Explore Data-Driven Sexual Health Solutions Transcript

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Introduction to Sexual Health in Parkinson's

Welcome to The Parkinson's Solutions Summit. I'm your host, Dr. Ken Sharlin. I am very pleased to introduce Dr. Elliot Justin. the founder of FirmTech.

we're going to be talking about sexual health today, and it's going to be a very science based, evidence based discussion that's really gonna open your mind to to really important topic that too often doesn't get discussed, but because we're going to be talking about sex, I just want to let folks out there know that if this type of conversation is not for them, go ahead and skip this video.

Or if they have children around and they're not comfortable with this discussion with children around. I just simply want to let them know. But this is going to be an excellent, excellent, very, informative conversation.

So I hope you stick with it. And, without further ado, Dr. Elliot Justin, welcome to The Parkinson's Solution Summit. Thanks. It's a pleasure to be here.

I want to read something that's actually from your website that I think is a great conversation starter. You right reach shows that regular once two times per week sexual activity can reduce the risk of cardiovascular mortality by 50%, lower the risk of developing prostate cancer by 33%, and reinvigorate minds and bodies.

Sex can improve brain function, increase sleep quality, reduce stress, and enhance intimacy. That is really powerful stuff. Yeah. And if you look further into the website, the science section, we have articles.

You know, it's I teach to support all of those. we know that that men and women who have sex every day for two weeks reduce the cortisol levels by half.

I don't know whether that's, that's sustained, but that's, that's the stress hormone. on the social side, we know that, couples that have sex twice a week versus couples who have sex twice a month have half the divorce rate.

Well, if there's one thing that we doctors are often negligent about is finding out about people's primary relationships and the partnerships and such and the marriages, we don't ask and we should ask, because it's so important to people's not just there to the happiness, but to their but to their overall health effects.

Almost every as we as I indicated, effects on every body organ. It's just too often not asked. And I was, interviewing someone a little earlier today.

in the world of Parkinson's, we use a, symptoms tracker in our office, and I. And she and I use it very similarly because too often when someone comes in for help with their Parkinson's, we focus a lot on their tremor.

We focus a lot on their gait, maybe their ability to swallow, their posture, their their whether they're falling or not. You know, broadly, those fall under the motor symptoms of Parkinson's.

They certainly play into sexual function. And I'm sure we'll get to that.

Sexual Function, Aging, and Cardiovascular Risk

But this tracker allows us to actually say, what is the most important thing to you? What's bothering you the most? And thank goodness this tracker does add sexual function into the mix.

And so we can discuss it and we can help our patients find solutions. Well, that's a great tracker because and I and I by the way when this is over, if you could send a reference to that track I'd appreciate it because as part of

people's, you know, annual physical doctor's never ask.

I've never had a doctor ask me about my sexual health. I never had doctor warned me about the sexual side effects of medication, side effects of medication, or of a procedure.

And they should know that I'm a doctor, a bit better educated. But that's not therapy because sex is so pivotal to their self-esteem and their health.

My wife, who's in the room right now, she's never had it over. Even her gynecologist. Warn her, hey, this might be worth this hormone, might be worse for you and that hormone or that or pro.

That's to. Hey, how are things going? Going in marriage. And you know, there's no track, there's no box, no it when when the. And I hate to dis our profession but we've especially today that we have people like say data driven health care but we have electronic health record driven data care.

There is no box that health record. And you know, I, I've, in my last year of active medical practice, I was in the emergency room. I started I, I started making a point of asking people if I had the opportunity, if they came with broken ankle, especially older people.

Hey, by the way, are there any issues? It, in, involving sexual health, I affected like to discuss. And actually, if the guy didn't want to talk about it, a spouse would talk with him about it, and vice versa.

If the the wife, the woman, the don't talk about the guy talk about and that I think the people want to have this conversation with the doctors, but they don't.

But we don't we don't initiate and make them feel comfortable. And we're remiss. So let's kind of before we get into Parkinson's, because folks with Parkinson's among the neurodegenerative diseases, folks with Parkinson's are particularly affected.

That's why this is such an important topic for this Summit. But can you just paint a broader picture? I mean, you've brought up age. We've kind of briefly touched on cardiovascular disease.

You've mentioned medications. What are the what is the sort of, you know, statistics and what is the terrain really look like in terms of sexual function as we age?

Yeah. Well, the numbers are alarming. I mean, 50% by age 50 report three or more episodes of erectile dysfunction. It goes up 10% per decade thereafter.

