ISSN: 2754-4516

Journal of Medicine and Healthcare

SCIENTIFIC Research and Community

Review Article

Open Access

Epilepsy: Root Causes and Resolutions

Xinghong Yang

Independent Scientist, Florida, USA

ABSTRACT

Background: In modern medicine, epilepsy is defined as a chronic neurological disorder characterized by recurrent, unprovoked seizures resulting from abnormal electrical brain activity. Despite conventional treatments such as anti-seizure medications, surgery, dietary therapy, and neuromodulation, epilepsy remains associated with significant physical, psychological, and social burdens, as well as an increased risk of premature mortality. Conversely, from the perspective of the Guan Yin Citta Dharma Door, epilepsy is understood fundamentally as a spiritual illness rooted in karmic debt and external spirit interference, where each seizure episode reflects a soul being temporarily dragged down or tormented by spirit entities.

Methods: This paper presents and analyzes four practitioner-shared case studies of patients with epilepsy, ranging from infant and pediatric cases to a long-standing refractory case lasting over five decades, alongside foundational Q&A guidance from Dharma Master Jun Hong Lu. These cases illustrate the application of the Five Golden Buddhist Practices to address the spiritual root causes of epilepsy.

Results: The clinical presentations and follow-up accounts demonstrate marked improvements. Case 1 showed complete cessation of fever-induced convulsions within a year; Case 2 achieved near-five-month seizure freedom following attendance at a Dharma Conference; Case 3 experienced a dramatic drop in seizure frequency and duration after 52 years of severe, treatment-resistant epilepsy; and Case 4 documented a complete recovery from severe spasmodic epilepsy following the recitation of over 4,000 Little Houses and comprehensive Dharma practice. Furthermore, family members of Case 4 experienced secondary relief from chronic somatic conditions.

Conclusion: While conventional medical treatment remains essential for symptom management and neurological evaluation, the Guan Yin Citta Dharma Door provides a complementary spiritual framework that addresses the upstream karmic etiology of epilepsy. Integrating spiritual remediation with proper medical care offers a holistic and transformative approach to alleviating severe suffering and achieving long-term recovery for patients with epilepsy and their families.

***Corresponding author**

Xinghong Yang, Independent Scientist, Florida, USA. Email: dr.yang.ttk@gmail.com; ORICD: https://orcid.org/0000-0001-8063-430X.

Received: October 26, 2026; **Accepted:** November 03, 2026; **Published:** November 12, 2026

Keywords: Guan Yin Citta Dharma Door, Little Houses, Epilepsy, Karma, Spirits, Recovery

Introduction

In a scientific perspective, epilepsy is a chronic neurological disorder characterized by a predisposition to recurrent, unprovoked seizures caused by abnormal electrical activity in the brain [1]. It is one of the most common neurological disorders worldwide, affecting around 50 million people worldwide, including people of all ages, genders, and ethnic backgrounds [2]. Seizures can vary significantly in their presentation, ranging from brief episodes of staring or altered awareness to involuntary muscle movements, loss of consciousness, and convulsions [3].

Epilepsy can significantly affect an individual's physical health, psychological well-being, education, employment, and social relationships [4]. Management typically involves anti-seizure medications, while other treatment options, including epilepsy surgery, dietary therapy, and neuromodulation, may be considered for individuals whose seizures are not adequately controlled with medication [5-9].

Despite advances in diagnosis and treatment, epilepsy is associated with an increased risk of premature death compared with the general population. Deaths can result from epilepsy itself, such as sudden unexpected death in epilepsy (SUDEP), or from related causes, including seizure-related accidents, drowning, and the underlying neurological condition. Beyond mortality, people with epilepsy also face challenges such as stigma, discrimination, and other psychosocial burdens. Thus, exploring novel and effective ways to treat epilepsy remains necessary.

When drawing from the Dharma perspective, epilepsy can be understood not merely as a conventional neurological disorder but fundamentally as a spiritual illness rooted in karmic causes and spirit interference [10-12].

Exploring the teachings of the Guan Yin Citta Dharma Door, as presented by Dharma Master Jun Hong Lu, offers a spiritual perspective on epilepsy distinct from conventional medical etiology. Within this framework, a seizure is viewed as a spiritual event, where heavy negative karma and external spiritual influences are believed to affect the individual during an episode [13].

Consequently, the true root cause transcends physical pathology, tracing back to unresolved grievances and accumulated karmic debts. Rather than relying solely on conventional symptom suppression, the path to a lasting remission or even cure involves spiritual remediation. By engaging in diligent Buddhist practices, practitioners seek to clear karmic obstacles at their source. This holistic Dharma approach offers a framework where transforming negative karma alleviates spiritual disturbance, ultimately aiming for the mitigation or complete resolution of epileptic suffering.

This has been demonstrated in six cases published across three papers [10,13,14]. One of the papers reported a case of epilepsy comorbid with depression and autism, in which the therapy also achieved remarkable results that cannot be achieved with current medical treatments.

In this paper, we present 4 additional cases to elucidate the underlying mechanism in greater detail, with the aim of promoting this approach to alleviate suffering and benefit more sentient beings.

Worldviews, Mechanisms & Solutions

Although medical science and the Dharma share common values—such as relieving patients from suffering—their fundamental differences remain substantial.

Basically, mainstream medical science operates under materialism, viewing human thought merely as a byproduct of neuro-material activity. In contrast, the Dharma regards the human form as a dual entity of both physical body and soul (mindstream, or consciousness). Thought originates from the soul and governs one's actions, speech, and mind via the nervous system. Therefore, the Dharma represents an integration of the visible physical form and the invisible soul [10-12]. To use an analogy: if the physical body is the computer hardware, the soul is the software.

Furthermore, medical science relies on rigorous and painstaking experimentation to establish causal relationships. In contrast, Buddhas, Bodhisattvas, and highly enlightened Dharma masters can directly perceive the karmic causes and effects of illness through supernatural powers. For example, through totem reading, Master Lu can identify which spirit (the soul of a deceased human or animal) is possessing a body and what specific illness it is causing. He can then prescribe a spiritual solution [13]. This is currently beyond the reach of medical doctors, who do not recognize the existence of spirits, let alone their role in causing illness. Ultimately, this vast distinction exists because scientists are bound by the limitations of the Human Realm, whereas Buddhas and Bodhisattvas operate from the higher Bodhisattva and Buddha Realms.

Ultimately, while the Dharma resembles a religious belief in form, its essence is the revelation of fundamental truth. In this sense, rather than conflicting with science, the Dharma functions as an advanced, ultimate science that unveils deeper causal truths well ahead of empirical discovery.

If atheists or religious believers dismiss the Dharma merely as a conventional religion, they may forfeit the rare opportunity to hear and encounter the True Teachings. Once missed, it remains uncertain how many cycles of samsaric rebirth must pass before such an opportunity presents itself again.

Regarding epilepsy, here is how both the current scientific community and the Guan Yin Citta Dharma Door view this condition.

