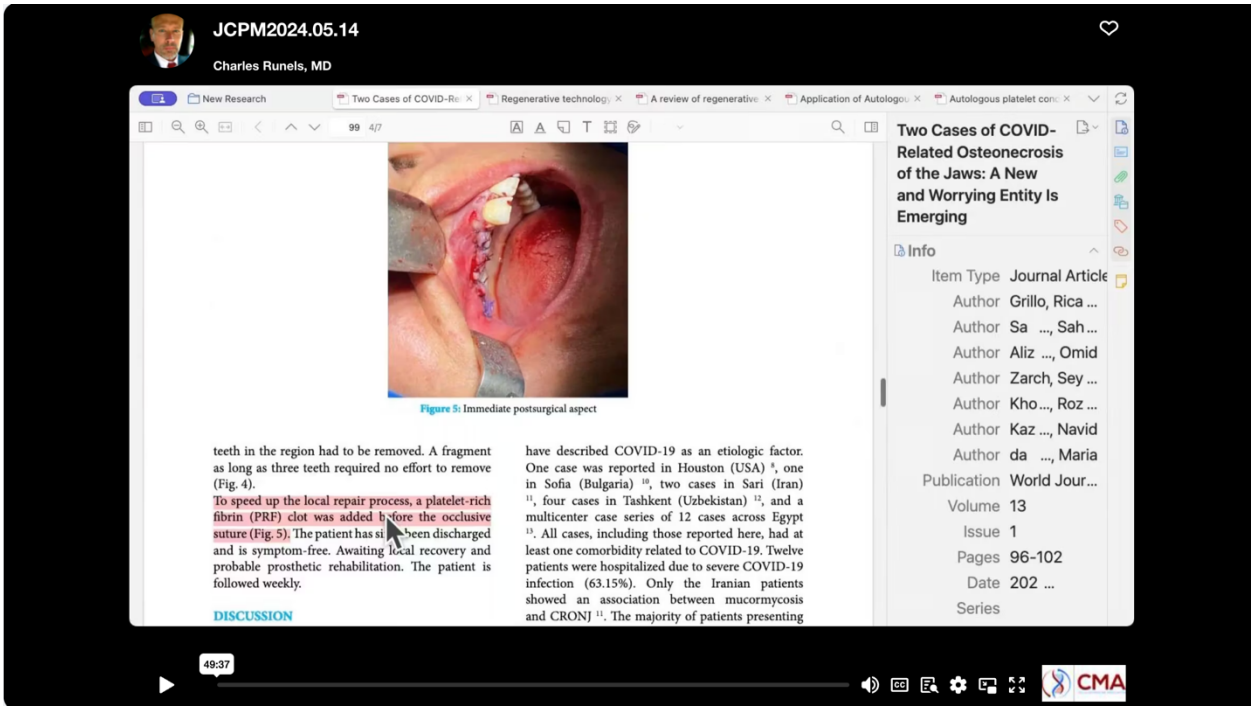
JCPM2024.05.14

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of May 14, 2024, with Charles Runels, MD.

>-> The video of this live journal club can be seen here <-<



Topics Covered

- PRP vs. PRF vs PRFM
- COVID-Related Osteonecrosis of the Jaw
- PRP for Infertility in Men & Women
- PRP for fecal incontinence
- PRP: To Activate or Not?
- Should You Do a Penile Block when doing the P-Shot® Procedure?
- Should you offer the P-Shot® to men after prostate cancer surgery?
- Vampire Marketing® and swimming pools and what it can teach you about how to get millions in free advertising
- Vampire Marketing® applied to the Vampire Facial® and HIV

- Showing my mother my photo in the National Enquirer
- **Do you still activate the PRP when doing the Clitoxin® procedure?**
- **Can you pause the meds to do a P-Shot® from someone with a kidney transplant?**
- Should you buffer the sodium citrate anticoagulant with sodium bicarb?

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

Good evening. I have three new papers to show you that I think may be of help. Welcome to the Journal Club. As you can see, we moved our meeting back to the evening. It was easier for people to show up and stay the whole time instead of in the middle of the day. So we'll try it this way again for a while.

Also, I like always to cover some pearls about doing the procedure, so we had a few good questions that can direct those pearls.

And then with marketing, we can do general principles, but there's always something in the press. Marketing, in concert or in sync with what's in the press, either with the research or the popular press, is always helpful. And we have some. I call them the marketing emergency square. If you act on it in the next few days, it's wonderful. If you wait a few weeks, it becomes irrelevant.

PRP vs. PRF vs PRFM

Let's start with the research. This one is in Swiss, and I will give you the link.[1] I'll use the chat to translate it, but it's a nice little article summarizing the differences between platelet-rich fibrin matrix, platelet-rich plasma, and PRF, platelet-rich fibrin.

It's still undecided what to do with which, but in dentistry, when you have wounds to patch, PRF is the best.

[1] Ernst, Ramenzoni, and Schmidlin, "Autologous platelet concentrates in regenerative dentistry – A narrative literature review."

With our procedures, you're still better off using PRP. If you're trying to make a clot and then micronize it, put it through a needle, or somehow make a clot without any anticoagulants but then somehow take what you need from the clot is made—it still seems to me to be the less desirable way. Unless you're actually going to use the clot to patch something, I can't find research to warrant swapping over to PRF from PRP.

