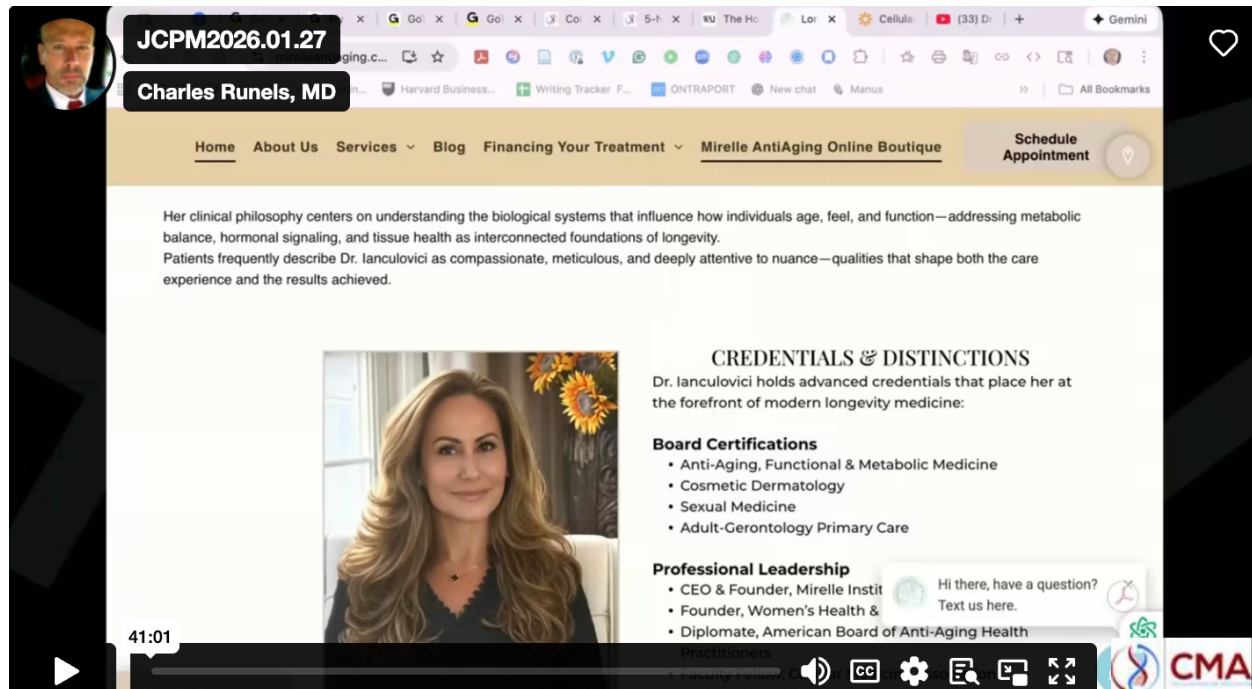


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The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of January 27, 2026, with Charles Runels, MD.

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



Topics Covered

- What to Always Remember When Treating Hair Loss (PRP is Not Always the Answer)
- Vampire Facial® Improved for Treating Acne Scars when Adding Vitamin C Serum to the PRP
- What about Exosomes Post Vampire Facial® Procedure?
- Oral Lichen Sclerosus
- Intravaginal Testosterone and the O-Shot® Procedure
- **Dr. Corina's Story of Growth (with Strong Tips about Avoiding the Internet-Dr-Rip-Off Artists)**



Charles Runels, MD

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

Transcript

Charles Runels:

Welcome to our Journal Club. I think you're in for a special treat today. I first met Corina, Dr. Corina Ianculovici, at a conference in Boston, probably 10 years ago, and she was bright, energetic, and articulate, quickly learned our procedures, and became outstanding at both performing and teaching them. And something happened to her recently. She's also an excellent businesswoman and has a strong following. And recently, an expert offered to help her and crashed her Facebook account.

So I asked her to come on today to both comment on our research and to tell her story, hopefully for everyone's benefit, to help us know how to avoid the censorship of Big Brother. Let me pull her onto the call for just a moment. Let's see. Corina. All right, you should be able to talk now.

Are you there?

Corina Ianculovici:

Hello. Yes, I think so.

Charles Runels:

Beautiful. Well, I am so grateful that you made time for us at the new time. I've gone back and forth. I like Tuesdays, and I like two o'clock or 03:00 PM New York time because it puts us at bedtime across Europe and most of Asia. When we do 09:00 PM New York time, it puts us in the middle of the night. But I'll just confess, I moved it in the evening, and I'm just not as smart in the evening. So I moved it back to the afternoon. So thank you for showing up.

Before we get to your story and discuss ways that you are recovering from the Facebook drama and some ideas that I might have to offer our group today, just help me go through the research. Lately I've been trying to keep our meetings between 30 minutes and 45 minutes but I'm going to go through the research. And a lot of the topics I know you're expert at both with experience and understanding the research, so jump in whenever you want. But thank you for being on the call. Let me swap to what we're looking.

Corina Ianculovici:

Thank you for having me.

