Acolytes and Vestals of asexuality may boast a perennial juvenile skin appearance and a shocking “incarnadine” (nuns are not included though)

Lorenzo Martini¹,²

¹University of Siena, Department of Pharmaceutical Biotechnologies, Via A. Moro 2, 53100 Siena, Italy, ²C.R.I.S.M.A. Inter University Centre for Researched Advanced Medical Systems, Via A. Moro 2, 53100 Siena, Italy

Corresponding author: Prof. Lorenzo Martini, M.Sc, E-mail: lorenzo.martini@unisi.it

Sir,

The misconception that asexuality is a lifestyle-choice stems from the idea that asexuality is a choice and not a legitimate sexual orientation.

Asexuality is often confused with celibacy or abstinence, probably because they can manifest in similar ways. In contemporary society, celibacy is often defined as being sexually abstinent, often for religious reasons. Sure, for many asexual people, their asexuality means that they aren’t interested in having sex with other people, but that’s a result of their orientation—not their beliefs about sexual behavior. Celibacy is a lifestyle choice, asexuality is not. Asexuality also shouldn’t be confused with being an incel [1,2].

The incel (a portmanteau of “involuntary celibate”) (1-20) subculture is an online subculture of people who define themselves as unable to get a romantic or sexual partner despite desiring one.

Discussions in incel forums are often characterized by resentment, misogyny, misanthropy, self-pity and self-loathing, racism, a sense of entitlement to sex, and the endorsement of violence against women and sexually active [2-4].

People don’t decide to become asexual because they can’t find sexual partners or because of any other circumstances. It isn’t a state of being when you’re going through a “dry spell,” nor is it a choice any more than being gay or straight is a choice. It’s just the way we are [5].

The assertion that asexuality is a mental or physical disorder is incredibly harmful to asexual people and has led to false diagnoses, unnecessary medication, and attempts at converting asexual people.

Endocrinologically speaking asexuality, as a philosophic credo, could be compared to platonic love (instead of romantic or sensual love).

The hormones related to these different types of demeanors are as far as platonic love is concerned, oxytocin and vasopressin, whilst as far as romantic love adrenalin and cortisol.

These hormones have respectively diverse reflexes upon skin management.

In other previous papers was described the remarkable influxes cortisol and adrenalin reveal upon skin physiology and final appearance.

In this Letter the importance of vasopressin and oxytocin are investigated in relation with skin response.

It is well known that vasopressin is a mild-strong vasoconstrictor and its concrete implications and involvements reveal its ability to yield a pale and homogenously flesh-colored aspect to epidermis in any occasion, as scare, sensation of heat, rage or fury, sun burning or couperose.

Vasopressin in dermal-cosmeticology is welcome always and perhaps could be even implicated in the
spontaneous bleaching effect in drunkens who usually present an irreversible rubrus vultus and do not have sexual intercourses cause of their lack of vis coeundi due to alcohol intoxication [6].

As far as oxytocin, manifold studies have shown this love-hormone (OT) and its carrier protein neurophysin 1 are found in the epidermis. The oxytocin receptor, which is found on human fibroblasts has been shown, when activated by oxytocin, to inhibit senescence-associated secretory phenotype (SASP). SASP activation induces the release of proinflammatory cytokines which contribute to skin aging. Therefore, its inhibition by oxytocin would constitute a protective mechanism [7].

The regular and periodical oxytocin secretion in asexual individuals drive to the skin senescence repeal and/or almost its slowdown.

Old maids and tabbies (because of their unvolunteer lack of sexuality, provoked by ancrestal social or behavioral attitudes and allures) have always shown a splendid “incarnadino” whichever is their age, aven they are great smokers and love tanning during summer days or drink alcohol.

The sole rarities and exceptions in this glamorous repertoire, are nuns and smews (the notorious representants of the Great Holy Family of Merguses merganser), because these individuals pretend to be enchained by eternal and spiritual love but deeply would like to appreciate sensual entanglements with maréchal-ferrants and garçons (cfr. Les Contes drolatiques by H.d. Balzac).

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

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