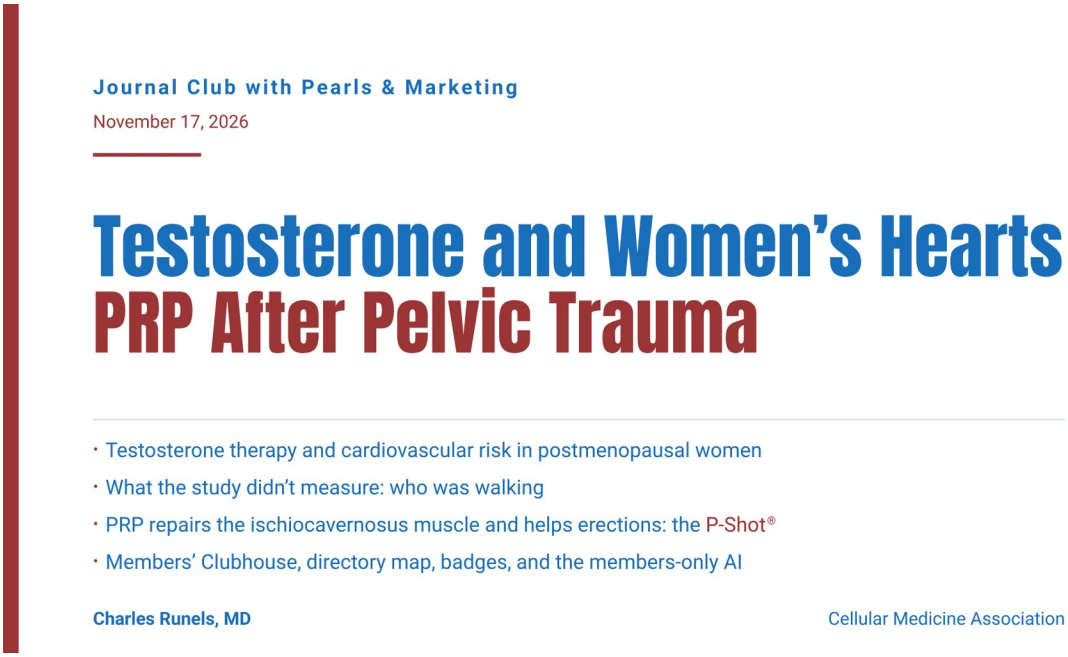
Testosterone and Heart Risk in Women | PRP After Pelvic Trauma | Members' Clubhouse, Directory, and AI - JCPM2026.11.17

The following is an edited transcript of the Journal Club with Pearls & Marketing (JCPM) of November 17, 2026, with Charles Runels, MD.

Watch the video and see the references online:
https://cellularmedicineassociation.org/jcpm2026-11-17/



Topics Covered

- On the Call Today
- The Members' Clubhouse
- The Upgraded Directory
- Badges for Your Website
- The Members-Only AI Chat
- How I Use AI Without Losing My Voice
- Testosterone in Women and Heart Disease
- PRP After Pelvic Trauma Improves Erectile Function
- Hunter Hansen's Course on Penile Injection Mixes



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

On the Call Today

Charles Runels, MD: On the call today, we should come in under thirty minutes. I have two papers, one about testosterone in women, post-menopausal, perimenopausal women, and the other about... that relates to our P-Shot® in regard to trauma.

Before we get to those, I wanted to show you some updates on our website that are for our members only that I think you may find helpful.

The Members' Clubhouse

Buy, Sell, and Trade Used Equipment

The first is that we've had quite a few requests over the years for some way for people to buy and sell used equipment. A lot of times people buy a new centrifuge or they change offices. I know my wife just shut down one office and moved to another, and so she has leftover equipment.

And I wanted a place where you can talk with your colleagues in the CMA, and the problem with our previous forum was that when you posted something, say, on the O-Shot® or the P-Shot®,

it would just live there. There wasn't a common way for the people in our group to communicate when they are on different procedure platforms

A Common Place to Talk With Your Colleagues

So we now have a common place for you to log in and have a conversation with your colleagues. It asks you a few things to help you get started, and then there's a place for events.

