SexTech - The Future Of Sexual Health Is Here Transcript

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Introduction to the Summit and Guest

Hi everybody. Welcome back to another episode of the Solving Sexual Dysfunction Summit. So I'm your host, Dr. Betsy Greenleaf, and this is going to be such a fun session I have with us Dr. Elliot Justin and thank you, Dr. Elliot, for being with us today.

Great to be here and thanks for the opportunity. So what I'd like to say about Dr. Elliot before we start is he's not just a doctor. He actually has started a sex tech company that's going to revolutionize pelvic health and how we look at erections and how we look at clitoral health.

And before we get into that, I'll give you a little teaser, but before we get into this, I want to ask you, Dr. Elliot or Elliot, how did you even get into this field?

Well, my background, I'm an emergency medicine physician. And in 2015, I sold the service business and went into what was my passion at that time. Still is, which was which is remote patient management using technology.

I was challenged by a urologist, Dr. James Hoteling, at the University of Utah, to come up with a way of counting the number nocturnal erections that men had.

Well, I'm a doctor, and I didn't know that these things were significant. I mean, everyone knows about Morning Wood and we poke our partners with.

How the Sex Tech Idea Started

But I had no idea, as I'm sure that the vast majority of physicians don't know, that the number nocturnal erections is a leading indicator of mass cardiovascular health, meaning before a man's a heart attack or stroke or develop something significant.

Diabetes, that number, nocturnal erections will go down. Now, this urologist, like most urologists, was ignorant about Cochranes. They should know more about him, but they don't.

And let's talk about that later on. Because because we had. So he said captain reference. And I said, whoa, we can do more than that. If we embed sensors into a smart Cochrane, we can count the duration, the firmness, measure duration, firmness of all reference, not just directions overnight, but reactions while we're having sex.

And what to mention more about how many erections they had last night or how they performance in bed. So utilizing that information, men can then measure the impact of diseases high blood pressure, diabetes, atherosclerosis, medications.

The big cocktail is are antihypertensives and SSRI and depressants, supplements, diet exercises upon the social performance. And in order to do that, we have to fix the Cochrane problem.

Betsy You know what the Cochrane problem. I only know that they exist, but I don't know what the problem is. The problem is they suck. So I mean, you know, so I'm my 35 years and you know, wanting to be married to someone who's who by you know is the intersection novelty and having fun and you know, once you know once a year every year that twice a year sometimes maybe we do by the latest COCHRANE Vibrating and not vibrating and we used to once twice the novices and we get rid of why one that didn't work for her but two that didn't work for me because they may had a hard silicone so probably Cochrane is right now is that manufactured the same way for 150 years?

There are essentially a hard silicone ring. Silicone pinches it. You have to have an erection. First was to block the ultra flow into the penis was actually good for men who have it or have anxiety because they're already struggling.

You know, they have to have that full reaction for to put this thing on and because it's cuts off the circulation is a choke hold in the penis. You can only work 15, 20 minutes and you want off right away.

So in order to count the number nocturnal erections, we have to make something that will wear it over night. It had to be made out of a different material.

Well, my wife had a stress ball on her desk. I said, Oh, it's an elastomer, sort of from a silicone, let's say a cochlear elastomer, and let's make it so it's enough that it doesn't block arterial flow in, but only constraints, not blocks all but constrains that venous return.

Then you'd have a cocoon that could be worn for hours.

Reinventing the Cock Ring for Better Function

I also wanted to, I thought, Gee, we are working on making the Cochrane better. Let's make it easy on easy off as opposed to ring. Looks like a rubber band snapping on to your deck if you like using words.

But it's uncomfortable. Let's. I saw my wife's bra on the ground and a scratch on a back. So I think I think, I guess a half the foreplay among heterosexual relations.

This guy scratched his wife's back on his back at night because he women because women understand that still comes on copper material. They have silicone band the back of the bra after 12 hours you want the thing off you want that area scratched. So and the problem of silicone is it makes you adapt.

It was last minute adapt to you there's they're just different material so I thought I saw was brought on the ground they said oh the hook is a window opens and closes wound.

