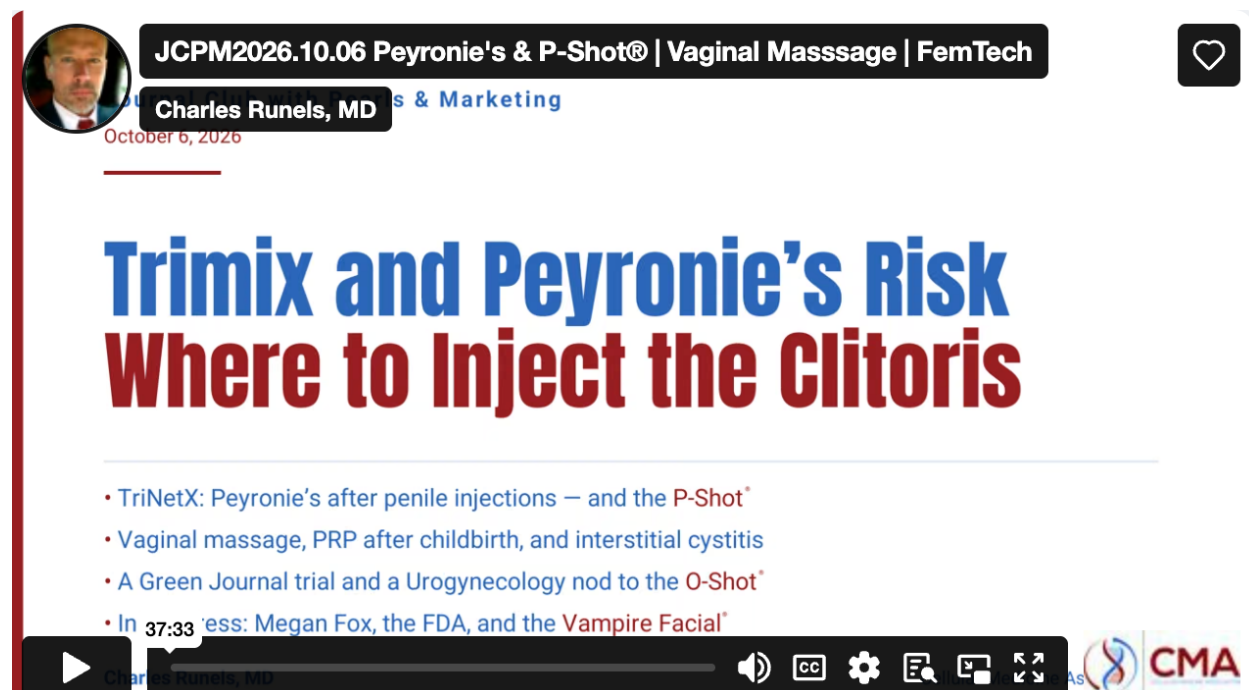


JCPM2026.10.06

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of October 6, 2026, with Charles Runels, MD.

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



JCPM2026.10.06 Peyronie's & P-Shot® | Vaginal Massage | FemTech

Charles Runels, MD s & Marketing

October 6, 2026

Trimix and Peyronie's Risk Where to Inject the Clitoris

- TriNetX: Peyronie's after penile injections – and the P-Shot®
- Vaginal massage, PRP after childbirth, and interstitial cystitis
- A Green Journal trial and a Urogynecology nod to the O-Shot®
- In 37:33 less: Megan Fox, the FDA, and the Vampire Facial®

Charles Runels, MD

CMA

Topics Covered

- Welcome: More Papers Than Ever
- Injecting the Penis Before There Was a P-Shot®
- The TriNetX Study: Peyronie's Disease After Penile Injections
- Observational, and a More Severe ED Population
- What It Means for Those of You Doing Trimix
- Ronald Virag: PRP Versus Xiaflex
- A Regular P-Shot® Plus a Pump
- A Vasoactive Substance Versus PRP
- Should a P-Shot® Be Standard of Care With Trimix?
- Vaginal Massage
- Knowing Where Every Pelvic Floor Muscle Is
- The Narrative Review: 14 Small Studies
- Partner With a Pelvic Floor Physical Therapist

- Do What Works, Like the NFL
- PRP After Childbirth: C-Section and Perineal Wounds
- Microneedling and Postpartum Striae
- Exosomes: Still a Risk to Your License
- Microneedling PRP Into the Scalp Beats Injecting
- What Do Donkeys Have to Do With Interstitial Cystitis?
- Talking to Patients: Never Talk Down
- It Is Our Responsibility to Teach
- Camel Urine and Platelets
- One More: The Green Journal Trial
- A Urogynecology Paper on FemTech
- On the Forefront of Something About to Go Mainstream
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- The Question: Where to Put the Needle in the Clitoris
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- What I Learned Injecting My Own Penis
- The Clitoris: Do You Need to Inject Both Sides?
- The Ultrasound: PRP Flowed Down Both Sides
- Why I Still Teach This Injection Site
- Why 2 O’Clock at 45 Degrees
- Other Approaches I’ve Seen
- How You Would Know You Had It Wrong
- In the Press: Megan Fox and ED
- The Segue: You Can Relate Anything to Anything
- The FDA Asks for Research on Women’s Sexual Health
- A Vampire Facial® Paper From India
- High-Stress Jobs and ED



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.

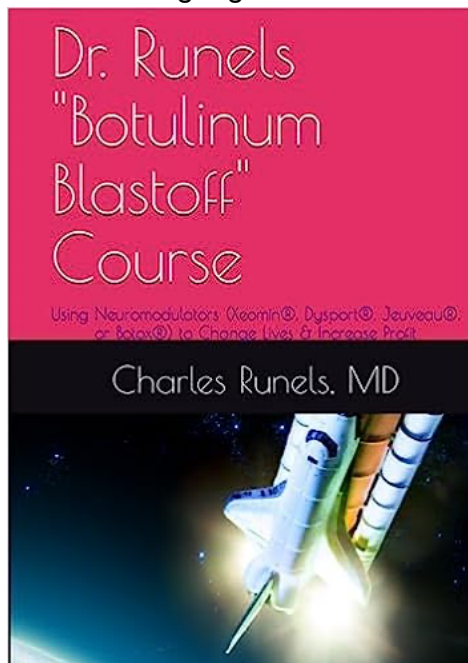
Transcript

So many papers are out these days. There’s definitely a logarithmic increase in the number of papers that are appearing every week about PRP, so I’m having trouble choosing. So I’m going to run through more than I normally do, but some of them are just quick mentions. I still think we can come in under 30 minutes, and I’ll stay here and answer as many questions as you want to ask until we’re done.

