Introduction to MysteryVibe

Hey, everybody. Welcome, welcome, welcome back to another interview on our sexual dysfunction summit. I am your co-host, Dr. Diane, and I'm really, really, really looking forward to this next interview.

This is with the co-founder and the CEO of one of our sponsors of MysteryVibe, who produces this amazing sex toy vibrators, but also medical devices that are really designed to help you heal from so many different types of sexual dysfunctions as well as providing a lot of pleasure.

So thank you for all your support. Thank you for being here. Thank you for for speaking with me today. Soum. Thank you so much for having me. Let's dive into this.

Tell us a little bit about because your products I've used your products are amazing. We talk about them throughout the summit I've used them and they're so unique compared to what else is on the market.

So we're going to I want to dove into a lot of different things, some of the research, some of the different types of things you've seen to be healed by using these devices.

But let's start with how did you guys come up with this product, these products, what was the initial vision? So the just to provide some context, my background is biomedical engineering.

I, I worked in ophthalmology for my Ph. D. 20 years ago. And, and after that, I always wanted to stay in biomedical even after I left my academia, after a postdoc.

And the discussion that kept coming up was major life events and the impact it has, like childbirth and pain after childbirth, menopause, dryness after that, prostate cancer, erectile dysfunction after that.

So the very common things that every woman will have menopause, I mean, it's just inevitable. There's nothing special about it. Nothing. It's not an illness.

It's not you know, it's nothing odd yet. It's not talked about enough. And the issues that it can lead to are not addressed or even known in most people.

So the the thing that we as a as the founding members, what we thought of is if we wanted to do something in biomedical again, we would love to do it in an area which affects all of us personally and and the people who we know and had the biggest gap where the least amount of work and education and, and discussion was happening.

So that's how we ended up starting. MysteryVibe And the thinking was, how do you bring mystery back into relationship after something major like childbirth or menopause happens?

Product Origins and Clinical Design

So we started the ten years ago and the the thinking behind the devices was can we recreate what works in a clinical setting? So, for example, pelvic floor therapy, pelvic pain, the key to that even now is two fingers.

Please use two fingers to reach the areas that need massage and address the pain or it's not tissues and what you have the crescendo is exactly that. The dimensions are literally two fingers with two fingers in depth and much longer so that the users in the patient or the doctor can use it.

And we very precisely it bends in six joins to allow it to be very flexible and the vibration frequencies are driven by existing research such as 100 hertz, which is clinically proven to help with sexual dysfunction.

And what it does is it simply helps with blood flow and the blood flow helps with pain, relief, arousal, etc.. Fundamentally, it's quite simple because vibration is one of those areas which has a lot of research of over 100 years.

And because vibrators have been used for sexual health for a long time and that's the reason we picked that area. So there are other areas like infrared microcurrent, it's like dental machines, there are other areas as well, which obviously valid, but the area of vibration has the maximum longevity of research.

So we picked out, we picked the frequencies that are already clinically proven and 100 hertz And then we created we custom designed everything in our labs.

We make our own motors, we make our own materials, composites. These are malleable materials, electronics, silicone, which adapt to different body parts.

So it doesn't really matter. So your gender orientation, all of that is irrelevant. All we care about is being very been very personalized where it will fit different penis diameter is flaccid and erect, interfere different vagina shapes, labia shapes, prostate shapes, etc.. Yep.

And I think that that's. The key selling. Yes, exactly. So that is the key thing in our research and that's what we spend all of our time the last ten years on is materials science is how do we create materials which, as you can see, will bend and hold its shape, be incredibly robust.

You can use it for years and years, bend it as many times as you want. It will never break. And that is the the fundamental of all of our devices. That's a new tool, which is a different material of stretched is like bubblegum poko mini version of crescendo molto which is for rectum and reaching the prostate to all different technologies, different devices, different purposes.

But all fundamentally the same thing is being malleable. Yeah, yeah. Thank you. I really appreciate also knowing I didn't realize that the level of research you guys put into the frequency that it was, that the research is down to that level.

And I haven't heard of another company doing that, so I really appreciate that. And so from a standpoint of while we're talking about research, what are the different types of conditions that you guys have really studied with the use of these different devices and have seen really impressive clinical results?

Can you talk about the different conditions? Yes. So the four that are published already, so obviously all of these take years. So the four they're published already in the Journal of Sexual Medicine.

The first one is genital pelvic pain, which obviously is the main topic after childbirth. And there we so a 5x improvement in pain score within 12 weeks and that is expected.

