Introduction to the Summit and Guest

This is doctor talks. Real talk from real doctors. Only issues that matter to you most. Hello, everyone. Welcome once again to the Prostate Cancer Summit.

I'm your host, Doctor Geo Espinosa, and we have another special guest. This is Doctor Elliot. Justin, who is the CEO and founder of Firm Tech, the world's first wearable sex type tech company focusing on objectively scoring erectile thickness, overall male sexual health and improving performance worn during sex overnight.

This tech ring, which is part of the bio, here, assesses the firmness, duration and number of interactions which are leading indicators of cardiovascular and sexual health and can reveal the impact of things like medications.

Many supplements that I prescribed in the diet that I would prescribe, for example, and the relationships upon them. Elliot, I really appreciate you being on.

I think there's going to be a wealth of information. We have a few, experts on for sexual health, but no one was telling us how to look at this objectively.

Right. So, you know, how good are your erections? Well, they're good or they're not as good. And so then this is, like, just complete subjectivity. And oftentimes when we talk about men with prostate cancer, their number one fear is their erectile function.

So I think that we're going to talk about different things. But I certainly want to know, for example objectively before they undergo, let's say surgery for their prostate cancer or radiation, how good are you objectively right before the surgery.

So then now we have an idea of what's your baseline and how soon we can get you back to that baseline after surgery, radiation or, or whatever. So give us an overview on on on your views on sex.

Very brief.

Why Sexual Health Needs Objective Measurement

We're going to talk a lot about sexuality, your views on sexuality, male sexuality as a man. And then this process of, you know, treatment for prostate cancer.

Look, some men say I'm not doing it. I'm not doing this. I love my sexuality. Is that naive? Give me your general thoughts on that. And then we're going to go into your, your tech ring.

Oh, thanks for that introduction. You know, sex is profoundly important not just to our mental health, but to our physical health. It has an impact on a lot of acts, impact upon and affects our cardiovascular health and on down to our immune system.

And we doctors don't do a very good job about it. We are part of the problem. We are too inhibited to discuss sex with our patients. I know it's on the being, on the other side of it.

I've never had a doctor warned me about the sexual side effects of medication, or a procedure, and I, you know, and I think there are two reasons for that, both of which are embarrassing to us as doctors.

There's no money in it. Yeah, there's no box in the electronic health record. So if I, if you or I, and you're a little bit younger than me, but both you and I went to a doctor right now and said, gee, when I, when I work out, my pulse

counts, I feel my heart pounding and my and my my heart's irregular actually going to pass out.

We then went to the doctor who said, hey, go walk up and down two flights of stairs, come back to the office, and that doctor had put his hand on a pulse and said a joke.

Yeah, you're right, you pulse is irregular and it's really strong. The blood pressure is high and your blood sugar is high. By the way, your cortisol is.

So everything is going wrong here. You're too sophisticated for this, for this, for this doctor. Not to just the doctor puts his hands on your pulse. This pulse is really strong.

And my God, put my ear to your chest is pounding. Yeah, doctor. Take this. Take this digoxin in this water pill and come back in three months. You would think as would I.

What is this, 1900? Do you have blood pressure cuff in this office? You have electrocardiogram or you get some blood tests. Yeah, of course it's a good idea.

By the way, this doctor is not here to cortisol. He's going to put you on these pills and bring it back in three months. Well, that's what if a man goes to a doctor, a family doctor interest or even their urologist and says, gee, I like my sexual health where it is, or I think I have a problem there no list of questions for them.

Electronic health record to ask the not going to ask us anything about our sexual problems. So and I became aware this really do speaking to a customer speaking to me.

Most men's problem is not that they can attain erection because those guys in urologist and quiet hutches, it's that they can't sustain erection. They get an erection, they lose it.

And that can be for a whole range of factors from anxiety, distraction, stress, medications, alcohol, recreational drugs, a whole metabolic disease, a whole series of problems.

