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The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of November 18, 2025, with Charles Runels, MD.

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

Topics Covered

- **Using PRP to Treat Neuropathic Pain**
- **Treating Eczema with PRP**
- **O-Shot® for Friable Tissue & Wound Healing**
- **How to Treat Episiotomy Scars and Pain with the O-Shot® Procedure**
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Transcript

Welcome to our journal club. We will follow our format that we resumed last week of going over research first, followed by some pearls about procedures and then updates to marketing.

There are usually some, what I call marketing emergencies, when something's hot online, trending online that involves something we do. And when you tap into it, the energy from that lifts your own endeavors. And we have something like that going on now.

The pearl, as far as the procedure goes, is that there was a beautiful question about treating dyspareunia, tearing, and bleeding when someone has a posterior fourchette, episiotomy, pain, and fragility postpartum. As you know, this can sometimes persist for years. We have a question regarding the best way to treat that, and we'll discuss it tonight as well.

Let's start with a couple of papers that came out.

Using PRP to Treat Neuropathic Pain

The first one involves the treatment of neuropathic pain, and I'll include a link to it in the chat box.[1]

Even though most of us are not pain specialists, we deal with pain with our sexual function or dysfunctions: Peyronie's has a pain component (in men). And of course, women have multiple causes of pain. And I don't ever want to give the impression that I think that our procedure, our O-Shot® procedure, is somehow the magic treatment for dyspareunia.

However, there are times when it can seem magical, when you can directly treat it by inserting a needle into the tissue and making it healthier. And one of those is tearing and bleeding from an episiotomy. But there can be sometimes, as you know, neuropathic pain can have lots of causes, and you can get numbness, and neuropathic pain from pudendal nerve injuries, from riding bicycles, and the trauma from childbirth.

Sometimes I think it's not entirely clear to me what we're doing, honestly. There was an editorial in the Green Journal, probably 10 years ago now, where the editor of the journal said, Let's face it, we have this elaborate algorithm for treating dyspareunia, and we like to think that we have it all figured out. But

[1] de Jesus et al., "Platelet-Rich Plasma for the Treatment of Neuropathic Pain."

the truth is, quite a number of people go with some wastebasket diagnosis without actually knowing what the cause is.

By the time someone's ready to pay us cash for an O-Shot, often what's happened is they've had a very thorough workup by usually two gynecologists, where there's been an ultrasound and other imaging studies and multiple exams. And oftentimes there's still either trigger point pain or tissue that's frail and fragile, friable, that's the word I'm looking for. And oftentimes, if there was, say, a big fibroid tumor or ovarian cyst, well, that's been identified. If they haven't had that workup and you are the first physician they're seeing, and of course, those sorts of surgical etiologies must be ruled out.

But the old history and physical often reveals a trigger point pain, and sometimes, without really understanding why, O-Shot into that area works.

But here's 1,230 studies talking about the treatment of relief of pain. So is it a friable tissue? Is it say from the episiotomy? Is it a scar as what you might see with Peyronie's disease or post-childbirth, or is it neuropathic? The fun thing about platelet-rich plasma is it treats all those things. So sometimes I think we just get lucky more than smart because we have such a ubiquitously helpful material. So I don't like magical thinking of course. But there are certain etiologies, there's mechanical, there's autoimmune, there's infectious, there's nutritional or metabolic, and there's only a small finite number causes of disease. And thankfully, we have something that treats multiple causes with platelet-rich plasma, all downregulating autoimmune response, healing tissue collagen, collagen formation, and treatment of neuropathic pain and infection.

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Sometimes, we can help people improve without fully understanding what happened. However, the point I'm getting to is that we have a very high success rate simply by doing our regular O-Shot for women with an unidentified etiology of their dyspareunia, and this might be one of the mechanisms that explains why it's included.

Okay, next one, let's walk over to something else, and I'll give you the link to that one. Then we'll discuss how to treat the episiotomy scars and address the marketing emergency shortly.

Treating Eczema with PRP

I was so glad to see this come out. I'm going to put this one in the chat box. I have it as a PDF file.

This is a beautiful article, and before we discuss it, I'd like to show you a picture (see the video).

