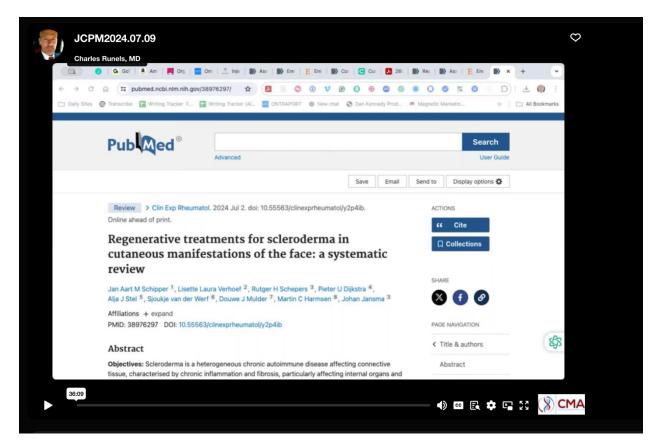
JCPM2024.07.09

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of July 9, 2024, with Charles Runels, MD

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



Topics Covered

- Male sexual function and physical activity
- Communication and the News (why your patients want to hear)
- Bruxism and ED
- Alopecia Areata: What wins, PRP or Minoxidil?
- Scleroderma and the O-Shot® Procedure
- Does your website offer less information about your services than Amazon offers to sell a 3-ring binder?

Charles Runels, MD

- References
- Helpful Links



Charles Runels, MD Author, researcher, and inventor of the Vampire Facelift®, Orchid Shot® (O-Shot®), Priapus Shot® (P-Shot® procedure®), Priapus Toxin®, Vampire Breast Lift®, and Vampire Wing Lift®, & Clitoxin® procedures.

Transcript

Introduction

We have four useful papers today. Welcome to the journal club.

Also, a question was sent to me this week from one of our members that brings up something very important about your marketing: she offers the P-Shot® procedure and is experiencing a lot of cancellations. She thinks it might be because she is a woman. Her question was, "What can I do as a woman to improve my business as a P-Shot® provider?

Learning from Amazon

I will show you how to answer that question by learning something from Amazon. But first, let's run through the papers. I'm still trying to come in under 30 minutes. It feels like that's better for people, less of a commitment from your evening.

Male Sexual Function and Physical Activity

This first paper is one of many papers that I've seen come out regarding male sexual function and minutes of leisure physical activity. Let me show you the paper, and I'll give you the link.¹

Charles Runels, MD

¹ Zhang et al., "Association between the Recommended Volume of Leisure-Time Physical Activity and Erectile Dysfunction."

If you look at the average improvement with our P-Shot® procedure, it's 7 on the SHIM score of 5 to 25.^{2 3 4 5 6} That (7) is also the average improvement for the PD-5 inhibitors.⁷ Multiple studies over the past two decades have shown that physical activity has a similar effect.⁸

Let me show you this most recent paper.⁹ I like bringing this out because many of us are doing sexual medicine as part of our practice, whether it's a cosmetic practice, which I think is appropriate. You want to make yourself more attractive so that you can have relationships, whether physical or emotional. There's a sexual component to it, but it also, of course, fits into a primary care practice. Because we have new therapies that are not commonly known yet, they fit into a regenerative practice that has cash procedures as part of that practice. In the process of treating sexual dysfunction, I think it's important that we always remember that we have no magic shots, and we must think about the whole sexual response system.

This study, even though it just came out, showed that the survey was out from 2001 through 2004, but it was just published in June 2024. You have 2,509 adult males, and they looked at minutes of exercise. You had to make it up to somewhere between 150 and 300 minutes per week for the most benefit. Just from observation, that improved erectile function, such that the odds of erectile dysfunction dropped by 39%. That's approaching being cut in half.

Comparing with Other Studies

If you look at the same sorts of studies regarding weight and cardiac risk, it's very similar. The New England Journal 20 years ago showed that just three hours a week approached decreasing heart attack

Charles Runels, MD

² Francomano et al., "Regenerative Treatment with Platelet-Rich Plasma in Patients with Refractory Erectile Dysfunction."

³ Brandeis et al., "(130) Increasing Penile Length and Girth in Healthy Men Using a Novel Protocol."

