Introduction and Dr. Brandeis's Background

All right, everybody, welcome back to another session of the solving sexual dysfunction summit. You guys are in for a treat. We have Dr. Judson Brandeis with us.

And anything that you want to know about men's health. This is the man he basically wrote the Bible for Men's Health. And so I wanted to thank you, Dr.

Judson, for being with us today. Oh, it's such a pleasure to be here. Thank you so much for inviting me. You know, I love people's background stories, so I'm sure when you were a little boy, you were like, I want to, like, help men in their penises.

Yeah. I want to play with penises all day. That's exactly what I was thinking when I was ten years old. Well, just so you know, how did you get into this field?

Yeah, it's kind of a long journey. I always wanted to be a doctor, and then after I graduated college, I went to American Red Cross and worked with Harold Merryman on learning how to freeze kidneys for transplantation.

So Harold hoped to marry me. Was the person that figured out of freeze blood for transfusion. You can't take just blood and throw it in the freezer because the red cells will pop because water increases in size when it's frozen.

So Harold Merryman figured out how to freeze blood and then his lab and a guy named Greg Fay, who's now like a famous anti-aging guy at San Diego, we were trying to freeze kidneys for transplantation.

And so I got really interested in kidney transplant. And then I went off to Vanderbilt for medical school. And during medical school I went and did a Howard Hughes Research Institute sponsored fellowship at Harvard Medical School in the lab that did the first living related kidney transplant.

The Merrill Lab, and and did research on transplantation immunology. And that got me really interested in kidney transplantation. Then I, I went to UCLA or urology did two years of general surgery and then urology with the idea of being a kidney transplant surgeon.

But then I became really interested in prostate cancer and outcomes research. And then, long story short, I went off into private practice. I helped start robotic surgery with Intuitive Surgical, did a whole bunch of stuff, and then about five years ago I became really interested in regenerative urology.

So shockwave therapy, PRP and the ability to improve the vascularity of the penis to improve erectile function in guys who'd lost that ability. And so and then that kind of grew into a real passion for men's health.

Testosterone replacement, physical rejuvenation and and spreading the word about how badly men need help. Right. So 100 years ago, men lived one year less than women.

Now men live five years less than women, really. And men are half as likely to see a primary care physician as women are. So, you know, men's health is a mess.

And the longevity of middle aged men in the United States is actually declining and was declining even before COVID. And sadly, it's because of diseases of despair.

It's because of alcoholism, opioid abuse and suicide. So that doesn't depress you. You know, nothing will. But, you know, there is there is hope. And the hope is really providing good information and motivation for men to live a better, healthier, cleaner life.

You know, I agree, because I was going to say, even in my my case study of one, my husband trying to get him to go to the doctor is like next to impossible.

And even if there were something happening, it's usually like, oh, this is just a normal part of aging. And yet, I mean, like you just said, the statistics are kind of staggering with what's going on with men and then a to I think when it comes to sexual dysfunction, I'm sure I'm most like lives just like with women.

We just they just blame it on their age or they're like, oh, let me just go get my prescription for Viagra But there's so much first of all, let me take a step back with erectile dysfunction is more than just a functional issue.

It's it's a sign of an underlying bigger problem. So I'm going to have you explain that. Absolutely. I mean, I see men's health through the lens of the penis.

Mm hmm. I really do. I mean, as a gynecologist, you probably see women's health through the vagina. Yes. Yeah, right. And but, you know, so you're in 20 years old.

You wake up every morning, you have Morning Glory, you get a great erection. But at some point in your life, your morning erections go away.

Erectile Dysfunction as an Early Warning Sign

And that's the first sign that your circulatory system isn't working the way that it should be. Right. And you got about ten years from the day that that happens to the development of erectile dysfunction.

Right. Right. So you're in the middle of of intercourse and all of a sudden the blood flow to the penis declines and you lose your erection and you can't get it back.

Right. And then from that point, you have ten years till you develop cardiovascular disease, whether you have a heart attack or a stroke or you need an angioplasty or angiogram or they put you on medication.

