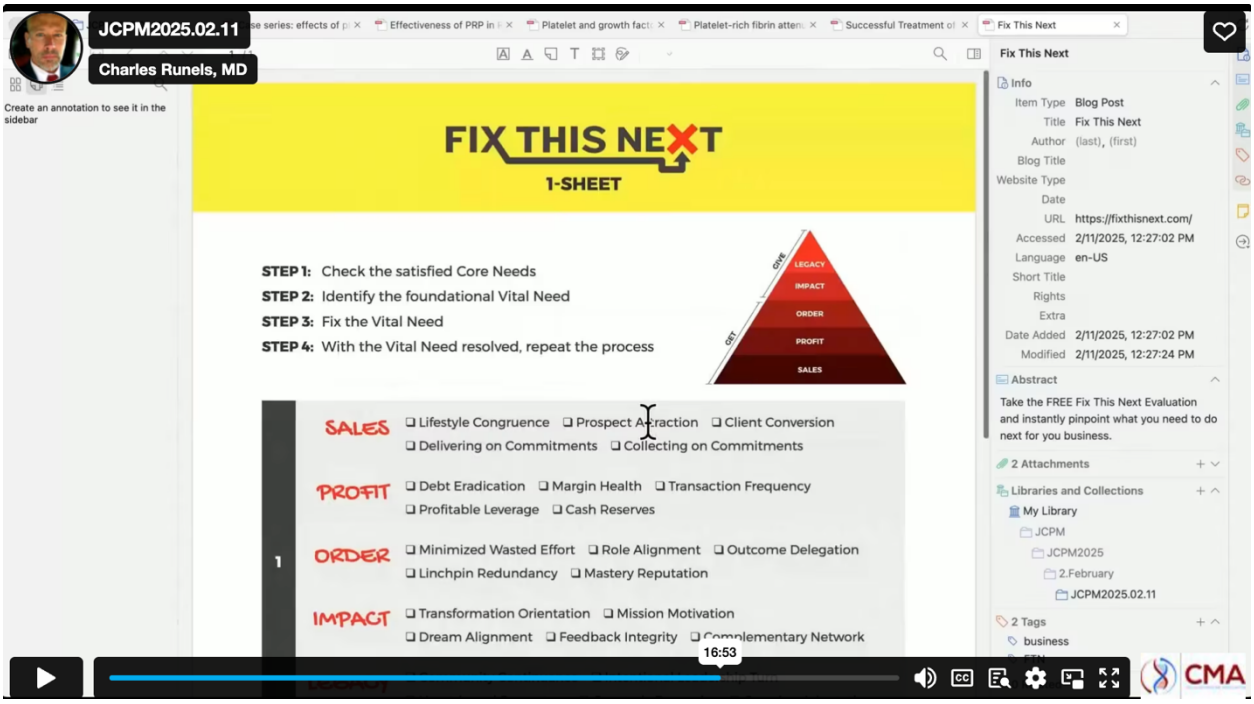
JCPM2025.02.11

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

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



Topics Covered

- PRP and Muscle Strength
- PRP to Prevent Infection
- A Comparison of PRP-Preparation Kits
- Treating Rosacea with PRP
- A Simple, Quick Survey to Help You Choose the Best Next Step for Your Business

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. Thank you for being here. As usual, 20 to 40 interesting papers about cellular therapies come out every week, and I'm trying to pull the three to six that I think are most helpful clinically. The test is whether it will help us better care for our people by either teaching us something new, changing what we're doing, or reassuring our patients or us that we're doing the right thing.

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

I had another question today about business. It's shocking to me. Most of you know I went broke twice, and hopefully, I feel like I learned something both times. I'll be turning 65 this year after doing something for money since I was 13 years old. I'm shocked that physicians do as well as they do, but the more I learn about business, the more I understand how little I knew when I came out of medical school.

But as things have worked out for me and as I've, more importantly, watched what's happened with our physicians who do very well. We have nurse practitioners making in the millions in our group, and then we have high-end Ivy League trained surgeons who struggle, and some struggle in little towns, and some get rich in little towns, and the same in big cities. It doesn't seem to matter so much, I think, where you are or even the letters behind your name. What seems to make the most difference, in my opinion, has more to do with if you're assuming excellence at your art, your medical art; it has to do with how to think about the business. And I've been lucky enough to observe what's happening with our people together with what's happened with me.