Charles Runels:

Yeah, let me swap over to what we're looking at and we'll just dive in. But I'm going to just let go shortly so you can tell your story and what happened to hopefully save us from similar drama. Hold on just a minute.

What to Always Remember When Treating Hair Loss (PRP is Not Always the Answer)

So this first one is just a reminder and I had to pay for this one. It's not open source, but I'll run through it and so you don't have to read it. It's a reminder when we treat hair, and we all do, most of us treat hair, it's a reminder of other things that can cause hair problems, just so that we remember to think about it.¹

So autoimmune disorders, rheumatoid, I think about lupus, but I don't always think about psoriasis and rheumatoid. Sjögren's syndrome, vitiligo, and endocrine problems.

You'll see the list there. Hashimoto's. We all know about diabetes, but Cushing's syndrome, not just diabetes mellitus, is a cause.

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Infectious disease. I haven't seen a case of syphilis causing alopecia, I don't think ever, but it's on the list. And COVID, we actually covered COVID during COVID about how it can cause alopecia and we covered a paper that showed that it responds to PRP.²

And then, of course, chronic kidney disease. But Crohn's and ulcerative colitis are not something on the top of my list.

Any comments on this paper?

Corina Ianculovici:

So I don't see it at a glance in this paper, but I recently had a paper on Epstein-Barr being linked to autoimmune disease. I have to find it. So, as a functional medicine specialist, I look deeper and deeper to really get to the root of the problem. And recently I saw this paper and it made sense. Even non-detectable levels could cause later autoimmune disease.

Charles Runels:

Yes, and that's a good point because I know personally, actually I had COVID twice, and I confess some of you may, I don't know, you may exit the call when I'll tell you this, but I never had the immunization,

¹ Bose et al., "Beyond the Follicle."

² Gentile, "Preliminary Investigation on Micro-Needling with Low-Level LED Therapy and Growth Factors in Hair Loss Related to COVID-19."

but I got immunized by having it twice and stayed alone and somehow survived it. But it reactivated Epstein-Barr virus, I mean full-blown reactivated it with me and that's a known sequelae to COVID.³ But I did not know that Epstein-Barr was associated with hair loss. So thank you for sharing that with us.

Vampire Facial® Improved for Treating Acne Scars when Adding Vitamin C Serum to the PRP

All right, let's jump into the next one. We have intradermal. They just used a roller in this one for microneedling acne scars, and then they injected PRP both sides, and this was a double spin centrifuge they used, and then they applied vitamin C serum on one side and not the other and documented that both sides improved.⁴ This one I can give you, it's open source. Both sides improved, but the side with vitamin C serum and PRP outperformed the side with just roller microneedling and PRP (without the Vitamin C).

And we've covered other techniques. There were a couple of papers showing that if you did microneedling and TCA, it actually outperformed microneedling with PRP for acne scars, so I sometimes alternate: do one, then six weeks later do the other.⁵

But I've never... I don't know why I've never used vitamin C serum combined with the PRP.

Any comments on this one, Corina?

Corina Ianculovici:

I usually recommend vitamin C applications after as a post-treatment protocol and yeah, that's really nice.

Charles Runels:

Which pen are you using?

Corina Ianculovici:

I'm using RF Microneedle. I'm using the Genius right now. I use the Skin Pen, but the supplies are getting very expensive and I find it's not as effective as when we push down energy along with the micro injuries. So I like the Genius by Lutronic.

³ Bernal and Whitehurst, "Incidence of Epstein-Barr Virus Reactivation Is Elevated in COVID-19 Patients."

⁴ Seshagiri et al., "Comparative Evaluation of the Efficacy of Intradermal Platelet-Rich Plasma with and without Vitamin C Using Dermaroller for Postacne Atrophic Scars - A Clinical Study."

⁵ El-Domyati et al., "Microneedling Combined with Platelet-rich Plasma or Trichloroacetic Acid Peeling for Management of Acne Scarring."

Charles Runels:

And that one has... So that's a radio frequency device. I'm not familiar with that brand.

Corina Ianculovici:

It's a radio frequency device. And what I like about it is that the heat in the needles is controllable as opposed to the Morpheus where we have no control over the amount of heat. And there have been incidents of melting precious fat in the face, the Morpheus, but the Genius does not do that because we have to follow the needles.

Charles Runels:

Beautiful tip.

I know that I have experienced both and have done both and there's no doubt when you add the radio frequency to the microneedling, it does increase the tightening, doesn't it?

But one of the just general principles of microneedling is it's making the skin open to... It's breaking the skin barrier, so if the skin's able to absorb better than it normally would, so I have used Retin-A post microneedling immediately following, but I haven't used vitamin C serum,

Let's see. Let's jump over to the other one.

What about Exosomes Post Vampire Facial® Procedure?

Corina Ianculovici:

Have you tried exosomes and biosomes?

Charles Runels:

I admit my post-traumatic stress. My post-traumatic stress syndrome is that I've had just about every three-letter person in my office, the IRS, the DEA, the FDA, all of them. And I know that I don't criticize the use of exosomes, and I know many in our group get great results with it. I'm still tiptoeing around it because of the regulatory issues. But if you've got one you're using, tell us about it and how you use it.

