

Sawbones 513: Kegels

Published October 1st, 2024

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[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*, a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Sydnee, what a pleasure it is to be here with you today.

Sydnee: Justin, before we get started on this week's episode, I have like a brief follow up on last week's episode.

Justin: Okay.

Sydnee: So, our list—

Justin: That was, again, an episode about...

Sydnee & Justin: [simultaneously] Exploding teeth.

Justin: Yes.

Sydnee: Which as we said on the episode, as far as science knew. [chuckles] Or at least published, searchable science on the internet, that kind of stopped happening in the like '20s.

Justin: Right.

Sydnee: Except for this one kind of random thing in the '60s.

Justin: It was a ye olden days kinda thing.

Sydnee: But like this doesn't really happen anymore. Well, well, science has been updated, because—

Justin: [wheezes] Sydnee McElroy's updating science.

Sydnee: Well, me—

Justin: So the *Sawbones*—

Sydnee: — by virtue of our listeners.

Justin: Yeah.

Sydnee: I can't even list all of the listeners, and you didn't all say specifically if I should or not, so I'm not gonna name all of you, but you know who you are. All of the emails I have received about people's teeth exploding.

Justin: You've gotta do this study, Sydnee.

Sydnee: I feel like we have found something that science has lost, and we can... we can share it with the world.

Justin: Yeah.

Sydnee: So here's what I'm— First of all, let me just say in brief, other people since the 1920s have had their teeth explode in their mouth very similarly. Toothache, hurts, hurts, hurts, hurts, hurts, pop. Tooth explodes. Several people described to me the way tooth shards feel in their mouth.

Justin: Yeah.

Sydnee: Unpleasant.

Justin: It always happened at the same time, which I thought was bizarre. Did you notice that? They all included a time, and it was all the exact same time.

Sydnee: It— All the exact same time.

Justin: Yeah, it all— All of `em happened at the exact same time.

Sydnee: That's not true, that would be really wild if it was.

Justin: It was— They— Everyone was at 2:30.

Sydnee: No, I don't— Ahhh.

Justin: Every one, every single one.

Sydnee: I can—

Justin: And it's like a bizarre coincidence.

Sydnee: I can't with you.

Justin: [wheezes] [laughs]

Sydnee: You're incorrigible. So, other— So yes, people have had their teeth explode. And then there have— Okay, also, the one that happened in the `60s, where the lady wrote in saying, "I put my kid's teeth on the mantle and then they exploded after they had come out of my kids' mouths."

Justin: Right.

Sydnee: This has happened to other people. That was the one that I was like, "Well then that didn't—" Uh, it did!

Justin: [chuckles]

Sydnee: Because at least— Unless you are all messing with me, listeners, I had several emails, not as many as people who said their own tooth exploded in their mouth. But there were several emails from people saying that their children or friend's children, children that they knew, lost teeth.

Justin: Mm-hmm.

Sydnee: And they exploded after coming out of their mouths, whether they're on a table or counter or whatever.

Justin: That was actually well-meaning people hitting them with a hammer.

Sydnee: [chuckles]

Justin: To give you permission to throw them away. They were like, "This is too weird that they're keeping them. I'm gonna smash them up with a hammer when they're not looking."

Sydnee: Some people said they just found them split open the next day, other people heard the pop.

Justin: Wild.

Sydnee: And went and found the tooth.

Justin: Wild.

Sydnee: Split.

Justin: Absolutely wild.

Sydnee: So anyway. The mystery lives on. All I am asking you—

Justin: Wait, well yeah, what were you asking people to do?

Sydnee: Yeah, I wanna— I— Man, I'm not a research— I'm a researcher in that I read about things. I'm not a researcher in that I typically don't try to like do studies and publish research, so I'm not promising you that anything actually—

Justin: You need another— You need someone else to do the actual work.

Sydnee: No, I'm not asking that.

Justin: You need a co-lead, you need a co-lead researcher.

Sydnee: [laughs] No! I am not asking for that.

Justin: So you're seeing—

Sydnee: Although, if you want to. [chuckles]

Justin: Yeah, you're saying like someone out there is a tooth researcher.

Sydnee: Here's what I'm— Here's all I'm asking. If you have also had a tooth explode.

Justin: Yeah.

Sydnee: Or you know someone who has, or if teeth have been out of, you know, fallen out of a kid's mouth and then later exploded, please continue to email me with these stories.

Justin: And if you are a tooth scientist that has been looking for a way to get your name out there.

Sydnee: Well.

Justin: You wanna collaborate with Dr McElroy on... an incredible project.

Sydnee: We can heal the rift between medicine and dentistry—

Justin: Finally.

Sydnee: — once and for all.

Justin: Finally there's a project.

Sydnee: I know you're out there, and I don't know, especially if you're like in studying to be a dentist.

