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Review Article

Birthmarks and birth defects in the head and neck region and claims of past-life memories: Cases in Ian Stevenson's *Reincarnation and Biology*

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ARTICLE INFO

Keywords:
Birthmarks and birth defects
Congenital physical anomalies
Head and neck
Past-life memory
Reincarnation

ABSTRACT

In his massive two-volume monograph *Reincarnation and Biology,* Ian Stevenson included 75 cases with birthmarks and birth defects affecting the head and neck region of the human body. The present paper provides details of these 75 cases and compares them to 19 similar cases Laura Borges Kirschnick and colleagues found in a systematic review of journal publications. The reports in Stevenson's book are shown to be considerably longer (with a mean of 9 pages vs. 2.1 pages) and more detailed than those considered by Kirschnick et al. Moreover, the cases reported in journals were found not to be representative of those reported in *Reincarnation and Biology* on several variables. Reincarnation research is unusual among scientific disciplines in its use of book publications and Stevenson's books remain essential resources for the field. Literature reviews in this domain would therefore do well to take into account scholarly books as well as journals. A trustworthiness scale for reincarnation case studies is proposed as an assist to researchers in the construction of study samples.

Introduction

Recently in this journal, Laura Borges Kirschnick and colleagues[1] published a review of birthmarks and birth defects of the head and neck region in reincarnation cases, following the 2020 PRISMA guidelines for systematic reviews.[2]

Birthmarks and birth defects are known to have varying etiology, although the causes of many are not well understood.[3,4] This leaves open the possibility that some may derive from previous lives, as outlandish as that may sound.[5] Interestingly, birthmarks with an apparent past-life origin are of unusual types. In a prospective study of neonates in Thailand, a country that has been the focus of reincarnation studies,[6,7] the most common were Mongolian spots (66.7 %) and sebaceous gland hyperplasia (60.9 %). Salmon patches were the most common vascular birthmarks (36 %), with a much smaller incidence of infantile hemangiomas (1.1 %) and port wine stains (0.7 %).[8] In contrast, apparent reincarnation-related birthmarks are predominantly large macules and nevi, hypo- as well as hyperpigmented. Areas of alopecia (hairlessness) are frequent, especially on the head. Birth defects are nearly always of rare types.[5]

Although controversial, reincarnation is an appealing hypothesis in cases where birthmarks conform in location and appearance to fatal wounds or other scars on the body of deceased persons and subjects have veridical declarative memories of the deceased persons' lives. Typically, case subjects also exhibit implicit memories such as behaviors, emotions, and personality traits corresponding to the same deceased persons, strengthening the impression of reincarnation.[6, 7]

The foremost researcher in this domain was the late Ian Stevenson of the University of Virginia School of Medicine. Stevenson devoted the second half of his career to investigating and documenting what he called "cases of the reincarnation type" and in 1997 published a massive two-volume study, *Reincarnation and Biology,* devoted to congenital physical anomalies in cases of this kind.[9,10] *Reincarnation and Biology* includes reports of 225 cases Stevenson investigated in Asia, Africa, North America, and Europe. Most of the birthmarks and birth defects reflect mortal wounds, but many commemorate other types of scars, such as earring holes or tattoos; a few appear to be related to accidental postmortem lesions or intentional cadaver marking, a practice widespread in South Asia.[6,11]

Stevenson reported 12 cases with birth defects of the head and neck in a chapter in the second volume of his monograph,[10] but the two volumes together contribute reports of 75 cases with birthmarks or birth defects of the head and neck. In their systematic review of the periodical literature, Kirschnick et al. identified six publications with a total of 19 reincarnation cases with birthmarks or birth defects of the head or neck. Three of these cases, cited in a paper by Stevenson,[5] are described at greater length in *Reincarnation and Biology.* The purpose of the present study is to compare Kirschnick et al.'s sample with the greater number of

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https://doi.org/10.1016/j.explore.2023.10.011
Received 21 April 2023; Received in revised form 9 August 2023; Accepted 30 October 2023
Available online 31 October 2023

Table 1
Cases with birthmarks and birth defects of the head and neck region included in Ian Stevenson's *Reincarnation and Biology* [9.10].