Corina Ianculovici:

Yes, I use the AnteAGE MD. AnteAGE MD is primarily a skincare brand with exceptional products, including small packets of cytokines we can buy, and they also sell exosomes for topical application, which is legal.

We're not allowed to inject them, but topically, exosomes are legally allowed to be applied. So I purchased kits from them, and you mix them when you use them. And now they recently released the biosomes, the PDRN, which, I know you're probably aware, is very hot on the market.

Charles Runels:

So you're applying exosomes and vitamin C post microneedling or one or the other? How are you choosing?

Corina lanculovici:

So I apply the exosomes when the patient is in my office, so I microneedle. I also go with the ultralaser, so I call that a total skin solution. So I think of microneedling as building a house: putting up the pillar, then painting it with a laser.

So we create microchannels in both directions, then I apply exosomes, and I send the patients home

with home care, and they're instructed to apply vitamin C and other products depending on what their skin needs.

But the results are absolutely amazing. I have pictures one week later and sit in my chair and they're like, "Wow."

Charles Runels:

I think you guys have figured this out already, but Corina has been very successful both as a clinician and as a businesswoman. I think you're probably starting to get a feel for why.

One of the cool tips you taught me probably two years ago, Corina, was that you would use just liquid lidocaine to microneedle first to help with lidocaine. Do you still do that trick, or do you have something else you're doing now?

Corina lanculovici:

Well, I use topical cream now, but if I notice that the patient is uncomfortable, apply topical lidocaine to present and it does wonders.

Charles Runels:

Beautiful. So it's a backup. You use the cream, and then if they still look uncomfortable, you just brush on plain 2% lidocaine and microneedle that, and then follow it with your treatment. See, I thought that was a great tip, and that's how I'm using it. I don't know if you did it for every patient, but I have used that and taught it ever since you shared it in the Journal Club recently.

By the way, [Corina has an upcoming class in February, so I'll put a link to it in the chat box.](#)

Oral Lichen Sclerosus

Within a month, I had two people; actually, within a week's time, I had two people text me about something that otherwise I hadn't been asked about in 15 years: oral lichen sclerosus instead of oral lichen planus. But we've had quite a number of articles, of course, about lichen sclerosus of the genitalia,

and here's a review article that came out within the past week or so about using PRP for lichen planus⁶, but I've yet to see oral lichen sclerosis.

I don't know if anybody else on the call has had that, lichen sclerosis of the mouth, and how it might've responded to PRP, because I do get that. I got that question twice in the past month. Do you have any experience you'd like to share, Corina?

Corina Ianculovici:

I don't have any experience with that. I have never seen a patient with that.

Charles Runels:

Yeah, I thought that was odd too.

Note: If you have something to teach us about oral lichen sclerosis, please teach us! [Send info here and we will put you on our next journal club.](#)

Intravaginal Testosterone and the O-Shot® Procedure

Let's see. This one, intravaginal testosterone. We all know that. And before there was ever... But I bring it, I'm going to relate it to our O-Shot® in a moment with research that I finally have been working on it I guess for 10 years.

I'll just tell you the story, come back to the paper.

So we published the first paper about using PRP in the genitalia in 2014⁷, and then two different meta-analyses in the past six months or so show that now the number of our review articles shows the number of papers about PRP and the female genitalia, the number is over 3,000.⁸

One of the criticisms is there's no standardized protocol. Of course we have a standardized protocol and I've always been more lucky than smart and I had the idea before we had a lot of the tools we have now in 2014 pieced together something that now wouldn't have to be pieced together that many of you participated in. 221 of our providers participated, and I think you were one of them, Corina.

⁶ Kumar et al., "Comparison of Platelet Rich Plasma and Injectable Steroids in the Treatment of Oral Lichen Planus."

⁷ Runels et al., "A Pilot Study of the Effect of Localized Injections of Autologous Platelet Rich Plasma (PRP) for the Treatment of Female Sexual Dysfunction."

⁸ Willison et al., "Application of Platelet-Rich Plasma in Gynaecologic Disorders."

But the deal was that after you see someone and do an O-Shot®, you put their cell phone number and SMS number into a form that's password-protected on our membership website. Then that form went to...

And the person's name was not entered by the way. That form went to form. That form was embedded in our membership website, but it was connected to Ontraport and then Ontraport collected the SMS number and then would send a text message that day, three days, three weeks, three months, six months, and a year asking them to participate in a survey which is Female Sexual Distress Scale, which was bedded into a HIPAA-compliant component of SurveyMonkey. And I just let that data run for a decade. We were a few months short of a decade.



And then I pulled it up. I didn't forget about it, but I didn't look at it for that long for probably five or six years. And I pulled it up and it had been so long I had to give SurveyMonkey another seven grand before they would unlock it and let me see the data because they had locked me out of it, but it kept collecting, even though... I had the HIPAA-compliant part of our subscription was working,

but it would lock me out from seeing the data.

