

What are the expectations before and after the O-Shot treatment

This is a transcript adaption of a recording by Dr Runels

Introduction

“Hello, [my name is Charles Runels](#) and I'm honored to talk with you about the procedure. During this recording, we'll discuss interstitial cystitis, chronic mesh pain, the appearance of the labia majora, lichen sclerosus, lichen planus, dyspareunia, incontinence, both stress and urge, orgasm and difficulty with orgasm, both with masturbation and with penis and vagina sex. That's a lot, so let's get started.”

“First of all, my thanks to the amazing people in our group. The [Cellular Medicine Association](#) governs the quality of provider, helps curate the information that's provided, and the observations that are seen by the members of our group. The Cellular Medicine Association helps finance research, and much of what I'm giving to you now has been gleaned from the amazing physicians and nurse practitioners in that group.”

PRP – Platelet Rich Plasma

Blood is not governed by the FDA. The Food and Drug Administration governs food and drugs and devices. They don't govern blood, but the members of our group have agreed to use a device that is approved by the FDA to prepare the plasma that's used in the O-Shot or the Orgasm Shot. You should have the procedure done by someone in our group.

There has been over [9,000 papers published in PubMed about platelet-rich plasma](#), and thus far, none of those research papers have demonstrated any severe infections or damage done from platelet-rich plasma, which is what you would expect since platelet-rich plasma is what the body uses to heal tissue. On the other hand, that doesn't mean that everything works out perfectly and that there are no side effects, so we should talk about that.

First of all, in general other PRP use such as with regenerative orthopedics, the PRP plasma injected will go away after about nine days. The platelet-rich plasma contains platelets, which act like suitcases to carry growth factors and cytokines, over 20 of them, that then recruit stem cells from the bone marrow that come to the area and heal new tissue. Research has shown that platelet-rich plasma can help heal scars, help fight infection, down regulate the autoimmune response, help regrow new nerve. That's been demonstrated in multiple studies, like I said, over 9,000 studies in wounds healing, in dentistry and surgery over the past 15 years. We are applying that research in the area of the genitourinary space.

Website and Blog

There is a blog on the [O-Shot website](#), and there's also a survey that can be done for free, to help us understand what happens with people who have the procedure done. Request that your provider enroll you in that survey, which is done in a very private way using two HIPAA compliant, double password protected and very, very secure servers that never ask you for your name. That's not obligated. You're not obligated to participate, but we hope that you will, and all the members in our group have that capability to help us understand what's going on and how to further develop this.

What happens to the PRP

In general what we have seen in this O-Shot procedure is that the plasma goes away at about three days. *This is not a pharmacological effect, like if you take a pain medicine or if you take ... For example, if you have anesthesia, you immediately go to sleep, or if you take an IV shot of morphine, you immediately feel the effects. Because this involves growth of stem cells, then it takes time for that to grow.* The beginnings of those effects from the actual growth usually start at about three weeks. Full effect is two to three months.

In orthopedics, when using stem cells to help with tendon and bone, which grows much more slowly, full effect is six months to a year. Now, that doesn't mean there won't be effects the day of the procedure. Just like if you scrape your knee or if you have surgery and there's a laceration that's been sutured together, you can have symptoms of throbbing, *you can have increased sensitivity, you can have decreased sensitivity, as with when you have a bruise it can feel boggy and decrease less sensitive. Then, when the healing comes, then things grow back.*

That's exactly what happens with the O-Shot. In the beginning, people can have decreased sensation that can happen, last from a few days to a few weeks. They can have increased sensation with hypersexuality and almost inability to get relief with multiple strong orgasms. This is more rare, but it happens. They could have increased libido. They can have urgency when they, like the urge to urinate. They can have frequency. They can have sexual arousal with urination, almost any sensation you can imagine, burning, itching, all sorts of things, but what's usually observed by almost all women is nothing.

Most women have a little spotting from the injection. There's a lot of blood flow down there so they have some spotting and may wear a pantyliner for the day. Just like if you had a shot, you might need a band-aid to keep it from bleeding a few drops on your clothing. In the same way, there might be a few drops of blood. That's about it. Most women, therefore, experience almost nothing for the first three weeks.

