Introduction to Sexual Health and Prostate Cancer

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 Femtech, 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 and the diets that I would prescribe, for example, and the relationships upon them.

Elliot, I really appreciate you being on. I think this is 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 object.

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 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 whatever. So give us an overview on on on your views on sex.

Very brief. 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 any. 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 that impact porn and flex.

I call it vascular 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've been on been on the other side of it. I've never had a doctor warn me about the social side effects of medication, or a procedure, and I, you know, and there 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, I'm going to pass out. We then went to the doctor, said, hey, go walk up and down two flights of stairs, come back on the office. And that doctor had put his hand on a pulse.

I said ago, 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 be a test. The doctor puts his hand on your pulse.

This pulse is really strong. And my God, put my ear to your chest is pounding. Yeah. Doc said, take this, take this digoxin in this water pill and come back at three months.

You would think, as would I. What is this, 1900? Do you have blood pressure cuff from 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 heard of cortisol. He's going to put you on these pills and bring it back in three months.

Why Doctors Miss Sexual Health Data

Well, that's what if a man goes to a doctor or 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. They're not going to ask us anything about our sexual problems. So and I became aware of this really through speaking to a customer.

Speaking to me. Most men's problem is that they can attain erection because those guys in urologist and cardiologist, it's if 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 script doctors do a better job about this, and they made them do to 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 I was just curious as to. I want to tell him what we're doing, but I was curious. What do you do?

What do you do it? So I said, well, you know, I'm I'm older guy. I sometimes, I'm concerned that I might lose my erection and and that anxiety kind of works.

Once you said, well, I taking a for it and I said, well, you know, I've taken value in the past, but I'm not to anything right now. So he told 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 sex ology. It's a data driven care. We wouldn't treat high blood pressure, but you and I talked about earlier, without a blood pressure course, we wouldn't treat a cardiac arrhythmia without, you know, let your colleague, Graham, Susie Andrew Graham get a whole a whole series a test.

But yet, we we should maybe. 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 look black band on a measuring everything. Why can't we measure things that related to our penis? Well, that that took me back because, this this gap of this gap is, you're saying in the wearable world, which is sex.

Why is that? I, I don't understand my and I, you know, I've spoken before the technology that we're using and the research on which is based, which is that nocturnal erections or the creation of nocturnal references, 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 don't know. You know my wife is my creative director. We look at the because the technology and the research about this and the 90s, it's not earlier where the urologist, the gynecologist on this and again, I think it comes down to money.

The research money goes to where the seeped way to to what you can bill. So as you and I discussed went through a show together. We started the book. We're in this huge book, huge auditoriums filled with companies spending millions, million dollars on presentations, both largely focused on surgery, cancer, but not benign prostatic approach.

You see, the only two companies, they're 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 I this function is to, you know, dwarfs it in terms of in terms of its incidence. Is 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'm okay with that. I'm okay with that. I, I don't have a problem with that. Okay.

But but I think those are the two. That we talk about. But it is a life threatening problem because. Because think about and we know from, you and your monologue all the time, 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 that could the cost level, not the stress of the cost. Now 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 mental their less mental health problems.

So if we really want so doctors, we doctors give advice to 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 globally 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 and 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.

And 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, develop, 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 Fitbit to the penis, which is amazing.

I'm all about wearables. I don't have, but eventually you'll see me with two on each wrist and maybe one of yours

on my private areas. That does. Yeah.

You know, 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 the max PR ring, and how are they different? And how can men utilize this if you know, they know they have prostate cancer? Let's say, but have not been diagnosed?

I have not been treated for it.

Wearables for Erectile Function and Baseline Tracking

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

Doctor talent. Is that you people also in 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 rectal dysfunction and the other, was kind of that cardiovascular disease. But then so, so the device, one of one overnight or nocturnal erections, measure duration and measure how hard man gets, man.

Guess so it's important. And now look at prostate disease and look at all men over the 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, some fitness dysfunction.

We all should know where we are on that road because we're all, let's make a u turn or at least stop going down the road. And we have no. To continue the analogy of the road, we don't have any or we have no way of looking under the hood, but know of a dashboard.

That's right. So we're giving that dashboard with three parameters. One is how long do you last, how hard you get and the length of the curve, the amount, the amount of blood an estimate, the amount of blood, the blood.

The blood that's being held in the penis. So one overnight, men can then measure the impact of diseases like diabetes, hypertension crosses medications, which I mean, and this affects male prostate disease.

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

And we have and we have men utilizing the technology with titrating the doses to 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 start 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 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 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 as supplements. Some men respond to this, some men respond to that.

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

You have to be able to track it. And that's and that's a word we know worth living to people. But in terms of prostate disease, again we I wasn't thinking about it, but early on, there were three men who were following, Melissa how they barrack as a know rehab program in Perth, Australia.

