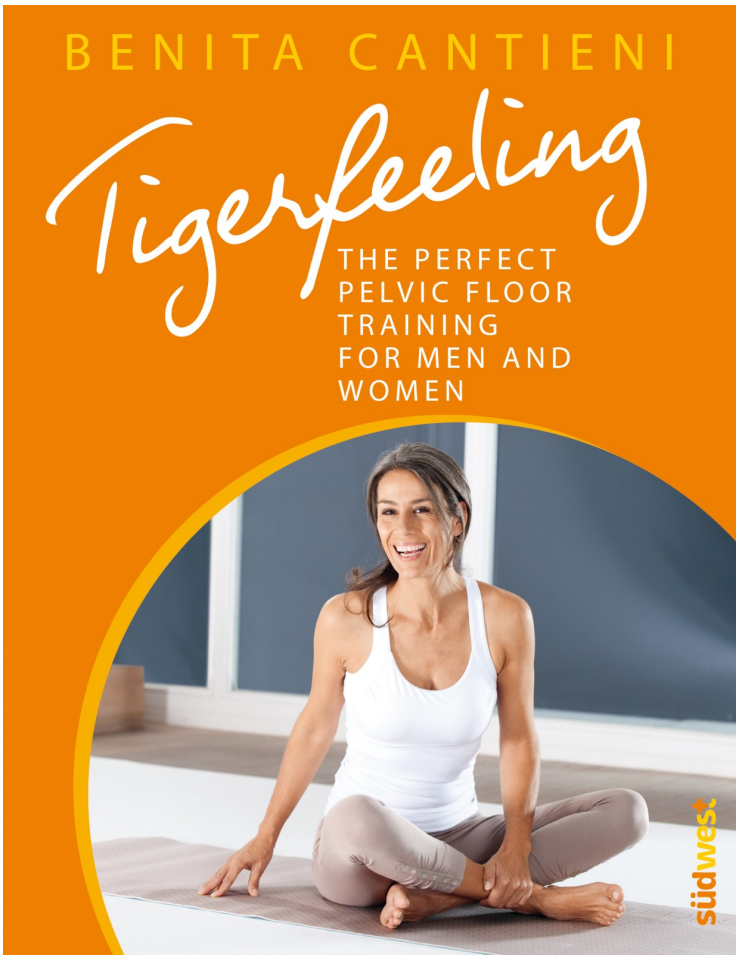
BENITA CANTIENI

Tigerfeeling

THE PERFECT PELVIC FLOOR TRAINING FOR MEN AND WOMEN

südwest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content

Back caress with cross-eyed pulse-peeping

Belly miracle

Footsie frog

Pedalo

Pedalo in motion

Small bridge

Big bridge

Scissors

Kneeling organ slide

Tiger stretch in motion

Super-squat pyramid

Sitting cross-legged

Sit-run with cross-over stretch

Challenging steep slope

Wall straddle

Hip-wide wall plies

Cross-eyed peeping pulsation, standing straight

Everyday Tigerfeeling
Short workouts (7 minutes each)

Creating alignment

Sitting walk

Hip stretch

Heel nudges

Sitting walk with thoracic twist

Aligning and relaxing

Cross-eyed sitting bones

Ultra-light legs

Legs up

Standing against the wall

Belly button dance

A glossary of CANTIENICA®-evident anatomy

Preface

Dear Reader,

This is the fourth edition of my Tigerfeeling book on the pelvic floor in German, the first in English. I have reviewed it completely to include all my latest – and strictly empirical – insights. This edition and my first Tigerfeeling from 1997 have only three basic concepts in common: Firstly our pelvic floor musculature is crucial for our health, posture, and beauty; secondly the right exercises and workout make it easy to train the pelvic floor muscles sensibly and with lasting results; thirdly the training is fun and helps develop great physical awareness.

I used to believe that anatomy was an exact science. Dissecting and mapping the human body. Exploring it to the tiniest detail. Defining. Analyzing. My first doubts arose in the 1980s, when I worked as a journalist and tried to research an article on why there are different skin colors. I wanted to know the evolutionary reasons for this wide range of phenotypes within one and the same species. I found a lot of racist ideology and nothing of substance. Nothing at all. My article turned out to be about my fruitless search.

