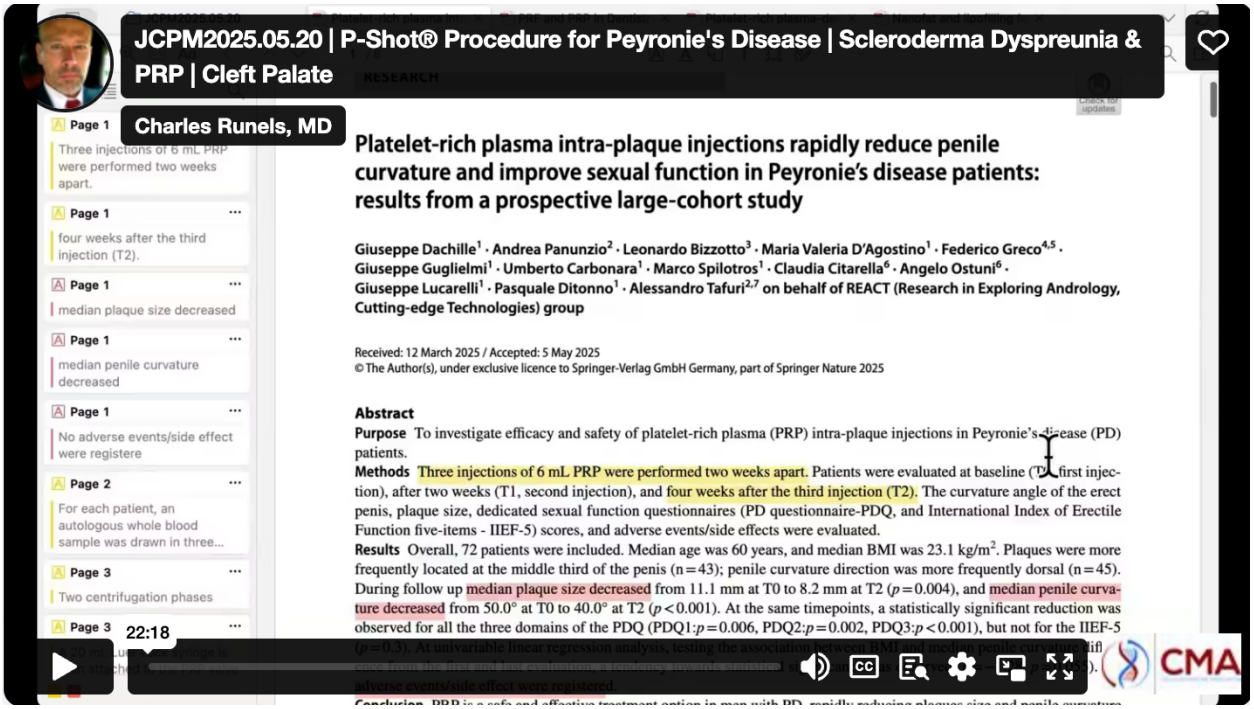
JCPM2025.05.20

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of May 20, 2025, with Charles Runels, MD.

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



Topics Covered

- PRP vs. PRF
- Why Cleft Palate Repair Matters Even if You Only Care for Adult Women
- PRP to Help with Chemotherapy
- PRP Derived Exosomes for Wounds
- When to Go With the Flow (and the Physician as a Person)
- O-Shot® for Scleroderma
- P-Shot® Procedure for Peyronie's Disease
- Here's an Email You Could Send
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- Useful Links

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Transcript

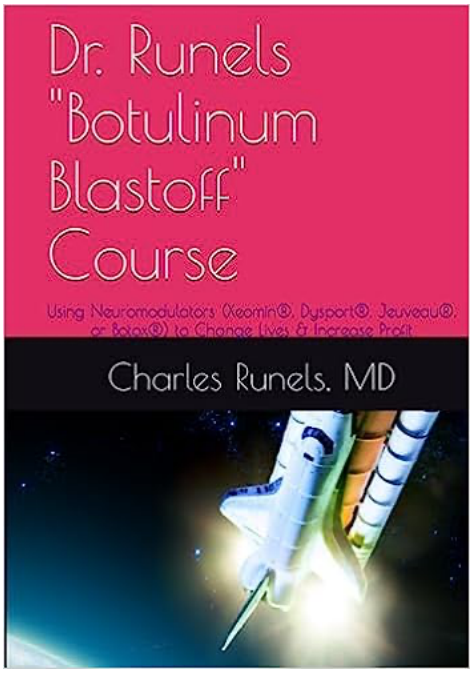
Welcome to our Journal Club.

