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The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of January 14, 2024, with Charles Runels, MD.

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

The screenshot shows a web browser window with the Amazon.com page for the book "Zen in the Art of Writing: Essays on Creativity Paperback" by Ray Bradbury. The page includes the book cover, title, author, publication date (August 1, 1994), and price (\$10.48). A video player is visible at the bottom of the page.

Topics Covered

- What exactly IS PRP?!
- Lichen Sclerosus and Lasers
- **PRP for Fingernails**
- PRP for Plantar Fasciitis
- **Aerobic Exercise for ED & Liver Function?!**
- **Ray Bradbury will Make You a Better Doctor**

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Transcript

Hello, welcome to the journal club. We had another very busy week as far as the research goes. I'm still trying to come in under 30 minutes. I'll end the meeting with some tips on marketing from my [5 Notes](#) course, and hopefully, you can implement those tomorrow to help with your quality of care and bring in more patients.

What exactly IS PRP?!

So this one is, I think, one of the best reviews of platelet-rich plasma that I've seen in a while, and it's worth reading.¹ People ask me a lot, PRP versus PRF versus other things. It's worth looking at for this one picture.

They show you the different methods of preparing a platelet-rich plasma. They don't really reach any conclusions about what is best, and I'll give you my two cents' worth, but it's a really nice way of summarizing the differences between the different methods of making platelet-rich plasma and the various scaffolding that can happen.

So you can see they have, this is what most of us started with, anticoagulant, and then you have a separating buffy coat. You separate that, do a double spin, and get your stuff. And then here's one where they show the PRF formation with platelet-poor plasma on top, and then they have a plasma for rhesus thing that I've never used before.

I don't know if any of you guys have tried that or not, but my feeling is that PRF is, it has its place. It, I think, has a place for when you are filling a space, especially a wound, that it's been used for the most part. I think it's less helpful when you're trying to micronize it and push it through a tiny needle into the clitoris. I definitely stick with the PRP in that case, but for some indications in the face, it's being used and I can see where it definitely has its place, especially when it's prepared in a low heat environment. I know Dr. Song is in our group and has some new ideas he's going to introduce soon that I've seen him use. So in the end, I think like any other art form, the farther you plunge into it, the more numerous the tools you find on your bench.

¹ Şeker, Elçin, and Elçin, "Current Trends in the Design and Fabrication of PRP-Based Scaffolds for Tissue Engineering and Regenerative Medicine."

I think starting off with a gel kit is the basic single spin gel kit. It's a great way to go. The double spin kits have their place for volume and high concentration and I think the PRF is going to continue to take its place in the armamentarium. I think cruising through this is a great way to get your arms around or your brain around what's going on.

Lichen Sclerosus and Lasers

This one is beautiful. That's not the first one we've covered. It's another paper about the efficacy of using lasers.² Some of you have vaginal lasers for lichen sclerosus. This surprised me that I was not aware that the role of biopsy was so controversial. I thought it was pretty much standard of care that you needed the biopsy to confirm the diagnosis.

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There was a lady who came to one of our workshops who wanted me to treat her lichen sclerosus. I decided to PUNT because she had never had a biopsy to make the diagnosis. She had been diagnosed clinically, which I'm not saying is a bad thing. I know many gynecologists and dermatologists do it that way, but I always felt like a biopsy was a good way to go. So I showed her nurse practitioner how to do it, and she went home and got a biopsy, and it came back with genital warts, not lichen sclerosus at all.

So, I don't know if that means anything, purely anecdotal, but I still like to have at least one biopsy. On the other hand, if you think about how the biopsy is done, you have different levels of activity and are somewhat arbitrary; I think it's useful to make a note of where the biopsy was made, really, as they say here. There are lots of good before pictures so that you can keep track visually.

Obviously, you could biopsy in a different place with less activity and make things look better or vice versa. So, one note: I've only seen one paper, but it's been out for a while using UV light³, and I haven't seen a comparison between UV light and laser, even though light therapy's been around for a long time. Obviously, the CO2 lasers are quite a bit more expensive.

So if you don't have one, you have good research backing up the idea of using UV light. It's been covered in our previous journal clubs quite a bit. So, if you put it into the search box on the O-Shot® website, you should pull up not only the paper but also the recommended device that we've been using that we get from Amazon.