For example, ***we had people who grew their practice during the COVID-19 lockdowns*** and then people who closed their practice during COVID-19. So, I'm trying to include a few of those tips at the end of every meeting for those of you who are looking for what I'm noticing about the business side of our practice.

But let's jump into the medicine first, and I've put these papers in your handout section.

PRP and Muscle Strength

Even though I'm not an orthopedic surgeon and I don't treat knees as much as I did when I was an internist and an emergency room physician, it interests me because, of course, when you're treating the female pelvis, you're also treating muscles. And this was somewhat disappointing. Interestingly, they had 12 cases in which they looked at anterior cruciate ligament reconstruction, looking at what happened with the muscle.[1] Since they did the left and the right side, on one side, they put saline on the left, and on the right side, they used platelet-rich plasma.

It was somewhat disappointing because there was a difference, but it was not statistical when they measured strength.

[1] De Castro Pochini et al., "Case Series."

So, I'm not sure what to make of that. They're going to extend the study.

The number of people is small, and it does not coincide with previous studies,[2] [3] but I wanted you to know about this conflicting study.

There was, however, one sign of propaganda. I will explain.

As you know, I have my doubts about saline as a placebo in studies like this.[4] [5]

The other reason I wanted to bring this up is that they bring out a point that we don't talk about much: the question in the sports medicine literature about the systemic effect of injecting platelet-rich plasma. For some time, PRP was banned from sports because the systemic effect was thought to be that dramatic. One study showed that serum IGF-I goes up after injecting PRP.[6] [7] Well, IGF-I or somatomedin C goes up when you inject growth hormone.

So, they bring out the point, which is a very good one, that if there is some of that crossover effect, then if you have the same person and you're doing placebo on one side and PRP on the other, that maybe that would attenuate the results.

So, you'd have two reasons why your saline placebo might not be a complete placebo.

Something similar happened. We saw a study on hair growth about two months ago where someone reviewed the split scalp studies, looked at the results with platelet-rich plasma, and compared it with the studies where different people were used instead of the same scalp. And the people in the studies where it was split scalp, it was a much less result because their theory was that you're getting a more overall effect when your placebo was on the same head.[8]

---

[2] Middleton et al., "Evaluation of the Effects of Platelet-Rich Plasma (PRP) Therapy Involved in the Healing of Sports-Related Soft Tissue Injuries."

[3] Aguilar-García et al., "Histological and Biochemical Evaluation of Plasma Rich in Growth Factors Treatment for Grade II Muscle Injuries in Sheep."

[4] Asghar et al., "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars."

[5] El-Amawy and Sarsik, "Saline in Dermatology."

[6] Banfi, Corsi, and Volpi, "Could Platelet Rich Plasma Have Effects on Systemic Circulating Growth Factors and Cytokine Release in Orthopaedic Applications?"

[7] Wasterlain et al., "The Systemic Effects of Platelet-Rich Plasma Injection."

[8] Gupta and Bamimore, "The Effect of Placebo in Split-Scalp and Whole-Head Platelet-Rich Plasma Trials for Androgenetic Alopecia Differs."

If you ask the NFL trainer, you tear your muscle, and you're getting PRP in the muscle. I heard a beautiful lecture by someone who takes care of the high-end NBA and NFL athletes—they all get PRP when they tear their muscles.

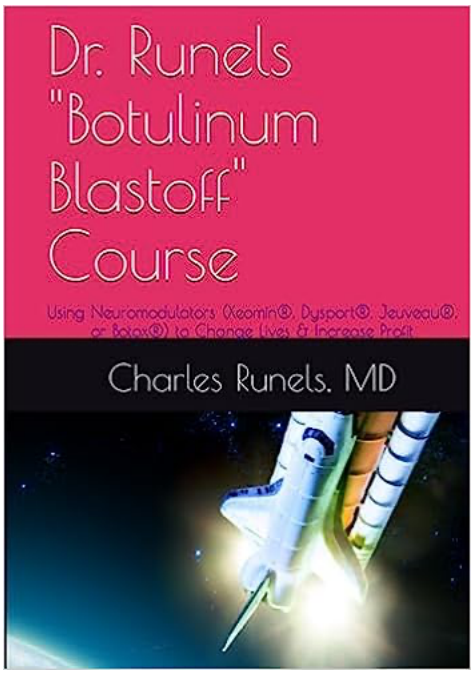
And so that's not a study, but it's, I think, a strong clue because athletes know they know when they don't get well, and they know when they do get well.