In medicine, epilepsy is believed to develop due to various causes, including genetic factors, brain injuries, stroke, brain infections, and structural abnormalities. However, in many cases, the underlying cause remains unknown [2,3]. The diagnosis of epilepsy is primarily based on clinical history, seizure characteristics, neurological examination, electroencephalography (EEG), and brain imaging, such as magnetic resonance imaging (MRI), when indicated [15] [**Figure 1**].

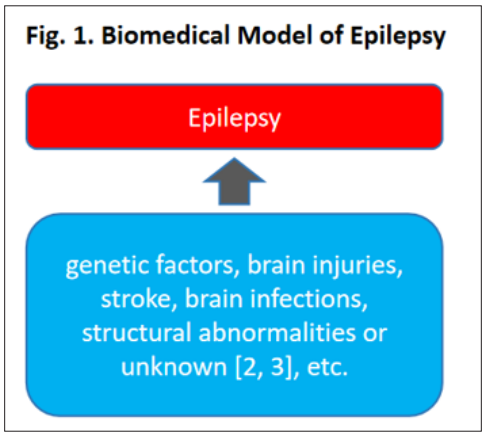


Figure 1: Schematic Illustration of the Conventional Understanding of Epilepsy Pathogenesis

Current medical consensus recognizes several factors associated with epilepsy, including genetic predisposition, brain injury, stroke, central nervous system infections, structural abnormalities, and cases of unknown etiology, as well as combinations of these factors. However, identifying and addressing these factors does not necessarily lead to sustained seizure control or complete recovery in all patients. This limitation highlights the possibility that existing biomedical frameworks may not fully capture the complex mechanisms underlying epilepsy. Over-reliance on established explanatory models may also constrain the exploration of alternative hypotheses regarding its pathogenesis.

However, from the perspective of Guan Yin Citta Dharma Door, the understanding of epilepsy, from its etiology to its treatment approach, is entirely different from that of science [13].

Core Nature and Pathogenesis of Epilepsy

Epilepsy as a Spiritual Illness: From the perspective of Guan Yin Citta Dharma Door, epilepsy is considered the most typical type of spiritual illness. Each seizure occurs because a spirit drags the individual's soul down toward the underworld or inflicts spiritual torment [13].

While medical science categorizes epilepsy as a neurological disorder involving muscle spasms, skeletal distortion, or unknown causes, the Dharma attributes these episodes to spirit possession. For example, a person convulsing or having a seizure happens when the possessing spirit stretches its body [13].

Root Causes and Solutions

While the core pathogenesis involves spirit occupancy, the underlying question remains: why are specific individuals targeted for spiritual attachment?

Past-Life Transgressions: Many cases stem from severe past-life karma, such as causing someone's death, injuring someone, committing acts of killing, or heavy family involvement in aquatic

animal business, etc. [13]. When the time is ripe, such as during the predestined age of the 369 calamity, these karmic debts will mature and manifest, resulting in spirit attachment.

Spiritual Interference and Retribution: Possessing spirit entities can include dead relatives, debt-collecting spirits, or aborted children who attach themselves to the live child [13].

Resolutions and Practices: To resolve epilepsy and achieve full recovery, the teachings emphasize an application of the Five Golden Buddhist Practices of the Guan Yin Citta Dharma Door:

1. making vows,
2. reciting Buddhist scriptures (sutras and mantras),
3. performing life liberation,
4. reading *Buddhism in Plain Terms*,
5. repenting of wrongdoings and refraining from doing them.

The second Golden Buddhist Practice is "reciting Buddhist scriptures." It includes reciting Little Houses. A Little House refers to a prescribed combination of four foundational Buddhist scriptures recited by the practitioner, who then records each completion by marking corresponding red dots on a pre-printed yellow form. A Little House is regarded as a spiritual form of payment, analogous to a high-value check in the human world, that can be used to repay debts owed to karmic creditors. Once the debt has been fully repaid, the karmic creditor will leave the person's body, thereby allowing the epilepsy to resolve.

A substantial number of Little Houses may need to be recited and offered to the patient's karmic creditors. The number required varies according to the severity of the case. Generally, at least 1,000 Little Houses are required.

Effectiveness of the Dharma Approach

According to Master Lu's teachings, many patients have reportedly recovered from epilepsy. The effectiveness of this Dharma-based approach is supported by three published works.

Publication 1: The first report is about a little baby girl, who was diagnosed with epilepsy at the age of 4 months. She experienced daily seizures and developmental delays. Through the Three Golden Buddhist Practices, her mother successfully allowed the girl to stop medication and attend kindergarten normally. The source of karma is from both sides of the girl's parents' families for raising pets and the mother killing chicken and fish [10].

Publication 2: The second report presents four cases of patients with epilepsy [13].

- **Patient 1:** A 9-year-old girl who suffered from epilepsy. Her family had a long-standing habit of eating live sea animals frequently and in large quantities. Additionally, she has a karmic creditor in this lifetime, a former classmate from her previous life at a military academy, who had died by suicide.

  Her condition was so severe that she suffered from persistent coughing, foaming at the mouth, body twisting and stiffness, and loss of consciousness.

  Through the Five Golden Buddhist Practices, her mother helped her daughter stop taking medication and return to school as usual.

- **Patient 2:** A 17-year-old boy suffered from hereditary epilepsy. Two members of his family had suddenly died from the disease.

  Through the Three Golden Buddhist Practices, his mother spent six years reciting thousands of Little Houses. He eventually made a full recovery.

- **Patient 3:** A 3-year-old girl suffered from epilepsy. The child's karmic obstacles were associated with her father's having caused the death of an unborn child conceived during an extramarital affair, as well as her mother's sexual misconduct and abortion.

  During the girl's most severe seizure, her lips turned purple, her face darkened, and she collapsed on the bed, appearing lifeless.

  After her mother had recited more than 2,000 Little Houses, she no longer experienced seizures. Subsequent EEG and MRI examinations showed normal results.

- **Patient 4:** The patient began experiencing epileptic seizures at 7.5 months of age. At 2.5 years old, she underwent brain surgery to remove a neuroepithelial cyst in the thalamic-basal ganglia region. During her postoperative recovery, she experienced an injury to the back of her head, which aggravated her epilepsy.

  At its worst, her condition involved seizure clusters throughout the day, with more than 20 episodes of breath-holding and convulsions daily.

  Following her master's blessing at an in-person Dharma event in Singapore in 2019, she experienced a remarkable change: she did not have another seizure for 5 years after returning home.

Publication 3: The third report features a male patient diagnosed with infantile epileptic spasms syndrome (IESS), major depressive disorder (MDD), and autism spectrum disorder (ASD). His karma originated from his past-life karma and his mother's abortion. At eight months old, doctors diagnosed him with IESS. Following the Three Golden Buddhist Practices, his symptoms resolved completely, and by age 21, he was working normally [14].

These case studies indicate that epilepsy is a spiritual disease manifested from negative karma. Such karma may originate from a previous life or from ancestors. It can also arise in the current life; although young children have not had the opportunity to generate negative karma themselves, their parents' actions may yield karmic retribution that manifests in the children.

