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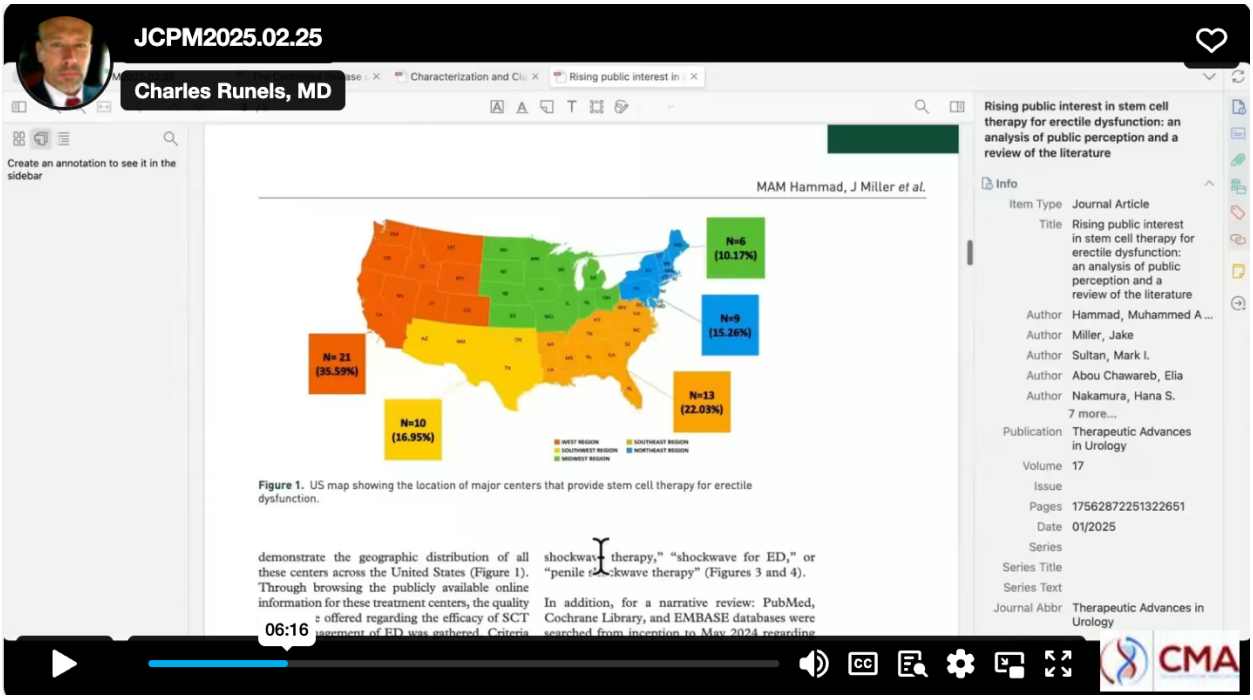
The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of February 25, 2025, with Charles Runels, MD.

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




## Topics Covered

- An Easy Way to Classify PRP
- Google Trends and Stem Cells
- Muscle Repair, PRP, and Alginate vs. HA
- O-Shot® Methods to Help Prevent Carcinoma in Lichen Sclerosus
- How to Make a Web Page in Five Minutes
- Here's an email you could send about your treatment of lichen sclerosus

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# Transcript

Welcome to our journal club for February 25th. We have research today that I've been hoping for for years regarding lichen sclerosus and squamous cell carcinoma, and I will show you a little trick that I teach in my 5-Notes Expert System about how to create a web page in about five minutes. And I'll go through it step by step, and you'll be able to do it when I'm finished.

Let's first jump into a few other papers that I found helpful and then we'll get to the lichen sclerosus treatment.

## An Easy Way to Classify PRP

This one is from an interesting journal I've never heard of before, but it looks high-end regarding bench science. *Acta Biomaterial*. They talk about the classification of platelet-rich plasma.[1]

A lot has been written about it, but there's still no good consensus about what PRP is. Everybody still debates it, but at least if we can decide, the point of this article is that ***if we can at least decide what we're going to report, then it's transparent and duplicable***.

Their big complaint, which is legitimate, is that if you're preparing the platelet-rich plasma and we can't do exactly what you did to check it out for ourselves, it's not so helpful. W***e should improve transparency to allow other researchers to validate our findings***.

