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The following is an edited transcript of the [Journal Club with Pearls & Marketing \(JCPM\) of February 27, 2024](#), which covered all of the following topics:

- **Nocturnal erection but “loses it’ soon after starting.**
- **Another way to count platelets.**
- An email you could send to your patients.
- Decreased VO2 max
- Fasting helps grow a penis.
- *Increased sympathetic tone kills erection.*
- *Relative refractory period and how to calculate the cycle.*



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Welcome to The Journal Club. There's a beautiful study regarding erectile function and another regarding the knee, so let's jump into that. And then I have a marketing tip. And we can come in under 30 minutes.

Nocturnal erection but “loses it’ soon after starting.

A common question that I received, which came again this past week, is, what to do with the man who has nocturnal tumescence, he gets the morning erection, but as soon as he starts to have sex or very soon thereafter, he loses the erection. Of course, that drops things down on your SHIM score and makes things frustrating for everyone involved.

I do have a different definition of premature ejaculation. I know that in the research, they must have some cutoff term or cutoff amount. It's usually around five or six minutes. But sometimes, if it's on the way out the door, maybe five minutes is too long. And if you are on vacation, maybe five hours is what you want. So, to me, premature ejaculation or premature loss of erection without ejaculation is whenever it happens before either or both lovers would like for things to go away. It's a higher bar, but it's obtainable. But it's not obtainable without some thought.

We will come back to this question regarding “losing erections,” first, let’s to over this paper about the knee.

Another way to count platelets.

Let's start with this study regarding the joint. I'll put it in the chat box, so you can access it. It's open source. The biggest point it makes is when you're working with a knee joint, you need to have enough platelets to matter—that's around five times concentration whole blood.

These researchers, rather than changing the centrifuge technique, doubled the volume. And it looked a little uncomfortable, because they went from four CCs in one group to eight CCs with the other group, but the same technique of preparing the plasma. An eight-CC injection into the knee is painful, but whatever. They prove their point by saying that those who got twice as many platelets did better. And that's confirming what we already know: if you're showing up at Journal Club, this has been repeated for at least the past five years. But it's a different way of getting at it. Instead of just changing the concentration of platelets, they kept the concentration the same and doubled the volume.

And so if I were in the process, if you want to attract more patients to your clinic, this one, because it's open source, it's a nice one that you could put a link to in an email or send it out in your social media if that's what you prefer.

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),

With spring on the way, it's the time to be active outside. But one thing that can slow people down is knee pain. A knee that hurts every time you take a step really can hinder your fitness and your enjoyment of Spring.

Here's more research showing that (when done the proper way) injecting the knee joint with PRP and improve mobility and decrease the pain ([read the article here](#))<

If you think this may help you or someone you love, let us know.

Sincerely,

(your name)

(your phone number)

(your email)

If you look in the orthopedic literature, they're ahead of us in that there's no longer a debate about whether PRP helps the knee or not. As we're still behind on that in the GYN space or the urology space, there's still people who would debate whether it should be standard of care or not. They're all past that in orthopedics and are discussing the ways to make it work better. Accepting a new procedure doesn't mean the research stops. It multiplies infinitely because there's an infinite number of variables.

So, in the orthopedic literature, it quit being, "Does PRP help your knee?"

Instead, it has become, "What's the best way to do it?"

And everything has evolved. It's whether you activate or not. How do you prepare the plasma? How much plasma? What else do you mix with it?

And as you know, you can research that for the next 50 years. So that's worth noting. And so communication to your patients might be a link to this article that says something to the effect of, "Here's more research showing that what we're doing in our office with a more concentrated plasma," if that's indeed what you're doing in your office, which I hope it is, "with a more concentrated plasma, is more effective. If you have knee problems, then come see us." So that's how I would promote that. It could be a very simple email that you send out.

Always, I talk to my patients as if they're physicians. Never dumb yourself down. And even to children, I talk to them like they're adults, as far as vocabulary-wise. It's what you do.

What to do when they "lose" their erection

Okay, the next one is getting to the question about that I commonly get, what about the person who loses their election, not from premature ejaculation. They get mourning tumescent or nocturnal tumescent, or they get an erection when they're having sex. And then they'll lose it soon after starting. This one is part research and part 20 plus years of talking to couples and men about their sex.

I pulled this out for you. It's funny to pull out. This website is still out there. So I want to show you this and we'll come back to this research. For starting around 2004, started promoting book about that had some of these ideas in it. This was in the early days of the internet. I don't promote it to Amazon anymore.

