



Whole Woman Inc.

A Revolution in Women's Health

Why Kegels Don't Work

by Christine Kent, RN

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The concept that prolapse and incontinence can be improved by doing ‘reps’ of pelvic floor contractions is an anatomical misconception.

Arnold Kegel, a gynecologist practicing in the middle of the 20th century, was the first to place women on their backs and instruct them to contract their pubococcygeus muscles around his fingers.

Kegel also developed the perineometer to measure the strength of pelvic floor contractions.

Today there is a virtual army of physical therapists who specialize in women’s pelvic floor ‘strength training’. The basis of this therapy is placing women on their backs and inserting fingers into their vagina to measure pubococcygeus muscle strength, a measurement often quantified by a modern version of Kegel’s perineometer.



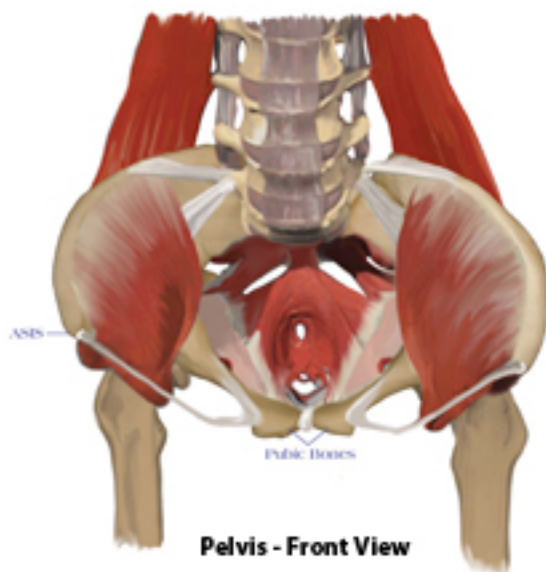
Many PTs have added “core strengthening” exercises to their regimen, all of which have been borrowed from yoga and Pilates. These exercise systems compliment each other, because contracting the abdominal



muscles leads to a coinciding contraction of the pelvic floor. Women on their backs pulling navel to spine while maximizing pelvic floor contractions constitute the basis of most

physical therapy programs. This exercise pulls the bladder toward the front vaginal wall and the rectum toward the back vaginal wall, literally pulling these organs in the direction of prolapse. Many women have reported increased prolapse symptoms after engaging in prolonged Kegel exercise.

One would think that the massive population of women who are onto their third or fourth or fifth surgery for prolapse might get a little edgy when told by their doctor or PT to “Just do your Kegels” to avoid further problems. Sadly, they don't get angry, but ever more resigned to the fact that they must be defective and pelvic floor dysfunction hard-wired into their genes. If Kegels worked to prevent or reverse even a small percentage of prolapse we would know about it after all these decades of women Kegeling themselves silly. The reality is they don't work at all.



The reason Kegels are useless is because the concept of strengthening a “hole” at the bottom of a “floor” is anatomically inaccurate. There is no hole and there is no floor. There is only a flattened tube at the back of the body that is slowly turned inside out over time because of postural and lifestyle factors that compromise

natural pelvic organ support.

“Kegeling” pulls the tailbone under and disrupts the natural pelvic organ support and urinary continence systems. “Kegel” is a concept that was based on an erroneous model of female anatomy, which viewed the pelvis as a “bowl” with a “floor” that must be “strengthened”. Not only is the entire anatomical concept wrong, but what has flowed from such profound error in judgment has cost women immeasurably in terms of time, expense, and suffering.

Each time we breathe in, the muscular diaphragm underneath our lungs pushes all our abdominal and pelvic organs down and forward. This means that the bladder and uterus are pushed into the rounded lower belly where they are pinned into position by the forces of intraabdominal pressure. The bladder, uterus, and sigmoid colon, which is contiguous with the rectum, are positioned right behind the lower abdominal wall and away from the pelvic outlet at the back of the body. In this way they are protected from the forces of internal pressure.



Pregnant belly supported by the pubic bones

The only role the thin, sinewy pelvic diaphragm muscles plays in keeping the organs well-positioned is by stabilizing intraabdominal pressure. The pelvic “floor” functions like a trampoline or drum skin to rebound pressure. Therefore, tautness of the muscles is a much more appropriate concept than “strength”.

That tautness is obtained by stretching the pelvic diaphragm to its greatest dimensions, which is accomplished when the body is held in natural, upright, weight-bearing posture - whether seated or standing. If the abdominal wall is not constantly pulled in, the breath can work to push the organs forward and into the hollow of the lower belly where they are safely positioned by the forces of intraabdominal pressure. When the pelvic diaphragm is elongated in this way, the urinary continence system is also supported. Sitting or standing with the lumbar curve fully in place squeezes the tiny musculature surrounding the urethra so strongly that it is difficult to tighten that area further. After every urination and bowel movement the muscles of the pelvic diaphragm contract strongly. With every orgasm these muscles contract strongly. Working and living in natural female posture supplies the urinary tract with enough muscular activity that the concept of “Kegeling” is made obsolete.

Nerve disruption due to stretching of the pelvic diaphragm is very common after vaginal delivery. This phenomenon, widely studied by gynecology, almost always completely resolves within a few months postpartum. Sitting, standing and moving in natural posture assists nerve regeneration while also preventing pelvic organ prolapse, currently at epidemic levels in the postpartum population.

A commonly held misconception of female anatomy has given rise to an entire industry of vaginal weights and exercisers, which women continue to buy because they do not understand the true anatomy of natural female pelvic organ support. The pelvic organ support system is a postural

system - they are one and the same. A realignment of posture returns women to natural pelvic organ support and helps them avoid dangerous and debilitating surgery.

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About Christine Kent



After suffering a profound uterine prolapse resulting from a bladder suspension surgery, Christine refused the recommended hysterectomy and struggled with her prolapse for almost ten years. Reaching a crossroads in her life, she vowed to find a solution to the problem. After two years of full time research in the University of New Mexico medical school library, drawing from books and scientific papers in gynecology, orthopedics, physical anthropology, and 19th century medical texts, and experimenting with her own condition, she had put the puzzle pieces together.

Christine published her book, *Saving the Whole Woman, Natural alternatives to surgery for pelvic organ prolapse and urinary incontinence* in 2003, which has sold tens of thousands of copies around the world. She launched her website the same year and began teaching women what she had learned on her forum. Within weeks, women began writing back that they were seeing dramatic improvement in their symptoms.

She did a major revision of the book in 2007, produced her first video, *First Aid for Prolapse* in 2005. It was completely redone in 2009 in DVD format and she has subsequently produced *First Aid for Prolapse for Elders*, and a series of *Whole Woman Yoga*® DVDs.

Christine holds Bachelor of Science degrees in both Anthropology from Northern Arizona University and in Nursing from the University of New Mexico. She lives and runs Whole Woman Inc and the Whole Woman Center in Albuquerque, NM USA and has four children and five grandchildren.

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