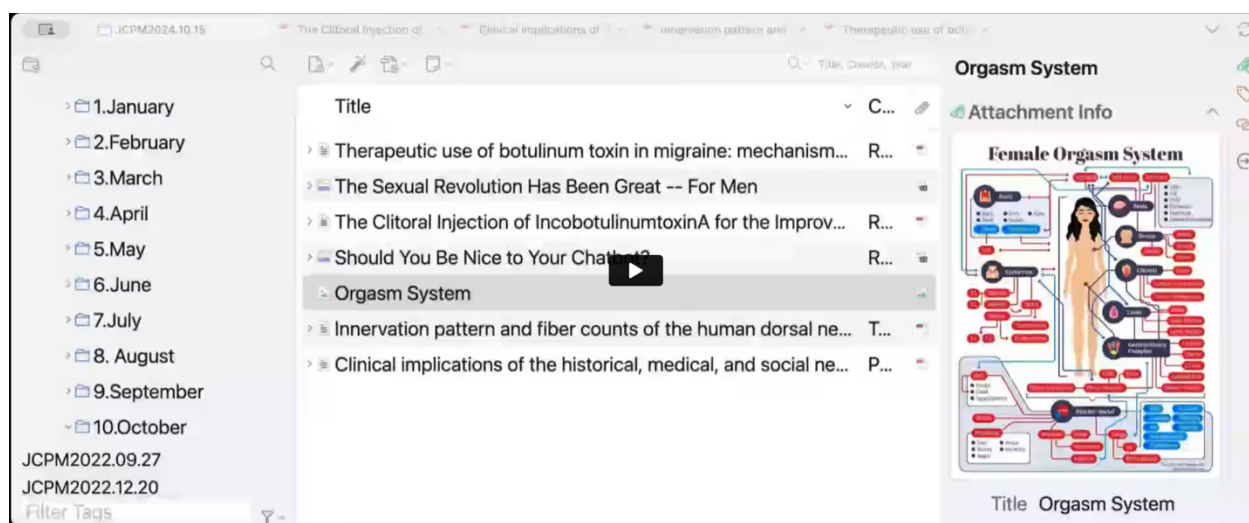


JCPM2024.10.15

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of October 15, 2024, with Charles Runels, MD.

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



Topics Covered

- The Clinical Implications of Not Studying the Clitoris
- The Need for Systems Analysis in Sexual Medicine
- How Thinking about Systems Spawned the Clitoxin® Procedure
- A Speculation about Premature Ejaculation
- A Social Experiment that Shows the Bias of Your Colleagues
- Should you be nice to your Chatbot?
- References
- More Help & 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. I hope you find the information we have today helpful.

It's going to combine new research regarding the clitoris and social posts about medical education and the clitoris that were made online. I've also made a new poster for you—I just put it in the download box—and some information from the Wall Street Journal about the new chatbot software.

The Clinical Implications of *Not* Studying the Clitoris

This one came out about a year ago, talking about the clinical implications of not thinking and studying the clitoris.¹

I think that picture tells it all. That's the number of studies done regarding the penis versus the number of studies done regarding the clitoris.

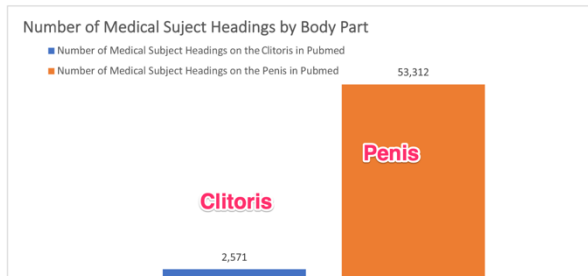


Figure 1. Number of studies for the clitoris vs. the penis. [Peters, 2023]

It gets even more shocking.

The anatomy of the clitoris was not clearly defined until 2005, but the penis was described in detail 35 years before Jesus was born!

Do you need a bigger contrast?

But it gets worse! Let me show you.