Don't put it on over there. It was a sports bra and it closes with a hook. Let's make a cock ring with a hook. So we actually patented that. It's not worth very much, but it's but it's a fresh design.

So we soft elastomer, it's a hook. And then the last feature I want to add for men was a better orgasm. Women are vibrators men have nothing so I mean vibrators in my lifetime were gone from my mother's vibrator stashed away in a bottom drawer dresser in a supply closet.

I just thought we would never find because we did didn't know what it was. But, and, you know, my wife has three or more in it, just in her night table of of our latest favorites, because they're always coming out with new things.

You know, my door takes long dates. It takes to burn, you know, goes to Burning Man because it gives them you know, it uses them so cock rings other hand I this kind of style among straight men regard as this kinky you know I don't need that kind of thing well it's not about news about what doesn't match.

Want to have it one last longer for the pleasure kind of pleasure to have a better orgasm. So how do we achieve a better orgasm? My goal was to put enough pressure over the urethra to increase the ejaculatory phase by 50%. Hmm.

What? We don't want to cut off because we cut off you get rectal ejaculation, which is painful and actually could lead to infection, but we want to attract it.

So my, you know, with our device, my, my, my jack generation goes from 4 seconds to six, six plus seconds. It's a more powerful orgasm with a new ring that we have just came out this week for the max period, a little bit tighter as you and I discussing early before we got on.

It adds another second because it's a bit tighter. I never use Cochran's regularly and my wife and I never have sex without them. I never I never, you know, go masturbate with that one.

So it's a real change for men. And men need to grow up, put a ring on it and overcome your sort of like straight guys. One of our jokes is, Oh, that's you, Betsy.

I can tell the difference between a gay urologist and a straight urologist. You ask the one question. I have no clue. Do you use a Cochran straight urologist?

It's like Superman. Kryptonite. Oh, God, I don't need that gay urologist. Yeah. Last night you got a better one. So men needs open their minds. So now we solved the Cochran problem.

I kind of digressed you, but more profoundly we're delivering data were met with a currently isn't any data for men that makes their sexual health objective so.

It's like I was thinking it's like a Fitbit for the penis because I remember going through medical training all we had in the past and I always wondered about this because I'm a does it this cause like papercut but we would tell men to take a strip of paper, put it around their penis with a little piece of tape on it.

And if they woke up in the morning, that paper had busted open, then that meant that they were getting a erection at night. But if it wasn't, then there was a problem and we needed to look into it.

And I'm like, I always thought like, God, that's got to be uncomfortable. Well, no one did the joke when I was in medical school, and I think I, a little bit older knew it was a stamp test.

Oh, yeah. Yeah. And then the joke was, what was expensive? What who licks the stamps? And that's that's a variable. We don't keep that control for that variable.

Who's look at the stats. You look at the stats as you go from. Look at this. That's a boyfriend. Yeah. You know, we live in this age of health care where it's really great.

We have wearables for for calories, wearables for your weight. We have wearables for your heart rate, for your cardiac rhythm, for your pulse oximetry.

This is big app, though, which is sex. And what a man. Well, frankly, women for two. What do we care more about? How many steps, how many calories we took yesterday or the state of our penis the clitoris that that's more trouble question the yeah of both sexes almost everyone Mr.

asexual cares more about those things so we in a war overnight we count the number of total erections and so forth, our leading indicator of our scales and more drinks to actually measure the duration of burns of erections.

And we have men utilize it in men and their health care providers utilizing our device to mostly titrate their medications. Well, several uses one and I take a lower dose of my antidepressant to improve myself performance what dose of of a PDE5 medication viagra sells really is best may only you take 20 or both will five work is testosterone working for me or as is not worth me this so what's what's the what's what's the right dose.

So with data all these things open up and you you know when it comes to sexual dysfunction is half the men age 50. I have E. D. and with women it's even a little bit higher but normalize talk about female sex dysfunction because people and it's really good people I talk about women positively that, you know, we never hear the word hysteria anymore.

There were originally more. I think people kind of step back from FSD female sex function for that reason, which I think is actually good reason.

