

## INTUITIVE DIAGNOSIS

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### ABSTRACT

A clinical 'hunch' is well known to doctors, nurses, and other health care professionals. It may be as vague as an uneasy feeling, that defies laboratory explanation but leads to perseverance until a diagnosis is uncovered. An urge may arise to visit a particular patient, who turns out to be in urgent need of help. A complex diagnosis may come to mind days before it is confirmed. The frequency of such occurrences is unknown but intuitive impressions are explored only rarely by most medical professionals.

Intuitive impressions are not limited to medical professionals. Occasional intuitive insights are reported by scientists, artists, and politicians. Indeed, intuitive experiences have influenced numerous famous people throughout history.

Many healers claim that intuitive impressions are a regular aspect of their work. If true, this could offer a major contribution to medical care. Considerable research has been published in support of the efficacy of healing. Fewer studies are available to assess the validity of claims for intuitive diagnosis. These are reviewed in this article.

Two qualitative studies of intuitive diagnosis are presented, with discussions of theoretical issues and problems with methodology.

**KEYWORDS:** Intuitive, diagnosis, spiritual, mental, healing, research

## BACKGROUND

**M**any healers claim the ability to enhance health through light touch and the intent to heal. Anecdotal reports by physicians have confirmed impressive effects of some of these healings.<sup>1,2,3</sup>

Over 150 controlled studies of healing have been published with more than half reporting significant results. Extensive reviews of this evidence are available,<sup>3,4,5,6</sup> therefore this research is not reviewed here.

In the United Kingdom (U.K.), healing is being integrated successfully with conventional medicine. Healers have professional organizations which accredit new members after they demonstrate intuitive ability, serve an apprenticeship under recognized healers and present testimonials from four healees. A growing number of doctors refer patients to healers. Several general practitioners have healers working in their offices, and several of these are paid under the National Health Service. Healers are working in hospital pain, cancer and cardiac rehabilitation centers. Many physicians and nurses are developing their own healing gifts. The author runs courses for doctors, nurses and other health care providers. These courses are approved for doctors' Postgraduate Education credits in stress management which includes intuitive diagnosis, Therapeutic Touch and other healing methods.

The Doctor-Healer Network, with five groups around England, has regular meetings where doctors, nurses, other health care professionals, healers and other complementary therapists meet to discuss clinical cases and theoretical issues around integrating healing with conventional medicine. An international conference was held on October 2-4, 1992 at which doctors, other care givers and healers from fifteen countries, including Western and Eastern Europe, Russia, and the United States (U.S.) met with colleagues from the U.K. to explore these issues and more.<sup>7</sup>

In the U.S., nearly as many patients are being seen annually by complementary therapists annually as by physicians. Healers have not organized themselves in professional organizations and have less professional acceptance than in the U.K. Therapeutic Touch healing, done primarily by an estimated 30,000 nurses, is the most widely visible form of healing. A dozen doctoral and master's dissertations on healing have been published by Therapeutic Touch healers.<sup>3,4,5</sup>

## INTUITIVE DIAGNOSTIC PERCEPTIONS

Intuitive diagnostic perceptions of surprising accuracy are reported frequently by healers and similar intuitions have also been mentioned by people in other walks of life. Socrates<sup>8</sup> reported an inner voice which guided him: “. . . the prophetic voice to which I have become accustomed has always been my constant companion, opposing me even in quite trivial things if I was going to take the wrong course. . .”

Oliver Wendell Holmes, professor of anatomy at Harvard, stated: “We all of us have a double who is wiser and better than we are, and who puts thoughts into our heads and words into our mouths.”

Other prominent persons throughout history have reported similar inner voices of inspiration and guidance, including Andre Ampère, Albert Einstein, Michael Faraday, Lord Kelvin, Rudyard Kipling, Carl Jung, the Nobel Laureate geneticist Barbara McClintock, Winston Churchill, and many, many others.<sup>8</sup>

Intuitive insights may include several components. They may be unusual awakenings in understanding based upon sensory observations and data analysis which are suddenly perceived in a novel relationship and order. They may include data and insights based upon information which was not obtained through ordinary sensory or cognitive processes—such as telepathy, clair-sentient and precognitive information, plus quantum leaps of creativity which appear to transcend ordinary thought and reasoning.

**M**ore simply, healers say that intuitive impressions may be obtained through scanning the energy body which surrounds and interpenetrates the physical body, acting as a template for what is manifested in the physical. Healers report intuitive awareness and understanding of healees’ physical, emotional, mental and spiritual problems. These may come to them as sensations in their hands during laying-on of hands treatments (heat, cold, stickiness, prickliness and the like);<sup>9</sup> as words appearing in their minds (including in rare cases technical diagnoses which they themselves do not comprehend but which doctors later confirm to be accurate);<sup>10,11</sup> as body sensations (especially pains) which mirror patients’ symptoms;<sup>12</sup> as smells;<sup>13</sup> as visual images of organ dysfunctions;<sup>14</sup> or simply as an ‘inner knowing’.<sup>3</sup> Most

healers report that they receive impressions in several of these ways, often simultaneously.<sup>3</sup>

**I**n addition, healers may also intuit awareness of the future course of diseases. States of health and illness are felt to evidence themselves in the energy body months before they manifest in the physical body.<sup>3,14</sup>

*. . . The medical doctor never really diagnoses the living event of the patient's actual state of being and usually can arrive at a diagnosis for a condition only after it has taken months, years or even decades to develop.*

*Mark Seem<sup>15</sup>*

Some healers report that they can make intuitive diagnoses at any distance from their subjects.<sup>16,17</sup> Though this may seem difficult to believe, controlled clinical studies such as that of Byrd<sup>18</sup> demonstrate statistically significant effects of healing from a distance. This supports the possibility that diagnosis at a distance is also possible.