You can look at that. It's an interesting review article, but I found nothing new that makes it worth swapping.

COVID-Related Osteonecrosis of the Jaw

This one is worth knowing, especially for us who still see sick people. I did not know that this phenomenon exists, called COVID-related osteonecrosis of the jaw.[2] I bring it up for two reasons. First, it's out there, and it's helpful if you find it early. It starts with pain, which can be months after they had COVID, usually severe. But this is a case where platelet-rich fibrin is appropriate. You can see they used PRF (as a clot), but it would be less effective if you're trying to inject PRP around that area.

On the other hand, taking a clot and putting it through a needle into a clitoris seems less desirable, and it's less supported.

So PRF is probably the way to go when treating wounds—if you do dentistry or wound care. But if you're trying to inject, do our procedures, and you're using PRF with a P-Shot® or an O-Shot®, in my opinion, you're not doing an O-Shot® or a P-Shot® procedure.

PRP for Infertility in Men & Women

There have been quite several papers published using PRP to help women with infertility—either by rejuvenating the ovaries or treating the endometrium.[3] [4] The first person I know to have done that was over a decade ago, Dr. Hugh Melnick, MD, FACOG out of New York City. He did it successfully, but then others published it afterward, and you can find probably half a dozen papers now. And I've seen businesses starting that cater to just that therapy being advertised online: helping a post-menopausal woman develop a viable egg by injecting the ovaries with PRP.

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[2] Grillo et al., "Two Cases of COVID-Related Osteonecrosis of the Jaws."

[3] Seckin et al., "Ovarian Response to Intraovarian Platelet-Rich Plasma (PRP) Administration."

[4] Zaha et al., "Autologous Platelet-Rich Plasma (PRP) in Infertility—Infusion versus Injectable PRP."

But this is the first time I've seen anything published about taking a sperm sample and then increasing viability by mixing the sperm with PRP before it's frozen.[5]

I had a friend in high school who contracted Hodgkin's disease in the 11th grade. So, they froze his semen so that he could still have hopes of having children after his chemotherapy. I thought of him when I read this paper.

As an indicator of what people find most disturbing, you can look to see what people are willing to spend the most money on: the top three are (1) infertility, (2) cancer, and (3) sexual relations. Those are the top three, in that order.

They'll spend the price of their house to have a child or to save their life from cancer and to save their marriage. So, this is something those of you who are gynecologists or urologists in the infertility business should know. And, of course, those of you doing primary care should also know about it since we become the hub that refers our people to the other things they need.

Those are my favorite articles that came out this week.

Let's look at some of the excellent questions that came my way this week.

Can PRP Injection be Used for Fecal Incontinence

I don't know about fecal incontinence, but I do have anecdotal reports from members of our group that PRP injections can help, and we do have research that supports the concept of using PRP to repair muscle.

A family practitioner in our group with a very busy practice in Mississippi treated someone with fecal incontinence almost a decade ago, with good results.

[5] Lorian et al., "Application of Autologous Platelet-Rich Plasma Exerts Cryoprotective Effects on Biological Characteristics of Human Oligoasthenoteratospermia Samples after Freezing and Thawing Procedures."

There's a place when something's torn beyond repair. However, it is possible to help damaged muscles with PRP. I'm only giving you these representative papers; there is much more.[6] [7] [8] [9] All have to do with preventing fibrosis following damage, activating the stem cells within the muscle, and triggering them to generate healthier myocytes.

If you were a $20 million-per-year quarterback in the NFL, you could not escape the treatment of damaged muscle with PRP because it's so well-founded in sports medicine.[10] It's been done for over a decade for the muscles of professional athletes.

I hope our group eventually helps educate the world that other muscles are just as important as the thigh muscle or the calf muscle of an NFL quarterback—like a mother's pelvic floor or a mother's rectum after delivering a 12-pound baby.

So, muscle is muscle.

Of course, this doesn't mean you're guaranteeing the restoration of continence, but if research shows that PRP can help a muscle in the thigh, then you have scientific reasons for offering it to the muscle of the rectum.

> ***If you have research showing that PRP can help a muscle in the thigh, then you have scientific reasons for offering it to the muscles of the rectum.***

A few reports in the literature hint at the coming therapy.[11] [12] This would be a wonderful place for one of our members to do a landmark study.

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[6] Aguilar-García et al., "Histological and Biochemical Evaluation of Plasma Rich in Growth Factors Treatment for Grade II Muscle Injuries in Sheep."

[7] Bernuzzi et al., "Use of Platelet-Rich Plasma in the Care of Sports Injuries."

[8] Graca et al., "Platelet-Derived Chemokines Promote Skeletal Muscle Regeneration by Guiding Neutrophil Recruitment to Injured Muscles."

[9] Moraes et al., "Platelet-Rich Therapies for Musculoskeletal Soft Tissue Injuries."

[10] Middleton et al., "Evaluation of the Effects of Platelet-Rich Plasma (PRP) Therapy Involved in the Healing of Sports-Related Soft Tissue Injuries."

[11] Balaphas et al., "Cell Therapy for Anal Sphincter Incontinence."

[12] Izadpanah et al., "Effects of Platelet-Rich Plasma on Healing of Sphincteroplasty: An Experiment in Rabbit Model."

If anyone on the call has had experience with this, I'd love for you to notify me in the chat box now so I can unmute your mic. This is part of why we have the group: to learn from each other.

