

A Short History of Clinical Holistic Medicine

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Clinical holistic medicine has its roots in the medicine and tradition of Hippocrates. Modern epidemiological research in quality of life, the emerging science of complementary and alternative medicine, the tradition of psychodynamic therapy, and the tradition of bodywork are merging into a new scientific way of treating patients. This approach seems able to help every second patient with physical, mental, existential or sexual health problem in 20 sessions over one year. The paper discusses the development of holistic medicine into scientific holistic medicine with discussion of future research efforts.

KEY WORDS: Holistic health and medicine, complementary and alternative medicine

INTRODUCTION

Millennia ago, around 300 BCE, at the island of Cos in old Greece, the students of the famous physician Hippocrates (460-377BCE)[1] worked to help their patients to step into character, get direction in life, and use their human talents for the benefit of their surrounding world. For all that we know this approach was extremely efficient medicine that helped the patients to recover health, quality of life, and ability, and Hippocrates gained great fame. For more than 2,000 years this was what medicine was about in most of Europe.

On other continents similar medical systems were developed. The medicine wheel of the native Americans, the African Sangoma culture, the Samic Shamans of northern Europe, the healers of the Australian Aboriginals, the ayurvedic doctors of India, the acupuncturists of China, and the herbal doctors of Tibet all seems to be fundamentally character medicine[2,3,4,5,6,7,8]. All the theories and the medical understanding from these pre-modern cultures are now being integrated in what is called integrative or transcultural medicine. Many of the old medical systems are reappearing in modern time as alternative, complementary and psychosocial medicine. This huge body of theory is now being offered as a European Union Master of Science degree[2,3,4,5,6,7,8].

WHAT IS HAPPENING TODAY?

Interestingly, two huge movements of the last century have put this old knowledge into use: psychoanalysis[9] and psychodynamic therapy[10,11] (most importantly STPP[12,13]) going through the mind on one hand, and bodywork (most importantly Reich[14], Lowen[15] and Rosen[16]) and sexual therapy (especially the tantric tradition[17]) going through the body on the other. A third road, but much less common path has been directly through the spiritual reconnection with the world[18,19].

Our international research collaboration got interested in existential healing from the data coming from epidemiological research at the University Hospital of Copenhagen (Rigshospitalet) starting in 1958-61 at the Research Unit for Prospective Paediatrics and the Copenhagen Perinatal Birth Cohort 1959-61. Almost 20 years ago we were conducting epidemiological research on quality of life, closely examining the connection between global quality of life and health for more than 11.000 people in a series of huge surveys[see 20] using large and extensive questionnaires, some of them with over 3,000 questions. We found (quite surprisingly) from this huge data base that quality of life, mental and physical health, and ability of social, sexual and working ability seemed to be caused primarily by the consciousness and philosophy of life of the person in question, and only to a small extent by objective factors, like being adopted, coming from a family with only one breadwinner, mother being mentally ill, or one self being financially poor or poorly educated (which are obviously very much socially inherited)[20].

This scientific finding was not expected and so contra-intuitive for us that we were forced to investigate the subject going to the roots of western medicine, or the Hippocratic character of medicine. This meant that we had to look at transcultural and integrative medicine, the emerging science of alternative medicine (scientific CAM theory) and to the very much forgotten traditions of psychosomatic, psychodynamic, and bodily oriented therapies. Around 1994 we received substantial fundings for our research project trying to embrace this huge heritage of medical wisdom philosophically[21,22,23,24,25,26,27,28], theoretically [29-49], epidemiologically/statistically [50-71].

We have since 1997 with a great effort tried to take this knowledge into clinical practice [72-113], and with quite extraordinary results. Clinical holistic medicine has in our Research Clinic for Holistic medicine in Copenhagen helped every second patient with physical, mental, existential or sexual health issues or diseases over one year[114-119]. Finally we have been looking at what seems to be the common denominator for all existential healing work in all cultures at all times: the sense of coherence, most clearly expressed by Aaron Antonovsky (1923-1994), a sociologist from the Faculty of Health Sciences at the Ben Gurion University of the Negev in Israel[18,19,120-125]. We have also been debating many difficult issues related to modern day medical science, especially in the British Medical Journal [126-139] and finally we are now collecting most of what we consider essential knowledge for the holistic physician in a series of books on the "Principles of holistic medicine"[140-142].

What we have learned from this long journey through the grand medical heritage from the different cultures on this planet is that we need to work on body, mind and spirit at the same time (medicine men has always combined talking, touching, and praying), and that being human and truly kind is what really heals the other person. This is what Hippocrates called "the Art"[1], not "the art of medicine" or "the art of right living", but simply "the art" – the way of the human heart, cultivating existence into sheer compassionate behaviour and joyful being, which has always been the ultimate goal of all the great healers in our history.

We are more than happy to see our research project in scientific holistic medicine (clinical holistic medicine, CHM) developing. The most paradoxal aspect of this is that while we like to think we are taking medicine forward, we are actually just taking medicine back to its roots.

The most important thing is that research and development in this field is made in a dialectic process between qualitative and quantitative research.

