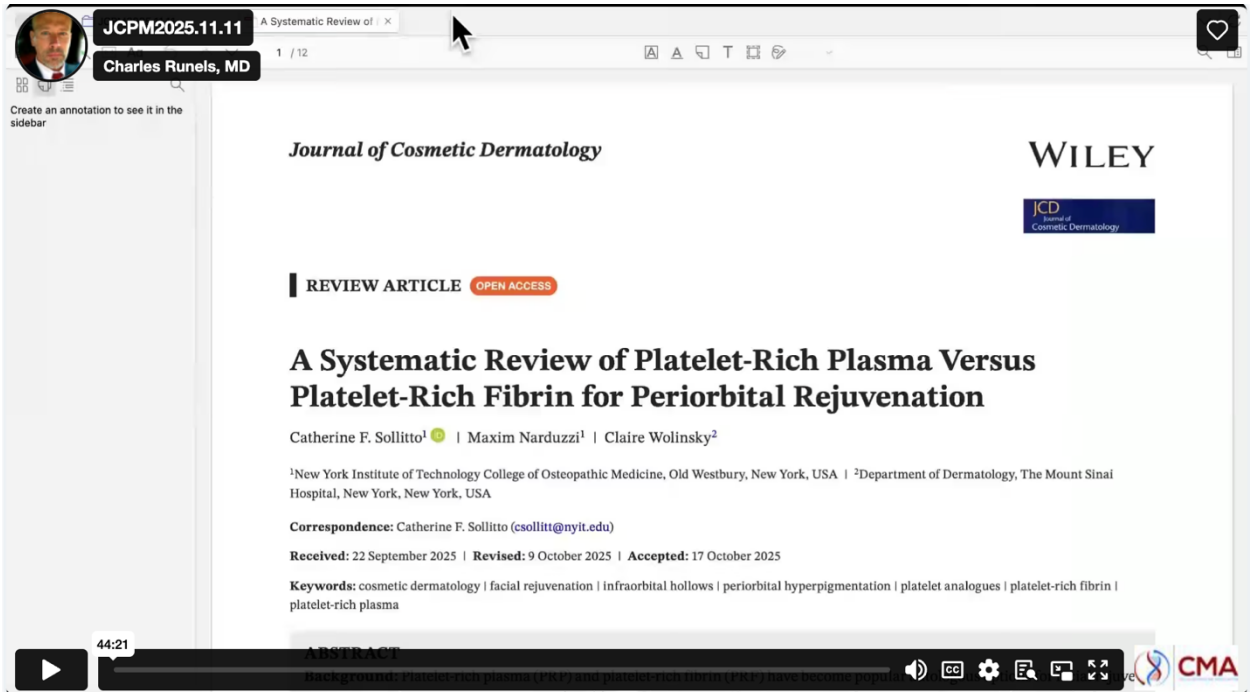
JCPM2025.11.11

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

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



Topics Covered

- PRF vs PRP for Periorbital Rejuvenation
- Surviving Financially as a Physician & What are People Searching Now?
- Review of the Use of PRP in the Vagina
- Flow Restriction and Hypoxia to Augment the Effects of PRP
- Tips for Treating Peyronie's Disease: Will it Recur after Treatment?
- **Kim Kardashian Talks about the "smoothest, plumpest" "Revenge Vagina" after an injection of PRP in the Vagina**
- **Biologics for the Tear Troughs**
- **What Protocol to Use When Treating Male Lichen Sclerosus**
- **An Email You Could Send (if you are an O-Shot® provider)**

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

We've been doing a Monday night and Tuesday night call. The reason was to determine if it might be more helpful to separate the questions regarding the nuances of the procedures, especially for new people. I thought, 'Let's split it out and just have a separate night on Mondays for that.'

But it's two nights a week, it's just too much, and I've had requests to combine them again.

No problem. That's why we originally called it the *Journal Club*, referring to the new research with *Pearls,* which encompassed techniques about procedures and *Marketing* (JCPM).

And tonight, we have all three. We have some very useful new research that was released this week. So that'll be the Journal Club.

And then we'll give it a try at doing it in the order of the new research first. So, the people who have been around a while can catch that and then drop off if they want, before we get to the nuances of the procedure or the pearls.

And tonight, I have some questions or a question about Peyronie's disease and the recurrence of curvature that I'll ask nuances regarding the treatment of Peyronie's.

And then we'll finish that with a marketing tip. Some of you know that Kim Kardashian talked about getting PRP in her vagina on episode three of her new All's Fair Hulu series. And so, how can we discuss that without having her lawyers chase us around, and what are the legalities of what we can say to promote it and use it to promote our procedures?

Those are the topics for tonight, and the discussion will likely last between 30 minutes and an hour. And here we go.

And as usual, there'll be time for questions and an open mic if you have something you'd like to correct me on, which I would welcome and appreciate, or add to anything that's been said tonight. I'll unmute you or you can just type it into the chat box. However, I will provide you with an email that you can send out at the end of the meeting regarding Kardashian's comment, so that you can share it if you wish.

