

A SURVEY ON THE CAUSES OF RESURRECTION OF DEFUNCT “LAZARUS PHENOMENON” FROM ACUPUNCTURE PERSPECTIVE



Nadali Esmaeili Ahangarkelai *1  

*1 Head, Scientific Studies Institute of Nadali Esmaeli, Training and Studies of Acupuncture Center, Iran



DOI: <https://doi.org/10.29121/granthaalayah.v8.i10.2020.1525>

Article Type: Research Article

Article Citation: Nadali Esmaeili Ahangarkelai. (2020). A SURVEY ON THE CAUSES OF RESURRECTION OF DEFUNCT “LAZARUS PHENOMENON” FROM ACUPUNCTURE PERSPECTIVE. International Journal of Research - GRANTHAALAYAH, 8(10), 207-215. <https://doi.org/10.29121/granthaalayah.v8.i10.2020.1525>

Received Date: 11 September 2020

Accepted Date: 31 October 2020

Keywords:

Acupuncture
Chinese Medicine
QI
Resurrection
Temporary Death
Permanent Death

ABSTRACT

Background and Objective: Every year in the world, a significant number of people who have passed a way for different reasons, revive. In many of these cases, medical science has no answer for the phenomenon. This study investigates the causes of temporary death and revival from acupuncture perspective.

Methods: This research is a descriptive study done in 2017. The samples are chosen among individuals in the world whose resurrection has been reported by the media. A check list was prepared by consulting the experts which contains age, gender, cause of death, death duration, cause of revival, place of revival, consciousness after death and governmental verification of death. Data were reported using SPSS (19) software.

Results: Death caused by heart disease and accidents is 20 (17.4 %) for each. 20 (17.4%) of the individuals who have resurrected were between the ages 20 to 40. Death duration was 24 hours for 17 people (14.8 %) and 1 to 30 minutes in 14 cases (12.2 %). Place of revival was hospital in 27 cases (23.5 %), morgue in 23 cases (20 %), autopsy lab in 6 cases (5.2 %) and tomb in 31 cases (27 %). 17 individuals (14.8 %) were conscious about their death before revival.

Conclusions: It seems that major changes should be made in death prevention and specification in the world medical system. Correct recognition between temporary and permanent death can save many of the dead. Acupuncture points GV26 and Ki1 may have good impact on revival. More researches in this area can provide basic solutions for health policy determiners in the world.

1. INTRODUCTION

1.1. GENERAL DATA

Every year, a considerable number of people resurrect and revive after the necessary examination and death confirmation by the physicians. As stated, only in 2016, 54.700.000 of people died [1].

Iran Forensic Medicine describes resurrection after death as an apparent death. Apparent death is the border line of death and life. In fact, apparent death is a mode of life that is hidden under the mask of death. Among the people who undergo apparent death, their muscles loose, the level of consciousness degenerates and get unconscious. Also, their respiratory and cardiac movements get highly weak and they apparently seem passive.

Whatever said in the past about the people who were buried alive or the resurrection of the dead in the morgue or mortuary is the case known as apparent death mistakenly labeled as certain death. Apparent death occurs in some cases more than other such as electrocution, frost bite, drowning and some types of toxicities by Phenobarbital [2]. Coming back to life is called “Lazarus Phenomenon” by the researchers. Lazarus was derived from the name of a known figure in the Bible. According to the narratives, Lazarus fell on the ground for four days as dead. And then he was resurrected by Jesus Christ. Most of the people experience this phenomenon have the same condition as Lazarus. Lazarus is a Syndrome with spontaneous circulation even in some people with unsuccessful cardiopulmonary resuscitation [3], [4], [5], [6].

There are two kinds of death in nature, temporary death and being at zero point (between death and life). It is itself a prelude to permanent death and permanent death, i.e., passing from zero point to complete destruction of the body. Temporary death is not new phenomenon in spite of our imagination and it always exists in nature. Unfortunately, it seems that resurrection in the morgue, cemetery, and grave and buried alive are the worst states. Fear of death, the horrible cases of resurrection in the grave and also lack of proper attention from the medical community to this issue have caused the phenomenon to be overlooked as a natural event. While, if studied as a scientific issue, it can be novel transformation evolution in human life and medical science. This research aims to study the cause behind temporary death, the resurrection of the dead known as "Lazarus phenomenon" and resuscitation from acupuncture perspective.

2. MATERIAL AND METHODS

This is a descriptive study conducted in fall 2017. Research samples are out of people resurrected after death and the mass media reported them all around the world. Some of them are interviewed. A checklist was developed by consulting the experts. The items include: age, sex, the cause of death, the cause of resurrection, resurrection location, consciousness after death, the confirmation of death and the country where they resurrect after death. Different countries participated in the study including Iran, Africa, England, the Netherland, India, the USA, Saudi Arabia, Germany, Austria, Australia, China, Russia, Scotland, Argentina, Honduras, Egypt, the Philippines, Ireland, Ukraine, Venezuela, Poland, Mexico, France, Bangladesh and Palestine. The news source and date did not enter the data. The data were processed by SPSS (19).

3. RESULTS

One hundred and fifteen (n=115) persons coming back to the life after death were selected. Forty-six (40%) have been women and 59(51.3%) men, respectively. Sex out of 10 persons' gender wasn't announced in the media.

