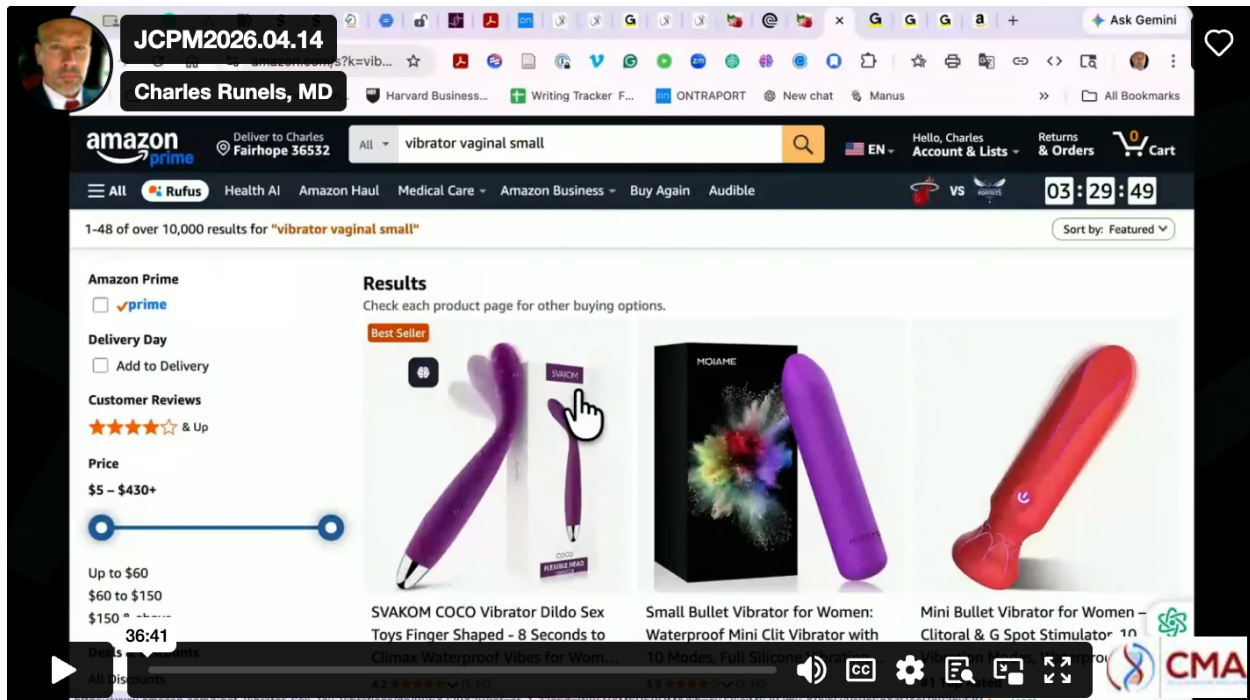


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The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of April 14, 2026, with Charles Runels, MD.

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



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- J. Paul Getty's "How to Be Rich": Lessons for Medical Practice
- Q&A: BD Insulin Syringes, 31-Gauge Needles, and Closing Remarks

**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, Session Overview, and Today's Agenda

Thank you for joining the call today. I have, I think, some amazing papers that came out, and an interesting question. The question, which we'll get to later, was about vibrators. We used to have a vibrator we called the Intensity. They quit making it, but it was, it looked like a regular sort of vibrator with a rabbit and a dildo attached. The difference was that it had a tens-unit sort of thing embedded in the dildo part, so it would cause contractions of the vaginal wall with an electrical current sort of sensation. It was very intense, almost too intense, but the company quit making it. The question is: which vibrator, if any, should we suggest to people after they have an O-Shot® procedure?

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Then I came across a few shelves of books that I like to reread. C.S. Lewis had a thing that he said in his book about reading and writing. He said, when someone says they've read a book, they usually mean they read it once. He said, if it was a good book, you really hadn't read it until you read it multiple times.

