

Sawbones 496: Vampire Facials

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Clint: *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*, a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: And what a joy it is to be back here with you, Sydnee. I was out of town for a little bit, in Chicago, but we're making up now for lost time by recording an episode that I have very little context on, but I'm extremely excited by the title.

Sydnee: Well, my dear friend Amanda sent me the article that inspired this topic.

Justin: Thank you, Amanda.

Sydnee: Yes, because there was— it made news. It was a newsworthy...

Justin: Newsworthy.

Sydnee: — medical item.

Justin: Medical debacle.

Sydnee: And it was one of those things that I was vaguely aware this existed, and then because this made news I thought, "You know, I cannot— I have no idea why we do this. I must look into why this thing is happening." So you may have also seen an article, well a lot of—

Justin: Are you using the royal you, or the Justin you?

Sydnee: All of you, the royal you.

Justin: Okay.

Sydnee: You may have seen a variety of news sources reporting on... the consequences of some unregulated [chuckles] vampire facials.

Justin: [chuckles]

Sydnee: That were occurring—

Justin: Vampire facials. Now these are not, and I can't really stress this enough, facials for vampires, right?

Sydnee: No, I mean, I don't think there are any specific... disqualifiers, if you're a vampire. Like—

Justin: So you could— But one hopes... that you don't need it?

Sydnee: Yeah, well yeah.

Justin: Right? Because if you—

Sydnee: 'Cause then you're eternally youthful.

Justin: If you need a facial as a vampire, I'm sorry, I've been sold a false bill of goods on the whole thing.

Sydnee: I—

Justin: The whole organization.

Sydnee: I think these— I remember hearing about these a couple years ago, I feel like because one of the Kardashians did one, and took a picture, and it— And I mean this is why things like this get a lot of attention. A vampire facial, we're gonna get into exactly what it is, but in the midst of the procedure, if you were to take a picture of your face.

Justin: Mm-hmm.

Sydnee: Your— It looks like your face is covered in blood.

Justin: [chuckles]

Sydnee: So it's very [chuckles] visually disturbing, evocative. Whatever world you prefer.

Justin: It is vibrant.

Sydnee: Mm-hmm.

Justin: And to imagine it, it's probably not as bad as I'm imagining it is, because I have quite the theatricality in mind.

Sydnee: I— You can Google pictures.

Justin: Lot of cound— candles when I'm picturing this, I should warn you.

Sydnee: [chuckles] There are a lot of like celebrities and influencers and the like who've had this done and post pictures of themselves with it.

Justin: Mm-hmm.

Sydnee: So like you can find these images widely available. I would just tell you like there is— it is blood.

Justin: [wheezes]

Sydnee: So I know not everyone— [chuckles] Not everyone wants to see blood.

Justin: It doesn't seem like you should need a trigger warning for that, because it seems implied, but let's be 100% clear.

Sydnee: Some people don't wanna look at blood, in which case I wouldn't look at those pictures, but if it doesn't bother you, there you go.

Justin: There you go.

Sydnee: Okay. So there was a— There've been a lot of news reports because it has been revealed— I mean this didn't just happen. This happened over the course of like— The investigation of this went from like 2018 to 2023, so this is something that has been a story in development, but three people contracted HIV.

Justin: What, really?

Sydnee: During a quote unquote "vampire facial."

Justin: Oh my gosh.

Sydnee: Now before you freak out.

Justin: Too late! [chuckles]

Sydnee: The— [chuckles] I think it's— it is really important to note that it was at an unlicensed spa in New Mexico.

Justin: Okay.

Sydnee: Where the person who was running that facility would be charged with practicing medicine without a license.

Justin: Okay.

Sydnee: So this was not—

Justin: It's good— You know what? I think that's a valuable bit of context for you to share, Sydnee. That's very noble of you.

Sydnee: It doesn't— I am not saying right now whether or not there's any validity to this procedure.

Justin: You're withholding that?

Sydnee: But the fact that there are always going to be some people who will try to do this stuff sort of... off the grid. [chuckles]

Justin: It— Yeah. There's a gray area that they're kinda hanging out in a little bit.

Sydnee: Yeah. That doesn't— I don't think that alone would negate a procedure, right? Like just because there are people who would do it wrong doesn't mean the procedure itself is a problem.

Justin: Right.

Sydnee: But it does call into question should we be offering widely something that could carry this risk. In this particular incident, they found that at this spa, they were not using appropriate sterile procedure. So this would be similar to like...

I mean, you don't hear about this as much in medical offices, but you think about something that is widely available that you don't have to have a prescription for, like a tattoo, you expect that at a tattoo parlor, they're going to use appropriate sterile technique, and they don't reuse—

Justin: Right.

