

The holistic vulva clinic: An integrative approach to the treatment of genital, sexual and non-sexual pain and the other health problems related to the female gender

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Abstract

The many different health issues related to the vulva takes an interdisciplinary and holistic approach as medical, psychological, sexological and existential aspects are intimately interwoven. Often vulval problems are chronic and the patients have them for many years. In this paper we suggest holistic sexology to be an important intervention for a long series of vulval health problems. We argue that the vulva carries immense symbolic meaning making it a focus point in the body of the most difficult feelings and emotions, making the vulva more exposed to psychosomatic problems than any other organ of the body. We recommend as an important tool what have been called "clinical medicine" - curing the patient through the growth of self-insight coming from the physicians and the patient's common exploration and investigation into her life, body, gender, sexuality, and feelings associated to her inner and outer genitals. A surprisingly number of different diseases and disorders can be cured in this simple way: Vaginal infections (non-STDs), skin problems such as lichen sclerosus, lichen planus, and lichen simplex chronicus, vulvovaginitis/inflammation/chronic infection/vaginosis of the vulva and vagina, chronic pain, (burning, irritation, pruritus), vulvodynia and pelvic pain syndromes, sterile and non-sterile urinary tract inflammations, PMS, amenorrhea, and sexological dysfunctions including sexual aversion syndrome and psychosexual developmental disturbances, lack of genital self esteem. NNT=2 estimated from the literature. Tools are talk therapy and therapeutic touch including five tools of holistic manual sexology i.e. including the sexological examination. Finally the ethics of the vulva clinic is discussed.

Keywords: Holistic medicine, psychosomatics, integrative medicine, non-drug medicine, genital pain, ethics.

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Introduction

The vulva clinic has a long and complicated history with a large number of unclear and overlapping diagnoses (1). There are problems related to sexuality, like dyspareunia, which are closely related to the sexual dysfunctions, like lack of desire and excitement, anorgasmia, sexual aversion disorder and low genital self esteem.

There are also problems seemingly not related to the dynamics of coitus or the psychosomatic and psychosocial aspects of sexuality like chronic infections (vulvitis, vaginitis, vaginosis, STDs), chronic sterile inflammations (vulvar vestibulitis syndrome (VVS)), irritated clitoral prepuce, and more, and pain for no "anatomical" reason, like vulvodynia (vulvar pain with no visible organic cause), dysplasia (Lichen Simplex Chronicus, Lichen Sclerosus, and Lichen Planus) and vulval cancer. These clinical conditions are often in the biomedical clinic seen as more "organic" and of less psychosocial origin.

There are the problems related to the muscles of the pelvis (the pelvis floor, the deep (long) skeletal muscles) and the diagnoses associated with this (pelvic pain syndrome, possibly also vaginismus etc). Finally there are referred pains and discomforts from the low back, uterus, uteral ligaments, intestines, kidney, bladder, urethra etc. On top of this we have a whole class of somatisation, hysteric, and hypochondriac mental states often involving the vulva, vagina, uterus, ovaries, anus etc. Often the woman fears to have cancer although vulval cancers are rare.

The pains are a study in itself. There are deep pains and superficial pains, pains associated with the mucosa and pains associated to the muscles, there are provoked pains as in dyspareunia, and non-provoked constant pains as in most cases of vulvodynia; there are allodynia where a light pressure from a cotton bud (Q-tip) provokes the pain, and then there are wandering pains that shows up here and then an other place, and there are infrequent pains that only comes sometimes. Then there are sharp cutting pains, there are itches and discomfort going all the way to psychological factors like low genital self-esteem and even strong shame, disgust, and repulsions connected

to own genitals, the last often somatisating into one of the other types of pain and discomfort.

When it comes to the objective findings from the pelvic examinations there is a similar spectrum of infections, vaginoses, variations of flours, inflammations, and unspecified irritation and visual redness, mucosal thinning, and then again very often nothing pathological to see at all, or a pathological finding not at all explaining the reported symptoms. The explorative phase often reveal some tenderness, and if you are lucky the exact pain or feeling that the patient complains about.

Often there is a strong emotional reaction to the pelvic exam that is known to be stronger if the patient has been sexually traumatized or abused. The whole abuse aspect is a complicated ting in itself, incest and sexual abuse being extremely common, as it often has been found in population surveys that at least 15% of the girls of the western world have been sexually abused.

If you use the ISD-10 or DSM-IV-TR you will end putting you patient in one of the categories of the system and treat her accordingly, but little is known about the effects of the treatments, as there has been very few controlled clinical studies in the vulva clinic. At Columbia Presbyterian Medical Center Cutaneous-Vulvar Service the most common presenting condition was diagnosed as vulvar vestibulitis (36.2%), followed by lichen sclerosus (19.2%) and vaginitis/vaginosis (14.8%) (1).

In general the most common diagnoses related to vulvar pain are vaginitis/vaginosis, vulvar vestibulitis syndrome (VVS), dysplasia (Lichen Simplex Chronicus, Lichen Sclerosus, and Lichen Planus), and vulvodynia. It is known from many population surveys now that the prevalence for vulvodynia is about 10% of young women, but most of these women are not seeking medical attention as it is generally known that there is no efficient cure; surgical vestibulectomia seems only to give temporary pain relieve, and it has almost always serious side effects and active pharmaceutical substances often do more harm than benefit.

In general the vulva clinic has been rather inefficient in understanding and healing the patients' many and complex disorders and discomforts. Recently the traditional diagnosis has been challenged, and most of the commonly used

treatments have been found not to be evidence-based. We obviously need a much more integrative and holistic approach to the vulva clinic.

The holistic vulva clinic

The traditional medical and gynecological approach to the vulva clinic is the pelvic examination and in the sexological clinic this is complemented with the sexological examination (2-7). In holistic medicine and sexology the focus is not the vulva, however obvious since the symptoms come from here, but always the whole person, and her body, mind, spirit and heart (existence).

If you are a busy physician just this last sentence will already have spoiled your motivation for further reading of this paper. But this is a fact: The vulva has no life on its own, it is a completely integrated part of the woman, and from a holistic medical perspective all vulval problems, except the most banal STDs (and maybe even these), are a materialization of the women's problems with body, gender, and sexuality.

Even dysplasia and cancer, except for a few genetic cases, are from a holistic perspective often directly caused by the inner imbalances and disturbances in the biological information system that normally guides the cells to do what needs to be done in the body, including the genitals, in an orderly way. If this biological order is disturbed the cells start dividing randomly and without respect for the order of the tissue they come from, which is cancer per definition.

The genitals are a focus point of the strongest emotions and feeling in a person's life; the female genitals are psychosomatically burdened by representing the woman's ability to reproduce and her sexual attractiveness.

We doubt that no woman honestly can say that they never have felt sexually violated at some point in time. Most girls are not allowed to have the natural sexuality they are given by birth, all this giving the experience of sexuality a negative color (8). The fundamental idea of holistic medicine is that the tissues of the relevant organs hold on to the emotional pain (and joy) that cannot be accepted, contained, and integrated as natural part of life. All these repressed feelings are then disturbing the biological order.

