

Medical Intuition in Veterinary Practice

blending science and intuition for better patient care

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“ The intuitive mind is a sacred gift and the rational mind is a faithful servant.
We have created a society that honors the servant and has forgotten the gift. ”

(attributed to) Albert Einstein¹

“ Our talent for division, for seeing the parts, is of staggering importance
– second only to our capacity to transcend it, in order to see the whole. ”

Dr Iain McGilchrist²

Intuition: A Common Sense

According to neuropsychiatrist and medical intuitive Mona Lisa Schulz MD, PhD, intuition is “just another sense, like seeing or feeling or hearing. Moreover, it’s a sense we all share. We are all intuitive.”³

Intuition can be defined in a number of ways:

- the process of reaching accurate conclusions based on inadequate information
- direct perception of facts outside the range of our five senses and independent of any reasoning process
- spontaneous knowing — “I don’t know *how* I know; I just *know!*”

Dr Schulz continues: “The word ‘intuition’ derives from the Latin *intueri*, meaning to look within. Intuition is something we see and hear and feel within, an internal language that facilitates insight and understanding.”³

Although every person’s experience is unique, there are some general characteristics of intuitive knowing:

- suddenness and immediacy of the knowledge (‘gestalt’)

- often unexpected content
- nonanalytical, nonrational, nonlogical process
- sense of confidence, certainty of the truth of intuitive insight
- associated feeling of empathy
- difficult to put into words

Intuition is processed multimodally in the body and brain: as sights, sounds, tastes, smells, body sensations, movements, emotions, thoughts, and dreams.³

We *receive* information throughout our body. We *perceive* it, and make sense and use of it, with our brain. Effective application requires the integration of left and right cerebral hemispheres.

distinct functions of the left and right hemispheres

Retired psychiatrist and neuroscientist Dr Iain McGilchrist notes that the cerebrum is structured as two almost completely separate masses: the left and right cerebral hemispheres.² Furthermore, the corpus callosum, which is the band of fibres that connects the two hemispheres and facilitates the exchange of information between them, is largely involved in *inhibition*. It's as though the corpus callosum allows one hemisphere to say to the other, "You keep out of it; I'm dealing with it."⁴

He asks, "Why would the brain be structured in this way when its power comes from making connections?"

He explains, "There are two kinds of things going on in the brain, both of which are required at the same time, but that cannot be done at the same locus of awareness."⁴

Contrary to our earlier understanding of the brain, *both* hemispheres are involved in logic, reason, language, emotions, visual-spatial understanding, and so on. The two hemispheres simply *attend* to the world differently, as summarised in **Table 1** on the next page.

According to Dr McGilchrist, there are *two* versions of the world that each of us have in our brains — that are produced by our brains — and they have very different qualities and purposes. They are not easily reconcilable in any given moment, yet both are essential.⁴

left-brain dominant culture

Optimally, the two hemispheres work together in a fruitful partnership, in which the right hemisphere oversees the whole, and the left hemisphere does the collecting and categorising of information. McGilchrist refers to them as the master and the emissary, respectively.² This is also known as 'whole-brain thinking'.

Our brains naturally alternate between both versions of the world very rapidly and generally below the level of consciousness. However, we have long been living in a society that heavily emphasises, rewards, and thus cultivates the processes and perspective of the left hemisphere. In fact, our culture has gone out of its way to emulate and elevate the left brain's functions in its various technological innovations and its everyday reliance on technology, the pinnacle of which must surely be "artificial intelligence."

In short, we have been raised in a left-brain dominant culture, and the rapid advancement of technology in our lifetimes, particularly in the past 25 years, has only exacerbated this gross imbalance and incongruence. But we can choose to cultivate the processes and perspective of the right hemisphere and harness them for specific purposes, such as intuitive evaluation of our patients.

“ The two hemispheres complement each other. The right brain provides the intuition while the left gives it expression and communicates the intuition to the individual and to others. Without input from the left brain, the right brain's messages to you can be gibberish. ”³

Table 1. Unique characteristics of left- and right-brain functions.