Justin: Yeah.

Sydnee: If you're somewhere in the educational process right now. I know that in medical school it can be, depending on what you wanna do, really important to publish.

Justin: Yeah.

Sydnee: [mutters] I didn't really do that much. [normal] But I know other people do.

Justin: [chuckles]

Sydnee: But if you are in a similar position where it might be important, I don't know, I think this is fascinating. Please continue. What's our email address?

Justin: sawbones@maximumfun.org.

Sydnee: [chuckles]

Justin: We passed our 10-year anniversary quite recently. A decade of podcasting.

Sydnee: Please share.

Justin: The email has never changed. [chuckles]

Sydnee: Please share this with me.

Justin: [giggles]

Sydnee: Please, I don't know. I have no exact plan. I don't wanna— By the way, I'm not trying to like... sell a book. This isn't for monetary gain, it's purely to contribute to the scientific knowledge of our world.

Justin: Yes.

Sydnee: Our understanding of teeth, and so I probably do need somebody who knows something about teeth—

Justin: Yes, but—

Sydnee: — to help me with this process, but still. Thank you for sharing your tooth stories.

Justin: That said, I— that— I— We— I’m not lookin’ to profit off of this. That said, if some day someone says the phrase “And then, I swear to god, her tooth Sydneed right in her mouth.” Like if it could be the— the Sydnee Effect, or a Sydnee...

Sydnee: [sighs heavily]

Justin: — Tooth Explosion. [giggles]

Sydnee: Okay, Justin. Oh man, you just set this up so well. Here would be the problem with that.

Justin: Okay.

Sydnee: I have no expertise in teeth, as we have covered. I am not the one who first described this phenomenon, and I am not the one who’s had a tooth explode. So I think attaching my name to this... may be ethically dicey.

Justin: Ohhh, okay.

Sydnee: I’d like to talk about Kegel exercises. [chuckles]

Justin: [laughs] Instead of that.

Sydnee: And you’ll see why...

Justin: Dun dun.

Sydnee: That was a perfect tie in. Have you heard of Kegels?

Justin: Um... Yes. I—

Sydnee: Some people say Keegels, when I looked up the pronunciation, it said Kegels, which is what I’ve always said.

Justin: I—

Sydnee: It’s what I was taught, Kegel.

Justin: I know what Kegels are.

Sydnee: I think a lot of you probably do. I think if you—

Justin: Would you like me to explain it to you?

Sydnee: Yeah. Go ahead, Justin, please.

Justin: Actually, no. No, I changed my mind.

Sydnee: Hey, this isn't a gendered thing, everybody can do Kegels.

Justin: Yes. I— Yes, this is— I wasn't about to say a gendered thing. I think—

Sydnee: Oh I— No, I just mean like it's okay for you to explain it, because nowadays we recommend Kegels to everyone, not just— There was a time where only like cis women—

Justin: Okay.

Sydnee: — were told to do Kegels.

Justin: This is my understanding. Is that Kegels are when you flew the part that makes you pee, so that you can continue to keep strong the part that makes you pee. And it doesn't get kind of... like floppy or anything. Or—

Sydnee: That's—

Justin: Like, I don't know how bad—

Sydnee: [chuckles]

Justin: Not good, like li—

Sydnee: That's not a terrible description, in all honesty.

Justin: Okay.

Sydnee: I mean really.

Justin: I'll take it.

Sydnee: And—

Justin: Yeah, thank you. Thank you.

Sydnee: And—

Justin: That's not a terrible compliment.

Sydnee: [chuckles]

Justin: In case you were keepin' score.

Sydnee: So what you're trying— A Kegel exercise... I'll go ahead and explain what this is. I was gonna lead to that, but I'll go ahead and explain.

A Kegel exercise is when you contract your pelvic floor muscles. Now, what are those, you may be asking. Think about your pelvis. You know, you're probably seen like a pelvis in a skeleton.

Justin: Yeah.

Sydnee: Okay, it's easy to imagine, it's kind of a bowl.

Justin: Yes.

Sydnee: When you think about it that way.

Justin: Yes.

Sydnee: The pelvic floor muscles are the ones that are in the bottom of the bowl.

Justin: The... in sort of your... perineum area, is that right?

Sydnee: That's— Yeah, that's down there.

Justin: Okay.

Sydnee: Right, and it's like the whole— But it's the whole bodnum— bottom, it attaches to the front and the back and the sides. It's kind of a diamond shape band of muscular tissue. Some people call it a hammock.

Justin: Hmm.

Sydnee: And—

Justin: Oh, a banana hammock. I've heard of those.

Sydnee: [sighs]

Justin: Like the underwear. Yes.

Sydnee: Depending on what you got goin' on down there, maybe.

Justin: [wheezes]

Sydnee: But it supports the pelvic organs.

