

The Natural Penis and Restoration

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This guide is a brief introduction to foreskin restoration for circumcised men. It is not comprehensive, nor is it necessarily even consistent with official medical opinion or popular literature (a great many urologists haven't even heard of restoration; we can't wait for them to catch up to us). It is also not a complete rebuttal of all the ridiculous reasons that have been put forth to justify circumcision. Suffice it to say the author believes there are absolutely no valid reasons to circumcise a minor.

I'm not a doctor and this is not medical advice. If you encounter anything strange or uncomfortable while using any restoration technique do see a doctor, and let me know, too, if you would. Additional non-authoritative information is freely available on the world wide web. Just go to a good search engine like Google.com and type in the term or product of interest. Also check out:

- www.NORM.org - the national organization of restoring men
- <http://www.groups.yahoo.com/foreskinrestoration3> - the largest online support forum
- www.circumstitions.com - for a complete rebuttal to any pro-circumcision argument
- <http://www.groups.yahoo.com/RestoringMensVoices> - basically a collection of essays by me
- <http://TLCTugger.com> - my products home page; don't miss the Resources section.

1. The Natural Penis

The penis is a wonder of nature - a pleasure receptor so perfect it has no doubt inspired many of the myths of man due to its seeming intelligent design. It is at times remarkably sensitive and protuberant, and at others durable and discreet.

- a) Glans - The head of the penis is normally shiny and supple. It is the highly innervated and sensitive homologue to the female clitoris. The glans is really an internal organ except during sexual arousal, when it emerges from the prepuce. The surface of the glans is not skin, but mucous membrane, like the inside of the lips. In circumcised men, the mucous membrane becomes keratinized; which is to say dried, thickened, and insensitive - in a word, calloused.

The ridge where the glans blends with the shaft of the penis is called the corona. Even in circumcised men, the corona is very sensitive, if not ticklish, during arousal.

- b) Frenulum - The frenulum is a very elastic connective tissue joining the ventral (under) side of the glans to the skin tube. During arousal the frenulum is so sensitive that persistent light flicking of only this area is sufficient to bring most men to orgasm. After arousal subsides, the frenulum pulls the prepuce skin back into place over the glans, protecting the glans from the drying effects of air and whatever the penis might come into contact with (clothing, bedding).
- c) Inner Skin - Just below the corona is a region known as the inner skin or pink skin. Like the glans, this area only sees daylight during arousal, and is protected by the skin tube at other times. In the circumcised penis, more than half of the pink skin is typically removed.

The pink skin has sebaceous glands which exude natural emollients. These fight bacteria and keep the skin soft and sensitive. When combined with dead skin cells, the emollients make up a natural compound known as smegma. Smegma can be rinsed away with clear water (not soap - avoid dissolving the protective emollients) if desired. It has a musky aroma, not dissimilar to that associated with female genitalia. If any type of cleanser is to be used it should be a non-soap liquid like Cetaphil.

- d) Skin Tube - The main shaft of the penis is covered by a folded tube of skin. This area is less sensitive than the pink skin. In a circumcised man, the base of the shaft area includes hair-bearing skin that would have otherwise been on the scrotum or pubic mound. Hairiness migrates up the shaft due to a lifetime of tension from erections.

Intact men have no coarse hairs on the penis shaft. Female partners report that sex with intact men is less irritating to the vaginal walls for at least three reasons:

- i) The man is more sensitive and therefore less prone to "slamming away all night"
- ii) The lack of hair eliminates abrasion and dragged in irritants
- iii) The ample skin acts as a dam, keeping her lubricants from being dragged out.

The skin tube is the only "moving part" of the penis, and many woman who have experienced both circumcised and

intact partners report that without the skin tube to play with, the penis is less interesting.