There is a Kindle version, and any paperback versions you see are going to be sold by people reselling old editions of it. But this is the website that I used to sell it on. This was made with FrontPage 98. And believe it or not, this website, I self-promoted this book. And there were months when I would spend \$30,000 a month on Google click ads (when they were 0.10 cents a click. And I self-promoted it and kept it at the top-selling, the number one sex book on Amazon, for almost three years. And I could afford to spend money on promoting it, because certain percentage of the people who read the book would see me as patients. And so, that's where the profit happened.

But it's out there still being given away for free. I don't know many copies are out just PD files being given away. And I never even really edited it well. I wrote it in one sitting during one of our hurricanes. It's the only one I evacuated for, and I was just bored and never evacuated again.

1. Decreased VO2 max

But there's a part in here that I'm getting at that relates to that problem. And it has to do with something that the Chinese taught 2000 years ago that is no longer taught, which is that... And this is not the only reason, but this is one of the reasons that men lose that erection. So they're demonstrating they have enough blood flow to have an erection. So why does it go away?

One reason can be just straight up aerobic fitness. In other words, there's a certain amount of exercise that goes on unless you're just completely there, you have an erection that basically serves as inanimate object, and man is just supine, and woman is doing all the work. But otherwise, having sex is about the equivalent, aerobically, to walking upstairs. And I don't know the last time you tried to walk up a long flight of stairs, but part of the motivation of this book was that I give that fact in the book. So you're as good in bed as you can walk upstairs. If you walk up a flight of stairs and you're breathless, then you're going to lose your erection at the equivalent, timewise, of a flight of stairs because you are going to go reaching your anaerobic threshold and your blood is going to shunt away from your penis to your buttocks or whatever accessory muscles you're using to do things with that penis.

I've never read that in a book, but I know it happens. And I know that for over 20 years, I've counseled men, and I've seen that they get better when they get fit.

Now, that would be a direct and easy explanation. I'm getting to two more explanations. Like a lot of things with sex, your solution is probably going to be multifactorial, but that's got nothing to do with the P-Shot® procedure. And it's worth remembering, because if you have someone who becomes breathless walking across your waiting room and they expect your P-Shot to somehow then turn them into the Don Juan, it's not going to happen. **They need enough aerobic capacity to be able to have**

an erection, as an extra benefit, because they're not needing all their aerobic capacity to do things with their buttocks or their back or whatever else they're using to make love to their lover. So that's first thing.

The second thing with this is that you can make that point without my little book, but if you search around, you can find it [being given away for free on the internet](#). And I like it. I wish people would steal a million copies because it's good information. And so, I don't even care when people get it without paying me. Let's go back to some of the recent research because there are two other reasons to think about this. This one just came out. I love this article.

2. Fasting helps grow a penis.

Before I do that, I want to show you one other thing here on Amazon. I read this thing. Let's see—this one. Paul Bragg wrote [The Miracle of Fasting](#). The first edition of it came out when, I think, it was '61, when I was 1-year-old. It might've been '67. But I was in grade school or a kid when it came out. And he was 86 at the time. And he lived to be in his 90s preaching periodic fasting. I picked up this book in high school and started playing around with fasting.

Even as a college kid, high school kid, I noticed when I would come off a fast, libido would drop during a fast, when I came off of a fast, even going by teenager standards, a libido would become, and function would become crazy after fasting. And so, getting ready for this Journal Club today, I went and looked. The research is tremendous, but what other research has emerged about this idea regarding aerobic capacity? And look what I've found. This is crazy.¹

So this one, they looked at the effects of caloric restriction, exercise on age-related alterations in the corpus cavernosum in rats. It's hard to get men to volunteer for biopsy studies like this, but rats don't seem to have a problem chopping off their penis. Look at this. **Caloric restriction and exercise restored the endothelial and smooth muscle cells in the corpus cavernosum by decreasing apoptosis.** Look at that. You don't even need a P-Shot. Just fast and go for a walk, and you grow your penis back.

Now, let me give you this one and I'll give you a couple studies about aerobic capacity. In my opinion, just from 20 years of looking at men who give me that complaint, not always, sometimes it's the other two things I'm about to tell you, but 90% of the time, in my experience, they've been lower aerobic capacity guys that are just running out of breath.

It doesn't take long, except they think, "Well, I'm just lying in bed."