Right? So from the time that you lose your morning erection, you got about a 20 year period to get your act together. And the thing is, guys, in your twenties and thirties, you're indestructible, right?

You can go party all night. You wake up in the next morning with 2 hours of sleep. You go to work, you function at work, you go home. But in your forties and fifties and sixties and seventies, it's a lot harder to do that or almost impossible.

And so in your twenties and thirties and forties, you're making sure that when you're in your fifties and sixties and seventies, things will work. You don't want your 65 year old self saying, Man, my 30 year old self really messed me up.

And I, you know, I can't be physically intimate with my partner anymore and I can't even walk up a flight of stairs and I can't travel. And so there are real consequences of the things that you do in your twenties and thirties and forties.

So, you know, I talk a lot to men in their twenties and thirties and forties, helping them develop healthy habits. And, you know, the 21st century man is filled with really, really good advice for men in their twenties, thirties and forties.

And then it's also filled with great advice for men in their fifties and 6070s. We're beginning or are actually experiencing the consequences of, you know, the aging process.

But also eating poorly, smoking, drinking too much, being sedentary, eating the wrong foods, not getting enough sleep. I mean, there's a whole host of things that we do as men that are destructive to our health, that are relatively easy to fix.

Yeah, and I love this. The penis kind of being the red flag, like, hello, I'm trying to get your attention. Like, there's something going on. Smarten up.

Yeah, I mean, that's my big problem with EMS, BlueChew and get Roman is that you're missing an opportunity to actually understand why you're developing erectile dysfunction.

It's not just a question of taking Viagra, because if you take Viagra, but you don't start exercising better start eating better. Stop smoking, stop drinking too much.

You're not getting enough sleep, all those kind of things. Then you're missing an opportunity. And guess what? Ten years later you can have a heart attack.

Mm hmm. And, you know, that's a big deal. And so forth. So this is great. So for the men in their twenties and thirties, it's going to be a lot of lifestyle adjusting just so that they can lead a healthier life down the road.

But for the men that are in their forties, 50, 60, that are already having significant problems, where should they even start? Yeah, I mean, it's never too late.

Like there are ten things that I could just rattle off the top of my head in 15 seconds that would dramatically improve the health of any man that's listing out there and women.

I mean, exercise every day. Don't drink, don't smoke, don't eat too much, don't have too much cholesterol. Get good sleep, don't do drugs, meditate every day and be nice to other people.

Right. And pretty much all of those things are free. As I was going to say, that's the best thing. I was just thinking when all those are free. In fact, you know, I'll save you a lot of money.

You know, when I sit down with patients and, you know, alcohol is filled with empty calories, right? So if you have a drink a day, that's about 13 pounds a year of fat that you put on.

So, you know, my patients that are overweight, that drink like two drinks a day, you can save 26 pounds of fat and a couple of thousand dollars in wine each year, you know, so you're thinner and you have more money.

You don't want that. And something that I think gets overlooked, especially men's health when it comes to alcohol, is that alcohol can raise estrogen levels.

And so we see it being kind of pushed in women's health a lot because it's always like, okay, you drink, that's going to increase your risk of breast cancer.

But we're forgetting like how all the health conditions that alcohol can create in men and also, you know, in association with raising estrogen levels.

Lifestyle Changes for Men's Health

Oh, yeah. I mean, the thing is, like I have a slide that I show people when they come in for consultation and I have a picture of Mars, the Red Planet, and I have a picture of Venus.

Right. And then I have a picture of the testosterone molecule and the estrogen molecule. And if you look molecularly or molecularly or atomically, the only difference between testosterone, estrogen is a single hydrogen atom.

Right. The smallest unit of matter known to man. Well, actually, all these Lawrence Livermore patients that say, no, you got leptons and quarks and but like if you don't go subatomic, right.

Hydrogen is the smallest unit of matter. And that's the the atomic difference between men and women, hydrogen

and testosterone and estrogen. So it's easy for your body to flip testosterone to estrogen and alcohol will promote that process.

