

MASTURBATION- BETWEEN NORMALITY AND PATHOLOGY (FROM THE INTRAUTERINE STAGE TO PUBERTY)-PART I

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Abstract

Performing manual stimulating maneuvers on the genitals by an individual (at first - superficially, accommodating, then well determined), regardless of gender and age, in order to achieve a sexual erotic state, often completed by ejaculation and orgasm, defines the masturbation .

During puberty, masturbation is not a perverse act, being determined neurohormonally, in the normal evolution of childhood to normal adulthood.

At puberty, specific sex hormones increase the sensitivity and the excitation of the tactile receptors of the genitals and their adjacent areas, with erotic sensitivity such as those of the perineal floor, anal region and urethra.

The occurrence of an erection is essential for masturbation in both sexes. Masturbation is completed by obtaining orgasm, caused by nerve impulses that are transmitted through the spinal cord sympathetic nerves from T12-L2, after which the erection decreases, as well as the state of pleasure obtained.

Keywords:

eroticism, masturbation, spinal cord, erection, orgasm, brain.

Introduction:

Masturbation achieves sexual relaxation of the young man, who is at a time of insufficient neuropsychic and anatomical development, the age at which, normally, parents and society do not agree to the premature beginning of sexual life.

Puberty is the last stage of childhood, of morpho-functional development of the human body, before becoming an adult, and masturbation makes the transition to normal peno-vaginal sexual intercourse, that is essential, without which there would be no human procreation, respectively the perpetuation of the species.

In the absence of a partner, the pubescent resort to masturbation, which is the sexual act of transition to a normal state, in adulthood.

So when the increase in erotic sensation begins, an erection appears, which induces masturbation, respectively ejaculation and orgasm.

If, at the beginning of puberty, the boy, insufficiently developed anatomically and neuropsychically, does not have the necessary training, or courage and determination to initiate an approach to a female partner, how could he perform a sexual act?

In boys, the strongest, most sensitive and sensory sexual nerve impulses come from the receptor cells of the nerve threads of the glans penis (Guyton) that are directly involved during masturbation, due to the maneuvers of penile decapsulation and recapsulation. The impulses reach, through the pudendal nerves, the sacral spine cord S2-S4, and, through the ascending medullary pathways, finally the sensation reaches the brain.

Penis erection and the vulvar vasodilation are determined by the intensity of sexual stimulation, by impulses of the parasympathetic vegetative nervous system, nerve endings releasing nitric oxide and/or vasoactive intestinal peptide (VIP) and acetylcholine (Guyton, Benson). All these neurotransmitters may induce an erection, that is essential for masturbation and/or copulation.

The ejaculation and the orgasm occur through sympathetic nerve impulses, starting from the medullary reflex centers T12-L2. In this context, the ejaculation and orgasm may easily be produced by masturbation, by S2-S4 medullary reflex arch, in the situation of interruption of the ascending and descending medullary pathways, at the cervical level, as when the cervical spine is sectioned or due to psychological factors, when the brain is involved.

In the pubertal girl, the masturbation of the vulva, especially of the labia minora and of the clitoris, as well as the stimulation of other areas close to the vulva, produces orgasm, similar to the pleasure state that appears in the boy.

Regarding the morphophysiological changes of the puberty

In the prepuberty stage, regardless of exciting stimulus, the sexual reactions are non-specific, context in which the penile erection is not determined by erotic sensations, so it cannot induce masturbation. Thus, one can't talk about masturbation until the beginning of puberty.

The self-touching of the genitalia in the 8-10 years children is transient and inoffensive, without having an erotic basis, as well as the curiosity visualization (self-examination) of their own genital organs.

Unlike “self-touching and visualization”, in the situation of pubertal masturbation, the erection, in both sexes, is given by the erotic state and the neuroendocrine alterations which, after the stimulatory maneuvers performed on the receptors of the sexual nerve threads (especially those of the glans, clitoris and labia minora), produces ejaculation and orgasm, on the background of sexual pleasure, by releasing nitric oxide at this level.

The touching of the genitals, without a subjacent erotic state, is not actually self-disturbance. The ejaculation is obtained only by the friction of the genital structures with increased erectile potential.

At puberty, the erection occurs as a result of neuro-hormonal changes, which cause erection and masturbation, the stage being succeeded by the occurrence of the peno-vaginal act, thus the adolescent entering the adult normality; genitalia receptors may induce erection.