We have two very good, landmark, supportive papers of what we do and others of interest.

Especially if you're doing the P-Shot® or the O-Shot® procedures, you're going to find today very encouraging.

PRP vs. PRF

This first paper, I get so many questions about about PRP versus PRF, and I include it here because of those questions.[1]



I like for us to think about all the different ideas. And part of the advantage of our group is that we are modifying our procedures as new science comes out and as our members think of new techniques. The dentistry profession was doing PRP at least a decade before we were with the idea that they had often hard to heal tissue with poor vascularization. And so they, out of necessity, went looking for ways to help with their surgery. And those in the GYN and the urology and facial plastic surgery space didn't have to deal with that.

So when I first picked up platelet-rich plasma in 2010, early 2010 when it was starting to make its way into cosmetic medicine, but not yet into sexual medicine, when I would speak with a dentist or veterinarians or even equestrians, they knew all about platelet-rich plasma. And the sports medicine people knew and the athletes knew, but most gynecologists did not know what it was about.

[1] Acerra et al., "PRF and PRP in Dentistry."

For example, I taught a class up in Maine near the L.L. Bean store, and there was a lady who showed up as a model and she said, "Oh, we've been using this in our horses for years. So yes, I see what it does. I want an O-Shot®."

And so I like watching the dental research because they are a decade ahead of us. They quit wondering if platelet-rich plasma does anything and they're more focused on the variations that might be used to make it work better.

So I'm putting this here and it'll be in the handouts when I shut down the meeting today. But clinically, my advantage of course is that I'm listening to our 2000-plus members and I'm hearing multiple problems arising when PRF is used with our procedures.

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I'm still of the mind that PRF is more useful in wound care than in an O-Shot® or a P-Shot® or even cosmetic medicine.

Problems with PRF

One of our providers had a near miss with some signs of vascular occlusion when he put PRF in the lip and was able to recover circulation. But there was a few moments there of worry. And we don't see that with PRP.

The same thing with the P-Shot®. I've had multiple emails sent to me by both patients and doctors where problems happen with PRF that we don't see with PRP.

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I'm not saying we don't keep track of it, and I'm not saying there's not usefulness in it, but so far I think ***if you're doing P-Shots® or O-Shots® especially, and also for the Vampire Facelift®, I think you're better off sticking with PRP instead of PRF***.

And I concede that at least something I say today will be proven wrong and absolutely wrong sometime in the future. But that's what I'm seeing from the research, and I wanted you to have that.

Why Cleft Palate Repair Matters Even if You Only Care for Adult Women

Most of us don't do cleft palate repair, but this is another paper that talks about how useful PRP is in that situation.[2]

And the reason I like these papers, even for those who are not doing facial plastic surgery, is of course we have similar problems when you're treating an episiotomy scar or scarring of any kind: for example, the chronic sclerosis and scarring that happens with lichen sclerosus, in some ways Peyronie's disease is

[2] Elsamna et al., "Platelet Rich Products in Cleft Palate Repair."

remodeling a scar, and then sometimes we're just treating scars where someone had an umbilical piercing or a surgical scar. I've treated basal cell scars from skin grafts, zoster scars, and of course acne scars.

So I think it's encouraging to see these papers come out that support that idea of using PRP to help with scars. I think one of the hindrances to medical progress is people, all of us, especially me, I try to force myself not to do this, but being caught in our fish tank, so to speak. And we're looking at the research in our arena and not noticing other arenas.

Of course, the same thing happens in business. So often the people who are successful in business just take an idea that's succeeded in a different kind of business and just drag it over into theirs. When I started doing PRP in the genitalia, I was just treating the genitalia with the same idea that if causes neovascularization and neurogenesis and scar remodeling in the face, then it should happen with the scarring and vascular problems that happen in the vagina and the penis. And turns out that was a useful direction to go in. So having these papers, even if you're not doing cleft palate repair, I think is reassuring.

PRP to Help with Chemotherapy

This one, again, I don't have as much of a direct usefulness for it too, but I've not seen anything in this category before: PRP for the side effects of chemotherapy.[3]

The effect of autologous cytokine-rich serum and platelet-rich plasma on oxidative status minerals and pro-inflammatory cytokines in the brain and serum and cyclophosphamide-induced ovarian failure. They took rats and they injected PRP and they documented: PRP therapies from the patient's own blood have a potential as supportive or chemopreventive strategies with reduced side effects and treatment costs.

