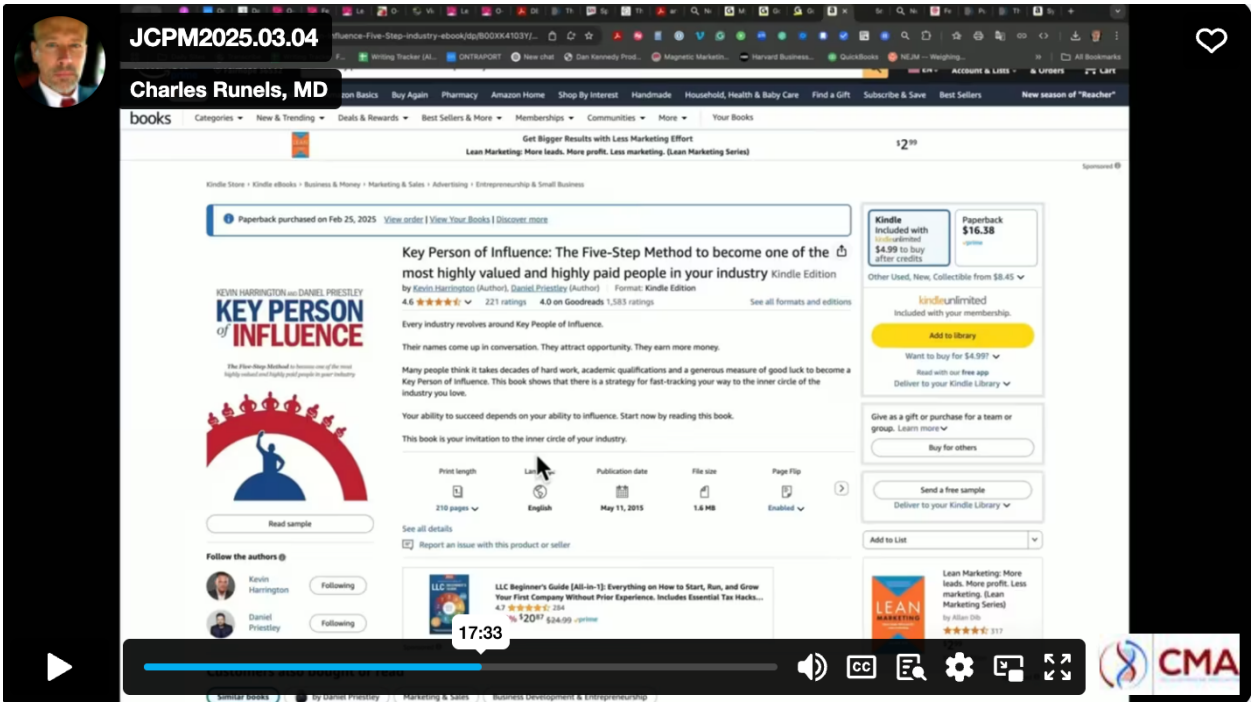
JCPM2025.03.04

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of March 4, 2025, with Charles Runels, MD.

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



Topics Covered

- **We Made it to the Finish Line with PRP for Knee OA (now it's time for a new race)**
- **Why this Finish Line is Justice for Me**
- **How to Lead a Scientific Revolution**
- **Neuroinflammation and Brain Health**
- **William Osler's Three Categories of Opinion about the Afterlife**
- **Injecting the Rat Scrotum with PRP**
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Charles Runels, MD
Author, researcher, and inventor of the Vampire Facelift®, Orchid Shot® (O-Shot®), Priapus Shot® (P-Shot®), Priapus Toxin®, Vampire Breast Lift®, and Vampire Wing Lift®, & Clitoxin® procedures.

Transcript

Welcome to our journal club for March the fourth. We have some exciting work today to cover and you can see the projects we're coming up on. One of them finally recognizes a finish line that's very important, very significant regarding platelet-rich plasma for the knee, another paper regarding injecting the scrotum of rats with PRP.

