

# JCPM2026.04.28

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of April 28, 2026, with Charles Runels, MD.

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

The screenshot shows a video player interface for a live journal club. The video content displays an Amazon product page for the book "Restore Your Prime: A Comprehensive Physician's Guide to Modern Male Sexual Health, Performance Optimization, and Life-Changing Interventions" by George K. Ibrahim, MD. The book cover features a portrait of Dr. Ibrahim. The product page includes a 5.0-star rating from 18 reviews and a price of \$19.99 for the paperback edition. The video player has a progress bar at 31:35 and a CMA logo in the bottom right corner.

## Topics Covered

- Welcome, Session Overview, and Today's Agenda
- Dr. George Ibrahim's Book on Male Sexual Health
- Amazon Book Reviews as a Patient Marketing Strategy
- Writing Effective Book Reviews: Ayn Rand's Method
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- Back to the Research: PRP for Hand Rejuvenation
- Pricing PRP and First Clinical Experiences
- PRF vs. PRP: A Critical Distinction
- PRF for Hair Restoration: A Note of Caution
- Journal of Sexual Medicine Review: PRP for ED and Peyronie's Disease
- The Placebo Problem in PRP Research
- O-Shot® for Chronic UTIs
- Introducing the Profit Model Course

**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

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### Welcome, Session Overview, and Today's Agenda

#### Charles Runels, MD:

Really good stuff today, four papers, one of them out of the Journal of Sexual Medicine that's encouraging to our work. Another one about hands. We don't talk about hands that much. And another regarding PRF, lots of questions about PRF.

So, we'll cover those papers. Before we do that, I want to show you a book that one of our members put out.

And, I've been working on something, and I'm finally ready to give it. I'm selling it for 997 bucks. As a starting price, it may go up more than that, but I'm giving it away to everybody on this call. And I think you will find it to be helpful: the heart of how we've grown our organization over the past 16 years, and things I haven't really talked about in that much detail.

Anyway, I'll get to that. Let's start, let me show you this book that could be a huge help to you.

### Dr. George Ibrahim's Book on Male Sexual Health

#### Charles Runels, MD:

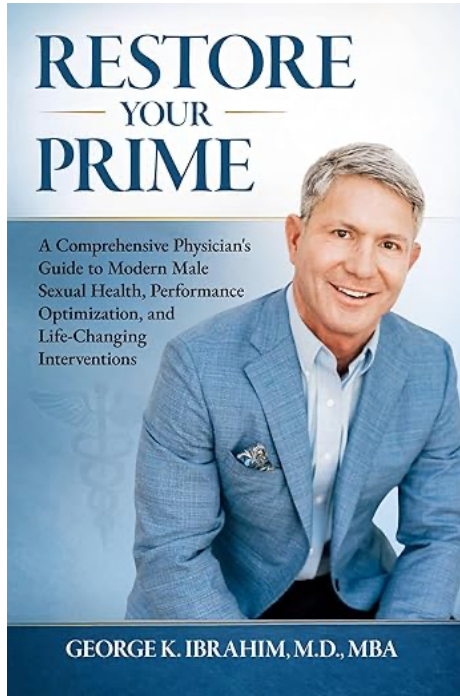
George Ibrahim, MD joined our group over a decade ago. And I thought, yeah, seems like a really bright man and strong background, was a professor of urology and taught, not only performed, but taught surgery regarding prostate cancer and penile implants, a lot of prostate surgery.

And then I had another urologist show up at one of my workshops, who was the head. I won't say where, but he was the head of a new department of sexual function at one of the major universities. And when I mentioned Dr. Ibrahim to him, he lowered his voice, almost whispered to me about what a wizard Dr. Ibrahim is...from another urologist, a high-prestige job, he really spoke almost in a whisper when he said his name.

Dr. Ibrahim has been a great inspiration and of help to me over the years. He put out this book for patients. If you don't have your own book, and you offer the P-Shot® to your patients, [this is a great one to hand out to your people because it tells the whole story.](#)

It includes hormone replacement, as well as [our P-Shot®](#), and talks to us about it from the perspective of urologists in a very bright, but relatable way.

I recommend that you buy it. And there's a little trick. I haven't talked about this. I think I mentioned it



once years ago, but if I did, it was years ago. I'm not even sure if we talked about this. In the early days, I'm going to tell you how to make his book into an ad for you, other than buying it and giving it to your patients. But in the early days of hormone replacement, back literally 26 years ago, when I was doing testosterone pills for women, this was before Suzanne Somers did that first book, which really popularized it.

