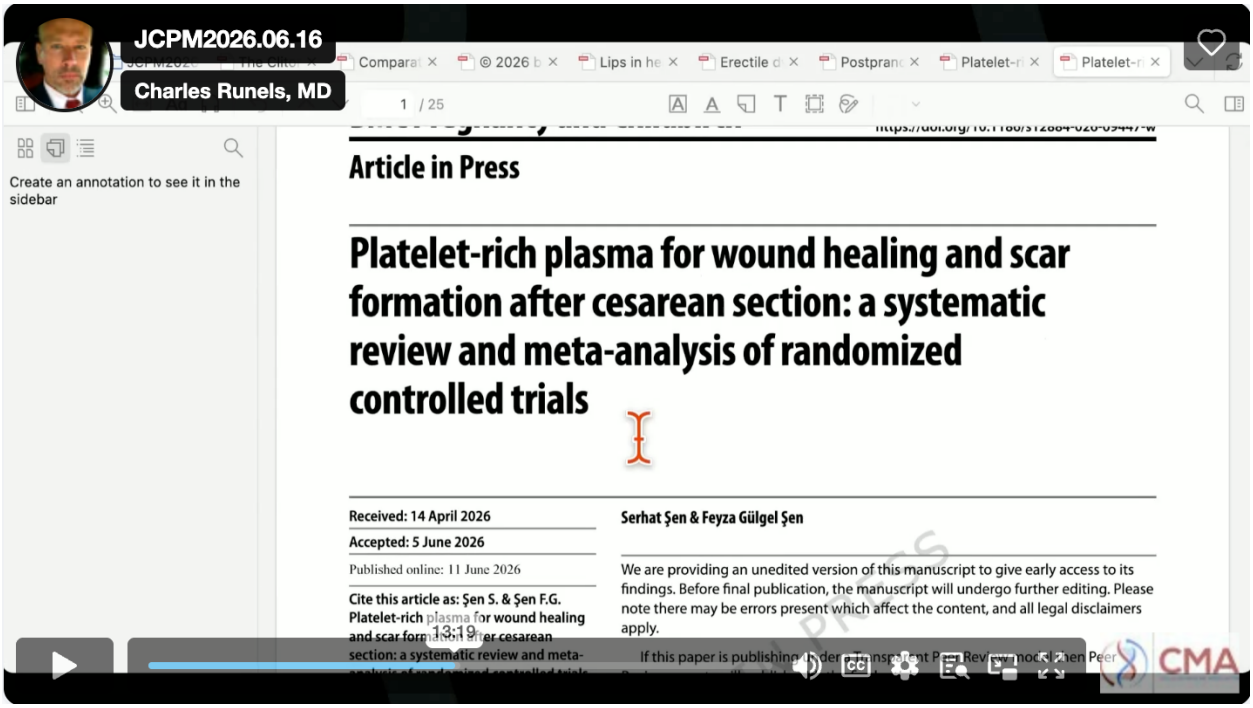
JCPM2026.06.16

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of June 16, 2026, with Charles Runels, MD.

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



Topics Covered

- Showers vs. Growers: Penile Proportion, the Tunica Albuginea, and the Penis Pump
- Draining a Baker Cyst with PRP — and What It Means for Bartholin's Cysts
- PRP in Hyperlipidemia: What to Do About Milky Plasma
- The Counter-Argument Paper: PRP for Erectile Dysfunction in Urology
- PRP for C-Section Healing (and an O-Shot® Add-On for Delivery)
- Comparing the Botulinum Toxins: Xeomin, Dysport, Botox, and Daxxify
- Using AI as a Tool, Not a Substitute for You
- Penile Fracture Repair After Xiaflex for Peyronie's
- Dyspareunia After Pelvic Radiotherapy for Rectal Cancer

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. Don't let that long list scare you. There were quite a number of papers this week that I thought were wonderful, but I'll still just touch on them quickly and tell you which ones I think really relate to which procedure and why. Then, if you want to dive deeper, you'll know where to go. And even if you don't dive deeper, you'll find some things today that I think you'll consider very helpful.

Showers vs. Growers: Penile Proportion, the Tunica Albuginea, and the Penis Pump

This first one I thought was wonderful, because it's about guys my dad used to call the "bank walkers." [When you're in rural Alabama and swimming in the creek,] The bank walkers are the ones who are proud of what they have; then you have the ones who are embarrassed, so they wade around in the cold water so nobody can see.

Well, are there actually people whose erect penis is out of proportion to their non-erect penis?

What they found was that there's actually some truth to it.[1]

This was 420 men, and their conclusion was that the growth patterns were associated with tunica albuginea compression, and that reduced compression was associated with a venous leak. They also showed that thickness varied: people who were "showers" had thinner tunica albuginea, allowing it to grow more. And of course, a venous leak is going to make it grow less proportionally.

That was interesting. I'd always thought that if your flaccid penis isn't as big, your erect penis probably isn't going to be as big either, but not so. I think this also makes the case for why you might want to use a penis pump (we've talked about this before). When you're using that pump, you're basically stretching out the tissue like you would a hard-to-blow-up party balloon, which makes sense because it effectively thins the tissue.

So this is important. I don't know if I've ever shown you guys this, but if you go to priapusshot.com/pump, I built something you can show your patients. There's a 30-minute lecture right there about why the pump might be helpful, and I go into the physics of balloons, how anaerobic conditions trigger growth, and why it might work.