You can also see our staff there. It's sort of like a Facebook for our group, and you have to be in our group to be in here. So I know people are posting a picture here and there and asking for opinions or show... If you got something you want to do a show-and-tell for, it's all in here, and you can find it by category *[see video]*.

Oh, and please fill out the survey before you go in. I think it basically asks you a few questions, and then there's the usual disclaimer.

The Upgraded Directory

A Map of Providers Near the Patient

The other thing is we've had quite a few things, but one is ***we've upgraded the directory***. Mentioned this previously, but even more things have happened with it.

So there's Alabama. We'll search. And it still has the option.

But if I put in a zip code, let's do that. Let's put in 36532. It should bleed over into Florida as well because we're on the border of Florida. So there we go. It's giving us up and down. New Orleans is about two and a half hours away, as is Fort Walton Beach.

Easier for Patients to Call You

But anyway, hopefully that will lead to more people finding you. The other thing we've done is ***make it easier for them to call you***. Like, they can click that; it'll dial from their cell phone and get to your website.

So we've upgraded by adding the map and making it easier for you to be better known, with more information about yourself.

Better SEO for the Directory

The other thing we've done is make the SEO much better, so if you search for O-Shot®, our directory is killing it.

Some of you know my middle son has become involved. He was a finance genius, and now he's lending his time. He said he'd give me a year or two to see if we can boost our ability to take care of our patients and our group, and these are the things he's doing.

Edit Your Profile and Bio

So the members' clubhouse is our forum, and when you log in, if you look up here, there'll be a place that says "howdy," then your name. When you click on that, you see where it says "edit profile"? Anytime you want to edit it, that's what's showing on that directory.

[See Video] And see, you can add your Twitter and all that. This is the bio I was telling you about. And the directory gives a little bit of preference. The more information you put in here, the more it scoots you up and down a bit, because we want patients to be able to find people they can read about.

Badges for Your Website

A Seal of Approval That Helps Your SEO

The other thing, and you might have missed it, is that ***two weeks ago, we put out some badges that you can download, and you can find them on any of the membership sites***. Then, when you have your internet person, or if you add your badge to your website, it's sort of like a Good Housekeeping seal of approval for each procedure.

It also has some code in it that SEO, it does some search engine optimization for your website. And ***if they click on that badge, it takes them to your listing on the directory—confirming that you're a certified provider***. So, I mean, they can look at the rest of the directory if they keep clicking around, but it doesn't take them to everybody.

The reason that helps your SEO is actually Google makes it very plain that if you have your... if there's cross-linking, so if the main website for the procedure, which our website is for the O-Shot®, if it's linking to your website, which the directory does, and if your website links back to the main website, ***that combination tells Google to like your page or your website a lot.***

So when you put in your badge, that's what it does. It takes it to your profile and shows where you are on the map so people can find you.

Why You Don't Want to Be the Only One in Town

And what I found is they don't really want you to be the only person in town. You see, it's not... There are several other people very close to me in our group, within walking distance. But the... it doesn't show them, because when you click your badge, it'll take you to them.

If they happen to come up here and start clicking around, then what you'll find is that almost all the time, it actually makes them more inclined to see you. They're your patient, so they're interested in you, but they're suspicious if you're the only one doing it.

Some people think... I've had people in the beginning, when I started this business, who'd say, "Let me give you two hundred grand, and I'll just be the only doctor in San Diego or Miami,"

whatever. They wanted to buy a town. And ***I recommended not because if you're the only doctor in town doing something that's not paid for by insurance, it looks more suspect.***

So when we're so undersaturated, we're less than five percent of the people who take care of women, menopausal women alone, not counting all the other procedures. So, just for urinary incontinence, easily another 250,000 to 300,000 doctors and nurse practitioners take care of women's continence issues, if you count urologists, gynecologists, family practitioners, and nurse practitioners.

