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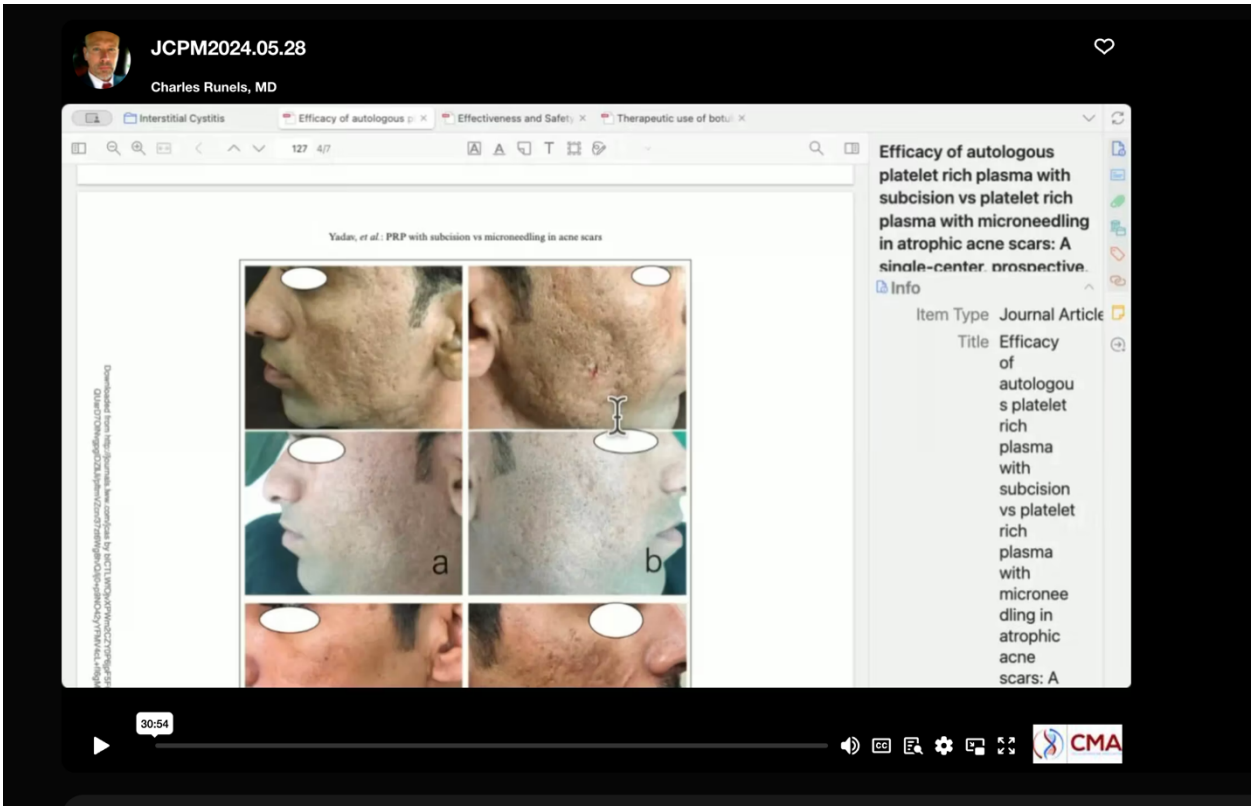
The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of May 28, 2024, with Charles Runels, MD.

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



Topics Covered

- PRP for Chronic Pharyngitis
- The O-Shot® for chronic interstitial cystitis
- A variation on the Vampire Facial® procedure for acne
- When performing the Priapus Toxin® procedure, should you inject the glans?
- A time urgent marketing opportunity
- What to do with the dark scars

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Transcript

Charles Runels, MD:

Welcome to the Journal Club. I have three papers to share with you today that might be helpful to you, and a question related to one of those papers. We'll start with this one.

