Scot McKay (00:05)
All right, gentlemen, you've probably heard until you're blue in the face about let's get you all set up here.

Video where you want it to be?

Dr Elliot Justin (00:15)
Yep.

Scot McKay (00:20)
All right, gentlemen, you've probably heard till you're blue in the face about AI this and technology that. And usually when we're talking about such things in the realm of men and women dating and relating to each other, it's in the context of either online dating and apps or God forbid AI girlfriends. Well, today we're gonna talk about the emerging sex tech market.

And how it has nothing to do with either of those subtopics, but with something completely different that'll make you better in bed and in the bedroom uh and healthier in general, helps you monitor your health more in general, uh much better with real, actual human female human beings. Uh already on a good track there. My guest today is a first-time guest.

His name is Dr. Elliot Justin, and he is the CEO and founder of Firm Tech. And this lucky guy gets to live in Montana all the time year round. Very Montana esque background here for the show. And he's also using Starlink to talk to us. So he's out there, man. He's out there uh living the dream.

Dr Elliot Justin (01:30)
Yeah.

Scot McKay (01:32)
Elliot, welcome to the show, man. It's glad to have you.

Dr Elliot Justin (01:34)
It it's great to be here.

Scot McKay (01:36)
Yeah, I should say I'm glad to have you. I'm sure Montana's glad to have you as well.

Dr Elliot Justin (01:40)
I've made Montana the leader in sexual health technology in the world.

Scot McKay (01:45)
Wow. Just... You did that single handedly.

Dr Elliot Justin (01:48)
I can't get a shout out from the governor either, you believe that?

Scot McKay (01:51)
Well, I mean, you know, put a few more adjectives in there. Sexual tech,

Dr Elliot Justin (01:54)
Ha ha

Scot McKay (01:55)
health technology, you know, male, human, important would be a good adjective to throw in there. Get

the governor's attention. Yeah. You know, it's not Kevin Costner anymore. So, you know, you may have a harder time getting to the governor

Dr Elliot Justin (02:08)
No, it's not. No, it's not.

Scot McKay (02:10)
up there. Yeah. All right, man. Well, it's definitely good to have you uh from Yellowstone Country.

And you're talking to us about sex tech. And I think the first thing we oughta do, um, Elliot, is define sex tech for these guys because it may or may not be what you're thinking. So

go for it. Riff on that for a bit.

Dr Elliot Justin (02:30)
Sure. Sex

tech falls into two categories. uh One is sexual health, sexual health focused technology. So I'm I'm the inventor of the tech ring, the world's first smart wearable to assess a man's sexual health and to optimize his performance. We are data focused, but we've also made important discoveries about how men can actually optimize their performance. All men, not just men with ED. There's the other the other side of sex tech is it's just novelty, Scot. You know, it's uh hey

Scot, don't tell everyone, but you know I secretly have an affair and we both have vibrators on our butts right now and we're vibrating each other. You know, that's that's novelty and silly. You know, I don't see that's exactly. But when people

Scot McKay (03:09)
Well that's the sex toy market, yeah. Yeah.

Dr Elliot Justin (03:12)
but they do make the sex tech claim for that. I'm we I'm we're health focused. I got into this because four years ago, professor of urology at the University of Utah challenged me to come up with a way of counting the number of of nocturnal erections that men have. and my response was nocturnal

Scot McKay (03:25)
Nocturnal erections.

Dr Elliot Justin (03:27)
erections. A healthy man

Should have three to five nocturnal erections per night. They should last about 45 minutes on average, and they should be uh at least a six on average in firmness on a one-tenth firmness scale utilizing our technology. So when he

Scot McKay (03:41)
And that's regardless of age.

Dr Elliot Justin (03:43)
well, that's what's been stunning about this because uh we've documented 270,000 erections on close to 5,000 men, ranging age from

Scot McKay (03:52)

Sounds like hard work. If you can get it.

Dr Elliot Justin (03:57)
Rage range ranging in age from I think the youngest guy's twenty two and the oldest guy's eighty-two. Uh and so the expectation of urologists has been that the that the incidence of erectile dysfunction goes up ten per ten ten percent per decade after after age forty. I'm seventy-three, by my age it's it's it's seventy percent. By your age, that you confess before Scot, I'm gonna give it away right now, it should be sixty percent. So as this incident goes up, the expectation of urologists was that the number of nocturnal erectile will come down.

The duration will come down, the firmness will come down, and what matters most to guys, who because guys don't know what's happening on the night shift, is the firmness of sex erections will come down as men get older. And that didn't happen. So what is really going on? Why are men reporting more erectile dysfunction? But guys overall in the 70s, and I mean guys who ha who don't have ED and guys who are diagnosed with having ED.

Why are the vast majority of these people staying just as hard in the seventies as they as they did, say, in the in the th as men in the thirties? And the problem is the is with the diagnosis, is is with the definition of the diagnosis of erectile dysfunction.

Scot McKay (05:12)
Well, hold on a

second now, because see, we're so used to hearing as well, even on this realm of men's sexual health, about erectile dysfunction. That I think until a guy gets to a point where he says, Hey, you know what, I'm just not getting it up, he doesn't go and ask for help. But just like even if we're going on dates and we're having reasonably good success with women, we can always do better.

I think regardless of your age, there's probably a level you can get to that you didn't even know you could achieve. Um, my first question to you uh well, yeah, I mean I

Dr Elliot Justin (05:47)
That's true. I

can tell you how to do it too. I'll I I'll get to I can get that as well.