So, you can judge what's coming by watching what's happening with the NFL and the $50 million racehorses.

PRP to Prevent Infection

This was another study showing the effectiveness of preventing infection and improving wound healing.[9]

We've done a lot about diabetic stasis wounds in the lower extremities, but we don't cover too much in dentistry. But I think considering the non-sterile nature of the mouth and, of course, lots of blood flow, they are less likely to get infected, but they do. This was a study with 100 people, I think, and significantly statistically, there was less infection, less pain, and better healing with PRP.



We're going to talk about lichen sclerosus, but I think it's wonderful to contemplate this because when you're treating lichen sclerosus, which is in the next paper coming up, when you're we're treating lichen sclerosus, you must block the autoimmune response that's thought to be causing the sclerotic and ulcerative skin breakdown.

But even if you instantly snap your fingers and you have magic and all that [the autoimmune process] stops, you'd still be left with skin that needs to heal. So, having something that both promotes healing, cuts down on infection, and attenuates the autoimmune response is magical.

And then when you consider that about three weeks ago, we covered a study that showed that non-melanoma skin cancers could be partly prevented or even treated by platelet-rich plasma[10], that's encouraging, of course, since you have, last I read, a 10% chance of developing squamous cell when you have lichen sclerosus.

---

[9] Deshpande et al., "Effectiveness of PRP in Reduction of Localized Alveolitis in Young Adult Patients."

[10] Dohle et al., "Effect of Liquid Blood Concentrates on Cell Proliferation and Cell Cycle- and Apoptosis-Related Gene Expressions in Nonmelanoma Skin Cancer Cells."

I don't want to say that's a known thing. We know PRP attenuates the autoimmune response, and this is, I don't even know how many papers we now have on wound healing and treating infection. As of this morning, there were almost 18,000 papers on PubMed about platelet-rich plasma, and many of them were about wound care. But we don't have as many about preventing or treating cancer. We had three so far that have come out that indicate that perhaps PRP might help prevent or even help with the treatment of breast cancer, but early, early, early ideas. But encouraging. The reverse would be disturbing.

A Comparison of PRP-Preparation Kits

Okay, and then this one; you can download it.[11] They looked at some of the PRP systems head-to-head, and they didn't put Regen on here, which, as you guys know, is the one that I reach for a lot. And I don't see PureSpin on here. I've used Selphyl and Magellan, and if you look at the prices, that's interesting. There was a pretty big difference in price.

But then, if you look at the price, I like to measure the price per CC of PRP. This is not exactly right because with Magellan, depending on how you're preparing it, you can get 10 CCs instead of two, which would make it $50 per CC depending on how much you're concentrating it. But by the degree that they concentrated it, which is what they put in their charts, you realize if you did the 10, their platelet count would be a third.

I'm not so sure about how they decided on Selphyl; if you spin a Selphyl kit, you're more likely to get about four CCs, but that's your price.

So, the pricing is a little bit skewed, but the overall idea is there because they've decreased them all by the same proportions.

Because we own the trademarks, we own the patient's attention, and any kit that is FDA-cleared, in my opinion, is acceptable. **But it does need to be FDA-cleared for preparing blood to go back into the body**. And I think you should look at their numbers and see what they're doing. And I'll sometimes even send a sample to the lab. You must warn the pathologist that it wasn't a blood sample, but you can send your PRP to the lab and get a cell count on it, just like they did. So that, and then one more, and then the business, and I'm going to come in under 30 minutes.

A Proposed Mechanism for How PRP May Be Helping Lichen Sclerosus

This one talks about both people and mice and gives a detailed explanation of how platelet-rich plasma or platelet-rich fibrin might be working to help with lichen sclerosus.[12]

---

[11] Kushida et al., "Platelet and Growth Factor Concentrations in Activated Platelet-Rich Plasma."

[12] Sun et al., "Platelet-Rich Fibrin Attenuates Inflammation and Fibrosis in Vulvar Lichen Sclerosus via the TGF-β/SMAD3 Pathway."

We still don't have a complete understanding of what causes lichen sclerosus.

Of course, there are many other factors involving the treatment. For example, we just talked about how you're not just blocking the autoimmune response[13] [14] [15]; you're promoting healing. But at least this mechanism is at play. And even though it's a tough read for a layperson, I think you still share it with your lichen sclerosus patients. When you've got something that horrific, you read a lot, and many of them will be able to read this top to bottom better than some of your colleagues.