Oh, and at the end, I had a great question from one of our providers about placement of the needle for the O-Shot®, especially in the clitoris, and there's a Urogynecology paper that's out that I want to be sure that you know about.

Injecting the Penis Before There Was a P-Shot®

When I first decided, I was going to attempt to do an injection of my penis with platelet-rich plasma, I didn't have to go figure out how to... or that the penis can be injected, because it'd already been done for years with vasoactive substances. Trimix was already around.



Boston's Men's Clinic had started a huge business based on this. And many of our providers were doing extremely well. Game Day's one of the clinics in our group that—quality people doing extremely well with these injections (all very safe when in good hands). So, penis injections were out before there was a P-Shot®. So, I thought, "If we can do an injection every time we have sex, then that seems to me to be about as safe as you can get for an endorsement for doing an injection once every few months to a year with platelet-rich plasma.

This was before I knew that PRP could actually help treat Peyronie's disease and, in theory, help prevent it. But I knew PRP, even then in 2010, had been shown to treat scars.

So at the time, I looked at the risk of that for those people who are injecting every time they had an erection to produce that erection, and my memory was that at that time—this was 16 years ago, the best data I could find—that was somewhere around the same incidence of those without doing the injections, somewhere between 5% and 8% incidence of Peyronie's disease over a lifetime. In other words, *those who were treating ED with injections every time they wanted to have sex had about the same incidence of priapism as those who were not doing penile injections.*

The TriNetX Study: Peyronie's Disease After Penile Injections

And then, if you look at this new study, you can see previous studies vary from 1% to 23% incidence of Peyronie's in men injecting their penis for sex—that's close to 1 in 100 to 1 in 4, so that's a huge variation. So, in this study, to find a better estimate, they used the TriNetX research network of 150 million patients and found that about 2.7% of those receiving routine injections developed Peyronie's at 5 years, versus 0.54% among those not receiving injections.

So it's a risk ratio of about 5 over 5 years.¹

Observational, and a More Severe ED Population

Now, they make a big point, and I want to emphasize it too. This is observational, so it shouldn't be interpreted as a hypothesis-generating. It doesn't mean that it was the cause, because there's selectivity, since those who get the injections, they're a more severe ED population, greater vasculopathic disease, and so other things that might be happening to skew the numbers.

=> [Apply for Online Training for Multiple PRP Procedures](#) <=

But it looks like there could be an increased rate. But even at the high rate, it basically goes from about 1 in 200 without the Trimix or injectable to maybe 1 in 50 at the highest rate over 5 years, even selecting out the worst cases.

What It Means for Those of You Offering Trimix

So, what does this paper mean for what we do? Many of you are offering Trimix to your patients, and it is very helpful. Also, it's highly profitable for your practice, and when you're trained properly, it's a very safe thing to do.

But, the bonus is that we now have good research that our P-Shot® treats Peyronie's; so one might hypothesize that if the P-Shot® were offered periodically to those on Trimix, the increased incidence of Peyronie's may drop, maybe even drop to no increased risk at all!

If you look at the studies that have come out for our P-Shot® regarding Peyronie's disease, there are many.²

My favorite is from [Ronald Virag out of Paris](#).

Ronald Virag: PRP Versus Xlax

Dr. Virag trained as a vascular surgeon, not a urologist, but [he was the first to have the idea of injecting the penis with papaverine to induce an erection \(the idea from which Trimix eventually evolved\)](#). I tell you that, so you know he is not a hack; he helped do the original research for Viagra and was one of the

¹ Bhambhani et al., "Risk of Peyronie's Disease Following Intracavernosal Injections for Erectile Dysfunction."

² Dachille et al., "Platelet-Rich Plasma Intra-Plaque Injections Rapidly Reduce Penile Curvature and Improve Sexual Function in Peyronie's Disease Patients"; Zhang et al., "PDGF-Mediated PI3K/AKT/ β -Catenin Signaling Regulates Gap Junctions in Corpus Cavernosum Smooth Muscle Cells"; Armand et al., "Feasibility and Safety of Platelet-Rich Plasma Combined With Plaque Puncture in Peyronie's Disease"; Culha et al., "The Effect of Platelet-Rich Plasma on Peyronie's Disease in Rat Model"; Kaltsas and Hatzichristou, "Erectile Dysfunction and Peyronie's Disease"; Levine, "Peyronie's Disease: Contemporary Review of Non-Surgical Treatment."; Minore et al., "Intralesional and Topical Treatments for Peyronie's Disease."

founders of the International Society of Sexual Medicine. And he did a study—using Xiaflex as a control—showing that PRP worked better for Peyronie’s disease than Xiaflex.³

Yet most urologists in this country (by my observation), unless they are part of our P-Shot® group, seem unaware of the study.

A Regular P-Shot® Plus a Pump

The person I know in our group, Hunter Hanson, who’s treated probably the most Peyronie’s disease across 6 or 7 clinics, depending on which year you count, says he just does a regular P-Shot® and puts them on a pump, and he measures the angle of the Peyronie’s with a protractor, so he’s got extremely good documentation, and doesn’t even inject the plaque and still gets truly remarkable results.

Remember, the British Journal of Urology showed that 51% of men will cancel their surgery if you just put them on the pump twice a day for 10 minutes at 12 weeks. Severe Peyronie’s waiting for surgery—51% canceled.⁴

So, for Peyronie’s, you offer the P-Shot®, and you combine it with a pump.