PRP for Chronic Pharyngitis

Most of us may not be doing primary care where we're seeing chronic pharyngitis, but there's a lesson I think in this paper.[1] If you look at it, this same idea of using platelet-rich plasma for hard-to-cure chronic infections has been studied repeatedly in the wound care literature.[2] [3]

And now it's been repeated in this study in Russian, but for chronic pharyngitis.[4] So, I can't get the Russian version of it.

I'll read the conclusion: "Endopharyngeal blockades with autologous platelet-rich plasma as part of a complex therapy for chronic pharyngitis provide a significant effect in the form of higher rates of reduction in the severity of symptoms and the number of microorganisms."

This paper on pharyngitis gives a clue as to why our O-Shot® may be helpful for chronic interstitial cystitis.

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[1] Mirzabekyan, Rusanova, and Ivanov, "[The use of autologous platelet-rich plasma in the treatment of chronic pharyngitis]."

[2] CI et al., "Antimicrobial Effects of Platelet-Rich Plasma and Platelet-Rich Fibrin."

[3] Sethi et al., "Systematic Literature Review Evaluating Evidence and Mechanisms of Action for Platelet-Rich Plasma as an Antibacterial Agent."

[4] Mirzabekyan, Rusanova, and Ivanov, "[The use of autologous platelet-rich plasma in the treatment of chronic pharyngitis]."

The O-Shot® for chronic interstitial cystitis (IC).

I will flip over and show you a few studies regarding chronic interstitial cystitis.[5] [6]

Just in the past week, I received an email from one of our providers that someone with chronic interstitial cystitis for ***20 years*** resolved, starting (as predicted) about three weeks after an O-Shot® procedure. The patient became symptom-free not by injecting PRP into the bladder but just through our standard O-Shot® procedure.

So, it's not magic; it's just if you assume there's some chronic inflammation/autoimmune[7] [8] [9] or whether it's an infection or some sort of autoimmune process that's going on either way, the platelet-rich plasma would help.

I'll show you a couple of the studies related to interstitial cystitis. But so far, they've all been talking about injecting into the bladder, which doesn't sound like a fun way to spend your lunch hour to me.

So, this is low-hanging fruit. We have seen resolution for at least the past 10 years.

I've gotten multiple reports from our provider saying, "Yeah, this person was suffering five, 10, twenty-plus years, tried everything. I did an O-Shot®. Three to four weeks later, it was just gone."

Hopefully, one of us will do that study and show it to the world. However, this study regarding chronic pharyngitis and many wound care studies support the idea that it might help provide a mechanism of action for IC.[10]

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[5] Jhang, Lin, and Kuo, "Intravesical Injections of Platelet-Rich Plasma Is Effective and Safe in Treatment of Interstitial Cystitis Refractory to Conventional Treatment-A Prospective Clinical Trial."

[6] Mirzaei et al., "The Therapeutic Effect of Intravesical Instillation of Platelet Rich Plasma on Recurrent Bacterial Cystitis in Women."

[7] Behnia-Willison et al., "Use of Platelet-Rich Plasma for Vulvovaginal Autoimmune Conditions Like Lichen Sclerosus."

[8] Tong, Zhang, and Liu, "Platelet-Rich Plasma Exhibits Beneficial Effects for Rheumatoid Arthritis Mice by Suppressing Inflammatory Factors."

[9] ElGhareeb, Ghoneimy, and Elsayed, "Intralesional Injection of Platelet-Rich Plasma versus Steroid in the Treatment of Oral Lichen Planus."

[10] Mirzabekyan, Rusanova, and Ivanov, "[The use of autologous platelet-rich plasma in the treatment of chronic pharyngitis]."

A Variation on the Vampire Facial® procedure for Acne

In this study, they did a split face study and graded both the severity of the acne and the resolution after treatment.[11]. One group got an 18-gauge needle subcision with platelet-rich plasma. The other group got microneedling with platelet-rich plasma to see which one worked the best.

An 18-gauge needle is significant in my mind. An 18-gauge needle, I have used it in a pinch for a scalpel in the ER when I need something to cut a suture or open an abscess or something. If you must go fast and there's no scalpel in your pocket, an 18-gauge needle will do. So, it's some significant subcision.