Case no.	*[Reference] Volume: page nos. (number of pages)*	*Country where case occurred*	*S's name (sex)*	*Case features: RS, IL, SC, MC, S/U* [a]	*Location of birthmark (s) or birth defect(s) *also on other body regions*	*Features of S's birthmark(s) or birth defect(s) (size) (Photograph included)*	*Apparent past-life stimulus (Documented by medical and/or police reports)*
Top, Back, and Side of Head							
1.	[9] 1:1124–6 (3)	Thailand	Chamroon Kaochamnong (M)	F, 18 m, N, N, S	Top of head	Round, puckered, slightly hyper-pigmented area of alopecia (1 cm) (P)	Accidental postmortem injury to head
2.	10 2:1537–53 (16)	Myanmar	Than Htay (M)	A, 3.5y, N, Y, S	Top of head *	Round, puckered area of alopecia (2 cm) (P)	Clubbed on head with rifle butt
3.	9 1:816–23 (8)	Myanmar	Myat Myat Htwe (F)	S, ?, ??, Y, U	Top of head *	Roundish scar-like hyperpigmented area of alopecia (5 mm) (P)	Unknown, possibly from accidental blow to head from being thrown out of car
4.	10 2:1566–71 (5.5)	Myanmar	Than Htun Win (M)	S, ?, ??, Y, U	Top of head *	Roundish scar-like area of alopecia (3 cm) (P)	Unknown
5.	9 1:584–9 (6)	Nigeria	Linda Chijioke (F)	F, 13y, N, Y, S	Upper part of head	Circular blue-black line w/ shorter hairs than elsewhere (P)	Scar from carrying heavy loads on head
6.	9 1:522–6 (4)	Nigeria	Jacinta Agbo (F)	F, 10y, Y, N, S	Upper part of head	Circular line of alopecia extending around skull (variable width, 2–3.5 cm) (P)	Circular bandage applied after fatal blow to head, buried with body
7.	9 1:759–63 (4.5)	Turkey	Umar Khan (M)	S, ?, ??, Y, U	1 Above left ear 2 Parietal area of head	1 Puckered pinkish brown alopecia (5 mm) 2 Red-brown alopecia (1.5 × 1.2 cm) (P)	Unknown
8.	9 1:430–55 (25.5)	Turkey	Necip Ünlütaşkiran (M)	S, <7 m, N, Y, S	1 Left parietal area 2 Left parietal area *	1 alopecia (P) 2 alopecia (P)	Killed in knife fight (D)
9.	9 1:227–34 (7)	Myanmar	Aye Myint (F)	A, 12m?, Y, Y, S	Back of head *	Extensive hyperpigmented area of alopecia (15 cm x 9 mm), suppurating at birth (P)	Unknown
10.	9 1:234–47 (12.5)	India	Nirankar Bhatnagar (M)	S, 4y, N, Y, S	Back of head	Hyperpigmented area of alopecia (P)	Hit on head with lathi (bamboo pole)
11.	9 1:250–63 (13.5)	Myanmar	Zaw Thein Win (M)	S, 2.5y, N, Y, S	Back of head	Round, hyperpigmented area of alopecia (2 cm), suppurating at birth (P)	Accidental fall, may have struck head
12.	10 2:1429–42 (13)	Turkey	Süleyman Çapar (M)	S, 5y, N, Y, S	Back of head	Depressed and soft area, with poor hair growth (P)	Fatal blow to back of head (D)
13.	10 2:1442–54 (12)	Turkey	Mehmet Samioğlu. (M)	S, 5d, N, Y, S	Back of head	1 Meningocele, closed through operation (P) 2 Area of alopecia (P)	1 Gunshot (D) 2 Blow from blunt instrument (D)
14.	10 2:1454–66 (12)	Myanmar	Myo Min Thein (M)	S, 17y, N, Y, S	Back of head	Small area of alopecia (6 mm), depressed 1–2 mm (P)	Blow from heavy door bolt
15.	9 1:263–9 (6)	Brazil	Yvonne Erlich (F)	F, 9y, N, Y, S	1 Temple 2 Back of head	1 round area of erythema, faded by 12 m (4 cm) 2 round area of erythema (4 cm) (P)	Wounds in temple and back of head received during bombing raid
16.	9 1:882–6 (4)	United States (Alaska)	Frank Dudley (M)	F, c.34y, N, Y, S	1 Underside of chin 2 Top of head	1 Round puckered dark macule (1.5 cm) (P) 2 Faded red area	1 Bullet entry point 2 Bullet exit point
17.	9 1:300–23 (22.5)	Thailand	Chanai Choomalaiwong (M)	S, 6y, N, Y, S	1 Left forehead near hairline 2 Back of head	1 Irregular area of alopecia (2 × 5 cm) (P) 2 Round hyperpigmented area of alopecia (5 mm) (P)	1 Bullet wound of exit 2 Bullet wound of entry
18.	9 1:519–22 (2.5)	Japan	Susuma Ogura (M)	F, 13 m, N, N, S	Behind right ear	Line of alopecia (3 cm x 5 mm) (P)	Scar from surgical incision
19.	9 1:764–83 (19.5)	India	Juggi Lal Agarwal (M)	S, 10 m, N, Y, S	Behind right ear	Line of increased pigmentation (1.5 cm x 1 mm) (P)	Inflammation behind right ear following nonfatal blow to head
20.	9 1:491–503 (11.5)	Turkey	Dellâl Beyaz (F)	A, 1 m, N, Y, S	Back of head	Round area of alopecia (1 cm) (P)	Accidental fall on head (D)
21.	9 1:503–8 (5)	Canada (BC)	Wilfred Meares (M)	A, <5 m, N, Y, S	Back of head	Area of alopecia (2 cm x 5 mm) (P)	Accidental fall from car (D)
22.	10 2:1579–89 (10)	Thailand	Thiang San Kla (M)	S, 15 m, N, Y, S	Back of head *	Verrucous epidermal nevus (5–6 cm x 1–1.5 cm) (P)	Blow to back of head from heavy knife
23.	9 1:468–91 (23)	India	Sunita Khandelwal (F)	S, 18 m, N, Y, S	Right side of head	Round elevated area of alopecia (2.5 cm) (P)	Accidental fall (D)
24.	10 2:1482–89 (7)	Myanmar	Hmwe Lone. (F)	A, 1y, Y, Y, S	Left side of head	1 Irregular area of alopecia, scar tissue (P) 2 Facial asymmetries due to lax muscles on left side of face (P)	Fatal blow with sword to left side of head
25.	9 1:212–27 (15)	Myanmar	Aye Kyaw (M)	S, 10 m, N, Y, S	Left side of head	Depressed, puckered area of alopecia (3 × 1 cm) (P)	Shot in head