Sydnee: You know, there are certain items that are single use, right? You use 'em on one person, and then you dispose of them, and you don't use them on multiple people. And basically this spa was not using appropriate techniques, reused items on multiple patients.

Justin: Aw man.

Sydnee: And this is— Yeah.

Justin: Ah, no.

Sydnee: This is why there was cross-contamination, and infections resulted. So, that is not part and parcel of the vampire facial. Because you're really just supposed to be exposed to your own blood. So do you have any idea how this works?

Justin: Okay. [wheezes]

Sydnee: I mean it's— The simplest— Like if you looked at pictures now, I see you over there Googling.

Justin: No, no.

Sydnee: You didn't look at any pictures?

Justin: No, no, I'm just— I did specifically not.

Sydnee: 'Cause it just looks like somebody's put their own blood all over their face. Like that's what you would initially think, like, "Okay, what now? So you just— You've gotta bleed and then put blood... on your face?" It's a little more complicated than that, okay?

Justin: Uh, yeah. Oh, wow.

Sydnee: Yeah.

Justin: Yeah, bad.

Sydnee: Here's what happens.

Justin: It looks bad.

Sydnee: If you—

Justin: It looks like... the kind— a little bit kind of a *Silent Hill* energy that I'm not wild about. Don't love it.

Sydnee: If you go in for a vampire facial, or a platelet rich plasma facial, is what— "PRP," you'll see that abbreviation used a lot, a PRP facial, here's what's gonna happen. First they're gonna draw some blood from you.

Justin: Okay.

Sydnee: So, just the same as you would have draw— blood drawn in any medical facility. It really is just like 10 to 15 milliliters that they need. Like a tablespoon of blood, ish.

Justin: Not so much blood. [wheezes]

Sydnee: Not a ton, not a ton.

Justin: What are you doin' with all of it, huh?

Sydnee: You shouldn't need that much. And then they take your blood—

Justin: You're so greedy.

Sydnee: They put it in a centrifuge. Do you understand basically what a centrifuge is doing?

Justin: Uh-huh, yeah it... You put a liquid in it, and then you spin it so fast that it separates a liquid into its component parts.

Sydnee: Mm-hmm, based on its density, yup.

Justin: So you can isolate parts of it, based on their density.

Sydnee: Exactly, exactly. So now you can select for a specific part of the blood that is supposed to be the most effective in achieving what I'll go over what our goals are here. But you spin it out, and you get a layer of the plasma on top, you've got blood cells and platelets and stuff in the middle, then you get the red blood cells.

Justin: Mm-hmm.

Sydnee: You don't need those. What you need are the— is the stuff with the platelets. The platelets are what is supposed to— That's like the magic— the special sauce.

Justin: [scoffs loudly]

Sydnee: If you will.

Justin: The special blood sauce.

Sydnee: So then you just take that part. So now we've just got this one platelets rich portion of your blood that has been isolated.

Justin: Mm-hmm.

Sydnee: And we're gonna put it back in your face. Now the—

Justin: [wheezes]

Sydnee: The way we do that, there are a couple different options. There are people who, for a while, have been just injecting that into different places in the face.

Justin: Okay.

Sydnee: Places where you might have fine lines or wrinkles or... aging... spots. Anything.

Justin: Anything.

Sydnee: Right?

Justin: Anything.

Sydnee: So you could do that. What these facials— The reason that I think they have got so much attention is that what they do [chuckles] is first they numb up your face. They're going to numb it with like a topical numbing agent.

Justin: Okay, well that's very kind, thank you.

Sydnee: Just rub something on there that will make it numb. And then they use a microneedling device, which I saw one dermatologist describe it as like a lint roller covered in needles.

Justin: Oh my god.

Sydnee: I know, [chuckles] this sounds brutal.

Justin: That's horrible.

Sydnee: I have never used one, and this came from a dermatologist, so.

Justin: But still.

Sydnee: And teeny needles, they're microneedles. It's called "microneedling," 'cause they're teeny, teeny needles. And you're gonna make tiny holes all over the skin's surface. Which basically what you're trying to do is very, very minorly damage the surface of your skin.

Justin: Okay. So can I tell you what you are talking about? [chuckles] You're talking about scuffing. That is a technique that we use in woodworking, basically you're sanding—

Sydnee: Mm-hmm.

Justin: — off some of the rough edges, and you're scuffing it so the stain can get in and apply. So you're basically scuffing the surface. We would use sandpaper.

Sydnee: Yeah.

Justin: For that, but you're basically to— this is like, metal lint roller's basically the same thing.

Sydnee: There you go.

Justin: You're sanding down.

Sydnee: Mm-hmm.

Justin: So that the— it can better soak in.

