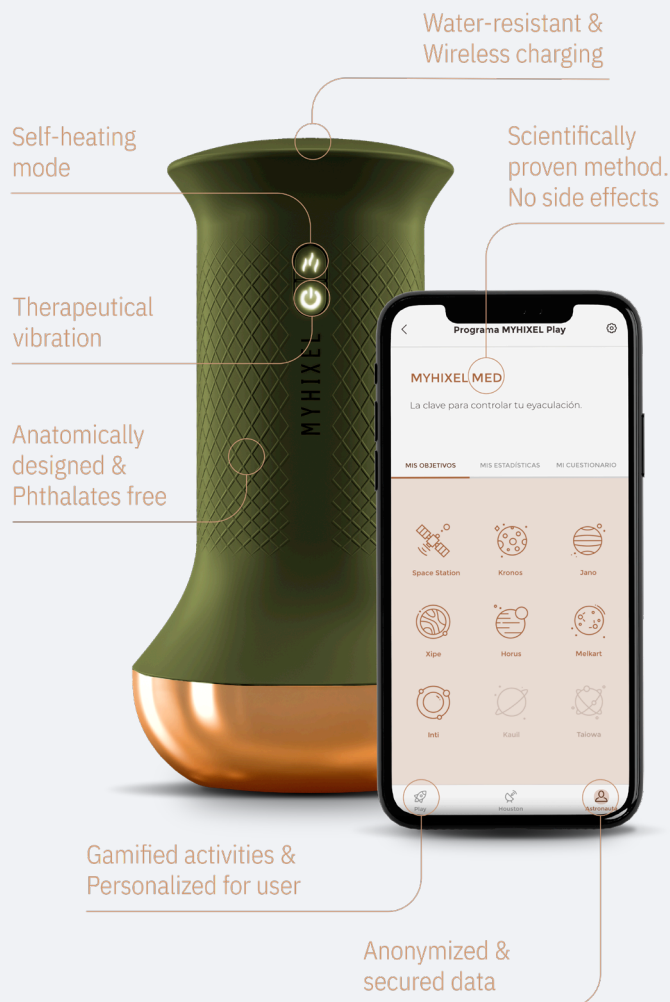


PROVEN RESULTS

2019 clinical trial results in 7x average increase in climax control.



MAIN FEATURES

- Patented, innovative device and app with the latest medical and technological advances.
- Vibration feature to increase stimulation as part of the climax control training program.
- MYHIXEL MED and TR versions depending on patient case.
- Self-heating system to achieve a temperature similar to the body.
- Anatomically designed
- MYHIXEL I has a rechargeable lithium battery.
- Made of high quality, anti-allergic material and harmless to health.
- Washable after use, water resistant.
- FDA registered as medical device.
- Clinically tested on men with PE in trials since 2015.



For more information go to menMD.com

22nd CONGRESS OF THE EUROPEAN SOCIETY FOR SEXUAL MEDICINE

A new method using an electronic masturbation device and a mobile app for the treatment of premature ejaculation: A prospective, multicenter case series.

Rodríguez J.E.¹, Harvey H.², Reina L.³, Hidalgo G.³, Culebras M.⁴, Casado C.¹

1:Murcian Institute of Sexology, Murcia, Spain;

2:University Miguel Hernández of Elche, Elche, Spain.

3:Urology Service at Rafael Méndez University Hospital, Lorca, Spain

4:University of Murcia, Murcia, Spain.

Objectives

The aim of this study is to report the outcomes and safety of a new Cognitive Behavioral (CB) method for the treatment of premature ejaculation (PE), known as MYHIXEL MED, which uses the electronic masturbation device MYHIXEL I® and a mobile app with an exercise program focused on pelvic floor muscle control training.

Methods

A prospective, multi-center case series was performed. The present study included 15 patients aged 24-47 (mean: 38.3) that met diagnostic criteria for lifelong PE including intravaginal ejaculatory latency time (IELT) of ≤ 2 minutes and had a Premature Ejaculation Diagnostic Tool (PEDT) score of ≥ 11 . The primary outcome measures were the fold increase (FI) of IELT; calculated by dividing the geometric mean IELT value after treatment by the geometric mean IELT value at the start of treatment both using a stopwatch-measured method.

Results

The FI average of the IELT for the 15 participants was 7.38. Nine of the 15 participants no longer met the criteria for the diagnosis of PE at study endpoint.

Conclusions

Results provide support for the efficacy of this novel CB method for the treatment of PE. During the study, no side effects were observed in participants, which poses as a great advantage in comparison to oral pharmacologic treatments. Although the subjects of the study had a stable partner, the MYHIXEL MED program was developed individually and online without the need for collaboration on the partner's behalf which would allow it to be used in patients with PE without a stable partner or for those who are reluctant to include their partners in the treatment. This method may have the potential to become a new non pharmacological treatment option for PE



PhD. Jesús Eugenio Rodríguez

investigacion@isemu.es
C/ San Rafael nº2, 1ºL, 30007 Murcia (Spain)
www.isemu.es



Figure 1. The electronic masturbation device MYHIXEL I® and a mobile app MYHIXEL MED with exercise program.