To gain a deeper understanding of the nature of epilepsy and how it can be addressed, let us examine the following guidance given by Master Lu in response to 2 callers' question.

Q&A 1: A Boy with Epilepsy Can Sit Up After His Mother Reciting Buddhist Scriptures for 15 Days [16]

(*This dialogue took place over the phone on October 30, 2014.*)

Caller: Master, could you please take another look at my child? He is a boy born in the Year of the Loong in 2012. He has epilepsy and congenital developmental delays.

Master: How many Little Houses have you recited for his karmic creditors?

Caller: I have recited 700. I have been practicing this Dharma

Door for just over six months. I have recited 200 Little Houses for my karmic creditors. He is now two years and seven months old. He was previously unable to sit up on his own. After I began reciting Buddhist scriptures, however, he made remarkable progress in just 15 days. He suddenly became able to sit up! Today, his grandmother called me and said that he was making tremendous efforts to sit up by himself. Previously, he would just lie there without moving, but now he can sit up. This is wonderful! I am grateful to the Bodhisattvas! I am grateful to Master!
Master: You must recite the Buddhist scriptures diligently. This will bring you one remarkable experience after another. Do you understand?
Caller: Yes, I understand. Does he have a spiritual being attached to him?
Master: Yes. You still need to recite another 600 Little Houses.
Caller: How many fish should I liberate?
Master: Given your financial circumstances, which do not seem particularly good, I suggest that you liberate 2,500 fish.
Caller: All right. So, I should recite as many Little Houses as possible and help more people learn about Buddhism, right?
Master: Correct.
Caller: Thank you, Master! This is wonderful!

Q&A 2: How Should One Recite Buddhist Scriptures for Epilepsy [17]?
(*This dialogue took place over the phone on December 30, 2012*.)
Caller: A colleague's daughter was born on the nineteenth day of the sixth month of the lunar calendar in 2010. She is now just over two years old. It seems that she may have epilepsy.
Master: Epilepsy is a spiritual illness.
Caller: She may have seizures more than ten times a day, and every time she has a seizure...
Master: Do her family members believe in Buddhism now?
Caller: Yes, they do.
Master: Is it just starting?
Caller: Yes.
Master: It is difficult at first. For a case of epilepsy like this, at least 1,000 Little Houses are needed for repaying the karmic creditors.
Caller: At least 1,000. I will explain that to her. Could you also tell me how to arrange her daily recitation schedule?
Master: Tell her to recite the *Heart Sutra* more often, 49 times a day. It would be best if she could recite the *Great Compassion Mantra* 21 times a day. If she cannot manage that, have her recite it 13 times a day. She should recite the *Eighty-Eight Buddhas Great Repentance* five times a day, then gradually reduce it to three times a day.
Caller: Would it be better to make a vow to complete 49 Little Houses in the first batch?
Master: Either way is fine. She can keep making vows to complete 49 Little Houses at a time, continuously.
Caller: She has already recited more than 100 Little Houses, but that is still not enough, right?
Master: Not enough, not enough.
Caller: All right.

These dialogues illustrate Master Lu's teaching that epilepsy is a spiritual illness rooted in karmic debt, which can be resolved by reciting Little Houses. The boy's rapid improvement after his mother began these recitations suggests a positive response from his karmic creditors, who relinquished their hold as the debt was repaid (Q&A 1). A similar phenomenon occurs during spirit oppression (sleep paralysis): once a patient vows to offer a specific number of Little Houses, the spirit departs and the patient instantly regains full mobility [18].

The following section presents four new case studies in which practitioners followed Master Lu's instructions and employed Buddhist practices in addressing epilepsy.

Results
The following are 4 presentations by practitioners of the Guan Yin Citta Dharma Door.

Case 1: My Grandson Has Recovered from Epilepsy
My grandson is six years old this year. Two years ago, he began having convulsions whenever he developed a fever. His condition later progressed to epilepsy.

I took him to a hospital in Shanghai, China for treatment. After returning home, he continued taking medication. As we all know, medication can have significant side effects.

I made a vow to recite 108 Little Houses for his karmic creditors, completing one batch of 108 before making a vow for the next batch. I planned to recite a total of 500 Little Houses for his karmic creditors.

It has now been less than a year, and even when his fever rises to 39.8°C (103.6°F), he no longer has convulsions. I am filled with Dharma joy!

My heartfelt gratitude to Guan Yin Bodhisattva! My heartfelt gratitude to Master Lu!

Shared by: N218
November 25, 2025

Comments
1. There are three possible explanations from a Buddhist perspective: (1) the spirit causing his convulsions has departed permanently; (2) the spirit has departed temporarily; or (3) the spirit remains with him but is no longer causing him harm because his grandmother has vowed to repay the karmic debts on his behalf. Therefore, continuing to recite Buddhist scriptures and work toward the elimination of karmic obstacles remains important.

2. Both medical treatment and spiritual practice are important. Medical treatment helps manage the symptoms, while spiritual practice addresses the underlying causes.

Case 2: My Niece Has Not Had Another Epileptic Seizure Since Returning from the Dharma Conference
In June 2014, nine members of our family attended the Dharma Conference in Hong Kong, China, including my niece, who had been suffering from epilepsy for 7-8 years.

Previously, my niece's epileptic seizures occurred intermittently.

After returning from the Dharma Conference, she began reciting Buddhist scriptures. In the nearly five months since the convention, she has not had a single seizure.

She has now registered her marriage and is preparing to hold her wedding banquet in December this year!

Shared by: Z219
November 10, 2014

Comments

1. Master Lu taught that the merits and virtues gained from attending a Dharma Conference can help one repay karmic debts of a cancer. This case illustrates how attending a Dharma Conference can cease the niece's epileptic seizures.

Case 3: My Younger Brother's Epilepsy Has Improved Significantly After 52 Years

My younger brother is 56 years old this year. He has suffered from epilepsy since the age of four.

His seizures used to occur very frequently, sometimes as many as 3 times a day, and on average 3-4 times a week. During each seizure, he would often fall and suffer bruises and swelling on his face or even sustain bleeding head injuries. Such incidents were commonplace. Each seizure lasted 1-2 minutes. Afterward, if asked about the episode, he would have no recollection of having had a seizure.

After decades of living with this condition, his cognitive abilities had deteriorated. He was issued a certificate recognizing his intellectual disability.

I taught him to recite Buddhist scriptures. Then, a miracle happened to him!

Since March 2013, the frequency of his seizures has decreased to an average of just twice a month. Each episode has become extremely brief, lasting only a dozen or so seconds. When a seizure occurs, he feels dizzy, briefly closes his eyes, and stands still for a moment. Then he recovers.

There are simply too many examples of positive experiences in my family to list them all here.

Shared by: H220
November 3, 2013

Comments

1. It is estimated that up to 70% of people with epilepsy can achieve long-term seizure remission, often within the first few years of the condition [19]. However, this patient continued to experience frequent and severe seizures after more than five decades of living with epilepsy. From a Buddhist perspective, this case may be interpreted as reflecting significant karmic obstacles.