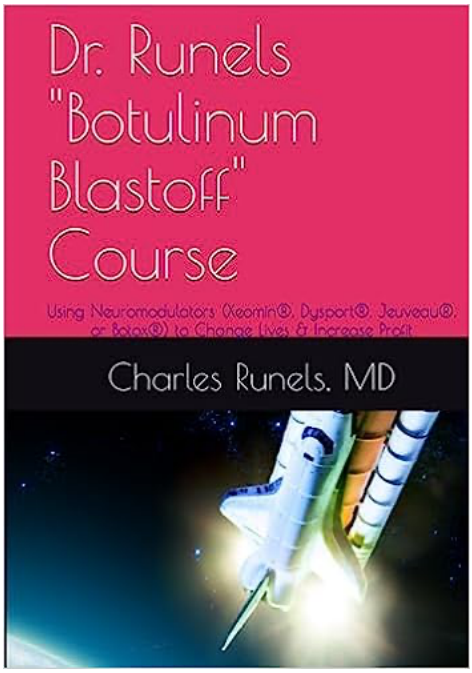
---

[1] García-Gómez et al., "Grower or Shower."

There's the outline right there: safety, how to use it. So if you put a patient on a penis pump, you can send them to this page, and I'll explain to them why it might be helpful.

You could do your own version of that, and that's good. You're in the group; I don't care, copy everything I do and put it on your website.

But until then, you can send them there or tell them about it after you do a P-Shot® and put them on a penis pump. Remember, the British Journal of Urology showed, now over 10 years ago, that in men with Peyronie's disease, just a pump twice a day for 10 minutes was enough to improve symptoms that 51 percent canceled their surgery for Peyronie's disease.[2]



And if you were here last week, you saw the paper we reviewed, where surgical treatment of Peyronie's gave you a 22 percent chance of developing erectile dysfunction if you had normal function when you had the surgery.[3]

Draining a Baker Cyst & Adding PRP — and What It Means for Bartholin's Cysts

I put this one in here because, if you've done family practice or worked in the ER or orthopedics at all, you know a Baker cyst can rupture and be an acute, painful knee. They showed here that if you drain a Baker cyst versus drain it and instill PRP, you get more rapid healing with less pain.[4]

Most of us are not draining Baker cysts. It used to be something I might do in the emergency room, but I was more likely to see them after an acute rupture. I've carefully watched the orthopedic literature, because they're at least 10, maybe 20 years ahead of what we're doing in aesthetics, urogynecology, and erectile dysfunction. So that's worth knowing about, because of the ways it may apply to what we do.

We don't have Baker cysts, but we have cysts, right?

A Bartholin's gland cyst, for example: draining a Bartholin's gland cyst and then instilling PRP might create a more rapid and less painful healing for those of you who treat that occasionally.

Something else I used to treat in the ER.

---

[2] Raheem et al., "The Role of Vacuum Pump Therapy to Mechanically Straighten the Penis in Peyronie's Disease."

[3] Sarna et al., "Plaque Incision and Grafting for Peyronie's Disease."

[4] Akarsu et al., "Ultrasound-Guided Aspiration of Baker's Cyst Combined With Intracystic Platelet-Rich Plasma Injection in Knee Osteoarthritis."

PRP in Hyperlipidemia: What to Do About Milky Plasma

This one brings up something that's been asked, and the first time I was asked it, I didn't know the answer, so I had to go read. So it's not just what you tell me, it's what you ask me that prompts me to go read and bring it back to you.

Sometimes you'll draw the blood and spin your whole blood, and you'll wind up with platelet-rich plasma that looks milky, because the patient has a severe hyperlipidemia. As they say in the discussion, there's not much data, but in vitro studies suggest it may reduce effectiveness.[5] I've treated a number of people over the past decade-plus, maybe a dozen, who had that scenario, and they did fine, they did well. But I haven't done the study to see how efficacy of the PRP shot with hyperlipidemia compares with efficacy without it. The common-sense suggestion is that maybe they should just not eat, or at least not eat anything fatty, for 8 to 12 hours beforehand.

So that's a scenario to plan for. Hopefully you get it on history before they ever show up, but that may not happen.

So if you draw the blood, spin it, and see that milky plasma, their suggestion is that you could bring them back and tell them not to eat any fatty foods, or just to fast, for 8 to 12 hours. Well, that's simple, as good ideas usually are. I didn't think of that the last time we discussed this, but it's worth thinking about. So there's another answer to that dilemma.

The Counter-Argument Paper: PRP for Erectile Dysfunction in Urology

I put this one here[6] because it's counter to what we're doing, and it's so interesting. For example, two meta-analyses show that PRP in the corpus cavernosum is effective.[7]

There was one study that showed it was not effective in a placebo-controlled, double-blind trial — one; but in that study, they used half the amount of PRP we use, they did not activate the PRP with CaCl (we do), and saline was the placebo, which is not a placebo; it's another treatment.[8]

---

[5] Queen and Avram, "Postprandial Lipemia and Suboptimal Platelet-Rich Plasma Preparation."

[6] Huang et al., "Platelet-Rich Plasma in Selected Urological Conditions."

[7] Hinojosa-Gonzalez et al., "Regenerative Therapies for Erectile Dysfunction"; Du and Liang, "A Meta-Analysis and Systematic Review of the Clinical Efficacy and Safety of Platelet-Rich Plasma Combined with Hyaluronic Acid (PRP + HA) versus PRP Monotherapy for Knee Osteoarthritis (KOA)"; Narasimman et al., "A Primer on the Restorative Therapies for Erectile Dysfunction"; Siroky and Azadzoi, "Vasculogenic Erectile Dysfunction," 2003; Javier et al., "(219) AUTOLOGOUS PLATELET-RICH PLASMA IMPROVES ENDOTHELIAL AND TADALAFIL-INDUCED RELAXATIONS IN CORPUS CAVERNOSUM FROM PATIENTS WITH ERECTILE DYSFUNCTION"; Anastasiadis et al., "Erectile Dysfunction"; Siroky and Azadzoi, "Vasculogenic Erectile Dysfunction," 2003.

[8] 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

So there was another variable that just seems to get overlooked when people talk about that paper.