As some of you know, I authored [an article on Medscape](#) three weeks ago. It's shocking that you have to be a physician to comment on that article—and then look at the comments.

I want to contrast the research I'm showing you with the comments by our colleagues on that website.

¹ Peters, Ndumele, and Uloko, "Clinical Implications of the Historical, Medical, and Social Neglect of the Clitoris."

We'll get to the Medscape article and the shocking comments, but let's start with this study looking at the disparity in research regarding the clitoris compared with the penis.²

This is a wonderful article. I've contacted the author; they haven't responded so far, but maybe they will. I'd love to have one of them come to our journal club.

They discuss the somatic versus the autonomic nervous system.

This is prophetic because they emphasize that **until we really understand it, we can't think deeply about how to treat it.**

Let me just read this part to you:

The cavernous nerves [that's autonomic] originate in the vagus plexus, which is the component of the pelvic plexus and contributes to the urethral sphincter complex of the clitoris. Travel along at the 2:00 and 10:00 positions along the anterior vaginal wall and then the 5:00 and 7:00 positions along the urethra.

As you guys know, the autonomic nerves are coming from the ganglion along the lateral vaginal wall.

Then they join up with a dorsal nerve of the clitoris at the hilum of the clitoral bodies.

These studies highlight the need to study the cavernous nerves in adults. I'm sorry to read this to you, but I want to emphasize the need to define this anatomy better, preserve its integrity accurately in surgical cases, and understand how the anatomy might instruct medical and regenerative therapies.

To back up in time, starting about three years ago, it bothered me that there's a systems analysis chart for every system in the body but not one for orgasm and sexual arousal.

[Here's one for the digestive system<=](#)

The Need for Systems Analysis in Sexual Medicine

Why is it we get to have a poster for the system that digests food and not one for the desire that propagates the species, binds families, triggers war, inspires poetry and the making of money, and brings us to tears—sexual arousal and orgasm?

² Peters, Ndumele, and Uloko.

You can use it any way you want, including making a poster, please just leave the little thing at the bottom right corner that takes you to our website, where we can explain it more.

This has been a [project of mine for the past three years](#).

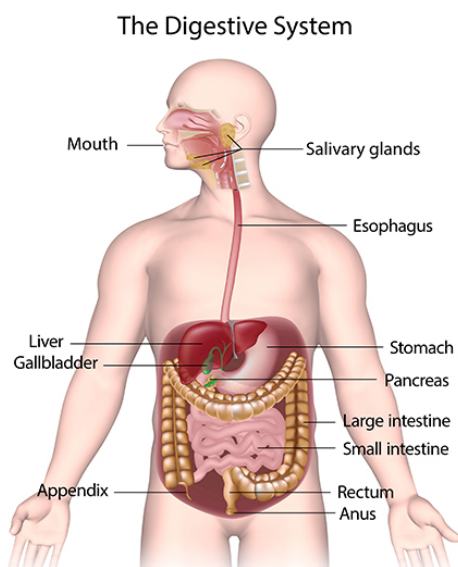


Figure 2. The digestive system poster shows everything, all the components that are working together simultaneously for the same purpose.

You must have a poster to assist with systems analysis because things are happening simultaneously. It's not linear like dominoes or how to put together a camp bed or the tent that you're going to camp in tonight. That's steps one, two, three, four, and five. But, with systems, everything is happening at the same time.

That's why you think in terms of systems analysis. If you suddenly have bronchodilators and you want to treat everybody with shortness of breath with bronchodilators, it won't work. Instead, you analyze what parts of the system are broken so you can tune it up.

We know that.

=>Next Hands-On Workshops with Live Models<=

I bored you talking about it, yet when you see people talking about how to treat sexual problems often, including our [Q-Shot®](#), it pains me to see sometimes

people attempt to use it to treat women without understanding what part of the orgasm system might be broken or what parts, what *components*.

