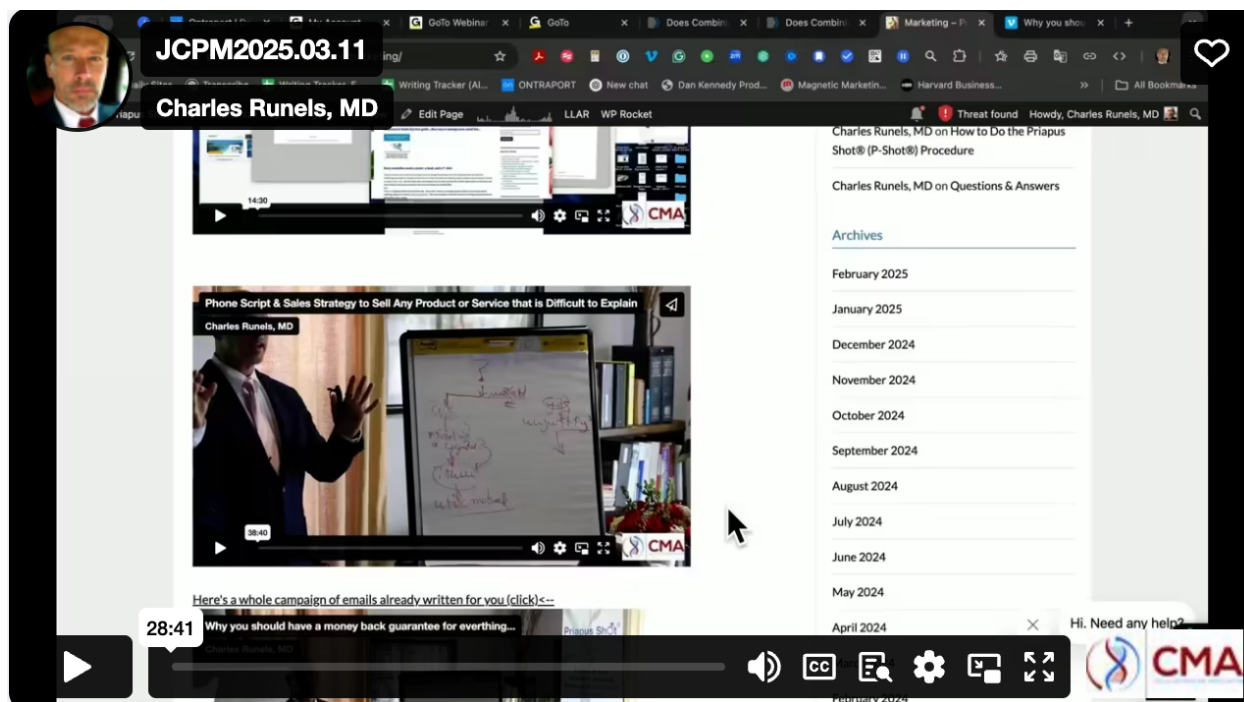


JCPM2025.03.11

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of March 11, 2025, with Charles Runels, MD.

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



Topics Covered

- Male Fertility and PRP
- Saline for Dry Eye Disease
- P-Shot® vs. Shockwave Therapy
- Treating TMJ to Solve Sexual Dysfunction
- Orthopedic Support and PRP
- Marketing and Patient Education (a Demonstration)
- A Phone Script, and the Two Magic Questions
- References
- Helpful Links

**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

Introduction

Welcome to our journal club for March the 11th, 2025. Today, we have another very encouraging study regarding our P-Shot® procedure.

And we have a marketing tip I'll give you at the end: just two questions that can make the difference in having a successful cash practice. Two questions to use with your telephone or anytime you're speaking with patients can make a huge difference.

I've been trying these questions, and I've taught them for over a decade; they work.

Let's start off with research

Male Fertility and PRP

I love this paper because several other papers show that plate-rich plasma can help recover viable eggs in peri- or post-menopausal women.

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This is one case where the research with men has lagged behind that with women.¹ Finally, we're starting to see, almost every week, another paper on using platelet-rich plasma to increase men's fertility.

And in this study, they had a unique technique that I haven't seen talked about.