(*continued on next page*)

Table 1 (*continued*)

Case no.	*[Reference] Volume: page nos. (number of pages)*	*Country where case occurred*	*S's name (sex)*	*Case features: RS, IL, SC, MC, S/U* [a]	*Location of birthmark (s) or birth defect(s) *also on other body regions*	*Features of S's birthmark(s) or birth defect(s) (size) (Photograph included)*	*Apparent past-life stimulus (Documented by medical and/or police reports)*
Forehead, Eyes, Nose, Lips, Mouth, and Chin							
26.	9 1:1126–8 (2)	Myanmar	Pyone Yi (F)	F, 12 m, N, Y, S	Center of forehead	Lenticular line of hyperpigmentation (1 cm x 4 mm) (P)	Postmortem injury to head
27.	9 1:1074–8 (3.5)	India	Mira Devi Sharma (F)	S, 15y, N, Y, S	Center of forehead	Lenticular line of hyperpigmentation (1 cm x 3 mm) (P)	Unknown
28.	10 2:2041–58 (17)	United Kingdom	Jennifer Pollock (F)	F, 17 m, N, Y, S	Forehead, above right eye	Oval area of erythema (1 cm x 6 mm) (P)	Scar from healed wound
29.	9 1:650–9 (9)	Myanmar	Khin Hsann Oo (F)	A, 6.5 m, Y, Y, S	Forehead and right cheek *	3 large hyper-pigmented nevi (P)	Accidental burns
30.	9 1:708–13 (5.5)	United States (Alaska)	Dorabeth Crosby (F)	F, 3y, N, R, S	Forehead *	Puckered scar-like area (1.5 × 1 cm) (P)	Scar from nonfatal wound to PP
31.	9 1:1032–43 (11.5)	India	Bhagwan Dhin Sharma (M)	S, 6 m, N, Y, S	1 Center of forehead, above nose 2 Parieto-occipital area of head *	1 Vertical mark (1.5 cm x 2–3 mm) (P) 2 Line of alopecia (3 cm x 3 mm) (P)	Fatal blows by lathi to face and head.
32.	10 2:1589–97 (8.5)	Thailand	Ariya Noikerd (F)	F, 12 m, Y, N, S	Left side of face and head	Extensive nevus flammeus (P)	Vehicular accident leaving blood on left side of face and head, not removed before cremation
33.	9 1:362–381 (19.5)	Lebanon	Tali Sowaid (M)	S, 6 w, N, Y, S	1 left cheek 2 right cheek	1 circular formation of hyperpigmented macules (P) 2 ditto (P)	1 Bullet entry 2 Bullet exit (D)
34.	9 1:526–30 (4)	Myanmar	Nyunt Win (M)	A, 12 m, N, Y, S	Right cheek	Round hairy nevus (1.2 cm) (P)	PP had cyst on right cheek
35.	9 1:683–97 (13.5)	India	Sanjeev Sharma (M)	F, 6 m, Y, Y, S	Left cheek	2 white hairs (P)	PP had white hairs in same place
36.	9 1:1023–7 (3.5)	India	Rajani Sukla (F)	F, 18 m, N, N, S	Above left eye	Slightly puckered line extending from hairline to left eyebrow (5–6 cm x 4–5 mm) (P)	Accidental injury from falling off bicycle (D)
37.	9 1:544–61 (17)	India	Santosh Sukla (F)	A, 3y, N, Y, S	Left side of left eye	Prominent arterioles (P)	PP had arterioles in both eyes, more prominent in left
38.	9 1:576–81 (5.5)	Myanmar	Chit Chit Than (F)	F, 12 m, N, Y, S	Upper eyelid of right eye and surrounding forehead	Nevus flammeus (P)	Accidentally spilled red-colored medicine
39.	10 2:1489–97 (8)	United States (Alaska)	Sylvia Hirst Ewing (F)	F, 6y, N, Y, S	Right eye and root of nose	Sinus (1–2 mm) (P)	Recurring styes in right eye of person whose life was recalled, producing sinus
40.	9 1:870–1 (1)	Myanmar	Khin Nyo Htwe (F)	F?, ?, ??, ?, S	Between eyebrows, extending onto nose	Irregular largish dark macule (P)	Cadaver mark (experimental birthmark) with soot
41.	9 1:950–6 (6)	United States (Alaska)	Corliss Chotkin, Jr. (M)	F, 18 m, N, Y, S	Right side of nose *	Depressed, puckered, hyperpigmented but red at birth (P)	Scar from removal of tear duct sac on right side of nose (D)
42.	10 2:1970–2000 (30)	Sri Lanka	Indika Ishwara (M)	S, 3.8y, N, Y, S	Left nostril	Nasal polyp (P)	Irritation from nasal feeding tube inserted for 3 days before death.
43.	10 2:1475–82 (7.5)	United States (Alaska)	Timothy Curran (M)	F, 6y, N, N, S	Lower lip	Left-sided cleft lip	Gunshot to jaw or lip
44.	9 1:641–50 (9);10 2:1904–5 (2)	Myanmar	Mhat Tin (M)	S, 9m?, N, Y, S	Lower lip*	Abnormally large lip (P)	Lip biting when executed by firing squad
45.	9 1:633–6 (3.5)	Canada (BC)	Antionette Jacobson (F)	S, ?, ??, N, U	Lower lip	2 small holes which latter closed, leaving dimples (P)	Unconfirmed, but likely labret worn by PP.
46.	10 2:1466–75 (8.5)	Myanmar	Htoo (M)	F, 2y, ??, Y, S	1 Lower lip 2 Palate	1 Cleft lip, repaired (P) 2 Cleft palate (P)	Leprosy leading to ulcerated mouth and nose
47.	10 2:1512–37 (25.5)	Myanmar	M. A. T. (M)	A, 21 m, N, Y, S	1 Lower lip 2 Tongue *	1 Cleft (P) 2 Shortened (P)	1 Cut to lower lip 2 End of tongue sliced off
48.	10 2:1497–509 (12)	Myanmar	Tint Aung (M)	F, 18 m, N, Y, S	Mandible	1 small mandible that cannot be opened fully (micrognathia) (P)	Execution by hanging, which had to be performed twice because the rope slipped on the first occasion
Ears							
49.	10 2:1382–1403 (21.5)	Turkey	Semih Tutuşmuş (M)	A, ?, N, Y, S	Right external ear	Markedly malformed, underdeveloped (unilateral microtia) (P)	Gunshot to right ear (D)
50.	10 2:1403–10 (7)	Myanmar	Myint Soe (M)	F,18 m, N, Y, S	Left external ear	Preauricular appendage outside concha (P)	PP had similar appendage near left ear
51.	10 2:1410–24 (14.5)	Sri Lanka	Ruvan Ratanuga (M)	S, 5y, N, Y, S	Left external ear	Helix flattened anteriorly (P)	PP had similar deformity of left ear