And the the doctors don't take a sexual history. Now the conscious doctors and integrative doctors do a better job about this. And they made them do take, you know, take take a history.

But most don't. I went to my my local urologist here, trained at an elite institution. Because that's just curious as to I want to tell me what we're doing, but just curious, what do you do?

What do you do it? So I said, well, you know, I'm old guy. I sometimes, I'm concerned that I might lose my erection and that anxiety can test my response.

You said, well, I taking a few for and I said, well, you know, I've taken but I'm going to pass, but I'm not going through right now so we don't take cialis.

So he asked me no questions. He, he didn't at all. And I want to pick on him particularly. But this is this is what they're all like. And this really frustrates men.

So we need to take health care especially in this area. Urology and sexology. It's a data driven care. We wouldn't treat high blood pressure, which, you know, I talked about earlier.

Without a blood pressure course, we wouldn't treated cardiac arrhythmia without, you know, electrocardiogram angiogram, you know, whole a whole series a test, but yet, we treat we treat memory.

We also have all these wearables, don't we? The measure, all kinds of things. I have my iWatch on. I have my aura ring on. I have a black band on them measuring everything.

Why can't we measure things that related to our penis? Well, that that took me back because, there's this gap of

this gap is you're saying in the wearable world, which is sex.

Why is that? I don't understand my, you know, and I you know, I've spoken before, the technology that we're using and the research in which it's based, which is that nocturnal erections or the creation of nocturnal reference is a leading indicator, is predictive of cardiovascular disease as opposed to just association like the like 100%.

Yeah. So it's what I end up doing this I talk about, you know, my wife is my creative director. We look at the, because the technology and the research have been out this since the 90s.

It's not earlier where the urologists, the gynecologist on this and again, I think it comes down to money. The research money goes to where the CPT to to what you can bill.

So as you and I discussed went through a show together. We started the book.

Wearables, Baselines, and the Tech Ring

We're in this huge book, huge auditoriums filled with companies spending millions, million dollars on presentations, both largely focused on surgery, cancer, but nonetheless benign prostatic approach.

You see, the only two companies there interested in enhancing men's pleasure. We've been one of them and only one company. We've been the only one that actually has a diagnostic for most common male problem urology alone, which is rectal dysfunction.

But prostate cancer is is an enormous problem. But it's not I mean, it's all dysfunction is, you know, dwarfs it in terms of in terms of its incidence.

What it's life is life threatening problems versus quality of life problems. And many would think that the, you know, erectile dysfunction is a life threatening, problem.

I, I'm okay with that. I'm okay with that. I don't have a problem with that. Okay. But but I think those are the two that we joke about. But it is a life threatening problem because.

Because think about and we know from, you and you're going to ask about the side, but this research that shows that men who have sex every day can reduce their stress level.

I have to half. That's the stress, you know, that's the class level. Not to stress the cost level. That's extraordinary. And we know that men, couples that have sex frequently versus those who have infrequently have a lower divorce rate, they don't have the men, they have less mental health problems.

So if we really want so doctors, we doctors give advice, advise people about, diet, exercise, sleep. We should be telling people to have more sex. Well I have, I had, Minhaj Siddiqui on who is a MDP, you know, MD, a researcher and, prostate cancer at the University of Maryland.

And we had the conversation on prostate cancer on Gleason seven and 11, active surveillance on Gleason seven as I'm looking him up to kind of prepare for the presentation when he was a resident, he he's the primary author of the paper that everyone, everyone quotes that says more frequency in ejaculation can lead to lower risk of prostate cancer.

Excuse me. And it really was just by by sort of by mistake that I found this paper just looking him up. I said, Minhaj about prostate you. All you've done is prostate cancer.

But tell me about this ejaculatory element of it decreasing the risk and obviously observational study. He looked at advanced prostate cancer in his paper, not just prostate cancer.

There was a decrease risk, which was interesting. So it's important it's important in more ways that we can even

imagine, I think from a quality of life perspective.

