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The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of August 11, 2026, with Charles Runels, MD.

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

Topics Covered

- Welcome: Two Questions and a Book on Writing
- Google Trends: Ten Years of Search Volume for PRP, Stem Cells, and HA
- Audited by Blue Cross for Going Straight to Hyaluronic Acid
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- Topical Lidocaine and Injection into the Wound
- Question One: Decreasing the Pain of the Priapus Shot®
- Where to Find the Lidocaine Block Videos
- The AI That Reads Our Materials

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Transcript

Welcome: Two Questions and a Book on Writing

Charles Runels, MD: Welcome to our journal club. We have some questions that came up this week: one regarding pricing for the O-Shot® and the other about how to reduce pain with our Priapus Shot® procedure.

We also have a book that I think has been extremely helpful to me over the years, so I thought I would review it for you and make some recommendations about how to get the most out of that book very quickly, and help you with all of your marketing and your scientific writing.

Google Trends: Ten Years of Search Volume for PRP, Stem Cells, and HA

We'll start with this study, which was eye-opening to me and somewhat surprising. What they did was look to see what people were talking about on Google. And I don't know if you've looked at Trends, Google Trends; it's a useful tool. They looked at the past 10 years to see what the interest has been in knee injections: stem cells, PRP, and HA.[1]

They showed that PRP, look at that, there's a gradual and growing increase in search volume. And with stem cells, there was a peak, and then it flattened out so that there's less, if you look at the scale, this is search volume, and this is flattening out, well, still growing, but it's stopping in twenty-twenty-six at more than twice what you're seeing with the stem cells. And the HA is also continuing to grow.

Audited by Blue Cross for Going Straight to Hyaluronic Acid

This is dear to me because, as some of you know, Blue Cross audited me 23 years ago for costing them too much money because I was skipping the cortisone step (when injecting knees) and going straight to HA, thinking that it might help preserve the knee and not boost the appetite in people who are trying to lose weight.

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

And now it appears that I was doing the right thing.[2]

Ironically, though, they were auditing me because I was costing them too much money(they have software that grades you to see if you are an outlier in your cost), I ***lost*** money that year (over $3,000)

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[1] Uslu et al., "Public Interest Trends in Regenerative Injections for Knee Osteoarthritis."

[2] Gökçeoğlu et al., "Comparative Efficacy of Intra-Articular Platelet-Rich Plasma, Hyaluronic Acid, Corticosteroids, and NSAIDs for Knee Osteoarthritis"; Bensa et al., *Corticosteroid Injections for Knee Osteoarthritis Offer Clinical Benefits Similar to Hyaluronic Acid and Lower than Platelet-Rich Plasma*; Yu et al., "The Efficacy of Platelet-Rich Plasma Preparation Protocols in the Treatment of Osteoarthritis."

injecting knees, even though I was the number two doctor in the state for knee injections in volume, because they were denying about every second or third claim: the fee paid for the injection then was $50; the medication cost me $100; when they paid, I was reimbursed $100 for the medication plus $50 for doing the procedure; when they denied payment, was paid nothing and lost $100 for the medication that was now in the patient's knee. So, I had to do 2 more injections and get paid to break even when I did not get paid for one.

The Science Often Outruns Payment

It does not matter and more about the money, the point I'm making is that science often outruns payment, and ***if you are determining what is the best thing for your patient based on what insurance will pay for, you will likely be behind the research in your offerings to the patient.***

Of course, sometimes people can't afford it, which does lead to a tiered system. So I think we're all obligated to give away some of what we do for that reason. But it's-- this trend is a trend in attention that was outrunning what insurance would pay for. Now, thankfully, I didn't pull it up for this week, but now thankfully we have research showing that, a growing twenty years plus of research showing that PRP helps with wound care and insurance is now covering PRP for wound care, I think very generously, but not so much for the sexual medicine problems, at least not yet.