(*continued on next page*)

Table 1 (*continued*)

Case no.	*[Reference] Volume: page nos. (number of pages)*	*Country where case occurred*	*S's name (sex)*	*Case features: RS, IL, SC, MC, S/U* [a]	*Location of birthmark (s) or birth defect(s) *also on other body regions*	*Features of S's birthmark(s) or birth defect(s) (size) (Photograph included)*	*Apparent past-life stimulus (Documented by medical and/or police reports)*
52.	10 2:1425–29 (4)	Myanmar	Kyaw Myint (M)	A, 3y, N, Y, S	Left external ear	Marked deformity, with pinna much smaller than right ear (P)	Injury from fall
53.	9 1:1110–8 (8)	Myanmar	Thoung (F)	A, 8 m, Y, Y, S	1 Behind right ear 2 Right ear lobe	1 transverse depression 2 malformation of ear lobe (P)	Beheading with sword
54.	9 1:590–602 (12)	India	Pratima Saxena (F)	F, 20y, N, Y, S	1 Top of pinna of right ear 2 Top of pinna of left ear	1 Round hyperpigmented macule (1.5 mm) (P) 2 Faded shortly after birth	1 Earring hole 2 Earring hole
55.	9 1:602–5 (3)	India	Arya Brushan (M)	S, ?, ??, N, U	1 Left ear pinna helix 2 Right ear pinna helix	1 2 translucent pits (P) 2 2 translucent pits	1 Earring holes 2 Earring holes
56.	9 1:606–9 (3.5)	Myanmar	Nyunt (M)	S, ?, N, Y, U	1 Back of left ear helix (P) 2 Back of right ear helix (P)	1 Pit (2 × 1 x.05 mm) (P) 2 Pit (2 × 1x.05 mm) (P)	1 Earring hole 2 Earring hole
57.	9 1:609–15 (6.5)	Myanmar	Htwe Yin (F)	S, ?, Y, Y, U	1 Top of left ear helix 2 Top of right ear helix	1 Hole (2 × 1 mm) filled after birth) (P) 2 Hole (filled after birth) (P)	1 Earring hole 2 Earring hole
58.	9 1:615–22 (6.5)	Sri Lanka	Chinta Chandrasiri (F)	S, ?, ??, N, U	1 Outer surface of helix of left ear 2 Outer surface of helix of right ear 3 Center of forehead	1 Hole (2 × 1 mm) filled after birth (P) 2 Hole(2 × 1 mm) filled after birth (P) 3 Red circular mark (1 cm)	1 Earring hole 2 Earring hole 3 Possible tilak mark
59.	9 1:625–30 (5)	Canada (BC)	Edward Taylor. (M)	F, 18 m, SS. Y, S	1 Back of helix of left ear 2 Back of helix of right ear	1 Shallow pit (4 × 1 mm) (P) 2 Shallow pit (4 × 1 mm) (P)	1 Earring hole 2 Earring hole
60.	9 1:630–1 (1)	Canada (BC)	George Tomlinson (M)	F, 13y, N, N, S	1 Back of helix of left ear 2 left ear lobe 3 Back of helix of right ear 4 right ear lobe	1 3 hyperpigmented marks 2 dimple 3 3 hyperpigmented marks 4 dimple	1 Earring holes 2 Earring hole 3 Earring holes 4 Earring hole
61.	9 1:631–33 (2)	Canada (BC)	William Tolmie (M)	F, ?, N, N, S	1 Helix of left ear 2 Helix of right ear	1 3 hyperpigmented marks on both sides of helix 2 3 hyperpigmented marks on both sides of helix	1 Earring holes 2 Earring holes
62.	10 2:1906–11 (5.5)	Myanmar	Soe Tun (M)	S, 6 m, Y, Y, S	1 Right eye 2 Right ear lobe 3 Left ear lobe	1 Right palpebral fissure shorter than left (P) 2 Birthmark (faded) 3 Birthmark (faded)	1 Cataracts, corrected through operation. 2 Earring hole 3 Earring hole
63.	10 2:1911–3 (2.5)	Myanmar	Win Hla (M)	A, 9 m, Y, N, S	1 Left eye 2 Right ear lobe 3 Left ear lobe*	1 Left palpebral fissure shorter than right (P) 2 Birthmark 3 Birthmark	1 PP had shorter palpebral fissure on left than right 2 Earring hole 3 Earring hole