But not only that, also from just a health perspective, as you highlighted, cardiovascular, perhaps even prostate cancer, which is, the main focus of this summit.

So let's let's dive right in into your, your the type of, products that you, sell, promote have developed, which is the, tech ring and the what's the other one?

The max, the maximum performance ring and a special performance ring. So what would be, by the way, this is like to me is like a, a Fitbit to the penis, which is amazing.

I'm all about wearables. I don't have. Eventually you'll see me with two on each wrist and maybe one of yours on my private areas that. Yeah, you know, a thing around my head to measure my stress.

I'm all about quantifying these things, so I'm a big fan. What would be the best application? Well, let's start here. Break them down for me. So the tech ring and a max PR ring.

And how are they different? And how can men utilize this if you know, before they know they have prostate cancer, let's say, but have not been dying, have not been treated for it.

And then maybe we can talk about post treatment as well. Take it away. Sure. Well, I was not thinking about prostate disease when I got involved in this. No.

What doctor? Doctor talent is actually critical also. So the let me into this, we were thinking about two things. One is giving men a device that will tell them about a problem before it becomes obvious.

And the two problems, one was erectile dysfunction and the other, was kind of that cardiovascular disease. But then so, so the device one of one overnight, I'm not sure.

On erections. Measure duration and measure how hard man get man. Guess so it's important. And now looking at prostate disease right I mean look at all men over age of 4550.

It's important to get a baseline of your of your we call it erectile fitness score because we are all on the road from fitness dysfunction. We all should know where we are on that road because we all like to make a U-turn or at least stop going down the road.

And we have no to continue the analogy of the road. We not or we have no way of looking under the hood. You a dashboard? That's right. So what? You would give him a dashboard with three parameters.

One is how long do you last, how hard you get and the blood under the curve, not the amount of blood. And estimate the amount of blood. The blood. The blood that's being held in the pants.

So one overnight, making them measure the impact of diseases like diabetes, hypertension, Astro's medications, which I mean, and this affects male prostate disease.

Well, two other medications that are calculus I call him conflict kills because working on a female device as well. Two and they are antihypertensive.

And that's right. And depressants and we have and we have men utilizing the technology to titrating the doses the resist. The doctors treat everyone as if we're one size fits.

All right? I mean, you know, if my wife and I and you and your wife and we all went to a doctor said yes, high blood pressure, they starts on the same pill, regardless of what gender or weight, all the other medications, as a dumb thing that that it is done.

But we're not all one size fits all. So technology wearables give allow people to become an end of one. Yeah. And me, the number of subjects in the study you now get are getting objective, actionable and personal data about yourself.

So that's overnight one. During sex we measure out how hard you get, how long you last. And men can then measure the impact of, again, you know, diseases, medications, diet, supplements, exercise upon their sexual health.

And we are really, really, really as they are able, as you and I discussed before, just what comes of supplements. Some men respond to this, some in response to that.

Some men don't respond at all. But at least you with with a device you can technology you can ask cliche goes you can. You have to be able to before you can hack it just to be able to track it.

And that's that's a word we know which relevant to people. But in terms of prostate disease again we I wasn't thinking about it, but early on, it was three men who were following, Melissa how they barrack as a know rehab program in Perth, Australia.

As a nurse practitioner. She has. Yep. As international falling, I think I think, you know, you're you're aware of her. Yeah. And and she we had run into her at a show, metal convention and she was excited by our device at that time was a performance rate device that technology.

And she used it on cement. Applying that urea, a condition, by the way, I'd never heard of. I'm a doctor. Because that doesn't doesn't you don't see it in the air.

Explain what that is to the audience. The commentary is that, you know, it's, is a condition that of men. The after radiotherapy and more commonly after after surgery where when they ejaculate, they urinate in variable amounts.

And it's embarrassing, and makes things difficult for both parties. And I've told her, well, I, you know, I think the both we don't the problem with conventional cock rings, the metal hot silicone, and they block the natural flow in.

