

Burk L. Psychic/intuitive diagnosis: Two case reports and commentary.
J Altern Complement Med 1997;3(3):209-211

The article by Young and Aung (1) on psychic diagnosis and the editorial call for response (2) prompted me to submit these two case reports with suggestions for future researchers. As an academic radiologist specializing in the use of MRI for musculoskeletal diseases since 1985, I found my diagnostic paradigm challenged by the following experience with a medical intuitive in 1992.

Case Report #1

A thirteen year old white female who appeared younger than her stated age presented with left sciatica and was referred for radiographic evaluation. A normal film of the pelvis was followed by MR examinations of the pelvis and lumbar spine which revealed a large lesion in the left sacrum with an associated epidural mass at the L5-S1 level. The appearance was felt to be most consistent with a malignant tumor although involvement of the left sacroiliac joint raised the possibility of septic arthritis with osteomyelitis and an epidural abscess. Clinically the patient was not acutely ill or febrile so a biopsy was scheduled for several days later.

In the interval between the MR studies and the biopsy a phone call was made to the medical intuitive in another part of the country, and she was given only the name and age of the patient without any information with regard to symptoms or prior imaging studies. After five seconds of silence she replied, "There is a tumor in the pelvis working its way into the spine. This is an immature girl with a terminal condition which is caused by a severe imbalance of her second energy center or chakra. This disease is due to a variety of psychospiritual influences including family relationships, genetics and several other causative factors." Much of this biopsychosocial information was later confirmed by her clinicians and biopsy revealed Ewing's Sarcoma.

Literature Review

At the time the two most useful references I could find to put this unusual experience into context were a peer-reviewed article (3) by Daniel Benor, MD, and an informal study reported in a book (4) by Norm Shealy, MD and Caroline Myss, MA, neither of which were referenced by Young and Aung. Benor's qualitative research was performed in a fashion similar to their study with more positive results, although no attempt was made to formally quantify the degree of overlap between medical and psychic diagnoses. He also provides an exhaustive review of prior attempts at research in this area. The study by Shealy and Myss was unique in that it involved remote diagnosis using only the name and age of the patient, and it also provided an example of the prospective psychic diagnosis of an unknown condition that was verified on later medical followup.

I subsequently made an unusual discovery in the 1993 Program for the 16th Annual Meeting of the Society for Medical Decision Making. A full morning plenary

session and afternoon experiential workshop were devoted to the topic of intuitive diagnosis due in large measure to the visionary influence of the founding president of that society, the late radiologist Lee Lusted, MD. Participation in this event resulted in a second paradigm-shifting occurrence during the afternoon workshop where inexperienced attendees, mostly physicians, epidemiologists and statisticians, were taught to do remote intuitive diagnosis.

Case Report #2

After a few relaxation exercises, participants were grouped in pairs and instructed to give their partners an unknown case to diagnose based only on the name and location of the patient. I gave my partner, an internist, the name and location of one of my relatives who had severe emphysema, but no other medical conditions known to me. She was instructed to close her eyes and perform a "body scan" from head to toe with her body acting as the template for the patient. She made no comment while observing her head, neck and arms, but became acutely short of breath upon reaching the chest. After regaining her composure she proceeded through the abdomen uneventfully until reaching the pelvis where she became uncomfortable and suggested that there had been surgery in this region with complications. Subsequent questioning of the relative yielded a previously undiscussed history of hysterectomy, bladder repair and adhesions.

Commentary

This experience and others during the workshop led several of the participants to develop a formal research protocol for correlating radiographic and intuitive diagnoses which was later discussed at the NIH Office of Alternative Medicine Research Methodology Conference and the Parapsychology Association Meeting in 1995. The experiment has not yet been performed due to a variety of difficulties encountered in attempting to satisfy the requirements of both the skeptical research methodologists and the intuitives in the design phase of the study. However some useful observations can be made that may be of assistance to future researchers.

One of the problems with the studies of Benor and Young lies in the use of patients with multiple disease processes which complicates statistical evaluation. As in the above two examples, the use of patients with one major diagnosis would simplify the experiment, although it is difficult to exclude previously undiagnosed conditions and proper followup would be necessary. Motivation of the intuitives is also an important consideration as in my experience they prefer not to perform like laboratory animals for the sake of the experiment, but rather for the benefit of the patients. Perhaps an experimental model designed around a routine clinical practice situation where intuitives and physicians are already working together might yield better results.

Finally on a theoretical note, the possibility that the intuitives are demonstrating telepathic or precognitive abilities in sensing information regarding known or subsequently diagnosed illnesses from hospital records or personnel rather than actually making the diagnosis clairvoyantly from the patient is a point of some contention to

parapsychologists whose discipline has much to offer in this particular area. The best research designs in the future will need to be interdisciplinary in nature drawing on expertise from a variety of different fields.

References

- 1) Young DE, Aung SKH. An Experimental Test of Psychic Diagnosis of Disease. JCAM 1997;3:39-53.
- 2) Jobst KA. One Man's Meat Is Another Man's Poison: The Challenge of Psychic/Intuitive Diagnosis to the Diagnostic Paradigm of Orthodox Medical Science. JCAM 1997;3:1-3.
- 3) Benor DJ. Intuitive Diagnosis. Subtle Energies 1992;3:41-64.
- 4) Shealy CN, Myss CM. The Creation of Health: Merging Traditional Medicine with Intuitive Diagnosis. Walpole, NH: Stillpoint, 1988, p. 74-78.