Case 4: The Guan Yin Citta Dharma Door Cured My Granddaughter's Spasmodic Epilepsy: A Miraculous Remedy for Changing One's Destiny

I feel truly fortunate to have encountered Guan Yin Bodhisattva's Guan Yin Citta Dharma Door in this lifetime. Having done so, I believe I am among the happiest people in the world.

I began practising the Guan Yin Citta Dharma Door in July 2013. To explain how I came to practise it, I must begin with the story of my granddaughter.

My granddaughter was born in January 2011. In late August 2012, she suddenly developed an illness and was diagnosed at the hospital with "spasmodic epilepsy." Her condition was quite severe. At the time, I felt as though the sky had fallen in on me. I could not sleep for ten days and ten nights. Our entire family was thrown into turmoil. Before falling ill, she had been an exceptionally smart and beautiful child. Now, it seemed that she would spend the rest of her life dependent on hospitals and medication. The doctor said that her probability of recovery was only 2%. Even if she recovered, she would be intellectually disabled.

However, I refused to give up. I was determined to try every possible means of saving her. Her mother trusted the doctors and admitted her to the pediatric department of a hospital in Beijing, China. At the time, the best available option was hormone therapy and medication. We spent tens of thousands of CNY on treatment over the course of a month. After a month, she was discharged.

More than four months after discharge, she suffered a relapse and was hospitalized again. This time, she underwent ketogenic diet therapy, which involved eating specially prepared foods according to prescribed proportions and quantities for each meal. She was required to follow this diet for six months. At every meal, she cried inconsolably because the food tasted so unpleasant. We had to force it into her mouth. During her hospitalization, I was so worried that I was struck by a car and suffered a comminuted fracture of my right clavicle.

Once I had recovered somewhat, I began searching for ways to cure the child beyond conventional medicine. People advised me to participate in Buddhist rituals, burn incense towers, perform substitute-body rituals, consult spiritual mediums, attend ceremonies at a certain temple, tell fortunes, and have her BaZi (eight characters of birth) analyzed. We tried every method, but none had any effect. However, the money was spent a great deal.

When every path seemed to lead nowhere, a Buddhist practitioner C introduced me to the Guan Yin Citta Dharma Door! I obtained a handbook about the practice and read it several times in a quiet state of mind. I also watched the DVDs. Through the introduction of fellow practitioner F, I visited a local group practice center, where I met an excellent senior practitioner, Z. From that point onward, good fortune began to enter our family.

Both sides of the child's family had accumulated killing karma. Her maternal grandmother's family ran a sea animal restaurant. After we began practising the Guan Yin Citta Dharma Door, the restaurant was closed.

Senior practitioner Z asked me whether I believed in the Law of Cause and Effect operating across the three lifetimes. I replied that I believed in it completely. Z assigned me a morning recitation routine and taught me how to recite Little Houses, among other practices. I also brought home a great deal of information.

That very evening, I showed the child's maternal grandmother the DVDs featuring Master Lu. She stayed awake all night, watching them repeatedly. She made a vow to liberate fish worth CNY 2,000.

The following night, I dreamed that Master Lu's Dharmakaya had come to treat the child. Before long, we became fully committed to the practice.

A week later, we began offering Little Houses to the karmic creditors seeking repayment from the child.

More than two months later, I had a dream in which someone clearly told me in my right ear that there were two ghosts attached to the child. When I got up in the morning, I called Z. Z said, "Isn't that wonderful? The Bodhisattva has told you that the epileptic causes of the child are 2 spiritual beings!" This strengthened the faith of both the child's maternal grandmother and the rest of us. We devoted every spare moment to reciting Little Houses to

repay the karmic debts.

The two of us soon established Buddhist altars in our homes. After the altars were set up, we felt much more at peace. We truly felt that we had invited the Bodhisattvas into our homes.

After we began practising the Guan Yin Citta Dharma Door, the child improved day by day. At first, we offered 5 Little Houses every day to the child's karmic creditors. We also offered 7-10 Little Houses each week to our own karmic creditors. Whenever we felt sleepy, we would drink strong coffee to keep ourselves awake. We really pushed ourselves to the limit in reciting Little Houses! During this period, we also introduced others to the Dharma, sharing the child's improvement as a testimony to the practice.

At one point, someone told me that a particular Buddhist scripture on a DVD featuring another teacher could cure the child's illness. We began to wonder whether we should practise both Dharma doors, thinking that doing so might produce faster results.

Then, in a dream, the child's maternal grandmother received a message: "No one else can save the child from this illness. Only Guan Yin Bodhisattva's Guan Yin Citta Dharma Door can save her." Later, she received another message that the child would recover by the age of five.

How compassionate Guan Yin Bodhisattva is! She was telling us not to take any more detours and reinforcing our faith in the power of Little Houses, one of the Three Golden Buddhist Practices. We realized that we had to persevere diligently and had no room to turn back.

Therefore, no matter what difficulties our family encounters, we must firmly believe that the Three Golden Buddhist Practices of the Guan Yin Citta Dharma Door are all-powerful and constitute a miraculous remedy. Whatever others may say, we must maintain our faith, vows, and commitment without wavering. We must never admit defeat. Persist, persist, and persist again—that is how success is achieved. Focus on the effort, not the outcome.

In June 2014, six of us, including the child's maternal grandfather, attended Master Lu's Dharma Conference in Hong Kong. After returning, the child's maternal grandmother and I made further great vows:

1. Liberate 10,000 fish for the child within three months.
2. Continue introducing others to the Dharma, using the child's improvement as a testimony to inspire others.
3. I also vowed to spend 10,000 CNY printing Buddhist scriptures and other related materials.

In the meantime, Master Lu's Dharmakaya repeatedly appeared in the maternal grandmother's dreams to guide us. Master Lu once asked her, "Has the child recovered?"

The grandmother replied, "She is much better now."

On January 14, 2015, the child suddenly stopped having seizures. After observing her condition for more than a month, we decided that we must not reduce the number of Little Houses we offered. We continued offering seven every day and liberating fish twice a month. After the Qingming Festival, in May, we reduced the daily number to six Little Houses. We now repay her karmic creditors five Little Houses each day.

I want to use these undeniable facts to tell those who do not yet believe in Buddhism, as well as those who remain hesitant, to begin practising the Guan Yin Citta Dharma Door as soon as possible. In particular, people suffering from epilepsy should use the Three Golden Buddhist Practices to save themselves. You will surely succeed!

My osteoarthritis, which I had suffered from for more than 30 years, and my rhinitis have both improved completely. The maternal grandmother's heart disease has also improved.

On March 9, 2015, the child's maternal grandmother asked Master Lu in a dream how many more Little Houses were needed for the child's karmic creditors. Master Lu replied, "650."

On that same day, while burning incense during my morning prayers, I saw manifestations of many Bodhisattvas appearing at the Buddhist altar. These visions have continued to the present day. It was truly as if countless Buddhas had manifested within the light.