There's a whole science of *systems analysis*.^{3 4}

Qo, starting about three years ago, give or take, maybe longer I don't know, I started thinking about the female orgasm system and drawing diagrams of what it would look like.

³ Cardinal-Fernández et al., "Systems Medicine: A New Approach to Clinical Practice."

⁴ Draghici et al., "A Systems Biology Approach for Pathway Level Analysis."

A system is defined as multiple components working together for a purpose. We learned that in science class when we were twelve years old, and the teacher put a poster of the cardiovascular system on the wall.

Obviously, the components that work together to reproduce a baby (the reproductive system) and propagate the human species are not the same components or purpose used to create sexual pleasure (the orgasm system). *There is overlap, but they are not the same.*

You can have systems within systems, so various systems are components of the human body system. The Earth is part of the solar system, which is part of the universe system.

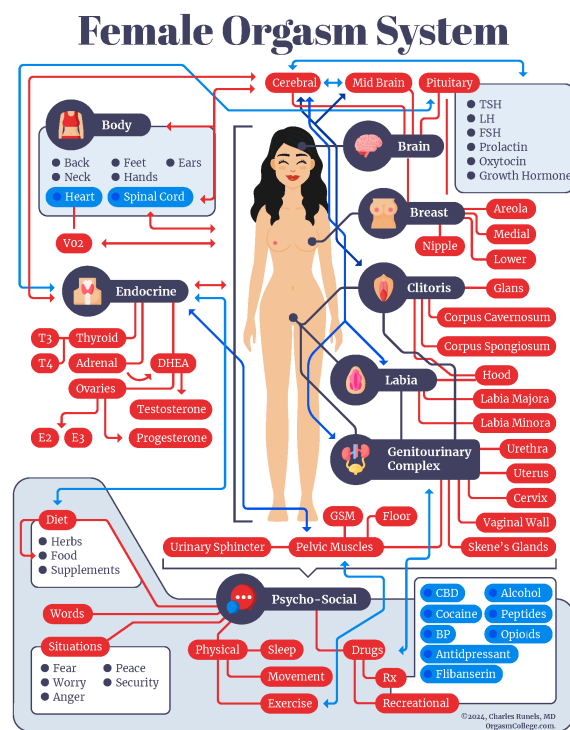


Figure 3. The Female Orgasm System

You use systems analysis all day long, so much so that it is boring to hear me talk about systems, and yet it hasn't been talked about regarding orgasm and arousal.

We need a poster for two reasons. One is to help us visualize everything we need to think about on one piece of paper—everything that's happening at the same time. The other is to give us a clear way to talk with our patients, so they realize that we can't just treat everything with one therapy; we must think about the rest of the system if they want optimal sexual health and function.

If you want to talk about orgasm to six-year-olds or to sixth graders, maybe you should, maybe you should not, but that poster never made it to the wall of your third-grade class next to the one about breathing.

As far as I can tell, that poster (the orgasm system) has never been made at all—until now.

How Thinking about Systems Spawned the Clitoxin® Procedure

Thinking about systems did exactly what these prophetic people predicted: if you start thinking about it, maybe you'll come up with new ways to treat it—to improve the system.

I didn't come up with anything new, really. If you look at the use of botulinum toxin for migraines, what is the mechanism? It's in a pharmacology journal. It's the mechanism of how botulinum toxin prevents



R Ramachandran and T L Yaksh

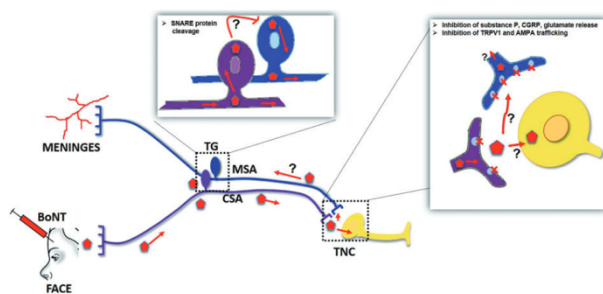


Figure 4. Mechanism of Migraine Prevention by BoNT

coming from the meninges, and you get prevention of migraine.

