



Correspondence

Transcendental meditation may prevent partial epilepsy

Dear editor,

A lively speculative discussion among scientists has been going on about whether the transcendental meditation program (TM) might predispose to epilepsy or not. As a practitioner I was surprised at the far reaching scope of conclusions drawn by H. Jasega on the basis of purely hypothetical speculations [1–3] without checking the actual *epidemiological* facts that his speculations target.

The author cites facts that have little to do with his hypothesis. The studies by Otis [4] and Persinger [5] quoted by him provide no information about an actual increase of *epileptic disease* in TM practitioners. Persinger used a simple questionnaire to define religious experience (like “profound meaning from reading poetry/prose, and religious phenomenology”) and erroneously interpreted these responses as indicating “complex partial epileptic-like signs”. It seems to me a rather far-fetched conclusion to interpret such a widespread phenomenon as *profound religious belief* as a pathological indicator for predisposition to epilepsy.

The purely speculative and extreme conclusions drawn by Jaseja [1] should not be based solely on specific EEG-patterns and neuroendocrinological findings or hypotheses, but should be based on epidemiological facts. One would especially want to know how many people have begun to suffer from epileptic seizures after having started TM. If TM were to increase the probability of epileptogenesis, the last 40 years with some millions of people practicing TM for decades should have provided enough evidence for this. With hundreds of thousands TM practitioners around the world, this question is easy to answer.

I have been a psychological psychotherapist with my own practice for 27 years and as an authorized teacher of the transcendental meditation program (TM) since 1969 I have been using this technique with my patients whenever it seemed appropriate and helpful to do so. The following points given below are valid arguments against Jaseja’s hypothesis:

1. A 12-year-old girl in my practice was suffering from partial epileptic seizures every few days since her ninth year of age. Appropriate medical treatment was given and the mother wanted to avoid medication. She was looking for another resolution and I recommended she try meditation. Both mother and daughter were trained using the usual steps to learn TM and they meditated for quite some years. A survey ten years afterwards showed that the seizures stopped the day the girl started meditating. EEGs taken did not show any pathological pattern. Her formerly difficult behaviour had changed positively.
2. The second case was a TM practitioner of 57 years, who had practised the technique for 33 years, starting at the age of 24. He had suffered from partial epilepsy during childhood until the age of 14. An EEG was taken 23 years after starting meditation, at the age of 47 and it was within normal limits and without any pathological epileptic signs. If TM were to increase the risk of epileptogenesis, one would have had expected at least some clinical signs or symptoms.
3. In 27 years of psychotherapeutic practice, as of April 2006, we taught TM to 707 of our patients, which is practiced by the patients along with any therapy. The most obvious reason would be the relaxation aspect, but the spectrum of therapeutic effects showed far reaching results [6]. The prevalence of epilepsy is about 0.5–1% of

the normal population in Germany. If TM were to increase "the risk of enhancing the epileptic state during the course and attainment of meditation state" [1], a sample of 707 psychotherapeutic patients over 27 years should have shown some of that hypothesized effect, even more so when considering that this statistical sample represents a selection of unstable individuals seeking psychological care. We did not find even 0.5% or 1%, which would have meant approximately 3–7 patients with epileptic occurrence. We had none.

4. These empirical facts contradict the conclusions of Jaseja. To summarize our clinical experience: (1) we have not observed an "increase of predisposition for epilepsy" nor an increase of epileptic seizures from TM; and (2) our experiences within the therapeutic realm indicate that it might be worth while to further study the apparently beneficial effects of TM on partial epilepsy.

References

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