Intuitive diagnosis has received less attention than healing. This neglected modality has much to offer modern medicine. It is a non-invasive, safe, inexpensive diagnostic method which deserves investigation. Study of intuitive perceptions also may provide a window to clarifying aspects of energy medicine, as most complementary therapies include elements of intuitive diagnosis. It may help us to understand how healers target symptoms/diseases during healing treatments. Intuitive perceptions could help eventually to discover new etiologies of diseases which are as yet not understood within conventional medicine.

## THEORETICAL CONSIDERATIONS

The contributions of healers in intuitive diagnosis and treatment have not been accepted widely by medical practitioners because there is no *conventional* theory to explain them. Energy medicine concepts are rejected because they appear to contradict conventional logic. Just as the theories of modern physics had difficulty gaining acceptance in a world accustomed to the logic of Newtonian physics. Cultural biases then reinforce the rejection of healing, as illustrated by the hesitancy of medical and scientific journals to publish articles on energy medicine.

Henry Dreher,<sup>19</sup> discussing the slow acceptance of concepts of mind-body interactions within conventional medicine, observed,

. . . the somewhat defensive posture of some. . . are predicated upon a strange disavowal of the findings of a significant number of scientifically rigorous, if not statistically foolproof, studies that have already established strong associations between psychosocial factors and health. An odd sort of socially accepted denial within the medical community has enabled conservatives to ignore such findings as if they didn't exist, and I'm afraid that many within the behavioral medicine community have donned the same blinders. They appear to do so in the conscious or unconscious belief that by taking a more tentative position than the evidence necessitates, they will inoculate themselves from criticism by certain biomedical traditionalists, the ministers of an autocratic system. . . [who]. . . dictate the areas of research that will be allowed to flourish.

The same criticisms apply with the general non-acceptance of energy medicine concepts and practices.

**O**ur common use of words also reinforces this bias. Intuitive impressions, which do not come from the world of outer senses, are dismissed as *nonsense*. Intuitive inspirations, not derived from linear reasoning, are deemed *illogical*—as though that were a pejorative condemnation—and therefore dismissed without the consideration they deserve.

The many names for healing also illustrate our difficulties in discussing energy medicine in linear terminology. It has been called spiritual healing (the most common term used in the U.K.), Therapeutic Touch, faith healing, mental healing (the term used by Index Medicus), pranic healing, transpersonal healing, paranormal healing (Netherlands and other European countries) and more. It has been confused with ritual, religious and magical practices, as it is often given within these contexts. The impressive body of research which demonstrates significant effects on enzymes, tissue cell cultures, bacteria, yeasts, plants and animals shows that healing is a natural process which need not be dependent upon faith or religious belief for its effects.<sup>3,4,5,6</sup>

Though it may appear strange to hear that healings and intuitive insights have been reported frequently by many people and are confirmed in research studies,

there may be explanations for these from modern physics. Albert Einstein and other physicists proposed that matter may be described in terms of particles or of energy. At first, Newtonian physicists scoffed but over the past century quantum physics has amply confirmed this theory.

Quantum physics tells us that the observer cannot be separated from that which is observed, and that interaction between particles at any distance is possible.<sup>20</sup> These and other theories of quantum physics suggest that the reports of healers may be theoretically supportable if the principles of quantum physics are applicable to the matter and consciousness of living organisms.

**M**odern western medicine has been slow to assimilate subtle energy concepts into conventional, medical theory and care, though complementary therapy practices which include energy medicine have been gradually gaining acceptance. Craniosacral osteopathy<sup>21</sup> appears to employ energy medicine perceptions both for diagnosis and assessment of treatment.<sup>3,22</sup> Homeopathy demonstrates that serial dilutions which cannot contain a single molecule of the therapeutic substance are still effective, and postulates that a patterning in the water, presumably of an energetic nature, may be an explanatory mechanism for its efficacy.<sup>3,23,24,25</sup> In the U.K. homeopathy has gained wide acceptance and there are even homeopathic hospitals (as there once were in the U.S.)

Energy medicine concepts are included in the medical systems of most of the other cultures around the world, as in Chinese acupuncture<sup>26</sup> and QiGong,<sup>27</sup> Indian yoga,<sup>28</sup> and shamanic healings.<sup>3,29,30,31</sup>

In summary, we can say that energy medicine offers approaches to treating illness which extend the limits of conventional, Newtonian medicine. We are finding extensive confirmations for the *therapeutic* claims of energy medicine practitioners in recent research. The claims for intuitive diagnostic abilities deserve exploration as well.

