

# JCPM2023.12.12

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The following is an edited transcript of the [Journal Club with Pearls & Marketing \(JCPM\) of December 12, 2023, with Charles Runels, MD.](#)

The [video of this live journal club can be seen here](#)←

## Topics Covered

- Lichen Sclerosus in Men (BXO)—a Review with Attention to PRP
- The Journal of Urology Now Recommends PRP for lichen sclerosus
- The hidden “catch” in the current recommendations in the Journal of Urology regarding PRP for lichen sclerosus
- O-Shot® Physical Products and Pyramids
- Infringement Policing (What We do to Protect Patients from Those Who Pretend to be Us)
- How to Trap a Thief (and protect a patient)



Figure 1. Charles Runels, MD

Welcome to the Journal Club. We'll start off with new research supporting the idea of PRP for Lichen Sclerosus, a review article of different therapies and PRP being one of them. Then we'll cover some work regarding putting PRP into the testicles.

And believe it or not, I've done this a few times to my own self (my testicles). The studies are becoming more convincing about why to do it. And I can't find a study yet where people are doing it to people. But I'll tell you what I've discovered in my own exam room with my own genitalia and what I think is coming

down the road and then I will give you some general marketing material regarding our O-Shot® procedure.

Let me swap the screen over and let's get started. I think we come in under 30 minutes today. That's my goal. We'll see what we can do.

### Lichen Sclerosus in Men (BXO)—a Review with Attention to PRP

We'll start with this study regarding lichen sclerosus.<sup>1</sup> This is from the *Journal of Urology*, a high-impact journal, and it's pre-publication, so you can't get more recent than that. They look at various therapies for lichen sclerosus (yes, it is spelled with an "i," not a "u").

Of course, we're interested in what's going on in their article regarding PRP and their conclusion. I'll go ahead and tell you their punchline and why I disagree with it.

But if you get to the punchline is, "We systematically reviewed literature and conserving management of penile and urethral lichen sclerosus and different options." Now, of course, one option is just to do a circumcision. When they talk about conservative treatments, that's what they mean, something other than circumcision. With women, that would be called a "vulvectomy" and it is not something for which you sign your wife or yourself unless absolutely necessary.

Their conclusion is that...

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*"Patients who fail corticosteroid therapy and do not wish to proceed directly to surgery, there is evidence for the use of other therapies such as platelet-rich plasma, or CO2 laser vaporization."*

*"These options may be offered by the clinician after taking into consideration factors including the site of disease, clinical severity, and patient preferences. All patients involved have previously failed topical corticosteroids."*

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They concede that using PRP for the treatment of lichen sclerosus can be helpful and is acceptable, but only after the patient fails corticosteroids.

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<sup>1</sup> Shieh et al., "Conservative Management of Penile and Urethral Lichen Sclerosus."

***This amounts to permission by the highest impact journal for urology in the US conceding that the use of PRP for lichen sclerosus for men is acceptable!***

***This is HUGE!***

***Especially if you extrapolate their conclusion to women (and there is no reason to not do so).***

But I still have a major disagreement with part of their conclusion because it contains a hidden hook.

What's the "hook/catch" that they do not delineate (that they hide in rhetoric)?

How you decide what "failure" is (a necessary decision if you are actually taking care of patients); that question is left to your discretion. But when the patient does fail corticosteroids, then you have the go-ahead from the Journal of Urology to treat their lichen sclerosus with PRP.

It is partly because of the vagueness of their disclaimer regarding "failure" and their resultant hesitation to use PRP until this "failure occurs" that I disagree with their recommendations. If you look at the studies, they're very strong in both men and women that PRP helps.

