

JCPM2025.09.09

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of September 9, 2025, with Charles Runels, MD.

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

JCPM2025.09.09
Charles Runels, MD

International Urogynecology Journal
https://doi.org/10.1007/s00192-025-06292-x

ORIGINAL ARTICLE

A Randomized Controlled Trial of Platelet-Rich Plasma Combined with Fractional CO₂ Laser Therapy for Mild and Moderate Stress Urinary Incontinence in Women

Mingjing Lu¹ · Weijiao Liu¹ · Yuchan Wu¹ · Kaixian Deng¹

Received: 11 July 2025 / Accepted: 5 August 2025
© The Author(s), under exclusive license to International Urogynecological Association 2025

Abstract
Introduction and Hypothesis This study aimed to evaluate the effectiveness of platelet-rich plasma (PRP) combined with fractional CO₂ laser therapy in women diagnosed with mild or moderate stress urinary incontinence (SUI).
Methods In this single-center, single-blinded, randomized controlled trial, 69 women diagnosed with mild or moderate SUI were randomly assigned to receive fractional CO₂ laser therapy, PRP injections, or a combination of both treatments (n = 23 per group). Each participant underwent three treatment sessions at 30-day intervals. Outcomes were assessed using the International Consultation on Incontinence Questionnaire–Short Form (ICI-Q-SF), the Incontinence Quality of Life (I-QOL) questionnaire, and a 1-h pad test at baseline and at 1, 3, and 6 months post-treatment. Generalized estimating equations (GEE) were used to analyze the data.
Results No statistically significant differences in baseline characteristics were observed among the groups (p > 0.05). An

Topics Covered

- Vaginal Laser With and Without Vaginal PRP
- O-Shot® for Interstitial Cystitis
- Einstein, Osler, and Whitman on Research and Cosmic Religion
- Here's an Email You Could Send if You are an O-Shot® Provider
- References



Useful 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

Welcome to our journal club.

We have two useful papers and one book (by Einstein), which I think was inspired. The book discusses research and how he thought about philosophy.

But we'll get to that. Let's start with this paper,¹ which has been needed—my hats off to these authors for finally doing this study. Although I'm not sure, I believe their conclusion.

Vaginal Laser With and Without Vaginal PRP

Patients were divided into three groups.²

1. One group received a PRP injection and a sham laser treatment.
2. The other received a laser treatment and a sham PRP treatment.
3. The third group received both a PRP treatment and a laser treatment.

They do not say what they did for the sham PRP treatment: just a needle stick? Saline injection? Something else?

Then, they did two more treatments (30 days apart) for a total of 3 treatments and followed the changes in ICI-Q-SF Score and I-QOL.

They did not measure changes in sexual function.

They concluded that all three groups improved significantly, but there was no difference between the laser group alone and PRP alone.

There was a significant improvement when the two were combined compared with either laser or PRP alone.

So this would be good news to those of you who have dropped a hundred thousand plus on a vaginal laser.

It would also be encouraging if you cannot afford a \$150,000 laser, since the PRP treatment alone worked as well as the laser treatment alone, and both treatments showed sustained benefits for the seven months they followed the patients.

But, I'm still dubious.

¹ Lu et al., "A Randomized Controlled Trial of Platelet-Rich Plasma Combined with Fractional CO₂ Laser Therapy for Mild and Moderate Stress Urinary Incontinence in Women."

² Lu et al., "A Randomized Controlled Trial of Platelet-Rich Plasma Combined with Fractional CO₂ Laser Therapy for Mild and Moderate Stress Urinary Incontinence in Women."

I know I'm biased (about everything), but I'll show you my misgivings.

Remember that all three groups improved significantly, but there was a greater improvement when combined.

Misgiving Number One

Though they injected PRP in the anterior vaginal wall, they followed a different protocol than our O-Shot® procedure: they did not do an O-Shot®, but did do something similar.