## RESEARCH LITERATURE REVIEW

In anecdotal reports, diagnoses appear to be provided by the colors of an energy field, or 'aura', perceived by healers visually around the body and at particular

points of focus called 'chakras'. This literature is confusing.<sup>14,32,33,34,35</sup> Various sensitives report different observations and distinctions in the energy field. For instance, some practitioners divide the aura into three, others into four, seven or more layers.

Edgar Cayce is probably the best known American intuitive diagnostician.<sup>10,11</sup> Under hypnosis he was able to provide accurate diagnoses, given only the name and address of subjects who could be many miles away. Systematic assessment of his diagnostic accuracy was only made posthumously, with 43% of a randomly selected 150 cases demonstrating documented confirmation of accurate diagnosis and/or treatment recommendations.<sup>36</sup> Numerous testimonials from patients and doctors are preserved in the files of the Association for Research and Enlightenment in Virginia Beach. They and others are continuing to research the unusual but successful remedies which Cayce recommended intuitively for various types of problems.<sup>37</sup>

A few studies have compared healers' and doctors' physical diagnoses. However, western healers are rarely medically trained and few western scientists have worked with healers to ascertain their diagnostic accuracy. When healers do not have such training, it is often difficult to translate intuitive impressions of energy medicine perceptions into descriptions which correlate with conventional medical diagnoses.

**I**n Eastern Europe and Russia, healers are increasingly working closely with doctors. The healers are encouraged to study anatomy and physiology so that they can communicate better with physicians. They are expected to demonstrate intuitive diagnostic skills as a part of the measure of their abilities to heal.

Karel Mison<sup>38</sup> of Prague presents a brief summary of 2,005 diagnoses. In each case, a physician and a 'biodiagnostician' examined the same patient. Congruence of diagnoses where healers directly examined patients ranged from 45-85%. Overall congruence for diagnoses from a distance was 29%. No statistical analyses are reported and raw data are not presented. This is the only systematic summary of intuitive diagnosis I could find from Eastern Europe.

In the West, the Silva Mind Control program claims to enable graduates of its brief courses to make intuitive diagnoses from a distance.

**R**obert Brier, Barry Savits and Gertrude Schmeidler<sup>39</sup> had a surgeon select 25 cases, identifying each by first name and initial of last name, age and sex. They divided them into five groups with minimal symptom overlap among the members of any group. Five graduates of the Silva Mind control Program received a group of cases and made their intuitive diagnoses. No significant results were produced in the first study. A second study, performed on the day after graduation, again showed non-significant overall results. Two subjects were children and gave minimal information which was not useful for diagnosis. One subject's results were significant ( $p < .05$ ), and 'If the scores of the three older subjects had been examined separately, they would have been significant.' A separate evaluation of another Silva graduate also produced significant results ( $p < .05$ ).

Alan Vaughan<sup>40</sup> studied 21 graduates of the Silva program. He sent them the following data on five patients whose diagnoses were known to the referring physician (but not to Vaughan): first name, last initial, sex, age, and city of residence. Vaughan paired the 21 readings of two patients matched for age and sex, sending 42 randomized readings to the physician. The physician judging matched only 16 correctly. Twenty one matchings would be expected by random chance. He then reviewed the entire series, finding only one correct diagnostic impression.

C. Norman Shealy,<sup>41</sup> an American neurosurgeon who specializes in pain and stress management, found an intuitive diagnostician who appears incredibly accurate. Caroline Myss was able to achieve 93% diagnostic accuracy when given only the patient's name and birth date.

Earlier, Shealy<sup>42</sup> reported that he selected an unspecified number of patients whose illness appeared to be physical (i.e. excluding patients with presumed psychosomatic problems). Several unconventional diagnosticians participated: a palmist, a graphologist, and three clairvoyants. A psychologist making no claim to psychic abilities also participated. The clairvoyants gave the most accurate diagnoses; the graphologist and psychologist least. Shealy found that a consensus diagnosis by several psychics was more accurate. ". . . in a semi-formal pilot

study of seventeen or so patients whenever there was a consensus of opinion among them they were ninety-eight per cent accurate on personality disorders. . . As to physical abnormalities. . . the psychics proved eighty per cent correct in their diagnoses when in agreement.” Shealy presents no data or statistical analyses for this study.

The author of this article found no study of simultaneous, multiple observations of intuitive diagnosticians which would assess whether different intuitive diagnosticians have similar or different perceptions of the same subject. This could help to clarify whether the confusion in the literature might be due to differences between particular patients observed, or perhaps to geomagnetic activity<sup>43</sup> or other extraneous influences which have been noted to affect subtle energy phenomena.<sup>3</sup>

## DATA

The first study of multiple intuitive diagnosticians by the author<sup>44</sup> explored the abilities of eight healers to provide intuitive diagnoses. Four patients with known medical diagnoses sat in front of the panel of intuitive diagnosticians for 30-45 minutes each. All but one of the diagnosticians, a nurse, had no medical training. None had any prior knowledge of the experimental subjects. All made their observations from across the room, relying on visual perceptions of the energy fields around each patient. At the end of the observation session the intuitive impressions of each healer were shared with each patient.