Dr. Casabona was the person who wrote the first study that I read regarding treating lichen sclerosus with regenerative therapies; he was using stem cells to treat lichen sclerosus in women.<sup>2</sup> Casabona's work prompted Andrew Goldstein and I to do the study (financed by the [Cellular Medicine Association](#)) where we use PRP as a standalone since stem cells are usually mixed in what amounts to PRP. And we showed benefit.<sup>3</sup>

And then Casabona followed up with the study using PRP alone in men.<sup>4</sup>

There's been this ongoing conversation in the literature for the past 13 years about PRP for lichen sclerosus. This was the study, the first study we did with women, we did intradermal injections and then we just had two blinded dermatopathologists looking at it, and they documented benefit from the treatment of vulvar lichen sclerosus with PRP.<sup>5</sup>

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<sup>2</sup> Casabona et al., "New Surgical Approach to Lichen Sclerosus of the Vulva: The Role of Adipose-Derived Mesenchymal Cells and Platelet-Rich Plasma in Tissue Regeneration."

<sup>3</sup> Goldstein et al., "Intradermal Injection of Autologous Platelet-Rich Plasma for the Treatment of Vulvar Lichen Sclerosus."

<sup>4</sup> Casabona et al., "Autologous Platelet-Rich Plasma (PRP) in Chronic Penile Lichen Sclerosus."

<sup>5</sup> Goldstein et al., "Intradermal Injection of Autologous Platelet-Rich Plasma for the Treatment of Vulvar Lichen Sclerosus."

I still think that doing a blinded study for soft tissue using saline as a placebo is not legitimate. And I'll give you one of those studies why. You guys know this is one of my pet peeves because in the dermatology literature, saline is not a placebo for soft tissue.<sup>6 7 8 9 10</sup>

Saline would be a placebo for IV testing of a drug but if you're hydrodissecting tissue with saline, it's not a placebo.

By hydrodissecting tissue, you're prompting tissue regeneration. I was down on saline as a placebo and actually pulled the plug on one of our studies because of the insistence of the coauthor of using saline as a placebo in our O-Shot® procedure.

Here's another study done by Dr. Kathleen Posey, MD, FACOG. She did the work, she was just kind enough to put my name on the paper because I taught her the O-Shot®, but it was Dr. Posey who treated the patients.<sup>11</sup>

Here's the photos for one of the patients (see Figure 2).

This woman had suffered with this degree of lichen sclerosus for seven years. You could only put a part of your thumb in her vagina; that's all that would fit. And now she's years out after



**Figure 2. The first photo shows the introitus that for seven years (while on corticosteroids prescribed by a dermatologist), was too small to accommodate more than 1/2 of the average thumb (no sexual intercourse with her husband for seven years). The middle photo is immediately post op. The last photo is 6 weeks after surgery combined with PRP using the O-Shot® protocol. Courtesy of Dr. Kathleen Posey, MD, FACOG**

<sup>6</sup> "Clinical Benefit of Intra-Articular Saline as a Comparator in Clinical Trials of Knee Osteoarthritis Treatments\_ A Systematic Review and Meta-Analysis of Randomized Trials | Elsevier Enhanced Reader."

<sup>7</sup> Asghar et al., "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars."

<sup>8</sup> Searle, Al-Niaimi, and Ali, "Saline in Dermatologic Surgery."

<sup>9</sup> El-Amawy and Sarsik, "Saline in Dermatology."

<sup>10</sup> Saltzman et al., "The Therapeutic Effect of Intra-Articular Normal Saline Injections for Knee Osteoarthritis."

<sup>11</sup> Posey and Runels, "In-Office Surgery and Use of Platelet Rich Plasma for Treatment of Vulvar Lichen Sclerosus to Alleviate Painful Sexual Intercourse."

surgery with Dr. Posey combined with the O-Shot® protocol for lichen sclerosis. The last time I checked with Dr. Posey, the patient was three or four years out from surgery and still doing well.

She did require reinjection of the PRP about once a year.

The studies of using PRP for lichen sclerosis are strong and convincing until you throw in a placebo that's not a placebo—saline.