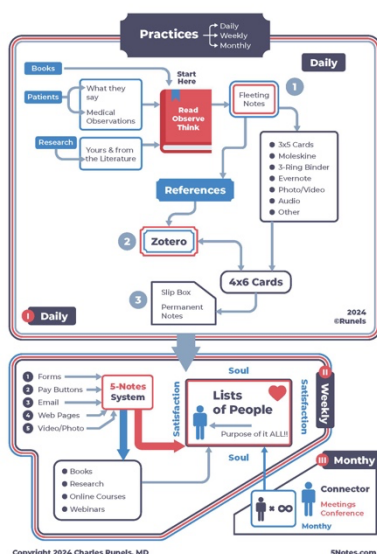
They put two cc's in the midline, which is a smaller volume than what we inject.³

Misgiving Number Two

They don't say how far they injected proximal or distal from the introitus or the bladder. In other words, they told us the street (the pathway of the urethra) but did not give us the address.

Misgiving Number Three

They injected two cc directly beneath the urethra, then 1.5 milliliter on each side. We think that is interesting, but the urethra is not on each side of the urethra. The urethra is where the urethra is, so injecting on either side likely accomplished nothing.



Misgiving Number Four

They did not inject the clitoris. Though it may seem unrelated, in reality, if you study the clitoris and the urethra, there is erectile tissue along the urethra, and the two structures are contiguous. So, you should inject both even when treating incontinence.

Obviously, these authors are brilliant people, but when I see protocols like this, I don't think they have witnessed PRP injected in a place where you can actually observe what it's doing. When you inject it subdermally in the anterior vaginal wall, you can't really see where it's going, but when you inject it in the face, you

can. And if you put two cc's in a place, it's going to spread out, and it will take the path of least resistance. So, for example, when you inject the tear trough, it spreads linearly because that is where hydrodissection occurs more easily. But when you inject it just above the zygoma, it spreads circumferentially because there's no differential in any direction, and so it spreads in a pattern of a circle.

³ Runels, "A Pilot Study of the Effect of Localized Injections of Autologous Platelet Rich Plasma (PRP) for the Treatment of Female Sexual Dysfunction."

=> Apply for Online Training for Multiple PRP Procedures <=

With that in mind, consider that, anecdotally, I've had quite a few gynecologists who've come through [our workshops](#), and they've done very well. Still, after doing our course, they go back and do what comes naturally to them: in their gyn training, when they were taught to inject [Coaptite, which is calcium hydroxyapatite crystals similar to Radiesse](#) (or inject an HA filler like with the G-shot—not the same as our O-Shot), they were using filler or using some other substance to create a physical barrier (not to trigger regeneration of stronger, healthier muscle, neovascularization, and neurogenesis).

The target was to make that physical barrier closer to the urethrovesicular junction, which is more proximal to the bladder than dictated by our protocol and more distal from the introitus.

Our observation has been that our procedure works much better when you inject very distally from the bladder near the introitus. Only one or two rugae are within the introitus, and all of it is injected in the center directly beneath the urethra. If you think about it, to each side of the urethra, there's nothing there to improve urinary function.

But if you're midline, you are creating a physical barrier if the tissue gets thicker, and you have a chance of actually injecting one of those three layers of the urinary sphincter. As you know, there are longitudinal and two different layers of circumferential muscle. And if you're midline, you're much more likely to inject that, possibly get the same benefit that's documented in the sports medicine literature, where you get improvement of muscle strength and repair when you inject it with the platelet-rich plasma.

So we're not sure exactly what the mechanism is for exactly which tissue is improving, or which tissues are plural and to what degree, but there's not much space there. Most likely, we're engaging different types of tissue: neurogenesis, neovascularization, and myocyte regeneration.

So when someone goes lateral and only puts two cc's anterior, they've given about half of what we normally inject. Again, there's no mention of where they're injecting. Based on our experience, if they inject more proximally into the bladder, there will be less of an effect than what we normally see with our O-Shot® protocol.

Still saw a nice improvement after injecting PRP into the anterior vaginal wall for urinary incontinence, as good but no better than the vaginal laser.

Now, this is the part that I'm going to speak about. Intuitively, using the lasers is absolutely beneficial. That's been shown on histology by many of our providers or some of our providers who are luminaries for the various lasers.

But suppose you look at the depth of penetration. In that case, it's ***about the depth of a piece of paper***, so there's a lot below that depth that may not be affected by the laser, and that you can potentially affect by embedding a needle into something deeper than the thickness of a piece of paper.