64.	10 2:1644–5 (1.5)	Senegal	Tadé Sarr (M)	F, ?, ??, N, S	Pinna of left ear	Large part of upper helix absent (P)	Postmortem mutilation
65.	10 2:1446–7 (2)	Senegal	Wagane Sene (M)	F, 5y, Y, N, S	Pinna of left ear	Large part of upper helix absent (P)	Postmortem mutilation
66.	10 2:1648–50 (2.5)	Senegal	Sedar Diouf (M)	F, ?, N, N, S	Left ear lobe	Hole in lobe (1.5 mm) (P)	Postmortem mutilation
Neck							
67.	9 1:907–10 (3)	India	Ravi Shankar Gupta (M)	S, 4 m, N, Y, S	Top of neck, inferior surface of chin	Linear area of hyperpigmentation (5 cm x 5 mm) (P)	Near decapitation by razor
68.	9 1:197–202 (5.5)	Myanmar	Myint Aung (M)	S, ?, ?, Y, U	Front of neck	Linear area of hyperpigmentation (10×1 cm) (P)	Unknown, but likely suicide by cutting throat
69.	9 1:350–62 (12.5)	Turkey	Metin Köybaşi (M)	F, 5 m, N, Y, S	1 right side of neck 2 left side of neck	1 elevated, hyperpigmented (P) 2 hyperpigmented macule & hypopigmented papules (P)	Gunshot to neck. 1 entry wound 2 exit wound (D)
70.	9 1:728–45 (17.5)	Turkey	Cemil Fahrici (M)	F, <3d, N, Y, S	1 Upper right neck 2 Left parietal scalp	1 Scar with alopecia, bleeding at birth. (2 × 1 cm) (P) 2 linear area of alopecia (2 × 2 cm)	1 Entry point for gunshot suicide 2 Exit point for gunshot suicide
71.	9 1:783–90 (7)	India	Navalkishore Yadav (M)	F, 4–8 w, N, Y, S	Back of neck below hairline	Area of erythema (5 × 6 cm) (P)	Accidental cut to neck postmortem
72.	9 1:813–16 (3)	Myanmar	Tin Tun (M)	S, ?, N, Y, U	Back of neck	Roundish hyperpigmented macule (3–4 cm) (P)	Unknown, but likely cadaver mark
73.	9 1:1062–9 (7)	India	Suya Bilat (M)	S, ?, N. Y, S	Back of neck *	Linear vertical area of hypopigmentation (11×2 cm)	Unknown. Discrepant. (D)

(*continued on next page*)

Table 1 (*continued*)

Case no.	*[Reference] Volume: page nos. (number of pages)*	*Country where case occurred*	*S's name (sex)*	*Case features: RS, IL, SC, MC, S/U* [a]	*Location of birthmark (s) or birth defect(s) *also on other body regions*	*Features of S's birthmark(s) or birth defect(s) (size) (Photograph included)*	*Apparent past-life stimulus (Documented by medical and/or police reports)*
74.	9 1:839–52 (13)	Myanmar	Choi Hnin Htet (F)	F, ?, N, Y, S	Left side of back of neck *	Irregular area of erythema (2.5 cm) (P)	Cadaver mark with red lipstick
75.	[9 1:714–5 (2)	Myanmar	Yin Maung (M)	A, 12 m, N, Y, S	Back of base of neck	Raised dark brown nevus (5 mm) (P)	PP had slightly larger nevus in same place

D = documented by medical and/or police records. F = female. M = male. P = photograph. S = case subject

a Case features: Relationship Status (RS): A(cquaintance), F(amily), S(tranger). Intermission Length (IL): y(ears), m(onths), w(eeks), d(ays). Sex Change (SC): Y/N. Memory Claims (MC): Y/N, R(ecognition only). S(olved)/U(nsolved)., *Has birthmarks or birth defects in other body regions as well.

comparable cases in *Reincarnation and Biology*.

