

Birthmarks in Reincarnation Cases

In the study of children who report memories of a past life, Ian Stevenson noted the presence in numerous cases of birthmarks, or birth defects, that corresponded with wounds on the body of the deceased individual whose life the children were thought to be remembering. These were typically wounds the previous individual suffered during a traumatic death. More than two hundred such cases have been documented by Stevenson and others.

Birthmarks

[Ian Stevenson](#), then chairman of the Department of Psychiatry at the University of Virginia, began in 1961 to investigate cases of young children from various parts of the world who reported memories of a past life, usually a recent one from the same general geographical location. One feature he noted in a number of cases was a birthmark, or birth defect, on the child that matched a wound the child described having suffered in the past life, typically during a violent death. Stevenson summarized his findings in a paper¹ and eventually published a two-volume set of such cases, entitled *Reincarnation and Biology: A Contribution to the Etiology of Birthmarks and Birth Defects*,² along with a synopsis of the larger work.³ He observed that the children's birthmarks are often more than the common, small discolorations that many people have; they can be unusual in shape or size, and are often puckered or raised, rather than flat. Other researchers have since documented additional cases.⁴

Researchers of past life memory cases usually start by interviewing the child and the child's family. They learn about the statements the children have made about a past life. They also inquire about any possible connection between the child's family and the deceased individual, whether that person has been identified, and whether the child has had any opportunity to learn about the previous life. In cases that include birthmarks or birth defects additional work is required: the child is examined and the marks or defects are photographed; the family is asked when they were first noticed, whether there are other family members with similar ones, and whether the mother and fetus were exposed to known causes of defects.

The researchers then interview the deceased individual's family. They judge how well the child's statements match the previous life and whether the family knows of any access the child might have had to the material. In the cases with birthmarks and birth defects, they attempt to determine with as much precision as they can what wounds the previous person suffered, in order to assess how well they correspond to the child's marks or defects. The researchers obtain autopsy records when possible, though often these are unavailable or non-existent. Stevenson reported that he had obtained an autopsy report in 49 out of 210 cases.⁵ When no report is available, researchers interview firsthand eyewitnesses who saw the wounds on the body of the deceased.

An example is the case of [Purnima Ekanayake](#) in Sri Lanka, which was investigated by [Erlendur Haraldsson](#).⁶ Purnima was born with a group of light-colored

birthmarks over the left side of her chest and lower ribs. When she was four years old, she saw a television program about the Kelaniya temple some 145 miles away and said she recognized it. When she later visited the temple with her parents and a school group, she said she had lived on the other side of the river that flowed beside it. She eventually made twenty statements about a past life, claiming to have been a male incense maker who was selling incense sticks on his bicycle when he was hit by a large vehicle and killed. She named two incense brands she said she sold, ones her parents did not know. An associate of her father who spent weekends in Kelaniya investigated and found that there were three small family incense businesses across the river by the temple. One of them sold the brands Purnima had named. A member of the family had been hit by a bus and killed as he took his incense sticks to the market, two years before Purnima was born.

When Haraldsson investigated the case, he determined that fourteen of Purnima's statements were correct for the incense maker, three were incorrect, and three were unclear. He obtained the incense maker's autopsy report, which documented fractured ribs on the left, a ruptured spleen, and abrasions running diagonally from his right shoulder across his chest to his left lower abdomen. These corresponded to the birthmarks Purnima had over her chest and ribs.

Stevenson listed eighteen cases in which a child was born with two birthmarks, ones matching both the entrance wound and the exit wound on the body of the identified deceased individual, a gunshot victim. An example is the case of Chanai Choomalaiwong in Thailand.⁷ He was born with a small, round birthmark on the back of his head and a larger, more irregularly shaped one above his left eye. When he was three years old, he began saying that he had been a schoolteacher named Bua Kai, and that he had been shot one day while bicycling to school. He gave the names of previous family members and the place where he said his previous parents had lived.