I'm 71 by my age is 70% plus of men have erectile dysfunction. even by age 30, it's close to 20 to 20 5 to 30% of men have some sort of rectal dysfunction.

Might be premature ejaculation at that age. Most men with premature ejaculation go on to have erectile dysfunction, you know, as they get older. Now, I kind of look at erectile dysfunction.

The at in the causal or manifold that they cause range from, psychogenic Ed to performance anxiety, premature ejaculation. And then there are then there are, the diabetes hypertension that throws this there medication with side effects.

And we doctors are we, we prescribe medication to people that kill the sexuality, and then we put them on the presence. It's really it's kind of it's it's kind of a mess.

but we have every urology literature. I've, I come at this from the outside because I was got involved in this because urologist. But background in medicine as a doctor, and short of a heart attack or stroke, there are a few emerges that concern a man as much as a limp penis.

that's that's that's the way we are. and women are maybe 10s behind us in, in, in recognizing recognize that about themselves. So, I was challenged by urologist to come up with a way of counting the number of nocturnal erections that men have while they're sleeping.

and I thought, frankly, what that for? we all know about the morning erection, but I was unaware three years ago. And you might be better educated, if I'm unaware.

Three years ago that they are natural erections are a leading indicator of men's cardiovascular health. Well, in medicine, we treat associations. we treat, high blood pressure is not predictive of heart attack or stroke.

It's associate strong association associated bleeding be the indicator means if a man has decline number, nocturnal erections, and off the top of my head, the numbers are 50% on to have a heart attack in two years and 80% will go on to have a stroke in three years, if not a you know, it's not something I've not addressed along the way that this is.

That's huge. So when this doctor urologist said this and I thought, well, that's extraordinary, this would be like a sixth vital slide. And what vital sign would be more motivated men to change their, their habits, take their medications, lose weight, etc.?

Then the system is their sex. And we live in this age of healthcare wearables where where you can learn about diet, exercise and sleep. Now you can learn about something at night that's predictive, not just of your sexual health, but cardiovascular health.

So that's how I got involved in this. Well, that's that is really fascinating. I before we got on for this interview, I was reading a statistic. So 79% of men with Parkinson's have erectile dysfunction, sexual dysfunction in women with Parkinson's, 87%.

And then their counting loss of libido 83%, which they said is double that of the general population. And because we were commenting on this statistic earlier after the interview started and said didn't even comment on, women who are unable to, basically they lose clitoral sensation, which is the main reason or I hate to use the word swear.

So there's a better way, better term. But in terms of female orgasm, most of that successful orgasm that's going to come from clitoral sensation, and it's really the equivalent of a male erection.

Nocturnal Erections as a Health Indicator

So I don't know what those statistics are, because I think there's a problem with science collecting that perhaps. but it's important information. Maybe it's out there.

But clearly we do have a problem. Well, in the nonprofit population, it's worse than the male population. So it's 55% for women. They report, if women at age 50 is 55% of women report, what's called FSD, female sexual, female sexual, dissatisfaction.

Again, this is a subjective score in systems. and as you know, I'm with FirmTech, we are intent upon, upon providing people with data equivalent to your blood pressure or your electric requirement.

We have the chief of women. Yet we will we will put this way with women. We've tested 38 women. We know we cannot get the data. We we need to now marry the census to a form that's comparable to one overnight and be wondering stats, etc..

On the male side, we have documented 40 and 44,000 erections. Now, and we are learning a lot about what works for men and what doesn't work. And what we're learning for the nonprofits is population, which we're focused on, should be applicable to some degree, the population that you're caring for is fascinating.

So I'm just looking at some of the these great, phrases here we were referring to under wearables, delivering

objective, actionable personal data, and, and can intensify pleasure.

So we really need to get metrics. We need to understand what's going on. You're talking about nocturnal erections and men and the risk of a cardiovascular event.

Are there other measures we need to be looking at? Yeah. And one thing I want to emphasize here is that we are looking at data that's also personal as well as objective.

And one of the errors that we make in medicine, and I think we're finally outgrowing this. I mean, I'm I'm 71 years old doing this for a long time. I don't know how you are.

You're the other day, but you were doing for quite a while. the way treat patients if the one size fits all. we, put people on the same dose of SSRI depressants, the same dose of Pde5 medications to treat erectile dysfunction, the same dose at the hypertensive.

