It's Over in a Flash!

But What If It Lasts?

And Desire Deficiency: Hers, His

I was born and raised in France. It is not common over there to circumcise little boys. All of my early sexual experiences were with natural men, but when I was twenty, I did have one boyfriend who was American and circumcised. Sex was okay, but intercourse never lasted very long. He wanted to have sex all the time, but only 'quickies.' At that time, I believed that his way of making love was a personality thing and not a matter of being circumcised or not.

About 8 years later, I came to the United States, met my husband, who is also circumcised, and got married.... I have had very few experiences where intercourse with a circumcised man lasts longer than 5 minutes. But even when intercourse lasts...I often just don't get excited. Intercourse seems to be not much fun with a circumcised man. With a natural man, even if I didn't feel like sex, I often would get right into it when I felt that sensuous penis inside me.

— M.T., survey respondent

Could circumcision be a contributing factor in premature ejaculation, and if so, why? Conversely, could it cause a man to take excessively long to reach orgasm, discomforting his partner?

Could the circumcised penis cause a woman to want to shorten the length of time a man spends in active coital thrusting? Could it have a negative effect on how frequently a woman, or man, desires intercourse?

One of the startling discoveries that came out of the survey was that premature ejaculation was significantly more common among circumcised men. Surveyed women were asked to indicate the number of men who usually (50-100% of the time) had their orgasm within 2-3 minutes after insertion. A much higher percentage of circumcised men fell into this category than natural. This was surprising because the circumcised penis lacks the erogenous sensitivity of the natural penis, as discussed. (See Appendix B for my suggestion on how to minimize or eliminate premature ejaculation, and the "tap me" secret to prolonging intercourse.)

The survey's statistics for both types of penises are detailed in Chapter 13, but for now, let us consider the reasons why circumcision might contribute to premature ejaculation. (The following detailed discussion about premature ejaculation may not interest all readers. Some may want to skip to the section entitled, A SHORT INTERCOURSE MAY LEAVE A WOMAN LONGING FOR MORE, BUT IF SHE WERE TO GET PROLONGED CIRCUMCISED INTERCOURSE, WOULD SHE FIND IT DESIRABLE?, page 181.

CIRCUMCISED MEN MAY BE MORE PRONE TO PREMATURE EJACULATION DUE TO HISTAMINE RELEASE

Circumcised intercourse may often be over in a 2-3 minute "flash" because the penis head receives too much direct stimulation, which causes it to release too much histamine too soon.

The release of histamine into the bloodstream during sexual excitation is essential for bringing about orgasm.

Histamine causes smooth-muscle tissue (as found in the penile clitoral and ejaculatory muscles) to contract, and these contractions lead to orgasm. Histamine is evidenced during sexual excitation by the red flushing (blushing) it often produces in the face, neck, shoulders, chest, etc. (1)(2).

In the 1970s, Carl Pfeiffer, Ph.D., M.D., along with scientists at the Princeton Bio Center in Princeton, New Jersey, discovered that cells in the penis head test high in stored histamine (3). Dr. Pfeiffer states in his book, *Mental and Elemental Nutrients*:

[T]he ability to attain orgasm or ejaculation with sex or masturbation is directly correlated with the level of blood histamine and perhaps with the level of tissue histamine.

Microscopic examination of the penis from autopsy specimens discloses mast cells containing histamine are concentrated in the glans but not in the skin of the shaft or the foreskin of the penis. A collection of objective reports from twenty-eight male...patients shows that the quickness of ejaculation is significantly correlated with the blood histamine level.

This indicates that ejaculation may be a local reflex which is activated by the disruption of mast cells [in which histamine is stored] and liberation of histamine.... With excess histamine, the clinical phenomenon known as 'premature ejaculation' may occur (4).

The rubbing action that the circumcised penis head receives from scraping against the corrugated ribbings of the vaginal walls during intercourse causes histamine to be released from the penis head *in overabundance and too quickly*. This could be why many circumcised men ejaculate prematurely.