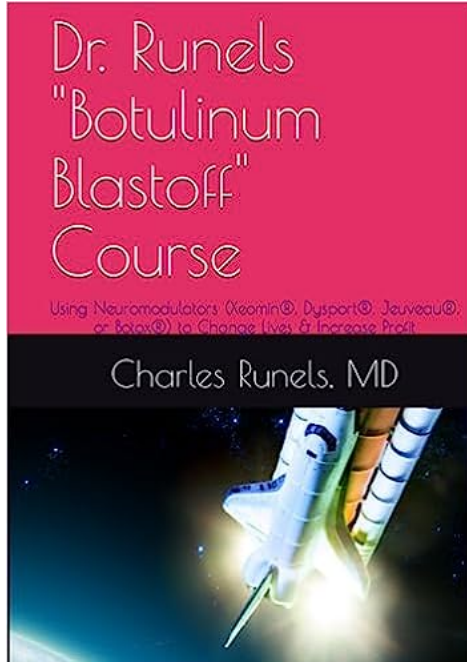
² Gil-Villalba et al., "Efficacy of Fractional CO2 Laser Therapy in Improving Symptoms and Quality of Life in Women with Refractory Vulvar Lichen Sclerosus."

³ Garrido-Colmenero et al., "Successful Response of Vulvar Lichen Sclerosus with NB-UVB."

PRP for Fingernails

Then this one came out about injecting fingernails.⁴ Sounds terrifically painful to me, but I wasn't aware that this had already been done, injecting people who have lichen planus of the nail bed.

But this was just for those people with idiopathic brittle nails, not sure why. Idiopathic brittle nails, didn't



know that even has its own acronym. They injected three sessions separated by four to six weeks and pretty simple study. They didn't think interesting outcome. The providers did not think that the nails were better, but the patients did. So their conclusion was that maybe it works and maybe we need a different way to grade things since the patients liked it and we couldn't see the difference. Not sure what that means, but just the whole idea of injecting the nail bed I thought was useful to bring to the group.

I haven't had someone come to me asking for this, but some of you might take this and run with it. I can see it becoming a new thing, especially if you're from an ER background or if you're just uncomfortable doing blocks.

I've done treating hyperhidrosis of the hands, I've done just blocked the whole hand. But depending on what you're looking at, you could also do a digital block or blocks maybe if one

finger's more affected than the other. But I'm excited to see what you guys come up with when you take this and think about it and have a patient show up and let me know what happens. They claim there wasn't an inordinate amount of pain, but it sounds like torment to me without a block.

More PRP for Wounds and the Implications

This one, again, is so old hat that I started not to bring it up, but the pictures were nice, and I think it's worth remembering.⁵ This was a meta-analysis. That's the other reason we're bringing it up. So not just one study. So strong. The reason I like looking at these diabetic wound studies is that I still have an interest since I ran a wound care center hospital base during my ER days, and sadly, PRP was not even on my radar at the time.

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⁴ Ricardo et al., "Limited Efficacy of Platelet-Rich Plasma Intramatrix Injections for Idiopathic Brittle Nail Treatment."

⁵ Gomez et al., "Platelet-Rich Plasma in the Treatment of Diabetic Foot Ulcers."

But the one reason I like bringing this up is just from a clinical common-sense standpoint. If you have something that could help the healing of something so difficult to heal that whole industries have sprung up and in spite of our best efforts oftentimes it doesn't work and you're left having to do an amputation, if we have a method, platelet-rich plasma that might help in that scenario, that seems to be strong evidence that perhaps it might help with really vascular areas like the genitalia or the face. So even if you're not treating wounds indirectly, I think this is a good support for the other things we do. That's in your handout, too.

Almost done. We'll get to the marketing part and see what you guys have to say about what you're seeing. Hopefully some feedback with some of your patients. I read recently that our life really is made up of stories, and take the stories away, we're just robots. If you think about it, what we're doing as doctors is we're stepping into someone else's story, hoping to change the ending in a good way, but we become part of their story. I still bump into people that remember my face from decades ago during my ER days because that was an important thing to them, a trip to the emergency room, and now my face is part of their story.

PRP for Plantar Fasciitis

Anyway, so this idea of treating plantar fasciitis with corticosteroids versus platelet-rich plasma it's confirmatory of what we've already talked about, but I thought, in this case, it was important to show that once again, we have a study that showed that corticosteroids seemed to be better in the short run, but platelet-rich plasma blew it out the water and was better than corticosteroids in long-term.⁶ So PRP injections are medium term, but not in the short term, but long-term, PRP is the bomb. So that's similar to what we've seen in injections of the knee and the shoulder. They both seem to have some benefit. Of course, we know corticosteroids do, but if you follow people for a while, it becomes more confusing and PRP usually wins out.