Sydnee: And this on its own, by the way—

Justin: And be smoother, I guess you do get a little bit of— I don't think you're smoothed by this.

Sydnee: No, this deep wouldn't— You—

Justin: But that's part of the reasoning in wood.

Sydnee: No, you wouldn't be smoothed by this part, but the idea— 'Cause microneedling alone, like you— that's a procedure you can get done all on its own. You don't have to do this next part, but like microneedling— [chuckles]

Justin: [chuckles] And that's what's— that's what they say to you in the exam room, like, "You don't have to do this next part." [wheezes]

Sydnee: But you can.

Justin: You can, it's— seems kinda gross, I don't know.

Sydnee: The idea is that if we're irritating, we're basically getting your skin to activate its own sort of healing, rejuvenating factors. Like all that tiny little bits of damage that the microneedling creates activates healing properties in your skin.

Justin: Mm-hmm.

Sydnee: And then specifically for this type of facial, after you've done the microneedling, you're going to apply... the blood product.

Justin: Mm-hmm.

Sydnee: The PRP, the platelet rich plasma, that you have centrifuged down.

Justin: Okay.

Sydnee: You're gonna rub that all over.

Justin: Okay.

Sydnee: So then it can get in there.

Justin: Get in there.

Sydnee: Right?

Justin: Okay.

Sydnee: So the whole thing takes about an hour and a half.

Justin: Time well spent.

Sydnee: [chuckles] You— After you're first done for like the first 12 to 18 hours or so ish, you're gonna look kinda irritated, and that's true for a lot of these like facial cosmetic treatments. Not all of them, but there are quite a few that are somewhat abrasive.

Justin: Yeah.

Sydnee: And you're gonna have a time period where your skin is kinda red and puffy and swollen and irritated and—

Justin: Right.

Sydnee: Whatever. But then it does settle— It'll settle down, and supposedly you get all the benefits after that time period where everything's kind of irritated and puffy. Each session can run you— I mean, this depends on where you are in the country and who is doing it and how credentialed they are, and I mean—

Justin: If you got Dr. Nick from *The Simpsons*, you know, he's gonna getcha.

Sydnee: Then that's, I don't know, 10 bucks. But I know that I have seen people who are like, "You can find it for as little as 250," and other people were like, "No no no, 500 is as cheap as it gets."

There are definitely people out there charging in the thousands for these each individual treatments, one, 1,500, 2,000 bucks a treatment. And what they tell you is that—

Justin: I mean, I will say this though, it's— Not gonna get it done, but if I were, not sure I'd be cost-cutting.

Sydnee: [chuckles]

Justin: With this exact procedure.

Sydnee: Well—

Justin: I think I'd probably try to shave down my spending somewhere else.

Sydnee: And there are people who decide to get it done in conjunction with other treatments, which would of course increase the overall cost, because like some dermatologists will recommend "Why don't I inject some filler in there while I'm doing stuff to your face?"

Justin: “Long as I’m here,” yeah.

Sydnee: “Let me put some filler— ‘Cause the filler will give you immediate results, while you’re waiting for the longer-term effects of—” Because this is not immediate. Like we have torn the skin down, so to speak. I mean not really, but you know what I mean. Like we’ve created all this damage and irritation with the thought that it’s going to stimulate...

Justin: The—

Sydnee: Cells to heal, and improve your look long term. So you’re not gonna see the improvements in a day or a week.

Justin: So you’re making it clear—

Sydnee: It’s going to be over the course of—

Justin: — that this is not a topical thing, this is like a— This would be akin to like putting fertilizer into this.

Sydnee: There you go.

Justin: It’s gonna be a better growing environment.

Sydnee: You’re going to see longer term results.

Justin: Okay.

Sydnee: So, then the idea is like, “I’ll pair with something immediate, like some filler, so that then you can see results immediately. And then in six weeks, it’s still gonna— it’s gonna look even more incredible than you can even imagine.”

And they recommend that you get like six treatments of this over the course of a month or so, so it is not something that you— it’s not— You’re not one and done. I mean you could, but that’s not the thought process.

Justin: Yeah, like it’s just—

Sydnee: What is it supposed to do for you? Why would you get this done? So... these are aimed at people who... I mean it can be for anything. It can be for like specific fine lines, wrinkles, acne scars, dark circles. But then you'll also sort of see that kind of nebulous like if you want—

Justin: Glow. Healthy glow.

Sydnee: Yes.

Justin: Yeah.

Sydnee: A healthy glow.

Justin: Yeah yeah yeah.

Sydnee: Younger, better-looking skin.

Justin: Vibrant.

Sydnee: Vibrant, exactly. I mean you see that kind of— those kind of claims too, and that's really... common for these kinds of procedures.

Justin: Right.

