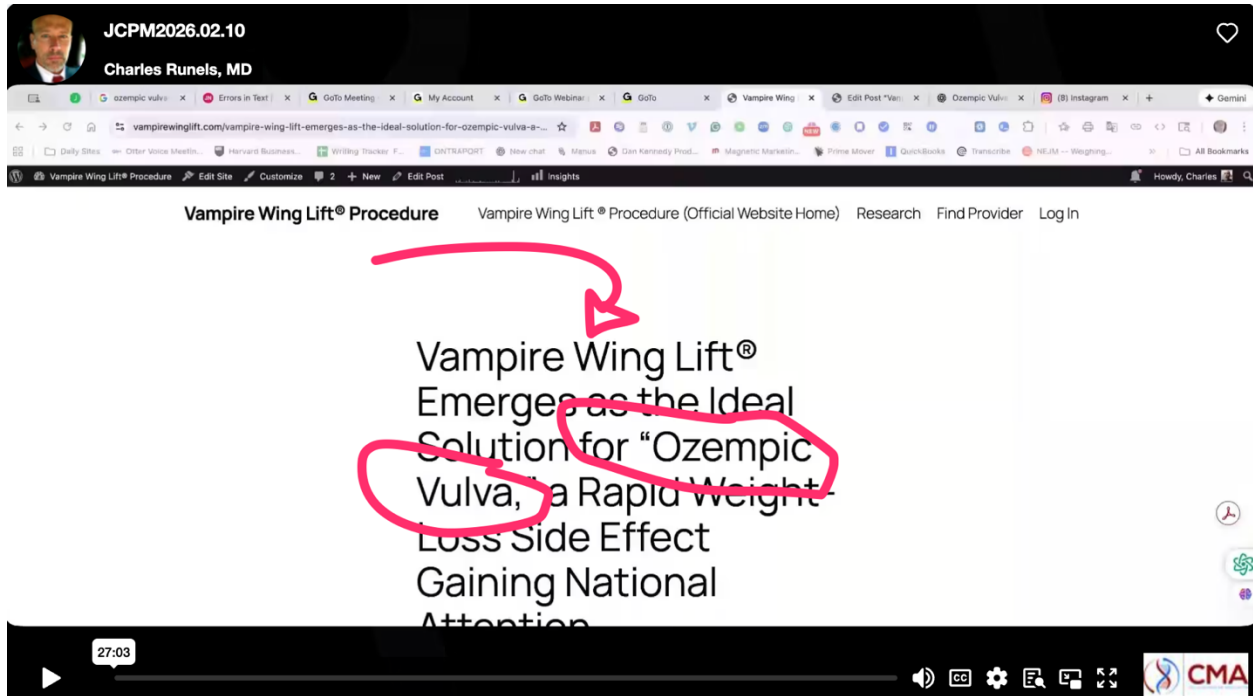


JCPM2026.02.10

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

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



Topics Covered

- Ozempic Vulva & the Vampire Wing Lift®
- Directory and Website Updates for Providers
- Meta-Analysis of PRP for Erectile Dysfunction
- Additional Research Insights (PRP and Smoking, Placebo Limits)
- PRP for ED Meta-analysis and Protocol Importance
- PRP for Gums
- Bigger Package for Longer Glide

**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

Welcome to our journal club. I think we can keep it to 30 minutes or less today and still cover the papers I think are very helpful, along with some marketing opportunities.

So let's start. One of our members pointed this out to me. This is becoming a thing. If you just go online and put in "Ozempic Vulva," you'll see it's become like Ozempic face, where people are losing fat in their cheeks, making them look older. They're also losing fat in their labia majora, which is making them look older down there. So it's called Ozempic vulva.

What I was to do is, and I'm going to give you a link to this now, just like after Kim Kardashian said [The Revenge Vagina](#), it creates a current. And part of what has promoted our procedures, part of what promotes medicine, is if there's a current of discussion or there is a current of pain, say for example, people are dying from a pandemic, people start to talk about it.

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And then you may want to talk about something else, but if you just talk about COVID when COVID was all in the news, then you bridge that energy instead of having to make energy. So you're tapping into the flow of the discussion.

And Ozempic vulva was pointed out to me yesterday by one of our members, and has become something that people were talking about. And I have a way that you can tap into that if you're doing the O-Shot® or the Vampire Wing Lift®, and I'll show you what to do with that in a moment.

When I first stopped working as an ER physician (after 12 years) and opened a private practice, I thought cosmetic work was something real doctors maybe didn't do.

I quit the ER and opened that practice in 2000.