So we're so undersaturated that more will lead to more business. More providers in your town just confirms its legitimacy and leads to more business. Okay. So I think that was all I wanted to show you about that.

The Members-Only AI Chat

Finding Calcium Chloride When Your Pharmacy Is Out

The other thing I had was a question, and then we'll do our two papers. I had a question today. I get this occasionally, but it's a good question. No reason not to review it again.

It's on the website somewhere if you use our chat down here [see video] in the right-hand corner is no matter what page you're on anywhere in the membership site, but you have to be logged in. Notice it's not there now because this is the patient side. ***Until you log in, you can't see it.***

But once you're logged into our membership site, it's just for our people, you have this chatbot that has access to all of our journal clubs. So you can ask it a question. Let me just see. "Tell me alternative sources for calcium chloride." I haven't tried this, so hopefully it'll know. "My pharmacy is out of supply." Hopefully it'll remember. Let's see what it says.

I'll tell you the answer, and there are... Oh, there we go, and it looks like it did it very well; what it's supposed to be doing is reading. Literally, we have millions of words- I'm not exaggerating- over nine hundred videos that we've put in here in the past decade and a half.

But we didn't have a really efficient way to search all that information until the new AI stuff came out. So my son has put it in the AI, so it reads all our content, and then when you ask a question, it thinks about it and gives you an answer.

So official... "Ask your crash cart supplier." I've used mrcrashcart.com, but whoever fills that, you buy one of those ampules of calcium chloride; that's the right concentration. You can transfer it from the ampule to a 10 cc syringe, change it to a Luer lock connector, and then you can draw out of that syringe what you need as you need it.

So that's the best way to do it, and it gives you the source. Here we go. "Calcium chloride sourcing discussion." So, if you want to check, in this case, it's just something that you're

buying, but oftentimes, if it's a science question, you're going to get one of our journal clubs with all of the references for that too.

So this is part of what comes with your membership. ***This is not out there on the internet anywhere. You have to be a member logged into our membership site.***

How I Use AI Without Losing My Voice

It Gets the Facts Right, but It Doesn't Sound Like You

It brings up another quick point: I'm like everybody else in trying to figure out where to use AI and where not to. And I mentioned last week, and this, I think, will be helpful to you both from the writing standpoint. I see there's Phyllis, who wrote a book, and she's one of our top members and has been here with us for a long time. Thank you, Phyllis.

Now you'll have people that will say, "Yeah, let me just write a book for you, and you don't have to do anything." Well, when you do that, it just doesn't sound good. And if you read some of the ***people who invented the AI, they will tell you it doesn't write well.***

It writes as far as research goes. It'll get the facts right (most of the time), but it doesn't sound like a person most of the time, and it seldom, if ever, sounds like you. So what do you do with that?

My Process: Notes, Then Dictation With Wispr Flow

Right now, and this may change with time, but right now, my process is that I'm still taking notes either in Zotero or on index cards that get filed.

And then when I want to make something- say, this journal club or write a book or a chapter for a book or a web page or an email- I can pull those cards out, and I use an app called Wispr Flow, which I cannot emphasize enough about how helpful that is.

If you're still typing into your AI, you're wasting so much time.

I know all the chats have dictation, and your Apple has a microphone you can speak into it. But this (WisperFlow) is AI just for dictation. This is what I wish I had had twenty years ago, when I was an ER doctor.

But so it'll format it, it'll add punctuation, it'll catch your backups and restarts and edit them, and it'll know words you teach it, like it knows to put a registered sign and capitalize Priapus Shot®.

So then my process is I read, or whatever you see, something with a patient, you want to write about it, then you can dictate it using Wispr Flow into a Word document or into your software that you're sending an email with.

And that's how Winston Churchill did his huge books about the World War and his autobiographical content. He mostly stood up and dictated his stuff naked. And so can you.

Dictation is a great way to go, and then it's going to sound like your voice because you're just speaking it.