Sydnee: Where there are some, maybe, some evidence-based things that they can actually claim—

Justin: Mm-hmm.

Sydnee: — it will do this.

Justin: Mm-hmm.

Sydnee: But then there's a lot of other stuff that won't get you in trouble.
[chuckles]

Justin: Right.

Sydnee: If you say like, "You will look better after you have this done."

Justin: Mm-hmm.

Sydnee: And I mean basically like... I think that... if somebody was— especially stood to make money off of these procedures, they would be in a position where anybody, once— especially once they start getting older.

Justin: Oh what won't they. Yeah, what wouldn't it be good for?

Sydnee: And we know that that, in terms of like once we, whatever that means, quote "start to get older." What age that is has changed over time. We know there are younger and younger people seeking cosmetic procedures, whereas it— I think the idea was that these used to be things you did, you know, middle age and later. Now we're seeing people—

Justin: [sighs] It's a really—

Sydnee: — in their 20s and 30s seeking a lot of these procedures.

Justin: It's a really troubling idea, I think, that— And obviously I have privilege as a man in this environment because I feel like men are under such less pressure on this front, in terms of aging, mainly because we've used the media to idealize our ageing process. [chuckles]

Sydnee: Mm-hmm,

Justin: Rather than demonized it for women. But I think it's so unfortunate that that has become more of— it seems to be more of a maintenance thing, like a regular upkeep?

Sydnee: Yes.

Justin: Like it's some— before— Like you do it before, get out ahead of it, you know what I mean? And I think that is— It is so unfortunate, I think. I think that it's a really unfortunate thing.

Sydnee: Well, I mean I think that the idea is it should be something, like anything cosmetic. I mean it's the same— And when I say, "anything cosmetic," I don't just mean procedures, I mean like what you choose to wear and if your hair.

Justin: Your aesthetic. Yeah, you're whole thing.

Sydnee: All that stuff. I mean it really should be what you prefer. And not an expectation, you know, that now you've reached the age that we expect you have these things done.

Justin: Mm-hmm.

Sydnee: No, you just do it if you want, and don't if you don't, and— [sighs] But that, I mean.

Justin: There's no judgment, by the way.

Sydnee: That's so easy—

Justin: I should make that clear.

Sydnee: Yeah.

Justin: Like it is a per— Obviously it's a personal thing, I just think it's sad that there's this seeming like societal pressure and media pressure to, yeah, to normalize that.

Sydnee: Yeah. Well, it's the same damaging expectations that have created so many body image issues for so long.

Justin: Mm-hmm.

Sydnee: It's the same idea. That there is one perfect way that you should be trying to look at all times.

Justin: Mm-hmm.

Sydnee: And if you're not making every effort to look that way, then you're failing in some way. And... obviously we know how damaging those ideas are.

Justin: Sure.

Sydnee: So. So that's what a vampire facial is, and they're offered all over the country, and all over the world, not just country. Everywhere, by various spas and clinics and dermatologists offices certainly are offering

these too. Usually like part of a wide array of cosmetic services that are being offered.

Justin: I bet I can—

Sydnee: Who came up with this?

Justin: Who came up with it?

Sydnee: Yes, that's what I'm gonna talk about.

Justin: I was gonna say that's so far from my question of "Can I get one with a beard?" 'Cause I'm trying to imagine it, and I don't think it would pan out. [chuckles]

Sydnee: I— You know, I didn't specifically look that up, but it's hard for me to see how this would work with facial hair.

Justin: [laughs] Alright, well who came up with it?

Sydnee: But— Well, and I see a lot of people, and I wonder if you would be recommended— I don't know. This is just me theorizing. I see a lot of influencers talking about the importance of shaving all of the fine hairs off your face?

Have you seen people do that? Like every little— Like it's not just shaving, like you're thinking of, it's like these tiny little tools that remove the fine fuzz.

Justin: Why? Why? Why?

Sydnee: I—

Justin: It's 'cause of 4K cameras, is why.

Sydnee: I— Well.

Justin: 'Cause everybody's on the dang TikTok. [chuckles]

Sydnee: And it's supposed to—

Justin: Everybody's gotta look camera ready.

Sydnee: To be fair, it's also supposed to like smooth makeup application. So, but—

Justin: Okay?

Sydnee: I'm just saying, I wonder if you came in like me, I'm kind of— I'm kinda fuzzy. I wonder if they would say like, "We're gonna have to do this first."

Justin: I love your fuzz, I wouldn't let you.

Sydnee: Well, I'm just a—

Justin: I wouldn't let 'em, I'd stop them. That's right.

Sydnee: Well, I'm not in a hurry to have this done. I don't like— The lint roller covered with microneedles was...

Justin: A lot. It's a lot.

