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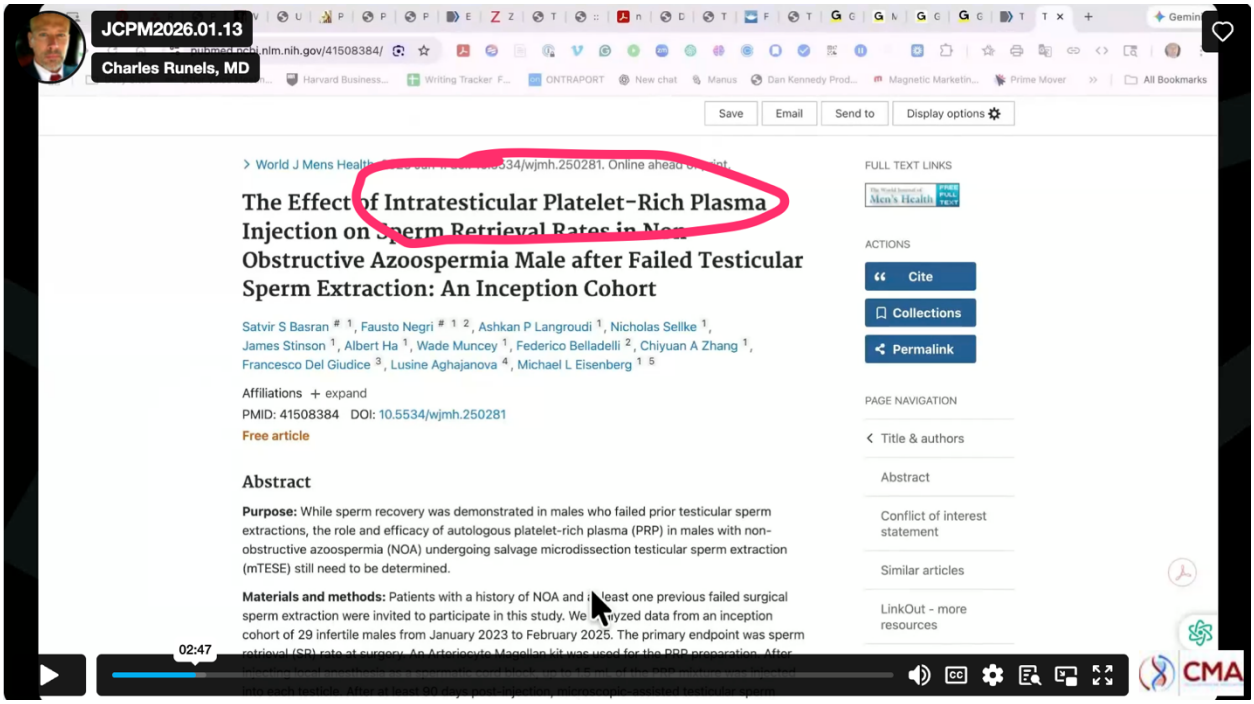
The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of July 10, 2026, with Charles Runels, MD.

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



Topics Covered

- Intra-testicular injection of platelet-rich plasma
- **Microneedling Superior to Chemical Peels for Melasma**
- **Billions in PRP**
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Transcript

Charles Runels:

Welcome to our Journal Club and thank you for being on the call. We have two very special guests and we have some research that is definitely worth looking at. And I also brought to you three pre-written emails that you can modify and edit and send out to your people. I put the three emails in the chat in the marketing materials section and you can grab that and download it if you want.

Intra-testicular injection of platelet-rich plasma

Let's start with this study.

At least once a week, there's a paper coming out now using platelet plasma to regenerate ovaries. And there's only been a handful about injecting the testicles. But another one came out this week.[1]

Before we talk about it, I want to pull one of my favorite people, not just one of my favorite doctors, one of my favorite people, George Ibrahim, on the call.

Thank you for being on the call, George. I don't know if you can hear me. Can you hear me okay? Should be able to talk if you want. While you're looking at your mic, I'm going to go ahead and start telling you.

Probably three or four years ago, maybe longer, I injected my testicles. It was easy to do. This article discusses using a spermatic cord block. You really don't need it. There's not that much sensation as you guys know. Let's see, hold on a minute.

George Ibrahim:

Can you hear me now?

Charles Runels:

Yeah, it's very clear and thank you for jumping in.

They come out every few months about injecting the testicles. And you know me, I've probably injected just about everything except my eyeball. And twice now, it was real easy, George.

