

# JCPM2024.12.10

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of December 10, 2024, with Charles Runels, MD.

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

The screenshot shows the Amazon Prime product page for O-Shot® Arousal Oil for Women. The product is priced at \$39.95 (\$23.50 / Fl Oz). The ingredients list includes Coconut Oil, Natural Flavor (Chocolate mint), Eleteria, Cardamomum (Cardamom), Seed Oil, Mentha piperita (Peppermint) Oil, Piper Methysaticum (Kava) Root Extract, Cinnamonum Cassia (Cinnamon) Bark Oil, Zingiber Officinale (Ginger) Root Oil, Vanilla Planifolia (Vanilla) Fruit Extract, Caffeine, and Hemp Oil. The 'About this item' section highlights that it is all-natural, contains natural botanicals like hemp and caffeine, is free from glycerin, parabens, and contains 0% THC (no high), and has a natural chocolate-mint flavor. A red circle highlights the product name and price, and a red arrow points to the '0% THC' badge.

## Topics Covered

- PRP for Lichen Sclerosus Goes Standard of Care
- Dark Skin and Microneedling (Insulin vs. PRP)
- Microneedling for Striae and Post-Surgical Scars
- A Complication of PRP for Hair Loss
- An Espresso for Your Vagina
- A Little Christmas History that Led to Our Arousal Oil
- Keloid Response to PRP
- Help Your Patients to a Healthy Holiday and Grow Your Practice

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## Transcript

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Welcome to our journal club. We have several papers, but I think I can come under 30 minutes. That's been my goal. Last time, I went a little over, but I think we can do it in 30 minutes or less tonight. And after the papers, I have some tips on a way to help your patients who might be struggling with depression and help your practice at the same time. And we have a new product too, a new really very, I think, possibly profitable and effective product that you can offer your patients along with the O-Shot®. So, I'll get to that.

### PRP for Lichen Sclerosus Goes Standard of Care

Let's start with this paper.<sup>1</sup> We've covered Lichen Sclerosus for over five years. I've co-authored three papers on it.<sup>2 3</sup> The stack of research that's come out is becoming overwhelming, yet it's still not considered standard of care in the view of many.<sup>4 5 6 7 8</sup> The main reason I point this paper out to you is

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<sup>1</sup> Paganelli et al., "Management of Lichen Sclerosus and Related Comorbidities at a Tertiary Referral Center."

<sup>2</sup> Posey and Runels, "In-Office Surgery and Use of Platelet Rich Plasma for Treatment of Vulvar Lichen Sclerosus to Alleviate Painful Sexual Intercourse."

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

<sup>4</sup> Lee, Bradford, and Fischer, "Long-Term Management of Adult Vulvar Lichen Sclerosus: A Prospective Cohort Study of 507 Women."

<sup>5</sup> Casabona et al., "New Surgical Approach to Lichen Sclerosus of the Vulva: The Role of Adipose-Derived Mesenchymal Cells and Platelet-Rich Plasma in Tissue Regeneration."

<sup>6</sup> von Krogh, Dahlman-Ghozlan, and Syrjänen, "Potential Human Papillomavirus Reactivation Following Topical Corticosteroid Therapy of Genital Lichen Sclerosus and Erosive Lichen Planus."

<sup>7</sup> Gutierrez-Ontalvilla et al., "The Effect of Lipofilling and Platelet-Rich Plasma on Patients with Moderate-Severe Vulvar Lichen Sclerosus Who Were Non-Responders to Topical Clobetasol Propionate."

<sup>8</sup> Tedesco et al., "The Use of PRP (Platelet-Rich Plasma) in Patients Affected by Genital Lichen Sclerosus: Clinical Analysis and Results."

that this is a tertiary center where they're treating Lichen Sclerosus, which was resistant to topical steroids, and they include PRP in the treatment protocol.

And that's really the only point of me showing you this.

Most of you know this already because you've been doing it for years, and you've seen it work tremendously well for poor people resistant to topical steroids. It doesn't work every time, but over 80% of the time, you're going to get a great result.

But I haven't seen something that strongly hints at it going standard of care—until this paper. Because you're looking at a tertiary referral center, in between the lines, **what you're seeing is a nod of approval.**

I put this paper in the handout section so you can take it. It contains a few tips (in addition to the endorsement of PRP) and is a nice overview of how to treat Lichen Sclerosus, which is resistant to topical steroids.