I have a few shelves of books that I try to read every year or two or three, and I pulled out one I've been reading off and on since the 80s. It was a series of articles that first appeared in Playboy, of all places, written by J. Paul Getty, who was a billionaire when there weren't many billionaires. The title of the series was *How to Be Rich*, and I think you're going to be amazed at the ethics of this man, probably surprised.

I'll just do a quick review of that. It'll take two minutes, but one of the tips of his 10 tips came back to me and sort of haunted me. We'll have an open mic session at the end if you guys want it, and then that's it. So let's plunge into the research first, and then we'll get to those other things.

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Meta-Analysis: Botulinum Toxin for Erectile Dysfunction

This first part had to do with this one. So they reviewed the research that's been published so far on botulinum toxin for ED, and we've already covered all these papers, but we've not had a meta-analysis on the subject.¹

There are some that they didn't include. The papers we looked at, and I can pull them up for you very briefly, but the ones we looked at had to do with botulinum toxin in people that have people who, and this is the list of them, these are all papers where they did a placebo-controlled study and they treated erectile dysfunction in men who had failed PDE-5 inhibitors, and these were hard cases like spinal cord injury or long-standing diabetes or vascular disease all the way up to the iliac.

So these were hard cases, and they showed statistical improvement of men being able to then achieve erectile function adequate to have sex while still on the PDE-5 inhibitors.

They didn't get to throw them away, but, and this was the, these studies are the studies that led to our [Priapus Toxin® procedure](#), and that led to indirectly developing the [Clitoxin® procedure](#), because once you dive into this research, there's only one paper, and it was alluded to last week when John Leonardo was talking about his techniques of combining platelet-rich plasma with botulinum toxin with filler, and he talked about the botulinum toxin being helpful for the shy penis or the innie instead of the outie.

It's the penis that goes away in the cold water versus the guy that walks proudly on the bank of the creek, because his doesn't. And one of those papers referred to the idea that the flaccid penis was bigger, which implied perhaps a change in the autonomic nervous system, so I won't get too much into that right now.

We've been talking about this now for a number of years, but we haven't had a really good meta-analysis, so this is really helpful to us, and it's one that's worth referring to if you want to send out an email to your patients.

I'm going to copy this and put it in the chat box right now, so you'll have it, and that's one you could link to and say, hey, this is why we're now adding botulinum toxin to our [P-Shot® procedure](#), and I go into the nuances of how to do that, including how to pick which botulinum toxin of the various flavors and the idea of the LD50, all that's on the Priapus Shot® membership website.

It's part of [what you have been in that group](#), so you don't have to go figure it out. It's all in there, and I'll give you the quick version: I give you the math of how you could literally do a huge, much, much bigger amount of botulinum toxin IV push and still be safe, but it's the procedure part that I think you'll find helpful to you.

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¹ Saadawi et al., "Efficacy of Botulinum Toxin Injections for Erectile Dysfunction and Premature Ejaculation."

Premature Ejaculation and Botulinum Toxin: Statistically vs. Bedroom Significant

Okay, now the part of this that I always don't know what to say because I see this and I think who really cares, but if you look at the premature ejaculation research and eventually I've started this book, I don't even know, at least a half a dozen times and then I always get pulled away by something that feels more important, but if you look at the, I'll just read you what they say in this paper because it does help by their meta-analyses putting botulinum toxin in the corpus cavernosum increases the IELT or the intravaginal ejaculatory latency time.

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How longer can you last when you are injected with BoNT in the penis?

And it's statistically significant, but look how much it is.

It's 17 seconds!

I don't think that's the amount of time where you're with your lover and then you have this treatment and then the next time you're together, you can last 17 seconds longer. I don't think it's the sort of thing that she smokes an extra cigarette and deletes all the phone numbers of her other boyfriends.

I don't think that, although it's statistically significant, there should be an acronym for this: Is it bedroom significant?

