

## Chapter Nine The Physiology of the Breasts and Perineum

In order to understand the teachings about the ancient method of controlling your inner hormones, it is necessary to understand the physiological interactions of your breasts and perineum. This is not a simple task since we are all taught from childhood that our center of feeling and action is in the beating heart. There is almost no scientific support for such a statement and perhaps it persists because science has not yet opposed the popular “poetic” view.

It should be noted that science has no tools to directly measure ‘feelings’ since they are by nature metaphysical. Because of this, science is actually reverting back to the ancient anthropomorphic type descriptions which got the old science labeled as pantheistic superstition.

It is significant that both breasts<sup>1</sup> and the perineum<sup>2</sup> are now described as tending to atrophy because of non-usage. The muscles of the perineum have been of such a low concern that the names of the muscles are not agreed upon and the logic for their original names lost. One large barrier to the ancient wisdom is the sexist view of breasts. Both men and women have breasts and nipples, the difference in sizes are primarily due to hormonal or physical stimulation of the basic structures.

Rather than attempt to counter present popular beliefs and concepts, it seems much easier to start with recent scientific discoveries and use them to support the ancient science even though this route may seem quite indirect. I will at least try to make it interesting.

Let me introduce the modern work with an well researched paper with the horrific title of *Modulation of Neuroimmune Parameters During The Eustress<sup>3</sup> of Humor-Associate Mirthful Laughter* by Lee Berk and associates. This can be interpreted as stating that a ‘good’ stress obtained with laughter can alter the basic hormones of the body which will be seen to be in direct support for ancient science and this book. The authors’ equate their findings with *Proverbs 17:22*, “A merry heart doeth good like medicine, but a broken spirit drieth the bone.” They end by stating that, “...perhaps medical science is beginning to catch up to intuition.”

One very important point of their paper is how the body can break free of the conscious brain’s control of the release of hormones. During stress (both good and bad) the body’s sensors and brain activate an inner control called the hypothalamus-pituitary-adrenal axis in which hormones generated in the head activate the release of steroid hormones from the lower abdominal adrenal glands. However, once started there is the possibility that the hormones produced from the adrenal glands can cause even further production of the steroids without the necessity of the upper control hormones. This ability of some receptor sites of hormones to start the generation and release of the same hormones once they are turned on is an important function of the body. This is one method to switch the control of the body’s

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<sup>1</sup> See *Gray’s Anatomy*, p. 1038.

<sup>2</sup> Resnick, et al. on Kegel in *JAMA*, July 16, 2003

<sup>3</sup> Greek, *eus*: “good or positive” (eustress: “productive stress”)

reaction from the central nervous system to the autonomic control system<sup>4</sup>. If unchecked, this shift in control results in the continuing unhealthy hypertension or stress syndrome encountered by many modern individuals as the adrenals continue to secrete steroid hormones.

Berk et al. carefully measured the hormones being produced in the body before, during and after laughter and described how laughter could return the body and mind to an original balanced state called homeostasis. They support the ancient method of using the mind to control hormones with their observation that anticipation of laughter could produce the same results as laughter.

Earlier research into crying by Frey<sup>5</sup> demonstrated that the power of crying could produce eustress or could also counter stress and produce homeostasis. This balanced hormone state was obtained in large part by the ability of the body to remove excess stress hormones through tears. Unfortunately, Frey's work gained even less attention and support than did Berk's, no doubt because crying is less acceptable in our modern society than is intensive laughter. There likewise is no profit potential associated with instructing individuals to cry or laugh.

The ability of the body to purify itself with tears can explain the Indian inner allegorical god *Indra* who used his clouds to produce purifying rain. *Indra* in many ways is the early description of the powers of the hormone histamine. Histamine is well known today as the being the cause of runny noses, and watery eyes which are equated with fighting pathogens or airborne irritants. It does this by increasing the permeability of blood vessels which leads to the swelling of tissues.

There has been a large amount of related work concerning obtaining homeostasis with the prolactin hormone, which is now considered to be a multifunctional hormone rather than just a hormone which stimulates milk production. Prolactin, like laughter and crying, promotes the return of the body to homeostasis by its ability to change other hormones of the body to produce a balance. Prolactin is a very interesting hormone and is known to be dependent upon a number of external forces such as light, sound, odors, sexual stimulation and other hormones such as oxytocin. To this list I will add physical stimulation of the breasts which produces oxytocin.

At the time of the postpartum for a mother and fetus, nipple stimulation is well known to result in the rapid allostasis<sup>6</sup> of the body or its return to homeostasis. The stimulation initiates the repositioning of all of the muscles and nerves used during pregnancy and delivery. That nipple stimulation releases hormones is evidenced by the ability of muscles to be moved which cannot normally be intentionally moved. This connection between the lower muscles and the nipples is also noted when nipple stimulation can speed up the lower muscle activity to speed up delivery of the fetus.

The link between the deliberate stimulation of the nipples and the activation of normally quiescent perineal and lower abdominal muscles during child delivery strongly suggests that the nipples are the cause for the tightening and contraction of the perineum on stepping into a cold shower or the sudden turmoil in the guts and the holding of the breath when facing danger. This suggestion becomes more than a suggestion when it is remembered that the nipples are active outside of nursing. The nipples are known to harden and swell when they get cold, and, furthermore, we are often aware that our nipples seem to swell and harden in response to our thoughts which are no doubt a main reason why women choose to keep their nipples covered and their lips painted (to hide a similar emotional swelling).

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<sup>4</sup> See Chapter 3.

<sup>5</sup> Frey's *Crying*

<sup>6</sup> Greek: *allo*, "alternate" + *stasis*, "state"

(Men, of course, have a similar problem, but manage to hide their swellings with clothing and with grimacing or clenching the jaw.)

Strong emotions are generally first physically experienced with three different strong reactions of the breath. It can be as if you are hit in the chest which forces out a strong exhalation, a strong inhalation as you suddenly have to suck in air, or as if the chest locks up and you find great effort to breathe. In order to explain these changes in breathing and the following quite varied emotional reactions, it is necessary to review the perineum.

The chief muscles of the perineum are shown in the Illustration on page seventy-nine. Of special interest is the central connection of the longitudinal *bulbospongiosus* muscle<sup>7</sup> (B) and transverse muscles (D) which also connect to the underlying *pubococcygeus* muscle (E), a lower subdivision of the *levator ani* muscle which supports the whole abdominal cavity. The *bulbospongiosus* muscle can be constricted to stop the flow of urine and is felt while tightening the anal sphincter. This tensioning is normally done without disturbing the *levator ani* or the lower abdomen.

The *bulbospongiosus* muscle is, however, capable of stimulating the autonomic system which can then override the conscious control by the brain which is, no doubt, why the perineum was labeled as the central control for the body (*peri*: central, *neuma*: control) necessary to protect the body. One of the first controls associated with the stimulated *bulbospongiosus* muscle is the ability to activate the *levator ani* which is normally incapable of being consciously moved.

Both the *levator ani* and the *bulbospongiosus* muscle respond to the nipples and breasts as evidenced by the strong activity of the *levator ani* during the rise of intense emotions when deep gut churning and even vomiting can occur. Further, the *bulbospongiosus* muscle is able to swell in various sections of its length to change its stimulation of the autonomic system.

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<sup>7</sup> The *bulbospongiosus* is also called: *accelerator urinae*, *ejaculator seminis*, and the *bulbocavernosus*. In the past it was also called the *pubococcygeus* muscle.

