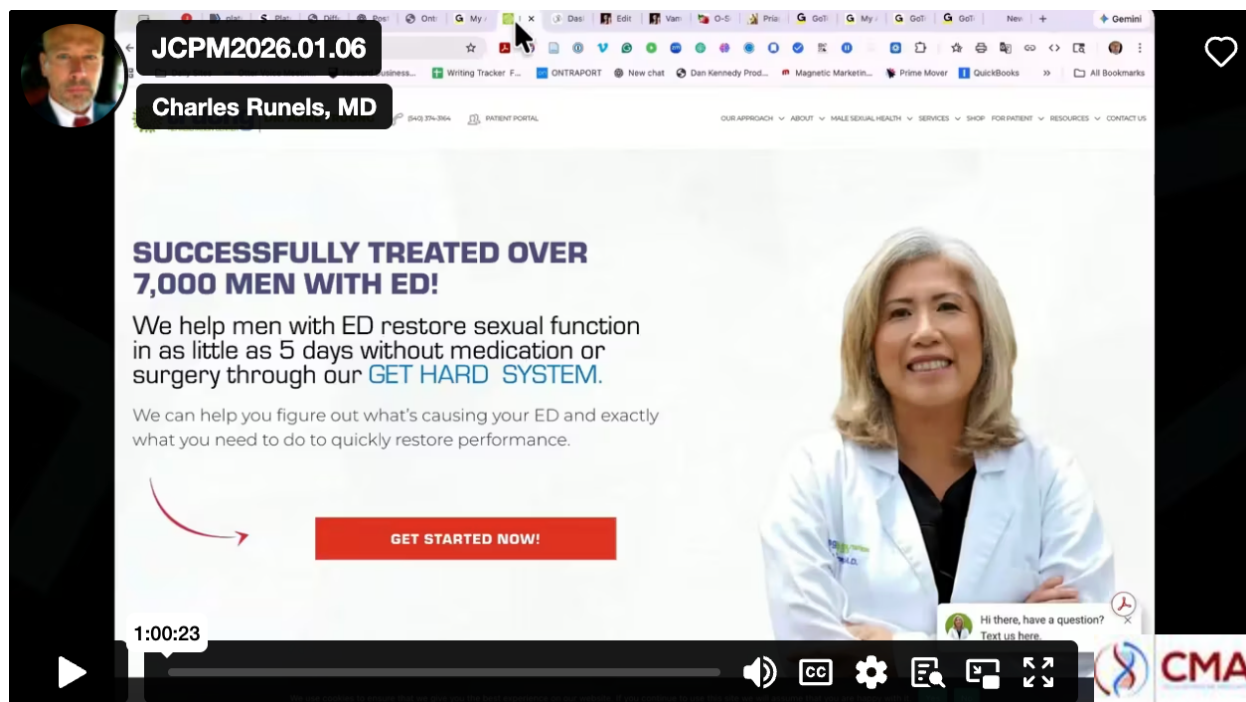


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The following is an edited transcript of the Journal Club with Pearls & Marketing (JCPM) of January 6, 2026, with Charles Runels, MD and Anne Truong, MD

>> [The video of this live journal club can be seen here](#) <<



Topics Covered

- Noni Juice Improves the Effectiveness of PRP
- Strong Ways to Make Your PRP “Work” Better without Buying a New Centrifuge
- **A Treatment Algorithm for Interstitial Cystitis**
- **Interview with Anne Truong, MD:**
 - **Leading a revolution**
 - **Talking about sex**
 - **Packaging Services**
 - **Transitioning a practice**
 - **Powerful Website Formulas**
 - **The best question to ask to broach the subject about sex**
 - **And much more**
- **References**
- **Useful Links**



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

Introduction

Charles Runels, MD:

Welcome to our Journal Club with Pearls & Marketing. And tonight we're in for a very special treat with Dr. Anne Truong, who has done amazing things before, and even more after I met her.

They say that one of Leonardo da Vinci's teachers, after he had worked with Leonardo for a while and he saw what he could do with paint, he put down his brush and never painted again.

Sometimes I wonder, "Was he happy or sad when that happened? "

I think he was probably happy. I know I am. I've had quite a number of physicians who've [come through my courses](#) in the past 15 years, who've gone on to do amazing things.

Richard Gaines did my workshop on the P-Shot® and then went off to create the GAINSWave. And Anne has done amazing things both in medicine before I met her and afterwards she's taken the few simple ideas I gave her and has created both business and medical ideas that I think you'll really love.

I always promise you some recent research, and so I picked out two or three things.

Let me just run through them in 5 or 10 minutes and I'll pull Anne. She's waiting and I may even have her comment on these papers, but let me get that out of the way and then we'll spend the rest of the evening learning from Dr. Truong.

There's so many papers coming out these days that I have to pick and choose. I limited tonight to a smaller number, so we'd have more time for Anne. And I'll start with this one because it was so off the wall.

Noni Juice and PRP?

I know I've seen people selling noni juice for various purposes. I'm not sure I've ever even sipped it.

Still, they actually conducted a crossover study where participants drank noni juice, while the other group drank a placebo, and then they swapped over.

They measured both blood values and growth factors within the platelets and demonstrated that there was an increased likelihood of healing when the subjects consumed noni juice.¹

Strong Ways to Make Your PRP “Work” Better without Buying a New Centrifuge

And they review history again, noting that this all started in orthopedics and dentistry, as referred to in the previous paper.

I used to see people who had been radiated for throat cancer and now some oral surgeon has to operate on their mandible and there's almost no blood flow to start with.

And now they have to do an operation. So they would come to the hyperbaric chamber and we would treat them hoping to make the area, so that it could heal.

So 20 years before I ever started pulling it into the GYN and the urology space, it was being used in those specialties, where they have no blood to work with.

So they went and got what's in the blood and said, "Let's just isolate it and put it in our surgical field in hopes that things will heal better. "

And then it became a standalone treatment for knees. And again, in the knee, there's no blood. The tissue has to heal from the synovial fluid.