These manifestations remind us that we must firmly believe in the Guan Yin Citta Dharma Door and diligently cultivate our minds and practise the Dharma. The Bodhisattvas and our compassionate spiritual father, Master Lu, are silently saving us, people who suffer and have committed wrongdoings. They remind us to cultivate ourselves well in this lifetime, help more people, perform more meritorious deeds, serve as living examples of the Dharma, liberate more fish, and improve our moral character.

Our conduct, behavior, and personal example are extremely important. If we want to successfully introduce others to the Dharma, we must first set a good example ourselves. Only then can we succeed and inspire others to learn from us.

We have now recited more than 4,000 Little Houses for the child's karmic creditors.

In March, I began reducing the child's medication. During the Hong Kong Dharma Conference, she did not take any medication. She continued without medication after we returned. Her condition gradually improved. It was Guan Yin Bodhisattva who was saving the child!

I am deeply grateful to the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva. I am deeply grateful to my revered teacher, Master Lu.

According to the doctors' treatment plan, the child would have needed to remain on medication without interruption for nine years: the normal dosage for the first three years, a one-third reduction during the next three years, and a reduction by half during the final three years, with further adjustments depending on the patient's condition. Could the child ever have recovered under such a regimen?

My granddaughter's condition was extremely serious, and the hospital could not cure her for life. Yet, in less than two years of practising the Guan Yin Citta Dharma Door, she recovered. How can you say that it does not work? It is truly wonderful!

The Three Golden Buddhist Practices can therefore change your destiny and transform your fortune!

Although I have been practising the Guan Yin Citta Dharma Door for only two years, the benefits I have received are beyond words. It is miraculous! Gratitude! Gratitude! I will be forever grateful! I am also determined to attain spiritual fulfilment in this lifetime

and never regress from the path!

Shared by: J221
August 14, 2015

Comments

1. "More than two months later, I had a dream in which someone clearly told me in my right ear that there were two ghosts attached to the child." This experience illustrates Master Lu's teaching that epilepsy is fundamentally a spiritual illness. At present, karmic and spiritual illnesses cannot be diagnosed by mainstream medical doctors, as conventional medical training does not encompass this domain. Nevertheless, an increasing number of integrative and open-minded practitioners—spanning both Traditional Chinese Medicine (TCM) and Western disciplines—are beginning to recognize and identify such conditions across a variety of disorders, including leukemia, Ménière's disease, infertility, Alzheimer's disease (AD), idiopathic constipation, asthma, lumbar disc herniation, arthritis and psoriasis, neuromyelitis optica, and gaming addiction [10,20-27].

2. The practitioner's osteoarthritis and rhinitis, which had troubled her for more than 30 years, have both completely improved. The maternal grandmother's heart condition has also improved. Why did these changes occur? While helping the granddaughter repay her karmic debts, they were also repaying their own karmic debts. Once their karmic creditors received these offerings, they would cause them less harm than before, allowing their health conditions to improve significantly. The deep reason is that their osteoarthritis, rhinitis, and heart disease are caused by karma and spirits, so the Buddhist practice is effective.

3. Master Lu advises Buddhist practitioners to reduce their medication dosages gradually and safely, following their doctor's advice rather than adjusting the dosages on their own at home.

Discussion

1. Synthesis of Case Findings and Core Mechanisms

The four cases presented in this study, together with previous 3 publications [10,13,14], alongside the foundational Q&A guidance, provide empirical and qualitative support for the conceptual framework of epilepsy as a condition with deep spiritual and karmic underpinnings [**Figure 2**]. Across all four cases, patients experienced significant reductions in seizure frequency, duration, or total clinical remission following the systematic application of the Five Golden Buddhist Practices of the Guan Yin Citta Dharma Door.

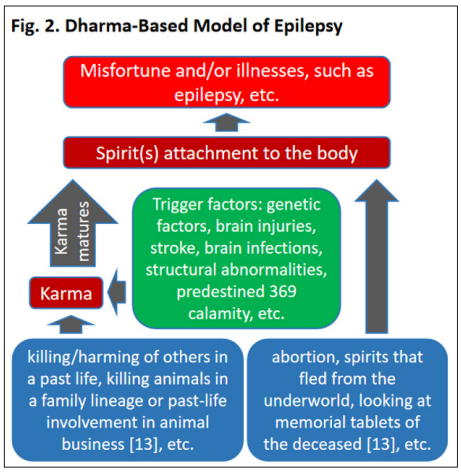


Figure 2: Dharma-Based Integrative Model of Epilepsy

The proposed framework establishes a distinct causal hierarchy that positions karma and foreign spirit attachments as the primary upstream root causes of epilepsy. Negative karma accumulated through past-life harming/killing, ancestral/family lineage involvement in animal slaughter or livestock business, or direct spirit invocation manifests as spirit attachments. Conventional factors—such as genetic predispositions, traumatic brain injury, stroke, central nervous system infections, structural brain abnormalities, and predestined 369 calamity age (e.g., ages ending in 3, 6, or 9)—act as downstream catalysts rather than primary drivers. These spirit attachments subsequently manifest as spiritual misfortunes and physical/neurological illnesses, including refractory epilepsy. Under this model, resolving underlying karmic debt through dedicated Dharma practices and assisting attached spirits to ascend are essential for achieving true recovery. Furthermore, epilepsy can be prevented by dissolving negative karma before it matures, while the accumulation of new karmic debt is prevented through strict adherence to the Five Precepts (refraining from killing, stealing, sexual misconduct, lying, and intoxicants).

Case 1. Febrile-Induced Seizures: Demonstrated rapid cessation of fever-induced convulsions within less than a year of reciting Little Houses, highlighting how repaying spiritual debts can neutralize the immediate trigger mechanisms.

Case 2. Long-Standing Seizures: Showed complete absence of seizures for nearly five months following attendance at a Dharma Conference, demonstrating the role of high merits and virtues and the Bodhisattva blessings of Dharma gatherings in resolving entrenched karmic debts.

Case 3. 52-Year Chronic Refractory Epilepsy: Revealed a dramatic drop in seizure frequency (from multiple times weekly to twice monthly), duration (from 1–2 minutes to a few seconds), and severity (from violent falls with postictal amnesia to brief, manageable episodes where the patient merely closed his eyes and remained standing) in a patient with over five decades of illness and cognitive decline. This demonstrates that spiritual remediation can yield profound therapeutic responses even in severe, long-standing, or intractable cases.

Case 4. Spasmodic Epilepsy: Illustrated a complete resolution of severe spasmodic epilepsy where the conventional prognosis offered only a 2% chance of recovery without severe intellectual disability. Beyond seizure freedom, the Dharma practice also led to the alleviation of comorbidities in family members (e.g., osteoarthritis, rhinitis, heart disease), reinforcing the systemic and lineage-wide nature of karmic clearance.