Aerobic Exercise for ED & Liver Function?!

This one really caught my attention because hepatitis C is more common than we know about because of course those who have it are understandably private about it, but it's a pretty common problem. They showed that walking helped not only improve liver enzymes but helped improve erectile function and psychological well-being. I think that's interesting. I happened to train back in the '80s when nutritional therapy was still a new thing. In Birmingham, one of our professors had written textbook about TPN and nutrition in the hospital and we happened to have a course in that in our first year or two, which was unusual in the '80s. I had another attending as an internist who was into the thing. And I saw him using proper nutrition in the hospital, help people actually regrow their liver, regain normal functions, going from anasarca and yellow as a gourd to going home with normal liver enzymes. It was

⁶ Zuo et al., "Platelet-Rich Plasma Versus Corticosteroids in the Treatment of Plantar Fasciitis."

always super impressive to me that that seems to be an organ that when it's farther along than you think it could recover, it can.

But I never thought about the idea that walking might be of benefit. So, if any of your primary care people are dealing with liver disease, they have more motivation to go for a walk. We've talked about several studies that show he shot, on average, bumps erectile function by about seven, which is also about what aerobic exercise does. It's also about what PDE5 inhibitors do. I guess this sounds like a broken record, but I really think it's helpful to always tell our people to include a walk. I think to really be in your best health, you need about 21 to 25 miles of walking a week.

You can see this was just an hour three times a week. So not a lot of walking. An hour at a 20-minute mile is about walking three miles, three times a week. So that's a good encouraging thing to share with your patients, even those without liver disease, to tell them that, "Hey, even if you don't have liver problems, maybe you had a little extra drink over the holidays, walking's not only going to make your sex better, but help keep your liver healthy."

And, of course, psychological, that's been proven over again, the serotonin. If you look at everything that happens with a walk, the changes in thyroid, serotonin, dopamine, there's even opioids that are made. There's no drug that takes the place of it. So another encouraging paper to share with your people. And then this one, I'm not sure what to do with this. I didn't know this, but that a high platelet count and a low mean platelet volume are associated with an increased risk of erectile dysfunction. We really didn't know that. I'm not sure what to do with it, but since we think about platelets, I thought it was worth talking about. Obviously, that's a whole different arena of thought. We're talking about cell counts in whole blood, but there you go. Hopefully, with this smart group on the phone that you guys will somehow put that in your brain blender and think of something wonderful and new.

I think with that, I'll stop to see if there are questions and then we'll go... Oh, I was sent a question that I wanted to answer, so don't let me forget that. Let me look to that. I have a new book I want to talk about that could help you with your marketing, too. Let me see before I get to that questions we have. Yeah, put a limit on what I could upload. Thank you James for pointing that out. It limits the number of papers I can upload, so I'll shoot out an email in the next week or so that has all of them, all the references. Let me jump into the marketing piece and before I forget it, I'm going to tell you about this book that I read. If you guys know, I try to do a book a day and just I've started deciding that when I hit one that's helpful to me, might as well tell you about it.

Ray Bradbury Will Make You a Better Doctor

I'm a big fan. Let me jump over and show it to you on Amazon. I'm a big fan of Ray Bradbury. He wrote sci-fi back in the early days of sci-fi and he wrote The Martian Chronicles when he was pretty young and pretty amazing man. But he wrote a book about writing and I'll show it to you in a second. He happens to have very good advice, I think, for writing marketing materials because he was a fiction writer. This is it, Zen and the Art of Writing. It has two essays in it, and I had this book around for years, but it's one of those I like to reread occasionally. Listen to his advice to writers, and then I'll tell you how I think it applies to marketing. He says, "Plan on doing one to 2,000 words a day the next 20 years. At the start,

you might shoot for one short story a week. That would be 52 short stories a year and do that for the first five years."

So that's the first point, which is just practicing, and we practice medicine. I think one of the biggest differences I see between those in our group who just blow it out of the water and grow their practice like crazy is they start carving out a little bit of time to practice making marketing materials. If you do it the way I teach it, which is just teach people what you're learning about how to take care of them and their various diseases, then your marketing material is received well and you present yourself as an expert. The problem is people just freeze up understandably. We've been browbeaten by every teacher, every professor, and no one ever said to do it the way Ray Bradbury did in the next part of this first essay in this book, which I highly recommend you read because this is how I think you should write your books, your emails, the outlines for your podcast. It's just how you should think.