⁴ Chung, "A Review of Current and Emerging Therapeutic Options for Erectile Dysfunction."

⁵ Poulios et al., "Platelet-Rich Plasma (PRP) Improves Erectile Function: A Double-Blind, Randomized, Placebo-Controlled Clinical Trial."

⁶ MD, "Memo in Response to the JAMA Article."

⁷ Longoni et al., "A Review on Pharmacological Options for the Treatment of Erectile Dysfunction: State of the Art And."

⁸ Khera, Bhattacharyya, and Miller, "Effect of Aerobic Exercise on Erectile Function."

⁹ Zhang et al., "Association between the Recommended Volume of Leisure-Time Physical Activity and Erectile Dysfunction."

risk. Multiple studies now show that all-cause mortality is cut in half if you follow someone over a year who walks around an hour a day—7 days a week.^{10 || |2 |3 |4}

There seem to be some diminishing returns once you go past that (around 21-25 miles per week). If you look at what the Boxers did intuitively back in the 1950s and 1960s, they called it five times five: five miles five days a week.

If you jog those five miles, it's usually about a ten-minute mile. If you walk, it's around a twenty-minute mile. Jogging five miles would be about an hour five days a week, or 60 times five, so you can see it's right at 300 minutes.

Weight Loss and Physical Activity

If you look at weight loss, the Annals of Internal Medicine around 2006 showed that if you did not change the body of anyone in America, the question was how much would they have to walk so that most people would obtain a normal weight. It wasn't three times a week for 30 minutes or something easy to recommend without raising eyebrows in your office. It was an hour seven days a week. One hour seven days a week at a normal walking pace would be 21 miles.

My observation over the past 45 years, since working in the YMCA and watching patients and people at the gym, is that I've yet to see someone who religiously, week after week, does about 21 to 25 miles a week that stays overweight. If you're walking 21 miles a week, or three miles a day at 20 minutes a mile, that's an hour or 60 minutes times seven, which would be 210 minutes. This puts you right into that 150 to 300-minute-per-week range.

So, I think that we have nothing new in this paper but a better quantification of the fact that physical activity not only decreases your all-cause mortality by half over the course of the following year but also does as much for erectile dysfunction in some studies as much as our P-Shot® procedure. This is a wonderful study; you could send a link to your patients.

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¹⁰ Hall et al., "Systematic Review of the Prospective Association of Daily Step Counts with Risk of Mortality, Cardiovascular Disease, and Dysglycemia."

¹¹ Ikeda et al., "Can Daily Walking Alone Reduce Pneumonia-Related Mortality among Older People?"

¹² Inoue et al., "Association of Daily Step Patterns With Mortality in US Adults."

¹³ Ungvari et al., "The Multifaceted Benefits of Walking for Healthy Aging."

¹⁴ Goldney et al., "Self-Reported Walking Pace and 10-Year Cause-Specific Mortality."

I put the link in the chat box. Just send it out to your people and say what you would expect to say to them if they were in your office.

Then you can offer to help them in the other ways you know, like with the P-Shot® procedure.

Effective Communication Using the News

Why talk about research with your patients if it's nothing new?

The new thing is that this is 2,500 men, and it just got published.

That makes it news.

Even if the news confirms what you already know, it's still a confirmation, and it makes your communications much more interesting, engaging, and effective in persuading your patients to do what's best for them. So that's an important thing to share with your people.

Improving Your Website

Alright, here are a couple more things. Then, I'll give you my tips on how to grade your web pages. Not just your website but an individual web page. When I received that question, I told you how to improve things. I'm a female, and people are canceling their P-Shot® procedures with me. I predicted the person's website. I went and looked, and I was exactly right. I will not show you their website because I don't want to call someone out, but I'll show you what I look for and how those same components are on every Amazon webpage but not most doctors' web pages.

Bruxism and ED

Let's go back over to the research. This next one is a good study.¹⁵ I'll put a link to this one in your chat box too. Here's the DOI website. This is a review article making a case not for the fact that sleep disturbances can cause erectile dysfunction – that's well known – but they are making a less commonly associated correlation between sleep disturbance caused or **associated with bruxism and erectile dysfunction**.