But for the **natural** penis, during the outward stroke, the foreskin bunches up behind the coronal ridge, or rolls over onto the penis head, and applies a soft, cushioned pressure against the more pliable glans, which activates a *moderate* release of histamine. In contrast, as the unprotected corona/coronal ridge

of the **circumcised** penis scrapes against the wavy ridges of the vaginal walls, it receives *strong* pressuring, which activates a greater release of histamine.

Squeezing or rubbing any body tissue that is high in stored histamine will activate its release. Like the penis head, the nose is also high in stored histamine. If you were to repeatedly squeeze or rub your nose (like when you have a cold), it would turn red, an indication that histamine has been released. Hard, vigorous rubbing causes more histamine to be released than light, gentle rubbing.

Friction irritation is an indication that vigorous rubbing has taken place. Surveyed women commented on the discomfort of friction build-up experienced during circumcised intercourse.

"Circumcised intercourse feels like a friction burn—sometimes even with heavy lubrication."

"With my circumcised partners, I experienced irritation of the vagina because of the friction when sex was too dry."

"With natural, I didn't get sore—there was no friction against me."

Friction triggers the release of histamine. Histamine has chemical actions that induce rhythmic contractions in the smooth (pubococcygeal) muscles that control the ejaculatory reflex. If too much histamine is released too quickly in the circumcised penis, the ejaculatory muscles may be hurried into ejaculating prematurely.

Intact men are not, of course, exempt from the possibility of having premature ejaculations. As Dr. Pfeiffer states, any man whose penis head tests high in stored histamine can be prone to premature ejaculation. But I suspect that this problem can be a consequence of not only high levels of stored histamine, but also

too rapid release of even moderate levels of stored histamine, which I surmise is the case during circumcised thrusting. Since the survey results indicate that premature ejaculation occurs significantly more often among circumcised men, I suspect it occurs *not* because they all have higher levels of stored histamine than intact men, but because the circumcised penis lacks the foreskin's mediating actions, which work to administer a more gradual release of histamine, thus permitting the intact man to better pace his build-up to orgasm.

OVER-RELIANCE ON STIMULATING PRESSURE-SENSITIVE NERVES AS A POSSIBLE CAUSE FOR WHY PREMATURE EJACULATION IS MORE COMMON WITH THE CIRCUMCISED PENIS

The circumcised penis over-relies on exciting pressure-sensitive nerves to generate pleasurable feelings. During coital thrusting, the natural and circumcised penis both generate pleasurable feelings, but the source of these feelings comes from essentially two different kinds of tactile nerves.

Scientists have established that there are different types of touch-sensitive nerves. These nerves differ in their cellular structure and in their response to tactile stimulation (5). Tactile nerves can be grouped into two major categories, either conveying 1) touch sensations or 2) pressure sensations—the distinction being that sustained touch (and/or bearing down) is considered pressure.

Tactile nerves of the touch-sensation category are found on the skin or immediately beneath the skin. Try this simple experiment. Run a moistened finger *lightly* over your lower lip. Feel the erogenous sensations. Your lip abounds with touch-sensitive nerves. Now *press* your finger down on your lower lip. Notice that there is an absence of feeling. Your lower lip is deficient in pressure-sensitive nerves.

Try an inverse experiment. Run your finger lightly on the

inside of your cheek. Notice the lack of feeling. This surface is devoid of touch-sensitive nerves. However, if you push your finger hard against your inner cheek, you can feel that it does contain pressure-sensitive nerves.

The erogenous nerves of the foreskin's inner lining and frenulum are of this touch-sensitive category (not the pressure-sensitive category) and are designed to perceive light touch. These nerves are also discriminative, having the ability to recognize the precise point where the body is touched. This is one of the reasons why the intact man senses that most of his pleasure sensations come from the localized area of the upper penis.