Using Data to Understand Male Sexual Health

Men should get some respect as men get talked about as impotent, limp dick, you know, you know, you know, etc. And for guys who have these issues, it's one thing that holds them back from seeking help or talking about it

because it's really, you know, it's really it's, you know, it's embarrassing.

But utilize this technology. People can start to see what the problem is here to extremes. So you're in this world, it's like a psychogenic. It is a big problem.

One of the major issues with social performance that I can't get up is that they get anxious and they lose. It is something that they can't get up. They get an erection, they lose it.

It's actually where ring comes is really handy because a ring holds a blood in. So, you know, if you're with a new partner or if my wife too. So I start talking about rearranging a bedroom like in the middle, having sex.

But I don't I don't lose my erection. So on the other end of it, simply a lot of men will not once the blood is in, if they would like, especially the new partner, then the ring holds the poles in place.

So imagine having erections at night and not struggling with male their male female partners. That's psychogenic days and that's I understand that's really valuable to a man to realize that oh and to the partner as well to this is likely a psychological issue.

It could be alcohol, could be drugs girlfriends but is larger psychological here if I data arena showing that he has access to night at the other extreme if a man is having an erection of 50% hardness and having one maybe two week nocturnal reactions, someone's getting risk fatigue atrocity for nothing because it ain't going to happen. That guy.

You see a doctor, that man has a problem. I need to see you, Dr. Greenway, to you know, you know, for help because he's got it could be medication, it could be disease, it could be an atomic issue.

And that's really valuable to people as well to I mean, it can just be, you know, be destructive relationships. But in a good relationship, people start to understand where the problem is and stop blaming the wrong person or what's the other wrong factor.

So data is really, really valuable. And I think this is so important, too. I mean, going beyond the bedroom is I was interviewing somebody and they was telling me, like statistically, once a man starts having problems with the erection, like it's only going to be like so many years later that they're going to actually start having severe cardiovascular symptoms and maybe even like 10 to 15 years later is at a risk of actually having a heart attack or stroke or something.

And I'm like, Well, if we can stop all that stuff before the so. Yeah, through the date is potentially life changing. Well, sort of life improving. It's not life changing life's lifesaving I think it's it's 60% of men will have decrease in number nocturnal erections in the year before they have a heart attack.

It's 80 since 88% since I looked at it, you know, before stroke. So this is really valuable information. And I'm 70 and a year and a quarter ago when we came up with the prototype and I said, oh, so I've Nocturnals, that's more exciting to me than going to my doctor saying, Oh, the electric car goes, No, you know, because.

And then I think it's really fascinating that you're also working on a female device. And are you allowed to talk about that? There are, you know, we're really excited about this.

They will they're going to be presentations about this at it necessary for a sexual medicine show this fall. And the societal circumstances of North America as well.

So we've tested on 38 women, 18 women before, basically friends and family and then engineers before we did a paper on 20 women. Paper on 20 women is independent of us.

It's an academic study, but we knew would work because they're there to make their obviously the differences between the clitoris and the parents. But there are a lot of similarities.

And if nocturnal erections in men are indicative of man's cardiovascular or cardio metabolic health by metabolic movement, that is the same is true in women.

No one's looked at aside a couple of Dutch women with ultrasound in a lab. No one's looked at the clitoris since Master Johnson. And they're waking up women every hour.

And gross and gross I mean, by what they mean visual, visualizing what the external clitoris, which is only a small part of it, obviously, and measuring it and then grading, you know, looking at the tissue color of the living minora to see how how pink that was really.

It was it was really crude and certainly not something that is bedroom friendly nor it is an ultrasound device bedroom from the I mean, we don't expect women taking an ultrasound machine at home.

And while they're sleeping, wake themselves up every hour and get ultrasound machine. So we designed the device, a device that was comfortable fits easily and it's one and it's inside the vagina.

The other end of the person has sensors that will measure clitoral arousal and utilizing that device. And we test they bring this out next summer. And I'm trying to I'm I'm trying to raise money for that right now.

As I said before, women will be able to measure the impact of diseases, etc.. So, you know, women, post-menopausal women have all the same problems that men do.

They lose their hormonal protection. They have diabetes, high blood pressure, other sclerosis, worse problems, obesity because of hormonal issues, but premenopausal women have more problems than men.