Then I'll cover my favorite book of the week and what I think is the best way to apply it. A book that reviews some things I've done and some things I could do better about how to become a key person of influence in your field, which is what we all want to do. We want to leave a footprint.

So, let's go through these papers.

We Made it to the Finish Line with PRP for Knee OA (now it's time for a new race)

We'll start with this one. I love this paper because it just comes right out and says we have reached a finish line.[1]

They're looking at multiple platelet papers reviewing the literature, systematic review. You can see that the HA has the largest evidence followed by platelet-rich plasma, and we're talking about osteoarthritis treatments.

And ***PRP recently surpassed the number of studies evaluating corticosteroids***. "Cell-based therapies are also growing rapidly, although the number of studies is still lower. ***The rapid literature shift toward orthobiologics urges and update in societies' guidelines to align with a new body of evidence on knee osteoarthritis.***"

Thank you very much, said plainly, in an Alabama way. We have a stack of literature now supporting this, more than what you have for corticosteroids if we're just measuring numbers of papers. And yet, the powers that be are still not recognizing that this should be the standard of care.

Why this Finish Line is Justice for Me

[1] "Corticosteroids, Hyaluronic Acid, Platelet-Rich Plasma, and Cell-Based Therapies for Knee Osteoarthritis - Literature Trends Are Shifting in the Injectable Treatments' Evidence: A Systematic Review and Expert Opinion - PubMed."

This is especially dear to my heart because I was audited in 2003, September of 2003, 22 years ago almost. Audited by Blue Cross Blue Shield because I was skipping corticosteroids and going straight to HA injections of the knee for osteoarthritis.

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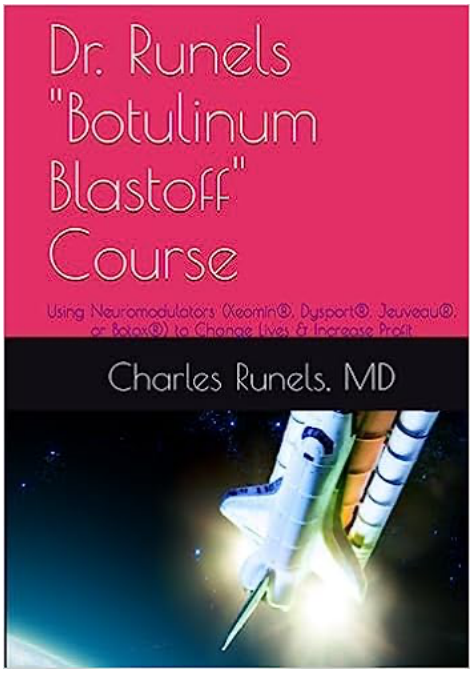
I didn't know about PRP at the time. But I was skipping corticosteroids, going straight to HA to inject knees. And I had cost Blue Cross Blue Shield too much money. So they audited my practice, fined me a bunch of money, and that was part of what prompted me to give up insurance, because I was treating obese women mostly, and their knees hurt. I wanted them to go walk so they could be healthier and lose weight.

I didn't have the amount of literature we have now, but it seemed to me that corticosteroids would increase your appetite, making it harder to lose weight, and lead to joint destruction in the long run, making it hard to keep your weight off for the long term.



So I was skipping it.

Now, corticosteroids cost the insurance a quarter. They would reimburse me $100 for the hyaluronic acid. If you paid for Hyalgan, was the brand name at the time that was first to market ... And if you paid for Hyalgan, it was a hundred dollars.

That was my cost and they reimbursed it, if I jumped through the right hoops, if I did corticosteroids first or sometimes they just paid.

But by denying me one out of three, because they only paid me $50 to do the injection ... Actually, ironically, I lost over $3,000 that year doing knee injections, even though they audited me for being the number two doctor in the state for injecting knees.

That high volume of knee injections made me an outlier, and you can't be an outlier when you cost the pimp too much money. He will bring you to his castle and chastise you.

So that's when I said, "Okay, you don't get to be my pimp anymore and I'll learn how to market my own self."

And now, when I want to do something for free, I do not even charge a copay (without breaking anybody's rules).