Here's an example: This was the Andrew Goldstein study (in this one, I was not an investigator).<sup>12</sup> If you look at the 19 women who got PRP, five had improvement and 10 had no change or more inflammation. ***Of the 10 who got the placebo, five or half of them showed improvement.***

And this 50% response rate from saline is on biopsy. Tell me another study where you get a 50% success rate on biopsy with a placebo for lichens sclerosis. Yeah, you can see a 50% success rate if you're doing survey data for sexual dysfunction, but I've not found one that comes close to that success rate for a placebo study using biopsy for lichen sclerosis. That just doesn't happen.

I have tremendous respect for Andrew Goldstein and his expertise and devotion to improving the lives of his patients and to moving medical research forward. But I think the main conclusion to be drawn from this particular paper is not that PRP does not help in the treatment of lichen sclerosis; the more important conclusion is that hydrodissection alone (as with other dermatological conditions referenced above) is a treatment for lichen sclerosis. PRP, perhaps, only improves the results of hydrodissection alone. Further research may show that saline, hydrodissection alone is a legitimate treatment for lichen sclerosis.

One of the implications of Dr. Goldstein's study could be that (whatever the material being used) the correct injection technique (where and how much is injected) is critical for a successful outcome. This is one reason for our [Cellular Medicine Association](#), with our standardized protocols for the various PRP procedures, including using the O-Shot® for the treatment of lichen sclerosis.<sup>13</sup>

You had a placebo that wasn't a placebo, and to me that was the take home message from this study. Not that PRP didn't work, but that PRP, when we do our procedures, a big part of what makes them successful or not is the actual hydrodissection that's going on, I think, which is enhanced by the PRP. To me, the best placebo study would be you just put a needle without injecting anything. And then you

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<sup>12</sup> Goldstein et al., "A Randomized Double-Blind Placebo Controlled Trial of Autologous Platelet Rich Plasma Intradermal Injections for the Treatment of Vulvar Lichen Sclerosis."

<sup>13</sup> Physicians (and in some areas their extenders) can apply for online training for the O-Shot® procedure at <https://oshot.info/members>

have one that's saline, and then you have one that's PRP. And I think you would see a gradual increase in success rate. But such a study would not be double-blinded.

I make no money on any centrifuge anywhere, so there is no monetary, philosophical, or any inclination for me to make PRP work better than saline, waving a magic wand, or shaking a crow's foot. It should be about what's the truth. And the truth is that saline is not a placebo in a soft tissue hydrodissection study. And I have not found a placebo-controlled study of lichen sclerosus (other than the one just discussed) that gives a 50% response rate on biopsy for sclerosus.

***Now back to what's current, what we're talking about today, what just came out is not even in the press yet, it's pre-press, was this review article of PRP for like sclerosus or BXO in males. This is big news. They have conceded that in men, PRP is a second-line treatment when your clobetasol fails, which hasn't made it into the GYN literature, best I can tell, into the dogma that is the accepted dogma. But it's made it into the male literature. That's big news.***

If you shot out an email that says, "Hey, if your clobetasol isn't working and you have lichen sclerosus and you're a male, then I have something that's now even stronger in the research and in the latest issue of the Journal of Urology." And you could put a link to this paper.

Now, then, let's pump down to the next one, and then I'll get to some of the marketing stuff.

### [Injecting Testicles with PRP—has the time come?](#)

This one is, it's a little bit more outrageous—injecting the testicles with PRP to help those suffering from diabetes.<sup>14</sup> And I'll draw you a picture of what I've done ([see the video here](#)←)

But they're stacking data upon data, making the case that injecting the testicles might be of benefit. A decade ago, I injected my testicles with PRP (and a few times since then). And I'll draw a picture of how I did it and tell you why I did it in a second. But I don't think this is ready for primetime yet.

Even though there's never been documented neoplasia from PRP, even though there are multiple millions of injections of PRP every year, if I were injecting the testicles of a male, I'd definitely want a consent form that says that if they develop testicular cancer, you're not to blame for it.