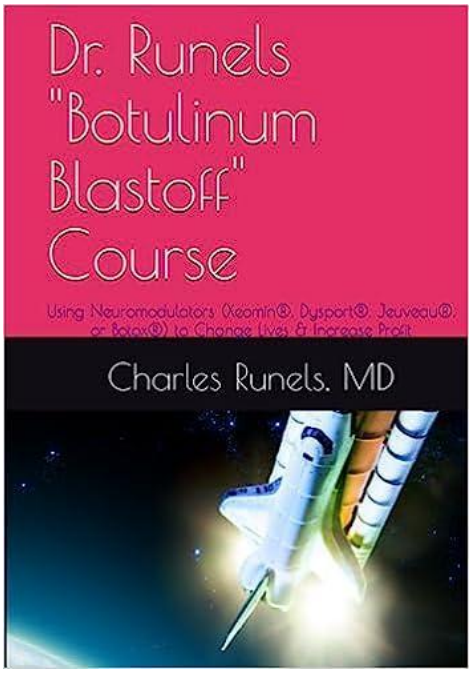
If you are determining what is the best thing for your patient based on what insurance will pay for, you will likely be behind the research in your offerings to the patient.

PRP for Scarring of the Face — and Everywhere Else

Okay, so that's that one. I have another to show you, then we'll cover some of the questions, and we should be done in less than thirty minutes. This one is about... I think that even though it's about facial scarring, it's very easy to see how this would apply to other problems. For example, scarring post-episiotomy and scarring post-surgery on the penis or any other surgery for that matter.

I saw a paper over a decade ago about using PRP as part of the protocol for a hysterectomy alone. But what they showed was that by using the PRP, it was a case report, but they demonstrated that there was likely an improvement in the result by injecting PRP.

In the paper under consideration today, they did four treatments two weeks apart, which I think is a little more than necessary, since the full effect is probably 8 weeks, or more like 12.[3] But you can see they have a pretty remarkable result, and they do an excellent job of documenting that result—so I cannot argue with that.



Topical Lidocaine and Injection into the Wound

They just did topical anesthesia with a lidocaine gel. All of you know how to do this; just apply it locally to the wound. Okay, simple idea, but so applicable. I wish I had known this back when I was working in the ER, taking care of people. I wish I had known about this technique.

Question One: Decreasing the Pain of the Priapus Shot®

All right. Let's talk about one of the questions that came up: pain from the P-Shot® procedure.

Just to see what our AI would do, I logged into our membership site, and I said, "Can you tell me how to get good anesthesia for the penis? Which cream should I use, and how do I do a block?"

And it gave a nice answer. I'm going to expand upon it, though. It said we swapped to a 30% lidocaine ointment instead of the BLT, and that is correct.

I seldom do a block. Some of our people do a block on everybody.

And I put—I pulled up for you—it tells you the different kinds of blocks and gives you a link to the modules (see the video).

Where to Find the Lidocaine Block Videos

So if you go to the training modules, there's a beautiful video right here of a lidocaine block. And then here's another video of Dr. Ibrahim performing a P-Shot® and Dr. Daller demonstrating again.

[3] Blandón et al., "Intervention With Autologous Platelet-Containing Plasma for Immature Atrophic Facial Scars."

But these are probably our easiest-to-follow instructions for doing the block (see the video).

The AI That Reads Our Materials

If you go to the materials page, it talks about it again (see the video of the membership site) and explains how to do it. And these were all pulled up just by typing the question into the AI. The AI lives at the bottom part of every page on the membership site.

We have over 900 videos and literally millions of words collected over the past decade and a half, and it reads all that.

It's not out there on the internet where you might find something crazy; it reads our materials and gives you a curated answer based on what we've talked about. Again, not just me, but the doctors who show up for our workshops and webinars, and what they have to say, along with references to the literature related to our discussions.

Navigating the Membership Site: Dashboard, Course, and Supplies

If you go to the membership site, that AI bot lives in the bottom right-hand corner. So, if you ever get lost, it's always a good idea to go to the dashboard. I'll show you where that lives. (see video)

So you can just click right there to go to the dashboard, and then, for any question you might have, that's the AI chatbot that reads all of our materials and will take you to where you need to go.