All participants were surprised at the diversity of impressions produced by the various healers. The differences by far exceeded the overlaps. One healer appeared to be projecting her own feelings or impressions upon patients and had difficulty accepting their rejections of her readings. The patients reported that even though the impressions of the various other healers differed from each other substantially, each (with the single noted exception) was relevant and helpful. The most surprised appeared to be the healers. Each had had the impression that he or she was perceiving *THE* true picture of each patient’s condition, rather than *one out of many possible* pictures of this reality.

Inadequacies in the first pilot study included:

1. Healers making intuitive diagnoses were not isolated from sight and hearing of each other. Their visual and verbal impressions might therefore have been influenced by each others' drawings and reports, which were given consecutively in each others' presence.
2. Patients were not in need of clarification of their diagnosis. Thus the exercise for the healers was not motivated in a manner consistent with their clinical practices.
3. The healers were not included in the designing of the experiment, nor were they prepared beforehand as to what to expect in the clinic setting where the pilot study was conducted. This placed them under stresses which might have detracted from their abilities to perform up to their maximal capacities.
4. The healers chosen to provide intuitive diagnoses in the pilot study were of only middling to average ability in their skills/gifts.

Objectives of the second study:

1. To develop a reliable qualitative and quantitative methodology for the study of intuitive diagnosis.
2. To investigate inter-healer reliability of intuitive diagnosis.
3. To investigate the degree of congruence between conventional medical diagnosis and intuitive diagnosis with healers who have highly developed diagnostic abilities.
4. To explore how intuitive diagnosis might be a clinically useful adjunct to conventional medical diagnosis.

The intuitive diagnosticians, all healers, were chosen through peer recommendations and personal acquaintance with the author over a period of several years. They appear to have more than the average gift for intuitive discernment

and healing abilities. In loose clinical assessments with the author they demonstrated fairly good intuitive diagnostic abilities. The author feels fairly confident in making this admittedly subjective judgement, after having spent a dozen years in researching healers and healing in the U.S. and U.K.

The four healers rely only to a modest degree upon information observed visually in the aura. They obtain far more information through quietly asking for it mentally. In normal practice, their intuitive impressions are added to sensory, clinical data presented by their clients and elicited through their own questions to the clients. They are able, however, to obtain impressions when given only the names of people, regardless of where in the world they may be. The healers' statements about themselves may be found in the Appendix A.

## METHODS

Two patients with known diagnoses were invited to sit, consecutively, in front of the group of four healers. The patients had multiple problems, most of them clearly diagnosed. Neither had urgent medical or diagnostic needs. None of the healers had any prior knowledge of the patients they observed.

**T**he healers were invited at the start of the day to familiarize themselves with the research setting and to modify the protocol in ways which made it more satisfactory to them, while maintaining acceptable standards of scientific methodology. Only minor modifications were introduced, such as giving them permission to request that patients turn sideways at some point during the observation period. The healers accepted the need for complete silence during the observations in order to eliminate informational inputs other than visual and intuitive ones as sources for diagnostic impressions.

The healers were seated in chairs between which large, solid screens had been placed in such a manner as to preclude visual observation of each other. Healers used colored pencils, felt-tipped markers or wax crayons to draw what they observed. They wrote down their impressions and interpretations of what they perceived.

After the drawing and writing were completed, the verbal report of each healer on each patient was tape recorded. This was done on an individual basis, with the remaining healers isolated from the room in which the recording was made. Healers not giving feedback were forbidden to speak with each other about their impressions until after the entire group had recorded their impressions. Patient 1 unfortunately returned to the study room while the first of the healers was recording her impressions and spoke casually with the other three healers about inconsequential matters. This afforded these three healers an opportunity to build impressions based on other sensory cues, especially relating to his psychological makeup.

**F**or quantitative assessment, healers were asked to mark on a standard drawing of a human figure the parts of the body which are diseased or foci for problems. It was hoped that a standard scoring system could be developed for intuitive impressions of illness, based on the healers' drawings.

A transcript was made of the recordings and these were summarized in tables to facilitate a comparison of the intuitive diagnostic impressions with those of the general practitioner (GP).

It was hypothesized that these intuitive diagnosticians would arrive at significant congruence of their diagnoses with those of the GP. Similarly, it was hypothesized that there would be concurrence amongst the healers themselves.

## RESULTS

Conventional medical diagnoses and the healers' diagnoses are presented in Tables I and II. The general, overall impression is that the intuitive diagnosis of *physical* problems are almost as likely to differ from those of the GP as to agree with them.

A scoring system which would allow for quantitative analysis of the diagnostic impressions could not be developed as the nature of the healers' reports made this unfeasible. Their observations related primarily to energy fields rather than to physical structures or organs. Within their understandings of energy fields, a disturbance in a particular physical organ may be related to an energy field

block or other disturbance which is at some distance from that organ. (Acupuncture, another well established energy medicine practice, makes similar claims for remote energy disturbances influencing particular organ dysfunctions.)

The healers' comments help to explain some of the disparities. They all observe that their impressions are based on energy fields and that these do not necessarily correlate with the physical body. Another problem in arriving at physical and energy medicine diagnostic consensus is that intuitive findings of energy field abnormalities will often precede development of physical symptoms by months or even years.