Part of my intent is to draw attention to the large number of reincarnation case reports in scholarly books, as opposed to journals. Stevenson published the bulk of his reports in books. This was in part because adequately describing many cases required more space than most journals permit. Also, Stevenson studied many more cases than journal publication would support. The relative paucity of reincarnation case reports in journals as opposed to books would be of little concern if the cases reported in journals were representative of all cases published, however, so I also want to see if Kirschnick et al. reached conclusions they would have reached had they considered the 72 additional cases with birthmarks and birth defects of the head and neck reported in *Reincarnation and Biology*. I will anticipate my findings and say at the outset that they do not. Because I am not attempting a systematic review of the subject of birthmarks of the head and neck reported in books, and am only trying to draw attention to the importance of including book as well as journal publications in reviews of reincarnation case research, I will limit my analysis to *Reincarnation and Biology*. In my conclusion, I discuss steps that may be taken to make access to the wider reincarnation literature easier than it presently is.

Abbreviations

Henceforth, I abbreviate *Reincarnation and Biology* as *R&B*.

In order to avoid overusing the term "birthmarks and birth defects," I will sometimes refer to them as congenital physical anomalies (CPAs). The CPA label encompasses a wider range of physical traits, such as internal diseases, facial structure and eye form, and skin color, that feature in some reincarnation cases.[10] However, this paper focuses on birthmarks and birth defects properly speaking, following the concern of Kirschnick et al.[1]

A reincarnation case typically has a subject (S), the person who recalls a previous life and/or bears CPAs related to a deceased person, designated the previous person (PP) of the case.

Other abbreviations, confined to Tables 1 and 2, are defined in Tables 1 and 2.

Method

I searched both volumes of *R&B* for cases with birthmarks and birth defects of the head and neck and coded them for the data presented in Table 1 of Kirschnick et al.—source, country in which the case occurred, and S's name and sex, along with details of the location and nature of the CPAs and their relation to the PP. Like Kirschnick et al., I noted whether or not a PP's wounds were documented in police or medical reports. I also coded length of report (in pages), relationship between S and PP (family, acquaintance, or stranger), length of the "intermission" between lives, presence or absence of declarative memory claims, and whether or not cases were "solved" (a PP was satisfactorily identified). I noted the inclusion of photographs in the case reports as well. These additional variables are discussed by Kirschnick et al., although not recorded in their Table 1.

Despite the titular suggestion that all cases in the sample of Kirschnick et al. included "claims of past-life memories," this is not so; two of their 19 cases are what Jürgen Keil[12] called "silent cases," with the PP identified on the basis of dreams or other signs. I followed the practice of Kirschnick et al. in cataloging all cases in *R&B* with birthmarks or birth defects, regardless of whether or not the S made memory claims. After coding and tabulating cases with birthmarks and birth defects of the head and neck in *R&B*, I returned to Kirschnick et al.[1] and compared my findings with theirs. In order to accomplish this satisfactorily, I examined the six journal papers they referenced and recoded their 19 cases on all the variables I coded in relation to *R&B*.

Results

Birthmarks and birth defects in Reincarnation and Biology

Table 1 lists the 75 cases with birthmarks and birth defects in the two volumes of *R&B*. The 75 cases represent about 33 % of the 225 cases in the monograph. The reports range in length from one page to 30 pages, with a mean of about 9 pages. The cases derive from 13 countries in Asia, Africa, North America, South America, and Europe. The African and North American cases involve indigenous peoples.

Ss were male (sex assigned at birth) in 50 cases (67 %) and female in 25 cases (33 %). This roughly 2:1 preponderance of males tracks well with the proportions of the sexes in Stevenson's collection as a whole.[13] In 30 cases (40 %) there was a (sometimes distant) genetic family relationship between the S and PP, in 14 cases (18.5 %) there was an acquaintance relationship (including marital affines), and in 30 cases (40 %) there was a stranger relationship. In one case (Case 40, 1.5 %) the relationship was unclear, but was likely either family or acquaintance. Ss claimed to remember something of the previous life in 58 cases (77 %). Ss recalled nothing of the previous life in 15 cases (20 %), the identifications being made through dreams, behaviors, or physical traits alone; in one case without memory claims (Case 30, 1.5 %), the S recognized someone from the previous life. The PP was identified (the case was solved) in 67 cases (89 %), but not identified in 8 cases (11 %). The median duration of the period between lives of the 57 cases where the length of the intermission could be determined, at least approximately, was 18 months, slightly longer than the 15-month median for a series of 616 cases from Stevenson's collection.[13]

Cases are grouped in four categories, according to the location of the birthmark or birth defect (or when there are multiple instances in a given case, the most significant one)—Top, Back, or Side of Head (25 cases, 33 %), Face, Eyes, Nose, Lips, Mouth, and Chin (23 cases, 31 %), Ears (18 cases, 24 %), and Neck (9 cases, 12 %). There were multiple CPAs in the head and neck region in 26 cases (34 %). In 15 cases (20 %, marked with an asterisk), there were CPAs affecting body regions other than the head and neck. Photographs of the CPAs were supplied in 71 cases (95 %). Stevenson was able to obtain written documentation (usually postmortem reports or autopsies) of the PP's wounds in 13 cases (17 %).

Details of the size and appearance of the CPAs, as well as the nature of mark on the PP's body to which they conform, are given in Table 1. In only a single instance (Case 73) is there a notable discrepancy between

Table 2
Cases with birthmarks and birth defects of the head and neck region reported in journal articles and included in Kirschnick et al. [1]..