We'll just call it BS. Is it BS or not?

And I don't think 17 seconds is.

And if you go to the premature ejaculation research, there's a lot of discussion about you have to quantify things. So, what do you call 'too fast'?

And it usually falls somewhere around three to six minutes.²

And so adding 20 seconds to five minutes would be a statistically significant change, but I don't think a bedroom significant one. It's nice that it doesn't make it worse. And it's nice that if you're an outlier, perhaps it makes it more than that.

But to me, premature ejaculation is ejaculation before both partners have had all they want for this particular session (one of the definitions is that when both partners don't reach orgasm over 50% of the time³).

² Multescu et al., "Current Status and Future Perspectives in the Management of Premature Ejaculation – A Review of the Literature."

³ Parnham and Serefoglu, "Classification and Definition of Premature Ejaculation."

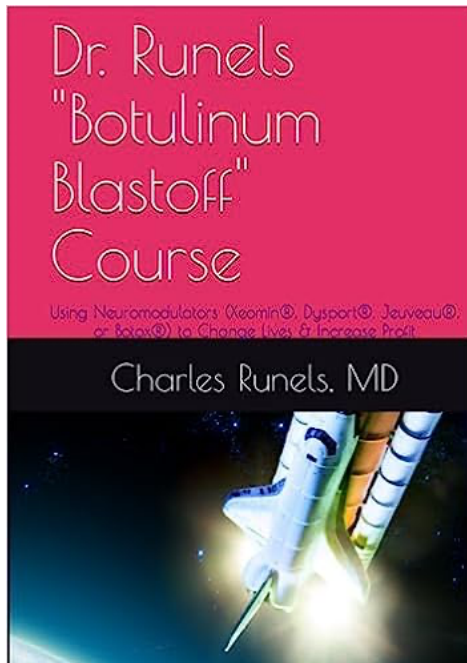
And that might be 30 seconds today, and it might be all day long tomorrow, literally.

So I think really the research is more academic than practical when it comes to pleasure in the bedroom. And I have [a system for teaching guys how to get to that level](#). And it does not include botulinum toxin and the corpus cavernosum.

So I'm throwing that part out [treatment for PE], but I'm showing you they have the eight studies there about BoNT for ED.

Botulinum Toxin for Eye Appearance: Lateral Lid Technique

Okay. The next one concerns eye appearance. And depending on where you live, this may be a thing or not. We don't have as many Asian people in our community, but we have some. And I think the Asian eye is beautiful. We're all beautiful in different ways. But for Asian, Caucasians, or any ethnicity, there



are people who want their eyes to be more open, depending on what they're doing.

My most common way of using this in Caucasian women is if when they smile, their eyes become more narrow than they would want.

One of my employees has the Linda Carter look, with dark hair and hypnotically blue eyes. But when she smiles, you can't see them. So, I'm not speaking out of turn. She tells us at our workshops that [we do a procedure to make them more open when she's smiling](#).

Now, in this version of it, they combine the idea of injecting the procerus and corrugators and the crow's feet, of course, which all open the eye.⁴

But the very specific thing that I teach in [my workshop](#) is just one injection point that's in this lateral lid, even with the lateral edge of the iris. So, there you can see the difference.

It's a more open eye, even when smiling.

But then they do something on the upper lid that I don't normally do.

⁴ De Maio et al., "Botulinum Toxin Treatment Can Enlarge Eye Appearance in Asian Patients and Improves Social and Emotional Attributes."