It goes along with another book I love, which is Ayn Rand's book on how to write nonfiction, where she says, "While you're writing at least the first draft, you should pretend that you're omnipotent and omniscient and you're all-knowing and then you just get it out because you can't edit and write at the same time." So the way Ray Bradbury puts it, he says, "You write more for quantity and then the quality starts to come. But there's three parts. You work, you relax, and you don't think. Hence, the idea of the Zen and the Art of Writing. He used the metaphor of Zen archers who just practice on pulling the arrow in the bow and pulling it and letting it go and not even really thinking about the target.

So work, relax and don't think, in that order, excuse me, not in any particular order because what happens, the way he puts it is you work. So if you're going to write an email, you sit down and you just write it without thinking. And as you get into it, you relax and so you write more and then you think less. And then when you're done, every now and then you have something that's pretty good. The best way I like to do that is just pick one person and write them a letter. I pick someone that I love knowing that they're going to forgive me if a comma is in the wrong place. And if you go by another hero of mine, Thomas Moore, who wrote Care of the Soul, he said, "When you're writing letters, you get to use your own dictionary, your own punctuation. You don't even have to be clear."

And of course if you're doing a textbook, instructional book on surgery, you have to be clear. But when you do the first draft, you really don't, especially if it's a letter to someone you love, and your patients love you, they don't care if you have a comma in the right place. If you want to get hung up about it, get the Grammarly app with the people. But every now and then, don't send it out with the wrong spelling and the wrong punctuation just to practice not caring. That's the way I think about it. And then so if you can think, well, if his advice to budding writers was to sit down and do 1,000 to 2,000 words a day for the next 20 years, how does that apply to doctors? By the way, that's also how Stephen King does. He writes. His goal is 2,000 words a day, 365 days a year.

It's what Isaac Asimov did. He said he modeled it on his dad's candy store, which was open 365 days a year. And so how does that apply? What do I see doctors doing who just blow their practice out of the water? How does that apply? They have a rhythm. It may be once a week. Ayn Rand said that was acceptable. You have one day a week, but when you sit down you have to know that you're not going to be interrupted. That's how I started when I was broke the first time. It's how I bailed myself out both

times I went broke and in the process, I had fun. By the way, you shouldn't be writing it if it's not fun to you, which was Ray Bradbury's second essay where he said just what's the thing that makes you angry? What's the thing that makes you happy? What makes you sad? What injustice do you see?

He talked about somewhere he saw in a magazine, I think it was one of the glamour magazines where they did a photo shoot of this really beautiful model, but they did it in a very poor country as a backdrop. He was so angry about it. He took that anger and he did an article, excuse me. He did a story that played off of that idea as a way to writing out his anger that this glamour magazine would do that. In the article he had somebody, there was a similar photo shoot going on and one of the locals was basically photo bombing with obscene gestures and all the pictures that were made. But I think that's as easy. As physicians we all read things that make us angry. I think that's why most of you guys are on the call.

You're angry because women have not had the same amount of research. We covered a study a few weeks ago, I guess a few months ago where out of seven medical schools in Chicago, only one was even teaching all the clitoral anatomy and no one's taught to really examine the clitoris. And not one of the medical schools had a really adequate course of study about how to even counsel women with sexual dysfunction. And this is now, this is present, published in 2024. So some of us are angry about that or just have a disease we're angry at. I'm angry at breast cancer because even before, it took my baby sister. I'm angry at Dyspareunia because I think it's horrid. I have a grudge and extreme anger against lichen sclerosus. I don't have the energy to be angry at every disease, but I have some that I choose to be very angry at.

And that passion drives your writing. Otherwise, it's just a stupid 20% off email because it's Valentine's Day. I'm sorry, I have trouble with that. I think that's how you wind up in the spam filter. My other question is why would you do that when you're pissed off at lichen sclerosus? Why not write about that and write a story of a patient that was troubled and how you helped them and write the details of how their life was smashed by the disease and those sorts of things. So Zen in the Art of Writing, I guess I kind of gave you a spoiler, but even knowing that, of course there's no way I could present it the way he did. My favorite book by the way that he wrote was not even technically a sci-fi book. If you want to read a book that will make you be happy to be breathing, read Dandelion Wine. It's another novel I like to reread occasionally and it's by the amazing genius, but he just told you why and how he's a genius.

So what's your practice?

