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# Stretched Among Paradigms: Adapting Medicine to Non-Ordinary Patient Experiences and Spontaneous Remission in Complex Illness

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## The Problem: Fragmented Approaches to Illness and Consciousness

| Biomedicine | Psychology |
|---|---|
| Disease, physiology, and clinical outcomes | Hypnosis, imagery, emotion, and psychological processes |
| **Consciousness Science** | **Cultural / Spiritual Traditions** |
| Non-ordinary states and anomalous experiences | Culturally situated spiritual interpretations |

Despite existing biopsychosocial-spiritual models of care, systematic investigation of non-ordinary experiences alongside biological outcomes remains underdeveloped.

Engel 1977 · Kleinman 1988 · Sulmasy 2002 · Saad et al. 2017 · Cardeña et al. 2014 · Turner et al. 1995 · Radha & Lopus 2021

## The Case

**One-liner:** 32-year-old man with a history of relapsing nephrotic syndrome, recurrent annual flu-like illness, and recurrent lower GI bleeding, now in remission. Severe, episodic illnesses from age 7 until his mid-20s, some episodes lasting over a year.

KEY PATTERN

**Non-ordinary experiences during past-life regression (PLR) hypnotherapy were repeatedly followed by partial or complete recovery.**

**Patient-presenter:** The presenter is the patient, a physician-in-training reporting his own case.

### Driving Research Question

**How can non-ordinary experiences, shifts in identity and meaning, and unexpected clinical improvements be co-investigated?**

References

raphicare.com

Scan for full references, abstract, and contact
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## Integrative Phenomenology · a model for documenting illness, inner experience, and recovery

Foundations: Varela 1996 · Sulmasy 2002 · Kiecolt-Glaser et al. 2002 · Segerstrom & Miller 2004

| Clinical Vignette (clinically documented histories) | Psychospiritual Experience (achieved through past-life regression hypnotherapy) | Clinical Outcomes |
|---|---|---|

### AUTOIMMUNE-MEDIATED (Watts et al. 2022)

#### Nephrotic syndrome

(relapsing kidney disorder: protein leaks into urine)

- Onset 2001; recurrent relapses throughout adolescence
- High-dose steroid courses lasting up to 8–9 months
- Remission ~2011 → relapse New Year's 2021: edema, frothy urine

PLR · New Year's 2021

EXPERIENCED — **Renaissance physician confined to an asylum for his healing beliefs, beaten near the kidneys; at death, foresaw illness returning him to medicine**

SHIFT DURING INTEGRATION — From fear and silence to self-advocacy

MODEL FOR FUTURE DATA COLLECTION · PRE/POST MEASURES
Self-esteem, meaning · Rosenberg Self-Esteem Scale; Meaning in Life Questionnaire

#### Edema & proteinuria resolved within 24 hours

AFTER PLR — **Diuresis; edema, lethargy, and frothy urine resolved, faster than any steroid course**

CONTEXT — Remitted spontaneously at 17, during a severe flu; relapsed January 2021

MODEL FOR FUTURE DATA COLLECTION
**Track:** UPCR, serum albumin · **Relevant research:** stress hormones act on kidney filter cells; ~⅓ of childhood cases relapse as adults

### FEBRILE · ETIOLOGY UNDETERMINED

#### Recurrent annual flu-like illness

- ~7 years, every autumn: cyclical fevers up to 103°F
- 10–40 lb lost yearly; refractory to NSAIDs, azithromycin, mind–body, diet, and stress-relief care; labeled "viral"; ended only with time
- 5 consecutive Friday fevers, Harvard University Health Services (2015)

PLR · October 2018

EXPERIENCED — **Young Native American man dies of fever, leaving his grandmother unprotected**

SHIFT DURING INTEGRATION — Long-held guilt recognized and released; its autumn timing fits an anniversary reaction (Pollock 1970)

MODEL FOR FUTURE DATA COLLECTION · PRE/POST MEASURES
Guilt, shame, emotional release · State Shame and Guilt Scale; Emotional Breakthrough Inventory

#### Annual illness ceased within days

AFTER PLR — **Prodrome vanished days before expected onset; no recurrence since October 2018**

CONTEXT — Every late Oct–Nov, 2011–2018

PARALLEL RECALL — A family member relived this life as the grandmother; her pattern also resolved

MODEL FOR FUTURE DATA COLLECTION
**Track:** temperature, CRP/ESR, IL-6, TNF-α · **Relevant research:** stress can raise temperature without infection; self-blame raises TNF-α

### TISSUE INJURY · IMPAIRED HEALING

#### Recurrent lower GI bleeding

- Onset mid-2014 → first surgery August 2014
- January 2018: 13 months of daily pain, refractory to: salt baths · acetaminophen · diet · exercise · stress reduction · topical anesthetics · endoscopy · Reiki
- Second surgery February 2019; recurrence within days

8× PLR · Summer 2020

COURSE — **1 session: ~2 wks relief · medical intuitive advised 7–8 · series: lasting**

EXPERIENCED — **8 lifetimes with psychological and identity lessons surrounding themes of poverty, self-sacrifice, persecution, and failing a child**

SHIFT DURING INTEGRATION — Worth no longer tied to intellect or wealth; speaking without self-defense

MODEL FOR FUTURE DATA COLLECTION · PRE/POST MEASURES
Self-worth, suppression · Rosenberg Self-Esteem Scale; Emotion Regulation Questionnaire

#### ~95% healed after 8 sessions

AFTER PLR — **No severe episode or surgery since summer 2020**

FUNCTION — Normal lower GI function for years

ONGOING — Minor flares of unknown cause, too mild for work-up, resolve within ~1 day of a new PLR session

MODEL FOR FUTURE DATA COLLECTION
**Track:** wound healing, blood flow, inflammatory markers · **Relevant research:** stress slows healing; hypnosis may speed it

*Mills & Tucker 2014 · Moraes et al. 2022 · Weiss 1988*

## What is missing: implications for medicine (Kuhn 1962)

THE GAP

**Each discipline has advanced medicine in its own silo, but a bridge is missing.**

THE WAY FORWARD

**Record experience, psychospiritual change, and biology together, without prejudging any modality, so mind–body healing becomes testable and emerging modalities can earn their place in medicine.**

**Biomedical diagnosis** — **Psychospiritual experience**

**Raphi is building a pioneering multimodal research dataset linking disease processes, psychospiritual experiences, and clinical outcomes across experiential modalities — advancing a more integrative, evidence-informed paradigm of medicine.**