If I'm on Viagra and you allow me to stop it the same day you give me a P-Shot®, that's two variables. If you're part of a group, you know that what we do is have them stay on the medication, whatever they're doing, Trimix or a PDE5 inhibitor. Then, as things start to improve — which usually starts around the third week, not that day — they can start to taper off the medication, and that's just one variable: you added a P-Shot® to what they're normally doing.

If you're going to do more than one variable, I think it should be positive things: let's start you on testosterone, start walking every day, do a P-Shot®, make sure you don't have hyperprolactinemia, and make sure your estradiol isn't too low.

Are you on blood pressure medication that needs to be swapped? Antidepressants that need to be swapped around?

All those things you know to do to make things better. But to make something worse at the same time you're making it better is two variables, and that's what was done in the one that didn't work: there was no statistical difference between the "placebo" and the treatment arm. But at six months, the increase in score was only two in the placebo arm and five in the treatment arm. Both were statistically significant compared to baseline. Both treatment arms worked (improved IIEF-EF), and PRP worked better than placebo, even at a half dose and without activation.

Other double-blind, placebo-controlled studies, even though they were using saline, did work.[9]

Acne Scars"; Searle et al., "Saline in Dermatologic Surgery"; El-Amawy and Sarsik, "Saline in Dermatology"; Tekin et al., "The Effect of Dry Needling in the Treatment of Myofascial Pain Syndrome"; Wang et al., "Trigger Point Injection."

[9] Javier et al., "(219) AUTOLOGOUS PLATELET-RICH PLASMA IMPROVES ENDOTHELIAL AND TADALAFIL-INDUCED RELAXATIONS IN CORPUS CAVERNOSUM FROM PATIENTS WITH ERECTILE DYSFUNCTION"; Narasimman et al., "A Primer on the Restorative Therapies for Erectile Dysfunction"; Chung, "A Review of Current and Emerging Therapeutic Options for Erectile Dysfunction"; Taş et al., "Early Clinical Results of the Tolerability, Safety, and Efficacy of Autologous Platelet-Rich Plasma Administration in Erectile Dysfunction"; Ruffo et al., "Effectiveness and Safety of Platelet Rich Plasma (PrP) Cavernosal Injections plus External Shock Wave Treatment for Penile Erectile Dysfunction"; Du et al., "Efficacy of Platelet-Rich Plasma in the Treatment of Erectile Dysfunction"; Anastasiadis et al., "Erectile Dysfunction"; Chung, *Medical Sciences A Review of Current and Emerging Therapeutic Options for Erectile Dysfunction*; Schirmann et al., "Pilot Study of Intra-Cavernous Injections of Platelet-Rich Plasma (P-Shot®) in the Treatment of Vascular Erectile Dysfunction"; Poulios et al., "Platelet-Rich Plasma (PRP) Improves Erectile Function: A Double-Blind, Randomized, Placebo-Controlled Clinical Trial"; Masterson et al., "Platelet-Rich Plasma for the Treatment of Erectile Dysfunction"; Chung et al., "Regenerative Therapies as a Potential Treatment of Erectile Dysfunction"; Hinojosa-Gonzalez et al., "Regenerative Therapies for Erectile Dysfunction"; Francomano et al., "Regenerative Treatment with Platelet-Rich Plasma in Patients with Refractory Erectile Dysfunction"; Matz et al., "Safety and Feasibility of Platelet Rich Fibrin Matrix Injections for Treatment of

Now, look at this conclusion: I want to present counterarguments to what we're doing—not hide them, but present them and discuss them. "PRP remains an investigational therapy in urology. Its biological rationale is compelling." By the way, none of the studies show any significant downsides, no serious sequela. "The current clinical evidence is insufficient to support broad routine use. Future progress depends on standardized PRP characterization, reporting, disease-specific sham-controlled trials, consistent outcome measures, and longer follow-up."

Here's the thing***: we have a protocol*** — the standardized PRP characterization and reporting. We have protocols. And what does the rest of it actually mean?

A sham-controlled trial doesn't show what it's supposed to when a placebo does almost as well, if it's not really a placebo. We have studies showing that even just needling triggers a regenerative process.[10] So even if you just stick a needle in soft tissue — saline through an IV compared to a drug is a placebo, but not when you're hydrodissecting tissue.

The other thing is that the first-line therapies out there are not disease-reversing. PDE5 inhibitors and Trimix don't arrest or slow the pathophysiology if it's neurovascular.

What we're doing is a targeting mechanism. So it doesn't negate what they've said, but it's another reason to do what we're doing.[11]

Here's the main thing I'm trying to get to. If you're practicing ahead of a formal guideline endorsement, that's normal and legitimate. We do things off-label. In some studies, 40 percent of the drugs family practitioners prescribe are off-label.[12]

So what you're doing in the clinic doesn't have to match the formal guideline endorsements. Once that happens, insurance is on the hook to pay us; while someone's paying us, we can charge what it's worth, and we can give it away to those who can't afford it.

Common Urologic Conditions."; Hu et al., "The Effect of Platelet-Rich Fibrin on the Biological Properties of Urothelial Cells"; Yogiswara et al., "The Potential Role of Intracavernosal Injection of Platelet-Rich Plasma for Treating Patients with Mild to Moderate Erectile Dysfunction"; Siroky and Azadzoi, "Vasculogenic Erectile Dysfunction," 2003; Garcia et al., *Treatment of Erectile Dysfunction in the Obese Type 2 Diabetic ZDF Rat with Adipose Tissue-Derived Stem Cells*; Towe et al., "The Use of Combination Regenerative Therapies for Erectile Dysfunction."

[10] Wang et al., "Trigger Point Injection"; Tekin et al., "The Effect of Dry Needling in the Treatment of Myofascial Pain Syndrome."

