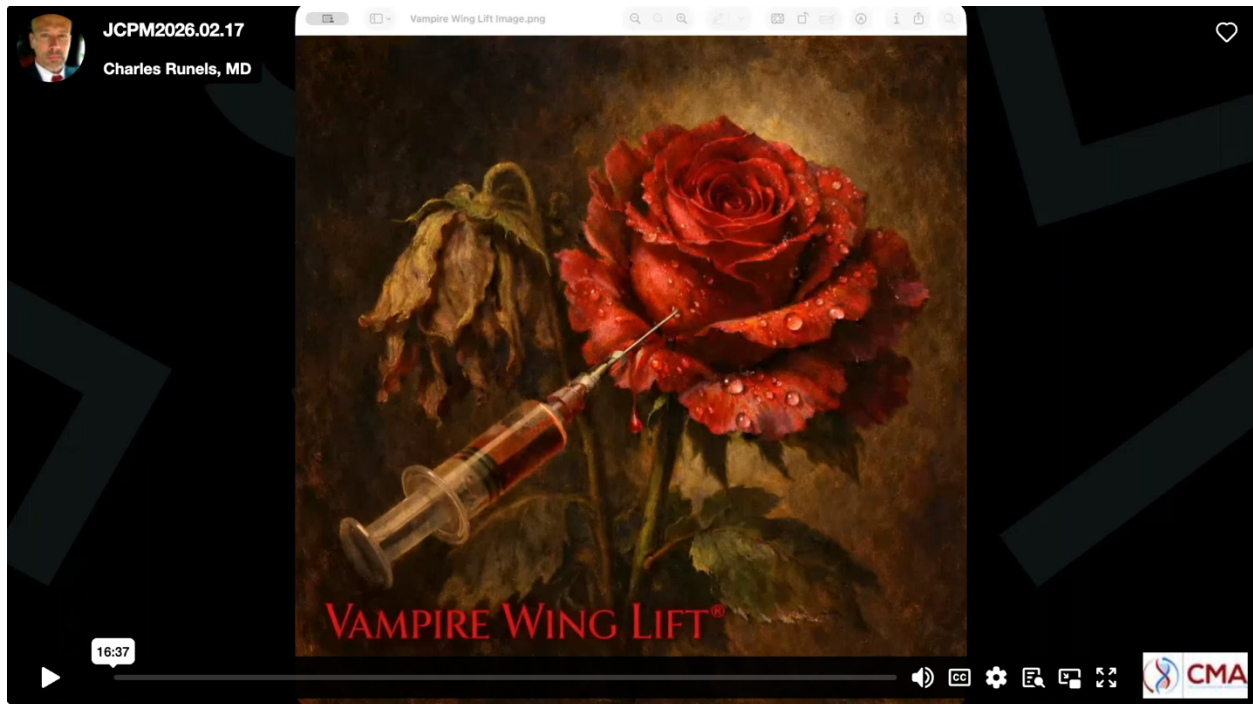


# JCPM2026.02.17

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of February 17, 2026, with Charles Runels, MD.

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



## Topics Covered

- Vampire Facial® Combined with Radiofrequency
- **Tremendous Review Article about Testosterone Replacement in Men**
- Supplements that Help Erection
- Vitamin D Boosts Your PDE5I
- O-Shot® for Lichen Sclerosus
- O-Shot® for Ozempic Vulva

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## Transcript

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Every week it seems like we have more and more papers coming out. And if you look at the graph of research on PubMed, the PRP graph is truly logarithmic, with each year showing a non-linear increase in the number of papers published. So I tried to limit it. Some of this will just be a mention, so if it interests you, you can look it up.

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I've included a link to all these papers in the handout section, along with two emails you can send. One of them concerns the face and cites one of our research papers on platelet-rich plasma. And the other regards a press release that we just put out, and that you can leverage some of that. So we'll get to that. Let's just jump into the research for now.