And we can disregard gender weight, other other, unique personal personal factors. So our data is personal. Our data is personal. And and that makes it actually even even more of that even more valuable.

So what else can be done. So what really looking at two. So one we want to provide people with we want people to wear the device overnight because we want to because by counseling them nocturnal erections and measurement of the duration hardness, we can then measure the impact of diseases.

And we're not studying Parkinson's but you. But this could be a study Parkinson's. Okay. But I'm talking about other diseases that interfere with blood flow.

diabetes, hypertension, atherosclerosis. There are other other causes as well too. And by looking at things during the night, we eliminate variables like having sex, a masturbating, having sex with a partner, having sex with your wife.

Where are you? Alcohol, drugs, all these things are all kind of washed out, washed out. But we'll get back to them in a moment. And we can also measure the impact of medications.

I personally have seen the impact stop taking a blood pressure. Yeah. So because I saw the impact on my nocturnal erections, wasn't visible to me when I was having sex, I'll put it this way and then I'll name the medication, because I believe since all the men using our products, it's less of a role.

Really common blood pressure, you know, blood pressure medication, wasn't a beta blocker, which are really which I we've also had customers report back to be problematic.

but taking less than, my erections were 85% as hard as, they were before I started taking it. But while I take a medication that's interfering with the blood flow to, to an organ in my body, you know, when when there are other medications I'm taking, I, you know, I but now I'm taking right now that that have no impact whatsoever.

So what are device possibly want during sex and accomplish is two things I'll talk about the data first one during sex and then also the impact of diseases medications. But but it can also rule out psychogenic factors.

So if males have nocturnal erections it doesn't have erections that are hard for but check erect with with a partner it's probably it's probably satisfy a psychological problem or whereas you know often anxiety related problem.

and but people can also then measure the impact upon this PBA being able to measure the impact performance, sexual performance of medications. And you're in a world where people are taking medications that might hypothetically enhance their sexual performance like dope, mean, but also taking any depressants at other men.

But, you know, you're dealing with an older population. Well, 35, 40% adult population, point population. Parkinson's I assume are taking a hypertensive and therefore apply to poly.

Likely you're taking something that's have an impact on a sexual performance. and there are other classes of medicines as well to, a lot of medications that are done to if men have but often static hypertrophy and the taking the flow medicine those medications interview with erections.

So there's a lot of polypharmacy here to think about. it's important that the people go to specialist like yourself. We're going to look at the overall picture.

Because a lot of our I call them patients, but they are customers. I have a doctor. a lot of them are taking the same multiple doctors, and they don't feel comfortable talking about this, their sex life.

But they got they got this right from this doctor and they got blood pressure mentioned that doctor and, you know, and, it's they need data in order to sort out what's going on.

But then we also are trying to come up with, and I'll, I'm going to I'm going to use the phrase that people use to describe this is in real life. Urologist Paul Cock rings.

It's Richard bad. Well, it's not like a Nazi who they have. What? What man wants to put a constriction bad on their on their penis? you know, like, it's, it's such a negative phrase.

and, so we, we call it, we call them, erection rings or reaction enhancers because that's what they are. I'm now I'm a do I'm just curious. So, do you have a statistic that helps me understand better if I use a device like that, you know, is it?

Oh, yeah. 50% better. 75, 100%. We do. Because we I mean, we did, and, so we did an internal study, I have a test group of men, 11 men. and this there's going to be a paper that's under it just got underway.

IAB paper, looking at this same thing. I look at 35 men. looking at these two methods. So data mass is the time it takes for an erection to go down. You have to climax.

and the more blood is held in the penis, the longer it takes for the erection to go down. And it's obvious to me that. Well, the claim is most people, men have rectal dysfunction.

Wearable Data, Medications, and Personalized Assessment

Go to a doctor, go online, and they get saddle filled tadalafil. They get fiber or cialis. those medications put more blood in the penis. But is that the man's problem?

And going back to the original slide with data, if you look at it it's like 12% more effective than placebo. It's big pharma advertising. It persuades so many men to, to take this idea, 20% is not that's not a dramatic effect.

So I group ed those that are erectile dysfunction into two groups, ten men who can't attain erection, a can't sustain erection, men who can attain erection, that's that they have a serious problem.

These men need zero ologist. They have a card and or a cardiologist. They have a cardiovascular medication related problem. And so otherwise, and diabetics, the ones that suffer most because they have both neurological disease and vascular disease.

