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## The Witch in the Waiting Room: A Physician Investigates Paranormal Phenomena in Medicine

John Russell:

Weird and unexplained occurrences are a big part of the stories we see in film and television, but what about when they happen in medicine? Welcome to ReachMD Book Club. I'm your host, Dr. John Russell. We'll be exploring this topic with Dr. Robert Bobrow, author of *The Witch in the Waiting Room*. Robert, welcome to the show.

Robert Bobrow:

Hello. Thank you.

John Russell:

So how did you get interested in this topic in the first place?

Robert Bobrow:

I little bit of curiosity over the years caused me to notice an occasional article on some unusual phenomenon when it was published in respectable journals like *Journal of the American Medical Association* or *British Medical Journal*. For instance, in *JAMA*, there was an article back in the 1980s about a woman with very well-documented lupus who doctors here really were having a hard time with. She went back to her native Philippines for a few weeks, had a witch doctor remove a \_\_\_\_\_ (0:00:48), came back to the states and her lupus was gone. And this was also well-documented. It was one-page thing in *JAMA*, no explanation, just is what I saw and reputedly reporting it. But I would clip that out and save it.

In the *British Medical Journal*, for instance, there was again, a well-documented story written by a physician about a woman who heard voices in her head telling her not only that she had a brain tumor, but that she needed a CAT scan and supplied the address of the facility where she should go for the CAT scan. And needless to say, \_\_\_\_\_ (0:01:16) turned out quite right about everything. So I clipped that article out.

And over the years, I've found a number of others so that when I was required to give a grand round lecture to my family medicine department, because I'm at an academic institution and this is a tradition, I thought it would be more fun to take all these articles and string them into a lecture than it would be to say, talk about heart failure. And I did it somewhat sheepishly because I'm at an academic institution, which frowns on this sort of thing to say the least, but I was working from the medical literature. And it was surprisingly well received, the subject matter. In fact, people came up to me afterwards, including the chairman of the department and told me their paranormal experiences. Now, some of which they'd never spoken about. My department chair cat had run away and his 6-year-old found the cat by somehow remotely visualizing it in a basement with an old man where it turned out a neighbor had taken it in thinking it was a stray.

And a number of senior faculty advised me to pursue this. So I basically turned the lecture into a medical paper, which was published in a British journal called *Medical Hypothesis*, and I decided to do a book and was fortunate to find an agent, which is the most difficult aspect of getting a book published and the agent finding a publisher.

John Russell:

So it's very interesting, and you and I have been practicing for a long time, and there are certainly all these things that happen in our practices that we can never completely figure out and never completely have kind of put a finger on scientifically. How does the general public view kind of paranormal type things?

Robert Bobrow:

According to Gallop poles, about 70 to 75 percent of the population has at least one paranormal belief. ESP and telepathy among the more common, but if you add them all together, whether it's belief in UFOs, which is 40 percent, belief in reincarnation, which is 25 percent along with telepathy, a sizable majority of the population holds at least one of those beliefs. So the public is surprisingly comfortable with it.

John Russell:

So we talked witches in the title, and maybe starting out about the information from Salem and what do people think potentially happened up in Salem?

Robert Bobrow:

I tried, in doing the book, to look at all angles. And in Salem, someone had a theory that poisoning of the rye crop with a fungus known as ergot, which is not unlike LSD caused people to hallucinate in a sense that we become strange and appear to be possessed or as witches in that culture at that time, and that may have actually been an ingestion of hallucinogenic substance inadvertently that created the epidemic of witchcraft. It's not a universally accepted theory, but it's a scientific plausible one based on weather patterns that would cause the rye to become infected in with fungus.

John Russell:

I think there was a similar case that happened in the 1950s in France where some people got some rye bread and had some hallucinogenic type affects that they think was from ergot as well. You also talked about some people dying of fright in some instances. Could you expand on that a little bit?

Robert Bobrow:

Originally, the Harvard physiologist, Walter Cannon, described X death or voodoo death. If you had a culture with a shared belief system and the medicine person put a curse on someone and said you're going to die, that person would die. It took about three days. And there was some consistency. These were all in developing cultures. And Cannon studied this. He was kind of confused about how it would happen. The body just gradually shut down. The person would stop eating and drinking, but you don't die of lack of water or food in three days' time. Cannon also found it was reversible. He bullied one of the witch doctors into reversing the curse and they brought the victim back and the doctor said I'm removing the curse and the fellow recovered. So apparently the belief that one is going to die, in some situations, to kill the person.

John Russell:

I thought that was very fascinating. And there are also people who kind of predicted exactly when they were going to die.