So that's how it all started. This is an excellent review paper discussing ways to improve the process.² As if you've never heard of platelet-rich plasma, they go through how to prepare it, how to prepare autologous EV.

And then they have a really nice chart (see video), which I'd like to cover in more detail regarding what you can do with your patients to make their PRP work better: pre-, during, and post-procedure.

Exercise is one of them; even a small amount, such as 5 or 10 minutes on a stationary bike or walking around the block, can help draw blood.

And then of course, just all the things that would help someone heal from a wound also help someone recover or respond better to platelet-rich plasma.

It's not going to change what you do when you inject the needle, but the idea of making things work better because of what you're doing with your patient, not just patient selection, which is huge, but even more so what you do with an individual patient.

¹ Hoppermann et al., “Differential Influence of *Morinda Citrifolia* L. Fruit Juice on the Molecular Composition of Human Platelet Rich Fibrin.”

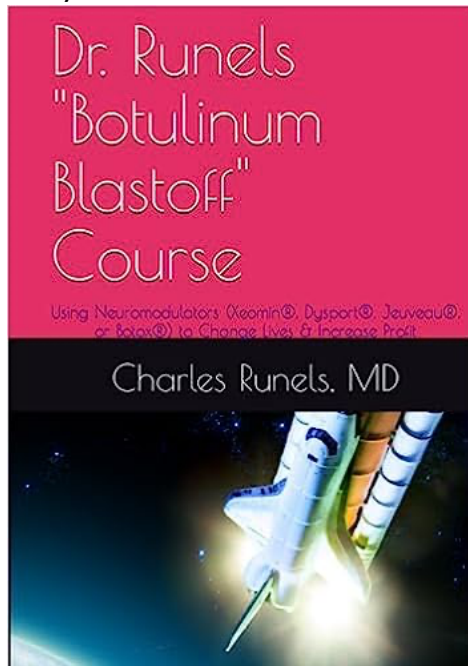
² Rothrauff et al., “Platelet-Rich Plasma in the Treatment of Musculoskeletal Disease in 2025 and Beyond.”

And they talk about how it changes. It was last week that we covered a study showing that platelets were higher in women. This one contradicts the idea that growth factors are higher in men (covered last week).

A Treatment Algorithm for Interstitial Cystitis

Before I cover this topic about interstitial cystitis, I'd like Dr. Truong to join the call, as it is a significant subject. Many people are telling me about how our O-Shot® procedure is helping with this.

And you can see that it was one of the modalities they offered in this multi-modality plan, where they had created an algorithm to determine which part of the plan, whether it was intravesicular, botulinum toxin, or, of course, done with IV sedation versus intravesicular PRP.³



And of course, we're seeing it work with just a basic O-Shot®, but this is a very chronic condition. And you can see they just admit it, current treatments rarely achieve complete symptom relief. But in these multiple modality therapies that included PRP, they did see relief. And if you scroll down, they talk about how surprisingly to them, at least it continued to improve with the PRP or the PRF after three months. But we've been talking about that. It's been in the wound care literature for a decade. That full effect is really not until three months. That's what I've been telling people, but we're getting ready to publish some data.

I've been crunching the numbers for two or three months now. Over 200 of our providers contributed numbers to this longitudinal survey, where each patient was surveyed over the course of a year. Three days, three months, six months, and a year. I thought it would plateau at three months, but it actually plateaus at six months.

Most of the effects from the O-Shot® occur by the third month, but there's continued improvement and it's maintained for a year.

I think this is going to make the news. I don't want to go further with it until we have it published, but hopefully that will be submitted and will be one of the papers we talk about.

³ Yu et al., "Therapeutic Efficacy of Multimodal Therapy for Patients with Interstitial Cystitis/Bladder Pain Syndrome Refractory to Previous Bladder Monotherapy."

Let me bring Dr. Truong on the call, both for the medical and the marketing expertise, and I will be taking notes just as much as you are. Hold on just a moment. There you are. Hello, Anne. Can you hear me?

Interview and Discussion with Anne Truong, MD

[Anne Truong, MD:](#)

Yes, I can hear you. Can you hear me?

Charles Runels, MD:

So glad to have you on the call. Yes, I can hear you. I have bragged about you at many of my workshops because you took the few things that I showed you and just went crazy with it. I'm trying to remember, did we meet in Chicago or did we meet at the regenerative orthopedics meeting?



Anne Truong, MD:

We actually met in Chicago, in-

Yeah, with Kathleen Posey. I believe it was either '13 or '14. Full disclosure, Kathleen came to see me as a patient for orthopedic issues and she was excited.

She'd go, "Oh, my God. I just met this doctor, Charles Runels, and he's injecting PRP into the vagina and the penis. You got to come and learn this."

"I'm like, "What? I've never heard of such a thing. "

Because I was doing PRP into the joints. At that time I was doing that and I was already doing bone marrow.

I said, "That is the most unusual thing of all. "

She's said, "You've got to come. Let's go. "

And it was maybe the next month, and I thought, "I got to go see this. "

So I came really more for curiosity and for fun, to spend time with Kathleen, and we roomed together, and just attending that workshop really changed the trajectory of my practice, my business, my thinking. It just changed everything, Charles, because I never thought about sexual health until then.

And what you taught us at that workshop changed how I think about sexual health and how it's just not about sex. It's really about quality of life and how I can incorporate this into my musculoskeletal practice.

And I never looked back.

I think that if I didn't come to that workshop when Kathleen told me to, I wouldn't be here at this moment, right now talking to you and doing everything I'm doing.

So sometimes one move, one workshop, one unexpected thing that you come in, just to be curious, could make a big, big impact like it did on me, when I first met you at that workshop. It was in Chicago and we had fun. I think we saw each other again in orthopedic and then I went to your office again to get some more training as well too.

And I have to confess, you were my first marketing coach.