Puberty is the transition period from childhood to adulthood, during which, among others, appear the gonadal maturation, the development and finalization of secondary sexual characteristics, the occurrence of ovulatory menstrual cycles and of spermatogenesis and semen emission.

Basically, at puberty, at the age of 10-14 years, menarche appears in girls, and at 13-16 years old, the first pollution appears in boys.

All these allow the genital system to abnormally (because “a child cannot raise a

child”) procreate at the age of 12-14 years, in a short time, after a sexual act, even if the physical and neuropsychic development are not appropriate.

According to Berek and Novak, the average age of first sexual intercourse in the US is 16, and by the age of 19, three-quarters of teens have already begun their sexual lives.

Victims of 12-14-16 years easily switch from masturbation, determined by the pleasure of erotic state, to peno-vaginal „play”, but they do not announce the family of the first sexual contact, because they are afraid of being persecuted in the family, school, society.

They do not talk about starting sexual activity, or the fact that, after sexual intercourse, they missed menstruation, context in which the pregnancy evolves towards the final term, appearing in the data of the National Institute of Statistics, in Romania, in 2018 became mothers 727 girls under 15, of whom 19 are at the 2nd birth and one at the 3rd birth, and of the adolescents aged 15-19 who gave birth 3929 are at the second birth, 731 are at the third birth, 72 at the fourth, 8 at the fifth and one at the sixth birth.

On the influence of testosterone in the puberty period in determining masturbation and peno-vaginal act

The secretion of testosterone by Leydig cells from the interstitium between the testicular seminiferous tubules is stimulated by the pituitary gland, due to the Luteinizing Hormone (LH).

According to genetic programming, sex hormones are those that give rise to internal

and external genitalia in both male and female. These hormones mature morpho-functionally these organs and establish the sex differentiation, thus preparing the genitalia for masturbation and for sexual intercourse.

Testosterone ensures not only a morphophysiological development of the male genitals, but also their physiology until the end of life.

Testosterone also ensures the differentiation of the sexual apparatus in the fetal period and later of the neuropsychic peculiarities, even if the hormone cannot act directly on the genes.

Androgenic hormones influence the penile structure, participating in the maintenance of its peripheral nervous network, the structures of the corpus cavernosum, the albuginea and the endothelium of the cavernous spaces.

Testosterone also has a neuroendocrine effect, through which sex hormones sensitize the peripheral tactile receptors of the tissues of the external genitalia, that determine the state of eroticism, respectively the erection necessary for copulation and masturbation.

The molecular mechanism of sex hormones action is exerted on the external genitalia and, as well, on the brain and on the peripheral genital tissues and, to a lesser extent, in other areas, such as the skin of the upper thigh, thus increasing the individual's arousal.

In a female, during childhood, the gonadotropic hormones secretion of the anterior pituitary gland is almost absent until the age of 9-12 years, when the hypophysis begins the secretion of FSH and LH, inducing the menses, respectively increased secretion of hormones develops and matures the genitals, thus the girl evolving towards normality.

The clinical forms of masturbation are:

- **Self-masturbation-** performed by both sexes, but individually
- **Heteromasturbation-** performed by a partner of the opposite sex
- **Homomasturbation-** performed by a person of the same sex

Discussions

DISCUSSIONS:

Masturbation is an evolutionary stage, of constitution of sexual act. It is practiced by pubers and adolescents due to strong local erotization as well as a result of the action of the cerebral nervous centers, being present in domestic or wild animals. masturbation is practiced discrete and moderate, the maneuver being considered as "physiological".

Masturbation is an evolutionary stage in the constitution of sexual intercourse; it is practiced by the pubescent and the adolescent due to the strong local eroticization as well as a result of the action of the cerebral nervous centers. The masturbation is also present in domestic or wild animals.

The masturbation act is practiced discretely and moderately, the maneuver being considered "physiological".

After the intrauterine life, the human brain myelination is performed continuously until puberty, so the cerebral cortex begins to mature at the age of 6-7 months, a process that takes place slowly, until the age of 14 years. Thus, at this stage of development, the child is not aware of the so-called sexual pleasure.

The disordered movements concerning the touching of the genital area are, according to some authors, impulsive, without finality, representing rudimentary, instinctive reactions, which, in fact, are of the subcortical type. Besides, the cerebral cortex is unexcitable at the age of these reflexes.

