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When the Illness is the Cure A New Scientific Paradigm Anti-Depression Help Kit



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Right Temporal Lobe Consciousness as a Conduit for Wellness and Energetic Healing:

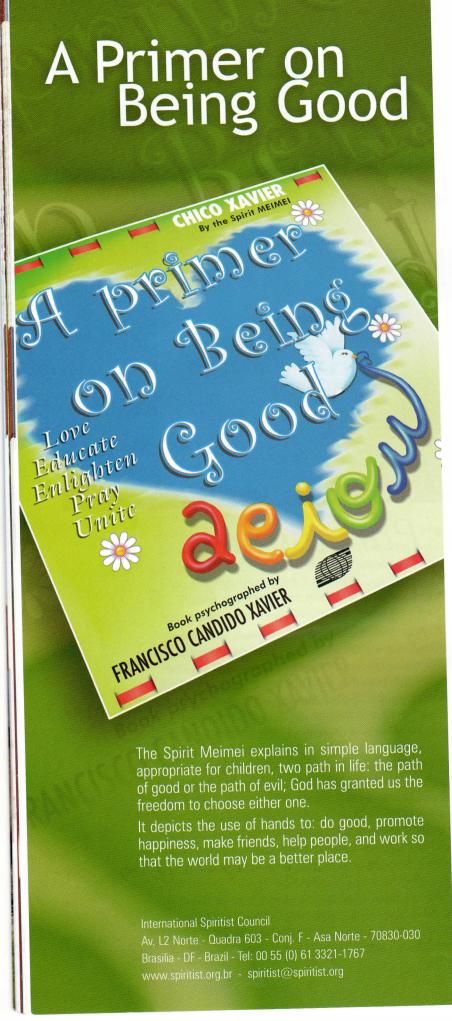
## A New Scientific Paradigm

Melvin MORSE, M.D.

he right temporal lobe is associated with meditative states, near death experiences, religious experiences, mediumship, out of body experiences, and transcendent states of consciousness, all of which [can be] associated with enhanced wellness, prolonged life, a sense of spiritual well being, and remarkable cures from illness. I propose a new scientific paradigm explaining these effects by a biological communication between our right temporal lobe and quantum non-locality (QNL), the subatomic underpinnings of this reality. It contains all the information of the universe and is independent of time and space.

Throughout recorded history, humans have treated disease with medication, surgery, and spiritual healing. Even today, Harrisons's Principles of Internal Medicine states "all patients, no matter how sophisticated, expect a magical exhibition from their physician." However, today's medical model is biased against the actual intervention of spirits in healing. Even in welldocumented cases, physicians routinely dispute the original diagnosis1. Most of the debate in the current medical mainstream is over less controversial concepts of mind-body healing, Therapeutic Touch, meditation as a tool for wellness, and the benefits of religious beliefs <sup>2,3</sup>. A handful of studies, published in obscure journals and not replicated, have documented that prayer can positively effect health in patients unaware [that] they are being prayed over<sup>4,5</sup>.

This proposed paradigm gives scientific support to the concept that spiritual realities from outside the body can influence health. In this author's opinion the Mind-Body debate is irrelevant to this all-important



concept. It is well known that the mind and body are one, as evidenced by the placebo effect<sup>6</sup> and the fact that our thoughts shower the body with millions of proteins having specific effects<sup>7</sup>. I am addressing the possibility of consciousness outside our body having effects on our physical selves.

Case One: An 8-year-old boy was resuscitated by the author after nearly drowning after his family car plunged into a river. His resuscitation involved over four hours of profound coma and several cardiac arrests. After full recovery, he said that he had never been unconscious, but "after the car filled up with water, I went all blank. Then I was in the huge noodle that had a rainbow in it." He described going to a "heaven" with a castle, seeing his dead grandmother, hearing heavenly music, and returning to life. He urged me to research if it was real, as "then you will have to tell all the old people."

Case Two: An 8-month-old patient of the author's was dying of the genetic error Wolman's disease. On Christmas Eve, her uncle believed he heard a "real voice" telling him to lay his hands on his niece's body or she would die. After this experience, the underlying genetic defect was corrected and she recovered. The man is embarrassed by the experience and rarely speaks of it.

The first case history inspired the author to study the clinical experiences of children at the point of death. Children described the experience of dying as pleasant, being alert, a sense of consciousness expanding beyond their body, meeting a "god", and learning lessons of love from that encounter; all at a time they are in a deep coma. The experience is timeless, real, and includes a sense of all knowledge<sup>8-9</sup>.

The implications of the study are that memories are not stored in the human brain and that we have access to a spaceless source of all information accessed during times when we lose input from our ordinary senses. These findings were first anticipated by a publication in the American Heart Journal in 1968 and have been replicated in adults as well as experimentally induced in the lab<sup>10-13</sup>.