- e) Prepuce - The prepuce is the portion of inner and outer skin that covers the glans. Also known as the foreskin, this (along with most of the frenulum typically) is what is removed in circumcision. The leading edge of the prepuce where it folds back contains specialized nerve receptors, sometimes called J-cells, that respond to being straightened. They are unlike any other cells on the human body, and the circumcised will never know what pleasures they might have provided. At the tip, the natural prepuce is puckered closed, and many restorers have special techniques they hope will reproduce this effect.
- f) Erectile Tissue - Within the shaft of the penis are three chambers of erectile tissue that engorge with blood during arousal. These are rooted deep within the body, so that the true length of the penis is a few inches more than what is seen externally. One option not generally recommended for the circumcised is a surgical penis lengthening performed by severing some ligaments so that the full effective length of the erectile chambers is useful in intercourse. An intact man has more than enough skin to fully benefit from this procedure (which has drawbacks, risks, and side-effects, make no mistake) in the event that the adult size of the penis is judged inadequate. In this sense, infant circumcision is pre-emptive involuntary penile reduction.
- g) Urethra - The urethra is the duct that carries urine and semen from the body. It runs just under the frenulum, and this area - about an inch down from the glans - is (in not everyone's opinion) the male homologue to the G-Spot. Just as in the female G-spot, the urinary ductwork is present, and just as in the female it responds to a deep kneading stimulation, but only at a moment of very thorough arousal.

These facts imply that a male G-Spot (if one exists) may not be associated with the prostate gland as is widely held. One might say that the female homologue to the prostate has yet to be discovered.

2. Traditional Reasons for Circumcision

Many circumcisions are performed on boys from infancy through adolescence in conformance to religious rituals. Serious complications and deaths occur no matter at which age the procedure is performed. Many American Christians choose for some reason to ignore the new testament admonitions not to circumcise, which outnumber the old testament mentions of a covenant by three to one (see the TLCTugger.com FAQ).

Many boys are circumcised to be like their parents, siblings, or peers. This is as ridiculous as amputating healthy limbs to make a boy similar to a playmate who may have been in an accident.

Some will say there are aesthetic reasons to cut. If so, only the adult owner of the penis has the right to decide which beauty he wishes to behold. Some claim hygiene is so difficult with a prepuce, that it's better to cut it off. This couldn't be more ridiculous. The male genitals are no more complicated to care for than the female genitals.

Some men will testify that they were cut by choice as adults to gain sensitivity - they didn't like having the glans buried under all that skin. They may indeed boast increased sensitivity. Such seemingly credible sources are not to be trusted until they have endured dozens of years of drying and abrasion to the glans. Then will they still be so sensitive? In fact, most men circumcised as adults openly regret it, and the other rest are probably in remorse and denial.

Many will cite disease as a reason to cut. Urinary tract infections (UTI), cancer of the penis, cervical cancer, and even AIDS are said to be thwarted by circumcision. In fact, all these do occur in the circumcised. UTI occur far more often in girls than in any group of boys, and UTI are treatable without amputation.

The link to cervical cancer has been completely debunked by credible researchers (and even if it hadn't, up to 10% of infants will grow up gay - are they to be cut to protect female partners they will never have?). A vaccine is currently being developed for HPV, the virus that causes cervical cancer. Some infant will be cut today to questionably prevent a disease of tomorrow that will have been eradicated by other means in the meantime. The American Cancer Society lists 10 risk factors for cervical cancer, like smoking and promiscuity. Intact partners is not even on the list.

The AIDS argument is completely silly. The US has a high rate of circumcision AND high mortality from AIDS. Condoms prevent HIV transmission, circumcision does not.

3. Valid Reasons for Circumcision

There are none. Over three-fourths of the world's men are intact, and they have no special health problems, hygiene difficulties, or lack of willing sexual playmates. National medical agencies around the world roundly reject circumcision as a routine procedure for infants.

There are a few very rare medical conditions for which a circumcision may provide some relief, but alternative non-surgical therapies are more effective. Fortunately, infant circumcision rates in the U.S. are dropping. While over 85% of American men aged 30 – 70 are circumcised, the rate for infants is now close to 50%.

See www.circumstitions.com for leads on additional information.

4. Restoration

Among the objectives of restoration are:

- a) Allow the glans to be supple and sensitive by keeping it covered with natural skin
- b) Allow for the natural gliding skin action in intimacy that occurs when sufficient skin is present
- c) Reclaim a natural appearance

Restoration will unfortunately never replace the most sensitive frenulum or J-receptors of the prepuce.

Restoration is accomplished by gently but persistently tugging on the penile shaft skin. The tension induces the skin cells to preferentially divide along the direction of the applied force. Restoration causes NEW skin to grow, it does not just stretch existing skin thinner. Nervous and vascular structures also grow in response to the tension. Some say the brain must also do some growing, as it learns to respond to the new and more numerous sensations that restoration brings.