The other thing is they're using a roller for their microneedling, which most of you know will cause collagenesis. Still, you can't do the same volume of actual numbers of puncture wounds with a mechanical roller that can happen with one of our FDA-approved, motorized devices. However, even with that, both groups were pleased with the result, and there was no significant difference between them.

So, what do you do with that?

This study is interesting, but as a clinician, I have always done both (subcision and microneedling)—so it does not change my practice; it just tells me that both parts of my treatment plan work.

For example, and I've been doing this now for a decade, if I were looking at this gentleman's face (see video), I would say to him, "Look in the mirror. I can guess, but show me the scars you hate the most."

And I use the word "hate" because they do hate them.

"Which one of these scars do you hate the most?"

And I give them something to point with because the finger is too fat.

So, I usually use the tip of an insulin needle with a cap still attached.

This man would probably point to that scar, and that scar, and that scar. But who knows, maybe he doesn't like that one either. And there's one, too (see video).

Once they do that, then I subcise the scars they hate most.

But I usually use a 30-gauge needle (not an 18). You could make a new scar by puncturing the skin with an 18-gauge needle.

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[11] Yadav et al., "Efficacy of Autologous Platelet Rich Plasma with Subcision vs Platelet Rich Plasma with Microneedling in Atrophic Acne Scars."

However, to enhance the effect of the subcision, I inject platelet-rich plasma and perform hydrodissection as I subcise.

Research shows that even subcision with saline will have an effect.[12] [13]

So, the platelet-rich plasma acts as a hydrodissecting agent instead of needing the 18-gauge needle to cut and subcise. Then, I achieve tearing away of the dermis and subcision of that, those tethering scar tissue, and it lifts it.

Then I inject *intra*dermally, which involves wearing glasses or loops (since sometimes the PRP will spray into the room if you are too shallow), and then microneedle everything.

Then, bring them back and repeat the same protocol in six weeks.

Give them our Altar cream to help the healing process.

Put them on Retin-A every night.

You can alternate using PRP with applying 5% trichloroacetic acid topically after you do the microneedling step.

If I wanted to treat acne scars, I would put this link in either a social media post or you could put it in an email and say, "Hey, here's a study that shows that what we do to treat acne scars works. And we do both. We do the undermining, and we do the microneedling with platelet-rich plasma. It's a variation on our Vampire Facial®. Come see us."

So, why couldn't you send that email out without the link to the research?

You may know I'm a big fan of David Ogilvy. He's the wizard about whom the Madman series was modeled. He made many fortunes in the early days of TV advertising. He's the one who turned Puerto Rico into a tourist destination. He had the account for Rolls-Royce and many over-the-counter medications in the early days of TV ads.

And one of his big rules was always to include news. Any news gives you a reason to talk about it. So, yeah, we all knew already that subcising scars and microneedling with PRP helps acne. We knew that. And we could send an email out that says that. But it has no punch because it's just repeated the old sermon. But when the study comes out, you can say, "Wow, we have new research showing that both work equally well. And it just says, I've been talking about why I do both when you come to see me. Here's the research. Here's my phone number. Call me if you have scars. And not just acne scars

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

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

because it works for herpes-zoster scars and striae, postpartum striae or rapid weight loss striae," which a lot of people are getting now with the new drugs or breast reduction scars, C-section scars. It's not just acne scars. You treat them all very similarly.

I saw a woman today who is to compete in one of the nationwide beauty pageants, and her body is what you would expect. She comes from another state to see me. She's super fit because the pageant's coming up soon. But here's a woman who could possibly be making her living with her appearance. The scar on the 64-year-old man's face is much less of a big deal than hers. So, scares are not just about very disfiguring appearance. It can be part of someone's livelihood.

They use a double-spin centrifuge. I don't normally use double-spin when treating acne, but you can. And that's all the points I had with that paper.

When performing the Priapus Toxin® procedure, should you inject the glans?

