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Commentary

Biology and Chemistry of Human Sexuality

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ABSTRACT

Freud's dual theory of female orgasm Clitoris infantile source of sexual activity – Mature girl must cede its functional role of orgasm to vagina women who fail in this respect are neurotic and subhuman masters and Johnson dismiss the theory of vaginal orgasm four stages in a women's coital activity leading to orgasm first excitement phase which needs 3-4 minutes just to turn on a woman Second plateau stage needs uninterrupted, rhythmic stimulation but the male partner fails to sustain this If he succeeds, the female progresses to the third orgasmic phase all her genital organs get filled with blood at a certain point in this vasocongestive build up, a reflex sets in causing genital muscles to contract rhythmically these contractions are experienced as orgasm by a female last resolution phase from which a man cannot be initiated to another arousal and ejaculation after a considerable lapse of time. No female is satisfied with one orgasm. Her capacity for 5-6 sequential orgasm if stimulation continues her capacity for multiple orgasm conflictual nature of sexual expression in humans.

Keywords: Monogamy; Vasocongestive

INTRODUCTION

Breast's major role as a female experiences orgasm with the stimulation solely of this area zones. Nipples and areola prominent zones marked distension of areola during excitation phase unsucked breasts expand in greater volumes than suckled breasts pink rashes appear on the anterior, lateral and interior surface of the breast during plateau phase. These phenomena called sex flush spread to anterior and lateral surface of the thighs, buttocks and the entire back during orgasmic phase. Severity of flux reaction is an indication of sexual expression experienced by a woman, The organ retains its colour and shape after orgasm except nipples which assume a false erection unlike the male who empties vasocongestion in genital area with ejaculation the female retains the tension build up in all her genital area, so too the breast unsucked breasts retain the breast volume for (5-10) minutes after orgasm while superficial venous pattern continue to persist for longer period. This is a response pattern of the female genitalia in general as the residual vasocongestion is translated into a continuation of sexual stimulation as in multiple orgasms [1-5].

MATERIALS AND METHODS

Mons pubis

Most sensitive area after clitoris and perineum soft stroking round and round evokes tumescence of clitorides direct manipulation of shaft and glans cause severe erotic focusing, the violence of which women hates direct stimulation of clitoral glans without mons involvement cause late tumescence mons induced orgasm more mature and satiating shaft stimulation for long duration causes pain after clitorodectomy women concentrate on the post-surgical stump, but the main focus is on mons area during intercourse or masturbation.

Mytonia or muscular spasms

Men have much superior muscular development but in sex linked muscular spasm women have superior anatomic and physiologic advantage in supine position during first phase women lay stretched with arms and legs flat, a fertile area for myotonic current to pass during plateau phase she is swept through from forehead to toe she frowns, scrawls or grimaces as facial muscles contract mouth opens up in gasping reaction jaws are crouched restricting inhalation abdominal muscles voluntarily contract to facilitate partner thrusting she reach for partner's shoulders or upper areas, involuntarily clutching or grasping reaction become manifest during orgasmic phase Buttock muscles contract conspicuously to elevate sexual tension during climax so too constriction and tightening of thighs but these reactions becomes involuntary with orgasmic tension release great prespiratory response, she is awash with sweat in back shoulders, thighs and anterior chest men have much less sensual focus, penis monopolises sensuality for men very low levels of excitations are felt in scrotum and rectal area, but the prostate, seminal vesicles or vas deferens have little or no sensual focus [5-10].

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DISCUSSIONS

Physiognomic features of female such as contortion of facial muscles, muscular spasms of legs, arms buttocks and thigh muscles-physiologic response starts with contractions in lower third of the vagina intermittent contractions between 0.8 seconds for the first (3-6) episodes during the first orgasmic stage a woman senses a feeling of suspension and stoppage followed immediately by an isolated thrust of intense sensual awareness clitorally oriented but radiating to the entire pelvis and loss of sensory acuity.

During the second stage a woman feels suffusion and warmth in pelvic area first, then permeating to the entire body Last stage features are involuntary contractions in the vagina or lower pelvis– Initial contractions are vaginally felt subsequently merging with throbbing sensation which spreads to the entire body first three contractions of female orgasmic expressions are very weak and not at all enthralling because of the spurious layout of female genitalia it is liable to be disastrously affected at any point in coitus the clitoris 'erects' or retracts and retrieve between the pubic symphysis and its original pudendal overhang positioning recurringly leaving little possibility of penile. Clitoral contact But Masters suggest that secondary stimulation can be effected which they call mechanical traction theory. Accordingly it is pointed out that the front portion of the labial folds is connected to the skin over the penile clitoral tubercle in the embryonic stage. This skin becomes the prepuce in the female as the embryo differentiates into male and female. The labia minora during plateau phase double its size and together with vasocongested lower third of the vagina and vestibular bulbs forms the orgasmic platform. Now the thrusting pressure exerted on the labia vagina mechanism push clitoral prepuce down when the penile movement becomes fast and synchronized consequently the clitoral prepuce move over the vasocongested, distended glans and shaft causing enough tactile fiction to affect orgasm just like penile functioning in ejaculation.

CONCLUSION

The human sexes are increasingly inventing the genital incompatibility and sexual incongruity among them. Inordinate potentialities of the sexes have been recognized. Therapists and counsellors are proposing remedies which are outside the domains and grasp of biology as we have evolved at present. Discussing the anatomical placement of the clitoris on the anterior boarder of the pubic symphysis Masters made a casual remark. A low implantation has been presumed to improve the sexuality of the individual female due to the possibility of increased direct contact between the penis and clitoral glans. What they implied was a mistake in our evolution.

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