Most people didn't know what I was doing. And it would take me a while to explain it to patients. [I actually made an audio recording that was 90 minutes long](#) (<-this was back when I was still coding with Dream Weaver), explaining how I thought about hormones so that women and their spouses would understand what I was doing when they became a new patient.

And then Suzanne Somers put out her first book. Well, it went. Most people don't think of book reviews as a way to advertise, but I wrote one for her book about hormones. It was the first

one she did; she did others, but the first one she did, I wrote a book review and talked about specifically what was strong about her book. And then I mentioned that I did that in my practice.

## **Amazon Book Reviews as a Patient Marketing Strategy**

Well, I don't know if you know this, but when you write a book review on Amazon, they review it, and then the people who read that review have access to your profile on Amazon.

So let me show you, if I go to, let's see, what's one. Anyway, I have a whole bunch of reviews on Amazon. Don't do it as much as I used to. Actually, I was doing it enough and my reviews would get a lot of thumbs up. So Amazon put me on, what did they call it? [Vine program]

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

They would give you free stuff if you'd write a review. Well, I did that for about a month. And then some of the stuff I didn't like could be books. It could be stuff like stereos and computers. And some of it I didn't like, so I didn't want to spend time writing a bad review. Why should I amplify it and keep meditating on something I don't like?

So I dropped out of the program, and sometimes you'll see reviews marked as that's one of those people. My point is, don't waste your time reviewing something that you don't like. But if you have a bright man who's written a wonderful book, one thing you do, what I did was I liked Suzanne Somers' book, explained what I was trying to explain from the standpoint of a woman who was also a celebrity.

So I wrote a book review and then that connected her book to my profile on Amazon, which has a place for your website.

And I got patients from around the country from that book review.

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So if you're going to do that, the strategy is it has to be a real review. The best writing I've ever read about how to write a book review is in [Ayn Rand's book, The Art of Nonfiction](#). I'll show it to you. Let's see, did I give you...

First, I want to make sure you have a link to his book, and then I'll tell you how to really make this happen. Hold on a second. I don't think I've ever talked about this. I can't believe I've never explained the system to you guys.

You can Google female hormone replacement, whatever you think your patients are writing for women. And then when you get there, look for the first book.

This is all supplements. So we want it to be books, not everything, books. I

'm showing you how to... You know, you can buy paid ads on Amazon, but I'm showing you how to get free ads. There you go.

Now, find the top one, then buy it. And your review is not paid as much attention to unless you buy it. Amazon puts a thing by your review as someone who actually bought it.

And oftentimes, okay, this one's got a fair number of views, but especially if you can catch it early on, you'll be at the top. But oftentimes there aren't that many reviews. And if you write the way I'm about to show you, you'll get a lot of thumbs up and get put near the top.

Okay, so you buy the thing. Can't review something you haven't read. And if you want to make it happen quickly, buy the Kindle version, then read it, and then write the review. I'll give you the best thing ever about how to do it, but then here's the quick version.

Read it and then **write the review as if you were talking with one of your patients**. Hey, I think this book might help you, especially chapter so-and-so, where I've seen this work a lot. This other chapter, maybe I don't agree with everything there, but I've seen this work a lot and this is why. That's the brief outline. And then that review, I'll just show you five. I'll pick somebody else who wrote a review here. So see that was, well, I guess they don't have, not everybody takes advantage of it.

Leslie's got lots of reviews. I see a lot of these people have one-star reviews. If it's garbage, why write a review?

You're spending your time meditating on it. I call them **sandcastle kicker-overs**. If you walk down the beach, as I did with my wife a few days ago, you see beautiful sandcastles that people spend a lot of lot of time making. Then others are just wicked, and they go kick everybody else's stuff down. They don't know how to make a sandcastle.

If I see more negative reviews than positive, like not legit, garbage. Leslie, you lost my, can you not find anything you like?

So I don't do negative reviews, I just don't. If you don't like the book or don't think it's helpful, great. Go to the next one down or find something positive in it. And talk about whatever it is you don't agree with.

But if you have to give it less than four stars, don't talk about it, skip to the next thing. So what happens is your book reviews start to function like a book club or recommendations. People who follow you, and there are those people who follow the reviewers. And so I look at these are books I've recommended to my patients along the way, my children, and friends.