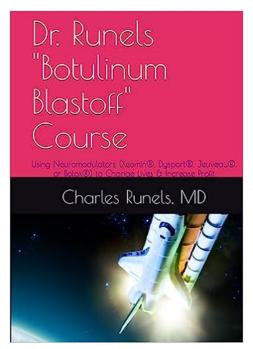
The conclusion is nebulous, suggesting it may have something to do with mental, physical, social factors, and a lot of sociological mumbo jumbo without a good biochemical mechanism.

Charles Runels, MD

¹⁵ Andersen et al., "Erectile Dysfunction and Sleep Related Bruxism."

Sleep and Growth Hormone

The mechanism that I think is most plausible, and I'm probably biased by previous research, is that growth hormone production is decreased when phase four sleep is disturbed for any reason.



Growth hormone release from the pituitary is pulsatile and happens during fasting and phase four sleep. These are the main triggers for its release.

This is interrupted by snoring, bruxism, and other mechanisms that interfere with deep sleep.

I was involved in a few studies with growth hormone, and it's tragic that it became politically charged and led to a prison sentence for an off-label prescription for growth hormone. Before it was regulated this way, until 2003, growth hormone levels were not age-adjusted on LabCorp blood tests.

Low IGF-1 levels, a marker for low growth hormone levels, are associated with depression, erectile dysfunction, hyperlipidemia, and osteoporosis.

Bruxism and Erectile Dysfunction

The study does not reach a definitive conclusion but makes the association, giving you a reason to discuss bruxism.¹⁶ This research came out in October 2024, so it's recent enough to be relevant.

If you treat bruxism with botulinum toxin, it's life-changing.

Only about half of the states in the US allow dentists to inject botulinum toxin, so many patients are unaware of it as a treatment. If you offer it to your patients, they will appreciate it.¹⁷

Now, linking it with erectile dysfunction gives another reason for interest.

A simple email might say: "Research just came out showing that bruxism is associated with sleep disturbance and erectile dysfunction. Our simple fix does not involve wearing a guard in your mouth at night. I can do it in five minutes in my office. At the same time, I treat your frown with botulinum toxin."

¹⁶ Andersen et al.

¹⁷ If you do not know how to treat bruxism, migraine, and depression with botulinum toxin, your patients will than you for learning. I make it easy with videos and references in my <u>Botulinum Blastoff Course.</u>

Give them a phone number, and you'll get some calls.

Alopecia Areata: What wins, PRP or Minoxidil?

Two more quick studies, then I will show you how to grade your web pages.

This next study compared treating alopecia areata with topical minoxidil and PRP.¹⁸

We've talked about this one before. At least half a dozen studies like this have come out over the past five years,^{19 20 21 22}, but this one made a better comparison with the study design. It compared daily minoxidil to three PRP treatments a month apart.

After one month, there wasn't much difference, but by the end of the fourth month, there was a significant difference.

This study is great to share with your patients if you treat hair loss. It shows that if it works for the hard cases, it likely works for the easier ones, too.

Hair loss is a sensitive topic.

Smith made headlines when he slapped a comedian who insulted his wife's bald head. This is a street rule: insulting someone about something they can't change is cruel.

This applies to weight, height, or a woman's hair.

Hair is significant for a woman. It's a major factor in her attractiveness.

One of my patients who does the hair of top models in New York told me he tells his clients, "If you want to be cute, cut your hair; if you want to be beautiful, keep it long."

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¹⁸ Muhammad et al., "Comparison of Efficacy of Autologous Platelet Rich Plasma Therapy With 5% Topical Minoxidil Spray in Treating Alopecia Areata."

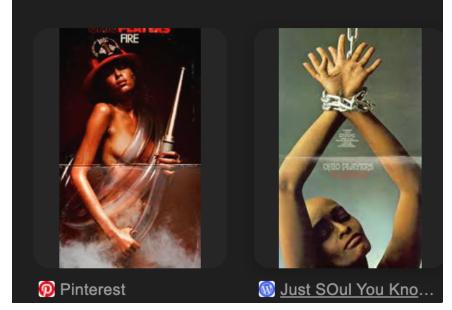
¹⁹ Mulla et al., "Transepidermal Delivery of Triamcinolone Acetonide or Platelet Rich Plasma Using Either Fractional Carbon Dioxide Laser or Microneedling in Treatment of Alopecia Areata."

²⁰ Pototschnig and Madl, "Successful Treatment of Alopecia Areata Barbae with Platelet-Rich Plasma."

