

Points of view doi: 10.37072/JCS.2023.01.03

HETEROMASTURBATION ASSOCIATED WITH FEMALE FELLATIO

Vasile NIȚESCU*, Bogdan MARINESCU^{1,2}

1. Medical Center for Obstetrics-Gynecology and Sexology, Bucharest, Romania

2. Clinical Hospital of Obstetrics and Gynecology "Professor Doctor Panait Sîrbu", Giulesti Street, Bucharest, Romania

Abstract

Performing stimulating manual maneuvers on the external genital organs, regardless of gender and age, in order to determine and increase the degree of eroticism, in the present case of both sexual partners involved, which is often completed by ejaculation and orgasm, constitutes the act of heteromasturbation.

Fellatio and heteromasturbation, as minor sexual deviations, are practices accepted by both women and men, situations in which the brain, through its descending nervous pathways, determines the optimal arousal, with consecutive ejaculation and orgasm, in both sexual

Keywords:

endogenous erectile formations, brain, eroticism

* Correspondence: *Associate Univ. Professor Vasile Nitescu, E-mail: valnitescu@yahoo.com;

Heteromasturbation associated with female fellatio

Vasile NIȚESCU, Bogdan MARINESCU

Introduction

Heteromasturbation associated with fellatio are minor sexual deviations, which are performed by one person or between two people in order to get and increase the degree of arousal, mandatory to the sexual intercourse.

The maneuvers performed are not determined by pathological factors, and the resulting satisfaction may be achieved before the intercourse itself or in order to have ejaculation and orgasm in both sexual partners.

Minor sexual deviations (masturbation, fellatio, cunnilingus and parapareunias) cannot be called sexual perversions because this term is defined as "deviation from the normal sexual instinct, which leads to reprehensible intercourses, explained by the existence of a pathology".

In the case of sexual practice presented in this article, the performed maneuvers stimulate the degree of eroticism of both sexual partners.

As for masturbation, it can have several variants:

- **self-masturbation:** - by the man

- by the woman

- **heteromasturbation:** done by the sex partner, representing a minor sexual deviation

- **homomasturbation:** performed by a person of the same gender, which is a major sexual deviation

The performance of stimulating manual maneuvers on the genital organs by a person, regardless of gender, in order to achieve a se-

xual erotic state, often completed by ejaculation and orgasm, constitutes the intercourse of masturbation.

During puberty, masturbation does not constitute a pathological, perverse, act because, at puberty, neurohormonal transformations occur that are essential for the somatic and psychic development of the individual, thus puberty being a period that continues a person's biological evolution towards adulthood, according to his/her genetic programming.

Heteromasturbation associated with fellatio, respectively ejaculation and orgasm in women and men, causes a major sexual satisfaction for both partners, with the complete relaxation of the accumulated erotic tension, corroborated with a mutual psychic experience, which brings the two people closer physically and mentally.

Thus, the sexual dysfunctions, the depressive states or the irritability are mutually removed, increasing the sexual tonus, these effects being stimulating factors determined by this particular form of sexual intercourse.

Regarding fellatio:

This abnormal oro-genital sexual practice is carried out through the contact of the woman's oral cavity with the man's penis, in the express desire to increase the state of arousal of the two partners that are involved in this minor sexual deviation.

Fellatio can, however, also be practiced by a homosexual man or by a minor in sexual intercourse with a pedophile or even by a younger child at the "urge" of a teenager, all

these practices being included in major sexual deviations.

Concretely, fellatio consists of kissing the lower part of the male's abdomen, the pubic region and the penis, followed by penile introduction into the oral cavity of the partner and the foreskin coverage and retraction (decalottage), the execution of penile suction maneuvers, all these favoring the elimination of spermatic fluid and orgasm.

This type of intercourse induces a state of mutual excitement and pleasure to both partners.

Although penile foreskin coverage and retraction generates an increase in male eroticism, with ejaculation of seminal fluid and orgasm, fellatio may not induce orgasm in women.

Factors directly involved in determining a woman's particular state of sexual arousal:

The erect penis visualization increases the woman's state of sexual excitability, but also the male's penile erectile tone.

The maneuvers of foreskin coverage and retraction performed on the erect penis increase the female and male arousal, determining them, as a result of the contractions of the gluteal, perineal and abdominal muscles, to ejaculate and orgasm.

Woman's sexual stimulation by means of the optical analyzer, is, in fact, the most important and the most sophisticated kind.

The optic nerve potentiates the erogenous sensation, being the first structure to trigger it.