They start with a helpful introduction that reminds us that IGF-I improves sperm motility or somatometry (somatomedin C), which is how you measure growth hormone effectiveness.

The liver makes a lot of IGF-I in response to growth hormone, but it's contained in the platelets, along with PG, E, F, which helps motility and so in viability, also by somatotropin C or IGF-I.

Most of us are not in the fertility game, but many of our patients are interested in having babies.

¹ Hosseini et al., "Evaluation of the Effect of Platelet-Rich Plasma (PRP) on the Sperm Parameters."

It's helpful to know that this is becoming more widely talked about and used. In this study, they looked in vitro.

They demonstrated that if you let men masturbate, collect the sperm, and they demonstrated that if you mix plate-rich plasma, 2% was the best concentration, **the sperm swam better.**

They were healthier, and they swam better.

You know, we had a study a few weeks ago in which we looked at rats who had PRP injected into their testicles.^{2 3}

This one has nothing to do with treating the men's testicles. Instead, it shows a technique where they show whatever his sperm count is, by mixing the sample with PRP, you get healthier, more viable sperm.

But that's an interesting study, an interesting twist.

They have a layer, a way of layering the medium in which the sperm swim after the liquification. When the sperm swim from one layer to the other, they take the layer they migrated to away, and they assume that everything and all the sperm in that

layer were the fastest sperm.

So that's how they measure the percentage that can swim.

Most of us won't be doing this, but I like to keep track of the infertility literature.

They say that the two things that people will spend the most on, because it's the most disturbing when it's broken, are cancer treatment and infertility when people want to have a baby; it's disturbing not to be able.

If there are problems and more people are waiting later to have their babies, not so many people getting pregnant at 15 to 17, years old or 19, like my mom was when she had me, happens, but not as often.

And so these are therapies that I think you'll see become more talked about, and even if we're not involved in infertility, I think there's a halo effect that creates more credibility for the things that we are

² Demyashkin et al., "An Experimental Approach to Comprehend the Influence of Platelet Rich Growth Factors on Spermatogenesis."

³ Dehghani et al., "The Use of Platelet-Rich Plasma (PRP) to Improve Structural Impairment of Rat Testis Induced by Busulfan."

doing where our procedures are not one offs, they become part of a set of helpful and successful ways to use platelet rich plasma.

Okay, so another helpful one was this one about dry eyes.

Saline for Dry Eye Disease

I've talked with you a lot about using platelet-rich plasma, and there have been at least half a dozen studies for dry eye disease, but this one showed plain saline irrigation helped.⁴

It was just a case report, but in this woman, who was resistant, continued to have dry eye symptoms.

Despite these different treatments, aggressive treatments, when she was treated with lavage with just saline, then she recovered better than she had been for almost two years, and it continued to improve instead of worsening.

Follow-up is short, but it continued to improve for the time they followed up.

So this is another example of using saline as a therapy. Therefore, saline in a regenerative study is NOT a placebo.

Suppose you studied PRP irrigation for dry eyes vs saline and used saline as the placebo? You would decrease the measured response for the PRP-treatment arm because saline is NOT a placebo.

In a study, injecting a drug IV vs. injecting saline, saline is a placebo. But, in a regenerative study where saline is injected in a hydrodissection way, saline is a treatment.

We're designing another study now to look at some nuances with our O-Shot® procedure.

And I think really, to do it right, you have to have a PRP arm and a saline arm and just inject with a needle with nothing pushed through the needle, just a needle prick as a third arm. And that would give you some useful numbers.

But of course, you couldn't blind it to the injector, so it could not be a double-blinded study.

⁴ Maiti et al., "Refractory Dry Eye Disease in a 31-Year-Old Female."

But I want you to see this: we have a collection of the actual pharmacological uses of saline to treat a disease when used in a hydro-dissecting kind of way, for acne scars, leishmaniasis, and osteoarthritis, and so now we have three double-blind placebo-controlled studies.^{5 6 7 8 9 10 11 12 13}

So, knowing the therapeutic use of saline, consider the double-blind, so-called placebo-controlled studies of using PRP to help erectile dysfunction, and ***all of them use saline as the placebo***; but saline is NOT a placebo.