Why Grammarly Can Cost You Your Voice

And then you take the Word document you generated by dictation and edit it. And that point, I will use ***Grammarly to help me somewhat with the punctuation. But it goofs it up***. You know, if you took a Hemingway or if you took Ecclesiastes and you stuck it in Grammarly, it would completely goof it up. And I've tried it.

Here's an example.

Or you take Thoreau, take the first three paragraphs out of Walden and let AI do it, and it'll fix the punctuation and the grammar, and you'll lose the voice.

Here's Thoreau from Walden in his chapter on Higher Laws

The generative energy, which, when we are loose, dissipates and makes us unclean, when we are continent invigorates and inspires us. Chastity is the flowering of man; and what are called Genius, Heroism, Holiness, and the like, are but various fruits which succeed it. Man flows at once to God when the channel of purity is open. By turns our purity inspires and our impurity casts us down. He is blessed who is assured that the animal is dying out in him day by day, and the divine being established. Perhaps there is none but has cause for shame on account of the inferior and brutish nature to which he is allied. I fear that we are such gods or demigods only as fauns and satyrs, the divine allied to beasts, the creatures of appetite, and that, to some extent, our very life is our disgrace.

Here's Thoreau, the same passage, edited by Claude…

Sexual energy drains us when we indulge it and strengthens us when we restrain it. Self-control comes first, and genius, heroism and holiness grow from it. When we live purely, we draw close to God. Purity lifts us up, and impurity pulls us down. A person is fortunate who sees the animal side fading and the spiritual side growing stronger each day. Most of us have reason to be ashamed of our lower nature. We are part divine and part animal, driven by appetite, and that is a source of some shame.

Uggh! That is why you do not let AI write for you. After the AI, Thoreau is gone, and so are you!

So that's what the AI people mean when they readily admit AI can't really write like a person. It It can move around ideas and words, but it has no ***person***ality.

If you asked it to write a poem, a stupid Christmas carol about your left toe, it could do it, but it can't really sound like you.

The other thing that only you can bring to it is your stories and the things that have happened to you. It doesn't know. It's not a person, and so it can't do that part.

Research Assistant and Formatter, Not Writer

So back to what we're talking about here: how I'm using the AI, and we can talk more about this. I think I'm going to just update my five-note system for those of you who have it, because it needs to be integrated with AI. But ***I use AI as a research assistant***, even though it'll often give me the wrong links.

But I'll say, "Has anybody done a study about this?" And it'll find studies, and then I can read them and make my own notes, which I found works a lot better, again, with just a pencil and an index card. So I know that's old school and ancient, but that's how I'm doing it. But, I'm letting the AI help with the research.

And, I'm letting the AI, absolutely letting it format stuff. Holy smoke, I used to hate making PowerPoint slides. I let it do the formatting for my PowerPoint slides. But I don't have anything that it just wrote completely. I tried it some, wrote a few emails like that, wrote an attempt at a book.

I wanted to take all the journal clubs and put them in the book. And when I looked at it, it was informative, but ***it was crap because it wasn't me***.

A First Draft From the Members' Chat

And I showed you, and some of you might have got an email about it, where you can now say, I'll just try it. "Write an email that I could send a patient to let them know that I treat lichen sclerosus with the O-Shot® and use the three most recent research papers, you know, as references from these journal clubs." Okay? So let's see what it does.

Now, what you'll get will ***not*** sound like you. But if you wanted to use this as a research tool to give you a first draft, it's pretty powerful.

Now you can take what it gives you. Here we go. "Hello. I want you to know that I offer the O-Shot® procedure, a platelet-rich treatment for vulvar lichen sclerosus, using platelet-rich plasma from your own blood."

Well, you can read it. Recent publications. There we go, and it gives you the research, and then it gives you the references.

So you have a very smart, yet stupid email, right? Smart, because in just that short time you now have an informed email with three references, but I don't see Charles in there, and I don't see Phyllis.