And that's part of the reason I've hesitated to roll this one out. But if you look in all the other data with skin, with the breast, we've covered a study here where they injected around the port used for chemotherapy of women with breast cancer. And those who got the PRP actually had less recurrence

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<sup>14</sup> Hermilasari, Rizal, and Wirohadidjojo, "Potential Mechanism of Platelet-Rich Plasma Treatment on Testicular Problems Related to Diabetes Mellitus."

than those who did not.<sup>15</sup> Looking at everything, there's never been evidence of that happening. You're probably covered, but you definitely want to have a good consent form and you probably need a good study to come out before injecting testicles.

But still, I'll draw you a picture of how I injected my testicles a couple of times. I just wanted to see if it would change the volume of the testicle and if it might have an effect on ejaculatory volume. I don't think it affects ejaculatory volume because most of the volume comes from the prostate gland, not the epididymis. But I think this could very well be part of the future of infertility treatment and possibly for testicular atrophy. Either from being on testosterone or from, as they suggest here with diabetes.

If you guys want some low-hanging fruit, do a sperm count. Inject testicles of 20 men and then do a sperm count six weeks later. There is your low-hanging fruit. All right. Let me draw a picture so you can see how I did it. You might think of a different way, but let me first give you a review of what testicles look like if you take away the scrotum.

Let's see. Some of you'll probably wind up doing this to your own testicles or your husband's testicles. But let's see, I wouldn't brag about it just yet if you do. But this hopefully will be one of the things we can roll out soon. We've got so many things coming up.

All right. If you look at the way things are suspended in the scrotum, you can easily palpate this. And so all... I'll draw a picture, just wanted you to get that visual in your mind before I draw the picture. Hold on a second. Then I have some new tips about marketing the O-Shot® products to market the procedure. And then I think we'll be done.

You've got penis, scrotum like that. Okay. Can't see that, can you? All right. There, that's better. And then, so here's the guy's booty. There you go. If you palpate, around in here, you'll find that smooth side of the testicle. And the epididymis is lying up in here.

But this is that smooth side of the testicle. And so all I did was I put four CCs of PRP into a syringe and used one and a quarter inch 27-gauge needle. And came in and there's not a lot of nerve supply in the testicle itself, so I just went through the scrotum. If you want, you can put some numbing cream on the actual skin of the scrotum, but whatever. And then I injected two milliliters or so into each testicle. And there was some increased volume. It wasn't dramatic, but it felt fuller. It was fuller. Even weeks later.

I don't know if you have those, I can't remember what they call them, but you can buy on Amazon. You can buy a set [of testicular shaped wooden things in a bag](#). And one way to measure testicles is you palpate the testicle here, then you palpate the testicle in the bag and you find the one that's about the

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<sup>15</sup> Eichler et al., "Platelet-Rich Plasma (PRP) in Oncological Patients."

same. And then you've documented the volume of the testicles. It's hard to measure it with a ruler. That's done, as you guys know, in trying to determine stages of development.

Anyway, so back to this. It'll feel not as severe, but it'll feel like a child kicked you in the groin. It's a little bit of an ache, lasts for a couple of days. It's not enough to keep you from doing your activities. But you'll feel an aching, almost like the old thing you got as a teenager when you got the blue balls.

You'll have this swelling, achy feeling for a couple of days. And then you'll have some increased volume. And I'm not telling you to do that; I'm just telling you how I have done it to my own testicles.

And I think that, somewhere down the line, that will be a treatment for low sperm count in men. Whether it'll roll out within our group or it'll roll out by someone else, I don't know. But I did it a decade ago and now I'm seeing more and more it's been done in rats, it's been talked about. And now it's being suggested in people. I think probably within a year or two, you'll see that research coming out.

Now, let's go back to our list because I have some marketing stuff to show you.

### [O-Shot® Physical Products and “Pyramids”](#)

If you've been to my webinars, I'm about to talk with you about something that involves products for the O-Shot®. And it may seem unexciting because of the amount of money you're making is only 10%. But, you do not have to ship anything...and there is another principle at work that can be huge: let me show it to you. Then I will show you a product, but I will also tie it in with a profit model or two or three. And if you get this, it could make you many thousands of dollars even though the products don't sell for many thousands of dollars.