Still, three showed benefits (essentially, showing that PRP worked better than the other TREATMENT arm, saline.^{14 15 16 17 18 19}

One did not, but the placebo arm had a significant effect in all of them.

⁵ “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.”

⁶ Asghar et al., “Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars.”

⁷ Bokey, Keating, and Zelas, “HYDRODISSECTION.”

⁸ Popp, “Improvement in Endoscopic Hernioplasty.”

⁹ Bagherani and R Smoller, “Introduction of a Novel Therapeutic Option for Atrophic Acne Scars.”

¹⁰ Searle, Al-Niaimi, and Ali, “Saline in Dermatologic Surgery.”

¹¹ El-Amawy and Sarsik, “Saline in Dermatology.”

¹² Saltzman et al., “The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis.”

¹³ Cass, “Ultrasound-Guided Nerve Hydrodissection: What Is It? A Review of the Literature.”

¹⁴ Chung, “A Review of Current and Emerging Therapeutic Options for Erectile Dysfunction.”

¹⁵ Narasimman et al., “A Primer on the Restorative Therapies for Erectile Dysfunction.”

¹⁶ Chung, “A Review of Current and Emerging Therapeutic Options for Erectile Dysfunction.”

¹⁷ Taş et al., “Early Clinical Results of the Tolerability, Safety, and Efficacy of Autologous Platelet-Rich Plasma Administration in Erectile Dysfunction.”

¹⁸ Du et al., “Efficacy of Platelet-Rich Plasma in the Treatment of Erectile Dysfunction.”

¹⁹ Shaher et al., “Is Platelet Rich Plasma Safe And Effective In Treatment Of Erectile Dysfunction?”

The difference was that in the fourth one, in one of the studies that looked at using PRP versus saline, injecting corpus cavernosum, and the one that did not show benefit, they changed the protocol significantly.²⁰ They used less volume than we do, and they did not activate the PRP.

They did other things that made it, I think, a less reliable study.

Of course, since then, three or four meta-analyses have come out showing that PRP in the corpus cavernosum, even when people don't know our whole protocol, is helping in a statistically measured way.^{21 22 23 24}

PRP vs. Shockwave Therapy

So this meta-analysis of seven studies came out, looking at shockwave alone versus shockwave combined with PRP for erectile dysfunction.²⁵

And the bottom line was that it worked.

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The shock wave worked a lot better when you use platelet-rich plasma along with it.

And they threw us some extra street cred and some of their conclusions.

So you know, in terms of six to 12- and 24-week peak systolic velocity patients, the PRP group showed more significant improvements than the control group.

Subgroup analysis demonstrated that, ***compared with shockwave alone, adding a PRP regimen can considerably enhance the scores of ED patients.***

So much better results when you add it in, and then they go to defend the even though they call it few studies, there's actually a much more significant I mean, what's few?

²⁰ Masterson et al., "Platelet-Rich Plasma for the Treatment of Erectile Dysfunction."

²¹ Bonarska et al., "A Narrative Review of Independent Treatment Methods for ED."

²² Du et al., "Efficacy of Platelet-Rich Plasma in the Treatment of Erectile Dysfunction."

²³ Hinojosa-Gonzalez et al., "Regenerative Therapies for Erectile Dysfunction."

²⁴ Yogiswara, Rizaldi, and Soebadi, "The Potential Role of Intracavernosal Injection of Platelet-Rich Plasma for Treating Patients with Mild to Moderate Erectile Dysfunction."

²⁵ Zhou et al., "The Efficacy of Platelet-Rich Plasma (PRP) Alone or in Combination with Low Intensity Shock Wave Therapy (Li-SWT) in Treating Erectile Dysfunction."

It depends on what's a pretty relative term.

But even though they what they're comparing it with all there are many more studies in the dermatology, plastic surgery, especially orthopedics and dentistry, and they say what I was saying in decade, actually, 15 years ago now, is really you have now we're up to 15,000 papers showing all the different ways that platelet rich plasma can help with neurogenesis, neovascularization, things that would help you wound healing, resolution of scar tissue, as in Peyronie's disease, all these things we know from other arenas that PRP can do. Yet, we're still wondering if it might help with penis.

Well, penises have the same types of tissue as your arm or your leg, and it just seems to be pushing it uphill, but it will eventually get there.