LEFT hemisphere	RIGHT hemisphere
<p>Sees the parts</p> <ul style="list-style-type: none"> very detail-oriented deals in separate bits of information ignores the context in which the bits exist can't see what it can't see; doesn't <i>know</i> what it doesn't know doesn't see depth (space, time, emotion); creates 2-D representations of the world and never understands anything deeply 	<p>Sees the whole</p> <ul style="list-style-type: none"> focuses on the bigger picture sees interconnectedness and relationships sees the meaning lost when a thing is taken out of its context in seeing the bigger picture, it understands the need for the left, overseeing its acquisitions sees in 3-D; appreciates depth, literally and figuratively, and so it understands things deeply
<p>Focuses on objective reality</p> <ul style="list-style-type: none"> focused on the physical or visible prioritises input from the five senses; diminishes or dismisses "feelings" appreciates only what can be measured, what it perceives as concrete or "real" its perspective is rigid materialism 	<p>Focuses on subjective reality</p> <ul style="list-style-type: none"> focused on the nonphysical or invisible largely responsible for intuition ("sixth sense"), imagination, and inspiration appreciates things that cannot easily be measured and that may be dismissed by the left as unimportant or "not real" its perspective is expanded awareness
<p>Categorises and pigeon-holes things</p> <ul style="list-style-type: none"> sees an item as either one thing or another "it can't be both" deals only in generalities and lacks subtlety, so it treats all individuals in the same category (e.g., 'dog' or 'canid') as the same 	<p>Sees nuance and individuality</p> <ul style="list-style-type: none"> comfortable with complexity, ambiguity, and lack of resolution (being unresolved) "it can be both, and something else, too" appreciates subtlety and uniqueness, so it treats every individual as uniquely identifiable in some way
<p>Cultivates knowledge</p> <ul style="list-style-type: none"> designed and used to <i>apprehend</i> things loves to answer questions with some piece of information, even if wrong or irrelevant thinks and acts like a librarian, with well-ordered stacks of books and periodicals, and a handy retrieval system incapable of novel thought, only a reordering of what is already known the basis of scientific materialism values knowledge for its power to control the world around us and thus our experiences 	<p>Cultivates wisdom</p> <ul style="list-style-type: none"> designed and used to <i>comprehend</i> things loves to ponder questions, wonder, imagine, dream, intuit, and be inspired by new ideas thinks and acts like a reader, relying on the librarian to acquire, organise, store, and retrieve relevant facts on-demand the source of intuition, inspiration, and 'quantum leaps' (gestalt) in scientific discovery the basis of scientific holism values understanding for its power to enable us to live in the world as it is

integrating left- and right-brain functions

Integration of left and right cerebral hemispheres is a challenge in our left-brain dominant culture. It takes intention and practice.

When I was starting out, I found it useful to make medical intuitive evaluation a two-step process:

Step 1. Download

- set aside the analytical imperatives of the left brain (what I think of as my 'vet brain'), with its library of information and its ready answers (whether right or wrong)
- simply receive or 'download' the unfiltered information (a right-brain function)

Step 2. Analyse

- apply the left brain to make use of the information

With practice, it becomes easy to toggle back and forth between left and right sides (and processes) during evaluation, to the point where steps 1 and 2 occur almost simultaneously or even concurrently.

Once you're comfortable moving back and forth, you can get more refined. For example, you can ask questions of your intuitive mind, or simply ask for clarification, explanation, more details, or to be shown a different way. And you can test various treatment options for best fit.

The great irony of Sir Arthur Conan Doyle's iconic character, Sherlock Holmes, is that Holmes and his trusty sidekick, Dr Watson, use deductive reasoning — a left-brain function — almost exclusively, yet the author could only have conceived of these singular characters and their many adventures using his right-brain! He would then have needed his left brain to write the novels, while his right brain checked its work. See how it all fits together? We can do that, too, in our everyday lives.