As vulval health issues are closely connected to the personal history of sexual traumas and sexual repression, the fundamental tool of the vulval clinic is what has been called "clinical medicine": The examination and exploration of the problem and its causes together with the patient (9).

Understanding is the cure. Insight is what heals. Even cancer is from a psychosomatic point of view likely to be a materialization of chronic irritation and discomfort (10-16), so this approach might even cure vulval dysplasia and cancer (most unfortunately we still miss good clinical trials to see if the holistic approach is more effective in making the patient survive that surgery and chemotherapy, but there can be little doubt that most women would like to keep their vulva intact if possible at all).

So the holistic cure in general, not only to vulval and genital problems, but to all health problems, is the exploration of the patient's body, emotions and feelings, mind, spirit, heart and whole existence together with the patient. There are basically two tools here, which are talk and touch (17-19). The combination of talking and therapeutic touching has been found to be the most efficient kind of CAM often called "mind-body medicine" (20).

Mind body medicine and CAM is known not to have any significant side effects (21-26), meaning that you can safely use these tools without worrying about harming your patient (the opposite situation of using drugs and surgery, where you most often induce some kind of side effect and harm).

Most interestingly is it that mind-body medicine has been found highly efficient for a long series of clinical conditions, like coronary heart disease (27,28), cancer (29), and somatic and psychiatric problems (30-35); we find it likely that all kinds of infections, inflammation, chronic pains, autoimmune disorders, and a long row of psychosomatic disorders can be cured this way, as it has been for millennia (36).

There is still too little knowledge about the efficacy of clinical medicine for each concrete disorder, including the vulval health issues, but in general research has shown that every second chronic patient with somatic, mental, sexual and existential problems can be cured in only one year with about 20 sessions. If therapy is continued another 25% (estimated) will be cured the next, in the end curing

most patients. We therefore have reason to believe that holistic, clinical medicine is the most efficient type of medicine there is, also for the vulval disorders.

The practical approach

The first thing to realize, which might be pretty hard for a busy physician, is that the vulva does not live its own life; it is a part of a woman with a precious often severely wounded sexuality, and the vulva is, as her primary sexual organ, a materialization of the state of her sexuality and life energy as such.

The vulva is therefore an organ loaded with strong and often difficult emotions, feelings and sensations, and the mere approximation to the vulva as you are going to examine it, will provoke a strong emotional reaction in your patient that will tell you more than a thousand words about the reason for her vulval problems.

Never miss the opportunity to open the conversation about relevant feelings and emotions at this point. It might be emotionally difficult for both of you, as it opens up to the woman's most intimate and private secret of her life, so be gentle, compassionate and empathic. Kindness is an exquisite art, and healers need to master it impeccably.

From a holistic perspective, a compromised immune system locally in the vulva, a dysplasia of the mucosa, a strong irritation of the introitus, or a strong pain provoked by a touch of the deep skeletal muscles have pretty much the same cause, which is an disturbance in the pelvic area of the biological information guiding the cells and tissue.

In our experience such an informational disturbance is almost always caused by emotional problems related to her sexuality, i.e. strong positive and negative feelings and emotions that have been repressed long time ago as her childhood environment, most often both her parents, could not accept and contain her childhood sexuality. Naturally sexual abuse and self-abuse, i.e. from having sex without feeling desire and excitement, but only from a felt obligation to the man, which is extremely common, can have made everything much worse since then.

So basically, from a holistic point of view, we as physicians and therapists are sitting next to a person

that has a vulval problem caused by the woman not being able to experience, contain, express, and live her sexuality freely. The idea is that if you are able to help her understand herself and return to normal sexual functioning, all her vulval problems are most likely to disappear.

So only when she is sexually healed, only when the emotional scars on body and soul causing the vulval disorder are healed, will her vulval symptoms disappear. To physicians not acquainted with psychodynamic or holistic-medical theory this might seem farfetched, but let's assure you that it is not. Many of the old physicians, and even Freud, Jung, Reich, Lowen and so many more of the greatest healers and therapists of our time has carried that conviction: The blockage of sexuality is the primary cause of physical and mental disorders, as sexuality is our primary life force. And nowhere is this psychosomatic connection seen more clearly than in the vulva clinic.

The sexological approach to vulval problems is not new of course; it has been used ever since Hippocrates invented the pelvic massage (often called "physical therapy for the pelvic floor") as cure for hysteria and other disorders of the female (36). What the Hippocratic doctors did was very simple: Massaging the genitals and other organs of the pelvis, until the emotional resistance was resolved; the female patient healed emotionally and existentially in this process and developed eventually her mature, genital character (37,38).

In the sexological clinic Wilhelm Reich and other holistic sexologists developed the concept of working against the patient's resistance to perfection (39). To work against the emotional resistance basically means to give her full emotional support and in the same time, for the sake of healing, expose the patient for exactly what she likes the least. Doing this is to use the classical Hippocratic principle for inducing healing called the principle of similarity (40-46). The principle of similarity means that you are behaving caring to the patient and in the same time, but in good intent, evil to her, to helping her re-experience and feel the original difficulty that lead to the repressed feelings that now causes her illness.

To use the principle of similarity in clinical medicine is quite an art; first you must win the full confidence of your patient, and then you must explore

in a playful experimenting way what is going on inside of her. Actually you do not only need to be kind and caring, you need to be as supportive as a good parent - that is in essence fact *loving*.

You need to be a generous and loving person to be a great doctor. As very few medical doctors are relaxed, easygoing and loving people; practicing clinical medicine takes a great deal of personal development. As you practice it you will learn as much about yourself as you learn about you patient. This process always takes some assistance from a supervisor or therapist where you can explore yourself, your own feelings, you own sexual reactions etc. Only when you truly know yourself you will be able to follow your patient relaxed and confident into her most shadowish sides.

Most physicians do not like the concept of clinical medicine where the examination is the cure, because they are also touched, provoked and in the end cured by this procedure; holistic medicine might seem really strange for the biomedically trained physician and starting with the whole person ending with the sick organ is quite the opposite of the normal biomedical procedure in the gynecological clinic where examination, diagnosing from the local findings, and treatment of the specific organ's disorder is the standard practice.

So, to come back to the essence of the situation: You are in the holistic vulva clinic sitting with a patient, a woman, who has a problem with her genitals, because she has a problem with her sexuality, because she was treated without love and acceptance of her body and sexuality in her childhood, or because she had some kind of disaster like a sexual violation or a relationship with self-abuse in her teens. If you support her to the deep insight and self-acceptance that she is missing today, she is most likely to heal her sexuality today and her vulva tomorrow.

The three steps

One of the most powerful, traditional tools in sexology that is relevant in the vulval clinic when the female patient needs to explore and investigate her sexuality and return to normal sexual function of the genitals, is *the educational gynecological sexological*

examination, often just called the *sexological examination* (2-6).