And so I don't want them to have to wade through things I don't like. They can look at my book reviews and see my favorite books to go read.

Okay, so once you find it, then you scroll down, you read the thing quickly. If you want as a Kindle, order the thing. It doesn't matter, but it keeps track of whether you bought it or not. And then somewhere in it says, if you do a video, you get a lot more attention. But somewhere down here, there's a link that says, "

Write your own review. Let's see where it goes. Here we go. Write a customer review. And then, if you've never done one before, set up your account and add your website. And there you go. So you can Google what you like to do and write a review of the top book and you'll get patients from it. And now you have a free ad on Amazon.

### **Writing Effective Book Reviews: Ayn Rand's Method**

If you're doing P-Shots, you do that with Dr. Ibrahim's book. And I just gave you the link. Now let's jump into the research.

And some of you will actually do that, I hope. And it will be so good for you. Oh, I promise you. So the best writing ever about how to write a book review. If you go, I give this out at my workshops because I think it's so brilliant.

But the art of nonfiction. Let's see, Ayn Rand ran the art of nonfiction. She didn't even write this book; it was a series of lectures transcribed after she died and compiled into a book. But in here, there is a chapter on writing book reviews.

So, if you want to, use Amazon to find new patients. And if you have your own website, you can do the same thing. Take that picture, put it on a webpage and then copy paste your book review onto the page in the book. And your patients will start looking to you for what's the next best book to read about the things that are interesting to them.

## Amazon Affiliates and Building a Referral Practice

The other thing you can do, it won't make you rich living naked on an island somewhere. If you become an Amazon affiliate, you can find out how to do it in your chat. It'll take you 15 minutes to become an Amazon affiliate. Then what happens if someone clicks on this thing on your website, You get a piece of everything they buy. I think it's the next five for the next week or something like that. It isn't a lot, but it's something. And I got banned. You know, I've been banned from everything. I got banned from even doing that because of something I've goofed up with the bank about the EIN number for my company. And they tagged me as being fraudulent, criminal of some kind. So I'm banned from doing this. So if you buy a book from one of my sites, I'm not getting paid for it, but it's a cool thing to do. It doesn't take long to set up and then you can take, I don't have it. But if you have one of those accounts, there'll be a little button you click on that gives you the code. And then you copy paste that picture of the book shows up and then you can write about it and people buy it from you.

OK, so those are ways. And that's really how Bezos launched Amazon. A lot of people were trying to make a living as affiliates, and some did, but they'd have a whole website. So just about these are the books I think are great. If you want to scratch your left or whatever their specialty was and made money and Bezos became a billionaire. But there's still a possibility of doing that. So I didn't intend to spend that much time on that. But those are ways to use Amazon. And what prompted me to do it, of course, is if you look in the chat box, I've given you a link to George Ibrahim's book where he talks about male sexual function from the standpoint of a, used to be a professor. Now he's in private practice, but was a world renowned professor of urology at Duke. So it's a very strong background, a very brilliant book that will help you explain things to your patients.

OK, let's do the research, and then I'm going to give you something I've been working on literally for 20-something years, but I'm just now putting lessons from it into a course I'm going to give you that will help you with any business you're in.

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## Back to the Research: PRP for Hand Rejuvenation

All right, let's go back to the research first. You can find something more entertaining on Netflix, but I want this to be something that makes you smarter and more motivated as a healer and brings to you people who need what you know how to do.

Let's start with this one. This one about treating hands<sup>1</sup> brought back to mind my very first time using PRP. Rep comes into my office, says, use this like Juvederm, if you know the story. Use this like Juvederm. You get volume. Never been a side effect. And you get new blood flow. Something immediately that needs to go in my penis. But I'm going to do faces, as he's suggesting, for a while.

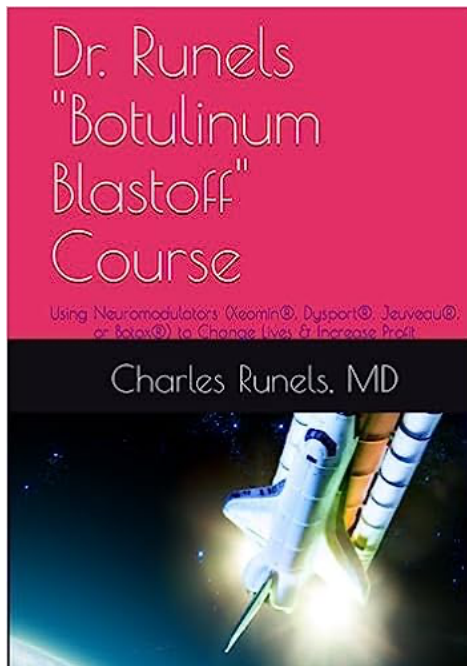
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<sup>1</sup> Liang et al., "Current Materials and Techniques in Cosmetic Hand Injections."