2. Medical Pathology versus Metaphysical Etiology

Modern medicine understands epilepsy primarily through neurophysiological mechanisms—specifically, abnormal hyper-synchronous neuronal discharges in the brain caused by structural, genetic, metabolic, infectious, or unknown etiologies. While antiseizure medications, surgery, ketogenic diets, and neuromodulation target these physiological pathways to suppress symptoms, they often do not address the primary upstream cause, particularly in drug-resistant or idiopathic cases.

Conversely, the Guan Yin Citta Dharma Door posits that epilepsy is fundamentally a spiritual illness driven by karmic retribution and spirit interference. Under this framework:

Seizure Manifestations: Episodes of convulsions, muscle spasms, loss of consciousness, or foaming at the mouth correspond to moments when external spirit entities (karmic creditors, aborted children, deceased relatives, or entities aggrieved by past killing karma) attach to or drag down the patient's soul.

Therapeutic Target: Rather than merely suppressing neuronal hyperexcitability, Buddhist practices aim to resolve the underlying metaphysical debt through making vows, reciting Buddhist scriptures, life liberation, repentance, etc. The recited Little Houses, acting as spiritual currency/energy, can be used for the karmic repayment. Once the spiritual grievances are settled, the spirit entity departs, resolving the physiological trigger at its true root.

3. Medical Pathology versus Metaphysical Etiology

Epilepsy exerts a heavy toll on psychological well-being, executive function, and quality of life. Individuals frequently suffer from comorbid psychiatric conditions, including mood disorder, anxiety, and heightened risk of suicidal ideation [28]. The unpredictable nature of seizures engenders a pervasive loss of personal agency, often placing patients in an external locus of control.

The integrative Dharma approach directly addresses these psychosocial burdens:

Restoration of Agency: Engaging caregivers and patients in daily recitation and ethical practices restores a sense of hope, purpose, and proactive control over the illness.

Holistic Well-Being: As observed in Case 4 and prior literature, resolving heavy karmic debts frequently yields secondary improvements in mental clarity, emotional stability, and comorbid somatic conditions.

4. Integrative Approach and Clinical Guidelines

It is vital to emphasize that Dharma practices are complementary to proper medical management. Master Lu's teachings explicitly caution against abrupt or unguided cessation of pharmaceutical prescriptions. Patients and caregivers are advised to maintain standard medical care while performing spiritual cultivation. As neurological parameters (EEG, MRI, clinical presentation) normalize, medication taper should occur gradually and strictly under the supervision of qualified physicians.

5. Dharma-Based Explanation of Several Epilepsy Phenomena

Several phenomena associated with epilepsy have puzzled the scientific community for years, with no convincing explanations. Even when explanations are proposed, they often seem strained or contrived. However, when viewed through the lens of the Dharma, these phenomena become much more coherent and comprehensible.

Spontaneous Remission: Spontaneous remission of epilepsy occurs in only a proportion of patients. Approximately 60% of children with epilepsy achieved complete remission over a follow-up period of up to 20 years. However, the study did not establish why some patients achieved remission while others did not [29].

From a Dharma perspective, this difference may be interpreted in terms of the varying weight of karma. Those who achieve remission may be understood as having relatively lighter karmic burdens, whereas those whose epilepsy persists may be understood as carrying heavier karmic burdens. The karmic debts of the former group may have been exhausted through their physical suffering, allowing remission to occur, while those of the latter group may not yet have been exhausted, and their seizures therefore continue.

An analogous example can be found in a previous study [30]. One pregnant woman ate sea animals during pregnancy, and her son developed eczema shortly after birth. Through Buddhist practice, she was able to help her son recover in a year. In another case, a woman who operated a sea animal restaurant in a previous life developed eczema shortly after birth in her present life. It took 3.5 years for her condition to resolve through Buddhism. These different outcomes reflect differences in the weight of karma, with lighter karmic burdens being eliminated more quickly than heavier ones.

Dreamy State: The "dreamy state" has been identified as a signal symptom of temporal lobe epilepsy, where it was characterized as an elaborate mental state [31]. From this definition, we can see how conventional scientific interpretations remain rooted in the assumption that brain structures determine mental experiences. From the Dharma perspective presented here, this limitation may reflect the inability of conventional scientific methods to detect the existence of the soul and the interference of external spirits.

The dreamy state occurs when a patient's soul cannot function normally because of spiritual harassment and may become partially detached from the body. This experience can sometimes manifest as "dreamlike dissociation," which reflects the experience of the soul temporarily separating from the body. This interpretation is reminiscent of Master Lu's account that the soul of a person with epilepsy may be dragged by a spirit to the underworld [13].

Other symptoms, including delusions accompanied by anxiety, complex audiovisual hallucinations, elementary auditory hallucinations, and metamorphopsia associated with an enlarging lesion in the lateral temporal lobe [31,32], may likewise be as either perceptions of the spiritual realm or manifestations of harm caused by spirits.

Sudden Unexpected Death in Epilepsy: SUDEP is the leading cause of epilepsy-related mortality [33]. Although postmortem examination in SUDEP reveals no structural or toxicological cause of death, pathophysiologically, it is typically characterized by a terminal cascade of seizure-induced respiratory failure, cardiac arrhythmia, and severe cerebral suppression [33-35]. From a scientific standpoint, this empirical explanation of SUDEP is appropriate, as modern scientific inquiry focuses primarily on material and observable phenomena.

From a Dharmic perspective, however, the mechanisms and significance surrounding the occurrence of SUDEP are interpreted quite differently.

Master Lu once enlightened us: "Prior to a person's physical passing, their soul has already departed; in fact, their soul has dissipated and been dragged down. Medical interventions, such as oxygen therapy or intravenous fluids, merely sustain the physical frame by force; in reality, the individual no longer possesses a soul. Though kept alive by a final breath, they have effectively been dragged down below [36]." Integrating His teachings that an individual's soul is pulled down to the underworld during an epileptic seizure, we can deduce the spiritual mechanism underlying SUDEP: the soul is dragged down to the underworld during the seizure and subsequently fails to return to the physical body. In Buddhist philosophy, death is defined as the ultimate separation of the soul from the body; thus, a body devoid of its

soul is inevitably bound for physical death [10].

Previous medical statistics show that SUDEP decedents have a median age at death of only 26 years, far lower than the average life expectancy of the general population [37]. Why do these individuals meet such a premature end?

First, from the Dharma perspective, their allotted lifespan has been exhausted. According to the *Sutra of the Terra Treasure*, the karmic retribution of killing leads directly to disease and short lifespans. Since epilepsy is predominantly driven by the karmic seeds of killing, a shortened lifespan becomes an inevitable outcome [**Figure 2**].

Second, unexpected death may occur during a seizure even before an individual's predetermined lifespan has been fully exhausted. For instance, a patient experiencing a seizure while eating might aspirate food into the airway, leading to choking, acute asphyxiation, and subsequent death [14]. Once irreversible physical death has occurred, the soul cannot re-enter or reactivate the body, even if it returns from the underworld. In Dharmic cosmology, an individual who perishes under such accidental or premature circumstances, the soul (now, it is called "spirit") may enter the City of the Dead in Vain (枉死城), a place in the underworld reserved for those whose lives died prematurely or unjustly. This physical pathway, encompassing seizure-induced respiratory failure, cardiac arrhythmia, and severe cerebral suppression, accounts for a notable subset of seizure-related fatalities and aligns closely with recognized physical causes of death in conventional medicine.