So this is so early on, I'm not sure what to do with it, but I wanted us to be aware of it. And especially since we have so many types of physicians and some of you're treating cancer, I wanted this on our radar so that some of you will actually come up with some good ideas. I think the fun thing that happens, as I just mentioned, is if you have your toe in two different arenas, then you might see things that others don't see looking just in their fishbowl.

Our variable backgrounds makes us able to come up with ideas that seem plain to one and not obvious to the other, I think that's part of what happened with our Clitoxin® idea by having almost two decades of history of treating migraines and cosmetic use of botulinum toxin and thinking about how it might be

[3] Ermiş et al., "Effect of Autologous Cytokine-Rich Serum and Platelet-Rich Plasma Administration on Oxidative Status, Minerals and Proinflammatory Cytokines in Brain and Serum in Cyclophosphamide-Induced Ovarian Failure."

working and reading that literature, and it became more obvious that it might be helpful for orgasm and sexual function in women when thinking about the feedback loops.[4]

And had I been sticking strictly to gynecology and didn't have that two-decade history, it wouldn't have been so obvious.

So again, some of you are doing oncology, and you'll think of things to do with this information that would never occur to me. So I just wanted to put it out there.

PRP Derived Exosomes for Wounds

And then a lot of you are talking about exosomes, so I wanted to show you this other paper. When I hear people talk about exosomes, to me it still feels even more misunderstood or poorly defined or ill-defined, I guess. Vaguely defined. More vaguely defined even than PRP because exosomes, are they homologous? Are they plant-based? Are they non-homologous or excuse me, autologous? Are they autologous, non-autologous, plant-based? Where are they coming from?

So they looked here at PRP and PRP derived exosomes in wound healing.[5]

Some of you are using a source of exosomes that's using autologous derived exosomes with an outside processing company, and some of you are using plant-based exosomes that are something different. I think that the literature is leaning towards this strategy. Some of you are doing something called the Super Shot®, finding other ways to enhance the effects of our platelet-rich plasma.

I don't buy into the idea that if you're over a certain age, your PRP is not at all effective, else if you did surgery, the skin wouldn't heal. You couldn't do a cholecystectomy on an 80-year-old. But I do agree that we need to keep looking for ways to enhance what we're doing. And there's an infinite number of variables.

If you look on PubMed, now we're up to over 18,000 papers that come up if you put platelet-rich plasma in the search bar. When I first started doing and thinking about PRP in 2010, there were about 5,000.

And already this year, we're not halfway through the year, but we have half as many studies as we did last year. So there is a non-linear increase in the amount of research that's being done. I think being tagged into our group and helping think about it, you are truly part of a revolution where regenerative therapies are not only becoming commonly done, but they're becoming part of the standard protocols,

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

[5] He et al., "Platelet-Rich Plasma-Derived Exosomes Accelerate the Healing of Diabetic Foot Ulcers by Promoting Macrophage Polarization toward the M2 Phenotype."

but yet there's still great need for understanding infinite number of variabilities in which they could be done.

So this is just something to look at. I am still not doing exosomes when I do my O-Shot® and P-Shot® and I am getting great results, but I know some of you're using it for hair or using it in place of PRP. I haven't seen a study.

The bottom line is the verdict is still out about we don't have an answer about which actually works the best. And so I'm sticking with what I know has worked for over now almost a decade and a half, but keeping track of the rest of it.

When to Go With the Flow

I spoke with one of our providers and she says, "Everybody wants PRF now with their Vampire Facial®." Okay, if you're smearing it on the face and microneedling, does it really matter? They sell something on TikTok and that's what they want. You just give it to them. It's okay? But if you try to squirt that through a needle into the clitoris, then I think it's a different thing. So sometimes you have to go with what they're thinking.

There was an old mentor of mine back in the days of medical school in the eighties who said, "Always try to integrate...." Actually, it was also in the book called The Physician Himself, which was written in 1882, said that you always try to integrate into your therapies what the patient wants.

If they think that somehow taking vitamin C and smearing gravel from the street on their ear lobe will help their otitis media and you don't see any harm to it, then you include it. Many things that were in the health food store, at which physicians scoffed, are now are prescription drugs.