Robert Bobrow:

Well, that was another phenomenon and one of which I had run into first hand. I worked at a clinic and came to work Monday morning and one of our patients had died on the day before. And I knew a bit about it, because his son was the husband of our medical records director at the time. So this was someone we not only knew as a pt, but one of our coworkers was part of the family. He summoned...He was about 80. He had a heart condition, but his health was basically good and stable. On a Sunday morning, he summoned his entire family into the kitchen after sending the smaller children outside and apportioned his possessions. Well, they looked at him aghast and said, "Dad, what are you doing? There's nothing wrong with you." And as soon as he'd handed out the last thing, he put his head down on the table and he was dead. And this, of course, sent goose bumps and shivers through the entire health center because we'd heard about it.

In writing the book, I came across an almost identical case, which had been published in Life Magazine. Very similar where a man summoned his family when there was ostensibly nothing wrong with him, patiently gives out all of his possessions, and then as soon as the last one's done puts his head down and dies. I have no explanation for such a thing. But apparently it has happened. What you have to understand with things like this or paranormal, if you will, is people rarely share things like this with their doctor. They're embarrassed. They're afraid they'll be thought of as crazy.

We had a situ with alternative medicine a couple of decades ago where patients were doing it, but were not sharing it with their doctor. And it wasn't until a studies showed that something like 40 percent of our patients were using alternative medicine and not telling us about it that conventional medicine became interested in it. Many of our patients have paranormal experiences that actually affect their ability to receive healthcare. I mentioned a few in the book. One was a diabetic woman who had multiple personalities, most of which did not consider themselves to be diabetic. So she would see me as herself, I would raise her insulin, then she'd go home and become someone else who didn't need the insulin, and all I knew was that her blood sugar was constantly out of control. And it was years before she told me this, until she felt comfortable enough with me.

Another thing I'll mention on the same subject of people \_\_\_\_\_ (0:07:05) feeling certain experiences to fear, and my feeling is doctors

should know that patients experience these things whether they believe them to be real or not, it doesn't matter. If you're trying to take care of a patient, you need to know why the patient feels the way they do. After the book was published, I did a radio call-in show. There's a chapter on near death experiences in the book where someone who has a cardiac arrest say or almost dies, suddenly sees a bright light in another world and has clarity of thought. They're pretty typical, and they've been described throughout history. But there are certain things that are known about them, because they've been studied. Studies at three different hospitals on cardiac arrest survivors found that about 10 percent of people would describe near death experiences. Why 10 percent? No one knows. But it was fairly consistent. And these were people who were psychiatrically normal.

So I get a call in from a woman who tells me about the time her husband tried to strangle her, and almost succeeded in strangling her to death, but not quite. And she described the very typical garden variety near death experience. And I told her this. I said, "Well, that's a typical near death experience, and 10 percent of the population seems to be capable of having them. And they don't mean that there's anything wrong with you. It's just something that happens." And she was immensely relieved. She thought she had had a psychotic experience. You know, I'm a doctor, I'm a therapist in this instance. I've actually given this woman a great sense of relief. About 15 or 20 minutes later, a second woman called in, said she had never called a radio show before and had no intention of doing so, but after she heard me speak to the first woman, she got the courage to call. And she, likewise, described a very typical near death experience, and I told her this is actually a variation of normal. And she too was immensely relieved.

So physicians, regardless of whether they think the patient really saw another world, should know about these things that they do sometimes occur and that it doesn't mean the patient's abnormal. And patients should be more comfortable bringing them up.

John Russell:

You're listening to ReachMD Book Club. I'm your host, Dr. John Russell. And we're speaking with Dr. Robert Bobrow about his book, *The Witch in the Waiting Room*. Doctor, our patients take lots of solace from prayer, and you write some interesting things in your book about kind of intercessory prayer.

Robert Bobrow:

I do, because it's a fascinating subject. The problem is while many of the individual prayer studies show a positive effect, they sometimes contradict one another and are not terribly consistent and are not terribly reproducible. So you can cite individual studies that show for some specific thing prayer was helpful, but it's hard to get a second study to confirm it. It's hard to get consistency among studies, so I really came to no conclusions about prayer, although I described in detail, some of the more prominent studies.

John Russell:

So some of the things that I think you talked about once upon a time being viewed as alternative medicine, which now are a little bit more mainstream. Can you talk a little bit about hypnosis? I think there were some interesting things especially about the folks who ended up speaking different languages under hypnosis.

Robert Bobrow:

Acupuncture is the prime example of something that was voodoo and became mainstream. But before we speak about that, we'll talk about hypnosis. Hypnosis is fascinating to me, because it appears to be an altered state of consciousness that some people are capable of achieving and some people are not that cannot be defined physiologically. There's no CAT scan, electroencephalogram that shows someone to be hypnotized, yet it appears to be a real phenomenon.

