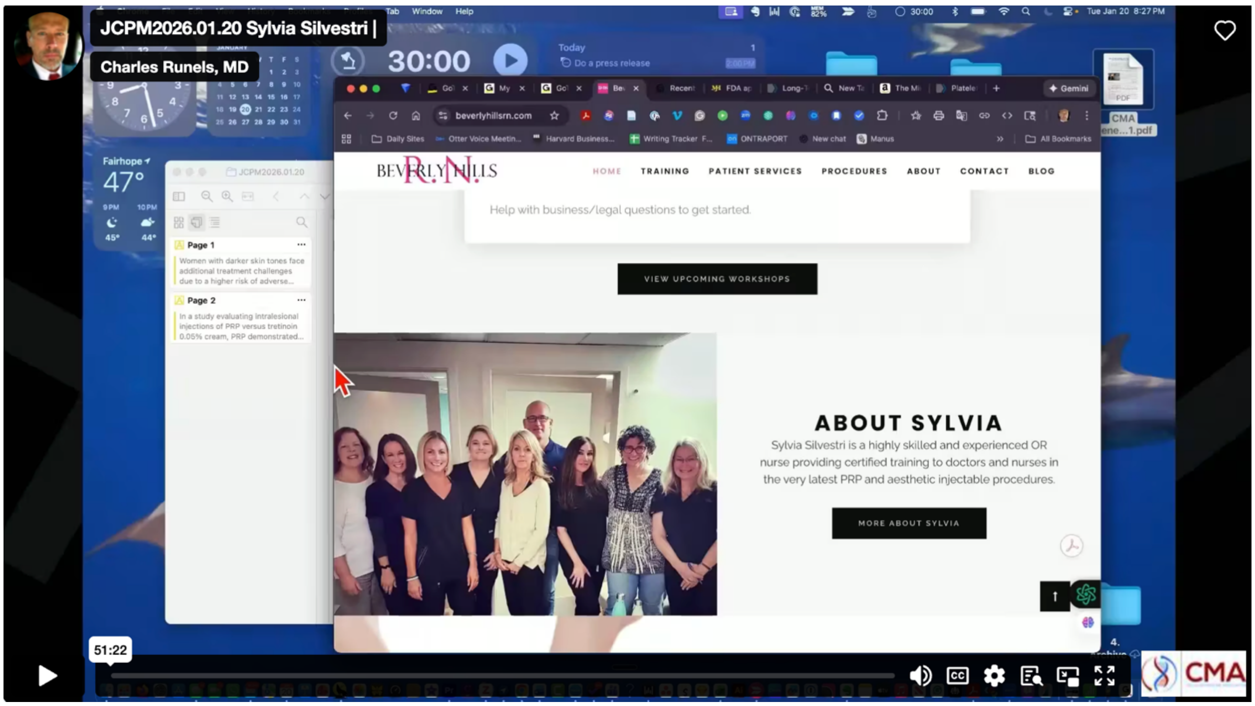
JCPM2026.01.20

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of July 10, 2026, with Charles Runels, MD.

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



Topics Covered

- Using Ultrasound to Evaluate HA Treatments
- PRP vs Steroids for Overuse Syndromes
- Things to Do to Make Your PRP More Effective
- Combining Collagen (not HA) with PRP
- Stretch Marks—How to Win the Battle
- Best Tip for Doing Well as a CMA-Vampire-PRP Provider
- References
- Useful Links

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:

We have a fascinating and very experienced guest with us tonight, Sylvia Silvestri, also known as the Beverly Hills RN. About, I don't know, probably 14 years ago, I was eating breakfast in Los Angeles, and we were about to start a workshop, a hands-on workshop at a hotel there on the interstate, and my cell phone rang.

Thank goodness I answered because a woman on the other side says, "I can see the hotel where you're going to have your conference from where I live and I would like to attend."

I said, "Okay, come on over."

Sylvia showed up, and she already had a following as the Beverly Hills RN and it seemed like she knew everybody in Los Angeles.

She came to the conference, learned the beginnings of our procedures and very soon became top-tier and started teaching for us. She's had literally a decade of teaching. I think she has taught more classes in regard to platelet-rich plasma perhaps than anybody, maybe even me, I'm not sure, but it's a close call.

Her experience both as a provider, as a marketer, watching her students within the CMA and outside the CMA before we met, how they have progressed gives her a perspective, I think, that it's extremely valuable, and she's an entrepreneur in other arenas as well. So, I'm going to bring her on the call, and then I'm going to run through some quick articles so she's available to comment, and then we are going to have her go into detail about some of her pearls regarding both providing the procedures and marketing them. Sylvia, you should be able to turn on your mic now. Let's see if you can click that button. Let's see.

Sylvia Silvestri:

Hello.

Charles Runels:

Thank you for being on the call, Sylvia.

Sylvia Silvestri:

Hello.

Charles Runels:

What year was that anyway? It's a decade-plus ago, right, about?

Sylvia Silvestri:

I think it was 15 years ago now.

Charles Runels:

Wow. Well, you certainly contributed in many ways, both teaching, but Sylvia's, at that time we were just doing the Vampire Facelift® and I was beginning to introduce the O-Shot®, but we hadn't introduced the P-Shot® yet, and a lot of our research hadn't happened yet. Dr. Keller hosted that event and we had about 30 amazing people show up, and you were one of them.

Sylvia has a lot of experience with microneedling, which can be part of the treatment for striae. Let's save that one for last and let's go through this one. Let me start with this one.

Using Ultrasound to Evaluate HA Treatments

I've never done this before using ultrasound for evaluating what's going on after a treatment,[1] but then they also had these cameras. I still just use my iPhone, but they've documented in a very scientific way what happens, and of course, we've covered papers on this journal club for a decade documenting age spots and dynamic wrinkles and changes with platelet-rich plasma.