But if you've been doing it for a while, there's not a lot new there. It's just that endorsement that excited me. And you can see it just came out.

[=>If You're Not One of Our O-Shot® Providers, Learn our Protocol in Use for Over a Decade Here<=](#)

You could send a link to this. You'll find it in the download. You could send this link to your people and let them know that you know how to treat lichen sclerosus in the way described in the paper.

## **Dark Skin and Microneedling (Insulin vs. PRP)**

And then this paper, the second time I've seen this, we've looked at platelet-rich plasma with microneedling for scars.<sup>9</sup>

There are papers almost every week that come out about microneedling. I don't talk about them all, but the reason I chose this one is something to look at is they were looking at dark skin and they were looking at platelet-rich plasma versus topical insulin. And I've read this, I'm still not sure I understand the mechanism of how it works, but this is not the first paper I've seen about using insulin.

Probably two years ago we had a paper where they compared micro-needling with insulin versus PRP, and it's like the old rock, paper, scissors game. If you put it all together, microneedling for acne scars is not as effective as microneedling combined with Vitamin C serum. Oh, the saline has been done too. So, microneedling with saline is not as effective as microneedling Vitamin C serum, which is not as effective

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<sup>9</sup> Mohta, Yadav, and Ghiya, "Microneedling with Autologous Platelet-Rich Plasma versus Topical Insulin for Treating Postacne Scars."

as microneedling with PRP, which is not as effective as microneedling followed by OTCA trichloroacetic acid.

And I don't know how that stacks up with the insulin, but here's a paper showing microneedling or Vampire Facial® with PRP for acne as not as effective as with insulin.

But if you dig into it, both are very effective. And it looks like the only difference was in the boxcar scars and the icepick scars; the insulin did better. The advantage they point out is that insulin is just so cheap—it's cheaper than your PRP kits. When I speak with our providers who have been at it for a while, they're less academic about it because if you have scars on your face, **what you really want is everything that might help.**

So there's often an alteration.

When I have chosen agents, when I treat scars, I will usually inject PRP subdermally, undermining the scar, intradermally, microneedle it, bring them back four to six weeks later, and repeat it either with the TCA peel instead of the PRP or with the PRP itself.

This is only the second paper I've seen discussing insulin. I think I need to finally break down and figure out how it's working and give it a try since this one just flat out tells you that, at least for the ice pick in the boxcar scars, the insulin worked better. So it's worth a try. This one is open source, and I put it in your handouts.

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Let's jump to the next one.

## **Microneedling for Striae and Post-Surgical Scars**

Another microneedling study, this one just looking again at microneedling for striae, but they throw, even though it says striae, it's also post-surgical scars.<sup>10</sup> I've treated, of course acne scars, but also thyroidectomy scars, hysterectomy scars, zoster scars, scars from biopsies, and it just works.

It can be so life-changing, especially for young people who are establishing relationships. It can just be extremely life-changing. This is just reassuring us that yes, it does help if you add in the platelet-rich plasma. Of course, you now have a plethora of people who need this with the new weight loss drugs when they lose weight.

But it's also rapid weight gain. You'll see it when women who have been breastfeeding or men who get a lot of muscle mass. So it's not just postpartum striae and weight loss. It's out there if you look for it and you have a way to make it better.

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<sup>10</sup> 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.”

A lot of young people want this. It's not made a big point of it in this study, but in a previous study we looked at a few years ago, you have to go pretty deep if treating the postpartum striae. If you're treating stretch marks of the abdomen, you need to go two millimeters.<sup>11</sup> With the other scars, thyroidectomy and such, obviously, use your judgment depending on the thickness of the scar, but we've looked at cleft palate scars. It's just, of course, that this is the reasoning, the remodeling of tissue, behind the effectiveness of PRP for Peyronie's disease.<sup>12</sup>

Scarring is not just a cosmetic thing. It can affect function.

## **A Complication of PRP for Hair Loss**

This is a letter to the editor about a man who had treatment for hair loss.<sup>13</sup> And then he had these nodules. You can see them right there.

Had this happened to me, I would not have known what to call it. And I've never heard of this happening. But with enough of us, we're almost 3,000 doctors in number, it could happen to one of us. And so when it out there as when you see it, you'll know a possibility of what it might be.

They call it a histocyte reaction or PRP-induced, benign non-Langerhans cell histiocytosis, non-LCH of the skin.

They followed it, and it went away on its own. It's still not a long-term horrible thing to worry about, but it would definitely be a nuisance. I wanted you to know it was out there.

