Chapter 6: Medical Intuition and the Intuitive Diagnosis Technique

"It is our duty as men and women to proceed as though limits to our abilities do not exist. We are collaborators in creation." - Pierre Teilhard de Chardin

There is no Society of Holistic Radiology, but there are a few of us scattered around the country who have deviated from the left-brained world of conventional radiology into the right-brained realm of alternative healing. However, since pattern recognition, the foundation of all radiological diagnosis, is technically a right brain function, perhaps it is not so surprising that some radiologists might be attracted to a more intuitive, holistic worldview.

In July 1993, when I arrived in Durham, NC, to start my new job as Associate Professor of Radiology at Duke University Medical Center and Section Head of Musculoskeletal Radiology, the first place I went outside of work was the Rhine Research Center, then known as the Institute for Parapsychology. That visit symbolized coming full circle for me, as I had originally come to Duke in 1973 as an undergraduate psychology major with the intention of studying parapsychology.

I remember searching the course catalog that summer before college and being unable to find a course in parapsychology to register for, which was quite frustrating. After my first week at school I figured out that Dr. J. B. Rhine, the psychology professor who popularized the term ESP in 1934 and made the recently founded Duke University famous around the world, had retired in 1964 and moved his parapsychology laboratory off campus.³ Oddly, I never visited the lab during my four years in college.

Society for Medical Decision Making

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A week after finally making my much delayed first visit to the Institute in 1993, I received an unsolicited letter of invitation from the most left-brained radiologist in history, Lee Lusted, MD, author of the *Atlas of Roentgenographic Measurement*. Unlike most radiologists who look at a film and say this shadow is too big or too small, Lee applied analytical logic to the task and compiled rigorous scientific data in his 1959 book documenting common X-ray measurements and standard deviations from the norm.

He then went on to found the Society for Medical Decision Making, a very conservative group of left-brained clinical scientists, epidemiologists and statisticians, who make health policy recommendations utilizing evidence-based medicine. During the last years of his life, Lee finally concluded that his left brain had taken him as far as it could, and he decided to start exploring right brain processes, beginning with a literature search on intuition in medicine and nursing in 1991.

His search was too early to find a letter to the editor I had published the following year in the leading journal in our field, *Radiology*, entitled “Intuitive Magnetic Imaging.” In the letter, I commented on an experience I had with a famous medical intuitive who was able to make a remote medical diagnosis on one of my patients that matched the Magnetic Resonance Imaging (MRI) diagnosis exactly. However, an intuitive healer I knew, Marian Moore, met Lee at a conference and told him to contact me.

He subsequently sent me the letter inviting me to come to the next SMDM annual conference in October as he was hosting a full day session devoted to the topic of intuition in medicine. Synchronistically, the meeting happened to be located at the Research Triangle Park (RTP) Sheraton Imperial Hotel, twenty minutes from my house. I asked if I might be able to present some of my material on intuitive diagnosis as part of the session, but he said there was no room on the program.

I registered for the meeting and a month or so later called Lee back to confirm plans to meet with him there. His voice was hoarse on the phone, and he informed me that he had just been diagnosed with terminal esophageal cancer and would not be able to attend the meeting which would go on as scheduled.
I then called Margaret Holmes-Rovner, PhD, the other moderator of the session and wound up taking Lee’s place on the program. Lee and I never met, and he died soon afterwards in February of 1994.

The SMDM morning program began with a presentation by Robert Hamm, PhD, a psychologist who was writing a book on surgical intuition. His skeptical message was that the diagnostic skills demonstrated by expert surgeons were merely sophisticated pattern recognition. What appears to the medical student attempting to diagnose a patient with abdominal pain to be magical psychic abilities is only the experienced surgeon recognizing acute appendicitis that he has seen dozens of times before.

The next presentation was by Lynn Rew, EdD, RN, a nursing researcher whose career was devoted to the study of intuition. She described more unusual stories of intuition which she said were relatively common among skilled nurses. The typical scenario was of an intensive care situation where all the monitoring data and lab values were normal, but the experienced nurse called the physician just before the patient took a sudden turn for the worse.

The next presenter was Frank Faltus, MD, Clinical Assistant Professor of Psychiatry at Brown University Medical School, who had participated in a pilot project for medical students in intuition training led by medical intuitive Winter Robinson, MA. He shared some outside-the-box stories describing the use of intuition in diagnosis and decision making as a skill that can be learned through the process of imagery which was a good introduction for what was to follow in the afternoon session.

