

# JCPM2023.12.26

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The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of December 26, 2023, with Charles Runels, MD.

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

## Topics Covered

- **Neural Crest Stem Cells for Dementia**
- **Infusion vs. Injection of the Endometrium with PRP for Infertility**
- **We are NOT doing Alternative Medicine Just because Insurance Does Not Pay**
- **Pilonidal Cyst—PRP Helps with Treatment**
- **How Talking about Pilonidal Cysts Brings You More Cosmetic Patients**
- **Here's an email you could send**
- **References**



**Figure 1. Charles Runels, MD**

Welcome to the journal club. It still feels like a vacation day, but hopefully, you have extra time for reading and thinking. It's difficult to keep track of the research; it comes out so quickly, but we have a variety of papers today regarding infertility and wound care and some useful things just to help us take care of our people. I wanted to answer a few questions, and my goal was to be done in 30 minutes or less. Let's see if we can do it.

## **Neural Crest Stem Cells for Dementia**

When I come to the journal club, I'm choosing usually one out of 10 or sometimes one out of 50 articles that have come out within the week regarding platelet-rich plasma and cellular biology and tissue health and more relating to sexual medicine. I look for the research that better helps us care for people. But occasionally, I like to throw in something that's a prophecy of what may be coming down the road for us or maybe for our children when they're taking care of people.

And here they just talk about using this combination of PRP with neural crest stem cells to help with vascular dementia,<sup>1</sup> and it's not ready for primetime, but I just thought I'd let you know it's out there.

Some of you're doing either geriatrics or involved in neurology; we're all involved in neurology if you're doing general practice. But again, I don't think that's ready for primetime, but it could be that that's coming soon.

## **Infusion vs. Injection of the Endometrium with PRP for Infertility**

And this one I just wanted you to see if you are doing infertility, counseling people regarding infertility. It's talking about comparing either infusing platelet-rich plasma into the uterus to restore the endometrium versus injection along with implantation, artificial implantation. And the injections seem to work better than just topically infusing.

But this is one of a dozen papers we've reviewed in journal club regarding using platelet-rich plasma to fertilize the endometrium, helping women who are struggling with infertility.<sup>2</sup>

What a gift for us to be able to be witness to this whole new brand of therapy. When I trained in the '80s, you had antibiotics for infection and anti-inflammatories for autoimmune disease with inflammation; you have surgery for mechanical problems, et cetera. But you didn't have a classification of therapies that involved injecting something that would trigger rejuvenation and propagation of healthier cell growth to the purpose of either treating disease at the origin of the disease in the tissue, cellular basis or bringing in new blood flow or neurogenesis or remodeling scar tissue. Doing that with an injection was fantasy land in the '80s.

We had nutritional metabolic therapies, of course, it's been around since Socrates said, "Food is your best medicine." But to inject, or almost think of it like a wand to inject something in an area like the

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<sup>1</sup> Akbari et al., "Combination Therapy with Platelet-Rich Plasma and Epidermal Neural Crest Stem Cells Increases Treatment Efficacy in Vascular Dementia."

<sup>2</sup> Seckin et al., "Ovarian Response to Intraovarian Platelet-Rich Plasma (PRP) Administration."

endometrium as is discussed in this paper to then make it more fertile for the woman would've been, I think, close to science fiction in the '80s.

So let me pull this over into the chat box so you'll have the reference (before I forget). By the way, if you haven't seen it yet, I sent out in the email today a PDF file of the December 12 journal club, which I think was super important. Let me pull this up for you because it was an official recommendation in the Journal of Urology for using platelet-rich plasma to treat lichen sclerosus.<sup>3</sup>

Many papers have come out, but this is the first time I've seen just, "Yeah, this is something you should be doing" in such a high-impact journal. Until now, it's always been an ambiguous, vacillating sort of thing. "We need more research," and such.

They still didn't come right out and say this should be the first line; they just couldn't bring themselves to do that. But they said if non-steroidal fail, without defining what failure means, if non-steroidal fail, then using platelet-rich plasma for lichen sclerosus of the foreskin or BXO, the male foreskin, is a thing to do.

And I just think that's wonderful. It means we have a toe into the mainstream.

## **We are NOT doing Alternative Medicine Just because Insurance Does Not Pay**

One other side thing before we get to that is that it prompted a memory that I want never to fail to mention. When I say mainstream, I don't mean "alternative." I think that's a misnomer.