Here we go. It's in there. Let me show you a picture from one of our gynecologists and tell you a story.

I love this picture. Mark Lowney, MD, FACOG, a gynecologist in the Boston area, has a huge following on Instagram.

What's his tagline? The Real Dr. Feelgood, I think, is what he calls himself. Really brilliant man.

He came to my workshop a decade ago, and he was one of the first to develop protocols for using lasers in combination with our O-Shot® procedure.

He went home from our hands-on workshops, where we teach the O-Shot®, the P-Shot®, and the Vampire Facelift®, and spent two days, from 9 a.m. to 8 p.m. the first night, and from 9 a.m. to 11 p.m. the second day. We also discussed treating lichen sclerosus, and at that time, there weren't many papers available, but we were seeing great results.

And eventually, we published a couple of papers,[2] and more papers began to appear. Kathleen Posey,[3] who I believe recently retired, was early on fearless and achieved amazing results.

So we were talking about that, and Dr. Lowney goes home to his office and the woman who belongs to these hands (see video) was there for something unrelated. She was disabled, disabled on disability because of severe eczema and was being followed by a dermatologist.

And he said, "I just came back from this workshop where we learned to treat lichen sclerosus with PRP, so let's treat you and see what happens. And he injected her hands, and that was six weeks later, six weeks.

And I kept wondering, well, why is there not more research about this?

And this is what happens with our group. I don't have to be that smart because I have so many doctors, over 2000 doctors, sharing what they're seeing, and I'm just trying to take good notes and give some sort of perspective and facilitate the conversation.

So this was, I don't know, 10 years ago.

So finally to see this paper out,[4] and I know there have been others, but this is the best one I've seen about treating eczema with PRP. I'm hoping that more rheumatologists or primary care doctors, and in this case oncologists, took care of the woman's eczema.

Let's take a look at the paper. I'll put it in your handout section.

They're discussing the concept behind it, and it's the same idea that explains why our lichen process works. It's not only downregulating autoimmune hyperactivity, but imagine you had a magic wand and suddenly waved it over the hands I just showed you, and the active disease of eczema was gone.

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

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

[4] Tian et al., "Hypothesis."

The hands still wouldn't look normal; they would have cracking and bleeding, and there would be a need for healing of the tissue. And, of course, platelet-rich plasma promotes this as well, and it facilitates the remodeling of scar tissue.

So, the idea that you could both downregulate the etiology of it and all that's on this list (see paper).

It increases skin hydration when applied to the vagina. We now have multiple studies. The first one I know of came out in menopause, probably five years ago, showing that when you do our O-Shot® procedure, the women who are suffering from dyspareunia because of dryness after suffering from treatment for breast cancer, and hence are fearful of estrogen replacement.[5] I'm not saying if that's a correct fear or not, but it's an understandable fear. So they're avoiding any hormone replacement, and we now have more than one study showing that our procedure is very, very helpful in that situation.

It's low-hanging fruit for us, whether the woman's postmenopausal or not.

You experience significantly improved hydration and lubrication after our procedure, which is also a wonderful benefit, especially when treating eczema.

So I won't belabor the point. This really teaches you the idea behind it. And the picture I just showed you is one anecdotal story that it actually works.

O-Shot® for Friable Tissue & Wound Healing

And again, I like this because it ties in very well with it, just came out by the way.[6] It ties in very well with what we're about to cover in treating episiotomy, friability, dyspareunia, bleeding, and that, as you know, can sometimes go on for years. Most people are not eager to have a surgical correction. We should discuss what I've observed in our group, as it's nothing short of miraculous.

And let's say that you wanted to do that, if you wanted to let people know that you're able to do that. Here's where the marketing and the science overlap. You can see that this one was just published this week on PubMed, and it discusses the various options available. And, of course, I still recommend PRP for our O-Shot® procedure.

PRF has its place, but it's primarily used for open wounds and dental applications.

Please don't try to put PRF through a 30-gauge needle into the clitoris, and PRP (not PRF) is what we're using for the O-Shot, and they go through the ideas behind each material. Now, this is an open-source article, so you can share it under open-source law by sending the actual PDF or linking to it. Let me give you the link in the chat box.