Case no. ([Table 1 Case No.)	[Reference] Source, date, pages (no. of pages)	Country where case occurred	S's name (sex)	Case features: RS, IL, Y, MC, S/U [a]	Location of birthmark(s) or birth defect(s) *also on other body regions	Features of S's birthmark(s) or birth defect(s) (size) (Photograph)	Apparent past-life stimulus (Documented by medical reports)
Top, Back, and Side of Head							
1.	[15] Pasricha et al. 2005, 369 (0.20)	Turkey	N. D. (F)	S, ?, ?, Y, S	1 Top of head (2 × 5 cm) 2 Beneath chin (0.7 cm)	1 Hypopigmented 2 Hyperpigmented	Bullet wounds of entry (2) and exit (1)
2.	16 Pasricha 1998, 284–8 (4)	India	Giriraj Soni (M)	S, 8 m, N, Y, S	Parietal area of head (2 cm)*	Roundish hairless area (P)	Incision
3.	15 Pasricha et al. 2005, 364–6 (2)	India	N. K. (M)	S, 4y, N, Y, S	Temporoparietal area (7.5 × 2 cm) *	verrucous epidermal nevus, hyperpigmented (P)	Killed by axe blow to head.(D)
4.	15 Pasricha et al. 2005, 377–80 (2.5)	Turkey	A.D. (M)	S, ?, N, Y, S	Two small birthmarks on head *	One only visible when investigated, 15+ years after birth.	Building collapse (D)
5.	16 Pasricha 1998, 274–7 (3)	India	Kuldip Singh (M)	S, 8 m, N, Y, S	Two regions of occipitoparietal area of head (1 × 1 cm)	Hyperpigmented hairless areas (P)	Murder by blows to head (D)
6	16 Pasricha 1998, 266–9 (2.5)	India	Krishan Chaudri (M)	S, 5y, N, Y, S	Right cheek, behind right ear (0.2 × 4 cm)	Irregular in shape, slightly raised; dark brown in color	Struck in face by wooden beam
7. (22)	8 Stevenson 1993, 407 (1)	Thailand	Not given (M)	F, ?, N, Y, S	Back of head*	Verrucous epidermal nevus (P)	Struck on the head with a heavy knife
Face, Eyes, Nose, Lips, Mouth, and Chin							
8. (17)	8 Stevenson 1993, 408–9 (1)	Thailand	Not given (M)	?, ?, N, Y, ?	1 Front of head 2 back of head	1 Irregular and large 2 round and small (P)	Bullet wounds of entry and exit from being shot from behind
9.	16 Pasricha 1998, 261–3 (3)	India	Rajani Singh (F)	F, 5 w, N,Y, S	Forehead *	Hairless area of hypopigmentation (P)	Burn from self-immolation
10.	16 Pasricha 1998, 266–9 (2.5)	India	Deepak Babu Misra (M)	S, 5 w, N, Y, S	1 Forehead (2.5×.5 cm) 2 Bridge of nose (4 × 1 cm)	1 Longitudnal mark 2 Transverse mark	Knife wounds
11.	12 Keil 1996, 479 (1)	Turkey	Cingiz Elma (M)	S, ?, N, N, S	Eyes *	Bleeding at birth; did not open for several days	Identified as a soldier who was tortured and killed
12.	11 Tucker & Keil 2005, 279–80 (1)	Thailand	P. S. (M)	F, 15 m, N, N, S	Left jaw	Dark brown (P)	Experimental birthmark
13.	17 Haraldsson 2000, 82–92 (11)	Sri Lanka	Chatura Karunaratne (M)	S, 3y, N, Y, S	1 lower jaw (1 cm) 2 below jaw (1 cm) *	1 hyperpigmented (P) 2 hyperpigmented (P)	Uncertain (D)
Ears							
14. (49)	8 Stevenson 1993, 411–12 (1)	Turkey	Not given (M)	?, ?, ?, ?, S	Right external ear	Diminished, malformed ear (unilateral microtia) (P)	Shotgun discharged at close range
Neck							
15.	15 Pasricha et al. 2005, 366–8 (2)	United States	P. M. (M)	F, 12y, N, Y, S	1 Lower right front of neck 2 Above right ear (1 cm) 3 Left eye	1 Dark slanting mark (F) 2 roundish swelling 3 Opacity, muscular imbalance (esotropia).	Cancer (neuroblastoma) and its treatments (radiation and chemotherapy) (D)
16.	15 Pasricha et al. 2005, 369 (0.20)	Turkey	O. G. (F)	A, ?, N, Y, S	Front of neck (12×7 cm)	Hyperpigmentation; some abnormal growth of hair	Strangulation
17.	15 Pasricha et al. 2005, 369 (0.20)	Turkey	S. M. (F)	S, ?, N, Y, S	Linear area across entire front of neck	Abnormal flow of blood (hyperemia)	Fatal throat cutting
18.	16 Pasricha 1998, 272–74 (2)	India	Yashbir Yadav (M)	A, 2y, N, Y, S	Back of Neck (1 × 1 cm)*	Hyperpigmented	Gunshot wound of entry
19.	15 Pasricha et al. 2005, 369 (0.20)	Myanmar	W. K. (F)	S, ?, Y, Y, S	Back of neck (8 × 3 cm)	Hyperemia, some swellings with roughened skin and increased pigmentation	Fatal knife wound

[a] Case features: Relationship Status (RS): A(cquaintance), F(amily), S(tranger). Intermission Length (IL): y(ears), m(onths), w(eeks), d(ays). Sex Change (SC): Y/N. Memory Claims (MC): Y/N, R(ecognition only). S(olved)/U(unsolved)., *Has birthmarks or birth defects in other regions of the body as well.

wounds on a postmortem medical report and what could be learned about the previous life. Stevenson[9] discusses this case in terms of parakayapravesh, or replacement reincarnation, the possession of a body after birth.[14]

Comparison of Reincarnation and Biology to the sample of Kirschnick et al.

