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The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of November 11, 2023, with Charles Runels, MD.

The video of this live journal club can be seen here←

Topics Covered

- Two ways to tap the flow: seasonal and holiday marketing (not the same)
- Judo Marketing™
- An email (you could send now) to "help people who need you to find you."
- *Even the Non-Surgeons Can Improve Labia Self-image*
- ***Who Gets to Decide if the Labia are a "Problem"?***
- ***More about the Female Sex Muscles and the Male Counterpart***
- ***Why You Ride the Roller Coaster before the Sky Lift and How that Relates to 50 Shades***
- Question of the Week: "Peyronie's disease, where do you inject?"
- References
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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® procedures.

Welcome to the Journal Club. Today, we have papers that you'll find helpful in taking care of your patients, some of them a continuation of last week's journal club with Dr. Michael Goodman. Then, tips about ways you can market your practice, i.e., find people who need you. The word "marketing" still tends to bother some physicians because it smacks of trying to get people to do something. But if you think of it, instead of trying to get anybody to do anything, you're trying to connect with people that you're able to help and offer to help them. That's the best way to think about marketing for a physician's practice. In the spirit of that, I have this idea. I'll swap it instead of starting with the research (as we usually do), let's start with the marketing piece. My goal is to finish in about 30 minutes.

Two Ways to Tap the Flow: Seasonal & Holiday Marketing (not the same)

One of the main principles when it comes to marketing effectively is to instead of trying to be big, you try to ***tap into the flow of attention***.

For example, when I got lucky with the Vampire Facelift® procedure, it wasn't all luck because at the time those vampire movies, the Eclipse movies were popular. So when I came out with the name "Vampire Facelift," it tapped into that fascination with vampires. Vampires are always interesting, but more than ever, they were in the news with those movies. And so that's what I mean by tapping into the flow.

Judo Marketing

Another metaphor (instead of tapping into the flow), think of it like "judo marketing"; instead of trying to overwhelm a huge opponent, in theory, when you fight using judo, you use your opponent's strength against them. Until recently, there was not a weight class in judo because, in theory, size is irrelevant.

The Brazilian champion, Rickson Gracie, beat everyone in the world in a style of fighting where there is no weight class and in a style where, in some areas (like Japan), one can gouge people's eyes out. He would fight people that were a hundred pounds bigger than him—and win. His autobiography is titled, Breathe: A Life in Flow. So instead of trying to be big, in marketing, which is expensive and often not effective, tap into the flow. I'll give you two easy ways, and then let's move on to the research.

One easy way is to just tap into what's current with the calendar. For example, right now, your patients, and you (if you're like most people on the planet) are exhausted from the holidays: you've gone through at least two to three weeks where you've missed everyone who was dear to you (who has passed on from this life to another place), and, if you were lonely, if it was amplified. Also, if you were struggling with money, it was even more of a struggle. And you had more to do than usual.

People are exhausted.

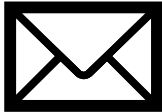
Most people enter January wanting to rest, wanting to start over, wanting to have a better year. If you communicate to your patient that that's what they're feeling and you can help, that's what I mean by tapping into that flow.

So, a communication could be the following:

Here's an Email You Could Send

1. Copy and paste the following message into a new Word document.
2. Then edit it so that it sounds like you.

3. Add a story or a personal observation if you have time.
4. Then fill in the information with your phone number, etc. and send it to your patients.



Hello (first name merge field),

If you're like me, this is the month to recover from the holidays; memories, family gatherings, and social engagements can make January a month of recovery—from loneliness, exhaustion, and financial strain. Also, if you're like me, you may have determined to make 2024 better than 2023: healthier, more peaceful, and more prosperous.

As you start the new year, research shows that feeling more attractive can lead to much more than just that; it can also lead to better confidence and even deeper relations through improved sexual function.

(Here, add a short story about you or one of your patients if you have time).

I'd love to help you start your year with one or more of the services on our menu: the Vampire Facelift® procedure, Xeomin, the O-Shot® procedure, or the Vampire Wing Lift®. (add or delete from this list according to what you offer).