To use this tool you need to have a good training in therapeutic touch and a comprehensive understanding of female sexuality and the way it is manifested in and expressed through the female genitals. If you are a man you need to support your female patient on the energetic level meeting her with you masculinity; if you are a woman you need to come from you inner male to give you female patient the appreciation and emotional support she needs to go through this challenging procedure.

We recommend that you are familiar with the literature on sexology and with psychodynamic theory, especially the works of Freud, Jung, Reich, and Searles (47). You also need to be well trained on bodywork; good systems are Reichian therapy, the Rosen Method, bioenergetics (Lowen) (48) and similar mind-body techniques.

We recommend that you complete training as a body worker and also take sufficient training in sexology; the European master of science of complementary, integrative and psychosocial health sciences (EU-MSc-CAM) is recommended if you live in Europe (40-47). On the other hand, if you always have worked with bodies and sexuality, and enjoy a happy sexual life with your partner, and have a high quality of life and a good life in every way yourself, you are most likely also to be a good doctor or sexologist, and then you do not really need more training. Still you might need a supervisor and we strongly recommend that you read the practical ethical recommendations for holistic physicians, therapists and sexologists as they are formulated by the International Society for Holistic Health (49). We also recommend the therapist to be member of a Balint group.

After these introductory remarks on qualifications, let's proceed to the procedure. There are basically three steps in the sexological examination: Recollection of her personal sexual history, visual examination of her genitals together with her, and exploration of vulva/vagina/anus to support her in exploring all the difficult emotions held by the tissues of the pelvic organs.

As most personal history is likely to be repressed as it is emotionally impossible to embrace as a child, just talking sexual history will not do much, but it is a

good way to get introduced, and to open up for confidence and intimacy. Do not expect verbal therapy to do much for your vulva patient; most likely she already had had several years of psychotherapy and often also psychiatric treatment.

During the talk session it is important to confronting her with her own sexuality. It is also important to explain how and why “the body and mind keeps the scores” (50) so that she gets the idea of healing and the goal of being a whole person experiencing a strong sense of coherence (51,52). She must be warned that in the therapy she is likely little by little to remember everything bad that happened to her, and it must be underlined to her that these painful memories related to sexuality are the reason for her vulval and sexual problems, so they must be confronted and integrated.

The second step is the first part of the sexological examination: Visual exploration of her genitals by the physician together with the woman, which is best done using a mirror. This is quite opposite of the traditional gynecological examination, where the woman is passive; in this step the woman must be the active part, touching herself everywhere during the exam and one by one naming all the parts of her genitals and telling you about their function and in the same time about all the difficult feelings this confrontation wakes in her.

This confrontation is the most difficult thing for many women, especially if they have been abused sexually, where just being looked upon by a man will induce a feeling of shame and guilt, often it will be felt like exploitation, abuse and violation. So already here the principle of similarity is active, if you notice. The only thing for you to do is to talk with her about her reactions in all details; ask her if she finds her own reactions relaxed and natural, or tense and neurotic, and if she agrees to the latter, you need to explore this emotional reality together with her.

Talk to her honestly about your feelings and reactions also, even if you got a negative reaction to her genitals, which you are most likely to have as your reaction mirrors the emotions she is holding back in her genitals. If you feel her genitals “dirty”, “disgusting” etc, these feelings are likely to be rational reactions to the energies stored in these tissues. If you are a healthy person your reaction to healthy genitals are most likely to be healthy. So

don’t blame yourself for feeling what you feel, just be honest about everything and put your full thrust in the process of healing.

The last, third step is also the most difficult. In this last part of the clinical medical procedure, the explorative therapeutic touch is used as vehicle for patient’s consciousness exploration of self, sexuality, feelings, attitudes and sensations related to the vulva. In this step after verbal consent (we also recommend written consent) the physician will touch his female patients genitals, very much as in the normal pelvic examination, acting with the different purpose of educating the woman and allowing her to investigate and explore herself, her body, sexuality, genitals and related problems.

Therapeutic touch of the genitals has traditionally been done in five different ways, from the smallest to the largest of holistic medical procedures (see table 1). These tools should only be used when conversational therapy including sexual biography (step 1), and genital confrontation and anatomical education (step 2) have failed to solve the problem, and then the smallest tool of these five tools for therapeutic genital touch, that is likely to cure the patient, should be used. (53)

Often the first session or a few more will be only talking, the second general bodywork on the couch, and the third or fourth session will involve the patient’s genitals. The manual therapy often continues for 5-10 sessions over even more, over one year, before the patient’s problem is solved. If 20 sessions during two years does not help, it is not likely that the holistic medical method works.

Table 1. The five tools for manual sexology (53)

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1. Acceptance though touch (55)
 2. Vaginal acupressure (37,38)
 3. Pelvic Examination (56)
 4. Holistic Pelvic Examination (56)
 5. Full sexological examination (2-7)
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Some patients will need a pelvic examination on the first visit for the physician to evaluate if holistic treatment is likely to help the patient sufficiently, or if some bacterial tests, antibiotic etc. drugs, involvement of specialists for anti-cancer surgery and radiation therapy etc. are also likely to be necessary. The ethics

of the treatment must be up to standard, and violating this by having sex with the patient will seriously ruin the patients changes of getting the help she needs from the treatment (54).

The five tools

You can practice manual sexological therapy for sexual/genital healing on many different levels. The ethical and rational physician will carefully take one step at a time, and only use the resources necessary and the smallest tools that actually will do the job.

Interestingly just a minimal therapeutic touch of the patients pelvis/genitals (mount pubis or upper vulva) is sometimes curative as the therapists intention of acceptance signified through the therapeutic touch often heal the patient who suffers from simple genital pain and discomfort caused by repressed feelings like shame and guilt (55) The next step is intra-vaginal/anal massage/acupressure, which is also the classical procedure of Hippocratic Pelvic massage (36-38) which is identical, or at least very similar, to the explorative part of the common pelvic examination. The only difference consist in the common examination of the vagina, pelvis and other parts of outer and inner genitals, which gives the female patient insight in her emotional issues and energetic blockages in this area. According to one study this procedure alone cures more than half of the patients suffering from a variety of genital problems, sexual dysfunctions and pelvic pain syndromes (38), explaining why it has been such a popular medical procedure for over two millennia.

Unfortunately about one third of patients will not be sufficiently helped by these techniques, no matter how skilful and persistent they are accomplished. In this situation it is recommended to work directly against the patients emotional resistance; this often include direct sexual stimulation, role-plays of sexual abuse etc. and according to some studies the percent of the patient helped can by this be raised to about 80-90% (57,58). Still it is quite remarkable that if only conversational therapy and non-genital bodywork was used like in standard clinical holistic medicine about 40% of sexually dysfunctional patients were still cured (32).