I would recommend that before you inject the upper lid, you try to do everything with just my little one or two units in the lower lid. They also have a more dilute mixture that I think risks inadvertently affecting other muscles, but they wrote a beautiful paper, and their results are amazing.⁵

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Dermabrasion vs. Microneedling with PRP for Scarring

I thought this was really interesting because I remember when we didn't have microneedling, we just had dermabrasion. The idea of comparing this never occurred to me. If you are looking to apply a PRP post-procedure, what's going to work better for scarring?⁶

Would it be dermabrasion or microneedling? And the conclusion was they both worked about the same, but the dermabrasion had a longer recovery and with the dermabrasion, not only a longer recovery, but you have to worry about hypo, not hyper, hypopigmentation. Now with microneedling, you can get hyperpigmentation, but every case I know of that it's not even mentioned because it's transitory.

We had one of our providers, and again, a lot of what I tell you comes from not really being smart. It's just taking notes from all you guys. When you have almost 3,000 doctors and physician extenders telling me what you're seeing, I don't, I just have to be a good note taker. But in over 15 years, I've only had one provider call and tell me about an unhappy patient who had hyperpigmentation after a Vampire Facial®. But there was one little trick about it. She was dark skinned, Indian descent, and she went to India immediately after the procedure, almost, I think it was the day after, got on the plane, and she was out in the sun a lot right after the procedure. And when I heard back, it had been about six weeks, and the lady was unhappy. My bet is it eventually cleared up. I lost follow up with the practitioner and I'm not sure, but that's the only one out of our providers have easily done over a million Vampire Facials®. We reached that point years ago. So, I would remember to caution people, stay out of the sun, that way they don't blame the hyperpigmentation on your procedure when a good chance it just came from the sun.

And so, like alternating things that work, so we now know that, remember, saline alone, undermining big scars with saline is a treatment that's documented in the dermatology literature. Undermining with PRP and then microneedling, those are two things that are well documented now. And then we had that one paper that showed where they compared, split-phase study, compared microneedling and PRP with microneedling and a 5% trichloroacetic acid topically. And that study worked better than PRP combined

⁵ De Maio et al., "Botulinum Toxin Treatment Can Enlarge Eye Appearance in Asian Patients and Improves Social and Emotional Attributes."

⁶ Thomas et al., "Comparative Evaluation of the Effectiveness of Dermabrasion and Micro-Needling Therapy in the Management of Facial Scars—a Clinical Study."

with microneedling. And, of course, microneedling alone helps reduce scarring.^{7,8} So, for most people with minimal scarring, maybe you just do one, two, or three [Vampire Facials®](#).

But if you have someone who's truly scarred, who's going to be the most thankful and grateful and probably has already seen other people that are just microneedled without knowing what you know, that person, knowing these multiple modalities and alternating every six weeks, could be very helpful.

So, now we know if you've got a dermabrasion machine and they're not Fitzpatrick 4 or greater, you're probably safe to go for it without the hypopigmentation problem, and then alternate that with a Vampire Facial® with PRP. Oh, do the PRP after the microdermabrasion. They did PRP with both. And then you could alternate that with microneedling using TCA (trichloroacetic acid).⁹

And in all of them, you pick the ones; I ask the patient, 'Which scar do you hate the most?' And then you can undermine those with some subdermal and intradermal PRP injection. So, there's some, maybe this is out. I haven't searched. Maybe this has been out before, but it's the first paper I've seen comparing dermabrasion with microneedling, both with PRP for scarring.

PRP for Perimenopause and Ovarian Rejuvenation

Let's see. I put this one in. I'm not going to say much about it, but we just keep seeing these coming out. Here's another review article about using PRP to help menopausal and perimenopausal women become pregnant.¹⁰ And it's just almost becoming standard of care.

Platelet Concentration in PRP: Does It Matter?

This one I put in here just to make the point that here's another study that showed that even where it's supposed to matter, platelet concentration did not matter when injecting the shoulder.¹¹

So there are studies showing that you need a certain number of platelets, and I usually teach it this way: you need, depending on the centrifuge and the person, about 5 times the concentration of whole blood to get optimal results when injecting joints with PRP. In this one, they took a little bit different approach. They just looked at studies of rotator cuff repair in platelet-rich plasma, and some had the high

⁷ Alghazawy and Almodalal, "Evaluation of Flexibility and Thickness of Cleft Lip Scars After Treatment with Microneedling Technique."