I don't know, Sylvia, do you have good feel? What percentage of our people do you think use these high-tech cameras like this? Because it can be a big selling tool, and people see their face under here. Any ideas about them, and introduce your ideas about these technologies?

Sylvia Silvestri:

I see some clinics using them, but I would say maybe 30, 40%. When you get to the plastic surgeons, they are using a lot more high-tech technology, obviously, because it's expensive and you have to invest

---

[1] Ye et al., *Assessment of Subepidermal Low-Echogenic Band via High-Frequency Ultrasound for Evaluating the Efficacy of Platelet-Rich Plasma Injection in Treating Facial Skin Photoaging: A Case Series.*

in it, but it is a powerful tool to use to show your patients exactly what's happening under the skin and what the results are showing when they have their treatment done.

Charles Runels:

I started doing this before I had an iPhone, it's hard to imagine that now, but I used to take before and afters with my Canon, but we can use this paper or this research to show in an email or a social media post, objective findings that demonstrate that what we do actually works. It's not just a placebo hokey-pokey stuff.[2]

PRP vs Steroids for Overuse Syndromes

This one, also interesting.[3] I think there's probably at least 25% of our group now are doing either sports medicine or at least injecting a joint or two. The sleeper here is in musicians. It seems like a lot of musicians, especially those who play string instruments, have to deal with this.

We talked about it a couple of months ago when someone sent me a link to a man in New York who does nothing but treat musicians. These overuse syndromes, they can be very debilitating. My son is a drummer, and so I've met violinist and bass players and guitar players, friends of his who are professional musicians, and this can be the end of their career.

I don't think you make a career out of treating it. Most people can't, unless maybe you live in New York City where there's nine million people, but it's worth knowing and it's a simple little procedure to do, so I think it's worth learning. Karen Rea teaches a course, and I know Jeff Piccirillo has an online course, and there's a sports medicine doctor here in our town that I'm talking about with him about offering a course. Do you inject any joints, Sylvia, at all?

[2] Ye et al., *Assessment of Subepidermal Low-Echogenic Band via High-Frequency Ultrasound for Evaluating the Efficacy of Platelet-Rich Plasma Injection in Treating Facial Skin Photoaging: A Case Series.*

[3] Cansever et al., "Comparison of the Effectiveness of Platelet-Rich Plasma (PRP) Injection and Steroid Injection in Patients with Bilateral Moderate Carpal Tunnel Syndrome."

Sylvia Silvestri:

No.

Charles Runels:

I think it's the minority of our people, but especially if you have a primary care practice where you're seeing other things, this can be a big people-pleaser. I was taught to inject shoulders and knees as an internist by a Mayo Clinic-trained rheumatologist who was one of my attendings. Just those two things just worked miracles for me over the past decades in the ER and in primary care, and shoulders especially are simple to do as are carpal tunnel, but the fun thing about this study, they showed that perhaps we're doing something to make the nerve itself healthier.

Things to Do to Make Your PRP More Effective

My PRP experience, started in 2010, and at that point, it was hard to find someone outside of dentistry or orthopedics who really even knew what PRP is.

Sylvia Silvestri:

Right.

Charles Runels:

You remember those days, right?

Sylvia Silvestri:

I remember.

Charles Runels:

I was told that if someone's smoking, it's probably not going to work, and for probably the first year, I wouldn't do a Vampire procedure or a PRP procedure. I was mostly doing Vampires then if they smoked.

Finally, I had a patient say, "Well, just do it anyway."

She had a great result.

This is another paper reviewing other things that you can do to enhance the effects of it and avoid attenuating the result.[4] I don't ever tell people not to drink. I figure that they're just going to ignore it, and with tobacco, too.

---

[4] *Metabolic Optimization Before Orthobiologic Therapies (MOBOT): A Narrative Review.*

I don't like preaching, so if they want to smoke or drink alcohol, I don't even ask them to stop. But I will do the procedure. My new philosophy for the past 15 years, after I realized it will work, is that I just tell them, "You're going to decrease your results or maybe even prevent results."

Sylvia Silvestri:

Yes. That's what I tell them too, that they may not have the optimal result. I did have a model of mine that was a smoker and she was doing PRP for hair restoration and she didn't have the best result, and it's probably because she smoked. Then on the flip side, if you can heal a wound, you can do PRP, and smokers will still heal a wound, but at a slower rate.

Charles Runels:

Exactly. They scrape their knee or have surgery.

Sylvia Silvestri:

They're still going to heal, right?

Charles Runels:

Yes, and so I've eased off on that. I tell people this, but caloric restriction, intermittent fasting, I know some people do it, but that growth hormone goes out the roof, the stem cell levels go crazy. Even the satellite cells in the muscle, they become activated [with fasting].

IGF-1, which is the somatomedin C from growth hormone effects, all those things are activated.

The best thing of this article, if you truly have a motivated person, this tells you things to do, and it's not just good nutrition.

The encouraging part of this paper is 15, 16 years ago, there was more debate about it was 100%, does this even do anything? ***Now, I bet you at least 25% of the articles I see have quit debating whether PRP "works" and it has become more of the nuances of how to make it work better.***

If you look at this one, it's saying we should be thinking about maybe delaying when feasible, getting people to lose some weight before treatment, and get their vitamin D level up, and then the future research should focus on the timing and sequence of these metabolic interventions and how it might affect the results.

The science is maturing instead of debating plus/minus does this do anything. It's become, oh, it works and let's see if we can figure out how to make it work better, which the orthopedists have been doing for a decade.

=>Next Hands-On Workshops with Live Models<=

Do you incorporate these behavior changes into your practice at all, Sylvia? I find most people, they're not really that motivated to do any of it, but every now and then-

You have an athlete; I might suggest it. Does this even happen? I think for most of us, practically speaking, this is a research topic, but I don't know, what's your experience with these ideas?