And again, I'm not I don't I can't speak to the prophecies population. I suspect that's. Well, it's complex because in Parkinson's, a substantial portion of individuals with Parkinson's have that cardiovascular profile.

you know, comes as a surprise, perhaps, to some folks viewing this interview that while we talk a lot about, say, high blood pressure and cholesterol and diabetes is a risk factor for stroke and heart attack, and it's they certainly are.

And broadly, we may call this metabolic syndrome. It usually includes insulin resistance as well. Changes in the

waist to hip ratio. Actually there are major risk factors for for Parkinson's for Alzheimer's disease.

So we have that contribution. And then and the people who have Parkinson's, they often have autonomic dysfunction as well. So they have degeneration of their autonomic nervous system.

On top of these cardiovascular challenges. But. You know, so again that these men can attain erection, then their men can't sustain erection. And that the and the that that's multifactorial in terms of course.

But every erection that is attained but but lost ends in venous leak. Whether the erection is successful, the person has climbed as an orgasm or whether they lose their erection.

There's a failure on the venous side to hold blood in the penis and the answer is, in our view, is a mechanical solution. That's a that's comfortable.

So here's a here's here's here's what our journal study showed. we looked at at 11 men who, did not have you do. And they range in age from 27 to 70. I was the oldest subject, and we took the average chart for the rest go down after climax.

I, as I recall, is 28 seconds. That's around of the 33rd, like 30s. the average time it took, with ten milligrams is a dollar fill was a little bit of two minutes.

And that's the most commonly prescribed medication for, you know, for records function of two minutes for blood in the penis. The ring, which we use is what we call a maximum performance rate was a little bit of a four minutes.

And the tadalafil plus the ring was a total of five minutes. So the takeaway I mean the numbers are small. But the takeaway is if you if you if you want to have a long lasting erection, put a ring on because a ring is a mechanical solution.

and we, a good ring will keep but the problem with the rings, are they not? They've been. They made out of hard silicone. They there are comfortable. they can compromise circulation.

They call through lateral flow. You have to have to have an erection for erection. Really? For for it to work. Well, when this doctor, doctor hotel. It's not what you develop.

Officer came to me, said I want you want to have nocturnal erections. I realized I had to reinvent the Cochran had to because I had to up with something to be worn overnight so it could block the actual flow.

And it couldn't be, you know, a chokehold, if you will, on on the penis. Right. Not to allow that terrible blood and only constrained venous return. It couldn't.

And the degree to which of his return, could not, you know, had to be adjusted with and we had to be played around with lots of materials because if it was just a trickle, then it would just be like a choke hold.

If what if it was too wide open like a, you know, like a half open drain, it would just wash away. So it, it took, you know, different prototypes to get it there.

But we now have a ring that can be worn safely. for 8 to 10 hours. There was a paper that was presented at the American Urology Association meeting in San Antonio, just a maybe a month ago.

Look where demonstrate ours is the only this ring it's made out of elastomer rather than silicone was last summer. adjust to us that this ring could be.

It was worn by 600 men that study for four hours more than once. Without it, without any complications. We've had no competition with it whatsoever. So the ring that, And our ring opens and closes with with a hook.

So it's easy on, easy off. Even a man who, and I, I'm relatively lean. You look like you are as well, too. But both a lot of men are overweight. They can't see the penis.

And using rings is difficult for them, but it opens and closes with a hook, so it's easy. Easy off, and it's safe. So, I cannot, you know. I mean, what you're saying, too, is you have to make sure if you're going to use something like that, maybe you want to think twice about going into your sort of generic typical, you know, adult sex shop where things like this are sold because you're probably not thinking at all about what potentially mechanical constriction can do on the negative side.

Yeah, well, that's the, one of the reason why they haven't caught on, because they're just uncomfortable. I mean, for, you know, for my wife and I. And Cochrane would be like a novelty to get, you know, once in a while and just throw it out afterwards.

But they're, they're, they're uncomfortable. So to come up with one that's really comfortable, and can sustain male performance, I think it'd be really valuable the Parkinson's patients if because it's, it's, it's a confidence builder, you know, and when I was I'll speak for myself for years while I was 14 years old, I could hold a girl hand.

And having a regular for two hours, 71 years old. And I'm happily married for 36 years. My wife was in the room, I can tell you that. I could hold her hand all day and I'm not getting an erection.

