

Paranormal phenomena in the medical literature sufficient smoke to warrant a search for fire

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Summary Paranormal phenomena – events that cannot be explained by existing science – are regularly reported in medicine. Surveys have shown that a majority of the population of the United States and Great Britain hold at least one paranormal belief. Information was retrieved by MEDLINE searches using keywords ‘paranormal’ and ‘psychic’, and from the author’s own collection. Reports are predominantly by physicians, and from peer-reviewed, MEDLINE-indexed literature. This is a representative sample, as there is no database for paranormal medical phenomena. Presented and discussed are: a case of systemic lupus erythematosus ameliorated by witchcraft; an analysis of studies on distant healing; acupuncture, as a bridge between what is now accepted but recently would have been deemed paranormal; a carefully-done study of a psychic; auditory hallucinations informing a patient, correctly, that she had a brain tumor; two nearly-identical lay press reports of self-predicted death; lycanthropy (the delusion of being an animal); the development of Carl Jung’s collective unconscious; hypnosis – still questioned despite documented therapeutic benefit, and a well-researched report of a person speaking a foreign language, apparently unlearned (xenoglossy) while hypnotized; and multiple examples of children who spout the details of the life of an unknown, deceased person. The inability of existing paradigms to explain these observations does not negate them; rather, it elucidates a need for more research.
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INTRODUCTION

Paranormal phenomena – events that cannot be explained by existing science – are occasionally but steadily reported in the medical literature. These may be case reports, controlled trials of an intervention, or a study of a particular individual. The aim of this paper is to bring together a diverse collection of reports, predominantly from the peer-reviewed, MEDLINE-indexed literature, which share this theme. Since scientific progress often begins with an observation, it is hoped that grouping these otherwise isolated papers may create a greater understanding of these phenomena.

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Paranormality varies with place and time. Evidence suggestive of reincarnation is quite paranormal in the West; in Hindu India, it is accepted. Acupuncture was beyond believability and reason when first introduced to the West around 1970. While its scientific rationale remains elusive, legitimate studies have subsequently validated some therapeutic effects (1–3).

For unknown reasons, the number of Americans holding at least one paranormal belief has increased sharply during the last 25 years (4). A majority of the population now accepts at least one such belief (4). In a *Newsweek*-sponsored 1996 poll, two-thirds of respondents believed the power of extra-sensory perception (E.S.P.) was real (5). A Gallup poll the same year found 72% of Americans believed in the literal existence of angels (4). The situation is similar in Great Britain: in a 1997 MORI (6) survey, 7 of 10 people believed in some form of paranormal activity. In a 1998 MORI survey, a majority of responders believed in telepathy and E.S.P.

METHODS

There is no all-inclusive database for unexplained or paranormal research, nor is there a MEDLINE Medical Subject Heading (MeSH) for these. Consequently, the publications cited were found with MEDLINE (1966–2000) using keywords 'paranormal', and 'psychic', or taken from the author's collection of unusual or interesting reports culled over time. This creates a selection bias, but in the case of unexplained phenomena, a single positive study, if the reportage is accurate, demands attention. For example, if many people who claim psychic abilities are studied and even one person consistently appears to have them, this is significant, since there is currently no scientific basis for psychic ability. This review attempts to present a spectrum of work by physicians that illuminates partially-explainable through unexplainable medical events.

WITCHCRAFT

A multifaceted entity that predates Christianity, witchcraft commonly refers to a ceremonial martialling of evil (or negative) spiritual forces. It is in a sense the flip side of prayer, which marshalls the good (or positive) powers of spirituality. Ironically, people have been known to pray for the misfortunes of their enemies, and Kirkpatrick (7) reported a well-documented case of witchcraft seeming to cure a 28 y/o Philippine-American woman of systemic lupus erythematosus with renal involvement. Renal biopsy showed membranous and focal glomerulonephritis and immune-complex disease; the patient was proteinuric (4+) with RBC and WBC casts, anemic (Hgb 9.0 g/dL) and had an ESR (Westergren) of 149 mm/h. She could not tolerate prednisone therapy and serum creatinine levels began to rise. Unwilling to take increasing amounts of prednisone, she returned to the remote Philippine village of her birth where the witch doctor 'removed the curse placed on her by a previous suitor'. Returning to America three weeks later, without medication, she appeared normal. She declined further testing or treatment, and two years later went through a pregnancy uneventfully, with mild, intermittent proteinuria, and delivered a healthy baby girl. She was still well when the report was published four years after her trip. The author felt it unlikely that the patient's biopsy-positive lupus had suddenly burned out, and could not explain it.