So they held me hostage. Anyway, I got to it and then analyzed it for the past six months or so, seven ways from breakfast, and it looks like it's going to show that our O-Shot® decreases female sexual dysfunction an average of about eight, and surprisingly continues to improve. I thought it was maxing out at three months, but it's maxing out around six months and it's sustained for a year.

And so anyway, I'm pretty sure we'll get this paper published somewhere. I'm not sure where, but I finally did the final edit on it this morning and I hope to submit it tomorrow. So we'll see. But I'm bringing all that up to tell you thank you to the 221 people who helped. I see some of them on the call. I'm grateful to you. And there will be an acknowledgement. I don't think they'll list all the names, but the names will be given to the journal, whoever accepts it and probably available in some way. So anyway,

keep that number in mind, eight. And around 40%... And eight is considered by the way, a life-changing improvement on female sexual distress.^{9,10}

Placebo is usually comes in around four and a remarkable improvement is usually 10. And I'm not guessing at those numbers. So that's why I brought this up.

So I'm showing you here that in this paper, the Female Sexual Distress Score dropped by about 10 when you use testosterone cream in the vagina¹¹, which is what I use with great results. People not in our group, but for some reason most gynecologists still forget that the vagina has receptors for testosterone.

So I treat a lot of dyspareunia in that way and you can do it in such a way, you don't get an appreciable increase in the serum level. So you can do it for people who are afraid of it and worried about acne and all that. And then if they want, you can give them the pellets or whatever in addition to that. But remember that number, it's about 10.

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And then this paper that came out fairly recently showed that lifestyle modifications very successful and improved it by about six.¹²

So remember that, six to 10. And so let's throw it in. Where does flibanserin come into the spectrum? Flibanserin... And just to remind you, flibanserin this past December was finally approved for postmenopausal women. Up until then, it was not approved for anyone except premenopausal women with decreased desire. And now it's postmenopausal women, but they still limit it to less than 65 years old.¹³

So you're over 65, and you're a woman, in my opinion, you still have a lot of sex left in you, maybe some of the best sex of your life, but you're still walled out from flibanserin. Let me find the chart, if you look at the change in female sexual distress, it's around eight.¹⁴ So it's right in there with what we'll be

⁹ "Female Sexual Dysfunction."

¹⁰ DeRogatis et al., "Validation of the Female Sexual Distress Scale-Revised for Assessing Distress in Women with Hypoactive Sexual Desire Disorder."

¹¹ Davis et al., "Intravaginal Testosterone Improves Sexual Satisfaction and Vaginal Symptoms Associated With Aromatase Inhibitors."

¹² Steinberg Weiss et al., "Lifestyle Modifications Alone or Combined with Hormonal Contraceptives Improve Sexual Dysfunction in Women with Polycystic Ovary Syndrome."

¹³ Clarke, "FDA Approves Flibanserin for Hypoactive Sexual Desire Disorder in Postmenopausal Women | Urology Times."

¹⁴ Kamrul-Hasan et al., "Role of Flibanserin in Managing Hypoactive Sexual Desire Disorder in Women."

showing. Let's see, placebo, yeah, this is the Female Sexual Distress Scale revised. So the same thing that we administered for O-Shot®, and you can see where the change is happening, it's in the range of what we're seeing, which is around six.

So that paper will be coming out soon and I hope to bring some press and attention to it and hopefully fresh attention to our procedure, both O-Shot® and Clitoxin®. [In the Clitoxin® study we published last year, the FSFI beat flibanserin; you could have used flibanserin as a placebo, and we still would've shown benefit.](#) It was that much more dramatic, flibanserin on FSFI. If you look at the meta-analysis, it only boosted it by about 5 or 6, and we were at 8 with botulinum toxin alone, and it bumped to 12 off the chart when you combine the O-Shot® with Clitoxin®.

So anyway, that's all the papers I had for you today. And any comment on that? Or if not, let's just go on out because I know people are eager to hear your story about what happened with Facebook, but do you have any comments about... Have you used Clitoxin® yet?

Corina Ianculovici:

Yes, I did. I did. And as a matter of fact, I have the podcast about that. My latest one mentions Clitoxin® and how it works.

But anyway, I just came back from a conference in December from A4M, and I met the company there that... You know, peptides are controversial, and I'm very afraid of the three letters, love letters. But there's this company, InstaMed, and I don't know if you guys are familiar, they came up with an intraoral like sublingual peptides, basically intrabuccal, right?

And they have these PT141 strips that apparently enhance the desire, arousal, and oxytocin level to increase all that and improve sexual health. So I don't know if anybody's interested, but I brought back all this information, brochures, and goodies from those conferences. So something-

Charles Runels:

Are they combining oxytocin with PT141?

Corina Ianculovici:

Yeah, the company is called InstaMed, and you can look them up and you can set an account with them. So it's basically like a Listerine strip, right? And you put it in. So the goal is to absorb it either through your buccal or your palette because it's highly vascularized.

Charles Runels:

At one time, I know you were offering sublingual oxytocin to your patients as like other people offer coffee when they come into the clinic. Are you still doing that?