A nurse practitioner. She has. Yep. Has international following, 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, medical convention and she was excited by our device at that time was a performance rate device, that technology.

And she used it on some measurements. I'm not sure you a condition, by the way, I never heard of. I'm a doctor. Yeah, because it doesn't. It doesn't. You don't see it in the air.

Explain what that is. The audience. The KM is a, you know, it's, is a condition that of men 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 told her, well, you know, I think the we don't the problem with conventional cock rings, they made a hard 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, has compromised tissue, in their penis, especially as they're older. So our our rings I mean, I have a soft elastomer. They allow the arterial blood to come in so they because it can be put on when a man is flaccid, they just constrain the means return.

Like, imagine, a bathtub that's been plugged, you know, 75%. So water can still get out. So, but probably more like 85%. But, so I so with these men, the climatic area, the, the regular cock rings often do work because men as recover prostate surgery.

Even if they recovered fully recover they can take a while to get to, to get an erection. They and there so and there's. What would a 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.

Cochran's. What are you referring to? So a cock ring. I mean, they've been, you know, the oldest cock ring I think was found some 6000 years ago. Right. I saw some history on that.

Yeah. You're right. But. So they've been around forever. And you actually, if you go to the Roman ancient Rome Museum of Sex and Room in Naples, you'll see them there. You see them and pump it.

They use ladies leather. But comprehensive bathing. 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 organ that goes around the penis. You have to pull it out. Stretch it, and then put it, put it around the penis. And 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 now, though. And what's a causal block there? It'll block the Russian recurrent.

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

Yeah. I'm open to to someone who's, as cliche, go say sex positive. So we would play around with cock rings and throw them in the garbage, over the course of my marriage, because they are uncomfortable.

And you want off right away. And they're not. They're not considerate of physiology. They don't. They they block the material flow in, and they choke off the.

And the penis defense return and the not designed to enhance pleasure. So I've made this ring the performance ring of rings. The man I saw the last row. Why we use the last?

Because in order to count the number of nocturnal reactions occur overnight, I had to reinvent the Cochran. I wasn't thinking about becoming, a cock ring pioneer.

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 that I can make a comfortable ring.

And then, I the other thought we had from speaking to, some of my older friends who, who are single mother, 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 an erection.

And they said, mate. And the most these guys some of these guys have they metabolic you know, they're the diabetic and 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 size. Can you and I can see I can see my genitals. These guys can't.

So our rings easy off, easy off. They open and close the hook that was inspired by the bra. I my scratching wise back and looked down to 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 restaurants.

So that's what people do. It'll open close, open. It's 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 the punch of to type and the maximum performance ring I designed to enhance a man's pleasure. Men don't have much to. 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. They they've been mainstreamed in our lifetimes.

You know, I'm 71 years old. And my mother's the handheld vibrator, and this is like late 50s, early 60s. Did you find this in the when you were, like, 13 years old?

And I know, like, 7 or 8 years old, and my brother was 11. Oh, you. Playing swords with your brother with these things? Like what? Like there's no way you'd even know what that is at that point.

No, it was 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 is all about her sex life.

Like my father and I, my brother went running off to ask my mother what it was, and I was thinking, he's going to be in trouble.

Performance Ring Design and Post-Treatment Use

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 a certain embarrassment to women to using, libraries. Yeah.

You got to come to penetrative sex, blah, blah, you know, but now it's gone, you know, it's there's no embarrassment to the women, about about using vibrator.

But for men, this is for this profound embarrassment. Still about using Cochran's part of it comes from we doctors. Doctor Espinosa, what do we doctors call cock rings, constriction bands, penile constriction.

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

How does it maximize orgasm? So. Okay. Sorry about that. It's not. It's all right. I want to put I vibrate on the I'm 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 have 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 a short occupation, 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 to but I'll tell you what the internal study showed.

But here's the limitation. This will music they all the white men in Montana. Sorry. Okay. The Yeah. Guys. No Cuban guys. No Puerto Rican, black guys.

Okay. No. Yeah. The, there is a little bit of mixed blood here, but we know. But. So we tested on 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 asleep of age like I do. But these men without Eddie, with a goal of when we hit, when every man's jack artery 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.

Whereas I always had sex, never had sex with the ring they regulated beforehand. And from our, prostate survivors. They love it because, they have anxiety about losing their erections.

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

And that's why that's why it's important as well to where 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 often 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, too. 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 are they 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? What? Men don't wake up with the erections all the time.

Right. And then it's important for them to have, 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 an intervention of itself.

The data was 24 years old. He had an adrenal tumor. We had, we've had two men tell me. Well, one, I told my wife 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 this asshole berated me for the fact that I was overweight and blah, blah, and was the problem with the problem was really him.

