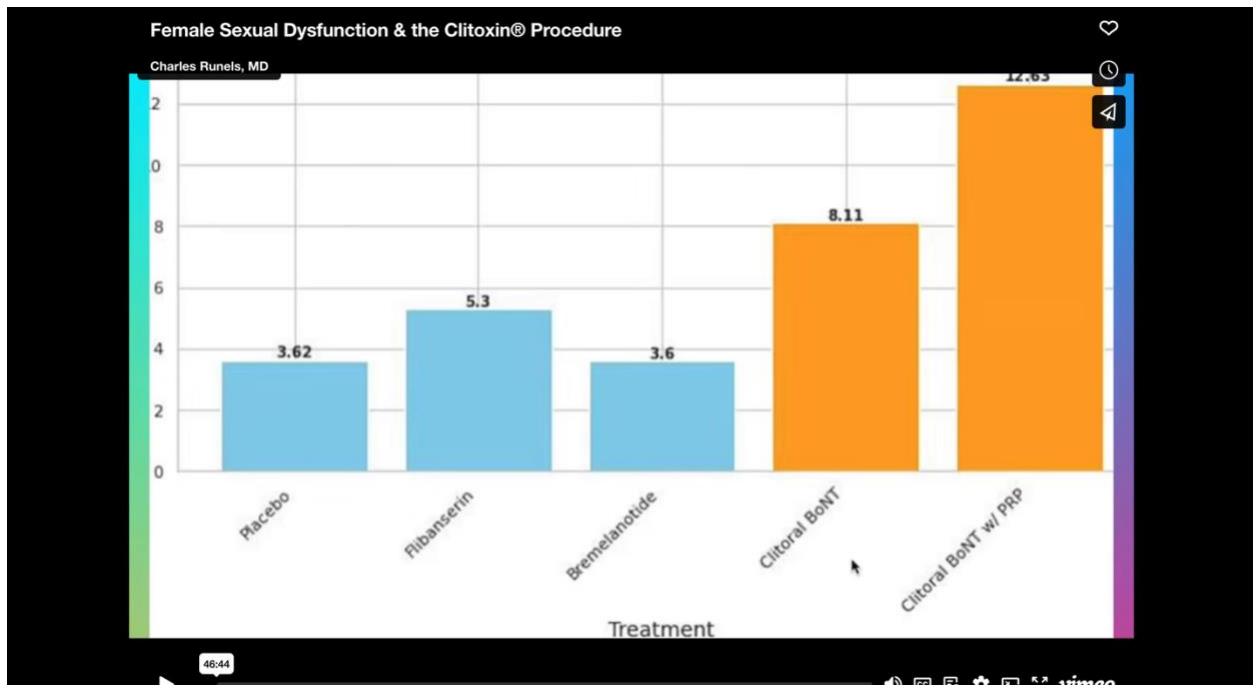


# JCPM2024.04.16

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of April 16, 2024, with Charles Runels, MD.

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



## Topics Covered

- Principles of Marketing Something Difficult to Explain
- The Behind-the-Curtains Science the Reason for the Methods in the Explanation of Clitoxin® for Patients
- Essential Tips for Successful Educational Videos for Patients
- Here's the Video for Educating Women about the Clitoxin® Procedure
- Here's the Video for Educating Women about the Clitoxin® Procedure



**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

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Welcome to the Journal Club. I haven't officially rolled out [Clitoxin®](#), but [the research is promising](#).<sup>1</sup>

The word I'm getting from our providers is extremely promising: what they see in patients. We've lined up malpractice insurance for the procedure. We have everything in line except for one thing (which I promised you at the last meeting). Some of you were concerned that you did not have a convenient and easy way to explain it to patients. So, I promised you a PowerPoint presentation and an example video.

I have that ready for you and will show it to you now.

### Principles of Marketing Something Difficult to Explain

Remember, when you have something difficult to explain, like female hormones were 20 years ago (that was a difficult idea), you need something to explain the ideas because you do not have time in the office. It took Suzanne Summers to write a book about female hormones before patients understood it. (We study this more in my [hands-on workshops that include marketing<=](#))<sup>2</sup>

And then, the same thing happened when we rolled out the [Vampire Facelift®](#) and the [O-Shot®](#) procedure 14 years ago; most people didn't understand PRP. Now, it's more commonly known. So, to explain it, I then and still do recommend that instead of taking up your time and using your energy, because it takes too long, to explain it to your patients, you create a video or at least a very informative webpage with you or someone else explaining it. Then, you let the technology explain it while doing other things.