So I sent out an email and the company that was selling it was Cellful at the time. They were selling a tube that would process eight cc's of blood. That's all. You'd get about three or four cc's of PRP for \$375 for one tube. And they were first to market in this category so they could get it. And by the way, all those I just put them in or the ones we're about to talk about, just put them in the handout section. They're all open source so you can download them.

## Pricing PRP and First Clinical Experiences

All right. So sent out an email. They were recommending you price it at \$700. And that didn't feel right to me because that's just like Juvederm was at the time. And as you know, it's hard to make a living off of that because you have to retreat people and it takes a lot of time to do it right. And so I went three times cost of goods. So I priced it at \$1,500. And I had people come in. The book, I think it was four or five people the first day. And even though I was talking about the face, one of them asked that I treat her hands. It was remarkable.



The other one, without me asking, came in with a divot where she had had a cortisone injection in the left buttocks that left a defect where the fat atrophied, as it can happen when they miss the muscle. And I squirted a little there and that got better. So luckily, the very first day I had exposure to some of these things, but I don't talk about this one that much about hand injections.

I see people, of course, do this, excuse me, with calcium hydroxyapatite or Radiesse. I still like it with filler. And I'm pretty sure I have a video, but it's old. I need to re-update my video. But the way I do this is I take a Juvederm syringe.

I like Juvederm Ultra Plus, as you know. And I make small aliquots between the bones of the hand and smooth it out. And then I take PRP and I inject it on top. And it takes for about five cc's. You can do both hands and you'll need a syringe of Juvederm and charge them \$1,500. Or you can do it with just

PRP, which is what I did the first time and charged them \$600. And you'll get a great result. And it actually helps with some of the age spots.

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I need to do it myself. I'm looking down. Just turned 66. So now you have research to back it up. Another paper, there have been others, but it's recent. So remember this makes news.

So if you want to send a link to this, it's open source, and say, "Hey, we do this in the office. Give us a call."

You won't get a thousand calls, but this is a way to get a new patient in this week that you can help who doesn't know. I forgot we do this, and they will be reminded. Then set that up as an autoresponder. The way I teach it, let it go out. It's one of your emails automatically and you'll have people calling for this.

## **PRF vs. PRP: A Critical Distinction**

Okay. So that's that one. This one to do with, I got a call about this last week. Let me talk about PRF for a second.

No, here's the, here's the hard and fast rule. ***If you do a P-Shot® or an O-Shot® with PRF, you have not done an O-Shot® or a P-Shot®.*** You've done something.

I've gotten multiple emails where people have had trouble with PRF. And one from a patient who was very frustrated where the provider was using PRF.

And then one of our providers called about necrosis.

Meditate on that for a minute.

### ***Necrosis of the lip from using PRF in the lip.***

PRF is not PRP.

I think there's a place for it. If you know the anatomy and you use it in the right places in the right way, there's definitely a place for it. But I don't think it goes through a small needle into the clitoris. Imagine that same thing that happened in the lip happening in the clitoris.

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In my opinion, if it's a place where you need a small needle and where being in the wrong tissue plane could cause necrosis, go with PRP. With calcium chloride or gluconate or thrombin or something that activates it, but so that it flows through the needle in a very aqueous manner. You're not left with something that A could cause a necrosis, or B could have varying amounts of growth factors, plus or minus, depending on how it went.

And so the bottom line is, ***if you had some bad outcome using PRF, like a serious bad outcome with necrosis, you would have the first in the past 16 years ever in our group. But I would not be able to use our resources to take up for you because I would not be able to say you did an O-Shot® or a P-Shot®.*** I would say you did something that I don't recommend.

So if you do that, or if you use exosomes (without using PRP), use the hair of the spider or whatever crow's foot ground up, whatever the rep has convinced you to do. And the reason I sound irritated is one of our members called us last week, called me last week, said I had this bad outcome with pain and the person is bruised after an O-Shot®.