2002 was when cosmetic Botox was approved, and it wasn't until 2004 that Allergan decided, since plastic surgeons weren't paying enough attention, to offer it for sale to primary care physicians. So that was 22 years ago.

And I still wasn't that interested. I learned to do it in 2006, along with fillers, because I had a weight-loss clinic in my office, and one of my patients wanted to regain her weight. She dropped out of my clinic because her face looked older and then came back to me after someone put Restylane in her face.

We didn't have Juvéderm in the US yet. It was approved in Canada, but not here.

So that's the story of how I learned that I could use cosmetic medicine as a way to encourage women to lose weight.

I started telling my patients, "Hey. When you lose 20, 30, 40 pounds, reward yourself with a syringe of filler."

And then I discovered the cosmetic work could be very rewarding in itself.

That's how I backed into it.

And now it's becoming talked about that the same thing (looking older after fat loss happening with the vulva.

So my intention, and I'm tipping you off to what's going to happen, if you go Ozempic vulva, you don't see mention of the Vampire Wing Lift®, right?

That's not good. I intend to change that. Don't know that I can, but I think we can.

Using Press Releases and Media for Patient Acquisition

I'm giving you a tip-off: I've posted on our Vampire Wing Lift® website.

This page, it will be a press release. It hasn't been released yet, but [it will be a press release](#), and I'll put the link in the chat box.

I recommend a short little email to your people that says, "Hey. If you're losing lots of weight, this thing's called the Ozempic vulva. We've been treating it now for over a decade with the Vampire Wing Lift®," and you can put a link to this page.

Let me put it in the chat box so you'll have it. And then hopefully we'll get some press from this. We'll see. The reason for a press release, by the way, is that other people read it. And when you put it online, it's often [picked up by other websites](#).

Directory and Website Updates for Providers

Typically, we'll get 100 to 200 websites to pick it up from the press release. But the purpose of the old-school press release, which was done by hand in the days of PT Barnum, was to take advantage of the press. But then it turned into a fax to the actual outlets, to the newspapers, et cetera, and it was basically telling them the news, so they had the opportunity to cover it if they wanted.

And that's how a lot of our free press has happened, and it's how you could get on the news. It's how I've been on the news multiple times in multiple countries and multiple states.

First, let me give you this, and I'll expand upon how I have done it, and many others in our group have done it.

So here's how you get on the news (and I've done it... I've lost count of how many times):

You call your local TV station, and you ask for whoever reports on health. And then you tell them, "Hey. That thing that's happening where nationwide people are talking about the change in their face and their vulva because of rapid weight loss, I am an expert who can talk about that."

And if you're just doing the cosmetic part, great. If you're doing the cosmetic part and prescribing these weight-loss medicines, let them know you're an expert in both.

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If you call people up and want them to advertise your practice, let's say you just bought a \$150,000 laser, usually they'll tell you to get lost, or they'll try to sell you an ad or a paid interview. You're not looking for that.

If they try to charge you money, I recommend just walking away.

But you leave your phone number, your cell phone, with the reporter and you tell them, "If you ever want a comment, on the record of off, these are my areas of expertise. Call me and I'll stop whatever I'm doing. If I'm not doing CPR, I'll talk with you," because usually they have a tight deadline.

And that's how I have gotten, and I'm not exaggerating, millions in free press, before there was a Vampire Facelift®, getting on the news and getting an interview when a 30-second spot would've cost \$100,000.

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Okay. So haven't done the press release. This will go out tomorrow, hopefully. You can get ahead of it by posting on your website about the Ozempic vulva being treated by the Vampire Wing Lift®. [I've included a link to an amazing woman who is a surgeon, attended my workshops, and posted on Instagram about the Wing Lift®.](#) If you have something you want me to post on the website, shoot me an email with a link to your video, and I can add it here as well.

If you go to the [Vampire Wing Lift® website](#), let me show you what that looks like (see video).

And this [Find a Provider](#), we did have a provider separate for the Wing Lift®, which is what we still do, that's where it goes, but my intention is to move that over. We have upgraded the software. So you go to the O-Shot®, look how much more modern and functional this new directory is.