A Vasoactive Substance Versus PRP

So, back to this paper.⁵ What it tells me is that the risk of the incidence of Peyronie’s disease in those with more severe disease probably does go up somewhat with Trimix injections. But it’s different: injecting a vasoactive substance (Trimix) versus injecting PRP into the area (using our P-Shot®

³ 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.”

⁴ Raheem et al., “The Role of Vacuum Pump Therapy to Mechanically Straighten the Penis in Peyronie’s Disease.”

⁵ Bhambhani et al., “Risk of Peyronie’s Disease Following Intracavernosal Injections for Erectile Dysfunction.”

protocol), which has been shown to help scarring,⁶ keloids,⁷ and multiple wound care studies—remodeling collagen,⁸ neovascularization,⁹ neurogenesis,¹⁰ all that.

Should a P-Shot® Be Standard of Care With Trimix?™

So it seems to me that it should probably be standard of care to get a P-Shot® when you are put on an injectable vasoactive agent (it isn't yet, but I think it eventually will be).

=>Benefits of the Cellular Medicine Association<=

In summary, there could be the possibility of an increase in the occurrence of incidents of Peyronie's disease when you go on a Trimix injection. But we have a treatment for Peyronie's—we don't know, but it makes good sense—it might help prevent that from happening if you do a [P-Shot®](#) once a year.

Now, if they're already on an injectable, the standard thing to tell them is that a good result after a P-Shot® won't be throwing the Trimix away, but that you're on your Trimix injections and want to augment them and maybe prevent Peyronie's.

If you get a P-Shot®, you'll often be able to cut the dose you're using rather than having to increase it, which often happens over time. You'll be able to cut the dose of your Trimix oftentimes to about half,

⁶ Elsamna et al., "Platelet Rich Products in Cleft Palate Repair"; Eichler et al., "Platelet-Rich Plasma (PRP) in Oncological Patients"; Number 5, *Platelet-Rich Plasma (PRP)*; Şen and Şen, "Platelet-Rich Plasma for Wound Healing and Scar Formation after Cesarean Section."

⁷ Blandón et al., "Platelet-Rich Plasma for Immature Post-Traumatic Scars and Early Keloids"; "Intralesional Triamcinolone Alone Vs. Combined Platelet-Rich Plasma for Keloid Treatment."

⁸ Sciafani and McCormick, "Induction of Dermal Collagenesis, Angiogenesis, and Adipogenesis in Human Skin by Injection of Platelet-Rich Fibrin Matrix," 2012.

⁹ Zhang et al., "Effects of Platelet-Rich Plasma on Angiogenesis and Osteogenesis-Associated Factors in Rabbits with Avascular Necrosis of the Femoral Head"; Bindal et al., "Angiogenic Effect of Platelet-Rich Concentrates on Dental Pulp Stem Cells in Inflamed Microenvironment"; Nolan et al., "Histological Analysis of Fat Grafting with Platelet-rich Plasma for Diabetic Foot Ulcers—A Randomised Controlled Trial"; Sciafani and McCormick, "Induction of Dermal Collagenesis, Angiogenesis, and Adipogenesis in Human Skin by Injection of Platelet-Rich Fibrin Matrix," 2012.

¹⁰ Chung, "Regenerative Technology to Restore and Preserve Erectile Function in Men Following Prostate Cancer Treatment"; Kuffler, "Platelet-Rich Plasma and the Elimination of Neuropathic Pain"; Sánchez et al., "Platelet-Rich Plasma, a Source of Autologous Growth Factors and Biomimetic Scaffold for Peripheral Nerve Regeneration"; Yasak et al., "Electromyographic and Clinical Investigation of the Effect of Platelet-Rich Plasma on Peripheral Nerve Regeneration in Patients with Diabetes after Surgery for Carpal Tunnel Syndrome."

¹¹ Chicharro-Alcántara et al., "Platelet Rich Plasma"; Gomez et al., "Platelet-Rich Plasma in the Treatment of Diabetic Foot Ulcers."

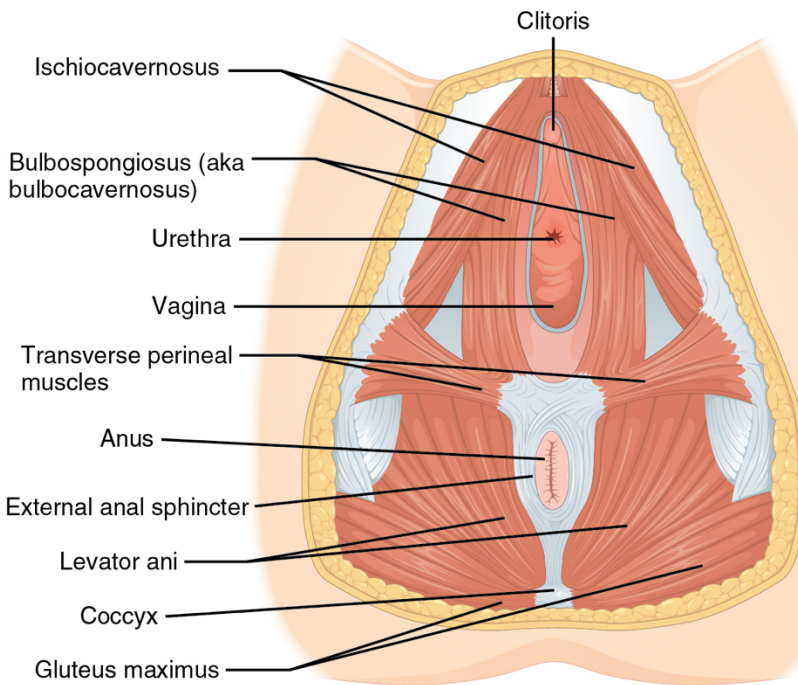
while—that's with a P-Shot®—while simultaneously, in theory, at least, decreasing your incidence of Peyronie's disease.