By the way, George Ibrahim, just to introduce you, is a well-respected urologist who was a professor at Duke and then opened a private practice. And he's been teaching our procedures for 10 years, has it been 10 years, George?

George Ibrahim:

[1] Basran et al., "The Effect of Intratesticular Platelet-Rich Plasma Injection on Sperm Retrieval Rates in Non-Obstructive Azoospermia Male after Failed Testicular Sperm Extraction."

I think it's going on 12, Charles, thank you. Because you were there teaching me in the very beginning.

Charles Runels:

Well, we learned from each other.

I'm interested in your thoughts. I'll tell you what I did, and this is not ready for mainstream yet, but maybe it's... I don't know. I just want to know where you think we should take it, because we've talked about doing studies, and I think this is ripe for someone to consider.

All I did, George, was come in from the inferior underside of my testicle and just used a 27-gauge needle. It's not hard to find. And as you know, there's not that much sensation. Just went through the skin into the mid-testicle and injected a couple of CCs of PRP, and it was just a mild ache, like maybe mildly bumped your testicle or something.

And this article that came out this past week wasn't as impressive. I think four out of the 25 that had been previously sterile were able to harvest sperm.

Where I see this is not for infertility, although that's one application. Since I'm not an infertility doctor, I'm thinking for those patients who see atrophy after long-term testosterone therapy, I know in the past we used to treat that with hCG, but now it's harder and harder to buy that.

But what's your thinking about using this?

Could we do a study?

What would we need to do to take it mainstream for restoring testicular volume, or is that something we should just not even think about?

George Ibrahim:

First of all, we all know what the risk is. It's your own platelets.

Charles Runels:

Right.

George Ibrahim:

So a bruise, a little discomfort, but how's it going to hurt?

Now, how easily will this be accepted compared to if you can get hCG? Because, as a urologist, we prefer to use hCG instead of Klonopin.

You can manage the volume with hCG and that's widely accepted. So, how well would this be accepted, needle into a testicle?

We've put it into the penis, we've been able to numb these guys up enough, and there are enough reports that they've all told everybody how it doesn't hurt. The testicle, yeah, I know how to numb it up as a urologist, but that's going to be a much more difficult thing to teach to non-urologists how to do a cremasteric block or a testicular block as opposed to doing a penile block. I don't know how acceptable the population would be with this procedure.

As for hurting someone, I don't see how it could hurt anyone.

Charles Runels:

So, as far as the marketing part, having done it to myself a couple of times, as you would expect, it's more the idea of it. There's really not that much pain.

George Ibrahim:

It's much more of a crushed feeling.

Think of the vagina when we do the O-Shot®, and we're targeting the G-spot. You don't need any numbing because the vagina is meant to feel that blunt thrust, not a distinct, sharp point. Testicles, really? Unless you hit them with a broad, crushing impact, a distinct, sharp impact isn't really going to hurt them. It's not going to really cause any much discomfort. It's just the idea of selling that to somebody.

Charles Runels:

Here's what I'm imagining: there are a fair number of men on testosterone who suffer from this. I don't know your experience, but I'm with you, and 20 years ago, I preferred hCG, and nobody really paid attention to it. And as a first-line therapy, sometimes for a young person with a low testosterone level, as you know better than I. But it was easy to come by, didn't cost much, and now it seems more troublesome.

My experience was an hour or so of just a mild aching feeling, but the reward is you get a bigger testicle. If we could actually document that, I don't know.

What would you think about doing a study of testicular volume and maybe just sperm counts. Take men on testosterone already, look for men who have been on it for a year longer, otherwise healthy, and then check sperm counts and testicular volume. And it would need to be the expertise of someone like you. Because when I have documented that in the chart, I've ordered that little, it looks like testicles on beads, and you're supposed to close your eyes and palpate the testicle and palpate the bead.

Would you be open to doing a study to look at just men between say 35 and 65 on testosterone and we measure testicular volume and sperm counts and then we give them the shot and remeasure in three months.