DISTANT HEALING

Defined as 'a conscious, dedicated act of mentation attempting to benefit another person's physical or emotional well-being at a distance', distant healing 'includes strategies that purport to heal through some exchange or channelling of supraphysical energy' (8). To the ex-

tent that no direct contact or ingestion occurs, witchcraft would qualify. Astin (8) reviewed 5 randomized trials of prayer and 11 trials of non-contact therapeutic touch. A positive treatment effect on at least one outcome was shown for 2 of the 5 prayer studies and for 7 of the 11 therapeutic touch publications. The 2 positive prayer studies, however, done on coronary care unit patients, failed to corroborate each other, as the parameters of improvement did not overlap. Favorable outcomes for therapeutic touch were noted for pain, anxiety, and wound healing. Therapeutic touch's theoretical basis was questioned, however, in a study where experienced practitioners were unable to detect an 'energy field' (the examiner's hand, 8–10 cm. away) (9). And a recently published study (10) found therapeutic touch no better than placebo for carpal tunnel syndrome. Astin also included other forms of distant healing, such as Reiki, external qigong and 'remote mental healing', the latter showing a favorable effect on diastolic blood pressure in a controlled study (11).

ACUPUNCTURE

Mainstream enough to receive some government endorsement through the NIH Consensus Conference (1998) for 'efficacy... in adult postoperative and chemotherapy nausea and vomiting and in postoperative dental pain' (1), acupuncture's mechanisms are still unknown. Moreover, its practice can appear mysterious. Consider a randomized, controlled trial of moxibustion (the burning of the herb mugwort on the skin at acupuncture points – an alternative to needling) for the correction of breech presentation (3). Subjects were primigravidas in the 33rd week of gestation of normal pregnancy with ultrasound diagnosis of breech presentation. The intervention was the burning of mugwort for 15 minutes on the outer side of each little toe daily for 1–2 weeks. 75.4% of the treatment group fetuses became cephalic, as opposed to 47.7% of controls ($p < .001$). This ancient Chinese tradition is sufficiently alien to Western medicine that the technique could just as easily have been viewed as a form of witchcraft or other paranormal healing. In fact, Omura (12) observed several 'psychic healers' in Brazil who incorporated stimulation of known acupuncture points as well as qigong technique into a bizarre healing ritual. Thus, a potential bridge exists between that which we are first coming to accept (acupuncture) and that which is presently paranormal (psychic healing).

THE STUDY OF A PSYCHIC

Moss and others (13) investigated a 21-year-old male college student who claimed psychic abilities. They

devised a series of experiments where a second person, designated 'transmitter' was taken to a remote location and given a set of sensory stimuli, chosen at random at the time of study. The subject, designated 'receiver', would attempt to characterize the transmitter's experiences. Comparison was made to a control receiver. After qualitative and, insofar as possible, quantitative analysis, the results 'left the authors no choice except to consider the *possibility* that the subject ... had some kind of extrasensory perception'.

AUDITORY HALLUCINATIONS

Hearing voices can be psychiatrically normal (e.g., the voice of a recently-departed loved one while grieving) or abnormal (associated with schizophrenia 60–90% of the time, with mania 20% of the time, and with depression almost 10% of the time) (14). Azuonye (15) reported a 'diagnosis made by hallucinatory voices' that appears to defy any known tenet of neuropsychiatry. The patient was a London housewife in her late 30's without significant past medical history who began to hear voices inside her head which specifically directed her to have brain C-T scan to make a diagnosis of brain tumor. The psychiatrist to whom she was referred gave her thioridazine, with temporary disappearance of the voices. But when these returned, just as clear and specific as before, he decided to order the scan, to reassure her. It took several months to convince the British National Health Service of the request's 'medical necessity', but the scan was ultimately done. It showed a left posterior frontal parafalcine mass extending through the falx to the right side. Surgery was performed, and a 2.5 by 1.5 cm. meningioma was removed. The voices 'said goodbye' when the patient awoke from anesthesia, and never returned. She was well 12 years later, when the paper was written. The author felt that goal-directed hallucinations were an unlikely presentation of a mass lesion that gave no other neurologic or psychiatric symptoms or signs.

SELF-PREDICTED DEATH

Two reports from the lay press deserve mention. One, in *Life* (1960) (16), was reviewed by Engel (17), in 1971; the other was in *Psychology Today*, which I reported (18), in 1983. Both describe a remarkably similar story: a man in his late 70's makes detailed preparations as if he is about to die, when in fact there is no illness hanging like a sword overhead. These arrangements are made in good spirits, while family members are totally non-plussed. Then the family is summoned and final belongings are distributed, to their protests. When the last item has been apportioned, the man dies, suddenly and pain-

lessly, of an apparent cardiac arrest (autopsies were not done).

LYCANTHROPY

The delusion of being an animal has been described historically, and in the modern literature. Symptoms usually respond to neuroleptics. Kulick (19) reported the case of a 26-year-old man who was totally refractory to treatment. Even as a child, the patient 'suspected that he was a cat'. This sense grew stronger as he got older, despite years of intensive psychotherapy and pharmacotherapy, and several hospitalizations. He was unmarried but able to work steadily. Moreover, he was able to conceal his feelings from co-workers and acquaintances, raising the possibility that this condition could be more common than realized. The authors point out that in primitive, tribal societies, such an individual becomes a shaman, and is believed to have healing powers. In Western society, however, this behavior is considered psychiatric illness.