A man has to have a full erection for for them to be effective. And they can only be worn for 20 or 30 minutes, which is really problematic, especially for men who are diabetic, hypertensive and has compromised tissue, in their penis, especially as they're older.

So our our rings are made out of soft elastomer. They allow the material blood to come in so they because it can be put on when a man's flaccid, they just constrained venous return, like, imagine, a bathtub that's been plugged, you know, 75%.

So the work can still get out.

Performance Ring Design and Post-Treatment Use

So, but probably more like 85%, but, so I so with these men, the climatic area, the, the regular cock rings often don't work because men as recover prostate surgery.

Even if they recovered fully degree, they'll never recover. They can take a while to get to, to get an erection. They, and they're so and there's what would have concrete.

Let's let's take it back just a step for a second, because I don't want to assume that anyone knows anything about what we're talking about without defining certain things concrete.

What are you referring to? So a cock ring. I mean, they've been, you know, the oldest cock ring. I think was from this from 6000 years ago. Right. I saw some history on that. Yeah. You're right. But.

So they've been around forever. And actually, if you go to this, the Roman ancient Rome Museum of Sex and Rome in Naples, this you'll see them there. You see them in Pompeii? They they use ladies leather, but comprehensive babies.

It's a ring that goes around the penis and with the goal of sustaining an erection. But they've been they they have been made the same stupid way for 150 years.

Or. It's an O-ring. Yeah. So it's an old ring that goes around the penis. You have to pull it out, stretch it, and then put it, put it around the penis, put it around the base of the penis.

Once you get an erection so that it stays there and you don't have venous leaks or whatever, right. You have to have a full erection or not, though. And also because a block there, it'll block erection recurring.

So it's kind of like a noose on your penis. I don't know about you, but I don't watch the news. And you, I don't want to lift my penis. So, And now I happen to, you know, you've met my wife.

Yeah, I I'm open to someone who's, as cliche, go say sex positive. So we would play around with conquering and throw them in the garbage, over the course of my marriage, because they pinch, they're uncomfortable, and you want it off right away.

And they're not. They're not considerate of physiology. They don't. They they block the natural flow in, and they choke off the the the Venus and Venus return and the not designed to enhance pleasure.

So I've made this ring, the performance ring our rings. The man I saw the last rule why we use elastomer. Because in order to count the number, nocturnal erections occur overnight.

I had to reinvent the cochran. I wasn't thinking about becoming, a cock brain pioneer. Yeah. When I got into this, I was thinking about the data, that we would get from from a wear a sex wearable.

But having made out of elastomer, I thought, oh, well, that is, I can make a couple ring and then, I the other thought we had some speaking to, some of my older friends who who are single, whether widowed or they're, they're, divorced.

They're dating young women. They have performance anxiety. The rings don't work for them because they they get lose erections very quickly. They are afraid, afraid of getting erection.

And they said, mate. And the most these guys some of these guys have they metabolic you know, they're the diabetic and incredibly hypertensive overweight.

And these O-rings are very hard to put on this guy. I mean I can look down. I'm not naked right now wearing a ring, but I look down and can you and I can see I can see my genitals.

These guys can't. So we our rings easy on, easy off they open and close the hook. That was inspired by the bra. I my wife's back and looked down the ground.

Saw her bra. I thought, oh duh. A bra opens and closes. Women don't put on bras over their head. They open their hook with a with a hook. Why don't we make it an erection?

I like to call them cock brains or reference. That's what people do. It'll open for hope. It's so easy on, so easy on, easy off. And it doesn't cause all this discomfort that you have from the traditional for the word rings of tension of two type and the maximum performance ring I designed to enhance a man's pleasure, men don't have much to do, so not only does the blood stay in the penis, which means you keep an erection for a longer period of time, they maximize their orgasms as well.

Yes. At last. And how does that how does that work? Yeah, well, I was thinking, you know, women have libraries

and they've been mainstreamed in our lifetimes.