### **Vampire Facial® Combined with Radiofrequency**

This first one we have seen before, but if you're doing micro-needling and with radio frequency, here's a paper that supports it.<sup>1</sup>

If you look at how they actually used the cameras to help objectify the results, and compare that to when you did radio frequency micro-needling, there were changes, but the PRP was needed for some of the pigment changes.

So you get pigment changes and some smoothing of the tissue. **But for the full effect of the pigment changes, the PRP was necessary.** So that was the take-home for that one.

### **Tremendous Review Article about Testosterone Replacement in Men**

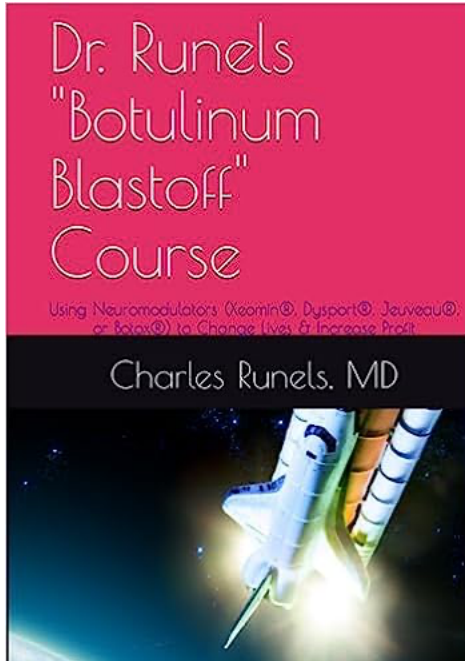
And this one, I think most of the people on this call know this already, but it's useful to have confirmation to be able to point to it because it's shocking to me how many people still worry that if

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<sup>1</sup> Chen et al., "Efficacy of Microneedle Fractional Radiofrequency Combined With Platelet-Rich Plasma for the Treatment of Melasma."

you give someone testosterone, you're going to make bad things happen to them that we know not to be the case.<sup>2</sup>

And so they review it, and they remind you what to watch for.<sup>3</sup>



Of course, you want to make sure they don't have an active prostate cancer and that they're not wanting to have babies. For young men, I used to love human chorionic gonadotropin until it got to be so hard to come by. But when it's still an option for the young guy who is starting to drop.

Of course, you also want to make sure he's not smoking too much weed, which can also lower his testosterone levels. But the reassurance is that you're helping prevent cardiac disease. And most of what's here is review for us. But as I mentioned, it's not a review for your patients. And so to have a paper that you can point to, and this one is open source, too. Yeah, I didn't have to pay for this one, so you could send a link to it or put the paper on your website and refer to it to encourage men to have correction.

It's interesting when I started, how many things have changed. When I first transitioned from the emergency room to private practice, most of you know I did 10 years or so in the ER, but my boards were internal medicine. So when I opened up my practice in 2000, amazing 26 years ago, at that time, it was still mostly bodybuilders who were using testosterone. Women were used to taking hormones because they had Premarin, maybe not the best, but at least they were open to the idea of taking hormones. Men thought it was either an insult to their masculinity or just for bodybuilders. So that was what prompted [the first little book I wrote on Amazon](#).

#### =>Benefits of the Cellular Medicine Association<=

Women come in three flavors, and I think it's clinically useful to know this. When they come to see you, if they come overweight, tired, and with sexual dysfunction and you make them better, there's three categories.

One, they have a healthy spouse at home, and they live happily ever after, once your job's done.

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<sup>2</sup> Zitzmann et al., "Functional Testosterone Deficiency in Aging Men."

<sup>3</sup> Zitzmann et al., "Functional Testosterone Deficiency in Aging Men."

The other has an abusive spouse who's taken advantage of their lack of confidence, and the spouse has three girlfriends or boyfriends or whatever. And so now, when you make the woman healthy, she leaves, and there's not much you can do about that.