I might feel good about her, and. But it's it's, We for for us personally, we make love longer today. Since we came up with the ring, we'd actually, I technically, I don't have it.

I'm. I'm fortunate. I'm really good health. but we used to make love for, you know, ten, 15 minutes. And we now make love for twice as long. Why? Because we're both confident that I'm going to stay high.

And that's a game changer in the in the male mindset, the the mindset, the partner. And we've, we've heard this in quite a few of our customers. And, there's going to be a, a psychologist at, and, we're we have an agreement.

It's going to be one of the major universities in New York City. And he wants to study the impact of, copying your specific hours. But because we want for a longer period of time on marriage, that satisfaction between in between, you know, in, in heterosexual couples situation.

And there's a, there's, there's a female sexologist you're gonna call just, Rachel Rubin, she's in Washington, DC, and she wants to do a civil study, you know, with her on her female, you know, female population because the male.

yeah. Because, hey, many men need, there's some that's going to enhance their performance as they get older. It's not, it's not Game of Thrones, HBO, HBO, sex out there in the real world, you know?

And to be clear, and I'm glad you said that. But I do want to summarize. We're not talking when you said this device could be worn for 8 to 10 hours, we're not talking about marathon sex agents.

No, no, no, that's the day. Talking about collecting data that could have a huge impact on maybe even your life. If you're talking about your risk of heart attack or stroke.

Erection Rings and Mechanical Solutions

But it does address sort of normal. Com and let's just put it that way, bedroom performance and the range of time that is available because, hey, the parts work, right?

I mean whenever a couple feels like they're done, they're done. Or they want to initiate, they want to initiate, but the frustration can come in the middle when they're both ready and the man can't have an erection or can't sustain it.

Or loses it because something happens. I, you know, there's something distraction. That's something, you know,

just, you know, something comes up. But I will say that the data is valuable.

We've had two men report to us that they got caught, that they got a cardiac catheterization of have data. One guy went from five erections to, just a 60s to 2 to 2 very weak, nocturnal.

and one guy had none. But he needed to see the data to motivate him to, to go to see what he has become a documented cardiologist because he was just he just felt he was couldn't get up for the, you know, for for reasons in his marriage as opposed to, you know, we had that he had that he actually the problems is marriage.

You might have problems of marriage anyway. But the problem is having a in bed work where we're probably, you know, probably physical, not psychological.

Yeah. Now, just thinking about this as a man, I mean, it's this you've talked about. Hey, we looked at different materials and we're certainly taking into account, physiological blood flows so that we're not creating a device that essentially could create in a schematic event.

which would be terrible, of course. what about just simply, depth of penetration or, you know, you know, if I'm wearing something on my penis, is that going to interfere with the ability to have intercourse in the first place?

Sure. Well, the the, we have two devices. One without the tech that's quite slender. Doesn't doesn't it doesn't if you're all the device with a tech. the the the there is, it sits on the base dos on the penis.

And for most men, the base, the door at the top side of the penis. When you're having intercourse, you're. Yeah. There's something called the super pubic fact that the fact that about the penis basically is about the vagina.

And it kind of gets pushed back into that, it, we haven't heard that. I mean, not, you know, in it's been expressed because I'm not that that background, you know, a, a device businessman.

then you tend to focus on the complaints rather than on the successes. So we sort of we sold the 2000 of these tech rings. Yeah, 44,000 erection stuff documented.

And I've had two men only report to me that they felt it was interfering with intercourse. And one guy who I did speak with was wearing it the wrong way, so.

Oh, I don't I think the chances of it have it interfering are really, really, you know, you know, minimal. And we have had reports, more reports from women that like it because, the device, the, the this little box, if you will, sits on top of the doors.

The penis that's in the ring wraps around that. It's covered with a soft last layer and actually gets something for a woman to to rub the clitoris against, that's more comfortable, for, you know, for younger women to rub caress on pubic bone is okay.

All the women become the tissue, becomes the clinical tissue becomes more sensitive. and so we, you know, we have women reported to us that they that they like it.

Nice clarify for me. Said with and without tact. What does that mean? So we sold about 2000 devices with the technology and 10,000 devices without the technology.

So without the technology, it is a superior erection rate, as I prefer to call. it will. It's to our surprise, we have had an event about climate. We're using it for that purpose on the on the medical side and I was I will you know, I'm not a urologist.

I don't even know I never had but didn't know I know what's the word I heard my sister heard the word that I. But I didn't realize that men who, 30 or 40% of men.