And the reason is all we were doing is recreating what already works. So the patients tried the device three times a week for 12 weeks, and by the end of 12 weeks, they most of them were almost pain free.

And that's what should be the case, because pelvic pain after childbirth should be addressable with BT. And there is really no reason or there's hardly any reason why regular BT for a certain amount of time shouldn't address that too.

So that's and the and the reason that was very exciting is and it proved that there was very cost effective and time effective solution which made pelvic floor therapy accessible because the biggest challenge for moms after, you know, like with a one month old baby is time is simply not there.

And the time it takes first you have to find a bed nearby, which isn't always the case. Depending on where you live to the body has to have time. And then three is you have to have time to.

Time is the biggest challenge. And then on top, if it's not reimbursed, then it becomes very expensive. If you have three sessions for 12 weeks, that's 36 sessions.

If it's, say, $300, we're talking about like $10,000. That's a lot of money. Right.

Published Research and Ongoing Studies

So the the this clinical study in that sense proved what the designer is, which is already knew it would do, which is why they designed it that way, but it made it eligible for FSA in D. C..

So what that meant is now when people buy on devices, they can use it as a seconds. And it's partly kind of discounted. And also that allowed us to be on the ICD ten codes, which means they can be partly reimbursed as well.

So that was the key thing and also the credibility and what larger hospitals like Mayo Clinic recommends that products to larger hospitals require a certain level of clinical evidence in journals that they trust.

And yes, it was obviously a very esteemed one in our area, too. So that was our first study. Then the second study was on FSAD or female sexual arousal disorder, a really key element, especially during menopause or after menopause.

And there it showed a 2x improvement in FSA 5, which is women's sexual function index within. I think that was a five week period that they ran it. So the again really significant area which can affect at any age obviously becomes more and more prevalent with aging.

And then the third study was on erectile dysfunction after cancer and which is a very, very common thing that happens in men, whether it's colorectal cancer, breast cancer or just general cancer anywhere, but radiotherapy can lead to it.

So there's obviously a big chunk of that. But then the food study was even more fascinating, which is psychogenic erectile dysfunction to erectile dysfunction, which is purely psychological and like stress related, anxiety related.

The worry about performing the oversaturation upon consumption influenced by amount of work to do, etc.. Yep, and that's 40% of all erectile dysfunction cases.

The biggest proportion and so what was exciting was not just the significant increase from severity to mildly at the average level, but for many of the patients, they got their confidence back that they didn't have it anymore, so they didn't need the aid or the helper anymore by the end of the study, because often all they need is that confidence again that, you know, they can have good erections when they need them.

Right, when they want them. So so that was really exciting then. So those are the for the published and we have around ten, you know, which are running.

So for example, a long study happening in NHS in the UK is an vulvodynia with Boku. It's been running for three years, should finish next year. One study running and charity in Berlin is on post breast cancer dryness and arousal disorder where they have recovered from the cancer but had a lot of chemotherapy.

And they're in charity. They're using a combination of specific erotic content and the vibrator to help with arousal now. So that's been running for a few years.

Then we have a couple of studies in Italy on one on one on erectile dysfunction after prostate cancer, one on ejaculation are helping men ejaculate who either have difficulty because of aging or because of diabetes with nerve damage or generally of spinal injury or generally other reasons.

So ejaculation dysfunction and they're using our prostate stimulation device to go straight and similar. The

ejaculation. So that's been on study. Then we have a study running in UK University College London, which is on a mesh removal.

So when the pelvic floor mesh causes problems and they have to remove it. So there's a big unit in UCL for that. There's obviously a lot of pain afterwards and that's way more difficult to address that big pain after childbirth and to that's where they're using both question and buccal. Then in Holly Street in London, London Clinic, they are working on a couple of studies on erectile dysfunction from different causes and yeah, not lots of studies are happening, but you know, like these things go on for years and I have to look up our records to see what's started, where, how many years ago and check in every now and then, like, you know, how is everything going?

But I don't hear from them for months now, you know, like sometimes for years. Yeah. Yeah. Thank you so much. I mean, you know, you started talking about your vision was filling this gap, right.

And between vulva pain and erectile dysfunction and post childbirth and surgery and colorectal and, you know, all these different things that you're talking about, you guys really are doing an amazing job of filling the gap.

Now, I want to bring us like a little bit to a standpoint of like utility, meaning I'm thinking that where some of our audience might be wondering, like one of the questions they might be wondering is like, let's say somebody has some sort of pelvic pain or vulvodynia, for example, where are like when they're using one of these devices, how are they being instructed?