I think that's all the new papers. We had so many papers come out this week, several about infertility and injecting the endometrium, and several more cosmetic papers. It seems like there was an explosion this week, but these were the ones I thought most helpful. I look for papers that either confirm what we're doing or instruct us on how to do better, and I think those fit the bill.

Now, a couple of other quick things, and we're about halfway through. So, I want to go over how to grow your practice and help your patients with the blues and our new product.

## **An Espresso for Your Vagina**

Let me swap over so [you can see it on Amazon](#).<sup>14</sup> We have a product on Amazon that I hope helps promote our procedure. We've had an arousal oil. But, it was a hassle because it had CBD in it, which

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<sup>11</sup> Zhu et al., "A Systematic Review on Treatment Outcomes of Striae."

<sup>12</sup> Virag et al., "Evaluation of the Benefit of Using a Combination of Autologous Platelet Rich-Plasma and Hyaluronic Acid for the Treatment of Peyronie's Disease."

<sup>13</sup> Haritha, Rao, and Babu, "Platelet-Rich Plasma Resultant Cutaneous Nodules on Scalp."

<sup>14</sup> "Amazon.Com: O-Shot® Arousal Oil for Women : Health & Household."

made it so that if you tried to sell it through PayPal, they would shut you down. By the way, Square since 2019, I think Square will allow you to sell CBD products, but I wasn't convinced the CBD added that much, and I prefer an oil versus water-based product.

I once heard a very self-assured physician speak at a gynecology meeting who said, "If you're doing things right, the woman won't need lubricant."



My first thought was, "Probably so if you, the man, have premature ejaculation, but if you're having vacation sex and you've had to call room service twice and you're not even sure what day it is, you ought to throw the girl a little bit of lubrication."

I think he called himself out as the one with premature ejaculation, but that's my bias. I think I don't care if it's a 20-year-old; there are times when lubrication can be great, even if she's lubricating perfectly well or even an abundance of lubrication. It can help. It can make things better.

And this isn't the place to talk about how that might work. But I think considering my audience, I don't think I have to explain that.

I actually don't like our water-based lube as much as our arousal oil, although many people love it. Do you like a Ford, a Chevrolet, a Bentley, a Lamborghini, or a Jeep? They all get you to the store and back, but I prefer an oil-based lube. But, that CBD was slowing us down. So, I had this idea, I thought it was unique. Turns out it's not. There are a couple of other people that make it, but not many. But I wanted to put caffeine in there, into our arousal oil.

## **A Little Christmas History that Led to Our Arousal Oil**

Probably two Christmases ago, I probably shouldn't tell this story, but if you just Google coffee enemas, I haven't done this but let me pull it up and see what comes up. There's a subculture of people who do coffee enemas with the idea that not only do you absorb the caffeine, but because you're absorbing it through the rectum, it changes blood flow and the pelvis and can be pleasant.

So my wife and I tried it and I don't know, it was okay, but it wasn't something I'd want to do on a routine basis. But how can you be a sex doctor and tell people you've not tried something? But then we accidentally served the enema coffee on Christmas morning and didn't realize it until most of the family was through with their coffee. And this was extended family. And I'll have to say I was very proud of them when they all figured out they were drinking enema coffee. They just smiled and kept drinking. So it may become a Runels Christmas tradition to serve [enema coffee](#), but there is some logic behind it. I'll get back to our product.

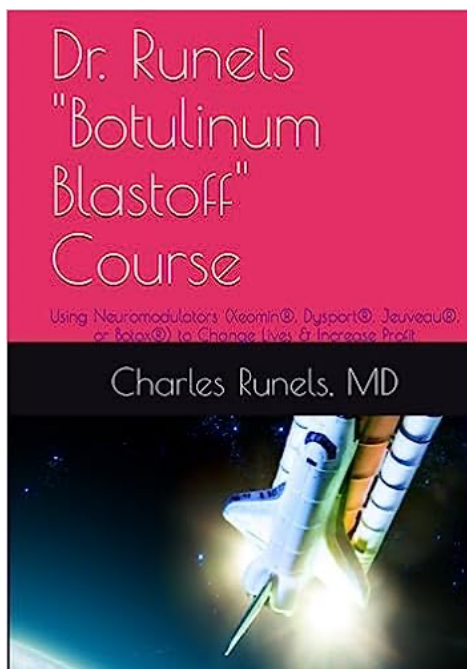
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And the logic is, I'll go back to dyspareunia, the days before I had an O-Shot®. And even now, it's an amazing strategy if you have someone with dyspareunia and their estrogen replaced because there are

so many testosterone receptors; oftentimes, as many of you know, can add in topical testosterone, and things will just get better, the sexual response gets better.