“ Intuitive information is coming at us all the time, every day, in every way.

Most of us, though, go through life with the volume turned to low... We learn to ignore it most of the time. We're so out of touch with our intuition that we don't even recognize it when it comes. ”³

Getting Started

There are several modes of information-gathering and -retrieval we each use to greater or lesser degrees in our everyday lives:

- visual — anything perceived *via* visual pathways, including the visual cortex and its image-thoughts, memories, imagination (the “mind's eye”), and dreams
- auditory — anything perceived *via* auditory pathways, including word-thoughts (inner dialogue), *etc.*
- kinaesthetic — anything perceived *via* pathways involving motion or movement of the body or any of its parts, including touch and interoception (sense of our own internal processes)
- other senses — smell, taste, and their associated pathways, including memories
- emotions — general mood, specific feelings, sensing another's emotional state
- combinations of any or all of the above

Our culture and education emphasise the first two (visual and auditory) — think 'sitting in a classroom when you were a kid'. Becoming fluent in the language of intuition requires that you find your own intuitive style.

The modes you most rely on in everyday life are the ones your intuition is most likely to use — and the ones you'll be most adept at harnessing.

Here is my intuitive style in the context of medical intuitive evaluation:

- visual — “see” the organs, tissues, and processes of interest
- auditory — word thoughts; bodily sounds (heart, respiratory, gut, *etc.*)
- emotions — emotional state of the patient (and client)
- kinaesthetic — mild bodily sensations (pain, tension, nausea, imbalance), gait irregularities, *etc.*
- other senses — odours (*e.g.*, uraemia, gut dysbiosis, otitis externa, seborrhoea)

What's yours?

“ For most of us, the first step toward hearing the language of intuition requires that we become open to accepting another, seemingly illogical way of perceiving and receiving information. ”³

Tips for getting started

The first, and perhaps the most important, tip I have is this:

“ If I can do it, then *anyone* can do it! ”

I am by habit, if not by nature, very left-brain dominant; yet once I was shown how, I was easily able to tap into my intuition for medical and other purposes. If I can learn to do it, then so can you.

Following are some things I learned along the way and found very useful, even essential, when I was getting started.

1. Suspend disbelief

Disbelief and doubt are powerful blocks to intuition, to the effective use of information arising intuitively and even to the intuitive process itself. So, when you set out to intuitively evaluate or ‘read’ a patient, begin by deliberately setting aside any doubts and frank disbelief you may have about the process or your ability to engage in it.

Don't try to *make* yourself believe, though. That's an almost impossible task (unless you are the White Queen in Alice's looking-glass). It's enough to just set aside doubt and disbelief *for now*, for the moment, and play with the idea, “What if *it really is possible* for me to do this...”

“There is no use trying,” said Alice; “one can't believe impossible things.”

“I dare say you haven't had much practice,” said the Queen.

“When I was your age, I always did it for half-an-hour a day.

“Why, sometimes I've believed as many as six impossible things before breakfast.” ”

Lewis Carroll⁵

All sorts of people, from spiritual leaders to biologists to quantum physicists, teach that everything in the universe is interconnected — what Albert Einstein referred to as the “spooky action at a distance” of quantum entanglement, and Rupert Sheldrake calls morphic resonance.⁶⁻⁸

So, this process of medical intuitive evaluation is simply about training your attention to focus on something beyond the present reach of your “five senses” — but well within the reach of your intuitive mind.

2. Quiet the mind

Set aside any thoughts and preconceptions about the situation (*e.g.*, about the patient or the problem), and about yourself, and just relax. Simply *be open* to the process, to the possibilities.

Relax your mind as if opening a clenched fist into a cupped hand. Let your awareness expand beyond the reach of your five senses, beyond the room you're in, all the way out as far as your mind can see. This is you shifting into right-brain mode.