Sylvia Silvestri:

I think that you can tell your patients without standing on a soapbox what would be the best for them, but they're still going to do what they want to do. Even the models, they'll come in and you tell them no alcohol, no smoking, hydrate well, no aspirin, Advil, Motrin before you come in, and they'll come in and they went out drinking the night before and now they're bruising everywhere, and they took some Advil because now they have a hangover. There's nothing we can do to make them completely adhere to program to get the best result.

Charles Runels:

If you do have someone completely, totally motivated, I was at a regenerative summit I guess six months ago and there was an expert there talking about how, with these very low-calorie diets and fasting, the body, when it becomes deficient amino acids, it will start by absorbing the abnormal proteins, autophagy,[5],[6] and possibly starting by breaking down cancer cells. That was 2025.

Sylvia Silvestri:

Well, and what do you think about all the people that are on Mounjaro and all the GLP-1s that are out there now that are losing so much weight?

Charles Runels:

Well, I guess in that case, it might be possible, more feasible to do one of these type protocols. This book was written when he was 85 years old, and he was still surfing.[7] Paul Bragg is the man. He's so old school.

Jack LaLanne, who died at 96 (in 2011), who read Paul Bragg's book, this very book when he was a teenager, Jack LaLanne, the man who would pull 70 boats on his 70th birthday shackled, that man read this book to motivate himself.

Paul Bragg fasted for a week once a quarter and talks about how, when you do that, you will most likely absorb the abnormal proteins first and you will be stronger for it—in 1960.

---

[5] Pathak et al., "Preventive Dietary and Lifestyle Strategies for Neurodegenerative Diseases."

[6] NobelPrize.Org, "Nobel Prize in Physiology or Medicine 2016."

[7] Bragg and Bragg, *The Miracle of Fasting*.

Now we're looking at a paper that came out last week that talks about how fasting activates the stem cells within the muscle to trigger growth.[8]

Sylvia Silvestri:

Interesting.

Charles Runels:

To me, it's one of those testaments to how we're discovering what the body gurus knew intuitively a thousand years ago. Fasting's not really a new idea, right? Moses did it.

If you have to use an injection to pull it off, so be it.

Of course, I'm not telling all my patients to go fast for a week, but I confess that I do it, and there's something to it, and I'll leave it at that.

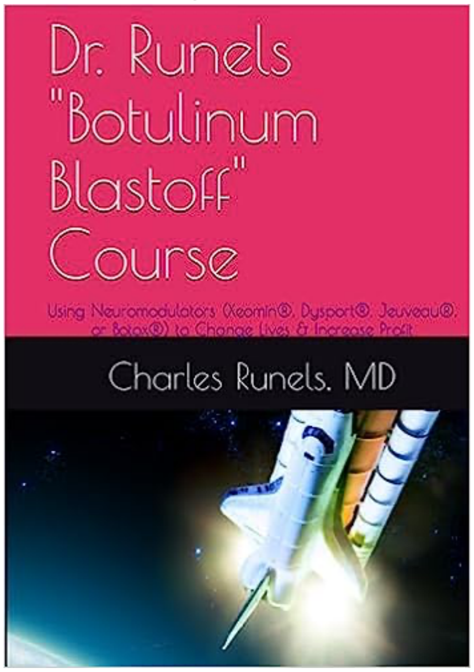
So I think if you want to take, especially if you're dealing with elite athletes or dealing with people that are highly motivated for whatever reason, these are good principles. If you want to do research, these are all good things to know about.

Combining Collagen (not HA) with PRP

I'm sure you remember this, Sylvia, but before the Juvéderm came out, I know you were mostly involved with the high-end plastic surgeons and knew a lot of people that were on the reality shows and in the movies. I remember in around 2000, mixing some collagen... I didn't have Juvéderm. Cosmetic Botox came out in 2002 and it got FDA-approved and they wouldn't even sell it to primary care doctors.

[8] *Metabolic Optimization Before Orthobiologic Therapies (MOBOT): A Narrative Review.*

I started offering it in 2006. In 2004 is when they offered it to primary care physicians. But I remember in 2000, mixing up this powder of collagen, might have been 2001, it got gelled so fast you couldn't hardly use it. I think it was bovine for cosmetic use.



Sylvia Silvestri:

You would have to do a skin test first.

Charles Runels:

Yes, yes. You remember that. Because I only used it a few times and I thought, oh, this is too much trouble. But did you see it used frequently? Because this article about combining PRP with collage came out recently.[9]

Sylvia Silvestri:

Yeah, we used it a lot.

Charles Runels:

You used it a lot?

Sylvia Silvestri:

Yeah, it was the only thing available. I worked for Dr. Hayworth in Beverly Hills and he got it, and we were doing it on everyone. We'd do a little skin test on their forearm, and I think we'd have to wait two weeks to see if they were allergic to the bovine property of it. It was a good product because it gave you a nice crisp on your lips. It didn't bleed over like the Juvéderm do now and the HAs. It was much more of a thicker substance, but it gave you a nice, crisp edge to your lip.

I remember that. And then Juvéderm came out, and Restylane came out, and then they got rid of collagen completely.

Charles Runels:

Well, this article, it's come out of Italy, is talking about how the revival of possibly mixing the collagen, reconstituting it with PRP, and you can see there's hardly any studies about it. But it's a new idea-

Sylvia Silvestri:

That would be cool.

[9] Gallo et al., "Regenerative Medicine Advancements."

Charles Runels:

... that's coming out. They talk a little bit about the science of PRP versus PRF.

I know some people get aggravated with me that I just, maybe I'm too old school, but I think PRF is more suited for dentistry and wound care. They even say in here PRF is a non-injectable material. You have to microneedlize it or micronize it to make it possible with a needle. Now I've seen people do miracles with it. I'm not saying that we shouldn't be using it, but when somebody tries to use PRF to inject into the clitoris or the penis, I think you're making it more difficult than you need to, and I think we should stick with PRP.