That seems to be the way everything's done except when you get into the PRP arena, where you have probably 20 different or maybe more centrifuges being used, and people report different things when they write up their methods and conclusions.



The other big point I've suspected, but I did not know someone had checked into this with research, is that it makes a difference who's running the device. You would think that would be, especially with the gel kits. ***It does matter how people operate the centrifuge, especially in the double spin centrifuges,*** where there might be some technique and pipetting of the material.

[1] Sharun and Banu, "Characterization and Classification of Platelet-Rich Plasma in Biomaterial Research."

And so that's worth considering, especially if you're doing a multi-center study, which we hope to do soon with one of our ideas, you have to make sure all the different operators helping the physician are doing things the same way. But they give a reference here where someone showed that to be the case, with ***wide variability based on who's spinning the blood***. But they support it, encourage the research, and give you some simple ways to divide it.

I didn't highlight it here, but a simple classification would be four types: PRP with minimal leukocytes or red blood cells, PRP rich with leukocytes, and varying whether you have red blood cells or leukocytes. That's it. By doing that, you can come up with four different classifications, which you could easily do in your brain by adding white and red cells, just white cells, just red cells, and neither of the two.

And that is a reasonable way to talk about it. They also say we should talk more about variables like the carousel diameter, not just RPMs and spin time, since centrifuge diameter is the third variable that helps you calculate the G-force.

Okay, so that's not something you can practically apply in your practice, but since we're reading research, I thought it helpful to consider how we should think about apples-to-apples comparisons in the PRP world.

## Google Trends and Stem Cells

And then this one is just Google Trends, and if you haven't seen Google Trends.

If you go to Google Trends and type in any word, you can see for the past 20 years how the search traffic has varied for that word since 2004.

You could also compare the different words with other words to see relative ups and downs in people's interests in various subjects.



They bring up the point that you're looking at Google Trends, people are finding more interest in stem cell therapy for erectile dysfunction.[2]

And they mention, of course, shockwave and platelet-rich plasma.

Overall, there's a general trend up, although it took a dip a few years ago, and if you think about when that was, it was about the time the FDA was cracking down on stem cells, and then this is PRP for erectile dysfunction, and they stop at 2023. We're back up now, but you can see there was an up and then a down and a back-up that you're not seeing there, but stops at two years ago.

There's also a general positive trend up for shockwaves. So, for those who have shockwave machines, that's good news. There's continued interest, and the point ***they make is that if people are***

[2] Hammad et al., "Rising Public Interest in Stem Cell Therapy for Erectile Dysfunction."

***interested, we should be studying it more, sort of like the tail wagging the dog, but that's how things go in medicine***.

Doctors didn't pay much attention to the idea that antibiotics could help with ulcers until there was a lot of research about helicobacter pylori and curing, yes, I can use the word curing, ulcers with antibiotics, but the standard of care was surgery and H2 blockers. Doctors didn't pay much attention to the research until patients demanded it.

Something similar happened with female hormone replacement when Suzanne Somers wrote her first book. She drove the wave of patient demand by letting women know it was out there and how had helped her.

So, something similar is now happening with erectile dysfunction. There's rising patient demand, and the point of this article is that stem cell demand is increasing.

The other point they make that's worth watching is that they tell you the criteria, if you're going to do this, what you should do to be up to par, look for clinics that are doing what they're supposed to do, and give you rules.

They have 13 in the southeast and nine in the northeast, and ***they don't find many following the rules***.

So if you want to do stem cells, here's a good clue about how to stay compliant, by physicians looking for those who are not compliant. So this is an excellent tip article.

I don't do stem cells. I still consider them on the edge for what I can advertise and talk about, and therefore, I don't want it in my office.

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But I realize people are doing well with it. People in our group are doing well with it. Many are, and that's a good indication that public interest is rising, and they give you rules to follow if you want to do it.

Let's look at this one, then we'll get to the one about lichen sclerosus. If you have ideas about what we're discussing, hit me with a question or comment.