And when you're adding something topical, you know this, but I want to lay it out so we can examine it. If you put topical testosterone on the surface of the vagina, you're going to get an extreme concentration in the local tissue. And to get that level of local tissue concentration where you're applying it, you'd have to have a tremendously high complete somatic level if you're giving it say, I am. So it's a nice way to get a really high local level without extending to an unsafe level. Your blood serum levels and that strategy will serve you. Well, try it. And the next person you have that has dyspareunia; it's a great adjunct to your O-Shot® if they have pain and you've ruled out surgical causes.

So the same idea would be that caffeine, and there's not a lot of caffeine. I think there's in the 1.7



ounces, I think there's about 50 milligrams of caffeine. So, it's not quite a cup of coffee, but it's in a much smaller container than a cup of coffee. And by applying it locally, the idea was maybe you could get not extreme caffeine like you took some diet pill or something or one of those sports drinks, but the local tissue might have a response. And there are some that make sense logically, but it's not something that's done a lot. And when I first came up with the idea, it was nowhere on the market, but I was able to find two other products that include caffeine.

It's fun to think of how you could talk about it like espresso for your vagina.

I've got a lot of words and ways you could talk about the, a matter of fact, I might as well pull a few of them up. I had some; hold just a second because I'm recommending my wife, and I tried it. And like I just said, we've tried just about

everything, and for what it's worth, it seems to be doing something good. I'll leave it at that. So, yeah. So here's some phrases that are fun to think about:

“Espresso shot for ecstasy”

“Fuel your O with the buzz”

“caffeinated sensation”

“G-spot's favorite pick me up”.

“Rev up for ecstasy,

sensual energy in every shot.

The big O secret boost

feel the jolt of sensation.

You go on and on, playing with words.

The backside of this is that it is secondarily pushing our procedure, and you guys can get it at a good wholesale discount ([login to the membership site](#)).

So I think I made a mistake with our vampire creams because I limited the sale of it to just us. And I think that limited the distribution. I hate to be too optimistic, but our goal is to put this on the shelf of, I won't even say the name, but put this on the shelf of one or two department stores you would recognize.

And it's edible.

I insisted on edible. Why would you want something on your genitalia that's not edible for your partner? So you could sprinkle it on your salad if you wanted to.

It smells a little bit like a cross between suntan oil and chocolate mint, which I'm not a big flavor guy because I think women have their own flavor that's better than what you can buy at the store. But it's fun. It's not something you want to do every day. And this is how I would talk about it. I just told you how I would talk about it with your patients, and you could give it as a giveaway for your people who have an O-Shot®, or you could give it or sell it to people who are there for other things like women that are there, whatever then. This could be anything. Give them away for as a freebie if they get a bunch of Botox or sell it to them.

If you can also buy the product if you log into our O-Shot® membership site; once you log in the O-Shot® membership site, you go to supplies right there and scroll down, and you'll see it tells you what it sells for. And you can see the retail price. So it's a nice profit for you. You won't retire Hawaii selling this. But some people in our group are cumulatively making shocking amounts of money selling when you add up all the profit they're making with physical products.

All right, I think that's enough about that. I could go on and on about it, but I recommend that you give it a try. I think you'll find that it's better than what I normally have tried in the past.

Okay, now let's see. I think a question popped up, and then I'm talking with you about how I've really, for more than 20 years, had a strategy to help my patients during the holidays and grow my practice. And so I'll share that with you. Let's see what the question was. Hold a second.

## **Keloid Response to PRP**

Teresa says, "I injected half of a massive keloid with PRP injected intralesional on one side. The entire keloid is improved. Color with less erythema, less pain, and no itching supports the vicinity effect." Oh, thank you for bringing that up. Yeah, it's really pretty amazing. You injected half, but all of it got better.

Sophia Lubin presented a paper I saw where she had a nice atlas of treating keloid. I think I'll pull it up shortly, but actually I'm pulling up right now. Let me look. Yeah, here we go. I'll drag it over to your chat



box, the links. But I've got a couple of papers about treating keloid that have with PRP. There's one of them, wait, that was the question. Let me put it in the chat box. There's one; this one even talks about using botulinum toxin to treat a keloid, which is surprising until you remember that there are a lot of surgery studies looking at botulinum toxin for neurogenesis and angiogenesis, and remodeling of scar tissue.<sup>15 16</sup>

## Help Your Patients to a Healthy Holiday and Grow Your Practice

And let's go back to the healthy holiday thing. And I think I can do it. We've got four minutes and then we'll shut it down if there are no questions.