I hope to hear from you.

Best regards,

(Your name)
(your photo)
(your phone number)
(your website)
(your email address)

It's always great to include a little bit of yourself. So, whatever stress you experienced and that you realize this can be a trying time. Also, talk about how ***part of what can bring confidence and energy is to improve appearance;*** one of our research papers today supports that idea (I put a link to it in the email I wrote for you).

Then let's say that your thing that you like most to do has to do with hormone balancing and just general health. Then of course you could talk about the struggles with weight and energy and how doing 2024 with your best weight or finding your best weight and your best energy during the year could be a wonderful thing to do and then offer your help with that.

And what happens with that email is that ***you are brought to mind.***

Of course, your patients already know almost everything you do. But if you remind them of the thing you do, and it comes in a timely manner (when they most need you), then you are raising your hand. They don't have to try to remember that you're out there; most of your patients are not thinking about you every day, and they're being bombarded by 20 other things before breakfast when they open their Twitter account and their Instagram and their Facebook with all the targeted ads.

So instead of an ad, if their physician says, "Hey, I know how you're feeling and here's what I could do to help you with that," then that comes across as a fresh and meaningful offer amid the blurring and blaring that goes on every day, wherever else they turn.

Whether it's opening a magazine or even playing the satellite radio, you still have ads, buy yours is a letter from their doctor—not an ad—if you have a true spirit of service when you send it.

In summary, I'm discussing two principles: one is matching into the flow calendar to tap into the flow the other is tapping into the holidays.

I think it was John Lennon (it was one of the Beatles, it's on the wall of the Rock & Roll Hall of Fame in Ohio, somewhere) who said that he didn't try to convince anybody to do anything. He wasn't trying to make anybody feel anything or to preach to anyone. He just wrote songs reflecting to people how they already feel. And that's really what a good artist does—reflect back and help people feel what they're already feeling.

That's what art is.

Instead of burying our emotions, bring them out, amplify them, expand them, examine them, celebrate them—anything but dead. Feeling any emotion is not dead.

Feeling emotion, any emotion, is how you know you are not dead.

Fear, anger, hunger and pleasure and ecstasy, those are all ways of knowing you are not dead, and that's what art does. It brings all that to you. And that sounds, perhaps, farfetched; not really, because those are some of the emotions your patients are feeling. And if you let them know, you understand what brings those emotions, "I'm frustrated. I'm afraid because I'm overweight. I know I'm going to have

heart problems from it possibly, and I just read where it could lead to dementia and increased chance of breast cancer," they will respond.

Your email, letter, shows up from someone they know and says, "Hey, I could help you with this, and this is a good time to start it because it's January of the new year."

They will call you.

The next way to tap into the flow is to tap into any holiday. But for our work, Christmas is a touch one. I have tried, I'm 63 and been doing medicine now for 30 plus years and I've tried all sorts of gift certificates and communications, without much effect. It's always seemed odd to me that all the merchants in my town collect more money during the December holidays, but usually there's a dip in my business, and I think that happens with a lot of physicians.

People tend to spend money on their family instead of themselves during December. I saw the extreme of this in my 12 years in the ER; the ER would be a ghost town from December 15 until the evening of December 25, not Christmas Eve, Christmas night.

Then, all the people who were staying home because they did not want to be in the hospital on Christmas day, even though they needed to be there because they had chest pain or even were hypoxic from their pneumonia and the flu, wouldn't give up until Christmas night; and then you would get the backlog of sick people from the previous two weeks rolling in and wanting help starting after the evening meal on Christmas day.

Many of your people, during December, are ignoring not just their health (hence not calling you), but they're ignoring their finances and going into debt and stressing out and going to parties when they don't have time. Then January comes, and you offer them some help, and there is a tendency for people to start spending on themselves starting mid-January.

So, the first way to tap into the flow is by the time of year (in this case, the month after Christmas & Hanukkah).

The next way to tap into the flow is to tap into the current holiday, and we're such a match for this one—Valentine's Day: the people in our group often do very well when they contact their patients and remind them that Valentine's Day is near.