Misgiving Number 5

There was no mention of what happened with sexual function. I know that was not the purpose of the paper. But, having a procedure that improves urinary continence with the side effect of improving sex seems better than not. We think our procedure does both.

Misgiving Number 6

There was no mention of what the simulated injection was in the PRP-sham arm of the study—those who underwent laser treatment, but the patient was led to believe they also had the PRP injection.

Did they inject saline, or did they just insert the needle?

If they had injected saline, that would have also been a treatment that could have helped with improvement and augmenting the effects of the lasers; that would not be a placebo. It's one of my pet peeves. Multiple studies from the dermatology and orthopedic literature show that hydrodissecting tissue with saline does have an effect, and it's been used to treat acne scars, leishmaniasis, and osteoporosis of the knee.^{4 5 6 7 8 9 10 11}

Also, just inserting a needle into tissue has therapeutic effects,¹² so even if they inserted a needle into the anterior vaginal wall, that is not a placebo and would make the laser treatment appear better than it was in comparison with the PRP treatment.

So I would like to know more about what they did for the placebo arm of the study in relation to PRP.

But the bottom line is that all three groups improved, and we're not sure which one got better in terms of sexual function as a possible side effect. But you can see there was a significant difference in the scores with the combination versus either alone, and either alone was about the same.

⁴ “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.”

⁵ Asghar et al., “Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars.”

⁶ Popp, “Improvement in Endoscopic Hernioplasty.”

⁷ Bagherani and R Smoller, “Introduction of a Novel Therapeutic Option for Atrophic Acne Scars.”

⁸ Searle et al., “Saline in Dermatologic Surgery.”

⁹ El-Amawy and Sarsik, “Saline in Dermatology.”

¹⁰ Saltzman et al., “The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis.”

¹¹ Wang et al., “Trigger Point Injection.”

¹² Wang et al., “Trigger Point Injection.”

Okay. So I'll put this link into the chat box ¹³ before I hang up the phone, but this is definitely one. If you do have a laser and you're doing the O-Shot®, this is one you definitely want to share because, at least on the surface, it seems to indicate that the two combined are better than either alone.

Okay. Now let's look at this other study. This one I'm going to take you to the website. Hold a second. Couldn't quite figure out how to download this one so I just made a link to it.¹⁴ We'll definitely come in under 30 minutes today. I'll show you this paper and then show you something I read from Einstein that inspired me this past week and we will call it a night. Okay.

O-Shot® for Interstitial Cystitis

This one came out of China, and they reviewed the current evidence. They call it an evidence synthesis relating to intravesical platelet-rich plasma for interstitial cystitis.¹⁵ There are probably half a dozen of these reviews now, and at least two dozen studies.^{16 17 18 19 20}

Well, they mentioned 11 studies they looked at, but there have been other case reports, and they all show benefit. Now, no one has done the study yet.

This is low-hanging fruit, but many of us are seeing this. Probably a month ago now, I had an excited phone call from one of our gynecologists, and he said, "Just did a regular O-Shot® the way we do it. PRP in the midline, the way you taught me, and PRP in the clitoris, the way you taught me. And the woman who has suffered with interstitial cystitis for a decade is now better without any intravesical injection at all."

¹³ "Snapshot."

¹⁴ "The Efficacy and Safety of Intravesical Platelet-Rich Plasma Injections into the Bladder for the Treatment of Interstitial Cystitis/Bladder Pain Syndrome."

¹⁵ "The Efficacy and Safety of Intravesical Platelet-Rich Plasma Injections into the Bladder for the Treatment of Interstitial Cystitis/Bladder Pain Syndrome."

¹⁶ Riccetto, "Editorial Comment."

¹⁷ Jhang et al., "Intravesical Injections of Platelet-Rich Plasma Is Effective and Safe in Treatment of Interstitial Cystitis Refractory to Conventional Treatment-A Prospective Clinical Trial."

¹⁸ Dönmez et al., "The Early Histological Effects of Intravesical Instillation of Platelet-Rich Plasma in Cystitis Models."