⁸ Ebrahimi et al., "Platelet-Rich Plasma in the Treatment of Scars, to Suggest or Not to Suggest?"

⁹ Solanki et al., "Microneedling in Combination With 15% Trichloroacetic Acid Peel Versus 25% Pyruvic Acid Peel in the Treatment of Acne Scars."

¹⁰ Wang et al., "Intraovarian Platelet-Rich Plasma for Women with Diminished Ovarian Reserve."

¹¹ Lim et al., "Platelet Concentration Does Not Influence Clinical Efficacy and Retear Rates of Rotator Cuff Repair With Platelet-Rich Plasma."

concentrations, others had low, and they demonstrated no difference, which of course matters, because we all know a person comes in with a little thin vein, and you have the choice of 21-gauge butterfly versus 18-gauge nail, and drawing 10 cc's versus 60 cc's, knowing that could be helpful in getting your procedure done.

Let's see. Oh, okay. Make sure I've covered it all. This one was a review article.¹² I think it's too long. It's almost like a book, a chapter of a book. There was one paper out of the chapter that was a special series that came out, and I think that probably deserves to be a whole separate meeting.

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Vibrator Recommendations Post-O-Shot®: A Clinical Framework

So, this was the question that came up for me this week:

When our clinic staff got trained on the O-Shot® nearly a decade ago, there was a pink vibrator that was the Intensity that had a clitoral stimulation, an electric-like current to it that was recommended. We've not been able to get this for several years. Are you still recommending this type of stimulation post-procedure, and if so, what device?

So, the answer to this question:

First, why did she have the procedure done? I've had the, it's the best way to say this in public, I've had the privilege of having a number of women, a number of smart, very sexual women over the past 40-plus years teach me about their bodies, and I've had some very experimental women. Some of what I'm about to show you comes partly from medicine, and my experience from taking care of, probably, I don't know, quite a few thousand women with sex problems, and part of it comes from very brilliant women, lesbian and heterosexual, teaching me.

So, I've modified and going to tell you a few things that are not in the medical literature.

Pain

If you're treating someone with pain, and it is pain that you can reproduce by, they're in your office to get an O-Shot®, that's what we're talking about. It's pain you can reproduce by pushing or touching one of the muscles surrounding the intravaginal space.

Usually, it's the pelvic floor muscle, and you touch there, and they say, yep, that's where it hurts. You're going to do an injection, regular O-Shot®, and then inject about one cc of platelet-rich plasma into that trigger point. They might get worse for a week, then get better, and you may have to repeat it every 6 weeks, 2 or 3 times.

¹² Kawase et al., "Special Issue 'Recent Progress in Regenerative Therapy Using Blood-Derived Biomaterials.'"

The most I've repeated it was five before it went away. In that case, you probably don't need a vibrator, and the same applies to dyspareunia from lichen sclerosis, and of course, sometimes it's from a surgical problem.

But if lichen sclerosus or the woman's anatomy is associated with a small opening, it could be from a previous surgery or genetic.

For example, a woman went to see a plastic surgeon who bought a very expensive energy device. I can't remember if it was laser or radiofrequency, but he didn't know what you know, and a lady came for dyspareunia, and he put his wand inside of her, and her pain got worse.

Then she went to see [one of the gynecologists in our group](#), young woman, married, and the gynecologist examined her instead of having a physician extender just wave a wand around, and talked with her, and discovered this small, petite, oriental woman was married to King Kong, and the penis was just, in the Kama Sutra, you would say you would have a rabbit married to an elephant, and so the absolutely worst thing to have done for her would have been some sort of vaginal tightening procedure with laser radiofrequency.

So our person called me about it, and she did an O-Shot® to help with healing. If you're going to make the vagina more accommodating for King Kong, it needs to be able to heal as it becomes accustomed to something bigger.