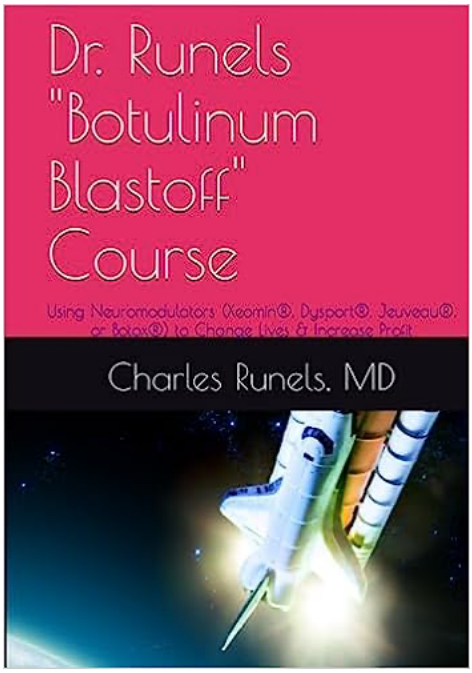
## Muscle Repair and Alginate vs. HA

We've looked at other studies about muscle repair that have shown that platelet-rich plasma activates pluripotent stem cells in the area and leads to stronger recovery of muscle strength after injury and less fibrosis. In this paper, they looked at what happens when you use substrate alginate, which I wasn't that familiar with, in combination with the platelet-rich plasma. Does it help with healing?

If you've ever been to one of my workshops, you know I always show a picture of an ankle that had a very unsightly atrophy secondary to a hydrocortisone that did not get into the ankle and leached subdermally. It went very, very well by combining an HA filler with PRP on top of it. There are also

multiple studies that I won't pull up now. Still, I'll put them in the email that goes out, showing when you have exposed bone and tendon of the foot and ankle. You use an HA to cover it and compare that with an HA with platelet-rich plasma; the combination works better to propagate re-epithelialization of the exposed bone and tendon of the foot and ankle, which makes sense.[3] [4] [5]

And the words they use are that the HA acts as a substrate or scaffolding. What you're seeing here is something similar where the alginate acts a material on which the platelet-rich plasma can use as scaffolding for the pluripotent stem cells that are activated and recruited by cytokines and activated by growth factors. So I needed to know more about this alginate, because I've never used it. So I've created a little thing to compare alginate versus hyaluronic acid. Let me pull it up so you can read it, and swap what you're looking at. There you go.




So it's a polysaccharide derived from brown seaweed, and of course, hyaluronic acid. They say it's naturally present and connected to tissues and skin, but I've always heard that the rooster's comb is where it comes from. It's a natural product because it is like what the body has.

It's similar to when you say I'm giving natural hormone replacement. Last I checked, I've never seen trees growing tubes full of cream. So obviously it's not entirely natural. Your body didn't make it, but if it's bioidentical or chemically identical to what your body would make, then you can use the word natural in that sense. Along those lines, alginate is not natural, but hyaluronic acid, or HA, is. Then, you can look if you have an exudate; alginate is a good absorber, and hyaluronic acid is hydrophilic.

If you inject faces, sometimes they'll be a little lumpy before they've absorbed water, and you can massage them out the next day or two. However, they're not the same. However, they both can help with wound healing and have been used in wound healing.

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[3] Cervelli et al., "Use of Platelet Rich Plasma and Hyaluronic Acid on Exposed Tendons of the Foot and Ankle."

[4] Li et al., "Self-Healing Hyaluronic Acid Nanocomposite Hydrogels with Platelet-Rich Plasma Impregnated for Skin Regeneration."

[5] Deng et al., "Efficacy and Safety of Autologous Platelet-Rich Plasma for Diabetic Foot Ulcer Healing."

I don't like the alginate. Sometimes it's not fully resorbed where HA is, and so that is a downside to it.[6]But the point I'm making is that alginate and HA have been used to help with wound healing, but you have a better choice with HA.

So, how does that apply to what we do?

I consider myself more lucky than smart. When I started using the HA in combination with PRP in the face, it was because I had been instructed to use the PRP alone, but when I used it alone, I couldn't alter the shape the way I was accustomed to doing with an HA.

So I started combining the two, and the results were so tremendous, it surprised me.

And then I went to the literature and found, "Oh, this isn't a new idea, PRP has been used in wound care because there's some synergy."

So, let's go back to this study that came out recently.[7]

So, in this study, they treated torn and skeletal muscle and showed with a mouse model that there was less fibrosis when using the PRP combined with alginate.