Sometimes the less I know about the animal or the situation, the better, as my ‘vet brain’ doesn’t interfere with the ‘download’ as much. I’ve come to think of my left brain, with its extensive library of veterinary knowledge and experience, as my ‘vet brain’. When it jumps in with a list of differential diagnoses or with the all-too-familiar “I bet it’s [fill in the blank],” it blocks me from discovering what is actually going on with the animal, and what may be needed for *this* animal at *this* time.

So, quieting my mind is still an essential prerequisite for me. To be thorough, I need to do intuitive evaluations in a quiet area, with no distractions, and no time constraints. Over the years, I’ve gotten better at reading animals “on the fly,” but I still feel the pressure of the client’s (and my own) expectations for immediate answers during consultation. I am still subject to the tyranny of time. So whenever possible, I set aside some quiet time at home to ‘read’ an animal before the scheduled consultation.

Be willing to stay in a state of *not knowing* for however long it takes. I used to find this state (not-knowing) quite uncomfortable, sometimes even unbearable. Over the years, I’ve learned to not just be patient with this phase, but to happily anticipate what is to come, because it really is astounding what can be seen. Being in right-brain mode is also a very enjoyable experience, and I come away from intuitive evaluations feeling expansive and energised.

Remind yourself as-needed that we are most open to intuitive information in this quiet, receptive, inquisitive, not-*yet*-knowing state, and allow your mind to settle into this state however you can.

3. Positive expectation

This tip is just as important as the second, as a quiet mind without an object of attention and positive expectation simply remains still — that is, until our long-practiced habits of thought intrude.

So, once your mind is relaxed and open, lightly and inquisitively bring your attention to the animal. I’ve had to train myself to approach this process with a sense of curiosity and happy anticipation. Whenever my ‘vet brain’ gets involved, I tend to zero-in on a problem with laser-like focus, when what this intuitive process requires is the opposite: openness, lightness, gentleness, ease, curiosity, even playfulness; expanded awareness and an appreciation of the whole, rather than contraction around a single point of focus (*e.g.*, a diseased body part).

The ‘positive expectation’ component simply means to expect that the information you seek is readily available to you. Trust the process, even if nothing seems to happen at first.

4. Notice what you notice

This is one of the most useful pieces of advice I received when starting out, although it didn’t make sense to me at the time. It’s also one of the most important pieces of information I receive when ‘reading’ a patient.

In the open state of possibility and expectancy you’ve just created, gently bring your mind to the patient, without zeroing-in on any particular thing. Resist the temptation to go directly to the site of the problem (the presenting complaint). Instead, simply notice where your attention is first drawn. In my experience, this is generally the most important thing for me to understand in that evaluation or session.

It may not be what you're expecting — and that's a good thing! When my attention is drawn to a part of the animal's body I wasn't expecting to have a problem, I can be sure that I didn't make it up, whatever 'it' turns out to be. It is my intuition directing me to the area that is of most concern to the animal at that time, or that underpins the current problem. It may even be more about the animal's psychological well-being (or lack thereof) than about the physical.

I've come to trust these first impressions completely, even when — *especially when* — they seem illogical, which is a characteristic of intuition. Now I don't question where my attention is first drawn, other than to ask for clarity if needed.

5. Trust what you receive

This one was a very important thing for me to learn, and something I may still need to remind myself from time to time. Trust that what you're receiving is true, no matter how illogical or improbable it may seem. Remember that one of the characteristics of intuitive knowing is its lack of logic or rationality, its spontaneous knowing, its "I don't know *how* I know, I just *know*."

What I've learned over the years is that if it *feels* true, then it probably *is* true, as long as I've followed the preparatory steps I've just outlined.

Trust that it will make sense in greater context or with further information. And if it doesn't, then ask your intuition for clarification or to show you the information some other way, which brings me to the next tip...

6. Stay with it

Stay with it until you fully understand the information you've received. Ask for clarification or more information if needed. I'll sometimes say to my intuition, "I don't understand what you're showing me; please show me another way," meaning please use a different means of conveying this information to me so that I understand.