I try to integrate what I can without doing harm, without increasing expense if a patient wants something. ***And so yeah, I think it's perfectly acceptable to use PRF if someone saw that on TikTok. But I think when you start trying to squirt it into the lip or the clitoris, you're risking complications***.

O-Shot® for Scleroderma

Okay, this one I brought out just because I have now heard even more people talk about our O-Shot® helping scleroderma. Of course, this is nanofat for cutaneous fibrosis and scleroderma, and they talk about using it in that instance, but it's more support for what we're seeing, which is that when you have someone coming to you for dyspareunia and dryness and the things that happen with scleroderma with female sexual function, it's a indirect support of that.[6] We need more studies. If you want a low-hanging

[6] Toro et al., "Nanofat and Lipofilling for Cutaneous Fibrosis in Scleroderma: Current Evidence and Future Directions."

fruit, do a study and inject 50 women with dyspareunia and scleroderma and just do our regular O-Shot® and you'll have a landmark study. But this would be support for that study.

P-Shot® Procedure for Peyronie's Disease

I saved the best for last. They treated Peyronie's disease and rapidly showed improvement with the injection of PRP.[7] And when they say rapid, this is rapid. If you remember the first study that I know of that came out about using our P-Shot® techniques for Peyronie's disease was from Ronald Virag, out of Paris.[8] He was treating patients every once a week for six weeks. And these people just got treated three times.

And so it went first injection and then after two weeks, second injection, four weeks, and four weeks after the third injection, they measured. So they're going not a long time. ***And the penile curvature, the plaque size, all improved.***

This one, they did not show improvement in erectile function that was statistical. If you look, here was the score.

If you remember, our P-Shot® full effect is not until 12 weeks. So it was really early on for the neovascularization and neurogenesis, but there was still rapid plaque resolution with improvement. And there was no complications like are common with Xiaflex with penile fracture. So the side effect was a slight but not statistical improvement in erectile dysfunction, which is a good thing. They'd used an Angel systems, so it was a double spin centrifuge and they did inject the plaque.

Now, many people in our group, some of them very high-volume injectors, are just doing a regular P-Shot® and combining it with the pump and seeing excellent results.

You can palpate the plaque. So it's not a big deal to do a regular P-Shot®, save a CC and just inject as if you were trying to inject intradermally. So when your needle goes into that plaque, you can feel it's hard to push. So if you puncture it a few times and inject as you're going through it, you can feel it. You don't need an ultrasound. You can feel it. But for that, you will need to do a block. Otherwise, it's tormenting.

And then even though they didn't do it in this study, because of course, it would be more than one variable and make it harder to reach statistical conclusions, we as part of our protocol, combine the P-Shot® with a vacuum pump.

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[7] Dachille et al., "Platelet-Rich Plasma Intra-Plaque Injections Rapidly Reduce Penile Curvature and Improve Sexual Function in Peyronie's Disease Patients."

[8] Virag et al., "Evaluation of the Benefit of Using a Combination of Autologous Platelet Rich-Plasma and Hyaluronic Acid for the Treatment of Peyronie's Disease."

In one study in the British Journal of Urology, 51% of men canceled their surgery just using the pump for 10 minutes a day for 12 weeks.[9]

And I spoke with Ronald Virag. We were at a meeting in Venice and I shared the podium with him. And he said, yes, in his study, he just used platelet-rich plasma. He used Regen, which is a single spin. But in clinical practice he combines it with a vacuum pump. I'll just show it to you. For the full protocol that I'm recommending, and until we have enough research to change it, can be found here<=

If I'm treating someone for Peyronie's, I send them to this page and tell them, "Do everything on the page."

The page includes a little video. I'll have to add this paper, but includes links to the research supporting the ideas of what we're doing.

The seven-step plan talks about the pump, and there's a link to the research. We actually have studies showing that CoQ10 and vitamin E that dose improve results.

And then I have a protocol here.

Do the P-Shot®, wait six weeks. I think when you're looking at the wound care studies, they're usually separated by eight to 12 weeks. So if you're pushing them that close together a week or two apart, you get results more quickly for your research paper, but if you are trying to preserve the patient's time and money, it could be that if you separated it by six weeks, you'll find what many of us have found, six to eight weeks, that they often don't need a second or a third shot. They're happy with it. So those are suggested timeframes between the injections.

Low testosterone is associated with Peyronie's. Adding testosterone hasn't been shown to treat it, I don't think. But because it's associated, replace it.