You have to prostate surgery will often leak urine when they climax. and and a ring will help hold that your back. and then they can take it off and urinate.

And that's only a small group, you know, that's. Well, this way, if you're if if you if a partner, it's hard enough for men after plastic surgery to perform that.

That's an aid for that group. It's also it's aid for men who, but the wrestling ring, is an aid for men who, who have difficulty sustaining erection because they take medications with, beta blockers for hypertension.

That's right. At present, probably been the worst culprits. it, it's it's made for men who are diabetic, who want to have difficulty standing erection for nervousness reasons, but attractive or as I just indicate, with the due to medicines data that I told you before, all men benefit more'n all men will last longer with a ring.

And you know what we have? We have a joke that at urology conventions, how do you tell the difference between a gay doctor, gay urologist, and a straight urologist with one question?

do you use, do you use a Cochrane, gay urologist last night? Do you have a better one? Straight urologist? Oh, I don't need that. So the there is, there is just a myth as well too, that that that men see, men will see this as a crutch.

And my point to these men is, well, it's not about Neil. It's about what do you want to last longer? Do you want to be more? And if you last longer and and also if you hold more blood in the penis, you will have a more tense, will have more intense orgasm, likely to satisfy more as well, too.

And that's the question. All men of all men will say yes to that. I guess the tech is the p that part of the technology that collects data over time. Okay.

And that's and I, that's I kept yeah I got into this for the tech. I did get this to you know to, to make a more effective erection. Right. I'm proud that we have.

Well it's again super, super important. And you're also saying that it really is synergistic with, the sildenafil and the $2 fills and so forth. So there may be reasons potentially, to use both.

Are there any contraindications? I would recommend them. I recommend to them that they use the ring first. Just give them what I know. But this this larger independent people come out.

I'm confident it will validate because it makes sense. And we're talking about plumbing here. and if you're ready, if you can get if you're, if you're if your tap already works puts water in what the what the, you know, but you can't hold it in.

But that's both most problem then then makes sense that we need to work on the business side. And all men developed venous leak. We all do. Well this is a problem for some women.

I have a patient I've seen over the years who has. She actually has multiple sclerosis. And, as a result of her and as she has a lesion pretty far down in her spinal cord and, she and her husband, a very strong sexual relationship.

but the problem for her is any time she'd have an orgasm, she would urinate. And, we actually introduced her to a clitoral stimulator. she was able to go into the bathroom, have an orgasm, urinate.

Now, that's why she was doing it in the bathroom. She was sitting on the toilet so she could empty her bladder effectively. And then have, you know, intimate time with her husband and not worry about urinating, you know, in the dead or on him or herself or whatever.

I love that. That's it. That's I love that type of creativity. And, it's been frustrating to me. but as a doctor speaking to, my, my customers, it's that's so many doctors.

They don't ask the questions and they don't provide solutions. There's a lot still a lot of inhibition, inhibition about discussing these issues, a lack of motivation because there's no box to check.

Parkinson's, Hormones, and Women's Sexual Health

Absolutely. You know, there are many dimensions to this. And we're focusing, of course, mainly on the technology side on the mechanical side, you did bring up psychogenic aspects of arousal, you know, and then there's with Parkinson's, there may be pain, there may be body rigidity.

So we don't have the ability necessarily to move comfortably in bed or wherever the sexual activity happens to be taking place. Right. maybe tremor plays a role. Maybe.

Probably a little less than other factors. and then it's just low. Don't mean dopamine isn't just the neurotransmitter involved in movement in Parkinson's.

It is the neurotransmitter that is, makes us seeks things out, right? It's our our craving neurotransmitter, our desire for neurotransmitter. And so there's these extra challenges when when folks have Parkinson's, there for the women, there may be if they're post-menopausal, they may want to talk to their doctor about hormone replacement therapy, if nothing else, vaginal estradiol.

Because they have atrophy, of the vaginal wall. when my, my wife, used to work in hospitals and she said that she remembers when Viagra came out. And while in some respects it was, is still, you know, helpful I would not dismissing the role of Barbara that it was actually very frightening for some spouses and partners because suddenly you had these older guys so they could get an erection, and they're quite honestly, there was some trauma, physical trauma involved.

So certainly we're talking about erectile function, but we want to sort of frame this all out in that, you know, make sure you're safe, make sure you've talked to your doctor that your wife is, you know, receptive or whomever and so forth.