The easiest way to pull this off would be to use the Regen kit. They make a kit that comes with a non-cross-linked HA tube as an activator, which you can inject. It's not FDA approved yet in the US, but it's FDA approved in Europe.

So we'll get it FDA approved, but it's available. You would be using it off-label.

The other alternative would be to mix your HA with PRP in a syringe. I do that with Vampire Wing Lift®, or you could inject the HA and then inject your PRP into the same area, which is what I did when I treated the ankle scar.

But there seems to be a difference in this study. They said there wasn't much difference, which was counter to the previous studies using the PRP alone, but when they added the alginate, there was a marked decrease in fibrosis.

Now, suppose you're not doing sports medicine. In that case, this still matters if you're doing sexual medicine because, of course, ***women have pelvic floor muscles that I think deserve just as much thought and attention and the same quality of care as the thigh muscles of an NFL athlete***. Hopefully, that will become how things are done with the continued preaching of our group.

The bottom line is you might use this strategy if you have a pelvic floor-originating dyspareunia or if you're doing any sports medicine. If you are facing a torn muscle, this article would support the idea that

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[6] "Difference between Alginate and Hyaluronic Acid."

[7] Felipone, "The Controlled Release of Platelet-Rich Plasma–Loaded Alginate Repairs Muscle Damage With Less Fibrosis."

some combination of HA with PRP is superior to PRP alone to promote healing of that muscle, decrease the pain, and improve function.

## O-Shot® Methods to Help Prevent Carcinoma in Lichen Sclerosus

After I had read this study, I just sat and breathed and felt so grateful because it did something that had been needed and wanted for so long.[8]

And so, I'll tell you the story. When we did the first study, Andrew Goldstein and I, looking at platelet-rich plasma to help with lichen sclerosus, we showed benefit, and then we extended the study, and it showed benefit.[9]

Then, there was a double-line placebo-controlled study that did not show benefits, but the placebo arm had this tremendous response, over 50%, which is unheard of for the placebo arm in a biopsy study of lichen sclerosus.[10]



If the saline "placebo" were not a placebo of course, it would neutralize the benefit of the PRP and falsely show no benefit.

Since then, studies have come out of the dermatology literature and even review studies showing that hydrodissection with saline is not a placebo.[11] [12]

[8] Tedesco et al., "Regenerative Therapies in Lichen Sclerosus Genitalis Patients and Possible Efficacy in Preventing Squamous Cell Carcinoma Development."

[9] Goldstein et al., "Intradermal Injection of Autologous Platelet-Rich Plasma for the Treatment of Vulvar Lichen Sclerosus."

[10] Goldstein et al., "A Randomized Double-Blind Placebo Controlled Trial of Autologous Platelet Rich Plasma Intradermal Injections for the Treatment of Vulvar Lichen Sclerosus."

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

[12] El-Amawy and Sarsik.

You can treat scars with it,[13] [14] leishmaniasis[15], you can treat joints with it[16], but because of that study, some people ran away from it, platelet-rich plasma for lichen sclerosus.

But many other supportive studies have followed.[17] [18] [19] [20] [21] [22] [23] [24] [25]

I wasn't involved in the double-blind placebo study, which, ironically, was financed by a woman who improved after our O-Shot® procedure. But anyway, other studies have been done.

There are a few in men,[26] [27] but most are for women.

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

[14] Sharma, Gupta, and Rani, "Delineating Injectable Triamcinolone-Induced Cutaneous Atrophy and Therapeutic Options in 24 Patients—A Retrospective Study."

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

[16] Saltzman et al., "The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis."

[17] Casabona et al., "Autologous Platelet-Rich Plasma (PRP) in Chronic Penile Lichen Sclerosus."

[18] Goodchild, "How Kim Kardashian's Vampire Facial Could Provide Relief to 1m Women."

[19] Posey and Runels, "In-Office Surgery and Use of Platelet Rich Plasma for Treatment of Vulvar Lichen Sclerosus to Alleviate Painful Sexual Intercourse."

[20] Lee, Bradford, and Fischer, "Long-Term Management of Adult Vulvar Lichen Sclerosus: A Prospective Cohort Study of 507 Women."

[21] Casabona et al., "New Surgical Approach to Lichen Sclerosus of the Vulva: The Role of Adipose-Derived Mesenchymal Cells and Platelet-Rich Plasma in Tissue Regeneration."