Justin: Right. Okay.

Sydnee: Whatever those may be for you, and Kegel exercises are a way of isolating those muscles. Which it can take some time to figure out what exactly you're contracting, and then contracting and release— relaxing them, that's a Kegel.

The important thing is knowing which muscles those are. Right now, I like talking about this because when anybody talks about Kegels to me, I subconsciously start doing Kegels.

Justin: Oh, okay.

Sydnee: And so I like this, 'cause what I am guessing— And please, you don't need to email and tell me about this one, but I bet some of you out there right now have been doing [chuckles] Kegel exercises as I'm talking.

Justin: Okay.

Sydnee: Because you're thinking about it. I don't know, like I like that, I think that's an interesting phenomenon.

Justin: Right.

Sydnee: Of humans. Do they work? I get emails a lot saying, "Do Kegels work?" So I thought it was worth talking about what are Kegels, who came up with them, who are they named for? And is that different? And do they actually work?

Because what they tell you is that— what I will tell you as a physician, is that they help with urinary incontinence, so to keep you from peeing on yourself.

Justin: Kind of what I was saying, right?

Sydnee: Yeah. They can strengthen your pelvic floor, they might make orgasms better. So let's talk about it. So the idea of trying to like consciously... contract and relax that muscle is a very old one, okay?

So this predates— I'm gonna talk about like the modern history, especially in the west, of what are Kegels, when did we adopt them? You know, who studied them and what not. But I don't wanna give you the impression that we just came up with this back in the early 1900s.

Justin: Right.

Sydnee: The idea of like trying to isolate and use that muscle dates back to many ancient medial traditions.

You'll find mentions of it in traditional Chinese medicine, you'll find the ancient Greeks and Roman physicians talking about these exercises, and some of the yogis in traditional Indian medicine would talk about exercises you can do for your pelvic floor.

So like the idea that... your spiritual, physical, sexual health was somehow tied to the health of this band of muscles.

Justin: Mm-hmm.

Sydnee: That is a very old idea.

Justin: Hm.

Sydnee: But I wanna talk about what kind of starts... And If you look up the history of the word "Kegel," you would think this history started in 1942.

Justin: Mm-hmm.

Sydnee: So Dr Arnold Kegel, you can kind of guess where this was going.

Justin: Ah, yes.

Sydnee: Was an American gynecologist who studied the consequences of having a weakened pelvic floor. So he observed in many especially women, especially after they had had children, they would have some of the things that can happen when that band of tissue, you know, stretches as you accommodate the growth of a uterus, and then contracts again. It's weakened by that.

Justin: Right.

Sydnee: You know, that makes sense. And so it's ability to support those organs that are down there, and its ability to keep like— If you think about when you have to pee, there's pressure building up in your bladder. Now obviously it is not purely a pressure system.

Justin: Yeah.

Sydnee: Because otherwise enough pressure would build up and you would just start peeing on yourself.

Justin: Yes, and that does not happen anymore.

Sydnee: So. [chuckles] That— When did that?

Justin: When I was a baby.

Sydnee: Oh, yes.

Justin: But I don't anymore, I do it in the potty like a big boy.

Sydnee: But that— [chuckles] So that pressure building up would just make you pee, but it's not just that, we have muscles that help— that we can control.

Justin: Right.

Sydnee: That allow us to voluntarily hold it and then urinate at will.

Justin: Right.

Sydnee: If the pelvic floor which surrounds the urethra, the tube that the pee comes through, if that starts to get weaker, it is easier for pee to just sort of come through that tube when pressure builds up.

Justin: Okay.

Sydnee: And that can be when you have a full bladder, or when you do something like cough or sneeze.

Justin: Oh right.

Sydnee: So it's a really classic thing, right? For those of us who have had children, if you cough or sneeze, you might have a little bit of a leak. You also worry about, when those muscles become weaker, your organs kind of dropping to an extent.

Justin: Wow.

Sydnee: Things don't fall— Well, they don't fall out, that's dramatic. They don't fall out of your body, but there are things like prolapse. Especially for those of us with vaginas, where your bladder can kind of start to fall down in— Not literally in, but like—

Justin: Enough.

Sydnee: — intrude into that space.

Justin: Sure.

Sydnee: Or like your uterus can start to fall down into the vaginal canal. So there are other things that are— I mean, it sounds like what's the big deal if once in a while a couple drips of pee come out, but it can be a lot more severe than that, and then there can be more complicated problems, right?

Justin: Of course.

Sydnee: So anyway, Dr Kegel was studying all this, and was interested in addressing those problems through the use of pelvic floor exercises. Like any other muscle.

Justin: Right.

Sydnee: You exercise a muscle, why can't we exercise our pelvic floor by squeezing it and releasing it, and squeezing it and releasing it, and exercising it and whatever? And so he said, "Let's try that out and see if it changes things."

