ISSN: 2576-2842

Editorial

Journal of Gynecology & Reproductive Medicine

Venus Complete: Recognition of and Respect for the Urethrovaginal Gland and its Function

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Submitted: 10 Nov 2019; **Accepted**: 15 Nov 2019; **Published**: 19 Nov 2019

This article is about women and girls and the potential for major changes. I begin with two premises: first, the urethrovaginal gland (UVG) and its secretion, amrita, are critical elements of being a human female; and, second, there is a genetic underpinning to the robustness of UVG activity and its contribution to sexual satisfaction. The anticipation is that, in addition to facilitating women's sexual satisfaction both through raising awareness and identifying genetic-based pharmaceuticals, we might also modestly enhance medical care and biomedical research endeavors relevant to human female sexual anatomy and physiology. However, there is substantial, almost uniform ignorance, reticence and untoward prejudice among medical professionals-both clinicians and researchers-that has compromised innumerable girls and women. Most important has been the ubiquitous incorrect presumption that the only fluid to pass through-or issue from-the female urethra is urine. The source of the other important urethral effluent, amrita, is the UVG (sometimes known as the Skene gland), but the UVG has most often been considered a fiction, a myth or irrelevant. Thus, its secretion, amrita, has similarly been considered a fiction, myth or irrelevant. Only one venue has openly acknowledged and exploited amrita: the adult movie industry. However, such endorsement predictably added to the rationales for making light of or ignoring this aspect of femininity.

In any event, I have come to understand that many people in the general population, and especially among the medical and biological professionals, are plain and simply satisfied with the human female-girls and women-being incomplete in several very important senses, especially with regard to their sexual anatomy and physiology. This is a big mistake and I have gone beyond focus on human female sexuality to focus primarily on human female completeness in a broader sense (i.e., Venus complete). Sexuality is still important, but now the more socially neutral clinical medical, biomedical research and educational issues are as, or even more, compelling.

In the early 21st Century it is increasingly common to consider developing "virtual organisms," that is, computer simulations of an entire organism. For example, a virtual human could be used for teaching medical students, develop research strategies and facilitate diagnostic accuracy and treatment approaches. In this regard, can you imagine a virtual human male without including the prostate gland and its secretions? If a virtual human female were to be constructed today, it is likely that her UVG and amrita would be left out. And if the UVG and amrita were included, almost certainly the details and accuracy would be severely wanting. Lack of these items and data would make this virtual female quite incomplete, replicating the situation for real-that is, physiological-human females presently.

But, back to the starting place. First, I will clarify three things: 1) the fact and nature of the UVG, sometimes known as the female prostate gland; 2) the secretion of the UVG, amrita, that often accompanies female sexual activity; and 3) the sexual pleasure associated with UVG secretion. My approach merges the very old and the very new. Amrita is a very old Sanskrit word designating the secreted substance of the UVG [1,2]. The state of exquisite pleasure that can sometimes accompany the amrita I thereby designate amritasis. Molecular genetics, in contrast to the "very old," is a very new approach to understanding life, and it is especially new to understanding human sexuality. Nonetheless, my ultimate aim is the enhancement of human female sexuality by employing molecular genetics to understand the full significance of amrita and amritasis and thus use that understanding to augment the presence and intensity of both.

There are two types of coding or translation that are part of genetics. First, there is the DNA that is translated into cellular proteins and a variety of RNA regulatory molecules. Second, there is the clinical genetics that decodes and translates at the level of the organism, making sense of the organism's traits and adaptations in terms of the interplay of all of the organism's genes. This latter task-making sense from a clinical perspective-requires reformulating both the available clinical and basic genetic information and the tentative conclusions, primarily by the adept asking of critical questions and configuring the information in a binary (digital) format for further analyses using computers and other binary code translators. This is especially true for the set of tasks involved in what is known as establishing "genotype-phenotype correlations," clarifying the relationships between the DNA-based genetic underpinnings (genotype) and the trait and/or its component features (phenotype). It is increasingly important in this regard that a biological fact can also be a binary/digital fact. Consider, for example, the notion of a "virtual human"

or a "silicon human" or even virtual tissues such electronic skin and nanomechanical nerve networks comparable to brains.