¹⁹ Mirzaei et al., "The Therapeutic Effect of Intravesical Instillation of Platelet Rich Plasma on Recurrent Bacterial Cystitis in Women."

²⁰ Trama et al., "Use of Intravesical Injections of Platelet-Rich Plasma for the Treatment of Bladder Pain Syndrome."

And that has been happening now for over a decade.

The first call I remember receiving about that was one of our luminaries in the Denver area, a urogynecologist, who called me. And he had done a surgical procedure, and as a labiaplasty procedure, and as an add-on, as many of our surgeons do, he just did the O-Shot® just as a gift in addition to the labiaplasty. And this woman, who just had a regular O-Shot® but who had also suffered with severe interstitial cystitis for over a decade, had resolution, and it went away and stayed away. He was months out from the procedure and called me very excited about that result.

So, it's low-hanging fruit for someone to do the study. I haven't done it yet, and I haven't financed it yet. It's on my list. If you did this study, you would have a positive result, and it would be much simpler than the intravesicular description that we're reading here.

Einstein, Osler, and Whitman on Research and Cosmic Religion

Okay. And with that, I'm going to show you what I read that Einstein had to say, and then we will call it a night.

I'll preface it with this story:

Walt Whitman was attended by William Osler, who, as you know, started the Johns Hopkins internal medicine program. Osler wrote the equivalent of Harrison's textbook of internal Medicine, which was the go-to reference book regarding medicine in his day.

And William Osler attended Walt Whitman.

Walt Whitman was also treated a physician from Canada, Maurice Buck. Buck was also a fan of Walt Whitman.

Whitman thought Buck was the better doctor.

It sounds like Dr. Buck was an explorer out west and a wild man. Then he suffered frostbite while out west and wound up going to school. He somehow had an amazing memory and had memorized Whitman's Leaves of Grass (all of it!), which you know is not a small feat.

So, one night, Buck was driving his carriage home from a meeting, which sounded like a book club for men. They were reciting Walt Whitman, whom Buck considered to be inspired.

Whitman wrote in a letter to someone who would visit a church that, in relation to life after death, "Remember, they have their faith, but we have seen it."

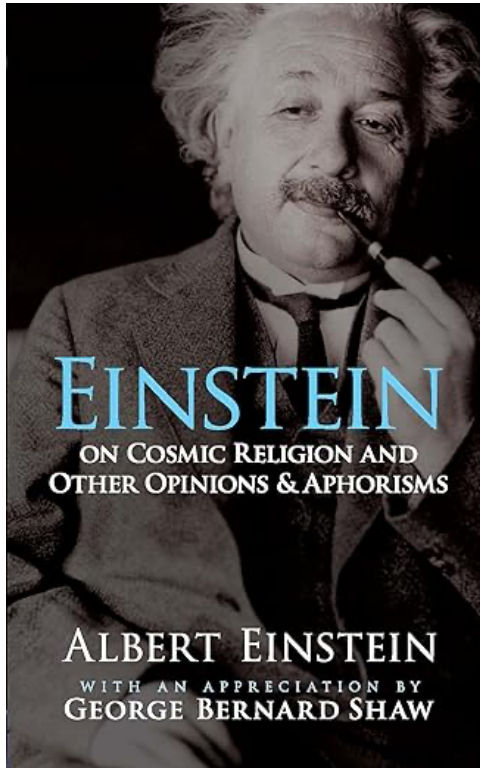
So, Buck was riding home in his carriage, and he had a Saint Paul experience where he thought he saw another dimension. He describes a light and a knowing without any particular words being spoken but a resulting development of what he called "Cosmic Consciousness."

That experience changed his life.

As a scientist and a physician, he started researching what had happened to other people who had experienced something similar in the past, how they described it, and how it has continued to this day.

He researched it, then wrote about it: he titled the book Cosmic Consciousness.

Remember that title, Cosmic Consciousness.



This past week, I've been reading Einstein's "Cosmic Religion" because another book recommended it. Cosmic Religion is his title, which, of course, sounds a lot like Cosmic Consciousness.

I'm not about to get philosophical on you, but, I think there's a part in here that you'll find inspiring for your research efforts.