The therapeutic value from therapeutic touch comes from the fact that many patients need physical contact to release and integrate the painful, repressed emotions they are carrying in their body from early traumas. Only this kind of support can help her attention to return to the body which it had planned to escape for good many years ago. It is really amazing that physical, sexual and genital healing can be done so easily – all it takes is sufficient exploration for the woman to get self-insight. The old Greek saying carved in the rock above the temple entrance in the famous temple of the oracle in Delfi, “Know Thyself” is really the key to healing, and also the core of the classical Hippocratic “character medicine”.

It is important to remember that penetration of the vagina (and anus if necessary for the patients reclaiming of own bodily space) with one or two or more fingers obligatory reminds the patient of penile penetration and sexual abuse, making this procedure extremely emotionally difficult and also extremely therapeutically efficient with sexual abuse victims. The integration of the difficult emotions and thought from traumas from rape and incest should be taken in steps also, never burdening the patient more than can elegantly be handles between sessions. Developmental crises which need intensive 24-7 care happens often with the most severely abused patients, and occasionally in patients who have very strong Oedipus complexes. Patient who have a prior psychiatric history of psychosis might experience a developmental crisis with psychotic elements, but with sufficient support this is not harming the patient (23-26). Sometimes the patients need to work with role-plays and psychodrama to get back into the painful experience of sexual abuse. Most interestingly father’s abandonment (i.e. by leaving the home when the patient was still a little child) or sexual neglect of the patient seems to be even more harmful than sexual abuse.

The pelvic exam is often highly provocative, and is as such a large tool in the manual sexology; the obvious advantage with this tool is that it is expected and generally accepted, so it is so easy to get the patients consent to this, and nobody will question you clinical practice; the disadvantage is that you risk to re-traumatize your patient as 15% of young female patient experience this examination as very painful, and 33% as a negative experience.

Many physicians and sexologists have some reluctance to use the large sexological manual tools and many holistic doctors like Wilhelm Reich have been persecuted for using them by the boulevard press, accused for sexually abusing the patients (39). While this is not likely to be true, at least not in the case of Reich, who was known by his students and patients to have a high level of integrity and ethical consciousness, this is still an important element of our culture, and any sexologist choosing to help his patients with these tools should be aware of the danger of being discredited by bad publicity in these media.

The larger sexological tools are the holistic pelvic examination, which basically is the pelvic exam used therapeutically and finally the sexological examination itself. The later is a great tool, that have proven superior in treating female sexual dysfunctions in many studies; it is a large therapeutic tool as it in its full form includes direct sexual stimulation of the patient's clitoris and vagina. Many critiques find that as this sometimes make the female patient have orgasm in the clinic this is too close to having sex with the patient. For this reason this treatment has not been offered in many medical clinics in Denmark, in spite our liberal attitude, but it is normal in CAM clinics. As our own Research Clinic for Holistic Medicine and Sexology in Copenhagen has been a medical clinic we have not offered this treatment to patients and our knowledge of its effect is limited.

But we have studied CAM therapists who have used similar techniques with surprising efficacy, even in the treatment of the most severe chronic anorgasmia-patients (58). So there can be no doubt that the largest of the tools for holistic manual sexology, the full sexological examination, is highly efficient for the patients that needs this kind of explicit and direct sexological treatment.

Nudity is often helpful, but many patients are too shy to be naked on the couch for the first couple of sessions. The therapist hands are then placed on the stomach in vicinity of the vulva, and the emotions that the intimacy provokes are discussed and released. Gradually the vulva is confronted, and all the emotions processed. It is quite amazing how efficient this little procedure is with most patients. Even without therapeutic touch of the vulva much of the

negative emotional charge related to sexuality can often be discharged this way.

The symbolic significance of the vulva

From a psychosomatic perspective the disorders of the vulva are likely to be connected to psychological imbalances and arrested psychosocial development related to the female patient's gender and sexuality. The psychological significance of the vulva is profound; the vagina is her symbolic (energetical) opening to the world, to the male partner, and to the divine (as man represents the spirit while woman represents earth) and also the source of her offspring.

From a depth-psychological perspective the woman is even held by herself in her own womb (59). The significance is so deep that it is hard to imagine and fully comprehend, and therefore the vulval disorders almost always carries hidden symbolic meanings that only reveals themselves after month or even years of analytic, psychodynamic or existential therapy.

On the other hand much is easy to understand immediately, without too deep reflections. Basically the vulva is about presenting her vagina and uterus to a male partner sexually, thus turning him on, seducing him, and in the end getting his semen and children. It is also about simple sexual pleasure of coitus and of receiving the penis in the vagina. This makes orgasmic potency an important issue, since the orgasmic potent woman is multi-orgasmic and reaches orgasm easily. If this is not the case with the actual patient this is a good issue to address verbally in the opening of the sexological therapy.

From a holistic medical point of view the diseases of the vulva cannot be separated from the female patient's sexuality, which means that the vulva cannot be treated separately from the pelvis and the rest of the human body. Her general attitude to her body is also an important issue to address. To heal the vulva a sexual healing is needed. But the holistic perspective takes this longer: To heal sexually, the patient often needs to heal at an existential level. The general quality of life is therefore also an important issue to talk about at the start of the therapy.

So what seems to be a small problem of pruritus of the introitus or pain related to the clitoral

stimulation during sex can easily end up being the start of a long journey of psychosexual and human development for the patient.

The physician needs to teach this perspective to the patient, to allow the patient to assume responsibility not only for her genital and sexual health but also for her whole life, physical and mental well-being, relations with partner, friends and family, working life, and global quality of life.

It is so easy to carrying out a great number of traditional medical procedures, but as the many chronic vulva patients indicates these are often unproductive; many patients have been through biological tests like bacteriological analysis, blood tests, tissue samples, they have been examined with ingenious machines like kolposcopes, vulvalgesimeters etc. and they have been given dozens of drugs without curative effects. They have now come to your holistic clinic to get what they never got, which is healing from the disorder, that has tormented them for so many years, including a resolution of the deeper, existential and psychosocial causes of their more obvious vulval symptoms.

To understand the psychosomatic dimensions of health problems related to the vulva, it is necessary to consider the natural biological functions of the vulva. The vulva contains the head of the clitoris, and thus the primary center of the female sexual pleasure. As pleasure is often seen as bad and strongly repressed in childhood, most problems centered around the region of clitoris is about pleasure and repression of pleasure. Below clitoris we have the orifice of the urethra, and Graffenberg showed in his famous study in 1950 (60) that the urethra played a central role in the female orgasm (thus the highly erotically sensitive locus for transvaginal stimulation of the urethra was labeled the "G-spot"). Half of all the urinary tract infections are not really infections but only inflammations and local irritations most likely connected to problems related to the female orgasm.

Below the orifice we find the introitus and vagina; the psychosexual function of the introitus is the acceptance or rejection of the penis; the function of the vagina is first the reception of the penis, secondary the locus of pleasure and vaginal organs, and third the reception of the semen. The function of the labia minor is to protect to clitoris, urinary orifice, and introitus, and presumably more importantly from

a psychosomatic perspective to present her vulva to attract a male partner. The labia major have both these functions as well, but seem to have primarily the last mentioned function.