Then, in your communication, remind them of the importance of not just the pleasure of sex but remind them of the importance of their love relations and that you have help for that.

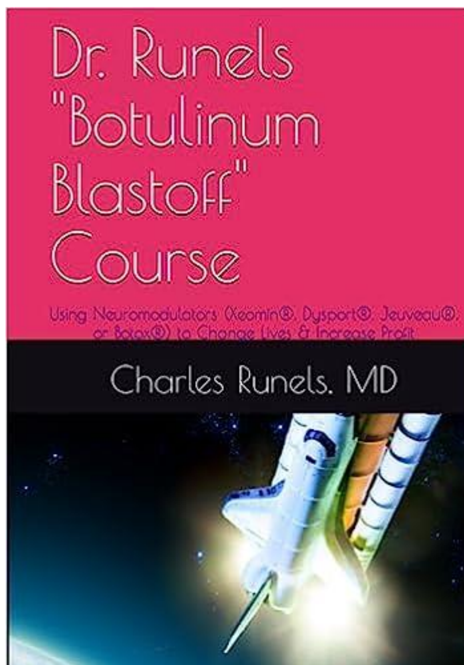
Whether you're doing cosmetic work, not sexual medicine, even if you're doing facial aesthetics, that's still “love medicine”. We relate to the people we love with our face.

You can also frame their spending as for the people they love by reminding them that, "Health is a gift to the people in your family. Rather than being a burden to them, you can be a support to them if you're well. If you get sick, you become the burden. If they have to go visit you in the hospital or they have to find a way to take care of you because you're not well versus the vibrant, vital, healthy person who's functioning and having fun and is there to step in when they get sick or need help, or just want to have companionship or advice or conversation with their family member."

Health, to me, is a gift you give, not only to yourself but also to your family.

So, you communicate those ideas to your patients around Valentine's: the best thing you can do for your lover/Valentine is to be healthy and pay attention to your love life.

And we're much more sophisticated now than vibrators, KY jelly, and a box of chocolate. You have more to offer, like improved function of the genitalia. Not just improved through drugs, which is the thing, too (we have flibanserin, and we have Viagra).



But we now have tools to improve love relations through actual improved cellular function and improved tissue health, which leads to better sexual function. And now we have the stack of papers we didn't have a decade ago supporting that idea.

We are much more sophisticated now than Vibrators, KY Jelly, and a Box of Chocolate for Valentine's Day.

I call these meetings "*Journal Club with Pearls and Marketing:*" pearls about our procedures, ideas about how to market—how to connect with people that need the things that you do. You have other things you do that I don't even know about. I may not even know the vocabulary for whatever surgeries you might be doing; I may not even know the names of the tools you use, but these same ideas would apply.

But it won't happen if you don't communicate it.

And I still think, and I've proven it repeatedly with doctors who come to my workshops and will call me for advice, just an old-school email still works better than a Tweet or a Facebook post.

Okay, that's enough with the marketing, though this first paper could be integrated into your marketing, not just into your doctor's brain. Dr. Michael Goodman, on our last call, mentioned the landmark paper

that showed that anything that improved a woman's feeling of attractiveness also improved her sexual satisfaction.[1]

You might think, "Well, that's a pretty simple thing. You buy a new dress, you feel sexier, you have more fun."

Even every teenage male, by the time he's 16 and gone on a couple of dates, he realizes that a female feels sexier if she feels pretty.

IMPORTANT: Feeling attractive is not just "to please the husband." The woman has better sex when she feels more attractive—it's for her, not just for her lover. And when she has our procedures that make her feel sexier, it's for her, not just for her lover.

If you look at the domains they examined in the study, it was weight, improvements in physical condition, and improvements in their self-image for ***sexual attractiveness led to better sexual satisfaction***.[2]

Note: When it comes to the development of new drug treatments, sexual satisfaction is the most important domain on the female sexual function index. Before the FDA approves a drug for sexual dysfunction in women, the drug can't lead only to increased desire or decreased dyspareunia; it must lead to improved sexual satisfaction for the drug to be approved.

The need to prove increased sexual satisfaction is a higher bar than for men, where the only outcome needed for a drug to be approved is to improve penile firmness.

