microneedling with platelet-rich plasma, the hairs were thicker with the microneedling with platelet-rich plasma than with platelet-rich plasma injected.[2] [3]

Some of you make your living with hair; that's all you do, and you make millions with it, and people love you, and you could talk for three days about just one subject.

In the beginning, 15 years ago when PRP with hair was becoming popular and people did all sorts of, I heard more discussion about not just PRP but almost like chili recipes. Everybody had the recipe. You make platelet-rich plasma combined with B-12, vitamin D, and other ingredients in this mixture, and then you would inject that.

What I do now and what I hear from most of our providers is that they will use microneedling depending on the thickness of the hair. Sometimes, the artwork in this comes out of Poland, but the artwork here is beautiful. I don't know that this is instructional, this is just pretty, but the data is laid out for you in the raw form. If you're microneedling, it would be easy to microneedle this, but in these border areas, it's harder to get to the scalp.

Practically speaking, I will combine the two techniques when I'm treating someone. I might microneedle through here and still do some injections and combine them with platelet-rich plasma. So I'm doing all the above and put them on minoxidil and do a light, a red light, and put them on hair products. So when we're doing things in the clinic and, of course, think about their medical problems like hypothyroidism, rapid weight loss, and stress, all those things still matter.

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[2] Jha et al., "Platelet-Rich Jha, A. K., Vinay, K., Zeeshan, M., Roy, P. K., Chaudhary, R. K. P., & Priya, A. (2019). Platelet-Rich Plasma and Microneedling Improves Hair Growth in Patients Ofandrogenetic Alopecia When Used as an Adjuvant to Minoxidil. Journal of Cosmet."

[3] Ozcan et al., "PRP Application by Dermapen Microneedling and Intradermal Point-by-Point Injection Methods, and Their Comparison with Clinical Findings and Trichoscan in Patients with Androgenetic Alopecia."

And in these days of the new weight loss drugs, this is something that's happening more with men and women. Now, what do you do ethically because you know rapid weight loss causing hair loss is temporary?

Do you still treat them? I think you do.

You offer it to them and honestly tell them, "Eventually, you'll grow it back, but I think I can help you grow it back faster. So if you want, this is what we can do."

## The Placebo That's Not a Placebo

Okay. So that's one of the papers. And this suggested another paper about placebo.

We all have the thing that maybe bothers us more than, practically speaking, it should, but it irks me when I see placebos that I don't think are really placebos.

For example, when we talk about depression in the holidays in a moment, we're going to just talk about there are now eight strong studies showing that botulinum toxin helps with depression.[4] [5] [6] [7] [8] [9] [10] [11]

We'll talk about why I think that is at the end of the call. But supposedly, they're double-blind. But can you really blind a study with botulinum toxin?

It would take someone with half a brain not to know whether they got the placebo because they can look at their facial muscles, so yeah, you might've double-blinded it, but not really. I don't know if you're kidding yourself or just me.

But it's not always so obvious.

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[4] Marchand-Pauvert et al., "Beyond Muscular Effects."

[5] Alam et al., "Botulinum Toxin and the Facial Feedback Hypothesis."

[6] Zamanian, Jolfaei, and Mehran, "Efficacy of Botox versus Placebo for Treatment of Patients with Major Depression."

[7] Davis et al., "The Effects of BOTOX Injections on Emotional Experience."

[8] Bulnes et al., "The Effects of Botulinum Toxin on the Detection of Gradual Changes in Facial Emotion."

[9] Khademi et al., "The Healing Effects of Facial BOTOX Injection on Symptoms of Depression alongside Its Effects on Beauty Preservation."

[10] Zhang et al., "The Safety and Efficacy of Botulinum Toxin A on the Treatment of Depression."

[11] Wollmer et al., "The Use of Botulinum Toxin for Treatment of Depression."

And what this study did, which I think is brilliant, is they said, "It appears to us that when you do a split scalp study of hair growth, that maybe there's some field effect."[12]

And so they did a meta-analysis, Toronto, and they compared the hair growth on the placebo side of a split scalp study with the hair growth where the study involved two separate scalps. There are studies where you put PRP on one side and the other side of the same man's head you don't. And then there are other studies where you put PRP on one man's head, and you put saline on the other man's head. Either man gets one or the other; the man getting saline is the placebo arm. They found that in the men who had split scalp study, there was more hair growth on the placebo side than in the separate head studies.