In several instances, three or four of the healers made observations which appeared congruent with each other but did not correlate with the physician's diagnoses. For example, in Patient 1 (Table I), all noted an abnormality in the head. Though they interpreted this differently from each other, a clear overlap is suggested. Overlaps in the table are italicized.

Similarly, the healers identified a problem in the left hip which the patient and doctor did not confirm. Here the healers commented that they not infrequently obtain intuitive impressions, which represent a mirror image, or reversals of right and left. They feel this may relate to their own misinterpretation or may at times represent a stress on the body part compensating for the medical problem. This might occur, for instance, when a person uses one leg more to compensate for arthritic limitations in the other leg.

In Patient 2 (Table II), all of the healers commented on thyroid malfunction and a problem in the reproductive organs or sagging in the muscles of the pelvic floor, again not confirmed by the physician or patient. The GP feels these warrant scrutiny and follow up in the future.

Table I and II Key		
Degrees of agreement of intuitive with medical diagnoses		
++ Strong agreement	+ Modest agreement	± Equivocal
- Modest disagreement	-- Strong disagreement	? Unverifiable

*Table I*  
**Conventional Medical Diagnoses and Healers' Diagnoses**  
**Patient 1**

Dr's Diagnoses/impressions	Diagnostician A	Diagnostician B
(Blocked intellectual expression)	? <u>Energy block in neck affecting the pituitary</u> ?	<u>Energy distortion in head or brain</u>
Mild heart malfunction dyspnea on strong exertion	+ Weakness in chest, ++Breathing difficulty at times	++Heart functioning w/difficulty + Vascular problems + Circulation ++Lung constriction, mucus
Partial left middle lobectomy for bullet wounds Smokes		
Mild liver dysfunction Drinks 4-20 units/week GGT 70 (Mora: 0-55)	± Gall Bladder imbalance -- <u>Stomach ulcer in past</u> Bowels irregular, loose	++Liver function not good, stressed ? <u>Energy at solar plexus overactive</u>
Mild Kidney dysfunction Serum creatinine 134 (50-155) Prostatectomy, benign	? Sedimentation in ureter ? <u>Energy disturbances at base of spine, coccyx mid-lumbar, pelvic floor;</u> on Left side could weaken ++Prostate	++Kidney function not good, stressed
Vasectomy		
Old injuries Fractured right hip Metal plates Right radius, right tibia	+ <u>Blow to back in past</u> + Right knee	- <u>Left hip</u> and knee problems
Medication intermittent for pains in joints and muscles from wounds		
<b>Psychological</b>		
Caring		+ Carrying too much responsibility, burdened by expectations of self and others ? Heart center closed (Hasn't found ways to express love)
Very strong will	- Likes things in order	++Stubbornness
Intelligent		
Artistic Wide ranging talents		
Limited emotional awareness Only child; doting parents; lost parents at age 16 Fiercely independent	+ Cuts his talk short	± Deep inner loneliness ? Solar plexus overactivity, frustration (digestion) -- <u>Anger suppressed, explosive</u>
Tension		
Insomnia		
War scars	**Extremely difficult situations in life, couldn't do much about situations he was in	++Intentions/expectations frustrated, rhwatred
Alien in UK		
<b>Treatments</b>		
Coproxamol for pain		Needs to work cathartically Activity out of doors Green and blue helpful Serving, giving to others
Occ. diazepam for tensions, musculoskeletal pain and insomnia		
Counselling - refused		

*Table 1 - Continued*  
**Conventional Medical Diagnoses and Healers' Diagnoses**  
**Patient 1**