²¹ Trink et al., "A Randomized, Double-Blind, Placebo- and Active-Controlled, Half-Head Study to Evaluate the Effects of Platelet-Rich Plasma on Alopecia Areata."

²² Vazquez et al., "Alopecia Areata Treated with Advanced Platelet-Rich Fibrin Using Micronization."

You can debate that statement; I have seen beautiful bald women (like the woman on the cover of the old Ohio Players Cover, with the song *Fire*, and she's shinny bald and holding a firehose...she does not



need hair).

Still, hair is very important to most women.

So, though the study about alopecia areata might seem irrelevant, it is important because it highlights the effectiveness of PRP for hair loss, which is very valuable information for your patients.

Scieroderma and the O-Shot® Procedure

Lastly, an important study on

scleroderma and the face but it could be extrapolated to the vagina and dyspareunia.²³

I've treated a few women with dyspareunia from scleroderma using our O-Shot $\mbox{\ensuremath{\mathbb{R}}}$ procedure. Other studies support this approach.²⁴ ²⁵ ²⁶ ²⁷ ²⁸

²⁴ Mercuri et al., "Adult-Onset Linear Morphea (En Coupe de Sabre) of the Face Successfully Treated with Photoactivated Low-Temperature Platelet-Rich Plasma."

²⁵ Pirrello et al., "Hyaluronic Acid and Platelet-Rich Plasma, a New Therapeutic Alternative for Scleroderma Patients."

²⁶ Virzì et al., "Combined Platelet-Rich Plasma and Lipofilling Treatment Provides Great Improvement in Facial Skin-Induced Lesion Regeneration for Scleroderma Patients."

²⁷ Elnaquip et al., "Clinical and Ultrasonographic Evaluation of Efficacy and Safety of Intralesional Injection of Autologous Platelet-Rich Plasma in Morphea."

²⁸ Schipper et al., "Regenerative Treatments for Scleroderma in Cutaneous Manifestations of the Face," July 2, 2024.

Charles Runels, MD

Page 8 of 19

²³ Schipper et al., "Regenerative Treatments for Scleroderma in Cutaneous Manifestations of the Face," July 2, 2024.

This study reviews various regenerative therapies, including PRP, and shows they all work well and similarly. For patients, the simplicity and effectiveness of PRP make it a preferred treatment.²⁹

Even if you don't see many patients with scleroderma, talking about it can attract those who need help but do not know that you have a possible treatment. Sharing this information can significantly impact their lives.

Using powerful tools to market your services is not about pushing unnecessary treatments but about informing those needing help. It is ethically important to let potential patients know how you can help them.

Marketing should be viewed as a way to communicate valuable information.

Grading Your Website

Now, about improving your web presence.

Many doctors' websites lack essential elements that Amazon employs. Amazon provides comprehensive product information and visuals, and it is an easy way to make purchases.

Your website should do the same for your services.

Let's say you're trying to be Amazon; notice what's on this page:

This is just a stupid little three-ring binder that costs \$13. What can you learn from this page that Amazon knows that 999 out of 1,000 doctors do not know?

It's in detail on the marketing part of our membership websites. Over the past decade-plus, I've looked at thousands of doctors' web pages. I'm not smarter than anybody; I've just taken notes on something simple.

So what is it about this page that made Jeff Bezos a kabillionaire?

Not a billionaire, a kabillionaire.

Answer: You don't have to go anywhere else but this page to decide if that's what you want.

It tells you what it is, it gives you a way to compare it with other possibilities of assembling your notebook paper, and you know what else it does?

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²⁹ Schipper et al., "Regenerative Treatments for Scleroderma in Cutaneous Manifestations of the Face," July 2, 2024.

It gives you a way to buy it.

Watch how easy this is.

You've seen it, but I want you to watch.

I'll look at it, I can see different pictures of it, there's a video about it.

Now, I got some pop-up window running. It had a pop-up window.

You might see that, but it's got a freaking pop-up window and a video to sell at notebook!!

Look how easy it is to buy. Watch this. Buy now, click, and done.

Yep, that's what I did. Want it, done.

That easy.

Key Elements for an Effective Web Page

Now, let's think about that.