The foreskin and frenulum are composed of specialized flexible connective tissue. A study published by the Mayo Clinic, "Erogenous Zones: Their Nerve Supply and Its Significance," found that on skin areas where erotic sensations registered high (like the ridged band, the lips, nipples, fingertips, and tip of the tongue) "...the rete ridges [i.e., the connective meshwork that comprises this flexible tissue] are well formed, and more of the organized nerve tissue rises higher [i.e., closer to the skin's surface] than in other skin-type regions" (6). Also in the erogenous connective skin, there is a preponderance of touchsensitive nerves, especially a type called Meissner's corpuscles, (7) "which respond in a fraction of a second to contact with light objects that bring about deformation of their capsules" (8). Most of the erogenous sensations felt in the foreskin, ridged band, and frenulum originate with these touch-sensitive nerves (especially Meissner's corpuscles) (9). The natural penis derives significant pleasure by thrusting to stimulate these touch-sensitive nerves.

In comparison, the circumcised penis is missing the touchtype nerves of the foreskin and frenulum. Therefore, it thrusts primarily to stimulate pleasure sensations from **pressureresponsive** nerves, called Pacinian corpuscles, which are located in the deeper tissues of the penis (10)—within the penile clitoral musculature and other muscles of the pelvic region. Pressure-sensitive nerves have weak discriminative ability, and this is one of the reasons why the circumcised man thrusts to stimulate the entire penis rather than a localized area. Pressuresensitive nerves, also, are poor at registering subtle changes in tactile force; this is why he bears down more forcefully on his strokes.

In physiology, there is a characteristic of muscles known as Trousseau's phenomenon, which states that "spasmodic contractions occur in muscles when pressure is applied to the nerves which go to them" (11). In other words, when pressure is applied to a pressure-sensitive nerve in a muscle, it leads directly to spasmodic contractions in that muscle.

In light of this phenomenon, it makes sense that the stimulation of many pressure-responsive nerves of a muscle will lead to many contractions in that muscle. As discussed in previous chapters, low-level, but frequent, contractions in the genital musculature help to bring on orgasm. I deduce that during the beginning phase of intercourse, when the nerves and muscles are fresh and fully-primed, the circumcised penis's propensity for using a strong-pressing, elongated stroke to elicit pleasure sensations from its pressure-responsive nerves causes a rapid build-up in muscle contractions. Once involuntary contractions begin accelerating in a muscle, they are difficult to stop (as anyone who has ever had a leg cramp knows). Exciting many pressure-sensitive nerves in the genital musculature can quickly accelerate contractions to the point where the man cannot stop them. And because pressuresensitive nerves lack the ability to register subtle changes, the man doesn't realize until it's too late that he has gone over the edge into premature ejaculation.

In contrast, for the natural penis, the nerves of the frenulum and foreskin are not pressure-sensitive nerves but, instead, are touch-sensitive (primarily Meissner's corpuscles). Stimulating these touch-responsive nerves causes them to send out feelings of pleasure, but exciting them does not simultaneously lead to a quick build-up of muscle contractions. Certainly, over a sustained period of stimulation, exciting these nerves will cause contractions

in the tip of the (male) clitoral muscle, but the mode of action is more indirect (as previously explained) and works on a different principle than the muscle contractions of pressure-sensitive nerves in the lower genital region. Consequently, the natural penis experiences an intense degree of pleasure when the upper penis nerves are stimulated, but muscle contractions in the genital/pelvic region build up more slowly. In essence, the natural penis experiences a higher ratio of pleasure sensations to subsequent muscle contractions; whereas, when the circumcised man attempts to approach these same levels of feeling by stimulating the pressure-sensitive nerves in the middle and lower penis/pubic mound/pelvic area with a hard-pressuring, elongated stroke, the accompanying muscle contractions accelerate too quickly, rushing him uncontrollably into a speedy ejaculation.