I learned marketing from you after I learned about O-Shot® and the P-Shot® and the Vampire Facial®, you taught us about... You really taught us about how to talk to patients about sales and how to present the procedure. At that time, when you were talking, you were at level 10. I was like level 0.5.

Charles Runels, MD:

And now you're at level 10,000. It's so beautiful. I follow you, of course, and you've exceeded me in many ways, and I'm so happy about that. I tell people that-

Anne Truong, MD:

I had a good teacher.

Charles Runels, MD:

I'm taking notes from you today.

Before we go much further, we've got quite a number of people on the call and some of our leaders and some of our new people. I wish we had half a day instead of an hour, but we'll get to how people can have more of you later.

Tell them a little more about your background. How you started in medicine and what you are doing, and then we'll get more into what you're doing now.

Anne Truong, MD:

Right. So I trained at Baylor College of Medicine in Houston, Texas. So I'm a board certified PM&R doctor. I'm also board-certified in pain management as well as an EMG. And I graduated in '97. When I finished my program, I was offered a job as an academic in '97, 2000.

So I stayed there and I found out I was not made for academia.

Charles Runels, MD:

You were too free-spirited. You felt like you were in a cage, right?

Anne Truong, MD:

Exactly. I was too free-spirited. And within a couple of years, I had more patients and was more popular than my chairman, who didn't really like that too much. And she gave me two bad reviews, two years in a row, and I was there for three years. And she gave me two bad reviews, two years in a row.

And I just thought, "Nah, this is just not right. "

I'm not the type of person who will attack somebody, but I seek another option.

Since my in-laws were in Virginia, we decided to move there to be near them. It was about time anyway, because my husband... You met Bao.

Charles Runels, MD:

Yeah, brilliant man.

Anne Truong, MD:

Yeah, thank you. He's in computer engineering and was VP of the Hewitt Packer laptop division, and he was traveling a lot.

So we needed help with the children. It was the right move to move to Virginia, to be near his family, where they can support us with our children as well.

And I worked for a hospital system, which supported me very well, it allowed me a lot of opportunities I wanted to do. If I wanted to do PRP, they were supportive of it, but I found out that I couldn't be an employee either.

Charles Runels, MD:

Right. So there's that free-spirited thing again, which helps you think better, too. Keep going.

Anne Truong, MD:

Well, you know that you can grow much faster on your own. So in 2003, I went on my own very amicably. They helped me with my practice. There was no non-compete or anything.

So from 2003 to now, I've been in private practice. And I started as PM&R, doing traditional opioids, cortisone injections. And I realized very quickly, about 2002, that was not the way. I mean, I was trained like that from '97 to when I graduated from the fellowship. That opioids and cortisones and epidural.

Charles Runels, MD:

Mm-hmm. Still, what most people were doing.

Anne Truong, MD:

And at that time, I think the fifth vital sign was pain, right?

Charles Runels, MD:

Right.

Anne Truong, MD:

And they said, "Well, you got to give everybody opioids. "

And that's what I did. And then I realized that I was not making an impact on my patient. I was making them sicker. I was not getting them better.

So I started learning how to do acupuncture. And I started learning acupuncture. I took the UCLA medical acupuncture course, and that just really opened up my eyes on whole body healing and energy of the body.

And then from there, I move on to doing prolotherapy. I learned how to do prolotherapy because I knew that I shouldn't be injecting cortisone into a tendon or ligament or even to a joint.

Again, that then led me to doing PRP in 2005. It was just a natural progression of exploring a therapeutic modality to heal the body instead of deteriorating the body with the traditional cortisone that we usually do. But I was doing all musculoskeletal. I was doing back, knees, and joints. I think I started doing back first before I started doing bone marrow.

In 2009, we incorporated back graft and SVF, and subsequently added bone marrow. And then I would do bone marrow until I met you around 2013, and you gave me a different look at where to put PRP and why.

And I decided to incorporate actual health into my musculoskeletal practice. It was just a very integration. It wasn't hard at all because I was already seeing patients for their pain and opening the conversation with them in the office, maybe because of our own comfort as well. ***But I knew that the moment I started talking more about it, I became more comfortable about it and the patient became more comfortable about it.***

And after learning how to do the procedures in [your workshop](#), I became more confident in doing the procedure.

And you also had a mastermind, I believe a few years after that. I joined that and started learning some marketing techniques from you. I had some coaching in digital marketing that taught me about packaging, taught me about the psychology of sales, and so forth. I just gravitated towards marketing more and started learning about packaging, packaging of services, and how you can integrate.

You can deliver a patient a better experience, better improvement by packaging your services in a package.

It's like when you go to McDonald's and you order a hamburger and they go, "Oh, you want fries and Coke with that? "

So that's a package. That's a package. It's a natural integration. So I thought about-

Charles Runels, MD:

Yeah, a Happy Meal is a package.

Anne Truong, MD:

Exactly.

So I thought about packaging in my services. And like, "Okay, if I'm going to do a P-Shot®, what can I do... If somebody has ED, what can I do to give them a quick result? " Because right now people want quick result, little effort. And if you do that, they become your patient for life. And so this is my thinking is, what can I do to help my patient have quick result and with little effort? And that's why I came up with... "The Get Hard System" is really my package.

Charles Runels, MD:

Before we get into that, Anne, let me rehash a little bit of what you said because you said so many things that could be life-changing for some of the people on the call. I want to ensure that it doesn't get lost, as what you're about to discuss regarding packaging is also very important.

I want to point out a couple of things.

One is that your journey required some courage along the way. Our group is part of a revolution in medicine. We're also engaged in a revolution, which is cellular and regenerative therapies. And we're also caught up in this social revolution, where women are demanding better sex and that their doctor know how to treat it. And men are demanding something more than just... I'm from Alabama, making the mule work harder, instead of getting actually a workhorse.

If you think about what the PD-5 inhibitors do, they do nothing to attenuate or reverse the etiology. Of course, penile implant doesn't, neither do the Trimix injections, not that those are not viable therapies, but men are now educated enough that they're wanting the regenerative therapies earlier instead of as a last resort.