Sylvia Silvestri:

Well, and here's the thing, because I do a lot of training for one of the PRP companies, and PRF biofiller is a big topic, popular topic right now, first of all, you can't dissolve it, right?

If you get a lump or something happens, the only thing that you can really, and there's another physician who had an issue with PRF and he can maybe talk about it later, but you can use a little bit of nitro paste, and for some reason that will help bring your vascularity back to that area. It's been helpful in getting rid of any kind of occlusion.

I've seen two occlusions with PRF.

Charles Runels:

Yes. Occlusions and just the... I've had a couple of communications, one from a patient who said they showed up and the provider tried to use PRF and they couldn't inject it into the penis, and then they brought them back and it just turned into a mess. I'm sorry to interrupt you. Keep going.

Sylvia Silvestri:

Yeah. For the O-Shot® and P-Shot®, definitely ***not.*** It doesn't work in the lips. I've tried it a couple of times and in three days it was gone.

It has its place. I think the under eye is a good area to do it. If you've done PRP already and the patient likes how it looks, PRF will last longer, but you have to be experienced and know how to inject it because if you do get a lump, guess what? That lump's going to be there until their body breaks it down.

Charles Runels:

It also worries me. I did it back in the day when all I had was Restylane and I would very carefully use a little 30-gauge needle and put Restylane in the tear troughs, but if you can get occlusion with Restylane and cause blindness, then it seems like you can't ignore that possible risk with PRF as well.

Sylvia Silvestri:

Exactly.

Charles Runels:

But it does work well if you're willing to swallow that risk. Anyway, I thought this was some of the... I haven't had bovine collagen in my office in 25 years, but some of you may have it or maybe this is something we might want to explore because, assuming they are not allergic to it.

Sylvia Silvestri:

No, I had a friend, another surgeon friend in Beverly Hills, and he got freeze-dried fascia, cadaverous fascia, and reconstituted it and put it in the lips and injected it into the face. He was kind of a crazy guy, but I forget the name of what it was, but he patented it, and I did it and my friends all did it. It lasted for quite a while. It just never really caught on, but it was just an interesting... That could also be something that you could bring back and add PRP to possibly.

Charles Runels:

I just saw this paper today, so I don't know what the top material is. Maybe somebody in the call knows. Do you know who's buying, what's the top commercially available collagen now?

Sylvia Silvestri:

I do not.

Charles Runels:

Yeah, I haven't used it.

Sylvia Silvestri:

It hasn't been around for so long.

Stretch Marks—How to Win the Battle

Charles Runels:

Let's discuss your experience with both marketing and the procedures, but let me first show this paper about microneedling,[10] and then I'm just going to let you go talk about microneedling of whatever else you think might be helpful to the group, and I'll field questions when they come in.

The biggest thing I like about it, well, first it works, microneedling with PRP, and you don't have the same worries with scarring and especially pigment changes in darker skin that you do with lasers.

If you're treating striae, especially on the abdomen, the research I've seen in my experience is that you need a deeper, more like 0.2 instead of the 0.05 or 0.1 you might use in the face. Over and over again,

[10] Chaudhury et al., "Advancements in Treating Stretch Marks across All Skin Types."

it's been shown to work, and to work better with PRP and to work better and safer than some of the other options.[11],[12] That's what this paper's all about.

Sylvia Silvestri:

20 years ago when I worked for Randal Haworth in Beverly Hills, he was doing this on stretch marks and people who wanted tighter skin on their abdomen-

Charles Runels:

20 years ago?

Sylvia Silvestri:

20 years ago. 25 years ago, because I started working for him in 1998 and was there for 15 years. This was the early 2000s. No one was doing it.

He actually would get these rollers from Environ, and it was called collagen induction therapy. They would get anesthesia. The needles were really long. They were probably about a half-an-inch long or a good centimeter long, okay?

Sylvia Silvestri:

And they were really wide rollers. They were maybe three inches wide. He would just roller them. They really didn't have any downtime.

They were red and kind of bleeding, but the results that he got from that, and he still does it to this day, he never really marketed or talked about it, but the results were crazy. He wasn't even using PRP with it because back then, we weren't doing that. It was just prepping them, doing the roller, and then they would just wake up and go home and put some Neosporin on there.

Charles Runels:

So now, what's your tips for how you do it now?

Sylvia Silvestri:

Now, and I tell people it used to be called collagen induction therapy, and it's the rollers, and we now know that the rollers aren't the greatest because if you use them on the face, they cause those little microscopic tears as the rolling is coming out of the face. So now we have all the pens on the market.

---

[11] Kaur et al., "Comparative Study of Microneedling Monotherapy versus Microneedling with Autologous Platelet-Rich Plasma for the Treatment of Stretch Marks (Striae Distensae) and Post-Surgical Scars."

[12] Alster and Li, "Microneedling Treatment of Striae Distensae in Light and Dark Skin With Long-Term Follow-Up."

There are $5,000-pens. They all do the same thing. They go up and down and do more of a stamping technique. But when the needles go into your skin, your body says, "Oh, my gosh, I've had an injury. Let me make new collagen." That's why it works so well.

You can do it with PRP, you can do it with PRF, you can use it with a serum, you can combine the two. I've seen people do all kinds of things. The depth is usually 1 to 1.5 millimeters because it does start to drag against the skin if you go deeper with those pens.

We're not being as aggressive as Dr. Haworth, who had to put people under anesthesia to do this on them. Stretch marks, they're going to get a lot better.

Are they going to go away completely?

No, but the coloring and the striae themselves will get fainter and will have a better appearance, as well as some skin tightening.

Charles Runels:

Yes. Color, I want to stress the color, because there aren't many things that homogenize color like PRP and microneedling does.

Sylvia Silvestri:

You can even take some leftover PRP and inject under the stretch marks.

Charles Runels:

Wait, let me back up just a second. In regard to the pen, I absolutely agree that there are... If you make a hole in the skin, it doesn't really matter if it came from a $100 pen or a $5,000 pen, but as far as the safety of it goes, aren't we best using the FDA-cleared ones because of that risk of backwash and cross-contamination?