Years later, I started thinking about and researching my own body. My interest was born of personal suffering. I was no longer willing to accept that there was nothing I could do about my curved spine, that I should just accept it as my painful fate. I didn't want a future in which my back would become more and more twisted as I got older. At first, I searched outside my body. I tried every method, every technique, and every kind of body therapy. I read articles and books, interviewed physicians and therapists. Somehow, none of that worked for me. Either my body was uniquely different from everyone else's or I was too ignorant to use it properly.

So I turned inside. I journeyed to and through my body. I wanted to feel, to experience, to discover. It was a journey from chronic, ceaseless pain to a world of wellbeing. A journey from body hell to body heaven. The more I let go of theoretical concepts of my physiology and anatomy, the more I just

observed, perceived, noticed, experienced, and experimented, the better, lighter, more unencumbered my body felt.

For 42 years, my body had been my enemy. Now I'm 62, and my body is my best friend. I know that I can look forward to discovering many more body treasures in the years still ahead. My journey towards body ease and lightness has not yet ended.

In practice, this means that all my insights about the body are the result of my own observations. I observed first my own body and then the bodies of all the men and women who came to my classes. And the bodies of those who wanted to learn from me and came to my instructor trainings. My work method is unchanged: I believe anything is possible and nothing should be ruled out. I don't assume anything, so my work doesn't have to fit a specific mould. Whenever I discover something new, either in myself or through the work with others, I want to verify this discovery. It is only after the initial discovery that I start searching for anatomical explanations or potential relationships and connections.

So far, this approach is working beautifully. As soon as I know what I'm searching for, I go ahead and find proof for my concept. One example, taken from my exploration of the pelvic floor, is the insight that pelvic floor training only makes sense if you address the innermost, largest pelvic floor layer. Overtraining the outermost layer will only damage the sphincter and erectile muscles. Once I realized this, I found anatomical illustrations that perfectly harmonized with my concept – even though they came from very different contexts.

Another example: over the years, I developed the concept of two pelvises, a right one and a left one. These two pelvis halves move independently, yet in resonance with one another. With every step I take, the respective pelvis half acts as a conductor and coordinator for my bones. Now I understood why these pelvis halves are each equipped symmetrically and independently with a vertical and diagonal ligament system.

And a third example: the discovery that the adult spine doesn't have to act as a shock absorber if it is kept straight and upright by the autochthonous musculature – the same natural way that healthy children's spines are supported.

Taking such a radically autodidactic and pioneering road has its dangers. When you leave the well-trodden paths to discover new and unknown

territory you may get lost. I am and always have been well aware of this fact, especially since I do not have any formal training in anatomy, medicine, or physiotherapy. At the onset, this was the cause for great inner conflict – could I really dare speak my mind in a field where I had no formal credentials? But as time went by, I realized that it was precisely this lack of preconceptions that allowed me to think and observe freely. Having no idea of the concept of agonists and antagonists in muscle physiology, I could look at and deal with musculature in a new way. Not knowing that hip dysplasia is considered incurable, I can just assume that our bones are able to alter their shapes as long as we are alive.

I used to be terrified of making mistakes. Over the years, I made many small mistakes because I wrongly interpreted what I observed or simplified my findings too radically. Let me illustrate that with yet another example: 15 years ago, I wanted to offer you, dear reader, an explanation of how your pelvic musculature might have turned into a blind spot early in your adult life. I ventured the hypothesis that the functionality of the pelvic floor is tied to our learning the diagonal movement of our contralateral gait. This meant that infants could not get potty-trained before they were able to at least crawl. The functions of the pelvic floor would then be an acquired ability, not something available from birth. This hypothesis seemed to make sense and remained unchallenged for 13 years. Today I know that more and more parents learn to recognize the signs when their babies "need to go" from very close observation, starting right after birth. From the very beginning, then, the baby can learn to consciously restrain urination and bowel movements. Using their pelvic floor musculature is therefore part of our "starter kit" – it is available immediately, just like grasping and pushing. Great!

Every mistake I made was also a progress – for me, my students, and my clients. Nowadays I am happy about any mistake that forces physicians and anatomists to prove me wrong and convince me. This always leads to something new, either a more precise concept or a groundbreaking discovery. The clash of concept and counter-concept often results in a new, third option that surpasses even my wildest dreams to date. The testimonials written by people who practice my method bear witness to this.

