



Clinical Holistic Medicine: Prevention through Healthy Lifestyle and Quality of Life

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ABSTRACT: Biomedical prevention of diseases seems very difficult, but we believe that holistic medicine offers a simple and seemingly efficient solution that is useful for both physicians and dentists in their clinics, with a focus on improvement of quality of life as an important supplement to improving their patients' lifestyles. Quality of life is improved when the patient's personal philosophy of life is adjusted in accordance with life and its fundamental purpose. The relevant concept of personal growth can be introduced to the motivated patient in the clinic, during the conversation with the dentist. To prevent health problems in the future, personal development must focus on improving the quality of life of the patient by: 1) increasing self insight to obtain knowledge and understanding of the purpose of life; 2) recovery of character to be the good person the patient really is; and 3) full expression of talent in private and professional life in order to be optimally valuable to the patient and others. It is also important to work on the ethics of the patient to prevent the patient from destroying personal relationships and harm others, because such deeds will almost always also damage the patient. Parallel to clinical work, we believe that dentists can make an impact on their patients and inspire an improvement in their quality of life. The dentist, who sees the patient at shorter intervals, can coach his patient and often efficiently help him/her to improve intimacy and personal relationships, consciousness of responsibility, and quality of life which might be highly beneficial for the patient's health.

Key words: quality of life, QOL, philosophy, human development, holistic medicine, public health, holistic health, holistic process theory, life mission theory, preventive dentistry, Denmark

Oral Health Prev Dent 2004; 2: Supplement 1: xx-xx.

INTRODUCTION

Prevention of diseases is one of the hardest things to achieve (Asma et al, 2002), because how can we make people change their lives before they have a health problem? Many people have tried to behave individually within a preventive philosophy based on common sense according to a pattern very similar to the following:

- Healthy diet
- Good use of the body
- Less smoking and alcohol
- A more positive philosophy of life and life practice.

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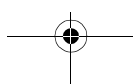
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Diseases, like cardiovascular diseases and cancer are the major causes of death in the western world with a wealth of research linking them to the way we live. It is relevant here to distinguish between two factors that are often confused: quality of life and lifestyle. Quality of life is an expression of how life is experienced, while lifestyle is the outward behavior displayed. There is no simple relationship between the two.

The quality of life (QOL) survey of 10,000 Danes carried out by the Quality of Life Research Centre at Copenhagen University Hospital between 1990 and 1994 indicated that QOL was statistically of greater significance to a person's health than lifestyle (Ventegodt, 1995; Ventegodt, 1996; Ventegodt and Merrick, 2003a). The QOL survey was, however, a cross-sectional study that did not investigate the causal relationships over the course of time. We advise our patients to keep a handle on both their QOL and their lifestyle (Ventegodt and Merrick, 2003a). Regarding the later, the strategy of holistic prevention of disease follows the same general principles as the principles of holistic healing – in other words in order to obtain a happy life the person must realize that his/her purpose of life is a central focus. This paper is a short presentation of more than ten years research into QOL and health. However, due to space limitations we are not able to go into details, but refer our reader to the reference list for further study. Before we continue the discussion of the difference between QOL and lifestyle we will provide a short review of our previous work in the field of QOL and holistic medicine.

CLINICAL HOLISTIC MEDICINE

The life mission theory (Ventegodt, 2003a; Ventegodt and Merrick, 2003b; Ventegodt et al, 2003a–d) grants that everybody has a purpose in life or a talent. Happiness comes from living out this purpose and succeeding in expressing the core talent. To do this, it is important to develop as a person into what is known as the 'natural condition' – a condition where the person knows himself and uses all his efforts on achieving what is most important for him. The holistic process theory of healing (Ventegodt et al, 2003e–h) and the related QOL theories (Ventegodt et al, 2003i–k) state that the return to the natural state of being is possible, whenever the person gets the resources needed for the existential healing. The resources needed

are 'holding' in the dimensions: awareness, respect, care, acknowledgment and acceptance, with support and processing in the dimensions: feeling, understanding and letting go of negative attitudes and beliefs. The precondition for the holistic healing to take place is trust, with the intention of the healing to take place. Existential healing is not a local healing of any tissue, but a healing of the 'wholeness' of the person, making him/her much more resourceful, loving, knowledgeable of his/her own needs and wishes. To let go of negative attitudes and beliefs the person returns to a more responsible existential position with an improved QOL. The philosophical change of the person in healing is often a change towards preferring difficult problems and challenges, instead of avoiding difficulties in life (Merrick and Ventegodt, 2003; Ventegodt et al, 2003l–r). The person who becomes happier and more resourceful also frequently becomes more healthy, talented and well-functioning (Ventegodt et al, 2003 s–t; Ventegodt et al, 2004).