This is a new icon. If you're a surgeon who performs cosmetic labiaplasty, it can go by your name. If you do any of these things, you tell us, and we'll put that by your name. We have them, of course, divided by states, but the search bar is right here. People can [search your name or by zip code, or you can see we're in multiple countries or all the different states.](#)

And then when they get to you, let me just pull one up, I'll go to Colorado randomly. What we'll do is we'll have ... So Dr. Aguirre is one of our luminaries and he teaches for us. He has a laser, treats lichen sclerosus, and uses a radiofrequency device. There's the legend for those different icons. So our intention is to just kill the directory for the Vampire Wing Lift® and put a separate one here for that, you do the Wing Lift®. And we're just going to put it on everybody because it's so easy. If you're doing

the O-Shot®, you should be doing the Wing Lift®. If you want us to take it off your list, then you can. We're also including a bio as part of the listing on the websites, so add that to your listing when you can.

Here's the main website. Okay, and this talks about it. There's a section in here where I show you, Rod Stewart. It's where I got the name Wing Lift®. He's singing in front of a fire. He's singing there, but he talks about labia and calls them 'wings'. So you catch it right at 10 minutes and 38 seconds into the video. I like G-rated names.

[=>Benefits of the Cellular Medicine Association<=](#)

Meta-Analysis of PRP for Erectile Dysfunction

Okay, this was the one with the most propaganda, but if you have enemies, you use them to make yourself smarter. And this is one we can use to see the criticisms and what we do with them. What do they mean and how do we both protect ourselves and make ourselves smarter from what they're saying?

They did a meta-analysis, it's the third one I've seen,^{1,2,3} looking at the papers published so far for using platelet-rich plasma to treat erectile dysfunction.⁴

Additional Research Insights (PRP and Smoking, Placebo Limits)

They found over 2,000 papers and then removed duplicates. They got it down to quite a few less and then they pulled out the ones that they thought were biased. And by the time they were done, they had seven studies, all of which we have covered in our journal club, some of them more than once.

And here's their layout of what happened, placebo versus ... They're using the acronym ... What did they call it?

PRT—platelet-rich therapies, is their acronym.

This is The Journal of Sexual Medicine, a high-impact journal, and I had to pay for it, so I can't give you a copy. I'd be breaking the rules. But I'll give you the link here in a second. So if you look, these were studies. They favored the PRP, and this was the one study in this review or meta-analysis that favored saline.

¹ Hinojosa-Gonzalez et al., “Regenerative Therapies for Erectile Dysfunction.”

² Narasimman et al., “A Primer on the Restorative Therapies for Erectile Dysfunction.”

³ Finkle, “Sexual Impotency.”

⁴ De Amorim et al., “Efficacy of Platelet-Rich Therapies versus Placebo in the Treatment of Erectile Dysfunction.”

Clinical Interpretation and Protocol Importance

Now remember, these *protocols are all over the map*. In this one, they used less volume. They did not activate with calcium chloride. The way they did the injection was different, and **they stopped the PDE5 inhibitors at the same time they did the injection.**

That's two variables changing. And so I do not agree with their choice of, "Hey. If you throw that one out, then the ones that you wind up with, the PRP is winning hands down."

But again, a different protocol, and they did two variables. And I don't know why they didn't expect us to notice that, but if you look at it, even with that, the main trimming them down to only seven, you would think, "Okay. Well, it looks like we're still winning out most of the time as far as PRP."

And of course, those of us who do it, we know the people that come in, and they've tried everything under the sun. If a placebo had helped, it would've helped. And then we do our [P-Shot®](#) and their penis gets bigger and harder, and their wives are happy, and their lovers are happy.

Here's the last line of their discussion session: "PRTs use should only be considered after shared decision-making that explicitly addresses the uncertain benefit, financial cost, time commitment, and patient expectations."

Really?

Do we not always discuss the uncertain benefits of every treatment? And is not the time commitment and financial commitment more for a penile implant than for our P-Shot® procedure?

And what other therapy gives the possibility of reversing or slowing the progress of the pathophysiology?

Financial costs, that's the bias. They don't like that we're being paid more than \$150 to see a patient. And they don't talk about Peyronie's disease, which is also something that we use it for,^{5,6,7} or recovery

⁵ Virag et al., "Evaluation of the Benefit of Using a Combination of Autologous Platelet Rich-Plasma and Hyaluronic Acid for the Treatment of Peyronie's Disease."

⁶ Culha et al., "The Effect of Platelet-Rich Plasma on Peyronie's Disease in Rat Model."

⁷ Minore et al., "Intralesional and Topical Treatments for Peyronie's Disease."

from prostate surgery,^{8,9,10} which is one thing we use it for, and strong science to back that up. And, of course, they don't specifically mention the differences in the protocols.¹¹

And the other thing they don't mention is the fact that there are review articles using saline as a treatment.¹² Hydrodissection is dissection, so your placebo is not really a placebo.^{13,14,15}

Does that mean that you could get good results with saline alone? Probably in some people, you could. And so you really need a study where it's just needle stick versus saline versus PRP, and then you have all the various ways you make the PRP.