THE EXPOSED FRENULUM THEORY

Another possible explanation for premature ejaculation may be related to remnants of the frenulum left permanently exposed. Although the frenulum is removed during most American-style circumcisions, for some circumcised men, part of it may remain. For those men, this ultra-sensitive frenulum remnant is permanently exposed during coital thrusting, causing the penis to become overexcited too quickly, resulting in premature ejaculation. (During natural intercourse, the frenulum is covered over by the foreskin during the penis's outward stroke.)

A SHORT INTERCOURSE MAY LEAVE A WOMAN LONGING FOR MORE, BUT IF SHE WERE TO GET PROLONGED CIRCUMCISED INTERCOURSE, WOULD SHE FIND IT DESIRABLE?

Like a man, a woman, too, desires the relief of orgasm, but 2-3 minutes of intercourse is usually not enough time for her to achieve one. An abbreviated intercourse may leave her feeling unsatisfied, with a craving for additional sexual stimulation. Of course, not all circumcised men ejaculate prematurely; some are capable of lasting for a considerable time. One would think that when the man can last, the woman would like this. But one of the astonishing revelations of the survey was that when women actually did get extended circumcised thrusting, they began wishing "to just get it over with."

Women were asked the following question:

Of your CIRCUMCISED experiences, where the time of ACTUAL intercourse lasted for 8-10 minutes or more, as intercourse progressed,

Did you OFTEN start wishing to just get it over with? Yes No — OR —

Did you OFTEN really get into it and want it to continue? Yes No

An astounding 70% of surveyed women indicated that for circumcised, they OFTEN wished to just get it over with.

In contrast, when this same question was asked of their *natural* experiences, the opposite was true; the vast majority of them, 91%, *indicated that they really get into it and want it to continue*.

We can deduce from the above that there must be something about circumcised intercourse that interferes with the wonderful experience nature intended, causing a woman to want to get it over with, even though the man may be capable of prolonged intercourse.

The following comment is from a woman who speaks from a unique vantage point because her husband underwent foreskin restoration. She had the opportunity to compare, not *different* men, but the *same* man, before and after his restoration, and here is what she noticed:

My husband acquired Jim Bigelow's book [The Joy of Uncircumcising!] and completed an uncircumcising procedure [foreskin restoration].... We both appreciate the control and staying power his more abundant foreskin gives him. What I was totally unprepared for was the physical difference I experienced. I began to notice that I no longer experienced any soreness, even with prolonged intercourse. This was something I had lived with all of my adult life, although I used lubricants...(12).

Essentially, for many women, circumcised intercourse is a letdown from two perspectives: Too often it is over before the woman has a chance to get into it, and even when it does last, she often finds it displeasurable or unarousing, and she may even find it discomforting or painful. This dilemma was stated best by the woman from France, whose story begins this chapter:

I have had very few experiences where intercourse with a circumcised man lasts longer than 5 minutes. But even when intercourse lasts...I often just don't get excited.

And as another survey respondent commented:

I often experienced discomfort with my circumcised husband, at which point I would usually try to hurry him along, first physically and if that didn't work, verbally.

A woman may innately desire a prolonged intercourse (at least 8-10 minutes or more of thrusting), but apparently this leads to a problem during circumcised sex. For when she is in the process of getting it, her vagina simultaneously tells her that she is no longer enjoying the circumcised penis's thrusts because of the various displeasureable or discomforting factors discussed in previous chapters. A woman may be dissatisfied with the 2- to 3-minute man, but on the other hand, when she does receive prolonged circumcised thrusting, she often begins wishing to "just get it over with." With circumcised sex, it seems to be a case of "damned when you don't get enough, and damned when you do."

PARADOXICALLY, THE CIRCUMCISED PENIS MAY TAKE TOO LONG TO REACH ORGASM

Forty-two percent (42%) of the survey respondents indicated that their circumcised partners had to work too hard at achieving orgasm. Below is a typical comment:

All I know is that with circumcised men, it's generally harder to bring them to climax, which can take the joy and closeness from the encounter, leaving me feeling frustrated and unsatisfied.