If a type of tissue repair therapy applies to the leg, of course, it applies to the arm, the thigh, and the buttocks, but does it really apply to the muscles of the genitalia? There's this psychological more than a physiological barrier or speed bump, so to speak, for the brain to go there, as if somehow we shouldn't try to apply it. And so whether you offer it to the patient or not is, of course, between you and the patient.

At our last journal club, we covered what the consent form should look like with platelet-rich plasma. That's already been posted with a transcript and a link to the consent form. Our attorney believed that our consent forms were more robust than what this research article suggested. But you have a consent form on the membership site (which also says they have the option not to be treated at all).

The essential concept of the consent form is that the person suffering from fecal incontinence could have surgery or other therapy, but you have this idea of triggering muscle repair with PRP, and here's the science behind it. Now, do you want me to treat you or not?

Reminder: PRP does not cause a pharmaceutical effect

Remember, platelet-rich plasma does not have a pharmacological effect. Instead, when you inject PRP, you're triggering the regeneration or the growth of nerve collagen blood flow, which takes time. In contrast, if you inject morphine, someone feels it in five minutes. You inject PRP, the actual fluid goes away, and you trigger a cascade of growth factors, cytokines, etc.; that takes time. So, if you inject their rectum for fecal incontinence, then probably the full effect is going to be somewhere around eight to 12 weeks post-injection.

Adjunct to PRP when there is muscle damage

Also, I think you could argue that an Emsella machine might be helpful if you're treating the muscles of the pelvis or the rectum.[13] [14] [15] By combining PRP with this machine, you are not only triggering growth

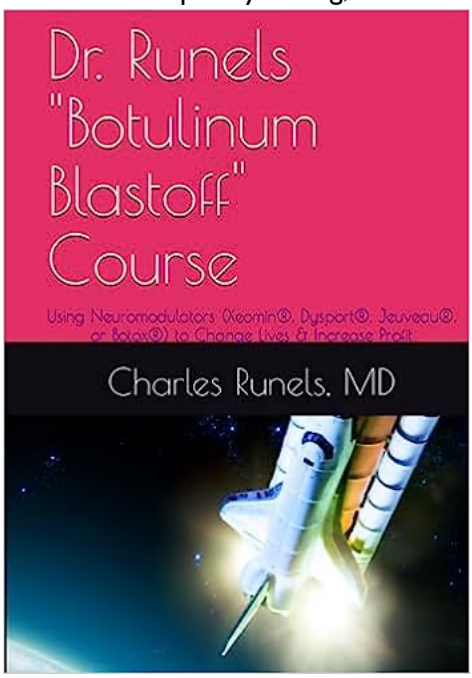
[13] Hwang, Lee, and Kwon, "Effect of Pelvic Floor Muscle Electrical Stimulation on Lumbopelvic Control in Women with Stress Urinary Incontinence."

[14] Silantyeva et al., "A Comparative Study on the Effects of High-Intensity Focused Electromagnetic Technology and Electrostimulation for the Treatment of Pelvic Floor Muscles and Urinary Incontinence in Parous Women."

[15] Gözlersüzer, Yalvaç, and Çakıroğlu, "Investigation of the Effectiveness of Magnetic Field Therapy in Women with Urinary Incontinence."

with your platelet-rich plasma but also repeatedly exercising the muscle, just like you would the muscle of your arm or your thigh in the gym.

I could be completely wrong, but we have anecdotal reports. If you do it, write it up. As far as I know, no one's written it up, so it'll be good to contribute. Whether it works or not, telling the world about it would be great.



So, the other question that was sent to me this week concerned the activation of PRP.

PRP: To Activate or Not?

When doing our procedures, should you activate the PRP before injection?

Those of you who have been through my hands-on workshop know that I always stress that I don't know the answer to this question. However, I have read thousands of papers and talked to basic scientists and physicians worldwide. We're in 50-something countries, so I've talked to many people, and you must go with what you know.

Remember what Faraday said: ***nothing is ever proven. You go with what's most supported until someone disproves it***. There's nothing proven on the planet. So right now, we have lots of research demonstrating there is a significant, demonstrable, undeniable difference with platelet-rich plasma-activated, with calcium chloride, calcium gluconate, thrombin, hyaluronic acid filler, all those things activated, and there are FDA-approved kits that activate by all those methods. There's even a patented kit in my office that someone brought to me that you can activate with vacuum. All those can be used

for activation, and you get a different spectrum of growth factors with activated versus not activated PRP. I will throw papers regarding this question in the chat box; they're worth reading.[16] [17] [18] [19] [20] [21]

The further you dive into the basic science of PRP (like most subjects), the more confusing it gets. The more you know, the more you know you do not know. But two things stand out from reading the research: we're getting VEG and some of the more desirable growth factors by activating. The other thing concerns complete (vs. incomplete) activation with an actual agent, like calcium chloride or calcium gluconate.

I know the sales rep may have told you that you don't need that calcium chloride because his or her kit doesn't have it included. The same rep has been selling PRP kits for a few years and has injected nobody, but somehow, they're experts. It's just not true.

One rep once told me, "You don't need that calcium chloride."

And I said, "Well, I think you do."

And he said, "Well, I can't talk about it because it's not on label for my device. But since you brought it up, I can talk about it."

Then, he walked out to his car and returned with a vial of calcium chloride.