The second paper extends the idea that feeling more attractive leads to improved sexual satisfaction by showing that labiaplasty for cosmetic reasons leads to better sexual function.[3] This was an important study because it was prospective and included 120 women and 50 controls and watched them for two years.

Both papers were brought up by Dr. Goodman at our last journal club, you should have gotten an email today with a transcript and links to references. Dr. Goodman, Dr. Placik (also in our group out of Chicago), and Dr. Matlock. This is a group of eagles, but the lead investigator was Michael Goodman.

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[1] Pujols, Meston, and Seal, "The Association Between Sexual Satisfaction and Body Image in Women."

[2] Pujols, Meston, and Seal.

[3] Goodman et al., "Evaluation of Body Image and Sexual Satisfaction in Women Undergoing Female Genital Plastic/Cosmetic Surgery."

This is the truth that some people love to hate: Among some sex therapists and physicians there runs the idea that if you're doing a surgical procedure on a woman's labia, what you should be doing instead is just making her feel good about however her labia actually look (not correcting what bothers her)...

> ***The Critics Would Say: "You should only help a woman feel better about how her labia look not do something to alter the appearance of the labia to match how she wants them to look."***

Now, why is it that it's okay to do things with the face (to correct what bothers a woman), but doing things to the labia is nefarious, profiting from ill-founded insecurity (that is made worse by the "greedy" physician)? Even with the research showing otherwise, there is a significant number of sex therapists who think and preach that message. That same thread runs through some best-selling books. I don't want to mention their titles because it would just bring more attention to something I think should ignored, but it is good to know the culture of which I speak.

I only bring up the naysayers, so you realize how important this paper was. There were other similar papers that have come out since then, and a prelude to this came out before this paper that Dr. Goodman published. But this was a landmark paper because it was done right with a two-year follow-up and a control group of 50 and 120 subjects followed.

There are many still who don't like the conclusions. I guess you could debate whether the Earth is round or flat, but those who want evidence-based medicine have to concede that yes, women do not just feel sexier but enjoy better sexual satisfaction when they feel attractive; and that improved sexual satisfaction happens after female genital surgery.

The next big point to consider is, "Who decides when it's appropriate for the woman to be unsatisfied?"

That's where this next paper comes in (also mentioned by Dr. Goodman on the last call).[4]

Even the Non-Surgeons Can Improve Labia Self-image

Now you're thinking, "Well, if I'm not a surgeon, is this relevant?"

Of course, it's relevant. If you're in our group and doing the O-Shot®, we also have the Vampire Wing Lift®, where we're improving the color, texture, and volume of the labia majora by adding platelet-rich plasma and Juvéderm.

[4] Spriggs and Gillam, "'I Don't See That as a Medical Problem.'"

And you think, "Well, does that work?"

It's not that big a stretch. All we're doing when we do Vampire Wing Lift® procedure is exactly what's done on the face: an HA filler to bring the shape, to lift the shape, not stretch the skin as with a surgical facelift, which is appropriate needs to be done sometimes, but stretching the skin across the face just collapses, makes it flatter and closer to the skull. So now the smart surgeons almost always add to the surgical facelift fillers to lift the skin away from the skull to restore it back to that round beautiful shape of youth. Why shouldn't that same principle be applied to the labia majora, which also collapses, turns gray, loses its shape and you can't see it when you're going to Walmart to buy a gallon of milk, but you can sure see it in the bedroom?

And just like the surgeries and the weight loss and even your toxins and fillers and being healthy and going for a walk and having your hormones, all those things that make a woman feel healthier and more attractive lead to improved sexual satisfaction.

Who Gets to Decide if the Labia are a "Problem"?

Now, the next needed step in this thought process though was that, and they were looking at adolescents. This starts with, "I don't see that as a medical problem," which is the quote of the hypothetical physician or critic physician who does not think our procedures, the winglift or labiaplasty are appropriate versus the physician who understands the research, perhaps even the physician who just understands women that any of us men or women feeling attractive as a aphrodisiac. Okay? So what these investigators asked was they looked at interviews to find out how do clinicians decide whether to treat teenagers who want labiaplasty. And let me just read this to you. "Our findings support the emphasis on education and reassurance is the first step."