I can charge you what seems fair to us both if you're my patient. And if you have zero money, I can treat you absolutely for free, just because I want to. Both of which I could not do when I had a pimp.

Okay. So I love this paper because it says, "Hey guys, we've crossed a finish line and why is this not standard of care?"

Look at that: 401 randomized controlled trials, 110 comparative studies, 255 case studies, 75,834 patients.

Oh, well. Planck, the great mathematician was famous for saying something to the effect that science progresses one funeral at a time. It doesn't really matter how you stack up the research. You have to wait for the old guard to die off, and then the new people coming along pick up the new research and run with it.

So that probably includes me since I'm 65. But my grandchildren, I'm sure will get platelet-rich plasma or HA before anyone thinks about shooting corticosteroids into their knee.

And hopefully, my grandsons will say, "Yay, granddad," for standing up to what was right back in 2003.

Okay, so I love that paper and you can see why I have personal reasons, as well as scientific reasons, for loving it.

It's the proverbial tail wagging the dog when insurance dictates what the doctor can do, and you can call it out.

How to Lead a Scientific Revolution

The way to lead a scientific revolution is not to be loud, not to be shouting or irate.

It's to just calmly point out the inconsistencies.

That's it.

Just calmly point out the inconsistencies.[2]

So you can calmly say in a two-line email, "Listen, here's a paper showing that we have more research now supporting platelet-rich plasma as a healing agent for the knee than we have for corticosteroids."

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Therefore, in spite of what your insurance tells you to do first, we now have very strong evidence that you should go to platelet-rich plasma first, because although in the short run, there might be more pain relief in the first week or two. But by the time you get three to six months, for sure you're out. You have less pain and less joint destruction if you use platelet-rich plasma instead of corticosteroid.

So you can make that statement and that paper shows that we have crossed at least one finish line.

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[2] Kuhn, *The Structure of Scientific Revolutions*.

You never prove anything. Remember, you just keep stacking supportive evidence until someone knocks your theory down. So now we have a bigger stack for PRP than for corticosteroids. Sorry to rant about that. But now you know why that's very dear to my heart.

Neuroinflammation and Brain Health

This, if you go into the literature regarding just long-term survival, a lot of it has to do with the brain and neuroinflammation.

This is also dear to my heart because I had a very brilliant father who never went to college, but he read and he listened to cassette tapes, stacks and stacks and stacks by that company, The Great Courses.

So he did many college courses and retired at 50 on his stocks and was a philanthropist for prison ministries and The Boys Club. And he wanted to try to help people who started out like he did, in the not so good neighborhood—whether they were on the way to a wrong place as a boy or wound up in the wrong place as a prison.

But he did that by reading and being smart and knowing what to do with his money. Yet, he died last year from dementia and it was quite tragic.

If you've ever lost a loved one to a brain disease, it's disturbing because their body is there, but their persona is gone.

William Osler talked about that when he gave a lecture about immortality and how ... You wonder where people are not only after life, but during their life when their person is gone but their body is still here.

William Osler's Three Categories of Opinion about the Afterlife

William Osler divided up people into one of three theories regarding the afterlife: first, people who just decide. Because we have no proof of it, there's no way there's an afterlife. This would be the atheist.

Second category he described: the people who seemed to have seen it. That would be the prophets. Walt Whitman claimed to have seen the other side. He talks about it in Leaves of Grass, if you know where to look for it. But he also talks about it more directly in his letters.

Then the third category that William Osler talked about was those who just choose to place their hope in what has been told to us by those who have seen it, like Christ and Moses and Gandhi and Walt Whitman and Emily Dickinson and Thoreau. Those people who claim to have seen the other side.

And somehow, life might be better if you just think, "Well, maybe they might be true."