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It will eventually be the standard of care.

Treating TMJ to Solve Sexual Dysfunction

Oh, there was one other study that I wanted to talk with you about.

It's one of those things where they ran me around the world, and I never could get a password to download.

Those others I just gave you are open source, so you can grab them and download them.

Remember, about two months ago, we covered the only study I've seen about TMJ affecting sexual function.²⁶

I don't have to explain that, but as a male or a female, if you have difficulty opening your mouth, whether you're putting your mouth on a breast or a penis or a vulva, it helps to be able to open your mouth, and people with TMJ, it can affect their sexual function.

It's not usually part of our history and physical when we're treating someone with sexual dysfunction, but we covered a paper a couple of months ago that said maybe it should be, and whether it's affecting sex or not, it can definitely affect one's life.²⁷

²⁶ Leonid, "Exploring the Relationship between Temporomandibular Disorders and Sexual Function."

²⁷ Leonid.

In this study, they looked at whether arthrocentesis combined with platelet-rich fibrin, when activated, works better than either of those alone at treating what they labeled intraarticular pain and dysfunction, or IPD.²⁸

And their conclusion was that it does.

I was not able to dive into the paper when I tried to download, as I said, But, but it's helpful to know that both work, but the two together seem to work better.

Orthopedic Support and PRP

If you're not comfortable injecting the TM joint, I think finding a regenerative dentist or regenerative orthopedic surgeon would be a good move for your people who suffer a lot. It's reasonable to try your PRP alone first because we have research showing that it helps.^{29 30 31 32 33 34 35}

But if you're uncomfortable with that joint, just know that's available.

And again, there's a halo effect, because we know it helps the knee. The orthopods were doing it for a decade before we started using it in sexual medicine and even in cosmetic medicine. If you go to orthopedic literature, they don't debate anymore about whether this is effective. The discussions are more about the nuances of preparing the plate-rich plasma, what you might combine with it, and things like, does aerobic exercise before injecting it help?

²⁸ Sundar Chaulagain et al., "Does Combining Arthrocentesis With Injectable Platelet-Rich Fibrin Outperform Arthrocentesis or Injectable Platelet-Rich Fibrin Alone in Alleviating Pain and Improving Function in Temporomandibular Joint Dysfunction?"

²⁹ İşısağ, Atasoy, and Yıldız, "Comparison of the Effects of Occlusal Splint and Botox Injections on the Amount of Mouth Opening and Chronic Pain in Individuals with Temporomandibular Disorders."

³⁰ Shahidi et al., "A Narrative Review on Biologic Joint Therapy in Chronic Bilateral Mandibular Luxation."

³¹ Zhang et al., "Arthrocentesis for Temporomandibular Joint Disorders."

³² Pandey et al., "Comparison of Ultrasound-Guided Intra-Articular Injection of Platelet-Rich Plasma and Triamcinolone Acetonide in the Reduction of Pain and Functional Improvement in Primary Temporomandibular Joint Osteoarthritis."

³³ Ângelo et al., "Double-Puncture Arthrocentesis in Arthrogenous TMJ Disorders."

³⁴ Tsai et al., "Effectiveness of Platelet-Rich Plasma for Treating Temporomandibular Joint Disorders."

³⁵ Mittal et al., "Efficacy of Intra-Articular Platelet-Rich Plasma versus Hydrocortisone with Local Anaesthetic Injection in Temporomandibular Joint Disorders - A Prospective Study."

If the person is fasting, what do you do with nutrition? All of these can change the effectiveness of the PRP.

They've quit wondering if it helps.

Hopefully, in less than another decade, the urologist will get a clue and quit wondering if PRP helps erectile dysfunction.

Marketing and Patient Education (a Demonstration)

Remember, if you're leading a revolution, you don't waste your energy talking with those who are closed minded to your idea, if they still think a blood vessel in the penis works differently than a blood vessel in your arm or in the thigh muscle of NFL football player who is guaranteed to get plate rich plasma if he has an injury, if you have if you're looking at someone who's closed minded to that, you don't argue with them, but what you do is you keep pointing out to those who will listen with an open mind that the inconsistencies that are obvious, like, here's an inconsistency why we've shown now that PRP is helpful in multiple studies, and that analyzes for erectile dysfunction.³⁶

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We know it's regenerative, as in, you're helping reverse the disease process.