Scot McKay (05:53)
yeah, well let's let's get there. I mean, that'll be instant added value for these guys. You and I were talking before about how, you know, dick doctor shows don't really do well here. Um, the reason why I love this topic is because you're adding tech to it. And we love those shows. We love to talk about the future and what it holds for men and women and sex and relating, and you're

Well, rather intimately involved with that. And that's amazing. It just so happens to pertain to this subject matter we're talking about today. Uh so several things swirling there that we kinda have to land the plane on. First of all, in the sex toy market, you have Bluetooth sex toys. Your partner can control them. That is really cool and everything, but that's not your gig. And that would probably

Dr Elliot Justin (06:39)
No.

Scot McKay (06:40)
be an eye roller for most guys to talk about on a show like this. I mean, every time they watch porn.

They're inundated with those ads already. They're like, yeah, yeah, yeah. So the first question I have to ask you, for better or worse, is going to be very pragmatic and medical about where all this tech is headed and why it's necessary, especially as it pertains to the situation you just discussed. Three to five erections on the nightly when we're asleep.

Does that mean most men are having three to five dreams nightly that are creating those erections?

Dr Elliot Justin (07:20)
Mm-hmm.

Scot McKay (07:21)
Or do we have those erections independent of what's going on in our brain directly at the dreamscape

Dr Elliot Justin (07:27)
Scot,

Scot McKay (07:28)
level?

Dr Elliot Justin (07:29)
the doctors have made up a reason for these erections for these nocturnal erections. We don't know why they happen.

Scot McKay (07:34)
Huh.

Dr Elliot Justin (07:35)
Neurologically, this is what's going on. It's not about dreams. Might might be. We wouldn't know what things, but here's what's going on neurologically. We have the parasympathetic nervous system and the sympathetic nervous system. The sympathetic nervous system is the fight-flight parameters. Sympathetic nervous system is uh maintaining blood flow, basically. So for some reason.

Three or five times a night, the sympathetic nervous system turns off completely, and we have unopposed parasympathetic stimulation. That allows that the but allows the blood to flow into your penis. That's why you can't get an erection when you're running, for example. You know, it it the the sympathetic nervous system is is turned on. So the parasympathetic turns is unopposed, you get an erection, and then for some reason, 45 minutes later, it reverses. Sympathetic nervous system comes back on and you lose your erection.

Now, the urologist's explanation for this is you need the blood the penis needs the blood flow at night. Really? They don't know that. That's just that's just that's just you know a guess. And I as to whether that's true or not, I I'm skeptical. Well, yeah,

Scot McKay (08:37)
It's just proof the little head thinks for the big head, even when you're unconsciously sleeping. Yeah.

Dr Elliot Justin (08:42)
well, so I we don't know why they happen, but we do know that they're significant. And not only that, they're so significant, they're predictive. In medicine, there are very few leading indicators. A leading indicator is predictive.

In medicine, we treat associations. For you guys listening to this, lots of these guys have hypertension, lots of these guys have elevated lipid proteins. Those are associations. Only at the extremes are they

predictive. You if your Scot, if your blood pressure, my blood pressure goes from 120 to 140, it's not telling me that I have a heart attack. If my my cholesterol goes from you know 160 to 220, it's not telling me I'm gonna get atherosc bad atherosclerosis. It's just a it's a signal. But if your if your number

and duration of nocturnal reactions comes down by 50%, a man has up to close to 50% chance of having a major cardiovascular event, heart attack, angina, in the next two or three years. That's predictive. So this is a vital sign. This for for every guy's most vital this we we're giving men the vital signs for the most vital organ, and that organ is telling them about the cardiac and sexual health. The arteries in the penis are very, very small. They will signal changes way before you have way before you have a heart attack.

So this is what we're doing is really actually profoundly valuable. And I didn't understand this when I got into it because I was I was ignorant about this fact. We've had men... Correct.

Scot McKay (09:57)
So your penis is a barometer for your cardiovascular health. I have

to ask this question. What's the female correlation? Are women just kind of, you know, SOL here or?

Dr Elliot Justin (10:07)
They have women

have women have nocturnal erections too. Uh no one's no one's documented them, looked at them since Masters and Johnson. We are coming out late December, January of this year with a device called the Critique, the world's first monitor of health to the clitoris. And that's going to be revolutionary for for for women. We want to deliver to men and women objective, actionable data about their sexual and cardiovascular health so they can take care of problems before they become problems.

Scot McKay (10:34)
That's fascinating. And it leads to

a secondary question based on the last one I asked, or the main one I asked a couple minutes ago. So we hear all the time. I mean, we're bombarded with Facebook ads, especially if you're a guy my age, that, you know, if you didn't have morning wood this morning, my

Dr Elliot Justin (10:52)
Yeah.

Scot McKay (10:52)
God, you better go to a cardiologist because you're, you know, fat sick and nearly dead.

Dr Elliot Justin (10:55)
Well that's interesting.

So we've we've we've now documented so here it's it's not true. I'll put it that way. In in both in a recent we looked in in the month of July, we looked at the data for over 2,000 men who who used our device five times. So not ice not one isolate data point, but trend data, which is more more significant. Forty percent of the men in the E D group.

Did not have morning wood and had nocturnal erections. In the non-ED group, it was a little bit better. But morning wood is not an indicator. Excuse me, rephrase that. The absence of morning wood is not an indicator of poor sexual cardiovascular health. The

Scot McKay (11:40)
What if I'm good there?

Dr Elliot Justin (11:42)
presence of morning wood is a stronger indicator, but there are men who have one nocturnal, excuse me, one, they get morning wood.

And they no nocturnals. That's not good. You should be having three to five. Uh Per night. And and the morning wood just counts as one. It doesn't count as hey, you're like so. What the men listening to this need bear in mind is you can still have morning wood, you can still perform sexually, but you can be in lousy cardiovascular sexual health. We are all of us, Scot, you, me, all the men listening to this, we are all on the road from erectile fitness to erectile dysfunction. As we go down this road.