That's how you do it.

Otherwise...

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<sup>1</sup> "Research – Clitoxin®."

<sup>2</sup> "Training with Dr. Runels – Cellular Medicine Association."

***You will exhaust yourself trying to explain how botulinum toxin works to improve sexual function in females.***

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So, the purpose of today's meeting is twofold:

First, I will show you a PowerPoint presentation that I put together to explain the Clitoxin® procedure to patients—not to doctors, to patients. As part of that, I will also give you the backstory with better pictures, which I'm showing you now. But this picture I'm showing you now does not belong to me. So, it can't go in our PowerPoint presentation. I have another picture by Netter that also does not belong to me. But I drew a simplified version that tells the story better to patients (and you can do your own version, too). So, the first thing is to show you that PowerPoint and talk through it as if you're talking with a patient so you can hear that version.

The second thing is that even if you're not doing the Clitoxin® procedure, you will hear and I will show you my outline for how to present something to a patient, and you can see me using it, demonstrating an example of how to present any procedure that you're doing in your office, product or procedure, how to present it. So those are the two things. So even if you're not doing Clitoxin® or aren't planning to offer it in your practice, you hopefully will see some tips about producing.

Then, if you are doing Clitoxin®, you will get this copy of the PowerPoint presentation sent to you by email. And I'll give you a link to it before I shut down the call today. And you will hear me talk through it so then you can make your own video, put it on a page on your website, and then never explain it again. Just send people there, pull out an iPad, let them play the video, and then answer questions.

When you do that, I have a script, a way to answer questions, a way to present procedures that are difficult to explain, like the O-Shot® and the P-Shot®, and now Clitoxin® to your people.

And the easiest way is if you think it's going to help them, you hand them an iPad with preferably your video that you made using the outline I'm about to give you or your version of it, and then they can watch it while you do something else and come back and answer questions. Much less exhausting.

And I recommend that ***you tell your staff to do the same thing. If your staff tries to explain Clitoxin® to your people, it will scare them off. It's too complicated. It takes too long. Your staff doesn't want to talk about injecting clitorises while the phone's ringing and people are waiting to be taken care of anyway.*** So, they'll like it, and you'll find that on the marketing section of the membership site. You can go to the dashboard, then go to the marketing section, then look for the video I've made about a phone script.

## **The Behind-the-Curtains Science the Reason for the Methods in the Explanation of Clitoxin® for Patients (the following discussion makes much more sense if you watch the video)**

We all know that the parasympathetic nervous system is involved with erection in males, but the parasympathetic and sympathetic systems haven't been routinely discussed much in the female sexual response.

What you're looking at here is sympathetic and parasympathetic. External genitalia nerves go to the superior hypogastric plexus, the sacral splanchnic nerves, and then go up to the spinal cord and to the brain. And then the parasympathetic system, remember, efference and afference go through the inferior hypogastric plexus, also called the pelvic plexus, to the pelvic splanchnic nerves, and then up to the hypothalamus where the arousal center is (see the video referenced at the top of this page/document).

But remember, the ganglia are very near on the parasympathetic side. They live in the lateral vaginal wall. Where, on the sympathetic side, the nerves travel further before reaching the ganglio. That is important since what's happening is that, just like with migraine and has been demonstrated in rat studies, botulinum toxin migrating on the Schwann cell to the ganglion affects the sympathetic and parasympathetic autonomic nervous system. This is where the main domains are in female sexual function, arousal, orgasm, and lubrication; all those are autonomic functionality. The only part of the Female Sexual Function Index measures that is somatic is the pain dysfunction.

All right, so here's another picture I'll show you. I like this picture better. This is from a main Netter atlas.<sup>3</sup> It's 12 volumes and costs 800 bucks, but it's worth every penny. So let me show you this one because this explains it. Again, I don't have permission to use this in the PowerPoints I made for you, but it gives you a beautiful understanding of what I have simplified for our patients.

So, let me pull this up for you. This beautiful, beautiful Netter picture. I love this picture. I have spent hours staring at this picture. I feel like the one who came from a primitive island without any automobiles, and then someone opens the hood and says, "Now look at it and figure out how it works." I've stared at this for hours.

Hold on, I want to show you something else.

This picture (see video) caught my attention while writing the book about the cosmetic use of botulinum toxin, which you [can find on Amazon](#). What's thought is that you inject the procerus, it migrates along

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<sup>3</sup> Smith et al., *The Netter Collection of Medical Illustrations*.

the Schwann cells, goes to the caudate nucleus and the trigeminal nucleus caudalis to affect the afferents and efferents coming from the meninges. That's how it helps with migraines, not by relaxing muscles.