IV Therapy to Help the Blood Brain Barrier

Anyway, Osler ... I wasn't talking about William Osler. Anyway, so I guess I'm getting the brain disease too. Back to this paper.[3] There is this ongoing and increasingly robust interest in how to save the brain. And as you know, we have some new drugs that can hopefully reverse the stages, early stages of dementia and plaque and amyloid formation, but they risk cerebral bleeds. There has been this beginning to look at the blood-brain barrier, and how even IV injections can help decrease inflammation by rejuvenating the blood-brain barrier and helping decrease inflammation.[4]

So there's beautiful diagrams, and I'm not going to plow into it too much. I don't think any of us are doing this, but I like to look at what's coming down the line. Some of us are ... Not me, but some in our group are doing IV stem cells or IV amniotic fluid.

During COVID, my wife was kind enough to rig up an aerosolizing nebulizer device like you would use for someone with asthma. We nebulized our own platelet-rich plasma and we survived having it twice. And I will confess, I never got the immunization. In South Alabama, I refused to wear a mask and got away with it (I did wear one when I was on a plane, that was the only time).

And if you haven't read the article that came out in today's Wall Street Journal, you might want to read it.[5] He, I think gives a disturbing look at how we went along with things, and we went along even though we were only allowed a one-sided conversation.

No matter what you think about the immunizations, there's no doubt that the damage was done to our children. Sweden did better without isolating people, and the lost income and the damage without ever any good evidence about the distancing or the mask.

And you can blow that up with a linear regression looking at deaths per population per square mile. And you can blow up that whole mask theory with a simple linear regression using data you could get online.

So a long way of saying that there is this neuroinflammatory process that happens and PRP is perhaps one of the tools that can be used to help prevent it, and there's definitely a long COVID that's going on.

So this is worth looking at, if you're into keeping people young and watching this literature as it develops. There is not a lot to practically jump into right now, but things to watch. And so I just gave you that one to keep you abreast.

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[3] de Rezende et al., "Systemic Rejuvenating Interventions: Perspectives on Neuroinflammation and Blood–Brain Barrier Integrity."

[4] de Rezende et al.

[5] Atlas, "Opinion | America Still Needs a Covid Reckoning."

Injecting the Rat Scrotum with PRP

And then we have this paper about injecting the scrotum with PRP.[6]

We covered a paper like this about a month ago.[7] And so here's another one showing that injecting the testes can lead to improved sperm counts. And I don't know if I'm ready to do ... I have not treated a patient like this. I injected my own testicles years ago to see what would happen and try to develop a technique and before any of these studies appeared.

But my hesitancy is if you start injecting testicles for azoospermia in people, and then somebody bumps their PSA significantly, you could have to go talk with lawyers and your medical board. So I don't think this one's ready for mainstream yet, but I think it's definitely coming, and this is going to be a treatment for azoospermia and infertility I predict within the next two years. So that's there. And there's always so many studies almost every week. And again, this week, I don't pull ... I read 20 papers or at least review 20 papers every week.

There's so much coming out. But there was another one this week looking at bathing the endometrium. There's papers injecting the ovaries, all different techniques to try to improve fertility in women that are perimenopausal or even postmenopausal.

So this is becoming a huge area of research. I think that if you're involved in OBGYN or even family practitioners, your patients are looking to have children, it's worth following and maybe finding someone who's doing the study or has started doing this. The injection of the ovaries is already a thing. I don't know anyone yet who started injecting testicles. So there you go.

And there's also this thing called ovarian cancer. So maybe I'm being too conservative. Maybe with the right consent form, and if you're in the business of infertility, you could already begin injecting testicles with PRP. I didn't find it to be particularly painful.

There's not a lot of nerve fibers back there. I just came in from the underside to avoid the epididymis and injected a cc or two in each testicle and just felt achy for a day and then it was over.

Systems Analysis

Okay, let's start with the systems analysis and then we'll do the marketing. I'm going to flip back over, show you something else. So this one, believe it or not, I bought this massive three-volume set.[8] And I

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[6] Babolhekami et al., "The Effect of Scrotal PRP Injection on Testes Function and Spermatogenesis Resumed in Azoospermia Mice Model Caused by Chronic Hyperthermia."

[7] Pang, "The Role and Implication of Platelet-rich Plasma in Male Factor Infertility."