No bad sequelae, no, as far as necrosis or decreased function, just hurt for two days after she had more swelling than usual. And she had used PRF and I said, well, then you didn't do an O-Shot®. And I guessed

accurately that some drug rep had been probably selling that freaking device for a total of two months and has a new fancy car and a hairdo to pay for, told her that she could use PRF instead of PRP to do an O-Shot®. It's a lie and it's a destructive, dangerous lie.

Don't fall for it.

And on the other hand, if you're injecting the scalp, which got so much freaking blood flow in the ER, sewed up a lot of scalps. It's the craziest thing. So much blood comes out of the scalp. Or if you're, if you know what you're doing, you want to use it in the cheek or more appropriately use it where it was first developed for wound care and dentistry or distal extremities of people with poorly healing wounds with diabetes or something. Go for it.

### **PRF for Hair Restoration: A Note of Caution**

Okay. And that's what this paper is about. It's what reminded me of that disturbing phone call. She wouldn't give me the rep's phone number so I could call him or her and have a direct conversation, but she got the point. So, and as far as I know, no serious sequelaes. I'm waiting for follow-up, but please don't call it an O-Shot® or a P-Shot® if you use PRF. Okay. Back to this. But with hair, whatever, it seems like it might work in this study.<sup>2</sup> It worked better than PRP. I haven't seen other reports of this, but it seems to work better. We know PRP works with a stack of papers, but if you've got a PRF machine and you're looking for something to do with it, you have a nice paper here to support its use.

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### **Journal of Sexual Medicine Review: PRP for ED and Peyronie's Disease**

Okay. This one I love. And then one more, and then I'll show you what I'm going to give you. And I have six minutes to do it. All right. This one out of, I love it. The Journal of Sexual Medicine. It's out of sexual medicine. So, and it's a review article about the use of PRP for erectile dysfunction and Peyronie's disease.<sup>3</sup> And it's about what you would expect. And they talk about nanotechnology and exosomes and other things.

But when you say exosomes, that could be plants. It could be autologous. Excuse me. It could be a lot of different things. But if you say PRP, I know it came from the person's body. It's autologous and minimally manipulated. You may have varying amounts of white cells or red cells or varying concentrations of platelets, depending on how you made it. But I know what it is. I don't know exactly what it is when you have exosomes from so many different sources, some good, some bad, not so good.

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<sup>2</sup> Li et al., "Comparative Efficacy and Safety of Platelet-Rich Plasma (PRP), Injectable Platelet-Rich Fibrin (i-PRF) and Concentrated Growth Factors (CGF) for Female Pattern Hair Loss (FPHL)."

<sup>3</sup> Kaltsas and Hatzichristou, "Erectile Dysfunction and Peyronie's Disease."

So, they think that this is a nice review article and it's supportive. So, they point out the things we do. Lots of different ways that people are doing it. The only thing that I would call out here is that there's an ongoing call for more reliance on placebo arm, but that's pretty freaking hard to do.

So, yeah, they've got something to sell. But it's still good stuff. This is good stuff. It supports what we're doing. And the only part that I suppose bothers me is that no one seems to mention the fact that saline is not a placebo.

So, you can't do rigorous blinding and say when feasible, it ain't "feasible."

## **The Placebo Problem in PRP Research**

You could do a mimic perhaps if the person was blindfolded, then you could simulate a needle stick, which is something that feels sharp, but not put the needle in. But the needle itself causes a reaction from anybody who's had trigger point injections.

If you read that science, you'll see that the needle itself triggers metabolic changes.<sup>4</sup>

And of course, there's been acupuncture around for a couple of thousand years just from sticking a needle. So, a needle alone is not even a placebo, but you can mimic a needle with the sensation of something sharp without even puncturing the tissue. But then you couldn't double blind it. You can't double blind a hysterectomy. You just look and see the people get better. You can't double blind a cholecystectomy, but they quit having pain, and their pancreatitis goes away or whatever.

If it has a procedure component to it, as in hydrodissection is a component of our procedures, you can't double blind it, and you can't have a true injectable placebo because you get the hydrodissection.<sup>5</sup>

It still doesn't seem to be talked about. I think you're going to need to publish a paper that just talks about that.