Chanai's grandmother took him to that place when he was still three years old. She reported that he then led the way to the home of an older couple. They had indeed had a son named Bua Kai, and he had been a teacher before being murdered on his way to school five years before Chanai was born. No autopsy was available when Stevenson studied the case, but he talked with several of Bua Kai's family members, who described two wounds on his head. Bua Kai's widow remembered that the doctor who examined his body said he must have been shot from behind, because he had a small entrance wound on the back of his head and a larger exit wound on his forehead. Chanai's birthmarks matched the descriptions of Bua Kai's wounds, except that by the time Stevenson photographed them when Chanai was eleven years old, the larger one was toward the top of his head on the left rather than on his forehead. His family said it was lower when he was born and had then migrated up as he grew.

Birth Defects

Along with the birthmark cases, numerous examples of birth defects that have purported connections to a previous life have also been found. These most often involve visible defects, though a small number include internal defects or diseases.

Examples include a boy in Turkey named Semih Tutuşmus, who was born with a severely deformed right ear, the external ear being only a linear stump.⁸ In addition, the right side of his face did not fully develop, a defect known as hemifacial hypoplasia. His father had known a man who was killed by a shotgun blast to the right side of his head in what was said to be an accident. Semih's mother did not know the man personally but dreamed of him two days before Semih was born. The man said in the dream that he had been shot in the ear and that he was going to stay with Semih's mother. When Semih became old enough to talk, he made a number of statements about the previous man's life and expressed a strong desire to visit his family. He expressed great animosity toward the man's neighbor, who had shot the man after mistaking him, by his account, for a rabbit.

There have also been US cases that involved birthmarks or defects. One boy was born with pulmonary valve atresia, a condition in which the valve between the heart and the pulmonary artery, which takes blood to the lungs to be oxygenated, does not form properly.⁹ The right ventricle of his heart had also not formed properly because of the problem with the valve. The boy's birth defect was quite similar to the fatal wound his grandfather suffered when he was shot during a robbery. His autopsy stated that there was a 4 cm lacerated wound of the main pulmonary artery, in addition to injuries to the left lung and the heart. The boy talked about his grandfather's death a number of times and gave several accurate details about items in his grandfather's life.

Experimental Birthmarks

One variation of the birthmark cases Stevenson termed '[experimental birthmarks](#)'. They involve a practice in several Asian countries in which someone, usually a family member or close family friend, makes a mark on the body of a dying or deceased person, often with soot or paste, in the hope that when that individual is reborn, the baby can be identified as the previous person by a corresponding birthmark. Though Stevenson was the first to assemble and report a group of such cases, a number of authors writing about various Asian cultures have discussed them,¹⁰ including the Dalai Lama, who described a case in his own family.¹¹ Stevenson reported twenty such cases,¹² and Tucker & Keil documented eighteen more.¹³

An example involves a boy in Thailand who was born eleven months after his grandmother died.¹⁴ She had said she hoped to be male in her next life. The day after she died, her daughter-in-law used white paste to make a mark down the back of her neck. The boy was born with a pale, hypopigmented area on the back of his neck in a long, vertical shape, similar to one that might be made by a finger. The boy talked about his grandmother's life and also showed feminine behaviors and gender dysphoria.

Potential explanations for these cases beyond coincidence include the possibility that the image of the mark in the future mother's mind led to its appearance on the baby, although in one series the mother had not seen or even known about the mark in five of the eighteen cases.¹⁵ Another etiology to be considered is that the wishes of the marker and various family members to see a birthmark heralding the

return of a loved one led, through some unknown mechanism, to the mark's eventual appearance. A third possibility is that there was in fact a carryover of the consciousness of the deceased individual to the baby born with the mark.

Rationale

If one accepts them as valid, the general birthmark and birth defect cases can be considered as examples of psychosomatic phenomena, involving mind and body interaction. While it is clear that mental factors can produce general changes in the body, there is also evidence that individual mental images can produce very specific changes in the body. Stevenson's review of this literature in *Reincarnation and Biology* includes cases of stigmata, skin wounds that some usually devout individuals have developed that match the crucifixion wounds of Jesus described in biblical accounts. These have often occurred after the individual engaged in an intense religious practice, and more than 350 such cases have been reported.