[8] Wolkenhauer, *Systems Medicine*.

want to think if you did nothing but read the introduction, it makes it worth the purchase. But I'll give you the main point, so you don't have to buy it.

Here's the main points within the introduction, ***that we as physicians make decisions based on statistics and rules that are derived from algorithms based on those statistics. But those algorithms are also based on a system of interactions between a set of objects***.

So for example, we know how oxygen is carried on the red blood cell and what we also know, carbon monoxide, can block that. So you can suffocate from blocking the red blood cell. You can have dyspnea because of profound anemia, because there's not enough red cells. You could have dyspnea from a foreign body in the trachea or from a collapsed lung, or a neurological problem where you're ... Like tick paralysis where your diaphragm didn't work. Or I could go on and on. You could have bronchospasm. But you would never ...

Because we understand the statistics that have led to understanding how ... The numbers that have led to understanding how the system of respiratory system works, is what I've just quickly described, you would never take a bronchodilator, and everyone who walked into your office with shortness of breath just hand them a bronchodilator and said, "Here, let's try this."

You would talk with them and try to decide if they're dyspnea with secondary to bronchospasm. Yet, I will often get an email from someone ...

Not often, but I will occasionally get an email from someone who says, "The O-Shot didn't work," and it'll be a physician or a nurse practitioner.

And there's nothing mentioned about what was the problem that the patient had, what other things were going on, what part of the system did you think was not working that the O-Shot might help?

And what problem were you trying to fix?

Was it dyspareunia, urinary incontinence, anorgasmia?

What was it?

And it's not that we're not smart, but no one ever taught us an orgasm system. We were taught a reproductive system, but that has different components and different interactions.

The other thing is we don't really learn how to write a novel by reading Hemingway. You can sort of get an idea. But if you want to learn how to write a novel, you could go read a collection of Hemingway's letters and instructions on writing.

In the same way, we've been shown and taught the respiratory system, the reproductive system, the circulatory system. But I have never met a physician that was taught dynamic systems theory[9] [10] [11], how to actually develop a system when a totally new system is needed, or how to take an old system and understand how to update it, and turn it into something more robust and more accurate.

If you do a treatment and something doesn't work, it means either you have a therapy that's not adequate to treat the part of the system that's broken.

So, if I'm short of breath and I give you a bronchodilator, but it's not able to cause to relieve the bronchospasm.

Okay, I don't have an adequate treatment.

But oftentimes, it's because we don't have a good understanding of the system. And I think that second case is probably more accurate for when we're treating sexual dysfunction.

So let me say that different. Again, if you're trying to treat a disease and your treatment fails to work, either we don't have an effective treatment for the part of the system that's malfunctioning, or there's some part of the system that is not being taken into account, either because we don't know about it, or we don't .

Or we don't know how they interact. So we can know all the components, but you could not know how they're interacting. Like you might know about thyroid and how it's a component of the endocrine system. But you also need to know about TSH, thyroid-stimulating hormone, and you need to know about how the anterior pituitary is working and posterior pituitary, and how ... All the feedback loops.

You should probably know that when you increase testosterone levels and thyroid-binding globulin goes down, that also secondarily increases T3 and T4 (if you are taking it orally).

So there's this system's feedback loops that are happening. And when we don't understand the system, our therapies go haywire.

I've been working on trying to develop a female orgasm system. And right now, anyone who's been in the group for a while has heard me talk about this before. This is my most updated version of the picture of it, the poster that we would have.

Those lines indicate feedback loops. We only have five minutes, obviously, I can't go over all of this, and much of it, you already know and could deduce. But the reason it's useful to have a poster is it's not a