Yeah. But let's just talk about the different because one of the one of the ways in which clinicians, and men are utilizing a device is to, measure the impact of testosterone therapy.

both oral, topical and injectable men, and, you know, one of them is why I'm really excited to be working on device now for women. Is that, you know, I think the postmenopausal women, I think that testosterone therapy, plus most netball's women will become a standard of care for 3 to 5 years, and the data supports it.

I think that some of the resistance back that's to do with the Iraq irregularity or the if you even the ickiness of gels and ointments. I think, you know, so but with data, you can actually we know when you have data, you can actually say, gee, am I having my nocturnals like, last too long?

Is is there a sexual benefit that's being claimed that that that is worth me and we undiscussed this before we before we got, live we're seeing on the male side is, and I'm hearing this, I've heard this to clinicians.

I've heard several customers that, they can, they they're in the low, the treating men, the low normal range. And some respond and some don't. And you can and you can measure the response and actually even sometimes even cut back on the dosage with data.

But then there are men who don't respond at all. and I assume that they have a genetic based difference in their receptors. That's what the setting is going to be.

But it's going to be true for women. but it seems to me that just replacing estrogen at the menopause is doesn't make sense, because women do produce testosterone.

and why would why wouldn't if you're going to replace the action, why would you also want to reproduce? it makes

a huge difference. Huge difference. And, you know, it's talking about the things that tend to bias the medical community.

There was the incredibly destructive Women's Health initiative, that, that, you know, planned to the idea that if you take hormones, you're going to have cancer and heart attacks and strokes and all that.

And although it did make national news a few months back, I don't know how many people saw it. But finally there was paper that came out and basically finally flushed the Women's Health Initiative down the toilet, which is where I really belonged in the first place.

So it's a terrible study, but it's really stuck, you know, in clinicians brains. But the general public. So we have to do a lot of myth busting. also and, you know, you know, on the.

Male side, look, if someone you know, if someone develops acne, you just you're given too much, you know, I mean, I'd be for someone. For someone, you know, a woman especially developed some sort of, you know, significant problem.

Know that you'll you'll see it, that if you get one hair on the face. Well, no nothing, no big deal. Someone that begins and starts to get you just this is the changes that might occur if someone's getting too much or reversible.

and so, and, the same thing applies on the male side too, because we, you know, you know, I think testicular testosterone rage is the rage, so to speak, is a real problem, especially if you're actually the trans community.

But it's just I think it's, I think it is a problem. You know, we have, again, I pulse in Oklahoma patients, but the customers I have men telling me, what do I do?

I got my testosterone at 1200. And it has had an impact on my my peers. And these men. Whoever set the issues probably. And they're irritable and they're and, you know, they they they want to do they want someone to tell them, stop taking.

You know, you know, you know, quick dosage, but the data, the data helps them because they actually can see that you, the guys who without the data they would keep, keep taking a heart to heart.

And the dangerous dose is medication with the data they can see that, oh, I'm not having that. I'm in fact, I'm on nocturnals. the duration, the hardness or what?

You know what? What? No, it's not working. Sure. And there's another hormone we haven't really spent any time on. But it's just so interesting to me because it circles back around to the original statistics about, you know, the research shows of 1 to 2 times per week, sexual activity.

And that is oxytocin. and, you know, interestingly, you know, any even the, you know, you're probably familiar with the 32nd hug or the 62nd hug or whatever it is and the longevity and that one of the things that happens there is you're in coherence with your partner, but also you're releasing oxytocin.

And so there is actually data on exogenous oxytocin, either a nasal spray, you can take it by mouth. but it's it appears to have a direct therapeutic effect on Parkinson's, on Alzheimer's disease, on actually reversing the cognitive decline and Alzheimer's disease.

It's remarkable. That's very interesting. I and I, I'm under you know, I don't know anyone who's using it clinically. That's I really should I need to educate myself more about it.

Well, here you now have your end of one, but we have a, partner is, owns a compounding pharmacy. And, I know we're mainly talking about Parkinson's, but whereas looking for some solutions for my Alzheimer's patients who are not candidates for one of the new monoclonal antibodies that targets amyloid, they're not candidates.

From one of my clinical trials, we have several going. And there's a lovely, combination that is, compounded with 60mg of sildenafil and 30, international units of oxytocin.

And I'm actually having my patients break the tablet in half, take a half a tablet twice a day. And and I'm looking forward to collecting enough in the case series that I can report the results.