Then things start to kick in. If they had pain, it starts to decrease and we'll get into more specifics of what happens during that time when we get to discussing each problem that is treated with the O-Shot, but most of the effects, the beneficial effects start to happen at about **three** weeks and the symptoms that might be more a nuisance, like decreased sensation or hypersexuality, start to go away by that time.

What conditions may respond to O-Shot

*Let's talk about the various problems that are treated with the O-Shot and how each might respond. Let's start with **decreased libido.***

Decreased libido can be from so many things. It can be emotional, it can be endocrine or from hormones. It can be because of a relationship problem with a partner. It can be past history, say, if the person was abused or something of that nature. Libido involves a lot of things. It can also be a positive or a negative spiral. For example, if a woman starts to have sex and then she has pain, then she starts to associate sex with pain and then she develops decreased sex drive or

libido. If she has a good experience, then she starts to associate sex with something wonderful and so her sex drive may go up.

It is very true that there's a very complicated system involving orgasm. The orgasm system is not the same as the reproductive system. A woman could have pregnancy without any sexual arousal at all, but it's because there's this complicated system, it doesn't mean ... Let me say that a different way. Anything in that system can affect it negative or positively. For example, we could give you the O-Shot, and you could have the healthiest vagina and clitoris on the planet, but if you're emotionally bothered by a really poor relationship or emotional trauma from when you were a child, then the O-Shot is not going to make you have an amazing sex life. If you have an extremely low testosterone level where it seems impossible to have a libido, could be the same thing.

On the other hand, you could have the most amazing relationship and perfectly balanced hormones, but if you have genitalia that are scarred and causing you pain or with lichen sclerosis or decreased sensation from nerve damage from riding a bicycle or decreased blood flow for whatever problem, diabetes, all the things that could affect the genitalia, then all the emotions in the world may not be sufficient to make things as good as they could be, so we do not claim that the O-Shot fixes everybody's sexual problems, but we do claim that healthy genitalia and the tissue of the genitalia is extremely important as part of the sexual or the orgasm system.

Back to libido. We have seen an extremely beneficial effect from the O-Shot, but all of those other things should be considered, endocrine relationship and emotional, especially testosterone levels should be ... The free testosterone levels should be in the upper level, normal for the woman, and she should have her prolactin level checked to make sure it's not too high.

What if the woman's trying to have an orgasm and she's never had an orgasm in her life? This is a very difficult problem and a very frustrating problem and affects about 10% of women. This is one of the less effective problems that the O-Shot helps, although we do have amazing results when it works. Women who've gone for many years and never had an orgasm in their life then start to have orgasm. We think what happens is that some women have less sensitivity in the area, and the O-Shot helps bring new blood flow and new nerve tissue to the area, allowing them to have a vaginal or clitoral orgasm, but, again, this one is more difficult because the problem can be so multifactorial.

In the same way, our O-Shot does not make everyone well, say, for example, in the woman where everything is perfect with the labia and vagina and clitoris, but she's suffering from extreme problems emotionally because of abuse, the O-Shot may not help her.

On the other hand, it could be that the abuse was physical, as I have seen in the past, and the woman has scarring from extreme physical abuse, and then the culmination of the O-Shot, which helped the pain from the scarring so that she's now able to feel good and function again, gave her the confidence and to go out and seek a new relationship, so the physical helped the emotional

O-Shot© General Information with Dr Runels

healing. Listen to that again. A woman abused in the genitalia, scarring, extreme dyspareunia or pain with sexual intercourse, you could give her therapy all day long, every day, which she had for six, almost seven years before I treated her, but without effect, still leaving alone, and then after my O-Shot, the pain improved, her genitalia functioned more normally, she was able to have an orgasm more easily, sought a relationship. Her whole life was changed. Again, with decreased libido, with decreased orgasm, it can be helpful, but it's not total story.

We estimate, from our surveys, that **if the woman has never had an orgasm** in her life and everything else has been optimized as much as possible, the O-Shot is going to help her have an orgasm for the first time in her life in 30-40% of the time. If the woman has had an orgasms and continues to have orgasms, but they're not as potent or as strong or as satisfying as they once were, this is a different matter. In this case, our O-Shot seems to help around 80% of the time.