I don't want to pull up a website because I don't want to embarrass anybody, but I will show you a list of levels of effectiveness to grade your web page by, and we'll talk through it. Then, use this list. Matter of fact, you know what? I'll put the list into the chat box when we're done.

First, let me show it to you.

This one thing could change your practice, even your life, because you will do more of the things you want to do.

This was the question: Let me get that out. That was a reminder for me. So, I'm not seeing enough P-Shot® procedure patients because I'm a female.

What to do?

First, let me reassure you that the females that I know in our group that do what I'm about to tell you to do, they P-Shot® procedures every freaking day, multiple times a day. Some of them knock out a million a year doing P-Shot® procedures.

There are men who, just like there are some women who would prefer a male gynecologist, there are many men who prefer a female to do their P-Shot® procedure.

I'm not sure exactly why. I have theories. I'll tell you this one; I'm about to tell you a theory. I haven't done the survey. My theory is that they feel less threatened if they are the only penis in the room. If there's another male in the room,

Charles Runels, MD

Page 10 of 19

I think our lizard brain says, "Another penis. We're supposed to be fighting and not coming to another male to take care of our penis."

And I know that's not completely correct.

Some males love males, and females love females, and it's more about yin and yang than XY and XX.

How ever you define yin and yang. Whether it's two people with Y chromosomes, two with X chromosomes, or Klinefelter's Syndrome with XXY, it does not matter; an immediate yin and yang happens because of the doctor-patient relationship.

If I feel safer with a female holding my penis, then that's where I will go.

And if I feel safer with a male holding my penis, I will go there.

The science and the reputation of the needle holder may change my opinion about which genetic makeup gets to hold my penis and give me a shot. Still, what I'm about to tell you changes the whole game either way—the genetic makeup of the person holding the needle becomes unimportant if you do the following:

First, imagine that Amazon is trying to sell those three-ring binders if there was not even a web page about the freaking three-ring binder.

That is what I predicted.

When I went to the website of the person who asked that question, nowhere on their website was there even a mention of the P-Shot® procedure.

Nowhere.

Imagine Amazon trying to sell three-ring binders without mentioning a three-ring binder on a page or anywhere on their website. So that means that will not happen unless this person is sending an email out that I don't know about, that somehow is well at one time, but it has nothing to bring them back to talk.

Or is this person talking about it and exhausting herself all day long?

Imagine if Amazon had to sell three-ring binders by talking to people all day long. It's not going to happen.

So that is the least effective.

Next, you would have a list of things you do, and the P-Shot® procedure would be somewhere on that list.

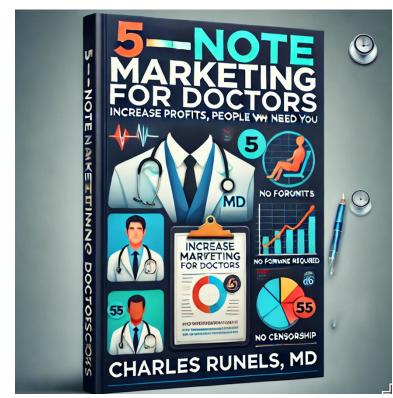
Charles Runels, MD

Page 11 of 19

Next, you have some information about the P-Shot® procedure; maybe you even have a page about it, but there's no button to push. There's no phone number to call. It's just, here's about the P-Shot® procedure, and there's contact information somewhere on there.

The people who are knocking out a million or more doing our procedures are not doing this, not one of them. They're up in the top one or two about what I will show you.

Next effective, and part of the reason this must be done this way is it's not easy to explain.



I'm just telling you the outline.

A three-ring binder took a video, six pictures, and a long description that's probably 500 words long to get you to buy a three-ring binder. To think that you can get someone to do a P-Shot® procedure with not even your picture or a web page is fantasy land. It's not going to happen.

You'll text me and say, I'm not doing any P-Shot® procedures.

What should I do?

Well, if you go to our <u>membership</u> <u>site about P-Shot® procedures</u> and go to the marketing page, it will tell you step-by-step what to do.

It's more than what I'm showing you;

And none of it costs a lot of money, but just doing what I'm about to show you could change your whole practice, right?

So, the next level up the hierarchy of websites is you tell them enough to decide.

You've got the video and the description, but there's no way to make a payment. Maybe there's a form where you can ask a question about it.