Your journey required not only an intellectual clarity and curiosity that led you to the next thing, and I was blessed to be somewhere along your path, but also it does require courage and there are those out there...

I want to stop now and address some of the fear that happens and how you deal with it. Just to talk about sex, as you know, terrifies many physicians. We'll get back to the packaging, but that fear and that feeling about, I shouldn't be talking, I shouldn't be marketing because it's selling. I'll give you an example that will maybe help you answer this question, which I'm getting to. Someone who's a very brilliant woman texted me today and she's had quite a number of months without an O-Shot® or a P-Shot® come to see her and she's in her group.

I looked at her website and there's one icon about each of the procedures on a page with many other options and it just... There's one button that says, "Click here, \$30 for a consult. " And no video, nothing else about it. And I don't think that's obviously not because she's not a hardworking woman or that

she's not brilliant, it's just... I think it's partly just fear of saying things out loud. And my quick answer to that, but I want your more thorough answer because obviously you demonstrated courage combined with intellect.

My way of dealing with that is to always do what Hemingway recommended when he was telling people how to write, which was just write the truest sentence you can write. And that isn't necessarily speculation, but it is... If you just keep pointing at the research and you keep pointing out inconsistencies, which I just did one minute ago. I pointed out the inconsistency, why is it that we are using a PD-5 inhibitor, which does nothing to reverse the etiology before we reach for regenerative therapies like platelet-rich.

So pointing out inconsistencies, pointing out the truth that's in the research keeps you safe, I think, because we all worry about... We have to be consistently within the guidelines of the medical boards that can pull our ticket. Talk to us some about how you combined your curiosity and your intellect with courage to get you to where you are now. And then we'll get into the specifics of your marketing, because most people won't be ready to do that until we address this, I don't think.

Anne Truong, MD:

Right. Yeah. The courage is really to realize that you're helping your patient in the end, because I recognize that sexual dysfunction is such a taboo topic that we never talk about, and yet, doctors don't learn about that during med school or even residency, and even OB-GYN or urologists also overlook it as well. I was already leaning toward regenerative medicines. I was already thinking about natural solution and restoration of the function.

How I overcame even my... Maybe not my discomfort, maybe initially. How I start talking with patient was just to be real and to be authentic in the room. Say if I evaluate them for a knee pain and he's a man in his mid 50s, and I would just gently say, "Well, how are things going in the bedroom? Are you satisfied with that? " Very gently and just ask that. I just can't believe the flood that's open once you just open that question up. They will just tell you everything because they're just waiting for permission to share what's going on with them.

I will tell you this, between treating their knee and treating their ED, they'd rather get their ED treated first before their knee. So what he says is that, "I see my wife and I sleep with my wife every night and I love her and I don't want to lose her love, but my knee, I can limp and I can bear it. I can wear a brace and I can take medicine. I can bear it, but I cannot bear losing the love of my wife. "

Charles Runels, MD:

That's right. It really is about family and relationships. So a lot of them would swap and want the ED treatment before the knee treatment, huh?

Anne Truong, MD:

That's right. Oh, yeah. Many times. Women would choose O-Shot® over even their musculoskeletal pain. I found that the more...

That's the only phrase I say, "How are things going in the bedroom? You pretty satisfied with it? "

Charles Runels, MD:

It's a good question.

Anne Truong, MD:

And that was it. Yeah.

Charles Runels, MD:

Very good question.

Anne Truong, MD:

Yeah. Yeah.

Charles Runels, MD:

That one question puts you in the vast minority of physicians.

I was at a social function with a faculty gynecologist at one of the universities here in the southeast, and I told him we had some funds and I had some ideas for some research and asked if he thought... And I quoted that study from Chicago, where only one of seven medical schools in the area taught the clitoral anatomy or taught gynecologists how to do an exam on a woman with sexual dysfunction and ask him if he would be interested in participating in a study if I gave him a protocol. And the instant answer was, "We would not be interested in that. "

When he explained it, I can understand it. He says, "We have to think about the life and death, the C-sections and all that. " So maybe it does need to be especially training afterwards, but 40% of his patients have sexual dysfunction. And of course, in our group, we have gynecologists that embrace the O-Shot® and urologists embrace the P-Shot®. But my point is, just to have the courage to say that question, which I love. How are things going in the bedroom is a nice, safe way to put it. I haven't heard that exact phrase, it's worth writing down, but that alone takes some courage.

The other thing I think, Anne, to be able to ask that question, you have to be willing... Not just willing, you have to be happy to celebrate the way that adults have sexual relations in all different flavors. I think some physicians are afraid that the conversation will go somewhere that their... Maybe even their own personal history makes them uncomfortable. And so I think that's part of the reason the question's avoided. Your own psychology, your family history, your sexual history, so strong, but it has nothing to do with when you're having an evaluation of a knee, it has a lot to do the instant you open up the question about sex.

So I think part of their courage comes from just... I know you have a loving acceptance of all the legal ways grownups make love. And I think the people on the call could benefit from asking themselves if they are uncomfortable, is that part of the reason why? You have any comments on that?

Anne Truong, MD:

Yes, absolutely. It's also come from me growing up with four brothers. So I've always been very comfortable.

Charles Runels, MD:

Yeah. I've always said sisters teach you about women because I had two sisters and brothers teach you about men, don't they? Beautiful.

Anne Truong, MD:

My four brothers teach me a lot about male anatomy. I was the only girl, and they were not very shy about walking around naked. I was a daddy's girl as well, so I've always connected well. But as you know Bao, my husband's very supportive and we have a great relationship.

Charles Runels, MD:

You can be with the two of you for 30 seconds, and you can just see the connection. You're a model for how to have a happy marriage, I think.

Anne Truong, MD:

Oh, well. Thank you. I was just very lucky to meet him in medical school and I snatched him right up, right away. It was our comfort with our relationship, our physical and emotional relationship as well, as well as me being comfortable around men as well too.