So there are a couple of ways to look at the material. Here's the course. So if you click into the course, then it's divided into sections. Here's how to do the procedure. Each section covers different topics, so it's divided up. So here are detailed videos of the procedure; you can click into them and see the ones we just talked about.

Then if I go back to the course, and you can see supplies right here.

So if you click into that, here's 30% lidocaine ointment is the recommended supply, and there's one source. Your local compounding pharmacy could do it as well.

This is not something you would apply all over the back or the legs. You would have lidocaine toxicity.

But for use on the face, the P-Shot, or the O-Shot, this works beautifully and better than the BLT cream. And another way to find things is to go back to the dashboard (see the video).

The Filing Cabinet of Materials

So you're logged in, you go to the dashboard, and then scroll down a little bit; there's just a filing cabinet of materials. So here are the supplies. This is how to perform the procedure. You can just click on that, and you'll find where you can change your name and contact info in the directory. (see video).

And there's an overview of the procedure, just diagrammed as if I were explaining it on the back of an envelope in less than five minutes. But then, the detailed versions can be found in these videos.

The Answer: Block or Ointment, Plus Proper Positioning

So that's where you find everything.

So the answer to the question is, first of all, if you want to do the block, there you go. If you do not want to do the block, then use the thirty percent lidocaine gel.

And then the other pearl is to make sure you line up the penis so that you have good orientation, and I'll show you how to do that.

And this is the most up-to-date, detailed video. It's an hour and ten minutes long, so it goes into much detail. And I'll show you how lining up the penis properly makes everything go very quickly and easily. But if you don't have good positioning, you will miss it.

Once you have the good positioning, the other pearl is to touch the penis very lightly with the tip of your needle, but then very quickly pass through Buck's fascia into the corpus cavernosum.

Quick Pass-Through of Buck's Fascia Is What Prevents the Pain

If you go slowly, it hurts much more.

And to go quickly, you must have your anatomy down and know what you're doing. And I show you that in this video so that you can very quickly pass through Buck's fascia. Passing slowly through Buck's fascia hurts like crazy. When I do the P-Shot on myself, I don't even use numbing cream because the pain is not really in the skin, and it's greatly minimized with a quick, confident injection.

Okay, the other question that came this week is about pricing for the O-Shot® procedure. So I just went through the same thing (with the AI chat), and all the membership sites have the chat at the bottom. So if you're on any of the pages and you look at the bottom, you will see it.

Question Two: Pricing for the O-Shot®

So here's our membership site, and you can see on any page, you can look here, and there's your chat. So you click into that, and I just put, "What's the suggested price for the O-Shot procedure?"

It said fifteen hundred. And then the source is this page. It gives you the sources, and we talk about. So it's, it gives you a detailed answer if you want it

Never Advertise Below Suggested Retail

We all give away things, but my recommendation is that you do not advertise a price below suggested retail, because then we start competing on price, and there's no need to do that. If you want to give somebody a deal, give something else away when they pay you for your O-Shot at full price. So they get an O-Shot® and a free Emsella treatment or something.

When It Makes Sense to Charge More

If you want to go up on the price, that's a good thing if you're in a place that will support it, either by your town (it costs a lot more money to buy groceries and turn on the lights in New York City than it does in Southern Alabama). So it's expected that you need to charge more. If you. It's okay to go up on the price, and it can be a good strategy to advertise your premier price. If you need to run a special, advertise a price that's our minimum suggested price.

Putting Fifteen Hundred Dollars in Perspective

As for the cost of the procedure, it's always good to remember that, compared to other things outside of medicine, it's really very cheap. This is two nights in the Marriott, not the fanciest hotel in town, but two or three nights in a Marriott in a big city. It's two nights at the Marriott on the Bay here in Southern Alabama.

It's also about the price of the premier massage at the Marriott here in Southern Alabama; it's about $600. And to offer that, you need a table and a six-month class. To do an O-shot, you need training in

how to handle blood. You need to be able to draw blood. You have supplies that you need to use that are FDA-cleared for preparing plasma to go back into the body. You have to spend an hour talking with the person, getting their history, and understanding why and if you need to do the procedure, and what else you need to think about pre-op and post-op.