In the case of the analyzed sexual practice, the woman's erotic sensation increases by visualizing the erect penis, the received images being stored at the brain level, due to the large number of nerve fibers of the optic nerve, which come from the retina, a structure that is a brain derivative (Fig.1).

An addition to all these is also the special anatomical constitution of the optic nerve compared to the other cranial nerves, because the optic nerve develops from the forebrain, as well as the encephalic territory (1-treaty of clinical sexology) to which the diencephalon is directly attached.

Receptors for light are present on the retina, which, as mentioned above, is a brain derivative, thus the person receives through the visual analyzer up to 90% of the total volume of exogenous information, and complex visual data is intercepted and processed by 1/10 from the cerebral cortex.

Visual and tactile stimulation (Fig.2), through the skin receptors in the hair follicles and skin ridges with amyelin nerve fibers (Merkel corpuscles) induce sexual excitement in both partners, starting from the erogenous zones and finally reaching the brain level, thus generating the erotic tension state specific to the sexual intercourse.

From the receptors of the analyzers, along the nerve fibers, the electric impulses reach the erectile center in the sacro-lumbar medulla, and from here, through the ascending medullary pathways, to the post-central gyrus in the parietal cerebral lobe.

Heteromasturbation associated with female fellatio

Vasile NIȚESCU, Bogdan MARINESCU

Later, from the brain level, through descending pathways, the structural changes of the genital organs are induced, i.e. the distension of the vagina, the congestion of the labia majora, the erection of the clitoris, of the vestibular bulbs, of the Vaginal Area of Hypererotism (H Area) located on the upper vaginal wall retro pubic, as well as nipple turgor, penile erection etc.

Tactile receptors involve, apart from the Nervous System, also the digestive, respiratory and cardiovascular systems, which directly intervene in the complex process of sexual intercourse.