But the point I'm making is that, even in this very jaundiced paper, what they say is correct; but what's between the lines is that the studies that showed the most benefit were the ones that were closest to our protocol, and the ones that were off were way off from what we do with our P-Shot® procedure.

But they still showed benefit, and you're left with this, what we're doing anyway, which is when you do this, you must get a consent form, and you should integrate it with other things.

They don't like how much money you're making. I'll show you the JAMA article in a minute, where they're upset by how much we're charging. But a series of injections of Xiaflex costs over \$20,000 and carries a risk of penile fracture, and a penile implant post-penile fracture is going to cost you about \$10,000. So you could legitimately go through a series of Xiaflex and spend \$20,000, then get a penile fracture, and it costs you another \$10,000 for a total of \$30,000.

Or you could risk a procedure, which, in all of these studies, is super low risk; they all showed no significant side effects and potential benefit, even though they're using a weaker protocol.

⁸ Javier et al., "(219) AUTOLOGOUS PLATELET-RICH PLASMA IMPROVES ENDOTHELIAL AND TADALAFIL-INDUCED RELAXATIONS IN CORPUS CAVERNOSUM FROM PATIENTS WITH ERECTILE DYSFUNCTION."

⁹ Chung, "A Review of Regenerative Therapies as Penile Rehabilitation in Men Following Primary Prostate Cancer Treatment."

¹⁰ Sopko and Burnett, "Erection Rehabilitation Following Prostatectomy [Mdash] Current Strategies and Future Directions."

¹¹ Runels, "Memo in Response to the JAMA Article."

¹² El-Amawy and Sarsik, "Saline in Dermatology."

¹³ "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."

¹⁴ Asghar et al., "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars."

¹⁵ Saltzman et al., "The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis."

But the big point, even without this study, we should **not** be claiming we have a magic shot. It should always be integrated in lifestyle optimization. PDE5 inhibitors in most studies boost your score on the erection score by about seven, and so does adding aerobic exercise to your lifestyle, and so does the P-Shot®.

Xiaflex has been pulled from the market in most other countries. Japan, Europe, and Canada don't even have it on the market anymore. It's still in the US.

Peyronie's is not discussed, and so you need a consent form. Your consent form should say, "We can't promise you it's going to fix you," and, of course, they know how much it's going to cost. And the way you avoid that both ethically and to avoid your enemies is to always tell your patients they can have their money back if they're not delighted with what you do.

And if you're choosing your patients based on our recommendations, almost all of them will love it, and you won't have to give money back often, though you will sometimes.

And so there you go. I wanted you to see that it's helpful and it's a warning at the same time. So they tell you what you should do if you're going to do it. Shared decision-making, we're doing that anyway. Talk about it being not a guarantee. We do that anyway. Still do the lifestyle optimization, psychosocial interventions.

Offer them PDE5 inhibitors and the Trimix injections, but you tell them that PDE5 inhibitors will do nothing to attenuate or reverse the etiology of the microvascular neurological disease that might be causing your erectile dysfunction and PRP might. And then you do what Sam Walton did, and you just promise them they're going to love it, or you won't keep their money, or you'll repeat it.

The other thing: if you look at the timeframes, only two of these studies went out for six months. And I just told you, surprisingly, in our O-Shot® study, we saw continued benefit up to six months out. And if you'd stopped at three months, you actually would've not seen full benefit. So the studies are all over the map in how they were conducted.

There was a study in JAMA where they secret-shopped people offering PRP for ED. They didn't discuss the science at all. They talked about the protocols, which were all over the map, and said there is no protocol. And they mentioned the P-Shot® and the Priapus Shot®.¹⁶

So we talked with them about that for a couple of months through our attorney in Chicago and we were able to persuade them that maybe they should correct that since it wasn't true. And so they added a correction that acknowledged that we do have a protocol.¹⁷ And in fact, we are addressing their main

¹⁶ Shahinyan et al., "Analysis of Direct-to-Consumer Marketing of Platelet-Rich Plasma for Erectile Dysfunction in the US."

¹⁷ *Errors in Text.*

criticism of no protocol by having a protocol that's now been around for almost a decade and a half, with over a million procedures, easily, without any serious sequelae.

This is the answer to the paper I just showed you that did this meta-analysis, where the protocols were everywhere and many of them far off. One of them used a spinal needle with this slow injection technique that was just torment where they threaded the spinal needle through the corpus cavernosum and retrograde injected over what was a very long time.