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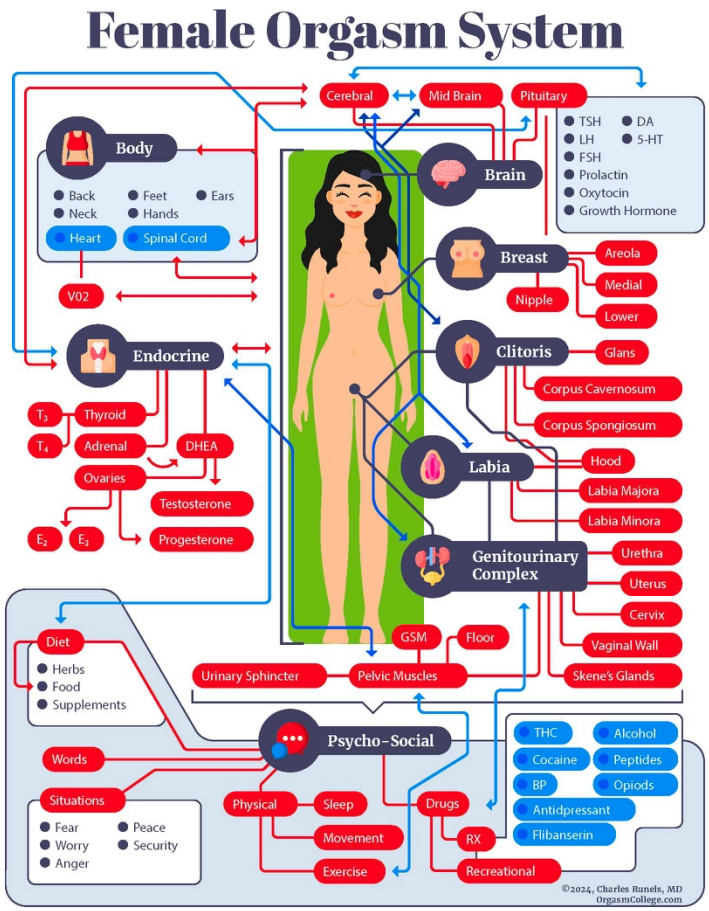
[9] Rutherford, *The Elements of Thinking in Systems*.

[10] Rutheford, *The Systems Thinker*.

[11] Meadows and Wright, *Thinking in Systems*.

linear thing. When you breathe, we think of it as air going through the trachea because of the diaphragm, which then exchanges across the alveoli and oxygen is bound by the red blood cell.



But that's really not how it's happening because it's all happening at the same time. At the same time, one red blood cell is being loaded with oxygen, another is unloading somewhere, and another one is absorbing carbon dioxide. And you get it all at the same time.

So you have a picture to show how the system's working and all the feedback loops.

For example, this is showing how the clitoris innervation is talking to the midbrain, to the hypothalamus, and indicating to be aroused.

And at the same time, the midbrain is telling the cerebrum, "Hey, we are aroused," so they can be conscious of it.

It's feeding back to the genital urinary complex to trigger lubrication and eventually, with orgasm to trigger muscular contraction of the vaginal wall. But none of it works if you've had no sleep and you're on narcotics which are blocking your ... Your opioids are blocking it.

So drugs have an effect of it

And I put words here, Dr. Gräfenberg, for whom the G-spot is named, writes in one of his scientific papers observing women having an orgasm by speaking to them.

And if you want to see this in action, go watch Don Juan starring Johnny Depp, in the opening scene where he's talking to a woman in a restaurant. The words are very powerful.

So I've tried to include everything that is a first order component of the system without going deeper and deeper.

For example, you can go into the chemistry of testosterone and you can go down into how is it converting back and forth with estrogen, with aromatization and how there's a T3 and a T4, but there's

also a T2. So looking at it, you can go deeper and deeper. But this to me seems to be the minimal that someone should think about if they're evaluating orgasm.

Of course, our O-Shot® procedure can make the tissue of the clitoris and the labia and the vaginal wall and the muscles healthier. But it can't do anything about the rest of it.

So if someone says, "O-Shot's not working," my brain goes, "Well, what other parts of this system are broken? And not just what was your technique with the O-Shot. And what was their problem?"

And use a systems analysis to think about it. Doesn't mean you have to be an endocrinologist or a psychotherapist? But it means that you should think about that area. And if it's not your expertise, you get help to make sure all parts of the system are thought about.

So that's what's coming out of the thinking in systems.

And out of this, I actually stopped developing this book/poster because out of just thinking this way spawned our Clitoxin® procedures.