That is low-hanging fruit for somebody with an ED clinic or a urologist to do that study.

Vaginal Massage

Okay, this one—really like this study. Vaginal massage. I just think that those two words in a sentence just sound like fun all over the place, and the fact that it could actually be fun and therapeutic sounds like a good idea to me.

Let me show you a picture just to remind. You know this, but I want to remind you. Give me just a second, because this is eye-opening, and some of you may haven't looked at this for a while, so I want to show you something that I think you will find intriguing, which is based on this paper.



All right, look at that.

Knowing Where Every Pelvic Floor Muscle Is

The fun thing about this is that if you understand the anatomy, you can put your finger on every one of those muscles. You could give a therapeutic massage, or if you're in the bedroom, you could give an interesting, pleasurable massage.

This is vacation sex, by the way. But if you know what you're doing, you can put your finger on every one of

those muscles.

Have you ever had a really good masseuse whose hands feel like they're not just rubbing you like you're some blob; they're teaching you with their magic and their fingers where every muscle in your body is? Or if they're spending an hour on your neck, by the time they've finished, their fingers have shown you every muscle in your neck, and then you write the next book of the Bible?

And so that similar sort of ecstasy can be found if you know how to find these things.

So, both as a physician and as a lover, it's interesting to know where these muscles are. And for those same reasons, we now have this interesting study.

The Narrative Review: 14 Small Studies

Here, they conducted a narrative review of 8 electronic databases, and you can see what they searched for: Vaginal massage was associated with help for pelvic organ prolapse, pelvic floor dysfunction, and chronic pelvic pain.¹²

They list them here somewhere. Out of those studies, they find that it shows improvement for sexual function, orgasm, dyspareunia, pelvic floor dysfunction, and chronic pelvic pain.

I know people in our group who do the following...

Partner With a Pelvic Floor Physical Therapist

Your patients will love you for this.

You find a pelvic floor physical therapist in your town. Hopefully, you're in a town that big enough to have one.

I was actually teaching a workshop at one of our gynecologists' offices years ago, and they invited—at my suggestion, they invited the local pelvic floor physical therapist to bring one of her more difficult patients with pelvic floor pain in, and they did an [O-Shot®](#) modified by injecting the pelvic floor where it was tender, the way we teach it, which is basically just borrowing what the exercise physicians have been doing with NFL football players for years.¹³

If you're a professional football player and suffer a muscle injury, you better believe you get a physical therapist and a massage therapist when you're making \$20 million a year, because taking a day off from work costs a lot of people a lot of money. And you also get PRP.

Do What Works, Like the NFL

They do what works, and they can measure it the next time the athlete's on the field. They don't need an FDA-approved study. So you would get a massage, physical therapy, and PRP injected into those tender muscles. So that's what you can do, and you treat one or two of the difficult patients for free for one of your pelvic floor physical therapist.

And then you have this beautiful synergy where you're cross-referring. I would treat the actual therapist if she would let you

¹² Mike and Shemesh, "Vaginal Massage in Sexual Medicine and Pelvic Health."

¹³ Bernuzzi et al., "Use of Platelet-Rich Plasma in the Care of Sports Injuries"; Middleton et al., "Evaluation of the Effects of Platelet-Rich Plasma (PRP) Therapy Involved in the Healing of Sports-Related Soft Tissue Injuries."; Chu et al., "Descriptive Analysis of Platelet-Rich Plasma Injection Therapy in Chronic Musculoskeletal Pain"; Agarwal et al., "Comparative Efficacy of Platelet-Rich Plasma and Dry Needling for Management of Trigger Points in Masseter Muscle in Myofascial Pain Syndrome Patients."

PRP After Childbirth: C-Section and Perineal Wounds

Eventually, a postpartum O-Shot® is going to be the standard of care, but when I talk to our gynecologists, they're often thwarted by their hospital's administration. So maybe it's an option with follow-up for your patients: a for-cash optional service where you treat the scars and/or their episiotomy scar, and microneedle their C-section scar in the office later.

We're seeing that the research is finally catching up with what many of our physicians are doing. What this study showed was that early benefit for C-section wounds; they had mixed results, some good, some not so good, for the perineal results.¹⁴

For episiotomy pain and bleeding, you usually need to inject them two or three times (6 weeks apart), but you can catch them a decade after delivery and still see results.

They had trauma to the posterior vagina, and you inject the friable tissue that hurts and bleeds, both superficial and in the muscle, and they get better.

This is more low-hanging fruit; we need more studies, but anecdotally, we're getting great results.

Microneedling and Postpartum Striae

So this could also be microneedling postpartum striae by one of your physician extenders.¹⁵ It could be injected in the post vagina at the time of delivery, if you're doing a home delivery or have an understanding facility, or it could be in follow-up.

You need to go around 2 millimeters to get a good result in the abdomen.

Exosomes for Alopecia: Still a Possible Risk to Your License

Okay, the next one is about exosomes for androgenic alopecia.¹⁶ Even though these exosome studies are out quite a bit, I pull them up disproportionately in a smaller fraction of the papers we look at because they are still potentially a risk to your license in some states.

¹⁴ Zhou and Li, "Platelet-Rich Plasma in Postpartum Wound and Scar Repair."

¹⁵ Alster and Li, "Microneedling Treatment of Striae Distensae in Light and Dark Skin With Long-Term Follow-Up"; Gamil et al., "Platelet-Rich Plasma Versus Tretinoin in Treatment of Striae Distensae"; Zhu et al., "A Systematic Review on Treatment Outcomes of Striae"; Kaur et al., "Comparative Study of Microneedling Monotherapy versus Microneedling with Autologous Platelet-Rich Plasma for the Treatment of Stretch Marks (Striae Distensae) and Post-Surgical Scars."

¹⁶ Nareswari et al., "Exosome-Based Therapy for Androgenetic Alopecia."