Sylvia Silvestri:

Yes. You want to get a pen that has no chance of the blood or PRP going back up into the chamber and a one-use needle tip that goes in the sharps. ***We don't reuse the tips. We don't autoclave them. We throw them away after the one use.***

Charles Runels:

Yes. We don't want another repeat of those people who-

Sylvia Silvestri:

No.

Charles Runels:

who pretended to be in our group, but were not, and then transmitted HIV to a number of people. They were about the wrong stuff. Okay. Now, we don't use general anesthesia and we have the new devices. What are your tips about making it comfortable to do microneedling?

Sylvia Silvestri:

I book out an hour. The second they come in, I give them some water. They drink their water, because most people are dehydrated.

Get my numbing cream going first, and I use a good ointment type of numbing cream from a compounding pharmacy locally here and put that on. That's already going by the time I even go to draw their blood. And then draw their blood, let it spin, get your syringe ready. Use an HA serum with the PRP because, as you know, the PRP is really drippy, and so the serum just kind of holds it onto their skin and it doesn't go dripping down into their ear and onto their neck.

And then I start at the forehead, which is the thinnest area, forehead and under eyes. I'll just test their forehead at 0.5 millimeters just to see, am I getting erythema? Am I getting pinpoint bleeding? Is it hurting them? All of that.

Obviously I've taken the cream off by now. Everybody's skin's going to be different. If it's a little fair skin, blonde little 45-year-old lady who has very thin skin, she's going to react differently than somebody else who has thicker skin and dark hair. So everybody's redness is going to be different. We want a little bit of pinpoint bleeding, petechiae. It doesn't have to be a bloody mess. Now they're saying it doesn't have to be like a full scraping of the epidermis. It just needs to be a nice glow, a little bit of mild erythema.

Once you get that, you can move on to your next section. I do forehead, nose, under eyes, cheeks, upper lip, chin. Then you can add on the neck or the chest, or that one lady that wanted her whole body microneedled, which I had to break down into sections because obviously you can't put numbing cream on someone with all those sections.

We did her arms, her abdomen, her inner, outer thighs, and then she did her hair, Vampire Facelift® and facial. That's it, and then I'll put a mask on them when I'm finished, the rest of the PRP, mask, and then obviously no sun exposure. I have some stem cell growth factor serum that I give them now to take home, and there's a serum and a cream. The most important thing is they never know what to put on their face after the treatment, so having something to put on afterwards is always beneficial. I know we used to have something, but I don't know what the status is now.

Charles Runels:

Yeah. Our supplying company, I think, quit existing, so we're looking for another formula, another supplier. You talked about the PRP and the HA. So you mix that in a little cup and use a brush to put it on, or how do you do that?

Sylvia Silvestri:

Yes.

Charles Runels:

I get this question a lot. When you're doing the microneedling, how are you doing this? So picky, but it matters. How are you keeping track? Are you going in circles? Are you going back and forth and then up and down? How many times are you going over one area? Give us some details, because you've been doing this for a decade now.

=> Apply for *Online Training for Multiple PRP Procedures* <=

Sylvia Silvestri:

You can either do circles, little circles clockwise, or you can do passes and you can do horizontal, vertical, diagonal and diagonal. Whatever works better for you. I let my students figure out which one they like better. Usually they like the circles. Just make some little lines with the circle and go across their forehead. Just don't stay in one place for too long, but just circle your way over and then come back and circle your way, and you can see based upon where you've been. And then like I said, you do it until it starts to get red. When it starts to get red, that means you can stop and move to the next section.

Charles Runels:

You said you put on a mask. I want to get to the marketing in a moment because I know you're already known all over the place as the Beverly Hills RN before we ever met, so you understood and had implemented marketing in a very successful way.

Now you've had a decade of watching your students who went broke during COVID and who grew their business during COVID and who's made millions and who wound up going broke, and I want you to talk about that. But before we get to that, when it comes to the other areas of the body, any other tips for the striae, say, the abdominal striae, I don't know, the breast, the back, the neck? Any other tips for those, special tips for those other areas?

Sylvia Silvestri:

You definitely have to go deeper. You'll want to turn your pen up to the 1.5 or the 2-millimeter because the skin is going to be thicker obviously than on the face and the forehead and the under eyes. Don't be afraid to turn your pen up higher the body.

Charles Runels:

Okay. All right. Oh, and what mask are you using? That was where...

Sylvia Silvestri:

I'm using one from Integrity PRP. It's a lavender hyaluronic acid mask that's, you put them in the refrigerator and then you put it on their face when you're finished. It's really cooling and it cuts the redness quickly.

Charles Runels:

All right, let's swap over to marketing. Tell everybody a little bit about your story before we met so they get an idea of what you were doing and why you were already well known, and then let's talk more about what people can do now. Using COVID as an example, I'm looking at our group and we literally had people who doubled their business in COVID, and others in similar towns just go broke. Same situation. I want some more pearls about that, but tell them more about your start, your career, both as a marketer and as an RN before we met.

Sylvia Silvestri:

Before we met, I was working in plastic surgery in Beverly Hills and I was surgery doing OR, pre-op OR, circulating, post-op. I ran practices. I was director of nursing at some outpatient facilities. I kind of did everything. I worked with Dr. 90210, Dr. Rey, Dr. Diamond, all the guys you see on TV, Dr. Dubrow, Dr... what's the other one? Nassif. I've worked in all of their ORs. But I started a blog. This whole thing started as a blog like, this is what it's like to be a nurse. This is before social media, Instagram. No one was doing... I think I was probably the only person because I was in Beverly Hills.

It was just a blog about, what are people doing in Beverly Hills? What's popular there? What's it like to be working there? Here's an interview.