And in the studies, is it like do they just use these devices in whatever way feels good or are they finding areas that say actually are stimulating a little bit of a pain and using them there?

Can you walk us walk us through the utility of that? Yes, that's a really, really good point. So for pelvic pain, we have instructions written by pads with diagrams.

So it's quite straightforward and we still recommend they go for at least one session with a specialist and then, you know, do it at home and then go back in a few months.

And with the with arousal, it's far more nuanced, far more subjective. So there isn't really any way to prescribe how to use it. What especially with the studies, what the doctors do is they say a minimum amount of time and minimum frequency per week, but they don't say where to use it because they say, explore your body and see what you find arousing and comfortable and not painful.

Right? So that's what it's complicated with, E. D. It's simpler again, like all the pain is. There are instructions with videos which explains exactly where to put the vibration, which is around the glance of the penis and how to hold it, how to vibrated and for how long, and then to stimulate the perineum and the base of the penis.

So that's quite straightforward because there are only that many areas which have the nerve endings which react to stimulation with prostate. It's again quite simple.

It's more instruction on safety, on comfort, on, you know, pain management. So it's, you know, how slowly this should inserted and, you know, when they shouldn't try to push it, you know, beyond what they're comfortable with.

How the Devices Are Used

So so yeah, it does depend on the on the topic and arousal is the trickiest one. But pain is similar artery arousal. Female sexual arousal is trickier because with the erection it's much simpler to pinpoint what to do.

Yeah. So they do do graphics and, you know, diagrams and sometimes videos, but where they can't, they ask the users to set a minimum time to use at least this much time for this many days a week and see what works for you.

Yeah, I love that and I really appreciate it within the context of the products as well as what you guys display on the website, you guys do such a great job of showing how to use these devices and giving examples around position

and posture and those sorts of things and using graphics that are very classy and elegant and very, very well done.

So, you know, great job to your graphic designers and also so yeah. So very quickly, that's that's such a accidental thing, by the way. So that's the reason why we started doing that is because when we created Crescendo as the first device, we started getting emails from people saying, Oh, you know, I or my partner and I or my partner used it this way and we had never thought of that.

I give you a very simple example of Tenuto on the front part of 2 to 3 vibrating motors, and which is designed purely for erectile dysfunction. You know, it helps with glands stimulation.

The penis had stimulation, right? And a lot of our users often who are 50 plus and in most cases their partners, their female partners have menopause are going to end up with.

So they started using the front of the unit on the labia. Yes. The front bit of the front bit. Yeah. So the front bit they put the front bit on the Libya.

Mm hmm. All of that. Yeah. So they had a 360 and it's very powerful. Yeah. Very powerful. 360 vibration all over the labia and they said, oh, this is very useful for us.

So that led us to create the specific device called legato just for labia, because we designed it to adapt, because we had not thought of that and users told us that's how they using a device which is meant for something totally different.

And we thought, oh, if it's useful, then we might as well make it. Same thing happened with Crescendo. They were using it for period pain by just bending it and placing it on their lower abdomen and just below the bellybutton.

Right. And they were like, Oh, this is very effective. And I think we didn't design it for that. You have to hold it, but it's not convenient. So, so we're making a sticky vibrator which is sticks very slim and you can wear your clothes on top and go to work.

So a lot of what happens is user feedback driven. So what we started doing early on this happened within the first few years is we started sketching them.

I have a fulltime designer in house and he started sketching them and he said, Oh, you know, we can just make them into a book. So, so you can download the PDF and you can also order a print.

And, and the reason we made that into a print is because it comes as separate cards and you can then take it to the bedroom and try new positions and there's, you know, hundreds of things in there.

And and and we tried to make it very generic, like blue people or purple people, you know, people you can't really tell the gender is, you know, every orientation just to make it very universal and very inclusive.

And this is, you know, from ten years ago when we started because that was the whole point is we don't really we don't really think about it from a gender or orientation perspective.

We think about it as a how can we solve any significant health issues for whoever it is. So, for example, the a multi device which is designed for prostatitis or prostate pain was picked up by a clinic in L. A.

who does gender reassignment surgeries, and they wanted to try it for vaginal opening. Right. And then and that's the that's the beauty of letting letting it out there.

And experts and sometimes users even figure out applications which we had never thought of. Yeah. Yeah. You guys have done a really good job of just making it very, very accessible.