So, fifteen hundred dollars is cheap when you consider it costs half that much to get an hour-and-a-half massage at a hotel in Alabama.

So if you want to give stuff away, that's fine, but fifteen hundred dollars is still a bargain when it comes to a procedure that can change your life and change your marriage and your relationships, and all that goes with having good sexual function. And now we're 20 minutes in, so I'm going to swap over.

On Writing Well by William Zinsser

We will talk about a book that I think you might find helpful and what to do with it and why.

William Zinsser wrote On Writing Well. It was first published in 1976, the year I got my driver's license. It's on the fifth or sixth edition. I would recommend you get the hardcover edition and the Audible version, and listen to it and read it.

I don't know which edition I listened to, but 20 years ago, I listened to it on an audio cassette over and over again, and I still try to read through it once a year. On the cassette, he actually-- or in the Audible version now, he-- it's him talking, and the guy's really a wizard. But there's a chapter on writing nonfiction/science.

Don't Think Writing — Think Making

Well, when you write nonfiction, I want you to think not of writing but of making.

Yes, you write literature, medical literature, you also write an email, and you write, you write a grocery list. All those are nonfiction. If you use the word writing, it can make you start to think of it more like an art, like Walt Whitman, Emerson, or Thoreau, and it blocks you.[4]

[4] When you finish writing, you may look down and occasionally see something that approaches art. But, I recommend that you not try for that, but instead, do as Jack London suggested, and go at it as with a hammer and just make the best thing you can make in the most beautiful and clear way you can make it.

He makes the point in chapter fifteen, ***he says the people who study literature and writing are afraid of science, and the people who study science are afraid of writing and words.***

And he tries to fix that problem in chapter fifteen of this book by helping the people who study science, like us, not be afraid of the words, and those who study words not be afraid of the science.

Start by Assuming the Reader Knows Almost Nothing

A few of the tips he gives you are, I think, wonderful.

He says, "Start by assuming the reader knows almost nothing."

If you assume that they know something they were taught even a year ago, maybe they forgot it. You have to start **assuming they know something, but it should be almost nothing**.

The Upside-Down Pyramid and the Scraped Knee

And then you ***envision an upside-down pyramid***. The point is on your desk, and it widens toward the base (at the top of the inverted pyramid).

And you ***start with that point, which is the one thing that maybe they do know, which is very simple***. And then you start building in a linear progression. ***You start adding facts to that***, and so when you do that, it ***becomes a logical sequence*** if they know the one thing.

I don't know if they know that there's a certain thing called elements from the periodic table, maybe, or they know they have genitals and they have blood, and they know when they looked at their knee as a child, it made a scab. That's where I usually start when I explain platelet-rich plasma. You scraped your knee as a child, there was a scab, your mother told you to leave it alone until it heals. You picked at it anyway, and that gooey stuff is formed when platelets are activated and create a fibrin clot with a platelet-rich fibrin matrix containing the growth factors released by the platelets.

So I started with just a scraped knee, and ***then you help them identify with it by making it a real thing,*** like a scraped knee from a child falling on their bicycle or running and falling over.

And ***that turns it into a relatable story***, and almost anything can be done that way.

He actually gives an example using quantum physics and how to pull it into something that's relatable Oh, let's see, what else does he say? I'm looking at the book now, my marked copy.

Write Like a Person, Not Like a Scientist

I've worn out copies, I've given away copies. I just bought a new copy because I want to read it fresh, as if I've never read it before.

Then another thing he says is ***write like a person instead of a scientist***. In other words, try to avoid using jargon.

Thomas Moore discusses this in *Thomas Moore on Writing*.

You know, he reads Latin and Greek and was a priest for 12 years before he went AWOL and became a writer-philosopher. And he says he tries to avoid jargon. For example, the word "depression."

What does that really mean? You could be melancholy or heavy or isolated or grieving. There are all sorts of things that mean depression, and he recommends avoiding the jargon word "depression" and using one of the more descriptive words.