And that would be exactly what the sex therapists who, still many of them violently opposed to labiaplasty and O-Shot® and winglifts, and even our Botox and fillers, the ones that would say just age gracefully by neglecting possibilities but they're painting their house and they're waxing their car. They're not letting it age gracefully in the same way they would let their labia age gracefully by doing nothing.

Now, why I keep bringing this up? I think that you have to pay attention. Your critics make you smarter. Critics are wonderful. Michael Faraday, who said you should go look for intellectual critics and enemies and you should go look for people to disagree with you to make sure you're not thinking incorrectly.

So back to this study. They acknowledged that the first step is to say, "Okay, you're okay. We're all okay, right?"

But then they conclude the following:

"The distinction between functional and appearance concerns is not ethically relevant. It's open to different interpretations and is not regarded by all clinicians as the definitive factor. The focus of clinicians should be on relieving distress, whatever the cause."[5]

The authors go on to say, “Appearance reasons may sometimes justify surgery, but also functional reasons may sometimes not be sufficient."[6]

Another metaphor for this medicine that happened with me is when cosmetic Botox first became a thing; I was already practicing medicine. I had just come off twelve years as an Emergency room physician, and I thought no real doctor would do cosmetic Botox. And the same with fillers.

Then, a woman dropped out of my weight loss program because losing weight lost the fat in her cheeks. She felt older, and she didn't want to lose any more weight. Elizabeth Taylor said the same thing.

She said, "When a woman reaches 40, she has to choose between her face and her body because after 40, if she doesn't stay a little bit overweight, her face looks older.”

She needs the adipocytes to fill in the wrinkles. And so, I thought, "Oh wow, I've been deciding that I, as a physician, should impose upon people the idea that ‘You should not think about the appearance of your face. You should focus more on your diabetes or your obesity or hypertension.’ "

This is the key to this article, and this was the light bulb moment for me: For me to tell a woman or man what their pain ***should be*** is unhelpful. ***I don't get to decide what your pain is***. And if your pain is that you think your labia majora has collapsed or you think your face looks older, then you don't care too much about my ideas about your weight. You even gain weight and risk diabetes until I address that pain—so your face does not look older. It happens every day in weight loss clinics.

You can see it now in the people that are on the new weight loss drugs. They get an older-looking face, and they need you to put it back with your fillers and Vampire Facelift® procedures. That, to me, is the key to this article. The reason that I think Michael Goodman brought it up as one of the landmark studies that just showed that ***we should be thinking about the patient's distress and not making the ethical call and deciding that they should not be distressed about something*** even if they happen to be a teenager.

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[5] Spriggs and Gillam.

[6] Spriggs and Gillam.

More about the Female Sex Muscles and the Male Counterpart

In the last journal club, we also brought up the question about the function of bulbospongiosus and ischiocavernosus muscles in women. And at least in the male, it has to do with erection. And you could say it even has to do with tumescence in the clitoris in females.

What do these muscles do to add pleasure?

I have some ideas; I want to read more before I write about them, but they're not technically part of the pelvic floor. Bulbospongiosus, the best I can tell, are not part of the pelvic floor, but they do something, and I think they're probably contributing to the tumescence of the clitoris.

And Dr. Goodman had a beautiful speculation (we don't have the studies yet, but someone who's done medicine for 50 years gets to speculate). All of our research starts off with a speculation that turns into a hypothesis that turns into an AB postulate for your next research paper. Anyway, I won't repeat it, but it has a very, I think, elegant speculation about what Ischiocavernosus and Bulbospongiosus do in women.

There has been some written about it, but I wanted you to see this paper, and I'll put these links in the chat box in a second. And see that, at least in the male, these sex muscles contribute to the rigidity of the penis, rigidity of the corpus cavernosum. [7]

Why You Ride the Roller Coaster before the Sky Lift and How that Relates to 50 Shades

I've pulled this one up because this is the same Cindy Meston who contributed to the landmark paper about how changing appearance can improve function. If you look at the dates on this, 2009 and 2010 are when I came up with the Vampire Facelift® and the O-Shot® procedures. So, all this was in the news at the same time. I saw something like this, not this paper, but something like this that was presented at a meeting probably eight years ago.