Think about the math: if you only get 65% activation when you do not add an activator to your PRP, and have a gel kit that only gives one and a half times the concentration of whole blood if you're not activating, then you're taking the effect back to almost as if you never did the centrifuge to concentrate the platelets.

In other words, you could take whole blood, activate it, and accomplish the same thing as you would with a gel kit and without activation.

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[16] DeLong, Russell, and Mazzocca, "Platelet-Rich Plasma."

[17] Fermín et al., "Review of Dohan Eherenfest et al. (2009) on "classification of Platelet Concentrates."

[18] Okumo et al., "Multifactorial Comparative Analysis of Platelet-Rich Plasma and Serum Prepared Using a Commercially Available Centrifugation Kit."

[19] PhD, "PRF vs PRP vs PRFM."

[20] Smith et al., "An Evaluation of the Effect of Activation Methods on the Release of Growth Factors from Platelet-Rich Plasma."

[21] Smith, Travers, and Morrissey, "How It All Starts."

You could take whole blood, activate it, and accomplish the same thing as you would with a gel kit and without activation.

The only two PRP kits I know that come with an activator are Selphyl (CaCl) and Regen (thrombin). I will give you a link to the Selphyl page, where they discuss the difference between PRP, PRF, and PRFM.[22] They're calling their kit PRFM only because they have a kit that includes an activator (CaCl). They can legitimately do it because theirs comes with calcium chloride. You draw the blood, centrifuge it, and then add the included calcium chloride to get platelet-rich fibrin matrix (PRFM).

For whatever it's worth, Selphyl is the fastest activating kit I've ever used, and I've used probably a dozen of them, which could mean it is more active.

In other words, it could be more therapeutic.

The downside is that you must be ready to use it. You cannot go more than three minutes after activation, or it will be too thick to push through your needle, but it doesn't take more than three minutes. In other words, they're able to say they have a ***platelet-rich fibrin matrix*** because their kit includes everything it takes to go from PRP to the actual matrix that happens after the PRP is activated, that yellow goo that's created.

But if you have a source of calcium chloride and use another kit and add it to the PRP, and all the ratios and instructions for doing this are on our membership sites, then you've done the same thing as a Selphyl kit.

I love the Selphyl kit, but it only has an eight-CC tube. They may have a bigger kit and a bigger tube—I don't know—but with their standard 8-cc tube, you only harvest about four CCs with a female and maybe three CCs with a male on testosterone.

You wind up needing to spin an extra two or three tubes when you perform the procedures. But otherwise, it is a wonderful kit.

Until someone shows us differently, I answer that we have lots of data and research showing that the spectrum is different when you activate than when you don't. And we have over a decade of experience showing that activation works better for our O-Shot and P-Shot than not.

On the other hand, I don't activate PRP with the face or the scalp, although I've seen studies where it is. And I don't activate it with the breast. The reason is that adding calcium, especially calcium chloride, hurts more. And number two, when I'm treating the face, breast, and scalp, I want it to spread, whereas

[22] PhD, "PRF vs PRP vs PRFM."

when I'm doing an O-Shot or a P-Shot, I intend that it stays more local for a more focal effect. A more rapid activation would accomplish that.

But no one has done the study. That's my thinking. Calcium chloride doesn't cost that much. You buy it from a compounding pharmacy. We have it straight from the FDA that adding calcium chloride to the PRP is still considered minimally manipulated.

This week, there was a question about a block versus not and a question about the P-Shot post-prostate cancer.

Should You Always Do a Penile Block When doing the P-Shot® Procedure?

If you go to the membership site, you can find answers to that question. Let me pull this up for you.

Okay, so here's the dashboard for the P-Shot website. Think of this dashboard as the filing cabinet, so you can find whatever you need. But if you're new to the procedure, or even if you're not new and want to up your skill set, this is where you go to the course, and it will take you step by step through what you need to know. As you can see, there are several lessons, but some of the lessons are where you add your photo, where you put your phone number, and where you can change your phone number. And then some of it is in depth about how to do the procedure. So that's a good place to go if you're 4starting.

Then, if you ever get lost on the website, you look for the dashboard, which takes you back to where to find everything.

For our Priapus Toxin® procedure, you can go here (see screenshot in video). It's a shorter course, but it should be done after the P-Shot® course.

Let's go to the dashboard and then how to do the procedure. So, here's where we have two doctors showing you how to do a penile block. There's just an outline schematic of how to do the thing drawn simply and easily. There's a three-minute video schematic. One of the urologists in our group did a beautiful penile block. Those are not my hands. There's George Abrahim, one of our premier urologists, showing how to do the procedure. Here's another video with Dr. Daller showing how to do the procedure, and here's another person doing how to do the procedure.

Dr. Ibrahim, I've seen him do a beautiful ring block. This (see the membership site) block involves injecting at the base of the penis on either side. My wife has another way of blocking the penis that I like. Most of the time, I don't use a block when I do the P-Shot®. Some people do the block with every procedure. I judge it by the person and how anxious they look. And if I don't do the block, I use a 30% lidocaine ointment. These days, I'm using that instead of the BLT (benzocaine, lidocaine, and tetracaine).

The short answer is that if you like doing the block, do it on everybody. It's safe, but it is another thing that can aggravate people possibly going wrong. Most people don't need it, but they need it if you're slow. When you do this procedure, if you're slow to put your needle in, it's torment.