When I started reading about the autonomic nervous system feedback to the midbrain, through the inferior hypogastric plexus, and the parasympathetic and sympathetic balance that happens, that writing that out is what gave me the idea.

So hopefully, as you think more and more in systems analysis, you'll develop things that the world doesn't know about yet.

Okay, I have just one minute. Let me see if I can quickly summarize what I wanted to about my favorite book of the week.

Becoming a Person of Influence

One minute over. But my favorite book of the week was this one. *Key Person of Influence: The Five-Step Method to Become One of the Most Highly Valued and Highly Paid People in Your Industry.*[12]

I was an ER doctor for 12 years and I never wrote a textbook. I felt like I did work that was valuable. And there are people walking around now that wouldn't be, had I not done my job that day. But when I fired my pimp, it became necessary for me to think about how to draw people to me, because I was better at something than their doctor who took insurance.

That's why I started to think like this. This book wasn't available. But now that I have bought it and read it, I wish it would've been available, because I figured these things out myself. And again, not like I'm some highly influential person. But before there was an O-Shot®, before there was a Vampire Facelift®,

[12] Harrington and Priestley, *Key Person of Influence*.

I did have enough of this done, that people would bring to me their money, and pay me to do things that their doctor was not able to do (and fly in on a plane to do it).

Step 1

The first thing of these five things is to just ***decide what do you want to be known for***?

And it can be a gynecologist or internist like me. But that won't bring people to you if that's your distinguishing thing. Instead ask, "What highly specialized thing that you love to do, you would do it all day, every day, even if you never got paid for it, that you want to read about it, and know and read as much as ever been written about it. Starting historically, read what they wrote about it a hundred years ago. What is that thing?"

For example, doing the female orgasm system, I ordered some textbooks about botulinum toxin, a textbook that was written in the nineteen fifties. I had to get it from eBay, but it was a reference from another book that was a reference from another book.

So you trace it back and you try to make sure that as much as anybody about your thing. And then your specialty comes out of that.

Step 2

And then because you've learned it, number two is you *publish something*.

It could be a little book, it could be a book with paper, I think works best. But it could be an e-book.

I have e-books, but I don't think they're that as influential.

Step 3

And then after that publishing, then you have products that come out of that, which could be your services or other things.

Step 4

And then you make sure your online profile matches what you want to do.

Step 5

And then out of that, the fifth thing becomes partnerships.

So I think if you're starting, the people in our group want to be ... They want to be not just good. They want to be known for being excellent at what they do. That's the kind of people we attract.

They're breakaway people.

They're breaking away from their pimp. They're breaking away from the pack. They want to do miracles.

Leonardo da Vinci said, "I want to do miracles."

And people in our group embrace that idea. They want to do things that make people, well, mostly for soul satisfaction. But they'd like to be rewarded for it. But it's never about the money. We could all make more money selling real estate. But we want to not be robbed by our pimp, but we want to do miracles.

And you can't do miracles if no one shows up.

So part of becoming a person of influence is developing the expertise. Then by the time you get to the fifth level, you're creating relationships and partnerships because of your expertise.

Anyway, that's my favorite book of the week. If you want the book, I think a very good compliment to the book is my 5-Notes Expert Marketing System for Doctors, because it actually gives you practical steps, I think, to put into play for how you gather information, structure it, and publish it.

So first, you decide to buy his book. Decide what you want to be the best at. And not PRP. If it's one of our procedures, it's urinary incontinence in women without surgery. Or it's acne scars and making them go away.

It's that narrow.

Then you *read everything that's been written and then you organize that in a slip box that I describe how to do*. Then that gets structured into books and your emails, and you should be sending out an email at least once a week. So I tell you how to do all that. And it's an eight-week course.