One of our members looked at our instructions about injecting Botox into a man's corpus cavernosum and asked the following: “In the combo procedure (talking about PRP plus botulinum toxin), do you add botulinum toxin to the glans injection or only into the corpus cavernosum?”

This is confusing, and I don't know the answer (we need more research), but I want you to know my thinking.

First, I do not use Botox anymore because Allergan has told us they do not want to be involved and they killed our name “Bocox,” at the US Patent & Trademark Office; Allergan sent us a letter and said, "Don't use that name."

And that's understandable. “Bocox” is close to “Botox.”

So, we tried P-tox; they killed that one too.

You can't fight with Allergan; they're too big. Even if we won, we would lose because of the money and time it would take. So, it's not the battle we want to fight.

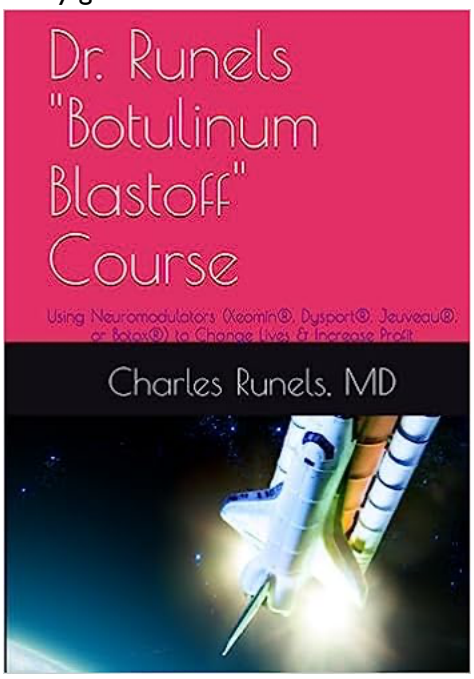
So, they agreed to Priapus Toxin®, and we secured the trademark. If you use the name on your website (after taking the test on our membership site), please add the ® symbol after the word “Toxin.” When our members use the ®, it helps us defend the mark from those who would use the name less meaningfully (steal it), undercut our prices, and possibly hurt their patients.

So, please use “Priapus Toxin®” and not “Bocox.”

I deleted Bocox from the website, but I missed some places. It should read Priapus Toxin®, and I recommend you use either Xeomin, Dysport, Jeuveau or maybe DAXXIFY (not Botox).

So, that's our nomenclature, and I can protect that name.

So, suppose someone undermines your cost, and they're not in our group. In that case, we refer them to BrandShield, and the offending doctor will lose his/her website or social media account if they do not remove our trademarked names (BrandShield costs us a LOT, but they are based out of Israel and are very effective worldwide). If the person advertising a very low cost is in our group, we call the doctor to remind them not to advertise below our lowest suggested price. We all do things for free—often. However, we should not advertise discounts on our trademarked procedures, or we risk price wars that beat all the profit out of the procedures—some profit is needed to pay staff, keep your lights on, and buy groceries.



Many of the infringers buy their botulinum toxin from China or use it as a loss leader to get people in the office to upsell them an expensive surgical procedure. You can't compete with that, so we don't undermine each other's prices.

You can raise your price if your credentials or the town where you live demand it, but we don't undermine each other's prices. And I can't protect that using our trademarks and service marks if we are not using the same name.

So, PRP plus toxin and stick to Dysport, Jeuveau, Xeomin, or Daxxify.

So, that's point A.

And now to the meat of the question, "Why do you put BoNT in the glans in one protocol (when combining toxin with PRP)? Yet when you do just the botulinum toxin alone, you only inject it into the corpus cavernosum (and not the glans)."

Why should you do one or the other?

We don't have the study. I'll tell you my best understanding of what I think is going on now, and you help me refine and improve it.

So, to answer that question, I'm going to go back over here and show you a couple of papers that were critical in coming up with our protocol (Priapus Toxin®) and in coming up with Clitoxin®, which had not been written about until we did our study.[14]

[14] Runels and Runnels, "The Clitoral Injection of IncobotulinumtoxinA for the Improvement of Arousal, Orgasm & Sexual Satisfaction- A Specific Method and the Effects on Women."