Because I thought that was a great idea. Sometimes I'll do a subdermal oxytocin injection. Not every day, but every now and then, you get the afterglow of an orgasm when you don't have time to actually have sex. I think it's an interesting feeling. Are you still doing that some?

Corina Ianculovici:

I'm not doing the oxytocin, but I used to order it from Tailor Made Compounding, and since they got in trouble, I was afraid to order from them. So yeah, I haven't used that in a while. But yes, it worked well, especially with those painful procedures; it really, really helped.

Charles Runels:

Beautiful.

So I see a comment here from Tikia. If I said that O-Shot® decreases FSFI, that was wrong. I'm getting my directions mixed up. **But an improvement of course with female sexual distress, it goes down, FSFI goes up.**

And in most studies, women who are having great sex come in around 30, and the ones who are complaining come in around 20, give or take. And so, an improvement back to if you're complaining with sexual dysfunction and you're trying to make it to where your hypersexual sister is, you probably need an improvement of 10. The problem is that all three on-label FDA drugs, including flibanserin, don't bump you that much. Hence, there is a need for combination therapy.

If you think about it, if you're in pain, when I was an ER doctor, I see Emily on the call, if you're an ER doctor, you used to reassure people, even as an intern, when I would diagnose someone with cancer, I would make them a promise that I will always have more pain medicine than you have pain. And you can make that promise. You give me enough morphine, you may go to sleep. And I would sometimes give Ritalin low doses so they could be awake and out of pain, but I can make your pain go away. You don't have that promise you can make with female sexual dysfunction. There's not a drug that you can say, "I can give enough of this to you and you're going to have great sex." We don't have that. And you can prove it mathematically by just looking at...

Thank you for correcting me, Tikia, because I said that wrong. So I cannot raise it more on the average, mean is about five, and flibanserin actually did better than the others. The others barely beat usual placebo raises FSFI about four. Well, our O-Shot® combined with Clitoxin®, if the other studies prove what we showed in this, our little pilot study is the only thing in the market that bumps a mean of over 10. Nothing else does that.

Now, to make sure I got my directions right in case I said it wrong, it's the reverse, of course, with female sexual distress and improvement is distress is going down. And usually 11 or more is considered distress. And if you can take it down by eight, it's considered a life-changing event for the better. And if you can make it go down by 10, it's dramatic. And as a reference points, lifestyle changes, bump it down by about six. Most of the placebo arms are usually come in around four. Testosterone dropped it by 10. Flibanserin dropped it, mean was about eight.

And on a more practical level, the studies show that if you take flibanserin and risk the side effects of dizziness and you're off-label if you pass 65, you get an extra one sexual encounter per month. So it's a good drug. But if that's the best we've got from the FDA approved, there's definitely still a need for what we're doing.

Okay, I need to be quiet because I know a lot of people want to hear your story. Some of them don't know you enough to respect you and love you the way I do. Can you tell them just briefly what you were doing before we met, how your practice developed after our course in Boston? And I know you've gone to other places, you're always out there learning, but what your path was, and you've been successful financially and as a clinician, but then what happened recently with Facebook, and what lessons can we learn? Go for it.

Corina Ianculovici:

So we met-

Charles Runels:

Wait a second. Before you start, I want to make sure, I'm sorry to interrupt. [I put a link to Corina's YouTube channel in the chat box.](#) And because of the recent drama with Facebook, and because she's blessing us with being an open book today, please [go there, subscribe](#) to her channel, and like it, because she's trying to blast it to a different level.

Share if you see a video there that might be helpful to your patients (and I know you will). Just give her some love on her YouTube channel. Okay, I'll be quiet now. Go for it, Corina.

Dr. Corina's Story of Growth (with Strong Tips about Avoiding the Internet-Dr-Ripp-Off Artists)

Corina Ianculovici:

So we met in 2010. Time flies.

Charles Runels:

Wow. More than 10 years. Holy smokes.

Corina Ianculovici:

Boston was our second time when I went. So in 2010, remember I came, you were teaching the Vampire Facelift®.

Charles Runels:

Oh, that's right.

Corina Ianculovici:

Yes. Yeah.

Charles Runels:

Really early, 16 years ago. Wow. That was when I was just starting to teach. There probably weren't more than one or two people in that course. Yeah.

Corina lanculovici:

Mm-hmm. Yeah, we were like five, six people, right? And then Boston was O-Shot®. Remember? You did my O-Shot® for me, I modeled for everybody.

Charles Runels:

Yes. Brave lady. Smart women are often brave too. So thank you.

Corina lanculovici:

So yeah, so I started my practice in 2010 when I, right, shortly before I met you. And the Vampire Facelift® was one of the first procedures that I started doing after I learned Botox and fillers. And it was a blessing. We developed that to a certain degree now, and it's still very much sought after. Women like that a lot. It feels more natural, delivers more natural results. So everybody's happy with that. And so I grew with you pretty much. I started in a small two-room location and now I have my whole clinic, my whole building. And I've been doing well. In aesthetics, I started in aesthetics, but then, because I don't know where you guys are, but in New Jersey, where I am on the Jersey Shore, there is a med spa on every corner. There are 10 in a one-mile radius. So aesthetics are not... Some people decided to compete for cheap. So aesthetics are no longer desirable.