I cited one example of a dentist who needed a cholecystectomy, gallbladder removal, back in the day when they made an 8-inch incision over your right upper quadrant. And he was an amateur hypnotist and he decided to hypnotize himself for anesthesia. And the hardest part was getting the hospital to agree. Months went by and they finally did. So he self-hypnotized himself and while they sliced him open he was conscious, comfortable, had no problems. Hypnosis has actually been used for anesthesia, and still is particularly in England, for a variety of things. How someone can hypnotize themselves and not feel their abdomen being cut open is beyond me, but it's happened, and I don't think we need to pretend that it hasn't happened.

As for people speaking a foreign language, this was an accidental thing. No one was looking for this. Originally, a man hypnotized his wife, I think to try to relieve her back pain, and found her speaking German, which neither of them knew. And there have been a handful of cases. In the book I mention two that happen under hypnosis and one that happened spontaneously. And there's no explanation for it other than it's some kind of rare naturally occurring phenomenon that doctors, again, might wish to know about regardless of what it means.

Now the logical extension of that is what would appear to be past lives. Under hypnosis, the people speaking foreign languages also believed that they were somebody else who lived in a previous time in a different country where that was the native language. But there are also children, who starting about age 3 when languages develop, claim that they're somebody else. And most of the research was

done by a psychiatrist named Ian Stevenson at the University of Virginia. He died not that long ago. He's collected about 2500 cases. Often they can actually verify the existence of such a person and the accuracy. But I don't want to get into this, because it's nothing you're capable of believing you're just not going to believe it, and even Stevenson doesn't pronounce it reincarnation. He calls it Cases of the Reincarnation Type. The importance as a physician, I didn't even realize when I wrote the book. Afterwards I did speak at a couple of community centers and libraries. Twice after I spoke, and these were relatively small groups of people. A woman approached me and said when her son was 3, he claimed to be such and such a person who had died in such and such a war and provided her with a number on his dog tag. The woman was horrified and fearful. And although, I could have told her from studying these cases that by age 7 it's completely outgrown like it never happened and the kids are normal. No one was there to tell her that. So she very nervously watched the kid grow up, and ultimately become completely normal. The second instance, the woman actually had someone who was able to tell her not to worry. But if nothing else, physicians knew that this occasionally happened. And believe me their patients are not going to tell them about it. They could be reassuring, if nothing else.

John Russell:

So since you started getting involved in the exploration of studies of all of these phenomenon, how have your personal views changed on this issue?

Robert Bobrow:

I'm not aware that they have. One thing, in the book kind of at the end of every chapter, I say, "Well, we don't understand this now, but some day we will." Just like 200 years ago, television would have been completely incomprehensible or paranormal, if you will, and then it became completely normal. Even in my professional lifetime, there are a number of things. In genetics, it was always believed that acquired traits could not be inherited. The genetic material stayed the same. Well, it turns out it doesn't stay the same. There's something called epigenetics where genes can be activated or deactivated. And we don't use something like 98 percent of our DNA. So you've got a lot of potential for change.

Anyway, these were paradigm shifts. So first I kind of think well, they'll be another paradigm shift and suddenly this will all make sense. On the other hand, there are some things in science that can't be understood and you know the reason why. The prime example is the uncertainty principal in physics, which says that you can't know both the position and the speed of an electron precisely. You can kind of narrow it down, but you cannot exactly know the position and speed, because the act of measuring it changes it.

I started wondering maybe some of this is not going to be explainable because the act of trying to observe it has some effect on it. Because with the paranormal some people can observe it rather easily, many people can't. You cannot reproduce paranormal results. You can't demonstrate them. It's just something that some segment of the population can see and other segments can't. So I'm not sure everything will be scientifically explainable, but I would hope that we would get it down to an understanding of why we can't understand it. When I wrote the book I thought we'll all just understand this someday, but maybe not. Other than that, my curiosity stays the same. I don't have paranormal experiences, so I'm kind of writing as an observer. They're clearly real to people who have them, to nonpsychotic people who would not qualify for psychosis by any psychiatrist's definition. They're very real to these people, but they're not reproducible if you want to show them to the world, so to speak.

John Russell:

Well, Robert, thank you so much for being on the program. It's a great read, and we only touched on a small percentage of all the different kind of stories and studies that you looked at. So thank you so much. The book is *The Witch in the Waiting Room*. This is Robert Bobrow, and thank you so much for being on the show.

Robert Bobrow:

Thank you very much, Dr. Russel.

John Russell:

This is Dr. John Russel. If you missed nay part of this discussion, please [reachmd.com/bookclub](https://reachmd.com/bookclub) to download this podcast and others in the series. Thanks for listening.