We're not doing alternative; we're doing science-based, research-based medicine, but many of your colleagues equate alternative with just it's not paid for by insurance. By that definition, going for a walk would be considered alternative medicine even though walking, New England Journal 2014 and many other studies before and after said that walking is the closest we have to a magic bullet: walking does more than any diabetes or hypertension drug on the market to prevent heart attack.

But if you use the definition of it's not paid for as an alternative therapy and mainstream is what's paid for by insurance, to me, that's the tail-wagging the dog sort of way of defining or classifying our therapies. A better way is just what's science-based and what isn't.

And the beauty now is that the Journal of Urology, in a review article regarding platelet-rich plasma, just said, "Yes, this is now something you should do as part of your conservative therapy."

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<sup>3</sup> Shieh et al., "Conservative Management of Penile and Urethral Lichen Sclerosus."

“Conservative” meaning you're not ready yet to do a circumcision. And in that case, if your steroids fail, without defining what failure means, it's okay to use platelet-rich plasma. So we went over that in the last journal club.

If you're not getting the emails, please call the office, 888-920-5311, and have them make sure that you haven't somehow been inadvertently opted out. I've found that oftentimes the staff of our physicians will read the emails and then just opt it out as spam and then the doctor's not getting our updates. So that's important to do.

## **Pilonidal Cyst—PRP Helps with Treatment**

I think because I'm an ER doctor, maybe I have a predilection to give this study more importance than most people do because I saw so many people in my ER who were there with horrific pain due to their pilonidal disease.

And those of you who have drained these or struggled with keeping them from recurring, you know it's painful, it's embarrassing, it's not something that people post on their Facebook page that they just got treated for pilonidal cyst.

And, it just hurts.

But now we have a beautiful meta-analysis where they show that, yeah, when you do surgery for a pilonidal cyst, whether it's an open wound with secondary healing or you're doing something else with drains, et cetera, when you add in the platelet-rich plasma, as you would expect, the research shows that you get a better result with less pain and more rapid healing.<sup>4</sup>

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This is something I've been asked multiple times (by our members), and I haven't had a good study. Of course, if they're doing a meta-analysis, there have been studies out, but I haven't had one that I could say, "Okay, here's one that says you should go do this." But here's a meta-analysis that says, yeah, if you're treating pilonidal disease and want it to heal faster and hurt less pain, you should employ PRP as part of the procedure.

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<sup>4</sup> Zhuang and Feng, “Platelet-Rich Plasma for Pilonidal Disease.”

I think this one paper nails it down as standard of care, even if insurance isn't paying for it. So, we're not doing alternative therapies, we're doing "adjunctive therapies," if you want to use an extra name. We're adjuncting what your insurance company will pay for, we're adding to that things that science backs up.

So let me give you that link and I think we're going to come in under 30 minutes as promised. Let me copy paste that for you. And let's answer a few questions that were posted on the website, and then unless you have questions, we'll call it a day.

## **How Talking about Pilonidal Cysts Brings You More Cosmetic Patients**

All of us in the ER, residency, or somewhere wrestled with pilonidal cysts. But it's common enough that your patients have either suffered with it, or they know someone that suffered with it in their family and oftentimes recurrently.

So, to have a strong meta-analysis, you think, "Well, how does that help me with my Botox practice? Or how does that help me do more Vampire Facelifts®?"

Here's what I've seen over and over and over again for over a decade, and I preach this at [my workshops](#). I'm about to give you the marketing piece of this. Remember, I like to do journal club, and that's pretty much all the research I've got today, but I always promise you guys some marketing that you can actually implement and a few pearls about our procedures.

So we're doing the marketing part now. In other words, I don't want you just to show up and be smarter; I'd like you to show up and more easily attract people who need your services and, therefore, be more prosperous with your bank account. Get rewarded for knowing more, not just knowing more.

So, this is that part of our journal club. Innumerable times because I've written thousands of emails and thousands of pages for multiple websites, 31 that are super active and other miscellaneous, and there's no way for me to count the times I've done the following: I'll send an email out about something where I've read some research and see a way to help people. Let's use this, for example, a pilonidal cyst.

I promise you, when you send out your email about how you have research backing up a new way to help decrease the pain (I'll give you the words for it in a minute) and improve the healing of a pilonidal cyst, and you put a link to this article, you'll have at least one person that replies and says, "Hey, Dr. Jones, thank you for the information. I enjoy your emails. It's time for my Xeomin, or it's time for my next hair treatment."