So I branched into longevity now. That's why I went on to do a postdoctoral fellowship in functional medicine. And that has been my saving grace.

So I'm more focused on regenerative aesthetics now, as opposed to just regular aesthetics.

So recently, not that recent, about two years ago, I went to one of our Lutronic conferences and you know how they have different companies sponsoring them, and there was a marketing company there that I decided to try because we go to a conference, we assume that they don't allow anybody who's not gotten a reputation or trust to advertise there. So long story short, these people created an ad account linked to my name. So it's basically linked to Corina, to my personal account.

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We tried them for two months, but they weren't performing. I figure 4,000 later and nothing back to show for it. I said, "Let's part, I'm not going to continue this." And in retaliation, they must have done something. To this day, I do not know what happened, because Facebook has restricted me permanently and irrevocably, so I no longer can run ads on Facebook and I don't even know why. So the moral of the story is just be very careful who you hire for your ads and what level of control you give these people because every marketing company out there is going to tell you that they're the best and they can do... I had no recourse. I tried Facebook, there's nobody to speak with. Several specialists have tried to get my Facebook unlocked. We even tried to create different pages for the business and every time we were blocked. So Facebook was a very strong algorithm for that.

So being that on Google, we cannot say anything for fear of shaming people or naming drugs or my Facebook is locked. So we need to have different means to get our word out there. And so I started my YouTube channel and I'm trying to deliver information that's valuable to everyone, professionals, and patients. So I would-

Charles Runels:

Let me make a couple of comments. I want to hear more in a moment, but let me catch up with you for a second and share something else that relates to what you're doing. By the way, I've been banned from advertising on Facebook, Instagram, Twitter before it was X.

Corina lanculovici:

Yeas. Instagram too. Instagram too because they're linked, right?

Charles Runels:

I've banned from... Lost a whole YouTube channel and my Google Ads account recently I was able to resurrect it, but it was banned. I even tried to do just an educational thing on my fans or OnlyFans, whatever the porn thing is. I thought, well, they want to know about sex. They banned me.

Corina lanculovici:

Oh my God.

Charles Runels:

And to give you a hint for those on the call of what's happening, I bought some stock photos as part of a software package I bought and the stock photos were a upsell. I buy it, and then when I read the disclaimers, you could not use it to do things like sell body parts, sell illegal drugs, or people's reputation. It went on and on. And in the list of horrible things you couldn't do, it was advertise medical procedures. And if you remember what happened with PRP, we could run ads about PRP or Google and many of our people were until the thing happened with HIV. And then suddenly Google changed their policy even though those people were not in our group. And now they're rightfully in prison that gave some people HIV with microneedling. They were reusing needles and doing horrible things. But after that, Google's afraid they're going to be sued if they're between us and a patient with a bad outcome.

Now, I found out I was on Facebook's dangerous people list. I don't know how I got on the dangerous, like up there with terrorists and stuff. I'm not sure how that happened. I think... Well, I have some theories about why it might've happened, but that's a whole different story. But I'm not a dangerous guy. I also hired some people at \$40,000 a month and they got me off the dangerous people list, and then when they handed the account back over to me, they killed it again. So I want to come back to your story and talk about ways you're dealing with it in ways that it might be dealt with. Let me show something else first. Hold on. So I put a link, actually I'm going to... I think it didn't... This is a Wall Street Journal article that's password protected, but it gives me... because I subscribe, I can give you this link.

So I'm going to put it in the chat box too, and I highly recommend that you read it. So look in the chat box for this one.

Let's see. There we go. And I'm just going to breeze through it. This came out right before COVID. You see this is 2019 and even before COVID, I'll just cruise through it. It says, "Kids think it's archaic, but for brands, creators, and businesses of every kind, the emerging medium of choice to reach audiences is the only guaranteed delivery option the internet has left: email." That's all you got that's online as far as an outgoing message that is not censored except after and during COVID, MailChimp started censoring emails. So if you have... And one of our people lost their email account for talking about PRP in MailChimp, so kill MailChimp and swap over.

They talk about social media is an ever-rising cost. And they talk about the censorship. And they even get... this would be very politically charged after COVID, but they even talk about the fear that could be justifiably had at the idea of what we read being censored. So the bottom line is that ironically, they use MailChimp as an example of not censorship. And then soon after that they started censoring. But read the article, I put a link to it and hopefully it'll work, it allows me to give it to you even though it's behind the paywall on The Wall Street Journal. And so what I recommend is you've got two, you've got several things. You have email that can go out, you can still make a web page or a website and say what you want to on it. You just can't run an ad to it. But if someone's on your email list, you can send an email to them that takes them to that page.

