

[**Author's Note:** The following was published as a complete ms. in the *J Irrep Res*, April 2022. This version was condensed, to allow four of the most important letters to the editor in response to be published.]

Recall of Past Lives and Risk of Parkinson's Disease in California: PD-like Illness in Past Life Increases Risk in Current Life

FRIEDMAN JH, FLUMMOX MR, FLOUNDER KK

INTRODUCTION

Several authorities¹⁻⁴ have called attention to the decreased recollection of past lives reported in people with Parkinson's disease (PWPD). This has been particularly true in PWPD who live in California, where past lives recollection appears to be more common than in other parts of the United States. In a groundbreaking report, Onionpot et al reported that in a survey of people in a shopping mall in Beehive, CA, 43% of 308 people reported having recall for at least one life, and of these 43% the average number of lives was 2.3.

Since that study, attempts to develop a validated scale for assessing past lives have been made,^{4,5} but none with sufficient support until the recent validation of the Past Lives Recollection Questionnaire (PLRQ), and the reduced version, the PLRQ43, which has been used in a number of research reports.

METHODS

Consecutive patients seen in the Surfside Clinic in Beach Sands University Hospital movement disorders clinic who were diagnosed with PD based on the Movement Disorder Society (MDS) criteria by movement disorders neurologists between 3/31/19 and 3/30/20, were offered the chance to volunteer. 87% gave written informed consent in a protocol approved by a central IRB and completed the PLRQ43. Age, gender, age at diagnosis, presence of psychotic symptoms, level of education, medications, Unified Parkinson's Disease Rating Scale (UPDRS) scores are available as supplemental files by contacting the PLPDA. Access to data will be supplied to any established investigator who knows the password.

RESULTS

3,247 patients were seen in the clinic between 3/31/19 and 3/30/20, of whom 702 had idiopathic PD. 653 agreed to participate, 352 men (mean age 74.6) and 301 women (mean age 76.1). Controls were chosen from the database of all adults without a neurologic disorder of the same gender and within 5 years of age of a PD subject, arranged alphabetically, using the winning lottery numbers, divided into 3-digit intervals, of the daily United Lottery Reports System for California. 850 controls were identified, of whom 725 agreed to participate. The ratio of 352:301 was maintained to avoid gender

bias. 62 men and 49 women with PD endorsed having past lives, with the mean number being 1.8 past lives. The control population endorsed a past life in 150 men and 145 women, with the mean number of lives being 3.1. Chi Square testing with Fishing Modification applications found $p < .01$ for the men and $p < .0001$ for the women. Of the PD patients with recalled lives, 50% stated that in the past life they also suffered from PD or similar illnesses, whereas none of the controls did, $p < .00001$.

CONCLUSION

People with PD in southern California endorsed having had at least one previous life, significantly less than non-neurologically affected age, gender and socio-economically matched controls. This may indicate that recalling a past life is an inverse risk factor for the development of PD, or a specific neuropathological deficit, possibly located in the cortico-nigral-pallidal-cortical-putamenal-dentato-cortico-nigral circuit, but those with past lives recall had a significantly increased risk of their past life having had a PD-like disorder, lending credence to recent theoretical advances in the understanding of Lamarckian evolution.

Disclosures

References: Available on request

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MRF: consultant: 23 and me and beyond;

KKF: honoraria: Neurological implications of past lives and lies; Flounder Press; 2022

RESPONSE: LETTERS TO THE EDITOR

**Re: Friedman, Flummox and Flounder:
Past lives as a risk factor for Parkinson's disease**

I found the report by Friedman et al on past lives in people with Parkinson's disease (PWPD) to be another example of "scientific rationalism" trying to undermine the proven scientific truth of recalled past lives. The PLPDQ43 is notorious for failing to adequately assess the presence of a past lives' history. We know that 76% of all people born between

1940 and 1980 had at least one past life. The files from Friedman et al show that 90% of their PD subjects and their controls fell into this epoch, hence many more people had past lives than they recorded. (We believe that younger people are less likely to have had past lives than older ones, since there are more people alive now than had ever lived before, and the laws of past lives holds that they cannot be in the history of more than one living person at the same time). We therefore believe that the deduction that past lives were less common in people with PD is fallacious. The correct deduction is that recall for past lives is affected or that the PLDQ43 is not reliable. We request that the Journal recall the Friedman article suggesting that past lives is an inverse risk factor for the development of Parkinson's disease.

—**Agnès Cannabis, MD**

We found Friedman et al's report of past lives in PD to be compelling, and will be very important when we analyze our own data, which is prospective. In the Santa Barbara prospective holistic study, begun in 1963, we've been following 45,987 people for health outcomes. Among a large number of standardized assessment instruments, we administered a past lives questionnaire every 5 years. Unlike the PLPDQ43, a self-administered questionnaire, we interviewed all participants, and recorded details such as when each of the past lives occurred, what the names of their past soul-containing bodies were, where they lived and several other demographic details that could be used for documentary purposes. We found that 78% of entrants reported at least one past life, far more than Friedman et al, perhaps explained by survey techniques. We also found, interestingly, that people who moved to southern California after age 25 were far less likely to recall past lives than those who were born here and did not move away. The positive association with cannabis and LSD use was only at the $p=.05$ level, hence possibly spurious. We suspect that sun exposure enhances recall of past lives and should be considered in further review of Friedman et al's data, if available.

—**Jimmie Uranus, FRMC, PRDL**

The focus on past lives in the article by Friedman et al ignores the possibility of alien abductions as playing a role. In our study from the Santa Monica Parkinson's disease and marijuana clinic, not yet published, we found that most PD patients from southern California had alien abduction experiences, and far more when compared to those from New England, which has made us suspect that alien abductions increase the risk of developing PD, and, most interesting, also increased the likelihood of remembering past lives. We don't yet know if this is unique to southern California, or might represent a window into one possible etiology of PD. We hypothesize that the warm weather favors alien presence in our region compared to New England, hence the increased prevalence of abductions.

—**Adolph Pickle, MD**

As a scientist with a long interest in past lives, I insist on drawing attention to a number of publications¹⁻¹²³ (see www.PastLivesSpectrum) that have helped inform those sufficiently interested in the topic that they actually know something about it before they continue the longstanding misinformation campaign of the pseudo-science community and pursue avenues of research wearing blinders. It has been established beyond argument that many (current) people have had past lives as non-human species, although they frequently never knew what species they were, only that they were furry, or had claws, ate plants or animals, etc. This specious report by the "three Fs" (F for failure) uses a well debunked evaluation tool validated only for selectively blinded readers. A very different set of results would likely have been found had a truly valid assessment tool been used.

—**Andrew Wilking, MD, PD, RD, FAPLA**

[*Editor's Note: This has been validated as an April Fools' Day commentary!*]