Then I had that blog talk radio podcast. I had Dr. Ibrahim on it. I think you were on it after we met. I would once a week have a surgeon on there and we would talk about what's popular now, what they're doing, what their input is. I think I had 30,000 downloads on Apple Music at that time.

Charles Runels:

Which was a lot then. That was a big-

Sylvia Silvestri:

It was a lot back then. I know. For marketing, I think just before-and-after pictures get to be really tiresome when you're scrolling and you're just looking at everybody's before. Some of them are great, but I think engaging with your audience... Let me go back to COVID. Some people had to shut down. Some people got really creative and would just go to another county. LA County was shut down, but Orange County was open in California.

So I just went to Dr. Alinsod at the time and did my classes down there. People had to get creative in that way of just, maybe I need to move here so that I can still see my patients. Just sitting and not doing anything, you're going to lose your business, you're going to lose patients.

Being creative in that timeframe was really crucial, I think. Letting people know that it was safe to come and letting them... I think our office had a doorbell. It was only one person at a time. Everyone was masked, all of that. The people who did all of that and let people know that they were still open were the ones that thrived, and a lot of people didn't, unfortunately.

Charles Runels:

I'll expand that. There's so much more you know about marketing, but I'll have a confession first. I live in Alabama and the only time I put on a mask was when I got on an airplane. We kept doing our workshops and someone called and said... They're hands-on workshops. We missed one month during all of COVID and I felt so wimpy about it.

Sylvia Silvestri:

Same.

Charles Runels:

I said, "We'll keep doing it." Someone called and said are we going to wear masks and be distancing and I said, "No, we're going to be naked and close. So if that bothers you, don't come."

Sylvia Silvestri:

How funny.

Charles Runels:

She came to the workshop. I got COVID twice and was lucky enough to live through it.

Sylvia Silvestri:

Oh, no.

Charles Runels:

But I think there's a certain sort of... our group in general, because we are regenerative medicine, which didn't even exist really two decades ago, and because we talk about sec, which most doctors don't want to talk about, proven by multiple studies, I think we attract a creative, bold group of physicians. I feel like I'm the luckiest person I know to be able to talk with people like you and Dr. Ibrahim and literally thousands of others who have trained with us. But it doesn't always work, does it? Let's flip to the negative side.

Best Tip for Doing Well as a CMA-Vampire-PRP Provider

By the way, Sylvia and I, we haven't talked about these questions, so this is all off the cuff, but what do you think your providers that you've trained who wind up not doing well, what do you think it is that they either do wrong or don't do enough of?

Sylvia Silvestri:

Number one is logging into the websites and reviewing what they learned and just starting and getting started. Whether you're just practicing on each other or a colleague or a family member or your friend or your mom or whoever it is, you've got to just get started.

People are always like, "Well, I don't know how to get started and I don't know who to do it on," and I always tell them, just grab your friends.

Let people know, "Hey, I've learned this. I need some models. I'll just charge you a very minimal, just the cost."

You don't want to lose money. So just charge them cost of your product.

Just get started and ***watch the videos and watch, log in and do that. And those are the people who are successful.***

And I can always tell because they're in class and no one's taking notes. If they're not taking notes, I tell them, "Get your book, take notes because there's a lot of information, but you're not going to retain all of this."

If they're not interested in taking notes and just want a video with their phone, which now I don't let them video with their phone anymore, they must take notes, it makes a big difference.

Charles Runels:

Yeah, let me stop you right there because had you asked me that question, I'm not sure how I would've answered, but I think your answer is exactly spot on. Because when someone drops out of our group, most of the time I'll go look and see, well, what's different about this person? Almost without exception, it's someone who never logged into our membership sites.

We had people die. I think we had five die from COVID when you have a group that's 3000 people. One died from a car accident, and we had a brain tumor; and they retire.

But, if you just look at the people that just drop out, almost without exception, they've never logged into the website.

When somebody tells me they're literally making millions, plural, I'll go look and see, and they're usually on that website 40, 50 times the first month looking and studying. I think our procedures are deceivingly simple because it's like an IV. You learn it in five minutes and you think you have it, but as you know from working in the OR, there's nuances, and someone who becomes masterful at it could talk to you for six hours about all their little tricks for starting in IV.

Sylvia Silvestri:

Right.

Charles Runels:

As another example, Dr. Sophia Lubin, one of our gynecologists, showed me originally how to do that clitoral block, but I suspected, and so I told her to go home, "Please go home and have your husband," who manages her office, "film you doing it."

I had to watch that thing five or six times before I really got it down. When I would do it, the lidocaine would hide or dissect the wrong way. And that's just the block part.

You're exactly right, the people who do well log on, and they do what you talk about, they get a friend or a relative. Somebody would love them if they sawed their arm off. They get the videos out and they watch a little bit and then they do it, and they go all the way to it. I talked with one of our people who was doing, she had bought my Botox course and the textbook and she was treating her first people at a Botox party. This is not a good idea. Seven people show up and you haven't done it yet. Okay, number one would be go on the website, study the videos. What do you think is number two? For marketing-

Sylvia Silvestri:

Just start doing the... Oh, marketing?

Charles Runels:

The marketing part. Yeah. What's the thing that they don't do enough of, you think, for the marketing?

Sylvia Silvestri:

Doing a video talking about, going on your social media and talking about what you've learned and letting people know that you're now a provider for these procedures, or doing like, coming soon.

This is why I'm at this training today. I'll have people come and they've videoed their entire, because I live in Nashville now, they've videoed their entire trip to Nashville and where they went to dinner and when they came to class and they learned all this stuff, and now they're going home and they're excited.

That gets people excited.

Charles Runels:

Yes, it does. The people I've seen do that, because they'll film at my courses, too, I've had them go home and knock out 20 grand the first day, but they've been talking about it the whole time they've been at our workshop.

Sylvia Silvestri:

Yes, and they'll say, "Oh, I already have people booked."

That's important.