That creates a way for me to be comfortable approaching that subject, especially even with men. I mean, I don't have a problem approaching with women as well, but it was also my personalities, it's also very open and direct and straightforward. And I think that I was comfortable in expressing my opinion as well.

For me, it wasn't like, "Okay, am I talking about sex? " I'm really addressing their whole total body because I was already addressing their pain. If I had asked them about their bedroom, and it was a very neutral question, it's either they can say good or they can say no, but it's not like they have to admit to anything.

Charles Runels, MD:

That's right. I love that question. Very brilliant.

Anne Truong, MD:

And that's how I always start that. It's neutral, non-threatening, and non-committal. You can answer it any way you want.

Charles Runels, MD:

Talk to me about the environment because it's such a... You want them to be open and free to talk. I want to get to the packaging too, but before the packaging, I want to talk about the basics. But I'll tell you one thing that you have here, and it may not seem like a big thing to you because this is what you understand, but this is huge. And I tell everybody to do it. We'll get back to this form and how important this is. But tell me some about the environment.

So you're treating their knee. Is the nurse in there with you? Do you run everybody out? Do you have them... When do you bring in the spouse? Talk to me some about how do you make it safe? What other things do you do to make it safe for them to talk?

Anne Truong, MD:

Oh, yes. Right. No, it's mainly me and the patient in the room, but I preface it with... I'm just being curious and I care about how you're doing. And then I'll say, "How are things going in the bedroom?" So I preface it like that. So that way, it's an easy transition. I care about how you're doing. It's just between us in the room, there's nobody here. And oftentimes I will say that without the spouse in the room, because if there's a spouse in the room, the conversation can go differently as well too, unless they want the spouse in the room. But I have never had any patient, men or women, will feel uncomfortable discussing about their actual life.

Charles Runels, MD:

Yes, because you make it safe.

Anne Truong, MD:

Yeah, because I make it safe, I make it discreet, I make it respectful. That's my one word. How is it going in the bedroom?

Charles Runels, MD:

Okay. So before we go into how you set up your packaging, as you said it, you're facilitating both enhanced patient care and enhanced profits, and they should always go together. But let's talk some about how... This is your homepage, obviously you have some dropdown menus that are thorough. Talk to me about how this system works, because I try to get everybody to do this one thing, which is to have...

Well, let me back up again. I think that it is hard to go from ground zero with someone who doesn't even know you, to somehow having them take out a credit card and schedule a P-Shot®. But what you have here, what we would call an opt-in form, where they're getting something for free in exchange for a first name, email address, and a phone number. And I'll show you my old school... Let's see if it's still here. Hold on a second.

=> [Apply for Online Training for Multiple PRP Procedures](#) <=

This has evolved over the years, but this is the first website I created back in 1999. And it's just, number one weight loss secret, first name and email address. And it's a recording about the benefits of walking.

And then they're on my email list. So you are... Talk to me about the importance of this, how this functions, because I'll bet you not 1 in 50 of our doctors have something like this on their homepage.

Anne Truong, MD:

Absolutely. So it's an exchange. So I want them to do one thing and one thing alone. And with that website, within 20 seconds, when somebody land on that website, they know exactly what I do. And I always tell doctors that I work with your website to give one thing or else the viewers will bounce or leave your site. And you can see, even though I do musculoskeletal, I was mainly focusing on just ED and addressing how they can restore their ED. And then that red button, get started now is actually go to a schedule a calendar, schedule an appointment with our sales team. Not with me, but with our sales team, because it goes to a video that goes to schedule a call. So that's the more next step marketing there.

Charles Runels, MD:

I'll stop you again, this is so important. Notice how many videos she has. There's one, two, three, four, five, six, right there. And then there's one at the top. And on this one, there is... I don't have to wonder who you are. It's amazing to me. I'll go to some of our doctor's website. I have to look to find them. And if I'm going to book an appointment with someone that's going to be doing something to my genitalia, I'd like to see their face, to see who they are.

So you have the opt-in form, but you also... There you are. There's a video I can watch and I could read this. You could write 16 pages, 16 chapters in a book. And I probably won't know you as well as if I watch five minutes or one minute of this video. Talk to me about the importance of the videos that you have. There's another video on your website.

Anne Truong, MD:

The videos are testimonies because... Anyone that wants to work with you, they want to know, "Okay. Well, what proof do you have? You could be a doctor, but have you treated patients before? " And so I always try to get video testimonials from the men that I treated and I'm blessed to have patients that trust me enough to give me a video testimonial because that's the hardest thing you can get is a video testimonial, but yet it is the most powerful proof as well.

So I always back up my claims with proof. You can say I'm the best doctor there is. I'm triple board certified. People don't care about that. People care about, how can you help me? That's all they care about.

Charles Runels, MD:

That's right. Of course, the testimonials are 80%, 90% of this page, but that's you... You're in here too, and that's your big picture on the front. I don't have to click around to find you. I know who the main person is as soon as I land here. Our time is so limited. We both know we could talk about this literally eight hours a day for the next month, but I thought if I could just maybe get two or three components that I frequently see missing from people's websites. And then let's do the packaging.

I know you have an event coming up that I so wish I could be at. I just found out about just yesterday. And so I can't be there.

Anne Truong, MD:

I know. I apologize. I should have thought about inviting you.

Charles Runels, MD:

That's okay but I want them to know about it because some of them are going to want to go. So far the components I have, I like that. Have one main thing, because look at this. I mean, you're a talented woman. You got pain management, weight loss, you've learned some... I mean, you're just multi-talented, but you have one main thing you're stressing on the homepage. You have an opt-in form, and I just hope everybody on this call puts an opt-in form somewhere on their front page. And you have a video, where they can watch you talking and you have some testimonials.

Some of them won't be able to afford... They're too early in, they may not have a salesperson. I don't see anything here... You're not charging them money to find out. I see that mistake made. That's such a big barrier. Talk about that, charging money to find out what I can do for you.