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[5] Hersant et al., "Efficacy of Injecting Platelet Concentrate Combined with Hyaluronic Acid for the Treatment of Vulvovaginal Atrophy in Postmenopausal Women with History of Breast Cancer."

[6] Zamani et al., "Blood Derivatives as Monotherapy and Combination Therapy."

You could write an email that says that you treat painful intercourse in women. Before I tell you, give you the script for this, let me remind you, when you're doing something that is not widely known, if you're delivering babies, you don't have to tell people what that is, or if you do hysterectomies, appendectomies, or hernia repair. But if you treat an episiotomy, friability, dyspareunia, and bleeding post-episiotomy using our procedure, most people have no idea what that sentence even means, and my opinion is that you should have that ability.

If you're one of our O-Shot providers, and you have that ability. You don't let your patients know that you're able to do that; it isn't unethical.

Still, it's definitely not doing what good physicians should do because ***it's not the patient's responsibility to know what you're capable of doing.***

It's our responsibility to teach them.

Now, if they're not in your office asking for it and they are your patient, I think it's still our responsibility. That's how you overcome the reluctance to market. If you think of your marketing as your opportunity to make sure people know what you're capable of, then a simple email that goes out, saying, 'Hey, this study just came out talking about how the same PRP we use and the O-Shot can help with wounds and healing,' is a good approach.

And if you have, and here's a link to it, and if you have continued pain after delivery of a child or from some other trauma, some have pain post female genital mutilation. It's around 85% of women in Egypt who have undergone female genital mutilation, and they migrate here, to Somalia, and other countries. It's very high, not talked about, and I'm not going to judge the culture.

It's caught in that culture. It's almost necessary. However, they often immigrate to the US and then sometimes seek treatment for dyspareunia. And we've covered studies of how our O-Shot can help with female genital mutilation,[7] and so not, and I've had patients who've had physical abuse in the genitalia by an ex-partner.

So, it's not just about scars, but this is a paper that tells why that might work. And so, linking to this and then discussing what you can do for the woman suffering with dyspareunia gives you a reason to talk about it, as this is a new paper and it's in the news. Now you're connecting recent research news with what you can do. You let people know about it. So simple email could be, this article came out this week talking about how platelet-rich plasma helps with wound healing.

And though you may not have what you consider to be a wound, you may have pain from past trauma and that could be from childbirth or from something that happened, other sources of trauma and that can be integrated into our treatment when we do the O-Shot. Here's research that talks about it that

[7] Tognazzo et al., "Autologous Platelet-Rich Plasma in Clitoral Reconstructive Surgery After Female Genital Mutilation/Cutting."

just came out this week and that reminded me, I should let you know that we do that in our office. And if you're interested, give us a call.

Very simple little email where you're not trying to get people to do something. That's the key to marketing. You're telling them what you're capable of and offering to help.

That's it.

Very simple. This aligns with the ethics and attitudes of most physicians.

How to Treat Episiotomy Scars and Pain with the O-Shot® Procedure

Okay, that's the research I wanted to show you. Let me show you some pictures and let's talk about the posterior forchette and episiotomy scars.

The labia minora come down and join here, and it's almost like a frenulum up here. (see video).

You have the frenulum, the actual frenulum where the labia minora ties into the head of the clitoris, and that is our place where we do the block. If you do a lidocaine injection before doing the O-Shot® procedure, and down here it's called the fourchette, but it's actually a little piece of tissue there that you're all well aware of.

Now, let me show you how I've treated it and how others in our group have treated it. I'll swap over and show you a picture. By the way, this was also a question that was on one of our websites, and it was 11 days ago, so I apologize for not answering this sooner.

One of our providers posted a question on the website asking how to treat it, which is what I'm about to show you. So you have labia minora, posterior fourchette, and then you have this comes up and then you have ties into the frenulum. There's the glans clitoris. The labia minora bifurcates, and this becomes the hood of the clitoris.

And then you have the urethra and the anterior vaginal wall, and the anus (see video).

Okay?