And so you ***do not send this***. And you guys, ***you're getting emails from me that I'm calling my marketing pack, and I'm doing this and maybe adding a little twist to it. That's me, but it's still junk until you take it,*** read it, and then rewrite your own email, not looking at this, but using it as a prompt. So what it really did was serve as research on our website, showing you papers related to your subject matter. Okay?

So that's how you could do the same thing for a webpage or a post to your Facebook or whatever.

Posting to Social Media Without Getting Kicked Off

I feel more comfortable now posting to social media formats because I will tell the AI before I post, "I want you to check it to make sure I'm not breaking any rules," and it will.

So you might have noticed I had twenty years of, I don't know, a long time, a decade, and I had something like ten posts to Instagram because it just irks me. ***I'd rather get beaten up than get censored. I just hate it because I know what it leads to***.

I cannot write and worry that I'm going to say the wrong thing at the same time. I find that to be impossible. I need to be free to say whatever I think is the truth. And now what I do is I just say what the truth is, then I tell the chat to clean it up so I don't get kicked off Instagram, and it does.

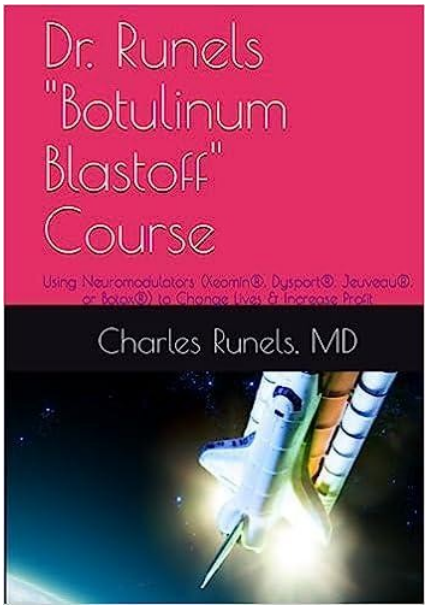
But it still starts with me, and I let the chat censor it, and then I decide if it's still worth sending out.

So those are a few ideas about how I'm using the AI to write.

This AI on our membership site (available only to our members) is getting smarter and smarter, and you can use it both to find simple answers, like the one I just showed you about calcium chloride, and to help generate ideas for your marketing materials.

Testosterone in Women and Heart Disease

The Menopause Society Presentation



Okay. So with that, let's walk over. I just have two papers. We got six minutes, and believe it or not, I think we'll still come in real close to thirty minutes.

There was a lot out, as usual, but these were the ones that I thought were less redundant. And in other words, there was something new and worthy enough to think about.

There was a presentation about testosterone in women. So it's not a published paper, it was presented. And the Menopause Society discussed this: it was a study presented at the annual meeting in San Diego *[see video]*.[1]

And the bottom line was that, "testosterone therapy in women was associated with significantly increased hazard of incidence composite cardiovascular disease compared with no testosterone exposure, three point eight versus point five."

"Our findings identify a potentially important cardiovascular safety signal associated with testosterone therapy in post-menopausal women."

And then it goes on to say, "Cardiovascular disease is the number one killer of women."

All right, so what do you do with that?

What the Study Didn't Account For

Here's the way I'm interpreting this.

I used to do this a lot, and as some of you know, I did testosterone hormone replacement for women using pellets starting 26 years ago, and did it for 2,000 or 3,000 women, depending on how you want to count. And I found two things could happen, and neither is accounted for in this study, best I can tell.

Okay, let me back up. A woman's 40 pounds overweight, feels tired, sex is not so hot, and now give her testosterone. Now, she wants to have sex, and she has more energy, but does she go walking, or does she just eat more and have more sex?

If her only change in behavior is that she just eats more, which testosterone could cause her to do, and has more sex, she gains weight, and her blood pressure goes up. That's my experience.

Why I Made Patients Promise to Walk

So I, as you, some of you know, I went all cash in 2003, 23 years ago, and by then I had already taken care of a lot of women with hormones. So went all cash. I would have them sign a piece of paper stating they would never tell me they don't have time to go for a walk.