The other thing, when they mention Peyronie's disease, they talk about injecting the plaque and that's how Dr. Virag did his original study.<sup>6</sup>

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<sup>4</sup> Tekin et al., "The Effect of Dry Needling in the Treatment of Myofascial Pain Syndrome."

<sup>5</sup> Asghar et al., "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars"; Bokey et al., "HYDRODISSECTION"; Bagherani and R Smoller, "Introduction of a Novel Therapeutic Option for Atrophic Acne Scars"; Searle et al., "Saline in Dermatologic Surgery"; El-Amawy and Sarsik, "Saline in Dermatology"; Saltzman et al., "The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis"; Cass, *Ultrasound-Guided Nerve Hydrodissection: What Is It? A Review of the Literature*.

<sup>6</sup> 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."

But many in our group are getting great results just by doing a standard [Priapus Shot® or a P-Shot®](#) and using a pump afterward.

That combination, without even having to visualize the plaque.

But if you want to inject the plaque, it's usually palpable. You don't have to be some great wizard, the gown and the gown examination wizard to find it either. **Most of the patients will show you. They'll say, here, you can feel it right here and they'll take their thumb and forefinger and show you,** and then you can feel it too.

So, if you want to inject the plaque, you don't even have to have an ultrasound to do it. You can feel when your needle's in it, and you know your needle's in it because it's difficult to inject fluid. You could argue you can't even really inject it, but you can puncture it at least and maybe inject as you're passing through it. So, those are some of the things I see as perhaps not so good about this article, but it is supportive and points out things we have noted about the need for more studies. Can't argue that. I'm a little bit, I have to write some sort of response to that part, but whatever.

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## **O-Shot® for Chronic UTIs**

Okay, and then last one, this one, I was not able to download, but I'll give you the link to it in the chat box right now,<sup>7</sup> but they mentioned something in this review article that I forget to talk about as well, which is that we have tremendous, tremendous real-world reports of people with chronic UTIs being helped by our O-Shot®. Not even having to do an injection into the bladder, just do a regular O-Shot®. I can't explain exactly. I could tell you reasons why I'm guessing it might help. I can't tell you exactly why, but this article backs that up. And so, if you're treating or if you want to talk about that being a possibility, you could put a link to that article in an email and shoot it out and you could get some phone calls.

[=> O-Shot® Procedure Information and Research <=](#)

## **Introducing the Profit Model Course**

Okay, last thing, I promised to give you something, and I've been, depending on how you want to count. I think there was somebody who did a painting, maybe it was Picasso or somebody. They asked him how long it took him to do the painting.

And he said, well, it's either five minutes or 30 years, depending on how it took him five minutes to do the painting, but of course, 30 minutes to get to the place where he could do the five-minute painting.

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<sup>7</sup> Glazer et al., "Platelet-Rich Plasma Therapy in Benign Bladder Diseases."

So, how you want to count, but I've been working for a couple of months on getting a course launched that I've really been practicing for the past 23 years.

Let me show it to you and I'll give you a login to it and then we'll call it a day. And this is a free login. Not trying to sell you something, but this is for being on the call today. So, I'm going to type the login address into the chat bar right now. I recommend that you please not share this because I am going to give it to some of our members, but I'm also going to sell it. So, keep this one to yourself. Hold on a second. Here we go. Make sure it's the right one. Yep, this is it. Okay. Nobody will have to approve it. You just put that in. It'll ask you for your name and it's in the chat bar now. Let me show you what I just gave you access to, but that you'll be able to put your info in and then it'll just take you there. All right. Let me show you what you got.

Okay. When you log in, you'll be, you may have to click a couple of times, but you'll see this page where I tell the whole story. But what happened when I went all cash, I'll save you the details. I'm going to do the promise you the one-minute version. Most of you know that I went broke twice. The first time I went broke was when I went all-in, and I did it purposefully. I didn't think 23 years ago that the model of trying to make it and do really good care and depend on insurance to keep me open would work. So, I fired all my patients, waited the six months out from the non-compete clause, then open back up all cash. That was 2003. And I did a lot of other things, but thankfully or 2002, Adrian Sluinski published this book, *The Art of Profitability*. And it came out as an audible version in 2003, same year that I quit. I think it came out as a book in 2002.

So, I bought it. Remember, where you are a year from now or five years from now depends on two things: who you hang out with and what books you read. Those are the two primary things. What books do you read and who do you hang out with? So, I paid over \$2 million in the past conservatively, a few decades to hang out in the room with people that know how to sell things and market things. And I bought a lot of books and a lot of software. And then this would be in the top five, that one book.