We don't have dashboard. So of course crashes and breakdowns occur. We don't get signals of problems before they're gonna happen because we don't we don't have any data unless of course Scot we're we have night shift nurses coming around checking up us on every hour. But most guys do not have that night shift nurse. So you're completely dependent upon technology like you know like ours um to get this information. So there's right now we live we're lives we live in this incredible age of smart wearables, Apple, Whoop, Garmin, you know, et cetera.

But there's a gap, and that gap is sex. And that and that and and we're we're you know we're filling that gap. The biohackers like like talk about hacking their health, but you can't hack it unless you can track it. You need data.

Scot McKay (13:00)
You know, this

is one of those shows where the sexual innuendos just abound. So I always give fair warning that, you know Right, exactly.

Dr Elliot Justin (13:07)
Fire away.

Scot McKay (13:10)
You know. I'm I'm gonna let a lot of it stay on the table when it's right there for the taking because I just think most of these guys are gonna roll their eyes if I seize upon every opportunity. So guys you're forewarned, all right. 'Cause there were at least three of just in the last thirty seconds that I could have jumped all over.

Like a rabid cat, but I will not. Um, cause yeah, hey, you know, I don't want to be a rabid cat. I want to be a healthy cat. All right. So two things. First of all, I think it's fascinating. You know, sometimes the takeaways from these shows that guys leave with going, man, that changed my life, aren't what's expected. You're talking about how you can have erections in the middle of the night and it's your parasympathetic versus sympathetic nervous system that's causing it. So

It wasn't necessarily the dreams you had. I bet every single guy, including myself, I'm raising my hand, who's listening to this, wakes up with morning wood and goes, Why don't I remember what I was just dreaming about? And it's frustrating.

Dr Elliot Justin (14:12)
'Cause you might not have been dreaming.

Scot McKay (14:13)

It's like, man, I I would like to know what I was so horny for. And the truth of the

Dr Elliot Justin (14:18)
Yeah.

Scot McKay (14:19)
matter is it might not have been anything after all. It's just your

Dr Elliot Justin (14:21)
That's right.

Scot McKay (14:22)
body doing its thing. So why

Dr Elliot Justin (14:24)
That's right.

Scot McKay (14:25)
doesn't this happen during your waking hours again?

For the guys who may not have gotten that the first time.

Dr Elliot Justin (14:28)
Because our s because because our sympathetic

nervous system is dominant, and we and it

Scot McKay (14:32)
Yeah.

Dr Elliot Justin (14:33)
you know and it doesn't happen. Look, you know what you talking about waking hours again. So he all men. So let me get let me let me let me define erectile dysfunction just for just a moment. It

Scot McKay (14:43)
Yeah, let's do that.

Dr Elliot Justin (14:44)
it has two causes. The first cause is inability or difficulty getting an erection. Well, that's dysfunction. That's my man, that's that's a dying or dead dick. And what's causing that? The heart's a pump, not pumping up blood.

into into your penis, the arteries that go f that go from the pe the the heart to the penis, then narrow it due to diabetes, hypertension, athosclerosis, you're not getting enough blood in. Now that's a problem, and if anyone listening to the show has that problem, not because of alcohol, but you struggle to get an erection, you can't get an erection, bear in mind the urologists say the penis, the canary in the coal mine of cardiovascular disease. You need to see a doctor to get to get your heart or your or or or diet or assess ass assess for diabetes. The doctors thinking, still think, 'cause they haven't

Some only ones who've assessed our data. We're thinking that that is the major the major cause of erectile dysfunction. But it's not. Here's a second cause. The second cause is difficulty maintaining erection. That's all men. All men, as we get older, find it hard to maintain erection. Scot, you're talking about daytime erections. Hey, I I'm a I'm I'm hornier now than I'm more I have more graphic imagination

now at age 73 than I did when I was 14.

But age 14, if a girl pecking in my cheek, you hard on for an hour and a half. Well, that doesn't happen anymore. Now, why doesn't that happen? Why do guys lose their erections? And this is the big mistake that the doctors have made. Um, bear in mind that pills, tadalafil, your Cialis, Viagra, I don't have to name the brands, they put a little more blood in, but they don't keep blood there. They're good for the men who struggle to get an erection. And our large data set, it's not 60% of men at age 60.

It's seven percent. It's almost one-tenth. This this is a data set with thousands of men in it. It's one tenth. That's really deep. The guys who get an erection and lose it, why are they losing it? Well, it could be you're tired. You had you shouldn't have had that fourth cocktail. You and your wife had a fight early in the day. Um, or it could be you're taking medications that we doctors prescribe that have a negative impact upon your sexual performance. And the c lots of you guys mostly

Scot McKay (16:43)
Name name a few common ones of those, Justin.

Dr Elliot Justin (16:46)
anti-hypertensives, uh, and most and all and all, almost all the SRI antidepressants.

Wellbutrin, Effexor...

Scot McKay (16:53)
Wow. Okay.

Dr Elliot Justin (16:54)
know Prozac, with beta blockers, low press uh for men, lysinopril. And often these guys are taking things in combination, you know, taking multiple pills, and you're and you're combining it with alcohol, and and you're combining it with with, hey, I'm worried about paying the mortgage, or there's a baby crying in the next room. But if a man is getting hard, this is the most common situation. Common situation a guy t talks to him about their sexual problems is not I can't get it up, it's I get it up and I lose it. The answer is not a pill.

The pill puts a little more blood in. Go ahead, take a pill. But only one thing will keep keep it in, and that's an erection ring. And I didn't understand this four years ago. I got into this for the data four years ago, and the data's profoundly valuable. The data it will can help you predict your cardiovascular and sexual health and and and see problems before before they become h harder to deal with. But the only thing that will for the vast majority of men that will help them is a ring. And the problem with rings is for guys.