QUALITATIVE AND QUANTITATIVE RESEARCH[139]

There are basically two ways of documenting an effect of a holistic medical intervention, the quantitative and the qualitative approach. Much effort has been given to developing valid methodology and measuring tools, but the art of documentation has become a complex and expensive task. Due to lack of resources we have been forced to seek simple, but still valid ways of documenting effect[75]. In this communication we will focus on the qualitative research method.

Fortunately the holistic approach makes it much simpler, because there are always three domains to investigate: health, quality of life (QOL) and ability. These three domains can be subdivided in as many detailed domains as one wishes, but often three are sufficient for most purposes.

There are two qualitative aspects of documenting effect in medicine, often called subjective (that is from the perspective and experience of the patient) - and objective (that is from the perspective of the therapist or researcher). To document effect of an intervention using both perspectives, the patient must be interviewed before and after the intervention. Semi structured interviews with interviewer rating of the state immediately before and after the intervention can be used to give the objective perspective on the effect of the intervention. Interviewing the patient after the intervention can give the patient's subjective experience of the effect.

Most importantly these perspectives often leads to two different results, but confronting the patient with the observed improvement, after the patient has given his own experience of the effect, can be very enlightening.

The consensus paradigm states that only to the degree that there is consensus between patient and therapist/observer, the treatment has an effect. If the patient experience an effect that cannot be observed, something else is likely to have happened, i.e. an upgrade of other dimensions than the three defined as outcome. Instead of QOL, health and ability the patient has gained self-esteem, confidence, admiration from others etc. As holistic medicine aims to improve life in these three domains, a pleasant experience with the therapy is not the same as an effect of a treatment.

If the patient does not experience an observed effect, this effect is most likely to be happening only in the observer's mind. Very often a therapist is convinced that a cure or intervention gave a positive result, but the fact that the patient did not experience that is then often neglected. In holistic medicine the dimensions we want to improve are highly experiential, so if the patient did not experience any improvement, such an improvement is most likely not to have happened.

Interestingly one single patient is enough to document effect with the consensus paradigm. If both the physician and his patient, after careful investigation before and after the treatment, find that the treatment has helped, this is most likely the case. The more precise the target group and the treatment are defined the more valuable the documentation. We recommend for securing the validity that the presented method is used with five highly comparable patients receiving five highly comparable treatments.

As always we recommend for the observer rating a five point symmetrical Likert scale with neutral middle point and equidistance[143]. A clinically significant improvement must be half a step on this scale or more. The patient needs to express the gain as a "significant improvement". When both patient and observer find improvement of QOL, health, and ability significant (according to the above), we call the treatment "good".

PERSPECTIVES FOR FUTURE RESEARCH AND DEVELOPMENT[28]

There are lots of possible advantages with the scientific holistic medicine that must be closely examined in future research:

- How can it be make a affordable, efficient medicine for the future
- The possibility to prevent disease

- The possibility to cure cancer and coronary heart disease
- The possibility to seroconvert HIV-positive patients to HIV negative
- The possibility to relief pain and discomfort
- The possibility of rehabilitating working ability
- The possibility of improving peoples competency as parents
- The possibility of improving working efficiency though development of talent
- The possibility of helping people to be happy in spite of difficult circumstances and challenges
- The possibility of people developing consciousness and becoming more responsible for local and global environment

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REFERENCES

1. Jones, W.H.S. (1923–1931) Hippocrates. Vol. I–IV. William Heinemann, London.
2. Antonella, R. and EU-team@inter-uni.net: Introduction of Regulatory Methods - Systematics, Description and Current Research / Vorstellung regulativer Verfahren - Systematik, Beschreibung und Stand der Forschung. edition@inter-uni.net, Graz 2004.
3. Blättner B. and EU-team@inter-uni.net: Fundamentals of Salutogenesis - Health Promotion (WHO) and Individual Promotion of Health: Guided by Resources / Salutogenetische Grundlagen. Health Promotion & Promotion of Health: Orientierung an Ressourcen. edition@inter-uni.net, Graz 2004.
4. Endler P.C. and EU-team@inter-uni.net: Master's Programme for Complementary, Psychosocial and Integrated Health Sciences / Masterlehrgang für komplementäre, psychosoziale und integrative Gesundheitswissenschaften. edition@inter-uni.net, Graz 2004
5. Endler P.C. and EU-team@inter-uni.net: Working and Writing Scientifically in Complementary Medicine and Integrated Health Sciences / Wissenschaftliches Arbeiten, wissenschaftliches Schreiben im Kontext komplementärer Heilkunde und integrativer Gesundheitswissenschaften. edition@inter-uni.net, Graz 2004
6. Kratky K.W. and EU-team@inter-uni.net: Comparison and Integration of Complementary Medical Methods Humanity and Medical Science / Vergleich und Integration komplementärmedizinischer Verfahren - Menschenbild und Heilkunde. edition@inter-uni.net, Graz 2004.
7. Pass P.F. and EU-team@inter-uni.net: Fundamentals of Depth Psychology -Therapeutic Relationship Formation between Self-awareness and Casework / Tiefenpsychologische Grundlagen - Therapeutische Beziehungsgestaltung zwischen Selbsterfahrung und Fallarbeit. edition@inter-uni.net, Graz 2004.
8. Spranger H.H. and EU-team@inter-uni.net: Fundamentals of Regulatory Biology - Paradigms and Scientific Backgrounds of Regulatory Methods / Regulationsbiologische Grundlagen – Paradigmen und Naturwissenschaftliche Grundlagen regulativer Verfahren. edition@inter-uni.net, Graz 2004.
9. Jones, E. (1961) The Life and Works of Sigmund Freud. Trilling, L. and Marcus, S., Eds. Basic Books, New York.
10. Jung, C.G. (1964) Man and His Symbols. Anchor Press, New York.
11. Jung, C.G. (1968). Psychology and Alchemy. Collected Works of C.G. Jung. Vol. 12. Princeton University Press, Princeton, NJ.
12. Leichsenring F, Rabung S, and Leibing E. (2004) The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: a meta-analysis. *Arch Gen Psychiatry*. **61(12)**, 1208-1216.
13. Leichsenring, F. (2005) Are psychodynamic and psychoanalytic therapies effective?: A review of empirical data. *Int J Psychoanal.*; **86(Pt 3)**, 841-868.
14. Reich, W. (1969) Die Function des Orgasmus. Kiepenheuer & Witsch, Köln. [German]