I have two things I want to show you. First, [I recorded this before podcasts were a thing](#). But I put this back when you could put a recording on your website, but there were no podcasts.

It's my tips about how to make it through the holidays and battle depression, and stay physically well.<sup>17</sup> I won't put this on the website, but I will get it for you. I had it transcribed for you.<sup>18</sup>

And I thought you might want to take that transcription and do your version of it. If you think this would be helpful, you could do a version of and add in what you know about. Now, how does that grow your practice?

One, as we talked about last week, people feel like they're supposed to be happy during the holidays, but the truth is there's a huge amount of depression. When I worked in the ER, the most depression and suicide attempts that I saw was always during the holidays. People just, as you know, they feel like they're supposed to be happy. And if they're not, then there's something wrong with them and they feel awful. And they feel more awful because they think they're not supposed to feel awful and they think everybody else is having fun.

Hold on a second. I'm going to give you this and I don't care. You're on this call; read it word for word if you want to; I don't care. But just, okay, here, I got it. I'm going to put it into your download thing. Then if you want it, you can download it that way you have it as a script and you could edit it if you wanted to and then just read it or some version of it. You wouldn't have to make stuff up now, of course. Okay, it's up there. It's a Word file.

The other thing is that we know eight double-blind placebo-controlled studies have shown that botulinum toxin helps depression. Double-blind placebo-controlled studies showing botulinum helps depression. As part of my Botox course that I sell, I talk about this research and the science behind it. I

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<sup>15</sup> Neinaa et al., "Botulinum Toxin and Platelet Rich Plasma as Innovative Therapeutic Modalities for Keloids."

<sup>16</sup> Ebrahimi et al., "Platelet-Rich Plasma in the Treatment of Scars, to Suggest or Not to Suggest?"

<sup>17</sup> "How to Have a Healthy Holiday."

<sup>18</sup> "How\_to\_Have\_a\_Healthy\_Holiday."

have videos on how to do it, and there's my beautiful wife with me injecting as my model, and it's all right there.

And I'm going to give you that right now. <sup>19</sup>

[=>Click for free instruction on using botulinum toxin to treat depression \(includes video and references\)<=](#)

And you can use that too, parts of it, to let people know that not only is it okay to be sad in the holidays, but there are both botulinum toxins that could be helpful to them, even if it's not just about looking pretty for their pictures. So they could help their depression as a side effect. They'll look less worried for their holiday pictures.

So the combination would be you do your video, a combination, or an email based upon that recording. And I didn't give you a link to the recording, did I? Excuse me, let me give you that too. This is the recording. I gave you the transcript. This is so old you'll hear me talking about, this is before podcasts. This was before Audible. I think I was still, I don't think it was cassette tapes. It might've been a CD player. Heck, I don't know. It might've been a Walkman because so much has changed. Sorry, I got a cough tickle in my throat there. So there's the link to the recording. If you wanted to, you could just share it.

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But I'm giving it to you to do your version of it. And I think now I'm going to go cough somewhere unless I see any questions, got a little tickle, I'll give you another second or two to copy all that. And that should help you find another Botox patient or two because it gives them a reason. They're strapped for money. They feel selfish getting their cosmetic botumlinum toxin until you say, no, this is a good way to take care of yourself. And I think you'll see there's some other tips in there, but that's something I think most of your patients don't know that it will help their holiday blues, too.

And with that, I think I'll end it. It's always an honor that such smart people show up to tell me what they think and pay attention to what I might be thinking. So you guys, have a great week and I'll see you next time.

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<sup>19</sup> "How to Have a Healthy Holiday."

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## Tags

journal club, Lichen Sclerosus, platelet-rich plasma, topical steroids, microneedling, PRP, scars, insulin, acne scars, striae, stretch marks, thyroidectomy scars, hysterectomy scars, keloid, botulinum toxin, O-Shot®, holiday depression, practice growth, arousal oil, caffeinated lubricant, Espresso for your vagina, dyspareunia, CBD, holiday blues, Botox, cosmetic procedures, patient tips, Charles Runels

## Helpful Links

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