So the female genitals are intensively charged with sexual significance and positive and negative emotions. The emotions are typically shame, disgust and the like. The tissue often carries these emotions in them giving a strong tendency to local disturbance of the biological information regulation growth and immunological activity. The lack of normal immunological resistance is a likely cause of infections and the disturbed information is a likely cause of abnormal growth of the mucosa, dysplasia and cancer. The strong emotional charge carried by the tissue is likely to cause sterile inflammation, primary vulvodynia, and dysparunia.

So it seems that the psychosexual developmental problems that cause the different sexological problems also are causing the physical health problems of the vulva. In accordance with this it might be rational to work on solving the female patients' sexual and emotional issues instead of only focusing on the physical level of the illness. To do this we recommend the combination of conversational therapy and manual sexological tools listed in table 1 (53). The process of healing will normally take the following four steps: 1) Emotional healing. 2) Sexual healing. 3) Spiritual healing. 4) Existential healing accompanied by 5) The healing of mental and physical disorders including the vulval disorder - that was the reason for the patient visiting the doctor in the first place (see table 2) (61-63).

Table 2. The steps of healing leading to the cure of the vulval disorder

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|---|
| 1) Emotional healing. |
| 2) Sexual healing. |
| 3) Spiritual healing. |
| 4) Existential healing accompanied by |
| 5) Healing of mental and physical disorders |

This is quite remarkable that treatment of a vulva-disorder with integrative, holistic sexology often leads not only to the cure of the genital problem itself, but also to the resolution of many other problems related to sexuality and the one-to-one relationship. But also more fundamental personality disorders and even

severe mental disorders like depression and schizophrenia has been reported resolved, when sexuality is healed.

Freud and Reich seemed to agree about describing three steps of female sexual maturity: 1) the most immature called infantile autoerotism, 2) the immature sexuality only including the patient herself often called the masturbatory or clitoral state, and finally 3) the mature, genital sexual state called the vaginal state (8,39).

It is not difficult at all to identify the level of sexual maturity when you discuss these steps with your patient. If the patient is able to obtain multiple full vaginal orgasms she is likely to be sexually mature; if she can get clitoral orgasm when she masturbates or stimulated, but not a vaginal orgasm during intercourse she is likely to be at the second stage; and if she cannot make use of her sexual energies at all, she is likely to be in the state of infantile autoerotism.

Sense of coherence

The most important concept in relation to clinical medicine and clinical holistic medicine is the concept of experienced sense of coherence. This experience of being an integral part of the world is the existential core dimension that must be improved to induce existential healing or salutogenesis according to Antonovsky (51,52).

The process of healing (64) has been neglected in contemporary biomedicine, and we need to go back to the Hippocratic roots of medicine to understand healing. The patients become well again, claimed Hippocrates and his students, when the patient once again feels one with the universe (or "loved by God" in Christian terminology). In the natural and realized state of being man is able to step into character and use all talents to be of value to the surrounding world. Because of this fundamental idea of self-realization in medicine the original European holistic medicine has been called character-medicine. Hippocrates and his students knew that health come from feeling wonderful, being your natural, free and happy self. For over two millennia this has been the answer to the prayers of cure, good health, and lasting good fortune.

Character, Wilhelm Reich said, is fundamentally about gender and sexuality; and only if you integrate you sexuality into you personal character can you be you true self. Reich therefore called the mature human character for the genital character of the patient. It is quite interesting that the patients approaching the clinic with problems related to the vulva often to an extreme degree have avoided integrating the genital sexuality into their personal character. It is the rule more that the exception that the female patient with vulvodynia, lichen planus or recidivate urine tract infections are neurotically orderly, hygienic, nice to everybody and obsessed by pleasing other people, in stead of being selfish, autonomous, independent, self-confident, and focused on the talents and gifts that makes her an exceptionally valuable and alive person, who deserves the greatest of joys and pleasures humanly obtainable.

Often severe personality disorders go hand in hand with severe sexual and genital problems as already Freud, Jung and Reich noticed. If you as a physician realize that there might be a simple causal link between the immature, sexually irresponsible attitudes and behaviors of your vulva patient, you will feel the obligation to turn the patient's attention towards this hidden order. If you are not trained in psychoanalysis or depth psychology, and if you only have a little training in sexology, you might in the beginning feel it quite difficult to do so.

Healing the disorders of the vulva

The diseases of the vulva can be categories into sexual and non-sexual problems as listed in table 3. In most cases the holistic clinic addresses the chronic disorders and diseases that remain after an unsuccessful treatment by the patient's own physician or gynecologist. In general holistic medicine is effective in pain (NNT=1-2), discomfort, low self acceptance (NNT=1-2), and for all disorder where the biological order (i.e. tissues, organ structure, body form) is disturbed (NNT=2-3), or immune function is to low (recidivate or treatment resistance infections) (NNT=2). Problems caused by sexual traumas like rape is almost also successfully treated with holistic mindbody medicine (CHM) (NNT=1).

Table 3. The most important non-sexual and sexual health issues related to the vulva*“Non-sexological” diseases*

Vulval and vaginal infections (STDs and non-STDs)
 Skin problems such as lichen sclerosus, lichen planus, and lichen simplex chronicus and other problems related to the mucosa
 Vulvovaginitis (VVS) is inflammation or infection of the vulva and vagina.
 Chronic burning, pain, and irritation (including pruritus)
 Vulvodynia (chronic vulvar pain, most often described as a burning discomfort, whose specific medical cause cannot be found).
 Precancers (dysplasia/carcinoma in situ)
 Cancers, metastatic cancers
 Pelvic/perineal/perianal pain syndromes
 Sterile (50%) and non-sterile (50%) urinary tract inflammations
 PMS, amenorrhea

Sexological dysfunctions

Desire problems including lubrication problems
 Excitement problems
 Orgasm problems
 Vaginismus
 Dyspareuni
 Sexual pain (from negative emotions, tensions)
 Sexual aversion syndrome
 Psychosexual developmental disturbances (symptomatic eating disorders like bulimia and anoxia nervosa, self-esteem problems, lack of genital self esteem etc.)
 Problems after sexual traumas like rape or incest

Female ritual circumcision

Problems related to the trauma
 Problems related to self worth and self acceptance
 Problems related to sexual pleasure

Holistic treatment of cosmetic problems

Problems of the breast – acceptance, size, shape
 Problems of the vulva/labia – acceptance, size, shape
 Problems of body shape and sex character

In general sexual dysfunctions and psychosexual developmental disturbances are treatable (NNT=1-2). The chronic or recidivate vulvo-vaginal inflammations and infections that is treatable with holistic methods, although the NNT for successful healing is not yet know, includes a number of diaseses: Lichen sclerosus, papillomatosis, seborrhoeic eczema, allergiv eczema, irritant eczema,

Lichen simplex chronicus, vulvar psoriasis, Lichen planus, vestibullitis, ulcerating and blistering disorder, and erythema multiforme. Patietents suffering from fungal and viral infections, like candida albicans, erosive vulval candidiasis, tinea cruris, genital herpes simplex, recurrent varicella zoster virus, muluscium contagiosum, genital warts and human papiloma infectin, and Staphylococcus infection (bacterial impetigo), all of which can be rather resistant to pharmacological treatment often heals or improves when immunological resistance in increased though improvement of patient quality of life in general - and genital self acceptance specifically.