15. Lowen, A. (2004) Honoring the Body. Bioenergetics Press, Alachua, FL.
16. Rosen, M. and Brenner, S. (2003) Rosen Method Bodywork. Accessing the Unconscious Through Touch. North Atlantic Books, Berkeley.
17. Anand, M. (1989) The Art of Sexual Ecstasy. The Path of Sacred Sexuality for Western Lovers. Jeremy P. Tarcher/Putnam, a member of Penguin Putnam Inc., New York.
18. Antonovsky, A. (1985) Health, stress and coping. Jossey-Bass, London.
19. Antonovsky, A. (1987) Unravelling the mystery of health. How people manage stress and stay well. Jossey-Bass, San Francisco.
20. Ventegodt, S., Flensburg-Madsen, T., Andersen, N.J., Nielsen, M., Mohammed, M., Merrick, J. (2005) Global quality of life (QOL), health and ability are primarily determined by our consciousness. Research findings from Denmark 1991-2004. *Social Indicator Research* **71**, 87-122.
21. Ventegodt, S., Andersen N.J., and Merrick, J. (2003) Quality of life philosophy: when life sparkles or can we make wisdom a science? *TheScientificWorldJOURNAL* **3**, 1160-1163.
22. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) QOL philosophy I: Quality of life, happiness, and meaning of life. *TheScientificWorldJOURNAL* **3**, 1164-1175.
23. Ventegodt, S., Andersen, N.J., Kromann, M., and Merrick, J. (2003) QOL philosophy II: What is a human being? *TheScientificWorldJOURNAL* **3**, 1176-1185.
24. Ventegodt, S., Merrick, J., and Andersen, N.J. (2003) QOL philosophy III: Towards a new biology. *TheScientificWorldJOURNAL* **3**, 1186-1198.
25. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) QOL philosophy IV: The brain and consciousness. *TheScientificWorldJOURNAL* **3**, 1199-1209.
26. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) QOL philosophy V: Seizing the meaning of life and getting well again. *TheScientificWorldJOURNAL* **3**, 1210-1229.
27. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) QOL philosophy VI: The concepts. *TheScientificWorldJOURNAL* **3**, 1230-1240.
28. Ventegodt, S and Merrick, J. (2004) Philosophy of science: how to identify the potential research for the day after tomorrow? *TheScientificWorldJOURNAL* **4**, 483-489.
29. Ventegodt, S., Merrick, J., and Andersen, N.J. (2003) Quality of life theory I. The IQOL theory: An integrative theory of the global quality of life concept. *TheScientificWorldJOURNAL* **3**, 1030-1040.
30. Ventegodt, S., Merrick, J., and Andersen, N.J. (2003) Quality of life theory II. Quality of life as the realization of life potential: A biological theory of human being. *TheScientificWorldJOURNAL* **3**, 1041-1049.
31. Ventegodt, S., Merrick, J., and Andersen, N.J. (2003) Quality of life theory III. Maslow revisited. *TheScientificWorldJOURNAL* **3**, 1050-1057.
32. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) Editorial: Five theories of human existence. *TheScientificWorldJOURNAL* **3**, 1272-1276.
33. Ventegodt, S. (2003) The life mission theory: A theory for a consciousness-based medicine. *Int. J. Adolesc. Med. Health* **15**(1), 89-91.
34. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) The life mission theory II: The structure of the life purpose and the ego. *TheScientificWorldJOURNAL* **3**, 1277-1285.
35. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) The life mission theory III: Theory of talent. *TheScientificWorldJOURNAL* **3**, 1286-1293.
36. Ventegodt, S. and Merrick, J. (2003) The life mission theory IV. A theory of child development. *TheScientificWorldJOURNAL* **3**, 1294-1301.
37. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) The life mission theory V. A theory of the anti-self and explaining the evil side of man. *TheScientificWorldJOURNAL* **3**, 1302-1313.
38. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) The life mission theory VI: A theory for the human character. *TheScientificWorldJOURNAL* **4**, 859-880.
39. Ventegodt, S., Flensburg-Madsen, T., Andersen, N.J., and Merrick J. (2005) Life Mission Theory VII: Theory of existential (Antonovsky) coherence: a theory of quality of life, health and ability for use in holistic medicine. *TheScientificWorldJOURNAL* **5**, 377-389.
40. Ventegodt, S. and Merrick, J: Life mission theory VIII: A theory for pain. *J Pain Management*. Submitted 2007
41. Hermansen TD, Ventegodt S, Rald E, Clausen B, Nielsen ML, and Merrick J. (2006) Human development I: twenty fundamental problems of biology, medicine, and neuro-psychology related to biological information. *TheScientificWorldJOURNAL* **6**, 747-759.
42. Ventegodt, S., Hermansen, T.D., Nielsen, M.L., Clausen, B., and Merrick, J. (2006) Human development II: we need an integrated theory for matter, life and consciousness to understand life and healing. *TheScientificWorldJOURNAL* **6**, 760-766.
43. Ventegodt, S., Hermansen, T.D., Rald, E., Flensburg-Madsen, T., Nielsen, M.L., Clausen, B., and Merrick, J. (2006). Human development III: bridging brain-mind and body-mind. introduction to "deep" (fractal, poly-ray) cosmology. *TheScientificWorldJOURNAL* **6**, 767-776.
44. Ventegodt, S., Hermansen, T.D., Flensburg-Madsen, T., Nielsen, M.L., Clausen, B., and Merrick J. (2006). Human development IV: the living cell has information-directed self-organisation. *TheScientificWorldJOURNAL* **6**, 1132-