So this is just a review article I'm bringing to mind, to make sure you know I'm still reading about it. And if you're aware, you can use it without risking your license, go for it, because I think it does help. When possible, use the autologous exosomes—obviously, nothing safer than your own body.

Microneedling PRP Into the Scalp Beats Injecting

This one is more of a review article and, again, just an endorsement of what we're doing.¹⁷ There's still—it was surprising to me early on; I thought injecting PRP would be better than microneedling, but there have been three papers I know of that we've covered where, if you can get your device flush with the surface of the scalp, microneedling PRP into the dermis actually works better than injecting (more and thicker hair growth).

What Do Donkeys Have to Do With Interstitial Cystitis?

The reason I bring this up is that we still don't have a study on treating interstitial cystitis with just our basic O-Shot®. I've lost track of the number of gynecologists who have vast experience in interstitial cystitis who've called me breathlessly, telling me that they have a patient who is completely well after years of pain after an O-Shot® just done in the standard way.

The research that's out—and I'll put the references when I send this out—has to do with injecting into the bladder itself,¹⁸ and they're encouraging, but I think that it's probably not necessary, and no one in our group has done this study. It's just such low-hanging fruit. Just take 20 people with interstitial cystitis and do our regular O-Shot®.

¹⁷ Vedakumari et al., "Microneedle-Based Technology for Treating Hair Loss Disorders – an Emerging Trend for Managing Alopecia."

¹⁸ Jhang et al., "Intravesical Injections of Platelet-Rich Plasma Is Effective and Safe in Treatment of Interstitial Cystitis Refractory to Conventional Treatment-A Prospective Clinical Trial"; Jhang et al., "Repeated Intravesical Injections of Platelet-Rich Plasma Are Effective in the Treatment of Interstitial Cystitis"; Jhang et al., "Comparison of the Clinical Efficacy and Adverse Events between Intravesical Injections of Platelet-Rich Plasma and Botulinum Toxin A for the Treatment of Interstitial Cystitis Refractory to Conventional Treatment"; Jiang et al., "Repeated Intravesical Injections of Platelet-Rich Plasma Improve Symptoms and Alter Urinary Functional Proteins in Patients with Refractory Interstitial Cystitis"; Ozyuvali et al., "Protective Effect of Intravesical Platelet-Rich Plasma on Cyclophosphamide-Induced Hemorrhagic Cystitis"; Trama et al., "Use of Intravesical Injections of Platelet-Rich Plasma for the Treatment of Bladder Pain Syndrome."

The reason I like this study is that in donkeys, they're talking endometritis, but it makes the same point:¹⁹ PRP is antibacterial,²⁰ anti-inflammatory,²¹ and if you're flooding an area of pain that could have either of those etiologies for interstitial cystitis, it makes it a backup for the hypothesis that our basic O-Shot® might work.

Talking to Patients: Never Talk Down

And so that's why I put this one here. Now, how would you talk about this with your patients?

Patients have a sense of humor too, and they also—you should never talk—in my opinion, you don't talk down to anybody. Even a three-year-old, I just talk to them like they're little grown-ups. Now, I'll talk about a different subject matter. I'll leave some out and put others in. They're more interested in Walt Disney than calculus. But if a child brings something up, I always figure if you're old enough to ask a question, you're old enough to get the answer. Yet, it's tempting. I have to catch myself when I'm writing to patients—to remember to talk to them as if they know as much as my own smartest self.

I use the same vocabulary.

So if you sent a link to this paper and said, "Hey, here's some research that shows that infection and inflammation can be helped in the animal model,"—it could be that is the reason why we're seeing results with our O-Shot® for interstitial cystitis.

Then you throw in a couple of references into your email, another patient shows up, and you make her life better.

It Is Our Responsibility to Teach

Remember, it's always our responsibility to teach people what we can do. It's not your patient's responsibility to figure it out. And just—I'm going to tell you the one-line thing where you don't have to

¹⁹ Ling et al., "Platelet-rich Plasma Exhibits Antibacterial and Anti-inflammatory Effects in an in Vitro Donkey Endometritis Model."

²⁰ Aggour and Gamil, "Antimicrobial Effects of Platelet-Rich Plasma against Selected Oral and Periodontal Pathogens"; Cl et al., "Antimicrobial Effects of Platelet-Rich Plasma and Platelet-Rich Fibrin"; Sethi et al., "Systematic Literature Review Evaluating Evidence and Mechanisms of Action for Platelet-Rich Plasma as an Antibacterial Agent."

²¹ Anitua et al., "Anti-Inflammatory Effect of Different PRGF Formulations on Cutaneous Surface"; Pototschnig and Madl, "Successful Treatment of Alopecia Areata Barbae with Platelet-Rich Plasma"; Tong et al., "Platelet-Rich Plasma Exhibits Beneficial Effects for Rheumatoid Arthritis Mice by Suppressing Inflammatory Factors"; Behnia-Willison et al., "Use of Platelet-Rich Plasma for Vulvovaginal Autoimmune Conditions Like Lichen Sclerosus"; Borhani-Haghighi and Mohamadi, "The Therapeutic Effect of Platelet-Rich Plasma on the Experimental Autoimmune Encephalomyelitis Mice."

write an email that you can do at the end here, but hardly anything beats a once-a-week email, because you can do a long form, teach people, write to them as if you're writing to a family member.

Don't worry about trying to be clever. You are clever. Just talk/write.

Just teach them what you just learned. And this—because this is new—you can see it was received in November, but it just came out in September of this year. Everything we talk about at Journal Club is news. That's the reason you can talk about it, and it is not spam—it is news.

Camel Urine and Platelets

I've just never seen a paper about camel urine and its effect on coagulation. So in theory, you could use it like aspirin.²²

I'm not sure exactly how you would do that, but they're looking at it biochemically, because of its effects on platelets, using it as some sort of anticoagulant.

I don't know who got the idea. She's like whoever went to the bank—and the one who invented that fake dog poo that goes on your floor.

She went to the bank and said, "I have this great idea for a business/patent. I'm going to sell fake dog poo."