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

[12] Moulis et al., "Off-Label and Unlicensed Drug Use in Children Population"; Commissioner, "Understanding Unapproved Use of Approved Drugs 'Off Label'"; Beitzel et al., "US Definitions, Current Use, and FDA Stance on Use of Platelet-Rich Plasma in Sports Medicine"; Hames and Wynne, "Unlicensed and Off-Label Drug Use in Elderly People."

So the society bodies haven't endorsed it for routine use. That still does not mean we can't, as licensed doctors, offer it to an informed, consenting patient. We can. Those two things are not in conflict. To make sure it's done properly, we just need a consent form, and the more candid it is, the more defensible it is.

So we have a strong consent form — use it.

We list just about everything that could ever go wrong. And even though the FDA has said in black and white that it does not regulate PRP — we don't have to guess at that, it's in black and white — we still say that the FDA hasn't endorsed it, just so people know that, and you can say that the controlled trials are still inconclusive.[13]

At the same time, we have thousands of physicians literally in our group, not counting the knock-offs of what we started. So, this isn't going away. It's just not to the point where Blue Cross is going to start paying for it. That's the way I'm looking at it, and I think that's a safe way to think about it.

So let's go to the next one. I always want to show you what's counter to what we're doing, and that can be disheartening. On the one hand, you need good enemies to keep you smart. I wouldn't say enemies, but counter-thought makes you smarter, because it challenges you to read more, think more, and move science forward.

PRP for C-Section Healing (and an O-Shot® Add-On for Delivery)

We do a hands-on workshop — it used to be every month, but now it's every other month, and I'm doing one next month. In the workshop we did last week, there were two gynecologists, amazing, brilliant ladies from Louisiana, and they're still delivering babies. They're working hard, 24/7, like many of you — sleeping some, but often working, sleeping every second or third day, delivering children.

Here's a nice article on how PRP can help with healing after a C-section.[14]

It's a review article and meta-analysis because there have been many of these studies. I won't go into it any more than to say you've got strong reasons to ask your hospital to allow that in your labor-and-delivery room, or in the OR where you do your C-sections.

We had a physician pass through our workshop, I guess five or six years ago now, who went all-cash as an OB-GYN. He's still delivering children, but he decided to do it outside insurance—offer it free to those he wanted to treat as charity, and charge what it's worth to those who could afford it, which

---

[13] Beitzel et al., "US Definitions, Current Use, and FDA Stance on Use of Platelet-Rich Plasma in Sports Medicine"; *Regulatory Considerations for Human Cells, Tissues, and Cellular and Tissue-Based Products: Minimal Manipulation and Homologous Use; Guidance for Industry and Food and Drug Administration Staff,.*

[14] Şen and Şen, "Platelet-Rich Plasma for Wound Healing and Scar Formation after Cesarean Section."

meant they got more attention and a lot of other things. If you're doing a cash practice for obstetrics, this could be part of the "more" that you provide.

If I were going to do that, I'd also offer a routine O-Shot® around the urethra, and even augment it with PRP posteriorly and in some of the muscles, to help recovery from a vaginal delivery.

That could be added to an insurance practice, too. Since insurance doesn't pay for it, you could have an insurance-paid delivery and then offer an add-on — treating the wound, the pelvic floor, the introitus, and a regular O-Shot® — all while the woman is anesthetized, for a possibly better outcome.

Comparing the Botulinum Toxins: Xeomin, Dysport, Botox, and Daxxify

This is a review, and it is the best I've seen lately.[15] I'll give you the link to it. Without a doubt, it's the best recent comparison of the different FDA-approved, market-available botulinum toxins.

I get this question a lot: why choose Xeomin versus Dysport versus Botox? This is a really beautiful review of why one might work better than another, depending on the indication.

My sweet wife has come to the conclusion — we haven't done this study yet — that one of the botulinum toxins works better than the others for treating sexual dysfunction with botulinum toxin in women. Her observation has been that Daxxify works great cosmetically, but is not performing as well for sexual function, and she's got some reasons for that. It makes sense, and this paper supports that idea.

So we're mostly using Xeomin® or Botox® these days. You could use Dysport, but I think Daxxify, although it's a great choice for aesthetic use, might work less effectively for sexual function. It's anecdotal, but it makes sense why it might, and it has to do with autonomic tone.

I think I had to pay $30 or so for this article because it wasn't open source. Let me give you the link if you want to go through it.

But if you want the quick version: your best bang for the buck for cosmetic work is Daxxify or Xeomin, and for sexual dysfunction it's Xeomin or Dysport.

Botox probably works very well for all of it, but they get you on the price.

Using AI as a Tool, Not a Substitute for You

In this past hands-on workshop, I always do a marketing piece, and it evolves as the technology evolves and as our procedures evolve. Some of you know that I've built the websites and handle the marketing

[15] Chaudry et al., "Neuromodulators for Facial Aesthetics."

myself, and recently I've gone back to experimenting with paid advertising, though I really haven't done much of that at all.

In other words, I understand the software, and I spend a lot of time and money on it trying to figure out what's best, and I'll give you some ideas.

This past workshop, I showed some of the tools I'm using now. I've bought more than a dozen different AIs — of course I have Claude and ChatGPT, but I also have Julius and a dozen others that I play around with.

I went through my top two or three and how I'm using them, and it was well received. So I think I'm going to do a separate meeting, maybe 30 minutes to an hour, just on that sometime in the future. Watch your email. It'll probably be tied to the 5-Notes marketing system most of you have. If you don't have that, call our group or our headquarters, or email us to let them know you want it, and they'll help you get signed in. I don't want to talk about it here because it's just for our members, and sometimes non-members hear these recordings.

I don't claim to be an expert on these large language model AI bots, but I'm spending quite a bit of time thinking about them, and I'll show you my favorite tools and how I'm using them as a physician.