Stay with it until you're sure you have the whole picture. I now find that I can't move on from an area of interest until I fully understand what's going on there. That was maddening at first, until I learned to ask for more details or greater understanding. Intuition is a faithful friend, even though you may feel like throttling that friend from time to time! ☺

And stay with it through the ups and downs of learning this skill, of learning to harness your innate intuition for this specific purpose. As with any new skill, mastery takes patience and persistence — and good grace.

7. Let all else be

Our veterinary training teaches us to problem-solve, to diagnose and treat *problems*, and so we are put in a position of authority over our clients and their animals. But that can place an undue burden on us to solve our patients' — which, more often than not, are really our *clients'* — problems.

Being very conscientious by nature (a recovering perfectionist, in fact), I have had to learn to avoid getting caught up in what I call "other people's dramas" (OPDs). I still catch myself getting drawn into OPDs, mistakenly thinking that I have to fix everything, that that's my job, and so every treatment failure, every outcome that is less-than-perfect, is mine alone. (This, by the way, is classic left-brain thinking.)

Being able to intuitively evaluate a patient or situation does not mean we will always be right or always be successful in solving the problem. Sometimes, while my assessment may be correct, it may be incomplete. And sometimes, no matter what we see, and no matter what we say, things are not going to turn out to our liking.

"Let all else be" reminds me that life is a vast and complex game, in which I am only one of its infinite number of players. All I get to control or authorise is my part in it.

My approach

Here is the approach I typically use when intuitively evaluating a patient:

- Bring the patient to mind using a visual template
- Write down my initial impressions (notice what I notice)
- Do a quick scan of the whole body, again noticing where my attention is drawn
- Evaluate all body systems, concentrating on those that drew my attention and, if necessary, those indicated by the presenting complaint
- Devise a treatment plan

Visual template

Typically, the less I know about a patient, the less my 'vet brain' — my librarian of a left brain — interferes by leaping to a list of likely differential diagnoses or assumptions (foregone conclusions).

So, with new patients I generally just ask for the patient's name, some basic descriptors (e.g., age, breed, gender, colour), and a brief description of the problem (e.g., LF lameness, chronic cough, or weight loss). Recent photographs of the animal are fun to have, but not necessary. They may even interfere with the process if they lead me to make assumptions that turn out to be false.

The more adept I've become, and the more I follow my own advice and take the preparatory steps I've outlined, the less diverted I am by long medical histories and other details some clients feel the need to share. Recognising when my 'vet brain' is jumping in with preconceived suggestions or assertions is enough for me to politely ask it to "stand by" for a few minutes while I download the unfiltered offerings of my intuitive mind.

Initial impressions

I prefer to conduct medical intuitive evaluations in a comfortable chair, with a notepad and pen on my lap. Once I've tuned in to the animal, I write down my initial impressions — the things I notice first ("notice what you notice").

I note any thoughts, feelings, images, and sensations I may experience from or about the animal. They may be physical or psychological (mental, emotional), or both.

These initial impressions always represent the crux of the matter for *that* animal at *that* time. Often, it is not what the client is expecting; nor me! I really like it when that happens, as I can be more confident that I didn't make it up or bring it with me to the evaluation as an expected finding based on the patient's signalment, history, or medical records.

Whole body scan

I then run my attention lightly over the entire body, noticing again what I notice, what particularly draws my attention. During this quick scan, where my attention is drawn usually represents the main problem areas I need to focus on more closely.

Detailed system exam

Next, I take a look at all major body systems. As when conducting a physical exam, I follow a routine so that no part is overlooked.

Most often, I evaluate the animal as an outside observer, as if watching a movie. A better analogy is standing alongside or looking down upon a three-dimensional, transparent anatomical model like the Glass Horse. Often, my intuitive mind shows me different viewpoints, such as from the opposite side of the body or from above. It may also put the animal in motion so that I can better understand something I may be confused

about or may have overlooked. Truly, the intuitive mind is a faithful friend, and mine is dogged in its persistence!