And some are using it, mostly people in our group, but others, but mostly people, are coming to us when the other stuff quits working, or when they get worried and now they happen to go up on their PDE5i.

Why not point out the problem with that reasoning? Why would you wait until the disease was advanced enough that your standard of care quit working?

Why wouldn't you start trying to reverse this disease process early on, at the first sign, or even before signs of erectile dysfunction?

But for sure, at the first sign of it, start with the only thing that's going to reverse, help, potentially reverse the etiology.

Suppose the etiology is neurovascular disease in the penis and not say iliac disease or endocrine problems. Why not start with that, instead of starting with the PDE5i and the regenerative things we know about, which is that shock wave and our P-Shot® procedure and that combination is better than either alone.

So an idea for marketing would be to send out an email about the research we covered today.

³⁶ Kuhn and Hacking, *The Structure of Scientific Revolutions*.

This is an open-source paper I just showed you, and you can download it. It is about the effects of PRP combined with shockwave for erectile dysfunction.

It's open source.

It makes an actual educational communication.

When you tell them about what just came out, like I recently saw one of the news channels, you'll see this often in the Wall Street Journal and any major news channel, cable news: They'll report on something that came out in one of our medical journals.

One of them reported something I've preached for years, which is that the recommendation for between is probably too low when they looked at people with dementia versus those without, they found that those without had a higher serum B12 level that was higher than what's considered to be normal.

I don't think serum B-12 levels correlate well with intracellular But when they looked at serum B-12 levels, those with dementia had lower levels than those without, and the study recommended maybe bumping up the recommended level.

And we know how often that goes undiagnosed.

But my point is that the news outlet was reporting on that medical journal.

So, if you make yourself the news outlet for your patients, sending emails to them about what they may want to know about how to be healthy, then they will listen and come to your office because they perceive you accurately as smart and up to date. That is much more effective than sending out 20% off because it's Valentine's Day.

A Phone Script, and the Two Magic Questions

Okay, let me give you one more marketing tip in the two minutes we have left about the two questions that can be extremely helpful to learn.

Now, if you go to any of our websites and if you log into the membership site of say, the PriapusShot.com/members/login, you'll find ***on the marketing page a phone script***, and that phone script starts, it has an algorithm that helps you with a very short conversation, find out if you're able to help a patient, and find out if you are, if this person trusts you enough to treat them, and if they can afford you.

And you find it out very, very quickly.

So you're logged in, this is your view of the membership site (see the video).

This is the front-facing view before you're logged in.

Once you're logged in, you'll be on the Dashboard.

Once you get to the dashboard, you go to the marketing page, and then you'll find a video that I call the "phone script" right there, but it's really a script for anybody talking with a patient about a procedure.

Question One

But the first question is, you want to find out, have they been marketed to because you don't want to go start to finish, and someone who doesn't even know what PRP is, and they say, what's a P-Shot?

Or they ask you, "How much is your P-Shot?"

They are looking at a posted poster or saw something online, and they Googled you. Now, they just called your office and want you to educate them about it.

If you start from scratch and trying to explain to them what PRP is and how it might help them, you're going to 99 times out of 100 wear yourself out, waste your time, teach them just enough for them to decide that, oh, I don't want to draw blood and get a shot in the penis I'm out of here.

I'm telling you the difference between those who have gotten discouraged over the past decade plus in our group and those who make more money than I want to say, noticeable numbers of zeros with a lot of soul satisfaction, because people are becoming, well, ***they don't do what I just said.***

The way to do it is, if any, ***if there's any question at all, or if you just think it might help someone, instead of starting and explaining it, start to finish, you want to know, have they been, "marketed to"***, which means, have they looked at something that explained the basics of the procedure without taking your time BEFORE you answer questions.

It could be a video where you explained the procedure. It could be a book, in the case of our O-Shot, or the Vampire Facelift®.

Or it could be, I personally like, what works best is, if you've done a video about the procedure, and I tell you how to make videos on here too, you've done a video about the procedure, it's on the iPad, and you just hand it to them and say, watch that.