Recidivant crab lice (*Phthirus pubis*) and scabies (*Sarcoptes scabiei*) often takes a life style improvement to prevent, as do multiple reinfections with gonorrhoea, syphilis, vulval chancroid, bacterial vaginosis, trichomonas vaginalis.

A number of degenerative and atrophic disorders of the vulva (genital aphthae, Behchet’s disease, necrolytic migratory erythema, Crohn’s disease of the vulva, Bollous pemphigoid, pemphigus vulgaris, pemphigus vegetans, vulval scaring from citatrical pemphigoid, Epilation folliculitis, apocrine acne, idradenitis suppurativa, idiopatic labial oedema) have no pharmaceutical treatment, but holistic intervention is applicable. Again, the NNT numbers for the treatments of these diseases are not known.

Holistic treatment of benign gynecological tumors like: Acrochordia (skin tags), venous varicosities, keratinous cysts, mucous cysts, papillary hidradenoma, genital syringomata, giant venous ectasia, maematocolpus, endometrioma, benign melanocytic lesions, lentigo simplex, vitiligo, Idiopatic aquired pigmentation of Laugier, are often the only alternative to surgery of the vulva, which might be rather traumatic and reduce future sexual functioning.

Holistic treatment of malign gynecological tumors, like Intra-epitelial neoplasi (Bowenoid papulosis, Bowens disease) malignant diseases like squamous cell carcinoma, vulval lymphangiectasia, Verrucous carcinoma of Buschke-Löwenstein, Paget’s disease of the vulva (intra-epidermal adenocarcinoma), Langerhans’ cell histiocytosis, Basal cell carcinoma, malign melanoma is always a good supplement to biomedical treatment. When there is no documented success with chemotherapy or

surgery, holistic treatment might offer some comfort in a palliative intention, and might even induce spontaneous remission of cancer in the best case, as have been seen with other kinds of cancers (10-16).

Holistic treatment of female ritual circumcision focuses on healing the trauma, and rehabilitating to self worth and self acceptance, and finally recovering the ability to sexual pleasure. Contrary to the normal believe most circumcised females can still have a normal sexual life with vaginal orgasms, in their psychological problems are solved.

Holistic treatment of cosmetic problems addresses the surprisingly frequent subjective problems related to the breasts – accepting their size, shape and other qualities – and genitals, especially the vulva. The labia minors consider a big problem for many women you cannot accept their size, shape, feel etc. Such problems are almost always efficiently solved in the holistic vulva clinic. Other problems easy to address in holistic mindbody therapy are problems related to lack of acceptance of body shape and sex character in general.

Holistic treatment of low genital self esteem addresses the problems related to lack of genital self-esteem and self confidence and fear to express own sexual character due to low self-worth, shyness, repression by parents etc.

From a holistic, psychosomatic perspective, health problems of the vulva are as a rule always related to the female patient's sexuality. This fact is often quite inconvenient for both the patient and her GP. Sexuality is still a taboo and many patients do not discuss this subject easily even with their doctor. It is much more hygienic and nice, if a vulva problem just could stay a medical problem; if it turns into a problem of the patients' psychosexual development it means that the female patient must do some serious homework or even therapy related to personal development to solve her health issue.

The journey of the patient

It is quite an interesting journey to follow the female patient as she grows sexually. To grow into the mature woman all she needs to do is to get rid of the repression of her sexuality. There are two major elements here: the negative feelings/emotions, and the

mental negative judgment. So she needs to shift into a sex-positive mental attitude, and she needs to confront and integrate all the difficult emotions of shame, not being good enough, being ugly, being unwanted, not being attractive, being disgusting etc.

As mentioned about major tools there is a need to take the patient through her sexual history, asking her to write her sexual biography and using this as basis for further investigative talks. Often this is not enough; the genitals and the painful emotions related to every part of them needs to be confronted. After the negative emotions have been confronted it is normal that the positive sexual feelings appears, and when this happens you know that you have done a good job clearing your patient of the layers of emotions that repressed her sexuality. Unfortunately there are many layers of this process, and when she has freed one layer of her sexuality her whole personally starts to reorganize, making it possible to access the next layer in the next session. So do not think that every thing is coming back, when the problems are getting worse; it is just worse problems appearing from a deeper layer.

After 5 or 10 sessions you will often reach a layer of spiritual depths; she will start to talk about her love life and personal relations, and you can now start the process called spiritual healing, where she can start exploring new depths of her love and meet soul to soul at a deeper level with the people in her life. After 5 or 10 more sessions she will often realize that she has talents and characters that has now been used, and when she starts being the talented, gifted and loving, generous persons she was meant to be you have reached the existential level. When she systematically uses herself to be of value to everybody in her life, she will also notice a huge transformation of her attitudes and behaviors in the sexual domain and normally, this is the time where the vulvodynia, lichen planus etc disappears. It is quite amazing to follow this human transformation, from neurotic, sexually afraid, concerned about her bad health and genital problems, into the vital, happy, self-confident, generous and loving person.

You as the holistic physician have become the catalyst for the process that we often call *adult human metamorphosis*, because it is so similar to a caterpillar transforming itself to a butterfly. It is not difficult at all to help people grow. The trick is to understand emotional healing. As soon as you do that, and start

helping your patient integrate old negative emotions and change old negative attitudes, the healing journey has begun. Do not think that you need to be therapist or psychoanalyst to do this. Just be a loving person, using yourself as the tool, and be of service to your patient with everything you got.

Discussion

The use of the manual sexological tools has to be preceded by sufficient conversation therapy and careful, ethical considerations and also explicit consent after thorough explanation of the full procedure. To avoid setting the patient back physicians have for millenia accepted the Hippocratic ethics of not having sex with the patient, and we strongly recommend the sexologist to respect and comply with this ethic rule also. The problem here is really how we define "sex". If genital stimulation is sex, then the sexological examination is sex. The wise thing is to make the definitions practical; if we define sex as coitus and oral-genital contact, we have solved the problem, but this is hardly correct. Sexuality is everywhere, and we can circulate sexual energy even without physical contact, as anybody who has flirted will know.

So the debate about sexual ethics should be reasonable; the contact between a female patient with a vulva disorder and her physician should not be seen as sexual, even if the physician manipulate her genitals and even if she feels pleasure from this manipulation. Only if we can allow the healing touch also to be pleasurable, can we use manual sexological procedures, which in the beginning will be only painful and difficult; the pleasure is the sign of the problems being solved. Every physician should put up his own borders and stick to the tools that he or she finds ethical and appropriate. The only important issue is the ethical rules of this kind of therapy that must be kept in mind at all times and written consent paramount.