You think about the parasympathetic nervous system as the mechanism of erection and the sympathetic system as the dominant nervous system tone of ejaculation. But there's a biphasic or a curvilinear relationship: a small amount of sympathetic overload arousal, but too much kills arousal.[8]

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[7] Schmidt and Schmidt, "The Ischiocavernosus and Bulbospongiosus Muscles in Mammalian Penile Rigidity."

[8] Lorenz et al., "Evidence for a Curvilinear Relationship between Sympathetic Nervous System Activation and Women's Physiological Sexual Arousal."

When I first heard this paper presented, I thought, oh yeah, even as a teenager, you knew you took the girl on the roller coaster and then you took her on the relaxing sky lift and that's where you got the kiss, not on the rollercoaster.

Or you put the girl on the back of your motorcycle or your jet ski. And then, after the thrill, there becomes the arousal. Or we get to say this now, finally, after 50 shades, you get to say that even liberated women of every sexual orientation sometimes like to have their booty spanked or something that brings this sympathetic-system-triggered arousal.

In the animal kingdom, pain (sympathetic stimulus) is a part of the courting process; you can tell the female doesn't avoid it. Like in the cat, she becomes open to sex when the tomcat with his teeth grabs the back of her neck and holds her in place. There's movement and some struggle, but there are certain behaviors that go on that let you know she's not trying to get away; she's opening up for penetration as part of that sympathetic response to the pain, but too much, and it shuts down.

So, not enough excitement, you go to sleep, a little bit of excitement, the woman gets aroused. With too much excitement, she shuts down and has no arousal. So that's the purpose of this paper.[9]

It's fairly recent and I brought it up mostly because Cindy Meston was also involved with this one and because I just think it's interesting.

The Question of the Week

Okay, let's see what questions we've got:

"Peyronie's disease, where do you inject?"

Let me just pull this up so you can see. We could easily talk for the next four hours on Peyronie's. But I want to show you something that will have the main parts of it without me having to talk for more than another minute.

Hold on a second. Okay, here we go: priapusshot.com/peyronies.

[9] Lorenz et al.

On this page, I put all the major things I could find in the research relating to the treatment of Peyronie's disease. Not just our P-Shot® procedure, which has quite a bit of research backing it up now,[10] [11] [12] [13] [14], but other things that have been shown to make a difference.

And it's just priapushot.com/peyronies. I'll put it in the chat box. I like to send that link to my patients because some of it involves behavioral changes or things they could do at home, and they find it motivating. It also has links to relevant research, like the pump, which has been shown in one *British Journal of Urology* study to be of help.[15]

So you can click there and go read that.

And these have all been shown in studies to be helpful. You have to take enough vitamin E for it to help. CoQ10 was not helpful alone, but it was added improvements when it was put into addition to others' treatments.

Let me show you something else really quick. Two more things. Log into the membership site; you should be looking at the dashboard.

And if you go here, this will take you to step-by-step through the P-Shot® course.

Okay?

Even those of you who've already been doing it in a while, you'll probably discover a few new things if you do that. If you want to do Priapus Toxin™ (where we're using botulinum toxin to improve erection), you can also learn how to do that; and then you can take the quiz and we'll put you on the directory to do Priapus Toxin™ (of course the CMA staff also check credentials).

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[10] Culha et al., "The Effect of Platelet-Rich Plasma on Peyronie's Disease in Rat Model."

[11] Dr. Christos et al., "(58) 'THE COMBINATION OF PRP AND STEM CELLS IMPROVES ERECTILE FUNCTION AFTER PENILE RESTORATION FOR PEYRONIE'S DISEASE WITH GRAFTS.'"

[12] Levine, "Peyronie's Disease: Contemporary Review of Non-Surgical Treatment."

[13] 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."

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

[15] Raheem et al.