Now, most people have a PRP kit that produces volumes in multiples of five. You might have a 30 or 60 cc, or a 10 or 20 cc gel kit of some kind. These days, I primarily use Regen PRP, but I have five different kits available in my office and region. The 10 milliliter tube provides five CCs of PRP, as per the present protocol. One CC goes into the clitoris, the body of the clitoris, and four CCs go into the anterior vaginal wall.

And if you're not part of our O-Shot group, I highly recommend joining because you'll see in a minute that we're trending right now, and this really does change lives. I

f someone complains that they're having tearing and bleeding here from the episiotomy scar, the first time I reserve one milliliter and just do infiltrate it like I was getting ready to inject it and my PRP is lidocaine. So, I have a 27-gauge needle or a 30-gauge needle, and I go. If this is the posterior fourchette,

the needle is inserted just subdermally, and a wheal is made there. I'll then go intradermally. So tissues like that, and I blanch the skin very thin, but I blanch it. I go and I go subdermal and this whole area right there, and once he sees enough, you might use two. Still, I infiltrate as if I were getting ready to suture the area, I'm just using PRP instead of lidocaine, then I still put one CC in the clitoris and I put the rest in the anterior vaginal wall, then I have them come back in six weeks.

Most of the wound care studies show that you get about 80% of what you're going to have somewhere around eight weeks, and the full effect is about three months.

The research we presented at Marrakesh, Morocco, showed that there was actually an improvement from our O-Shot up to six months out, with sustained benefits for a year. This is strong research, and we're going to publish it soon, I hope.[8]

And this will also, I think create some new buzz, but there are wound care studies. The same approach was employed in Sclafani's original study, which treated nasolabial folds in the face with PRP.[9] [10]

They saw about 80% at 8 weeks and the full effect at 12 weeks.

He did another study, documenting collagen production by injecting the back of the arm and then doing biopsies. Wonderful studies done back in 2009, 2010. And so, this is not haphazard; I don't think you should go more often than that.

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It's like over-fertilizing your lawn.

Remember, this is not a pharmacological effect; it's a triggering of growth. And treating it before the growth occurs is not necessary. I've seen a few studies where they're injecting the tissue once a week. You could make a case, and I sometimes do ask people to give it eight weeks before they decide if they want another treatment. However, to ensure the best effect, I recommend having them undergo three treatments, six weeks apart, followed by three more treatments, six weeks apart.

Because when they have fragile friable tissue here, that's often what it takes. If they say, after the first or second treatment, I'm good. I don't need any more, then of course that's great. They're good. They don't need anymore.

But I would get them braced for three treatments, six weeks apart. And the stories I have heard are absolutely miraculous, but this isn't voodoo, right?

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[8] "9 Years of O-Shot® Data by Charles Runels, MD & Alex Runnels, MD."

[9] Sclafani and McCormick, "Induction of Dermal Collagenesis, Angiogenesis, and Adipogenesis in Human Skin by Injection of Platelet-Rich Fibrin Matrix."

[10] Sclafani, "Platelet-rich Fibrin Matrix for Improvement of Deep Nasolabial Folds."

We just covered a study that I showed you about using PRP for wound care, along with all the reasons why it might be beneficial. And so collagenesis, it's been, I won't even bore you with the long list of papers that have come out over the past 20 years documenting neurogenesis,[11] [12] [13] neovascularization,[14] [15] [16] and collagenases[17] [18] [19] when you inject PRP.

Now the next thing to remember, though, is that there is a component that simply involves the hydro dissection. And I think if you did a placebo-controlled study with saline, again, that would not be a placebo. If you've been on this call at all, you'll likely hear me get on that soapbox, and I can provide a

[11] Toloui et al., "Effectiveness of Platelet-Rich Plasma in Treating Spinal Cord Injuries."

[12] Yasak et al., "Electromyographic and Clinical Investigation of the Effect of Platelet-Rich Plasma on Peripheral Nerve Regeneration in Patients with Diabetes after Surgery for Carpal Tunnel Syndrome."

[13] Foy et al., "Functional Recovery Following Repair of Long Nerve Gaps in Senior Patient 2.6 Years Posttrauma."

[14] Bindal et al., "Angiogenic Effect of Platelet-Rich Concentrates on Dental Pulp Stem Cells in Inflamed Microenvironment."