Here's the thing to watch out for. I just read an article about the 4-Hour Workweek guy (Tim Ferris), who's made many millions online with his podcast, and he said that in the past year, his book sales have tanked. Why buy the book and read it when you can ask AI to tell you how to apply it?

So nonfiction books are tanking — and I don't mean 5 percent, I mean a 25 percent to 50 percent decrease in sales. Tim Ferriss is a smart guy. He has a very popular podcast and several nonfiction books that have sold well, but he says sales have been off by 25% to 50% in the past year.

Elon Musk read Tim Ferriss's 4-Hour Workweek — not to learn how to work four hours.

He said nobody changes the world working even 40 hours a week. He works a lot more than that. But he took what he learned in the 4-Hour Workweek and applied it to build, ***as a part-time job***, his SpaceX business, which has now made him a trillionaire, on 10 hours a week, because he had so many other things he was doing.

So what's the fix, and how does it relate to the people on this call?

It's very simple: ***your patients want to see you.***

You can use the chat, or the large language models — which is why I brought this up — to help follow up with people in some way. But what people want is a real person. They want a real personality, and your patients want to know that you are in that language model.

One of our smart physicians installed an app on his website that impersonates him. But it's able to pretend because he created the content that's on that website.

One of the gurus I studied under said, "You need at least 10 times as much stuff put into the large language model, into the AI — for every word you want it to send out, you need 10 words that you taught it."

And the other thing is that even when it talks about something — I've given you emails that were written for the research we're looking at, and some of it I wrote, and some of it was me writing along with the AI, but with every one of them I've asked you to please put yourself in it. That means your name and phone number, of course, but it also needs to be you adding your experience: the patient you saw, what happened, the fact that you've seen 10 people with this, the before-and-after picture you saw. When people just see a generic thing come through, and not a person in it, it's AI — and that's not what they're paying you for.

They could just pull up their own ChatGPT instead of going to you. So that's part of what I want to show you in a whole separate meeting: how to use it as a tool, not as a substitute for you, so that your people will still show up and not feel like you're just a cardboard person.

Penile Fracture Repair After Xiaflex for Peyronie's

I wanted to cover one on penile fracture repair. I'd been talking to one of the gurus in sexual medicine about my concern over penile fracture with Xiaflex and Peyronie's disease. The research is somewhere around 1.5 to 2 percent that you get a penile fracture, and he just scoffed at my concern and said, "Well, it's not that big a deal. If we need to, we can fix it with an implant, and not everybody needs an implant."

Well, this last paper, last week, showed that in men who have sex with men, the fracture rate is more like 11 percent.[16] The numbers participating in the study were small but statistically significant: 11 percent of those treated with Xiaflex for Peyronie's got a penile fracture.

So if that must be repaired, what's the scoop on it?

This is an editorial on a 182-patient retrospective study, and the main point is that after surgical repair, erectile dysfunction was 16 percent, and penile curvature was 10 percent.[17]

That's what you're looking at post-op. So if you crack that thing — if you get Xiaflex and it cracks and you fracture it and you have to go for surgery — you're looking at somewhere pushing 15 to 20 percent, close to a one-in-five chance, that you're going to have ED. So you went from a crooked pencil to a limp noodle.

---

[16] Miller et al., "Efficacy and Safety of Collagenase *Clostridium Histolyticum* in Men Who Have Sex with Men."

[17] Ajeet Singh and Redmond, "Comment On."

And then the next step, of course, is going to be a penile implant.[18]

So it's not a benign thing. If I had Peyronie's, the question I'd want to know is those numbers, so I get to decide.

Do I really want my first choice to be Xiaflex, which carries somewhere between 2 and 11 percent chance of penile fracture, which then gives me a one-in-five chance of ED?

And I'm also still concerned that I can't find another country outside the US — not Europe, Japan, or Canada — where it's still on formulary. Collagenase clostridium histolyticum, sold as XIAFLEX® in the U.S. and Xiapex® in Europe, was withdrawn or discontinued from normal commercial availability in Europe, Canada, Australia/New Zealand, and parts of Asia/Pacific by 2019–2020, *apparently* for "commercial" rather than safety reasons. The strongest single-source statement is from Dupuytren Research Group, while Health Canada, Medsafe New Zealand, EMA, and Tanner Pharma provide country/region-specific confirmation.

Dyspareunia After Pelvic Radiotherapy for Rectal Cancer

I just wanted to mention this one. It has to do with women who have pain with sex after being treated with pelvic radiotherapy.[19]

We see this both for rectal cancer and for breast cancer in women, but this one is specifically for rectal cancer. We've had people with dyspareunia come in to see our doctors, and I've had multiple anecdotal reports that our O-Shot® has helped them with their dryness and dyspareunia.[20]

That's not what this paper is about; I bring it here just to remind you that this is a side effect, and that if a patient has been treated for rectal cancer with radiation, there's a very good chance their sex life is going to be impacted — and you have help for that. So that's worth talking about.

All right, I sure hope that was helpful to you. Thank you for being on the call. Have a great week.

And watch your email — I'll send one out for the webinar where we talk about the new AI chatbots. So long.

=> Apply for *Online Training for Multiple PRP Procedures* <=

---

[18] Cocci et al., "Penile Prosthesis Implantation"; Wong et al., "Under-Recognized Factors Affecting Penile Implant Satisfaction in Patients."

[19] Kanyilmaz et al., "Evaluation of Sexual Life Quality and Vaginal Dose-Volume Relationship in Female Rectal Cancer Patients Treated with Pelvic Radiotherapy."

[20] Saleh and Abdelghani, "Clinical Evaluation of Autologous Platelet Rich Plasma Injection in Postmenopausal Vulvovaginal Atrophy"; Chen et al., "Platelet-Rich Plasma for Genitourinary Syndrome of Menopause in Breast Cancer Survivors."