The interesting thing is that errors online occur on the level of theoretic interpretation, that is, when I try to match my approach of a "living and lively anatomy" with old and accepted anatomical concepts. There have never

been mistakes on the level of practiced CANTIENICA®. In practice, my method is astonishingly simple and breathtakingly logical: first, you bring your bones into optimal alignment. This alignment will bring 100% of your musculature into an ideal basic stretch, which is the best starting point for good movement. If performed correctly, all the exercises are absolutely safe, even if I'm not always entirely sure in my explanation why they work. The morphology I'm interested in hasn't been widely studied as most dissections and anatomical illustrations are performed on older persons with the typical deformities and damages to the skeletal system. For "conventional medicine" – please allow me this generalization just this once – "normal" is defined by common occurrence, and in elderly persons (and their skeletons) this means ailment, deformity, and illness.

Solveig Hoffmann is a doctor practicing in a health center in Tenerife[1] who works intensely with the CANTIENICA® method and has become my "go-to doctor" over the past few years. She points out errors in interpretation, explains medical and physiological concepts in a way that I understand, and she never dampens my joy in questioning seemingly proven and irrefutable facts. She is the one who inspired me to rethink the term "sphincter muscles" in this book and to not just call them "sphincter muscles" because that's what everyone else calls them. Instead, we now differentiate between sphincter muscles and erectile muscles.[2] And all of a sudden it becomes much clearer and more logical which parts of the female and male anatomies we're referring to.

With almost superhuman patience, my sister Sandra Cantieni combed through anatomy books and anatomy programs online to find proof for my assumptions. With her life partner Ernst Gamper she created illustrations that are different from all anatomical images you may have seen so far. My deepest thanks to both of them. I feel inspired – to make more errors, better and bolder ones that will lead to new insights. All my insights share this one goal: to give people – you! – more courage and joy with their bodies.

This said, please accept all my errors as gifts.

Yours sincerely,

Benita Cantieni

Pelvic floor checklist for women

- When I cough, laugh, or sneeze, I involuntarily lose a few drops of urine.
- After working out my pants are often suspiciously moist.
- I drink very little when I'm on the road so I won't have to go to the bathroom so often.
- I can't always feel whether my bladder is full.
- I know exactly where the public toilets in my area are.
- My bladder is hanging low.
- My vagina has already dropped.
- I suffer from genital prolapse.
- My bowels are weak.
- I suffer from hemorrhoids.
- My belly is sticking out.
- My breasts are sagging.
- I often have heavy legs.
- My ankles are often swollen.
- I was diagnosed with hip dysplasia.
- I suffer from coxarthrosis.
- I have unsightly "saddlebag thighs".
- My bottom is far from being well-shaped.
- My feet are flat.
- My feet are splayed and flat, and I have bunions (hallux valgus).
- My legs are X-shaped.
- I often have calf cramps.
- I feel pain during sex.
- My digestion could be better.
- When I run or work out I immediately get side stitches.

- I often get hiccups.
- I often have heartburn.
- Going downhill feels torturous.
- Climbing stairs or going downhill: just hate it.
- My back often hurts after housework or gardening.

Pelvic floor checklist for men

- I have bowlegs.
- The muscles in the front of my upper thighs are huge.
- After running or when I walk or stand for a long time the heels of my feet hurt.
- My knees have been bothering me for years.
- I never go to the bathroom without a newspaper.
- My erections are getting less hard.
- I often feel pain in my gluteal muscle.
- My lumbar vertrebrae are bothering me.
- I know what having a spinal disc herniation feels like.
- I am well acquainted with lumbago.
- I had/have a hernia.
- My belly is protruding over my belt.
- When I go running, I soon get side stitches and need to take a break.
- I have a high instep.
- My shoulders are chronically tense.
- I have short Achilles tendons.
- My psoas major (the muscle in charge of flexing and externally rotating the hip joint) is chronically shortened.
- My prostate is beginning to enlarge.
- I had to undergo prostate surgery.
- I have increasing – and increasingly painful – hemorrhoid problems.
- I leak a few drops after urinating.
- After a bowel movement I often feel not quite clean.
- One of my legs is shorter than the other.
- Heel spur? Yep, hurts like hell!