But botulinum toxin, the corpus cavernosum of a male, had been written about.[15] Still, no one had written, published anything, or hinted at using it in the female until my wife and I published a study a few months ago.

Let me pull you over and show you this research regarding botulinum toxin in the corpus cavernosum of a male. I think that'll help clear up our protocols. Then I'll open the mic for discussion, and we'll be done.

You know, I wrote a textbook about injecting botulinum toxin (BoNT), mostly in the face that's out. It's on Amazon. It's a 414-page book with 200 illustrations. I tried to braindump everything that I thought would be helpful in marketing and injecting cosmetic botulinum toxin. I have an online version of it as well, with 40 videos.

However, while researching that book about BoNT, I better understood how it works. You can write to teach, but what often happens, as you know, is you write to learn. And I was writing, which taught me some things. This was one of the papers that came to light, and I'll get to what I think is the game-changing part.[16]

For penile erection to occur in response to sexual stimulation, sympathetic innervation of the erectile tissue and its arterial supply must be inhibited. That's what the PD-5 inhibitors do. You get vasodilatation when parasympathetic becomes more active relative to sympathetic.

Our higher being, our G*d, decided that maybe that penis needs to get out of the way when we're fighting and flighting. And so, the sympathetic nervous system activation causes it to retract.

And when we are relaxed and in bed with our lover, parasympathetic nervous system activation causes it to become erect. ***Parasympathetic activity (which controls the vasodilatation of the penile arterials) can only successfully fill the penis if it follows or at least accompanies the initial inhibition of sympathetic activity.***

So, here's the key, depression of norandrogenic transmission in the post ganglionic nerve terminals of the sympathetic nervous system that supplies smooth muscle was reported five decades ago.

Now, let me combine that with another picture.

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[15] 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."

[16] Giuliano, Denys, and Joussain.

I love this picture (see video or article), taken from one of the pharmaceutical journals about the mechanism of botulinum toxin in treating migraines.[17]

It has been known for decades that botulinum toxin is taken up by endocytosis. The change in thinking is the theory of migraine has turned from "We're relaxing muscles with a toxin to prevent migraine" to something else: that's not the mechanism of helping headaches.

It is now thought that the toxin migrates to the trigeminal ganglion or the caudate nucleus, shared by the afferent pain fibers from the meninges. That sharing allows the pain signal to be blocked at the ganglion. There's an accompanying increased parasympathetic relative to sympathetic tone.

So, that mechanism is thought to be going on in the penis, and the direct effect is vasodilatation. That's exactly what's happening. ***Vasodilatation of the arterial flow in the corpus cavernosum is what's happening with the PD-5 inhibitors***.

Okay. So, back to the question, why inject where?

Most of the people that are coming in for our Priapus Toxin® procedure, even if they've had a P-Shot® in the past, they want both (PRP and BoNT). The word is out that it works.

And when you look at three double-blind placebo-controlled studies, one with all the major players Dysport, Xeomin, and Botox. In all those studies, the people studied were people for whom PD-5 inhibitors had quit working—hard cases: spinal cord injuries, long-standing diabetes, hard cases for whom I would be in the past, hesitant to do a P-Shot® because I would think it would be less likely to work.

But there was a statistical improvement with just the botulinum toxin. Not everybody got well, but 40% did. And the ones who did were able to resume sexual activity.

Those are the results of the three studies, and it lasted up to nine months when a hundred units of Xeomin was used.

All right, so now, back to the question.

When we do the procedure, if you look, we usually inject the glands for the P-Shot®, the glans is part of the erection.

And if our idea is not only to improve firmness but also to maintain the vasculature and nerve supply of the penis or, hopefully, even reverse some of the impeded blood supply by new blood vessel formation and neurogenesis. If we're doing that, which to me is one of the biggest arguments for this being the

[17] Ramachandran and Yaksh, "Therapeutic Use of Botulinum Toxin in Migraine."

mainstay, do you want to wait until your Viagra quits working before you do something that could help slow or reverse the disease process?