=>Benefits of the Cellular Medicine Association<=

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

References

Ajeet Singh, Roshan, and Elaine Redmond. "Comment on: Long-Term Outcomes and Risk Factors for Erectile Dysfunction and Penile Curvature after Surgical Penile Fracture Repair." *International Journal of Impotence Research*, ahead of print, June 15, 2026. https://doi.org/10.1038/s41443-026-01297-6.

Akarsu, Oğuz, Ayhan Aşkin, Korhan Barış Bayram, Dilek Mert, and İlker Şengül. "Ultrasound-Guided Aspiration of Baker's Cyst Combined With Intracystic Platelet-Rich Plasma Injection in Knee Osteoarthritis: A Randomized Controlled Trial." *American Journal of Physical Medicine & Rehabilitation*, ahead of print, June 15, 2026. https://doi.org/10.1097/PHM.0000000000003065.

Anastasiadis, Eleni, Razna Ahmed, Abbas Khizar Khoja, and Tet Yap. "Erectile Dysfunction: Is Platelet-Rich Plasma the New Frontier for Treatment in Patients with Erectile Dysfunction? A Review of the Existing Evidence." *Frontiers in Reproductive Health* 4 (August 2022): 944765. https://doi.org/10.3389/frph.2022.944765.

Asghar, Aneela, Zahid Tahir, Aisha Ghias, Usma Iftikhar, and Tahir Jameel Ahmad. "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars." *Annals of King Edward Medical University* 25, no. 2 (2019): 2. https://doi.org/10.21649/akemu.v25i2.2867.

Bagherani, Nooshin, and Bruce R Smoller. "Introduction of a Novel Therapeutic Option for Atrophic Acne Scars: Saline Injection Therapy." *Global Dermatology* 2, no. 6 (2016). https://doi.org/10.15761/GOD.1000159.

Beitzel, Knut, Donald Allen, John Apostolakos, et al. "US Definitions, Current Use, and FDA Stance on Use of Platelet-Rich Plasma in Sports Medicine." *The Journal of Knee Surgery* 28, no. 1 (2015): 29–34. https://doi.org/10.1055/s-0034-1390030.

Bokey, E. L., J. P. Keating, and P. Zelas. "HYDRODISSECTION: AN EASY WAY TO DISSECT ANATOMICAL PLANES AND COMPLEX ADHESIONS." *ANZ Journal of Surgery* 67, no. 9 (1997): 643–44. https://doi.org/10.1111/j.1445-2197.1997.tb04616.x.

Chaudry, Aysham, Alexandra DeVries, Wilhelmina Lam, Alec Lawson, and Mark S. Nestor. "Neuromodulators for Facial Aesthetics: Key Clinical Postulates." *Journal of Craniofacial Surgery*, ahead of print, June 16, 2026. https://doi.org/10.1097/SCS.0000000000013067.

Chen, Anita H., Emanuel C. Trabuco, Saranya Chumsri, et al. "Platelet-Rich Plasma for Genitourinary Syndrome of Menopause in Breast Cancer Survivors." *Obstetrics & Gynecology*, ahead of print, September 19, 2025. https://doi.org/10.1097/AOG.0000000000006081.

Chung. "A Review of Current and Emerging Therapeutic Options for Erectile Dysfunction." *Medical Sciences* 7, no. 9 (2019): 91. https://doi.org/10.3390/medsci7090091.

Chung, Doo Yong, Ji-Kan Ryu, and Guo Nan Yin. "Regenerative Therapies as a Potential Treatment of Erectile Dysfunction." *Investigative and Clinical Urology* 64, no. 4 (2023): 312–24. https://doi.org/10.4111/icu.20230104.

Chung, Eric. *Medical Sciences A Review of Current and Emerging Therapeutic Options for Erectile Dysfunction*. 2019, 1–11.

Cocci, Andrea, Paolo Capogrosso, Suks Minhas, et al. "Penile Prosthesis Implantation: A Systematic Review of Intraoperative and Postoperative Complications." *International Journal of Impotence Research*, ahead of print, June 13, 2025. https://doi.org/10.1038/s41443-025-01108-4.

Commissioner, Office of the. "Understanding Unapproved Use of Approved Drugs 'Off Label.'" FDA, FDA, April 18, 2019. https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label.

Du, Dan, and Yuan Liang. "A Meta-Analysis and Systematic Review of the Clinical Efficacy and Safety of Platelet-Rich Plasma Combined with Hyaluronic Acid (PRP + HA) versus PRP Monotherapy for Knee Osteoarthritis (KOA)." *Journal of Orthopaedic Surgery and Research* 20, no. 1 (2025): 57. https://doi.org/10.1186/s13018-024-05429-w.

Du, Shaokang, Shiwei Sun, Fuyu Guo, and Hongyao Liu. "Efficacy of Platelet-Rich Plasma in the Treatment of Erectile Dysfunction: A Meta-Analysis of Controlled and Single-Arm Trials." *PLOS ONE* 19, no. 11 (2024): e0313074. https://doi.org/10.1371/journal.pone.0313074.

El-Amawy, Heba Saed, and Sameh Magdy Sarsik. "Saline in Dermatology: A Literature Review." *Journal of Cosmetic Dermatology* 20, no. 7 (2021): 2040–51. https://doi.org/10.1111/jocd.13813.

Francomano, Davide, Stefano Iuliano, Federico Dehò, et al. "Regenerative Treatment with Platelet-Rich Plasma in Patients with Refractory Erectile Dysfunction: Short-Term Outcomes and Predictive Value of Mean Platelet Volume." *Minerva Endocrinology*, ahead of print, September 2023. https://doi.org/10.23736/S2724-6507.23.04060-5.

Garcia, MM, TM Fandel, G. Lin, et al. *Treatment of Erectile Dysfunction in the Obese Type 2 Diabetic ZDF Rat with Adipose Tissue-Derived Stem Cells*. 2010, 14.