And in the opening chapter, he says, take a chapter a week and apply one profit model, which I'd tell you what it is in the course. And he tells you what it is in his book. Well, it runs out after 23 weeks, profit model per week to your practice.

And then he recommends that you develop your own profit models. So, I filled out the whole 52 weeks of the year. And then for the past 23 years, I have modified, added to, and thrown out the things that don't work so well. And I've gone through the first 23 weeks in his book and then finished out. So, for the past 23 years, at the beginning of every year, I pick a profit model in January for every week of the year, all through the last week of December.

[=>Model52™ <=](#)

And then I go through it, and it will change your life.

Now, [when I do workshops](#), I teach my top five or six. One of them is not in his book that I routinely teach. So, most of them are. And so, this course, once you get into it, I'll tell you that story, tell you what to buy. And then I skip you right over to week 18, which is where we are. I usually go, I count my weeks

from Sunday through Saturday, but if you want to do it Saturday through Sunday, however you want to do it. But either way, it's the 18th week of the year now. And so, I give you a video that's always going to be 30 minutes or less. I give you reading material, some of which was recommended by Mr. Sluinski, who is still an OG now, but he usually consults with huge companies like IBM and people like that with his firm that he started. He has a Harvard law degree and a Harvard business degree and has a huge firm that still operates. He's kind of the mascot now, but the guy's the real deal. So, I have books that go along with it and you'll be able to get my five notes marketing system for free because I gave you this, if you don't have it already.

And I go through that profit model in 30 minutes or less.

And then I tell you how to implement it. If you will do this once a week, just spend an hour on the course, which would be an hour to do this, like this lesson on the audible version of his book is 12 minutes. So, you could do the whole thing in less than an hour and then spend an hour, two, three, whatever you have time for that week, implementing that profit model. And then the next week, forget that one. And if you skip a week, forget it, just forget it until the next year. But if you'll rotate all 52, the best you can, I've never done anything perfectly in my life, but if you just do it the best you can, it will change your life.

I have to say this for legal reasons. Your results may vary, but I have many, many stories of people who've changed their lives, just implementing the six to 12 models that I usually teach in my workshops. S

o there, did I give you the link yet? Yeah, let's see. Make sure I gave you the right thing. Yep. There it is. So, check out the links in the chat box. It's free to you. Nobody's going to have to approve you. When you get in, you'll see that pick up. My recommendation is you pick a day of the week when you're going to spend an hour or so thinking about it, or two hours. If you're going to do it all at once, two hours, first thing in the weekend morning or 30 minutes every day before, you know, it'd be the most valuable time that you have that you spend. And you'll be able to do less of other things that you normally have to do during the week. I'm working through it again for the time. And finally, I've created a structure that I can tell you what I'm thinking as I go through it. So assuming I don't get shot or fall off a cliff or something or crash my boat, I'm going to go all the way through and hopefully you'll go with me.

## Q&A and Closing

**Charles Runels, MD:**

And I think with that, let's see if there are questions. No questions. So I hope that was helpful to you. Make sure you grab that link and I'll see you next week. Thank you. Bye.

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## Tags

PRP, platelet-rich plasma, O-Shot, Orchid Shot, P-Shot, Priapus Shot, Clitoxin, PRF, platelet-rich fibrin, PRF vs PRP, PRF necrosis, PRF lip necrosis, PRF complications, exosomes, erectile dysfunction, Peyronie’s disease, penile plaque, hydrodissection, placebo arm, saline placebo, blinding in PRP studies, Journal of Sexual Medicine, hand rejuvenation, hand PRP, calcium hydroxyapatite, Radiesse, Juvederm, Juvederm Ultra Plus, hand filler, age spots, chronic UTI, urinary tract infection, O-Shot UTI, female sexual dysfunction, vaginismus, hair restoration, PRF hair, PRP hair, alopecia, Amazon book review, Amazon affiliate, patient marketing, book review marketing, hormone replacement, testosterone, Suzanne Somers, Ayn Rand, Art of Nonfiction, Dr. George Ibrahim, urology, Duke University, male sexual health, profit model, Art of Profitability, Adrian Slywotzky, cash practice, medical business, physician marketing, practice growth, Charles Runels MD, CMA, Cellular Medicine Association, journal club, JCPM

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