Some people are very good at starting IVs. If you think about it, this is like doing an IV push. The corpus cavernosum is an intravascular space much bigger than the vein of the man's arm where you drew the blood. You are going through Buck's fascia. And if you slowly pass through the fascia, it is absolute torment. But if you pop it in quickly because you've done it enough that you're assured about where you're going, and then you pull it out quickly (both of those coming in and out hurt), you can make it where it's, combined with numbing cream, close to pain-free.

If you look at these angles, they are the most important. I go over them repeatedly in the diagrams and videos. If your angle is off, you'll torment people. If your angle is right, you'll hardly ever miss, and the pain will go down tremendously. So study those diagrams.

Also, I pulled this up to remind you guys. If you haven't done my Botox class, you should—your patients will thank you. I'll put a link to it, but there's also a chapter about treating depression, bruxism, and migraines, and I put a detailed chapter about ED. But if you're doing cosmetic work, I include a series of emails you can send to increase your practice volume greatly.

I'll tell you how to set up your Botox class and your Botox club, and it's how to use your Botox or neurotoxin and whatever you're using. I'm using Xeomin most of the time now. Whatever neurotoxin you're using, use it to create profit, make your people feel well, and build your practice like crazy.

If you try to make a practice just on doing PRP, it just won't work. I've seen people try it. You need something more appealing to those who do not want the PRP or can't afford it, and that's usually one of the neurotoxins, your hormone practice, or your primary care practice where they can just come in for a copay. So this course helps you grow your toxin practice like crazy. I'll put the link to this in the chat box. When you get into it, you will see 40 instructional videos.

I'll give you an example. Here are training videos for frown lines. Each video is detailed with anatomy and a transcript.

Can You Offer the P-Shot® post-op for prostate cancer,

Back to the question about prostate cancer. If you want a detailed answer to that question regarding prostate cancer, if you put it in the search box on our membership site, you will pull up multiple times where we discussed it on our webinars.

There's a concept called ***penile rehabilita***tion that appeared first in the literature around 2009. Here are some of my favorite papers about it.[23] [24]

So the idea is that if you do recover circulation and nerve function post-prostate surgery, but you've gone for an extended period of time without an erection (during recovery), the penis becomes stiff.

If you think about what a penis is, it's a glorified water balloon. And what is the size of the balloon, or what determines the size of the balloon? The balloon is going to expand until the pressure inside the balloon equals the pressure on the outside of the balloon. That pressure would include the cumulative tensile strength of Buck's fascia and the skin of the penis. So if that becomes stiff, now it's going to take a higher blood pressure to achieve an erection. So the idea with penile rehabilitation is that while you're waiting for recovery from the surgery, the man uses a penis pump twice a day for about 10 minutes to keep the penis pliable; it is like stretching the balloon out before you blow it up. Also, low dose, daily Cialis to keep blood flowing (five milligrams or two and a half milligrams of Cialis every day).

And that's penile rehabilitation.

[23] Sopko and Burnett, "Erection Rehabilitation Following Prostatectomy [Mdash] Current Strategies and Future Directions."

[24] Senad et al., "(268) EARLY EXPERIENCE IN PENILE REHABILIATION AFTER RADICAL PROSTATECTOMY."

We do have some papers indicating that imply that our P-Shot® procedure may enhance penile rehabilitation[25] [26] [27] [28] (not just our papers about the P-Shot in general).[29] [30] [31] [32] [33] [34]

We don't have a double-blind placebo-controlled study looking at PRP for penile rehabilitation, which is a problem because some people will just not come around until they see that. But, not all therapies lend themselves to placebo studies (surgeries and birth control pills are examples). The problem with placebo and PRP studies is that saline is not a placebo.[35] [36] [37] You could do a placebo by just injecting and inserting a needle, but you couldn't double-blind it by any mechanism I know of because whoever put the needle in would know they're not injecting anything.

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[25] Chung, "A Review of Regenerative Therapies as Penile Rehabilitation in Men Following Primary Prostate Cancer Treatment."

[26] Javier et al., "(219) AUTOLOGOUS PLATELET-RICH PLASMA IMPROVES ENDOTHELIAL AND TADALAFIL-INDUCED RELAXATIONS IN CORPUS CAVERNOSUM FROM PATIENTS WITH ERECTILE DYSFUNCTION."

[27] Lee, Jiang, and Kuo, "A Novel Management for Postprostatectomy Urinary Incontinence: Platelet-Rich Plasma Urethral Sphincter Injection."

[28] Sopko and Burnett, "Erection Rehabilitation Following Prostatectomy [Mdash] Current Strategies and Future Directions."

[29] Francomano et al., "Regenerative Treatment with Platelet-Rich Plasma in Patients with Refractory Erectile Dysfunction."

[30] Brandeis et al., "(130) Increasing Penile Length and Girth in Healthy Men Using a Novel Protocol."

[31] Kumar, "265 Combined Treatment of Injecting Platelet Rich Plasma With Vacuum Pump for Penile Enlargement."

[32] MD, "Memo in Response to the JAMA Article."

[33] Chung, "Medical Sciences A Review of Current and Emerging Therapeutic Options for Erectile Dysfunction."

[34] Schirmann et al., "Pilot Study of Intra-Cavernous Injections of Platelet-Rich Plasma (P-Shot®) in the Treatment of Vascular Erectile Dysfunction."