And even if they can't, it gives them more assurance that we're doing something backed by science.

I know that people talk about how you should never say anything to your patients that they don't understand. I don't really think that's right. I think if you do that, you're talking down to people. I think you do make sure that they understand the main points of what you're trying to communicate, but if you try to make it so they understand every word that you say or show them, then really doesn't display how smart you are. There's some reassurance to knowing that your doctor knows words you don't know and might be able to read this and understand it better than you can. You don't intentionally confuse people, but I always squirm when I feel like someone's asking me to dumb myself down and your patients don't want that. So be as smart as you are.

Share this with your people. Tell them that you've got some more research. This is just out. You can look at the dates that just came out this month and share them with your people. They'll thank you for it.

We have the protocols on our membership website. The short version is that you're going to treat them every six weeks or so, and we recommend some adjunctive UV lights, how we follow up, and all that.

Treating Rosacea with PRP

This is quick but important.[16] We've covered several papers about treating rosacea with PRP. Many people in our group have treated Rosacea with PRP, and it works. So, here's a paper that supports that as well—and it's not so uncommon either.

---

[13] Behnia-Willison et al., "Use of Platelet-Rich Plasma for Vulvovaginal Autoimmune Conditions Like Lichen Sclerosus."

[14] Vazquez et al., "Alopecia Areata Treated with Advanced Platelet-Rich Fibrin Using Micronization."

[15] Rekik et al., "Efficacy of Autologous Platelet-Rich Plasma in the Treatment of Vitiligo."

[16] Pang et al., "Successful Treatment of Complex and Refractory Rosacea Using Platelet-Rich Plasma Injection Therapy."

You shoot that paper out as an email if you want to treat this condition. I call this webinar Journal Club with Pearls and Marketing and my marketing is always, almost without exception, educational.

So, for marketing, write a simple little email that says, "Hey, we had some research that came out just this month about rosacea. Sunshine's coming back. If this is something that you've struggled with, I have a way of helping you with it."

You put a link to this paper, your phone number, and shoot it to your people.

And even though the people who read it may not have rosacea, they know someone or their sister or who's pregnant or someone they know has a problem with it and they'll come see you.

And those who don't come to see you who are reading your emails will say, "Hey, my doctor's smart and staying up to date," and they'll respect you for it.

Surprisingly, they'll call and come see you for their repeat Botox visit just because you sent them research about rosacea because they have more respect for you, and you reminded them you're out there cheering for them and working to learn how to better care for them.

A Simple, Quick Survey to Help You Decide the Best Next Step for Your Business

A couple of weeks ago, I mentioned a book called Profit First. The author, Michalowicz, has written about half a dozen business books. Profit First[17], I think, is very useful if your business is not as profitable as you would like, especially if you feel like everybody's getting paid but you. It may not be what you need, though. But if that's your feeling, then that's a place to start.

But if you're trying to figure out the best next step for your business, this is the best summary I've seen. It's in his book *Fix This Next*.[18]

It's been out for a few years, and I recently reread the book and thought about it, so I thought this would be a good tool to show you. You can download it at his website: FixThisNext.com

It puts you through a little test. It takes about five minutes. It helps you figure out which one of these things you do.

But the idea is that just like with your person, you have this hierarchy of needs that starts with you need air and food, and then at the top, you get self-realization, and in between, you get sex and all that.

Well, a business has a hierarchy of needs. And if you're trying to think about self-realization, but you can't breathe, well, maybe you got things out of the wrong order. And same thing with a business. If you're worried about leaving a legacy but you can't pay the light bill, maybe it might motivate you to

[17] Michalowicz, *Profit First*.

[18] "Fix This Next."

think about those things. But this was a very well-thought-out plan for trying to figure out the next thing to do. And for most of the physicians I speak with that are in our group, they're still on the sales level. So sales are at the bottom. But many in our group are way up here on the legacy. They've got multiple clinics. They're printing money. They have patients, many patients, thousands, that love them, and they've changed their lives, and they're figuring out how to make it a legacy so that it goes on without them.

But these five or six things are where most people who are struggling should start (see the video or the website).

And the first one is just deciding how much money you need to live on. It sounds cliche. I'm not saying make a budget, I'm just saying count up what you need to buy every month. This is the part where I think physicians go wrong. Not just how many patients you need, but how many of the top three things you like to do you need.