Or if they're on the phone, they say, "How much does your P-Shot® cost?"

And your answer should be, "Have you seen our video yet?"

Or, "Have you been to our web page yet?"

If the answer is no, you don't explain anything.

You just get them to that.

"Well, can you tell me how much it costs?"

"Yeah, but you really need to see what it is do."

First, you just play like the politicians.

Watch any politician get questions from a reporter, any one of them.

I don't care if they are blue or red, or what country. Just watch them talking to the news. And they will almost always evade the question and talk about whatever they want to talk about.

So, you should do this for the patient's benefit and teach your staff to do.

Otherwise, you can have the most motivated staff who had this miracle happen because they had a P-Shot, an O-Shot, and they're so motivated, try to talk to this patient and get them to do something, and **they will talk them out of it.**

So rather than that, you let the marketing material talk with the patient, which preferably is your video, either online or on the iPad, maybe a book.

And so let's say they're in your office, see the poster, and say, "What's a P shot?"

You say, "Well, have you seen the video yet?"

"No, I haven't looked at it."

"Okay, here, watch this."

But what if you say, "Have you been to the website and watched the video?"

And, the patient says, "Yeah, I've been to the website. I've watched the video."

Great.

Now they've been marketed to.

That's the first question you have to find out. Then, after they have seen your educational marketing material, you are ready for question two.

Question 2

The second question is very simple: "What would you want this to do for you?"

That's it.

If they say, "Well, I'd like to grow my penis to be 12 inches, and it's five inches now."

"dAnd I'm thinking, if I do this every six months, or every three month, for the next 3 years," you're out of there.

Or, "My doctor told me I need a hysterectomy, and my cervix is hanging out in the room, and I'm wondering if this O shot might help me."

“No, you need surgery.”

So you first find out what it is they want.

Another way to ask is, “If I had a magic wand, if this surgery were just a magic wand, what would you want it to do for you?”

Now, I think that's a great question for anyone who sees you, especially if it's a complicated, multiple-faceted visit with lots of problems, like I had a magic wand, what would you want me to do?

And then you decide if you think you can make them happy or not.

And then I'd tell you in the rest of that script, which is right there, how to find out after you find out if you think you might be able to help them, how to set expectations, how to get a few more details and book the appointment, including getting paid in advance.

Because ***if you do not get paid in advance, half of them won't show up.***

If it costs more than 1000 bucks, they'll either be too embarrassed to tell you they don't really have the money, or they'll have the money book the appointment, but when it's time to have the procedure done, now they're looking at a shot plus giving you money, which is two negative things.

But if they pay you in advance, they're looking at just the injection or calling to ask for money back.

And people don't want to do that.

They want to be consistent, so they'll get up and go and have it done.

So you have to get the if you don't get paid for something that cost over 1000 bucks, at least for a part of it, you'll have a lot of cancelations anyway.

So that's, I think, the best 27:56 two questions I know for anyone who's taking cash, the rest of the protocols there, and if you're not booking the number of patients you would like, I can't stress enough, that's the very first thing I would want you to do, make sure your whole staff follows that same script.

If you want to know more about marketing, read my 5-Notes Expert Marketing System for Doctors at [5Notes.com](#), where I discuss it in depth.

Guess that's it for today. I am always honored when you show up for the Journal Club.

And I truly do treasure your participation in our revolution.

Have a great week.

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Tags

PRP, platelet-rich plasma, P-Shot, O-Shot, erectile dysfunction, shockwave therapy, TMJ, sexual dysfunction, male fertility, dry eye disease, saline therapy, regenerative medicine, neurovascular health, orthopedic PRP, Clitoxin, Vampire Facelift, Orchid Shot, Vampire Breast Lift, marketing tips, patient education, phone script, two magic questions, IGF-I, sperm motility, fertility treatment, PRP vs saline, PRP vs shockwave, PRP meta-analysis, PRP training, hands-on workshop, Dr. Charles Runels, Cellular Medicine Association, PRP protocol, PRP studies, PRP in dentistry, regenerative orthopedics, patient conversion strategy, PRP credibility, cash-based practice, physician marketing, PRP activation, TMJ arthrocentesis, PRP for TMJ, saline not placebo, PRP halo effect.

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