¹ Macit et al., "The Effects of Calorie Restriction and Exercise on Age-Related Alterations in Corpus Cavernosum."

Not really. If you want to see how long, that's the best test, walk upstairs. Whenever you get out of breath, I don't mean you have to stop walking, but when you become tachypneic from your stair walking, that's how long you're good in bed.

And I've had so many wives tell me, "I'm so glad you told my husband that. He's lost 20 pounds and he's a freaking monster now in the bedroom."

One to show to your people.² Remember, aerobic capacity, excuse me, aerobic exercise bumps men up on the average of seven on that SHIM score that hopefully you guys are giving to your people before we do a P-Shot. It's a good, objective way to measure the effect of your procedure. And that's about what a P-Shot does, seven or eight, sometimes nine. However, the studies measured about seven. So you get the same thing from walking. But put the two together, and you can change a life. All right, so that's that one.

But then I've got a few others up here. I haven't put this out yet. I started a book on premature ejaculation that I got pushed back to the bottom of the heap. It's not just about loss of erection. I'll put this one in the download box. But it's also premature ejaculation, because when people lose their breath, they become... Well, you can see what happens, right? There's less control, there are also changes.³

Remember, erection is parasympathetic, ejaculation is sympathetic. So when you start to reach that anaerobic threshold or VO₂ max, you're going from... You can't keep that relaxed state.

I know when I used to run marathons, part of what I would do, try to completely relax while I'm running, facial muscles, arms, everything. How do you do that? You can't run and relax. Actually, you can. If you've got good fitness, you can let, many of you know this, you can let your body basically chill out and almost take a nap while you're running down the road. So you're staying parasympathetic. Now, if you start sprinting and you go anaerobic, that doesn't happen. Hold one second. Let me give you this handout. Let's see. Here we go. All right, I'm going to take this one, slide it up where you have it. There you go.

All right. So if you look in the effects of aerobic capacity on premature ejaculation. But of course, it affects your erectile function as well. All right, so one of the reasons for losing erection is just straight up aerobic fitness.

3. Increased sympathetic tone kills erection.

² Kilinc et al., "Impact of Physical Activity on Patient Self-Reported Outcomes of Lifelong Premature Ejaculation Patients: Results of a Prospective, Randomised, Sham-Controlled Trial."

³ Turan and Gürel, "The Heart Rate Recovery Is Impaired in Participants with Premature Ejaculation."

The other is the sympathetic nervous system. And that can be kicked in because of reaching, it can be a secondary cause of reaching your aerobic or getting close to aerobic capacity. But it also just be from guys getting nervous. So if the man's with a new lover, he's with a lover who he's trying to make up with his wife, it's not even a new lover, but there's extra pressure because whatever's going on with him socially he feels extra pressure to perform.

And so, I think so far the best trick I've found for guys like that is to tell... Everybody knows the sensate-focused stuff. I think it's been so overworked, it's almost useless. But you tell the man to tell his lover that he wants not to have sex but instead to be naked in the bed. **That takes all the pressure off.** And then of course what will happen is, if he's got a healthy body, is with the pressure gone, he goes parasympathetic, the erection happens. And because there's no pressure to perform, he's breaking the predetermined rule not to have sex. There's no pressure or there's less pressure, and he's able to stay parasympathetic to maintain the erection that is going to go away when he gets nervous.

The quickest way to think about this is if a man's in a fight, I mean the fight or flight response, his testicles are going to draw up, and his penis is going not to be erect. It's part of the survival mechanism. It must get out of the way so the tiger doesn't bite it off when fighting. So that fight or flight response, sympathetic kills the erection. And if that kicks in before he's ready to have an end to his lovemaking, then he's going to lose it. So, one is his VO2 max; the other is sympathetic activity kicking in.