And this seems similar to me. Someone had the idea to use camel urine for health benefits. I apologize; I brought you something I have no clinical use for at present. I just have never seen the topics camel urine and platelets in the same title, and I wanted you to know about it. There's some science to watch regarding it.

One More: The Green Journal Trial

So this paper that came out—I think it was last April; it was March, I guess it was, of this year. They did two things. One, they did a double-blind, placebo-controlled study just injecting the anterior vaginal wall, not the clitoris, and they took women... This was the crazy thing; this is so brave.

They took women 18 to 50 years old, **without**—you see that?—**without** severe sexual dysfunction. So they took normal people having good sex and gave them a one-half of an O-Shot® (they left off the clitoral injection), but they did a part of an O-Shot® in a similar way.²³

They also did not activate the PRP, so it was an incomplete O-Shot® in more than one way.

²² Al-Ghumlas et al., "The Inhibitory Action of Camel Urine on Human Platelet Surface Glycoproteins Could Be the Potential Mechanism for Its Reported Anticancer Effects."

²³ Clarke et al., "Vaginal Injection of Platelet-Rich Plasma for Sexual Function."

They used saline as a control, which I don't think is a good control.²⁴

But they still showed some benefit, and it put us on the map, because it's in the Green Journal, which—you can't get more high impact for gynecologists. And if you notice this author, Cheryl Iglesia, she's a powerhouse, all right?

A Urogynecology Paper on FemTech

Dr. Iglesia is a powerhouse. Many different hats, powerhouse.

And so she was also a coauthor in this paper about FemTech, and this one is *Urogynecology*.²⁵ Again, super-high-impact journal. And they mention the O-Shot®, and they come about as close as you can come to endorsing it without endorsing it. They just can't quite do it yet.²⁶

But a couple of things caught my attention. One, they mention here that \$1.1 billion was invested in 2024 in how to help women have better sex.

And then they referenced one of our papers²⁷ and mentioned our O-Shot®.

And so why am I talking about it? Because—

On the Forefront of Something About to Go Mainstream

We are on the forefront of something that's about to go mainstream, I think.

It's interesting to me that they call us "FemTech" in the same category as vibrators; but PRP is a biologic, it's a body fluid. Would you call hair transplants or skin grafts "SkinTech" and put them in the same category as an electric scalp massager?

Would you call antibiotics InfectionTech?

²⁴ Asghar et al., "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars"; Bokey et al., "HYDRODISSECTION"; El-Amawy and Sarsik, "Saline in Dermatology"; Searle et al., "Saline in Dermatologic Surgery"; Tekin et al., "The Effect of Dry Needling in the Treatment of Myofascial Pain Syndrome"; Saltzman et al., "The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis."

²⁵ Zhang et al., "Femtech Revolution for Pelvic Floor Disorders and Sexual Health."

²⁶ Imagine the implications if they now called the O-Shot® standard of care: immediately, we would expect insurance to pay for it—but insurance does not pay for it. I'm not saying that's the reason the O-Shot® is not yet standard of care; but, if you are writing for *Urogynecology*, that is one of the possible implications of a full-throated endorsement.

²⁷ Runels et al., "A Pilot Study of the Effect of Localized Injections of Autologous Platelet Rich Plasma (PRP) for the Treatment of Female Sexual Dysfunction."

I do not know.

Maybe it's just because we use a device to make the PRP.

But then they talk about the study in the Green Journal and say this (which I love): "Data are still accruing, recognizing that PRP may soon emerge as a validated option."

That's about as close as you can get to an endorsement from *Urogynecology* for something not yet paid for by insurance.

You Never Really Prove Anything

It took me a while to figure this out. In medicine, you never really prove anything. Nothing is ever, "Okay, this is the study that proves it." That never happens. Instead, you have multiple studies that try to disprove it, and a hypothesis becomes stronger as more people try to shoot it down. It's not malice; it's just the way science works.

And it never really occurred to me until I started trying to gain acceptance of the things we do and realize that there's never going to be **the one study**. It's just going to be earlier adopters—and then the others eventually saunter into the room.

For example, when I used HA for the knee (Hyalgan) the first year it came out, I was the number 2 injector in the state (I know because BlueCross audited me for costing them too much money), injecting knees because the orthopedic surgeons had not yet widely adopted it.

It took another decade before it became standard and everybody was using it, and that was with an FDA-approved drug (easier to adopt than PRP, which had no huge research budget).

So, for something that doesn't have the backing of a drug company to promote it, it's going, I think, maybe 5 years, probably 10, before everybody's doing some version of what we're doing. I'm sure it'll evolve and become better in some way, but that's that. Okay, that's 30 minutes. Let's see if I can do 5 more minutes.

The Question: Where to Put the Needle in the Clitoris

I'll get to these press things, but I want to cover the question I promised you first. Okay, I'll show you a picture first. Let's see. You can believe it. Before I injected my own penis first, and before I started doing the O-Shots® after doing the penis for a while, I looked at a lot of anatomy, trying to figure out where to put the needle.

Let me show you this picture and give you the question that was presented to me. Very excellent question by one of the bright gynecologists who was in [our workshop this past week](#).

Hold on a second. Let me show you the picture. I'll show you this and then the marketing, and we'll be done.

Injecting the Corpus Cavernosum: The Penis First (for this, the video makes the discussion more understandable)

Let's talk about the penis first. With the penis, if you—you can come in—we're trying to inject the corpus cavernosum. And in theory, there is some communication from one to the other, although they're separate compartments.

And one of our providers told me he was at a cadaver course where urologists just argued with everybody in the room that you don't need to inject both sides of the corpus cavernosum because there is communication. And yet, one of the studies published showed benefit from a double-blind, placebo-controlled study that used a spinal needle to thread the corpus cavernosum on both sides and then injected PRP retrograde.²⁸

Sounded awful. They thought not only did you have to inject both sides, but you needed to spread it evenly with your needle, because there wouldn't be significant diffusion (not sure what else they were thinking to torment these guys), without it, there could be no sufficient hydrodissection.

