GEM THERAPY AND EPILEPSY

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ABSTRACT: The authors present in this paper the status of treatment and cause of epilepsy. They propose further research to be undertaken to document the data and a study of human magnetic aura followed by blood spectral studies. They have suggested that based upon these studies it should be possible to determine the cause of epilepsy and its treatment by the physical application of suitable precious and semi-previous stones followed by administration of Ayurvedic formulation.

Introduction

Epilepsy is a nervous disease in which the patient falls to ground unconscious, with or without convulsions. The disease is perhaps as old as humanity and even historic persons are known to have suffered due to this disease including St. Paul, Julius caesar, Nepolean and others. The disease manifests in different ways. In the grand malseizures – the patient falls down unconscious, his muscles become stiff, jaw clenched and body becomes rigid. The patient is in danger of biting his tongue. This phase is called tonic phase. Then follows clonic phase when the limbs begin to contract rhythmically. After this phase the patient lies limp and gradually recovers consciousness. Often he does not know what happened and wanders away in an attack of loss of memory. In petit mal i.e. little sickness – the attack may be hardly seen. The patient may be working when suddenly he may stoop and get dazed or confused for a second. Then carries his work. Sometimes he may feel localized twitching of the arm or keg. However, in what is called temporal epilepsy which involves the lobe under the temples, there is no obvious interruption of consciousness. The patient may suddenly stop his work and proceed to do something else, for no apparent reason. Then he may get back to do his first work, without afterwards knowing that he had changed to do his job.

Causes

The actual reasons of this disease is unknown. It is observed that this disease is hereditary. The effects also vary greatly. There may be patients who have experienced an attack of epilepsy once in their life there may also be patients who have had even ten attacks and may experience successive attacks leading to death. The latter condition is called ‘Status Epilepticus’. Fits are due to 1) Shortage of Sugar in the blood caused by an overdose of insulin. 2) Lack of oxygen to the system. 3) Uremia and 4) injury to brain from accident, tumours and meningitis.
It is also fact that true epilepsy does not show any of the above reasons. It just happens. It is conjectured that it may be due to altered chemistry of brain. But the exact nature of this is obscure.

**Data Insufficient**

Though it is reported that the disease has become alarming since one percent of Indian population is suffering due to this disease, the data on the disease are insufficient. The patients’ history, his family history, his food, his activity, frequency of attack, action taken to cure it etc. are not well documented. Hence, it is an urgent necessity to document such fundamental data on this disease. When once the data are documented it would be possible to deduce the cause. Further, the relationship between the development of nerves in a patient constantly suffering from shortage of sugar in blood from childhood may have a long effect, since it may be as near to congenital. For locating the disease to lack of oxygen to the system, an X-ray photograph of the lungs may be revealing as to the development of any dead tissues in the lungs due to calcareous deposits or some other causes. An examination of urine may indicate any shortage or excess of chemicals which may be related to this disease. History of the patient may reveal as to any injury received by him on head during his early life which might have caused injury to bring which may be revealed by X-ray studies of brain. Tumours etc may also be examined.

**Fundamental Cause**

In the absence of actual cause of epilepsy being known, it can only be deduced that since the disease is primarily due to defect in nervous system – it should be directly related to nervous development. The blood and nervous system cause essentially the human magnet, which may be called in other words, the human aura. Each person is having his characteristic aura. This cannot be photographed. But it may be possible to measure the intensity of human magnet, either by converting it into electric pulses or by direct means of instruments can be developed to measure such feeble fields. If the variations of the magnetic aura of the person could be measured at the time of epileptic attack, it may reveal whether it is caused by loss of oxygen or uremia or other causes if corroborated by data. In case it is due to shift in sugar balance in the blood, the disease can be remedied by administering proper food to gain sugar balance in the blood over a period of item. If it is due to shift in sugar balance in the blood, the disease can be remedied by administering proper food to gain sugar balance in the blood over a period of item. If it is not due to any of these causes but to trace metals in the blood which may only be detected by a spectrum of blood, then gem therapy may be resorted to begin with for ascertaining the cause and later to the administration of respective RATNA BHASMAS to bring out internal constitutional balance of the system.