In other words, there was a false attenuation of the measured effect on the treated arm because the placebo wasn't a real placebo.

They demonstrated that there was enough field effect that on the other side of the head there was hair growth happening in the studies when you compared that placebo side with the men who had a whole scalp that just got saline. It's a long way of saying that it's more common than it should be that the placebo arm isn't really a placebo.

And you know, probably every other Journal Club, I rant that many PRP studies use saline as a placebo. Yet the literature has many articles about using saline as a treatment for joints, leishmaniasis, and treating scars.[13] [14] [15] [16] [17]

There are review articles about how to use saline.[18] It's hydro dissection properties, not IV. If you do IV saline compared with an IV drug, that's a placebo.

But if you're hydro-dissecting tissue with saline, that's a treatment.

Now, does this really mean anything, or does it matter? I think it does because what it does, I think, is it reassures us that when you're treating the scalp, it's not so important that you have extreme regularity

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[12] Gupta and Bamimore, "The Effect of Placebo in Split-Scalp and Whole-Head Platelet-Rich Plasma Trials for Androgenetic Alopecia Differs."

[13] "Clinical Benefit of Intra-Articular Saline as a Comparator in Clinical Trials of Knee Osteoarthritis Treatments_ A Systematic Review and Meta-Analysis of Randomized Trials | Elsevier Enhanced Reader."

[14] Asghar et al., "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars."

[15] Bokey, Keating, and Zelas, "HYDRODISSECTION."

[16] Searle, Al-Niaimi, and Ali, "Saline in Dermatologic Surgery."

[17] Popp, "Improvement in Endoscopic Hernioplasty."

[18] El-Amawy and Sarsik, "Saline in Dermatology."

in the pattern that you're injecting. And nor is it important I think that you have it clustered together. There's a lot more meditation when I'm teaching people who haven't treated the scalp. I think about where to put the next injection, and maybe they're injecting a little closer than what's necessary. I have not seen a study where they compared injecting a centimeter apart versus two centimeters or three centimeters. But when I have people come through my class who have successful hair clinics already, many of them have been treating hair for a decade or more; they're not that contemplative.

You can be at least half an inch, probably an inch apart, or two centimeters to three centimeters apart with your injections and still get a great effect because I'm showing you a study now where you're actually going to have an effect on the other side of the head, even if you don't treat it.[19] Not as much of course as the treatment side, but of course you're going to have field effect if you have injections. And I think probably an inch part or so is what I'm seeing most people doing. Some people are getting fancy with the meso needles and such. It's faster. I don't think it's necessary, but if you want to, if you're a device person and like to do that, you can. I know the Rejuvapen people have a new head out that has a lot more needles, covers more area, and that can save you time.

Let's see, what else was I going to say about that? Oh, there's one anecdote to prove the point that one of our plastic surgeons, I wish I could show the picture, but I don't have permission to show the picture. One of our plastic surgeons texted me laughing one day because she had a woman who came back early after treating her hair and wasn't quite convinced that her hair was growing, but she wanted another treatment because her whole forehead had become dramatically younger in appearance. And of course it was a hair treatment. So the doctor did not treat the forehead down to the brows, but the woman's forehead all the way down to her eyebrows, it was dramatically younger in appearance, a better color and fewer wrinkles and more even skin tone. So she sent me the before and after pictures of the woman's forehead.



Again, the point being there's a pretty dramatic field effect, and practically speaking from a clinical standpoint, it means that you can move faster, which isn't about winning any contest in speed, but it definitely makes it more tolerable.

When I treat a scalp, I've measured, I know it takes me 45 seconds to inject the scalp to be done, and I'm not some super-fast person. I just don't contemplate it. There's really nothing to contemplate. It's a bunch of subdermal injections. You get them over with, and you're finished before the person figures out they're in pain. T

hat was one of the papers I wanted to show you. I don't think I'm going to do my 30 minutes, but hopefully, I'll be close to it. I'm trying to keep you guys closer to 30 minutes.