[35] Asghar et al., "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars."

[36] El-Amawy and Sarsik, "Saline in Dermatology."

[37] Searle, Al-Niaimi, and Ali, "Saline in Dermatologic Surgery."

This problem with the use of a true placebo has also been discussed in the treatment of pelvic floor muscles; just inserting a needle has therapeutic effects (even if nothing is injected).[38]

Saline has been used to treat scars, joints, leishmaniasis, and other problems just because hydrodissection propagates regenerative changes. Not IV, but if you're doing a regenerative process like putting saline into the penis or a PRP into the penis, then saline is not a placebo.

So the way I look at this, if I'm a man who has prostate cancer and I want to make love to my lover, my wife, then am I really going to wait until someone figures out a placebo that's really a placebo? By the time that happens, I'm dead.

A pharmaceutical company will not finance the PRP study—there is no patent on a person's blood, so the budget for the study is very low. So when will there be a multi-center, a thousand-person study? It'll be after I'm gone. And if I have something as benign as PRP to help me, I'll go with it if the benefit is life-changing and the downside is low. So many of us have done penile rehabilitation for our patients, sometimes years out, by following the usual protocol of vacuum device twice a day for 10 minutes, low dose Cialis daily, two and a half to five milligrams, and a P-Shot® procedure.

Often, one treatment does the trick, but many people repeat the P-Shot every eight to 12 weeks and see results after the second procedure.

Vampire Marketing®

The idea of Vampire Marketing is that instead of trying to gain attention, you look at where the attention is, and then you flow with it. Instead of trying to be a river, you step into the river. Instead of living on your blood, you gain nourishment from the blood of what is already flowing in the news.

Instead of living on your blood,
You gain nourishment from the blood of what is flowing in the news.

And I've done this for the past 25-plus years after I quit the ER. I did it some in the ER. For example, there was a case where I went to the swimming pool in my town. It was the Marriott near my house, so it was a very nice hotel, but this was back in the 90s. And the water was obviously cloudy and unsanitary.

Whatever, I'm not a big germophobe. But two of my children complained of a sore throat the next week. I still wasn't angry. It may not have been the pool, but it was summertime. They weren't in school.

[38] Knapman et al., "Botulinum Toxin for the Management of Pelvic Floor Tension Myalgia and Persistent Pelvic Pain."

So, I drove back, found the hotel manager, and said, "I don't think your pool's up to par."

He told me something like your husband making up an excuse after you find lipstick on his underwear. If your husband comes home with lipstick on his underwear, there's no reason he can give for that; anything other than a confession will require you to pretend to be stupid to get along with him. So he gave me a lipstick-on-my-underwear excuse.

I said, "You know, I was a lifeguard for seven summers, a research chemist for three years, and an emergency room doctor now, and what you just told me was asking me to be stupid."

He stiffened in his chair (he had remained seated when I introduced myself) and said, "You're right. It was the pool. It is an old pool. The chlorination device on it doesn't work. And when we manually dump the powdered chlorine in, the women complain that it fades their bathing suits."

His tone made it obvious that he had no further use for my company, so I said, "Okay, I'll be back."

And it just so happened that same summer (it was a month or so later), a child died at a water park in Atlanta, and they traced it to an E. coli from a diaper, which made the national news. When that happened, you probably guessed the rest of the story.

I called a local reporter. Suzanne Winston is her name, but she sells real estate now.

I called her and said, "You want a story?"

I said, "You know that thing that happened. Did you know our county has no health department inspection of swimming pools?"

It was appalling because we had a health department inspection in the 1970s when I was a lifeguard in Birmingham. But the hotels in Baldwin County, Alabama, didn't want it because they would have to spend a lot of money to upgrade their swimming pools, so there was no health department inspection of pools.

My dad always said, “Don’t expect what you don’t inspect.”

The Marriott near me in the 1990s and other pools around my town proved him true.

So, we did a story on the news, and then, with public horror, we got the laws changed.

For the rest of the summer, the guards at the Marriott posted hourly chlorine levels on a whiteboard at the pool, and a short time later, they built a new pool.

That's an example of tapping into the national news to make a point, and it gains local attention because of the flow of the national news.

As a rule, I do not want to tap into a tragedy. In this case, I did because I felt like our own children were at risk. But I wouldn't tap into a tragedy to advertise shoes or something. You must be respectful of tragedy. The only time tap into tragedy is if I'm helping prevent further tragedies of that nature or if we are attacked and have to defend ourselves. And that's what happened, as some of you know, with our Vampire Facial® procedure.

Vampire Marketing® applied to the Vampire Facial® and HIV

In 2019, two people got HIV from a clinic in New Mexico that was advertising the Vampire Facial®, but instead of the Vampire Facial®, they were doing something stupid.

Obviously, you don't get HIV if you're using an FDA-approved micro-needling device and you know how to handle blood. These people were not in our group and were practicing illegally at a hair salon. They were advertising illegally.

I got press (using Vampire Marketing) with *Rolling Stone* and multiple other venues online and on the TV news, and we made it plain that it was not our people.[39]

Our message was "Be careful" and "Go to our directory."

And we had increased traffic to our website, and if anything, it helped our business. Then, more recently, since 2019, a man got HIV from one of those two women.