[22] Franic, Iternička, and Franić-Ivanišević, "Platelet-Rich Plasma (PRP) for the Treatment of Vulvar Lichen Sclerosus in a Premenopausal Woman."

[23] Gutierrez-Ontalvilla et al., "The Effect of Lipofilling and Platelet-Rich Plasma on Patients with Moderate-Severe Vulvar Lichen Sclerosus Who Were Non-Responders to Topical Clobetasol Propionate."

[24] Tedesco et al., "The Use of PRP (Platelet-Rich Plasma) in Patients Affected by Genital Lichen Sclerosus: Clinical Analysis and Results."

[25] Marnach and Torgerson, "Therapeutic Interventions for Challenging Cases of Vulvar Lichen Sclerosus and Lichen Planus."

[26] Kwok, Shah, and Minhas, "Recent Advances in Understanding and Managing Lichen Sclerosus."

[27] Fox and McKenna, "Treatment Algorithm for the Comprehensive Management of Severe Lichen Sclerosus in Boys Based on the Pathophysiology of the Disease."

Now there's another one about light, UV light,[28] which I'll show you in this article.

Let's see where we, okay, but why did I think it's so wonderful? Because, and this is a hardcore study. It's from Italy, and these are hardcore scientists.

William Osler warned us against thinking something is subpar because it doesn't come from our country. This was supported by their public health and hardcore science.

They have this clinic where they're treating resistant lichen sclerosus with either platelet-rich plasma or adipocyte-derived stem cells. The numbers were that 254 were PRP, 62 with either adipocyte-derived stem cells with or without PRP.

So it was about a little over 300 people, most of them PRP alone; some had stem cells added in. Then, they looked to see who had squamous cell carcinoma.

They looked, they went back retrospectively and saw out of all these people, over 300 people who got squamous cell carcinoma?

Because in theory, it's around 10% progress to that, and the answer is none of those treated with PRP progressed to squamous cell carcinoma.

*NONE!*

So, the results showed that the incidence of squamous cell carcinoma decreased.

And so here's where they mentioned the UV idea, so UV, okay, clinical, going back, ultra-potent topical corticosteroids lie at the anti-inflammatory.

Most people use that. However, clinical evidence of reduced dermal fibrosis lacks a biological explanation. Even though that's the standard, it doesn't mean we're unsure if it can reactivate viruses.[29] A significant number of women don't respond to it, and there's still a considerable number who progress to squamous cell carcinoma, 10%.

Other possible therapies were used for LS, such as UV light.[30]

That was the paper I showed you a moment ago. Some of you use lasers and topical retinoids to counteract the pro-fibrotic process, restoring normal collagen synthesis and metabolism. Okay, this is the counter, and this red part is the part that made me want to cry.

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[28] Garrido-Colmenero et al., "Successful Response of Vulvar Lichen Sclerosus with NB-UVB."

[29] von Krogh, Dahlman-Ghozlan, and Syrjänen, "Potential Human Papillomavirus Reactivation Following Topical Corticosteroid Therapy of Genital Lichen Sclerosus and Erosive Lichen Planus."

[30] Garrido-Colmenero et al., "Successful Response of Vulvar Lichen Sclerosus with NB-UVB."

In contrast to normal cells, the proliferation rate of cancer cells, including squamous cell carcinoma and melanoma, is not affected or, in some cases, negatively influenced by adipocyte-derived stem cells and PRP. In line with these data, we report that none of the LS patients treated with the adipocyte-derived stem cells, PRP, or the combination develop squamous cell carcinoma in the anogenital area during a medium-term follow-up, ***suggesting a protective role of these treatment options***.

That is huge. We've always hoped for it.

We've always suspected this might be the case because if you decrease the autoimmune response, promote healing, or attenuate the disease process, then in theory, you should reduce the rate of squamous cell carcinoma.

On the other hand, whenever you use the word growth factors and cancer in the same sentence, people want to run, even though there's sometimes a non-intuitive reverse response on the research as we just read, indicating that it may decrease the cancer as we showed in a study two weeks ago looking at breast cancer and PRP decreasing recurrence of breast cancer. So I think you're going to see a lot more studies like this coming out and let me just read these last two red highlighted and then I'll stop and let's do, I'll show you how to make the website very quickly. The clinical data presented in this work suggest that regenerative medicine treatments and simple intradermal injection of PRP have a strong impact on the restoration of physiological tissue balance and the neoplastic evolution. And then they go on to say that, okay, in most of the studies they've treated women who have been resistant to corticosteroids, but because of what we just said, why should you only treat the people that are resistant? Which is the last sentence that should give us all pause and gratitude.