So you get to create your day by talking about the things that give you the highest value, and that's usually also the best for your bank account.

And when you figure out how many of those I need per week, per month to live this lifestyle, then the next is attracting those people. If it's just come see me because I'm smart and I have a cool clinic with a pretty office and I'm doing these 16 things and we're giving 20% off because Valentine's Day is coming up, I don't think that's as strategic and it doesn't seem to be working as well for the people that struggle in our group. What I see more effective as people who decide, "These are the things I'll keep doing what I do that is paying the bills, but this thing or what I would really most like to do." And then they start writing about it with emails and doing videos and making a web page and going to meetings and talking about it. And then they have their website set up to educate people more about it. And that winds up, people make appointments. And then you're left with actually doing it in an excellent way.

And then this part is less of a problem if you're doing what I suggest, which is you not having a lot of credit in your office, but he's referring there to collecting money from people who owe it to you. But I think anything under about $3,000, just let them use their credit card. If they don't have $3,000 on their credit card, they may have trouble paying you. Just do it for free if you can or don't treat them.

However, once you start offering procedures above $3,000 or $4,000, then using some of the services to help people with finances makes sense.

But you become the finance department, you have to collect it because you decide, "Okay, you can pay me $100 a week," or whatever it is; I think that usually leads to physicians walking away without anything. So check it out.

I think with that, we'll end it. It's almost 30 minutes. And again, you can pick this up on his website. He suggests you just put this on your wall somewhere, and when you want to work on your business, then you can use it as a guide to what you should do next.

Okay, hope that was helpful to you. Thank you for being on the call.

References

Aguilar-García, Daniel, J. Andrés Fernández-Sarmiento, María del Mar Granados Machuca, Juan Morgaz Rodríguez, Pilar Muñoz Rascón, Rocío Navarrete Calvo, Yolanda Millán Ruiz, et al. "Histological and Biochemical Evaluation of Plasma Rich in Growth Factors Treatment for Grade II Muscle Injuries in Sheep." *BMC Veterinary Research* 18, no. 1 (November 12, 2022): 400. https://doi.org/10.1186/s12917-022-03491-2.

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 (June 24, 2019). https://doi.org/10.21649/akemu.v25i2.2867.

Banfi, G, M M Corsi, and P Volpi. "Could Platelet Rich Plasma Have Effects on Systemic Circulating Growth Factors and Cytokine Release in Orthopaedic Applications?" *British Journal of Sports Medicine* 40, no. 10 (October 2006): 816. https://doi.org/10.1136/bjsm.2006.029934.

Behnia-Willison, Fariba, Nina Reza Pour, Behrang Mohamadi, Nadia Willison, Madeleine Rock, Ian W. Holten, Robert O'Shea, and Joseph Miller. "Use of Platelet-Rich Plasma for Vulvovaginal Autoimmune Conditions Like Lichen Sclerosus." *Plastic and Reconstructive Surgery Global Open* 4, no. 11 (November 23, 2016): e1124. https://doi.org/10.1097/GOX.0000000000001124.

De Castro Pochini, Alberto, Anna Carolina Bueno, Roque Antonio Cury Mattos, Benno Ejnisman, and Moises Cohen. "Case Series: Effects of Platelet-Rich Plasma (PRP) on the Recovery of Bilateral Muscle Injuries after Removal of Semitendinosus and Gracilis Grafts in Bilateral Anterior Cruciate Ligament (ACL) Reconstruction." *Journal of Surgical Case Reports* 2025, no. 2 (February 1, 2025): rjae641. https://doi.org/10.1093/jscr/rjae641.

Deshpande, Archana D., Vertika Dubey, Gokul Venkateshwar, Ponnamma, Sahil Maghu, and Sadaf Rahman. "Effectiveness of PRP in Reduction of Localized Alveolitis in Young Adult Patients." *Journal of Pharmacy and Bioallied Sciences* 16, no. Suppl 4 (December 2024): S3515. https://doi.org/10.4103/jpbs.jpbs_1035_24.

Dohle, Eva, Lianna Zhu, Robert Sader, and Shahram Ghanaati. "Effect of Liquid Blood Concentrates on Cell Proliferation and Cell Cycle- and Apoptosis-Related Gene Expressions in Nonmelanoma Skin Cancer Cells: A Comparative In Vitro Study." *International Journal of Molecular Sciences* 25, no. 23 (January 2024): 12983. https://doi.org/10.3390/ijms252312983.