You know, I'm 71 years old, and my mother's to her vibrator and there's like, late 50s, early 60s. Did you find this when you were, like, 13 years old and the, like 7 or 8 years old, and my brother was 11.

Are you playing swords with your brother with these things? Like what? Like you. There's no way you'd even know what that is. At that point, it was my my, my brother found it.

Well, he found it together. And then my brother went off to ask my mother, I, you know, I kind of knew the way. You kind of know that it is kind of embarrassing. I'm not I'm not going to.

It's hidden away in it's in a dresser bottom dresser drawer. And this, like, claws in the garage. And God doesn't know her sex like like my father, and I and my brother went running to ask my mother what it was, and I was thinking, he's going to be in trouble.

And my mother told me it was a massager, and I don't, you know. Right. Exactly. That's exactly what it is. Of course it is. And and then when I was dating in the 70s or 80s, there was still certain embarrassment to women to using, libraries know you got to come to penetrative sex, blah, blah, you know, but now it's gone, you know, it's there's no embarrassment.

It's to to women, about about using virus. But for men, this is for this profound embarrassment. Still about using Cochran's part of the comes from we doctors.

Doctor Espinosa, what do we doctors call cock rings, constriction bands, penile constriction. And that's right. And that's like some Nazi term. I mean, what what imagined.

Hey, I want a doctor. Espinosa, I want to enhance your pleasure. Put this constriction band on your face. That sounds really sexy and exciting to me. Right?

So, you know, it's important to me, actually, to mainstream erection rings for all men and especially for men recovering from prostate surgery. How does it maximize orgasm?

So. Okay. Sorry about that. It's it's not. It's all right. I want to put I vibrate on the are not as effective for men. The secondary stimulation actually can be numbing if they they go on for too long.

So my thought was we got to put the right amount of pressure over the urethra to prolong ejaculation. We don't want to choke it off because that's uncomfortable, but we want to prolong ejaculation.

It would prolong my thoughts. If we prolong rigid activation, we must have neural neurophysiological feedback that will prolong the sensation, the body sensations of orgasm, as well as the muscle contractions.

So tested. So I took 11 men. And I'll tell you the limitations of this internal study. There's a larger study going on 25 to 35 men being done independently.

It's going but I'll tell you what the internal study showed. But here's the limitation. This will music. They will all white men in Montana. Sorry. Okay. The Yeah.

Guys. No Cuban guys, no Puerto Rican. Those black guys. Okay. No. Yeah. The, there is a little bit of mixed blood here, but we know, but. So we tested all 11 men age, 28 to 70.

I was the oldest person in the group with a goal. And these are men without Eddie, they might have been Asian like I do. But these men without Eddie. With the goal of when we hit, when every man's jacket both days goes up 50%, we're going to make that.

So my jacket most days with this device goes from 4 seconds to 7 seconds. And that's it. A profound, different,

more powerful orgasm. I don't have sex without it. Was I always had sex.

Never had sex with a ring on any regular I before and from our, prostate survivors. They love it because, they have anxiety about losing erections. So the ring is comfortable.

They don't have to even rationally put on so that anxiety is gone. The real teeth are harder, longer. The ring will also produce a more profound orgasm.

And that's that's why it's important as well to when what their partners want. They want their men to feel more confident so they can feel more confident.

They can get into it. The man if the man's more confident, and and we hear about this not just in the prostate cancer survivors. I hear about from men of all ages.

And that's why that devices is our number one seller. Wow. Even more than the tech ring. Let's talk about the tech ring. I find the tech work very interesting.

Here's why. When you ask a man right, what are the most objective methods of me determining if a man is getting erections? Let's just say they're not active.

Sexually active for whatever reason or, you know, sometimes they have some, you know, how well they're erections from masturbation. But let's just say we I don't have that information.

As in, what do you wake up with an erection? Well, men don't wake up with the erections all the time. Right. And then it's important for them to have, the.