Viagra and Cialis do not promote neovascularization or neurogenesis.

The etiology of erectile dysfunction is not reversed by Trimix or a penile implant. However, it can possibly be reversed by a shock wave, our PRP (our P-Shot® procedure). In wound care studies, botulinum toxin is also known to cause neovascularization, neurogenesis, and collagenesis.[18] [19] [20] [21]

So, a regenerative process is activated after injecting BoNT.

Why wouldn't you want to use that?

By the time that is studied enough to where insurance pays for it, I don't know if I'll be walking this planet. And so, I would like to use it now for its potential benefit and benign side effects (PRP and BoNT).

So, that's part of our argument for this being mainstream. Now, I also assume that we have the utmost ethics, which *includes not keeping money if it doesn't work*.

So, back to the question.

So, if someone comes in and gets a P-Shot® and wants to add Priapus Toxin®, then it seems to me that mixing them both together (PRP and BoNT using our protocols) is the way to go.

If someone comes in and, let's say, they had a P-Shot® last month, or for some reason, they don't want to do the PRP, they just want to do the botulinum toxin. Then, even though there are some regenerative properties to the botulinum toxin, the main thing they're going for, in my opinion, with BoNT is just the firmness of the erection. I don't know of any parasympathetic/sympathetic tone alterations by PRP.

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[18] Fasano et al., "The Regenerative Effects of Botulinum Toxin A."

[19] Duchen and Strich, "THE EFFECTS OF BOTULINUM TOXIN ON THE PATTERN OF INNERVATION OF SKELETAL MUSCLE IN THE MOUSE."

[20] Franz et al., "Botulinum Toxin Conditioning Enhances Motor Axon Regeneration in Mouse and Human Preclinical Models."

[21] Kasyanju Carrero et al., "Botulinum Toxin Type A for the Treatment and Prevention of Hypertrophic Scars and Keloids."

So, in the case of botulinum toxin alone (Priapus Toxin®), we're going more for local vasodilatation, the corpus cavernosum, and affecting the ganglion with an alteration of the tone of the parasympathetic and sympathetic nervous systems and an enhancement of the relative tone of the parasympathetic nervous system. We are happy if regenerative changes are triggered. But, with BoNT injected into the penis, the main goal is vasodilatation and sympathetic nervous system attenuation; with PRP injection, the main goal is neovascularization and neurogenesis.

With BoNT injected into the penis, the main goal is vasodilatation and sympathetic nervous system attenuation; with PRP injection, the main goal is neovascularization and neurogenesis.

So, to do that (autonomic nervous system alteration with local sympathetic nervous system attenuation), I don't need to inject the glans with the BoNT.

Maybe I shouldn't complicate it and add an extra injection to the glans when I do the P-Shot® (Priapus Shot®). But, when I inject my own penis, if I'm putting PRP in there, I want everything to be coated with it, including the glans.

So, that's my reasoning.

Half or all of what I just said may eventually be proven wrong.

But that's how we're doing it, and we're getting crazy good reports from our providers about what's happening with their patients (in concert with the predictions of the research).

Now, we have four different studies showing the benefit of BoNT in the penis.[22] [23] [24] [25]

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

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

[24] 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."

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

We have multiple studies showing the benefits of injecting the penis with PRP.[26] [27] [28] [29] [30] [31] [32]

And we have our study showing that the enhancement of sexual function in the female after injecting BoNT is remarkable (better than any FDA-approved drug).[33]

Studies have also shown the benefits of PRP.[34] [35] [36] [37]

Even though Viagra in the female may show some benefit, I don't know many people who use it routinely to help women with sex. I've seen a couple of studies discussing it, but I don't know how many people use it. It has minimal effect.