George Ibrahim:

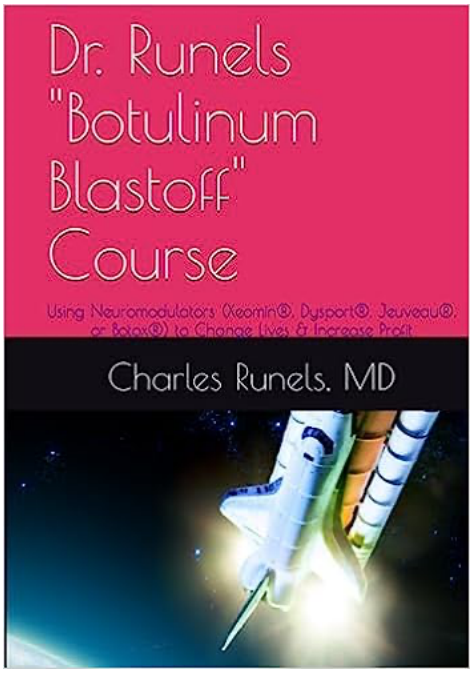
Oh, absolutely. And it'd be easy.

Charles Runels:

So easy.

George Ibrahim:

With today's ultrasounds that you can hook up to your iPhone, you can measure the volume in seconds. You don't have to go to school really to learn that. That's a very easy measurement. To stick it is easy.



Pretty much anybody who's doing a P-Shot® can absolutely learn to stick the testicle. It's nothing.

Charles Runels:

So easy.

George Ibrahim:

Yeah.

Charles Runels:

Would you be interested? What do you think about doing the study?

George Ibrahim:

I do, because very little of what we do is covered by insurance, and the inability to get compounded hCG has really raised costs for patients.

And for those concerned about their volume, this would be a wonderful option, since these guys are already in your office doing P-Shot®.

So if they're used to having needles stuck in their private parts, they trust us to be able to do this. And I can easily see how they would like... If I said to them, "Hey, well, let me try this on you." I can see them saying, "Sure," because they already trust me to stick it in their penis.

Charles Runels:

Do you know how easy it would be to fill up a study like this? You would have people begging to participate.

George Ibrahim:

Oh, yeah.

Charles Runels:

And so I wanted to talk with you on the call just to let people know we're thinking about it. And I think I would want you to be the lead author on this paper. And I don't think we'd probably have to even recruit anybody else, but if we wanted to strengthen it with more than one center, maybe we could include others. But if you're down for it? This came out this week, and it reminded me that I've been wanting to do this for at least three years, maybe longer, since I first did this. I thought, man, it wasn't a dramatic improvement, but the testicle was obviously fuller from the procedure. And my perception was it was still persistent a month or two out.

George Ibrahim:

And I would say about 20 would be a high mark. Over 10%, 15% maybe, would be more realistic of guys who see me. And this would just be something easy to do. And as I said, I think they'd be willing to do it because they're already trusting us to stick needles in their penis.

Charles Runels:

Well, I know you had family things tonight, so thank you for making time for us. I just wanted to, I think it's going to be a landmark paper. I don't know, but it will be, and I wanted to talk about it and let people know what we're meditating on.

George Ibrahim:

My family stuff doesn't start for about 20 minutes, so I'm going to hang on and you can mute me or call on me, whatever.

Charles Runels:

I'll leave you unmuted, and whenever you need to drop off, just go take care of your family. I'm going to change the subject here.

As I promised you there, if you go ahead and look into the handout section, you'll find some pre-written emails that reference the studies I'm about to show you, all of which came out this week.

Microneedling Superior to Chemical Peels for Melasma

So this first one's regarding melasma and it's not using our Vampire Facelift® protocol, it's actually using tranexamic acid and vitamin C compared with, I have trouble even saying this, a 15% TCA chemical peel. That's pretty strong. If you use... If you're familiar with the VIP Peel, it's a 5% TCA mixed with salicylic acid. The Obagi blue pill originally was I think at 10%, although when you hear him lecture, he uses a very strong peel sometimes under general anesthesia peel.

To me, over 10% is risky. I quit doing these stronger pills after I saw two, not one, but two patients came to see me for botulinum toxin who had been treated by two different, very prominent plastic surgeons and were left with horrific scarring. So I knew these doctors were of quality, but yet they still had to deal with that horrific side effect.

I like a 5% TCA peel mixed with salicylic acid. But the bottom line was that, in this study, microneedling was superior even when they used vitamin C instead of our PRP.[2]

So why is this study useful?

It's useful because it's news, and because it's news, it's more interesting.

Remember, my theory is that whether you're doing social media or whether you're doing emails, if you just start talking about your procedure, it's interesting enough, but it comes across what it is, which is just an advertisement or marketing.

But when you report a recent article that just came out, let's see, it was published in December, I just saw it appear on PubMed this past week, then you're curating the news and that makes it more interesting to your people and reassuring.