- 1138.
45. Ventegodt, S., Hermansen, T.D., Flensburg-Madsen, T., Nielsen, M.L., Clausen, B., and Merrick, J. (2006) Human development V: biochemistry unable to explain the emergence of biological form (morphogenesis) and therefore a new principle as source of biological information is needed. *TheScientificWorldJOURNAL* **6**, 1359-1367.
 46. Ventegodt, S., Hermansen, T.D., Flensburg-Madsen, T., Nielsen, M., and Merrick, J. (2006). Human development VI: Supracellular morphogenesis. The origin of biological and cellular order. *TheScientificWorldJOURNAL* **6**, 1424-1433.
 47. Ventegodt, S., Hermansen, T.D., Flensburg-Madsen, T., Rald, E., Nielsen, M.L., and Merrick J. (2006) Human development VII: A spiral fractal model of fine structure of physical energy could explain central aspects of biological information, biological organization and biological creativity. *TheScientificWorldJOURNAL* **6**, 1434-1440.
 48. Ventegodt, S., Hermansen, T.D., Flensburg-Madsen, T., Nielsen, M.L., and Merrick J. (2006) Human development VIII: A theory of “deep” quantum chemistry and cell consciousness: Quantum chemistry controls genes and biochemistry to give cells and higher organisms consciousness and complex behavior. *TheScientificWorldJOURNAL* **6**, 1441-1453.
 49. Ventegodt, S., Hermansen, T.D., Flensburg-Madsen, T., Rald, E., Nielsen, M.L., and Merrick, J. (2006) Human development IX: A model of the wholeness of man, his consciousness and collective consciousness. *TheScientificWorldJOURNAL* **6**, 1454-1459.
 50. Hermansen, T.D., Ventegodt, S., and Merrick, J. (2006). Human development X: Explanation of macroevolution — top-down evolution materializes consciousness. The origin of metamorphosis. *TheScientificWorldJOURNAL* **6**, 1656-1666.
 51. Ventegodt, S., Merrick, J., and Andersen, N.J. (2003) Editorial-A new method for generic measuring of the global quality of life. *TheScientificWorldJOURNAL* **3**, 946-949.
 52. Ventegodt, S., Hilden, J., and Merrick J. (2003) Measurement of quality of life I: A Methodological Framework. *TheScientificWorldJOURNAL* **3**, 950-961.
 53. Ventegodt, S., Merrick, J., and Andersen, N.J. (2003) Measurement of quality of life II. From philosophy of life to science. *TheScientificWorldJOURNAL* **3**, 962-971.
 54. Ventegodt, S., Merrick, J., and Andersen, N.J. (2003) Measurement of quality of life III: From the IQOL theory to the global, generic SEQOL questionnaire. *TheScientificWorldJOURNAL* **3**, 972-991.
 55. Ventegodt, S., Merrick, J., and Andersen N.J. (2003) Measurement of quality of life IV: Use of the SEQOL, QOL5, QOL1 and other global and generic questionnaires. *TheScientificWorldJOURNAL* **3**, 992-1001.
 56. Ventegodt, S., Merrick, J., and Andersen, N.J. (2003) Measurement of quality of life V: How to use the SEQOL, QOL5, QOL1 and other and generic questionnaires for research. *TheScientificWorldJOURNAL* **3**, 1002-1014.
 57. Ventegodt, S., Merrick J., and Andersen N.J. (2003) Measurement of quality of life VI: Quality-adjusted life years (QALY) is an unfortunate use of quality of life concept. *TheScientificWorldJOURNAL* **3**, 1015-1019.
 58. Ventegodt, S. and Merrick J. (2003) Measurement of quality of life VII: Statistical covariation and global quality of life data. The method of weight-modified linear regression. *TheScientificWorldJOURNAL* **3**, 1020-1029
 59. Ventegodt, S., Henneberg, E.W., Merrick, J., and Lindholt, J.S. (2003) Validation of two global and generic quality of life questionnaires for population screening: SCREENQOL & SEQOL. *TheScientificWorldJOURNAL* **3**, 412-421.
 60. Lindholt, J.S., Ventegodt, S., and Henneberg, E.W. (2002) Development and validation of QoL5 for clinical databases. A short, global and generic questionnaire based on an integrated theory of the quality of life. *Eur J Surg* **168**, 103-107.
 61. Ventegodt, S. (1998) Sex and the quality of life in Denmark. *Arch Sex Behaviour* **27**(3), 295-307.
 62. Ventegodt, S. (1998) A prospective study on quality of life and traumatic events in early life – 30 year follow-up. *Child Care Health Dev* **25**(3), 213-21.
 63. Ventegodt, S. and Merrick, J. (2003) Long-term effects of maternal smoking on quality of life. Results from the Copenhagen Perinatal Birth Cohort 1959-61. *TheScientificWorldJOURNAL* **3**, 714-720.
 64. Ventegodt, S. and Merrick, J. (2003) Long-term effects of maternal medication on global quality of life measured with SEQOL. Results from the Copenhagen Perinatal Birth Cohort 1959-61. *TheScientificWorldJOURNAL* **3**, 707-713.
 65. Ventegodt, S. and Merrick, J. (2003) Psychoactive drugs and quality of life. *TheScientificWorldJOURNAL* **3**, 694-706.
 66. Ventegodt, S. and Merrick, J. (2003) Lifestyle, quality of life and health. *TheScientificWorldJOURNAL* **3**, 811-825.
 67. Ventegodt, S., Flensburg-Madsen, T., Andersen, N.J., and Merrick, J. (2005) The health and social situation of the mother during pregnancy and global quality of life of the child as an adult. Results from the prospective Copenhagen Perinatal Birth Cohort 1959-1961. *TheScientificWorldJOURNAL* **5**, 950-958.
 68. Ventegodt, S., Flensburg-Madsen, T., Anderson, N.J., and Merrick, J. (2005) Factors during pregnancy, delivery and birth affecting global quality of life of the adult child at long-term follow-up. Results from the prospective Copenhagen Perinatal Birth Cohort 1959-61. *TheScientificWorldJOURNAL* **5**, 933-941.
 69. Ventegodt, S., Flensburg-Madsen, T., Andersen, N.J., and Merrick, J. (2005) Events in pregnancy, delivery, and infancy and long-term effects on global quality of life: results from the Copenhagen Perinatal Birth Cohort 1959-61.