***And what's happening psychologically is that they read that article, and even if they don't have the problem, they go, "Oh wow, that's my physician being smart, trying to stay up to date. I'll file this away in my brain the next time someone I love suffers from this problem. And I'm so***

***proud of my doctor, who is my hero in many ways because this person relieved my pain, and so let me schedule another appointment."***

Surprisingly, I'll bet you half the time when I send out research (that instructs or motivates to be healthier) to my people, the reply for the thing they wish to book with me, the reply asking for help regarding one of my procedures and an appointment is regarding something that was ***not at all related*** to the research I just talked about except that it was me talking about it.

## **Here's an email you could send.**

Copy and paste the following into a new Word document. Then edit it so that it sounds like you. Add a story or a personal observation if you have time, then fill in the information with your phone number, etc, and send it to your patients:



So the email that could go out regarding this would be something like this:

"Hello." I'll just type in the chat box and this is how long writing your emails should take, in my opinion.  
"Hello, whatever first name is."

And remember, it always helps to think of a story. And so my story would be different than yours, but my story would be something like this. "I remember, even though it was more than a decade ago, the distress of one of my dear patients, and I used a scalpel to lance..."

I'm just going to talk the rest of it out because it's taking too long.

"To lance one of those very embarrassing and very painful abscesses called a pilonidal cyst. And I wish I had known then what I know now, which is that the recovery from those painful procedures is faster and much less painful, according to multiple studies, when you combine platelet-rich plasma with the procedure.

[Here's a link to the research.](#)

I hope you'll keep me in mind if you or someone you love ever suffers with this problem."

Or if you don't do that sort of surgery, it could be something like...

[Charles Runels, MD](#)

"This is the same therapy that we used with our [Vampire Facelift®](#).

Should you ever require a pilonidal cyst to be lanced again, you might ask your physician to take a look [at this research](#)."

And then your ad for your practice lives in the P.S.

"P.S. Check out our [O-Shot® procedure](#), which uses the same technology."

So that's how you structure your email, and you'll get replies asking for an appointment that have nothing to do with pilonidal cysts.

Okay, so that's all I had with the research and the marketing for today.

Now I'm going to answer a couple of questions, which will be some pearls about procedures and we'll call it a day. Let me pull this up for you. Change what you're looking at. And this will involve the Vampire Facelift®. So if you do that, you might want to hang around. If you don't do the faces, then may not directly relate to what you're doing.

These comments and questions are posted at the bottom of any of the pages on the membership websites. And the answers when I answer them are often embedded in the journal clubs. So, if you're on any of the websites, you can find them. The number of words on our websites is in the millions. It's crazy; we have over 700 videos; it's a decade of us talking about this stuff.

So, we have a Wikipedia of information that could be overwhelming. So if you want to know about something, you just go in any of the pages, then go to the search bar, and just put in whatever you're looking for. And if you're in a different language, you can do that, so it just lives right there in that search bar.

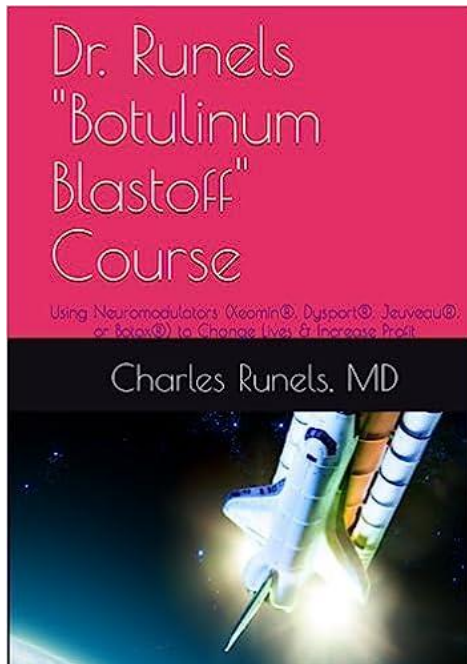
All right, so let's go back to these questions. All right. "The Vampire Facelift® videos say player error, will not run. Will this be fixed soon?" Let's see, I didn't know that was a problem. So one thing, if you see something like this and it's urgent, if something's not working, oftentimes it's the software and it may be the browser you're using, usually our websites are running well.