CONCEPTS OF QUALITY OF LIFE

There are around 100 concepts closely connected to the concept of QOL (Table 1). The list was created in 2003 at a Nordic seminar on QOL research. Half of the concepts are part of normal language, the rest of them academic and difficult to use for many people, as they are not a part of their active vocabulary. Just to use them in the conversation with the patient and talking to your patients about the precise meaning is a very important learning process for your patient, as the words are the fundamental bricks of our *philosophy of life*. You simply cannot think about your life and *existence* without these words.

The approximately 100 central concepts related to research in the *global quality of life* can, in a holistic medical framework of interpretation, be organized under ten key concepts: *Existence, creation of the world, state of being, daily living, talents, relations, sex, health, personal development, and therapy* (see Ventegodt et al, 2003r for a discussion). The concepts in each group can be seen as related to each other in a quite intuitive and logical way, to give a coherent *quality of life philosophy* that allows the physician to encourage, inspire and support his patient. In every consultation one new concept and idea of existence can be taught to the patient, help-

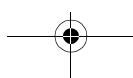


Table 1 The approximately 100 central quality-of-life-related concepts can be organized across 10 key concepts: existence, creation of the world, state of being, daily living, talents, relations, sex, health, personal development, and therapy

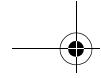
Existence	Perception	Competence	Personal development
Life	Action	Wisdom	Cope-Develop-Heal
Death	Consciousness	Creativity	The shadow (anti-self),
Mind	Power		Resources
Feelings	Responsibility	Relations	Contemplation
Body	Success	Compassion	Perspective
Love		Empathy	Philosophy of life
Joy	States of being	Faith	Self-expression
Motivation	Wellbeing	Dialog	Enlightenment
Being	Satisfaction	Policy	
Doing	Happiness	Dependency	Therapy
Self/Soul and ego	Needs and fulfillment	Freedom	Life event
Good and Evil	Self-actualization	Kindness	Confrontation
Wholeness		Honesty,	Life pain
Unity	Daily living	Belonging	Fight-flee
Spirit/non-locality	Fun		Near-dead
Truth	Hope	Sex	Out-of-body
Nature	Dreams	Passion	Existential therapy
Sex	Laughter and sorrow	Pleasure	Holding
Growth	Silence	Innocence	Care
Choice	Wonder	Health	Respect
	Awe	Ability to function	Awareness
Creation of the world	Talents	Psychosomatics	Acceptance
Coherence	Talent (gift)	Healing (feel –	Acknowledgment
Intention	Intuition	understand – let go)	Regression
Purpose and	Understanding	Coping	Healing
meaning	Feeling	Fragmentation	
Interpretation and	Knowing	Sub-conscious	
wording		Repression	

ing him or her to realize *the meaning of life, the source of joy, and the reason for the actual suffering*. In this way helping the patient to *mobilize hidden and known resources* and to *improve quality of life, subjective health and ability to function*.

The most important concept of them all seems to be the meaning of life, also called the purpose of life. The purpose of life is a quality of the person's deepest and most essential existence. It can be found if you scrutinize your *innermost self*. When you do that you realize that like every other human being you have received a very special *gift*, and this gift is what life and even *love* is about. Being of *value* to other people using all your talents and every little bit of you. So knowing who you are, being able to love fully, is really about engaging and realizing your *talent*, purpose and meaning of life. Another difficult concept is *intention*. Life does not only *cohere* on the inside, but also on the outside. The same power that ties together *all the cells in our body* seems to tie us together in relationships

and new *wholeness*. This power evolves into new kinds of relations that *unite on increasingly complex levels*, with the *global ecosystem* as the highest known level. Our intentions come from this *coherent matrix of life*.