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[19] Gupta and Bamimore, "The Effect of Placebo in Split-Scalp and Whole-Head Platelet-Rich Plasma Trials for Androgenetic Alopecia Differs."

## Treating the OA of the Knee with PRP vs. Adipocyte-Derived Stem Cells

As most of you know, let me slide this over so you'll have it. I haven't given you this one yet. I'm not a stem cell person because I'm still afraid of the three-letter people.

But I'm not damning or condemning those in our group who do it, and I'm sometimes jealous of our colleagues who live in other countries without an FDA. On the other hand, I'm glad we have the FDA for many reasons. But I don't feel comfortable doing stem cells yet. But for those who do, I think this paper is worth considering.[20]

And those of you who don't, it's worth knowing: they compared adipocyte-derived stem cells and reviewed the results with osteoarthritis of the knee and with suggestions about further research.

What made this article seem useful to me, even though I don't do stem cells, was this statement. I did not know about this article here. Still, they reference it and say that "comparing adipocyte-derived stem cells with leukocyte-poor platelet-rich plasma for knee osteoarthritis both resulted in similar clinical good clinical outcomes at six months. The stem cells were superior at 12 and 24 months."

For whatever that's worth, at least one study came to that conclusion. But they were similar at six. Well, they were the same, actually.

And now, my thinking has always been that I haven't seen enough. Not only do the three-letter people still have my attention living in the U.S., but I haven't seen enough stem cells compared with platelet-rich plasma like this study to convince me that it's sufficiently better to warrant the expense and extra time involved.

When I speak with many of our providers or stem cell gurus, they love it, but there are at least as many who tell me, "I get about the same results with platelet-rich plasma. It's quicker, easier on the patient, and so that's just what I do."

You have that paper. If you're a stem cell person, you have more that you can garner from this article. But for those of us who don't do stem cells, that's what I got from it.

## Ethical Considerations in Medical Practices and a Huge Lawsuit in a Men's Clinic

Okay, let me see if you guys have questions. If not, let's talk about the big $400 million lawsuit about a penis injection. And I'll give you my tips about depression. Let me pause and see if you guys have questions.

Okay, let's talk about the lawsuit. I know of this clinic. What happened was they were doing penis injections. I don't want to be involved in a lawsuit, but I will tell you that one of the people in this

[20] de Sousa et al., "Adipose-Derived Stem Cells and Knee Osteoarthritis."

organization, NuMale, way back in the beginning, was part of our group for a while. And then, they became ***not*** a part of our group, and I was not disappointed. I'll just tell you they left, and that's all I'll say. And I'll say I'm not surprised at what I'm seeing. I'll go that much further. But what they were doing was, because this should make you, hopefully, if you're doing shots, you want to look at this think, "Well, am I under this cloud?"

Well, you're not because, first, they were not doing P-Shots®.

They came up with their own name for it. And I knew about this almost a decade ago. They came up with their own name for it, for a PRP in the penis.

They're a Trimix clinic and they made a bunch of money. But if you look what made this man angry, he came to see them. And why am I bringing this up?

Because I want you to both learn from it and know why, if you're in our group, you're not going to be rained on because of it. He came there for fatigue and weight loss at 70. Well, he was in his 60s at the time. And that fatigue and weight loss, if it's muscle weight loss, I can see, okay, maybe you get some testosterone. But it sounds like they might have; I don't know because I'm not reading the chart, but at least someone decided that whatever they did, they misdiagnosed him.

But they treated him for erectile dysfunction with injections, and they did Trimix injections.

But here's what I think was the most horrible part of it, is that they told the man, let's see if I can find where they talk about it, that he needed to have three injections a week or something bad was going to happen to his penis. I don't know what you would have that you would have to have three injections a week or you're going to get worse in the penis. Let's see, where did they say that? But I read several articles on it and that's what the reporters seem to think was the nail in their coffin of litigation. I don't see it. Oh well, I can't find it. Somewhere in that article it talks about it, that if he didn't have three a week, he was going to have something bad happen.

Now, back to what we do first of all, and if you go to the Reddit articles about this clinic, you see many people talking about how they didn't get results and did not get their money back.

And if you're getting three injections a week, you're spending lots of money.

So ***one thing to learn and what I preach all the time is that if someone isn't happy, you give them their money back, always without exception***.