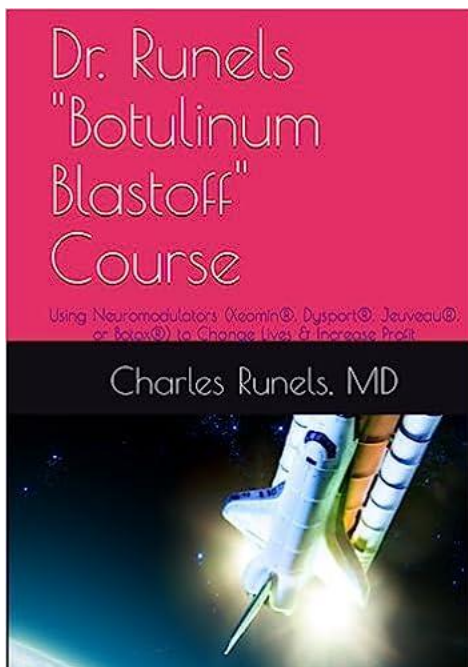
4. Ignoring the relative refractory period and the cycle

And then the last is the cycle. The cycle is the thing I referred to a moment ago, and this one probably happens a lot with our people after they get their P-Shot: they think that our procedure will change their body's ability to recharge. In other words, change their refractory period. But when I say refractory period, I don't mean it in the traditional sense in that are you able to get an erection? And if you can, you're no longer in refractory. I mean it in the 2,000-year-old Chinese version: are you at your maximum potency?

And for that, as a quick guide, if a man divides his age by five, so if you're 20, that would be four. If you're 50, that would be 10; as a rough guide, assuming normal aging, that's about how many days there should be between ejaculations.⁴ He can have sex six times before breakfast if he wants, but with, if he's so inclined, six different women, but no ejaculation until he's reached the end of that cycle. And the Chinese would say if you go longer than that cycle, you start to store and regain energy. This is not a new idea. It's been talked about, everybody from Freud to Benjamin Franklin to Thoreau.

⁴ Runels, *Anytime...for as Long As You Want: Strength, Genius, Libido, & Erection by Integrative Sex Transmutation*.

If you actually go back and read Thoreau's Walden and find the chapter on Higher Laws, which this paragraph was probably not underlined in your high school class, he talks about “continence” being the beginning of heroism, spiritualism, and genius. And he wasn't talking urinary continence. So that's the part your high school teacher didn't tell you: not only did Thoreau build a little cabin in the woods and write some of the most amazing prose ever put down on paper, but he was avoiding masturbating.



If you're going to do that, if you're going to have sex with your lover six times before breakfast and maintain your cycle, then there must be a learning of the pleasures of transmuting that energy, which has been talked about. And now I'm getting off the subject. But if you want to know more about that, read. It's all over the place. [And you can start with the little thing I published 20 years ago.](#) But it's all out. Freud wrote an essay about how he thought it was part of the reason for Leonardo DaVinci's genius. Franklin talked about it. Go read Walden again.

Anyway, so back to what happens when people get our procedure. I think one of the things that happens is they want to try it out. They ejaculate more, and they may not be completely refractory. They can get an erection, but they're not as potent. There are physiological reasons for it, for

prolactin goes up after ejaculation, and other things happen. But the studies that you were told where, does it matter? Yeah, they've done studies where they had some track star run, go masturbate, run again, and the speeds are about the same. But every football player and every boxer knows, yeah, maybe the speeds are the same, but now let him masturbate every day, and at the end of the week, see how fast he is versus the guy who doesn't masturbate or have ejaculation at all. And it becomes a recycling of energy. It should be the idea behind the priesthood and lots of spiritual practices.

Okay, so the bottom line, when someone tells me that they're losing their erection, I still want to do my [P-Shot®](#) if I can help with their erections. I still want to do everything you know to do with your endocrine functions and corrections and check to make sure they don't have a hyperprolactinemia or a imbalance of estradiol and testosterone and all that. You still want to remember your PDE5 inhibitors. And of course, with our new [Priapus Toxin™](#), where we're using botulinum toxin in the corpus cavernosum, you can override sympathetic tone some by hitting a higher baseline parasympathetic tone, which would help some, in theory at least, with the nervous part of it.

But the three things that are usually not discussed, and I'm giving you indirect evidence, I'm telling you things that I've learned over 20 years of talking to people, and I guess 50 years of being a man, things that are not talked about

enough, I don't think, are (1) get the aerobic capacity up, (2) practice the cycle, and (3) take the sympathetic nervous system out of it somehow.

Okay, so that's all the research I got, and all the questions this week that seem new. And we're two minutes under 30 minutes.

Have a great day. Bye-bye.

References

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Tags

erectile function, nocturnal tumescence, SHIM score, premature ejaculation, knee joint, platelet concentration, marketing tips, orthopedic research, PRP (Platelet-Rich Plasma), aerobic fitness, sexual performance, caloric restriction, fasting, libido, P-Shot®, Priapus Toxin™, sympathetic nervous system, refractory period, endocrine functions, parasympathetic tone.

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