What happened in the past month is a third woman was identified by the CDC as catching HIV at that same clinic, and those two providers are now in prison where they belong.

Now, what do you do with that?

The usual company that runs press releases for me didn't want to do one where we tell our side of the story because it involved jail time for the spa owners and litigation, and they didn't want to get tangled up in the lawyering.

So what do you do?

The last time it made the news, I posted something to our webpage, and so I again posted something here to our webpage.

[39] *New Mexico, Illegal, Vampire Facial® Imposters.*

Important: because I was willing to immediately talk to a reporter who saw the article on the website and called, I got this article on Medscape[40].

It tells why our group is important and what a service mark is, which most, even our members, would have trouble defining. It has a link to our trademarks and a link to what a service mark is, has a link to our research, and then it tells why, or what our protocol is that would make it safe.

What's an article on Medscape worth to all of us? What's it worth to patients trying to identify what is safe? If you want to leverage that article, you can click and comment right here. Don't make an ad; read the other comments, read the article, and then contribute to the conversation. It will function like an ad for you and your practice. But more importantly, it will expose what good medicine looks like versus those who pretend to be us.

That would've never happened had I not answered my cell phone and been willing to put much on hold for about two days to get this article done. Reporters have tight deadlines; if you honor them, they will work with you. If not, they won't bother.

Showing my mother my photo in the National Enquirer (and what it can teach you about marketing)

Now, a few days later, I answered the phone again. And I'm getting to the part about you can do with this and get on the news yourself. I answered the phone again, and we got this article in the National Enquirer (page 16) [41].

And I don't know; I may be happier about this than if I were in the New England Journal. I am pretty sure it helps patients know and trust us more than an article in the NEJM.

[40] "Don't Fear the Vampire Facial. Just Keep It Safe."

[41] "National Enquirer Magazine Issue 21-1.Pdf."

It won't be out until the issue on May 20th. On page 16, they talk about the bad thing that happened and they let me give a comment about how it might have been prevented had the patients sought treatment from someone in our group.

That's in my little office teaching the Vampire Facial® procedure at one of my workshops. Dr. Tess Mauricio comments, too. She's one of the dermatologists in our group. I comment to help people know how to figure out who's going to hurt you and who isn't. In our provider's offices, we have all agreed to follow certain protocols using FDA-approved microneedling devices and centrifuges.

Back to my swimming pool story.

This is national press about the Vampire Facial. It went viral. If you Google HIV and Vampire Facial, it goes on for pages and pages and pages.

So, if you called up your local reporter and said, "Hey, that horrible thing that happened with HIV and the Vampire Facial, that's something I do. I am a part of this group of licensed providers (and give a link to the Medscape story). Let's do a story about what happened and how people can stay safe, not only with this procedure but with other procedures involving platelet-rich plasma. Because if it's done improperly, it can be dangerous. Done properly, doctors and nurses handle blood daily and all day. So, you don't have to be fearful because something involves blood, or every surgery and probably a third or a fourth of what a family practitioner does every day would be out the window.

So that is how I've gotten on the local news quite a bit. Then, you put that local report on your website. First, it helps teach people what you want them to know that makes them well. Second, it gives you some street cred that leads to more people showing up at your door, wanting you to take care of them. So, this comes out on the 20th. And the way this would work, no matter what procedure you're doing, even if you do not do the Vampire Facial, is you could use this as an example of why they should be going to proper clinics and not the fly-by-night person who isn't properly licensed and not even in our group.

Let's see. That was it, except for the questions you posed tonight. And if you guys want to talk, I can unmute you. Let me see what questions or answers we have here. Some of them are questions; some are answers.

Do you still activate the PRP when doing the Clitoxin® procedure?

Question: If you're using PRP with a clitoral injection, are you activating the PRP with the botulinum toxin in it?

That's a great question. Clitoxin® is really a three-part thing. Watch the video. It shows you the order and how much of everything to put. We are activating it with calcium chloride and changing the volume that goes into the clitoris.

Anytime a new concept happens, something counterintuitive happens: You may think, "Okay, well, we showed it works. We're done." But the opposite is true; infinite variabilities exist after you show it works.

I looked once on PubMed and found over 50,000 (five with four zeros behind it) papers about using beta-blockers to help with congestive heart failure. With Clitoxin, you could consider how to vary the amounts, exactly where you put the needle, and what else you mix with it. What are the indications to do or not do the procedure? What medications are going to be involved? How far apart should they be? We now know that the PRP can vary based on whether they did aerobic exercise just before or not. You can wash the platelets with saline for a different effect. Should it be double spin or single spin, with white cells, without white cells. So there are so many different variables, and I'm only telling you what is my best idea now, James. I'm sure something I said, probably six things I say tonight, will be wrong a year from now, but this is the best I know for now, and our group will do much to find the six things and improve our therapies.

And because the O-Shot seems to work much better if you activate the PRP, we are activating the PRP before it goes to the clitoris and adding the botulinum toxin.

The exact sequence we use and our research are on the membership site, which is free if you're an O-Shot® provider. You log in, and there's a separate course. You take it, pass the test, and we send you the Clitoxin® certificate. Then, you can get your malpractice and start doing it like we do.

Okay, let's see what else we have. Hey, Elizabeth. It's so good to see you on the call. Elizabeth Owings is one of our premier people. She's written about the clitoris; she's amazing. She has more board certifications than anybody else I know. She says she always activates the PRP for any procedure where the goal is better nerve function: when she does the O-Shot and injects the nipples for loss of sensation in our Vampire Breast Lift®. In other words, always think about activating the PRP if treating nerves.