Anne Truong, MD:

Yes, absolutely. We have two ways to capture somebody's information, which is the free book. So they give their name and their email and their phone number, they get the free book. The 5 Mistakes Men Make When Facing ED. So it's an exchange of information. And then once I get their email, we'll send them emails about how we can help them. But it's all valuable information and then an ask at the end. And then here, when they schedule, when they schedule with our sales... They schedule with our salesperson, it's a discovery call about their situation, whether they're appropriate for our treatment. Because as you know, our procedure, they're not covered by insurance. So it's not for everyone. So we want to make sure we screen the right person, the right person can afford us.

For me, I'd rather treat the patient that want to be treated, rather than forcing myself to treat somebody that may not appreciate what I do.

Charles Runels, MD:

So who does that for you now? Because that could be a whole day long lecture about how that person... In the beginning, I'm sure that was you, but now you're busy enough that you probably have more than one person doing that.

Anne Truong, MD:

I actually don't do it. It's actually... The first person was Bao, my husband.

Charles Runels, MD:

Okay, that's good. And he had had a P-Shot®. That's another huge point. So I'm trying to slow you down enough to where they can catch the major points here. Whoever is on the phone needs to have had the thing done or the equivalent. Talking about P-Shots®, they should have had an O-Shot® and loved it and vice versa and preferably have had the thing done because then... They don't need a script. They just know. They're giving a testimony, as we'd say down here in the South at the Baptist Church, you get a witness instead of a script.

Anne Truong, MD:

Absolutely. And you got to have somebody that believe in what you do. So my marketing coach right now, who is Alex Hormozi said, "The person that does your sales has to believe in what you do, and that is the best salesperson. They believe and they're convicted in what you do. " And that best person to do it was Bao. And then he started training another one of our staff on a sales call. And it's not pressure sales. It's about how you're doing.

Let them talk. Let them tell us what they need help with, and then we'll tell them how we can help them. And then we would tell them the price and let them decide if they want to move to the next step. And that is it. We don't over promise anything. And we're very, very transparent in what the treatment involves and what they need to do.

Charles Runels, MD:

Yes. It's an educational call and it doesn't cost them anything and you're pulling them in with your website.

Anne Truong, MD:

No, it does not cost them anything.

Charles Runels, MD:

There's so much we're leaving out because I know you've become an expert and you have a following on YouTube. I need to be at your class about your YouTube channel and I want to get to your event and I wish we could talk more about your website. I promised the group that you would talk about how you come up with packages. So talk to us some about the theory, how you put together the package and how you think about pricing and why it works and how you do it.

Anne Truong, MD:

Well, the first thing is, the doctor has to think, "What makes me unique from somebody down the street that is offering P-Shot® for like \$200, \$300.?" " Because you don't want to make yourself a commodity. You don't want to be half on, half-

Charles Runels, MD:

If they're selling P-Shot® for \$200, let me know. I'll make their website disappear. Keep going.

Anne Truong, MD:

And I have told you that, but you know exactly what I mean, right?

Charles Runels, MD:

Yes, right.

Anne Truong, MD:

There's always people out there that will sell things for cheap because they want the business, but they're not delivering quality care. The one thing I would tell doctors when I work with them, what is your unique selling proposition? What makes you unique, first of all? So focus on that. Every one of us have our special training. Your ER doctor and your training and what makes you unique and how you approach the condition. And like me, I'm different than anybody else in my perspective.

You think about that and then you think about, "What can I do to help the patient get a win quickly with little effort?" And when I think about that, I think about, "Okay, these are the things that they're going to need to overcome this problem. This is how I can help them." And that's what is packaging is, what do you think that the patient will need to be successful? So that's how I came up with the Get Hard System. And this is learning from you too, even now over the years.

So at first it was the P-Shot®. When I first started doing the P-Shot®, it was just the P-Shot®. This is like 2014, the P-Shot® and the penis pump. That was it. And then it has evolved now to involve the P-Shot®. We get a lot of volume. We get 240 ccs of whole blood. We would make 20 ccs of PRP, from 240. It would be, I would say leukocyte rich, but we use EmCyte. There would be a little tint of redness in there, but I wouldn't say pure leukocyte pore.

So we inject in the shaft, the same way you teach us, instead of 10, we do 20. And then we would do Focus Shockwave, not radial. So extracorporeal shock wave. We would do it before a P-Shot®. We would do it on the shaft, on the base of the penis. We also hit the pelvic muscles and we also hit the prostate and we also target the neurovascular juncture between the ischial tuberosity to the pelvic function. So we do a total of seven areas, ranging from 500 to a 1,000 shock, ranging from 0.12 to 0.15, depending on the depth of the area and changing also the trade-off, the stand-off. So that's focused.

And then we also inject in a 100 units of Botox on both sides, 50 units on each side. This is all done in the same day, same, same day. We do Botox, shockwave. And then they also... Now I also incorporated, and you'll like this, I also incorporated electrical neuromuscular device. It's called Elitone. It's made for women, but I'm like, "Hey, if it's made for women. I can adopt this for men."

Charles Runels, MD:

What's it called, Hematone?

Anne Truong, MD:

It's called Elitone. It's E-L-I-T-O-N-E.

Charles Runels, MD:

Beautiful. Yeah, we talked about that last week. Beautiful.

Anne Truong, MD:

Yeah. Well, I just discovered... It was actually ChatGPT told me about it. And it's actually a great machine, FDA approved for urinary stress incontinence for women. It's retail price 369, but as a physician, you can apply. And I think it costs 279 to buy a unit and you have to buy five units, worth every penny. So I adapted it for men, pelvic muscles.

Charles Runels, MD:

Smart. Very smart.

Anne Truong, MD:

Why not? I mean, it's helpful for women. Why couldn't it be helpful for men?

Charles Runels, MD:

Right.