Okay. So let's go to this first part of it and I'll read. Here we go.

"The religious geniuses of all times have been distinguished by this cosmic religious sense." - Einstein

And by the way, Osler gave a lecture about life after this life, and in summary, he put it like this (I paraphrase): He said, "As a physician, I don't really know that I should even be lecturing about this, but the way I see it, there are three types of people. There are those who are true atheists who think there's nothing after this life, and there are those who claim

to have seen it. And then there's a third group who holds hope and faith that those who have seen it actually did see it, and they put their hope there."

Osler thought it was a happier life to believe those who claim to have seen it, like Walt Whitman and the prophets.

And that was William Osler talking.

So with that in mind, now we're back to Einstein and how I think this might inspire you as a physician.

Einstein says, "The religious geniuses have been distinguished by this cosmic religious sense, which recognizes no dogma. How can this cosmic religious experience be communicated man-to-man if it cannot lead to definite conception of God or theology? Science has been accused of undermining morals."

Now we're getting to this last paragraph, which you'll find inspiring, and then I will stop.

Einstein continues, ***"I assert that the cosmic religious experience is the strongest and the noblest driving force behind scientific research. No one who does not appreciate the terrific exertions***

and above all the devotion about which pioneer creations in scientific thought cannot come into being, can judge the strength of the feeling out of which alone such work turned away from its immediate, practical, life can grow."

Now, obviously, I've done nothing similar to Einstein, nothing similar to these great men. But when I went broke the second time and was sleeping on the floor of my office, which I did for two years because I was just too broke to do anything else. I was determined to run with the idea that seemed to me to be the way things should be regarding PRP, and not get distracted. I thought of it like a racing car, where you throw off the hubcaps, you throw off everything that does not get you across the finish line. And I stripped everything from my life. I quit doing liposuction and I quit doing hormone replacement. I quit doing pretty much everything that did not contribute to exploring this idea about PRP that made a slave of me and threw me into the arena, where I was beaten up by life a little bit, thankfully, because it put me in the situation to see some things.

I slept on the floor for two years. But this, of course, doesn't compare to what these guys did. I don't want you jettisoning things out of your life and sleeping on the floor. But what he's saying here pulls you away from some things that might normally distract you.

Einstein continues, "What happens when you have a deep faith in the rationality of the structure of the world and what a long time to understand even a glimpse of the reason revealed in the world, there must have been a Kepler and Newton to enable them to unravel the mechanism of the heavens in long years of lonely work. Anyone who only knows scientific research and practical applications may easily come to a wrong interpretation of the state of mind of the men who surrounded by skeptical contemporaries have shown the way to kindred spirits scattered over all countries in all centuries."

This is the best part, Einstein goes on..

"Only those who have dedicated their life to similar ends can have a living conception of the inspiration which gave these men the power to remain loyal to their purpose in spite of countless failures. It's this cosmic religious sense which grants this power. A contemporary has rightly said that the only deeply religious people of our largely materialistic age are the earnest men of research."

[=>Next Hands-On Workshops with Live Models<=](#)

And so how does that relate to what we do on a daily basis?

I think what he's saying there, in my understanding, is that his conception of God was that God was beyond conception, but that if you see that there's a design to the world.

Remember somewhere he supposedly said, "God does not play dice with the universe."

And if you devote your life to trying to glimpse through a tiny little crack to see some piece of that design and understand (you hope) perhaps a tiny piece of it that hasn't been seen before, and you go on the fate that it's there, if you can just see it, that gives you the purpose and what he calls **the power** and what I just call grit like Cool Hand Luke, where you keep getting up every time you get beat up and knocked down.

But you do that because you're convinced there's something in that crack or there's something that you're seeing in a tiny little group like our CMA that the world hasn't seen yet.

And so you keep looking at it, and it motivates you to write an email, talk with your patients, read the research, show up at journal club, talk about it the next day, explore it, do your own writing, do your own video, do your own research.

=> [Apply for Online Training for Multiple PRP Procedures](#) <=

=> [Next Hands-On Workshops with Live Models](#) <=

And you do that because you understand that something beyond our understanding created something far beyond what we currently understand. And that pushes you that way.