Of the study with a tech ring that let's look at. I've got a I've got a test group of of, 11 men in Bozeman, Montana. How do I live? Who will you know, I just got to call them up, and then they'll try it and we can get we'll get some get some data.

I love to test a combination of sildenafil and exercise. And that is so that's very promising. Very interesting. I we're going to be, interviewing the CEO of, a company called Vex Health Solutions.

Research, Future Studies, and FirmTech Contact

It's that, Terri deny and, she, they have like a lot of companies here, different subsidiaries or LLCs. One of them is Farmaco. I don't know if she realizes that she may have, inadvertently compounded a very potent treatment for Alzheimer's disease, but I looked on her formulary list, I said, that is brilliant, and we're going to use this.

And it's very safe. I, you know, if we could test it on the on a with men, then we could you'll get an IAB study. that would be great. That's let's talk about that after the show.

Okay. I'm glad we stumbled on this. oh. This is. Yeah. But please. No, I just I just want to add, you know, there was a big, art. You mentioned amyloid earlier, but the but, you know, the you've heard about the fraud, I mean, the big paper.

Oh, yes. Yes, yes, I know that. Yeah. That, you know, it is very unfortunate. that's probably a longer discussion. but what I will say about it is, and for folks who don't know, what Dr. Justin is talking about, is that a prevailing hypothesis in Alzheimer's disease is this idea that Alzheimer's is caused by the accumulation of a protein called amyloid beta 42, that we all actually all make amyloid protein.

It's just that we should be able to synthesize it, and then it should be soluble and it should leave the brain when appropriate. But in Alzheimer's disease, it accumulates in the brain.

and so the newest approved treatments we have lecanemab, we have donated NAB, which was just recently approved by the FDA advisory committee. they target this amyloid, but a big argument is, is amyloid really the cause of Alzheimer's?

And the answer is it's probably a piece of the puzzle, but it's certainly by far not the whole puzzle. And so it's not surprising that the benefit of these drugs is really modest when we remove amyloid.

but the original one of the original researchers who sort of put forth this amyloid hypothesis, apparently, and it was all over the news about a year or two ago that a lot of the papers were fraudulent.

It's unfortunate. Yeah, well, look, I'm 71 years old. They were talking about amyloid since I was in medical school in 1970. and it hasn't been sorted out.

I said I'm much more off. I put this, but I'm much more optimistic about about what I'm doing. And then someone solving something else. Alzheimer's. That's right.

And I think the I think the much erectile dysfunction can be addressed with data. And, and this is all sort of therapeutic lifestyle medicine. And what it really tells people is that, you know, sleep, nutrition, movement, addressing relationships, having a stress resilience practice and having intimate relations is critical to our longevity, to our well-being, to our ability to function.

And all of these things are within our power to control. Right? So we can say, oh, well, I have amyloid. I can't fix that. Well, yes you can't. Yes you can.

Did you know that having sex will potentially reduce the accumulation of amyloid or alpha synuclein when it comes to Parkinson's disease? Pretty profound.

Yeah. Well, Dr. Elliot Justin it is such a pleasure to interview you. I know people are going to want to find out more about firm tech, your product that you have developed and studied and published on, with several papers coming.

Right. I understand at least some of the. Papers, the four papers accepted for publication. there are no three IAB proof studies that are that are underway or will soon be underway.

And there are six more papers that have been proposed. And as I think I share with you, Dr. John Mulholland, the head of andrology at Memorial Sloan Kettering, is going to be doing a big prostate paper.

The Koran at Baylor is doing a paper on, to use the device with testosterone therapy. it's, you know, we're empowering urologists, the patients with with knowledge that that previous, previous are available.

So I think I think that this will become the standard for care and for research in a couple of years in urology. Excellent. Well, how do they find out more?

And ultimately, if they want to purchase a product from you, how do they do that? Sure. You can find out more at myfirmtech.com You can reach me personally elliot@myfirmtech.com.

I might not get back to you. And right away, but I will get back. I get back to everyone into 2 or 3 days. I'm particularly interested in speaking to people who have had problems and want one.

Know how the data could help them sort out the problems. and thank you again for the opportunity to talk about this, this topic. I'm really honest. I'm not an expert on Parkinson's, and I've learned quite a bit from the show.

Thank you. It's my great pleasure. I hope to speak with you again and perhaps do some collaborative research, too. That'd be excellent.