And if you're fat, it's done in adipose tissue, which is why guys, when they get fat, they get breasts, right. And so, you know, it's just like there's a million reasons not to drink alcohol.

It's a depressant, right? That's the class of drug. It's that it is most of the stupid things that most of us had done in our life have been done under the influence of alcohol.

And every time I say that to a patient, you know, people start nodding. I had one guy start getting tears down his face, and then I looked at his face closer.

He had this giant scar down the side of his face and, you know, like he got drunk, went after the wrong girl, got into a bar fight and someone just cut his face with a bottle.

I mean, it just it's so destructive, but it's such a networked part of our society. You know, you go to a football game, you drink beer, you go to a cocktail party, you drink wine, you go out with your buddies, drink bourbon, but you don't have to, you know, replace it with something else anyway.

I know you didn't know. Want to talk about alcohol? You know that big talk about sex. I know. But, you know, actually, tell me about that. I mean, how many people use alcohol as that lubricant?

Let's say, for sex to kind of like get themselves in the mood or to relax? And. You know, it's about, I think, disinhibition, right? It affects the frontal lobe, which is where your sort of sense occurs.

And then you get disinhibited. So you work up the courage to talk to the girl or, you know, do things that you're not supposed to do. But is that really how you want to start a relationship?

Is that really the basis of the relationship that you want? Is that you get yourself liquored up to work up the courage to talk to a girl. You know, I'm not here to make value judgments.

I'm just I, I tell my patients, like, I'm not here to to judge you. I'm just here to give you information. In office and we need to keep those penises working.

Yeah, and I'm here to get penises working. But, you know, the thing is, I see Men's Health as, like, a maslow's pyramid, right? So at the bottom is physical health, right?

If you're not in physical health, you can't get an erection, right? But then there's mental health. If you're depressed or anxious, you know, or have other mental health issues or you have addiction, then, you know, it's unlikely that you're going to be physically intimate.

And then there's relationship health. You know, if you don't have relationship health and emotional health, you know, you don't have anyone to be physically intimate with.

And then at the top is sexual health. And so if you build that whole pyramid, then you get to the top and you have in sexual health, it's different. You know, when you're in your twenties, it's a whole different ballgame.

I'm talking about guys in their forties and fifties or sixties or seventies or eighties, even nineties that want to remain physically intimate. And, you know, that's when all of this pyramid becomes super important.

And that's one of the reasons I wrote the book and one of the reasons there's 101 chapters in the book is that there are so many things that affect sexual function in men.

So, for example, I had a 40 year old patient come in and was having really bad sexual function and everything sort of checked out except he wasn't sleeping.

Nitric Oxide and PDE5 Medications

Right. And you get erections at night when you're sleeping. And he was only getting 2 hours of sleep a night and he wasn't getting into REM sleep. And so he had erectile dysfunction.

You know, I have lots of patients that are are super anxious. Right. And so they're physiologically they're fine, but they lose their erections because of stress of anxiety, you know, or people that have really super high stress jobs and they're in high stress relationships and things aren't working or guys who are going through divorce.

And I call it the divorce sex. And they come in and things aren't working. So, you know, getting an erection is a really complicated physiologic event.

And there are a lot of things that that can affect it. And that's brilliant because you can build a pyramid from the top down, right? So it's you got to start with the basics and work up.

And with that being said and you brought up that, you know, the diet and the lifestyle playing such an important role in erectile dysfunction. But I see like American culture, we're so trained that if we have a problem, let's go just get a pill.

And I wanted to ask you about the pills and then about what other options are there out there. Yeah. So I wrote an article for Muscle and Fitness magazine called The Urologist Guide to Sexual Superpowers.

And it's you can just Google it. It's a really concise, good article on the algorithms that I use for my patients and so really foundational. And any time you use Google Search, you know, like, what do you need to have better erections, you know that you get the regular stuff like exercise, eat better, don't drink, don't smoke, get sleep, all that kind of stuff, which I talked about.