The idea of tissue expansion is not very mysterious. It is widely used in reconstructive surgery today to grow skin (usually on the thigh or abdomen) that will be harvested for grafts. There is also an FDA-approved breast enlargement system called Brava which is based on tissue expansion. A gain of one cup size per ten weeks of vacuum-applied tension (at ten hours per day) has been routinely documented. Extreme cases - for example where one of a woman's breasts completely failed to develop at puberty - have shown quite remarkable results. Tribal cultures around the world have long been known to weight down or otherwise prod earlobes, cheeks, and other tissues to grow to incredible proportions.

Medical science has thus far failed to provide us tuggers with valid information about the optimal tugging tension or hours-per-day under tension. Many tuggers say you must tug every available minute, 24/7 for 1 to 3 years to get results. Others swear the body needs hours every day to recoup and figure out where to grow. The blood flow to the expanding skin may be restricted during tugging, and some tuggers feel that the actual growth happens only while not tugging (but only in response to a prior multi-hour session of tugging).

My personal regimen is to tug EVERY night while sleeping, with few exceptions. On those exceptional non-tugging occasions I wear my Your-Skin Cone retainer to bed. If my wife reaches over to start something and finds my tugger or cone, she just takes it off me. I tug during the day as well - around the house, while mowing the lawn, sledding with the kids, etc. Few things stop me, but whenever I'm not under tension, I'm wearing my cone.

My family is used to seeing me with a strap over my shoulder or around my knee. When wearing shorts (like while jogging), I use an elastic knee/thigh brace to conceal the straps. To tug under long pants, choose "relaxed" or "loose fit" Dockers, which are available on Ebay for under \$10 shipped. (I'm slender; I don't know if heavier guys could tug discretely under trousers).

It's working. At age 40 I had a check-up with a new doctor. I had been tugging for 22 months; but the doctor couldn't tell that I wasn't intact. More importantly, intimacy feels better than I could have ever dreamed a couple years ago, and my wife says it's better for her as well.

Tape Methods:

The most widely used means of applying tension to the penile shaft skin is with tape and elastic straps (fashioned from suspenders). The perfect tape for this is made by ReJuviness. They engineered the tape for use by people treating scars with silicone sheeting. ReJuviness tape comes in 2" wide rolls with split backing.

The CANISTER METHOD (also known as the Pill Tube method) involves preparing a plastic tube (sold as packaging for 35mm photo film) to house the glans, accept tape, and take tension straps or weights. This is the best tape method for several reasons.

- a) The canister is a consistent round shape with smooth edges where the shaft skin bears.
- b) The canister allows for solid fastening of straps or weights, with quick disconnect.
- c) The canister allows the glans to be bathed in Eucerin lotion during use, adding to the regained suppleness.
- d) This method eliminates the need to find the Point of Equilibrium (POE) or to have a partial erection while applying the device.
- e) It allows for "packing," the use of spacer materials to push down on the glans, thus tensioning the inner skin (author's note: I never do this, I feel if tension can make skin grow, then compression could have undesired effects on the glans).

The main drawback of the canister is the tape adhesive. Removing the tape daily at the end of a shower is the best regimen, but it's not easy. The other drawback is the shear girth of the canister. It is the perfect size to accommodate the average glans, but the skin tube to be grown will be no smaller than the canister, which is too wide for many tuggers' tastes. Still, for beginners with little slack, it is definitely the best route for the first 6 to 12 months. I have an illustrated guide to using the canister in the downloads section of <http://TLCTugger.com>.

Because not everyone is aware of the canister method, the most popular method is still T-TAPING. T-Tapes are widely written about on the web. The T in the name comes from the cross-sectional shape formed by folding of the tape strips. ReJuviness tape is ideal for making T-Tapes because the wax-paper backing is split into two 1" wide strips. Cut 2 six-inch lengths of the tape. Remove only 1 of the backing strips from each. Stick the exposed adhesive surfaces together. Now if you pull the parts that still have backing away from each other you see the T shape. Fold the stuck-together base of the T up and apply this tape around the penis, centered at the point of equilibrium. (The point of equilibrium is determined by rolling the skin as far as possible up over the glans and noting the spot where the skin tube folds back under.) Then when the T base of the tape is pulled on, it tugs on the inner and outer skin roughly equally.