Hard silicone rings, they pinch their uncomfortable. 90% of gay guys use them, 10% straight guys use them. Because they they they're they're you can only leave them on for 20, 30 minutes. You got this rubber band essentially to snap around your dick. Your dick has to be totally erect for it to work. Now you're cutting off the blood flow. Essentially you're lynching your dick. And that's that's uncomfortable. It hasn't caught on. Our rings are designed to allow the arterial blood to flow in and only constrain the venous return. uh

Which allows which makes them safe for prolonged sex. There are two studies comparing our erection ring to 10 milligrams of tadalafil Cialis, the most commonly prescribed prescription medication. We looked at, well, not we, independent researchers, look, we're looking at two things. One study was looking at detumescence. Detumescence is the time it takes for an erection to go down after climax. The longer it takes to go down, the more blood you're holding the penis. The more blood you're holding the penis, the more sensitive it is, the harder your erection is.

Nothing, 25 to 30 seconds, ration goes down. Put a ring on it, ours of course, but put any ring on it, uh, it's gonna be close to four minutes. Tadalafil alone, two minutes, both together over four minutes. The takeaway from this for all men, men with ED, men without ED, is if you want to optimize your performance, put a ring on it and take a pill. There's a doctor, Yoshisato in Japan.

incoming president Japanese science sexual medicine who did a study of men with not guys like you and me Scot I don't know not guys who want to optimize the performance guys who have these guys who actually struggle to sustain erection during intercourse. He looked at it's about 40 men who could get with with these guys had heart disease and diabetes. He looked at 40 men who could get an erection but couldn't sustain intercourse. They all were taking either Viagra or Cialis. He put our ring he put the performance ring on them one of our products

And a hundred percent of the men were able to achieve intercourse timed by the cell phone for ten minutes. And on average, they stayed hard for six to eight minutes after having intercourse. So the doctors are thinking, and men we've been trained, brainwashed by a pharma, pills, pills, pills. Pills help put more blood in, help the guys who can't blood in. But if your problem is you get hard and you lose it, only your only a ring will help. And doctors need to think more like plumbers. It's so obvious. You know, if um

If a if a plumber if I tell a plumber, hey my my sink leaks, he f he replaces the o gasket on the out on the out on the outflow. If a man tells a doctor, um I I get hard but I lose my erections, the doctors prescribe pills. Well that pills don't fix the leak. We all get leak as we get older.

Scot McKay (20:40)
We refer to it as our plumbing anyway, tongue in cheek. Right? Yeah.

Dr Elliot Justin (20:44)
Kinda looks like a faucet too, doesn't it?

Scot McKay (20:47)
Well, I'm not gonna go there. Uh Dicks

Dr Elliot Justin (20:48)
Okay.

Scot McKay (20:49)
are weird, man. Penises I mean just the way we're created sometimes is so random. You just have to like shake your fist at consciousness in general and just move on. Or else you'll you'll freak yourself out. Um now certainly

The elephant in the room here is that there are societal factors that influence whether you're gonna get hard and stay hard too. Like for example, I mean the running joke, you know, the Henny Youngman-ish... or he's probably a little... He probably wouldn't have been so risque, but yeah,

Dr Elliot Justin (21:21)
My wife. Yeah, yeah.

Scot McKay (21:23)
you know. The Buddy Hackett- esque joke here

Dr Elliot Justin (21:26)
Right.

Scot McKay (21:26)
is yeah, you know, I got E D. It was cured by a younger, hotter model, you know. Um

A lot guys just aren't sexually attracted to their partners anymore and it's not something you can talk about very easily with their that's one

Dr Elliot Justin (21:38)
Yeah. Well

Scot McKay (21:39)
thing.

Dr Elliot Justin (21:40)
Can I just respond that for a second, 'cause I've spoken to close to two hundred men Yeah.

Scot McKay (21:44)
Well, sure. I mean it's an incomplete thought. I mean, you know,

if you can get hard without problems to porn, for example, and and your partner isn't helping at all, then that is a different situation than a medical situation. Or is it not?

Dr Elliot Justin (22:00)
Yeah, but let me let me just let me

describe to you the most common situation though that I've learned from talking

Scot McKay (22:04)
Okay.

Dr Elliot Justin (22:04)
to men. Uh

The most common problem that men describe to me is as follows. He's in he's in a committed relationship, usually a marriage. His wife has had two or three kids. he might not be as turned on to her as he was when he was 25, but he still is turned on to her. They go to bed together. He gets hard. He then goes down on her, because that's how, you know, in a happy in a happy marriage, the woman comes first and maybe third. Um after she's had her orgasm, she then wants him to uh you know.

Take her, whatever that means. He now is half hard. He penetrates her and loses erection and it's it's embarrassing, it's humiliating him to both you know, to to both them.

Scot McKay (22:45)
Yeah, well the hourglass has been running on his hard on that whole time. Okay.

Dr Elliot Justin (22:48)
Exactly. And what so the

ring fixes that problem. Because if he's wearing the ring, the ring is keeping blood on the penis while he's going down here. He stay he stays hard. The ring also fixes the problem, which two or three things the guys don't want to tell their partners. Your pussy's too loose. Well the the woman's got three three children and she's fifty five years old. Uh that's one. The other is I'm bored.

Missionary position, rear entry, these things become boring after after if you've done done it thousands of times. Well, the ring solves these problems because the ring keeps keeps the keeps the the man hard. And and you and I both know, Scot, every man listening to this knows, a man who has an erection is thinking very differently than a man who's losing his erection or worried about losing his erection. And that's the game changer

Scot McKay (23:34)
yeah.

Dr Elliot Justin (23:35)
with the with the rings. The rings also address the other third complaint which men have about women, which is many women, might not be your wife, Scot, but it's my wife.

Something in the middle of sex, even if she's really turned on, she can suddenly start talking about something else. She's gotta get off her head. And it could be some brilliant idea about business, or it could be some great something some problem with a child, something something going on, but she has to say it. For most men, that's a WTF moment.