And then these others have more to do with erectile function. And again, aerobic fitness or VO2 max is associated with Peyronie's disease, having low aerobic capacity, as is smoking. And not just with increased blood flow.

There are some physiological reasons why Cialis every day could help not just the erection, but with resolution of Peyronie's.

So that's the seven-step process. I'll add this paper to the research.

Here's an Email You Could Send

Remember, people don't really care about an ad, but they like to read ***letters*** from you that include news. Because it's news, if you are a P-Shot® provider, you could send them an email that talks about

[9] Raheem et al., "The Role of Vacuum Pump Therapy to Mechanically Straighten the Penis in Peyronie's Disease."

this new research and offer to help them (if you are not a P-Shot® provider, you can apply for online training here<). Here's a quick way to do get the email done:

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,

Peyronie's disease (a bending of the male genitalia) can be very serious and damage a marriage and the psychological well-being of man. New research just came out showing that using our P-Shot® ideas, you can improve male function and correct the curvature that can be so damaging to a family.

Even better, it is truly shocking how fast it works.

Here's the research<=

Here's more about the whole protocol<=

And you can see the side effects were none except for a slight increase in function. That was not statistic at this short interval.

Also exciting, instead of risking the genitalia fracture that happens with Xiaflex (which is no longer approved for use in Canada, Europe, Japan, or Australia). And if you paid cash for Xiaflex, it would be a series of injections that would cost $27,000. Our procedure costs much less and has never caused a penile fracture.

If you think this may help you or someone you love, please contact us.

Sincerely,

(your name)
(your picture)
(your website)
(your phone number)
(your email address)

And as always, I offer people their money back if they're not delighted.

I know that frightens some people, but when you have a procedure that works the vast majority of the time, you still come out good.

If you already know the patient and they're familiar to you, let's say that you're their family practice doctor, you've already talked about the erectile dysfunction, I made a slight modification in the pricing. In that case, you could do that first injection for 997 or a thousand bucks if you want. But for a new patient coming in, you have to spend time with that person. And there's going to be no insurance reimbursement if you're all cash practice. And remember, the massage therapist gets 350 bucks for a six-month course. And you have to spin blood. You have cost of goods and your time. So 1800 is a very good price. It's less than a new set of tires.

But if you wanted to drop it for one of your current patients whom you already know, that would be okay. And we all do things for free, but we should all be advertising and telling people over the phone those prices so we're not competing on price.

And of course, if you add in our new ideas with Priapus Toxin® and putting a hundred units of Xeomin or some botulinum toxin similar into the penis along with your PRP, that would help with erectile dysfunction or could help as the studies show.[10] [11] [12] [13] [14]

And that would be extra cost. I think that should be somewhere around an extra a thousand dollars to do that, a thousand to 1500, more if you're in a town where it costs more money to turn on the lights. Let's see. I think that's all the questions, I think, and we come in right at 30 minutes. So hopefully that was helpful to you. Thank you for being here. See you next week.

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[10] Porter, "Botox."

[11] Habashy and Köhler, "Botox for Erectile Dysfunction."

[12] Shehri et al., "Evaluation of the Efficacy of Low-Dose Botulinum Toxin Injection Into the Masseter Muscle for the Treatment of Nocturnal Bruxism."

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

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

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Tags

P-Shot®, O-Shot®, PRP, PRF, platelet-rich plasma, Peyronie's disease, erectile dysfunction, scleroderma, dyspareunia, cleft palate, wound healing, sexual medicine, cosmetic medicine, exosomes, regenerative medicine, PRP vs PRF, platelet-rich fibrin, PRP side effects, penile curvature, vacuum pump, Priapus Shot®, Vampire Facial®, Angel system, double spin centrifuge, Xiaflex alternatives, neurogenesis, neovascularization, autologous serum, cytokines, oxidative stress, chemotherapy side effects, facial plastic surgery, scar treatment, lichen sclerosis, episiotomy scars, acne scars, botulinum toxin, Priapus Toxin®, sexual function, testosterone, CoQ10, vitamin E, aerobic fitness, VO2 max, smoking and ED, PRP pricing, PRP injection protocol, regenerative protocols, PRP research, PRP in oncology, PRP and scleroderma, PRP complications, PRP enhancements, PRP marketing strategies, PRP for hair, autologous exosomes, Charles Runels

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=> 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 <=