- Med Sci Monit.* **11(8)**, CR357-65. Epub 2005 Jul 25.
70. Ventegodt, S., Flensburg-Madsen, T., Andersen, N.J., Morad, M., and Merrick, J. (2006) Quality of life and events in the first year of life. Results from the prospective Copenhagen Birth Cohort 1959-61. *TheScientificWorldJOURNAL*. **6**, 106-115.
 71. Ventegodt, S., Flensburg-Madsen, T., Andersen, N.J., and Merrick, J. (2006) What influence do major events in life have on our later quality of life? A retrospective study on life events and associated emotions. *Med Sci Monit.* **12(2)**, SR9-15. Epub 2006 Jan 26.
 72. Ventegodt, S. (In Press) Every Contact With the Patient Must Be Therapeutic. *JPAG*.
 73. Ventegodt, S. and Merrick, J. (2005) Psychosomatic reasons for chronic pains. *South Med J.* **98(11)**, 1063.
 74. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) Holistic medicine: Scientific challenges. *TheScientificWorldJOURNAL* **3**, 1108-1116.
 75. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) 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. *TheScientificWorldJOURNAL* **3**, 1117-1127.
 76. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) Holistic Medicine III: The holistic process theory of healing. *TheScientificWorldJOURNAL* **3**, 1138-1146
 77. Ventegodt, S., Andersen, N.J., and Merrick, J. (2003) Holistic Medicine IV: Principles of the holistic process of healing in a group setting. *TheScientificWorldJOURNAL* **3**, 1294-1301.
 78. Ventegodt, S. and Merrick J. (2004) Clinical holistic medicine: Applied consciousness-based medicine. *TheScientificWorldJOURNAL* **4**, 96-99.
 79. Ventegodt, S., Morad, M., and Merrick, J. (2004) Clinical holistic medicine: Classic art of healing or the therapeutic touch. *TheScientificWorldJOURNAL* **4**, 134-147.
 80. Ventegodt, S., Morad, M., and Merrick, J. (2004) Clinical holistic medicine: The "new medicine", the multi-paradigmatic physician and the medical record. *TheScientificWorldJOURNAL* **4**, 273-285.
 81. Ventegodt, S., Morad, M., and Merrick, J. (2004) Clinical holistic medicine: Holistic pelvic examination and holistic treatment of infertility. *TheScientificWorldJOURNAL* **4**, 148-158.
 82. Ventegodt, S., Morad, M., Hyam, E., and Merrick, J. (2004) Clinical holistic medicine: Use and limitations of the biomedical paradigm *TheScientificWorldJOURNAL* **4**, 295-306.
 83. Ventegodt, S., Morad, M., Kandel, I., and Merrick, J. (2004) Clinical holistic medicine: Social problems disguised as illness. *TheScientificWorldJOURNAL* **4**, 286-294.
 84. Ventegodt, S., Morad, M., Andersen, N.J., and Merrick, J. (2004) Clinical holistic medicine Tools for a medical science based on consciousness. *TheScientificWorldJOURNAL* **4**, 347-361.
 85. Ventegodt S, Morad M, and Merrick J. (2004) Clinical holistic medicine: Prevention through healthy lifestyle and quality of life. *Oral Health Prev Dent.* **1**, 239-245.
 86. Ventegodt, S., Morad, M., Hyam, E., and Merrick, J. (2004) Clinical holistic medicine: When biomedicine is inadequate. *TheScientificWorldJOURNAL* **4**, 333-346.
 87. Ventegodt, S., Morad, M., and Merrick, J. (2004) Clinical holistic medicine: Holistic treatment of children. *TheScientificWorldJOURNAL* **4**, 581-588.
 88. Ventegodt, S., Morad, M., and Merrick, J. (2004) Clinical holistic medicine: Problems in sex and living together. *TheScientificWorldJOURNAL* **4**, 562-570.
 89. Ventegodt, S., Morad, M., Hyam, E., and Merrick, J. (2004) Clinical holistic medicine: Holistic sexology and treatment of vulvodynia through existential therapy and acceptance through touch. *TheScientificWorldJOURNAL* **4**, 571-580.
 90. Ventegodt, S., Flensburg-Madsen, T., Andersen, N.J., Morad, M., and Merrick, J. (2004) Clinical holistic medicine: A Pilot on HIV and Quality of Life and a Suggested treatment of HIV and AIDS. *TheScientificWorldJOURNAL* **4**, 264-272.
 91. Ventegodt, S., Morad, M., and Merrick, J. (2004) Clinical holistic medicine: Induction of Spontaneous Remission of Cancer by Recovery of the Human Character and the Purpose of Life (the Life Mission). *TheScientificWorldJOURNAL* **4**, 362-377.
 92. Ventegodt, S., Morad, M., Kandel, I. and Merrick, J. (2004) Clinical holistic medicine: Treatment of physical health problems without a known cause, exemplified by hypertension and tinnitus. *TheScientificWorldJOURNAL*. **4**, 716-724.
 93. Ventegodt, S., Morad, M., and Merrick, J. (2004) Clinical holistic medicine: Developing from asthma, allergy and eczema. *TheScientificWorldJOURNAL*. **4**, 936-942.
 94. Ventegodt, S., Morad, M., Press, J., Merrick, J and Shek, D. (2004) Clinical holistic medicine: Holistic adolescent medicine. *TheScientificWorldJOURNAL* **4**, 551-561.
 95. Ventegodt, S., Solheim, E., Saunte, M.E. Morad, M., Kandel, I., and Merrick, J. (2004) Clinical holistic medicine: Metastatic cancer. *TheScientificWorldJOURNAL* **4**, 913-935.
 96. Ventegodt, S., Morad, M., Kandel, I., and Merrick, J. (2004) Clinical holistic medicine: a psychological theory of dependency to improve quality of life. *TheScientificWorldJOURNAL* **4**, 638-648.
 97. Ventegodt, S. and Merrick, J. (2005) Clinical holistic medicine: Chronic infections and autoimmune diseases. *TheScientificWorldJOURNAL* **5**, 155-164.