Here again, the full effect appears to be around 8-12 weeks, so if you're not feeling much at two weeks, it's really too soon for the new nerve or the new blood flow or the new collagen to have even grown, so it does not mean that you will not have a satisfying result. Also, the procedure seems to be cumulative, just like it is with hair growth and treating the scar tissue in the face, which has been shown to help with acne scarring. Then, in those cases, the treatment is usually two to three treatments, about 6-12 weeks apart. Again, with our procedures, it also seems to be cumulative with the O-Shot for the various causes.

I recommend that you give the procedure at least eight weeks before you have it repeated, maybe even twelve depending on the severity and the strain on the relationship, etc., that might make you want to go sooner.

LASER TREATMENTS

Here, it's worth mentioning the various devices that can be used in concert with the O-Shot. If you have radiofrequency or laser [*Mona Lisa* or *Femilift* etc] or electromagnetic therapy used along with your O-Shot, I recommend that you have **those procedures done first with the O-Shot following**. It can be done immediately following on the same day, but it should be the energy first and then the O-Shot. The growth factors are small amino acid peptide chains, so just like insulin, the amino acids are strung together in a way that act like a code that talk to the cell tissue. Growth hormone is another one. These amino acid chains, if they're heated up, it denatures the protein, just like when you fry an egg, it changes the protein, and so they no longer code for the message. Therefore, if you gave an O-Shot on the same day, immediately after the O-Shot, if you did a laser treatment or radiofrequency, then you would undo what you had just accomplished with the laser or the radiofrequency.

The purpose of the laser or the radiofrequency is to incite micro damage that which then stimulates growth factors. We are injecting growth factors when we do the O-Shot, so it would enhance the effects of the laser or the radiofrequency, but if you do the O-Shot first, then you do the laser or the radiofrequency, you're going to fry the growth factors that you just injected and, therefore, denature them so that they don't work so well.

Let's talk about some of the other problems.

Chronic interstitial cystitis, we are not sure why platelet-rich plasma helps, but it seems to help in a large percentage of the time, over half the time. It helps dramatically in women who have suffered for many years. We think this is because it both down regulates the autoimmune response and decreases inflammation with healing. In the short run, there can be an increase in inflammation. That's part of the healing process, but in the long run, it gets much better.

We have women, as I said, have suffered for many years, and we're not sure why. The whole idea of chronic interstitial cystitis is a difficult and painful problem. The O-Shot can be done in the normal manner. It doesn't have to be injected into the bladder. It's done in a normal manner around the paraurethral space, but we're using a volume enough that is going to coat the bladder and the urethra.

In women who have chronic mesh pain, we also see amazing results, again, because we think it's healing and decreasing some of the chronic inflammatory process that can go on with mesh. Some autopsy studies have shown that mesh wraps around the pudendal nerve, so if your doctor treats you for chronic mesh pain, you'll do the procedure in the same way, but there also may be some injections around the distribution of pudendal nerve.

With mesh pain, it doesn't usually go completely away, but we see a wonderful attenuation of that pain from say 10 to 2 or 8 down to 2 or 1, almost immediately, with full effect again being around two to three months out, but for some reason, platelet-rich plasma has an immediate attenuation in many women in this instance.

For lichen sclerosis

the usual protocol is that you're injected, and then whatever places are still itching or look sclerotic or cracking, bleeding, etc., can be retreated at six weeks out, and then, oftentimes, the women has no symptoms, even without steroids for up to a year afterwards.

Lichen planus has a similar effect. This can be a painful procedure. It's more painful than the others. With a regular O-Shot, some topical numbing cream and ice, a little local lidocaine block seems to be all that's required for most women, but lichen sclerosis, either oral agent or some nitrous may be necessary to help attenuate some of the pain during the procedure.

Vaginal Pain

When treating women who suffer with vaginal pain, as dyspareunia (painful sex) from various causes, the symptoms will vary depending on the cause.