Anne Truong, MD:

Because I realized by doing this over the years that the pelvic muscles are very important to erection and not just corpus cavernosum but also the pelvic muscle, its supporting structure that is overlooked as well. So that's why I stress do neuromuscular electrical stimulation because most men do it wrong and they don't have the time to do it. So now I got the machine and during the treatment, I showed them how to do it and then I have them take it home to use it because they have to do it every day for six weeks.

[Dr. Truong Hands-On Training for Doctors<-](#)

And then I also give them a penis pump. I give them an electric penis pump. I get the Kaplan, electric penis pump and I give them that because most men have problems with the manual. I would literally buy at cost and I would give them that as part of my package. And they also get supplements such as multivitamin, nitric oxide supplement, libido plus supplement and a vitamin D3 because the research shows most men with ED have low vitamin D3. And then I sign up for an app where it will help them with following a Mediterranean diet and the app also give them exercises.

And they can get that app... It's called Well World, Well World. W-E-L-L and then World. It's cheap, like 70 bucks a month, but you can put a million people in there or one patient in there. It doesn't matter and you can load whatever information you want on there. So that's it. That is my whole entire package. They get all that in one day and then I follow them up for 90 days. So it's like a global period, so I don't charge per visit or anything. I usually follow them up in six weeks and then at 12 weeks. I'm acting like a coach. Oh, I also give them...

On top of that, I also give them access to a course that I made about, what they need to do to restore sexual function. Because if you do this for a long time, it's not just one injection, they're done and over, they're going to get restored function. They need to change their lifestyle as well too and incorporate positive lifestyle for long-term improvement. That's what I think about and what I can do to give them the best bang for the buck. And that's how I package it and that's how we're able to charge \$12,000 for this treatment. I know it's a lot of money, but it's a lot that they get in one visit along with the follow-up and along with the coaching that we provide as well.

And all doctors can do this. I've given you what tools to use and everything and you can get this and really differentiate yourself from anyone at all that is trying to do the P-Shot®. Because patients going to call and say, "Oh, how much you charge for a P-Shot®? I got this other clinic that's doing it for like \$500. " So our staff is trained to say, "Well, Dr. Truong does more than the P-Shot®. "

Charles Runels, MD:

Yes, there you go.

Anne Truong, MD:

The P-Shot® is just one of what she does, but she does the whole entire package and they never give price on the phone. They said, "Would you like to talk to... " We call it a patient ambassador, which is our sales force. Would you like to talk to our patient ambassador to find out about our... We call it our Get Hard System for ED reset. So they always would train our front desk to always have the prospect talk to our patient ambassador and never give prices over the phone. And that's how we differentiate ourselves from anyone else. And that's how we're able to charge more than anyone else because of our packaging and what makes us different.

Charles Runels, MD:

Yeah, you're delivering more. Let me see if... Correct me if I'm wrong, but what I think you did was you thought taking in mind my unique interest and skills. What would I do for someone with unlimited money if I were going to offer them everything I know how to do? I think one mistake that physicians make that you did not make is just assume that people can't afford something. Okay, \$12,000 is a lot of money, but it's a whole lot cheaper than a divorce and it's a lot cheaper than the depression and the lost income that goes with it when you lose your confidence because your sexual function is down.

I think one thing that happens is doctors often are trained to compare their prices with the \$20 copay that patients pay when they have insurance. But if you pull it into the real world, I found that's very helpful and the dollars compared with real world value, I mean, that's a nice vacation at Disney World. You skip Disney World and you stay home and have a stronger family. Help me get more into your mind about how you came up... Am I right in assuming that you just assumed money's not an object, what would I do if I were going to do everything I know to do? And part of it was you created a course that goes with it, and so you dumped your brain into something they can read as well. Am I right about that? Is that a strategy that you-

Anne Truong, MD:

Absolutely. Yeah. We know that we can't help everyone, but I can tell you, it's like... You're absolutely right.

Doctor thinking, "Oh, they can't afford that, that's too much. "

Because that's their thinking. You don't know how much when somebody can afford. I would tell you this, we have people that work in construction, initially they couldn't afford, but they said, "I am going to save to come. "

I had a patient that saved for five years, five years to come and see me. He talked with us five years ago, and then five years later he reached over and he said, "I've saved the money and now I'm ready to come. "

And he had to travel all the way from New York to come and see us and he did that and he is so ecstatic. He actually gave me a testimony. I was just like, "Oh, my God. You've been there for five years to like this. " So it's not just the wealthy, because if they see... What we do really well is that we show the transformation. We talk about the transformation. Like you said, this is going to save your marriage, it's going to get your confidence back again, you're going to feel like a man again. And then we show them the testimonies and we also compare. Well, what's the trade-off? Are things going to get better in your life right now? It's just going to cost more or less than a divorce. How's your wife going to feel?

I would tell you this and doctors pay attention to this. The people that have the highest pain or the easiest to sell are the one that are just recently divorced and going into dating or somebody that is married to a younger wife and an entrepreneur who is now ready to begin living his life again. I haven't told you about \$100,000 package that I have for entrepreneurs, my sexual longevity package for 100,000, for a year. I have three entrepreneurs that are in my package right now. And I'm literally taking care of them for their health as well as their sexual function.

And they come and see me every month. They're happy about it and they apologize every time they call the office for a question, even though... They have access to my cell if they need to, but they never text me at all. They're respectful and they call the office. The point is that... We showed what's the paradise and what's the current hell they're living in and we contrast that. Now, is that going to be worth more or less than \$12,000? But that is not for everybody and we know that and we recognize that, but that's okay.

I mean, if I charge \$1,000, I'd probably see more patients. Now I only see five patients a day, Charles. There's five patients. I'm only working two and a half days a week. I'm very happy doing what I'm doing.

Charles Runels, MD:

Very good. And I'm sure you're not idle the other days because you're thinking and you're lecturing and you're writing. So we need to wind it down and I wish... I think everybody can see that they're just seeing a small, tiny fraction of what you could teach about both the medicine and the marketing. But before we go away, tell us more about the event that's coming up and tell me how they can get enrolled. Is there a website I can take them to or tell them about?