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.

"Fix This Next." Accessed February 11, 2025. https://fixthisnext.com/.

Gupta, Aditya K., and Mary A. Bamimore. "The Effect of Placebo in Split-Scalp and Whole-Head Platelet-Rich Plasma Trials for Androgenetic Alopecia Differs: Findings from a Systematic Review with Quantitative Evidence Syntheses." *Journal of Cosmetic Dermatology*, January 31, 2022. https://doi.org/10.1111/jocd.14813.

Kushida, Satoshi, Natsuko Kakudo, Naoki Morimoto, Tomoya Hara, Takeshi Ogawa, Toshihito Mitsui, and Kenji Kusumoto. "Platelet and Growth Factor Concentrations in Activated Platelet-Rich Plasma: A Comparison of Seven Commercial Separation Systems." *Journal of Artificial Organs* 17, no. 2 (June 2014): 186–92. https://doi.org/10.1007/s10047-014-0761-5.

Michalowicz, Mike. *Profit First: Transform Your Business from a Cash-Eating Monster to a Money-Making Machine*. Reissue edition. East Rutherford: Portfolio, 2017.

Middleton, Kellie K, Victor Barro, Bart Muller, Satosha Terada, and Freddie H Fu. "Evaluation of the Effects of Platelet-Rich Plasma (PRP) Therapy Involved in the Healing of Sports-Related Soft Tissue Injuries." *The Iowa Orthopaedic Journal* 32 (2012): 150–63. http://www.ncbi.nlm.nih.gov/pubmed/23576936.

Pang, Xinyue, Lisha Tan, Boyu Zhao, Xiangjun Kong, Huiping Wang, and Shuping Hou. "Successful Treatment of Complex and Refractory Rosacea Using Platelet-Rich Plasma Injection Therapy: Case Series and Review of the Literature." *Journal of Cosmetic Dermatology* 24, no. 2 (2025): e70031. https://doi.org/10.1111/jocd.70031.

Rekik, Mariem, Madiha Mseddi, Kammoun Nadine, Khadija Sellami, and Hamida Turki. "Efficacy of Autologous Platelet-Rich Plasma in the Treatment of Vitiligo : A 10- Patient Prospective Study." *Journal of Cosmetic Dermatology* n/a, no. n/a. Accessed May 17, 2022. https://doi.org/10.1111/jocd.15050.

Sun, Shu-Hong, Hong-He Fan, Xiao-Wei Wang, Bo-Dong Bing, and Yuan-Jing Hu. "Platelet-Rich Fibrin Attenuates Inflammation and Fibrosis in Vulvar Lichen Sclerosus via the TGF-β/SMAD3 Pathway." *Archives of Dermatological Research* 317, no. 1 (February 7, 2025): 360. https://doi.org/10.1007/s00403-025-03811-0.

Vazquez, Oscar Adrian, Rachel H. Safeek, Jacob Komberg, and Hilton Becker. "Alopecia Areata Treated with Advanced Platelet-Rich Fibrin Using Micronization." *Plastic and Reconstructive Surgery Global Open* 10, no. 1 (January 18, 2022): e4032. https://doi.org/10.1097/GOX.0000000000004032.

Wasterlain, Amy S., Hillary J. Braun, Alex H.S. Harris, Hyeon-Joo Kim, and Jason L. Dragoo. "The Systemic Effects of Platelet-Rich Plasma Injection." *The American Journal of Sports Medicine* 41, no. 1 (January 1, 2013): 186–93. https://doi.org/10.1177/0363546512466383.

Tags

PRP, platelet-rich plasma, platelet-rich fibrin, lichen sclerosis, wound healing, autoimmune response, business tips, medical business, ACL reconstruction, muscle healing, intramuscular PRP, IGF-I, somatomedin C, sports medicine, rosacea, regenerative medicine, PRP systems, Magellan, Selphyl, Purespin, Regen, red blood cells, white blood cells, growth factors, dentistry, infection prevention, skin cancer, business hierarchy, Profit First, Fix This Next, Mike Michalowicz, marketing strategy, patient education, medical protocols, physician entrepreneurship, clinic growth, legacy building, email marketing, journal club, medical studies, research updates, regenerative therapy, COVID practice management, UV light therapy, business coaching, regenerative products, Utah healthcare laws, Kennedy administration, cosmetic practice, Botox, business legacy, patient retention, Charles Runels

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* <=

=> 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 <=