[15] Zhang et al., "Effects of Platelet-Rich Plasma on Angiogenesis and Osteogenesis-Associated Factors in Rabbits with Avascular Necrosis of the Femoral Head."

[16] Sclafani and McCormick, "Induction of Dermal Collagenesis, Angiogenesis, and Adipogenesis in Human Skin by Injection of Platelet-Rich Fibrin Matrix."

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

[18] Chicharro-Alcántara et al., "Platelet Rich Plasma."

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

lengthy list of papers, review articles, and meta-analyses on the use of saline injection for treating leishmaniasis, scars, and osteoarthritis.[20] [21] [22] [23] [24] [25] [26] [27]

And when you dissect tissue, soft tissue hydro dissected with liquid, that's a procedure, a long way of saying it matters tremendously where your needle is.

It's not like a drug, you just inject it somewhere and things are going to get better. It actually helps to hydro-dissect the tissue that is friable with your PRP.

And then you get a combination of triggering regenerative processes, both from the hydro dissection and then augmented by the PRP.

And there's a lot of research backing all that up.

If you want low-hanging fruit, consider a case report on treating friable dyspareunia or dyspareunia secondary to friable tissue in the posterior fourchette. And you've got low hanging fruit of something that needs to be published.

Okay, so that is that. Let me see if there are any questions before we swap over to the marketing piece. Okay, I don't see any questions. Alright, let's move on to the marketing section. I hope that was helpful to you, and I apologize to our provider for the delay.

How to Ask a Question to the Cellular Medicine Association (CMA) Group as a Member

Let me go back and show you what I'm talking about. When you go on our membership website, you'll find a place to post questions on almost every page. These questions appear regardless of where you

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[20] "Clinical Benefit of Intra-Articular Saline as a Comparator in Clinical Trials of Knee Osteoarthritis Treatments_ A Systematic Review and Meta-Analysis of Randomized Trials | Elsevier Enhanced Reader."

[21] Sharma et al., "Delineating Injectable Triamcinolone-Induced Cutaneous Atrophy and Therapeutic Options in 24 Patients—A Retrospective Study."

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

[23] Bokey et al., "HYDRODISSECTION."

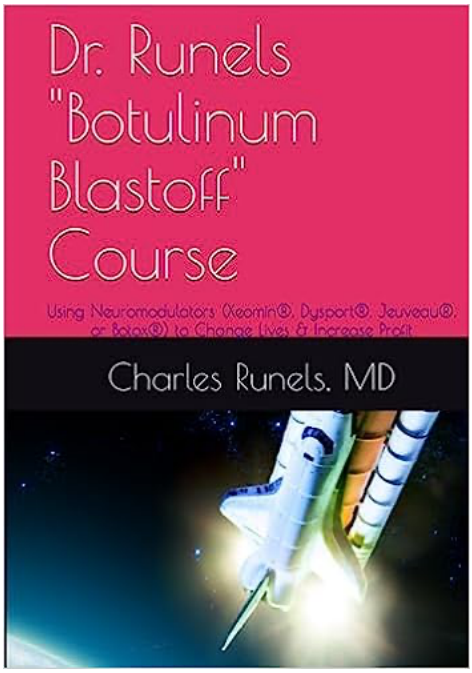
[24] Popp, "Improvement in Endoscopic Hernioplasty."

[25] Bagherani and R Smoller, "Introduction of a Novel Therapeutic Option for Atrophic Acne Scars."

[26] Searle et al., "Saline in Dermatologic Surgery."

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

post them on the website. So, we'll say that on the Priapus Shot® membership site, there are no questions. And I can see that on the Vampire Facelift website. There were no questions posted this week, but there was a question posted, shame on me, on the 6th of November from one of our amazing providers, Dr. Jennings, who asked about treating someone with episiotomy two app episiotomies, and she's got scarring and decreased orgasm.



Remember, there's a feedback loop with women that's more complicated than with men. Let me draw it for you to help you remember. And then we'll do the marketing. We'll still be in around 45 minutes, I think. By the way, again, if you're not doing the O-Shot, there's a gap between what we know and what you're offering in your clinic and it's an easy thing to upgrade if you're doing P-Shot® or just doing Vampires.