And that may be more philosophy than our journal club calls for. But he is Einstein, and he did have something to say about inspiring us to do more research and what he thought gave people this power, fortitude, grit, and maybe even intelligence.

Hopefully, that wasn't a waste of your time. I think I'd better quit.

Let's see if there are any questions.



Here's an Email You Could Send if You are an O-Shot® Provider

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],

Over the past (how many years have you been a physician), I have found few things more frustrating for women and those who love them than the years of suffering that can happen with chronic interstitial cystitis.

So, I was pleased to see another study supporting the possibility of improvement for such women after they receive a variation of our O-Shot® procedure. Though this study shows improvement after injecting PRP into the bladder, we have seen great results for many women who suffer from interstitial cystitis after they receive our O-Shot® procedure with no variation at all--that is, they do not have to suffer an injection into the bladder. Two simple injections on the outside (anterior vaginal wall and

clitoris) are all they need.

[Here's the research<--](#)

[Here's more about the O-Shot® procedure<--](#)

[Here's where to find the nearest provider<--](#)

I hope this helps you or someone you love.

Best regards,

(your name)

(your website)

(your email)

(your phone number)

[More about the O-Shot® procedure<-](#)

[Clitoxin®](#)

References

Asghar, Aneela, Zahid Tahir, Aisha Ghias, Usma Iftikhar, and Tahir Jameel Ahmad. "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars." *Annals of King Edward Medical University* 25, no. 2 (2019): 2. <https://doi.org/10.21649/akemu.v25i2.2867>.

Bagherani, Nooshin, and Bruce R Smoller. "Introduction of a Novel Therapeutic Option for Atrophic Acne Scars: Saline Injection Therapy." *Global Dermatology* 2, no. 6 (2016). <https://doi.org/10.15761/GOD.1000159>.

"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." <https://doi.org/10.1016/j.semarthrit.2016.04.003>.

Dönmez, M. İrfan, Kubilay İnci, Naciye Dilara Zeybek, H. Serkan Doğan, and Ali Ergen. "The Early Histological Effects of Intravesical Instillation of Platelet-Rich Plasma in Cystitis Models." *International Neurourology Journal* 20, no. 3 (2016): 188–96. <https://doi.org/10.5213/inj.1632548.274>.

El-Amawy, Heba Saed, and Sameh Magdy Sarsik. "Saline in Dermatology: A Literature Review." *Journal of Cosmetic Dermatology* 20, no. 7 (2021): 2040–51. <https://doi.org/10.1111/jocd.13813>.

Jhang, Jia-Fong, Teng-Yi Lin, and Hann-Chorng Kuo. "Intravesical Injections of Platelet-Rich Plasma Is Effective and Safe in Treatment of Interstitial Cystitis Refractory to Conventional Treatment-A