For example, we're about to cover a paper that just came out about aerobic exercise being good for ED. And I don't even know how many studies have been out about that, but still many of your patients are not walking or swimming every day. So it's a reminder and it's reassuring of the results that happened.

There was a paper that came out this past week as well showing that aerobic exercise is as effective as pharmacology for treating depression. Well, that's been known for 20 years, but another study confirmed it, so it gives us a chance to talk about it if you're in general medicine or treating depression in your practice.

So I wrote you an email with a link to this paper, and you can tout it as research. The biggest thing I like is that the risk of side effects with microneedling is so minimal compared to the 15% TCA.

Sleep Apnea and Sexual Dysfunction in Ment

This is a beautiful article that goes into detail about sleep apnea being a cause of erectile dysfunction and erectile dysfunction being a harbinger of cardiac disease, with nice illustrations.[3]

Unfortunately, it's not open source, so we can't actually share the whole thing with them, but I think reading through this and then adding your spin on the email I'm going to give you could be very, very effective.

It has, I think magnesium, as an ER doctor, I used to use that all the time. It's underrated both for helping with blood pressure and preventing dysrhythmia. Vitamin D, you know about. I'm telling you things you already know, nitrates.

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[2] Batool et al., "A Comparative Study of the Efficacy of Chemical Peels and Microneedling in the Treatment of Moderate to Severe Melasma."

[3] Allen et al., "The Impact of Diet, Exercise and Obstructive Sleep Apnea on Atherogenic Erectile Dysfunction."

Last week, we had Dr. Truong on the phone, talking about her packages. She does everything: she includes and charges a premium price, and the package is 12,000 bucks. But she's not just doing the P-Shot®, she's adding the vacuum device and a planned program that includes nutritional counseling, as well as the P-Shot®, shockwave, vacuum device, and more, much of which relates to this article.[4]

So most of us are doing this already, but this article that just came out this week gives you the chance to talk about the whole program for treating erectile dysfunction.

There are people who try to say that we are just promoting a magic shot, which, of course, we're not. We are teaching a whole program. If you're going to teach a whole program, organize it and offer it as a package.

So some people won't want it, but it can be offered. And some will want, they'll just say, "Hey, what you got? I want the best thing you have."

Billions in PRP

Okay. And then this one is just, I put it here. I don't think this one is one you share with patients, but it's reassuring to me because it tells me we're on the right path.

This is a marketing/business consulting firm that did their projections for what's going to happen with platelet-rich plasma.[5] And if you look at it, we're just still in the beginning stages. It's getting ready to explode. If you look at most new procedures, it takes about 20 to 40 years for them to be mainstream. And we're just 15, 16 years into using PRP for sexual dysfunction.

So if the usual timeframe is 10 to 20 years for the research, and then another 10 to 20 years before it's widely adopted. And the bottom line is that it's ready to be widely adopted.

They make the point that our materials are evolving. I know Regen is now offering a PRP tube. It's been available in Europe for probably 5 or 10 years now, but it comes with an HA to activate it. And I think that may wind up being superior for sexual dysfunction and especially for treating stress urinary incontinence because it gives more structure.

But there could be some downsides; we'll see, but that will probably be FDA approved this year, we hope. But the point I'm making is that this marketing research firm thinks the materials being developed will take us to another level.

This one's huge.

Three years ago, there was a study where they, love this paper. I can't believe I forgot about it. Three years ago, there was a study of seven medical schools in Chicago. And out of the seven medical schools,

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[4] Allen et al., "The Impact of Diet, Exercise and Obstructive Sleep Apnea on Atherogenic Erectile Dysfunction."

[5] Inc, "Platelet Rich Plasma (PRP) Market Valued at $1.25 Billion."

only one of the seven was teaching the complete female sexual anatomy, and only one of the seven of them was teaching how to do an exam and a history on a woman with sexual dysfunction. So this is a follow-up paper that makes the same point. Our medical schools are not teaching the female anatomy.[6] And of course, that is not true for the people in our group. To know how to do the O-Shot®, you have to understand the anatomy. So this also came out in the past week or so, and it's another one that I refer to in the emails that are in your handout section.

So this is it. Let me pull it up and let you look at it. I see we have some questions. Okay. So you can use this (the email I wrote for you) verbatim if you want, but you would be better served if you put yourself in it. If you look, it's a generic email, but it references that paper. So it talks about a peer review paper, talking about how the anatomy is not taught. And then you're going to say that at your clinic, because you're licensed to do the O-Shot®, if you are, then you understand the anatomy and have demonstrated that understanding, and you offer for them to call for a consult.