Because we and I by we I mean doctors. We doctors screw with their sexuality because they're not they take birth control and they take SSRI antidepressants three times as often as men do, and in doses that are often the same doses that have been given to men, which makes no sense whatsoever because we doctors are assholes.

We treat everyone that a one size fits all when it comes to medicating people. So we have women in this country. You and you're treating some of them. Oh, yes.

Don't even don't even know what their natural sexuality is like, because at age 15, they start taking hormones and age 18, they got anxious when they went to college and they and now they're age 30 and they've been taking hormones and whatever, some SSRI, Wellbutrin, Lexapro, whatever.

They don't they don't know that's.

Female Device Development and Research

So with data, we can start to measure the impact on their sexuality and maybe improve our dosing of these things so that younger women can have more a more spontaneous and effective, you know, sexuality.

You know, now you've got my brain spinning, too, on this whole, like, idea of blood flow, especially for women. And we don't have any in traditional medicine.

We don't even have any like guidelines really on treating women with hormones. But we do now that blood flow starts to decrease to the pelvic organs, the clitoris labia the vagina.

Once the hormones start decreasing, I'm like, Oh, I'm wondering if your device would help us with like, okay, look, like things aren't working as well.

Maybe now it's the time to get on the hormones. So yes, yes, yeah. I like that. I'm like, ooh, I'm like, my brain starts going and I'm like, okay, find other uses and I like this.

So we're all, we're going to be going to bed with our partner to be like, we got to put our devices on so we know that we're going. Well, I want to I want I want to also devise devices that are that enhance pleasure as well, too.

So, you know, I have a team of female engineers who are going to work on a on a very a vibrator attached to the with the women's device. That would be very simple to use.

But we've designed it, you know, women women don't want 60 speeds. They want three women don't want 100 apps in 100 modern male modes. And all these things are novelties are kind of fun, but that's not what we're about.

We want to do something that really give women a great hands free experience. So giving them date data valuable for their health and also, you know, enhancing the pleasure with a device that we use both solo and all the partners.

I love this and I'm trying to think like, so, you know, you've got these you got these devices. Where do you kind of see the future of your company going to?

Well, I want to as we learn more, will one will be able to provide data to the pharma and to the sex toy sector that will lead to them doing better by their by their clients.

I to folks in the sex toy sector you know they're pretty good at addressing the needs of knit fetish niches but with 35 40% adult population in the United States and in most of the world having two and or hypertension, what works best for them?

I'll give you one example. What what library is best for woman was neurovascular damage from diabetes. Women with significant diabetes complain that regular vibrators don't work don't work that well for them.

Yeah. No, no one zero. I know. And I brought this up at sex toy industry meetings. Because they lose that vibratory sense that yeah, that's. Right. So what amplitude of frequency and vibration is best as best.

It would be best for those women. We don't know because no one study and I want to say that the then there are ergonomic forms of 15% of the adult female population over the age of 56 has significant arthritis in their fingers, in their wrist.

Well, yeah, yeah. You can give these women of a, you know, a wand vibrator. They don't like them, though, because they get they get numb in this position.

The position of of a lateral flex. And the other risk is this is uncomfortable. I mean, even for guys and you know, I've my wife has shown me how irritating it is.

Yeah. So, I mean, so we need to have better forms. We need to address the not just niches of the, say, the trans, the trans community, but these lot this this large gap with some of the sexual industry out of this mindset of we're toys into health, into sexual health, you know, you know, for the future, I'd like to add more sensors on the on the fun.

So I we then saw parameter and we could tell people how many calories their brain while having sex on the medical side we can add pulse oximetry and we can start to help people with sleep apnea because people sleep apnea erections at night are are a marker of sleep apnea.

People have sleep apnea don't get erections while they sleep. So and also, it's it's a it's you know, it's a fine, unobtrusive way of measuring your cardiac rhythm.

I mean, you don't have to have something on your wrist or on your finger. You can have something, you know, down there. So I'm first first came tech and now comes smart sex tech.

And the tech I think that people are going to enjoy and and respond to the most is the techies down there. Because

what I guess in the wearable world, people develop positive relationships.