And the other guy with the other guy went from went from five, 2 to 2 over three months and you got to try to cash position he and you know, he, he had he was having he was on the road 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.

So the shim, the IoT, 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.

There's a lot, you know, and you know, how medical research goes. Small papers lead, not 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 don't know and I want to know how how healthy they are.

Because in a man, for example, that's not sexually active, how does the tech ring? Help me with that. Let's and 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 get three. Before. It's definitely right. Okay. And it tells us it says how long they last.

Okay. Every not every episode of REM sleep, the the sleep doctors think there's no after research is accompanied by an erection. So our our I don't currently have a loop on or because I gave away to my daughter because she's too.

She likes the jewelry they, 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 ring and compare them. So it's telling you the duration of friends, the erections.

It's also establishing a bed. Is connected to an app, just like I connect my my iWatch to that. As soon as. We were in the Google and Apple stores, and we will give you multiple, several different parameters just the way they way or I will too.

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.

This a plus 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.

So observational but is 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 ridge scan late 80s and 1990s.

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

So, our data is at home now. Our data is, you know, well, you 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 respect their privacy.

People can people can add that information to the app. So first, so they will talk to us. But if you or or taking care of people with prostate cancer and you want to have a data set, you want you want to have collect all this data about people have that in the data room.

We can do that for you, but we don't collect that data and 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 the 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 and physiological.

It's inspirational to men will stick with the therapy. Right? Right. Exercise therapy. Whether it's, tadalafil supplements, whatever. A lot of men give up, as you know, or don't comply because they don't have I don't know, I really and this, some of them are the most the true heartwarming, experience related to me by by customers come from these people.

Just this week at a guy who was eight months status post, surgery. And, he used he was having nocturnals and was really anxious about having reactions.

He was using a pump and taking intense downhill to get erections. And they were they were they were they weren't really that hard. He got the ring. Both rings we saw with 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 he wasn't actually realizing the towel.

Tech Ring Data, Sleep Erections, and Recovery

So it wasn't anything. Anything to his hardness, at least in terms of the data. Wow. But by getting nocturnal erections, it made him. You realize that, you know, my anxiety is here, correct?

I've actually I'm actually eight, nine months out, and I recovered. I just haven't recovered up here. Yeah. Where is half the battle? Right. And he's been funny.

He, he used he recorded like three, three weeks 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 didn't want to show face to mean accomplished like this. And she was 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 post 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 allergists 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 do? Help me. And I said, well, we can at least can 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 device. He used it for eight nights in a row. On the 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 looked this raw data, because we smoothed the data.

He actually was having nocturnal activity. It was just below a threshold for counting it. 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 a 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 below four.

Below or four four would be like the old shim to your stiffening. Right. Oh, right. And the and the, our scientists advisory board. And again, I'm not a urologist. These are some of these people. Well, right now.

What's your medical background? And earlier, just out of curiosity. 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.

That's. So that's just. But all I did remove some metal and leather rings in my time, but, 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. But this this guy was looking at this raw data, and I can't we hope it's open to people like, hey, if you if you're patient, you're taking care.

If 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. If that arbitrary the cut off at four 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 24, 25. 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 during intercourse is, nine.

Yeah. Well, that well, they're nocturnal, aren't. You know, there are things that can knock out the nocturnal. Yeah, but men can still perform sexually.

I'll talk my own personal experience. I've played because I've played around with things like, you know, I've never taken traps on for sleep. When I travel internationally, you try to travel as well, too.

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

Yeah I'm not. But now I'm an end of one and I bet you. And that's okay. So yeah, I took trazodone. On a trip, I took I took it three nights. No nocturnal erections, actually. Great.

But but that's. Because you don't hit REM. Try to do the same thing with Ambien and all those other, sleep meds. So with zolpidem. Wow. We're onto something.

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

So with zolpidem I used to take five and then I. But 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 left to your point, no normal REM sleep as well too. And, anyway, it's just, it's a it's interesting what what you can learn just just as an individual without prostate disease from from having the brain.

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 having sex 2 or 3 times a week, it's changed.

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 of.

Sure. It's almost like when I used to treat, you know, I, 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, dude, let's do it. And 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, pictures.

They're like, whoa, whoa, you know, I, I don't do a whole lot of Peyronie's now. I kind of just dabble, a little bit is

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 think, before I, I 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 than go out disease or is taking a blood pressure medication or antidepressants, they strongly consider okay getting their data.

So if I were me, put a ring on it, put a ring on for your health. You sound like Beyonce. She stole this from me. Not just the but put a ring on it for your health.

Put a ring on to last longer and have more intense pleasure. Put around your partners because your confidence will make them more confident in and improve the quality of 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 one on one 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 add an E. R. doc converted into a sexologist 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.