**Methodology and Research**

First of all it is necessary to develop the patterns of human aura by magnetic map of the human system. Research in this direction needs to be advanced to prepare instruments which measure the feeble filed of human magnet. Then it is to be followed by study of the magnetic map of the standard human being which may be compared to that of the epileptic patients. It should be possible to ascertain the
abnormality of the magnetic field of epileptic patients since it is fundamentally a nervous disease. It is then that a remedy is possible to make alteration in such an abnormal magnetic pattern by introducing certain natural minerals into the human magnetic field by external applications. A piece of lodestone or natural magnet of suitable size applied to such a human body may show alteration in his magnetic field. If this is confirmed then suitable bhasmas made of such mineral may be administered to the patient. But one should not expect a change in one’s constitution immediately, for it is a long process to effect alteration of human magnet from changing nervous system. In such case, external application may be a cure. It is also a fact that when patients of epilepsy are having attacks they are given an iron bar or rod to hold. Instead, a suitable size of polished gem variety of lodestone (a variety of magnetite) set in a ring may be advised to be worn by the patient to get over the attacks. This experiment is not known to have been conducted so far.

In the second programme of research, if there is any abnormality of blood constitution, this has to be ascertained from the spectral patterns of patients’ blood against standard human blood spectrum. It is believed that shortage of copper traces in the human normal blood leads to nervous diseases, like for ex. Parkinson’s disease. If it is confirmed, then a copper mineral may be worn for testing the efficacy followed by direct administration of recipes made of such precious or semiprecious stones or metals, which should certainly bring relief to the patient.

Gem therapy is well known to the Ayurvedic school. But it has taken a back seat in the recent past. This can be revived by a suitable combination of modern mineralogy and Ayurveda. The field promises great and spectacular scope. It is to the singular credit of Ayurveda that it has been able to establish the utility of gems and their ashes prepared as per recognized procedures in order to cure deadly diseases.

**Vagbhata’s Recommendations**

Vagbhata has recommended vajra, nila, manikya, gomeda and tarksya in removing the diseases caused by imbalance of tridosha especially of tridosa especially of vataprakopa. Wearing the gem stones and administering their ashes in suitable medicines are recommended for getting over the disease. These gems may specially be employed in gem therapy of epilepsy or apasmara which is essentially due to vataprakopa. The cause of vataprakopa is to be determined by the methods mentioned already. If the cause of the disease epilepsy is traced to shortage of copper, lead, zinc, chromium, cobalt or precious metals including gold and silver, then suitable gems containing them may be prescribed to get over the sickness. For, ruby colour is due to traces of chromium, the colour of sapphire is due to traces of iron, the colour of pyrope garnet is due to iron and chromium, the colour of ed tourmaline (rubellite) is due to manganese, the colour of emerald is due to chromium and of jadeite is due to chromium and iron, the colour of turquoise is due to copper etc. etc Hence it is necessary to ascertain beforehand prescribing the gems the exact cause of the disease by resorting to the study of human magnetic aura and blood spectrum.
## Elemental composition of human blood