But let me pull this up for you and show you. Let's see. Oh, while it's on my mind too, in the last journal club, I covered something super important about a really bad outcome that happened when somebody did not use an FDA-approved PRP kit. They used something they bought from Amazon instead. I recommend you find that. It'll be dated December the 5th on the membership website, and at least find that section.

It also went out in an email. And when I look, out of our 3,600 members, only about 2,000 are getting our emails. You might call our office if you're not getting our email and make sure you're not opted out because somehow over 1,000 of our members are just opted out. I don't know if your staff clicks it or if the software grabs it, but around a third of our people don't get the emails. And we have important stuff about marketing and important topics, warnings about possible bad outcomes and updates to the procedures. It's really helpful. I don't expect you to memorize or even pay attention to everything I say. But some of what comes out of our group, not from me, but from our group, is critical to doing good medicine with PRP.



Back to what I was going to show you. This one right here. I'm going to put this link in the chat box, and [if you're doing the O-Shot®, I recommend you click on it](#) and I'll show you what it does for you. Okay. Just put it in the chat box. Now I'm going to go back over here to my web browser.

[When you go to this](#), it allows you to sell O-Shot® products and have them shipped by the company. If you go to [oshotwomen.com](#), you'll see the website that customers see regarding these products.

Note: We're pulling the CBD out of the products. We're going to quit manufacturing it with the CBD because it makes it to where you're at risk of losing your merchant account with PayPal and we can't put it on Amazon. PayPal will kill your account if you advertise CBD.

I did a workaround for the CBD by putting it on a separate platform (UltraCart) and did not connect my PayPal. But that was a hassle; CB raised a lot of flags. And I never was convinced it added that much to the formula. Someone else had worked on this before it was offered to us to private label it. But we do have some of the lube with CBD left. I think we have, like I said, about 60 cases of six bottles. And we have more arousal oil coming, I'm hoping without the CBD. And we have plenty of the Probiotics, which are not shown on this screen.

I'm already a member, so I'll put my stuff here. Once you're a member, they send you the link. Let me grab that real quick. I'll log in, then use a password, or if instead you want, they'll send you a link.

Once you're logged in, first you'll go set that up and it'll ask for your PayPal account so they can send you money. And then you'll get this link. And then that's your referral link. You can also click the button and send it out.

I could send a text message with that link.

Or I can copy this link and then that could go on a webpage, it could go on an email. And when they go to it, then everything they buy from there and forever more belongs to you, and you get 10% of whatever they buy.

Now, 10%, if you look at these products, they're not super expensive. You can get the wholesale from us cheaper than anybody else can buy it, even though they're selling wholesale to health food stores and such, we will have the lowest wholesale price at CMA headquarters (1-888-920-5311). So you can get it from us, from our office. They have agreed to never advertise below suggested retail, so you do not have to compete on price.

Whatever the customer buys using your link, you make 10%. But, this becomes much more important when you add in a pyramid. Before I explain the pyramid, let me give you another link. [There's a link that gives you instructions about what to do to become an affiliate for the product.](#)

[If you've been to my workshop](#), you already know this.<sup>16</sup> I'm not going to belabor it, but this is how this works. It's called pyramid profit. And if you look at some celebrities, someone with millions of followers, even if they're making no product that is just theirs, the part that people "follow" is free.

But up here, they're charging lots of money to millions to do endorsements or they're selling products for \$20 a pop. But of course, the more people on this free level, if you have a million people on your free level (which must deliver something valuable, even if it's just entertainment) and you sell one in 1,000, that's 1,000 products. If you sold something for 20 bucks, you just made \$20,000, even if you only had a 0.1% sales rate. This is how fortunes are being made online because you can create a huge bottom, free base.