PRP for Gums

A great question: "What about the guys that are doing the ski jumping that have used penis enhancement to increase their wind drag so they can fly far?"

Great question. I'll get back to that in a second. Okay. This one, I have not done this, but I know that my wife has done it and others in our group have done it, but it has two purposes. One, they use PRP to help people who were having recession of the gums due to smoking.

And so they're showing that even though nicotine triggered what they call cellular vacuolization, even in the face of the nicotine they could show that fibroblasts are stimulated by the PRP.¹⁸

There are two things in that. One is that someone who's a smoker with gum recession might benefit. The other is even in the face of smoking, maybe our PRP still works. So that's all I'll say about that one.

Let's see. There were a couple more. I pulled this one up just because I wanted to reiterate how difficult it is, I would say even impossible, to have a placebo for a procedure. There's no placebo-controlled, double-blind study of hysterectomy or cholecystectomy and there's no placebo-controlled study of birth control pills for pregnancy or parachutes. Some things you just cannot do a placebo control. And one of them is if you're sticking a needle in something,¹⁹ the point I'm making with this article is that it causes things to happen.

Nerve conduction changes the physiology of the muscle, and it's been used as a therapy for a couple of thousand years, as in acupuncture. If you figure out exactly how it works, you get a Nobel Prize, but we know it works.

So when you put a needle in the corpus cavernosum and inject saline, that's not a placebo. So you're going to attenuate the observed results if your placebo is not a placebo. It should be a comparative treatment study, unless you do a third arm.

¹⁸ Vérièpe-Salerno et al., "Platelet-Rich Plasma Promotes Cellular Recovery from Nicotine-Induced Toxicity via Autophagy Modulation."

¹⁹ Gattie et al., "The Effectiveness of Trigger Point Dry Needling for Musculoskeletal Conditions by Physical Therapists."

I did find where someone used just an object that felt sharp, compared it to a needle, and showed that the actual needle accomplished more than just making the person think you stuck them, but there would be no way to double-blind that. So there will be, in my opinion, no double-blind placebo-controlled study of the P-Shot® any more than you could do that with a cholecystectomy.

Bigger Package for Longer Glide

If you are a ski jumper and you are wearing this tight suit, apparently, some of the men have discovered that if they inject their penis with hyaluronic acid and have a bigger penis, they can have more drag so they can fly longer.



And then the next question was, well, if it's good for the men, maybe the women could do our Wing Lift® and enhance the labia majora and get the same. I don't know. But with all the training they do, why not?

I don't really have many patients who are Olympic jumpers. I did know someone who was an Olympic downhill skier, only one in my life. It's a fun question, and it could be part of your discussion. I re-listened to one of my favorite all-time lectures about writing today, out for a walk. And there's this part where you're just reporting facts, and another part where you let your personality and who you are come through and somehow blend with the facts.

So a discussion about the article, which then leads to what you can do with the labia majora, could also be a nice way to communicate with your patients. Thank you for bringing that to my attention.

And I think with that, unless someone else has a question, we will end it and I'll shoot out a recording and the links in a potential written email. But I recommend that if you want to catch some traffic from the press release, hopefully, and be high on the search, I would go ahead and mention the Vampire Wing Lift® as a treatment for Ozempic vulva, either in a little short social media post or an email that goes out to your people.

All right. Have a good week. I'm always honored. I'm very grateful you're here. Bye-bye.

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Tags

Ozempic vulva, weight loss aesthetics, labia majora volume loss, Vampire Wing Lift®, O-Shot®, PRP therapy, platelet-rich plasma, erectile dysfunction treatment, P-Shot®, Priapus Shot®, meta-analysis critique, protocol standardization, evidence-based medicine, sexual medicine research, hydrodissection,

placebo limitations, acupuncture analogy, regenerative medicine, cosmetic gynecology, vaginal rejuvenation, labiaplasty alternatives, patient consent, shared decision making, clinical outcomes, FSDS-R, longitudinal study, data integrity, duplicate responses correction, Green Journal submission, medical marketing, press releases, media outreach, physician branding, patient acquisition strategies, directory optimization, provider listings, SEO strategy, trending health topics, Ozempic side effects, aesthetic medicine trends, combination therapy, PDE5 inhibitors, tadalafil synergy, lifestyle optimization, Peyronie's disease, post-prostatectomy recovery, fibroblast activation, PRP in smokers, gum recession treatment, JAMA critique response, pricing transparency, refund guarantee strategy, patient satisfaction, clinical ethics, physician entrepreneurship

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