And on the page you can have a video. And my strong recommendation, Corina, is that even YouTube has some pretty strong censorship stuff. And having lost a channel, I recommend you do two things. Get yourself a Vimeo account. And in the Vimeo account they are less... it's a paid account, but for the videos you put on your website, people won't find them as much if they're searching, they're less likely to go viral. But if you have a website with a video on it, there's less picky about if being a doctor and they're less picky about nudity and talking about sex and doctor stuff.

And then the other thing I found is if you have a video, before you post it, if you'll go just get the highest version of the ChatGPT thing, 5.2 I think it is. I'm sure it works with all the others too. And probably most of you have more than one AI thing, but if you give the video to the Chat, it will watch it, transcribe it, and tell you what part of it is likely to get your channel taken down by YouTube. And then you can either edit it or take that one and put it on Vimeo, use their suggestions and make another one to put on YouTube. But I'm telling you, they are, they're brutal too. Having lost a channel that had lots of followers and lots of views, and it's the same thing. Of course, once it goes away, you can't talk to anybody.

Now you can also, if you want to do it, host your own videos on your own server. But that's expensive and time-consuming. So I'll recommend Vimeo. I have over 900 videos on Vimeo. I have about a dozen on YouTube and I'm going to experiment now that I have Chat to help me. In the past if something went down, you don't even know which rule you broke as you found out, but I'm hoping using the Chat, it knows the rules and it can help me know what I can put on YouTube without getting taken down. So I recommend everybody use that tool. And I have-

Corina Ianculovici:

Yeah I use Spotify as a backup for my podcast because most of those are podcasts, they're not really videos. So I use Spotify as a backup for that. I don't know, but I just started so I'm novice to that.

Charles Runels:

Also, I was going to offer everybody, I know I gave it to you today, Corina, but-

Corina lanculovici:

Yes. Thank you.

Charles Runels:

... I went through, I had some people ask me a couple of years ago to do this course and I took a week at a time and did two hours a week for six weeks and I added on some extra stuff at the end. But it's my sort of, it's not sort of, it is the system I use. And I'll walk you through. My theory is that all you really need is emails, a web page. You need some videos and pictures on the page. You need a button where they can make an appointment, and you need forms you can fill out. And I call it the five-note system. It's a metaphor. Every Chinese song is on the pentatonic scale and all the Black spiritual songs, you can play them on the five notes, the pentatonic scale. They don't have do, re, mi, fa, so, la, ti. They don't have the whole scale.

And if you can sing every Chinese song that's been written for the past 2,000 years, which is five notes, you ought to be able to market with just five things. So that's the metaphor I use. And anybody on this call that wants it, if you'll send an email or call my office, just the people on the call, normally I sell it, but if you will send me an email at Dr. Runels, I'll put it in the chat box. I will give it to you if you don't have it already. Drrunels@cellularmedicineassociation.org. If you send an email to that today and tell them you want the password for it, go to it.

There was a lady in Pensacola that is now one of our teachers. She first did my Botox course, then she did this. In about six months, she was so busy, she hired a partner and she's grown like crazy. And this is what she's doing. She's not paying for ads.

Now, you might start seeing some ads because recently got my Gmail account unblocked mostly so I can advertise for the group, not for me. Doing this is all you need to explode your practice. If you're going to do social media, I recommend you just really do safe and get it screened by Chat.

Okay. Any other tips for the group, Corina before we shut it down? And I'm so grateful that you... So many people have been-

Corina lanculovici:

I can't think of anything right now. Oh, yes. Another thing I learned recently, so we had an email info at... No, we had mirelleantiaging@gmail.com. Just know that Google filters you, places you in spam if... I was wondering why our patients aren't getting the emails. We had a very low open rate, so you need to have an email at your domain because Google filters you. But when we used the Gmail, we were spam, spam, spam.

Charles Runels:

Yes. I went on to put my spam filter all the time. I copy myself on the emails that I send out and even I can't email myself. And a quick tip about that, if you ask people, it used to be that if somebody clicked on a link, it was enough to tell the people that or tell Google or whatever, that you're legit and you're not spam. But now it's more powerful if you can get the person to actually answer your email with an email.

Corina Ianculovici:

You're cutting out. I can't hear you anymore.

Charles Runels:

Oh, sorry about that. I said that if you can get people to answer your emails, it gets you whitelisted better than even if they whitelist you or click a button. That's just another little tip about that. Anyway, I'm so happy that you're on the call, Corina, and I know that nothing's going to keep you down for long, so keep going and let me know if we can help.

And everybody in the call, you have now a link to Corina's upcoming class, which I highly recommend. You can tell she's got lots of pearls, I learn from her every time we speak. Also, put a link to her YouTube channel, please go there and subscribe. Share her videos if you think it will work and I'm sure it will to help your patients. And also, I put a link to that Wall Street Journal article and if you will send us the email, we'll give you the Five Notes course.

Thank you, Corina. It's always a pleasure to talk.

Corina Ianculovici:

Thank you so much. Thank you. A pleasure. Thank you.

Charles Runels:

bye-bye.

Corina Ianculovici:

Bye-bye.