Now, the good thing about doctors is we can do well with the pyramid model<sup>17</sup>, because you don't go too far up before you're pretty far past the \$20 level. If you're doing surgeries or you're doing even our PRP procedures, you're up to making thousands of dollars. Or even if you just do a Botox patient, but you take care of them for the whole year, you're treating them every three months or four times in a year. Do the math on that.

It takes you 15 minutes. You spend a lot of time with them, maybe 20, 30 if you want to hang out forever. But even if you just did a treatment. Or we call it, make the math easy, a \$400 treatment. And if half of it's profit, then 200 times four, you just made 800 bucks. You're making money that's significant.

And the bigger this is, the bigger this is, the bigger the less than \$50 level, the bigger the less than \$100 level ([see the video here](#)). This becomes part of your pyramid is what I'm trying to say. And it becomes a physical reminder. Say if you give them a bottle of O-Shot® sex lube, yeah, it's a good lube. And the arousal oil and the probiotic, it's great, but now it's a physical reminder sitting on their shelf.

And I'm hoping it works the other way around. And I'm still the verdict's out on this because we lost momentum, we lost our supplier during COVID, but now we're back in business with physical products. But my hope is that because we now have the products on Amazon and hopefully soon in many health food stores, we have [our probiotic on Amazon](#). It's sitting here and people are buying the probiotic at the very cheap level and that don't even know about the procedure yet. But the oshotwomen.com website that I just showed you where the products live also talks about the procedure.

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<sup>16</sup> We spend most of the second day in [our workshops](#) showing you ways to help those who need you to be able to find you.

<sup>17</sup> The whole pyramid model (like all legitimate profit) depends upon keeping promises that deliver something or a service worth more than the money exchanged.

We have two ways this could work: We have our patients and then we have people that are not patients. And our patients can get the products and then wind up getting the procedure. Or they can get the procedure and wind up getting the products. And if they're getting it every month, like the probiotic, if they're buying it every month and you have 100 people doing that, it starts to look interesting. But then you can also have people that are not patients that see the products and then this is you, here's the doctor. And then they wind up finding out about the procedure and coming to see you for that.

That's the idea behind it. And so, when you push that out, yeah, you'll make a few bucks if you're pushing out a link to the product on your social media, on your email. But ***what you're really doing is you're having people enter the lower, base stage of your pyramid.***

Anybody I know that I've ever studied with who makes \$10 million or more online, they would be broke without the pyramid profit model. And yet most doctors, unless they've been to my workshop and heard me talk about it in detail, are not thinking about it. They might think of a funnel, but a funnel is different than a pyramid. A funnel is things that lead up to a sale. A pyramid is a series of promises that may start off at zero costs and zero cost to you, but each level is a different product with each one moving them up the pyramid.

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*"A funnel is different from a pyramid."*

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That's probably enough of that because I'm trying to get you in under 30 minutes and we're five minutes over.

I want to show you one other thing and then we'll call it a day. Let's see. Yep. We're using now, some of you have missed out on this, this is what we are doing to protect patients now...

[Infringement Policing \(What We do to Protect Patients from Those Who Pretend to be Us\)](#)

This is huge. And it's free to you as part of your being in our group.

[This is the company we use now to do our infringement policing.](#) our brand protection. They are super strong. Their clients include huge companies, much bigger than we are, like Geico. And they're super effective. Look at pharmaceutical companies that use them.

There you go. Levi's, New Balance, all those brands, Brandshield is out there protecting them. Big budget people. And they're attorneys (Brandshield) and they have worldwide reach—strong, and they're not cheap. That's part of what you buy with your monthly fees.

Without what we're doing, which literally runs right at a million dollars a year for legal, without that, our reputation as a procedure would be gone within a month or two because you'd have people doing all sorts of things that are not what we do, but still using our trademarked names in advertising—and hurting people!

Occasionally, I receive emails where a woman got something crazy done to her vagina, some crook called it an O-Shot®, the woman experienced terrible pain for something that did not work, and then we have to go after the doctor. Can someone tell me why many physicians do not consider stealing intellectual property to be theft?