Previous chapters touched on the idea that some circumcised men have considerable difficulty achieving orgasm and that it takes them too long. (Be sure to check out my suggestion in Appendix C on how to hasten the man's orgasm, when desired.)

The many reasons for the above have been discussed throughout the book, involving the desensitization of the penis and the resultant abnormalization of the sex act. When the circumcised man can't come when he wants to, and thrusting becomes too prolonged, it can be stressful. And as intercourse progresses, one or both partners may find it discomforting, or even painful.

Granted, the concept that one is taking too long to achieve orgasm is relative. But perhaps the thought arises because one or both partners aren't really enjoying themselves during circumcised sex. If they were, instead, experiencing the pure comfort and blissful sensuousness of natural thrusting, they might not perceive the sex act as taking too long at all. They'd be more inclined to get absorbed in it and swept away in passionate eroticism. During natural intercourse, the male may purposefully delay his orgasm to prolong the copulatory pleasure of both partners.

THE CIRCUMCISED PENIS MAY CAUSE DESIRE DEFICIENCY DISORDER

A lack of sexual desire in one's self or one's partner is reportedly the most common complaint that brings people to seek the help of a sex therapist (13). Doctors Knopf and Seiler point out in their book, *Inhibited Sexual Desire*:

[A] lack of interest in sex, or an inability to feel sexual or get sexually aroused or...desire discrepancies [between partners]...are...very common....

Most sex therapists...will tell you that they see far more patients with...[the above] disorders than any other type of sexual disorder and that these conditions are clearly on the rise nationwide. According to recent research and surveys of the general population, as many as half of all married or cohabiting adults (both male and female) mention their own or their partners' lack of sexual interest when asked about difficulties in their sex lives or relationships (14).

In the countless hours spent in couples counseling, I wonder if anyone has ever thought to question the role that the surgically altered penis may play in desire deficiency disorder (DDD). Considering how extensively it denatures the sex act, how could it not have a detrimental influence on a woman's interest in sexual

relations—and a negative impact on a man's interest as well? DDD may be more widespread than we realize because neither men nor women want to publicly acknowledge or personally admit to themselves that they suffer from a lack of sexual desire.

In my own personal experience and that of my husband's, we found that circumcision played a definite role in lessening our sex drive. Before his restoration, we had sex about once a month, but since his restoration, we have it at least once or twice a week, and we are both in our late fifties. Although it is well known that libido diminishes with age, we now have sex about 4 times more frequently than when we were in our 30s. Indeed, before his restoration, both of us had more or less lost interest in intercourse, and sex was almost a chore. But now, sex is infinitely more satisfying and pleasurable for both of us, and we both look forward to our sexual sessions with eager anticipation. And while we're making love, we can't seem to get enough of each other. We both agree that our sex life is better now than when we were first married, more than 25 years ago.

Circumcised sex can create a paradoxical conflict in a person's sexual desire in the following way. Most people eventually find someone to love and settle down with. Since love and sex go together like a hand and glove, over a period of time they have hundreds and hundreds of intercourse experiences with this person. The conscious mind craves sexual stimulation and intimate closeness to one's lover, and it innately expects to find intercourse ecstatically pleasurable and joyfully sensuous. But the circumcised sexual experience doesn't fulfill these conscious desires. Instead, it leaves one hungering for something more—something just out of reach—and it may even be displeasurable.

Over a period of time, the frustration, discomfort, and shortcomings of circumcised sex leave their marks on the conscious and subconscious, and when the primal sex drive sets in and says, "Tonight's the night," something in the back of your mind says, "Why don't we make it tomorrow night or next week instead." The way I see it, sexual desire falls victim to a

conflict between the primal sex drive and the disheartening memories the mind has stored from prior unsatisfactory circumcised experiences. Over time, repeated exposures to circumcised intercourse take its toll, manifesting itself in decreased desire for one's partner.