Dr's Diagnoses/Impressions	Diagnostician C	Diagnostician D
(Blocked intellectual expression)	? <u>Energy not activated in third eye</u>  Leukemia	? <u>Fragile artery in brain</u> ? Cranial pressure at birth w/physical trauma to head & neck - Pressure in eyes, esp. Left, poss. glaucoma-- - Sensitive hearing, possibly sensitive to criticism ++ - TMJ tension bilaterally - History of aggressive dentistry ? Cervical lymph stress - Osteoarthritis in upper cervical vertebrae
Mild heart malfunction dyspnea on strong exertion	? Heart energy opened	++Coronary circulation vulnerable, BP a concern+ ± Mid-dorsal vertebrae - carries his burden here 'Can be stabbed in back; Being held back' ? Negative feedback into heart/lung area
Partial Left middle lobectomy for bullet wounds Smokes		++Exclude shadows on lungs
Mild liver dysfunction Drinks 4-20 units/week GGT 70 (Mora: 0-55)	+ Drank heavily in past Growth in lower stomach wall cavity on Left	
Mild Kidney dysfunction Serum creatinine 134 (50-155) Prostatectomy, benign Vasectomy	± <u>Pelvic region</u> - internalized emotional pain	+ Couldn't locate Right kidney  ? <u>Fear in reproductive area</u> , 'If I really try to prove myself I might fail.'
Old injuries Fractured right hip Metal plates Right radius Right tibia	- <u>Left hip pain</u>	? Tension at birth confirmed in accidents which shaped his destiny - <u>Left hip</u> --not securely connected to family of origin; energies do not flow down properly - Tendency to rheumatism (acid) ? Energies flowing: Right foot → Left knee→ Left hip→stomach/liver/pancreas→ lungs→cervical→hand (primary in occipital/cervical + Right knee problem
Medication intermittent for pains in joints and muscles from wounds		
<b>Psychological</b>		
Caring		
Very strong will	++Disciplined self as protection.	++Hard worker, patience, endurance, responsible
Intelligent	++Very clever	++Strong link to the earth
Artistic, wide ranging talents		
Limited emotional awareness Only child; doting parents; lost parents at age 16	± Impotent in life + <u>Resentment from childhood</u> forced to study.	+ Gives but doesn't have security. Feels he can only rely on self. 'Only if I work hard.'
Fiercely independent	+ Conforms at physical level but builds up toxins.	+ <u>Contained aggression</u> , therefore a very nice man (Related to TMJ tension)
Tension		+ Has proved self but doesn't really believe it
Insomnia	++Never was allowed to express himself, <u>hasn't let out grief</u>	++Dislocation of child in early life Difficulty with: -father +authority figures
War scars	- Self flagellation	- Expects to be told when wrong
Alien in UK	- Self indulgent to make up for losses in childhood	
<b>Treatments</b>		
Coproxamol for pain	Sympathetic counseling	Soul lessons
Occ. diazepam for tensions, musculoskeletal pain and insomnia	Joy, laughter, throw off imposed disciplines Singing, drama or debate	Patience Endurance Responsibility
Counselling-refused	Relax in imperfections	

*Table II*  
**Conventional Medical Diagnoses and Healers' Diagnoses**  
**Patient 2**

Dr's Diagnoses/Impressions	Diagnostician A	Diagnostician B
Wears glasses		? Underactive pituitary ? Energy of brow chakra underactive
Vertigo (very recent)	<u>Ears</u> --hearing and balance ++ problem, more on Right	? <u>Thyroid chakra overactive</u>
Psoriasis on neck	? <u>Thyroid variable, over-and underactive</u>	? Left breast will have problem in future
Hypertension	-- Lung problem in past + Circulation problems; weak veins -- Sebaceous cyst on back at center	+ Heart stressed, tired, not diseased ? Thoracic spine alignment not good, affecting digestion
Irritable bowel	+ Nervousness showing slightly in stomach ±	+ Intestinal diverticulitis - Gall bladder not good - Eats compulsively; poor diet ? Solar plexus chakra closed, overactive ? Tilted pelvis affecting lower spine
Paraumbilical hernia		
Cystitis, recurrent	++Bladder, urinary problems ? <u>Pelvic floor energy dense</u> ± Sagging muscles	- <u>Reproductive system disturbed</u> ? <u>Base chakra underfunctioning</u> - Fluid retention
Hemorrhoids	? Energy gyroscopic ? hardening in groin ? Calcium deposits	- Lymphatic system overloaded, poor drainage
Diabetes mellitus		++Pancreas underfunctioning
Rheumatoid arthritis		- Hip joints painful - Toes, left foot
Wrists	++Arthritis of hands, arms	
Knees	± Left leg weak	
Neck		- Thermal control awry, sensitive to extremes of temperature
Back		
<b>Psychological</b>		
Orphan till adopted at age 4; loved in adopted family		++ <u>Early childhood trauma has had a continuous effect</u>
Poor self image		++ Had no unconditional love + Repetitious, compulsive thoughts + Passive
Poor will power		? Energy at base chakra decreased, indicating fear of life
Severe panic attacks		++ Stress, fear, anger Aura closed down with fear
Cares for others	- A loving, giving person + - Understanding	++ Lives through her emotions + 'Good girl,' marryr, passive
Limited Intelligence		++ Closed minded, difficult to reach
<b>Treatments</b>		
Low carbohydrate diet		Not to eat too much fat or
Atenolol		++ carbohydrates
Bendrofluazide		Encourage to go out and do things
Paracetamol		Forgiveness for self and others
Gastrocote		
Indomethacin		Medication aggravating symptoms?
Relaxation classes - but does not practice		Steroids?

*Table II — Continued*  
**Conventional Medical Diagnoses and Healers' Diagnoses**  
**Patient 2**