What I Learned Injecting My Own Penis

Remember what William Osler said?

“The question came up one day, when discussing the grooves left on the nails after fever, how long it took for the nail to grow out, from root to edge. A majority of the class had no further interest; a few looked it up in books; two men marked their nails at the root with nitrate of silver, and a few months later had positive knowledge on the subject. They showed the proper spirit.”

²⁹

I think most of the people in our group are that third person.

So, you won't think it unusual that before I injected anyone's penis with PRP (before anyone else injected the penis with PRP), I tried injecting the base of my penis. I could see the increased girth at the base immediately, and after a week or two, it was still there, just the base. It only took a few patients to see that—unless you have a micropenis, literally, like with a 2-inch erection or something—you have a normal-sized penis, you need to inject twice, once near the base and once near the tip—divide it in thirds. You guys know how if you're [part of our group](#).

²⁸ Poullos et al., “Platelet-Rich Plasma (PRP) Improves Erectile Function: A Double-Blind, Randomized, Placebo-Controlled Clinical Trial.”

²⁹ Admin, “The Student Life (Sir William Osler).”

But you did need to do it twice on both sides. You could see where it was going by the expansion of the penis during the time of the procedure.

The Clitoris: Do You Need to Inject Both Sides?

So the thing about the clitoris, though, it's small enough that it's smaller than a micropenis, and for most people, and you're going... And so it's enough to inject just once on each.

But the question then is, do you need to inject on both sides?

Imagine that very small clitoris. Just the ability to inject on each side would make it nearly impossible. Although if you had a larger clitoris by genetics or being on testosterone, it would be a simple thing to do.

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So I injected one side. Did the first one. It's the first time I've known anybody to inject directly into the clitoris—near the clitoris, but not in it. They had injected near it for persistent genital arousal disorder, but not in it. And the results were great, even injecting on only one side.

The Ultrasound: PRP Flowed Down Both Sides

Still, with the clitoris, I didn't really know what was happening in there. But one of our providers, who's an interventional radiologist, brought his ultrasound machine to my office, and we injected PRP with one injection site, the way I teach it, which is about right there (see the video), and around 2 o'clock. Not noon—2 o'clock or 10 o'clock. Not 11, not 12. 10 o'clock or 2 o'clock.

So, we injected it just on one side, and he had an ultrasound that he ran along each corpus cavernosum bilaterally, back and forth, and we could see flow. We could see the waveform change. So we, at least on that woman, it went down on both sides. However, it didn't show up very well until we got to around the second and third cc.

It doesn't mean it wasn't there, but for us to see it on ultrasound, it took more than one cc. I do not think we should go up on the volume that we inject into the anterior vaginal wall (we've seen a few cases of temporary overflow obstruction in our group when people have increased the amount).

But based on that day with the ultrasound in our office, you can make a case for a higher volume in the clitoris. And I know my wife, Alexandra, who's a gynecologist, she likes injecting 3 cc.

Why I Still Teach This Injection Site on the Clitoris

So, why do I still teach this injection site?

One reason is that it's worked, and at least on that ultrasound, it got both sides. Second reason, in a tiny clitoris, it would be nearly impossible to thread each one of the corpus cavernosi accurately. As—it's slippery and it's tiny, and even with a 30-gauge needle, it's hard to accurately just put it in the one half. That may change.

The person who asked me these questions during the workshop had another idea that I'm also not going to share yet, but I have a potential provisional patent that might make it happen. I'll update you when I know more.

Why 2 O'Clock at 45 Degrees

So why not at 3 o'clock? Seems like it would be easier. The reason I don't recommend 3 or 9 o'clock. If you can do it, then do it. But what I've found over the past 16 years of teaching is that some people, if I tell them "here" and not "here," they'll get it.

But if I tell them here (see the video) and they undershoot—with a man, you got urethra out here—and they'll get tangled up sometimes with the urethra, which makes it painful and not as therapeutic. So if I tell them to come in at this angle, so 45 degrees to the floor at 2 o'clock, they nail it every time if they follow those instructions (see the video).

So not 3 o'clock, not 9 o'clock; 2 o'clock or 10 o'clock. Just above midline, if you're dividing cross-sectionally that way. Just above it and aim down at 45 degrees, and it puts you in exactly the right spot, so you avoid all this.

I can't really tell you which one works the best, because, again, no one's done the study.

Other Approaches I've Seen (refer to video)

You're looking down, standing from the side. You can barely see the body of the clitoris. You have the glans clitoris, and here's the hood (see the video). And so there's the glans clitoris. So some people—so I recommend you come in—if you're looking cross-sectionally, your needle is coming in like that and going into that—that area.

You could come in this way, just don't undershoot, because then you just waste your product, and it's hard to see. You **have to look around the curve to see what's going on down there**. I can see that, but I can't see—I can't visualize that. And so if you think you're hitting here, but you can't visualize that, all it has to do is twist a little bit, and you're down here somewhere, and you're injecting who knows what.

So that's why. Doesn't have to be that way, but that's just the way I do it. And then this week, there was one of our people there who was trained by another person, and they were coming in like this, tangentially. And I guess that's okay, but especially if you're sliding up under the hood, it's hard to see.

I know it's okay if you're actually getting it into the tissue. But if you're not—so if you're like this, there's glans, clitoris, and hoods like this, and you're trying to slide your needle in like that, it, it—you could be, instead, you could be parallel and not injecting. If that's the way you train and it's working, that's great.

How You Would Know You Had It Wrong

The way you would know you had it wrong is that you would see edema near the clitoris in the soft tissue of the surrounding area. Either way, you see better results if you inject slowly to make sure it's

hydrodissecting the clitoris—be sure you’re not doing a vampire clitoral hood lift instead of injecting the clitoris, doing an O-Shot® procedure.