And I found if they would go... Not bicycle riding; I used to race bikes. They make you so freaking hungry. But walking, doing miles, either walking or jogging- I don't care how they do it- it creates some of the same hormones that are in those shots everybody's taking. And so we didn't have those back then.

I just, no replacements and got their hormones straight, but ***I wouldn't treat them if they didn't agree to go walking.***

So just watch for it, and if you have a woman you're giving testosterone to, and she's gaining weight, and she's not active, she's going to gain weight and become less healthy. In that case, she's probably more likely to suffer heart disease. In other words, this number did not account for who was exercising and who wasn't.

But, and I'm just postulating, right? This is me just observing my patients, and they, their blood pressure became harder to control, their weight went up instead of going down, and then I would just have to stop their hormones and tell them that, you know, I told you, I can't make you healthy with a shot alone; you have to become active with the extra energy you get from the testosterone; I don't have a shot that will take up the place of walking.

What to Tell Patients Now

Now, of course, now you do. You have your new weight loss drugs. I don't think they make you as healthy as walking, but at least you could counteract the effects of testosterone, perhaps by preventing weight gain, even for women who remain sedentary. But for optimal results, I just found they had to go for a walk, working up to 21 miles a week.

That's all speculation based on experience. But the bottom line is you have this new thing to talk about, and ***before you put women on testosterone, I think now you have to tell them that it could increase your risk of heart disease,*** and to counteract that, we should do our best to get them to walk.

Okay. You know, at one time, I don't know if the study's been done yet, but there have been multiple studies showing that walking consistently does more to prevent a heart attack or a stroke than even blood pressure and diabetes medication. But I don't know if that comparison has been done with the new weight loss drugs.[2–6]

PRP After Pelvic Trauma Improves Erectile Function

One to Share With Your Patients

And then this other one, this will be the last one we talk about.

This one was really encouraging if you're doing the P-Shot®. It's one I would share with your patients.[7]

The San Diego Study That Got Me Started

Before we cover this study, I'll remind you of the thing that encouraged me to do, as far as I know, the first injection of PRP into a penis, and it was my penis; the thing that encouraged me was a couple of things. One, I used it in faces for about three months before I ever tried it in my penis.

And second, about the time I was exposed to the idea of PRP, a study came out of San Diego... where they took diabetic rats and harvested adipocyte-derived stem cells, tagged them, injected them into the penis, and then after twelve weeks or so, they harvested the penis and documented increased nitric oxide activity in the dorsal nerve and new endothelial cell growth.[8]

In other words, a harder, bigger penis, healthier penis.

But most of the tagged stem cells died, so they postulated it was the growth factors, not the stem cells, and, of course, that's what's in PRP. So maybe not to the same degree or the same spectrum as stem cells, but that paper encouraged me to try it.

Modeling a Pelvic Fracture

And of course, since then a lot of papers have come out. You can't harvest penises from people. And this one, they went in, they cut the ischiocavernosus muscle in rats because that's something that happens sometimes with a pelvic fracture *[see video]*.

So that was the model. And then they injected PRP, and they did well. ***The PRP assisted in repair and improved erectile function.*** Basically, if you model a bad car accident that fractures the pelvis, then injecting the PRP helps with erectile function.

Encouraging Surgeons to Use PRP

So what I think this is leading to in men and women, hopefully, is that papers like this will start to encourage our surgeons in the group- of course, many in our group already do- and outside our group to start to encourage surgeons to integrate PRP into their surgical procedures.

Orthopedists do it routinely. It's how PRP got started: using PRP during a knee surgery to help heal tissue that has no blood flow, only has synovial fluid. And I think this has not been paid so much attention to by urologists, gynecologists, and general surgeons, because it involves working with vascular tissue.

But here's a case where it actually improved healing, erectile dysfunction, and muscle generation.