My presentation came last and began with a brief history of intuitive diagnosis including a discussion of the abilities of Edgar Cayce. Cayce was the most famous and well documented intuitive in history with over 14,000 readings housed at the Association of Research and Enlightenment (A.R.E.) in Virginia Beach recorded over a period of 43 years. Numerous books detailing his intuitive diagnoses for a range of diseases are available in the A. R. E. Library, the largest metaphysical library in North America.

His readings on psoriasis describe “thinning of the walls of the small intestine - specifically, the jejunum and the lower duodenum. This thinning allows toxic products to leak from the intestinal tract into
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the circulation; these eventually find their way into the superficial circulation and lymphatics and are eliminated through the skin, producing the plaques of psoriasis.” His description preceded the discovery of “leaky gut syndrome,” one of the causative factors of the disease, by many decades.

Cayce lost his voice during an illness as a young man and regained his ability to speak under hypnosis. While in trance he said “this body is unable to speak, due to a partial paralysis of the inferior muscles of the vocal cords, produced by nerve strain.” He proceeded to prescribe his own cure and then began providing accurate health information about the hypnotist who had induced the trance with holistic remedies for the hypnotist’s illnesses, thus beginning a lifelong career as a medical intuitive.

I next described meeting modern day medical intuitive Caroline Myss, PhD, at an A.R.E. conference where she discussed her work doing diagnosis from a distance across the country with neurosurgeon Norm Shealy, MD, PhD, a pioneer in both neurosurgery and intuitive diagnosis research. At lunch after her lecture, we briefly touched on the possibility of doing research comparing her intuitive diagnosis to my radiological diagnosis.

What happened next would forever shift my paradigm of how the world works, so I will recount it here in its entirety as I did at the meeting and later published in a 1997 paper. Following the conference I left a message on Caroline’s answering machine as she was off again lecturing in Europe. She called me back three weeks later just after I read MRI scans of the lumbar spine and pelvis on a 13-year-old girl with sciatica who limped in with her mother and looked about 9 years old.

Much to my surprise there was a large mass in the left side of the sacrum extending into the lumbar spine which was most likely a malignant tumor although an infection with an abscess was also a possibility. However, she did not look sick or feverish, so the possibility of infection seemed unlikely. I had seen many similar aggressive tumors during my academic training in musculoskeletal radiology, and I knew the prognosis was not favorable.

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I asked Caroline if she could do a reading for the young girl over the phone. She initially declined saying that she only did readings for certain select doctors like Norm Shealy and Christiane Northrup, MD, who were former presidents of the American Holistic Medical Association (AHMA). I said I understood and maybe there would be another opportunity someday in the future. Then for some unknown reason, she relented and said she would just take a quick look.

I gave her the name and age of the patient without any other information about the scan or symptoms. There were 5 seconds of silence, and then she said "there is a tumor in the pelvis working its way into the spine." I was stunned, but managed to ask her to tell me more. She then said "this is an immature girl who has a fear of going through puberty." I responded that it might just be an infection, but she said "no, it is a malignant condition."

Caroline then said "there is a severe imbalance of the second energy center, or chakra, due to her genetic background, her family history and her current relationship issues." I asked her how she got this information. She said that I gave her" the spiritual signature” of the patient, and then she tuned in to her through me. I initially thought that she was just reading my mind which would have been impressive enough, but she clearly had access to more information than I did.

The biopsy a few days later revealed a malignant Ewing's sarcoma which has a relatively poor prognosis. She then got chemotherapy followed by radiation to the pelvis which likely would affect the ovaries and her ability to have a normal puberty. She was still alive when I left Virginia Beach one year later, and I have no further follow up. Needless to say, I was left to ponder the fact that we had charged her $2000 for the two-hour MRI diagnosis that Caroline had made in about two minutes from Illinois.

My presentation provoked some incredulous comments from the rather conservative crowd, but that was just a warm-up for the afternoon experiential session led by Winter Robinson, who had taught the Brown University medical students. About two dozen adventuresome participants put their left brains
aside for a few hours to experience her unique blend of relaxation techniques, ESP exercises, willowy long hair and dangling dolphin earrings, as well as New Age music provided by her husband, Michael.