- My doctor's verdict: high instep and hammer toe.
- I wear down the heels of all my shoes unevenly.
- Of course I know what a pinched nerve feels like!
- Torn ligament, tendon rupture, meniscus damage – I've been there.
- I suffer from chronic reflux (heartburn/acid reflux).

Checklist evaluation

Even if you answered only one single question affirmatively you will benefit from this book. That's because your "pelvic floor", together with your diaphragm, forms the core of your deep musculature. The "pelvic floor" is quite literally the center to which all muscles holding your skeleton are linked. This core or center is the place from which all bones are held together and moved.

My use of quotation marks in writing about the "pelvic floor" is quite intentional. It has become a fashionable subject, and everybody interested in keeping fit believes that he is training his "pelvic floor". Every health club, fitness center, sports club, and lately even the strength training centers offer some kind of pelvic floor training or claim that their training program also addresses the pelvic floor muscles. Yet when all is said and done, it only means that you contract your butt muscles or overuse your sphincter muscles.

In other words: the pelvic floor is experiencing a boom of interest. But the label "pelvic floor" is no guarantee that people are actually talking about – and exercising – the pelvic floor.

Can you interrupt your urine stream in mid-flow? Usually that's considered the red-hot track to the pelvic floor. And it is a nice trick, but has nothing to do with your pelvic floor. Can you contract your sphincter muscles really tightly? Again: nice, but not about the pelvic floor. Are you a woman and able to do the "elevator exercise" with your vagina? Nice, but – no pelvic floor. Can you pull in your navel and contract your transversal abdominal muscles? Nice, but it has nothing to do with your pelvic floor. Are you a man and able to contract your gluteus maximus (the large butt muscle) until your anus hurts? That's not even remotely nice, and no – it has nothing to do with your pelvic floor.

The actual pelvic floor, the body part that really and truly forms the floor of the pelvis, that part of all things has been most unfortunately named by the medical profession. Its official name is "anus lifter" or levator ani. I would have named it organ lifter. Or trunk floor. Or pelvic chief. The anus lifter is formed by two sets of five muscles fanned out symmetrically and running on the front and back and toward the sides of the body, connecting,

holding, protecting, supporting and mobilizing all the pelvic bones. This system of muscles, which among other things also lifts the anus, forms the actual floor of the torso. It sits like a bowl in the so-called small or true pelvis (also known as pelvis minor). From there it performs at least eight different tasks, and does so beautifully:

- It controls the movements of the pelvis and legs.
- It holds, protects, and supports the organs in the lower abdomen.
- It builds the foundation for a good and healthy posture.
- It keeps the lumbar vertebrae safe and sane.
- It carries the weight of the torso, making the work of motion easier for the feet, knees, and hip joints.
- It maintains the conductivity of the pudendal nerve, enhancing sexual pleasure for men and women.
- It is the basis for a well-defined butt, a flat stomach, and beautiful, straight legs.
- It is the core from which graceful, effortless movement is born.

How the stomach wall became a stomach floor

The stomach wall had to transform into a stomach floor when humans began to walk upright. What used to point behind now pointed down. The weight that used to be distributed along a long central axis (i.e., the spine) now had to be held by a small floor at the bottom of the upright torso. Evolution met this challenge ingeniously: the stomach floor consists of a solid, multi-layered muscle construction. Anatomical terminology differentiates three layers (tiers), each of which is specialized to take on a specific task.

The outermost layer is formed of the sphincter and erectile muscles.

The sphincter muscles' job consists in opening and closing. No more and no less.

In the female body, the front loop envelops the vaginal opening and bladder sphincter. It is formed by erectile muscles (musculus bulbospongiosus).[3] The male front loop surrounds the root of the penis. It also consists of erectile muscle fibers (musculus bulbospongiosus) and supports the ureter, seminal duct, and erection. The back sphincter muscle, male or female, is in charge of bowel evacuation.

The middle layer extends from the pubic bone to the sitting bones and forms the wall of the lower abdomen. In the female body this middle layer embeds the vagina (vaginal vestibule), in the male body, the opening for the urethra and the blood supply for the penis.