Pain vs. Anorgasmia: Different Protocols, Different Devices

And then, what most gynecologists would say is, "You go buy a dilator."

This is not what I'm going to recommend, though.

I think it's the best place to buy sexual toys is Amazon. If you have someone who has a family, they have neighbors, maybe they're on a first-name basis with the UPS man, you don't want the box that's labeled with something that means this is a sex toy, but if it comes with that Amazon swoop, even though the swoop looks like a penis, most people think it's a book or something.

So this would be the usual dilator that is recommended either for vaginismus, or in this case, just a woman who's married to King Kong. The thing about this is that it's dead, it's a dead probe. And when you have pain, the treatment is vibration.

So what I recommend, whether it's a stenosis from surgery, stenosis from lichen sclerosis, or just trying to enlarge the vagina of a healthy woman who just happens to not match the size of her husband, is to start with a vibrator that feels very intimidating, smaller than her husband. You get a very small one, the size of a finger. And you tell her that she's going to use that every day, a couple of times a day inside of her vagina, these are nice, that she can kind of stretch out the vaginal wall, mostly and especially near the opening, and your O-Shot® is going to help facilitate the learning to accommodate that, then after a

week or two, she gets a bigger one and a bigger one. And so instead of graduating up to bigger and bigger dilators, she graduates up to bigger and bigger vibrators.^{13,14,}

Now, two reasons this matters. One is that it could be pleasurable. I don't really say much about, it's okay if she masturbates with it too, but it is, and then she eventually gets one that's the size of her husband, and now the husband's penis, of course, doesn't vibrate, but when she gets to where she can accommodate that vibrator, that's the same size of her husband, then he's going to be comfortable too. And it could be that she goes to the local sex store and picks this out herself, or she maybe goes to one of the sex online stores and works her way up like that, but that's the way to do it. Now that's for pain.

Now, if she's anorgasmic, it's a different thing.

For anorgasmia, like these little rose things¹⁵ like that, and now better, of course, would be if her husband could spend a few weeks learning her body in ways that maybe hasn't thought about learning her body, but for, and I'm talking anorgasmia, not the woman who's trying to have an orgasm with her while she's involved in sexual intercourse with her husband, she just wants to have an orgasm either alone or with her husband.¹⁶ And I think these are probably the most guaranteed way for her to learn how to do that. Either that or one of these massagers like this that are pretty intense and big, but this goes on the clitoris, not inside of her. So a magic wand is one of the name brands. So this and this, those two types for the woman with anorgasmia.

I think, with that, let's see if there are any questions, and if not, hopefully there's something you can use.

And there might be something out there that I haven't seen, but I've spent thousands on vibrators. I've got vibrators that are so outrageous. One of them looks like a, it's just, it's outrageous. And some of them cost \$4,000 or \$5,000 each. And when you get right down to it, though, the best are the three that I've shown you. This one and this one for orgasm, and just a simple, gradually increasing vibrator for the inside of the vagina.

Now, of course, the unspoken thing we haven't talked about yet is that there will be some men who are jealous of a vibrator. That's a tough one. There are times when, if you're not good at it and if you can

¹³ "Amazon.Com : Female Vaginal Dilators."

¹⁴ "Amazon.Com: G Spot Dildo Vibrator Adult Sex Toys - SVAKOM Waterproof Personal Massager Finger Dildos Vibrators for Women - 5 * 5 Vibrations Adult Toy Female Clitoral Stimulator for Clit Nipple (More Powerful) : Health & Household."

¹⁵ "Amazon.Com: Sex Toys Rose Dildo Vibrator - Upgraded Adult Toys with 5 Sucking & Vibrating Modes for Women Clitoral Nipple, Rose Sucker Sex Toy Clitoral G Spot Vibrators for Woman Couples Adult Sex Games : Health & Household."