Occasionally, I'll also evaluate the animal as "myself." I imagine that I am that animal, looking out through their eyes, hearing with their ears, *etc.* Then, I may do a scan of my body as a template for theirs. This perspective is particularly useful when evaluating the senses, especially vision, hearing, and olfaction.

Regardless of which method I use (as observer or self), I focus particularly on the areas I identified initially and in my whole-body scan, and any other areas that capture my attention along the way. I also make sure to thoroughly evaluate the area indicated by the presenting complaint if my evaluation has not shown a problem in that body part or system.

For example, equine clients often confuse left and right limbs when describing a lameness, or they can't tell where the lameness originates. As another example, not all cats with inappropriate urination have a urinary tract problem. I make sure to thoroughly evaluate the urinary tract, even when my intuition tells me that the problem is psychological rather than physical. In other words, I respect and address the client's concerns, even when they are not mine.

Throughout, it's important to keep the big picture in mind, such as recognisable patterns of disorder, the relatedness of separate abnormalities (*e.g.*, compensatory functional or structural problems), and environmental influences.

Sometimes, I'll even evaluate the entire household or farm as a single organism, with each animal and person as a separate organ; or as a little organelle in the 'cell' that is this multispecies family. This approach can give me a far better understanding of what is going on with my patient and how I can help.

Treatment plan

Once I feel comfortable that I have the whole story, I then devise a treatment plan, again using my intuition to test options for best fit in *this* animal at *this* time.

These days, I typically integrate this step as I go, at the same time as I'm evaluating individual systems and problems. For example, I may ask my intuition what is needed to resolve the specific problem it has shown me, such as digestive disorder. At the end of the session, I take the various treatment suggestions I've written down and compile them into a unified treatment plan.

Here again, integration of left- and right-brain functions is crucial. My left brain trolls my memory bank for possible solutions, based on learned knowledge and experience. My right brain offers a sense of fitness or appropriateness for each of my left brain's solutions.

Bear in mind, though, that the left brain can come up with only what is already stored in our memory, whereas the right brain has the marvellous capacity to offer novel solutions, things we may never have thought of before. Our intuitive mind is connected to the whole, so it has access to the vast library of information that composes the cosmos.

“ I felt the sudden sensation of something new, unexpected, and brilliant flying into my inner field of vision, broadening my knowledge and my range.

Working in that intuitive field feels like 'touching the face of God.'

It's truly a transcendent experience. ”³

Blending science and intuition

How much of this process and my findings I share with a client depends on our relationship. Whenever time permits, I use this process before every consultation, including those with entirely conventional clients; I just

may not reveal any of it to the client if I don't feel that they are open to it. I do it for myself, for my own understanding and to be a better vet, to better serve my patients and clients.

“Trust, but verify” is also part of my process. I trust the intuitive information I receive, but as we live in a physical world of collective reality, and we are legally obligated to work within a standard veterinary-client-patient relationship, my routine is to verify all possible intuitive information using what is already known about the animal (history, medical records, *etc.*) and what can be validated through conventional means (observation, physical examination, diagnostic imaging, lab work, *etc.*) and response to treatment.

I take this approach even with long-time clients who know how I practice and who have come to rely on it for a greater understanding of their animals' needs. With these clients, I encourage them to harness their own intuition and use it in the verification process, along with the conventional means I outlined.

This is the practical process I use to blend science and intuition for better patient care. It is the process of reconciling and integrating the separate functions, talents, and perspectives of our two cerebral hemispheres. We use both of our hands separately and together. Limiting ourselves to the use of just our left brain is about as silly as limiting ourselves to the use of just one hand — “working with one hand tied behind our back” — when we have two perfectly good hands.

This is the practical process of combining our scientific training and clinical experience with intuitive insights for a more complete view of our patients and their needs.

When both aspects of our intellect work together in this way, we don't just experience summation, we experience *synergy*. And that is holism in action.

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