After about an hour of preliminary exercises, she said it was time to do intuitive diagnosis with a partner. I was matched up with an internist from the University of Arizona, and the relatively simple instructions were to give her the name and location of a patient for whom I knew the diagnosis. I chose my elderly Aunt Betty from Pittsburgh who had chronic emphysema from cigarette smoking without any other major illnesses, as I thought she would be an uncomplicated target for the exercise.

Winter then instructed the diagnosticians that they were to imagine going through a CT scanner from head to toe and that any sensations they felt in their bodies would represent the target patients. With her eyes closed my partner scanned through her head, neck and shoulders without any reporting anything unusual. When she got to the chest she immediately said “I’m short of breath, there must be something wrong with the lungs” to which I made no reply, waiting to see what would happen next.

She regained her composure as she moved through the abdomen, but when she got to the pelvis she started fidgeting in her seat and looking uncomfortable saying, “There must be something wrong in the pelvis, prior surgery with complications.” I was impressed that she had gotten the lung target correct, but I had no knowledge of any pelvic issues. Later that night my mother confirmed that her sister had a hysterectomy with bladder repair and adhesions, something I don’t remember hearing about before.

My turn as diagnostician was frustrating for me, as the metaphor of a CT scanner was too linked to my left brain skills to allow my right brain to function, so I switched to imagining the chakras and was able to detect the fourth chakra or heart center as the correct location in my test patient with breast cancer. Another participant in the session gave an intuitive reading of a large pelvic tumor extending up into the abdomen which turned out to be a third trimester pregnancy, an interesting twist of interpretation.

Feeling inspired to do some research after the session I surveyed all the participants with regard to their attitudes about the experiments and their results. I found that half of the diagnosticians were
skeptical about the whole exercise and got negative results, while the other open-minded half all got positive results. In parapsychology research, such skewed results are referred to as the “sheep and goat phenomenon” where the attitude of experimental subjects influences the outcome.\textsuperscript{10}

\textbf{Intuitive Diagnosis Research}

After the meeting I went back to the Rhine Research Center to review the parapsychological literature on medical intuition in hopes of designing a study that would prove the validity of the technique to skeptics in the medical community. I spent the next fifteen years working with a variety of different researchers on different experimental models with input from a number of talented intuitives, but after many false starts, we only managed to do a small inconclusive pilot study.

Local intuitive Donna Gulick, MA, assisted me in designing the study of four patients with readings by eight North Carolina intuitives. In the most interesting reading, Maria Collen-Bridges from Greensboro was slightly unnerved by the serious manner of Rhine researcher John Palmer, PhD, who went to her office with the patient’s name and age on a paper. However, she put it to her head like Johnny Carson doing the Amazing Karnak and easily read the correct answer of low back, shoulder and leg pain.

Despite such promising anecdotes, it turns out that designing a study that satisfies both the skeptics and the intuitives is very challenging. I described the issues in an NIH research methodology conference presentation in 1995 and published a review of the topic in the proceedings of a meeting in Hawaii sponsored by the Institute of Noetic Sciences (IONS) and the Samueli Institute in 2001.\textsuperscript{11} There were a total of six published scientific studies in the world literature at that time with a seventh added in 2002.

I was fortunate to co-present on intuitive diagnosis with psychiatrist Daniel Benor at that Bridging Worlds and Filling Gaps in the Science of Healing Conference. His 1992 “Intuitive Diagnosis”
paper was my starting point for research after my experience with Caroline Myss. He pioneered the scientific investigation of intuition and healing through his collaborative efforts with the Doctor Healer Network he founded in England in 1988 which is still active today.

For radiologists, the most interesting study was done at the Alliance Institute for Integrative Medicine with two intuitives in 2002 by Steven Amoils et al. One of the authors is Steven Pomeranz, MD, a famous MRI radiologist whose MRI Total Body Atlas sits next to my workstation worn from daily use. The study included intuitive readings by Rev. Rosalyn Bruyere of the Healing Light Center Church, the only famous medical intuitive ever to participate in a rigorous scientific study.

The study showed positive correlations between intuitive readings of disc pathology and lumbar spine MRI findings, and between intuitive drawn pain charts and patient pain drawings. In fact, the practitioners' drawn pain charts were judged to be better depictions of patients' pain drawings than those predicted by traditional radicular neuropathways. An intuitive who was not identified by name in the results was correct in 7/16 patients with an impressive statistical significance of p = 0.004.