Anne Truong, MD:

Go to doctorpodfest.com.

Charles Runels, MD:

And I want to be there; I've already scheduled something. I'm going to put this in the chat box, and while I'm doing that, tell us about what's going to happen.

Anne Truong, MD:

Okay. Well, this is an event that is held next Thursday, October 15th, 2026 in Orlando, Florida. It's an event for doctors who want to grow their brand online.

Charles Runels, MD:

[January 15th, January 15th.](#)

Anne Truong, MD:

January 15th, next Thursday, January 15th. And I apologize for the late notice. It's better late than never. It's an in-person event for doctors that want to grow their brand online. I'm very passionate to help doctors leverage their medical expertise and for them to be able to monetize online. And also, you want to grow your brand online, so you become the authority and the leader in what you do.

See, my journey in YouTube started in 2020, when I couldn't see patient in the office because of COVID. That was devastating to our business. So I decided to go on YouTube, to try to go online to try to make money online. The only way I can do it. So I went to YouTube and I talk about ED and sexual health.

That is where I persuade my patient to come to my office to pay me \$12,000. We don't run any ads or promotions, and all of our patients come from YouTube.

And how did I do that?

I go on YouTube, I talk about ED and how I can help them, and then I put the opt-in, the book. I get their email, I talk to them again, or if they want to work with us, they'll schedule a phone call—simple.

So, I'm showing you my system on how I did this on YouTube to grow my brand, establish my authority, and build an online income. My online income now surpasses my clinical income. And what I love about that is that it allowed me geographic freedom. I can be anywhere and still do what I do. And I found that I love it, and I found that my passion is also sharing this with doctors who want to grow their brand, so that they can be the authority and the leader, attract premium patients, and charge the same as I do.

I am not unusual at all. You can charge the same as me, but you've got to be online, so you can be visible because if patient doesn't know you exist, they're going to go to that person down the road, the unknown person down the road because that person shows up on their YouTube feed. That person shows up on their Facebook feed and not because they're better than you, they just know how to show

up online and doctor needs to show up online because we're so busy working hard in our office. We're so busy and worried about other things and we're not thinking about being visible online.

In 2026, that's where it's going, especially with the advent of AI because AI now is going to be searching content online. So if you are producing content online, you're going to be searchable. So not only is it just Google, it's now AI as well. So I'm convinced that doctors, if you're not online, you're going to become invisible and you're going to be overshadowed by those that are online. And most of them are not even doctors.

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And so I feel it's a moral obligation for physicians to teach. We need to teach the public appropriate information, research-based information that is appropriate, instead of non-clinical people teaching a clinical condition.

I mean, how often do you see a non-clinical person? I can name five different guys who's on YouTube talking about ED, where they have no clinical experience whatsoever, other than the supplement that they are selling that they said is good for ED.

This is the event to show them how to start and if they're on YouTube, how to make money on YouTube and really showing my map on how I did it. And it's actually a one day micro-conference, where we offer target for a physician, but they get to attend the big podcast conference for additional two more days. So it's on January 15th to 18th. I have a special coupon code for everyone, that is for your group. Please send this email to your group. Normally the ticket is 997, but for this group alone, if you just type in the coupon doctor. Spell out D-O-C-T-O-R.

Charles Runels, MD:

Is that all lowercase or does it matter?

Anne Truong, MD:

All lowercase. All lowercase.

Charles Runels, MD:

doctor399.

That's a steal. I would advise anybody to get there because I know where Anne's coming from, and she's just given you a peek through the door about what she knows. It will definitely come back to you times a 100 or more. That's a steal.

Anne Truong, MD:

Thank you. We want to overdeliver at this conference, and we want to open... I really want doctors to see what's possible for them outside the clinic door. We have sacrificed more than a decade of our life to learn medicine. Now, let medicine take care of you again, because the knowledge that you have

between your ears can save somebody's life without you knowing it. I can't tell you how many times I would see comment on YouTube and say, "Oh, my God. I thank you so much. I just followed one advice that you gave me and now I'm in a better state. "

Charles Runels, MD:

Isn't that wonderful?

Anne Truong, MD:

Yeah.

Charles Runels, MD:

I love when that happens. Someone you never met before. Yes.

Anne Truong, MD:

Never, never met before. Totally sharing his story and what's so special is on our YouTube channel... Only 57% of our subscribers are in the US. I mean, 43% are international now, that are watching you. And just this month alone, we had 10 million views, 10 million views on our channel. So if they use the code doctor, spell out doctor399, they will get it for \$399. It's in sunny Orlando and it's going to be a great event and you will not regret it at all. I've invited some of our CMA members as well to attend, but sometimes the last minute conference decision that you make may really change your life.

And that's what happened when I attended your workshop, Charles, in 2013 with Kathleen. I had no intention of going. She talked me into it and I was thinking, "Oh, it's a girl's trip. I'll just have fun. " And I didn't know what to expect coming to the workshop. It literally changed my whole career. This is how Podfest have changed my career. This is how I got into online and into YouTube because I came to this conference Podfest Expo about three years ago, not expecting it to do anything.

I had a YouTube channel but didn't know how to make money. This is how I started connecting with people that opened doors for me and allowed me to collaborate in multiple businesses that are now my business partners right now. So I really appreciate you giving me a chance to talk about Doctor Podfest. And I hope that next year you can come because I'm hoping to do this every year as well to really help doctors amplify their impact, so that way they can have the practice and the business that they want, instead of just juggling and being burned out every day. And we all know what that was like as well. It's doctorpodfest. com and I hope to see some of you there.

Charles Runels, MD:

Yes. And I'm convinced this very definitely would be a life-changing event. Thank you for sharing Anne, I really feel honored that you came on the call. I think with that, I'll let you go. Have a great night and good luck with your conference. I'm sure it's going to be life changing for a lot of people.

Anne Truong, MD:

Thank you so much. Take care.

Charles Runels, MD:

Okay. Bye-bye.

Anne Truong, MD:

Bye-bye.

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Tags

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