G-Spot

Κίμων Χατζησταματίου
Μαιευτήρας - Γυναικολόγος
Gräfenberg
Innumerable erotogenic spots are distributed all over the body, from where sexual satisfaction can be elicited; these are so many that we can almost say that there is no part of the female body which does not give sexual response, the partner has only to find the erotogenic zones.
An erotic zone always could be demonstrated on the anterior wall of the vagina along the course of the urethra. Even when there was a good response in the entire vagina, this particular area was more easily stimulated by the finger than the other areas of the vagina. Women tested this way always knew
Female Ejaculation: A Case Study

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Abstract

This case study provides objective evidence supporting the hypothesis that female ejaculation, a partial, infertile homologue of male ejaculation, exists. A karyotypically normal, multiparous woman suffered for a decade with urinary stress incontinence. During that time she had learned to inhibit an orgasmic response which led to bedwetting. Although the liquid produced did not appear to be urine, she falsely concluded that her orgasmic expulsion was a manifestation of urinary incontinence. Using feedback from a Vaginal Myograph, she learned to do Kegel exercises properly, and the urinary stress incontinence soon disappeared. Around this time she became aware of the concept of female ejaculation and its possible association with an erotically sensitive area that could be stimulated through her anterior vaginal wall. Stimulation of this area, the "Grafenberg spot," produced what she described as orgasm which felt "deep" and different in response to vulvar stimulation. Such an orgasm was often accompanied by expulsion of liquid from the urethra. Chemical analysis indicated that the expulsion was not urine. It contained prostatic acid phosphatase, an enzyme characteristically found in prostatic secretion.
FIGURE 1. Grafenberg Spot Recording Form.
The Grafenberg spot and female ejaculation: a review of initial hypotheses.

Goldberg DC, Whipple B, Fishkin RE, Waxman H, Fink PJ, Weisberg M.
2350 women

1289 women reported "ejaculation" (60.5%)

709 (60.5%) women reported "ejaculation"

786 (65.9%) women reported G-spot

78.7% of those who reported G-spot also reported "ejaculation"
1672 – Reigner De Graaf.
Χρησιμοποίησε πρώτος τον όρο Γυναικείος Προστάτης Αδένας
1880 – Alexander Skene.
Παρατήρησε και περιέγραψε τους παραουρηθραίους αδένες.
2001
Skene → female prostate
Skene’s gland adenocarcinoma resembling prostatic adenocarcinoma. Pongtippan A1, Malpica A, Levenback C, Deavers MT, Silva EG.

FIG. 1. Well differentiated adenocarcinoma forming small glandular structures with uniform nuclei and prominent nucleoli at low power (A) and high power (B).

FIG. 2. Strong expression for prostate-specific antigen in the tumor cells.
Skene's gland adenocarcinoma resembling prostatic adenocarcinoma. Pongtippan A1, Malpica A, Levenback C, Deavers MT, Silva EG.
Does female ejaculation serve an antimicrobial purpose?

Moalem S1, Reidenberg JS.
Does female ejaculation serve an antimicrobial purpose?

We propose that antimicrobial compounds, such as zinc that is found in seminal plasma, are similarly present in female ejaculate. The release of such antimicrobial compounds would confer a protective advantage, including a reduction in the incidence of UTIs. This has implications in human evolution, as reduction/prevention of UTIs would increase the likelihood that women would be receptive to sexual intercourse and, as a result, more likely to successfully reproduce. Thus, the maintenance of ejaculatory function in females may turn out to be much more than just a simple sexual oddity or evolutionary vestige; it may be the result of natural selection for a biological mechanism facilitating reproduction while preventing sexually transmitted microbial infections of the urinary tract.
Ηλεκτρομυογραφική – μανομετρική μελέτη του κόλπου έδειξε

- Υπάρχει ενός κολπικού βηματοδότη από τον οποίο ξεκινά το ερέθισμα για την σύσπαση του κολπικού τοιχώματος
- Η διάταση του κόλπου προκαλεί ως συνέπεια σύσπασή του και αύξηση της ενδοκολπικής πίεσης.