Charles Runels:

You're more social media than I am. I don't know if you know this, but when podcasts first came out, I had a podcast... I can't remember, what's the name of that channel? It just disappeared.

Sylvia Silvestri:

You hooked me up with my podcast, the first one. It was Blog Talk Radio.

Charles Runels:

Mine just went away one day. And then I had a YouTube channel early on before doctors were even doing it, had lots of views, and then one day Google just said, or YouTube, maybe Google hadn't bought it yet, said, "No, we're just going to make you go away." I

t was something stupid like, one of my strikes was they counted my explanation of how to mix Genotropin, which is growth hormone, is encouraging illegal drug use. I admit, I just got so disgusted with the censorship that I just vowed not to do it, but now it's 15 years later or, give or take, 16 years later, you've convinced me I need to start doing it some.

As you know, I've thrived on mostly emails and websites, and I will put a video on my website. It's amazing how many of our people, you go to their website, they might be on the directory, but if I'm a patient and I go to your website, I can't even find you talking about it.

Sometimes I can't even find a picture of the doctor or the RN on their own website, but they really need a page talking about the procedure preferably with a video of them explaining it, don't you think?

Sylvia Silvestri:

Yes. Yes, and Dr. Ibrahim is a great example because he's always doing a new video every week on Facebook, Instagram, on his website. He's talking about everything. I think that creates a lot of confidence for the patient when you see your provider talking and knowledgeable as to what the subject is.

Charles Runels:

Yeah. I think I sold this, and it's still on the website for sale, but if you're on the call tonight and you want it for free, just call my office tomorrow and I'll tell them to give it to you. I did that course about, went on for eight weeks about how to use emails and websites and videos to do your marketing without any money hardly at all and no social media***. It gives you a step-by-step process for making the videos.***

The point I'm getting at, you don't have to tell jokes or dancing. I have no cleavage, I'm not funny, I'm not a good dancer. I'm not going to entertain you. If I want to see dancing, I'm going to watch old videos of Prince or Michael Jackson or something or Fred Astaire, but I don't really want to see a doctor dancing. Some of our people have been millions of followers just with their sparkling personality. My point is we don't have to do that. Just straight-up useful education that tells patients how to solve their problems and seeing their doctor explain it carries more weight (for most doctors) than trying to be funny or singing. Don't you think, Sylvia?

Sylvia Silvestri:

Right, right. I think so, too. I think sometimes those are just kind of silly, but I don't think it's going to make patients come see you.

Charles Runels:

Well, if it works for you, great, but it doesn't work for me. I'm saying that as somehow hopefully being encouraging and comforting those who don't want to go try to be entertaining, but all of us can teach patients because we're all doing it every day with the door closed. One of my favorite tricks for making a video is just have someone stand behind your patient the next time you explain something, and you're explaining it for the thousandth time, just have someone in your office film you explaining it to the patient. They don't remember it, anyway.

You know what I did, Sylvia? This was in that first YouTube channel that I lost. I would teach people how to do their own testosterone injections, they'd go home and forget about-

Sylvia Silvestri:

I remember that.

Charles Runels:

I did a video, and that thing very quickly, before the website, before I lost the channel, had 140,000 views back when that was a big deal.

Sylvia Silvestri:

I remember.

Charles Runels:

And then after that, I would do it one time and say, "Here's my YouTube channel. When it's time to do it again, just go watch my video."

Of course, everybody else whose doctor didn't have a video, they're watching mine. Whatever post-op instructions you have, pre-op instructions, all of those, not just for our procedures, but anything you're doing that with, it deserves its own video on your website.

Sylvia Silvestri:

Well, I think you need to revive your YouTube videos.

Charles Runels:

I made a video the other day about how to use a penis pump and I thought, okay, can I put this on here? I showed it to chat and I said, "Will this fly?"

Sylvia Silvestri:

No.

Charles Runels:

It told me 16 ways I broke all the rules for YouTube. When I'm talking about sex or medicine, which is what we do, it's hard. So I just use Vimeo. They don't censor me so much.

Sylvia Silvestri:

I think you could use TikTok and they wouldn't censor you. TikTok is a huge platform.

Charles Runels:

Yeah, maybe I'll try that.

Sylvia Silvestri:

And it's just videos.

Charles Runels:

Are you using it or do you know people in our group that are... I know Dr. Miami uses it a lot.

Sylvia Silvestri:

Dr. Miami uses it. There's that one... There is someone. Oh, gosh, what is his name? Oh, don't censor me, but it's called DickTok. There's a doctor on there that's doing penile P-Shots®, penile surgery. I forget his name. I think he's in Las Vegas.

Charles Runels:

Oh, I know who you're talking about. That's Dr. Zimmerman, I think.

Sylvia Silvestri:

Yeah, I think so. Yeah, but he's on TikTok. He has a huge following on there.

Charles Runels:

Yeah. Trained at Johns Hopkins. He's a brilliant. Okay, before I let you go, we're coming up on the hour, I want to make sure everybody knows, Sylvia does... I'm showing your screen now. She does trainings and she's been training longer than anybody in our group, other than me, and almost as long as me. You can fly into Nashville, which is-

Sylvia Silvestri:

Yes, I moved to Nashville eight years ago now. I live here, and I do class here from Beverly Hills. Supposed to have a class this weekend, but we're getting a huge snowstorm, so that got canceled, but I have classes every month.

Charles Runels:

She teaches a wonderful class. Are you still teaching basic toxin classes, too?

Sylvia Silvestri:

Yeah. The day before, I teach an intro to injectables class, which is neurotoxin, PRP, under-eye PRP, microneedling, and just an introduction to dermal fillers.

Charles Runels:

Beautiful. Yeah, I see that's coming up 24th of January, and then I guess that's the one that's going to be snowed out.

Sylvia Silvestri:

Yeah.