But the thing that bothered me, and back to this paper, is that there is a woman who has a husband who also has fatigue and sexual dysfunction, and she comes to you for her fatigue and weight loss. She's not necessarily looking for sexual improvement because she's happy with and loves her spouse. Then you help her lose weight. And as a side effect, she has more energy and she starts to want to have sex and her spouse can't keep up. And 26 years ago, it was difficult to persuade that man to come for treatment.

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Viagra was a new thing, and men were afraid they were going to get cancer if they took testosterone, and it was going to make them have hyperlipidemia and a heart attack. But we actually had a fair amount of research, even for those ideas. So that was why I wrote the first little book for the women to take home to the men, to convince them. [And it's available for free download. I'll put it in the email that goes out.](#)<sup>4</sup>

And when that concern happens, this to me is your best paper to give to that man.

For a while, it was the top-selling sex book on Amazon, believe it or not, in 2004 when it was easier to do that. I probably should update it, but that's a good one to give away, it convinces men to both have their testosterone replaced and be healthy.

For example, I tell them in that little book that your sexual function is about as aerobically demanding as walking upstairs. So if you want to know how long your active bedroom activity is, go walk upstairs.

When you have the guy who says, "I have a nice erection, but then I lose it during sex," it could be that it's not necessarily neurovascular disease. I haven't seen this written, but it's my postulate that if he's got a low VO<sub>2</sub> max, he's just getting short of breath and the blood's shunting and away from the penis just to help him breathe, and when they improve their VO<sub>2</sub> max, this is not speculation, erectile function improves when you improve your VO<sub>2</sub> max.<sup>5</sup>

So when you put it that way, men start walking.

And some other esoteric stuff in there that you can tear out if you want, that involves sexual energy transmutation and other things or do your version of it.

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<sup>4</sup> Runels, *Anytime...for as Long As You Want: Strength, Genius, Libido, & Erection by Integrative Sex Transmutation*.

<sup>5</sup> Khera et al., "Effect of Aerobic Exercise on Erectile Function."

## Supplements that Help Erection

Okay, now back to the research. This one wasn't open source, but I included a link to it. They reviewed, supplements for erectile dysfunction.<sup>6</sup> They did find ginseng to be helpful. And this one was surprising to me. I barely remember reading about this, but I've never really taught.

Yeah, saffron!

And I've never really talked about that with my... I like saffron, dishes that use it. But ginseng of course showed, but Tribulus not so much. So anyway, they weren't that encompassing, but saffron and ginseng. This was an open-source one.

## Vitamin D Boosts Your PDE5I

This was the one that would probably be most helpful to talk with our patients about, is this one about vitamin D levels, where they looked at the amounts of PDE5 inhibitor, and in association with, and we all know vitamin D is really a hormone more than a vitamin. But if you're checking levels and you want to talk about this, it should be if you're treating ED, then this is a good one to share with your patients as well.

Most people may be non-consistent with taking their vitamins. I found the only way I can take supplements consistency is I leave them out on the counter so they're looking at me. Just putting them behind a closed door in a pantry makes where I can't get them to think about it. So I don't know if that's the kitchen table, or, for me, it's the kitchen counter when I come down for a morning smoothie.

Those sorts of practical things make a difference. And I just buy mine on Amazon. So that's the one that was not open source, but I gave you a reference for it.

## O-Shot® for Lichen Sclerosus

And this one, I'm so proud. This was one of our [CMA](#) members who co-authored this paper.<sup>7</sup> So Carolyn DeLucia has been in our group for quite a while. She's a gynecologist who's been in our group and has written. This is an excellent review paper, and it is open source. So if you want to treat lichen, this is a great one to show with people. It is, as it should be, that we need more studies.

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<sup>6</sup> Ho et al., "Herbal Dietary Supplements for Erectile Dysfunction."

<sup>7</sup> Attar et al., "Platelet-Rich Plasma in the Management of Genital Lichen Sclerosus."