Well, William Zin- Zinsser says the same thing. Even though you're writing science, try to avoid the jargon if you can and write like a person.

I think that's true, of course, when we're writing or ***making marketing materials*** like emails and websites, but I think it's also good to use those scientific words too when they're necessary to carry the idea.

You don't talk down to people. But don't use jargon when it isn't necessary.

Let's see. And then I think that's about it. There's more in there, and you'll find his work inspiring because he m- he does what he talks about, and he brings it and makes it real. If I were going to pick a thing to read about writing nonfiction, everybody knows I'm a fan of Ayn Rand and her book on nonfiction, this would be up there in the top five to grab as well.

Summary of the Pearls

You got the pearls on avoiding pain with the P-Shot, and showed you where to find the block. Be quick, but not in a hurry. You touch, pass through. And when I'm teaching people hands-on, in summary of what we've talked about, they almost always go more slowly than they need to. The pain from a needle isn't after you're in the tissue; it's passing into the tissue and coming out (so be quick with that part).

Then, on pricing, we went over that, as well as the papers and how to leverage them to talk to your people. I think that's the study. Let me share that link because that study on scarring applies to almost everything, right?

I mean, all the procedures we do, having a baby, Peyronie's disease is a scar. A lot of what we do, just our life, you know, psychological scars. Well, this would be for the physical scars. I wish we had a PRP for the soul, right? But maybe that's another book we can write.

Google Trends and a Marketing Theory: Tap Into Something That's Already Big

But there are papers there left over from last week, too. There's Google Trends. It's trends.google.com is where you can see. I look at that occasionally. I'll show it to you right now. Trends

There you go. It's free. There we go, Google Trends, and you can just put in there what people are looking for. Let's put in, let's see if the Billionaires' Vagina Club is still going strong because it was trending two weeks ago.

Okay, let me unmute you, Ramsey. Hold on a minute. Thank you for jumping in there.

Question from Dr. Ramsey Gardner: PDGF, PRF, and Microneedling

Ramsey Gardner, MD: Hey, Dr. Runels. Thanks for taking my question,

Charles Runels, MD: Yeah. Please call me Charles. Thank you for jumping on the call!

Ramsey Gardner, MD: Of course. Yeah. I really appreciate your answer on numbing, and I'll definitely give that a shot. I did have another question.

I was wondering if there are any updates on the use of PRF in the P-Shot® and O-Shot®.

Charles Runels, MD: Yeah. Thanks for asking that.

All the acronyms get all mixed up (PRP, PRF, PDGF), and what I've found is the more you plow into the bench research, the more confusing it can actually get because you get to things like you can have increased activity and function of the growth factors if you have, for example, aerobic exercise right before phlebotomy.

And you can do things like wash the platelets with saline, and fasting right before drawing the plasma can increase activity. So what I'm about to tell you is just my best understanding of the current state of the literature, and it could change.

PRF: Anecdotal Necrosis and Why I Use It Only Where I Would Use an HA

But you have, of course, you have platelet-rich plasma, then you have platelet-rich fibrin matrix, and then you have the PRF. And anecdotally, what I've seen, and then I'll tell you what I think about the research, but anecdotally, we've had a couple of cases of necrosis with the PRF, reported to me by our members; one case in the lips and another in the face.

My theory with PRF, or my caution with PRF, is to use it only where you would feel safe using an HA, and use it as if it were an HA, because I think it has a greater propensity for vascular occlusion. So I still think it's great for wound care, and if you look at where it started and where it's still mostly used, it's in dentistry and wound care.

I've seen Dr. Song do magic with it in the face, using it like a filler. So, I think there's absolutely a place for it in the face. I would, again, use it with the caution that it could possibly cause occlusion, as if it were an HA filler; and for that reason, I'm worried about it in the P-Shot® and the O-Shot® (where you would never use an HA filler)>

What We Have Not Seen with PRP in Sixteen Years

Again, anecdotally, I have heard things happen with PRF that I've never heard happen with the PRP. I received an email from a patient who said someone tried to use PRF for his P-Shot, and there was some trouble with it, and he had trouble getting it through the needle, and then something else happened that made it a drama of pain. Then they brought him back, and again, they had a problem with the PRF. The patient emailed us to see why the person used PRF instead of PRP (patients read our stuff, too, which I am glad to know).