One of the reasons Rev. Bruyere has participated in a number of scientific studies is that she is trained as an engineer herself. She speaks about the chakras or “wheels of light” in terms of wavelengths and colors, descriptions that seemed to correlate with frequencies recorded on oscilloscopes in experiments she collaborated on in the laboratory of Dr. Valerie Hunt at UCLA in the 1970’s. She also described the spin and intensity of the energy from the chakras as correlated with symptoms.

My review did not include informal studies such as the one reported by Norm and Caroline in their 1988 book, The Creation of Health: Merging Traditional Medicine and Intuitive Diagnosis. Norm found Caroline to be 93% accurate in a series of remote readings on 50 of his patients, yielding dramatic results similar to my one experience working with her. In the most impressive case she detected colon cancer prospectively four months before the actual diagnosis.
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Another remarkable example of prospective diagnosis was related to me by the first intuitive I worked with at the A. R. E, Joan Windsor, who has a unique talent for detecting microorganisms. She did a reading on a young girl in Virginia with strange arthritic symptoms whose diagnosis had eluded her doctors. Joan saw with her “inner eye” an unusual bug transmitted by a tick bite. The diagnosis of Lyme disease was unheard of in that area in 1990, but was later confirmed by laboratory studies.

Joan successfully diagnosed bacterial infections in a few other patients on whom I had her do readings at Virginia Beach General Hospital. She preferred to work with a photograph of the target client to “tune in” to the issues. We gave a joint presentation on intuitive diagnosis at the 1995 Parapsychology Association conference, which happened to be held in Durham that year. The concept of prospective diagnosis of pathologically confirmable conditions had great appeal from a scientific point of view.

Historically, the first recorded anecdotal research on intuitive diagnosis by a physician was done by Dr. John Elliotson, Professor of Medicine at London University in 1838. A hypnosis disciple of Anton Mesmer, he was famous for hypnotizing two hysterical sisters, Jane and Elizabeth Okey, who while in trance developed the clairvoyant ability to visualize the internal organs of his patients while making rounds in the hospital:

Through magnets, he would place them in a trancelike state. They then evaluated the state of the organs of his patients. This early imaging technique and the idiosyncratic behavior of Elizabeth Okey brought him into conflict with his colleagues. Elizabeth had a habit of approaching certain patients, giving a convulsive shudder, and screaming, “Great Jacky [the angel of death] is sitting on the bedclothes!” It was believed that the precipitous end of some dying patients was provoked by her oracular zeal.

I had been surprised to first discover this story of Elliotson in the middle of a 1991 mainstream scientific review article on Magnetism and Medicine by MRI physicist Manuel Mourino. It was a tour-de-force lead article occupying an unprecedented 19 pages in our most prestigious journal, *Radiology,*
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featuring a detailed story of his exploits in clairvoyant diagnosis with the Okey sisters in the context of other exotic uses of magnets in medicine.

Over a century later in 1967, psychiatrist Shafika Karagulla described her pioneering research with several intuitives including Dora Van Gelder Kunz, the co-developer of Therapeutic Touch, a healing technique popular among nurses in Duke Hospital. Dr. Karagulla correlated their readings of the chakras and endocrine glands on patients at a medical school endocrinology clinic in New York City with data from the medical charts.

I had the opportunity to discuss the research by phone years later with another of the intuitives, biochemist Frances Farrelly, a teacher of Winter Robinson, and she described that her preferred approach was to read from a blood sample. In contrast, Dora Kunz would directly observe the patients from across the waiting room in the clinic and report color changes in their energy fields or auras. It seems that each intuitive has their own unique way of accessing the intuitive information to make a diagnosis.

There are a few physicians who are actually practicing intuitive diagnosticians themselves. Mona Lisa Schulz, MD, PhD, learned about intuition from Winter Robinson as a premed student at Brown University in 1982 and went on to do her doctoral thesis at Boston University School of Medicine in neuroanatomy and behavioral neuroscience. Like many intuitives, her abilities emerged during a personal health crisis, an unusual sleep disorder known as narcolepsy, sleep attacks during the day.