They have a smartwatch for smarter and they pay more attention to their exercise. People, in addition to something as simple as a digital scale, motivates people to check.

Well, it's my hope that with great sex tech, people in the world pay more attention to diet, complying with their diabetes and hypertensive medications, being more careful and they're more specific about whatever they're taking, supplement the sexual activities from and that ranges from recreational drugs to to PDE5 medications or hormones, you know, for women.

So I want people to have positive relations advice for for better health. But also, like you, I want people to enjoy a longer life of lovemaking. I hope that people flock more and love each other more as a consequence of having sex to.

I love it. That's actually a really good tagline. I love that. You know, one of the things that I experience all the time, which I find incredibly frustrating because to me as a doctor, sex is just a normal part of life, like vaginas and penises and cocks and pussies or whatever you want to call it, are body parts.

And I think we all just need to get over it. But I'm, you know, constantly frustrated with the censorship that still happens today when it comes to talking about anything with sex.

Future of Smart Sex Tech and Health Insights

So how have you kind of navigated that world with, you know, what you're doing? It's hard. I mean, so the Metaverse, Facebook, Instagram, the well is it's and is money involved as well, too.

We get we get banned for using for try and talk about what we're actually doing. But talking about it or showing it even showing, you know, showing a male showing a cock ring on a facsimile of a penis can't do it.

Talking about using the word cock. And it's funny, you have these companies like like Facebook. Facebook, the big one that has problems saying where a progressive company progressive what is carrying on like your 17th century puritans now I understand desire to restrict explicit sex to talk during you know when children might be you know you might be involved but you are you you didn't the obligations act on them.

Tell us how to do this tell us how we can talk about erectile dysfunction. It you know you know realistically so that's that's been a hard marketing challenge for us.

We've been banned a half dozen times at least. But, you know, on the Mount, the metaverse, I think that I think that's the big five problem, too, is is frankly ignorance of doctors.

You know, so when I when I, when I was starting to get involved with this, I was sitting down with six urologists at a major academic institution. I won't say which one.

And I said, So do you guys recommend Cochrane's zero, recommend the Cochrane for them. It's like PDE5 medication. If that doesn't work, you try vacuum pump.

You guys aren't going to most guys aren't these vacuum pumps because you got to use it for a long period time it's kind of weird pump up your dick inside of vacuum and you've got and then they go right to well maybe you need an implant.

Well, you know you're committing this this inexpensive part of it is the fact that as you and I both know, there's no code, there's no there's no insurance reimbursement and there's no prescription in for Cochrane.

And I said, Well, come on, you guys must have people ask about Cochrane is what do you get? And the doctors said, well, we tell them to go to Amazon. Well, you go if you go to Amazon, you get a sponsored ad, you're not

going to get some of that works.

And so what you guys ever tried a Cochrane zero and one? What has become clear to me is that doctors don't speak to people and they have their physicians all the time to this.

They don't speak to men about the circumstances under which they lose their actions. And that's a disaster. Is it with this particular partner? Is it drugs and alcohol involved?

Are you getting an erection, losing an erection? And what's and and in addition to which the general doctor, the internist, family, doctors, surgeons, they never ask anyone about their sexual health.

Betsy, you and I both trained in medical school. Take the sexual history. I never, ever heard a doctor and I'm 70 years old. Take a sexual history. And no one's ever asked me my sexual story about my in my marriage and no one has ever asked my wife.

She has to ask, well, what's what's going to be the impact of this medication upon my upon my sexuality, as you know, in 2005 was last year in which I practiced medicine.

I said, you know what, I'm going to I'm going to start taking sexual histories. I'd say 85, 9%. You want to talk about if they want if they don't want to talk about the partners in the room, the part I want to tell you about it as well to change his prescription Viagra he does he's drinking too much or it's so people we are this air is so important to people and we we doctors are to some degree responsible for the embarrassment, the shame that people feel about discussing it.

I agree with you. And it's like, you know, you think like as like I'm in the gynecology world and I actually worked in a urology office for a long time.

And I know that my male colleagues never brought it up with their male patients. And and I have to say, I'm just as guilty. Like, I would ask people very quickly, like I never really delved into it very, very much.