PRF vs PRP for Periorbital Rejuvenation

So let's start with this paper. We receive numerous questions about PRF, and this was an exceptionally informative paper that compared platelet-rich plasma with PRF for periorbital rejuvenation.[1]

If you look back through our past Journal Clubs, you'll find a new option. When you log into the membership website, there's a search option that will pull up everything. But now there's an AI option. You can type it in as if you're using ChatGPT, and it reads all our Journal Clubs. We now have over 900 videos, totaling literally millions of words. However, it searches our content, so it's not polluted. You can always search the rest of the internet.

But this gets the content that's been curated and discussed by us, not just the research, but comments via various providers over the years and we'll give you an answer with references if you want to look at them. If you go to that and type in 'dark circles under the eyes' or 'periorbital treatments,' you will find where we've discussed this frequently.

Silvia Silvestri, our longest-serving teacher, had a beautiful meeting at our Journal Club, where she discussed her approach to it. I've talked about it several times. I had a brilliant Indian woman show me how she does it over in New Delhi years ago. So, it's been something we've been doing for more than a decade now. However, lately, there has been a lot of discussion about PRF, which addresses the question.

The bottom line is that PRP worked the best, but allowances are made for using PRF if you prefer it. PRF shows promise for texture and fine lines. ***PRP is more effective for pigmentation***. So, if you're treating dark circles, the protocol is to give you the short of it. You can find the techniques for injection by searching for them on our website.

Look for the Ask box, which is the chat or the GP AI.

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

But most of us are offering three treatments, six weeks apart, and you get really nice results for those of Indian, African, and Mediterranean descent who have dark circles. This would not be for puffiness. For excessive tissue, a blepharoplasty is often necessary. But lots of questions.

This is the first study I've seen that compares PRF versus PRP for periorbital rejuvenation.

And I know that some of you love your PRF. Please, do not use it for the O-Shot® and the P-Shot®. When you do an O-Shot®, you've got to push material through a 30-gauge needle, and I've had several reports to me of people, both from patients and physicians, having problems when they try to use PRF for the P-Shot® or the O-Shot®. So, use it in the face if you want, but avoid it in the genitalia.

---

[1] Sollitto et al., "A Systematic Review of Platelet-Rich Plasma Versus Platelet-Rich Fibrin for Periorbital Rejuvenation."

Surviving Financially as a Physician & What are People Searching Now?

Okay, a few more papers before we swap over to the pearls and the marketing. These political papers, like this one, which discuss patients or physicians advertising their use of platelet-rich plasma, are enlightening.[2]

It's hard to say it's bothersome, but I'll say enlightening because they're bothered by the fact that we are making money, instead of going broke practicing as a physician. I don't know how anybody makes it now in primary care when you can have a primary care visit for $25 by text message, and primary care physicians compete with that.

So, you need something that requires you to use your hands, because you can't buy it over the internet. And I think you deserve to be paid more than the massage therapist, who typically earns between $300 and $500 per hour, depending on the location.

So I think if you're highly trained and you're doing something that involves blood, which involves specialized equipment, et cetera, that lobotomists and your time, you're not just doing a shot, you have to talk with the person, I think you deserve a thousand dollars an hour.

However, this bothers some of our colleagues, and as a result, we have instances like this, where they seem to prioritize the financial aspect and appear to be concerned. You can spend millions on an ad on television advertising a drug, but if a physician starts talking, it somehow becomes bothersome.

But they give you, you always want to study your critics. You need a good enemy to help keep you bright so you don't get lazy. If they don't just destroy you, they'll make you wake up and think harder. And I've had a few along the way, and I'm grateful for all of them. They made me smarter. And actually, without political enemies, I don't think our procedures would've ever come to mind, at least not to my mind.

Okay, so I'm rambling, but here's what I gathered from this. They first discuss what people are searching for, which will help you, but I'll give you a better way that will also help you. Questions that patients have about PRP involve effectiveness and how it compares with other option. And then they talk about the low quality, highlighting potential for bias and misinformation.

Misinformation. That whole word to me seems... Just don't like it. It's either the truth or it's wrong, so it's either biased, a lie, or erroneous information. Misinformation is a political term used to describe something as a lie. So, it's truth, or it's untruth, or it's bias, but here's the big pearl, one of the pearls. I'll give you another one.

Physicians should use the results to provide up-to-date evidence-driven information about PRP to guide patient expectations.

---

[2] Chen et al., "The State of Online Information about Platelet-Rich Plasma (PRP)."

This is the part that I love, because it is what I preach all the time. It's the heart and soul of the course that I've put out, my Five Notes Expert Marketing System For Physicians, which covers six weeks' worth of material if you want to study all of it. It's about discussing the research, just as we're doing now, and transforming it into highly effective marketing materials.