But you know, beyond that, I put all of my patients on a nitric oxide booster, right? And anyone over the age of 40 or 50 needs nitric oxide boosting.

Right. So nitric oxide. When I was at UCLA, one of my professors won the Nobel Prize for discovering nitric oxide as a second messenger. And then he and another one of my professors collaborated on the research showing how Viagra works.

Right. And it works because nerves release nitric oxide. Nitric oxide catalyzes a process that creates something called cyclic GMP. And the more cyclic GMP you have, the more blood vessels open and the less cyclic GMP you have the blood vessels close.

And this is true for anything in your body from head to toe. It's true for men, for women, for cats, for dogs, for zebras, for rhinoceroses. Any mammal uses nitric oxide to open up blood vessels.

And you get nitric oxide really from two sources, one from vegetables like green leafy vegetables, beets. Those are the nitrates which convert to nitrate into nitric oxide.

And the other is through arginine. But you can't really take arginine orally. You take citrulline. Citrulline comes from watermelon and other fruits and vegetables like that.

And so I actually created a supplement called Affirm, which is available at a firm science, which is a combination basically of citrulline and of beets, which boosts nitric oxide.

And really you need it and it makes a big difference. You know, if you're in touch with your physiology, it should boost performance about anywhere from 5 to 15%.

Right. And so then as you boost nitric oxide to create cyclic GMP, what they discovered in the Pfizer research labs was that Viagra or sildenafil as it's you know, the generic name is a PD five inhibitor.

So you have this these enzymes in your body called the phosphodiesterase enzymes and they're all throughout your body and their subtypes are phosphodiesterase enzymes.

So in your brain you have PD one and two, in your lungs you have PD four, in your eyes you have PD six, which is why it's when some people take Viagra, they get a bluish haze in their eyes and in the penis you have pde5.

And that was the genius behind sildenafil or Viagra was that it's selectively inhibiting the PD five receptor, which is only in the penis. So you get nitric oxide which builds up cyclic GMP and you have a PDE5 inhibitor that blocks the PDE5 enzyme in the penis.

So that the cyclic GMP in the penis sticks around and so blood flow stays in the penis. And when the blood pressure in the penis increases, you get to the point where you block the outflow of blood in the penis.

I describe it like an ice cream sandwich. Right? So as you put pressure in the ice cream sandwich from the bottom, you squish the ice cream and you prevent the blood from returning back to the body.

Right. Because the penis is the only organ in the body that moves entirely based on blood flow. And it's the only organ in the body that has skin, but no skeletal muscle.

Right. You don't need blood flow to create the erection that is. So that was the best explanation I've heard of that ever. So and especially like my understanding of the doctor, I was like, Wow, so do you explain that to me like that years ago?

I would have had it would've been a lot easier for me to understand how that worked. So and I know that there are so many of these medications on the market and, you know, are the I guess and this is trying opening a can of worms with this one.

But are there ones that are better than the other? And why are there so many? You know, it's. I mean, there there are a lot of them out there because drug companies want to make money.

And, you know, there's Coke, Pepsi and RC Cola and they all kind of taste the same to me and they all kind of look the same. But, you know, people have preferences for one versus the main difference really is the half life.

So tadalafil or Cialis has a longer half life. It's got a 18 hour half life versus Viagra and Levitra have a four hour half life. So if you want a weekend pill, take Cialis or there's a Cialis daily dose so you can take it every day.

Penile Enhancement Research and Regenerative Treatments

So you have some in your system if you know, if it's a one and done, you know, like you're you're married and you know, you walk the dog, take out the trash, you know, you know, clean the kitchen, have sex, you know, read a book, watch TV, go to sleep.

Then, you know, if your life is very predictable, then something like Viagra or Levitra is going to be better for you because it's it's in and and out and, you know, you'll get some subtle side effects, right?

So some people get headaches, some people get facial flushing, some people get some reflux. So a little bit of Tums will usually help that some people get a stuffy nose.

