

A birthday tribute to the holistic Danish physician and researcher Søren Ventegodt

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Introduction

Here in the year of 2016 the Danish physician, who has devoted his life to holistic medicine and health has turned 55 year and with this special issue we want to give tribute to his work.

Søren Ventegodt, MD, MMedSci, EU-MSc is the director of the independent Quality of Life Research Center in Copenhagen and Research Clinic for Holistic Medicine and Sexology, Copenhagen. He also runs a retreat center, Elsebråne, in Southern Sweden, where he helps young people primarily with their mental and existential problems. He teaches holistic medicine, psychiatry and sexology at the Nordic School of Holistic Health.

From 2006-2008 he was director for and lecturer at the Inter-University College at its International Campus in Denmark in collaboration with Inter-University Consortium for Integrative Health Promotion, Inter-University College Graz, Austria and the Austrian Ministry of Education, Science and Culture. He is a popular speaker throughout Scandinavia with more than a 1,000 presentations and for the last 20 years he has taught quality of life in the Danish Army and in more than 300 leading business companies in Denmark and Scandinavia.

As a holistic physician he has treated many chronically ill patients and given more than 20,000 hours of holistic therapy. He has published numerous scientific or popular articles and a number of books on holistic medicine, quality of life and quality of working life (1-28). He is reviewer for more than 10 scientific journals. 130 of his scientific papers on quality of life and holistic medicine are listed on www.pubmed.gov making him one of the most productive scientists in these fields. His most

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important scientific contributions are the theory of holistic healing, the integrated quality of life (QOL) theory, the comprehensive SEQOL questionnaire, the very short QOL5 questionnaire, the life mission theory, and the ongoing Danish Quality of Life Research Survey, 1991-94 in connection with follow-up studies of the Copenhagen Perinatal Birth Cohort 1959-61 initiated at the University Hospital of Copenhagen by the late professor of pediatrics, Bengt Zachau-Christiansen, MD, PhD.

Quality of Life Research Center in Copenhagen

The Quality of Life Research Center in Copenhagen was established in 1989, when the physician Søren Ventegodt succeeded in getting a collaboration started with the Department of Social Medicine at the University of Copenhagen in response to the project "Quality of life and causes of disease." An interdisciplinary "Working group for the quality of life in Copenhagen" was established and when funds were raised in 1991 the University Hospital of Copenhagen (Rigshospitalet) opened its doors for the project.

The main task was a comprehensive follow-up of 9,006 pregnancies and the children delivered during 1959-61. This Copenhagen Perinatal Birth Cohort was established by the a gynecologist and a pediatrician, the late Aage Villumsen, MD, PhD and the late Bengt Zachau-Christiansen, MD, PhD, who had made intensive studies during pregnancy, early childhood and young adulthood (29-47). The cohort was during 1980-1989 directed by one of the present authors (JM), who established the Prospective Pediatric Research Unit at the University Hospital of Copenhagen and managed to update the cohort for further follow-up register research, until he moved to Israel. The focus was to study quality of life related to socio-economic status and health in order to compare with the data collected during pregnancy, delivery and early childhood.

The project continued to grow and later in 1993, the work was organized into a statistics group, a software group that developed the computer programs for use in the data entry and a group responsible for analysis of the data.

Quality of Life Research Center at the University Medical Center (Rigshospitalet)

The Quality of Life Center at the University Hospital generated grants, publicity with research and discussions among the professionals leading to the claim that quality of life was significant for health and disease. It is obvious that a single person cannot do much about his/her own disease, if it is caused by chemical defects in the body or outside chemical-physical influences. However, if a substantial part of diseases are caused by a low quality of life, we can all prevent a lot of disease and operate as our own physicians, if we make a personal effort and work to improve our quality of life. A series of investigations showed that this was indeed possible. This view of the role of personal responsibility for illness and health would naturally lead to a radical re-consideration of the role of the physician and also influence our society.

Independent Quality of Life Research Center

In 1994, the Quality of Life Research Center became an independent institution located in the center of the old Copenhagen. The center's research on the quality of life have been through several phases from measurement of quality of life, from theory to practice over several projects on the quality of life in Denmark, which have been published and received extended public coverage and public impact in Denmark and Scandinavia.

Since the Quality of Life Research Center became independent a number of new research projects were launched. One was a project that aimed to prevent illness and social problems among the elderly in one of the municipalities by inspiring the elderly to improve their quality of life themselves. Another a project about quality of life after apoplectic attacks at one of the major hospitals in Copenhagen and the Danish Agency for Industry granted funds for a project about the quality of work life.

Quality of life in Denmark

There is a general consensus that many of the diseases that plague the Western world (which is not the result of external factors such as starvation, micro-organisms, infection or genetic defects) are lifestyle related and as such, preventable through lifestyle changes. Thus increasing time and effort is spent on developing public health strategies to promote "healthy" lifestyles. However, it is not a simple task to identify and dispel the negative and unhealthy parts of our modern lifestyle even with numerous behavioural factors that can be readily highlighted harmful, like the use of alcohol, use of tobacco, the lack of regular exercise and a high fat, low fibre diet.