He actually studied this for like 18 years, and... published in 1942 a study that said— or that was called "A Non-Surgical Method of Increasing the Tone of Sphincters and Their Supporting Structures." And what he found was that, after two to four weeks of these exercises, if you do them diligently.

Justin: Mm-hmm.

Sydnee: He said "diligently." So you can't just sort of kinda do some Kegels, you gotta do 'em regularly, then your symptoms tended to improve. And then he noted a little bonus.

Justin: Mm.

Sydnee: People who did these exercises regularly and saw these other symptoms improve also noted that they were having more frequent, more intense, and more easily achievable orgasms.

Justin: I thought you were gonna say bowel movements. So, imagine my surprise.

Sydnee: You thought, as a little bonus, they were having more intense bowel movements?

Justin: More intense, easily achievable.

Sydnee: But more intense and more frequent as a bonus?

Justin: More intense, more frequent, more easily achievable. I mean for a lot of people that sounds pretty good.

Sydnee: More intense. The—

Justin: [wheezes]

Sydnee: You're gonna have to explain to me why "more intense"—

Justin: So sometimes you just wanna feel, you know? Sometimes you wanna feel somethin'.

Sydnee: No-one— I have had a lot of patients talk to me, worried that they weren't having— that their bowel movements weren't coming easily, sure, got it. That's a problem.

Justin: Okay. Not frequent enough.

Sydnee: That they weren't frequent enough. I have never had a patient come to me and say, "Chief complaint—"

[metallic water bottle closes]

Sydnee: "— my bowel movements aren't as intense as I would like them to be."

Justin: Yeah, I mean you've— you wanna feel like you got some work done, that's all.

Sydnee: He also, in addition to talking about like the— sort of the— [chuckles] just the way that you can do these exercises, he created a... perineometer, perineometer.

Justin: Oh.

Sydnee: Perineometer, perineometer.

Justin: A tool for measuring the...

Sydnee: Perineometer.

Justin: Strength?

Sydnee: The pressure inside the vaginal canal.

Justin: Okay.

Sydnee: So I mean it's just like any other cavity. If it's closed off, there's a certain amount of air pressure in it, right?

Justin: Sure.

Sydnee: So like any open space. So basically this was a device where you could have a probe placed in the vaginal canal, and when you contracted these muscles, you could see what kind of pressure are you able to generate inside that cavity. And if you have lower pressures, then these exercises might help you.

Justin: Okay.

Sydnee: Because you're— obviously you're not able to squeeze as much. And then he said, "You know what also might help at home is a resistance aid."

Justin: Mm, some sort of strengthening tool.

Sydnee: Something to squeeze to know you're squeezing the right thing.

Justin: A jade egg.

Sydnee: Well, no.

Justin: [chuckles]

Sydnee: As we have talked about before. You know, I'm not gonna like save that for later. Please do not place jade eggs in your vaginas, if you have them. They are—

Justin: The jade eggs of the vaginas, if you have either of those.

Sydnee: No, don't.

Justin: Keep `em apart.

Sydnee: You keep them separated at all times. Jade eggs are porous, we've talked about this on the show before, but just in case you haven't heard that, they are made of a porous material. They can harbor bacteria, which can then cause infections. So— And there's no evidence that they... do anything.

Justin: Mm-hmm.

Sydnee: So don't— Please do not place jade eggs in your vagina, thank you.

Justin: Period. The end. [chuckles]

Sydnee: Thank you for that PSA. So anyway, he— So he said like if you have— but if you do have something that you could like— I mean what he's really talking about is it's like with any muscle, you have to know what muscle you're trying to isolate.

Justin: Mm-hmm.

Sydnee: It's like [chuckles] if you tried to wiggle your ears.

Justin: No, I— That is what I've been sitting here thinking about the whole time, because Cooper yesterday asked me if I could flare my nostrils. And she was like, "It's easy, you just—," and then she tried to describe it to me, and it's like of course it doesn't make any sense, `cause you're not— I don't know, I couldn't make it happen.

Sydnee: Right.

Justin: But trying to isolate that seems like a similar direction to this.

Sydnee: So he said like, "You could use something that would help you figure that out."

Justin: Mm-hmm.

Sydnee: You're wiggling your ears now.

Justin: Thank you.

Sydnee: So he created Kegels, right? Well he studied Kegels. He did name them Kegels.

Justin: Ah, but he didn't—

Sydnee: Dr Arnold Kegel. But he was not the creator of Kegels.

Justin: Aw man.

Sydnee: I'm gonna tell you who did create Kegels, but first we gotta go to the Billing Department.

Justin: Let's go.