Dr's Diagnoses/Impressions	Diagnostician C	Diagnostician D
Wears glasses		? Energy balance in pituitary (can affect eyes, ears) ? Cerebrospinal fluid accumulation (can affect eyes, ears)
Vertigo (very recent)	? Left temporal area constricted affecting eyes and ears +	- Decreased hearing on left, tendency to ++ vertigo, possible right middle ear infection - -- Teeth uncomfortable
Psoriasis on neck	? <u>Thyroid difficulty, possibly low</u>	? <u>Thyroid tension, unreliable, slow</u> ? Dorsal-cervical junction twisted at birth - Fluid retention
Hypertension	± Lungs not expanding/contracting well, shows up in surface of skin	? Energies of heart have gone inward ? Lower dorsal constriction, pressing on heart
Irritable bowel	? Auric heart is outside body	± Poor circulation, cold extremities - Varicose veins, tendency to phlebitis + Ascending colon, appendix, ileocecal valve ? Energy torsion, could cause inflammation - Tendency to hiatus hernia
Paraumbilical hernia		
Cystitis, recurrent	-- <u>Prolapsed womb</u>	- <u>Possible menstrual irregularities, complications of pregnancy, tendency to prolapse</u> - Probable hysterectomy, <u>concern for this area</u> , if not
Hemorrhoids		
Diabetes mellitus		- + - ++ ++
Rheumatoid arthritis		Osteoarthritis everywhere, esp. hands & neck
Wrists		? Energy in lumbosacral area disturbed = discs
Knees		- absorbed/surgery/extra wear and tear
Neck	- Left shoulder pain	+ Flat feet, ligaments (esp. ankles) very slack
Back	- Allergy ? Mineral imbalance?	± Concern about osteoporosis ± Reflexes not consistent, esp. hands, r. leg
<b>Psychological</b>		
Orphan till adopted at age 4; loved in adopted family	++ Grief and pain, a <u>misunderstanding of procreation</u>	++ <u>Anxiety and fear about bereavement</u> ++ <u>As a child, loss of loved one hard to bear</u>
Poor self image	++ Fury, sadness with lack of love ++ Unwilling to ask for help ++ Closed off from body	? Childhood fear of sickness + Strong love and protection from family - (probably a grandmother)
Poor will power	- Possible rape ++ Internalized violence towards self	+ Used to being told what to do + Moods reactive
Severe panic attacks around	± Male/Female imbalance  ± Unhappy, resentful ? Hole in auric field	++ Accumulates problems of people  - Resful
Cares for others	-- suggests ECT in past + Sensitive but unfulfilled	- Nice, well-meaning + ± Self sacrificing
Limited Intelligence	++ Hasn't got capacity to handle information	+ Endurance
<b>Treatments</b>		
Low carbohydrate diet	Make her dance and not stew in her own juice	Calcium for osteoporosis
Arenolol		Gynecological checkup
Bendrofluazide		Lymphatic drainage support
Paracetamol		Fluid control
Gastrocote		Glasses checked
Indomethacin		Hearing checked
Relaxation classes - bur does not practice		

On *psychological* levels the healers appear more accurate. Experienced healers (such as those in this study) report that the underlying roots of many illnesses lie in psychological and spiritual levels of problems.<sup>45,46,47</sup> There is a congruence in reporting early childhood trauma. The translation of 'grief and pain, a misunderstanding of procreation' as relating to Patient 1 having been orphaned may require 'poetic license.' This, however, is the nature of intuitive impressions.

With Patient 1, some of the interpretations must be due to sensory cues obtained in casual conversation. Yet the specificity of some of the observations seems to go beyond what might be noted in brief, casual observations. For instance, 'Extremely difficult situation in life, couldn't do much about situations he was in' seems accurate for his severe wartime traumas. Other statements appear general enough that they could fit most people.

## DISCUSSION

**I**t appears that many of the intuitive diagnostic impressions relate to perceptions of apparent energies in and around the body and that these may be difficult to translate into physical diagnoses. A physician familiar with energy medicine would possibly relate energy dysfunctions to relevant organs, making intuitive diagnoses more useful. A doctor who is unfamiliar with energy medicine is likely to find intuitive impressions too vague to be useful.

In the current study, three factors may have contributed to the limited results with physical diagnoses. First, the lack of serious need for diagnostic clarification in the patients may have diminished the unconscious motivation of the healers to apply their diagnostic intuition to the patients' *physical* problems. This might explain the greater congruence between healers and with the doctor on the dimensions of *psychological* problems, where there was considerable room for therapeutic intervention in these patients—should they have been open to this.

Second, the healers were not trained in medical terminology, anatomy or physiology, and therefore may have had difficulties providing impressions specific to anatomical structures and quantifiable in conventional terminology and methodology.

Third, the research protocol may have limited the focus of the healers. Ordinarily, healers hear the patients' complaints and have the opportunity of clarifying with patients whether their intuitive impressions are relevant to the patients' symptoms. Such interactions allow healers to focus their intuitive powers more precisely. Though these healers participated in designing the protocol and agreed to the limitations in interactions imposed by the research design, they complained that they felt as though their hands had been tied behind their backs when they could not check out their impressions with the patients verbally.

If one looks at the reports of Mison and Shealy, where congruence of healer and doctor diagnoses reached as high as 85-93%, it would appear that healers might benefit from working more closely with doctors to sharpen their diagnostic accuracy. An alternative explanation for the unusually high accuracy in the Shealy/Myss study is that Myss obtained some of her impressions either telepathically or precognitively rather than clairsentiently. This high degree of concurrence actually exceeds the concurrence of about 80 percent generally anticipated between different doctors who examine the same patients with obscure and difficult diagnostic problems.

Intuitive diagnosticians appear to obtain impressions through a particular 'window of observation'. This might be due to particular resonations of healer and patient of a positive nature which sensitize the healer to be aware of specific problems, or to negative resonations which could lead the healer to overlook tensions which would be uncomfortable to the healer. There may be other, energy medicine explanations for this selectivity in perceptions.