In the beginning of our life the web of life gave birth to our fundamental purpose of life. The abstract purpose determines the *frame of interpretation* of reality: how we will *perceive ourselves* throughout life, *our inner life and the world around us*. The frame of interpretation is pitched in language and concept; in fact it creates our *perceptions*. Our *behavior* is based on these perceptions and our purposes of life. Our *consciousness* evolves by witnessing our behavior and through the response caused by it. Through the slowly acquired *mastering* of our surrounding world, we obtain our *personal power*, which gives us *success* in life, when we use it *responsibly* and unite it in *harmony* with our deepest purpose of life. When many people experience failure, it is because they are not



conscious about their original purpose or the deepest meaning of their lives. They do not know themselves. They do not experience the world in that way and do not realize that they themselves are the *cause*. Therefore responsibility and *self-knowledge* – which adds up to *wisdom* – is the way to a good and successful life. We know that these concepts can seem a little strange to the professional dentist or physician, and some would maybe say that we have entered the world of religion. Perhaps you are right, because the philosophy of life and the meaning of life are often imbedded in the philosophy of religion, but we are not here to preach but rather to understand the concepts and use them for the well-being of our patients.

HEALTHY DIET AND GOOD USE OF THE BODY

“You are what you eat” goes an old saying. This is true in the sense that the body is made up of the molecules and atoms we take in through our diet. It is therefore important to eat a wide-ranging and varied diet, so that the body receives all the various nutrients it needs. However, a large number of excellent scientific studies have demonstrated that the effect on disease of diet improvement and dieting is minimal. Peter C. Gøtzsche (Nordic Cochrane Centre at Copenhagen University Hospital), who is probably the leading expert in Denmark on scientific documentation, declared of the numerous attempts that have been made to change the diets of our patients: “Dieting and prolonged confinement to bed are recent examples of the decades of applying treatments we now know to be ineffective. But there was so much belief in them that they were used for many years, despite the evidence from randomized trials about their inadequate efficacy” (Danish Parliament, 2002).

Our own conclusion is therefore clear: the food we eat in Denmark at present is fortunately almost always good enough. A burger, which many people consider to be ‘unhealthy’, contains all the carbohydrate and fat and virtually all the vitamins and minerals the body needs in its bread, meat, salad and dressing. Bear in mind that a hundred years ago people in Denmark lived on potatoes and salt herring for the whole winter. At that time, vitamins and minerals were hard to come by. Today it is important that we eat what we like, and do not eat more than we need. It is important to eat your food slowly and carefully and to stop eating when you

are full. This small exercise can save the patient many kilograms of surplus weight.

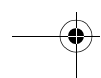
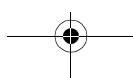
If we are to be in calorie equilibrium, it is necessary for us to be active and burn up the calories we take in. We do that particularly during sport, exercise, sex and work. The idea that we can run ourselves slim is very widespread, but many overweight people who try to live up to this run the life out of themselves – often to no avail. The extra physical exertion creates a keen appetite, which makes people eat a little bit extra. Several factors therefore need to be considered if we want to live healthy and keep our weight down. Good food is healthy and nutritious, tastes good, is aesthetically pleasing and preferably contains a social element in being prepared and eaten in company, which is perhaps the most important aspect.

LESS SMOKING AND ALCOHOL

It goes without saying that excessive smoking and alcohol consumption put a strain on the body (Asma et al, 2002). Substances must be used with moderation; they must serve self-realization and personal development and respect must always be shown to others, when using them. Let us take this opportunity to nail the misconception that red wine is beneficial to health. There is a link between intake of red wine and QOL, which explains this popular and well-known myth. It is true that people who spend time together suffer less illness than people who live alone, and particularly in the convivial social situations in which people with a good QOL often find themselves, red wine is frequently consumed. It is not, however, misuse of tobacco, alcohol or other substances that is the greatest problem to public health. Our studies showed only a relatively modest link between consumption of substances and QOL, unless there is distinct misuse. If substances are misused it can be anticipated that the body will rapidly be put under strain.

POSITIVE PHILOSOPHY OF LIFE AND LIFE PRACTICE

According to holistic medicine, the most important thing in order to keep healthy is to live a life that does not put unnecessary strain on the body. The body can be strained by a large number of external





factors, but it appears that the most serious strain comes from within the person, from the way we live our lives. It is probably the negative influences referred to in the introduction that lead to chronic diseases such as arthritis, dementia, cancer, cardiovascular diseases and many of the other ailments we typically see in the elderly. This is in agreement with the fact that people who improve their QOL and get rid of the internal blockages appear to have better survival rates in both cancer and heart conditions.