Sydnee: A lot for me to consider. Okay, I'm gonna tell you who came up with this. Why are we doing this? Why are we putting blood on our faces? I'll tell you after we go to the Billing Department.

Justin: Oh, okay. Well let's go!

[transition theme music plays]

[ad break]

Justin: Alright Syd, you're fin— you're— Give me a little bit of history here. Contextualize this process.

Sydnee: It's interesting because this really started out in orthopedics.

Justin: [intrigued] Mmm...

Sydnee: In joint care.

Justin: Okay.

Sydnee: So we—

Justin: They don't normally get so silly, I feel like.

Sydnee: [chuckles] Well.

Justin: They're usually a little more buttoned down, maybe?

Sydnee: I don't know.

Justin: No?

Sydnee: Eh.

Justin: They have some fun over there?

Sydnee: They have some fun over there too.

Justin: [laughs]

Sydnee: So in orthopedics, and this has been like an ongoing thing, we still don't have a great way if a joint, a knee or a hip or whatever, has undergone a lot of damage. Whether that be from some sort of injury, or the wear and tear of just life, or the specific intense wear and tear of like a high-performance athlete or something.

Justin: Right.

Sydnee: Right? We don't have a perfect way to fix that joint. We can replace it, but that comes with a lot of limitations as to what you can do with that joint afterwards.

Justin: Right.

Sydnee: Right? So, there have been investigations and research into that area. How can we regrow, so to speak, the cartilage, and the— you know, the tissues that exist within a joint that make it do its thing. How can we replenish and regrow and rejuvenate those tissues? To give people longer

sports careers or better performance, or just generally keep people active longer.

Justin: Okay.

Sydnee: Doesn't have to be an athlete.

Justin: Of course.

Sydnee: But I think that's why there's so much—

Justin: Yes.

Sydnee: — interest in it is 'cause you have very high-profile, high paid clients who are— whose whole job, livelihood, everything, career—

Justin: Of course.

Sydnee: — depends on, you know, advances in this area.

Justin: 100%.

Sydnee: So what we saw back in the early 2000s is a number of athletes who were going to, specifically to Germany, but other parts of the world, to get injections into their joints of... platelet rich plasma.

Justin: Mmm.

Sydnee: This idea— 'Cause we know that— We— You think of platelets as something that just clots your blood, right?

Justin: [snorts]

Sydnee: Like that's what we're talking—

Justin: Yeah, that's what I think of.

Sydnee: [chuckles]

Justin: The right thing that they do, yeah. Syd, but a lot of people don't have my deep understanding of platelets, so of course the, you know,

everyday Johnnys are like, “Yeah, it just clots blood,” but us true fans. What do you think, and I’ll like nod.

Sydnee: And you’ll just nod along?

Justin: Yeah.

Sydnee: Right. No they do clot— I mean I’m not saying they don’t do that, they do do that.

Justin: We all agree, love that.

Sydnee: Yeah, they do that. But the also—

Justin & Sydnee: [simultaneously, with Justin trailing as he copies Sydnee] – release a number of... signals.

Sydnee: And cofactors.

Justin: Cofactors, yeah. Cofactors, that’s how I normally describe it, yes.

Sydnee: That can help things heal.

Justin: — things heal, yeah.

Sydnee: Right.

Justin: So is it—

Sydnee: To rebuild, regrow tissue.

Justin: Are they anything like stem cells?

Sydnee: No, I mean they’re not. Platelets and stem cells are very different, but I think we’re talking about the same idea. Is there something we can inject into a joint—

Justin: Syd, we’re basically looking for super cells.

Sydnee: — that will make it start growing cartilage again.

Justin: Super cells.

Sydnee: Yes.

Justin: We take the cells from their normal job of healing or doing a good thing that they do, and we say, "Hey, what if we got all these in this one joint?"

Sydnee: "What if we— a high density of platelets all in there together," yes.

Justin: Got it.

Sydnee: And so— And then there were other— There's a ton of investigations in this area. Not just with platelet rich stuff, but with heated plasma, with a lot of these inflammatory factors in it, or with stem cells, like you said. And all of these areas are highly investigational, even today.

Justin: Meaning?

Sydnee: We still don't know for sure if they work, or how well, or—

Justin: Okay.

Sydnee: — what all the risks are. I mean there's— these are all still evolving areas of research. And I think that's important to note. None of this is like settled scientific law. We are still trying to figure out if this stuff works. So specifically, this platelet rich procedure started to become known as the "Kobe procedure," because very famously.

Justin: Oh, Kobe got it done.

Sydnee: Kobe Bryant went to Dusseldorf, Germany and had this procedure done. By the way, this isn't like against any sports regs or rules, at least it wasn't at the time. I don't know moving forward if someday that'll change, but like this— Nobody's like breaking any laws.