They're still getting three to 4 or 5 nocturnal erections, right, a night. But they don't know that. They don't know it. And I'm thinking, how can I measure this?

Well, this tech ring that you have, isn't that a way to do that? Yeah. And by the way, we've had men, our youngest man who I know had a medical, had intervention in his wife.

The data was 24 years old. He had an adrenal tumor. We had, we've had two men tell me. Well, one was told by his wife that they got a cardiac catheterization from the noting either having no nocturnal erections and blaming your wife for your sexual problems.

That was that led to a divorce, according to the email. To, And she bought him the ring, by the way. And she was like. And it was like, you know, I was getting wrist fatigue and jaw fatigue for nothing for a year and a half while his asshole berated me for the fact that I was overweight and blah, blah, and the problem with the problem was really him.

And the other guy with the other guy went from went from 5 to 2 over three months. And you got to try to grasp position. He and you know, he, he had he was having he was on the road to having a heart attack.

And that's so that even and men with the prostate cancer survivors also have other medical problems other than that one. So the, the the data, the data is profoundly valuable and replaces the subjective score.

Tracking Erections, Medications, and Sleep Effects

So the shim the these are subjective scoring systems and there was a paper presented at a San Antonio small paper about, you know, showing that our device is more accurate.

And, you know, and you know, how medical research does small papers lead to bigger papers? No blah, blah, blah. But, so is more accurate. How again, my my question is nocturnal erections.

I want to know how many I get because I don't I won't know and I want to know how how healthy they are. Because in a man, for example, that snaps sexually active, how does the tech ring?

Help me with that. Let's let's start pre prostate cancer treatment. And then maybe we'll talk about post. It's important always in medicine to establish a baseline.

Yeah. So and this is actually what is it telling me. What data is it telling me. It's telling you how many nocturnal arrest you have literally tells me you had to have three or actually.

Right. Okay. And it tells it says how long they last. Okay. Every episode of REM sleep, the the sleep doctors think there's no there for research is accompanied by an erection.

So our our I don't currently have a or an or because I gave away to my daughter to. She likes the jewelry. If my engineers tell me that every episode, then they're detecting about another 10 to 15 minutes of sleep, REM sleep following their erections, then following the day that comes off of their their peripherals.

I'd be interested in your experience if you want to play around the tech and compare them. So it's telling you the duration of the erections. It's also establishing a bed is connected to an app, just like I connect my iWatch to that, as if we were in the Google and Apple stores.

And we will give you multiple, several different parameters just the way they were or move to. We're going to tell you average hardness of your sex erections, average hardness of your of nocturnal erections, duration, duration.

We're adding a three weeks. There's a blood flow a blood flow parameters as well. And, and people will look at notifications and, and we're about to publish in 3 to 4 weeks, the world's largest data set.

It's observational, but as long as the largest data set of erections and by age group. So you and I both know that when we say men have 3 to 5 erections per night, that was the blended group of men using the rate scan late 80s and 1990s.

No one's using risk anymore and you can't have sex with risk going on and forcing you to sleep in a very unnatural position, like on your back with wires coming out of you.

So our date is at home now. Our data is, you know, well, you can say it's more confusing because it's on more variables, because we don't collect data about people's health care, because we want to respect their privacy.

People can people can add that information to the app. So, so so for example, talk to us. But if you or taking care of people with prostate cancer and you want to have a data set, you want to have collect all this data about people, have that data, then we can do that for you.

But we don't collect that data out of respect people's privacy. But I'm drifting away from your question. And your question is, what are we telling people?

So we're establishing a baseline of people's sexual hardness during sex and at night. And then after surgery, men can then and they and the doctors can then use that data to monitor their response to therapy because they have to after prostate cancer treatment.

Elliot, they may get nocturnal erections. There's so many psychological there's always a psychological factor as it relates to male sexual health. Even more so after prostate cancer treatment.