To prevent disease and decline, we therefore have to have a body with as few blockages as possible. This is related to developing emotional fullness and a truly good QOL. Good QOL comes when our understanding of life is in profound agreement with the life in us, and when we live according to this understanding. The development of a good personal philosophy of life and constructive life-affirming life practice is therefore the most important challenge for anyone who wants to prevent disease and keep healthy and vigorous throughout their life. In the preventive holistic medical surgery the patient's lifestyle and QOL are reviewed, and we look at where there is discomfort and where there is a need for improvement. A few examples from our clinical experience are listed below:

Female, aged 55 years – "I do not like my everyday existence"

Pain bilaterally around the shoulder girdle. Very tense in shoulder/rotator cuffs, back, neck, arms and legs. We talk for a while about why she is tense. "I'm on the go the whole time, you see." Patient needs to relax and be good to herself. Her husband says: "Just stop, that's why you're in such pain." "I don't like my everyday existence," and: "if I could choose, I'd take two years off." Diagnosis: Muscle tension. Recommendations: She must accept offer of prescribed massage at the workplace and exercise for her to perform. Think about what she actually needs and how she can obtain it.

Here is one of the great, widespread and general problems – it is not fun getting up in the morning. No value is created, you give and do not receive anything back in life. People who have this problem are rarely able to solve it themselves. This is fundamentally due to the patient not taking the problem seriously enough and not appreciating that there is a need for radical and large-scale change.

Female, aged 30 years with increasing health problems – prevention

Conversation about prevention. She has cold fingers and allergies, has intolerance to many food items, reacting with itching and sneezing. Underweight due to insufficient food intake. On examination: Underweight and bony. Weight: about 50 kg. On the couch, the patient says she feels as though she is not present in her abdomen. She has felt sad and been rather depressed recently. She has severe tension in her abdominal muscles and back, as though she is "not at home" in the bottom part below the solar plexus. She is aware of the situation and would very much like to be helped out of this situation and move on. Plan: 1) Feel: She is referred for Rosen sessions (a form of therapy where the patient feels into himself or herself, supported by a therapist who is trained in locating the tense areas of the body) six times every 14 days; 2) Acknowledge: In 3 months she must go for conversational therapy to put her feelings into words, understand things correctly and let go of negative decisions; 3) Then back to me (SV) again to let go.

Poor well-being is often difficult for the patient to relate to. Acknowledgement that things are moving in the wrong direction is a good reason for starting a course of personal development. Consciousness-based medicine provides an almost ideal concept for prevention.

SEXUAL ABUSE CAN BE PREVENTED BY TALKING OPENLY

Prevention is many things. Let us not forget about preventing the harm our patients can potentially cause to others. One of our patients was a young man, who came to see SV with problems consisting of anxiety and a sense of being wicked and indecent. He had been receiving psychiatric treatment for anxiety for many years, but this treatment had stopped six months previously without any positive results achieved. He had also been to a psychologist without feeling that he had been helped.

He came in severe torment and said that he has ceased believing himself to be good: "I am wicked," he said. He specifically confessed that he was sexually attracted to his 9-year-old daughter and fantasized about abusing her. "I would rather die than violate her," the patient said. We talked about the need for him to hold on to two accounts: one



for his feelings and one for his behavior. It is fine and natural as a man to have sexual desire for women, and it is probably also fine for the patient to have sexual feelings for his daughter, because he cannot really do anything about the fact that he has them. But it is certainly not acceptable for him to act out his desire and harm his daughter, which the patient understood. The difference here was between a simple criminal and child abuser and a decent patient and father: keeping within his own boundaries and respecting those of his daughter.

He received great praise for coming forward to verbalize his thoughts, which after all is infinitely better than coming along afterwards and having to repair the incalculable damage an assault would have on his daughter and their inter-human relations.

DISCUSSION

The efficiency of the proposed holistic strategy presented here is based on the present knowledge mostly gained from cross-sectional studies. It is important to say that it has not yet been scientifically documented, which is the next logical step. Improvement of QOL in general seems to improve health, at least in the subjective dimensions (Ventegodt et al, 2003 s-t; Ventegodt et al, 2004), but it is not yet totally clear how to make such an improvement lasting. The most efficient strategy seems to be to improve the personal philosophy of life, to make the patient assume more responsibility for their own life by adjusting it to be in accordance with their purpose of life.