Putting in a Foley catheter is more dangerous than doing an O-Shot. It's much easier to harm someone with a Foley catheter than with a PRP injection.

But okay, let me go back. I think we should just go ahead and switch over to our marketing. Okay, I briefly mentioned this at the last one, but I want you to read, as you can't hear it, but I want you to see. This is All's Fair, which is currently the top show on Hulu, and Kim Kardashian stars in it. She plays an attorney, a woman attorney who specializes in advocating for women. And she starts by saying, at the beginning of episode three, that the best revenge is to be healthy and to make herself better, as she seeks revenge following her divorce.

She says that she had tiny little pricks of "vaginal PRP", as the exact phrase she uses. She doesn't, and she discusses other procedures, but she never mentions a brand name of any kind. It's just like she discusses the type of filler and the type of treatment that utilizes muscle contraction and a magnet. And she never mentions the trademark, but she talks about tiny pricks of vaginal PRP, and she says it gave her, she says, "Oh my God, the smoothest, plumpest… perfection."

And while she's saying that, who's one of the other attorneys, anyway, one of her friends calls it the "Revenge Vagina".[28]

And so, Revenge Vagina is trending now online.

Now, I'm going to discuss this with you because I want to help propagate that trend, as it aligns with our work.

[28] Rooney, "Say What?"

And here's the way I think about it.

More About the "Revenge Vagina"

All of you, if you have treated women for more than a month, you know this phenomenon. It's the woman who is either recently divorced or is getting ready to be divorced. She is getting revenge in a healthy way, not by trying to harm her partner or soon-to-be ex-partner, but by trying to do what Allura says in All's Fair: that the best revenge is to make yourself healthy and beautiful.

And so they come and they want not just a mommy makeover with their liposuction or breast augmentation, they want their sexual parts to work too, not just their face, and not just to make a picture, but to be functioning.

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I never thought we would have a celebrity, in this case, Allura, the character (not Kim Kardashian personally, in real life), talks about her O-Shot® because it breaks the persona of being a sex symbol if you think about getting a procedure for something that's broken.

So it's brilliant the way she said it.

She didn't talk about bad sex; instead, she said, "the smoothest, plumpest perfection."

And that could be perceived as not treating something broken but making something better. And that's beautiful.

Now, she said, in and around the vagina, so she didn't just get a Vampire Wing Lift®, she got some version of an O-Shot® too, whether it was ours or not, we don't know. She didn't say.

However, we do know, and this is worth discussing.

When you talk about this, you can say, "We have the only standardized protocol that has existed really all up until recently. You've got a few copycats, but we've been in existence for over a decade, demonstrating safety and effectiveness, which enables us to offer you competitive prices on malpractice insurance due to our proven track record of safety and efficacy."

So whether she got an O-Shot or not, we don't know, but there's a very high likelihood that she did.

And now I have purchased the domain RevengeVagina.com. A press release will be issued, and I will also undertake other behind-the-scenes efforts to support this trend and tie it to our O-Shot. So if you're offering the O-Shot using that name now, the way I would think about it in an ethical way is that first of all, we don't want to hurt anybody.

So, the best revenge is always to make yourself better, healthier, happier, and more peaceful. And that includes sexually.

The "Enchanted Vagina"

However, we should also emphasize that ***we have achieved good results in preventing breakups***. I know that I went; I taught a workshop in Ohio years ago, and I occasionally attend a clinic to train doctors if there are several of them. And so I go to this clinic where there are five or six doctors and train them.

And one of the models was upset. She said that her sexuality was broken and she was on the verge of a divorce. As you know, research shows this sex is the scaffolding of love. And in the early relationship when the sex is broken, it's a big glue that keeps people together and it breaks people up. So she was in tears and I said, I want you to go home and tell your husband, now husband, who has already filed for divorce.

I said, Go home and tell him that you just had an O shot, and let him go online and figure out what that is, and say to him that in about eight to 12 weeks, there's going to be a big party. And he gets to decide whether he's invited or not by his decision whether to stay with you or not, and he wasn't really sure how that was going to go over. But he had already filed for divorce.