It does not make you more likely to have a lawsuit. I've had that said to me by several attorneys; some doctors think that somehow that's admitting fault and you're more likely to get sued.

You're just saying, "Okay, you're not happy with what we did. Here's your money."

And that makes you more selective about who you treat, but actually, if you're ethical, you wind up making more money, and you sleep a lot better.

When I started taking cash in 2003, 21 years ago, I decided that if Walmart could guarantee a Casio watch, which they do, would I really say that I'm less reliable and less willing to stand behind my work?

When they pay me for a procedure, they're not paying me for the procedure. They don't even want the procedure. They're paying me for the results that I told them might happen. And if they don't see those results, they are offered another procedure or another repeat of that procedure. Sometimes, I've worked it off with doing botulinum toxin, or a shot didn't work, so I did liposuction on the men back when that was a thing that I did.

But if I feel like the vibe is not right and this is a new patient to me, I just say, "I'm sorry. "

I gave them their money back and helped them find another doctor who could treat the problem they were trying to fix with my procedure.

And I can say that, as far as I know, anyone who has ever received treatment from me is either delighted or I do not have their money.

I tell them, "You have to love what I do, or I'm going to do something else until you do or return all your money"

So, as far as I know, anyone who ever gave me a penny either loved what I did or doesn't have their penny anymore. That helps me sleep at night and makes me careful. What happens if someone wants their money back, and I feel like they're abusing me? Maybe they get results and just want to buy Christmas presents or pay their light bill; I still give them their money, but they lose as a physician.

They don't get the chance to do that again. And I still slept well that night. They can have it if they need the money that badly. I'll do something else. And I've done that now for 22 years.

So that's one thing.

The other thing I think is that they changed the protocol. They're not doing P-Shots®. Our P-Shot® came up in that JAMA article. Remember, they condemned all the different people doing it with many different licensing requirements and protocols, including P-Shot® people (or so they said).[21]

So I was able to get them to do a correction[22] because we do have a protocol that we've all agreed to follow. We might vary it within limits based on what we're seeing. We might change the amount of PRP. We might increase the amount. If it's Peyronie disease, maybe we change the location some, but mostly we're doing the same thing and we're getting good results. But we're not getting perfect results. But when we don't get perfect results, part of our philosophy is what we just talked about.

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[21] Shahinyan et al., "Analysis of Direct-to-Consumer Marketing of Platelet-Rich Plasma for Erectile Dysfunction in the US."

[22] MD, "Memo in Response to the JAMA Article."

We have a good consent form. We don't promise the moon. We promise our P-Shot® will, for most people, increase their SHIM score by about seven to eight, which is about what Viagra does. And that's also about what aerobic exercise does. So we don't over promise.

We certainly don't tell people, as they did in this case, that if they don't get three shots a week that something bad's going to happen to their penis.

I had a funny dad, and I remember, as a kid, he would tell me, "Now, if you smoke, your penis is going to fall off."

That's essentially what they told this man. "Your penis is going to fall off if you don't get three shots a week."

And so yeah, you probably shouldn't be telling people that. When stuff like this happens, usually our business gets bigger. We don't ever want to profit from tragedy, but it happens.

When the people got HIV from those hair salon people pretending to be doing Vampire Facials®, not in our group, not doing our protocol, and inadvertently gave HIV to some people, I was able to get on the news, get interviewed by Rolling Stone and others.[23]

Our business actually went up because people were like, "Oh, we should go to this more standard protocol," where it's safer, and we have a decade of experience.[24] We have now, literally, if you just extrapolate, our procedures are in the millions and we have so much because we have a decade without any serious sequelae leading to a court case. We have good rates on malpractice insurance and in some countries, last I checked in the U.K. and other countries, you can't even do the O-Shot® unless you're in our group.

So, our reputation is strong, not because of me, but because of protocol.

And we don't allow people to stay in our group who don't play pretty, and we're careful about who we allow.

And that's the reason we don't put people on the directory until they pass the test on the website or have a signed paper from whoever gave them hands-on training. So you're not paying to be on a directory; you're paying for millions of dollars a year to run off people like this who pretend to be us. So they're forced to use a different name, not the P-Shot® name. And, of course, for the reputation to be able to advertise to your patients about a protocol that has now almost a decade and a half of experience behind it.