These patients were near death, not dead. They lost the function of their cerebral cortex with its ability to process information from the five senses and our consensual "local reality", yet were able to process information through the temporal lobe from "quantum non-locality". Furthermore, this "processing" clearly involves learning lessons of how to live a more loving life.

Patients in meditative trances and recipients of direct stimulation of the right temporal lobe have described similar experiences. PET scanning of subjects



who regularly meditate document a similar effect of first losing input from the five senses, followed by increased frontal cortical and right temporal lobe function<sup>14-16</sup>.

Theoretical physicists documented the existence of QNL over 50 years ago. Reality as we know it is based on atomic sub-particles known as "quarks", of which 4 make up the building blocks of this reality. Within QNL, most of "reality" exists as intermingled particle/waveform (light) units which exist only as potential events. If one particle spontaneously becomes material, its twin, which can exist anywhere, will spontaneously become a waveform. Most of the matter and energy of the universe is known to be unknown and not of this reality<sup>17</sup>.

Our biological ability to interface with this quantum reality, which exists mostly as possibilities, explains the human ability to effect random events such as movements of ping pong balls or number generators.

It explains precognition, and how we can "remember" past events<sup>18-19</sup>.

Within QNL, the information that codes our own genetic information also exists. Modern evolutionary biologists speculate that the basic blueprint of our physical bodies exists independent of us, in QNL where they are subject to evolutionary forces<sup>18</sup>. This gives us a scientific basis for energetic healing by forces from outside our bodies. Documented spontaneous cures of disease involve a sense of spiritual surrender, out of body experiences, or the sense of conscious intervention from outside of ourselves<sup>19</sup>.

It is reasonable to propose that we, (either directly or by others) have the ability to interact with our basic genetic program which exists in QNL. Furthermore, since there are two other complete realities based on quark subsets virtually identical to ours, other conscious life-forms may exist in those realities. QNL could be an information hub between the three realities.

My new paradigm lends itself to the production of numerous small scientific studies of the many diverse unanswered aspects of this theory. A new body of scientific knowledge will lead to a reuniting of spirit and science.

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## REFERENCES:

- Gardner, R. (1983). Miracles of Healing: A Reappraisal in the Light of the Twentieth Century Experience. British Journal of Medicine 287: 24-31.
- Rosa L, Rosa E. (1998). A Close Look At Therapeutic Touch. IAMA. 279: 1005-1010.
- 3. Dossey, Larry. (1993). Healing Words, the Power of Prayer and the Practice of Medicine. Harper Paperbacks, a Division of Harper Collins Publishers, NY.
- 4. Byrd, RC. (1988). Positive therapeutic effects of intercessory prayer in a coronary care unit population. Southern Medical Journal. 81(7): 826-836.
- Klingbeil, B, Klingbeil, J. (196901993). The Spindrift Studies. Privately published by the Spindrift Foundation.
- 6. Pert, C. (1997). The Molecules of Emotion. Scribner, New York
- Kanigel, R. Placebos: Magic Medicine? Johns Hopkins Magazine 8/83 12-16.
- 8. Morse, ML; Castillo, P; Venecia, D. (1986) Childhood Near Death Experiences. AJDC 140:110-114.
- Morse, ML. (1994). Near Death Experiences and Death Bed Visions: Implications for the Clinician. Current Problems in Pediatrics. p. 55-83.
- 10. Van Lommel, P. (2001). Near Death Experiences: A Prospective Study from the Netherlands. 359 Issue 9323, pp 2116.

- 11. Whinnery, JE. (1998). Methods for Describing and Quantifying +Gz induced Loss of Consciousness. Aviation, space and Environmental Medicine. 60: 798-802.
- Schroeter-Kunhardt, M. (1990). Erfahrungen sterbender wahrend des klinishchen Todes. Zeitung Allgemeine Medizin. 66:1014-21.
- 13. Burch, GE; DePasquale, NO; Phillips, JH. (1968). What Death is Like. American Heart Journal. 76:1438-39.
- Newberg, A; D'Aquill, E; Rause, V. (2001). Why God Won't Go Away: Brain Science and the Biology of Belief. Ballantine Books, New York, New York.
- Persinger, M. (1987). Neuropsychological Bases of God Beliefs. Praeger Publishers. New York.
- Morse, ML; Venecia, D; Milstein, J. (1989). Near Death Experiences: A Neurophysiological Explanatory Model. Journal of Near Death Studies. 8 (1): 45-53.
- 17. Berman, B. (2008). Bob Berman's Strange Universe. Astronomy.
- Jahn, R; Dunne, B. (1987). Margins of Reality. Harcourt Brace. San Diego.
- Radin, D. (1997). The Conscious Universe. Harper Edge. New York.