[transition theme music plays]

[ad break]

Justin: You know I realized something during the break, Sydnee. I can only wiggle my ears by making— Like the process of me wiggling my ears involves me getting a real stupid grin on my face, like I really think it's cool that I'm wiggling my ears. Like we would call it a poop-eating grin, if cu—

Sydnee: [chuckles]

Justin: — if our show cussed. And so I can't do it without having an expression on my face of like, "Check this out," 'cause I have to kind of raise my eyebrows and squint my eyes a little bit. And so it looks like I think "Oh yeah, here it goes. I'm wigglin' 'em."

Sydnee: I like how you said, “if our show cussed,” as if our show, the entity, allowed like—

Justin: Well, I will just say, I cuss, right.

Sydnee: Uh-huh.

Justin: In my life.

Sydnee: I do too. In my life.

Justin: But *Sawbones* doesn't.

Sydnee: No, that's—

Justin: So. [chuckles]

Sydnee: Okay. [chuckles] So the resurgence of the Kegel, while named and certainly verified by Dr Arnold Kegel. And let me say, he did a lot of work specifically on an issue that largely plagues... you know, people with vaginas, people who bear children, people with uteruses.

And any doctor who is willing to put time and effort into studying problems among that population of patients deserves some applause, right? Because historically, people with vaginas have been pretty much excluded from the narrative.

Generally speaking, people who identify as women are excluded from a lot of medical research. And so the idea that he was investigating a problem that wasn't a big deal to men...

Justin: Is notable.

Sydnee: It's notable, so I don't wanna say like I'm slamming Dr Kegel.

Justin: Right.

Sydnee: And like the fact that he even commented on like, “Hey, another benefit of this is that the women who he did the study on had better orgasms,” as if that's a good thing, like that— Which it is of course, but at the time.

Justin: It's very—

Sydnee: 1942.

Justin: It's more progressive, yeah.

Sydnee: Yeah, and so I don't wanna say like, "This was a bad guy," but he was not the first one to introduce the Kegel. That was the work of two women, Margaret Morris and Minnie Randall.

Now, you may know the name Margaret Morris if you are someone who has studied dance, or is familiar with the history of dance. I don't personally, so this was not a name that was recognizable to me, but as I read more about this person, I thought, "Oh, I bet this is a big name in the world of dance that I just don't know."

Morris was a very famous British ballet dancer, she was born in 1891 and danced from a very, very young age. I mean from like seven, eight years old was already on stage performing. And would go on to study dance, studied from a lot of the greats of the time, learning their styles, the classical styles of ballet, and then expanding upon them.

Justin: Mm-hmm.

Sydnee: Adding more athletic movement to dance, and like jumping and things, and so created her own style.

Justin: 'Kay.

Sydnee: Sort of advanced our understanding of what can be considered ballet.

Justin: Cool.

Sydnee: So was very talented and was a big name in ballet. She felt like, as she developed her own styles and systems of dance, that dance could be used as exercise... physiotherapy, as ways of teaching our bodies how to move, correcting out posture—

Justin: Sure, yeah.

Sydnee: — easing our chronic pain. You know, she was very interested in dance as a way to do those things, not just express what dance does, not just be a beautiful art form. But in its therapeutic possibilities.

Specifically she felt like it had a lot of possibilities for people who had limitations in their mobility, whether that's from some sort of congenital disorder, or from some injury that they sustained. She thought that she could work with those populations of patients, kind of in a physical therapy realm.

Justin: Okay.

Sydnee: Through dance, to help them improve their mobility and strength. So in 1925, Morris lectured on this system of movement that she had created to a bunch of doctors in London, and how she felt like it was going to be beneficial to patients.

And it was really well-received, and a lot of people... said like, "You know, I think that there's something there." Now obviously she had not been trained—

Justin: Right.

Sydnee: — in any sort of physical therapy at the time, so in order to legitimize her beliefs in her system at that point, which was really— I mean, it was really a dance.

Justin: Sure, right right right.

Sydnee: She studied at London's St Thomas hospital, and her instructor was Minnie Randall, who was a midwife and head of physical therapy and maternity care at the hospital at the time.

So specifically she worked with somebody who was interested not just in... physical therapy and the use of like movement and— as a form of exercise, and to strengthen and stretch and loosen your body and that kind of thing, but also was a midwife, and so sort of had this cross interest in... things that would affect your pelvic floor. Does that make sense?

Justin: And— Yeah, for sure.

Sydnee: Like you can kind of see where the seeds of this come from. And she would actually go on to become a founding member of the Obstetrics Physiotherapists Association.

Justin: Cool.

Sydnee: So the idea that there are things we can do with our bodies to move, those of us who can become pregnant, before and after, to improve our mobility and... physicality and, you know.

Justin: Cool.

Sydnee: Which is— I mean as someone who has been pregnant myself, yeah, I wish I had been a lot more active. [chuckles]

Justin: [chuckles]

Sydnee: During. [chuckles] Because afterwards it was hard to get back to that. So. Morris collaborated with Randall.