An Email to Send Your P-Shot® Patients

So this would be a good one to send out. I've put the link in your chat box. This would be a good one to send out to your people if you do the P-Shot®. Again, if you want, go get... use the chat on our membership site to get a first draft. But if you send that first draft, it's not going to be so good.

But without a first draft, just using the link that I gave you, you could take this and send it out and say, you know, "Even with trauma, there are some signs that what we do with the P-Shot® could be helpful. There's no guarantee, but here's the research, and if you wanna talk about it with, about you or someone you love," because sometimes it's the wife out looking, "give us a call."

It's that simple, as if you're writing a note to someone you love with a link to the research and put your phone number.

The Bicycle Patient Who Flew In From New York

And of course you think, well, who else gets trauma? Actually, it's pretty common. One of the first P-Shot® patients I had flew down from New York City to Fairhope, which, as many of you know, can be an all-day affair if you have to lay over in Atlanta or Dallas or something.

And he came because he had trauma from a bicycle with some loss of sensation, and we went every eight weeks until he had five injections, and each one he improved. The fifth one was about the same. I just told him, "Keep coming back as long as it's working."

And after the fifth one, he didn't see a lot of improvement, and he was already back very close to where he was before the trauma after the fourth one, so we stopped, and that was it. We never had to do another one because he didn't have any more bicycle accidents.

But there's a lot of research showing that just riding a bicycle can damage the pudendal nerves in men and women.[9–12]

I've seen some really beautiful lectures at some of the sexual medicine meetings, and some of the top sex doctors just won't get on a bicycle because they know too much about what can happen.

You can add that to your email if you ride a bike or if maybe you didn't have a car accident. But if you've been in a spin class a lot and sensation's down, this could help, because we know PRP helps both muscle and nerve, and blood flow.

Okay. I think with that, let's see if there are any questions, and if not, we will call it a day. I don't see anything. Check out the new websites.

Hunter Hansen's Course on Penile Injection Mixes

Oh, I forgot to mention, Hunter Hansen is doing his second of three classes, and it's tonight. We're doing it every Tuesday night. I'll put it in the chat box where you go if you haven't signed up yet.

But it's one of our people; if you don't know him, he built up to seven ED clinics, did it for 30 years, and then he scaled back. And I said, "Hunter, while it's still- you're still the guru- before you forget all the cool stuff you know, we have to do a course."

So he agreed to do it, and we're charging people outside the group more. But inside the group, we dropped the price. And so I will give you a link in the chat box. Let's see. How to do the tri-mix, penta-mix, and quad mixes without the risk, or at least lowering the risk of priapism.

So the first week he covered some of the ways he thinks about integrating the PDE5 inhibitors and with the different blood pressure medicines and such, and that's been recorded. This week or tonight will be the nuances of the different mixes and how he uses them in the safest way.

We'll have at least one, maybe two, pharmacists on the call to go into the science of it. And then next week, it'll be more about the business side of it and the nuances of the injections. But here are the links.

I hope that was helpful for you. See you next week.

Tags

PRP, platelet-rich plasma, P-Shot®, Priapus Shot®, O-Shot®, testosterone, testosterone therapy in women, postmenopausal women, perimenopausal women, cardiovascular disease, heart disease, cardiovascular safety signal, Menopause Society, hormone replacement, testosterone pellets, weight gain, blood pressure, walking, exercise, weight loss drugs, erectile dysfunction, pelvic fracture, pelvic trauma, ischiocavernosus muscle, rat model, adipocyte-derived stem cells, growth factors, nitric oxide, bicycle injury, pudendal nerve, spin class, PRP in surgery, orthopedics, lichen sclerosus, calcium chloride, crash cart, Luer lock, members clubhouse, forum, buy sell trade equipment, provider directory, directory map, badges, SEO, cross-linking, provider bio, AI chatbot, AI for physicians, Wispr Flow, dictation, Zotero, index cards, five-note system, Grammarly, writing voice, Winston Churchill, Thoreau, Walden, Hemingway, Ecclesiastes, social media, Instagram, censorship, Hunter Hansen, trimix, quadmix, penta-mix, penile injections, priapism, PDE5 inhibitors, ED clinics, patient education, email marketing, physician marketing, regenerative medicine, sexual medicine, journal club, marketing pearls