Scot McKay (23:57)
So in other words, your wife's a New Yorker too.

Dr Elliot Justin (24:02)
Actually she is not. But uh y

Scot McKay (24:04)
God.

Dr Elliot Justin (24:05)
but but I get I get the point.

Scot McKay (24:07)
It wouldn't have been

a lucky guess had it been the case.

Dr Elliot Justin (24:10)
So so no, so here's

here's here's the power of of the ring that I didn't understand. Here are five reasons why men should use rings. Um every man should ask himself these questions. Do you want to get harder? Well, of course, all guys want to get harder. Now, a ring, not just our rings, or pretty much all rings, will increase a man's girth by about three to five millimeters. Now, no one's gonna walk by me and say, a porn star. But that three to five millimeters is means I'm holding more blood in my penis than can hold with a vagina, a mouth.

you know, or or a hand. Second question is, uh, do you want to be more confident? Meaning go ahead and have that third cocktail. Go ahead dance for another dance for another hour, uh, stay out late. And opposed to having now think now being worried about losing your action, you now know that because of the ring built to maintain your action. Third question is, do you want your partner to be more confident in you? 'Cause that's really important to to your female partners as well too, or your male partners to gay.

You want they they you don't they they don't want to be worrying about you. I mean uh one things I've heard from one

Scot McKay (25:11)
That's right.

Dr Elliot Justin (25:12)
things I've heard from numerous women partners uh or wives is when he goes down on me, I'm I'm worried about what's what's gonna be am I taking too long? Is it still gonna be hard when you know you know you know afterwards? Uh the the f the fourth is do you want to last longer? Well, I don't need to last longer to satisfy my wife. We're we're when you know, we're that's not the game of my age.

I want to last longer for the following reason. This is discovery, and I've heard about this from numerous customers and patients. If I'm comfortably hard after my after my after my climax, I'm in a I'm still in the I'm still present. I'm still intimate. I'm still actually romantic. My wife and I spend more time horizontal now, talking afterwards, not because we're still pounding away each other, but because we're we're still connected as opposed to the male male mindset is come and done. Hey, let's get a drink, let's let's do something else, you know. But it's different.

Scot McKay (26:03)
That that quite

literally happens. But I I

would also like to note there it can happen mid-ejaculation, humorously. Like as soon as you're blowing your load, you go, Wow, I'm hungry. You know, we talked

Dr Elliot Justin (26:13)
Ha ha.

Scot McKay (26:14)
about that on the show before, and it's like everybody laughed, you know. It my female guest laughed. She goes, Yeah, it's the same for women.

Dr Elliot Justin (26:20)
Well, here's

here's the big one. Number five. Do you want to have more intense orgasm? And this is what men don't get. Women have men women have vibrators and men have nothing, other than these stupid strokers you could beat someone to death with. We designed one of our rings, the maximum performance ring, to put the right amount of pressure on 95% of men to increase their ejaculatory phase by 50%. Well, my ejaculatory phase goes from four seconds to seven seconds. That's an incredible orgasm.

Four years ago I didn't use rings and now I don't have sex without a ring. Why? Because it's more intense. Uh and my wife likes that too. She says she's glad the kids are out of the house because I'm noisy for the first time. So those are the five questions. Men need to get over it.

and put a ring on it.

Scot McKay (27:03)
Yeah, I um I find all of this fascinating. Um the other thing that comes up you know, there we go again. Sexual innuendo is way too easy. From a social perspective,

Well, I don't know if it's so much social, but it's different than what you're talking about. It's not only, hey, you know what, my wife might not be so hot anymore, so therefore that's why I have "erectile

dysfunction", in air quotes. But also, man, I just blew a load three hours ago and you want me to go at it again? Versus, you know, I haven't had any, haven't wanked in like three days, and man, I am ready to drill a hole in the mattress. Well, I mean, that'll keep you harder longer too, because frankly, you're hornier.

Dr Elliot Justin (27:51)
Well, now you're now now you're getting at the real at deterioration that men that men face. So contrary to what the urologists were thinking, men even my age are just as hard as guys in their thirties. If assuming they don't have severe heart cardiac or disease or or diabetes. The difference is the decrease in the time between climaxes. Now obviously, Scot, to your point, um and your and your your joke about uh sleeping with, curing yourself and sleeping with a twenty year old. My

one of the jokes that my wife and I have is when would you leave me? And my wife said she'd leave me if you know Gary Cooper shows up. He's dead a long time, but if he shows up, she's she's leaving with him. I my my my response to that is yeah, well the goddess Aphrodite

Scot McKay (28:32)
Gary Cooper Junior at this point.

Dr Elliot Justin (28:35)
because we're fantasizing here. My my response to that well, if the goddess Aphrodite shows up, I'm gone. And by the way, Scot, I'm talking to you, but if she shows up right now, I'm out of here. But somewhere in in their early

twenties.

The male climactic, the time between orgasms gets longer and longer and longer. And no one knows why. It doesn't happen to women, it happens to men. ah

Scot McKay (28:54)
Well, you know what's interesting is there's no doubt, you know, from this is not just a self-diagnosis, but you know based on non-clinical studies. Okay, let's just put it that way. I I'm better in bed at age thirty-eight when I'm single again than I was

before when I was younger, because I can last longer. I'm not

Dr Elliot Justin (29:24)
Sure. Yeah.

Scot McKay (29:24)
just gonna blow my top so much more easily. And I think that is actually a plus. You know, there's a balance, you know, if you see a woman, get a hard on and blow your load and it's over, that's associated with adolescence. And it's humiliating in and of itself when you're in your 40s and that happens. And you know, we could document that on a different show. Um but

Dr Elliot Justin (29:47)
Well well rings rings can

rings can decrease the time between climaxes for men. Um not by much,

Scot McKay (29:52)
That's good.