The electrovaginogram: study of the vaginal electric activity and its role in the sexual act and disorders.
Shafik A1, El Sibai O, Shafik AA, Ahmed I, Mostafa RM.
Ostrzenski A.
vated structures in combination [1]. To claim, as Dr. Ostrzenski has in his paper, that only the one single entity he found embedded in the vaginal wall is “the” G-spot, betrays the rich complexity of what others have appreciated and characterized as the G-spot—a variable anatomical and functional zone of erotogenic complexity, not a single structural entity. That this sensitive region, felt through the anterior vaginal wall, is not a single structural entity, was stated by Perry and Whipple when they named it the Grafenberg spot, later termed the “G-spot” [6,7].
Figure 1. Gross anatomical views of the G-spot and surrounding distended vessels. (A) The G-spot sac is opened and G-spot (the white arrow) with surrounding vessels resembling a blue grape-like cluster structure above the instrument is depicted. (B) The vascular bundle migrates into the distal part of the G-spot. The wall of the G-spot sac is visible under the arrowhead. (C) A sagittal close-up view of the G-spot complex is presented. The tail of the G-spot is depicted (the arrow). The rope-like vascular structure protrudes from the G-spot tail (the arrow). The pink colour of the G-spot (arrow) distinguishes this structure from surrounding vessels, which appear dark blue and are filled with retained blood (the white circle). (D) The left side of the diagram is an illustration of the location of the G-spot complex, which is embedded within the vaginal wall (the white circle) (U, uterus; V, vagina; B, bladder; UM, urethral meatus; R, rectum). On the right, the G-spot complex is presented. The arrow indicates the tail of the G-spot and the white circle encompasses the fused vessels with the G-spot structure.
The G-spot’s nerve-ganglion is revealed

Peripheral nerve bundles are revealed
Is the female G-spot truly a distinct anatomic entity?

Kilchevsky A1, Vardi Y, Lowenstein L, Gruenwald I.
• Αντικειμενικές μέθοδοι ΔΕΝ έχουν δείξει με βεβαιότητα την ύπαρξη του G spot.
• Όμως οι αξιόπιστες αναφορές και οι μη δημοσιευμένες μαρτυρίες για μία έντονα ευαίσθητη ζώνη στο πρόσθιο κολπικό τοίχωμα δείχνουν ότι το θέμα δεν έχει εξαντληθεί.
Welcome to G-Spot Amplification™

The G-SHOT® (clinical description: G-Spot Amplification™ or GSA™), is a simple, nonsurgical, physician-administered treatment that can temporarily augment the Graefenburg spot (G-Spot) in sexually active women with normal sexual function.

GSA is a patent pending method of amplifying or augmenting the G-Spot with a human engineered hyaluronan. Hyaluronan is a common ingredient found in many health care products and can also be found naturally throughout the body.

G-Spot Amplification was invented and developed by world renowned gynecologist David Matlock, MD, MBA, FACOG. Dr. Matlock has been offering G-Shot to his patients since 2002. In a pilot study, 87% of women surveyed after receiving the G-Shot reported enhanced sexual arousal/gratification. Results do vary. During the past few years, Dr. Matlock has refined the G-Spot Augmentation techniques so that patients experience a short office based procedure with affects that last between 3-5 months, results may vary.

As a G-Shot® Associate you receive access to Dr. Matlock’s document G-Shot procedure/techniques, patient consent forms, G-Shot® brochures, office/exam room flyers and advertisements.
Vaginal "Rejuvenation" and Cosmetic Vaginal Procedures

ABSTRACT: So-called "vaginal rejuvenation," "designer vaginoplasty," "revirgination," and "G-spot amplification" are vaginal surgical procedures being offered by some practitioners. These procedures have not been medically indicated, and the safety and effectiveness of these procedures have not been documented. Clinicians who receive requests from patients for such procedures should discuss with the patient the reason for her request and perform an evaluation for any physical signs or symptoms that may indicate the need for surgical intervention. Women should be informed about the lack of data supporting the efficacy of these procedures and their potential complications, including infection, altered sensation, dyspareunia, adhesions, and scarring.

This document reflects emerging clinical and scientific advances as of the date of publication and as such may not yet be reflected in the updated clinical and laboratory practice guidelines that are the subject of this document. STAR-110214

Committee on Gynecologic Practice

ACOG COMMITTEE OPINION

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Οδηγίες σχετικά με την αισθητική παρέμβαση στα έξω γεννητικά όργανα

1. Ο γυναικολόγος πρέπει να βοηθά τις γυναίκες να κατανοήσουν την ανατομία των γεννητικών οργάνων τους αλλά και τις φυσιολογικές παραλλαγές

2. Σε γυναίκες που επιθυμούν αισθητική παρέμβαση απαιτείται
   • Ενδελεχής λήψη γυναικολογικού, σεξουαλικού και ιατρικού ιστορικού.
   • Εκτίμηση σεξουαλικής ή ψυχολογικής δυσλειτουργίας.
   • Συμβουλευτική για πιθανές επιπλοκές αλλά και την απουσία στοιχείων σχετικά με την αποτελεσματικότητα των αισθητικών επεμβάσεων στη βελτίωση της σεξουαλικής ζωής ή της εικόνας του εαυτού.

3. Όροι όπως “ενίσχυση του σημείου G”, “κολπική αναζωογόνηση” ή “κλειτοριδική ανάπλαση” δεν πρέπει να χρησιμοποιούνται.
Ευχαριστώ για την προσοχή σας...