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

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

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

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

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

[31] Poulios et al., "Platelet-Rich Plasma (PRP) Improves Erectile Function: A Double-Blind, Randomized, Placebo-Controlled Clinical Trial."

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

[33] Runels and Runnels, "The Clitoral Injection of IncobotulinumtoxinA for the Improvement of Arousal, Orgasm & Sexual Satisfaction- A Specific Method and the Effects on Women."

[34] Runels, "A Pilot Study of the Effect of Localized Injections of Autologous Platelet Rich Plasma (PRP) for the Treatment of Female Sexual Dysfunction."

[35] Sukgen et al., "Platelet-Rich Plasma Administration to the Lower Anterior Vaginal Wall to Improve Female Sexuality Satisfaction."

[36] Saleh and Abdelghani, "Clinical Evaluation of Autologous Platelet Rich Plasma Injection in Postmenopausal Vulvovaginal Atrophy."

[37] Liu et al., "Platelet-Rich Plasma Promotes Restoration of The Anterior Vaginal Wall for The Treatment of Pelvic Floor Dysfunction in Rats."

Our study of injecting botulinum toxin (BoNT) in the clitoris was prompted by the idea of the picture I'm showing you now of it affecting the ganglion of the sympathetic nervous system and changing parasympathetic, sympathetic tone by migration to the ganglion (see video). Those ganglion alterations send signals up the inferior hypogastric plexus and through the spinal cord to affect the hypothalamus and enhance arousal; that's where it lives.

A Time-Urgent Marketing Opportunity

I was going to show you another thing on the websites, and then we'll call it tonight. Yesterday, someone called me, and we spent a lot of time on the phone; he's one of our new people and asked me about it. I had another person today who asked the same question.

Clitoxin® is going crazy.

People are talking about it. And I haven't even really started actively educating the public about it.

However, many of our providers are starting to make videos and talk about the procedure on their social media accounts.

Here's the news…

I guess I received an email two or three weeks ago from someone in one of the states where we have multiple O-Shot® providers. This woman was looking for someone to perform the Clitoxin® procedure for her, but none of our O-Shot® providers had taken the test to show they had watched the videos showing how to do the Clitoxin® procedure.

If I'm promoting you and you haven't documented that you've watched the video, then I do not know what the patient will have done when they show up in your office.

This isn't me trying to be the boss of the PRP world;
it's just us making our directory mean something. Without the documentation of education about the procedure, our directory becomes a scam.

So, I'll show you: if you go to our O-Shot® directory, there's an icon for those of you who have lasers, want to treat like lichen sclerosus, own an Emsella machine, or a vaginal laser, or teach for us. And this icon lives by the name of those who are providing Clitoxin®.

But, most of our providers are not yet offering Clitoxin®; they just haven't taken the time to do what I'm about to show you (and they are missing out on marketing and new patients).

If you know how to do the O-Shot® procedure, Clitoxin is an easy add-on.

We won't let anyone who doesn't know how to do the O-Shot® advertise Clitoxin® because the combination was phenomenal.

FSFI improved by eight with botulinum toxin alone but improved by 12 when you combine it with a PRP into the glans, and there's nothing that comes close to that, nothing else in the female sexual function world that comes close to that.

Nothing.

Anyway, here's where you go: to our dashboard, then to here. There it is (see video).

If you ever get lost on these membership sites, go to the dashboard. All of our membership sites are organized similarly. If you're new, go to steps one, two, three, and four to be led through the map to success.

But if you're already doing the O-Shot® and want to see what you think about Clitoxin® and potentially offer it, you go here. When you click on that, it will take you to some videos and a little test you take so we can document that you understand how to do it.

Then, you can start talking about it, and we'll put that icon next to your name.

It is starting to go viral. It's not quite tipped into the viral range yet, but I suspect it will soon. People are loving it.

Those who create content first regarding Clitoxin® will gain a huge advantage in search engine optimization (SEO) with the procedure because search engines favor the websites and social media posts that have been around the longest. ***In other words, if you beat your neighbors to talking about it, then even ten years from now, it is likely your website will be above your neighbors in a Google search.***

And with that, I'll end it unless there's a question.

