

## Bumps in the Night!!!!

February 2014 Issue

### Paranormal "U"

#### Epilepsy and the Paranormal

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Epilepsy and seizures affect nearly 3 million people of all ages. Seizures can happen during any part of life for obvious reasons such as a brain injury of any type and can appear for seemingly no reason at all.

The different types of seizures include:

- Absence seizure (formerly called petit mal): Short but frequent moments of "not being attentive."
- Generalized seizure: Most common in children; is a lapse in consciousness with a blank stare that begins and ends within a few seconds; may be accompanied by rapid eye blinking or chewing movements.
- Complex partial seizure: Usually starts with a blank stare, followed by random activity. Person appears unaware of surroundings, seems dazed and mumbles, is unresponsive and clumsy.
- Simple partial seizure: Seizure activity in one part of the brain resulting in: jerking in one area of the body, arm, leg or face and partial sensory seizures where a patient experiences distorted environments, sensory illusion or gastric discomfort. The motor or sensory activity may progress to a convulsive seizure.
- Temporal lobe seizure: A partial seizure involving the temporal lobe. Symptoms vary but may include visual and auditory hallucinations or distortions, déjà vu, feelings of detachment from surroundings, automatisms (movements with no apparent reason), and even the sudden occurrence of a strange odor or taste. Consciousness may be impaired or lost.
- Grand mal or tonic-clonic seizure: Most conspicuous type of seizure; generalized seizures which usually begin with a sudden cry, fall and rigidity (tonic phase) followed by muscle jerks, shallow breathing or temporarily suspended breathing and change in skin color (clonic phase), possible loss of bladder or bowel control; seizure usually lasts a couple of minutes, followed by a confusion and fatigue. This is the type of seizure most often thought of when talking about seizures.

The type of seizure I want to bring to your attention is the temporal lobe seizure. As described above, many of the symptoms one may describe as "paranormal." The automatic behaviors may be described as a person under possession or oppression. Some of these symptoms are complaints that only the one person would be describing. Another person may witness the automatic behaviors but they would not share the hallucinations, detachment, feelings of déjà vu, or strange odors or tastes that the affected person is claiming. However, if some of the claims being made are shared with another person, one would want to consider them as being legitimate claims and not due to a seizure disorder.

The temporal lobe is important in issues of memory, interpretations of meaning and emotional significance, a person's view of themselves with regards to space and time, and is even involved with language, visual patterns, smell, and language. Exposure to low level magnetic fields, drinking alcohol, exhaustion, and drug use can bring on a temporal lobe seizure, depending upon the person's seizure threshold. Perhaps this exposure to EMF, which can bring on feelings of paranoia, mental confusion, and feelings of being watched are a result of the temporal lobe.

The possibilities of temporal lobe epilepsy being the cause of paranormal experiences, shows the importance of doing a thorough client interview

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and to be sure to ask questions about the physical health of those experiencing the events that are a concern. Perhaps the question may need to be asked if those involved have seen a doctor to discuss these events or if there is a family history of epilepsy. Discussing a client's health issues or the health status of others in the home may not be a comfortable thing to do. The client may bristle at those types of questions being asked. But a simple explanation of health related concerns, such as seizures, will help put the client more at ease.

In doing this, one can rule out factors that are not paranormal and may even help a client to receive the medical attention they need.

For more information consult the following sources:

[www.epilepsyfoundation.org/aboutepilepsy](http://www.epilepsyfoundation.org/aboutepilepsy)

[www.mayoclinic.com](http://www.mayoclinic.com)

[www.abovetopsecret.com/forum/thread/671064/pg1](http://www.abovetopsecret.com/forum/thread/671064/pg1)

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