Other examples can occur when susceptible individuals undergo hypnosis. Hypnotists have produced blisters on subjects in a number of cases by telling them they were being burned as they were touched with some cool object such as the tip of a finger. In some cases, the hypnotists touched the subject with an object in the shape of a letter or symbol, and wounds appeared in that shape. In other cases, subjects developed skin changes after reliving traumatic experiences, often with the help of either hypnosis or drugs. After one man re-experienced an event in which his arms were tied behind his back, he developed deep indentions on his forearms that looked like rope marks.¹⁶

Evidence thus exists that mental images can produce specific changes in the body. In the birthmark and birth defect cases, if the consciousness of the deceased person has somehow continued in the child, it follows that mental images might produce changes in the development of the fetus, just as they can produce changes during a life. Traumatic memories could therefore lead to birthmarks or defects that match wounds that the consciousness previously experienced. It would not be the wound on the body *per se* that caused the defect, but rather the awareness of it in the previous individual.

Criticisms

William Roll

Parapsychologist [William Roll](#) concluded that the birthmark/birth defect phenomenon appeared real, but questioned whether reincarnation was the best way to explain it.¹⁷ He suggested that telepathy could be involved instead. He noted that in most cases the child's mother knew of the wounds and other identifying characteristics of the deceased person, and argued she might have transferred that information to her developing fetus through a paranormal process. Even when the mother did not know of the person or the injuries, someone close to her often did, and that person might have affected either the mother or the fetus directly, through a telepathic transfer of information. Roll pointed out that evidence for ESP has been found in children just learning to speak and that this

often wanes at school age, matching the typical ages seen in cases of the reincarnation type. In such cases, the purported ESP is usually focused on the child's mother. Roll argued that the rebirth cases differ only in that the child's supposed ESP focuses not on the mother but on the deceased person whose wounds gained the attention of the mother, ones now appearing on the child as birthmarks or defects.

Stevenson responded that the cases involve much more than the transfer of information, be it cognitive, in the form of memories, or more clearly biological, in the form of birthmarks or defects.¹⁸ Along with the memories or marks, most of the children also manifest attitudes and purposes of the deceased individual. He cited the example of Chanai Choomalaiwong described above, who showed proprietary attitudes toward the previous man's possessions and who expected members of the man's family, especially his children, to treat him with respect as an adult and father. Stevenson argued that many of the cases show evidence of continuing purpose, suggesting survival rather than paranormal communications.

Paul Edwards

Paul Edwards challenged the birthmark/birth defect cases in a larger general critique of reincarnation.¹⁹ He criticized the idea of a non-physical body that would carry the imprint of the deceased individual's wound. His argument was threefold: there is no good reason for thinking such an entity exists; if it did, it would not be the sort of thing that physical scars could be transferred to and from; and the original wounds would often be too big to be imprinted on the baby in their original size. He also argued that the cases suffer from a *modus operandi* problem. Not only is a mechanism for such a process not known, none could possibly exist that can be described in language that is not meaningless or self-contradictory and that does not violate well established laws. As his book was published before *Reincarnation and Biology*, he did not address the psychosomatic phenomena, described above, that Stevenson described in his book.

Leonard Angel

Leonard Angel criticized *Reincarnation and Biology* in several ways.²⁰ He said that Stevenson misled readers with inaccurate summary tabulations. For instance, Stevenson stated that he considered a birthmark to have a satisfactory correspondence to a wound on the body of the deceased if both would fall within an area of ten centimeters square when projected onto an adult body. Angel pointed out that Stevenson's tables listing cases with double birthmarks include ones that do not definitively satisfy this criterion. Stevenson detailed the uncertainties or discrepancies in his write-ups of the cases, but not in the tables.