We used to have to have only the option of using our IP attorneys in Chicago which led to warning, cease and desist letters—slow; and sometimes the doctor would hire a lawyer that would drain their account and ours fighting the losing battle. We would prevail, but we both lost money. Now what we do when someone uses our names illegally is notify Brandshield, and they have relationships with the internet service providers. And so far this year alone, because of their reach and their power, we've made more than 430 websites disappear. That means they give the doctor one warning and if they keep falsely advertising that they're in our group, their website or social media account goes away.

Now sometimes it takes a few days, sometimes it takes a few months, which is frustrating, but it does eventually go away. And so we get the phone call from the doctor sobbing sometimes, "My website's gone."

And we think, "Well, yeah, we gave you a warning and you were falsely advertising that you knew what you're doing and you're not even part of our group and who knows what you did to your patients because if you will steal from us..."

This is part of what we're doing to protect you and to protect potential patients from harm. It's all about we're only winning if the center of everything is the patient.

Remember, we are not just doing a shot. We have a procedure that involves how you prepare the PRP, who you treat, who you do not treat, what else you do along with the treatment, what you do after the treatment.

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*Remember, we are not just doing a shot. We have a procedure that involves how you prepare the PRP, who you treat, who you do not treat, what else you do along with the treatment, what you do after the treatment*

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That's why the procedure needs to cost more than five bucks because you have to spend time and think. And then you have to have the FDA approved kit to prepare the plasma. You have to know where to put the needle. Someone's got to draw the blood and you have to spend time processing the blood properly. It is a procedure.

***It's not the "O-Shot®"; it is the "O-Shot® procedure". That word "procedure" indicates that there's a lot more to it than just sticking a needle somewhere.***

Okay. That's what we're protecting. And we're protecting our patients by protecting who is able to put out to the world that they're doing our stuff.

Now the last thing, I'll give you one more link, is that if you see someone advertising our stuff, even if they used to be in our group, if they have dropped out and they're still advertising, oftentimes what's happened is they've dropped out because maybe the provider moved away but the clinic is still advertising.

This happens fairly regularly. We have a doctor that's part of our group and then they move to another town or to another clinic. And then the clinic will still keep advertising and the person that used to be there is not even there anymore.

#### [How to Trap a Thief & Protect a Patient](#)

If you see a location being advertised or you see our procedures being advertised on a website and you go to our directory and you don't see the location, then that person is probably not licensed to do our procedure; so, this is what you do. You don't have to call anybody, you just go to [vampirefacelift.com/members/trap](http://vampirefacelift.com/members/trap).

I wanted something that was easy to remember and spell. So "because you're trapping the bad guys that are pretending to be tricking patients and doing who knows what.

Then, when you go to that webpage, you'll see this form. And you can put in your info if you want to be kept up to date, you're the trapper. Or you can leave that blank and just put in... Is the more of this you put, the better this information is directly transferred to BrandShield. The person will get one warning email.

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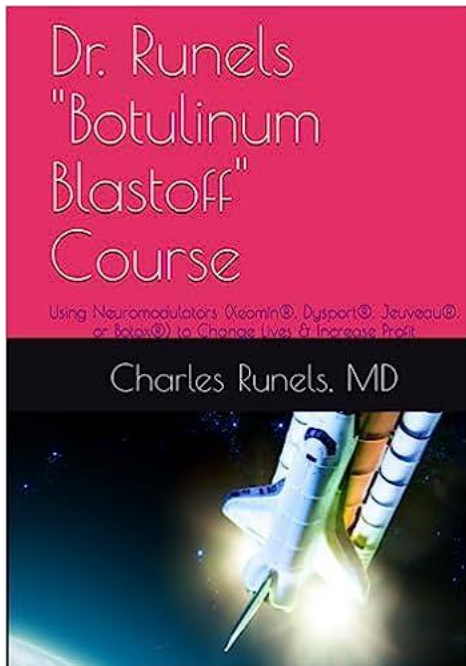
*Once they get a warning, we do not let them call up and say, "I'm sorry, can we sign up?" Because we figure if they're dishonest enough to pretend to be us to save \$97 a month, then we don't trust them with patients.*

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They can't call and say, "I am sorry, can I sign up now?"