This picture (see video) shows that the somatic system is sparse compared to the autonomic nervous system. This is a clitoris; this is a stained fetus showing the somatic nerve. The dorsal nerve or the clitoris going into the pudendal nerve is yellow. All the green is the autonomic nervous system of your hypogastric plexus, and the cavernous nerves go to what I'm about to show you, the ganglion in the vaginal wall.

And then go back to this Netter picture. This is my favorite picture for explaining the autonomic nervous system in women. Let me blow it up a bit so you can see it better. The pudendal nerve is here. And it goes to the dorsal nerve of the clitoris, to the labia, vaginal wall. But look how much is autonomic. The sympathetic fibers are in red, and then the parasympathetic fibers are in blue, solid and dashed, coming from the clitoris. The blue is ***parasympathetic, the red is sympathetic, and they run right alongside the dorsal nerve of the clitoris.*** They're called the cavernous nerves when they're in the clitoris. Look, this is a short distance, and this is parasympathetic in blue. It's connected to the ganglion and the lateral vaginal wall, and then the dash becomes the post-ganglionic parasympathetic fibers.

Then, it goes back to the spinal cord and up to the lateral hypothalamus, where the arousal center is. I don't own this picture, but I'm showing it to you because it's a more complicated version of the simple version I drew for our patients. Then, the sympathetic fibers are in red. And look how many more nerves there are. There's one nerve, the pudendal nerve, that branches. But then the autonomic nervous system is vast, just like you saw in that stained picture from the previous paper I showed you a second ago. If you combine this picture with the picture I just showed you of the procerus and the trigeminal ganglion and caudate nucleus in relation to migraine, then injecting the clitoris, you might postulate that it might go there.

So what was not obvious is that most of us, myself included, have always thought about the pudendal nerve. I always thought about somatic nerves, and in that case, if you're using botulinum toxin, it should make things worse. Or at least it should block sensation, so you're blocking vaginismus. All right, so that's enough of that one. You guys know all that. But those are the four pictures: the Netter picture, the other picture of the autonomic nervous system, how it works in migraines, and the stain of the autonomic nervous system in the fetus. Those are the four pictures in our brains when we did the original research. My wife, Alex, and I.

## A Quick Power Point Review for Patients

So now, let's flip over, and I'm going to run through the PowerPoint presentation talking about the Clitoxin® procedure and, in so doing, demonstrate how to think about doing presentations for any of your procedures.

Here's your basic outline. And I normally don't talk about this except in my workshops, where we practice doing it. I think the outline I will give you is extremely valuable, but I will give it to the people on this call. And here's the outline. It is, first, to talk about the problem. And second, talk about what's been tried. Third, you talk about what's new; that's where you explain what you want your patients to know about. Fourth, you talk about what's not possible and what is possible. And next, you tell them what to do. So, remember: what's the problem? What's been tried? What's new? What's not possible? What is possible? Tell me what to do.

And please remember that you're never trying to get anybody to do something in any marketing educational materials you're making. You haven't offered if you browbeat them into doing something you have manipulated.

*So, the key attitude is the following: I have ways of helping some people, but not everybody. And what I do is not perfect. But you have a problem, and if you have this problem, there are other things you can do, but I have something that might help, and I'm offering to help you. In other words, you've got pain; I'm giving you a way to be pain-free, and I'm offering to help; you get to decide.*

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That's ethical, and it's the way we like to function as doctors anyway, and you don't have control over what people do anyway. So if you relax and say what they decide is up to them, but ethically, **you are bound to tell people what you can do. Why should you keep it a secret?** And if you think of it that way, then you're ethically bound to do educational, not brow-beating manipulating, but educational materials that offer to do what you know how to do.

## Essential Tips for Successful Educational Videos for Patients

### *Tip #1*

When you do your videos, remember, there's nothing that does as well as videos for explaining things to people because they need to hear your tone of voice, they need to hear their doctor, and your patients need to hear their doctor talk about it. I understand that you know the science and think it might help with certain conditions, which is more valuable than anything I could say or anyone could write.

**Tip #2**

You don't talk to all your people out there. You talk as if you're talking to one person you love.