Helpful Links

- Wispr Flow (AI dictation): https://wisprflow.ai
- Mr. Crash Cart (calcium chloride ampules): https://mrcrashcart.com
- Cellular Medicine Association: https://cellularmedicineassociation.org/

References

1. FINAL-Testosterone-therapy-and-CVD-risk-10-20-26.pdf. Accessed November 22, 2026. https://menopause.org/wp-content/uploads/press-release/FINAL-Testosterone-therapy-and-CVD-risk-10-20-26.pdf

2. Ungvari Z, Fazekas-Pongor V, Csiszar A, Kunutsor SK. The multifaceted benefits of walking for healthy aging: from Blue Zones to molecular mechanisms. *Geroscience*. 2023;45(6):3211-3239. doi:10.1007/s11357-023-00873-8

3. Inoue K, Tsugawa Y, Mayeda ER, Ritz B. Association of Daily Step Patterns With Mortality in US Adults. *JAMA Netw Open*. 2023;6(3):e235174. doi:10.1001/jamanetworkopen.2023.5174

4. Hall KS, Hyde ET, Bassett DR, et al. Systematic review of the prospective association of daily step counts with risk of mortality, cardiovascular disease, and dysglycemia. *Int J Behav Nutr Phys Act*. 2020;17(1):78. doi:10.1186/s12966-020-00978-9

5. Ikeda T, Inoue S, Konta T, et al. Can Daily Walking Alone Reduce Pneumonia-Related Mortality among Older People? *Sci Rep*. 2020;10(1):8556. doi:10.1038/s41598-020-65440-z

6. Hakim AA, Petrovitch H, Burchfiel CM, et al. Effects of Walking on Mortality among Nonsmoking Retired Men. *N Engl J Med*. 1998;338(2):94-99. doi:10.1056/NEJM199801083380204

7. Ouyang Z, Zeng X, Chen Z, Yuan S, Cao Y, Sun J. Platelet-Rich Plasma-Assisted Repair of Ischiocavernosus Muscle Injury Improves Erectile Dysfunction in a Rat Model. *Front Med*. 2026;13. doi:10.3389/fmed.2026.1862283

8. Garcia M, Fandel T, Lin G, et al. Treatment of erectile dysfunction in the obese type 2 diabetic ZDF rat with adipose tissue-derived stem cells. *J Sex Med*. 2010;7(1 Pt 1):89-98. Accessed June 14, 2022. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2904063/

9. Lui H, Mmonu N, Awad MA, et al. Association of Bicycle-Related Genital Numbness and Female Sexual Dysfunction: Results From a Large, Multinational, Cross-Sectional Study. *Sex Med*. 2021;9(3):100365. doi:10.1016/j.esxm.2021.100365

10. Dr. Duarte B, Dr. Jose A, Dr. Ana F, Dr. Gustavo G, Dr. Miguel E, Dr. Mario L. (90) ERECTILE FUNCTION IN AMATEUR CYCLISTS. *The Journal of Sexual Medicine*. 2023;20(Supplement_4):qdad062.096. doi:10.1093/jsxmed/qdad062.096

11. Association of Bicycle-Related Genital Numbness and Female Sexual Dysfunction: Results From a Large, Multinational, Cross-Sectional Study | Sexual Medicine | Oxford Academic. Accessed September 22, 2026. https://academic.oup.com/smoa/article/9/3/100365/6956867

12. Hermans TJN, Wijn RPWF, Winkens B, Van Kerrebroeck PEVA. Urogenital and Sexual Complaints in Female Club Cyclists-A Cross-Sectional Study. *J Sex Med*. 2016;13(1):40-45. doi:10.1016/j.jsxm.2015.11.004