Justin: Okay.

Sydnee: By doing this stuff.

Justin: Okay.

Sydnee: It's not FDA regulated, so it's not FDA approved. So you're going and getting something done that the FDA's like, "Bleh, I don't know."

Justin: Can I say, Syd, are they—

Sydnee: But it's not— It's not like— I mean it's not the same as like trying to get... steroids or performing enhancing drugs that are illegal, you know?

Justin: Yeah.

Sydnee: I'm not— 'Cause a lot of Olympians went and sought out this doctor, who was doing [chuckles] this procedure. First in Dusseldorf, and then all over the place.

Dr. Wayling was the first one to do this, and— And by the way, this German doctor who was doing these procedures, I mean... He treated Pope John Paul II. Like he— [chuckles]

Justin: Wow.

Sydnee: He treated high performance athletes, all kinds of famous celebrities, and like I said, the Pope. So.

Justin: Yeah.

Sydnee: It wasn't a guy in a back alley with a weird, you know, syringe full of stuff and you don't know what it is. Like these are high— this is a high-profile—

I mean he is doing these things in an open, transparent way, saying "Here's exactly what I'm doing." And so like again, none of this is based on some of the kind of wellness weirdness.

Justin: It's—

Sydnee: That we pop up with occasionally.

Justin: There's a foundation. There's a—

Sydnee: There's a foundation of science here. Now again... this is—

Justin: Is it more a foundation of science or a foundation of credibility?
[chuckles]

Sydnee: Of credibility.

Justin: Okay.

Sydnee: Because— I mean it is— I think the problem is that when you have areas of medicine where people really stand to benefit financially— And I mean I think with the clientele here, you see the importance of this. If you are... an NBA star, it is really important to you that your [chuckles] joints work. And if they're not, you will pay top dollar.

Justin: Sure, of course.

Sydnee: For something that will give you longevity.

Justin: It's your whole thing. It's— That's the whole thing.

Sydnee: Damn right, it's your whole career. And so I think the problem is that those areas of science, maybe we have people who are jumping ahead without all of the data to say like, "100%, this works."

Justin: Mm-hmm.

Sydnee: Because like I said, these injections used for orthopedic procedures were not FDA approved, and remain so to this day. And while there was a lot of research done to show that this might be... something very beneficial.

Justin: Yeah.

Sydnee: And there's certainly a ton of anecdotal—

Justin: We just don't know.

Sydnee: — and testimonial. [chuckles]

Justin: Alright.

Sydnee: Reports, we don't know definitively. I mean we are not at a point right now where... absolutely, this is the way we treat arthritis or joint inflammation—

Justin: It's—

Sydnee: — or joint disease or anything.

Justin: Now it seems though... contrary to a lot of these types of things that we talk about, there is... a large amount of money on the table, that would validate the expense of research and testing, right?

Sydnee: That's— I mean that's the thing. So there's a huge amount of money on the table when it comes to the orthopedic piece of this, and then I think when you open it up into the cosmetic world.

I mean it's essentially endless, right? The amount of money you can make. If you can take this technology that supposedly could heal your joints, and give you eternal youth on your face.

Justin: Yeah.

Sydnee: Which is what Dr. Barbara Stern, who is an orthopedic doctor, began to see these treatments that they were doing in Germany as perhaps something that we could apply to cosmetic medicine.

Justin: Mm-hmm.

Sydnee: Even though dermatology was not necessarily her area of expertise. And so... she thought if we can do that in a joint, why not the skin? And the original product that Dr. Stern sort of introduced was... a facial cream that was like a bespoke cream. So you would have you blood drawn, spun down, get the... you know, the platelet rich plasma.

Justin: It's like Build-A-Bear, they give you a little Sharpie—

Sydnee: [laughs]

Justin: — to write like, “Angelica’s facial cream.”

Sydnee: It is your—

Justin: “Rich with my own blood.”

Sydnee: It is your personal cream, yes it is literally made with your own blood.

Justin: [chuckles] “Don’t use my cream.”

Sydnee: And then apply that.

Justin: [chuckles]

Sydnee: [chuckles] And so that is where you start to see like from these orthopedic beginnings, and then you have an orthopedist who crosses over into the dermatologic world, introduces this, and then the idea of “Well hey, why put it in a cream? Let’s just squirt it in the face.”

Justin: “Squirt it right in the face, guys!”

Sydnee: Because there’s— And I think that there’s such a like comfort level with— You know, in medicine—

Justin: Squirting your own blood in your face?!

Sydnee: Well, it’s your own blood.

Justin: Yeah.

Sydnee: I mean I think that’s part of it, right?

Justin: Yeah.