However there is more to Western culture and lifestyle than these factors and if we only focus on them we can risk overlooking others. We refer to other large parts of our life, for instance the way we think about and perceive life (our life attitudes, our perception of reality and our quality of life) and the degree of happiness we experience through the different dimensions of our existence. These factors or dimensions can now, to some degree, be isolated and examined. The medical sociologist Aaron Antonovsky (1923-1994) from the Faculty of Health Sciences at Ben Gurion University in Beer-Sheva, who developed the salutogenic model of health and illness, discussed the dimension, "sense of coherence," that is closely related to the dimension of "life meaning," as perhaps the deepest and most important dimension of quality of life. Typically, the clinician or researcher, when attempting to reveal a connection between health and a certain factor, sides with only one of the possible dimensions stated above. A simple, one-dimensional hypothesis is then postulated, like for instance that cholesterol is harmful to circulation. Cholesterol levels are then measured, manipulated and ensuing changes to circulatory function monitored. The subsequent result may show a significant, though small connection, which supports the initial hypothesis and in turn becomes the basis for implementing preventive measures, like a change of diet. The multi-factorial dimension is therefore often overlooked.

In order to investigate this multifactorial dimension a cross-sectional survey examining close to 10,000 Danes was undertaken by Ventegodt and

collaborators in order to investigate the connection between lifestyle, quality of life and health status by way of a questionnaire based survey. It was concluded that preventable diseases could be more effectively handled through a concentrated effort to improve quality of life rather than through an approach that focus solely on the factors that are traditionally seen to reflect an unhealthy life style.

Collaborations across borders

The project has been developed during several phases. The first phase, 1980-1990, was about mapping the medical systems of the pre-modern cultures of the world, understanding their philosophies and practices and merging this knowledge with western biomedicine. A huge task seemingly successfully accomplished in the quality of life (QOL) theories, and the QOL philosophy, and the most recent theories of existence, explaining the human nature, and especially the hidden resources of man, their nature, their location in human existence and the way to approach them through human consciousness.

Søren Ventegodt visited several countries around the globe in the late 1980s and analysed about 10 pre-modern medical systems and a dozen of shamans, shangomas and spiritual leaders noticing most surprisingly similarities, allowing him together with about 20 colleagues at the QOL Study Group at the University of Copenhagen, to model the connection between QOL and health. This model was later further developed and represented in the integrative QOL theories and a number of publications. A QOL conference in 1993 with more than 100 scientific participants discussed the connection between QOL and the development of disease and its prevention. Four physicians collaborated on the QOL population survey 1993. For the next 10 years the difficult task of integrating bio-medicine and the traditional medicine went on and Søren Ventegodt again visited several centers and scientists at the Universities of New York, Berkeley, Stanford and other institutions. He also met people like David Spiegel, Dean Ornish, Louise Hay, Dalai Lama and many other leading persons in the field of holistic medicine and spirituality.

Around the year 2000 an international scientific network started to take form with an intense

collaboration with the National Institute of Child Health and Human Development (NICHD) in Israel, which developed the concept of “holistic medicine.” We believe that the trained physician today has three medical toolboxes: the manual medicine (traditional), the bio-medicine (with drugs and pharmacology) and the consciousness-based medicine (scientific, holistic medicine). What is extremely interesting is that most diseases can be alleviated with all three sets of medical tools, but only the bio-medical toolset is highly expensive. The physician, using his hands and his consciousness to improve the health of the patient by mobilising hidden resources in the patient can use his skills in any cultural setting, rich or poor.

Fame, downfall, and getting up again

Søren Ventegodt has been very critical on the development of the health system, where more and more Danes have been taken pharmaceutical drugs. He has been especially against the increased administration of psychopharmacological drugs to children and young people.

After a long series of successful treatments and clinical studies, where he documented that at least 50% of his patients were healed after only 20 sessions of intensive holistic medical treatment in his clinic, he was convinced that he had found the solution for the most urgent medical problems: new and better ways to treat patients. Around 2005 he had gained so much self-confidence, and he felt the scientific evidence so convincing that he believed that he could create public debate strong enough to initiate a change in the ways patients were treated in Denmark.

But instead he was suddenly framed as a sex-criminal: a physician who sexually abused his patients. Three psychiatrists in alliance with the popular press accused Ventegodt of sexual abuse and made things into a major scandal. The health authorities took away his medical license temporarily and reported him to the police, but seven years afterwards he was basically cleared of all charges, except a charge that his records were not conducted according to standard medical practice.

In spite of this hardship he is still going strong and helping patients with his holistic approach. He has been called a rebel, a genius, crazy, and brilliant.

What we know is that there has not been a patient so far that has complained about his approach and many have been helped back to a better life and integration back into society, even with severe chronic illness.

The other Søren

Søren Aabye Kierkegaard (1813-1855) is considered to have been the first existentialist philosopher, who proposed that each individual, not society or religion, is solely responsible for giving meaning to life and living it passionately and sincerely. Existentialism has influenced theology, drama, art, literature and psychology. But also about this Søren people had many opinions, like George Henry Price wrote (48):

Kierkegaard was the sanest man of his generation Kierkegaard was a schizophrenic Kierkegaard was the greatest Dane the difficult Dane the gloomy Dane... Kierkegaard was the greatest Christian of the century Kierkegaard's aim was the destruction of the historic Christian faith. He did not attack philosophy as such He negated reason He was a voluntarist Kierkegaard was the Knight of Faith Kierkegaard never found faith Kierkegaard possessed the truth Kierkegaard was one of the damned.

Søren Ventegodt has impacted Danish culture, he has taught a nation to say “quality of life”, and he has explained how to develop happiness and health to many people. He will not be forgotten and we wish him many years in good health and ability to continue helping many more patients to heal and enjoy a good quality of life.

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