So let's just see if they're working now. Could be just the day of the week. Maybe they're just down that day, but usually they're working. Yeah, so they're working now, but it doesn't help that poor person who needed the answer right then.

So if you need the answer to a question and it's business hours, I'll write the answer. The videos are working now. Ever need our help, can call 1-888-920-5311; and that's during business hours, nine to five

New York time, except I let my people go home early on Friday at noon. So I think that's the point of that question.

The problem's fixed itself, but it could be my people can share a screen, and sometimes, actually most of the time, the websites work okay, but the software can be crazy, the browser can be different, or a lot of things can be going on with the person and person's computer.



**Figure 2. Dr. Runels' Botulinum Blastoff Course. 414 pages, 200 illustrations, 40 plus videos (guaranteed to change your practice for the better).**

And my staff, all of them that are answering the phone, have more than five years of helping out and knowing what button to click, so they never need to struggle with it. For the size of needles to the scalp, this is a good question, too, because some people have started using mesotherapy guns. We've covered a study in our journal club showing that if you can get to the scalp if there's not too much hair to block your microneedling device. There's one study out now that shows microneedling gives a better result with more hair and thicker hair sooner than injecting.<sup>5</sup> But the problem is you have to have the surface circumference of your device flush with the skin or the scalp or else the needles will just be waving in the air. And if there's any hair at all, that's not possible, and you usually wind up injecting.

And if you get your rhythm down with this, it shouldn't take more than literally a minute. 45 seconds is what I usually spend doing that, and that's without being some special talented hands or something. It's just it's an easy thing to do. But your injections should be intradermal and just the smallest needle. 30 gauge needles work best, but you can't push through a 30

gauge without using one CC with a luer lock if you want to do it quickly. So all that's covered on the website under how to treat hair. If you have trouble finding that, again, let my people do a tour of the websites with you. But 30 gauge, one CC needle, one CC syringe with a luer lock. That's what I usually do. Okay, what else we got?

Again, not able to log in. The best way to get to that answer if it happens to you is go to [cellularmedicineassociation.com/password](http://cellularmedicineassociation.com/password).

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<sup>5</sup> Ozcan et al., "PRP Application by Dermapen Microneedling and Intradermal Point-by-Point Injection Methods, and Their Comparison with Clinical Findings and Trichoscan in Patients with Androgenetic Alopecia."



My goal is we do two more research projects this year. We try to do one or two a year; our budget's about half a million a year; that's about what we have to spend. But I have two nonprofits that have been mostly dormant, so one of my New Year's resolutions is to bring them back to get more funding. We spend about a million on lawyering and about half a million on research. But without the lawyering, our reputation would be shot by people doing unspeakable things and calling it an O-shot®, et cetera. So we have to do it to run off the infringers. Hopefully, that will become less needful, and we'll have that money for research and more as our group grows.

So I think with that, we'll call it a day. I hope that was helpful to you. We've got amazing new stuff we're rolling out next year, so hang in with us. I think you're going to be pleasantly surprised what you're going to be able to do for your patients in 2024.

Happy New Year. Bye-bye.

## References

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## Tags

Wikipedia, search bar, infertility, Vampire Facelift®, videos, player error, browser, software, fix, mainstream, alternative, science-based, research-based medicine, walking, magic bullet, platelet-rich plasma, lichen sclerosus, BXO, male foreskin, journal club, research, infertility, wound care, neural crest stem cells, vascular dementia, endometrium, injection, artificial implantation, fertilize, blessing, rejuvenation, propagation, cell growth, disease, tissue, blood flow, neurogenesis, scar tissue, injection, fantasy land, nutrition, metabolic therapies, Socrates, PDF file, Journal of Urology, pain, healing, pilonidal cyst, Xeomin, hair treatment, appointment, research, email, story, abscess, recovery, painful, platelet-rich plasma, Vampire Facelift®, O-Shot®, dementia, procedures, marketing, pearls

## Helpful Links

- [Next Hands-On Workshops with Live Models](#) ←
- [Dr. Runels Botulinum Blastoff Course](#) ←
- [The Cellular Medicine Association \(who we are\)](#) ←
- [Apply for Online Training for Multiple PRP Procedures](#) ←
- [Help with Logging into Membership Websites](#) ←
- Sell O-Shot® products: You make 10% with links you place; shipped by the manufacturer), [this explains](#) and [here's where to apply](#) ←