I returned to that same clinic to teach again a couple of years later, and that woman found out about it and showed up just so she could tell me 'thank you.' She said it worked. The husband stayed around. The O-Shot helped her with her dyspareunia and anorgasmia there, and they were having a happy, loving relationship. No one wants to miss the party, and often, a broken relationship needs hope. Just needs hope of something better when there's learned helplessness and despair and loss of hope and people drift away, but that hope was well-founded, and it saved a marriage.

So yeah, there's a revenge vagina, but there's also this hopeful "enchanted vagina" too, where someone might stay around to see what's going to happen next. And that's the way we talk about the revenge vagina and the enchanted vagina.

And I hope that helps you save some marriages and people do get back together. And of course, not all marriages need to be safe.

There are times when I think there's so much toxicity that people need to be a part. So with that, we'll, let's see if there are any questions, and if not, we will call tonight. But again, if you haven't learning all this, you're not doing the O-Shot®. I'll show you exactly where to go; scroll down and you can apply.

And, of course, if you're one of our team members, you'll get approved, and then you can review the videos and be up and running with the necessary consent forms and all that goes with them. So we have dentists who do the facial stuff. We don't approve dentists to perform O-Shots, and there are specific requirements. However, assuming you have the proper licensing, we will approve you, and you can begin performing this procedure.

And this is a wonderful time to jump in. We also have the Clitoxin® research[29] that's going to be augmented in the paper that will be coming out about our study of over 2,000 women, over 200 of you contributed patients to that study. And I think it's going to be very hopeful to our cause. And I think with that, let's see. Oh, there is a question. Theresa said, update. Oh yeah, yes. I'll send out an email when RevengeVagina.com is online and you'll hear me couch it in the terms that I just talked about where, and so you'll have something to link to. In the meantime though, if you go to O-Shot, it shouldn't take me more than a week to have something built. But if you just go to the front facing part of the O-Shot, let's see, O-Shot.info, and you go here, put a little post right here. It just went away. There.

The science behind the revenge vagina.

By the way, this is the lecture that my wife and I gave in Marrakesh. That's her. I get out of her way in a minute. She discusses the math, and she has done the math on it. And so I step aside and she talks. That was the design of how we collected the data.

But this talks about the revenge vagina, and it links to, I didn't give you that link. Here's the link in the Hollywood Reporter. And it has that quote, it's the fourth most outrageous thing or something like that, 20 most outrageous. And it was number four.

Somebody has a revenge vagina, Emerald, that's their friend that says that at the same time, Allura, who Kim Kardashian plays, talks about having perfection. "Swear to God, you have the most smooth, plump perfection."

It's pretty enchanting, right?

Who doesn't want to have that on their dating site or as the thing they tell their husband they're coming home with?

What a wonderful quote, and I'm grateful to Ms. Kardashian for taking on that role and having the bravery to discuss sexual dysfunction. It takes bravery to talk.

Well, not dysfunction, but just sexuality. I had trouble watching the show, I admit it. It's male-bashing stuff. And I had a little trouble watching the show, but it was for a good cause. So there you go. And that link is in there.

Let's see, any other questions? Thank you, Teresa, for that. Okay, you guys have a good week. I hope this was helpful.

Good night.

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

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Tags

episiotomy repair, episiotomy healing, episiotomy scar, episiotomy complications, episiotomy pain, posterior fourchette pain, dyspareunia after childbirth, episiotomy tear, episiotomy stitches healing, episiotomy scar tissue pain, vaginal scarring after childbirth, painful sex after episiotomy, PRP for episiotomy, PRP vaginal healing, platelet-rich plasma wound healing, O-Shot episiotomy, O-Shot for dyspareunia, regenerative vaginal treatment, tissue regeneration after childbirth, chronic episiotomy pain, neuropathic vaginal pain, perineal tear not healing, fix episiotomy scar, help for episiotomy pain, O-Shot regeneration, PRP for postpartum pain, episiotomy nerve pain, friable vaginal tissue, PRP clitoral and vaginal injection, PRP for wound healing, vaginal pain after childbirth

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