Sydnee: Like there are times in medicine where we do transfuse someone with someone else’s blood, and we accept that there are risks to that. I mean, when I say, “risks,” I don’t mean to make anyone afraid of blood transfusions.

We have done everything absolutely possible to mitigate those risks, and the vast majority of the time, they go just fine, and thank goodness we gave someone the blood product. However, there is some risk to it.

And the thought is if you're just injecting somebody with their own blood, doesn't that seem pretty harmless? Well, what we know and what the whole impetus for this episode is that it—

Justin: Mm-mm.

Sydnee: — [chuckles] No, it's not always harmless.

Justin: Yeah.

Sydnee: Because there's— You still have to understand why you're doing it, what you're doing, explain the risks and benefits. I mean it's more complex than just "It's your own blood, who cares? Squirt it wherever."

So Dr. Sterm developed an entire line of skincare products, which you can find if you so desire. I imagine they're very like premium skincare products.

Justin: Oh yeah yeah yeah yeah yeah. You're not finding these in the bargain bin.

Sydnee: No. And—

Justin: [chuckles] Mainly 'cause it's got my blood in it, so if you see them, please just give them back to me.

Sydnee: And this really— [chuckles]

Justin: You wouldn't want them.

Sydnee: Well, and this really popularized this idea of like, "Why don't we start injecting this platelet rich plasma back into people's faces where we're concerned?" And so it starts— Again, it kinda started with these like targeted injections. I have— A lot of the kinda... like nasolabial folds, the wrinkles.

Justin: Sure.

Sydnee: Around the sides. I'm motioning so you can't see me. Going—
Extending down from your nose.

Justin: Yeah.

Sydnee: Along each side of your mouth.

Justin: Yeah.

Sydnee: That's a common area that people would start having
addressed.

Justin: Mm-hmm.

Sydnee: You'd get fine lines and wrinkles around your eyes, dark circles
under the eyes were a target for these treatments. So all of that started,
and then eventually that evolved into "You know... if we just abraded all
the skin at the same time, and then rubbed the blood all over the face,
then you don't have to pick and choose where you're getting these
injections."

Justin: Yeah, then you can just— [snorts] Just go for it.

Sydnee: It also makes the most of... you can draw the smallest amount
of blood possible if you're gonna spread it topically all over the face that
way. As opposed to having to inject it into different little pieces of the
face.

Justin: Okay.

Sydnee: So... that is where we get these treatments. And I think that
probably they would not have been as wildly popular did— had we not
had influencers. I mean similar to the orthopedic world, right? I'm certain
that when people found out Kobe Bryant had these injections done.

Justin: Well it's also—

Sydnee: They also wanted to get them done.

Justin: It's also, in an attention economy, something that is very eye-catching like— I mean, you can imagine that YouTube video headline, it writes itself, right? "I Got the Vampire Facial that's been Burning Up TikTok," whatever. You know what I mean? Like it's a dramatic thing, so it's easy to generate content from.

Sydnee: And there are tons of those articles, by the way.

Justin: Course.

Sydnee: So many people who saw the... the, you know, celebrities and influencers who had it done, and immediately ran and had it done too, and wrote an article about it. And does it work?

Justin: Thank you.

Sydnee: Does it work? So first of all, as I've said, this is not FDA approved. Now... it's tricky. This is considered— This is regulated differently than a drug. The FDA does not consider... the platelet rich plasma—

Justin: Your own blood a drug?

Sydnee: Well yes, [chuckles] your own blood is not a drug. So, it's regulated differently, and also like it's more regulated like medical devices almost. Human products and then devices, and all the regulation around that is different, and with devices not quite as restrictive.

Justin: Right, if you think about what's actually happening, making a law against it would be weird.

Sydnee: Right.

Justin: Like if you think about like ho— what are you banning exactly?
[laughs]

Sydnee: And so because of that, there isn't the same pathway to like— Like we would expect for medication, where we do studies in— You know, in a lab, and then in animals, and then in humans, and then look for all the— I mean like none of that has been done, and so right now these aren't FDA approved stuff.

The technology that we use to like, extract the platelet rich plasma, I mean like a centrifuge, all of that is approved, right? Like we know that, what we say we're doing, we're taking your blood out and were putting it in this machine, and we're getting this platelet rich thing.

Justin: Mm-hmm.

Sydnee: That technology has all been approved.

Justin: Yeah.

Sydnee: That's old.

Justin: Right.

Sydnee: So that part is approved, and there are some specific applications where they've tried this kind of thing in like bone grafting situations. So because of that sort of body of evidence, you will see some like kind of misleading language around it.

Justin: Mm.

Sydnee: Like it's not FDA approved, but it is using technologies... that have FDA approval.