- Prospective Clinical Trial.” *Neurourology and Urodynamics*, no. October (2018). <https://doi.org/10.1002/nau.23898>.
- Lu, Mingjing, Weijiao Liu, Yuchan Wu, and Kaixian Deng. “A Randomized Controlled Trial of Platelet-Rich Plasma Combined with Fractional CO₂ Laser Therapy for Mild and Moderate Stress Urinary Incontinence in Women.” *International Urogynecology Journal*, ahead of print, September 8, 2025. <https://doi.org/10.1007/s00192-025-06292-x>.
- Mirzaei, Mahboubeh, Azar Daneshpajooh, Alireza Farsinezhad, et al. “The Therapeutic Effect of Intravesical Instillation of Platelet Rich Plasma on Recurrent Bacterial Cystitis in Women: A Randomized Clinical Trial.” *Urology Journal* 16, no. 6 (2019): 609–13. <https://doi.org/10.22037/uj.v0i0.5239>.
- Popp, Lothar W. “Improvement in Endoscopic Hernioplasty: Transcutaneous Aquadissection of the Musculofascial Defect and Preperitoneal Endoscopic Patch Repair.” *Journal of Laparoendoscopic Surgery* 1, no. 2 (1991): 83–90. <https://doi.org/10.1089/lps.1991.1.83>.
- Ricchetto, Cássio L. Z. “Editorial Comment: Intravesical Injections of Platelet-Rich Plasma Is Effective and Safe in Treatment of Interstitial Cystitis Refractory to Conventional Treatment-A Prospective Clinical Trial.” *International Braz J Urol: Official Journal of the Brazilian Society of Urology* 47, no. 2 (2021): 456–57. <https://doi.org/10.1590/S1677-5538.IBJU.2021.02.04>.
- Runels, Charles. “A Pilot Study of the Effect of Localized Injections of Autologous Platelet Rich Plasma (PRP) for the Treatment of Female Sexual Dysfunction.” *Journal of Women’s Health Care* 03, no. 04 (2014). <https://doi.org/10.4172/2167-0420.1000169>.
- Saltzman, Bryan M., Timothy Leroux, Maximilian A. Meyer, et al. “The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis: A Meta-Analysis of Evidence Level I Studies.” *The American Journal of Sports Medicine* 45, no. 11 (2017): 2647–53. <https://doi.org/10.1177/0363546516680607>.
- Searle, Tamara, Firas Al-Niaimi, and Faisal R. Ali. “Saline in Dermatologic Surgery.” *Journal of Cosmetic Dermatology* 20, no. 4 (2021): 1346–47. <https://doi.org/10.1111/jocd.13996>.
- “Snapshot.” n.d. Accessed September 9, 2025. <https://www.minervamedica.it/en/journals/minerva-urology-nephrology/article.php?cod=R19Y9999N00A25090502>.
- “The Efficacy and Safety of Intravesical Platelet-Rich Plasma Injections into the Bladder for the Treatment of Interstitial Cystitis/Bladder Pain Syndrome: A Systematic Review and Meta-Analysis - Minerva Urology and Nephrology 2025 Sep 05.” Accessed September 9, 2025. <https://www.minervamedica.it/en/journals/minerva-urology-nephrology/article.php?cod=R19Y9999N00A25090502>.
- Trama, Francesco, Ester Illiano, Alessandro Marchesi, et al. “Use of Intravesical Injections of Platelet-Rich Plasma for the Treatment of Bladder Pain Syndrome: A Comprehensive Literature Review.”

Antibiotics (Basel, Switzerland) 10, no. 10 (2021): 1194.
<https://doi.org/10.3390/antibiotics10101194>.

Wang, Yi, Peng Luo, Ping Chen, et al. "Trigger Point Injection: A Therapeutic Propellant for Myofascial Pain Syndromes." *Tissue Engineering Part B: Reviews*, September 29, 2025, 19373341251364757.
<https://doi.org/10.1177/19373341251364757>.

Tags

PRP, platelet-rich plasma, O-Shot®, stress urinary incontinence, vaginal laser, sham injection, sham laser, combined therapy, injection protocol, anterior vaginal wall, hydrodissection, gynecology, coaptite, Radiesse, G-shot, urethra, urinary sphincter, neovascularization, myocytes, sexual function, saline injection, dermatology, orthopedics, acne scars, leishmaniasis, osteoarthritis knee, interstitial cystitis, urogynecology, labiaplasty, evidence synthesis, China study, Einstein, Cosmic Religion, Cosmic Consciousness, Walt Whitman, William Osler, Maurice Buck, Johns Hopkins, philosophy, research inspiration, scientific grit, Cool Hand Luke, CMA, regenerative medicine, journal club, Fairhope, Alabama

Helpful Links

=> [Next Hands-On Workshops with Live Models](#) <=

=>[Hands On Botulinum Toxin Workshop That Teaches Medical & Cosmetic Uses](#)<=

=> [Dr. Runels Online Botulinum Blastoff Course](#) <=

=> [The Cellular Medicine Association \(who we are\)](#) <=

=> [Apply for Online Training for Multiple PRP Procedures](#) <=

=> [FSFI Online Administrator and Calculator](#) <=

=> [5-Notes Expert System for Doctors](#) <=

=> [Help with Logging into Membership Websites](#) <=

=> [The software I use to send emails: ONTRAPORT \(free trial\)](#) <=

=> Sell O-Shot® products: You make 10% with links you place; shipped by the manufacturer), [this explains](#) and [here's where to apply](#)