In order to facilitate comparison of the sample of Kirschnick et al.[1] to the cases Stevenson reported in *Reincarnation and Biology*,[9,10] I list their cases in Table 2 in a format similar to Table 1. This necessitated adding

details not shown in Kirschnick et al.'s Table 1.

Other than the much smaller number of cases identified by Kirschnick et al., the most striking difference between their sample (the KEA sample) and my *R&B* sample is the relative brevity of the reports included. Three KEA sample cases are drawn from a paper Stevenson[5] wrote as an overview of *R&B*. Stevenson provided full reports of these cases (Table 1 Cases 22, 17, and 49) in *R&B,* but described them only briefly in his paper. Four of the 7 cases from Pasricha et al.[15] come from a table, with no additional discussion in the text; the other three cases are summarized to the length of 2 pages, 2.5 pages, and 2 pages, respectively. The entries from Tucker and Keil,[11] Keil,[12] and Pasricha,[16] likewise are based on short summaries. Only Haraldsson's case derives from a full-length report,[17] comparable to many in *R&B.* The mean length of the reports in the KEA sample is 2.1 pages, in contrast to the mean of 9 pages for the *R&B* sample.

The KEA sample included 14 males (74 %) and 5 females (26 %), rather different from the 2:1 ratio favoring males in the *R&B* sample. Three cases (16 %) in the KEA sample had family relationships, similar to 20 % of cases in the *R&B* sample. In 16 cases (84 %) of the KEA sample, the S made at least one statement about the previous life, whereas in the *R&B* sample, 77 % did. Kirschnick et al. calculated the "mean time between death and rebirth as 36 months," although due to imprecisions in the intermission length recorded for many cases, intermission length normally is stated in terms of medians rather than means. For the 10 KEA sample cases for which data are available in the publications referenced, the median intermission length is 9 months, well below the 18-month median in the *R&B* sample. (Readers may be surprised at this, but there are a substantial number of reincarnation cases with intermissions of less than 9 months, and many of these feature CPAs.[18])

The distribution of birthmarks and deformities across different parts of the head and neck is different between the two samples. In the *R&B* sample, 33 % of cases affected primarily the top, back, or side of the head; 31 % affected primarily the facial area; 24 % affected primarily the ears; and 12 % affected primarily the neck. In the KEA sample, 37 % of cases affected primarily the top, back, or side of the head; 32 % affected the facial area; 5 % primarily the ears; and 26 % primarily the neck. In the *R&B* sample, there were birthmarks and birth defects in other body regions in 15 (20 %) of the 75 cases; in the KEA sample, in 7 (37 %) of the 19 cases. In the *R&B* sample, the PP's wounds were documented in medical records in 13 cases (17 %); in the KEA sample, in 5 cases (26 %).

Discussion and conclusion

Commendably, Kirschnick et al. seek to evaluate the reliability of the case studies in their sample by employing criteria promulgated by the Joanna Briggs Institute at the University of Adelaide[19] and Tucker's Strength-of-Case Scale (SOCS).[20] Had they applied these tools to *R&B,* they would have discovered that the cases described there easily equaled or surpassed in quality and evidential strength the journal reports they reviewed.

Reincarnation research is peculiar among the sciences in its use of books, Stevenson's collections of case reports[5,9,10,21–25] in particular. Stevenson was not adverse to publishing in journals, but as the number of cases increased beyond what editors would accept, he turned to books to get out his work. Today, most reincarnation researchers regularly publish in journals, but Stevenson's books remain essential resources for the field. Contributions such as the present one, which mine data from books for journal publication, over time will make consulting books less necessary, but for now, reliance on journal articles alone can lead to mistaken inferences and conclusions.

Several forms of assistance might be furnished to researchers interested in studying patterns across groups of cases. A comprehensive bibliography or list of reincarnation case studies could be published, on the web if not in print, to facilitate literature reviews. A more ambitious project would provide a dataset of pre-coded variables, to facilitate statistical pattern analyses. A third type of assistance would be the creation of an instrument to evaluate the trustworthiness of case reports, wherever published. This instrument might include some elements of the Joanna Briggs Institute criteria, but be tailored to reincarnation case studies. Critics have sought to impugn Stevenson's work in sundry ways, such as questioning the brevity of his time in the field on a given case, his use of interpreters, and other aspects of his methodology. Many of the issues raised by critics are valid in principle, although it is not clear that they have had significant impact on case reports.[26] Nonetheless, a scale that assessed case study methodology (giving greater weight to investigations that did not require interpreters, for instance), if employed in sample construction, should greatly increase confidence in study outcomes. A project of this last sort is in the planning stages.

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