98. Ventegodt, S., Kandel, I., Neikrug, S., and Merrick, J. (2005) Clinical holistic medicine: Holistic treatment of rape and incest traumas. *TheScientificWorldJOURNAL* **5**, 288-297.
99. Ventegodt, S., Morad, M., and Merrick, J. (2004) Clinical holistic medicine: Chronic pain in the locomotor system. *TheScientificWorldJOURNAL* **5**, 165-172.
100. Ventegodt, S. and Merrick, J. (2005) Clinical holistic medicine: Chronic pain in internal organs. *TheScientificWorldJOURNAL* **5**, 205-210
101. Ventegodt, S., Kandel, I., Neikrug, S., and Merrick, J. (2005) Clinical holistic medicine: The existential crisis – life crisis, stress and burnout. *TheScientificWorldJOURNAL* **5**, 300-312
102. Ventegodt, S., Gringols, G., and Merrick, J. (2005) Clinical holistic medicine: Holistic rehabilitation. *TheScientificWorldJOURNAL* **5**, 280-287.
103. Ventegodt, S., Andersen, N.J., Neikrug, S., Kandel, I., and Merrick, J. (2005) Clinical holistic medicine: Mental disorders in a holistic perspective. *TheScientificWorldJOURNAL* **5**, 313-323.
104. Ventegodt, S., Andersen, N.J., Neikrug, S., Kandel, I., and Merrick, J. (2005) Clinical Holistic Medicine: Holistic Treatment of Mental Disorders. *TheScientificWorldJOURNAL* **5**, 427-445
105. Ventegodt, S. and Merrick, J. (2005) Clinical holistic medicine: The patient with multiple diseases. *TheScientificWorldJOURNAL* **5**, 324-339.
106. Ventegodt, S., Clausen, B., Nielsen, M.L., and Merrick, J. (2006) Advanced tools for holistic medicine. *TSW Holistic Health & Medicine* **1**, 84–101. DOI 10.1100/tswhhm.2006.31.
107. Ventegodt, S., Clausen, B., and Merrick, J. (2006) Clinical holistic medicine: The case story of Anna: I. Long term effect of child sexual abuse and incest with a treatment approach. *TSW Holistic Health & Medicine* **1**, 1-12.
108. Ventegodt, S., Morad, M., and Merrick, J. (2006) Clinical holistic medicine: the case story of Anna. II. Patient diary as a tool in treatment. *TSW Holistic Health & Medicine* **1**, 42-70.
109. Ventegodt, S., Morad, M., and Merrick, J. (2006) Clinical holistic medicine: The case story of Anna. III. Rehabilitation of philosophy of life during holistic existential therapy for childhood sexual abuse. *TSW Holistic Health & Medicine* **1**, 102-113.
110. Ventegodt, S. and Merrick J. (2005) Suicide from a holistic point of view. *TheScientificWorldJOURNAL*. **5**, 759-766.
111. Ventegodt, S., Clausen, B., and Merrick, J. (2006) Clinical holistic medicine: Holistic sexology and acupressure through the vagina (Hippocratic pelvic massage). *TSW Holistic Health & Medicine* **1**, 104-127.
112. Ventegodt, S., Clausen, B., and Merrick, J. (2006) Clinical holistic medicine: Pilot study on the effect of vaginal acupressure (Hippocratic pelvic massage). *TSW Holistic Health & Medicine* **1**, 136-152.