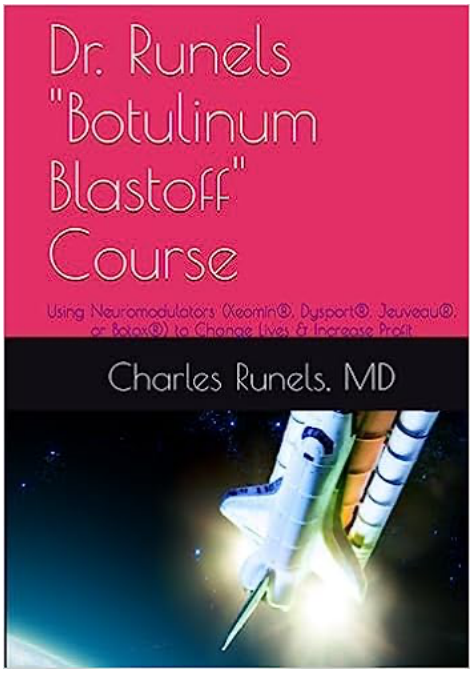
I'm going to provide you with research to share with your patients at the end of this episode of our Journal Club, which you can tie in with the Kim Kardashian Hulu episode. If you promote that, then you're doing the thing they don't like. But if you mention that and then you add to it the research, now you're doing what they suggest, which is to provide them with up-to-date evidence-driven information, which is the whole purpose of our Journal Club. I provide you with information and research, which I have just completed, that is very recent.

This was just published and accepted on October 17th. This is just breaking news, which makes it noteworthy. And now you can talk about, 'Hey, this is something out of that...' You realize the beauty of this article; they're not even debating whether you can help dark circles. Isn't that beautiful?

That used to be the case. Now we're debating about which product to use, PRP versus PRF, which is the usual evolution of a new idea.

First, you try to make it plain that it works, but then you're not at the end, you're at the beginning.

Next, you discuss the infinite variables to achieve the best results, which... And so, 10 years ago, when we introduced PRP and began using it in urogynecology and urology, dentists and orthopedic surgeons had already reached the point where they were no longer debating whether it was worthwhile but instead discussing nuances on how to make it work more effectively.



So here, if you wanted to implement the warning here about using, providing low-quality misinformation, I have trouble saying that, low-quality, erroneous hype, then instead, no one can fault you for telling your patients, "Hey, I use PRP. I have an FDA-approved device. A recent study has shown that this approach is superior to PRF and significantly better than what some physicians may be doing with their modified lab kits. We're part of the Vampire Facelift group, and we know how to follow a protocol that has been in use for over a decade and has been proven to be both effective and safe. And so that's what we do. And now we have more research that shows it works better this way for reducing dark circles. And if you're interested, give us a call."

A message like that would be a way to achieve what they're talking about here. And no one could fault you for quoting research and offering to implement it to help your patient.

There's also a way to do this with trends and Google.

I'll provide a quick overview at the end of the meeting. But it is helpful to know what people are searching for, and if you look at the outline that I recommend you follow if you go to the marketing videos in our membership websites, the outline that I use there suggests that you talk about alternatives before you actually talk about the thing you're doing, because people do want to know the comparison.

If you're hyping your Vampire procedures for, say, dark circles, then it looks more like you're a salesperson. However, suppose you're comparing different therapies, such as Vampire Facelift® or PRP subdermally, your Vampire protocol versus a cream, or lasers versus PRF. In that case, you have a more effective approach with your patients because that's what they want to know: how does what you're discussing compare with the other options?

Review of the Use of PRP in the Vagina

This was published in The Journal of Sexual Medicine, which is a reputable source. This is a high-impact journal just released, featuring a review article. As expected, it will highlight the high variability in protocols, which is indeed true.

People are doing all sorts of protocols on the vagina, injecting various amounts, different ways of making it, and yes, most of the... Actually, all the studies have relatively small sample sizes, and these methodological limitations preclude definite conclusions. However, ***they suggest that PRP injections in the vulvo-vaginal area may offer clinical benefits across several indications with a favorable safety profile, and they emphasize the need for high-quality randomized controlled trials.***[3]

Okay. We are just back from Alex Bader's group, who is in our group and has taught us. He is the founder of the European Society of Aesthetic Gynecology (ESAG). My wife, Alex, and I are just back from our meeting in Marrakesh, Morocco, where we presented the paper that our group prepared. We haven't published it yet, but we presented it. Thank you very much. Included 256 of our CMA members, who contributed at least one patient. Over 2,000 patients participated in a nine-year longitudinal study, where each patient was followed for more than a year using our protocol. It's a long way of saying that we are addressing what they say is a problem in these methodological limitations and the high variability and protocols. The thing is, everybody in our group of 256 people who contributed one or more of their patients had agreed to follow our protocol by being in our group.

We didn't have Big Brother video cameras to make sure that they did, but no more than any other group does. However, all of our members have agreed to follow this protocol, and as a result, we have achieved a powerful outcome.