It is questionable whether a patient is able to change his understanding of life through a relatively brief meeting with the physician, but it seems definitely possible if the patient has confidence in his physician and is motivated to improve his/her QOL, which is often the case. The physician and dentist can take the role of a coach or supervisor giving the patient a number of exercises to carry out in his/her life, a role that has proved to be highly efficient in our clinic (Ventegodt, 2003b). The concept of personal growth is most easily introduced, when based on a few successful holistic treatment sessions, where the patient experiences the power of consciousness-based medicine, which is the causal strength of consciousness.

To prevent health problems in the future, personal development must focus on the most efficient

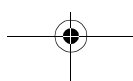
ways to improve the patient's QOL. Our clinical observations from the treatment of hundreds of patients in the holistic clinic seem to be: 1) self insight to obtain knowledge and understanding of the purpose of life; 2) recovery of character to be the good person the patient really is; and 3) full expression of talent in private and professional life in order to be optimally valuable to the patient and others. It is also important to work on the ethics of the patient to prevent the patient from destroying personal relationships and harm others. Such deeds will almost always also damage the patient himself in the long run. Preventative holistic medicine must thus follow the same line as holistic cure.

So what can the busy dentist tell his/her patient? We believe the message can be that lifestyle and especially the QOL are highly important if you want to stay healthy, and QOL can be improved by everyone who will give it serious consideration because we believe that everybody has large hidden resources. Reflections and discussions involving the patient on an existential level on how to improve his/her personal QOL might be surprisingly fruitful. Facts on where to get more information and knowledge about improving the QOL, about personal growth, and therapy, when needed, are often useful. Data on specialized bookshops and flyers of relevant courses might help the patient to take a new and important step towards more responsibility for leading a good and better life. It is our experience that just a few minutes of perfectly-timed inspirational conversation can give the patient's life a whole new dimension and direction.

CONCLUSION

Biomedical prevention seems very difficult, holistic medicine offers a simple and seemingly efficient solution that can be used in clinics by both physicians and dentists. If there is improvement of QOL, then lifestyle will also be improved. Quality of life is improved when the personal philosophy of life is adjusted to be in accordance with life and its purpose.

The relevant concept of personal growth is easily introduced to the motivated patient in the clinic, especially when based on a few holistic treatment sessions, where the patient experiences the power of consciousness-based medicine. To prevent health problems in the future, personal development must focus on improving the QOL of the patient based on the 3 steps previously outlined.



Coaching by the holistic physician or dentist is often an efficient way to improve intimacy and personal relationships, which might be highly beneficial for the patient's health. There might be too little time available in the dentist's clinic, but just setting the perspective and inspiring the patient to search for greater insight on his/her own might make a significant difference. Preventative holistic medicine is thus following the same line as holistic cure.

ACKNOWLEDGEMENTS

This project was supported by grants from IMK Almene Fond. The quality of life research was approved by the Copenhagen Scientific Ethical Committee under number (KF)V.100.2123/91.