Charles Runels:

Anyway, I'm going to put this in the chat box for you guys, and let's see if there's any other questions, and then we'll call it a night. Let me put this in the chat. Most of the articles this time were not open source. Usually they're almost all open source, but I'll send the reference to them out in the next email. One of them was 86 bucks for one article. It used to be 35 to 40 bucks.

Sylvia Silvestri:

Oh, wow.

Charles Runels:

It's crazy, they hit me for 86 bucks for one article. They watermark them. I'm big into not breaking those rules, so... I'll send out the reference list for you guys in the next email, along with... I don't know if you guys noticed, but now when I send out the transcript of the webinars, the last one was with Dr. Ibrahim, I'm including a link to pre-written emails that you can send out for the various-

Sylvia Silvestri:

I saw that.

Charles Runels:

I forgot this one thing, this is news. Actually, it's good news and bad news. This past month, flibanserin was approved for post-menopausal women.[13] I'm not a big fan, anyway, because in the studies you only

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

get one extra sexual encounter per month on average, but it's still only approved for 65 and younger. It's still not approved if you're over 65 years old.

What's the deal with that?

\It's because of the side effect profile. So, if you're over 65, you still don't have a drug, not even a bad one; I shouldn't say a bad one, a minimally effective one, but this just came out, too.

Anyway, Sylvia has been a great support and encourager to me over the past decade, and I couldn't have more respect.

I highly encourage you guys to go see her, learn all you can from her.

Sylvia Silvestri:

Thank you.

Charles Runels:

I appreciate you being on the call, Sylvia. Thank you very, very much.

Sylvia Silvestri:

Thank you very much for having me.

Charles Runels:

All right. Y'all have a good night. Bye-bye.

Sylvia Silvestri:

Bye-bye.

=> Apply for *Online Training for Multiple PRP Procedures* <=

=>Next Hands-On Workshops with Live Models<=

References

Alster, Tina S., and Monica K. Li. "Microneedling Treatment of Striae Distensae in Light and Dark Skin With Long-Term Follow-Up." *Dermatologic Surgery* 46, no. 4 (2020): 459–64. https://doi.org/10.1097/DSS.0000000000002081.

Bragg, Patricia, and Paul C. Bragg. *The Miracle of Fasting: Proven Throughout History for Physical, Mental, & Spiritual Rejuvenation*. Bragg, 2009.

Cansever, Üzeyir, Şebnem Koldaş Doğan, İclal Erdem Toslak, Meral Bilgilisoy Filiz, and Naciye Fusün Toraman. "Comparison of the Effectiveness of Platelet-Rich Plasma (PRP) Injection and Steroid Injection in Patients with Bilateral Moderate Carpal Tunnel Syndrome: A Prospective

Randomized Controlled Trial." *Injury* 57, no. 3 (2026): 113018. https://doi.org/10.1016/j.injury.2026.113018.

Chaudhury, Hannah, Nicole Remmert, Helen Chen, and Michelle Tarbox. "Advancements in Treating Stretch Marks across All Skin Types: A Comprehensive Review of Therapeutic Modalities." *International Journal of Women's Dermatology* 12, no. 1 (2026): e244. https://doi.org/10.1097/JW9.0000000000000244.

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.

Gallo, Nunzia, Chiara Kodra, Domenico Rocco, Cosimo Saponaro, Alessandro Sannino, and Luca Salvatore. "Regenerative Medicine Advancements: A Systematic Review on the Combinatory Effect of Platelet-Rich Plasma/Fibrin and Collagen." *International Journal of Biomaterials* 2026, no. 1 (2026): 1679626. https://doi.org/10.1155/ijbm/1679626.

Kaur, Tejinder, Sahibpreet Kaur, Permeet Kaur Bagga, Sandeep Sidhu, and Rakesh Tilak Raj. "Comparative Study of Microneedling Monotherapy versus Microneedling with Autologous Platelet-Rich Plasma for the Treatment of Stretch Marks (Striae Distensae) and Post-Surgical Scars: Clinical and Dermoscopy Outcomes." *Journal of Cutaneous and Aesthetic Surgery* 17 (October 2024): 307–14. https://doi.org/10.25259/jcas_45_23.

Metabolic Optimization Before Orthobiologic Therapies (MOBOT): A Narrative Review. n.d.

NobelPrize.Org. "Nobel Prize in Physiology or Medicine 2016." Accessed February 1, 2026. https://www.nobelprize.org/prizes/medicine/2016/advanced-information/?utm_source=chatgpt.com.

Pathak, Kanika, Tanu Kumari, Leena Aggarwal, and Vishal Singh. "Preventive Dietary and Lifestyle Strategies for Neurodegenerative Diseases: A Comprehensive Review." *Nutritional Neuroscience*, January 27, 2026, 1–26. https://doi.org/10.1080/1028415X.2026.2615456.

Ye, Wenjue, Tong Liu, Wei Zhang, Sicheng Peng, and Yong Liao. *Assessment of Subepidermal Low-Echogenic Band via High-Frequency Ultrasound for Evaluating the Efficacy of Platelet-Rich Plasma Injection in Treating Facial Skin Photoaging: A Case Series*. n.d.

Helpful Links

=> Next Hands-On Workshops with Live Models <=

=>Benefits of the Cellular Medicine Association<=

=>Hands On Botulinum Toxin Workshop That Teaches Medical & Cosmetic Uses<=

=>Next Hands-On Training with Live Models (including marketing) with Dr. Runels<=

=> Dr. Runels Online *Botulinum Blastoff Course* <=

=> The Cellular Medicine Association (who we are) <=

=> Apply for *Online Training for Multiple PRP Procedures* <=

=> FSFI Online Administrator and Calculator <=

=> 5-Notes Expert System for Doctors <=

=> Help with *Logging into Membership Websites* <=

=> The software I use to send emails: ONTRAPORT (free trial) <=

=> Sell O-Shot® products: You make 10% with links you place; shipped by the manufacturer), this explains and here's where to apply