I'll tell you right now, the conclusion is that it's lasting longer than we even thought. Patients seem to maintain their results. They improved for the first six months. I used to think most of the improvement

[3] De Ponte et al., "Platelet-Rich Plasma in the Management of Vulvovaginal Disorders."

peaked out around three months, but they appear to keep improving for up to six months and maintain it often for a year with really high success rates, so more numbers are coming, but we have addressed this complaint and are hoping we'll get it published in a really high-impact journal. We will see.

Alex Bader was kind enough to give me an award at their meeting, but it's not mine. These are simple little ideas. I was more lucky than smart, but what makes our group powerful and influential, and I think, very helpful to the world, is ***us;*** it's our group participation. I could have never recruited 2,000 patients, but to have our group and now we have multiple centers, 256 different doctors in four different countries following, or providing, or have data from that many people, that's not me. That's us working together, and I felt undeserving of the high honor that Alex Bader gave me at that meeting in Morocco, because I'm really just facilitating you, your colleagues, and the CMA. I feel very blessed. Anyway, so we feel proud and blessed.

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

If you remember, JAMA published an article that blasted people doing PRP for erectile dysfunction and said nobody was following a protocol. We wrote to the editor and had our attorneys involved to secure a correction for the JAMA article, confirming that we indeed have a protocol, so we're addressing the concerns.

Does it mean we've solved all mysteries? Of courses not.

We still need our longitudinal survey, which examined quality improvement within our group, as well as documentation, to determine the best way to treat our people, which was not truly randomized. It was a non-random sampling, so it would be more akin to quality improvement than basic research; however, it provides us with ideas about how a randomized controlled trial should be conducted, and it is also powerful as a standalone.

There's never been a double-blind placebo-controlled study of birth control pills for pregnancy, never, but we know they work, and lots of doctors write prescriptions for them. There's no randomized controlled trial for any surgery or for parachutes.

You have longitudinal observations, which is how things start with science, and we have very strong data that will be presented soon. However, you could still use this article to show your patients and discuss how the data is stacking up, and that you actually have a protocol that you're following.[4]

They mention all the things that we already know about lichen sclerosus, and dyspareunia, and anorgasmia, et cetera.

[4] De Ponte et al., "Platelet-Rich Plasma in the Management of Vulvovaginal Disorders."

Flow Restriction and Hypoxia to Augment the Effects of PRP

Two more. These two are related. Both of these are related to hypoxia, and there's another approach, flow restriction training, which can be used before PRP preparation, resulting in a significant reduction in interleukin-6 levels. I'm starting to see more and more about...

You see, they had bilateral knee extensions, and they had flow restriction to induce hypoxia.[5] We mentioned this about two months ago. These sorts of studies have been conducted in the elderly, where participants are asked to lift a light weight. By using a restricting band of some type, the hypoxia is attenuated, and some anaerobic hypoxia occurs during weightlifting, particularly when the burn starts. It's hurting, you're going anaerobic.[6] [7]

By facilitating hypoxia, the elderly were able to increase their strength more than if they had just lifted weights without it.

There seems to be a triggering, and so two different studies are coming out talking about hypoxia as a way to enhance what we're doing. This is not, I don't think so, practical yet for our actual procedures, except that I think it gives credence to the idea that we've talked about multiple times, about how the vacuum device for the penis is also creating hypoxia every time you use it, and that might be enhancing the effectiveness of our P-Shot®.

Tips for Treating Peyronie's Disease: Will it Recur after Treatment?

You know what, I'll do it at the end. I don't want to slow down here. Let's swap over to the pearls about Peyronie's disease. That's the new research for the week, so if you know how to treat Peyronie's, you're not interested in the new thing that came out on the Kardashian show, this would be the time to drop off. All right, Peyronie's. The question that I got today was had a patient about two and a half years ago, was treated for Peyronie's disease, and now he has new curvature that's going up. It's a different direction than what originally treated. He thinks maybe the P-Shot® caused it, but he wants another one to treat it now. Oh, and the other thing was he said he had a nodule after the first treatment but it went away. All right, two parts of that question. The first part about the nodule, there has never been port of a granuloma from PRP.

You will sometimes have people say that they have nodules both after a Vampire Wing Lift®, a Vampire Facelift®, and sometimes a P-Shot®, but now, over a decade, no one has told me about anybody who had one of those nodules persist. If you do get a nodule that they can feel superficially when you do a P-

---

[5] Omaña Ávila et al., "Blood Flow Restriction Training before Platelet-rich Plasma Preparation Induces a Significant Reduction in Its Interleukin-6 Levels."

[6] Centner et al., "Effects of Blood Flow Restriction Training on Muscular Strength and Hypertrophy in Older Individuals."

[7] Ghasemi et al., "The Effect of a Resistance Training with Blood Flow Restriction on Hypoxia-Inducible Factor, Vascular Endothelial Growth Factor, and Nitric Oxide in Older Adults."