Can you pause the meds to do a P-Shot® from someone with a kidney transplant?

And then Melissa asks, "With the P-Shot for a patient with a kidney transplant who is currently on dialysis, taking prednisone. Will they be able to pause the meds?"

I have the utmost respect for nephrologists for the following reason: You can be a cardiologist and forget a lot of medicine and still be an excellent cardiologist. The same is true if you are a plastic

surgeon or a gastroenterologist. It doesn't mean you're not brilliant, but you can forget a lot. But if you're a nephrologist running a dialysis center, you cannot forget one page in Harrison's Internal Medicine book.

I would not do a P-Shot® procedure on someone on dialysis and prednisone. It's not the place for me to interfere.

Anyone, not just dialysis patients, but anyone who's taking a medication like prednisone that would impede surgical healing will not respond well to our cell-based PRP therapies. That's the guide because we're instigating the thrombin cascade, hoping to promote the healing that would occur had there been an injury, even though there really has been no injury.

We're tricking the body into responding as if there was an injury.

And something that might make that less likely to happen is a relative contraindication.

Ten years ago, I wouldn't do a Vampire Facial or a Facelift on smokers or an O-Shot on someone who smokes. I've since loosened that rule and found that they often do well. But prednisone, and more importantly, just on dialysis or post kidney transplant, I think in that case, I would be very careful about doing anything, just the infections, all the things that can go wrong. I'd be more prone to a vacuum device for the impotent man, but that's just me. *If you talk with their nephrologist* and they're for it, only then would I proceed. Your P-Shot is less dangerous than when they go on dialysis; so the nephrologist

Should you buffer the sodium citrate anticoagulant with sodium bicarb?

And then James says, "I'm Using sodium citrate as an anticoagulant. I wish to buffer with sodium bicarb. Am I adding bicarb to the blood draw or to the PRP?"

This brings up something I still don't have a good answer for. But if you use the Magellan centrifuge, they have an ACD solution as the anticoagulant. If you use Selphyl, they have ACD, too. But Regen has sodium citrate, and Purespin and Emcyte all have sodium citrate for the anticoagulant. But for some reason, and try me on this: *if you inject your face with a Regen kit, it hurts tremendously less than a Purespin or an Emcyte kit. And all three report to use the same anticoagulant—sodium citrate.*

Regen hurts about the same, but maybe less than a Magellan kit.

Remember, Magellan's got ACD, Emcyte (PureSpin), and Regen all have sodium citrate, but for some reason, the sodium citrate and Emcyte and PureSpin hurt a lot more than a Regen kit. I don't know why.

And I've talked to others, talked to heads of companies, and talked with their scientists.

Jeff Piccirillo came out (a top rep for PureSpin) to my office. We had a pH monitor, spun all the kits I mentioned, and measured pH. And the pH doesn't vary!

I used to think you could change the pain by adding sodium bicarbonate, but it doesn't change it that much. And when we measure the pH, they're all about the same. So, I don't know what it is about it, but I know we had about two months there where there were enough unhappy people from pain and other problems that I asked the PureSpin and the Emcyte people to swap over to ACD as the anticoagulant when they sell kits to our members for our procedures.

They want to use the sodium citrate in their kit for joints, it's not my business, but I told our people to request that swap. And the PureSpin and the Emcyte people agreed to do that.

So, if you have a PureSpin or an Emcyte kit, call your rep and say, "I want the ACD solution," and they should replace it for free.

You can try the bicarb. If there is decreased pain, it's just diluting the offending agent by adding volume because, again, we measured the pH, and it wasn't acidic. It wasn't any different than a Regen kit (which hurts much less).

But it's a good idea. We couldn't justify the supposed mechanism.

Some might say, well, put some lidocaine in it, but we have some studies, at least in the orthopedic literature, that adding lidocaine may attenuate your results.

And that was the last question.

Goodnight.

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Tags

Journal Club, evening, research papers, Swiss article, platelet-rich fibrin matrix, platelet-rich plasma, PRF, dentistry, COVID-related osteonecrosis, jaw, wound care, sick patients, rejuvenation, ovaries, PRP, sperm viability, chemotherapy, Hodgkin's disease, infertility, cancer, sexual relations, marketing, news,

procedure pearls, PRP activation, calcium chloride, anesthesia, P-Shot, O-Shot, fecal incontinence, muscle repair, NFL, muscle activation, stem cells, fibrosis prevention, PRP muscle treatment, platelet plasma science, professional athletes, pelvic floor, rectum, childbirth, wound healing, Emsella machine, muscle exercise, PRP consent forms, PRP activation science, calcium gluconate, vacuum, thrombin, high ironic acid filler, VEG growth factors, Selphyl kit, PRFM, PRP procedure, penile block, Botox class, ED treatment, depression, bruxism, migraines, Xeomin, erectile dysfunction, P-Shot post-prostate surgery, penile rehabilitation, penis pump, low dose Cialis, FDA approved devices, service mark, Vampire Facial, HIV, Medscape article, National Inquirer, local news, PRP safety, PRP kit, ACD solution, sodium citrate, pain management, lidocaine, research, marketing emergency square, PRP study.

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