***This leads to a reflection on expanding the offer of regenerative therapies, not only to patients who do not respond to conventional therapies. In other words, don't wait for the people*** to not respond to corticosteroids.

I don't have to interpret that for you. I love this because now all the studies have been looking at people, or most of them, who don't respond to corticosteroids, as if we needed an alibi. "Okay, we're going to admit steroids are the thing you start with, but since that didn't work, let's try this."

They're saying, "Well, maybe if we've got something here that where we didn't have one squamous cell carcinoma out of 300 people, then maybe we should reconsider that and give the steroids to people who do not respond to the PRP."

And that was the thing that was beautiful about this.

Of course, there needs to be more research as always, but this is pretty strong. ***These are pretty strong numbers showing that if you're treating lichen sclerosus with platelet-rich plasma, you could be decreasing, not increasing, the risk of squamous cell carcinoma.***

That's huge.

## How to Make a Web Page in Five Minutes (watching the video greatly facilitates understanding of this method)

Okay, let me show you the method for making a website in five or ten minutes. It might go a little over the 30-minute mark, but not much. I'm going to flop over to something else. Those studies are in your handout. Let's see.

You're looking at the inside of my 5-Notes course. And so this is week two. I'll show you, it's divided up into modules. Each week, I gave two lessons. This lasted for about eight weeks, six, eight weeks, and it's supposed to be six, but I kept going.

But it's my way of marketing medical practice and the things you do, the practice sounds like you're talking about your building marketing, what you do and you and the people that work together in a way that you don't have to worry about censorship, it doesn't cost a lot of money.

It's effective. And the people you want to treat show up, and the ones you're not able to treat, don't show up to waste their time and yours, so that you can figure out you can't help them.

So this is a way of selecting the people that are your perfect patients for your ideal day to give you what you wanted as a physician, that sole satisfaction of relieving pain and healing disease, and getting rewarded for it. This is the first lesson of week two, and I will skip down to the trick for generating the content.

And so the way these lessons work, there's a video, and then there are links where you can download things. This has a link to use my favorite software for doing this in an easy way that's still very functional.

But let's go to the steps.

All right, we're going to find four URLs, and then we're going to put some questions into the chat and it will make a website for you.

All right, so we're going to start.

### *Here are the four web pages to find from which to make your web page*

1. First, we're going to ***find the procedure's main website***. So let's say we're going to market Priapus Shot® for Peyronie's disease. So the main website would be Priapus Shot®. If you were doing Xeomin, you'd go to the main company website for Xeomin. Then next thing, go Google the procedure and the problem. So we're going to search Priapus Shot® and Peyronie's since that's the problem we want to talk about. So this is telling you again, I will show you how to make the content for a web page in about five minutes. It'll take a little longer since I'm explaining it, but you'll see

Now, I'm going to the first one that is not an ad. It looks like this one from the Cleveland Clinic. There we go.

Then, why am I letting Google find it?

If I want to know what Google likes and make something that Google likes in the search engine, why not ask Google what it likes?

So I know the main website, and if you're doing CoolSculpting, have a fancy laser, or know their main company website for what you've got, you start with that one.

We're going to find four websites.

2. Then, you Google the ***problem you want to fix, combined with your thing or your procedure***, and save that URL.

All right?


3. The next thing you'll do is Google the ***problem alone***. All right, we're just going to Google Peyronie's disease.

Again, we do not want the sponsored sites, so we don't want that one.

Mayo Clinic has a page at the top of the unadvertised pages, so we'll use that one.

4. Now we're going to *Google* ***the procedure combined with your location***.

So let's pretend like I live in, I'm going to live in Boise, Idaho.

Let's fill it up. Okay. All right, that's the first one. That's not an ad in Boise, Idaho.

Now, you'll know how to do it. I'm just going to do it. We're going to, and I have a video, so I'm showing you screen shares on how to do it in the course, but I'm going now to my ChatGPT, and I like ChatGPT.