Shortly after she finished medical school in 1993, I talked to Mona Lisa on the phone during her internship in Boston. She shared that she had just been on Oprah in a bright red dress making intuitive diagnoses on audience members. The phone lines at her hospital were tied up for two days with people from all over the country attempting to reach her for an appointment. Her personal answering machine message at the time said she would be available for readings after she got home from the hospital.

Mona Lisa is now an Assistant Clinical Professor of Psychiatry at the University of Vermont School of Medicine while practicing closely with holistic women’s health expert, Christiane Northrup,
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MD, in Yarmouth, Maine. In *Awakening Intuition: Using Your Mind-Body Network for Insight and Healing* she correlates her readings of the chakras with the medical literature relevant to the physical and psychospiritual issues in each of the seven energy centers from the sacrum to the crown.

A case from her book about the fifth chakra/throat center featured a woman with hypothyroidism. She was a very mentally oriented government worker stuck in an exhausting job who despite having saved enough money would not quit to fulfill her lifelong dream of opening a flower shop. Mona Lisa intuitively observed a disconnection between the fourth and sixth chakras. “She couldn’t assert her will, her drive to create in the outside world, nor could she communicate her heart’s passion.”

In 2003, Norm, Caroline and I, along with another intuitive physician, Christine Page, MD, Sally Rhine Feather, PhD, J. B. Rhine’s daughter and Executive Director of the Rhine Research Center, and several others founded the American Board of Scientific Medical Intuition. The Board’s initial attempt at administering a certification exam demonstrated that certifying intuitive competency is as difficult as doing research in this field.

Only one intuitive, Rev. Cay Randall-May, Ph.D., C.C.I., C.M.I., met the qualifying standards to be certified as both a counseling and medical intuitive, while 19 others were certified as counseling intuitives only. Certified medical intuitives must demonstrate 75% accuracy in medically diagnosing 8 different patients. Certified counseling intuitives must submit 25 intuitive counseling sessions for review and perform one monitored counseling session at the exam.

### Parapsychology and Intuitive Healers

In 2006, thirteen years after my first visit there, I joined the Board of the Rhine Research Center and served as Board President from 2007-2008. In March 2007, we hosted a conference entitled “Consciousness Today: Where Scientists and Psychics Meet” including a panel on medical intuition.
Mary Jo started as a nursing educator working in family therapy in the 1970's and then began practicing Therapeutic Touch. She went on to develop her own energy medicine teaching programs around the world. Her presentation on the panel was from the perspective of a counseling intuitive as described in the ABSMI certification process above. During intuitive readings she focuses on emotions and relationships, rather than on anatomic medical diagnoses.

Leon is a conventional small town physician from Metter, Georgia who specializes in nephrology and hemodialysis. He deviated from the mainstream in 1975 when he met Greta Alexander who had developed psychic abilities after being struck by lightning. Greta could make remote medical diagnoses from Illinois on his patients using their handprints to start the intuitive process. She convinced Leon after controlled scientific experiments, and she also worked on crimes with police around the country.

Brent, who functions as a “human MRI”, described how one of her clients was admitted to the hospital with severe abdominal pain. Her CT scans were interpreted by several different physicians as showing a tumor in the small intestine causing obstruction. In her reading Brent described an inflammatory mechanical obstruction of the small intestine “shaped like a hot dog in a bun” without any sign of tumor, an excellent picture of intussusception, which was the diagnosis at surgery.

My first encounter with Brent was at the Duke Center for Integrative Medicine where she wandered in one day in 2000 looking for anyone interested in doing research with healers. I asked her what her qualifications were, and she said she was an international designer/artist and had guessed all the cards correctly for Dr. Rhine as a child. I told her to meet me at Duke Hospital later in the day where I would be reading radiographs with my fellows and residents in the Radiology Department.
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Brent sat quietly behind me while I read X-rays with them until I had to turn around and look up some information about a patient using the computer terminal. I tried several times to type the patient data in, but every time it came up gibberish despite toggling the caps lock on and off. I noticed she was peering intently over my shoulder, and I asked if she was doing anything to my computer. She blushed and asked to be excused. The computer began working properly as soon as she left.

She came back several minutes later with a soaking wet blouse saying that “the energy built up too much,” so she had to flush it down with a cup of water in the bathroom. She then commented on my next radiograph, saying that it looked a lot like a photograph because nothing was moving. She said that made it easier because when she “looked at people’s organs they were always moving.” Leaving my astonished housestaff behind, I took Brent to the medical bookstore to buy her an anatomy book.