Now, that mechanism was also mentioned in one of the three double-blind placebo control studies looking at treating erectile dysfunction in men.^{6 7 8 9}

And two of them reported the flaccid penis was larger, probably secondary to increased parasympathetic tone by this mechanism. After injecting the corpus cavernous of the male, the botulinum toxin is transmitted or transferred by axonal transport to the ganglion, affecting the autonomic nervous system.

Take a breath.

⁵ Ramachandran and Yaksh, "Therapeutic Use of Botulinum Toxin in Migraine."

⁶ Abdelrahman et al., "Safety and Efficacy of Botulinum Neurotoxin in the Treatment of Erectile Dysfunction Refractory to Phosphodiesterase Inhibitors."

⁷ El-Shaer et al., "Intra-Cavernous Injection of BOTOX® (50 and 100 Units) for Treatment of Vasculogenic Erectile Dysfunction."

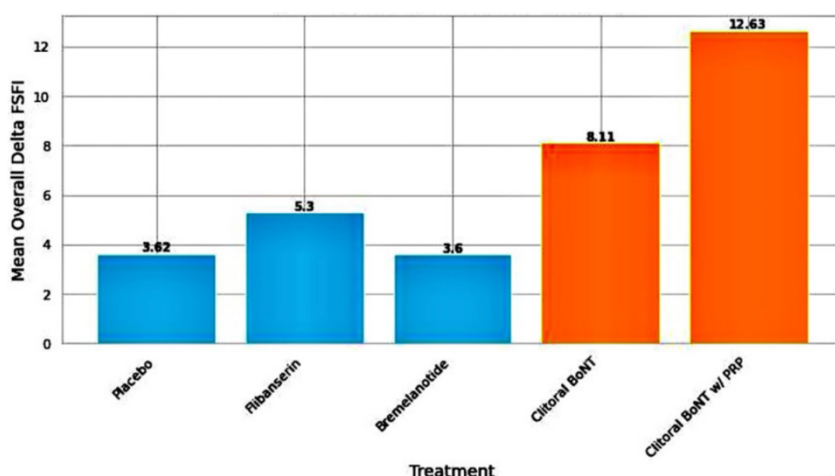
⁸ Giuliano, Denys, and Jousain, "Effectiveness and Safety of Intracavernosal IncobotulinumtoxinA (Xeomin®) 100 U as an Add-on Therapy to Standard Pharmacological Treatment for Difficult-to-Treat Erectile Dysfunction."

⁹ Giuliano, Denys, and Jousain, "Safety and Effectiveness of Repeated Botulinum Toxin A Intracavernosal Injections in Men with Erectile Dysfunction Unresponsive to Approved Pharmacological Treatments."

Think about that: multiple studies in the migraine research and three different double-blind placebo control studies showing improvement in men for ED. More than that have been published, but three double-blind placebo control studies show that it helps in men, and nothing has been published about the effects of BoNT when injected into the clitoris [until we published our study¹⁰].

I'm reading about all this and talking about it (how the autonomic nervous system is being affected by clitoral stimulation, and that is feeding back to the midbrain and that BoNT should improve sex). My brilliant wife said, well, let's try it—so she injected her own clitoris!

It worked like crazy, so we offered it to our patients and eventually published the results.¹¹



Our numbers showed that botulinum neurotoxin, [when used in the way we described](#), and clitoral botulinum toxin, increased the female sexual function index more than anything on the market. Here's a meta-analysis showing all of it.

And yes, the average placebo response in this meta-analysis is only 3.6. If we had a placebo response of eight or 12, it would be one of the highest placebo responses ever seen. It would be the most ever seen in a female sexual function index study.

Anyway, back to the point. The point is that ***if you think about the anatomy, if you know the anatomy, and if you know what the system is, you can be smarter about treating the system.***

One of the feminists wrote a book that set me straight.