113. Ventegodt, S. (2006) Min brug af vaginal akupressur. (My use of acupressure.) *Ugeskr Laeger* **168**(7), 715-716. [Danish]
114. Ventegodt, S., Thegler, S., Andreasen, T., Struve, F., Enevoldsen, L., Bassaine, L., Torp, M., Merrick, J. (2006) Clinical Holistic Medicine: Psychodynamic Short-Time Therapy Complemented with Bodywork. A Clinical Follow-Up Study of 109 Patients. *TSW Holistic Health & Medicine* **1**, 256-274.
115. Ventegodt, S., Thegler, S., Andreasen, T., Struve, F., Enevoldsen, L., Bassaine, L., Torp, M., and Merrick, J. (2007) Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) in the treatment of experienced impaired sexual functioning. *TheScientificWorldJOURNAL* **7**, 324-329.
116. Ventegodt, S., Thegler, S., Andreasen, T., Struve, F., Enevoldsen, L., Bassaine, L., Torp, M., and Merrick, J. (2007). Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) improves quality of life, health, and ability by induction of Antonovsky-salutogenesis. *TheScientificWorldJOURNAL* **7**, 317-323.
117. Ventegodt, S., Thegler, S., Andreasen, T., Struve, F., Enevoldsen, L., Bassaine, L., Torp, M., and Merrick, J. (2007). Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) in the treatment of experienced physical illness and chronic pain. *TheScientificWorldJOURNAL* **7**, 310-316.
118. Ventegodt, S., Thegler, S., Andreasen, T., Struve, F., Enevoldsen, L., Bassaine, L., Torp, M., and Merrick, J. (2007) Clinical holistic medicine (mindful, short-term psychodynamic psychotherapy complemented with bodywork) in the treatment of experienced mental illness. *TheScientificWorldJOURNAL*. **7**, 306-309.
119. Ventegodt, S., Thegler, S., Andreasen, T., Struve, F., Enevoldsen, L., Bassaine, L., Torp, M., and Merrick, J. (2007). Self-reported low self-esteem. Intervention and follow-up in a clinical setting. *TheScientificWorldJOURNAL* **7**:299-305.
120. Flensburg-Madsen, T., Ventegodt, S., and Merrick, J. (2005) Sense of coherence and physical health. A Review of previous findings. *TheScientificWorldJOURNAL* **5**, 665-673.
121. Flensburg-Madsen, T., Ventegodt, S., and Merrick, J. (2005) Why is Antonovsky's sense of coherence not correlated to physical health? Analysing Antonovsky's 29-item sense of coherence scale (SOCS). *TheScientificWorldJOURNAL* **5**, 767-776
122. Flensburg-Madsen, T., Ventegodt, S., and Merrick, J. (2006) Sense of coherence and health. The construction of an amendment to Antonovsky's sense of coherence scale (SOC II). *TSW Holistic Health & Medicine* **1**, 169–175.
123. Flensburg-Madsen, T., Ventegodt, S., and Merrick, J. (2006) Sense of coherence and physical health. A cross-sectional study using a new SOC scale (SOC II). *TSW Holistic Health & Medicine* **1**, 236–247.