There are many intuitives such as Brent who have no medical background whatsoever, but still are able to make accurate diagnoses once they learn to interpret what they are seeing. Brent had the advantage of being a talented visual artist who was able to train herself to see the body accurately in 3-D with color coding of different disease processes. Interestingly, she describes the emotional energy in the aura as a “Vaseline smear” which she penetrates through to see the anatomical details.23

Brent sees nerve damage as light blue and areas of brain dysfunction as dark blue. Issues with the immune system show up as yellow, while dark black areas indicate scars or dead tissue. She references Rosalyn Bruyere and physicist turned healer Barbara Brennan as guides to decoding the color information. The Barbara Brennan School of Healing has taught this kind of approach to hundreds of students around the world since 1982.

Brennan is known for the dramatic full color illustrations of the auras and chakras in her book Hands of Light: A Guide to Healing through the Human Energy Field.24 She depicts distortions in the aura and tears in the chakras correlating with energetic imbalances. The most striking ones are the
examples of various aura colors associated with different forms of emotional expression and the energetic flow of color during the act of healing.

Another training program that has been routinely teaching intuitive diagnosis to the general public for the past four decades is the Silva Method. Their approach is called Caseworking and is the highlight exercise of their weekend workshops which feature extensive visualization training. Participants with no medical background are given the name, age, and location of remote target patients and learn to visualize and diagnose diseases from a distance.

In 1953, Jose Silva was teaching hypnosis to his children to improve their school performance, when his daughter Isabel began displaying clairvoyant abilities while in a relaxed trance state. She demonstrated the ability to make an accurate remote intuitive diagnosis on a woman in Chicago with a tumor “wrapped around the heart” which then led Jose to develop a formal training program. He trained another 39 clairvoyants in the next ten years, and then started teaching groups of 20 at a time in 1963.

A different approach which does not use visualization is medical dowsing, in which a pendulum or other device is used to obtain yes or no answers to questions related to an unknown target patient. This method was demonstrated to me by former American Society of Dowsing president Terry Ross. I met Terry in 1988 in Philadelphia where he compiled a series of medical cases with Richard Fox, Temple University Board Chairman, a prominent real estate developer.

Fox’s initial experiences with Terry related to more typical uses of dowsing for water and earth energies on properties he was purchasing. Terry had an international reputation and was known for doing remote map dowsing to find water sources for businesses such as breweries in South America. If the initial drilling did not yield water, he would be flown there to refine the location at the physical site. His relationship with Dick Fox led to the founding of the Temple University Center for Frontier Sciences.

I was attracted to the dowsing concept because my paternal great grandparents in Minnesota were dowsers, a.k.a., water witches. Terry’s abilities were particularly spooky, as he reportedly could predict
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the water quality and quantity of a well before it was drilled, giving accurate specifications in gallons per minute. My mother also has had some success with using divining rods, but I don’t seem to have inherited those abilities from either side of my family.

While I worked in Philadelphia from 1986 to 1991, I would make monthly pilgrimages to the Center to hear futuristic speakers discuss a broad range of topics related to the study of healing and consciousness. They would also host private think tank brainstorming sessions with scientists from around the world with Terry frequently leading the discourse. In Native American circles, he was known as Sky Buffalo for his travels into other realms of the spiritual dimension.

Discussions with Terry prepared me for my future adventures in medical intuition which began when I moved to Virginia in 1991 and joined the A. R. E. Since Edgar Cayce, the Sleeping Prophet of Virginia Beach, is considered to be the father of modern holistic medicine, it was a good place to for me to start. The people I met there changed my life, and they still carry on the Cayce tradition by hosting many excellent conferences on intuition and health every year.

The abilities of the intuitives above appear magical in comparison to the usual methods of diagnosis used in conventional medicine. In an ideal future model of integrative medicine, it might prove to be cost-effective to have certified medical intuitives employed in radiology departments to screen patients in advance of expensive high-tech studies to determine which will have the highest yield and which will be a waste of time. Now that would be very practical magic.