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[23] "Vampire Facials Linked to Two Confirmed Cases of HIV In New Mexico."

[24] "Vampire Facials Linked to Two Confirmed Cases of HIV In New Mexico."

## Depression Treatments with Botulinum Toxin

Okay, so that's the things to be learned, I think, from this: give the money back, make use of our trademark because it's solid, and understand our protocols.

***If you haven't taken the test yet and you're paying us to be a member, take the test so you can document that you understand our protocol. Then we put you on the directory,*** and your patients, not just the others in the world, will look at that directory to see if you're one of us. All right, so that's the research I wanted to show you. And the thing about the malpractice.

Now, I want to talk about depression and an idea about depression. Let me show you another website; I'll do this in less than five minutes. So that'll put us done in 45 minutes. So okay, let me swap what I'm showing you.

=>Next Hands-On Workshops with Live Models<=

So, if you know, I did a book about botulinum toxin. If you go to Amazon, you can see it. It's 400 pages, give or take, with 200 references and a lot of pictures.[25] My goal was to have a picture. I wanted you to be able to open it up and see a picture anywhere you opened it. I wanted pictures and lots of illustrations so that you could learn more about what I was talking about.

But I took my decade of injecting and teaching botulinum toxin and put it into this book. But it's also a course. This is one of the lessons. If you go into the course, some of you already have bought this, of you look at the course, I'll show you where I am here. Hold on a second. So, it has several modules. The first one is more about marketing, and it has several lessons. And then there's a module of 14 lessons in that one. And then there's one about mixing it so you're less likely to hurt people.

And then my favorite 12 injection points on the cosmetic side. Then, I talk about four difficult-to-treat medical problems: headaches, migraine headaches, bruxism, erectile dysfunction, and depression.

Now, here's the depression page.[26] This is what I wanted to show you. This is a 50-minute video, and I have this thing from Darwin, but there's a thing called the facial feedback loop, which is why they think it's helping depression. When someone is sad, Darwin described this first: you have omega melancholium. See that omega sign from the corrugators' and the medial frontalis's contraction. And so you get look of depression or despair or crying, and then you get varicose folds, which is this fold where the lateral brow comes down. It becomes a hooding and a down-turning of the upper lid.

So those two together are what depression looks like.

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[25] Runels, *Dr. Runels "Botulinum Blastoff" Course: Using Neuromodulators (Xeomin®, Dysport®, Jeuveau®, or Botox®) to Change Lives & Increase Profit.*

[26] {Citation}

That's a person crying. And Darwin described it, well, the idea was, if you can make a smile and it makes you feel happier, maybe if you could block this look of melancholy, it might also make people happier, with the theory being that when you feel sad. You make this expression; there's a feedback loop.

And now your brain sees that, senses that expression, and says, "Oh, we're depressed," and tells the brain, the cerebrum, "We're depressed," which tells the omega sign and varicose folds to keep going. And so you go from sad to crying and there's a negative spiral down.

Where if, instead of that, if you feel sad and you break that feedback loop and the muscles can't make this expression, then you might still have up here this sad feeling, but there's not the feedback loop.

And this part of the brain says, "Well, wait a minute. You're not sad because you're not making that expression."

So then the brain tells the cerebrum, "No, you're not sad."

And the cerebrum might say, "Well, yeah, I am," but the muscles won't respond.

So there's no negative spiral down, and the depression is better. Then these eight double-blind placebo-controlled studies, these were people who were not responding to oral agents. We're talking about hard cases. That's my primary first-grade diagram of the thing that I talked about. And there's references. So what do you do with this? I think what you do with it is that you send out a simple little email message to your people and you say, "It's okay if everybody else is laughing," and you feel like maybe this is not a time to laugh.

Sometimes, depression and melancholy, the Greeks called it "being on Saturn. "If you're on Saturn, maybe it's because you need to process something, but you don't need to be maybe as deep as you are. And we certainly don't want you to be suicidal, but maybe you don't have to be as deep into the clouds. And we have studies that show that botulinum toxin will help with that. And all you have to do is treat the corrugators and the procerus, that's it.