But if you do get stuffy nose, don't take Afrin. Right, because Afrin is will constrict blood vessels. Right. And so if you get Afrin gets in your system, it's basically fighting with with the Viagra and the sildenafil.

So, you know, just like little if you take a look at that article or if you read my book, 21st Century Man, it's got all those little, little hints for you.

You know, and I do want to touch upon this study that you did where I mean, you've done a number of studies,

which is really impressive. But there was one that we were talking about ahead of time, which I'm sure we could have dedicated the whole time to the study and we're not going to give it enough credit. But you did a study where you like.

You're the one you said you were the only site the first. First, it's kind of like enough. I want to be I don't want to maybe that on my tombstone. But I am the I am I'm the first scientist, I think, in human history to publish a study showing that you can increase the length, girth and function of a healthy guy's penis.

That's just amazing, because that's something that we've always been told, like, all right, what you got is what you got, and that's it. So that is the Holy Grail.

So if you can grow hair on someone's head or you can grow the penis, you've cracked the code. And so, you know, like I honestly, I could care less how long guys penises are, right?

And honestly, most women it's the same. I think it's I think it's sometimes the guys. It is a very guy oriented kind of thing. Guys walk around the locker room checking each other out, like, am I bigger?

And my smaller, you know, my the alpha male, am I not the alpha male, right. I get the impression that really women don't care about it as much as guys do.

And I never, ever have ever told a guy like, listen, your penis needs to be bigger, right? That's not my that's not my deal. But I see guys that have done this stuff and with disastrous consequences, right?

I mean, I had one guy, he's a nurse, you know, he had something called the Panama put in, which is a silicone implant that not a silicone implant for erectile dysfunction.

It's a whole different thing. That's a safe procedure. But this is a silicone implant for for girth. Ooh. And he got an infection and he was in the hospital for a week.

He had to get it taken out. And he's had at least two operations that he had to fly across the country to get in order to fix the problems that this created for him.

So I've seen guys like that either from the Panama or from filler or from fat transfers. And so I was like, well, there's got to be a better way. And so I've been doing a lot of this rejuvenating stuff.

And, and so I created a, a research protocol that we got I IRB approved, we got it listed by clinicaltrials.gov, which is the NIH website. I got the, the initial results which I presented in an oral presentation at the International Society of Sexual Medicine.

And then recently we got it published in and in Andrology, which is a, you know, a peer reviewed, pretty well-respected journal. And, you know, we had 29 patients.

We grew their penises almost an inch in length, about a half an inch in girth. And everyone noted that their function improved. You know, there's no real way to prove that because if something's already working just fine, it's hard to prove that it's working better.

But, you know, when we asked the patients the question, you know, is it worse, much worse, the same, better or much better, everyone checked the better box.

So that brings up there are things other than just Viagra that that men can do for like rejuvenation and for erectile dysfunction. If you could just. Yeah, let us. Yeah.

I mean I get all the more so first of all if if anyone that's listening is interested in in increasing the size of their penis, just go to P dash long tor.com and we have tons of information about what we're doing and the pros and cons of all the, you know, enhancement procedures.

You know, the next step typically. So boosting nitric oxide and boosting using a PDE5 inhibitor improves the signal. But you also want to improve the vascular parity of the penis.

And the way to improve the vascular parity of the penis is to use what's called low intensity shockwave therapy and with low intensity shockwave therapy, what you're doing is you're tricking the body into thinking that there's an injury.

And in the body, when there's an injury, you generate new tissue, new blood vessels. I mean, in the vagina, you guys, the Mona Lisa are used, um, you know, do microneedling all those things take advantage of the body's ability to heal itself.

And when the heals itself, things get better, right? So when you're doing low intensity shockwave therapy, you're creating the you're tricking the body into thinking that there's an injury.

So you get an injury response or an inflammatory response. And part of that inflammatory response is activation of stem cells and the release of growth factors.