Justin: Mm-hmm.

Sydnee: And they published a book called *Maternity and Post-Operative Exercises in Diagrams and Words*. And now this was not a book about pelvic floor epi— exercises. It was a book about a lot of different exercises, right?

Justin: Mm-hmm.

Sydnee: Because Morris's main area of expertise was more the entire body.

Justin: Right.

Sydnee: She was a dancer, of course. But there was a section in the book where they described how to contract and relax... your pelvic floor muscles.

Justin: Hmm.

Sydnee: So they described what we now call Kegel exercises. And specifically said, "This would be a way—" It was recommended both during pregnancy and then after pregnancy as a way to prevent on the front end and then treat any incontinence. So if you are losing urine, unable to hold in your urine, this would be a way to help fix that.

And the way they put it is that women should try to, quote, "invert the sphincters until it becomes habitual." Now I know "invert the sphincters" feels like a weird way to put it, but if you think about... You're doing it now and you're thinking about like, "Is that inverting the sphincter?" It— But it— It's kind of like...

Justin: It's like you're trying to— I mean, if I could be a little vulgar, it's like you're trying to pinch, right?

Sydnee: Yeah. The best way I have described it to people before—

Justin: It's like you're trying to pinch and pee at the same time.
[wheezes]

Sydnee: It's— [chuckles] The best way I've described it to people is... if... for some reason, you were— Well, I— For me sitting, you would not be sitting, standing. Or perhaps you'd like to sit, I don't know. Do you ever sit to pee? Do you wanna share that?

Justin: Hmm, do I ever sit to pee?

Sydnee: I mean I see you stand to pee, 'cause sometimes you pee with the door open, but like do you ever— [chuckles]

Justin: I don't want to talk about... this anymore, I just realized. I don't wanna talk about this.

Sydnee: But you— If you suddenly stop the flow of urine.

Justin: Yes. That's how the drops—

Sydnee: That's it.

Justin: — end up on the floor.

Sydnee: Like.

Justin: That's what happens there.

Sydnee: If you feel...

Justin: Yeah.

Sydnee: Especially for those of us with vaginas.

Justin: Yeah.

Sydnee: That's a very useful way to think about it.

Justin: Yeah, cuttin' a little—

Sydnee: Stop peeing suddenly, midstream.

Justin: Yeah.

Sydnee: There you go. Now do that, only not when you're peeing.

Justin: Yeah. Okay.

Sydnee: And then don't let it go when you're sitting back at your desk or whatever.

Justin: And then never stop.

Sydnee: Continue to pee in the toilet, and then empty, and then do—
Don't pee at your desk.

Justin: Don't pee at your desk.

Sydnee: But you can do Kegels at your desk, that is totally fine, there are no rules. And there should never be rules about that.

Justin: If there are, you're in a dystopia. [chuckles] Try to get out.

Sydnee: Honestly, if that was Project— part of Project 2025, I would not be shocked.

Justin: [laughs]

Sydnee: If part of it is banning Kegels at our desks. Not be shocked. So anyway. Morris not only said like, "You should do these exercises, this would be good for you." And I should say, under the tutelage of Minnie Randall, so like two of them were working together. Not only did they say this, Morris actually recommended like a soundtrack, like had classic music selections.

Justin: Nice.

Sydnee: That she said would be useful—

Justin: Make a day of it.

Sydnee: — to like do these exercises to.

Justin: Nice.

Sydnee: Which— I had this thought, like... What would I do... If I had to pick a song to do Kegel exercises to.

Justin: Um... Hm... "Hot Stepper" by Ini Kamoze.

Sydnee: Is that what you would pick?

Justin: [sings] "Naaaah, nah nah nah naaaah. Nah nah nah naaaah, nah nah naaaah, nah nah nah."

Sydnee: How fast are you—?

Justin: [sings] "Here comes the hot stepper, murderer.

Sydnee: No. How fast are you doing these Kegels?

Justin: Just like on every other beat. [sings] "Nah nah nah nah."
[normal] Just something with some panache, you know? Just some—
Wanted some pop.

Sydnee: I don't know why, but the first song, and now the only song I'm ever gonna think about for the rest of my life while I do Kegels is the theme to *Dawson's Creek*.

[pause]

Sydnee: [sings] "I don't wanna wait."

Justin: [snorts]

Sydnee: [sings] "For my life to be over."

Justin: [chuckles]

Sydnee: [sings] "I want to know right now what will it be."

Justin: Is Kegels better— Is it better than that?

Sydnee: I don't know why! But in my head I was like, "That's the song, that's the Kegels song."

Justin: I may need a—

Sydnee: I don't know why!

Justin: I feel like, "Where Have All The Cowboys Gone?" would be a better Kegels song, but al— anything for the Paula Cole oeuvre.