The newborn manifests as a subcortical being (by screaming, crying) “without voluntary activity, with muscular hypertension, except the neck muscles” (after V. Hurgoiu), with neuromuscular hyperexcitability (see the movements of the lower limbs described by Kinsey), with motility that is uncontrolled by the cerebral cortex, this type of movements disappearing when cortical inhibition occurs and develops.

Could lower limb movements in a 6-month-old baby be related to sexuality?

Is there an alleged masturbation, considered as “pleasure”, of the conception product that would be performed during intrauterine development, noted by ultrasound examination (Giorgio Giargi, Marco Siccardi), when the stage of sexual differentiation begins in the third month of life, and the weight of the newborn’s brain is of 350-370 grams?

At the end of the third week of gestation (Bareliuc, Neagu) on days 17-18, the neural plate (neuroectoderm) appears on the embryonic disc, and so does, practically, the beginning of the development of the Nervous System. At the age of 28-30 weeks, the fetal activity is anarchic and asymmetrical, a context in which, certainly, there is no desire to obtain “pleasure” of the sexual organs, undemonstrable by the performance of ultrasound examination, so there are doubts about its presence.

In the fetus, testosterone secretion begins in the seventh week of intrauterine life. Placental chorionic gonadotrophin stimulates testicular testosterone production during pregnancy (and another ten weeks after birth); afterwards, the testosterone secretion is absent.

In this context, how can we interpret the so-called modality of sexual expression of the child up to the age of 8-10 years, respectively to consider about the child's penile masturbation, as long as the sensitive and sensory sexual impulses originate in the receptor cells of the nerve threads of the glans, in the pubertal period when the erection of the penis necessary for masturbation appears?

In this context, the so-called "sexual expression" of the child until the age of 8-10 years is determined only by the constitution of the genitals, which begin to be neuro-endocrine functional only after puberty, a context in which one can not talk about masturbation until the nerve threads of the penis and vulva mature.

Some authors state that, at the age of 3, the external genitalia become for the child "the center of interest with exhibitionist tendencies, the child obtaining a state of pleasure by manipulating them, with the amendment that he is discreet in performing those maneuvers".

Abnormal sexual actions to which a child may be subjected (either by an older colleague or by an adult) will not be forgotten for a lifetime, being framed as a negative aspect of his life.

Conclusions

The masturbation is a normal manual maneuver performed on the genitals, which is done during puberty in order to obtain sexual relaxation; it is determined by multiple puberty specific multiple neuroendocrine changes, in the transition from childhood to adulthood.

Masturbation becomes abnormal (culpable) when performed under pathological behavior. For example, the daily, excessive masturbation, or the masturbation that eventually breaks the hymen, by performing brutal maneuvers or by inserting foreign bodies into the vagina or urethra, performing masturbation maneuvers in public, etc.

A genital irritation, with discomfort and itching, may occur in the infant/toddler who wears diapers, regardless of sex, and the child's touch of the itchy area with the hands has no sexual connotations. Even after removing the diapers, we cannot say that, normally, the proximity of the hand to the genital area has the role of performing sexual maneuvers, because, due to the young age of the child, he or she cannot differentiate the normality from abnormality; moreover, this life stage secretion of the specific sexual hormones is almost zero.

Regarding the possible perverse "game" of an adult with a child's genitals, performed with the abnormal belief that "it determines pleasure", this aberrant behavior characterizes the actions of a mentally disordered person, who definitely requires specific medical treatment.

There is no so-called sexual pleasure of the fetus during the intrauterine life, the movements of his lower limbs that would be determined by sexuality at 6 months, obtaining pleasure by manipulating the genitals in the 3-year-old child.

The erection, ejaculation, orgasm and sexual pleasure are determined by well-defined genetically complex neurohormonal factors.

The masturbation and the onanism are not identical. The onanism is the ejaculation of sperm outside the vagina, although the copulation is vaginal.

The manual maneuvers that are performed on the external genitalia, starting in puberty, some completed by masturbation, are not a perverse act. Autoeroticism is not harmful to health, being determined neurohormonally, naturally. This practice determines a psychological balance, by replacing some other satisfactions impossible to obtain at this age and removing the state of sexual tension.

Masturbation is a physiological stage in the normal development of the human individual, in the pubescent and in adolescent.

Conflict of interest

The author has no conflict of interest to declare.

PART II: Masturbation -between normality and pathology- from adolescence to adulthood (to be published in the next JCS issue-Vol.4 No.3)

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