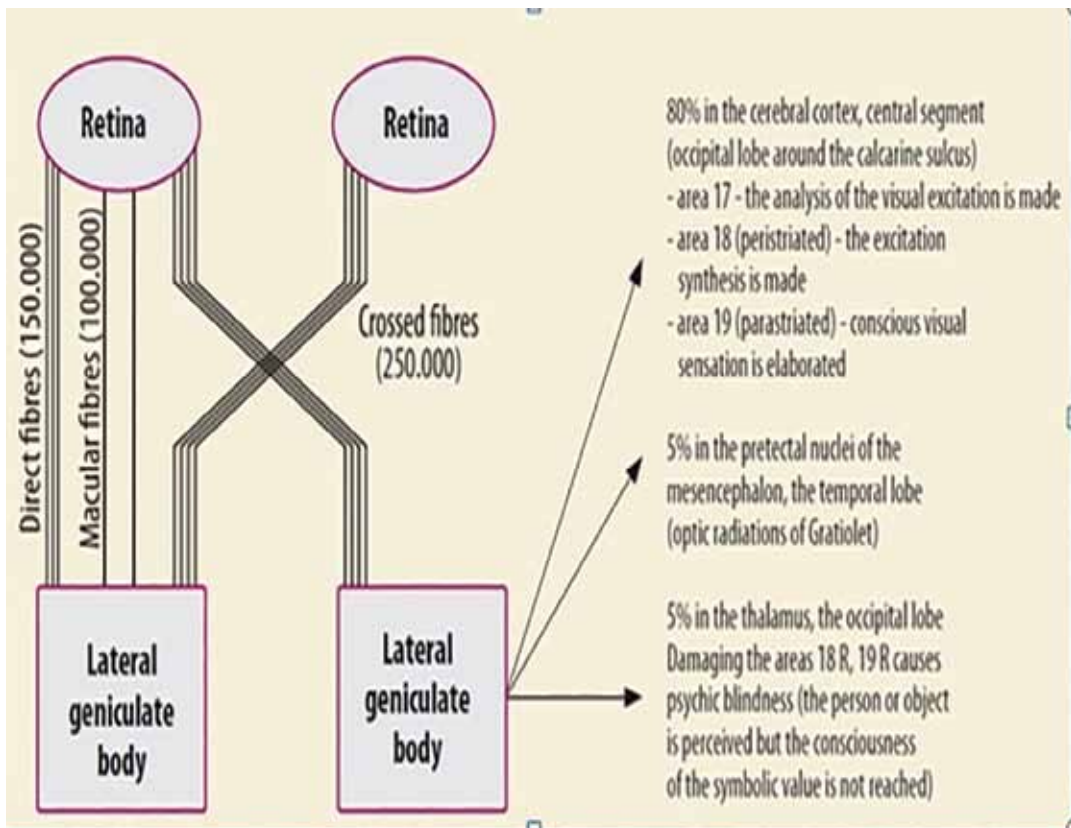


Figure 1. The Optic Nerve, image from Treaty of Clinical Sexology

Heteromasturbation associated with female fellatio

Vasile NIȚESCU, Bogdan MARINESCU

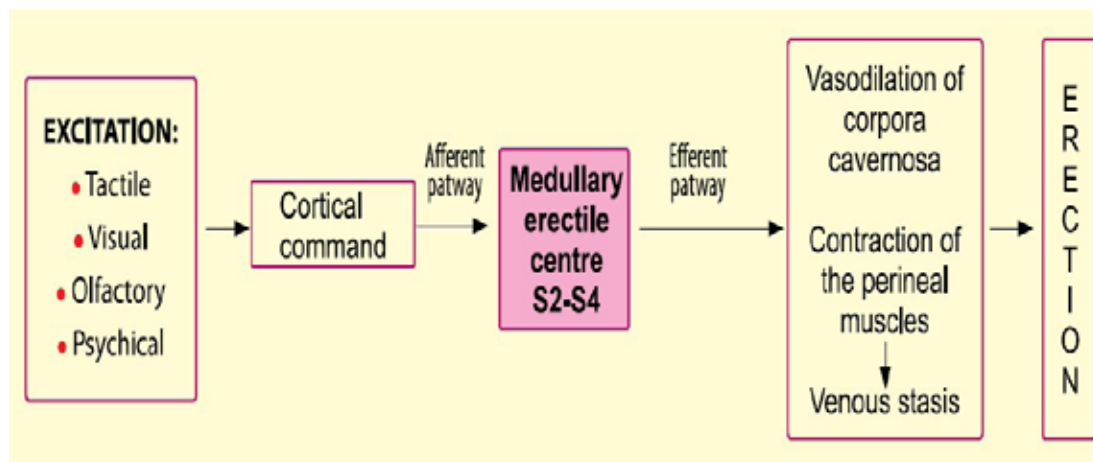


Figure 2. The erection reflex, image from Treaty of Clinical Sexology

In the previously described situation, due to fellatio, in the oro-penile intercourse, the tongue, through the taste buds and especially the filiform papillae, fulfills the role of a taste receptor (chemical contact analyzer), as well as the lips and the walls of the oral cavity do.

All above mentioned explain the associated response of the erogenous zones, which is prompt and of increased intensity, determining quick ejaculation and orgasm.

The role of pheromones:

These substances precede the state of optimal arousal, respectively the partner's sexual attraction, by stimulating the desire and interest in the intercourse of act of fecundation and procreation.

Pheromones, fatty acids produced by specific hormones in the genital structures, induce optimal sexual arousal through the central

nervous system by crossing the blood-brain barrier, fat-soluble steroids having intracytoplasmic and nuclear receptors in various hypothalamic brain areas in the limbic system and the cerebral cortex that allow them to intercourse as enzyme inducers.

The direct perception of the partner's genital sphere pheromones increases the woman's excitability and well-being. The state of well-being determined by fellatio and masturbation is convenient, in certain situations, such as the desire of the woman to preserve her virginity, according to ethnic and age criteria, or to promote her virginity as morality, in front of her parents, when the young woman is at puberty or adolescence, being a „substitute” for peno-vaginal intercourse, peno-anal intercourse and fellatio.

I also encountered this situation in female adults aged between 23-34 years, who only

performed peno-anal intercourse and fellatio and not the usual normal peno-vaginal intercourse. Regarding this practice, our research data showed that the proportion is 23% in this context.

Regarding the sapid characteristics of the seminal fluid (namely its taste)

The seminal fluid is made up of seminal plasma and spermatozoa.

The seminal plasma is a white-yellowish strom-odoured liquid and is constituted by the secretions of the epididymis and the vas deferens approximately 10%, of the seminal vesicles around 55% and from the prostate approximately 25%, to which are added the secretions of the bulbo-urethral and testicular glands, which ensures sperm survival and motility.

The seminal fluid contains protein compounds, lipids, carbohydrates, enzymes, hormones, citric acid, carnitine and mineral substances (Na, Ca, K, Mg, Zn), each of which has its well-defined role and functional value.

In this sense, are known, for example, the actions of the prostaglandins (PGL E1, E2, E3, F1, F2 α), lipids of the seminal plasma that also cause the contraction of the myometrium and that increase the pleasure of the sexual intercourse performed.