So those are the options. (See video.) The way I do it is I just pull the hood back and go at a 45-degree cross-sectionally. Hood’s been pulled back. You’re looking head-on at the glans. I come in like that, just behind the glans, into the body of the clitoris, which is that first section of the clitoris just behind the glans, corpus cavernosum.

Okay. Now, some—and I’ve seen Alex do this, especially with a small clitoris—just come head-on directly into it. And so if you’re looking cross-sectionally at the picture I just showed you, you would be landing somewhere like that. You could also come in ventrally like that, and you’d be definitely avoiding this.

So you could come in with your needle—if I was looking sideways, the glans and hoods like that. You could come in like that. So there’s all these different options, but the main thing is go slowly and understand the anatomy, so when you’re in the wrong place, you know it, and don’t go blindly. There’s no reason to go blindly.

If you can see what you’re doing and you’re in the right place, great, and we’ll hopefully eventually get the answer. My preference—by doing a study, not by speculating—but my preference right now is to come in right there, because I can see it.

In the Press: Megan Fox and ED

Okay. Quick review of some of the press that’s come out, and I’ll be done in 3 minutes.

And all these could be used for marketing. The first one is Megan Fox.³⁰ I love this one. I love this.

She says she was **born to advertise ED drugs**. I don’t know how much they’re paying her to feel like she was born to do this, but I love her. I just love that attitude. Okay, so that’s something that you could promote.

You could say, “Hey, Megan Fox is talking about this problem, and the reason she’s talking about it is that it’s a serious problem.” Then you talk about your P-Shot® and all of the other treatments you offer for the problem.

The Segue: You Can Relate Anything to Anything

Now, this is called a segue. You can relate anything to anything. So what you do is you take the story, which is Megan Fox is doing this. You take what you want to talk about, and you find something in

³⁰ EW.Com, “Megan Fox Is the New Face of Erectile Dysfunction.”

common, and you use that commonality to drag it over. So this is a no-brainer. You could use anything to talk about anything.

There's always something in common. I don't know, let me think of something. The beach. You could do a story about the beach, and you could think of metaphors about beach and waves and the moon and—and all that has to do with cycles and energy, and you could roll that easily into a talk about sexual function.

You see what I mean? So that's the way fairy tales work. It's the way we knew stories as children, and that's what you can do. But if something's directly related in the press, you put this out, and the other thing that happens now when you post this—however you... in your email or your social media—because Megan Fox is a well-known name, it pulls people in.

It's like, “Hey, Megan Fox is talking about ED,” and we have something that actually changes the physiology and the etiology, possibly, instead of Ro Sparks, which is a treatment, and we have something that actually addresses the etiology. Okay?

The FDA Asks for Research on Women's Sexual Health

Next one is this one, and I'll give you all these links in a second.

It's an article about how the FDA is trying to get people to do more research, because they recognize they're really behind in figuring out a drug that we can have its own label for women.³¹ And so they're saying, “Help us. This is the research we need to see.” And so that could easily be segued into your O-Shot®, obviously.

A Vampire Facial® Paper From India

Then this is a paper that just came out about the Vampire Facial® over in India, and so it's a nice one.³² They didn't use the trademark, whatever. You would think journalists would get it right, but not always. They do their best.

Just tell people in your email that they really ought to find someone who's in our group, because some people [contracted HIV in New Mexico when someone who didn't know what they were doing treated them](#).³³

³¹ “US Regulators Urge More Research on Testosterone Therapy for Women as Experts Debate Benefits, Risks | Reuters.”

³² *The Times of India*, “Travel Vlogger Shenaz Treasury Gets a Vampire Facial.”

³³ “Vampire Facials Linked to Two Confirmed Cases of HIV In New Mexico.”

So, you send an email linking to both articles and say, “Yep, this is a great thing, but you should get it done the right way. And that’s what we do; [you’ll find us in the directory](#).”

High-Stress Jobs and ED

The next discusses a high-stress job causing erectile dysfunction.³⁴ If you’re using your creative energy to work, in theory, you have less for the bedroom unless you’ve learned sex transmutation.

The Links Are in the Chat Box

All right. That’s all I got. Let me give you these links. And while I’m doing that, if anyone has a question or a comment, I would be honored, including if you correct me if I’ve said something that seems wrong to you. I want to be called out. But let me share these links so you’ll have them in the chat box.

These celebrities are worth mentioning; they brought attention to that drug that’s being sold for ED online with a telephone, which used to get you put in jail, but now it’s legal, thanks to COVID. And so she’s selling that drug, but she’s bringing attention to something that you treat, too.

So you could leverage that by talking about her, then talking about whatever you do with your P-Shot® or your Trimix. And there’s the one about the job giving ED. They’re all going in the chat.

So you click those, forward them on your social media, and talk about what you do; that should bring you some phone calls.

Okay. I don’t see any questions. Thank you. I hope that was helpful to you. Have a great week. Bye-bye.

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Tags

PRP, platelet-rich plasma, P-Shot®, Priapus Shot®, O-Shot®, Vampire Facial®, Peyronie's disease, Trimix, intracavernosal injection, vasoactive injection, TriNetX, erectile dysfunction, ED, priapism, Xiaflex, Ronald Virag, vacuum pump, penile traction, standard of care, vaginal massage, pelvic floor, pelvic floor physical therapy, pelvic floor dysfunction, chronic pelvic pain, pelvic organ prolapse, dyspareunia, female sexual function, orgasm, childbirth, postpartum, C-section scar, episiotomy scar, perineal repair, microneedling, striae, stretch marks, exosomes, hair restoration, scalp microneedling, interstitial cystitis, endometritis, camel urine, platelets, coagulation, Green Journal, Cheryl Iglesia, randomized controlled trial, anterior vaginal wall, FemTech, urogynecology, clitoral injection, clitoris, corpus cavernosum, injection technique, ultrasound, hydrodissection, Megan Fox, Ro Sparks, celebrity marketing, segue, FDA, women's sexual health, high-stress job, patient education, email marketing, physician marketing, regenerative medicine, sexual medicine, cosmetic medicine, journal club, marketing pearls

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