Shot®, there's a good chance that some of what you injected was not actually into the corpus cavernosum. You didn't hurt them but maybe you didn't have the best placement, because if you have the needle in the right place, you'll pass through the skin, pass through the fascia, and you'll be in the corpus cavernosum, and when you come out, it will just have the point of injection, maybe a bruise. My quick tip for how to get it into exactly the right space pretty much every time is re-watch the videos and pay close attention to positioning. Even when I'm teaching hands-on workshops and I demonstrate it, describe it, and then watch it, people often miss it.

=> Apply for *Online Training for Multiple PRP Procedures* <=

But because the penis is floppy and they don't have an erection when you're injecting them and it can twist and bend in all sorts of directions, you'll miss it if you don't position it properly. One of the biggest tips is put your thumb... If they're circumcised, pull the foreskin back, and put your thumb on the gland's penis, on the dorsal surface in the center where the dorsal nerve would be, now you know where 12:00 is. Without doing that, if you hold the penis, it can twist, and you're not sure where you are.

But if you just put your thumb there at 12:00 and you slightly extend the penis, not a lot because then you thin it out and it's hard to put your needle where it needs to go, but slightly extend the penis and then go right where we demonstrate in the videos, somewhere between 3:00 and 2:00 and 9:00 and 10:00 with the needle perpendicular to the penis, and then it just goes in.

Use the needle I suggest in the video, 27 gauge, and it just goes right in. So positioning and you'll not feel a nodule.

Another note is that if you're going to inject an HA, it should be subdermal only, not into the corpus cavernosum; then it's a whole different ballgame. I think you need a comprehensive, all-day course on how to do that before attempting it. I hear a lot of people... As you can see, I don't have a video that teaches that. I know how to do it, but I'm afraid it would trick you into doing it and then regretting it. Have a good all-day course with someone very experienced before offering it.

Okay, so that's the nodule idea. But if you do get one, okay, whatever, you inject a little PRP subdermally, maybe there's a bruise, it's going to go away.

Now, what about this idea of his, Peyronie's disease coming back two and a half years later in a different direction?

And his idea is that the injector caused it with the P-Shot® because it is now in a different direction. Here's the answer to that. Both lichen sclerosus and Peyronie’s disease are thought to have an autoimmune component.

If you treat lichen sclerosus, you don't expect it to go away and never come back. You have not cured the disease. You have attenuated the inflammatory autoimmune response, and you can achieve a high success rate by following our protocol. However, it will usually recur between nine months and a year and a half. And when it comes back, it won't be in the same place. It'll be in the same general area, but the inflammation, sclerosus, bleeding, and cracking could occur anywhere, including the vulva or around the anus.

And so vulvar lichen sclerosus is not going to occur with the same pattern when it recurs. Similarly, Peyronie's disease is also autoimmune. It's one reason why surgery is not something that most neurologists want to do for Peyronie's, because you're going to have to take out the scar tissue, which will make the penis smaller and risk erectile dysfunction.

And because it's autoimmune, it likely will recur at a different place in the penis, so that your surgery made one spot better, but down the road, another spot may occur. And now think about the logistical horror of having to keep taking sections out of a penis, hence the very long and heroic search for something you can inject. Alfa interferon and various materials have been tried. Xiaflex received a lot of press, but it has been pulled from almost every country's formula and is no longer offered in Europe, Japan, and Australia.

It's been pulled from Canada, and the US is one of the few countries that still has it on the formulary, even though, which is, I suppose, okay; it's helped some people. However, it's usually a series that, if you had to pay for it to be over $20,000, now we have several studies that are very strong, showing that our P-Shot works better.[8] [9] [10]

So, what's the answer to the question: I gave a man a P-Shot® and now he thinks I caused it to recur two years later?

Obviously, it just came back because that's the nature of it. And so you can educate your patients.

Here's the take-home: when you give them a P-Shot® for Peyronie's disease, I would tell them two things. One is that they should continue to use the vacuum device for one thing, because a wonderful study in the British Journal of Urology over 10 years ago now showed that using just a penis bump with no other treatment at all, 51% of the people in the study canceled their surgery after 12 years of a vacuum device.[11]

So you give them the P-Shot for Peyronie's, and they stay on the pump, there's a good chance that might help prevent it from coming back. But you tell them that you haven't cured their Peyronie's, you've treated and you've attenuated the autoimmune response and you've remodeled the scar tissue, but that it could and likely will recur.

So you recommend that they have the procedure done about once a year to keep things healthy and as a side effect, instead of having the side effect of a penile fracture, which could happen with Xiaflex, you

---

[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."

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

[10] Culha et al., "The Effect of Platelet-Rich Plasma on Peyronie's Disease in Rat Model."

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

have the side effect that you help maintain blood flow in the penis and therefore help maintain their erection over the years. I've compiled the entire protocol for Peyronie's disease at @ priapusshot.com/peyronies.

Other things have been shown to help, but that's the answer to the question. And the pearl is that when you do the procedure, always tell your people that you're not curing it, you are treating it to make things better for a time.