For example, if a woman has pelvic floor tenderness, she can put her finger or the physician can put his or her finger on the pelvic floor, and we produce the pain. That's often treated with [inaudible 00:21:38] injection. We have found treating with platelet-rich plasma can lead to a better result, and the good thing about platelet-rich plasma, both in pelvic floor pain and with lichen sclerosis, is we're doing something that enhances the immune system versus cortisone,

which decreases the immune system. We do not know what long-term use of low-dose steroids do to the risk for various viral causes of cancer. In theory, it might make a woman more susceptible, although we don't know that. However, platelet-rich plasma enhances the immune system and we would hope, my hope, decrease her chances of the viral illnesses that might cause cancer to wreak their havoc.

Also, a woman with lichen sclerosis has a 10% chance of squamous cell carcinoma, and we are hoping that the true anti-inflammatory effects of lichen sclerosis as it attenuates, or of platelet-rich plasma in lichen sclerosis as it attenuates the autoimmune response might help decrease. We have to do the studies to find out, but we think it could help decrease the incidence of squamous cell carcinoma in lichen sclerosis.

Back to dyspareunia, if the woman has an **episiotomy that causes pain, which they don't always do, if she has an episiotomy scar that's bleeding and cracking and causing pain, the O-Shot works amazingly well in this condition.**

But if she has really thin tissue in that area, she may need to be injected more than once, maybe two or three times with 8-12 weeks between treatments, but amazing, amazing results here.

When O-Shot is not used

If she's got pain from fibroids, she needs surgery. If she has pain from big ovarian cysts, that's not something the O-Shot's going to help.

Before the O-Shot is used for pain, there should be understanding of what's causing the pain, although not all pain is completely well understood and, oftentimes, the woman is left with an unsatisfying diagnosis, but if there is a surgical cause for the pain, then the O-Shot is not the treatment. If she needs a hysterectomy, she needs a hysterectomy, or if she needs treatment for ovarian cysts, that should be done, not an O-Shot.

If a woman has pain because of a small introitus (vaginal entry), the usual treatment is using gradually increasing size dilators. In this case, you would do the same, only add to that treatment an O-Shot prior to the dilator use.

Safety

The wonderful thing about platelet-rich plasma, again, after over 9,000 papers published in PubMed, there's never been an incidence of a serious side effect, as in a serious infection, never been a documented causing cancer, there's never been a documentation of any serious granuloma, none of those things, unlike, say, for example, midurethral slings, which we know can interfere with the nerves of sexual pleasure. Midurethral slings are a good procedure when they work, and I'm not saying they shouldn't be done, but it's perfectly reasonable to try a nonsurgical option first, especially when we know that the symptoms and side effects when a sling goes wrong are much more severe than what's ever been documented with platelet-rich plasma.

For stress incontinence

What can happen is that when that platelet-rich plasma turns to a fibrin matrix, sometimes, the woman can experience relief of her stress incontinence that day, but then the matrix gets replaced by normal tissue, and it could be that her incontinence starts to come back over the next week or two, and then, as the new tissue grows from three weeks to three months, it improves again.

If it's not completely relieved, she should consider having it repeated at eight to twelve weeks. There does seem to be some synergy with stress incontinence if she has radiofrequency or laser treatment or a electromagnetic pelvic floor treatment prior to the O-Shot.

Urge incontinence surprisingly also works very well with the O-Shot. That most likely is from the nerves growing, and there are multiple papers showing that PRP causes new nerves to generate, so this can happen, but nerves grow very slowly, so if you're treated mixed incontinence, where's there a component of urge incontinence, then plan on at least eight to twelve weeks before you see the effects of it, and you most likely will want to have a repeat treatment done and then decide after the second treatment whether it was effective or not.

To listen to the full audio recording
<https://oshot.info/after-the-o-shot/#.XtIPT7yYLOk>.

Caveat: [By Dr W J Reeder]

The O-Shot© procedure is not considered a mainstream treatment for the conditions listed in this discussion. It is not endorsed as conventional medicine practice. You should seek advice from your regular medical advisors regarding standard treatments so you may be well informed to make your own choices.

The O-Shot doctor will discuss these options with you.

O-Shot is regarded by international experience as very safe and only uses the body's own natural plasma.

Minor procedural side-effects may occur.

The outcome cannot be guaranteed but every endeavour is made to optimise this for you.