5. Then we will say, "Go to the following four websites, and write the content for a web page about the treatment of Peyronie's disease with the P-Shot® procedure."

Now we'll go copy this.

Let's get the next URL, the third one.

Then that'll leave one more.

I'm showing you here that I don't think ChatGPT is very original. I don't worry about it figuring out how to rule the world, but I do think it's very good at rewriting and reorganizing. It's not even the best editor. When I have it try to edit the transcript for these journal clubs, for example, it seems to goof it up, but it's very good at reading a bunch of stuff, summarizing it, and rearranging it. You could tell it to make a song about the Priapus Shot® in the style of Robert Frost and it could do it, but... Well, let me quit talking. So that last one is just about the P-Shot® where I live. So now think about what we've got there. We have four web pages.

One is about the thing I want to advertise, the leading company website for that thing.

The second is about the problem I want to treat.

The third one is about where I Googled the problem and the thing I'm going to treat it with.

The fourth one is what I'm going to treat in my town, and now I know what Google likes about the disease, what it likes about the procedure, and what it likes about the procedure in my town.

Now I must tell it what to do.

Okay, so now I don't like what it did there. So now go to those same websites and arrange the material in the following order: Discuss the problem, Peyronie's disease, including all of the social and psychological issues that occur because of it. Second, talk about other treatments that have been tried.



Next, talk about the P-Shot® and how it can work to help Peyronie's and discuss the science of its mechanism. Action four: Talk about what's possible with the P-Shot® when treating Peyronie's. Write another web page using that outline and those four websites. Okay, so first I had just to write a page. Now I'm having it reorganized.

So now it's talking about the problem and all the things it can do that are not good. Other treatments have been available, followed by the P-Shot® and the outcome. Okay, so the first, I just had it do a general page, then rearranged in the order. Now I'm going to ask you to do something else. Go to research and add some of that to the web page content you just gave me and what's proven.

The thing is I hate it when people say that nothing's proven.

Nothing in science is proven; nothing.

Everything stands until it's disproven.

If there is no line you cross that says, "Okay, we've proven it."

That never happens. So I would modify this to make it more accurate, but I would also put a link to my consent form on the page. Anything and everything you do, just put a link to the consent form so people never claim that you didn't tell them what could happen or make outrageous claims. And then the last thing if you want is you can say. You can give it your information.

Okay, I live at, or my office is at, and my phone number is here.

Rewrite the page like that. And then you have something you can edit. Most people do much better editing than they do writing. Staring at a blank screen or piece of paper.

You should add your picture so people know who's going to be sticking the needle and your patients who love you and know you want to see you on the page so they know you said this. And then to win, you do a video where you discuss it, and you put that on the page. Okay. That's how you can write a web page in five minutes or less.

Let's see if there are questions. Hey, Irina, it's nice to see you. Let's see. Does anybody have any questions or comments?

All right, I sure hope that was helpful. I know your days are busy, so I'm honored you took some time, and I'll see you next week.

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## Here's an Email You Could Send

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 and send it to your patients.

Dear (first name),

We now have much-needed research that shows how to possibly decrease the chances of the development of squamous cell carcinoma in those men and women who suffer from lichen sclerosus.

There is no guaranteed positive result with any medical procedure. But this new and very strong research indicates that, if you suffer from lichen sclerosus (yes, it is spelled with a "u"), you may decrease the severity of the disease and ***decrease the chances of carcinoma when treated with the O-Shot® procedure.***

Here's the research <=

Here's more about the O-Shot® procedure<=

Please contact us if you think this may help you or someone you love.

Best regards,

(your name)
(your phone number)
(your email address)
(url of the page where you discuss the O-Shot procedure on your website, or a link to OShot.com)

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## Tags

lichen sclerosus, squamous cell carcinoma, platelet-rich plasma, PRP, stem cells, adipocyte-derived stem cells, regenerative medicine, sexual medicine, muscle healing, fibrosis, PRP classification, centrifuge technique, shockwave therapy, erectile dysfunction, Google Trends, HA filler, hyaluronic acid, alginate,

wound healing, PRP for lichen sclerosus, O-Shot, Priapus Shot, 5-Notes Expert System, medical website creation, medical marketing, Peyronie's disease, PRP vs stem cells, UV therapy, PRP research, PRP for squamous cell prevention, 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 <=