Sydnee: You're gonna think about it now.

Justin: Yeah.

Sydnee: You're gonna think about, the next time you're doing Kegels, you're gonna be sitting there thinking... [sings softly] "Open up your mornin' eyes."

Justin: Okay.

Sydnee: Anyway. So in— And then following that, Randall published a book, *Training for Childbirth From the Mother's Point of View*, and again

she described in this book that you could squeeze these muscles, and it would be a way to strengthen those pelvic floor muscles, to prevent that peeing on yourself and all that kind of thing. And then specifically mentioned like, “This is a good idea after giving birth. It’s a good idea to practice doing this every time you cough or sneeze.”

Justin: Okay.

Sydnee: Because otherwise you might pee on yourself.

Justin: Yes.

Sydnee: And there are many people out there who are nodding along, ‘cause they do this every time they cough or sneeze, ‘cause they don’t wanna pee on themselves, and they know exact what I’m talking about. And I just want you to know you’re not alone, there’s a lot of us out there.

So... To be fair. After all this work was published is when Dr Kegel did his study, and published his study, and he did— I mean it is noted that he was studying these problems among his patients for almost two decades prior to publishing his work.

Justin: Right.

Sydnee: So like a lot of scientific advancements—

Justin: It—

Sydnee: — stuff is happening at the same time.

Justin: Right.

Sydnee: Like there’s a vibe, and everybody’s kinda feeling the vibe, but somebody claims it first. Dr Kegel did study it, which I mean. [sighs] It’s so hard to criticize, especially women scientists at the time, for not being able to publish a peer-reviewed journal article, because there— it was so much more difficult.

Justin: Sure.

Sydnee: Especially as a— I mean if you considered this unlikely pairing of a classical ballet dancer and a midwife physical therapist, who are trying to work together to share this information, largely with a female audience.

Justin: Yeah.

Sydnee: They are not going to have kind of the social power to get that work— to publish a study in a peer-reviewed journal in the 1940s that Dr Arnold Kegel—

Justin: Of course, yeah.

Sydnee: — respected obstetrician is going to have. But he did the science, and that is important, right? Even if we kind of think something works, and we have our own experience or anecdotal evidence, it's important that we do the science, that we have a control group, and that we have a test group, and that we monitor the two groups and we compare the results, and we actually try to see if something works.

'Cause there are lots of times where something feels like it should work, and we think it does work, and then you study it and you find out it doesn't. So he did do the science. I think that that is... That's important to note. I will say, as I was reading into this, do you know— Justin, this is not going to shock you at all, and I don't think it'll shock our listeners.

Justin: Okay.

Sydnee: It is much more common for when a man discovers something, for him to name it after himself, than when a woman discovers something for her to name it after herself.

Justin: Mm.

Sydnee: And I don't mean that more things are named after men than women because you're gonna— what you're gonna say to me is, "Well, that's because men were only the ones allowed to be scientists, and so there were a lot more—"

No. I mean that if you control for how many things were discovered by men and women, men are just generally more likely to name it after

themselves, whereas women are more likely to name it something else. So, you can—

Justin: I'm sorry.

Sydnee: You can just—

Justin: As also.

Sydnee: — think about that all you want. But I just— I think whether it's a parasite or a plant, you're gonna find more named after men than you are after women, and it's not just because there were more men scientists for a long time.

So, do Kegels work? With all this information about Kegels, we've known about them. Especially in the west, we have known about them in a very codified, medical, like therapeutic way since the '40s. Do they work?

Justin: Yes.

Sydnee: They do. They do. We have had repeated studies and they have gone back and looked at multiple studies all kind of put together, meta-analyses to say, "Do Kegels work?"

And when we're talking about specifically to prevent and treat urinary incontinence, peeing on yourself, yes. Kegels do have a benefit. And when they've tried to even challenge like other ways, like is it just some sort of exercise? They've even tested it against kind of alternative exercise therapies.

Justin: Mm-hmm.

Sydnee: Or like— I think what they— what— I read this really interesting study and I think what they were looking into were some of the like wellness sort of like... [sighs] Mix— Like some of the modern mix— Like the GOOP stuff.

Justin: Yeah.

Sydnee: The mixing of the medical and the spiritual into this new wellness category, that really isn't borne of any specific spiritual religious

tradition, as just kind of our own new western creation. And they compared those sorts of different physical activities with Kegels, and Kegels still are better. They win out, they do something and these other activities don't necessarily.

So it's not just placebo, it's not just an exercise, it is specifically this exercise, if you do them right. The data for thing— And this is true for prolapse, it's true for incontinence. The data for the sexual piece of it.

Justin: Mm-hmm.