**Tip #3**

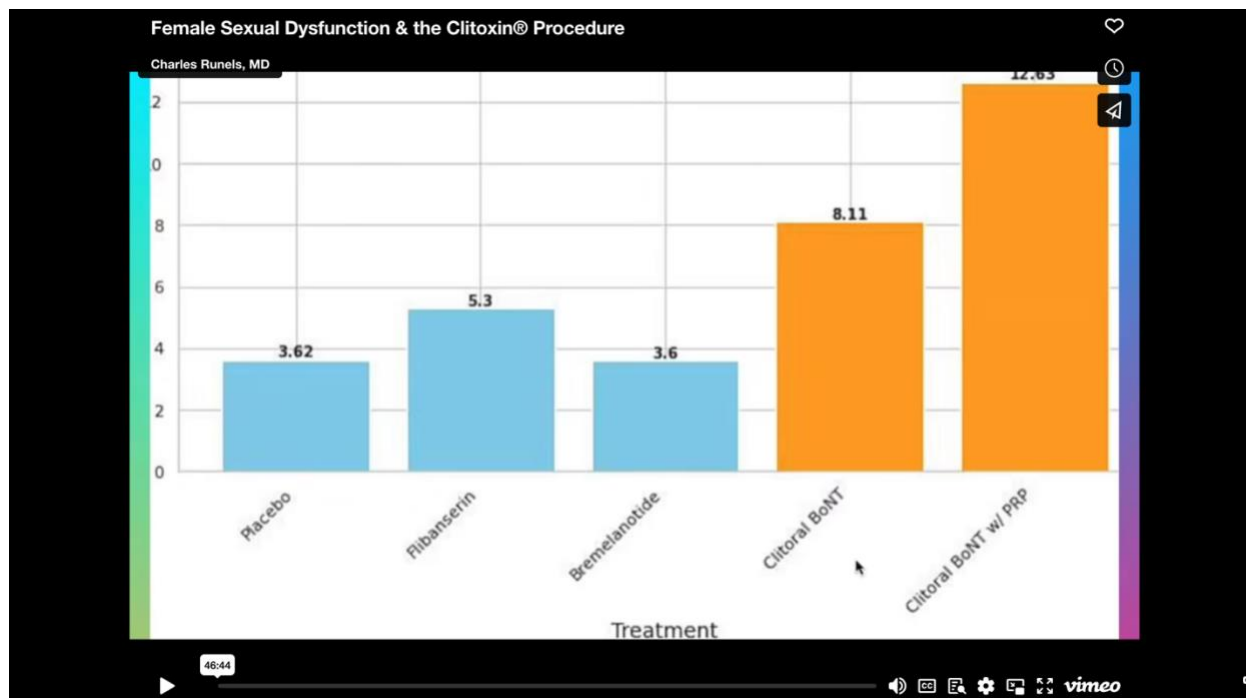
Forget about time. If it takes two minutes, or it takes 20 minutes, or it takes an hour, it doesn't matter. Yes, people will watch your videos on average for about five minutes, but the people who are engaged and think it might help them will watch it for an hour. So, your average watch time might be five minutes, but some may turn me off for two seconds. Others may listen to me for an hour, six times, if they think this may help them and they think that I understand what I'm talking about.

**Tip #4**

Film yourself talking as you do a PowerPoint presentation and make a PowerPoint presentation video. You can do that with my favorite software is Camtasia. Then you can film your screen and your face as you talk through your PowerPoint, which goes on your YouTube channel or Vimeo. In my hands-on workshops, we go through that in great detail, where we take the procedures and the marketing. Okay, here we go.

Okay, so now let's do this thing. I will run through it, and you've got my outline. So, if you're not going to do Clitoxin®, you can go with that or watch how I do this and apply the same thing to other things you do.

## Here's the Video for Educating Women about the Clitoxin® Procedure



## The PowerPnts for This Presentation (use freely if you're a licensed provider of the Clitoxin® Procedure)

[Here's where to download the PowerPoint presentation](#) ←

### References

“Research – Clitoxin®.” Accessed April 21, 2024. <https://clitoxin.com/research/>.

Smith, Roger P., Frank H. Netter, Carlos A. G. Machado, and Frank H. Netter, eds. *The Netter Collection of Medical Illustrations*. 2nd ed. Philadelphia, PA: Elsevier, 2011.

“Training with Dr. Runels – Cellular Medicine Association.” Accessed April 21, 2024. <https://cellularmedicineassociation.org/prp-training-runels/>.



## Tags

Charles Runels MD, Journal Club with Pearls & Marketing, Vampire Facelift®, O-Shot®, P-Shot®, Clitoxin®, female sexual dysfunction, research, PRP procedures, orphan drugs, marketing tips, Cellular Medicine Association.

## Helpful Links

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

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

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

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

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

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

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