Loading of the spermatocidal elimination pathways causes, by central neurological response, the discharge of androgen hormones followed by penile erection and elimination of contents by masturbation, which is prolon-

ged in the elderly male.

In a small proportion, there are people who do not accept the sexual act of fellatio in principle, and other women who have tried the act of fellatio have found it disgusting especially because of the partner's poor hygiene.

The investigations carried out showed that 72% of the people who have vaginal sexual intercourse also want to perform fellatio, and 86% of them have orgasms, or even more numerous and stronger orgasms than those obtained through peno-vaginal intercourse.

Conclusions

Masturbation and fellatio, as minor sexual deviations, are evolutionary stages in the constitution and completion of the sexual intercourse in which two partners of the opposite sex are involved, when they are not carried out in a pathological behavioral context, the states of erection, ejaculation and sexual pleasure being conditioned by the intervention of a complex of neurohormonal factors, according to a well-defined status from a genetic point of view.

Conflict of interest

The authors declare no conflict of interest

References:

1. Nițescu V, Treaty of Clinical Sexology, The Publishing House of the Romanian Academy, 32-40, 99-100, 261-262, ISBN 978-973-27-25-2574-0, 2018.
2. Berek& Novak: Ginecologie, Ed. Medicală Callisto, 116-118, 270, 287-292, 2015, ISBN -978-606-8043-15-9.
3. Nițescu V, Cavernous erectile system in women and the Hypereroticism Area (H Area), Journal of Clinical Sexology vol. 3 no.3, 121- 126, DOI:10.37072/JCS.2020.03.03.
4. Nițescu V.: Masturbation between normality and pathology (from puberty to adulthood)-part II, Journal of Clinical Sexology 121-131, Vol.4, No.3 July- September 2021, DOI:10.37072/JCS.2021.03.03.
5. Constantinescu Gabriel, Nițescu Vasile: Rectal dysplasia in women after HPV infection by penile vector, Journal of Clinical Sexology Vol.5, No.1 Jan-March 2022, 21-37,– DOI: 10.37072/JCS.2022.01.02
6. A.Guyton & J.Hall, Tratat de Fiziologie a omului, Ed.Medicală Callisto, ISBN(13) 978-973-87261-4- 7, 587,1002-1025, 2006.
7. J.S. Berek, E. Novak, Ginecologie, Ed. Medicală Callisto, Ediția a 15-a, ISBN 978-606-8043-15 9, 270, 2015.
8. Vasile Nitescu: Decline of sexual function in men between physiological senescence and plurietiological hyposexuality - Part II- Journal of Clinical Sexology, 86-87, Vol 3, No: 3/2020, ISSN Online 2668-0394, DOI:10.37072/JCS.2020.03.01
9. Institutul Național de Statistică, 2018, Populație, www.insse.ro
10. Christine Devault, Barbara Werner Sayad, Human Sexuality: Diversity in Contemporary America 3rd Edition by Bryan Strong ISBN-13: 978-0767400459.
11. John R. Geddes, Nancy C. Andreasen, and Guy M. Goodwin, New Oxford Textbook of Psychiatry (3 edn), Publisher: Oxford University Press Print Publication Date: Mar 2020, Print ISBN-13: 9780198713005.
12. The Kinsey Institute - Kinsey Study Data [Research Program]". kinseyinstitute.org. 6 March 2011. Archived from the original on 6 March 2011. Retrieved 11 October 2019.
13. Ellis, Havelock (1927), Studies in the Psychology of Sex (3rd edition), Volume I; Auto-Eroticism: A Study of the Spontaneous Manifestations of the Sexual Impulse; section I,
14. Kant, Emmanuel (18 April 1996). Gregor, Mary J. (ed.). The Metaphysics of Morals. Cambridge University Press. p. 179. ISBN 978-0-521-56673-5. Retrieved 28 December 2013.
15. Arroyo, Christopher (2017). Kant's Ethics and the Same-Sex Marriage Debate - An Introduction. Springer International Publishing. p. 131. ISBN 978-3-319-55733-5. Retrieved 30 March 2023.
16. Gerressu, Makeda; Mercer, Catherine H.; Graham, Cynthia A.; Wellings, Kaye; Johnson, Anne M. (27 February 2007). "Prevalence of Masturbation and Associated Factors in a British National Probability Survey". Archives of Sexual Behavior. 37 (2): 266–278. doi:10.1007/s10508-006-9123-6. ISSN 0004-0002. PMID 17333329. S2CID 7372754
17. Coculescu M.,Neuroendocrinologie Clinică,243-252, Ed. Științifică și Enciclopedică,1986.



Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third- party material in this

article are included in the article's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.