You can do other stuff, but people want their botulinum toxin for their holiday pictures anyway. But there may be those that are sad and think, "I don't even care about pictures this year. I lost my spouse and nobody's coming to see me."

But if you tell them, "Well, let me treat you and you may not feel as sad," they will come. And even if they don't, they'll appreciate you for recognizing you don't have to be laughing just because it's the holidays.

## Holiday Health Tips

Now, I think next week I'll do something. I just don't have time this week, but I did a recording a decade ago for my patients about how to have a healthy holiday.

So, I'll go over an outline for that. And I've been sending it out to my patients now, like I said, every Christmas for over a decade, and I get lots of feedback that it helps. Just stuff about keeping your

walking up, some healthy practice to avoid the depression and the health problems that can happen. Surviving the holidays, the fatigue and the angst and the finances, all of it. So I have about an hour long thing, and I could give you an outline and maybe you could do your version of it on your next podcast or email or social media, whatever it is you're doing.

Okay, I see a question. Did I hear correctly that a good shot increases by seven to eight? That is correct. That's what we saw in the study I did with Judson Randeis. It's what the regs saw with his study of Peyronie's Disease. It's in the neighborhood of seven. Practically speaking, what that means is that if they're on a dose of PDE5Is or Trimix, it'll cut the dose in half. Or if they're starting to need it occasionally, maybe they won't need it at all.

But if they're already on it, I wouldn't promise them it's going to go away. And remember, you always tell them "to stay on your medicine at the same dose, and when you get to where things are working better, then try to cut it back." That's one of the faults of one of the studies they did, the study that showed no benefit from the Priapus Shot or something like it.

It wasn't really a Priapus Shot. Then everybody stop their ED meds at the same time they gave them the shot. Well, that's two variables. So you have people stay on their medicines and that bump in seven usually means they can cut back on their medicine because their medicine only bumps them about seven. So let's see, "PRF, any preference for using this for the wing lift or the breast lift?"

I admit I'm still a PRP person most of the time. Another case: I saw William Song do some stuff with PRF with a low-heat process that is amazing, and I'm hoping we can roll it out some. He's going to be kind enough to make a way for me to offer it to you guys. Heating PRP, I think, denatures it. But there's a way to heat the platelet-poor plasma. And if you're just doing no anticoagulant PRF, I'm still not convinced.

And I've gotten some scary emails from people who tried to do that and then put it through a small needle and it gets clogged. I mean emails from patients where they suffered through it and said they had to come back another day and have their blood redrawn. Still, if I want to sculpt volume, I like adding in an HA. I know Region has a non-cross-linked HA.

Or I'll just mix up some Juvederm and put it in. I feel like it gives me more structure and more control, especially when I'm feeling in a defect with the breast. But having said that, I want to be taught, and part of the problem with teaching something for 15 years is you start to believe what you're saying. And I've learned some stuff from you guys, and I want you to go play around with it.

I'm telling you my preference, but the PRF is not dangerous. And if you find that it works better than the way I teach you to use it with a filler, go for it.

But I would try both before you make up your mind. I think that was the last question. Okay, that's all I have. You guys have a great holiday season, and I'll see you next week. I'll give you my outline from my recording about how to have a healthy holiday that you can send out to your people. Have a good night.

=>Next Hands-On Workshops with Live Models<=

## 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),

The holidays can trigger feelings of loneliness and melancholy. Did you know that just like forcing a smile can make some feel happier (because the emotions are influenced by the facial expressions), preventing a frown can help fight depression?

Multiple studies show this fact. Here's one of them<-

The treatment with botulinum toxin to help feel less sad is the same one that helps prevent the 11's (or the frown lines between the eyes).

If you would like us to help with the holiday blues and make things a little better for the family pictures, contact us today!

Sincerely,

(Your name)

(your phone, email, and booking link)

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## Tags

Journal Club, O-Shot®, hair growth, platelet-rich plasma, microneedling, holiday depression, adipose-derived stem cells, PRP, botulinum toxin, penile injections, P-Shot®, Trimix, lawsuit, medical ethics,

patient care, scalp treatment, stem cell research, PRF, wing lift, breast lift, depression treatment, holiday health tips, aesthetic medicine, regenerative medicine, clinical outcomes, medical protocols, malpractice avoidance, Charles Runels

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