User Feedback and Product Expansion

And I think that leads me into where I think we should go next, which is also part of something you mentioned at the beginning around the vision, around giving people.

I don't remember exactly the way you said it was something around giving people a another way of playing when maybe they've been in a longer term relationship, adding I don't think you use the word novelty, but that's what I heard, I guess for you. Mr..

Yeah, that's, that's the, that's the name of the and that. Actually is not in our our thinking. It is of a very famous relationship coach in New York called that's the Braille, I guess.

And she so she came up with this concept and it's in her title from 2012 and said, if you want to keep a long term relationship exciting, keep the mystery in the bedroom.

And I watched that talk and I thought, that is such a good point. And her example was just, you know, go on a work trip for a week and come back and you will want to spend more time with your partner than you spend 24 seven with him or hers.

So, so yeah, that's that's where the mystery comes in. And then just the point around a long term relationship where you don't necessarily have to have a sexual health issue like pain or erectile dysfunction or something.

It just the fact that you've been together for a long time means you need to spice things up. And that's where a big element of the product, ergonomics and esthetics came in.

And this is something that doctors we worked with from the early days told us, whatever you do, do not make it clinical looking, because they have dealt with so many devices, you know, which are quite scary to look at, like steel dilator is.

And so and they struggle to convince their patients, one, to even accept it, but to to continue using it. And and then it's very difficult to help. That is really difficult for doctors who have the patience if they're not keen.

So they said, you have to make them pretty. You have to make them gift able, you have to make them sexy. This is sexual health. This is not, you know, like the look and feel matters.

And also most people said that if you think of 80, 20 rule, 80% who struggle with some kind of sexual head, they should never go to a doctor. They just suffer in silence.

They might search online for some solutions in the privacy, but they don't want to talk to anyone. And that's a huge problem. And that means if we build something clinical and we only sold it via hospitals, we would never reach 30%.

We've reached the 20% and certainly the 20% is often people who have waited years and years before they decided, I need to go see a specialist. So so there was and that's why we created two websites.

So we have another website on mysexMD.com which is purely medical, which is which was originally the plan was to build out my sexuality. The idea was, you know, your sex doctor, My Sex MD And so we have my sex ed common set of medical sites where the doctors we don't really advertise it because that's a consumer facing site.

But Mr. UVA became the more well known site, which is simply the devices that we make anyway. But with a lot of content on education. So that's really what Mr. Web is.

This is the medical devices, but with tons and tons of like thousands of pieces of content which talks about anything from period pain to menopause to prostate cancer, threesomes to audio porn, to everything you can imagine in sexual health and wellness and pleasure.

Because our content is driven by questions that people ask. And over ten years, you know, we just have tons of

questions and and even questions like, you know, how do I how do I have a threesome with my partner?

And that's a very valid question when it comes to mystery in the bedroom, because that might be, you know, what someone as a couple is looking for and and it's not for us to tell people whether to do that or not.

It's for us to find out what is an easy way to talk about it. What is the conversation starter as those are really what people are looking for is how do you start this conversation?

How do you how do you do it safely? You know, like if you want to explore a sex party, for example, like how do you find them? How do you know they're safe?

What are the etiquettes of it?

Relationship Novelty and Educational Content

And what we do is instead of us trying to make up stuff for research, we just reach out to people who we know are experts and we ask them to write it.

And whether it's medical stuff for doctors or founders of, you know, like female led sex clubs to write about the thinking behind it and and how they do it.

So the so the mischief I ethos from that brand perspective is we are not here to judge. We are not here to tell you what to do. We're here to simply provide actionable knowledge.

Yeah. Things that you can really do something with. Like, you know, like step by step guide on how to rekindle sex in the bedroom when it has kind of disappeared.

And by step by step, I mean like bullet points, you know, like said the room temperature 25 centigrade and download this playlist and, you know, get this massage oil, you know, massage each other.

I don't even think of penetrative sex to start with because that's where the anxiety comes in. If you've not had sex for a while, you know, like all all kinds of stuff, just really trying to be helpful, actionable.

And then if they buy our devices as a result of that, that's the cherry on top. That's the that's the nice to have. But the goal is very much to kind of be a triad system where 99% people who come reading to read, they will go somewhere else, you know, for their solution to they purchase and 1% may buy a product. So so yes.