Justin: Mm, okay. [laughs]

Sydnee: Do you know what I mean?

Justin: Yeah, like—

Sydnee: Like it—

Justin: Yeah yeah yeah.

Sydnee: — gets a little murky. It is considered FDA cleared. It's like an off-label use.

Justin: They're not actively trying to ban it? Is that— Yeah.

Sydnee: They're not trying to stop you. They're saying "We don't approve of this, but we also are not saying no. So it's up to you and your doctor to discuss it, and you need to discuss what—

This is an off-label use." And the idea of using something off-label is, again, that's not wild. Like we do that in medicine. There are— I have in my career many times discussed the risks and benefits with a patient of an off-label usage of a treatment. But what's key there is you need someone with appropriate expertise.

Justin: Right.

Sydnee: To be able to have that conversation, and then you need to ensure that the patient has informed consent, meaning they understand exactly why it's off-label, what could go wrong, what are the benefits. So then they can make an informed decision. And I think what's tricky about that is if you have this area of I hate to even say, "medicine."

Justin: [scoffs]

Sydnee: Where— I— We don't have... one, you— we don't only have board certified dermatologists doing this. That's great if you do. If you have a board-certified dermatologist, they can talk you through all this because they have the knowledge and training.

But if you have, like in the original article, if you've got an unlicensed spa with people who don't have that sort of knowledge and understanding doing these procedures, then informed consent becomes impossible.

Justin: Right, because you can't—

Sydnee: Because you cannot be informed.

Justin: Right.

Sydnee: And then the other part of it is what are they telling people it's gonna do for them? Because when I discuss risks and benefits, I'm very clear on "Here's what I know this would do for you, and here's what I can't claim."

Reviews from as recently as 2021 are still not showing clear evidence of improvement from these procedures. And when I say, "improvement," I mean they're looking at very— like very specific metrics. Are wrinkles less noticeable? Are fine lines less noticeable? Are dark circles less noticeable?

Like they are looking for very specific things. Acne scarring, that's always an area they're looking at. Are these things less noticeable? And they do not consistently show a benefit.

Justin: Ugh.

Sydnee: Part of this is because it's very subjective.

Justin: Right.

Sydnee: But then part of it is that they just aren't showing that yet. They're— The results are not statistically significant. And I will say, I looked at a number of before and after photos. I felt like I was... I don't know, like there was something wrong with my perception.

'Cause I was looking at before and after photos that to me, did not look that different. And so then I'm thinking like, "Is something wrong with— Like why am I not seeing the difference?" But then that's subjective.

Justin: Yes.

Sydnee: I'm looking at them, I don't see the difference, who cares? That's an anecdote.

Justin: Mm-hmm.

Sydnee: That doesn't mean anything. But right now the data's saying "Yeah, we're not sure. These vampire facials may not actually... do anything."

Justin: Mm-hmm.

Sydnee: And certainly we know that like whether or not platelet rich plasma may do something in joint injections, may be beneficial to help stimulate the growth and healing of tissues, which it might well be.

There's research that indicates it may well be. Right now, I don't have a study to tell you that paying \$2000 to have your own blood smeared on your face... is gonna do anything for you.

Justin: Okay.

Sydnee: And I mean and even the, you know, when you ask like—

Justin: I'll cancel that.

Sydnee: — your dermatologist, or the American Academy of Dermatology, like when they issue statements on what they think of this, basically what they say is "We're not sure. There's a lot of research that needs to be done, and it should only be done by board certified dermatologists who can have the kind of risk benefit conversation that an off label... treatment like this, you know, can do."

And it's only safe if you have all of the proper technique, sterilization of equipment, informed consent. Someone, you know, an operator who knows what they're doing.

Justin: Right, right.

Sydnee: And then of course... if you do have any sort of bleeding disorders, this is not something— I mean they are drawing your blood. So if— fi clotting and bleeding, if there are issues you already have, I would definitely talk to your medical professional, your own provider about it.

Justin: Okay.

Sydnee: Before seeking these out, because obviously they're taking your blood in the procedure. [chuckles]

Justin: For sure.

Sydnee: So.

Justin: 100%, can't deny it. [snorts]

Sydnee: Yeah.

Justin: Thank you, Sydnee. I'm disappointed that I won't be getting this procedure any time soon, but maybe for the clicks, maybe we'll do it for the clicks. Maybe we'll do it for the Vine, if they bring Vine back, then I might try it.

Sydnee: [chuckles]

Justin: Thank you so much for listening to our podcast, we hope you've enjoyed yourself. Thanks to the Taxpayers for the use of their song "Medicines" as the intro and outro of our program, and thanks to you for listening, we really appreciate it.

[theme music fades in]

Justin: That's gonna do it for us. Until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[outro theme music plays]

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