So when you have vascular stem cells and vascular growth factors, you grow new blood vessels. When you grow new blood vessels, you increase the blood pressure in the penis.

And when you increase the blood pressure in the penis, then you trap that blood in the penis. Right? So there's a threshold blood pressure in the penis that you need to trap that blood so you get a rigid erection.

So what I, what I say to my patients is like, say you're on the roof of a burning building, and there's another building six feet away. If you jump six feet, it's a great day.

They jump five and a half feet. It's a really, really bad day. So, you know, if it's at night and you're with your your partner and you generate 101 millimeters of blood pressure, it's a great night.

And if you generate 95 millimeters of blood pressure, it's a frustrating night. Right? You get a full penis, but you don't get a rigid erection you can't penetrate.

And so shockwave therapy, everything that I talk about is just incremental, right? Right. So there's really like no magic pill that does everything. So nitric oxide boosting and and pde5 inhibitors improve the signal shockwave.

Low intensity shockwave therapy improves the best hilarity PRP. Right. So PRP is platelet rich plasma platelets are packed with growth factors, right?

So say you're out trail running or something like that and you get scratched by a branch. You start to bleed a little bit. The platelets rush there, they form a clot, that clot turns into a scab, the scab falls off and your your skin grows back right.

How does your body miraculously know to just grow the skin in that one particular location? The reason is because platelets, in addition to clotting factors, have growth factors and they have every growth factor known to man.

Right. Because you don't know if you're a platelet, are you? If you're going to be fixing hair, teeth, spleen, liver, heart, skin, penis, vagina, whatever.

So you have every growth factor that you need to fix all that stuff. It's like like plumber. My plumber comes and opens up the back of his truck. He's got every pipe and fitting on demand, right, because he doesn't know what he's going to be fixing.

And so what you do is you draw the blood, you spin the blood down, you get rid of the red blood cells, you get rid of some of the plasma, you suspend the platelets in the plasma, and all of a sudden you have PRP, platelet rich plasma, right?

And PRP has used all sorts of places. Athletes use it to fix knee shoulder hips. Dermatologists use it to grow hair wound care. People use it to improve the growth of wound tissue.

And, you know, urologists and gynecologists use it to inject into the into the clitoris, right O-Shot or to inject into the penis shot or you know in the case of PE long study, I developed an ultrasound guided injection of PRP which is much, much more accurate than just sticking a needle into the penis blindly and and that helps accelerate the growth of blood vessels in the penis.

I love this whole area of regenerative medicine because I find it incredibly fascinating. And it's nice because there's there's so many more options for people nowadays.

But, you know, it's it's important not to sorry to cut you off because you're going to forget, like the easiest regenerative stuff is exercise, eat better, get sleep and don't destroy your body with toxins right?

Like I had this one patient that flew to my office from Florida and he was like, well, you know, like, what do you think of peptides? Like, come on. BP 157 And, and Alpha one Thymosin and, and I just looked at him.

I'm like, dude, before you spend all this money on peptides lose £50, right? I mean, you know, you were totally right before people just want to like take something and, and get better.

Additional Therapies and Where to Find More Information

It's like all these people that come in on Ozempic and my govee like this great miracle drugs. But if you think that you can take that and everything is going to be better, you're totally wrong.

Like you have to use that as a way to lose the weight so that you can start exercising and taking better care of yourself. Because thing is, let me let me give you some news.

You lose fat, but you also lose muscle and muscle burns calories. So the day you stop taking ozempic and wegovy because it's like a thousand bucks a month, if you're not in better physical condition, you're going to put that weight right back on.

So it's taking personal responsibility for the things that you need to do to rejuvenate yourself. Now, if you've gotten to that point where you're doing everything you can and you need more help because at the end of the day, all of our clocks wind down, then things like nitric oxide, boosting PDE5 inhibitors, low intensity shockwave therapy, PRP.

The other thing I've been starting to do lately is Botox in the penis. Really. Right. It sounds crazy, right? Like when I first heard about it, I'm like, what the heck is that?

