

## Point G the Other Reality in Women's Sexuality

Vargas Hernandez Victor Manuel

Hospital Juarez de Mexico, Mexican Academy of Surgery, President of the Mexican College of Gynecologists Oncologists, National Academy of Medicine of Mexico

### ABSTRACT

The G-spot, zone is, a controversial concept in sexual medicine; although, most women report having it; some studies have conflicting results of its existence and nature; It even led to the concept of the clitouretravaginal complex and its location, size or nature, the evidence is yet to be verified; In the field of female sexuality, it presents a subject still anchored in anecdotes and opinions and explained from non-scientific points, in addition to being overused for commercial and media purposes.

### \*Corresponding author

Victor Manuel Vargas Hernandez, Insurgentes Sur 605-1403, Naples, 03810 CDMX, Mexico. Tel: 5552179782;  
 E-mail: vvargashernandez@yahoo.com.mx

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### Background

The possible existence of an erogenous zone in the anterior wall of the vagina has been mentioned for years; and Grafenberg reported "the role of the urethra in female orgasm" or "erotic zone" in the anterior wall of the vagina along the course of the urethra, which manifests itself during orgasm; From a sociocultural point of view, between In the 19th and 20th centuries, the predominant importance given to vaginal orgasm over the clitoral one was, of course, necessary to ensure the birth of as many children, who would later become a productive workforce, as possible. This perspective contributed significantly to support the traditional phallogocentric view of female sexuality throughout the century and has even been associated with ejaculation; with popular but not medical acceptance that is biased by sociocultural arguments; which has led to surgeries aimed at increasing her to treat female sexual dysfunction; women who achieve "vaginal orgasm"; with vaginal stimulation, he developed the concept of "clitouretravaginal complex"; however, orgasm depends on several factors, including intimacy, hormonal environment, experiences, cultural and religious beliefs, where the central nervous system is the main one [1-5]

### Criteria for G-spot identification

The sensitive area and / or bulging / swelling after stimulation performed by digital stimulation, or vibrator; its location, located 1cm deep in the anterior vaginal wall connected to the hymen, below the urethral meatus; although, there is a contradiction about its existence through different imaging, electrophysiological, anatomical and histological methods; the close relationship between the clitoris and anterior vaginal wall during perineal contraction and / or vaginal penetration and / or stimulation; it would correspond to the G-spot or "clitouretravaginal complex"; It was identified in 47.4%, it was described as composed of epithelial, glandular and erectile tissue or fibroconnective sac, which contains erectile tissue, a structure with the capacity to expand; a higher

density of microvessels and small nerves were described; with a higher density of terminal nerve branches in the distal part of the anterior vaginal wall; but, they did not consider the evidence of point G; the presence of type 5-phosphodiesterase (PDE5) in the anterior vaginal wall and expressed in the smooth muscle of the vessels, of the pseudocavernous tissue in the vaginal wall and endothelium; may contribute to female sexual arousal and activity, or others did not report it; and it was described that it has a diagonal orientation, measures 8 +/- 5mm longer, forms a diagonal angle with the urethra (more often towards the left side of the urethra), 4.5-5.5cm from the urethral meatus [1,2,6-11].

### Discussion

Controversy exists about the existence of the G-spot, and it has yet to be scientifically proven; although the majority of women believe in its existence mainly those with the greatest education and sexual practice; it is difficult to have an arousing sexual response during the studies, the thickening was associated with the ability of vaginal orgasm and androgen levels; during vaginal penetration there is a descent of the anterior vaginal wall which led to the concept; of the clitouretravaginal complex; or "anterior wall erogenous complex"; functional concept on stimulation for vaginal orgasms; synonymous with G-spot, the penis does not come into contact with the clitoris or Kobelt's venous plexus during vaginal intercourse [1,2,14-16]. A tissue capsule was described fibroconnective tissue, which contained erectile tissue (considered a neurovascular structure), generally not in the midline; better sexual function was reported with the administration of platelet-rich plasma at the G-spot; the increase (with fat or hyaluronic acid ), or procedures, such as, "G-spot plasty" have been proposed, without evidence of efficacy and are not supported, and "G-spot augmentation" is an advertising or anecdotal term; and never or rarely once these procedures indicate [17,24,25-29]. Achieving orgasm with "direct" clitoral stimulation is in an immature sexual stage [30,31]. There is no evidence that vaginal stimulation and clitoral orgasms are different; the concept of vagina vs clitoris; orgasm reinforces the male role (penetration)

to the detriment of the independence obtained by locating pleasure in the central clitoris of female sexuality and the physiological response cannot exist without an anatomical basis; although, the perceived stimulation of the anterior vaginal wall causes orgasm does not imply the existence of a particular anatomical structure [13]. Although the G-spot is a field of debate, other erogenous points have already been added to the list [1,2]. Female sexuality, including orgasm, is complex and includes hormones, psychological aspects, culture, religion, anatomy, and previous experience; the existence of the G-spot as a suburethral structure is favored; Failure to find it makes women feel "inadequate or abnormal" and if it exists, neglecting it is equivalent to denying women the path to pleasurable experiences; the clitoris is not yet fully explored, but the G-spot is the not found or the other Atlantis [1,2].

### Conclusions

The G-spot finds explanatory roots in various disciplines (anatomy, physiology, psychology, sexology, history, evolution, anthropology and sociology), it will have to be studied for a long time with an even more scientific approach. Today, the argument that the vagina is just a fibromuscular canal, sexually inert, is no longer defensible and if the vagina is a sexual organ, particularly sensitive in its anterior wall, the G-spot, or whatever it is called, it is a reality.

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