And, you know, it wasn't insurance based medicine, too. So you don't have as much time, but it would basically any problems with sex and that would be it.

And then like any pain with sex, I mean, those were the two questions. And then, you know, not nothing more than that, unfortunately. And so yeah, and it's such an important part of life and and so incredibly.

Well, let's, let's look at orgasms. I was speaking to three urologists on a conference call a couple days ago, and I said, What? What do you do to enhance a man's orgasm?

Right now? It's all in my face. And then giving it a thought. And I said, well, 2 to 3 urologist women. So what would you recommend to want to make sure that vibrates?

Let's see you. Would you have no recommendation to treating men with Ed? I was angry about it, but so you see treatment with it and you have no recommendation to them whatsoever.

What about a Cochrane? You know, what about etc.? So it's kind of pathetic. You know, and the thing is to like cock rings aren't just like a new invention.

I mean, yours is, which is super cool, but like cock rings have been around for a very, very long time. And which is actually really fascinating is they haven't changed up until now.

Until you've changed. That's right.

Censorship, Medical Blind Spots, and Closing Remarks

So yeah well what my saw the the look on my wife's bra got a spiral going to Cochran my wife who comes from a fashion design and customers on background said you know the hook didn't come into the women's fashion until the 1920s, but yet I'm in the Stone Age.

People were hanging stuff up on hooks in their caves. And that's that's that's, you know, took me back. Yeah, that's kind of ridiculous, you know, so.

And I would never thought I would never thought about it unless I kind of I was looking, you know, because I was challenged. But by Dr. Hotaling, I'd come up with a way to count nocturnal reactions.

And that led to all these, like the realization that we had to we had to reinvent the. COCHRAN Oh, my goodness. That's absolutely amazing. And, you know, it's got to be fun for you to look back on your career and go, wow, like, how did I get here?

You know? But at the same time, it sounds like you're having tons of fun with what you're doing and really going to be making a big difference in people's health. So.

Well, I'm not comfortable what we're doing, especially the data site, will become the standard of care in gynecology, urology and sexology in 3 to 5 years.

Just the way, you know, before there was like a career machine. There was this doctor listening to your heart with a stethoscope. Before the blood pressure was someone palpitating and pulses saying, Oh, Betsy, your pulse is strong.

You're fine. Get out of here. But now, now we can take a breath and that's it. Imagine if you went to a urologist with pelvic pain and then into an ultrasound, you would think, What does this 1880, what's data?

Give him a gene? Almost always images. So if man or woman goes right now to a gynecologist. Right, and says, I want to keep my sexuality where it is or I have a problem and you're going to make recommendations without data.

Yeah. And that's what I mean. That's what it's like. Just it's opinion. And I'm excited to see all the studies that come out of this because I think we're going to get a lot of information out of these devices that are going to like, Yeah, you got my brain spinning.

I can see so many different uses for this. Just in wrapping up, is there any questions I didn't ask you that you want us to know about your devices or Sex Tech or.

Yeah. Well, there are going to be definitely research papers coming out on both male and female devices over the next 6 to 9 months. I would welcome an opportunity to do research with you on.

Let's talk about that offline, but you can find out about us at myfirmtech.com. you can reach me there. Elliot. elliot@myfirmtech.com If you have any questions, I. I hope you get out of classes and enjoy a better life of lovemaking.

And the day is valuable if you have any difficulty interpreting your data. Because one of these things come up, that is, we have people taking our data to the doctors and the doctors go with, you know, what is this?

They don't they don't know about it yet. I mean, the device is being used at Baylor Massage in New York University, Utah and first California, San Diego.

People are finding out about it, but most doctors still, you know, don't don't know about it. So I hope you try devices and I'd love to collaborate with you on some research.

Oh, my goodness. That would be great. And I would just encourage everybody, go make sure you go check out that website and get one of these devices. I think everybody should get one.

So and I'm looking forward to seeing the female device when it comes out to. So Elliot I wanted to thank you very much for taking the time for to be with us.

This has been so much fun and enlightening. And I just want to also just remind everybody, stick around because we got more great sessions coming up.