¹⁶ "Amazon.Com: Sex Toys Rose Dildo Vibrator - Upgraded Adult Toys with 5 Sucking & Vibrating Modes for Women Clitoral Nipple, Rose Sucker Sex Toy Clitoral G Spot Vibrators for Woman Couples Adult Sex Games : Health & Household."

get them to do it, a family counselor or a sex therapist can be of great benefit, but that's not the question. So that's a whole different topic.

Clitoxin®: When to Add Botulinum Toxin to the O-Shot®

You absolutely combine the O-Shot® with Clitoxin® for anorgasmia.

For pain, do not. I think for pain, you don't put botulinum toxin in the clitoris. You could, of course, put it in the muscles if you're treating vaginismus, but it does not go in the clitoris. We had one patient, who had dyspareunia, and her pain got worse after BoNT. And that would go along with what we think might be happening with the ganglion, with the axonal transport, and what's happening in the midbrain.

In other words, it makes sense that if what we've postulated is going on, then orgasm lubrication and arousal would be improved, but pain might be made worse because of the way the autonomic and the somatic nerves are innervating the vagus nerve and the midbrain and then the pain sensations. In other words, don't do it if it's pain, but for lubrication, don't inject the clitoris with botulinum toxin, but for lubrication and anorgasmia or decreased orgasm, absolutely add the botulinum toxin to the clitoral part of the O-Shot®, and all that's described and explained in great detail on the O-Shot® website, but do not add it to the anterior vaginal wall part.

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J. Paul Getty's "How to Be Rich": Lessons for Medical Practice

Let me cover this book, and I'm going to show you something else to help you see it and how it applies to our medical practices.

So this is the book, *How to Be Rich* by John Paul Getty.¹⁷ Pick it up on Amazon, for nine bucks. And I bought it when it came out in paperback when I was 26 years old.

And I'll give you one of the punchlines. He talks about how, remember he's got unlimited money, basically, but he says two things in here that were surprising and very encouraging to me as a young man. He said when he travels with businessmen, of course, he was in the oil business, so he's hanging out, and he would work the oil rig.

So he's not hanging out with people in pretty white suits, but when he traveled for business, many of his colleagues and business associates would want to go to the bars or the local dance club when they were through with business. He wanted to go to the ballet, the symphony, and see art.

So that big Getty museum, you see, when you go to Los Angeles, that was not something he just threw money at to make people think that he was into the arts.

¹⁷ Getty, *How to Be Rich*.

He was into the arts.

My own preference is that when I go to a town, I like to figure out what the coolest bookstore is in that town. Because oftentimes you'll find books that are more local in subject, and it puts you in a space that's more inspiring than other places might be. For example, when I lectured in Venice, there was an old bookstore there that had books in English and Italian, and you could sit in a little nook that was hanging out over the same canal where the guys come by singing and bringing the tourists around. So that's not some sort of big ethical thing.

It's just a preference. And the only reason for bringing that up is that you would think a guy who's a billionaire, he's writing this originally as a series of articles for Playboy magazine, that maybe that wouldn't be the way he entertains himself.

But let me show you a page where he lists his **10 rules for becoming rich**.

And the one of the one main ones, I think most doctors ignore. The businessman, of course, or woman should never lose sight of the central aim of all business, to produce more and better goods or provide more and better services to more people at lower cost. If you've ever been to my workshop, you know that I teach a definition of a profit model that I call, that I think is critical that most people never even learn the term, but he just said in a different way, my definition of a profit model, which is a way of making and keeping more and bigger promises with fewer resources, either time or cost of goods, because usually this first part, produce more and provide better services, but the key is more better to more people.

You've got to do it at a lower cost, and the cost would include time, cost of goods, marketing, and all of it. Most doctors are not constantly, he says, never lose sight of that. It's the central aim, because when you do that, you start to make a profit.