**T**his study would suggest that healing treatments might be better given by a group of healers rather than by individuals, as there may be diagnostic and therapeutic 'blind spots' in individual healers. Indeed, anecdotal reports abound of 'specializations' of particular healers to particular problems.

Cross-cultural studies, to include especially the East Europeans and Russians might provide further insights on ways in which to enhance the usefulness of intuitive diagnosis.

Cross cultural studies might also shed light on culture-specific differences in energy medicine and physical processes of health and disease. For instance, the German language has no word for 'mind.' Chinese and Japanese cultures minimize discussions of feelings. Some healers perceive particular layers of the aura relating to mind and emotions. It would be interesting to see whether aura perceptions correlate with cultural conditioning and whether these might influence patterns of health and illness.

## CONCLUSIONS

**T**here is an increasing trend for the public to turn to Complementary Therapists, many of whom utilize energy medicine methods. It behooves the medical profession to examine benefits and limitations of these methods.

Intuitive diagnosis may offer hope for a rapid, non-invasive method to diagnose and explore illnesses. Medical training for healers who wish to work with doctors would seem advisable. Future studies might focus on nurses and doctors who are healers. In view of the selectivity in intuitive diagnostic impressions, a panel of healers seems advisable rather than relying on a single healer.

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## Appendix A

### Healers in the Intuitive Diagnosis Study

*Judy Fraser* founded a charity called The Self Awareness Centre as a result of her eldest daughter's inability to communicate her needs adequately following two years' serious illness. Active in the field of healing for twenty years, it was intuition that led Judy, an ex-journalist, to research many avenues. She trained at The College of Psychotherapeutics where she was later deputy vice principal with Peter Goldman. She was subsequently a senior lecturer for the National Federation of Spiritual Healers and studied theology to enable her to be able to work in North America.

As a result of personal experiences of intense change in her life as an individual, a wife, mother, counselor, course facilitator, and professional communicator, Judy started a limited company called Second Aid in 1989. Second Aid allows people to take 'time out' of their stressed lives

to look at where they were, what they really want from their surroundings and what personal skills they have to offer into life. This healing space is reinforced in a variety of ways: with books, tapes, essential oils, herbs and many other skills that autonomous individuals within the group collective have felt prompted to offer other members of the Second Aid family.

*Peter Goldman* has always been interested in inner life meanings. The death of his mother when he was thirteen left him very aware of the continuity of consciousness.

He was attracted to holistic therapies, completing training in osteopathy and naturopathy in 1963. Two years later he began studies with a spiritual teacher, Ronald Beesley, focusing on 'spiritual psychotherapy'. He is now teaching and administrating a center for the training and practice of spiritual psychotherapy, The Centre for New Directions, at the White Lodge, in Kent.

*Hertha Larive* has worked since 1969 as a therapist using healing techniques for contact and distant healing. At the same time she started her training in esoteric psychology, followed by training in transpersonal and humanistic psychology. When she moved to Oxford in 1975 she started a practice in psychotherapy, healing, nutrition, counseling and stress management.

Most of her life she has been psychic, telepathic and had many mystical experiences. When she was eight years old she became aware for the first time that she could shift into altered states of consciousness, which allowed her to perceive other realities than the physical world experienced through the five senses. In these altered states of consciousness she has precognitive abilities, and can access knowledge that she had not been exposed to in the physical world. She understands the nature of man in his metaphysical body in relation to his physical life—that we are eternal within the metaphysical realm and that only the body dies. We live in a continuum of consciousness on the metaphysical planes. These planes are perceived as levels of consciousness and energy.

From the age of eight she has had a profound sense of God as a living, loving intelligence inherent in all life and matter. All life is directed and governed by great cosmic or Divine principles which the soul of man seeks to know, understand and embody in order to manifest his spirituality, his Divine Nature. This he seeks to do not only through religions but through his creativity, art, science and service. This knowledge and awareness directed the values she has lived by and the purpose of her life in relation to others and gave meaning to all life in a way that has always been both profound and offered great joy as well.

*Irene Lowe* was born in Devon to a spiritualist family of four generations on her mother's side. They were actively involved in herbalism, mediumship, psychism and healing.

As far back as her conscious memory reaches she has always had the ability to perceive and see many dimensions, including energies and their interrelationship within man and his surroundings. As a child she was allowed to grow and develop in a free and natural way by her family, without insistence on particular pathways, although telepathy was regularly practiced between herself and her father. She was healing in the animal kingdom for as long as she can remember. Wild animals walked with her as a young child and did not run away.

Around the age of 18 she was taken under the wings of two members of the Spiritualist Church who dedicated their lives in healing and to the service of mankind.

Since 1968 she has been involved in healing, church services, public lectures on healing and spiritual philosophy. Her interests are varied and include: touch and absent healing, color healing, visualizations, reflexology, nutritional counseling, work with cancer patients and bone disease, linguistics and healing, natural energies and vibrations and their relationships with health and illness, and more.

Her aim, through communication and research, is to see individual islands drawing together as one: doctors, scientists and healers, indeed all of mankind, working together for the good of all.