Angel stated that Stevenson reasoned backwards in some of the cases. He cites a rare example in which the child's marks were not noticed until he was a young child and discounts Stevenson's rationale for believing they were present at birth. The previous person was shot in the jaw, with the bullet passing from left to right. Stevenson had medical documentation of the previous person's wounds in the case, but it gave no indication of the relative sizes of the entrance and exit wounds. Stevenson speculated that the bullet would have pushed bony fragments

ahead of it, producing an exit wound larger than the entrance one, acknowledging that in that case, he was reasoning backwards from the birthmarks to produce his conjectures about the bullet's travel. Angel faults him for not including this information in the table of double birthmark cases instead of just in the text of the case.

A more substantive criticism was Angel's challenge of Stevenson's calculations of the odds that a child would have two birthmarks matching two wounds on the body of a deceased individual purely by chance. He had determined a figure of 1/25,600; Angel pointed out weaknesses in such calculations. Stevenson and Tucker later consulted two statisticians about a US case with three birth lesions. The statisticians declined to estimate a likelihood, saying any calculations would oversimplify a complex system. But they added that 'phrases like "highly improbable" and "extremely rare" come to mind as descriptive of the situation.'[21](#)

Assessing the Phenomenon

It is clear that some children are born with birthmarks or defects and later describe memories of being an individual who suffered similar wounds. Stevenson documented over two hundred such cases in *Reincarnation and Biology*. The evidence of a connection between the child and the previous person varies in strength from case to case, as Stevenson readily acknowledged. It seems important to stress, however, that the birthmarks need to be considered in the larger context of each case. For instance, in some cases everyone around the child interpreted the child's marks or defects as indication that the previous person had returned; this may have led them to project the identification onto the child and to view the child's (actually irrelevant) remarks as confirmation. But this does not explain the seemingly unlikely concordance between a child's unusual marks or defects and wounds suffered by someone close to the family.

In other cases, there appears to be significant evidence of a link to a past life over and above the birthmark or defect. In the case of Chanai noted above, he repeatedly begged his grandmother to take him to his previous parents' home, naming the place where a schoolteacher had been killed as he had described. Chanai recognized one of the schoolteacher's daughters and asked for the other by name. He was also able to pick out the teacher's belongings from others when the man's family tested him.

In an experimental birthmark case in Burma, Stevenson discovered that the child had never met one of the women who marked the body of the deceased. He took the woman to the home of the girl and her family. When he and his associate asked the girl who the woman was, she immediately stated the marker's full name.[22](#)

Uncertainties exist in many cases, such as the precise location of the wounds on the deceased. The larger question to consider, however, is the significance of the cases if one grants that the details are correct. Can the birthmarks and defects be written off as coincidences that children and their families misinterpret as physical signs of injuries from a past life? Or, when considered in the context of the total picture of a case, does a birthmark or defect indeed provide evidence of a link to a previous person? Ultimately, that is for each observer to decide.

Jim B Tucker

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Endnotes

Footnotes

- [1.](#) Stevenson (1993).
- [2.](#) Stevenson, 1997a.
- [3.](#) Stevenson (1997b).
- [4.](#) Haraldsson (2000a, 2000b); Pasricha, Keil, Tucker, & Stevenson (2005).
- [5.](#) Stevenson (1993).
- [6.](#) Haraldsson (2000).
- [7.](#) Stevenson (1997a), 300-23.
- [8.](#) Stevenson (1997a), 1382-1403.
- [9.](#) Pasricha, Keil, Tucker, & Stevenson (2005); Tucker (2005), 1-3.
- [10.](#) For sources, see Stevenson (1997a), 804.
- [11.](#) Dalai Lama (1962).
- [12.](#) Stevenson (1997a).
- [13.](#) Tucker & Keil (2013).
- [14.](#) Tucker & Keil (2001).
- [15.](#) Tucker & Keil (2013).
- [16.](#) Moody (1946), 934-35.
- [17.](#) Roll (1998).
- [18.](#) Stevenson (1999), 189-91.
- [19.](#) Edwards (1996).
- [20.](#) Angel (2002).
- [21.](#) Tucker (2013), 10.
- [22.](#) Stevenson (1997a), 848.