However, I think that's something I should have emphasized more. That question that came up opened my eyes that I should have stressed more that it's not a cure because it's made, that particular was bent sideways and now it's bent up.

So the sideways got better, hence he wanted to do it again. But the new curvature that was more dorsiflexed was not caused by the P-Shot®. It was just a progression or recurrence of his ongoing autoimmune process. And it's probably multifactorial, I'm sure I'm simplifying it. If you really study it, sometimes it occurs, as you know, immediately or soon after a near penile fracture with a woman on top, and the man hears a snap, and then he gets Peyronie's. But oftentimes, there is no known trauma. It just happens.

And so just telling people that they should probably have it once a year is good practice.

Kim Kardashian Talks about the "smoothest, plumpest" "Revenge Vagina" after an injection of PRP in the Vagina

Okay, now for the marketing part, and I'll put an email that I wrote in the chat box. This is a draft. I say it's a draft because I think most people are better at editing than staring at a blank screen and writing something. I know it's easier for me to read something and adjust it so that it feels more accurate or sounds more like something I would say, rather than staring at a blank screen. But I'm going to put in a chat box here, something I wrote out, and give you the... I've just posted it. It says,

"In episode three of All's fair on Hulu, Kim Kardashian talks about getting PRP in the vagina. She does not say who did it or which protocol, so we do not know. But we do know that she said it was only a little prick, and now her vagina is "smooth and plump perfection."

"We have the only two standardized protocols in use, and we've been using them now for over a decade: the O-Shot® and the Vampire Wing Lift®.

=> Apply for *Online Training for Multiple PRP Procedures* <=

If you're interested in a "perfection" vagina, that also brings you more pleasure then contact us."

Now, I don't think we will ever have a celebrity talk about having dyspareunia or anorgasmia because that would be, I don't know, like Clint Eastwood talking about being afraid of guns or bad people. It's not his persona. If their persona is to be a sex symbol, they can't really talk about sexual dysfunction, even if they personally have it. And I'm sure many of them do. They're just people.

But I wouldn't want to do that if I were a sex symbol, talk about how my sex is broken. And so I don't think we will have sex symbols talking about broken sexual function like they do about making their face look more attractive.

This is brilliant, though, because what she's talked about is this smooth, plump, perfect vagina, which has connotations of both sex and beauty.

Find it and watch the clip at the beginning of episode three, and then comment about that episode without using any clips and talk about, as I did there, about having the only protocol that's standardized and that's been going on now safely for more than a decade, and you might get some takers.

All right, that's all I have. We covered the research. We covered a question that pertained to the nuances of the procedures regarding Peyronie's disease. We covered; I call them marketing emergencies. If you talk about her, Kim Kardashian's episode three, a year from now, it will be irrelevant.

That is news now, and it's also what we recently discussed, which I call Vampire Marketing. Which is you take what's in the public flow, what you take the energy that's already there and use it for your own survival, which is what a vampire does. Take another person's blood, keep yourself eternally youthful.

Take the blood that's flowing metaphorically through the internet now regarding Kim's vagina, and tap into it with your own marketing, is something similar to what I just said. However, if you wait a week or two, it will have very little impact.

Biologics for the Tear Troughs

Okay, let's see what questions we have and then we'll call it a night. Okay. Jennifer says, Hey, Jennifer. She says, "I haven't been in the group for a while and completed a training session with a Utah injector who traveled to Hawaii. We trained in tear troughs, taught on biologics, says they're using biologics for the O-Shot® and the P-Shot®".

Let's see. "I let her know that I was a CMA member and only doing the O-Shot® with your technique. Have you spoken on the use of biologics, amniotic fluid, and Wharton's jelly? What are your thoughts on that? And is there research on it? Thanks."

Thank you, Jennifer, for bringing that up. Two or three things. One is I'm still looking for someone who can show me where I can use this Wharton jelly or amniotic fluid and talk about it openly on my website.

When I talk about it to the people that are selling it, I get stuff like, "Well, you can do it, but don't advertise it. You can do it, but don't put it on your website. You can do it, but you have to follow all these rules about you're not treating anything." And I get nervous about things that I have to be clandestine about.

I just don't like three-letter people coming to my door, FBI, DEA, IRS. They're good people, but I don't want them knocking on my door. And the FDA actually has on their website where if you are in a doctor's office and they offer something like this, you're supposed to tell them which institutional review board approved research project are they following.

But none of that applies to PRP. But there is a whole lot of money being made by people selling it. I don't think that they're not all of them. Some are, but I don't think they're necessarily dishonest. I don't think that it does not work. I think that there's a good chance that adding this to your PRP could be helpful.

Doing it instead of PRP could be wonderful, but no one has compared the two. And when we can get great results without risking the things that might come from using birth products from someone else's baby and risking the three-letter people knocking on your door, I'm not saying don't do it. Many of our people do, but I'm saying, so far I don't.