¹⁰ Runels and Runnels, "The Clitoral Injection of IncobotulinumtoxinA for the Improvement of Arousal, Orgasm & Sexual Satisfaction- A Specific Method and the Effects on Women."

¹¹ Runels and Runnels.

She said, “It’s a cop-out to say women are complicated. It gives you an alibi for not figuring them out. We’re complicated, but it’s not an alibi for not studying and figuring out how we work.”

All right. I’m getting to the shocking comments by your colleagues, but let me show you a couple of other things.

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This study, which just came out, prompted me to talk about this subject: the innervation patterns in the clitoris.¹²

They make the point that the recent literature shows inconsistency in the number of nerve fibers because the number goes down with age. Pandit and Delancey also talked about this in one of their studies.¹³

When you give testosterone to a female, the number of fibers might go up, but they make a big point about the autonomic versus somatic nervous system, and they talk again about those cavernous nerves, which haven’t even been talked about much at all.

They discuss previous research showing that the dorsal nerve of the clitoris is composed of autonomic and sensory fibers. At the level of the pubic symphysis, the dorsal nerve of the clitoris is known to have contact with the cavernous nerves.

Anyway, it’s all tied together (somatic and autonomic).

And then they mention what the previous authors did, which is that *the reason there’s an orgasm gap is we don’t know what we’re talking about*

I disagree.

A Speculation about Premature Ejaculation

Part of the reason there is an orgasm gap is that doctors know less about the female anatomy and how to treat it, but part of the reason is, I think, from an evolutionary standpoint—the way men and women were designed

¹² Tunçkol et al., “Innervation Pattern and Fiber Counts of the Human Dorsal Nerve of Clitoris.”

¹³ Pandit et al., “Quantification of Intramuscular Nerves Within the Female Striated Urogenital Sphincter Muscle.”

If you look at other mammals, males were designed not to have sex for a long time; for example, cats and lions last a few seconds because you must get back to eating and fighting.

I think, from a biological standpoint, men are designed to have premature ejaculation. We have ways of getting around that now, as you know, and that's one of the things I write a lot about,¹⁴ ¹⁵, but I don't think we have an orgasm gap only because doctors don't read a textbook.

But if we're going to help women function normally, which means that orgasm or not, they're functioning to their normal, we must understand the anatomy. That seems like a basic idea that no doctor would disagree with.

You would think. But, read on.

A Social Experiment that Shows the Bias of Your Colleagues

I have to show you this social experiment. I didn't mean to experiment [when I wrote this article](#)¹⁶. When I read it the first comment, I thought, well, that's a one-off. Then another doctor commented, and I thought, that's a one-off.

And no, it wasn't.

It just goes on and on with doctors, doctors, MDs in 2024, proving that we still have a battle to fight.

And I like fighting battles if they're worthwhile and I don't get shot, but I was meant to do intellectual battles. I've got a son who's a soldier, 82nd airborne. He won't run from a bullet, but we all need a battle that's worth fighting. We need a battle worth fighting. And I would like to help you by offering you, instead of screaming and yelling about football, which you can do, that's okay if you want to do that. But try to be half as excited about the battle I'm suggesting, and most of you are because that's why you're on this call, but I'm suggesting that you embrace the idea that we really are at war with some major social problems, or perhaps not social problems, but social speed bumps.

Let me move over to show you what I'm talking about. Then I'll also show you the Wall Street Journal article with some tips about the new chatbots. And then we'll call it a night. Only 14 minutes in.

¹⁴ Runels, *Anytime...for as Long As You Want: Strength, Genius, Libido, & Erection by Integrative Sex Transmutation*.

¹⁵ Runels, *Extend Sex with ICU*.

¹⁶ "The Sexual Revolution Has Been Great -- For Men."

Simple little article. I quote another article where they surveyed; most of you remember when we talked about this brilliant article where they went to seven different medical schools in the Chicago area, and only one of them was teaching all the anatomy of the clitoris.¹⁷ And even in the OB-GYN department, they were not teaching about desire and orgasm in the female sexual function.