Consider adding a little antidote about the anatomy. And you could talk about your perception of how you can imagine if doctors are not even trained in anatomy, what are the chances your patients have been?

I have more than once seen a woman who has complained of anorgasmia. You look at her, and her clitoral hood is down so much that you can't even get to the clitoris, yet she, her husband, or even her previous gynecologist didn't notice. So those sorts of antidotes.

Okay. The following one talks about the Vampire Facial® and refers to the paper we just discussed on treating melasma. And then the next one talks about erectile health and it summarizes that article, gives a link to it, summarizes it, and then it makes the point that what we do actually attenuates or reverses the etiology of it, the microvascular pathology and PDE5 inhibitors, and of course, penile implants do not. So if you're a P-Shot® provider, there's an email you could copy and send, same with the facial, same with the microneedling.

So let's get to our questions and then we'll call it a night. Let's see. Let's see. Patricia says, "P-Shot® question. 59-year-old, very healthy male, had three GAINSWave treatments followed by a P-Shot®, then one more GAINSWave a month, year later. Also started NAD, PT-141 treatments. Used the pump in September. Two weeks after, it started stinging on the tip and edges of the gland and sides of the shaft. Feels like slightly sunburned and present most of the time, not just with touch. Stop pumping, stinging mostly subsides. Two months after I still haven't returned. Lots of possible causes.

So if you think about what PRP does since it restores neurological function, if someone has sensation changes and they have less sensation, if it's from PRP, of course it would be like saying that you suffocated from oxygen. So then it becomes, well, what is happening that we're not thinking about? If he

[6] Santos et al., "Female Sexual Anatomy Training in Medical Education—Are We Adequately Preparing Our Students for Patient Care?"

had a penile block, there's always the chance that could have caused something. More likely though, is overuse of the pump.

George Ibrahim, who was just on the call, he, I think does something smart that most people don't do, which is he has them use the pump for a week or two before they get the P-Shot® so that they have a chance to get used to it, and if there's side effects from that, they don't blame it on the P-Shot®. But that's what I think is most likely. Either like a very small chance, but possibility from a block if he had one. I usually don't block the penis because once you get the knack of it, you can do it so fast it's really not necessary unless you're treating Peyronie's and doing multiple injections into a plaque. More likely it's from the pump and with time it's just going to get better.

But really stress to them you just want to use the pump to a size that's slightly larger than your normal erection and usually between five and 10, somewhere around minus seven or eight on that pump is perfect. So let me know how that goes, but it sounds like it's better. I don't think it's from the peptides, although I guess anything's possible, but more likely it's from the pump. So I would just have him not use that at all and it should go back to normal. And the other thing is if he is, depending on which kit you use. I've only seen this happen with one kit, but they're still selling it and it bothers me. But I saw a dozen or so cases of decreased sensation with the NSI or the PuroSPIN kit, but it was only if you were using their version of sodium citrate. And they promised our members that if you have that anticoagulant and want to swap it out, they will do that.

Now Regen also has sodium citrate, but I've never seen a decreased sensation. But we had a run in about a month. We had probably a dozen cases and all of them were with a PuroSPIN or an NSI kit. So if that's what he had, that could also be the case. And in those cases, they also eventually went away, but in one case at least, made it go away faster. I think it had been there for about a month and then I reinjected with a Regen kit and it went away. But I've never seen it happen with anything other than an NSI or a PuroSPIN kit with their version of sodium citrate. So there's another cause of it possibly. But again, in all cases, it just had eventually left and so it shouldn't be stuck that way.

Let's see what other questions. Oh, okay, good. So Theresa says she would volunteer to be another center for that study. Okay. We'll keep that in mind and we'll work up a protocol and see what we do. I think it's something we should wait until we have the study because it lends itself to bad publicity for being just too hokey. But I don't know, we got away with the P-Shot®. I was first to think of that, but I actually kept that out of the press for probably two or three years. We had quite a number of people doing it before we rolled it out. So we should probably be pretty careful with this one and get a study done before we start talking about it much.

And I think that's it. Okay. So I appreciate... Dr. Ibrahim had to go see about his family, and I appreciate him being on the call.

Thank you for being here. Have a good night.

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

References

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Helpful Links

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

=>Hands On Botulinum Toxin Workshop That Teaches Medical & Cosmetic Uses<=

=> 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) <=