Right. Will I perform will I, will I, urinate and all these things that. But if we know that they get, you know, three nocturnal erections objectively from something like a tech ring, that's good information that at least we know that it's more psychological than physiological.

It's inspirational to men will stick with a therapy. Right? Right. Exercise therapy, whether it's, tadalafil supplements,

whatever a lot of men give up.

As you know what. Don't comply because they're not happy. I, I, you know, I really see this, some of them the most the truly heartwarming, experience related to me by by customers come from these people just this week and a guy who was eight months status post, surgery. And, he used he was having nocturnals and was really angst about having reactions.

He was using a pump and taking intense downhill to get erections. And they were they were they weren't really that hard. He got the ring, both rings. So that was a real solid bundle.

The maximum performance ring got him fully heart. That was really exciting. You know he didn't need to pump anymore. And it wasn't the actually realizing the towel wasn't adding anything to his hardness at in terms of the data.

Wow. But by getting nocturnal erections, it made him realize that, you know, my anxiety is here. Correct? I'm actually I'm actually eight, nine months out and I recovered.

I just haven't recovered up here. Yeah, awareness is half the battle. Right. And he's been funny. He, he used he recorded like three, three weeks straight of data.

He was he was having 5 to 6. Best night. He had 5 to 6 nocturnal erections. That's that's like a young guy that's like, you know, that's better than me, you know?

So, But then he sent his wife was in the room, but she want to show me a video complex like this, and she's like. And she was, you know, saying he's a new man.

We're happy again. And that's, you know, for a doctor, that's the most satisfying. Absolutely. I had another guy who was, about six weeks ago, has prostate cancer over a year who had given up on therapy.

He contacted me and said, I've been to I'm on my, you know, a senior biologist. I've done I've done all this stuff. Nothing. Nothing works. I'm going to give up.

Can you help? What what can you possibly help me? And I said, well, we can at least if if you have, you can confirm that, you know, I have nocturnal erections.

It's you maybe need to get implants or just give up. And he got a device. He used it for eight nights in a row. An eighth night. He had a ten nocturnal and a four nocturnal.

He had no other nocturnal the other nights. That's really interesting. Well, they he had I went back and look at this raw data, because we smoothed the data.

He actually was having nocturnal activity. It was just below a threshold for counting. We've agreed with our our advisory board, and, you know, some of these members that they have to hit a four, four out of ten in order for us to call it nocturnal.

But for people like you to hold that thought, I actually, just for clarification purposes, the app, the technology gives you a score from what to what we score firmness on 1 to 10 basis.

Okay, 1 to 10. And you're saying that above four is where something can happen in terms of intercourse. If below four below were four, four would be like the old shim two you're stiffening, right?

Oh, right. And the and the, our scientists advisory board. And again, I'm not urologists. These are some of these people. Wilbur. Now, what's your medical background?

And, just out of curiosity, an emergency medicine, er, er, doc turned into a sex doc. That is, that is. That's a great

story. A lot more fun. A lot more fun than the than the emergency room, that's for sure.

You know, they're not there. I don't step nights. And I don't I don't take care of low back pain. Let's say that chest. But all I did remove some metal and leather rings in my time.

I could imagine. So we only provide two scores. One is the hardness. We also have an overall erectile fitness score, which is a computer algorithm based rhythm based upon your number.

Nocturnals. How hot and how long they last and your sex, how large sex erections get. And that again, was an algorithm worked out with this, you know, this advisory panel.

Patient Stories, Data Thresholds, and Takeaways

But this this guy was looking at this raw data, and I can we hope it's open to people like, hey, if you have your patient you're taking care of, you want to see the raw data.

And because you will in your world, you will probably see what we're learning from this is things are happening that arbitrate the cut off with force is arbitrary.

There are things that are happening below that threshold. They're probably valuable for both the patients customers, patients, customers or the doctors.

You know, you know, to know. Yeah. Let's go under. I guess that that could be studied. Right. So let's say, a few men get a three, but in their shim score is not high above 20, you know.