To be effective in the vulva clinic as a physician, therapist, gynecologist, or sexologist we suggest that you forget all your traditional school-medicine and start being a human being sitting there with another human being that desperately needs your help and assistance to get self-insight and through this the

physical, mental, existential and sexual healing offered by clinical medicine. A vulval disorder is in many aspects a severe handicap. It is a hindrance for a sexual relationship, a normal partnership, a high bodily and genital self-esteem, a good self-confidence, and a high quality of life. You will also often realize that your patient has been a chronic vulva patient for 5, 10 or 20 years, so if she is to get help at all she will most likely get it from you.

You will realize that you can only help her if you dare to involve yourself as a whole person and use yourself as a whole person as the tool for healing – the doctor is the tool (49). You might even experience the danger for your ego of stepping down from the traditional expert-role, to be just another human being helping and giving loving care and acceptance to another human being. Vulval disorders often need an integrative approach where medicine, gynecology, sexology and psychology all are important subjects needed to help your patient. Interestingly this becomes very simple in the concept of clinical medicine, where the physician and the patient in common explore the problem, confronting all connected issues like feelings and emotions, physical body and the sexual organs, the patient's sexuality and psychosexual development and in the end give the patient the self-insight needed for healing.

There are about 50 randomised scientific studies related to manual therapy and holistic sexological treatments for the clinical condition related to the vulva and pelvis, and the vast majority of these indicate that holistic treatment is efficient, as fifty to ninety percent (NNT=1-2) of all such patients normally are cured (1-7,32,38,65). As there are no known significant side effects of the holistic sexological treatments (NNH=64,000 for brief reactive psychosis (23-26)), so we believe holistic medicine and sexology are safe for the patients.

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References

- [1] Heller DS, Randolph P, Young A, Tancer ML, Fromer D. The cutaneous-vulvar clinic revisited: A 5-year Experience of the Columbia Presbyterian Medical Center Cutaneous-Vulvar Service. *Dermatology* 1997;195(1):26-9.
- [2] Hoch Z. Vaginal erotic sensitivity by sexological examination. *Acta Obstet Gynecol Scand* 1996;65(7):767-73.
- [3] Halvorsen JG, Metz ME. Sexual dysfunction, Part II: Diagnosis, prognosis, and management. *J Am Board Fam Pract* 1992;5(2):177-92.
- [4] Hamilton WH. The therapeutic role of the sexological examination. Dissertation. Los Angeles, CA: Calif School Professional Psychol, 1978.
- [5] Hartman WE, Fithian MA. Treatment of sexual dysfunction. New York: Aronson, 1994.
- [6] Hock ZA. Commentary on the role of the female sexological examination and the personnel who should perform it. *J Sex Res* 1982;18:58-63.
- [7] Hartman WE, Fithian MA. In Magnus Hirschfeld Archive for Sexuality. http://www2.hu-berlin.de/sexology/ECE5/sexological_examination.html
- [8] Jones E. The life and works of Sigmund Freud. New York: Basic Books, 1961.
- [9] Ventegodt S, Andersen NJ, Kandel I, Merrick J. Clinical medicine and psychodynamic psychotherapy. Evaluation of the patient before intervention. *J Altern Med Res* 2009, in press.
- [10] Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: Induction of Spontaneous Remission of Cancer by Recovery of the Human Character and the Purpose of Life (the Life Mission). *ScientificWorldJournal* 2004;4:362-77.
- [11] Ventegodt S, Solheim E, Saunte ME, Morad M, Kandel I, Merrick J. Clinical holistic medicine: Metastatic cancer. *ScientificWorldJournal* 2004;4:913-35.
- [12] Ventegodt S, Andersen NJ, Merrick J. Rationality and irrationality in Ryke Geerd Hamer's System for holistic treatment of metastatic cancer. *ScientificWorldJournal* 2005;5:93-102.
- [13] Levenson FB, Levenson MD, Ventegodt S, Merrick J. Psychodynamic psychotherapy, therapeutic touch and cancer. A review of the method of intervention and study of 75 cases. *J Altern Med Res* 2009;1(2):165-76.
- [14] Levenson FB, Levenson MD, Ventegodt S, Merrick J. Qualitative analysis of a case report series of 75 cancer patients treated with psychodynamic psychotherapy combined with therapeutic touch (clinical holistic medicine). *Int J Disabil Hum Dev* 2009;8(3):287-309.
- [15] Levenson FB, Levenson MD, Ventegodt S, Merrick J. Psychodynamic pain management for cancer patients. *J Pain Manage* 2010;3(1), In press.
- [16] Ventegodt S, Jacobsen S, Merrick J. A case of induced spontaneous remission in a patient with non-Hodgkin B-Lymphoma. *J Altern Med Res* 2009;1(1):101-10.
- [17] Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: Classic art of healing or the therapeutic touch. *ScientificWorldJournal* 2004;4:134-47.
- [18] Ventegodt S, Morad M, Andersen NJ, Merrick J. Clinical holistic medicine Tools for a medical science based on consciousness. *ScientificWorldJournal* 2004;4:347-61.
- [19] Ventegodt S, Clausen B, Nielsen ML, Merrick J. Advanced tools for holistic medicine. *ScientificWorldJournal* 2006;6:2048-65.
- [20] Ventegodt S, Merrick J. A review of side effects and adverse events of non-drug medicine (non-pharmaceutical CAM): Psychotherapy, mind-body medicine and clinical holistic medicine. *J Compl Integr Medicine* 2009, In press.
- [21] Vickers A, Zollman C. (1999) ABC of complementary medicine. Massage therapies. *BMJ*. Nov 6;319(7219):1254-7. Review. No abstract available. Erratum in: *BMJ* 2000 Sep 9;321(7261):623.
- [22] Sobel DS. Mind matters, money matters: The cost-effectiveness of mind/body medicine. *JAMA* 2000;284(13):1704.
- [23] Ventegodt S, Merrick J. Metaanalysis of positive effects, side effects, and adverse events of holistic mind-body medicine, subtype holistic, clinical medicine: "clinical holistic medicine" (Denmark, Israel) "mindful mind-body medicine" (Sweden), "biodynamic body psychotherapy" (UK), and "biodynamische körperpsychotherapie" (Germany). A review. *Int J Disabil Hum Dev* 2009, in press.
- [24] Ventegodt S, Andersen NJ, Kandel I, Merrick J. Effect, side effects and adverse events of non-pharmaceutical medicine. A review. *Int J Disabil Hum Dev* 2009;8(3):227-35.
- [25] Ventegodt S, Kandel I, Merrick J. Positive effects, side effects and negative events of intensive, clinical, holistic therapy. A review of the program "meet yourself" characterized by intensive body-psychotherapy combined with mindfulness meditation at Mullingstorp in Sweden. *J Altern Med Res* 2009, in press.