Whether driven by the exhaustion of lifespan or terminal physical complications, the probability of death increases sharply when patients reach critical age milestones associated with predestined 369 calamity (e.g., ages ending in 3, 6, or 9). During these critical periods, the likelihood of SUDEP is significantly higher than at other times; thus, heightened vigilance is warranted. The most effective approach is to proactively eliminate karmic obstacles and assist in ascending foreign spirits prior to and throughout these high-risk periods.

In the final analysis, karmic obstacles represent the fundamental root cause that claims the lives of SUDEP patients. Even when physical accidents serve as the immediate cause of fatalities, these individuals often lack sufficient merits and virtues (功德) to shield them from fatal outcomes during critical moments.

Epilepsy Comorbidity: The burden of comorbidities among people with epilepsy is substantial. Several conditions, including depression, anxiety, dementia, migraine, heart disease, peptic ulcers, diabetes, attention-deficit/hyperactivity disorder (ADHD), ASD, and arthritis, are more prevalent in people with epilepsy [38-41]. Scientists have attributed these comorbidities to shared risk factors, bidirectional relationships, and other interacting mechanisms [38]. However, from the Dharma perspective explored here, these explanations may not address what is considered the deeper underlying cause.

From this Dharma-based perspective, many of these conditions—including depression, anxiety, dementia, diabetes, ADHD, ASD, and arthritis—are interpreted as having spiritual or karmic causes [10-12]. The influence of spirits and the effects of karma are regarded as common underlying factors that may contribute to the coexistence of multiple diseases in the same individual.

Indeed, spiritual factors are proposed to account for the occurrence of multiple conditions in a single patient. In a case we previously reported, one patient experienced necrosis, Parkinson's disease, arthritis, depression, migraines, and pharyngitis, hepatitis C, and a marked discrepancy in the circumference of the two legs [42]. The patient recovered from all these conditions after applying Buddhist practices to address the perceived influence of spirits and karma. The simultaneous improvement was evidence that addressing a common underlying cause could lead to the resolution of multiple conditions.

Additionally, like other conditions frameable through a karmic or spiritual lens, such as chronic dermatological diseases, autoimmune diseases, psychiatric disorders, neurological diseases, oncological diseases, genetic disorders, spirit oppression (sleep paralysis), recurrent bone fractures, tourette syndrome, Guillain-Barré syndrome, lichen planus, gout, and trichiasis are also recognized as a karma-based spiritual conditions. Consequently, incorporating Dharma practice is essential for effective management [10-12,18,43-48].

These observations suggest a potential avenue for further discussion of epilepsy comorbidity through a Dharma-based framework.

6. Future Directions

Future studies would benefit from prospective design, systematic longitudinal tracking combining clinical neuroimaging/EEG records with structured logs of spiritual practices, and standardized quality-of-life assessments.

Conclusion

While conventional medicine provides essential diagnostic tools and symptomatic management for epilepsy, the Guan Yin Citta Dharma Door offers a profound metaphysical insight into its root etiology as a spiritual condition. The clinical narratives presented here demonstrate that addressing karmic debts through the Five Golden Buddhist Practices can lead to significant clinical improvement or complete recovery. Integrating spiritual remediation alongside conventional medical care presents a holistic, compassionate, and transformative path toward relieving suffering for patients with epilepsy and their families.

When unexpected or medically unexplained phenomena are examined through the lens of the Dharma, their true nature and underlying mechanisms become clear and logical. Consequently, an understanding of core Dharmic principles can serve as a valuable asset for mainstream medical professionals seeking a more comprehensive approach to patient care.

Acknowledgments

Dharma practitioners Shangen, Shanyuan, Rachel, and Purple assisted in the manuscript preparation process. Their work is greatly appreciated.

On Master Jun Hong Lu's blog, numerous healing experiences are documented. For the Chinese website, please refer to (http://www.lujunhong2or.com). For the English website, please refer to (https://guanyincitta.com). Without exception, these cases bear witness to the truth of the Dharma.

Conflict of Interest

None.

Financial Support
None.

Ethical Statement
The author did not participate in the study design, treatment procedures, or analysis of the reported outcomes. All the experimental procedures and practices by the presenters were done by themselves independently.

Statement by Translator and Writer
The 2 Q&As and 4 case presentations in the text were translated from Chinese to English based on their intended meaning rather than a word-for-word approach. The remaining portions of the paper were written based on my limited understanding of Guan Yin Citta Dharma Door. If there are any inaccuracies or deviations from the true meaning of the Chinese version, or if the content does not accurately reflect Master Lu's teachings, I sincerely seek forgiveness from the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva, all Buddhas and Bodhisattvas, Dharma Protectors, and Master Jun Hong Lu.

Artificial intelligence (AI) tools, including ChatGPT, Gemini, Grok, and Perplexity, were used to assist with translation from Chinese to English, reference duplication checking, and grammatical refinement of the manuscript. The author reviewed and verified all AI-assisted outputs and takes full responsibility for the final content. The assistance provided by these tools is gratefully acknowledged.

Disclaimer of Liability
The contents of the presentation, comments, and discussion, including text, images, and other information obtained from Dharma practitioners, are provided strictly for reference purposes. Due to the unique nature of individual karma, results similar to those experienced by the practitioner may not be replicated. The experiences and advice shared should not be construed as medical advice or a diagnosis.
In the event of an emergency, it is crucial to promptly contact your doctor or emergency services by dialing 911. Relying on any information found in this paper is done solely at your own risk. The author bears no responsibility for the consequences. By using or misusing the contents, you accept liability for any personal injury, including death. It is imperative to exercise caution and seek professional medical guidance for health-related concerns.