Let's see. Okay, well, I hope that was helpful to you. And oh, wait a second. I forgot something. I wrote an email for you guys. Remember the last week, I had ... Last week, I showed you guys an article that was about using ... When you use PRP to treat lichen sclerosis. They followed 300 and something women. None of them, over a course of nine years, not one person develops squamous cell carcinoma. And the incidence of squamous cell carcinoma in women with lichen sclerosus is 10%. So it's the first paper I have seen that actually confirms or supports, I should say, the idea that we were hoping for, which is the profound decrease inflammation and decreased, just activity of lichen sclerosus, when you treat it with platelet-rich plasma, could be and should be associated with a decreased incidence in secondary squamous cell carcinoma. So I wrote an email, I'm going to put it in the chat box.

If you do our O-Shot and you want to let your people know about it, then you could copy. This is one I sent to women who ... I have a website for a non-profit, Institute for Lichen Sclerosus and Vulval Health. And this is the email. I'm going to put it in the chat box. This is the email I sent to them recently to let them know about this research. And so you can ... I'm going to put it in the chat box now. There you go. And so this was written as if it was coming from me, and you'll see that I was sending them to the website where they could find our O-Shot providers. So you wouldn't ... Actually, I don't think the links went through, but you can tell where they were. So you could do the same. You could copy paste that and just change the contact information to your contact information.

But send them to the page that I made, which is this page. Let's see if I can show it to you. Yeah, this is it. So I made this page for you. And I'll put that in the chat box too. So you could link to this page and you can modify that email. There's the page.

And say, "Hey." Basically, we're not saying that you do an O-Shot. You're never going to get squamous cell carcinoma. But we can show you this research which shows that these people were followed, this is what we went over last week, that had PRP injected into lichen sclerosus. ***None of them developed squamous cell carcinoma***.[13] Then of course, they're going to find you on this list of people who provide the procedure, and because that takes them to our directory. And then I list more research backing up the idea.

Including, there's one paper on here that talks about using corticosteroids. It's not talked about, but it could reactivate some of the viruses.[14] It's an immunosuppressant. So it's not without its problems, even though it's put out as a panacea that with no really significant side effects and fixes everybody, it seems. It's the way some talk about it, but we know that's not the case. Also, put a link right there that reminds your patients where they can take our female sexual function index test. And the way I'm using this now is I tell my patients ... I send them the link, and then I tell them to take the test and it administers it. It grades it and gives them a guideline about what's normal and what they can expect from different treatments.

But then I'll just have them text me the results and then that goes into their file so that I get a before. Then anytime I want, I could just text another link to this and get an after. Okay, I think that's all I've got. Thank you for being on the call today. I hope that was helpful to you. Bye-bye.

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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.

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[13] Tedesco et al., "Regenerative Therapies in Lichen Sclerosus Genitalis Patients and Possible Efficacy in Preventing Squamous Cell Carcinoma Development."

[14] Bracco et al., "Clinical and Histologic Effects of Topical Treatments of Vulval Lichen Sclerosus. A Critical Evaluation."

Hello (first name),

One of the horrors of lichen sclerosus is that the chronic process leads to a 10% chance of the development of squamous cell carcinoma. Lichen sclerosus (yes it is spelled with a "u") is much more common that most think and causes bleeding, and cracking, and severe pain with intimate relations.

Research has shown that our O-Shot® procedure can both help with th symptoms and possibly even decrease the chances of the development of squamous cell carcinoma.

Here's here you can read more<=

If you think this may help you or someone you know, please contact us.

Sincerely,

(your name)
(your phone)
(your website)
(your email)

References

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Tags

platelet-rich plasma, PRP, knee osteoarthritis, HA, corticosteroids, orthobiologics, Blue Cross audit, hyaluronic acid, insurance reimbursement, scientific revolution, neuroinflammation, dementia, blood-brain barrier, IV stem cells, aerosolized PRP, long COVID, scrotum injection, azoospermia, fertility, ovarian injection, testicular injection, endometrium, systems analysis, orgasm system, female sexual dysfunction, O-Shot, marketing strategy, Key Person of Influence, dynamic systems theory, feedback loops, autonomic nervous system, clitoxin, lichen sclerosus, squamous cell carcinoma, FSFI, female sexual function index, non-profit advocacy, personalized medicine, medical entrepreneurship, physician independence

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