We've never heard of necrosis from PRP in our procedures over the past 16 years. And, I can only find about a half a dozen cases of PRP causing necrosis/blindness. There's a review article in the face, and in that review article, at least some of the cases, they were mixing the PRP with an HA in some hotel room somewhere.[5] They didn't even know the name of the HA.

So it's hard to find anything about occlusion with PRP (considering there are 10's of millions of injections of PRP per year), but with PRF, you can find it, though there is no direct comparison in the literature. Still, anecdotally, over the past 16 years, none of our members reported necrosis when injecting PRP, but several have done so when injecting PRF.

And so, I think absolutely feel free to use PRF in the face, but I would be really concerned about using it, say, injecting the clitoris or the penis. You know, if you put an HA in the corpus cavernosum, as you know, there's a risk of pulmonary embolus along with necrosis, so we never do that.

=>Here's a more detailed comparison of PRP vs PRF and the propensity for causing vascular occlusion<=

Why I Don't Use a Tourniquet

I don't use a tourniquet during the P-Shot® procedure because I like to think of it as flowing at least somewhat retrograde. I don't use a tourniquet when I put PRP in the face, and I get great results.

And obviously, nobody puts a tourniquet around the neck when they inject PRP into the face. And you can see that it stays there because it's forming that matrix.

Of course, if you look at the anatomy, there's a significant portion of the corpus cavernosum, just like with the clitoris, that's not visible with surface anatomy.

It goes back along the pubic rami in the female and back on either side of the prostate in the male. And so I like to think I'm making that healthier too.

Again, all this has to be studied, and ***I'm saying it like it's a fact, but I'm sure something I said today will be absolutely wrong a year from now.***

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[5] Kalyam et al., "Irreversible Blindness Following Periocular Autologous Platelet-Rich Plasma Skin Rejuvenation Treatment"; Wu et al., "Vision Loss After Platelet-Rich Plasma Injection."

But those are my cautions and reasons for using PRP rather than PRF in the P-Shot® and the O-Shot® procedures.

Ramsey Gardner, MD: Sounds good. Yeah, that's kind of what I've seen, or seen from the little bit of data I could find, was the risk; the highest risk was thrombosis. So I appreciate that.

Closing: Thank You for the Good Questions

Charles Runels, MD: Well, thank you for being on the call and for the good questions.

I sometimes feel like, you know, I'm St. John in the desert eating grasshoppers and wearing a camel skin, and nobody's listening to me. So when somebody smart shows up with the smart questions, that's always encouraging. Thank you very much.

Ramsey Gardner, MD: Of course. All right.

Charles Runels, MD: I think with that, let's call it a day and feel free to reach out anytime something comes up. As it obviously adds to the discussion.

Y'all have a great day. Bye-bye

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

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Tags

PRP, platelet-rich plasma, platelet-rich fibrin matrix, PRF, PDGF, hyaluronic acid, HA, stem cells, knee injections, Google Trends, search volume, insurance reimbursement, Priapus Shot®, P-Shot®, O-Shot®, Orchid Shot®, penile anesthesia, dorsal penile block, lidocaine block, thirty percent lidocaine ointment, BLT cream, Buck's fascia, corpus cavernosum, injection technique, pain reduction, scar treatment, facial scarring, episiotomy scarring, Peyronie's disease, wound care, microneedling, necrosis, occlusion, pulmonary embolus, tourniquet, pubic rami, prostate, pricing strategy, suggested retail price, medical marketing, patient education, William Zinsser, On Writing Well, nonfiction writing, scientific writing, jargon, Thomas Moore, Ayn Rand, membership site AI, regenerative medicine, sexual medicine, cosmetic medicine

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