The two outer layers are connected at the perineum with the innermost, largest, and most important pelvic floor layer: the levator ani. Its layout is identical in male and females. The CANTIENICA® method focuses on this innermost layer because a strong and well-exercised levator ani relieves the two other layers and allows them to perform their own tasks unencumbered.

The levator ani sits in the pelvis like a bowl made of muscle. It is connected to the front of the body via the abdominal musculature, to the sides via the hip muscles, and to the back via the back muscles. If the levator ani is in good shape, it forms a veritable entresol in the human architecture. It

provides a foundation for the spine, the spine has a secure hold and can stretch up and fully expand. This full expansion activates valuable deep muscles.

The hips and legs are relieved and gain the kind of lightness that leads to a beautiful shape and graceful movements. The levator ani is also home of the sex nerves: increased levator ani muscle activity enhances the fitness and conductivity of the pudendal nerve with its fine and complex neural network. The result is an increase in sexual pleasure and/or the return of pleasure that may have been absent due to an operation or giving birth.

Of humans and wardrobes: a pelvic anatomy primer

Imagine for a moment that your body is a wardrobe. If you want the shelves and other things in the wardrobe to stay put, you need a wardrobe bottom or floor. Now imagine this wardrobe moving around on its legs. To do so it needs a floor that is mobile.

Let me continue with the wardrobe analogy a bit longer. The content of the wardrobe varies, it can expand and retract. The wardrobe fills up and empties out over the course of the day, and it does so by itself. New things get in, old stuff gets out. For such a wardrobe it would be ideal if its floor was elastic and could give in a little.

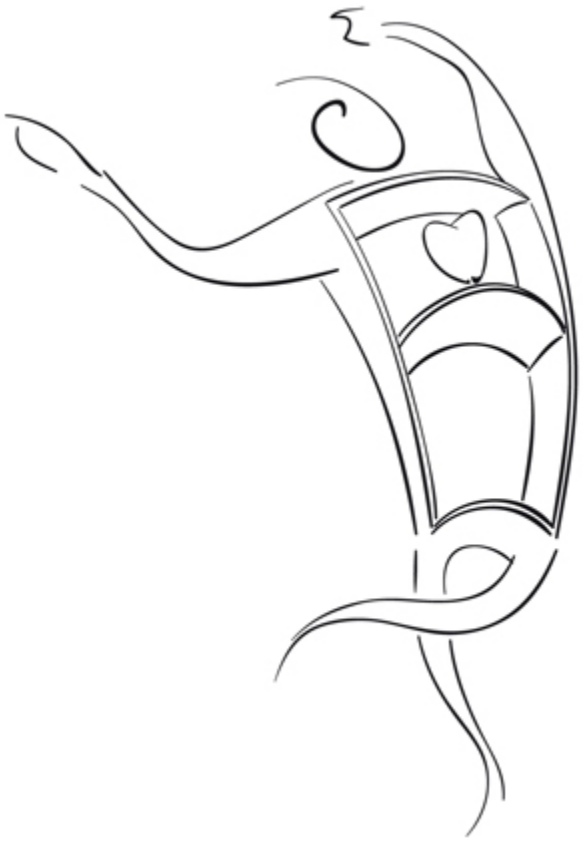
Sometimes the wardrobe does strange things. For example, it breathes downwards. It sneezes. It coughs. The perfect wardrobe floor would also be able to withstand and react to such percussions, to soften the blows.

This is exactly the kind of floor that your torso is equipped with. Humans have the perfect floor!

There is only one hitch: your perfect floor "needs" a little maintenance, which means that you need to use and exercise it so that it can work perfectly throughout your life. I put "need" in quotation marks because I want to demonstrate and prove to you that there is no "need" and "must" involved here. Instead, it is a matter of fun and of feeling so great from the very first moment that your body will just ask for more and more.

The pelvis is an extremely flexible construct. It consists of seven bones. As a child grows, two sets of three of these bones fuse together to form the two hip bones, one on the right and one on the left. The sacral bone connects these two sides. It is equipped with a pelvic joint surface along which the two hip bones (or rather, their "wing tips", the ilia) can glide.

And now, for the next two chapters, we will segregate the sexes. But only because the male pelvis and pelvic floor look different from their female counterparts.



A happy muscle wardrobe

for women

Real stories of real women