References
1. Fisher RS, Acevedo C, Arzimanoglou A, Alicia B, Cross JH, et al. (2014) ILAE official report: a practical clinical definition of epilepsy. Epilepsia 55: 475-482.
2. (2024) World Health Organization Epilepsy. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/epilepsy.
3. Scheffer IE, Berkovic S, Capovilla G, Mary BC, Jacqueline F, et al. (2017) ILAE classification of the epilepsies: Position paper of the ILAE Commission for Classification and Terminology. Epilepsia 58: 512-521.
4. Bishop M, Allen CA (2015) The psychosocial impact of epilepsy. In Clinical Manual of Epilepsy Springer, Cham 215-234.
5. Kwan P, Brodie MJ (2000) Early identification of refractory epilepsy. N Engl J Med 342: 314-319.
6. Kwan P, Arzimanoglou A, Berg AT, Brodie MJ, Hauser WA, et al. (2010) Definition of drug-resistant epilepsy: consensus proposal by the ad hoc Task Force of the ILAE Commission on Therapeutic Strategies. Epilepsia 51: 1069-1077.
7. Ryvlin P, Cross JH, Rheims S (2014) Epilepsy surgery in children and adults. Lancet Neurol 13: 1114-1126.
8. Kossoff EH, Zupec-Kania BA, Auvin S, Ballaban-Gil KR, Christina Bergqvist AG, et al. (2018) Optimal clinical management of children receiving dietary therapies for epilepsy: Updated recommendations of the International Ketogenic Diet Study Group. Epilepsia Open 3:175-192.
9. Fisher R, Salanova V, Witt T, Worth R, Henry T, et al. (2010) Electrical stimulation of the anterior nucleus of thalamus for treatment of refractory epilepsy. Epilepsia 51: 899-908.
10. Yang X (2024) Treating Rare and Intractable Diseases via Guan Yin Citta Dharma Door. Health Sci J 18:1137.
11. Yang X (2026) Life is Composed of Soul and Body. Haya Saudi J Life Sci 11: 59-87.
12. Yang X (2026) The Invisible Soul Governs the Thought and Health. J Life Sci Res Rev 4: 1-9.
13. Yang X (2025) Epilepsy: Etiology, Pathogenesis, and Cure. Neurosurgery and Neurology Research 2: 1-17.
14. Yang X (2026) Recovery from Epilepsy, Depression, and Autism. J Psychi Res Rev Rep 8: 1-8.
15. St Louis EK, Cascino GD (2016) Diagnosis of Epilepsy and Related Episodic Disorders. Continuum Minneap Minn Epilepsy: 15-37.
16. 卢军宏 (2014) 念经15天后患癫痫病男孩能坐起来了. 2014年10月30日《玄艺综述》
17. 卢军宏 (2012) 癫痫病如何念经? Wenda20121230B 02:58
18. Yang X (2026) Unmasking Sleep Paralysis: Spirit Oppression Is the Hidden Truth. J Neur Neurol Disord 5: 11-17.
19. Kwan P, Sander JW (2004) The natural history of epilepsy: an epidemiological view. J Neurol Neurosurg Psychiatry 75: 1376-1381.
20. Yang X (2025) Abortion: Unimaginable Consequences and Regret Medicine. Invest Gynecol Res Women's Health 5: 490-511.
21. Yang X (2024) Alzheimers Diseases are Reversible from a Dharma Perspective. Health Sci J 18: 1145.
22. Yang X (2025) Chronic Idiopathic Constipation: Etiology and Recovery. Biomed J Sci & Tech Res 61: 53413-53424.
23. Yang X (2024) Asthma Is Curable via Guan Yin Citta Dharma Door. Health Sci J 18: 1165
24. Yang X (2025) Lumbar Disc Herniation: Etiology and Recovery. WebLog J Orthop. wjor i2704.
25. Yang X (2026) Psoriasis Comorbidities: A TCM Practitioner's Healing Journey. J Immuno Immune Diso 1: 1-11.
26. Yang X (2026) Neuromyelitis Optica Stabilized through Dharma. J Immuno Res & Reports 6: 1-6.
27. Yang X (2026) Game Over: Reclaiming Life from Screen Addiction. J Psychi Res Rev Rep 8: 1-7.
28. Li Z, Gong J, Du Y, et al (2026) Validating the C-PHQ-9 suicide item against the C-NDDI-E for detecting suicidal ideation in Chinese adults with epilepsy. Epilepsy Behav 183: 111160.
29. Berg AT, Rychlik K, Levy SR, Testa FM (2014) Complete remission of childhood-onset epilepsy: stability and prediction over two decades. Brain 137: 3213-3222.
30. Yang X (2024) Eczema: Etiology, Recovery, and Prevention. WJDC 1: 1-16.
31. Sengoku A, Toichi M, Murai T (1997) Dreamy states and psychoses in temporal lobe epilepsy: Mediating role of affect. Psychiatry and Clinical Neurosciences 51: 23-26.
32. Hatano K, Shimizu T, Matsumoto H, Suzuki I, Hashida H (2019) Dreamy State, Delusions, Audiovisual Hallucinations, and Metamorphopsia in a Lesional Lateral Temporal Lobe Epilepsy Followed by Ipsilateral Hippocampal Sclerosis.

Case Rep Neurol 11: 209-216.

33. Fukushi I, Ozaki I, Pokorski M, Okada Y (2026) Astrocytes at the interface of peri-ictal breathing dysfunction and SUDEP. Front Netw Physiol 6: 1955271.
34. Nashef L, So EL, Ryvlin P, Tomson T (2012) Unifying the definitions of sudden unexpected death in epilepsy. Epilepsia 53: 227-233.
35. Ryvlin P, Nashef L, Lhatoo SD, Bateman LM, Bird J, et al. (2013) Incidence and mechanisms of cardiorespiratory arrests in epilepsy monitoring units (MORTEMUS): a retrospective study. Lancet Neurol 12: 966-977.
36. 卢军宏 (2015) 弟子开示 (第二册) 1. 灵魂与身体相辅相成
37. Verducci C, Hussain F, Donner E, Moseley BD, Buchhalter J, et al. (2019) SUDEP in the North American SUDEP Registry: The full spectrum of epilepsies. Neurology 93: e227-e236.
38. Keezer MR, Sisodiya SM, Sander JW (2016) Comorbidities of epilepsy: current concepts and future perspectives. Lancet Neurol 15: 106-115.
39. Doherty AJ, Harrison J, Christian DL, Boland P, Harris C, et al. (2022) The prevalence of comorbidities in epilepsy: A systematic review. British Journal of Neuroscience Nursing 18: 98-106.
40. He Z, Yang X, Li Y, Zhao X, Li J, Li B (2024) Attention-deficit/hyperactivity disorder in children with epilepsy: A systematic review and meta-analysis of prevalence and risk factors. Epilepsia Open 9: 1148-1165.
41. Lukmanji S, Manji SA, Kadhim S, Sauro KM, Wirrell EC, Kwon CS, Jette N (2019) The co-occurrence of epilepsy and autism: A systematic review. Epilepsy Behav 98: 238-248.
42. Yang X (2024) Healing Necrosis, Parkinson's, Arthritis, Depression, Migraines, and Pharyngitis via Dharma Practices. Int J Nurs Health Care Res 7: 1591.
43. Yang X (2026) Frequent Bone Fracture Resolved after Ascending Aborted Children. wjor b1409.
44. Yang X (2026) Tourette Syndrome: Etiology and Recovery. J Neurol Res Rev Rep 8: 1-9.
45. Yang X (2026) Guillain-Barré Syndrome: An Alternative Pathway to Recovery. J Immuno Res & Reports 6: 1-5.
46. Yang X (2026) Lichen Planus: Etiology, Treatment, and Clinical Remission. J Dermatol Res Rev Rep 7: 1-7.
47. Yang X (2026) Gout: Etiology and Recovery. J Tradi Med and Chin Med 4: 8-8.
48. Yang X (2026) Trichiasis: An Alternative Recovery Path. J Opto Opht Res 2: 1-9.

Copyright: ©2026 Xinghong Yang. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.