Maybe that worked ten years ago, but now people know that we're a group, and they know when they're stealing. All you have to do is Google any one of these procedures and spend five minutes, and you'll find the main website that says the deal.

You put in the procedure that's being infringed. The more information you put, the better. But the main



thing we need is the links, the URL links where they're advertising. And then if you want to stay updated, you put that in.

The more the better, but at least the links. And then you're done. And give us some time and we'll make that disappear. If it's a social media account, it may just be the post. It's often their whole account. With the website, it's usually the whole website goes away. It's permanently gone. Unless they have it backed up, they have to rebuild it somewhere. And they'll definitely have to rebuild it on a different internet server.

Okay. That's all I got. I hope that was helpful to you. Have a great week.

Wait. There's a question or two. Let's see what the questions are. Let's see.

Question one. Any recommendations for marketing the arousal, oil and lube?

If it's good, they'll want more of it. If it's not good, shame on us for selling it.

You guys have heard me talk about when someone comes to my office, I like to always give them a little something more than they expected to get. These are good freebies to give when you want to give them a little something extra. You can also sell it after the procedure.

We don't like to discount things (though we all do some work for free), but you can make bonus offers, like if you do our O-Shot® this week, we will give you a free bottle of arousal oil. Or do a Vampire Facelift® this week and we'll give you a free bottle of our O-Shot® probiotic.

It gives you something to give a bonus without discounting your price. And then of course, it's a good freebie to add on is one gets an O-Shot®, you could give them the arousal oil, the lube, and the

probiotic, and still make a nice profit and give them a nice little package to go home that works well with your procedure. And then make it easy for them to reorder.

That's my best tips for selling it.

And let's see. Wait a second. My wife just texted me something. See what she says. Oh, she says she just read a study about Botox in the testes to improve somatogenesis. Yeah, we know some of the wound care studies. I didn't know that one. Thanks for sending, Alex. But we know that I was shocked, when I wrote the Botox book that I recently published, or the botulinum toxin book I should say, that was recently published.

Because I've started using more Xeomin lately and some Dysport. Though I hardly ever use Botox these days. But you can go all the way back to the 1950s where botulinum toxin was shown to cause neurogenesis and neovascularization. Lots of work in the wound care studies. It makes sense that it would also improve. Truly regenerative. You think about it being maybe causing atrophy or whatever, but because the nerve plate is blocked, the nerve response, but Schwann cells regenerating and new axons growing, trying to compensate for the nerve plate being blocked. There's a response to it that causes neurogenesis and neovascularization and it's true.

You could do the same thing with the testicles in theory that we're doing with our [Priapus Toxin™<sup>18</sup>](#) now.

I think this is probably left to be done. I'm not going to do this research. I think it's left to be done to the infertility people. Maybe I'm just being too much of a scaredy-cat, but I'm not afraid to inject my own 63-year-old testicles and appreciate that they feel healthier and happier afterwards. Maybe we do something with it eventually. And I think with that, I better stop before I'm in trouble.

You guys have a great night or a great day, and I'm always honored. I'll send this out as an edited transcript with the PDF file.

If you're not getting the emails, call our office. 888-920-5311. Make sure they fix it where you do because you should be getting them every week.

Have a good day. Bye-bye.

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<sup>18</sup> The Priapus Toxin™ procedure is now included in the training on the [Priapus Shot® online](#) and [hands-on training](#).



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## Tags

protecting patients, PRP procedure, FDA-approved kit, advertising, vampirefacelift.com, BrandShield, opt-in emails, O-Shot® products, low-hanging fruit, sperm count, testicles, marketing tips

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