The Intuitive Diagnosis Technique

There are many approaches to learning and doing medical intuition, but I will only summarize the first one I mentioned above as it is one of the simplest techniques. Some people are natural intuitives from birth, while others acquire enhanced abilities through crises such as near-death experiences (NDEs). Even

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though it is sometime referred to as women’s intuition, many famous intuitives were men. The degree of personal intuitive development depends to some extent on the amount we practice it.

The method taught by Winter Robinson at the SMDM meeting works well for beginners with one caveat. It is not often used by experienced intuitives because it encourages taking the energy and images connected to another person’s illness into one’s own body, which may not be a healthy choice, especially for particularly empathic practitioners. When using this method, it is recommended to set the intention for it to be a temporary connection with immediate cleansing of the energy from the body afterwards.

I have taught this paired-partners method in groups of up to 100 at different conferences including the AHMA, the Yoga Research Society and the Duke Integrating Mind, Body and Spirit in Medical Practice conferences. There are always a number of participants who have quite remarkable experiences similar to the ones I described above. Sometimes having a beginner’s mind is helpful in giving the right brain a temporary edge over the left brain.

The steps are as follows:

1) Obtain the identifying information for the target patient which is most often the name, age, and location, although more or less information can also be used.

2) Decide on a method of recording intuitive impressions that will allow you to remain in an intuitive state while speaking using a partner or a tape recorder or both.

3) Sit or lie in a comfortable place with no distractions and do some brief relaxation exercises such as progressive muscle relaxation or deep relaxation breathing.

4) Set the intention that the information obtained will be temporarily transmitted through your bodily sensations or mental images and will be immediately released afterwards.

5) Close your eyes and imagine that you are being placed in a total body intuitive scanner similar to a CT scanner, so that you can pass through gradually from head to toe.
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6) Begin at the head reporting any sensations or images that occur no matter how silly or strange, describing your first impressions in as much detail as possible.

7) Mention any spontaneous interpretations of what the information might mean that feel right at the time, then move down to the neck and repeat the process.

8) Gradually work down through the shoulders and arms, chest, abdomen, pelvis, hips and legs, allowing the sensations at each level to clear before moving on to the next.

9) If you experience resistance to the anatomic approach, then switch to tuning in to the energy centers, starting with the crown chakra and going down through all seven to the root chakra.

10) When complete, stand with both feet on the ground and let the energy of the experiences during the exercise dissipate into the earth to be grounded and recycled.

11) Review the information that you have obtained and if any of the material is vague or unusual do some free association to see where it leads.

12) Obtain feedback regarding the actual diagnosis, and if necessary ask for more information to clarify any findings that don’t match the known history.

**Web Resources**

Rhine Research Center, [www.rhine.org](http://www.rhine.org)

Society for Medical Decision Making, [www.smdm.org](http://www.smdm.org)

Association of Research and Enlightenment, [www.edgarcayce.org](http://www.edgarcayce.org)

Caroline Myss, PhD, [www.myss.com](http://www.myss.com)

Norm Shealy, MD, PhD, [www.normshealy.com](http://www.normshealy.com)

American Holistic Medical Association, [www.holisticmedicine.org](http://www.holisticmedicine.org)

Winter Robinson, [www.winterrobinson.com](http://www.winterrobinson.com)

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Institute of Noetic Sciences, www.noetic.org

Samueli Institute, www.siib.org

Joan Windsor, www.jameswindsor.com/joan

Daniel Benor, MD, www.wholistichealingresearch.com

Doctor Healer Network, www.doctorhealer.org

Alliance Institute for Integrative Medicine, www.myhealingpartner.com

Rosalyn L. Bruyere, DD, www.rosalynlbruayere.org

Mona Lisa Schulz, MD, PhD, www.drmonalisa.com

American Board of Scientific Medical Intuition, www.absmi.com

Christine Page, MD, www.christinepage.com

Mary Jo Bulbrook, RN, EdD, www.energymedicinepartnerships.com

Leon Curry, MD, www.thedoctordandhepsychic.com

Brent Atwater, www.brentenergywork.com

Barbara Brennan, PhD, www.barbarabrennan.com

Silva Mind Control, www.silvamethod.com

1 J. B. Rhine, Extra-Sensory Perception (Boston: Bruce Humphries, 1934).
4 Program of the 15th Annual Meeting of the Society for Medical Decision Making, October 24-27, 1993, Sheraton Imperial Hotel, Research Triangle Park, NC.

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