And clobetasol is not as benign as people think. For example, there's one paper at least where it talks about it decreasing, maybe increasing the recurrence rate of genital warts because it's decreasing the immune system in the area.<sup>8</sup>

So, it's not something people talk about much, and at least some mention somewhere that it's not what the patient wanted either, because it failed or they wanted to try something else. And that keeps you more politically correct, if not, although you can make a case.

They reference this paper, but I think you can say what they showed in the paper, which is in the paper the people who got platelet-rich plasma did not develop squamous cell carcinoma.<sup>9</sup> It's supposed to examine squamous cell carcinoma occurrence in people with lichen sclerosus who receive PRP. None of them developed it.

Of course, we can't guarantee that outcome, but we know that PRP can attenuate the growth of some cancer cells. And the other thing, just from a, I like to think about just common sense, really chronic inflammation and sclerotic activity at a level that assesses in theory more basic than Clobetasol, then you might think that you might be decreasing the chance of squamous cell carcinoma. And that's indeed what they found. Again, we can't say that we are preventing it. In the study, there appeared to be a lower incidence of squamous cell carcinoma.

That's the big one to worry about, right?

Think about that one for a moment. So that's the horrific nightmare that everyone with lichen sclerosus wakes up screaming to. Idea that our treatment might be helping decrease the chances of that. And that's what this paper by Tedesco from Italy showed, which I think is poetic since Carolyn DeLucia hails from Italy.<sup>10</sup>

## **O-Shot® for Ozempic Vulva**

Let me show you a press release that came out.

Let's see this one. If you want to link to it [on the O-Shot® website](#), this is where it is. You just go to the O-Shot® website for the recent post; it talks about Ozempic vulva.<sup>11</sup>

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<sup>8</sup> von Krogh et al., "Potential Human Papillomavirus Reactivation Following Topical Corticosteroid Therapy of Genital Lichen Sclerosus and Erosive Lichen Planus."

<sup>9</sup> Tedesco et al., "Regenerative Therapies in Lichen Sclerosus Genitalis Patients and Possible Efficacy in Preventing Squamous Cell Carcinoma Development."

<sup>10</sup> Tedesco et al., "Regenerative Therapies in Lichen Sclerosus Genitalis Patients and Possible Efficacy in Preventing Squamous Cell Carcinoma Development."

<sup>11</sup> "Vampire Wing Lift®."

We mentioned it last week on the call and the press release is out now. There it is. And this is the picture I gave you. Yeah, I just had the chat make that for us so it won't draw pictures of vaginas and neither will Facebook allow it. We just have a metaphor for our Vampire Wing Lift® and Google Vampire Wing Lift®, or excuse me, Ozempic vulva news section of it, we're coming up at the top. So that's how you can find this link if you'd rather link to that. So I wrote you an email about it and you're now tapping into the discussion that's ongoing, which is what I like to do.

Instead of trying to be big, you look at what is already big, and you talk about it.

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## Tags

PRP, platelet-rich plasma, radiofrequency microneedling, skin rejuvenation, pigment correction, testosterone therapy, hormone replacement therapy, erectile dysfunction, VO2 max, exercise physiology, sexual function, patient education, men’s health, supplements for erectile dysfunction, ginseng, saffron, Tribulus, vitamin D, PDE5 inhibitors, lifestyle medicine, compliance with supplements, lichen sclerosus, PRP for lichen sclerosus, clobetasol limitations, chronic inflammation, squamous cell carcinoma risk, cancer prevention, regenerative medicine, O-Shot®, Vampire Wing Lift®, Ozempic vulva, labial rejuvenation, PRP gynecology, Carolyn DeLucia, clinical research, open-source medical papers, physician marketing, patient email strategy, medical storytelling, authority positioning, press release marketing, trend hijacking, digital marketing for doctors, email deliverability, Dropbox link strategy, Google Drive sharing, Clitoxin®, botulinum toxin gynecology, sexual wellness treatments, practice growth strategies, cosmetic gynecology marketing, physician branding

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