I did it one time years ago, have biological product, but when the FDA started preaching about how they were going to go after us, then I quit. Now, I know the landscape is changing with the new administration. I know Florida's making new rules. Utah I think is making new rules and Kennedy's trying to make it more easy for us to do regenerative therapies that include birth products.

But to say that you're doing an O-Shot® when you're using that instead of the person's PRP, you're doing something, but you're not doing an O-Shot®. If you want to add it to the PRP, then can see the logic in that. And if you want to do that, then it could be that you're helping the results, but that part of it is not the O-Shot®.

And whatever happens with that legally or medically becomes out of something that I can help protect you with. If something happens and you've done an O-Shot®, we can say, "Hey, we've done this for 10 years. We can have somebody show up to help you out."

If you had the board or some sort of medical thing happen, we can say, "Hey, they did what we do." But if you throw in amniotic fluid or Wharton's jelly or something, then I lose the ability to say that you're doing the same thing of everybody in the group. And so results and complications become something that you have to deal with on your own.

The thing I ask the salespeople, they're persuasive and they call me a lot, wanting me to recommend their stuff to the group. And I always tell them, "Show me the piece of paper that our providers could show the FDA agent when they knock on the door that would make that agent go away." And no one has ever shown me that piece of paper.

So that's where I stand on it. Again, I'm not saying you can't do it, I'm just saying that I don't and those are the reasons why. Let's see what else we got.

"Full-time midwife, birth tissue lab has also left cards at my full-time job wanting our business. So I'm curious about it." Yeah, if you read where the products come from, it's almost always volunteers, healthy people, and radiated. And if everything's done right, you're not going to catch anything from the mama if she had something.

And I think it could be the future, but to me, it's legally still too risky. It'd be different if I were treating something I didn't know how to treat without it.

However, these salespeople are unlikely to be present when you're in front of your medical board or the FDA appears, or when there's a legal issue, such as a malpractice suit. They're not going to be showing up in your defense. They're going to be buying their new Lamborghini with the money they're making from the doctors.

What Protocol to Use When Treating Male Lichen Sclerosus

So let's see, "Charles, what protocol"... This is Irina. Hey, Irina. "What protocol do you use for treating male lichen sclerosus? How many treatments?" If you go, if you log into the Priapus Shot® membership site and just put lichen sclerosus or BXO, B-X-O, which is what the urologists call it, into the Search bar or the Ask bar, it'll pull it up.

And there's a video that shows... You're all just in our group who's in Dubai. We were doing a workshop there in London at Sharif Wakil's office there on Harley Street, one of our providers for a long time, smart man. And we filmed it, and it's still the best one I've seen, but you treat it similarly to lichen sclerosus in women.

You treat the active areas. We treat them again at six weeks, and then as needed. Definitive treatment is usually a circumcision. But some guys don't want the circumcision, understandably, and as an adult, they're happy with their foreskin, but yet it's a horrific problem just as it is with women.

We have a very high success rate, and our treatment is supported by research.[12] [13]

So, watching the video is the answer. And thank you for your question, Irina. And I don't see any other questions. If anybody else has a comment, I'll open the mic. Let's see. If not, we'll call it a night. Let me see if anybody... Don't see any questions.

Hopefully, this is okay with you. To have it all in one night makes it a little longer. I can't really keep it at 30 minutes, but I'll try to keep it to an hour. And I see a lot of our regulars. Thank you for being on the call, Kristy.

I see my beautiful wife on the call, along with Patrick, Nicholas, and many other smart people. Patricia always brings... It makes me feel like I'm doing something worthwhile when smart people show up. Have a good week.

---

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

[13] Casabona et al., "Improvement in Quality of Life and Sexual Function in Patients Affected by Vulvar Lichen Sclerosus Treated with Combined Autologous Platelet-Rich Plasma and Fat Grafting."

=> Apply for *Online Training for Multiple PRP Procedures* <=

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, etc., and send it to your patients.

Hello (first name),

At the beginning of the third episode of ***All's Fair***, Kim Kardashian (as the character Allure) talks about creating "the smoothest, plumpest, perfection" in reference to her "revenge vagina."

She does not say who treated her or how she was treated, but the only protocol with over 10 years of data showing efficacy and safety is the O-Shot® procedure that we offer here at our office.

If you are interested in learning how this may benefit you, visit OShot.info or schedule a consultation with us.

Best regards,

(your name)
(your email)
(your phone number)

References

Casabona, Francesco, Ilaria Gambelli, Federica Casabona, Pierluigi Santi, Gregorio Santori, and Ilaria Baldelli. "Autologous Platelet-Rich Plasma (PRP) in Chronic Penile Lichen Sclerosus: The Impact on Tissue Repair and Patient Quality of Life." *International Urology and Nephrology* 49, no. 4 (2017): 573–80. https://doi.org/10.1007/s11255-017-1523-0.