The point of that journal article was that wow, we really ought to teach doctors the female anatomy.

I brought up this 50 Shades special edition of Newsweek where they pointed out that there's a sex revolution where women are demanding that they be treated as appropriately and as scientifically, as strategically, which means understanding their system analysis idea.

You don't say that, but they want to be cared for. They want to be able to have good sex. However, the individual woman wants to define good sex for her and her lover, even if her lover is she's loving herself.

Simple little article that you wouldn't think that doctors would protest about.¹⁸

I'm so naïve!

Here's where the social experiment starts...

Let's read some of the comments;

One commenter says, "Just a thought. Is this not a societal? What's this got to do with medicine?"

You realize I'm talking about how we should be teaching the anatomy of the clitoris in medical schools and how research showed that only one of seven taught the anatomy? And a doctor comments, what's this got to do with medicine?!

I think it was two or three commentators (again, these are doctors) that even challenged the idea of examining the woman who was having a sexual problem to understand somehow, well, does she have phimosis of the clitoris where he can't even get to it? Does she suffer from lichen sclerosus? If she's having pain, does she have a torn episiotomy scar from the third baby that's now tearing and bleeding? Does she have? What's she got? Does she suffer from pelvic floor tenderness?

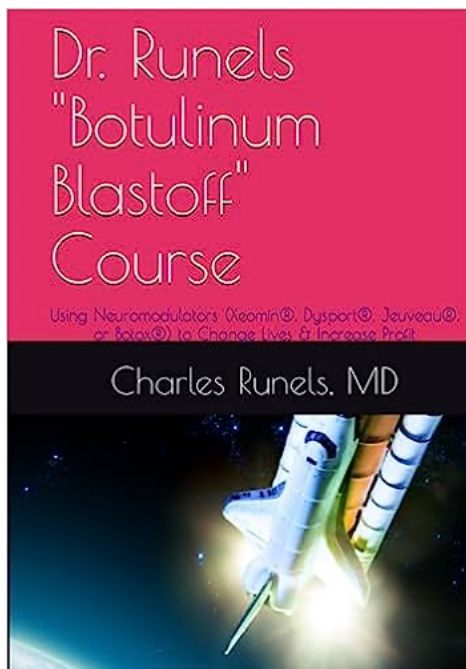
¹⁷ Codispoti et al., "Female Sexual Medicine."

¹⁸ "The Sexual Revolution Has Been Great -- For Men."

The guy I mentioned in my article that I do an informal survey, and I just asked doctors that have come to my courses for the past 15 years, has anybody ever taught you to pull back the hood of the clitoris and examine the clitoris?

You're taught how to pull back the foreskin and examine the penis. No one's ever told me yes to that question.

But to see if this is somehow sexually biased, let's swap it over. Suppose this article was about examining the penis, and he said, I'm not convinced that examining the penis has to do with medicine. That's a societal problem.



See how stupid that sounds?

If you swap the genders when reading these comments and realize that even to make a comment on Medscape, you have to prove that you're a doctor. I don't know, maybe you can be a doctor. I heard a lecture once where this doctor got an online PhD on his dog to prove you can do it. And so there was a time when getting a PhD, of course, a real PhD is a real PhD. I don't even know how you take the test to get admitted to that thing, but you have to have some credentials to even comment on that,

Okay.

In light of it, when women start paying for the date and ask the man to sleep over, we can start studying their anatomy. Let's flip that and say, "When men start going to work every

day and buying me big diamond rings, then we'll learn how to pull back the foreskin and examine for phimosis.

Do you see how biased this is? It borders on stupidity. But these are not stupid people. These are brilliant people. Let me calm down. These are brilliant people. This thread of comments demonstrates a very strong societal bias affecting how we train, learn, and allocate dollars and our days of thinking about how to take care of our female patients.