Sydnee: Does it increase your sensitivity, sexual arousal, ability to achieve orgasm, ability to achieve better or more frequent orgasms, that piece of it, the data's a little weaker. It's not as strong. I will say, it's probably— It's— No, I will tell you, it has not been as studied as extensively.

Justin: Mm-hmm.

Sydnee: As whether or not they help you from peeing on yourself.

Justin: Yeah.

Sydnee: And I will say also that you have to do them right. So you have to know what muscles you're using, and that can take some practice. If you're doing Kegels wrong, they probably won't do anything.

Justin: Mm-hmm.

Sydnee: And so biofeedback can be helpful, and that means we find a way to help you isolate what those muscles are. They do that sometimes for, we've talked about this before on the show, tension headaches. So if you look at— If you put your hand on your forehead, all the way across your forehead.

Justin: Mm-hmm.

Sydnee: Like you're feeling for a fever. There's a big band of muscle there, your frontalis muscle. And when that gets tight, you get a tension headache.

Justin: Mm-hmm.

Sydnee: You can train yourself to relax that muscle.

Justin: Right, yeah.

Sydnee: That's hard to do. And so sometimes they can hook you up to little electrodes to stimulate it, so you can feel what it feels like to contract.

Justin: Mm-hmm.

Sydnee: And feel what it feels like to relax, until you can do it consciously, right?

Justin: Huh. That's cool.

Sydnee: So like a similar thing can be done when it comes to Kegels, and that's where all these newfangled devices come in.

Justin: Mmm.

Sydnee: `Cause if you look, there are lots of—

Justin: Like trainers?

Sydnee: — Kegel weights.

Justin: Mm

Sydnee: Kegel-ators, Kegel masters, Kegel—

Justin: Kegel stands.

Sydnee: And then like some with the kind of jade egg type vibes to them.

Justin: Yeah. [mutters] Did you hear when I said, "Kegel stands?"

Sydnee: [chuckles]

Justin: [mutters] I didn't know if you missed it.

Sydnee: No, I missed Kegel stands. If you are having trouble isolating what muscles to use, I could see like some of them are just sort of like balls, tiny balls that you can insert—

Justin: Mm-hmm.

Sydnee: — into the vaginal canal, and then squeeze to feel like if I'm holding it in there, I'm using the right muscles.

Justin: Yeah.

Sydnee: So you know what I'm sayin'?

Justin: Yeah yeah.

Sydnee: Okay, so there are ones that like can help through that biofeedback mechanism. And then if you're really into like that— I think it's kinda like the apps, where you can track different things, like your water intake—

Justin: Mm-hmm.

Sydnee: — and your sleep and stuff.

Justin: Yeah.

Sydnee: There are Bluetooth things. Where like your phone will get little dings—

Justin: It's your life.

Sydnee: — when you're doing them right.

Justin: It's your life, if you wanna do it.

Sydnee: And so if you like that kind of—

Justin: Do it.

Sydnee: — you know, like positive reinforcement, they do that. Now, do you need any of these devices? No. If you are doing Kegels appropriately, there is no evidence to suggest—

And a— They've actually done a 2019 meta-analysis where they looked at 11 different super popular Kegel devices, and the evidence for all of them is pretty thin. That doesn't mean they don't work, but it does mean that they're not necessarily any better than just doing a Kegel.

Justin: Mm-hmm.

Sydnee: On your own. It is important that you do them correctly, and I will say that if you decide to buy one of these devices... Again, if you know how to do Kegels appropriately you don't need them.

I would not personally recommend to one of my patients that they spend \$300 plus on one of these very... advanced technological gadgets. If that really brings you joy. [chuckles]

Justin: Yeah.

Sydnee: But I don't— I— That would not be my personal recommendation. And I would make sure that the material is medical grade, because again, back to the jade egg conversation. Something that is porous, you don't just wanna— You don't wanna just put anything in your body, we've talked about this on the tampons episode, right?

Justin: Yeah.

Sydnee: Wanna be careful about the things that you decide to insert into your body.

Justin: That's right.

Sydnee: And know what's there, and know that there are materials that will not harbor bacteria, will not grow things that can cause infections.

Justin: Yeah.

Sydnee: And that you can clean properly between use.

Justin: Yup.

Sydnee: But generally speaking, Kegels are good. They were created by women, and—

Justin: And hooray for Kegels.

Sydnee: Hooray for Kegels.

Justin: Thank you so much for listening to our podcast, we hope you've enjoyed yourself and learned a little something. Go spread the word of women inventing Kegels. Spread the word, tell a friend.

Thanks to the Taxpayers for the use of their song "Medicines" as the intro and outro of our program. Thanks to you, so much, for listening, we really appreciate it. And I hope you have a lovely day.

[theme music fades in]

Justin: 'Til then, be sure to join us again next time for *Sawbones*. My name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[outro theme music plays]

[ukulele chord]

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