Dr Elliot Justin (29:53)
but but but they can. and they're and and guys can can you know can play can play around around with that. But getting back to what's talking about

Scot McKay (30:00)
But biological

horniness is indeed a factor. It's gotta be. It's the all the evidence is there. Yeah, yeah, okay.

Dr Elliot Justin (30:04)
Well let's talk about testosterone then. Because um

one of the great things about about having data is that you can now make testosterone replacement therapy objective.

Scot McKay (30:14)
Huh.

Dr Elliot Justin (30:15)
right now TRT is is is diagnosed and treated the following. It's really it's really silly, shallow. So one you

have to have um have a t less than three 320 or 340. and then

The doctor also wants to ask you these three questions. How's your energy? How's your sleep? How's your libido? Well, those are, to my perspective, are all subjective questions. We all would like more energy. What does that mean? Sleep, everyone would like to sleep another hour. Uh, and libido, no one knows what the heck libido means. So the way I and other doctors using our technology for TRT, we're now giving you men a function a

Scot McKay (30:55)
Except Kurt

Cobain. Kurt Cobain knew what libido meant, obviously from his lyrics.

Dr Elliot Justin (31:01)
Well we're we now have a functional outcome.

Scot McKay (31:03)
He knew

what it smelled like, at least. How about that?

Dr Elliot Justin (31:06)
Guys w guys who are low T.

have weaker nocturnal erections, duration, firmness, number. And you can watch these guys go from, you know, the you you you instead instead of ta dosing them to target a number. Hey, you're, hey Elliot, you're at 350, I want to get you to 600, above a little bit above average for your age. One thing we who wants to be above average? I want to be optimal. But we want to but we're gonna we're gonna target a number. Well now you can actually target, gee, Elliot, I want you to have three nocturnal erections per night. I want to be 45 minutes in duration. I want you know I want...

We now have numbers that we can target and write and gear the dose to that. The question I ask about

libido is how many times a week you're initiating sex and how many times a week accepting sex? Because now it's a... Now I can, as opposed to libido, it's now become subjective. And the guys I take care of who are low T, they'll say, you know, five years ago I wanted sex every day, and now I want it once a week, or maybe even every other week. And you now can quantify their improvements in their sexual initiative by you know by you know by

by giving the a larger a higher dose of testosterone. The device is also being used by guys to assess expensive interventions. So if you're gonna get shockwave therapy, which costs like eight to twelve thousand dollars, maybe you don't need it. So if so if a guy is having three to five nocturnal erections and is and has ED, his problem is probably more psychological in the or in the relationship or alcohol related. Now the the shockwave doctors will,

they'll let them shock they'll shock anyway. But on the other hand, if if a guy ha has below average nocturnal erections, he probably will benefit from shockwave therapy.

Scot McKay (32:44)
Well, the most

shocking thing to me, if you're gonna talk about shock waves and whatever, uh about testosterone therapy of any kind, even if you're just taking supplements, is if you go off of it, appalling things happen. It's like once you're there, you're gonna have to stay there.

Dr Elliot Justin (33:00)
Well, you can you're committed to it for life. You're com

you're committed. Well the the effects wear off if it's on how old you are. I mean if you're forty, you're back to normal in about one and a half to two years. If you're my age, I'm committed for I'm I'm seventy three. I tell I'm I'm committed for life. But let's talk about supplements for a moment. So

Scot McKay (33:15)
Yeah, that's crazy. Okay.

Dr Elliot Justin (33:17)
we have uh we've tested probably around ten supplements.

Nothing works.

Scot McKay (33:27)
No. They kind of do for me

Dr Elliot Justin (33:28)
nothing works. Well there's one com

Scot McKay (33:30)
though.

Dr Elliot Justin (33:30)
there's one combination of L-Citrulline and L-Arginine that showed about a fifteen percent improvement in nocturnal reactions in combination. But nothing

Scot McKay (33:37)
Well, you're talking

specifically about the nocturnal erection function, not sexual health in general. Okay.

Dr Elliot Justin (33:41)
Well y well, 'cause collect 'cause that's quantifiable. You know, I

I I I I'm you know, I recognize the the placebo effect. I recognize that there's a subjective power. A lot of love making involves subjective factors. I'm on the objective side. So if you think that nitric oxide... Look, here's an example. There's there's a there's a friend of mine in town here, has PhD in engineering who swears by beet juice. Organic beet juice, of course.

And I said, okay, well, okay, let's test it. It had no impact upon his nocturnal or his sex erections. He still uses it though. He still he still swears by it. So

Scot McKay (34:17)
Well, I think

you better tell us what does affect it. I mean, simply wearing the ring. You know, this is a sex tech conversation, and you're talking about this ring that your company produces, which is where sex tech is right now and helping us diagnose and then perhaps treat whatever's going on that's not making us optimal in the bedroom. What what does the tech do? What is the tech part of this? And

what information does it give you and what is the resultant treatment from that?

Dr Elliot Justin (34:51)
Sure. So there are two sensors in the in this device. There's a pressure sensor and a strain gauge. As this as the penis expands in girth, it presses it deforms the the pressure sensor, pulls on the strain gauge, uh, and gives the computer two data points that it translates into a one to ten firmness scale. So with that with that we can measure and we also time how long the erections last. So with that we can measure from uh firmness and duration of all erections. And that is uh that's

Scot McKay (35:19)
And and that tells

you what's going on.

Dr Elliot Justin (35:22)
Right. That's correct. And if you're using our app, you know, we have you know, of course we have an app the Google and Apple stores, and the app has, one of the screens on the app compares you to every man in our data set, five years older or five years younger. So you'll know, Am I average or am I above average? And ever we all of us want to be above average. I mean, who wants to be a C+? Yeah.

Scot McKay (35:41)
Sure. So I mean this

is basically like a penile Fitbit.