García-Gómez, Borja, Miguel Jarillo-Ochoa, Esther García-Rojo, Guillermo Celada-Luis, Javier Romero-Otero, and Manuel Alonso-Isa. "Grower or Shower: Is It Even a Thing? Penile Growth Patterns and Erectile Dysfunction Aetiology in Growers and Showers." *Andrology*, ahead of print, June 16, 2026. https://doi.org/10.1111/andr.70284.

Hames, A., and H. A. Wynne. "Unlicensed and Off-Label Drug Use in Elderly People." *Age and Ageing* 30, no. 6 (2001): 530–31. https://doi.org/10.1093/ageing/30.6.530-a.

Hinojosa-Gonzalez, David E., Gal Saffati, Daniela Orozco Rendon, et al. "Regenerative Therapies for Erectile Dysfunction: A Systematic Review, Bayesian Network Meta-Analysis, and Meta-Regression." *The Journal of Sexual Medicine*, October 17, 2024, qdae131. https://doi.org/10.1093/jsxmed/qdae131.

Hu, Shaohua, Zhenli Zhao, Zhisheng Wan, et al. "The Effect of Platelet-Rich Fibrin on the Biological Properties of Urothelial Cells." *Scientific Reports* 14, no. 1 (2024): 24527. https://doi.org/10.1038/s41598-024-75699-1.

Huang, Long, Zongshuai Gao, Xiang Ren, Zhufan Xu, and Changtai Zhu. "Platelet-Rich Plasma in Selected Urological Conditions: A Narrative Review of Biological Rationale, Current Evidence, and Limitations." *Translational Andrology and Urology* 15, no. 5 (2026): 182–182. https://doi.org/10.21037/tau-2026-1-0084.

Javier, Angulo, Fernández-Pascual Dr. Esaú, Curvo Dr. Raphael, et al. "(219) AUTOLOGOUS PLATELET-RICH PLASMA IMPROVES ENDOTHELIAL AND TADALAFIL-INDUCED RELAXATIONS IN CORPUS CAVERNOSUM FROM PATIENTS WITH ERECTILE DYSFUNCTION." *The Journal of Sexual Medicine* 20, no. Supplement_4 (2023): qdad062.007. https://doi.org/10.1093/jsxmed/qdad062.007.

Kanyilmaz, Gul, Hatice Halis, Ozlem Ay, et al. "Evaluation of Sexual Life Quality and Vaginal Dose-Volume Relationship in Female Rectal Cancer Patients Treated with Pelvic Radiotherapy." *Indian Journal of Cancer* 63, no. 1 (2026): 76–81. https://doi.org/10.4103/ijc.ijc_764_24.

Masterson, Thomas A., Manuel Molina, Braian Ledesma, et al. "Platelet-Rich Plasma for the Treatment of Erectile Dysfunction: A Prospective, Randomized, Double-Blind, Placebo-Controlled Clinical Trial." *Journal of Urology*, April 30, 2023, 10.1097/JU.0000000000003481. https://doi.org/10.1097/JU.0000000000003481.

Matz, Ethan L., Amy M. Pearlman, and Ryan P. Terlecki. "Safety and Feasibility of Platelet Rich Fibrin Matrix Injections for Treatment of Common Urologic Conditions." *Investigative and Clinical Urology* 59, no. 1 (2018): 61–65. https://doi.org/10.4111/icu.2018.59.1.61.

Miller, Jake A., Muhammed A. Moukhtar Hammad, Lucas G. C. R. De Amorim, et al. "Efficacy and Safety of Collagenase *Clostridium Histolyticum* in Men Who Have Sex with Men." *Sexual Medicine* 14, no. 3 (2026): qfag028. https://doi.org/10.1093/sexmed/qfag028.

Moulis, Florence, Geneviève Durrieu, and Maryse Lapeyre-Mestre. "Off-Label and Unlicensed Drug Use in Children Population." *Therapies* 73, no. 2 (2018): 135–49. https://doi.org/10.1016/j.therap.2018.02.002.

Narasimman, Manish, Max Sandler, Ari Bernstein, et al. "A Primer on the Restorative Therapies for Erectile Dysfunction: A Narrative Review." *Sexual Medicine Reviews*, March 17, 2024, qeae012. https://doi.org/10.1093/sxmrev/qeae012.

Poulios, Evangelos, Ioannis Mykoniatis, Nikolaos Pyrgidis, et al. "Platelet-Rich Plasma (PRP) Improves Erectile Function: A Double-Blind, Randomized, Placebo-Controlled Clinical Trial." *Journal of Sexual Medicine* 18, no. 5 (2021): 926–35. https://doi.org/10.1016/j.jsxm.2021.03.008.

Queen, Dawn, and Marc R. Avram. "Postprandial Lipemia and Suboptimal Platelet-Rich Plasma Preparation." *Dermatologic Surgery*, ahead of print, June 15, 2026. https://doi.org/10.1097/DSS.0000000000005214.

Raheem, Amr Abdel, Giulio Garaffa, Tarek Abdel Raheem, et al. "The Role of Vacuum Pump Therapy to Mechanically Straighten the Penis in Peyronie's Disease." *BJU International* 106, no. 8 (2010): 1178–80. https://doi.org/10.1111/j.1464-410X.2010.09365.x.

Regulatory Considerations for Human Cells, Tissues, and Cellular and Tissue-Based Products: Minimal Manipulation and Homologous Use; Guidance for Industry and Food and Drug Administration Staff,. n.d., 28.

Ruffo, A., M. Franco, E. Illiano, and N. Stanojevic. "Effectiveness and Safety of Platelet Rich Plasma (PrP) Cavernosal Injections plus External Shock Wave Treatment for Penile Erectile Dysfunction: First Results from a Prospective, Randomized, Controlled, Interventional Study." *European Urology Supplements* 18, no. 1 (2019): e1622–23. https://doi.org/10.1016/S1569-9056(19)31175-3.