| Element                     | Symbol | Concentration mg/Lit. |
|-----------------------------|--------|-----------------------|
| Argon                       | A      | 0.10-0.72             |
| Aluminium                   | Al     | 0.0034-0.12           |
| Argentum (silver)           | Ag     | 0.0025-0.19           |
| Arsenic                     | As     | 0.042-0.042 meg/L     |
| Aurum (Gold)                | Au     | 0.04-0.74             |
| Boron                       | B      | 0.04-0.74             |
| Barium                      | Ba     | 0.041-0.095           |
| Beryllium/Glucinum          | Be/Gl  | □0.1-3.8meg/L         |
| Bismuth                     | Bi     | □0.002-0.023          |
| Bromine                     | Br     | 1.3-8.1               |
| Carbon                      | C      | 3000 atoms in each mol of Hb |
| Calcium                     | Ca     | 57.5-78.0             |
| Cadmium                     | Cd     | □0.0011-0.0074        |
| Cerium                      | Ce     | □0.002                |
| Chlorine                    | Cl     | 2590-3290             |
| Cobalt                      | Co     | 0.0003-0.099          |
| Chromium                    | Cr     | 0.0065-0.107          |
| Ceasium                     | Cs     | 0.003-0.0047          |
| Copper                      | Cu     | 0.64-1.23             |
| Dysprosium                  | Dy     | □0.008                |
| Erbium                      | Er     | □0.006                |
| Eropeium                    | Eu     | □0.004                |
| Fluorine                    | F      | 0.019-1.16            |
| Ferrum (iron)               | Fe     | 301-530               |
| Gadolinium                  | Gd     | □0.08                 |
| Gallium                     | Ga     | □0.08                 |
| Germanium                   | Ge     | 0.44-5                |
| Hydrogen                    | H      | 4800 atoms in each mol of Hb |
| Hafnium                     | Hf     | □0.006                |
| Hydargyrum (mercury)        | Hg     | □0.005-0.02           |
| Holmium                     | Ho     | □0.002 (Plasma)       |
| Iodine                      | I      | 0.015-0.072           |
| Indium                      | In     | □0.004 (Plasma)       |
| Iridium                     | Ir     | □0.004                |
| Potassium (kalium)          | K      | 1450-1920             |
| Lanthanum                   | La     | □0.006 (Plasma)       |
| Lithium                     | Li     | 0.0051                |
| Lutaoium                    | Lu     | 0.0006(Plasma)        |
| Element                  | Symbol | Concentration     |
|--------------------------|--------|-------------------|
| Magnesium                | Mg     | 27.1-45.5         |
| Manganese                | Mn     | 0.0016-0.075      |
| Molybdenum               | Mo     | 0.00095-0.075     |
| Nitrogen                 | N      | 780 atmcs in each mol of Hb. |
| Sodium                   | Na     | 4.78 gms/100 gms (erythrocytes) |
| Niobium                  | Nb     | \(\angle0.0047\)  |
| Neodymium                | Nd     | \(\angle0.001\)   |
| Nickel                   | Ni     | 0.0048-0.106      |
| Oxygen                   | O      | 870 atmcs in each mol of Hb. |
| Osmium                   | Os     | \(\angle0.005\)   |
| Phosphorous              | P      | 311-510           |
| Plumbum (lead)           | Pb     | 0.0088-0.40       |
| Palladium                | Pd     | \(\angle0.007\)   |
| Pollonium                | Po     | 0.22(fig/L)       |
| Platinum                 | Pt     | \(\angle0.04\)    |
| Radium                   | Ra     | 6.6 (fg/L)        |
| Rubidium                 | Rb     | 1.17-5.98         |
| Rhenium                  | Re     | \(\angle0.003\)   |
| Rhodium                  | Rh     | 0.006             |
| Ruthenium                | Ru     | \(\angle0.01\)    |
| Sulphur                  | S      | 1680-1930         |
| Stibnium (antimony)      | Sb     | 0.0012-0.0047     |
| Scandium                 | Sc     | 0.0076            |
| Selenium                 | Se     | 0.057-0.320       |
| Silicon                  | Si     | 1.2-8.9           |
| Samarium                 | Sm     | 0.008             |
| Stannum(tin)             | Sn     | 0.0085-0.29       |
| Strontium                | Sr     | 0.0016-0.095      |
| Tellurium                | Te     | \(\angle0.006\)   |
| Thorium                  | Th     | 0.0002-0.0005     |
| Titanium                 | Ti     | 0.028-0.1         |
| Thallium                 | Tl     | \(\angle0.009\)   |
| Thulium                  | Tm     | \(\angle0.002\)   |
| Uranium                  | U      | \(\angle0.006\)   |
| Vanadium                 | V      | 0.1-0.8 meg/L     |
| Wulframium (Tungsten)    | W      | 0.0079-0.058      |
| Yttrium                  | Y      | \(\angle0.006\)   |
| Ytterbium                | Yb     | \(\angle0.0047\)  |
| Zinc                     | Z      | \(\angle0.006\)   |
| Zirconium                | Zr     | 4.8-9.3           |
|                          |        | 0.0063-0.019      |
The concentration range of 77 elements in human blood is given above. The concentrations of the remaining elements are unknown.

The spectrometric analysis of human blood is a necessity to determine the concentration of the above elements in human blood of patients affected by severe diseases. Shortage or excess of the elements may be decided and cure may be effected by supplementing it in case of shortage or by external applications by wearing of gemstones of suitable concentration of the element in question or by internal administration of ashes by suitable ayurveda prescriptions.

**Conclusions**

It is the purport of this paper to direct the medical studies to advance research in human magnetic aura and blood spectrum. Both the fields are in the infant stage or are not contemplated yet if they are advanced, it may lead to greater and effective remedial measure clear many diseases including the disease of epilepsy.

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