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References

- Bernal, Keishanne Danielle E., and Christopher B. Whitehurst. "Incidence of Epstein-Barr Virus Reactivation Is Elevated in COVID-19 Patients." *Virus Research* 334 (June 2023): 199157. <https://doi.org/10.1016/j.virusres.2023.199157>.
- Bose, Debalina, Depti Bellani, Raji Patil, Khusboo Jamasbi, Rinky Kapoor, and Debraj Shome. "Beyond the Follicle: A Narrative Review on How Systemic Diseases and Drugs Affect Alopecia." *Pharmaceutical Medicine*, ahead of print, January 21, 2026. <https://doi.org/10.1007/s40290-025-00600-y>.
- Clarke, Hannah. "FDA Approves Flibanserin for Hypoactive Sexual Desire Disorder in Postmenopausal Women | Urology Times." January 21, 2026. https://www.urologytimes.com/view/fda-approves-flibanserin-for-hypoactive-sexual-desire-disorder-in-postmenopausal-women?utm_source=chatgpt.com.
- Davis, Susan R., Penelope J. Robinson, Fiona Jane, Shane White, Michelle White, and Robin J. Bell. "Intravaginal Testosterone Improves Sexual Satisfaction and Vaginal Symptoms Associated With Aromatase Inhibitors." *The Journal of Clinical Endocrinology & Metabolism* 103, no. 11 (2018): 4146–54. <https://doi.org/10.1210/jc.2018-01345>.
- DeRogatis, Leonard, Anita Clayton, Diane Lewis-D'Agostino, Glen Wunderlich, and Yali Fu. "Validation of the Female Sexual Distress Scale-Revised for Assessing Distress in Women with Hypoactive Sexual Desire Disorder." *The Journal of Sexual Medicine* 5, no. 2 (2008): 357–64. <https://doi.org/10.1111/j.1743-6109.2007.00672.x>.
- El-Domyati, Moetaz, Hossam Abdel-Wahab, and Aliaa Hossam. "Microneedling Combined with Platelet-rich Plasma or Trichloroacetic Acid Peeling for Management of Acne Scarring: A Split-face Clinical and Histologic Comparison." *Journal of Cosmetic Dermatology* 17, no. 1 (2018): 73–83. <https://doi.org/10.1111/jocd.12459>.
- "Female Sexual Dysfunction: ACOG Practice Bulletin Clinical Management Guidelines for Obstetrician–Gynecologists, Number 213." *Obstetrics & Gynecology* 134, no. 1 (2019): e1. <https://doi.org/10.1097/AOG.0000000000003324>.
- Gentile, Pietro. "Preliminary Investigation on Micro-Needling with Low-Level LED Therapy and Growth Factors in Hair Loss Related to COVID-19." *Journal of Clinical Medicine* 11, no. 19 (2022): 5760. <https://doi.org/10.3390/jcm11195760>.
- Kamrul-Hasan, A. B. M., Mohammad Abdul Hannan, Muhammad Shah Alam, et al. "Role of Flibanserin in Managing Hypoactive Sexual Desire Disorder in Women: A Systematic Review and Meta-Analysis." *Medicine* 103, no. 25 (2024): e38592. <https://doi.org/10.1097/MD.00000000000038592>.
- Kumar, Ajay, Adit Srivastava, Neha Sah, et al. "Comparison of Platelet Rich Plasma and Injectable Steroids in the Treatment of Oral Lichen Planus: A Systematic Review and Meta-Analysis."

National Journal of Maxillofacial Surgery 16, no. 3 (2025): 407–16.
https://doi.org/10.4103/njms.njms_18_25.

Runels, Charles, Hugh Melnick, Ernst Debourbon, and Lisbeth Roy. “A Pilot Study of the Effect of Localized Injections of Autologous Platelet Rich Plasma (PRP) for the Treatment of Female Sexual Dysfunction.” *Journal of Women’s Health Care* 03, no. 04 (2014).
<https://doi.org/10.4172/2167-0420.1000169>.

Seshagiri, Ratna Deepika, Lakshmi Shetty, Tanaya Surpur, Vishal Kulkarni, Akhilesh Kumar Singh, and Uday Londhe. “Comparative Evaluation of the Efficacy of Intradermal Platelet-Rich Plasma with and without Vitamin C Using Dermaroller for Postacne Atrophic Scars - A Clinical Study.” *National Journal of Maxillofacial Surgery* 16, no. 3 (2025): 530–40.
https://doi.org/10.4103/njms.njms_78_24.

Steinberg Weiss, Marissa, Andrea Hsu Roe, Kelly C. Allison, et al. “Lifestyle Modifications Alone or Combined with Hormonal Contraceptives Improve Sexual Dysfunction in Women with Polycystic Ovary Syndrome.” *Fertility and Sterility* 115, no. 2 (2021): 474–82.
<https://doi.org/10.1016/j.fertnstert.2020.08.1396>.

Willison, Nadia, Fariba Behnia-Willison, Pouria Aryan, et al. “Application of Platelet-Rich Plasma in Gynaecologic Disorders: A Scoping Review.” *Journal of Clinical Medicine* 14, no. 16 (2025): 5832.
<https://doi.org/10.3390/jcm14165832>.

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