And so, of course, I'm preaching to the choir because you're on this call and want to do this. And so you're one out of probably a hundred, I don't know, a hundred, there's probably 300,000 people taking care of female clitorises in the United States. And we have about, I don't know, I think we have about 2,000 O-Shot® providers.

Whatever, you're less than one in a thousand to be in our group and on the call. You're the warrior, the person who said, I get it.

I'm saying thank you. Please understand that you are a rare person who understands how ridiculous these comments are.

But you notice this is most of the comments.

Okay, here's a good one. This Dr. Denson says, yeah. He says I had to learn about the stuff by reading. I didn't learn in medical school. There's one that gets it.

And then this one says, this is a doctor, get it. I'll ask.

He's quoting me, getting ready to ridicule me. I don't care. I've had so many people say bad things about me by this time. If you go online and you pick the right stuff, you can decide that I should be, I don't know, locked in a prison somewhere, and you read another, I could show you other things, and you might think I could walk on the water out here in the mobile bay and don't even need my boat.

It depends on what you read.

And what ***I've learned is to learn from my critics.***

You can't learn very much from your people who think that you're smart. I worry more about that because I'll get lazy and stupid if I start believing that.

But I like to study what my critics are saying. Listen, this is a doctor, okay? Watch this.

He says, "Please explain how you can actually think practitioners can do this without getting sued."

He thinks you're going to get a lawsuit because you examine the clitoris.

Now, let's flip that one and ask, "How are you going to examine a penis and pull back the foreskin without having a lawsuit"?

Isn't that disappointing?

This one has a smart answer: he says, "You get a consent form [to examine the clitoris]."

Do you need a consent form to examine someone's penis?

I never got a consent form to examine the penis or any other part of someone's body. I always have a female escort when examining a woman. But I do not need consent. But, somehow, we do examine the clitoris?

Remember, these are doctors.

It's a nice reply that's taking up for us. But you don't have to get consent to examine a prostate or even do a pap smear, do you? You get a general, you're my patient now, and whatever you do to establish that patient relationship. Last time I heard, all it takes to establish that is they walk into your office, you see them, examine them, and take care of them.

Now they're your patient. I never got a consent form to examine someone's throat or their vagina, but that's their solution that he thinks you're going to get sued if you examine a clitoris. It goes on and on. I'm not going to bore you with them all. But one says that, well, if you're basically not a sinner, I can't remember which Bible they read, but if you were not a sinner, you wouldn't need to do the exam at all.

Okay. If you're not a bad person, I don't need to look at your penis?

I don't get it.

I'll take a breath.

I will put the link in the chat box; go look at it.¹⁹ Please [say something smart on the forum if you have time](#), and help educate our colleagues. They are good and smart but need the education the research shows is lacking.

I hate to say this too much, but if you don't have an enemy, make one. They make you smarter.

I don't want a powerful enemy that crushes me. I think when you're at war, really the job when you're at a real war is to immobilize your opponent, to make them helpless, or they just get pissed off. But I don't like war. **But as Faraday said, you should embrace the people who don't believe what you say because they teach you.** They show you where your weaknesses are.

I've thought about these comments for three weeks, wondering what am I missing?

Is there something about this that is truly not medically appropriate? I can't find it, [but look at it. And hopefully, it'll motivate you to think more deeply](#) and rage the war to help make sex for women better.

And of course, I didn't show it to you, but using that, we did our little study with botulinum toxin, and that came directly out of, well, I'll give you a glimpse at it. I can go into the details. But that came out of this idea, and we got to catch up. And the first idea I had with PRP was [the P-Shot®](#). Before I ever did

¹⁹ "The Sexual Revolution Has Been Great -- For Men."

my face, I was doing faces to figure out how to do the P-Shot®. I haven't written the book yet because I've been too busy trying to catch up on the woman's side.

Send our research out to people.²⁰ Let people know that women must be discussed, thought about, and studied. I will make posters of that thing and sell them at cost or give them away. I don't know what to do, but I'll have posters. I'm revising it now.