124. Flensburg-Madsen, T., Ventegodt, S., and Merrick, J. (2006) Sense of coherence and physical health. Testing Antonovsky's theory. *TSW Holistic Health & Medicine* 1, 248–255.
125. Flensburg-Madsen, T., Ventegodt, S., and Merrick, J. (2006) Sense of coherence and health. The emotional sense of coherence (SOC-E) was found to be the best-known predictor of physical health. *TSW Holistic Health & Medicine* 1, 183–193.
126. Merrick, J. and Ventegodt, S. (2003) What is a good death? To use death as a mirror and find the quality in life. *BMJ. Rapid Responses*, 31 October.
127. Ventegodt, S. and Merrick, J., (2004) Medicine and the past. Lesson to learn about the pelvic examination and its sexually suppressive procedure. *BMJ. Rapid Responses*, 20 February <http://bmj.com/cgi/eletters/328/7437/0-g#50997>
128. Ventegodt, S, Morad, M. & Merrick, J. (2004) If it doesn't work, stop it. Do something else! *BMJ. Rapid Responses*, 26 April. <http://bmj.com/cgi/eletters/328/7446/1016-a#57718>
129. Merrick, J., Morad, M., Kandel, I. and Ventegodt, S. (2004) Spiritual health, intellectual disability and health care. *BMJ Rapid Response*, 16 Juli. <http://bmj.bmjournals.com/cgi/eletters/329/7458/123#67434>
130. Ventegodt, S., Morad, M., Kandel, I., and Merrick, J. (2004) Maternal smoking and quality of life more than thirty years later. *BMJ Rapid Responses* 30 Jul. <http://bmj.bmjournals.com/cgi/eletters/329/7460/250#69316>
131. Merrick, J., Morad, M., Kandel, I., and Ventegodt, S. (2004) Prevalence of Helicobacter pylori infection in residential care centers for people with intellectual disability. *BMJ Rapid Responses* 23 July. <http://bmj.bmjournals.com/cgi/eletters/329/7459/204#68360>
132. Merrick, J., Morad, M., Kandel, I., and Ventegodt, S. (2004) People with intellectual disability, health needs and policy. *BMJ Rapid responses* 20 August. <http://bmj.bmjournals.com/cgi/eletters/329/7463/414#71560>
133. Ventegodt, S., Vardi, G., and Merrick, J. (2005) Holistic adolescent sexuality: How to counsel and treat young people to alleviate and prevent sexual problems. *BMJ Rapid responses* 15 Jan. <http://bmj.com/cgi/eletters/330/7483/107#92872>
134. Ventegodt, S. Flensburg-Madsen, T., and Merrick, J. (2004) Evidence based medicine in favor of biomedicine and it seems that holistic medicine has been forgotten? *BMJ Rapid responses* 11 Nov. <http://bmj.com/cgi/eletters/329/7473/987#85053>
135. Ventegodt, S. and Merrick, J. (2004) Placebo explained: Consciousness causal to health. *BMJ Rapid responses* 22 Oct. <http://bmj.com/cgi/eletters/329/7472/927#80636>
136. Ventegodt, S. and Merrick, J. (2004) Academic medicine must deliver skilled physicians. A different academic training is needed. *BMJ Rapid responses* 9 Oct. <http://bmj.com/cgi/eletters/329/7469/0-g - 77606>
137. Ventegodt, S., Morad, M., and Merrick, J. (2004) Chronic illness, the patient and the holistic medical toolbox. *BMJ Rapid responses* 15 Sep. <http://bmj.com/cgi/eletters/329/7466/582#74372>
138. Ventegodt, S., Kandel, I., and Merrick, J. (2005). Medicine has gone astray - we must reverse the alienation now. *BMJ Rapid responses* 10 March. <http://bmj.bmjournals.com/cgi/eletters/330/7490/515>
139. Ventegodt, S. and Merrick, J. (2005) The consensus paradigm for qualitative research in holistic medicine. *BMJ* on-line: <http://bmj.bmjournals.com/cgi/eletters/331/7526/0-d#122164>
140. Ventegodt, S., Kandel, I., and Merrick, J. (2005) Principles of holistic medicine. Philosophy behind quality of life. Victoria, BC: Trafford
141. Ventegodt, S., Kandel, I., and Merrick, J. (2005) Principles of holistic medicine. Quality of life and health. New York: Hippocrates Sci Publ.
142. Ventegodt, S., Kandel, I., and Merrick, J. (2005) Principles of holistic medicine. Global quality of life. Theory, research and methodology. New York: Hippocrates Sci Publ
143. Ventegodt, S. (1996) Measuring the quality of life. From theory to practice. Copenhagen: Forskningscentrets Forlag.

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