THE COLLECTIVE UNCONSCIOUS

Carl Jung, the founder of analytical psychology, believed in a 'collective unconscious', which consisted of concepts within the human unconscious mind that were common to all peoples and eras, and were not learned during the person's lifetime. Jung's interest in this began with the observation (20), in 1906, of a chronically institutionalized paranoid schizophrenic, who one day summoned the doctor to a window as he observed the sun, while squinting and moving his head from side to side. The bright, horizontal streak in the sky that this maneuver created was believed by the patient to be 'the sun's penis... where the wind comes from'. Four years later, Jung found an identical concept in a just-published Greek papyrus, written over two thousand years earlier. Since the patient could not have known about this at the time, Jung felt the illusion represented something beyond the conventional wisdom which dictated that the unconscious is constructed from forgotten events during one's life. Freud believed in a related idea, an 'archaic heritage', ancestrally-derived rather than learned, and evidenced in dreams (21). Jung was much criticized for his theory (22), as it did not fit with existing science; but it must be remembered that it derived from an observation.

HYPNOSIS AND XENOGLOSSY

Although practiced for centuries, hypnosis to this day defies clear and concise definition (23). Some still doubt it is a real phenomenon (23), although its therapeutic

efficacy is well-established (24–26). Occasional high-profile cases of ‘reincarnation’ evinced under hypnosis have eluded factual confirmation, and are of little scientific use. However, Stevenson, in 1976 (27), reported for the second time a case of xenoglossy – a person speaking a foreign language that could not be confirmed as learned. This is quite different from glossolalia, or ‘speaking in tongues’, where the language is not comprehensible. The subject was an American woman whose husband, an amateur hypnotist, one day hypnotized her to try to alleviate a backache. She began answering his questions in German, a language of which the couple had no prior knowledge. A translator was obtained, and the woman, under hypnosis and speaking German, believed she was someone from late 19th century Germany. Even more oddly, her speech contained some archaic German words. Stevenson’s report consists of investigations into the woman’s past, particularly her childhood, to examine any possible exposure to the German language. None was found, after an extensive search and interviews with friends and relatives. This remains unexplained.

CHILDREN AND PAST LIVES

Perhaps the strangest accounts that can be found in the medical literature concern children who, spontaneously, at about age three, begin to speak as if they remember someone else’s life. These are not imaginary friends or monster-fantasies, but situations where the children believe themselves to be another person, supplying coherent details of a mundane life. The majority of reports are from Stevenson (28), who has collected several thousand cases worldwide, but others have published them as well (29,30). The bulk of cases come from Asia, particularly India, but such children have been found in many countries, including the United States. It is possible that greater cultural acceptance (as in India) leads to greater reportage. Wherever it occurs, the basic syndrome is the same: a child whose language skills have just developed believes they are someone else, and supplies details of this other person’s life. In most cases, the other person has died within the past few years, and resided less than fifty miles from the child’s home, but is unknown to the family. Often the death was violent.

The children themselves are normal, do not show signs of suggestibility, and perform better in school than their peers (31). By age six, the memories fade, and the entire situation is ultimately outgrown. Stevenson contrasted 79 American cases with over 200 cases from India (32). When a deceased person could be found to whom the child’s statements corresponded correctly, he considered these ‘solved’. The main differences in American versus Indian cases were percent ‘solved’ (20

vs. 77%, respectively) and in percentage of ‘solved’ cases where the deceased had been a member of the same family (>90 and <20%, respectively). Otherwise, the similarities were consistent. The American families generally had no belief in reincarnation.

DISCUSSION

We accept that the earth is round – we grow up with this concept – and the technologies of air and space travel provide easy validation. Yet the earth appears flat, and was believed for eons to be so. Even more counter-intuitive is the reality that travelling in a straight line from anywhere in the world eventually returns the traveller to the same spot. Outer space is also supposed to be curved and similar – finite but unbounded (33) – although empirical proof is beyond our current capabilities.

We accept radio and television and cellular phones, whereby a sight or sound is transformed into an electromagnetic waveform which travels at the speed of light (instantaneously, for us) and is then reassembled and reproduced exactly. A phone conversation between New York and Tokyo takes place as if the parties were in adjoining rooms, yet sound itself, travelling at the speed of sound, would take 9 h to go that distance. Yet we do not accept the idea that a thought or perception is capable of emanating from one brain to another, as we lack the supporting physics. Considering that even 150 years ago, our modern technologies would have been inconceivable, it is naïve to think we are finished learning about the universe.

Since ‘what is thought to be paranormal in one era can become mainstream science in another’ (34), it remains to be seen if such phenomena will someday have scientific explanations.

CONCLUSION

Scientific advancement begins with an observation which cannot be explained by existing schemata. Unexplained events are regularly reported in the medical literature, and are a valuable substrate for research. Given the significant numbers of our patients who believe in them, our analytical attention to such phenomena can, at the very least, allow us better communication with the people we care for. Our colleagues’ reports and our patients’ beliefs deserve attention, not a Procrustean fit into current paradigms.

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