Dr Elliot Justin (35:44)
Correct. My wife calls it a dick bit. You got it.

And that is that information is profoundly valuable. It's it's changed my life, not not just in terms of performance side. I changed my blood pressure medication because uh my erections went down fifteen percent in firmness. Now I wouldn't... You know, that's like the difference is not noticeable. But why would I take something that's decreasing my the blood flow to my penis? If by the way, if it's decreasing

blood flow of my penis.

It's probably decreasing my blood flow to my retina and other and my kidneys, you know, as as well, too. Um,

Scot McKay (36:12)
Sure. Yeah.

Dr Elliot Justin (36:14)
I it changed my drinking habits as well, too. Uh, because uh I drink less now before I, you know, my I you know, my lifestyle, and I recommend this to everyone. You want to have try to have an orgasm a day. An orgasm a day keeps a doctor away. and and

Scot McKay (36:31)
That sounds like a mic drop, man.

Dr Elliot Justin (36:33)
and on that, and on that specific point.

If if a man or woman has an orgasm every day, they decrease the cortisol level, the stress hormone level, by thirty to fifty percent. Now that's

Scot McKay (36:44)
That's danger zone

right there, is cortisol for men. That's huge.

Dr Elliot Justin (36:47)
Yes. So think about that.

We should be with there's no I don't know of any meditation program, exercise program, supplements that are going to decrease your cortisol that level. And it's something that we all enjoy doing. It's easy to do. It's not like I gotta go, you know, gotta I gotta run a you know, a ten K three times a week or have or I need to meditate for you know for an hour. That's all you have to do. We doctors provide prescriptions for this. We know from a large study in the UK that men who have sex over the age of seventy

three times a week, versus less than three times a month, decrease their risk of sudden cardiac death by fifty percent over the next decade.

Scot McKay (37:21)
Now, importantly, that lends credence to the running joke that if you're too tense, you need to get laid.

Dr Elliot Justin (37:29)
It ain't a joke. It's serious.

Scot McKay (37:32)
Indeed. What else is there in the sex tech world, before we close, uh

Dr Elliot Justin (37:38)
Sure.

Scot McKay (37:40)
other than this ring?

Dr Elliot Justin (37:43)
Well there's a c... Sure.

Scot McKay (37:43)
And the sex toys.

Dr Elliot Justin (37:44)
Um I I want to talk about tech more tech than novelty if if you if you don't mind. So there's a company named Morari that makes a um a patch that can go behind your testicles for premature ejaculation that will that will delay your ejaculation. Um not the most convenient location to put a patch, but it does it does work. Um I'm thinking about for men

you know, it for for men who have poor pelv pelvic pelvic muscle tone, there are monitors that you can put in your erectum that will that will help you monitor the strength of your of your of your pelvic floor muscles and monitor whether your exercises are having any any any benefit. but as far as a diagnostic aid goes, there's just there's our device, and then there's a device made by a company in the UK called the Atom.

Our device their device their device is a good device. You know, their their device will will help will count in their nocturnal erections and measure the duration of firmness. What their device doesn't do, that our device does, their device cannot measure sex erections. And what do men care more about? Maybe men should care more about the nocturnal erections, but men care about the sex erections. Our device can measure them. Plus our device can also optimize a man's performance because it's also an an effective erection ring.

Scot McKay (39:03)
Are there any uh tech devices or wearables that have anything to do with birth control? You mentioned the patch and obviously there are women who wear patches.

Dr Elliot Justin (39:09)
On the female side. No, no, not not not for men,

but but there but there are fertility trackers for women.

Scot McKay (39:15)
huh.

Dr Elliot Justin (39:17)
They're usually... They're not something that's sex technology. It's not a wearable, you know, it's something that it's put it's putting parameters together. You're you're measuring someone's p you're you're checking someone's pulse, you're checking you check the vaginal pH, you're following the cycle. It's it's more it's not like uh like you know, like our device where where we're actually, hey, where this put this device on.

And we're going to assess the health of the penis. Um

Scot McKay (39:41)
Yeah, obviously

a Nuva ring is wearable for a woman

Dr Elliot Justin (39:44)

Right.

Scot McKay (39:45)
and uh it's technical, but it's not what you're talking about.

Dr Elliot Justin (39:48)
It's not giving data, you know. So I mean one

thing is that's interesting. I I believe that our device will become in probably by the end of next year, something that's also accepted as a monitor of the quality of your sleep. Because men, again, right now who are wearing who are using Oura and Whoop or whatever, yeah, they're uh those devices are telling you you're having deep sleep. But right, like my wife, Laura.

Scot McKay (40:11)
Finger rings. Yeah, data rings. Yeah, they're all the rage. This is one for

your penis.

Dr Elliot Justin (40:17)
That's right. And and where do men most need and want a ring? So yeah.

Scot McKay (40:22)
Try to wrap your head around that. Yeah.

Dr Elliot Justin (40:25)
Well, first you have to drop the balls in, then it wraps around. You'll if you when you when you get your device. Anyway,

Scot McKay (40:28)
Yeah, I have to wrap it around here. Yeah, yeah. Okay.

Dr Elliot Justin (40:30)
those devices claim that claim that they're monitoring sleep. But they're doing that by saying, hey, when you're when you're not moving, because they have an accelerometer, and when you're not moving and when your pulse accelerates, you're you're in deep sleep. Well you could just simply could be actually be awake and simply having a, you know, lying there worrying about paying your fucking mortgage.

And be catatonic. And you could be taking a beta blocker for your hypertension and your pulse is gonna be low.

Scot McKay (40:50)
There goes your cortisol.

Dr Elliot Justin (40:52)
Yeah. So I don't think they're that accurate. We're coming out with a version with a more advanced version of our device in November that's we'll have four more sensors. December, excuse me. We'll have four more sensors. We're gonna be able to measure...