Let me know **if you have ideas about how to revise that poster. It's been three years, but it's getting close.** I'm down to changing minor things. But obviously, you can take any component of that and go as deep as you want.

Help me think about this: Did I leave off a major component?

What would you put on there that I left off?

Should you be nice to your Chatbot?

This came out today, but I thought it was fascinating and helpful.²¹

They found that it is often not very smart when you get ChatGPT to research for you. But if you need to summarize something, it's good at that. Like say, if you're writing a paper, you need some tag words. I've tried to get it to edit our journal clubs, but it just goofs it up. I've had to go search the internet for stuff, and it goofs it up. But I teach it a lot in my marketing class about how to take a bunch of information and, say, maybe three or four web pages, move it around, condense it, and change it into something. It can summarize and write if you tell it what to say.

It's not good for originality.

I think it sounds like a third-grader book report. And often it's wrong. On the other hand, what it does, it does very, very well.

This is the Wall Street Journal article “Should You Be Nice to Your Chat Bot?”

They found that it gives you a better answer if you're nice to it. They did the studies, and Microsoft admitted that it's taught to respond like a person. If you're rude to it, it's rude back and doesn't try as

²⁰ Runels, “The Clitoral Injection of IncobotulinumtoxinA for the Improvement of Arousal, Orgasm & Sexual Satisfaction- A Specific Method and the Effects on Women.”

²¹ Rana, “Should You Be Nice to Your Chatbot?”

hard. And some people even faked it off us, saying they would tip it some money, but they didn't (you can't). And it liked that. I've usually been rude to mine (by not telling it thank you, etc). It made no sense to me to be courteous to a chatbot.

But I've just started; you can't argue with the research. If you get to do something, it helps to know what helps it work better. It's trained to think like a human. Even in multiple languages, they looked at it in Japanese, and they looked at it in lots of different ways.

You get a better result if you take the time to say thank you. Would you please do this? And I don't know, I've talked dirty to mine sometimes, and it just... I've probably made mine angry, but whatever.

Be nice to your chatbot.

I'll put the link to the Wall Street Journal article in the chat box. And I think with that, unless you guys have questions, we'll call it a night. If I was going to think of what to do with tonight's to make you a better doctor and help you find people, I mean, that's the goal of it, right?

We want to be, okay, there it is. I put the link to the Medscape article into the chatbot thing. I think everything I gave you is open source.

Talk to people about how you understand it. You're on a mission to help women. Letting people know you've declared war on disease is okay. They want a physician who's angry at problems. They don't want some lukewarm person.

I read, and last thing I'll tell you, a little antidote. I read a detailed documentary by a New York Times journalist who was documenting his battle with prostate cancer. He said he didn't really like his urologist that much because he felt like he was on a conveyor belt, but he loved his emergency room physician because the ER doctor seemed extremely angry when the journalist showed up in the ER because he had urinary obstruction and needed a foley catheter.

The ER doctor seemed angry at the prostate cancer.

Your patients want you to be a warrior.

People will love you if you have a sincere desire to treat women and a sincere desire to declare war on diseases that take away their sexual pleasure and all that goes with it with self-esteem, family relationships, and creativity. And I could go on. Studies have shown that sexual dysfunction even affects the emotional health of the children in the family.

If that's the war you want to declare, let your patients know it, and they will love you for it. And they will send you all their friends.

Okay, let's see if there are questions.

Thank you, Heidi. Heidi says it's true. She always says please and thank you to her chatbot, and she gets a better answer.

Okay, thank You. Have a great night.

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Tags

Journal Club, clitoris research, penis studies, anatomy comparison, somatic nervous system, autonomic nervous system, cavernous nerves, urethral sphincter, orgasm system, systems analysis, sexual health, sexual dysfunction, clitoral innervation, pelvic plexus, clitoral anatomy, orgasm gap, male premature

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