It is this confluence of data previously disparate that has changed-improved-our resolving power, our ability to understand: digital data become equivalent to physiological data. We become what the computer represents. (What if the binary data are incomplete about the UVG?) For example, using digitized facial photographs (phenotype) to identify patterns apparent in the digital code, but not apparent in the physiological visual appreciation of the face, we can then correlate the facial binary patterns with the binary representations of the DNA sequences (genotype) to derive sophisticated, perhaps subtle, genotype-phenotype matches. In other words, we can take what were previously two types of encodings and reduce them to the same digital/binary format and then make comparisons in a single format. A key goal of this article is to clarify how one or more human female sexual phenotypes can be useful for such comparisons and correlations.

In writing this article, a physician geneticist has reformulated many of the currently available data and conclusions about human female sexuality to establish fundamental phenotypes, especially those affording identification of underlying genotypes. To this end, the start was the "controversy" regarding human female ejaculation. A first task was to identify the anatomic basis for the human female ejaculation process and thereby substantiate the ejaculation. This led to a second controversy, which is whether the UVG, which supplies the female ejaculate, is essentially the same as the male's prostate glands.

The controversies and confusion about female ejaculation and the presence and nature of the UVG merged with a more pervasive mystery about both human female sexuality in general and the nature of human female sexual anatomy and sexual processes [3]. The mystery was apparent both in terms of the nonverbal appreciation of the anatomy and processes on the one hand and the confusing collection of words available to describe and characterize these elements. Thus, we begin to translate this daunting, confusing array of information to provide a useful and compelling treatise both to facilitate the direct and immediate enhancement of human female sexuality and to increase the nature and intensity of several levels of health care and biomedical research necessary to address the long-term, broader enhancement of human female sexuality.

As part of this supposed mystery, there was a most intriguing question: why were accurate renditions of such potentially important aspects of human sexuality-amritasis, amrita and the UVG-all but hidden? While some details were buried in ancient history and arcane or highly technical scientific prose, there were many immediately accessible articles and books [3]. Why have these latter sources not been appreciated and broadcast? Why has there been so much mystery about such fundamental aspects of human life? Part of the problem has been the tendency to consider female sexuality either in terms of the mundane, routine, unexciting "average" or in terms of pathology or dysfunction. To the contrary, we can consider normal and particularly satisfying female sex. This effort is not another lament about sex that needs fixing. No! It is work that celebrates human female sex and human female sexuality, both in the ordinary and at the most pleasurable extreme. At the same time, however, this is not a set of instructions, nor a set of step-by-step guides to enhance the sexual experiences of individual women. And yet, if this article gives the majority of female readers the sense that there is indeed a realistic basis for improving their own sexual satisfaction then we will have made headway toward at least one of my goals.

It is important that "human female sexuality" not be equated with pornography, the explicit depiction of sexual activity-in words, drawings, photographs, movie film or digital format-with a focus on the genitalia and at least some elements of naughtiness or shameful behavior. On the other hand, to the extent that producers and purveyors of pornography have co-opted or even "hijacked" some important truths about ordinary sexuality, in particular amrita and female ejaculation, it may be useful, even necessary, to avail ourselves of the facts portrayed from the pornography vantage point. That does not mean every person must view the material firsthand. As an alternative, I have viewed selected pornographic material and elsewhere rendered it in ways suitable for both a general readership and scientific analysis. I anticipate that these scientifically "sanitized" renderings may help a person realize what can be wanted. In this context, with specific regard to human female sexuality, I concur with the aphorism that "you get what you want" and I want women and girls to want more, to expect more. I want her expectations to match her potential.

This work is not about rehashing the controversies noted above regarding female ejaculation and the UVG, nor even about substantiating the fact of amrita and amritasis-those controversies have been resolved and the substantiation has been done many times over. This work, rather, is about acting on the earlier substantiation, making it more meaningful, more useful for all women. The sexual satisfaction-orgasm-ejaculation spectrum described here leads to a subtle sexual liberation without revolution or discounting evolution. The recognition and analysis of this spectrum or continuum are liberating in many ways, including the proposition that the ultimate in human female sexual satisfaction can be achieved as a purely female phenomenon. On the other hand, realizing the many levels of similarity of males and females is insightful and, indeed, central to the enhancements that are our goals.

And, finally, there is the reminder that the UVG and amrita warrant attention for much more than their association with sexual satisfaction, orgasm and reproduction. For example, there are also concerns about early childhood toilet training and adequate information for adolescents on the one hand and an alternative to presumed adult female "urinary incontinence" and "overactive bladder" on the other hand.

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