And then the other thing is that, another this one, I've made this mistake before, is if you're letting other people do all the thinking about your business, even if they have good intentions, which almost everybody does, they don't know what you know and doing their best, it still may not work as well as you want. So you have to keep your head in the game, I think, or I've seen too many doctors find out. One of my friends found out that his, it's just so cliché, he found out that his office manager who was, he met in Bible school at his church, had stolen hundreds of thousands of dollars from him. He almost went bankrupt. And that's so commonly done that it's almost cliché, but you got to stay in the business, not just to keep people from stealing, but more importantly, because they don't know what you know. And if you leave it to them doing their best, it's still not, may not work so well.

And this was the last one though, really six, this one and number four, excuse me, two, basically, you have to think about profit. So the first two and six are the main ones I wanted to show you. Most doctors don't think about profit. Sounds so simple, but if I was going to tell you the number one thing, I think that separates the doctors who make literally millions versus those who just get by or go broke, it's do they make it a point to, on a daily basis, think about how profit's being generated in their office and how to constantly do more and better with less. And then along with that, it comes to, down to number six, is that you're always looking for new things and new ways to make things work better. So

kind of go hand in hand. So that may not seem that revolutionary, but actually in the doctor world, I think it is. I know that when I quit the ER, I didn't have to worry about profit. I just saw patients and there was an administrator to take care of all that. I got paid either by the hour or by a billing code based on what I did, but the hospital's profit didn't matter to me. And then I opened a practice and I thought, if I work night and day and see patients all day long and go make rounds at night, I should have plenty of money or at least not go broke.

Wrong. I was going broke, and I floated the practice on clinical trials.

So I think with that, let's see if there's any questions and if not, hopefully there was something there you can use. I put those two links in the chat box and so hopefully you can take one of those. I'll give you an email you can send out if you want to send out the summary of this, but let's see if there's a question.

Q&A: BD Insulin Syringes, 31-Gauge Needles, and Closing Remarks

Robin says, oh yeah, I can't find those anymore. Thank you for reminding me. I need to update the website, Robin. On the website, I recommend the BD brand insulin syringes and I can't find them. I think they quit making them.

So my staff orders some off-brand. Just make sure you get the 31-gauge, 30-unit. You can truly feel the difference between a 30 gauge and a 31 gauge. Tremendous difference in the comfort of it. But yeah, thank you for bringing that up. I need to make sure everybody knows that. So excellent question. And I think with that, and I will put a link to where we're getting them, but you can buy them pretty commonly, different brands. So, my bet is that, as you can see, you just wondered about the BD brand. That happened about six months ago, give or take. All right. I think with that, we'll call it a day. Thank you very much for being here. I hope you found something that will make your life and patients' lives better.

Good night or bye-bye.

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Tags

PRP, platelet-rich plasma, O-Shot, Orchid Shot, Clitoxin, botulinum toxin, erectile dysfunction, Priapus Toxin, P-Shot, Priapus Shot, premature ejaculation, IELT, intravaginal ejaculatory latency time, PDE-5 inhibitors, autonomic nervous system, sympathetic nervous system, penis, flaccid, anorgasmia, vibrator, dilator, vaginismus, dyspareunia, lichen sclerosis, pelvic floor, trigger point injection, sexual dysfunction, female sexual dysfunction, eye appearance, lateral canthal, ptosis, procerus, corrugators, crow's feet, eye opening, blepharoplasty alternative, dermabrasion, microneedling, Vampire Facial, scarring, acne scarring, hyperpigmentation, hypopigmentation, Fitzpatrick scale, trichloroacetic acid, TCA, PRP for fertility, perimenopause, ovarian rejuvenation, rotator cuff, platelet concentration, BD insulin syringes, 31-gauge needle, gauge needle comparison, profit model, J. Paul Getty, How to Be Rich, business of medicine, medical practice management, physician financial literacy, CMA, Cellular Medicine Association, Charles Runels MD, journal club, JCPM

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