Casabona, Francesco, Giulia Gasparini, Emanuele Cozzani, et al. "Improvement in Quality of Life and Sexual Function in Patients Affected by Vulvar Lichen Sclerosus Treated with Combined

Autologous Platelet-Rich Plasma and Fat Grafting." *European Journal of Dermatology* 33, no. 3 (2023): 249–54. https://doi.org/10.1684/ejd.2023.4480.

Centner, Christoph, Patrick Wiegel, Albert Gollhofer, and Daniel König. "Effects of Blood Flow Restriction Training on Muscular Strength and Hypertrophy in Older Individuals: A Systematic Review and Meta-Analysis." *Sports Medicine* 49, no. 1 (2019): 95–108. https://doi.org/10.1007/s40279-018-0994-1.

Chen, Aaron Z., Kyle K. Obana, Christian Law, et al. "The State of Online Information about Platelet-Rich Plasma (PRP): What Are Patients Asking and What Are Their Sources of Information?" *The Physician and Sportsmedicine*, November 7, 2025, 1–8. https://doi.org/10.1080/00913847.2025.2586451.

Culha, Mehmet Gokhan, Erkan Erkan, Tugce Cay, and Uğur Yücetaş. "The Effect of Platelet-Rich Plasma on Peyronie's Disease in Rat Model." *Urologia Internationalis* 102, no. 2 (2019): 218–23. https://doi.org/10.1159/000492755.

Dachille, Giuseppe, Andrea Panunzio, Leonardo Bizzotto, et al. "Platelet-Rich Plasma Intra-Plaque Injections Rapidly Reduce Penile Curvature and Improve Sexual Function in Peyronie's Disease Patients: Results from a Prospective Large-Cohort Study." *World Journal of Urology* 43, no. 1 (2025): 306. https://doi.org/10.1007/s00345-025-05691-5.

De Ponte, Antonella, Silvia Cabrera, Sara Sofía Bermúdez Sparice, Sonia Baulies, and Ignacio Rodríguez. "Platelet-Rich Plasma in the Management of Vulvovaginal Disorders: A Systematic Review." *The Journal of Sexual Medicine*, October 31, 2025, qdaf307. https://doi.org/10.1093/jsxmed/qdaf307.

Ghasemi, Elham, Negin Abbaszadeh Bazzi, Javad Nakhzari Khodakheir, and Masoumeh Sadeghinejad. "The Effect of a Resistance Training with Blood Flow Restriction on Hypoxia-Inducible Factor, Vascular Endothelial Growth Factor, and Nitric Oxide in Older Adults." *Journal of Practical Studies of Biosciences in Sport*, ahead of print, University of Birjand, October 25, 2025. https://doi.org/10.22077/jpsbs.2025.10077.1998.

Omaña Ávila, Óscar Daniel, Rafael José Melo Cué, María Victoria Romero Rodríguez, et al. "Blood Flow Restriction Training before Platelet-rich Plasma Preparation Induces a Significant Reduction in Its Interleukin-6 Levels: A Pilot Randomised Controlled Trial." *Journal of Experimental Orthopaedics* 12, no. 4 (2025): e70500. https://doi.org/10.1002/jeo2.70500.

Raheem, Amr Abdel, Giulio Garaffa, Tarek Abdel Raheem, et al. "The Role of Vacuum Pump Therapy to Mechanically Straighten the Penis in Peyronie's Disease." *BJU International* 106, no. 8 (2010): 1178–80. https://doi.org/10.1111/j.1464-410X.2010.09365.x.

Sollitto, Catherine F., Maxim Narduzzi, and Claire Wolinsky. "A Systematic Review of Platelet-Rich Plasma Versus Platelet-Rich Fibrin for Periorbital Rejuvenation." *Journal of Cosmetic Dermatology* 24, no. 11 (2025): e70524. https://doi.org/10.1111/jocd.70524.

Virag, Ronald, Hélène Sussman, Sandrine Lambion, and Valérie de Fourmestraux. "Evaluation of the Benefit of Using a Combination of Autologous Platelet Rich-Plasma and Hyaluronic Acid for the Treatment of Peyronie's Disease." *Sexual Health Issues* 1, no. 1 (2017). https://doi.org/10.15761/SHI.1000102.

Tags

PRP, platelet rich plasma, PRF, periorbital rejuvenation, dark circles treatment, Vampire Facelift, O-Shot, P-Shot, vaginal PRP, Peyronie's disease, lichen sclerosus, sexual wellness, regenerative medicine, aesthetic medicine, CMA, Charles Runels, PRP research, facial aesthetics, periorbital PRP, tear trough treatment, autoimmune conditions, hypoxia training, vacuum erection device, erectile dysfunction treatment, PRP protocols, medical marketing, Kim Kardashian PRP, Hulu All's Fair, velvet vagina, PRP safety, male sexual health, female sexual health, amniotic biologics, Wharton's jelly, regenerative therapy, PRP complications, Peyronie's recurrence, PRP injection technique, medical pearls, aesthetic gynecology, Priapus Shot, Vampire Wing Lift, PRP vs PRF study

Helpful Links

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

=> Dr. Runels Online *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