So what does that really mean? You can get a three, you know. What does that mean? That your score, your nocturnal erection score is a three, but your shim score is 2425.

Maybe, believe it or not. Right? I'm sure. Right. It's a real why are your nocturnal erections subpar? And if you keep your ring on doing intercourse, then you could say, well, no, my score doing intercourse is, nine.

Yeah. Well, that well, they're nocturnal, so, you know, there are things that can knock out the nocturnals. Yeah, but a man can still perform sexually.

I'll talk my own personal experience. I've played cause I played around with things like, you know, and I've never taken trazodone for sleep. When I travel internationally, you travel as well, too.

When I travel internationally, I will take, I use take zolpidem. Oh, that's a great that's a great question. And study actually. Yeah. Well, I can tell.

Yeah I'm not. But now I'm an N of one and I bet you that's okay. So. Yeah. I took trazodone, on a trip, I took, I took a three nights. No nocturnal erections.

I that's great, but that's because you don't get REM. On try to do the same thing with Ambien and all those other, sleep meds. So, as with zolpidem, the we're onto something.

So the was up down the recommended dose for adults. Ten. I know, 1010 makes a zombie of me. I want to, I want to I'm doing the warning. That's another thing that's bad about the brain, which was got medicines.

So was offered him. I used to take five and then I put I had no I have no or very weak nocturnals. With five I cut it back to 2.5 and, and I had no I, no nocturnals.

Therefore to your point, no normal REM sleep as well to and anyway, it's just it's so it's interesting what, what you can learn just, just as an individual without prostate disease from, from having the tech.

Right. I love it, I love it, but this but this guy who had, who had, a ten and then like a really one, really weak one. He then resumed his therapy and he now he and his wife right now are having sex 2 or 3 times a week.

It's changed it. They sent me a, you know, an email, you know, thanking me for for the they don't say they don't send you photos or anything, do they?

I do get photos. I'm sure. It's almost like when I used to treat, you know, I do it a little bit less now. I used to treat a lot of parolees this year.

So no one wants to surgery? No. Do it. Let's do it. Actually. And initially they used to send me before and after photos to my eye. At the time, I gave them my cell phone number.

And, you know, I had young kids then. Who? They didn't have their own phone, you know, grab my phone and start, you know, looking for whatever apps. And they look at my photos and sometimes they come up with these, you know, banana shaped, you know, picture.

They're like, whoa, whoa, you know, I, I don't do a whole lot of Peroni now. I kind of just dabble, a little bit. It's very interesting, but, Hey, I love the idea.

So, Elliot, give us some final words. And how can people find you or your products? I think it's fascinating. Well, I started, before I started was I believe that every man with prostate disease should get a baseline and use the ring just the way I believe every man is diabetic or hypertensive, rather go out disease or is taking blood pressure medication or antidepressant.

They should strongly consider getting their data. So if I were me, put a ring on it, put it ring on it for your health. You sound like Beyonce. She stole this from me.

Not just put it, put a ring on it for your health. Put a ring on to last longer and have more intense pleasure. Put her in as your partners because your confidence will make them more confident and improve the quality of your relationships.

You can. You can find us at my firm tech My Fear rmt.com. You can reach me personally at Elliot Elliot, my firm Telecom. I probably speak to I speak to 3 to 4 you know customers a week because I want to win, I want to I want to improve the device and experience, but I want to I want to learn what people tell me because human human sexuality is much, much more variable.

And we doctors are not trans. But in terms of education, in terms of the care we've delivered, we are not maximizing what we could do for patients because we're not listening to them.

I agree, I couldn't agree more, Doctor Elliot. Just an E. R. doc converted into a sexologists sexology doc. Sex doc, you name it. Elliot, thanks so much for joining me.

Pleasure. Thanks so much. All right, everyone, thank you for another joining me in another great episode of the Prostate Cancer Summit. I will see you next time.

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