- [26] Allmer C, Ventegodt S, Kandel I, Merrick J. Positive effects, side effects and adverse events of clinical holistic medicine. A review of Gerda Boyesen's nonpharmaceutical mind-body medicine (biodynamic body-psychotherapy) at two centres in United Kingdom and Germany. *Int J Adolesc Med Health* 2009, in press.
- [27] Ornish D. *Love and survival. The scientific basis for the healing power of intimacy.* Perennial, NY: HarperCollins, 1999.
- [28] Ornish D, Brown SE, Scherwitz LW, Billings JH, Armstrong WT, Ports TA, et al. Can lifestyle changes reverse coronary heart disease? *Lancet* 1990;336(8708):129-33.
- [29] Spiegel D, Bloom JR, Kraemer HC, Gottheil E. Effect of psychosocial treatment on survival of patients with metastatic breast cancer. *Lancet* 1989;2(8668):888-91.
- [30] Ventegodt S, Thegler S, Andreasen T, Struve F, Enevoldsen L, Bassaine L, Torp M, Merrick J. Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) in the treatment of experienced physical illness and chronic pain. *ScientificWorldJournal* 2007;7:310-6.
- [31] Ventegodt S, Thegler S, Andreasen T, Struve F, Enevoldsen L, Bassaine L, Torp M, Merrick J. Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) in the treatment of experienced mental illness. *ScientificWorldJournal* 2007;7:306-9.
- [32] Ventegodt S, Thegler S, Andreasen T, Struve F, Enevoldsen L, Bassaine L, Torp M, Merrick J. Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) in the treatment of experienced impaired sexual functioning. *ScientificWorldJournal* 2007;7:324-9.
- [33] Ventegodt S, Thegler S, Andreasen T, Struve F, Enevoldsen L, Bassaine L, Torp M, Merrick J. Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) improves quality of life, health, and ability by induction of Antonovsky-salutogenesis. *ScientificWorldJournal* 2007;7:317-23.
- [34] Ventegodt S, Thegler S, Andreasen T, Struve F, Enevoldsen L, Bassaine L, Torp M, Merrick J. Self-reported low self-esteem. Intervention and follow-up in a clinical setting. *ScientificWorldJournal* 2007;7:299-305.
- [35] Ventegodt S, Andersen NJ, Merrick J. Clinical holistic medicine in the recovery of working ability. A study using Antonovsky salutogenesis. *Int J Disabil Hum Dev* 2008;7(2):219-22.
- [36] Jones WHS. *Hippocrates. Vol. I-IV.* London: William Heinemann, 1923-1931.
- [37] Ventegodt S, Clausen B, Omar HA, Merrick J. Clinical holistic medicine: Holistic sexology and acupressure through the vagina (Hippocratic pelvic massage). *ScientificWorldJournal* 2006;6:2066-79.
- [38] Ventegodt S, Clausen B, Merrick J. Clinical holistic medicine: Pilot study on the effect of vaginal acupressure (Hippocratic pelvic massage). *ScientificWorldJournal* 2006;6:2100-16.
- [39] Reich W. [Die Function des Orgasmus]. Köln: Kiepenheuer Witsch, 1969. [German]
- [40] Blättner B. *Fundamentals of salutogenesis.* Graz, Austria: Interuniversity College, 2004.
- [41] Endler PC. *Master program for complementary, psychosocial and integrated health sciences* Graz, Austria: Interuniversity College, 2004.
- [42] Endler PC. *Working and writing scientifically in complementary medicine and integrated health sciences.* Graz, Austria: Interuniversity College, 2004.
- [43] Kratky KW. *Complementary medicine systems. Comparison and integration.* New York, Nova Sci, 2008.
- [44] Pass PF. *Fundamentals of depth psychology. Therapeutic relationship formation between self-awareness and casework* Graz, Austria: Interuniversity College, 2004.
- [45] Spranger HH. *Fundamentals of regulatory biology. Paradigms and scientific backgrounds of regulatory methods* Graz, Austria: Interuniversity College, 2004
- [46] Schloss Seggau (www.inter-uni.net). Graz Austria: Interuniversity College, 2008
- [47] Searles HF. *Collected papers on schizophrenia.* Madison, CT: Int Univ Press, 1971.
- [48] Lowen A. *Honoring the Body.* Alachua, FL: Bioenergetics Press, 2004.
- [49] de Vibe M, Bell E, Merrick J, Omar HA, Ventegodt S. Ethics and holistic healthcare practice. *Int J Child Health Human Dev* 2008;1(1):23-8.
- [50] van der Kolk BA. The body keeps the score: memory and the evolving psychobiology of post traumatic stress. *Harvard Rev. Psychiatry* 1994;1:253-65.
- [51] Antonovsky A. *Health, stress and coping.* London: Jossey-Bass, 1985.
- [52] Antonovsky A. *Unravelling the mystery of health. How people manage stress and stay well.* San Francisco: Jossey-Bass, 1987.
- [53] Ventegodt S, Andersen NJ, Kandel I, Merrick J. Five tools for manual sexual examination and treatment. *J Altern Med res*, in press.
- [54] Ventegodt S, Struck P, Merrick J. Medical ethics: Therapeutic dilemmas in the sexology clinic. *J Altern Med res* 2009;1(3), in press.
- [55] Ventegodt S, Morad M, Hyam E, Merrick J. Clinical holistic medicine: Holistic sexology and treatment of vulvodynia through existential therapy and acceptance through touch. *ScientificWorldJournal* 2004;4:571-80.
- [56] Ventegodt S, Morad M, Merrick J. Clinical holistic medicine: Holistic pelvic examination and holistic treatment of infertility. *ScientificWorldJournal* 2004;4:148-58.
- [57] Masters WH, Johnson VE. *Human sexual inadequacy.* Philadelphia, PA: Lippincott Williams Wilkins, 1970.

- [58] Struck P, Ventegodt S. Clinical holistic medicine: Teaching orgasm for females with chronic anorgasmia using the Betty Dodson method. *ScientificWorldJournal* 2008;8:883-95.
- [59] Jung CG. *Man and his symbols*. New York: Anchor Press, 1964.
- [60] Grafenberg E. The role of urethra in female orgasm. *Int J Sex* 1950;3(3):145-8.
- [61] Ventegodt S, Kandel I, Merrick J. *Principles of holistic medicine. Philosophy behind quality of life*. Victoria, BC: Trafford, 2005.
- [62] Ventegodt S, Kandel I, Merrick J. *Principles of holistic medicine. Quality of life and health*. New York: Hippocrates Sci Publ, 2005.
- [63] Ventegodt S, Kandel I, Merrick J. *Principles of holistic medicine. Global quality of life. Theory, research and methodology*. New York: Hippocrates Sci Publ, 2005.
- [64] Ventegodt S, Andersen NJ, Merrick J. *Holistic Medicine III: The holistic process theory of healing*. *ScientificWorldJournal* 2003;3:1138-46.
- [65] Bø K, Berghmans B, Mørkved S, Van Kampen M. *Evidence-based physical physical therapy for the pelvic floor. Bridging science and clinical practice*. New York: Butterworth Heinemann Elsevier, 2007.

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