The Web site is mostly content. Yeah. Yeah. I just appreciate so much of what you said. I just resonate so, so well with that. And I think that's a huge reason we're doing the summit is similar to what you've said it's it's really about teaching people how to have these conversations that don't have to be difficult, but they're difficult because we've never really been talking as a society about how to do them.

And just like any new scenario in life, if we don't have a roadmap, if we've never been shown how to communicate in certain ways and how to have discussions that might be tender to certain people, then, then how is somebody going to get to know?

So really appreciate that and what you're doing as far as bringing more novelty into long term relationships, you know, whether it is through exploring different communication, through exploring different things like sex parties like you're talking about or just as simple as like, hey, this very, very simple nuance that you're going to do from a pastoral change, you know, intimately in the bedroom, it's so wonderful.

So do you feel like from the standpoint of just, you know, letting people know about everything that mystery vibe offers, is there anything that we haven't covered that you think is really important to get out there in your message? No.

Yes. Sex ed. Oh, boy. That's massive. And it's far beyond, you know, reading blog posts. It's not something we have yet gotten into. Like, how do we reach out to schools?

How do we these teenagers about pleasure and consent and context of erotic videos like and but it just as a message around sexual wellness generally I think that is an area where parents need to think about for their kids.

Educational institutions need to think about, governments need to think about. And a really simple example is providing context to porn to a teenager, because the you know, it's safe to assume that they'll figure out a way to watch it and putting bounds is not the solution.

Right. So the solution is to provide context, just like you would watch a Harry Potter or Iron Man movie with your kid and you will tell them that, you know, that's just fantasy and it's beautiful and it's fun, but you don't watch it and try to jump off a window and try to fly.

Right, because that would be very city. And and the kids know that like a 15 year old. They know that, you know, that's very silly. Like, why would you even think that?

But this because they context and because they were told, you know, this is how computer graphics works and this is great and it's fun to watch, but it's just all you know, that's not real.

The problem is with porn, parents are not involved at all. And even if they know they would simply turn a blind eye, they just don't want and teachers the same.

Now obviously some places are different like in Scandinavia where they do proper sex ed. They'd explain porn in the context of fantasy in mainstream movies and they would explain exactly this, you know, like both most porn and most movies they watch are made in Hollywood and there is no difference.

There's, you know, cameramen, directors and actors and actresses doing lots of fantasy stuff and it's, you know, it's not real. And when you know that and they'll also explain, you know, like the technicalities of porn and all the things they do in order to test direct for an R and, you know, all the ways they do the shots.

So then they understand the technicality of it. Like you would understand, computer graphics is used to make Iron Man fly, and then the kids are like, okay, so this is the same thing, Iron Man and a porn star.

Sex Education and Porn Context

And then and then they get it right. They're like, Okay, it's still fun to watch, but please, I don't expect real life to be like that. And that, you know, saves them from a lot of pain later on.

So it's something as simple as that. It's probably just one one hour lecture and that's it. And we just need more of that everywhere. Whoever does it, it doesn't matter.

But kids just need to listen to that, like hear that small piece, which would significantly change their relationships, especially in the early years.

So so that's a huge piece that we haven't really like. We talk about it, but we haven't been able to do anything in it yet. Like we haven't, you know, gotten involved with governance or education or parents or, you know, it's something I talk about because I want someone to do it.

Yeah, I'm glad you brought that up, because that actually is not something we've talked about throughout these interviews for this summit. And it's good to know Scandinavia as a you know, as a model that has been effective that way because I do the porn.

It is something we've talked about in the summit, but not from a sex ed perspective. But I do think you're you completely nailed it where it's there's these assumptions, just like you're talking about Iron Man.

There's this assumptions that get made out of it that really can set people up on this trajectory of thinking that sex is supposed to look this way, be this way, feel this way, and and sometimes for the rest of their lives, they're still orienting to whatever those first images really were.

So it really sets people up on this trajectory that if we could fix that from the beginning, could lead to a lot more of personal and in relational success.

So I support you on that. You know, that mission. I really, really see the value in the importance of that. And thank you so much for bringing that up.

Thank you so much for being here and sponsoring the summit. And just as a reminder, you guys, we have more from Soum and MysteryVibe throughout the summit.

You'll see information about them and about how to purchase their products and how to find their educational information at mysteryvibe.com. You also see that in some speaker notes that we'll have next to the profile for this particular interview.

And thank you again. Thank you. From the bottom of my heart, it's been truly a pleasure to get to know you and your company and this mission and this work.

Really appreciate you. Thank you so much again for having me. We'll see you all in another interview very soon. Take care.