Scot McKay (41:04)
Just in time for Christmas.

Dr Elliot Justin (41:06)
That's right. No one's done this before. We're gonna be able to measure the actual volume of blood in

your penis between flaccid and erect

That's a profoundly valuable to doctors and men who want to assess the impact of diseases and medications upon their sexual performance, upon the blood flow. We're gonna be able to measure the velocity of blood going in and out. We're gonna be able to measure whether you're in deep sleep. By the way, every episode of REM sleep, which is a dream sleep, which is when you have erections, is accompanied by an erection. Our device is telling men the quality of their sleep already. If they uh I just I can't

make that as a medical claim yet because it hasn't been researched, but I'm pretty confident. I'll put it that way.

Scot McKay (41:46)
Well, the REM sleep then there's an indirect result of dream state on the parasympathetic nervous system that controls.... Okay, got it.

Dr Elliot Justin (41:52)
Ex exactly. When when

we dream, we're in we're disinhibited. Our sympathetic nervous

Scot McKay (41:57)
Yeah.

Dr Elliot Justin (41:58)
system prevents us from dreaming. That's why we don't we go we go around during the day, we're not we're not hallucinating. Because our sympathetic nervous system inhibits that. One of the aspects of being for example of being schizophrenic is that that system is disinhibited and the parasympathetic system is firing. But we're we're moving away from sex tech here into the world of schizophrenia. So um

What's revolutionary about what we're doing is we're giving men the vital signs of their sexual and cardiovascular health. If if right now, Scot, if you or I had a problem with our our heart, our lungs, or our kidneys, our doctors get objective imaging tests and blood tests to make that problem objective and to assess the impact and value of any interventions. When it comes to men's sexual health, it's just, hey, you got take a pill. Come back, I'll see you in three months. Take a pill. Uh and that's just that's

Scot McKay (42:45)
That's the sick

care system in motion. Yeah, it is.

Dr Elliot Justin (42:47)
It's beth I I think it's pathetic. Uh and we

Now there's we have s there's there are seven published papers involving research conducted with our device. There are another twenty one studies underway. There there are two studies underway right now that really excite me comparing our device to a C T calcium score. So the C T calcium score, I don't know if you have one, Scot, but if you haven't, you should get one. Every man over the age of forty forty or forty five, every woman who's postmenopausal should get a C T calcium score to assess

the heart, calcium calcifications in their arteries and in their heart. Well, how does that correlate with the with nocturnal erection parameters? I think there's gonna be a significant correlation, certainly of complementary value. So the paper studies they haven't kicked off yet, but they they're they're gonna

happen at uh at at Brown, Mayo Clinic, Cleveland Clinic, and Baylor. you you know looking at that. There are studies...

Oh, you asked me what does work. Two things. Um one is to my surprise, Botox injections will increase the blood flow in the penis. So if a man's problem... They'll make your penis longer, too. If you want if you want to gain one to two centimeters in length, a Botox shot will do it. Uh

Scot McKay (43:59)
Botox shot directly.

Dr Elliot Justin (44:01)
directly. Uh

Scot McKay (44:03)
Okay.

Dr Elliot Justin (44:04)
and that will... I didn't believe it. Although you know sometimes when these people come to me with these ideas, I just I kinda asked myself, okay, do I think it's gonna work or not work? And I've been wrong. I thought the Botox would would not have the impact that it would have, but the the increase in nocturnal blood flow was off the top of my head was twenty, twenty-two percent. Penis pumps. So penis urologists recognize penis pumps as being of value for men after prostate surgery to prevent atrophy and maintain length.

And that, but most penis pumps are used by guys who have... They just want to be bigger. You know, and and you gotta use them for a protracted period time. But urologists have been skeptical that penis pumps will increase blood flow, they make they'll make it harder. Not harder because you put your penis in a vacuum and you put a ring on it, but harder in in a sustained way as measured by nocturnal erections. And there's a big study, this is preliminary data that's gonna be presented at at AUA, American Urological Association next year.

Big study with like seventy five men in it, it it'll produce more blood flow. So if a man's problem is is with getting blood in.

Botox and penis pumps are alternative therapies.

And and no, you wouldn't know that without the tech ring.

Scot McKay (45:15)
I think that's a great place to call it an episode. His name is Dr. Elliot Justin, and he is the CEO and founder of Firm Tech. And when you go to mountaintoppodcast.com/sextech, S-E-X-T-E-C-H, you will be able to check out his website and maybe get one of these rings for yourself. Dr.

Elliot Justin, thank you so much for joining us, man. It's been a fascinating uh conversation about a topic that we don't cover much on this show because I think guys really do uh shy away from the erectile dysfunction conversation. But when we apply technology to it like you're doing, it makes it suddenly more interesting. So thank you for joining us today, man. Yeah, likewise.

Dr Elliot Justin (45:59)
It was a pleasure. Put a ring on it.

Scot McKay (46:02)
Yeah, absolutely. Gentlemen, go over to mountaintoppodcast.com and get

the free download, Flip The Switch: 5 Things You Can Do Right Now To Get Better With Women. It's yours free when you get on my daily newsletter. And while you're there, obviously, if you've never talked to me on the phone before, I'm exactly who you think I'm gonna be. Get on my calendar. Let's talk for about thirty minutes about where you are right now. We can

talk about what's been going on in your life if you've been experiencing some changes even in your career. Um, and you don't know whether you need to just look at things a little differently or maybe reset or reinvent what's going on in your career. We could talk about that too. All of that's fair game when you get on my calendar. And sometimes it's just great to talk to you guys and really get my finger on the pulse of where you guys are and what's important to you so I produce a better show for you.

And get on my calendar at mountaintoppodcast.com as well. And until I talk to you again real soon, this is Scot McKay from X and Y Communications in San Antonio, Texas. Be good out there.