The studies for Priapus Toxin™ are strong; in double bind placebo controlled studies, 40% of men who had essentially no response to PD-5 inhibitors responded when you added in the botulinum toxin to their Viagra, Cialis, whatever.[16] [17] [18] [19] [20] [21]

Okay. Now, we're looking at the "How to Do the Procedure" section on the membership site. If you go here to the search bar, and you just put in Peyronie's, it will bring up every time we ever talked about Peyronie's. ***We have over 700 videos, and most of them have been transcribed***. So, if you want to dive deep into it, you have what amounts to a Wikipedia of material about things we do.

Now, that is so much material it often leads people to be overwhelmed; you may just want to know, "Is it better to inject the plaque or just do a regular P-Shot® procedure?

No one's compared the two ideas in a study.

People in our group are doing both methods and getting great results—many people in our group.

The best study that came out was by Ronald Virag, who injected the plaque.[22]

But the person I know who's probably treated more Peyronie's than anybody else on the planet just does a regular P-Shot®. And he's got a money back guarantee and people love it—and he's measuring erections with a protractor and documenting results.

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[16] Abdelrahman et al., "Safety and Efficacy of Botulinum Neurotoxin in the Treatment of Erectile Dysfunction Refractory to Phosphodiesterase Inhibitors."

[17] El-Shaer et al., "Intra-Cavernous Injection of BOTOX® (50 and 100 Units) for Treatment of Vasculogenic Erectile Dysfunction."

[18] Giuliano, Denys, and Joussain, "Effectiveness and Safety of Intracavernosal IncobotulinumtoxinA (Xeomin®) 100 U as an Add-on Therapy to Standard Pharmacological Treatment for Difficult-to-Treat Erectile Dysfunction."

[19] Giuliano, Denys, and Joussain, "Safety and Effectiveness of Repeated Botulinum Toxin A Intracavernosal Injections in Men with Erectile Dysfunction Unresponsive to Approved Pharmacological Treatments."

[20] Giuliano, Joussain, and Denys, "Safety and Efficacy of Intracavernosal Injections of AbobotulinumtoxinA (Dysport®) as Add on Therapy to Phosphosdiesterase Type 5 Inhibitors or Prostaglandin E1 for Erectile Dysfunction—Case Studies."

[21] Habashy and Köhler, "Botox for Erectile Dysfunction."

[22] 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."

Important: you do have this study that Ronald Virag did that showed that PRP works better than Xiaflex. For some reason, the company recalled it from Canada and across Europe, but it's still used in the U.S., and I think the reason for that has to do with penile fracture. But no one knows why they recalled it. It's used in the U.S., but you cannot use it in Europe or Canada.

So you can postulate why that might be. Anyway, that's a long answer to your question, but I'll tell you when I do it, I always include the pump, and I just do a regular P-Shot, and they get great results. If that does not work, then you can make a case for getting your ultrasound and injecting the plaque. So that's the short answer to your question.

Let me see what else. I think that's the only question.

Hopefully, that was worth your time. There'll be a transcript and links to the research coming out in the next week or so.

You guys have a great week. Bye-Bye.

References

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Tags

Journal Club, Physician Marketing, Patient Care, Marketing Strategies, Medical Practice, Vampire Facelift, Judo Marketing, Calendar-Based Marketing, Emotional Connection, Patient Communication, Aesthetic Procedures, Hormone Balancing, Patient Engagement, Social Media Marketing, Email Communication, Art and Medicine, Emotional Health, Holiday Season, Valentine's Day Marketing, Patient Empathy, Genital Cosmetic Surgery, Sexual Satisfaction, Female Genital Plastic Surgery, Labiaplasty, O-Shot®, Vampire Wing Lift®, Platelet-Rich Plasma, Juvederm, Body Image, Adolescent Health, Sexual Function, Sexual Attraction, Medical Ethics, Botox in Medicine, Appearance and Health, Patient Distress, Bulbospongiosus and Ischiocavernosus, Sexual Arousal, Pain and Arousal, Medical Research, Peyronie's Disease, Priapus Shot®, Patient Education, PRP Therapy, Botulinum Toxin, Erectile Dysfunction Treatment.

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