The tricky part with T-Tapes is attaching the tension device and detaching for urination. T-Tapes also don't facilitate constant lotion on the glans. They share the canister's difficulties with daily removal of adhesive and re-application. Like all tape methods, they make spontaneous sex quite a problem.

People have invented and fashioned complicated fixtures for tape methods, including specially shaped weights, but none is clearly better than the canister.

Tapeless Methods

The oldest tapeless method (mentioned in scripture) is simple MANUAL TUGGING on the penile shaft skin. The drawback is the limited time each day that most folks have available to indulge in this behavior. The main selling point is for tuggers who are nearly at the end of their restoration. They use manual tugging to induce growth just in the specific areas where they feel more skin is needed. They can presumably apply longitudinal force without encouraging additional girth.

A very popular tapeless method involves pulling shaft skin up over the glans, bunching it up, and fitting a rubber O-RING over it to hold it in place. This method doesn't apply a whole lot of tension, and it may not work for most beginners, but it's cheap and easy. It does keep the glans covered; it just doesn't cause a lot of new skin to grow. It presents the drawback of trying to find just the right size ring for the progress of the user, or his current state of turgidity. Many O-Ring users put several on at a time. My simple Your-Skin RESTORATION CONE by itself makes O-rings obsolete, and has the advantage of being all sizes to all people, all at the same time.

With the TAPELESS CONICAL TLC TUGGER – available at TLCTugger.com - the user centers the glans in a cup-shaped indentation, pulls the shaft skin up over the device, and keeps it in place with the silicone rubber cone. Tension is applied by

pulling on the handle of the device with straps or weights. The skin looks like it is pinched between the inner and outer cones, but it's really not. It is held in place by friction with the outer cone. The tugging force needed to cause the device to come loose easily exceeds that for tape. Also with tape, one wouldn't want to pull hard enough to risk coming untapped, because the remedy is a re-taping, which must be preceded by a thorough washing - not something most folks have time for during a potty break at work.

[Note that I mention high tugging force only with regard to momentary states, like bending to tie a shoe, or rolling over in bed. Persistent gentle tugging is recommended. Pain is never to be tolerated. The tapeless methods all share the advantage that if something doesn't feel right, the device can be quickly removed and re-applied without a fuss.]

The Tug-A-Hoy, invented by James A. Haughey, is a popular and effective tool. The user centers the glans in a cup-shaped indentation, pulls the shaft skin up over the device, and keeps it in place with another rubber cup. Tension is applied by pulling on a shaft which is part of the first cup. The skin looks like it is pinched between the two rounded shells, but it's really not. It is held in place by friction with the outer shell. The tugging force needed to cause the device to come loose may or may not be as great as with tape, but since it's so quick and easy to re-apply, the actual tension one can use is definitely greater.

The RECAP-EZ is - as of this writing - again being offered by inventor Arthur Gibson. It works like the Tug-A-Hoy, except that instead of just pulling the shaft skin AWAY from the body, it uses a sort of splint with a ring to push the base of the penis toward the body. This offers the HUGE advantage of discouraging the scrotal skin from migrating up the shaft. It focuses the tension on only the skin which needs to expand. The dis-advantage is that the splint is too bulky for most folks to wear under pants. Regarding migration; any slack skin you grow will only DECREASE the amount of hair bearing skin pulled on to your shaft during arousal. Either way, I recommend plucking any shaft hair that would be in the region of the shaft that penetrates during intercourse.

The final tapeless method I will discuss is my Your-Skin RESTORATION CONE. The cone by itself is useful for retaining the shaft skin if it is pulled up to cover the glans, allowing the glans and pink skin to achieve and stay at maximum sensitivity with a very low commitment from the user. Its cone shape inherently adapts to any size or state of the glans. It stays on (assuming the skin is clean and dry) under briefs, and throughout most nights of sleep, including nocturnal erections. It is useful for folks who are just starting to consider restoration, for restorers to wear during their non-tugging hours, and for post-restoration subjects who want to help their skin "learn" to pucker tightly around the glans. It can be used with small appropriately shaped inserts to give extra tension for those with plenty of slack skin. It is also part of the Tapeless Conical TLC Tugger system.

Do check out the resources at the top of this document. Stay in touch and let me know if you can't find the answer to any restoration question.

Best Wishes,
-Ron Low

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<http://TLCTugger.com>