In general, the younger you are, the more successful the conscious mind will be in ignoring the deeply set thoughts of the subconscious. When you are young, your youthful sex hormones are bubbling over with excitement, and you will jump on practically anyone's bones when your sex drive gets strong enough. (I cannot stress enough the importance of age—experience—as a factor in the correlation between DDD and circumcised sex.) Couples in their 20s and 30s may think their sex life is "just fine." They are driven to it—good or bad—by their innate drive for sexual stimulation. But I contend that as time goes on and they subject themselves to repeated circumcised intercourse experiences, their conscious and subconscious minds become more and more aware of the discomfort, frustration, and incompleteness of the act, and they will find themselves desiring sex less and less often.

We must keep in mind that the purpose of sex, besides procreation, is to bond the man and woman together with love. Sex is what connects you back to loving life, and loving and appreciating your partner. Infrequent sex will have a detrimental effect on the love bond.

Since we usually think of *desire deficiency* as a disorder affecting primarily females (the popular myth being that men are always ready, willing, and able), let us consider the woman's perspective. When a woman finds her sexual desire for her partner coming less and less often, she may begin to secretly wonder if something is wrong with her: Is she frigid or something? And yet, if she turns to masturbation, she finds herself capable of sexual arousal and usually has no trouble achieving orgasm, perhaps even two or three orgasms. It makes her wonder when she stops to think about it: Why should she have such a sexual appetite when she stimulates herself and yet have little or

no desire for her mate? The circumcised penis could be at the root of the problem. For, with the passage of time, the female's conscious and subconscious register so much negative feedback from her prior exposures to circumcised intercourse, if she even contemplates having sex with her partner, she gets turned off before she can get turned on—"Not tonight, dear, I have a headache." The same thing, of course, may happen to a man, for men, too, suffer from DDD.

Perhaps the following anecdote (a true story) will bring home the point of what I'm trying to say.

At one time, I did a lot of trade shows in New York City and became casually friendly with a man who owned a company that was in direct competition with my company. We sometimes chatted about business and exchanged the usual "Hi, how are you today?" but we didn't really know each other that well. You can imagine my surprise when he came running up to me one morning and said (excitedly), "The most incredible thing happened to me last night! For the first time in our 12-year marriage, my wife and I achieved sexual compatibility." I was a bit taken aback by his open discussion of his private life, but I said, "That's wonderful, Marty, I'm really happy for you." Then he grinned and said, "Yeah, we both got a headache at the same time."

Paradoxically, circumcision may be a factor in causing a man to desire intercourse not less often, but more often. The following is another true story: A man who was circumcised in adulthood told me that he once masturbated about 25 times over a two-day period. His analysis of the situation was that he just couldn't achieve the same level of satisfaction with circumcised masturbation that he had formerly experienced with his natural penis. After each orgasm, he still felt sexually unsatisfied. He then tried to relieve this dissatisfaction with more masturbation. After 25 times, he still felt sexually unsatisfied but he gave it a rest.

When the foreskin is missing, sexual stimulation from intercourse, and even orgasm, can leave an incomplete message

in the pleasure centers of the brain. The brain may then try to compensate for this incompleteness with an excessive desire for intercourse (and/or masturbatory) stimulation. *In this way, the brain attempts to use quantity as a substitute for the quality that it isn't receiving due to the foreskin's absence*. If a man desires intercourse too frequently, it can put a strain on a relationship if the woman does not have the same level of interest, resulting in a certain degree of sexual incompatibility.

An incident from one of Woody Allen's movies comes to mind. Woody is chatting with his psychiatrist and tells him that he and his girlfriend hardly ever have sex, "about two or three times a week." Meanwhile, his girlfriend is at a different psychiatrist telling him that Woody wants sex all the time, "about two or three times a week."

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If I were you, I'd be in a real hurry to get started on the road to your restoration. "Right away," you say. Good for you! Now you're talking. Soon you'll be hearing those bells and whistles ring.