Right? But if you think about it, when you have a flaccid penis, the smooth muscle on the inside of the penis is contracted. Right? And that's what keeps blood out of the penis, because at the end of the day, the only purpose of the penis is to fill up with blood so you can procreate.

Yeah. And so 99% of the day, you're not procreating. And so, you know, this shouldn't be that much blood flow to the penis. And so that smooth muscle is contracted.

Mm hmm. But if you inject Botox into the penis, what does Botox do? It relaxes smooth muscle. Yeah. So you relaxed the vascular sign, you saw it, you relax the blood vessels, and you allow blood to flow into the penis much more easily.

And so a lot of my patients, especially my patients in the gay community, love it because they're, you know, in the locker room checking each other out.

And for my patients who need just another boost to achieve that blood pressure in their penis, where you block the back flow of blood, it's just another trick that we can use to increase you, you know, blood flow.

And, you know, it lasts about six months. The injection is like super easy. We do it through a tiny 30 gauge needle. You hardly feel it. So that just, you know, just one more trick.

And then there are other medications, right? So. PT-141 or Bremelanotide And it's, it's been branded for women as Vyleesi, which increases female sexual desire but also increases blood flow to the penis, right.

The only reason it wasn't FDA approved for men is that it's hard financially to compete against $1 Viagra pills. Mm. And that makes sense. I think the company just said, well, you know, there's not that much for women, so let's just go after the women's market.

But PT-141 works great for men and for women and for couples. You know, there's other medications like apomorphine. So apomorphine works on a morphine receptor in the brain, but increases sexual desire and increases erectile function.

And there are companies out there that combine it with Viagra and Cialis. As a sublingual Troche, you can also use oxytocin, right? So you know oxytocin a lot better than I do.

But it's a it's the bonding hormone that women produce when they're they're lactating. But it's it's a bonding. So it increases in men, increases libido and increases orgasmic function.

Mm hmm. Another thing that I use in my office, which is a research project that I did with a company called BTL, is the EMSELLA chair, EMSELLA chair, was developed for women for the purposes of strengthening the pelvic floor for stress incontinence.

But the folks at BTL were kind enough to to ask me to do some research on it for men. And what I found is, one, it dramatically improves ejaculatory function.

So as men get older, their ejaculation muscles get weaker, but also it to a certain to a smaller extent improves erectile function and also improves urinary function.

Hmm. So it's, you know, it basically non specifically strengthens the muscles and builds blood vessels in the pelvic floor and pelvic floor helps men ejaculate urinate while the pelvic floor to now guys urinate but it works great for post void dribble and for incontinence after prostate cancer surgery, but also by strengthening the trouser muscle at the base of the trigger going the bladder, it helps men urinate better so stronger stream better emptying less frequency less urgency and and it's you know, it's totally non-medicated not a medication.

Oh, my goodness. You are just a wealth of information. I can honestly talk to you for hours about this stuff. But just in wrapping up, where can people find out more about you?

Yeah, well, first of all, I have a very good global name, right? I don't think there's any other Judson Brandeis in the universe. And so if you just Google search my name, but you if you're interested in penile and natural penile enhancement, just go to p-long.com if you're interested in a firm nitric oxide booster and our other supplements you can go to affirmscience.com if you're interested in my medical practice in Northern California, just go to brandeismd.com B R A N D E I S M D. COM well and if you're interested in my book, go to thetwentyfirstcenturyman.com are written out in letters and I have a YouTube channel with tons of videos on all sorts of stuff that we're talking about today.

And I even have an Instagram I don't know how to use to Instagram, but I have people that post stuff on the Instagram. For me. I think that's it. That is amazing.

I just want to thank you so much for taking the time out of your busy schedule to talk to us, because this has been this has been absolutely amazing. So I'm so grateful that you're here with us today.

Awesome. It's a pleasure to be on. And thank you so much for having me. And I just want to remind everybody, stick and stick with us because we got more great sessions coming up.