Runels, Charles. "Memo in Response to the JAMA Article: 'Analysis of Direct-to-Consumer Marketing of Platelet-Rich Plasma for Erectile Dysfunction in the US.'" *Priapus Shot*®, May 3, 2023. https://priapusshot.com/memo-in-response-to-the-jama-article-analysis-of-direct-to-consumer-marketing-of-platelet-rich-plasma-for-erectile-dysfunction-in-the-us/.

Saleh, Doaa M., and Rania Abdelghani. "Clinical Evaluation of Autologous Platelet Rich Plasma Injection in Postmenopausal Vulvovaginal Atrophy: A Pilot Study." *Journal of Cosmetic Dermatology* n/a, no. n/a (n.d.). https://doi.org/10.1111/jocd.14873.

Sarna, Shiv, Karl H. Pang, Andrew N. Christopher, David J. Ralph, Asif Muneer, and Hussain M. Alnajjar. "Plaque Incision and Grafting for Peyronie's Disease: 15-Year Experience and Functional Outcomes from a High-Volume Andrology Centre." *International Journal of Impotence Research*, ahead of print, June 1, 2026. https://doi.org/10.1038/s41443-026-01296-7.

Schirmann, A., E. Boutin, A. Faix, and R. Yiou. "Pilot Study of Intra-Cavernous Injections of Platelet-Rich Plasma (P-Shot®) in the Treatment of Vascular Erectile Dysfunction." *Progres En Urologie: Journal De l'Association Francaise D'urologie Et De La Societe Francaise D'urologie*, June 10, 2022, S1166-7087(22)00130-0. https://doi.org/10.1016/j.purol.2022.05.002.

Searle, Tamara, Firas Al-Niaimi, and Faisal R. Ali. "Saline in Dermatologic Surgery." *Journal of Cosmetic Dermatology* 20, no. 4 (2021): 1346–47. https://doi.org/10.1111/jocd.13996.

Şen, Serhat, and Feyza Gülgel Şen. "Platelet-Rich Plasma for Wound Healing and Scar Formation after Cesarean Section: A Systematic Review and Meta-Analysis of Randomized Controlled Trials."

BMC Pregnancy and Childbirth, ahead of print, June 11, 2026. https://doi.org/10.1186/s12884-026-09447-w.

Siroky, Mike B., and Kazem M. Azadzoi. "Vasculogenic Erectile Dysfunction: Newer Therapeutic Strategies." *Journal of Urology* 170, no. 2S (2003). https://doi.org/10.1097/01.ju.0000075361.35942.17.

Siroky, Mike B., and Kazem M. Azadzoi. "Vasculogenic Erectile Dysfunction: Newer Therapeutic Strategies." *Journal of Urology* 170, no. 2S (2003). https://doi.org/10.1097/01.ju.0000075361.35942.17.

Taş, Tuncay, Basri Çakıroğlu, Ersan Arda, Özkan Onuk, and Barış Nuhoğlu. "Early Clinical Results of the Tolerability, Safety, and Efficacy of Autologous Platelet-Rich Plasma Administration in Erectile Dysfunction." *Sexual Medicine* 9, no. 2 (2021): 100313. https://doi.org/10.1016/j.esxm.2020.100313.

Tekin, Levent, Selim Akarsu, Oğuz Durmuş, Engin Çakar, Ümit Dinçer, and Mehmet Zeki Kıralp. "The Effect of Dry Needling in the Treatment of Myofascial Pain Syndrome: A Randomized Double-Blinded Placebo-Controlled Trial." *Clinical Rheumatology* 32, no. 3 (2013): 309–15. https://doi.org/10.1007/s10067-012-2112-3.

Towe, Maxwell, Akhil Peta, Russell G. Saltzman, Navin Balaji, Kevin Chu, and Ranjith Ramasamy. "The Use of Combination Regenerative Therapies for Erectile Dysfunction: Rationale and Current Status." *International Journal of Impotence Research*, July 12, 2021, 1–4. https://doi.org/10.1038/s41443-021-00456-1.

Wang, Yi, Peng Luo, Ping Chen, et al. "Trigger Point Injection: A Therapeutic Propellant for Myofascial Pain Syndromes." *Tissue Engineering Part B: Reviews*, September 29, 2025, 19373341251364757. https://doi.org/10.1177/19373341251364757.

Wong, Julie, Luke Witherspoon, and Ryan Flannigan. "Under-Recognized Factors Affecting Penile Implant Satisfaction in Patients." *Canadian Urological Association Journal* 16, no. 8 (2022). https://doi.org/10.5489/cuaj.7720.

Yogiswara, Niwanda, Fikri Rizaldi, and Mohammad Ayodhia Soebadi. "The Potential Role of Intracavernosal Injection of Platelet-Rich Plasma for Treating Patients with Mild to Moderate Erectile Dysfunction: A GRADE-Assessed Systematic Review and Meta-Analysis of Randomized Controlled Trials." *Archivio Italiano Di Urologia e Andrologia* 96, no. 3 (2024): 3. https://doi.org/10.4081/aiua.2024.12687.

Tags

Helpful Links

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

=>Next Hands-On Training with Live Models with Dr. Runels (includes marketing)<=

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

=> Dr. Runels Online *Botulinum Blastoff Course* <=

=> The Cellular Medicine Association (who we are) <=

=> Apply for *Online Training for Multiple PRP Procedures* <=

=> FSFI Online Administrator and Calculator <=

=> 5-Notes Expert System for Doctors <=

=> Help with *Logging into Membership Websites* <=

=> The software I use to send emails: ONTRAPORT (free trial) <=

=> Sell O-Shot® products: You make 10% with links you place; shipped by the manufacturer), this explains and here's where to apply