The 5-Notes Practice

The thing I see doctors do who just blow their practice out of the water, add an extra zero or two to their bank account, they have a practice of making marketing materials that teach their people about disease and teach them what they know about how to get well, even if it's something that they don't particularly do. All right, so with that in mind, let me show you something to practice. I've got one minute, I think maybe I'll go five minutes over. This is part of my five notes course and I'll just tell you what it teaches you to do. If you're in the course, it shows you software to do it, but some of you already have software that does it. So use that.

The reason I call it [5 Notes](#) is that I use as a metaphor that all of the Negro spirituals and all of the Chinese music, Oriental music is on a different scale instead of being on the normal scale, not the normal, but the scale we're familiar with on the piano that has more notes. There's only five notes, it's just the black notes on the piano. And you can play all the Negro spirituals, all the spirituals that came over on the boat with those poor people that were tormented and died on the way. The songs they were singing could be played with the black notes on the piano. So my point is that if you can sing all those songs with just five notes, we should be able to simplify internet marketing to five things. And that's my five things. A button that lives on the web page, an email that teaches people enough to make them go to the web page where words in a video tell them how to be well or a form where they can ask for information or click a button and make an appointment and give you money.

If you look at what I'm doing, you don't see click ads or social media in any of that. None of that gets censored unless it's your video on YouTube. But emails, web pages are not censored. Anyway, so the tip I was going to give you is that if you want to get new patients and you want your patients to do better, just make whatever your post-op and pre-op instructions are for any procedure you're doing. Vampire Facelift®, the facial, the O-Shot®, one of your surgeries if you're a surgeon, your lasers if you have a device, whatever it is, make a video about pre-op and a video about post-op, put it on, I prefer Vimeo so you don't get censored. And then make an email and send it to everybody that signs up for the thing and send the post-op to everybody that is on the day that they do the thing, whatever it is.

Now, there's ways to set that up to happen automatically that I teach in the course, but it could be done manually. If you just have the email already written, click a button or two and send it or have your staff do it. And then what you'll find is a lot of people will go watch your pre-op and post-op videos who haven't picked a doctor to do the procedure yet, and you'll have people show up ahead of... I lost a YouTube channel. That's how I know that they censor you and had 140 videos. It took me a lot of time to make. One of them was just showing people how to do their own testosterone injection, which I would explain to people and they'd go home and usually forget, and wound up having about 240 something thousand views before it was taken down when I lost my channel, sold a lot of books and brought me quite a number of patients that watched the video after another doctor prescribed testosterone.

So that's the tip of the day, and hopefully this was useful to you. Let me see if there's any questions. Oh, thank you Patrick. Patrick Yam pointed out that higher platelet counts are associated with diabetes and chronic copper, glycemia is not good for blood flow. Absolutely. And James Panter says... Oh, we already covered that. And Karina says, oh, oh yeah, wait a second, "Any thoughts about my O-Shot® Pilot Pro?" Yes, it would. Thank you Karina for reminding me. I promise you, I'll get back. Text me tomorrow and let's talk about it. You guys that have ideas about studies, we don't have a huge budget, but we have some, and I'm happy. I've sometimes downloaded a bibliography with hundreds of papers to help some of our members write books or apply for research or research grants. So thank you for reminding me, Karina. I'd be happy to help you with that.

Okay. But text me tomorrow afternoon to remind me. I'm a big fan of Paul Bragg's, the Miracle of Fasting book, too. He wrote that book when he was 86 and I'm 65 in April. So I'm going to try to do what he did and he fasted seven days once a season. I'm ending the fifth day of nothing but water and

lemon. And so I will probably forget that if you don't text me tomorrow. I think with that, we'll call it a night. Thank you guys for showing up. Lots of smart people. It's always an honor when you have an interest in what I have found online for the week. Okay. Good night.

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Tags

journal club, research summary, platelet-rich plasma, PRP, PRF, wound healing, laser therapy, lichen sclerosus, biopsy, UV light therapy, nail bed injections, idiopathic brittle nails, hyperhidrosis, diabetic wound care, corticosteroids, PRP injections, plantar fasciitis, erectile dysfunction, hepatitis C, liver health, aerobic exercise, platelet count, mean platelet volume, medical marketing, patient education, writing strategies, Ray Bradbury, Zen and the Art of Writing, storytelling in medicine, Ayn Rand,

practice growth, pre-op instructions, post-op instructions, internet marketing, email marketing, patient engagement, healthcare innovation, medical studies, regenerative medicine, clinical insights, Charles Runels

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