What to do with the dark scars

My amazing wife wants to add something about acne scar treatment. So, hold on, let me unmute you, Alex. Hold on, just a moment. Some of you know my wife is a gynecologist. She keeps an office in San Antonio and one in Fairhope and goes back and forth. She's now in her office in San Antonio and was kind enough to listen in. She has amazing results treating acne scars and wants to add something.

Alex, you should be able to talk now.

Alexandra Runnels, MD, FACOG:

Can you hear me?

Charles Runels, MD:

Yes, I can now. Go for it.

Alexandra Runnels, MD, FACOG:

I have had some amazing results with some of my patients who have had chronic pitting acne scars. And that bothered them, the atrophic kind of scars.

One of the patients I saw today is one that I see regularly. When she comes, she comes for what she calls it a Vampire Facial® and a Vampire Booty Facial. It's not the official name, but she always gets her butt cheeks done. Sorry for the medical terminology, but her buttocks are done the same time she does her face.

She's in her mid-30s, and she struggles with acne (even on her buttocks). But her type of scarring isn't the kind that's pitting or atrophic. She gets hyperpigmented sort of lesions. She also often has some active acne when she comes. And I just wanted to add this because I do what you were talking about earlier with the subcision for those deeper pitting scars,

But this patient gets hyperpigmented scars that don't pit at all.

There's nothing to subcise.

So, what I do with her, with those, it's kind of like with PRP under the eyes for dark pigmented under eye circles, I'll inject intradermally and blanch the hyperpigmented scar, which right in front of your face gets better. And then those scars faded and got better.

The appearance of them is always better.

And then I also inject the active acne with the PRP, which she's always very eager for me to do because she says it cuts the healing time down remarkably. She'll also get some on her chest. And she had one today that was taking a long time to heal.

And when I inject them, it clears them right up.

In addition to micro-needling, I just wanted to add the variation on what you were talking about earlier about subsidizing and injecting underneath, which is all I had to add about that.

Charles Runels, MD:

The 18-gauge needle seems more aggressive than you need if you use PRP. But maybe I'm wrong. Do you ever use an 18-gauge needle when you're subcising?

Alexandra Runnels, MD, FACOG:

No, never.

I worry about this. I don't want to add more reason for scarring with a larger bore needle, so I always use a 30-gauge. Maybe it's for comfort, as well as because I want as small a hole as possible. I will move the needle back and forth and fan it out, and I get a subcision effect even with a 30 gauge with the PRP hydro dissection.

Charles Runels, MD:

Yeah, it's overkill. Just sticking the face with an 18-gauge needle is, as you said, making another laceration, basically.

Alexandra Runnels, MD, FACOG:

Yes.

Charles Runels, MD:

Okay. Well, that's very helpful. Dr. Sophia Lubin and others have also published about using PRP for keloid scars.[38] So, it's not just the hyperpigmentation of a scar.

And I have had redheads that have hyperpigmented post-op scars. Every skin type, as you know, could possibly suffer from that. And I've never seen any skin type that did not respond to PRP. And every skin type is safe for microneedling with PRP.

So, unless you have anything else, I'll end it with that.

Thank you for jumping in, Alex; you were very helpful.

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Tags

Journal Club, Charles Runels, chronic pharyngitis, platelet-rich plasma, wound care, chronic infections, interstitial cystitis, O-Shot®, inflammation, autoimmune process, acne, subcision, microneedling, collagenesis, Retin-A, TCA peel, Vampire Facial®, botulinum toxin, corpus cavernosum, Priapus Toxin®, sexual function, neovascularization, neurogenesis, collagenesis, Clitoxin®, acne scars, hyperpigmentation, keloid scars, penile erection, parasympathetic, sympathetic, vasodilatation, erectile tissue, arterial supply, PRP, P-Shot®, Clitoxin®, FSFI, Dysport, Xeomin, Jeuveau, beauty pageant, Botox, PRP.

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