Now, imagine Amazon doing that. Here's your three-ring binder, here's your video, here's all about it, but you don't get to pay me for it. But you can fill out this form, and I'll get back to you and answer your questions about these three-ring binders.

Charles Runels, MD

Page 12 of 19

Not going to work so well.

You'll get a few, but if they click the next person's website, and they've got everything I'm about to show you and a place to pay them and book the appointment, they're going to do that, and they're not coming back to your website.

And getting on an airplane costs less than getting a P-Shot® procedure. So, for them to climb on the first-class Delta flight and go anywhere in the continental US is easy compared to the P-Shot® procedure price, and many men do it.

Everyone who does the top one and two on this list will have people come to see them on airplanes, sometimes in their private airplanes.

Alright, so next up is you tell me enough to make a decision, but there's no button to pay, but you can schedule a consult, as in, we're going to talk on the phone or in person. You can't pay me, but you can click a button, and we'll schedule a time to talk.

Next is a button to pay me. This is getting more effective, but there's a stock photo--uggh.

Here's a rule: if I need to see 5 pictures of a three-ring binder before I buy it from five different views and a video, do you think I might want to see your picture before you stick a needle in my ****?

It's so freaking obvious.

Please pay attention to Amazon.

Shop.

There is not one thing you can buy on Amazon without seeing a picture, and if you put a picture of your face, not some stock photo, your face on the page (because they are buying you, not the procedure), then they're going to be a lot more likely to come to see you.

Next level up on our hierarchy of web pages...

Sorry, I get upset, but I'm getting upset because people in your town are getting divorced from their wives. Their children are going to live in the house with the wife's new husband, and they're going to have to get on an airplane maybe to see their kids because they have to get a job in another town because the man has a limp **** because you have no mention of the P-Shot® procedure on your website, and he knows nothing about what you do, even though you're his doctor.

Okay, sorry, I also get upset because this is not a game. These are people's lives, and they need what you know how to do.

Charles Runels, MD

On the next level, there's a button to pay and a stock photo.

Number two, and this is where you get into people that are saving lives. They got people crying in their office. They're putting marriages back together, and they're knocking out at least an extra half a million a year. All right, you tell them enough to make the decision. There's a button to pay and a photo of you, but no video.

Now, when you get to this one, there's enough to make a decision. There's a button to pay for the appointment and a video of you talking about the thing. If you do that, people will show up.

The people who call me and tell me they're not getting appointments booked usually do the bottom seven or eight, sometimes six on this list.

Okay, so that's the way you grade your website.

Do you have this?

Number one, is there enough information to make a decision? I'll give you the outline for how to structure that information in <u>our membership website</u>.

That's another 30-minute lecture, but I'll tell you how to do it—a simple outline.

I'll tell you how to make videos and write an email. I

just did another live course. I'm only on just finished work three, a live course on how to do the email part to get them back to the page to see everything that's on number one. And I'll be selling recordings to those who are interested very soon.

But right now, that's your mission.

Go make a page about the thing. Go into our membership site, look at the marketing page, make a webpage about the thing that you want to do more of, and put a button where at least they can make an appointment; if not, make a payment and an appointment.

What I used to do before we had Calendly and other software like that, I would say, you know, pay here and call the office. I will promise you an appointment within the next two weeks.

And so then all you need is a pay button.

The other thing that is guaranteed to happen is if they don't pay you when they make the appointment, you're guaranteed a 50% cancellation rate if the procedure costs more than \$1,000 and less than \$10,000.

That's a guarantee, a 50% cancellation rate.

Charles Runels, MD

All that's on our marketing page. All of it's in all the marketing stuff.

l will teach you how to do this in our hands-on workshop. If you haven't visited one, see me because that workshop will change your life.

Conclusion

I'm sorry if I ranted. It breaks my heart because the woman who wrote this question to me is brilliant, beautiful, and has a crazy fancy office. She works with her husband, who is also a brilliant physician. And to think that she's being undervalued and under-visited and robbed by insurance because no one taught her how to market (instead they stole her money to build a website that looks pretty but does almost nothing) breaks my heart.

She's got a beautiful website, but whoever built it was probably someone who has a marketing degree but has never had to sell anything to buy groceries in their life.

I hope that's helpful. Have a great week. Bye-bye.

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Charles Runels, MD

Page 16 of 19

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