REFERENCES

1. Asma S, Yang G, Samet J, Giovino G, Bettcher DW, Lopez AD, Tyach D. Tobacco. In: Detels R, McEwen J, Beaglehole R, Tanaka H (eds). Oxford textbook of public health. The practice of public health. Oxford: University Press 2002:1481-1502.
2. Danish Parliament. Report from the Technology Council on alternative treatment. Christiansborg: Danish Parliament, 19 March 2002. (in Danish)
3. Merrick J, Ventegodt S. What is a good death? To use death as a mirror and find the quality in life. *BMJ Rapid Responses*, 31 October 2003.
4. Ventegodt S. Quality of life in Denmark. Results from a population survey. Copenhagen: Forskningscentrets Forlag, 1995. (in Danish)
5. Ventegodt S. The Quality of Life of 4,500 31-33 year-olds. Result from a study of the Prospective Pediatric Cohort of persons born at the University. Copenhagen: Forskningscentrets Forlag, 1996. (in Danish)
6. Ventegodt S. (a) The life mission theory: A theory for a consciousness-based medicine. *Int. J Adolesc Med Health* 2003;15:89-91.
7. Ventegodt S. (b) Consciousness-based medicine. Copenhagen: Livskvalitetsforlaget, 2003. (in Danish)
8. Ventegodt S, Merrick J. (a) Lifestyle, quality of life and health. *ScientificWorld Journal* 2003;3:811-825.
9. Ventegodt S, Merrick J. (b) The life mission theory IV. A theory of child development. *ScientificWorld Journal* 2003;3:1294-1301.
10. Ventegodt S, Andersen NJ, Merrick J. (a) Editorial: Five theories of human existence. *ScientificWorld Journal* 2003;3:1272-1276.
11. Ventegodt S, Andersen NJ, Merrick J. (b) The life mission theory II: The structure of the life purpose and the ego. *ScientificWorld Journal* 2003;3:1277-1285.
12. Ventegodt S, Andersen NJ, Merrick J. (c) The life mission theory III: Theory of talent. *ScientificWorld Journal* 2003;3:1286-1293.
13. Ventegodt S, Andersen NJ, Merrick J. (d) The life mission theory V. A theory of the anti-self and explaining the evil side of man. *ScientificWorld Journal* 2003;3:1302-1313.
14. Ventegodt S, Andersen NJ, Merrick J. (e) Holistic medicine: Scientific challenges. *ScientificWorld Journal* 2003;3:1108-1116.
15. Ventegodt S, Andersen NJ, Merrick J. (f) Holistic Medicine II: The square-curve paradigm for research in alternative, complementary and holistic medicine: A cost-effective, easy and scientifically valid design for evidence based medicine. *ScientificWorld Journal* 2003;3:1117-1127.
16. Ventegodt S, Andersen NJ, Merrick J. (g) Holistic Medicine III: The holistic process theory of healing. *ScientificWorld Journal* 2003;3:1138-1146.
17. Ventegodt S, Andersen NJ, Merrick J. (h) Holistic Medicine IV: The principles of the holistic process of healing in a group setting. *ScientificWorld Journal* 2003;3:1294-1301.
18. Ventegodt S, Merrick J, Andersen NJ. (i) Quality of life theory I. The IQOL theory: An integrative theory of the global quality of life concept. *ScientificWorld Journal* 2003;3:1030-1040.
19. Ventegodt S, Merrick J, Andersen NJ. (j) Quality of life theory II. Quality of life as the realization of life potential: A biological theory of human being. *ScientificWorld Journal* 2003;3:1041-1049.
20. Ventegodt S, Merrick J, Andersen NJ. (k) Quality of life theory III. Maslow revisited. *ScientificWorld Journal* 2003;3:1050-1057.
21. Ventegodt S, Andersen NJ, Merrick J. (l) Quality of life philosophy: when life sparkles or can we make wisdom a science? *ScientificWorld Journal* 2003;3:1160-1163.
22. Ventegodt S, Andersen NJ, Merrick J. (m) QOL philosophy I: Quality of life, happiness, and meaning of life. *ScientificWorld Journal* 2003;3:1164-1175.
23. Ventegodt S, Andersen NJ, Kromann M, Merrick J. (n) QOL philosophy II: What is a human being? *ScientificWorld Journal* 2003;3:1176-1185.
24. Ventegodt S, Merrick J, Andersen NJ. (o) QOL philosophy III: Towards a new biology. *ScientificWorld Journal* 2003;3:1186-1198.
25. Ventegodt S, Andersen NJ, Merrick J. (p) QOL philosophy IV: The brain and consciousness. *ScientificWorld Journal* 2003;3:1199-1209.
26. Ventegodt S, Andersen NJ, Merrick J. (q) QOL philosophy V: Seizing the meaning of life and getting well again. *ScientificWorld Journal* 2003;3:1210-1229.
27. Ventegodt S, Andersen NJ, Merrick J. (r) QOL philosophy VI: The concepts. *ScientificWorld Journal* 2003;3:1230-1240.
28. Ventegodt S, Merrick J, Andersen NJ. (s) Quality of life as medicine. A pilot study of patients with chronic illness and pain. *ScientificWorld Journal* 2003;3:520-532.
29. Ventegodt S, Merrick J, Andersen NJ. (t) Quality of life as medicine II. A pilot study of a five day "Quality of Life and Health" cure for patients with alcoholism. *ScientificWorld Journal* 2003;3:842-852.
30. Ventegodt S, Clausen B, Langhorn M, Kromann M, Andersen NJ, Merrick J. Quality of Life as Medicine III. A qualitative analysis of the effect of a five days intervention with existential holistic group therapy: a quality of life course as a modern rite of passage. *ScientificWorld Journal* 2004;4:124-133.