Heart disease and accident each with 20 ones have been the cause of death 20 (17.4%). Twenty (17.4%) were 20-40 years old and 14(12.2%) more than 60 years old. The important thing is the post-death duration of resurrection. Seventeen (14.8%) resurrected after 24 hours. This is contrary to medical science. Fourteen (12.2%) resurrected between first 1-30 minutes. Twenty- seven (23.5%) revived in the hospital (after unsuccessful resuscitation), 6(5.2%) during autopsy and 31(%27) in the grave. A 97- year old man after 72 hours, a 95- year old woman after 144 hours and a woman after 10 days (240 hours) in temporary death came back to life. Generally, the women experienced the longest temporary death as twice the men (table 5). Seven (6.1%) died at the birth time and 10 (8.7%) died because of execution. Seventeen (14.8%) were aware of the death before the resurrection. The largest numbers of those revived was from Iran 26(21.7%), America 23(20%), Africa 9(7.8%), India 6(5.2%), China, Venezuela and Egypt, each one with 3 ones (2.6%).

Table 1: Distribution of post-death resurrected people in terms of sex, 2017

Sex	Number	Percent
Female	46	40
Male	59	51.3
Unknown	10	8.7
Total	115	100

Table 2: Distribution of post-death resurrected person in terms of the life course, 2017

Age	Number	Percent
Unknown	47	40.9
Birth to 28 days (newborn)	5	4.3
29 days-2 years (infancy)	5	4.3
3-13 years (childhood)	8	7
14-19 years (adolescence)	8	7
20-40 (youth)	20	17.4
41-60 (middle aged)	8	7
More than 61 (senility)	14	12.2
Total	115	100

Table 3: Distribution of the cause of death, 2017

Cause of death	Number	Percent
Unknown	13	11.3
Heart disease	18	15.7
Events	9	7.8
Lung disease	5	4.3
Execution	10	8.7
Death at the birth	77	6.1
Ebola virus	22	1.7
Mental disease	1	0.9
Drug abuse and suicide	4	3.5
Sudden death	2	1.7
War and ...	3	2.6
Drowning in the water	3	2.6
Surgery	4	3.5
Accident	7	6.1
Buried alive	3	2.6
Other disease	24	20.9
Total	115	100

Table 4: Distribution of the duration of death before resuscitation, 2017

Duration of death	Number	Percent
Unknown	46	40
1-30 min	14	12.2
31-59 min	2	1.7
1-2 hours	7	6.1
3-5 hours	3	2.6
6-12 hours	10	8.7
13-23 hours	1	0.9
24 hours	17	14.8
25-48 hours (2 days)	6	5.2
49-72 hours (3 days)	6	5.2
121.144 hours (5-6 days)	2	1.7
145-140h	1	0.9
Total	115	100

Table 5: Distribution of the longest staying time at temporary death, 2017

Duration of death	Male	Female	Infant
Resuscitate after 3 days (72 hours)	2	4	1
Resuscitate after 6 days (144 hours)	1	1	-
Resuscitate after 10 days (240 hours)	-	1	-
Total	3	6	1

Table 6: Distribution of the location of resuscitation after death, 2017

Location of resuscitation	Number	Percent
Hospital after resuscitation	27	23.5
Morgue	23	20
Autopsy	7	6.1
Mortuary	2	1.7
Coffin	5	4.3
Burial time	6	5.3
Execution	5	4.3
Grave	31	27
Home	4	3.5
Other	5	4.3
Total	115	100

Table 7: Distribution of the dead ones' death confirmation, 2017

confirmation of death	number	Percent
confirmed	85	73.9
Unknown	230	26.1
total	115	100

4. DISCUSSION

This study shows that many people resurrect after the death in the different places worldwide and in most cases, the medical system cannot state its causes. Temporary death is prior to permanent death. Before any permanent death, first, the person undergoes temporary death. In other words, the person enters zero point (between death and life) at the time of death and after an interval, they resurrect or died forever. When heart stops its function, brain cells damage during 3 minutes because of lack of oxygen supply [2]. After stopped blood circulation and lack of oxygen supply for brain, it gets more active than before for 30 seconds [7].

But within these 3 minutes, they first enter temporary death, in spite of the respiratory and circulation system getting deactivated, and it is possible they resurrect by resuscitation or spontaneously. Three minutes is not fixed, because there were 85 people (73.9%) whose death certification was issued, some of them resurrect at morgue and others resurrect before being buried. The above statistics indicate that people in temporary death do not resurrect with resuscitation. But, if the dead person did not resurrect by resuscitation, it doesn't mean permanent death because five persons that undergo unsuccessful resuscitation, resurrect spontaneously at the morgue or before burial. Those who resurrected with resuscitation were in temporary death. Seventeen (14.8%) had awareness during their temporary death. Some of them could describe all events during resuscitation in detail. This is called Near-Death Experience (NDE) [8], [9]. In general, it is impossible to present one definition for temporary death (being at the zero point, between death and life). But following cases will offer a description of temporary death:

- This is a prelude to entering permanent death including both death and life states simultaneously.
- Being in a state similar to death, apparently, indicating all internal systems of the body getting inert.
- A state of living but inert and without respiratory and circulatory system functioning.
- The living organism being placed at the zero point or between death and life, to some extent similar to trees in winter.
- Standing at the zero point which means inactivation of all sensory system functions.

- Temporary death can be defined as the severe reduction of Chi and Meridians system in body (Zhong chi) based on acupuncture medicine theory.
- Being placed in the absolute relaxation, neither apparent living state nor permanent death.
- It is bodily defense system function which puts person in zero point if special and critical conditions occur.
- In spite of permanent death in which body gradually starts to degenerate (first brain and gradually other parts of body decompose), while in temporary death, the body tries to conserve body healthy such as brain and other vital body systems.
- This is a state in which the mind is in awareness, consciousness and complete relaxation state and the mind is aware of what happen around.
- It is a state in which the body comes back to the life spontaneously as unconsciousness and in the unknown space and time.

Temporary death is defined as being in a closed life cycle not requiring outside for supplying oxygen, nutrients and thermal energy. Even all sensory and mental relations disconnect from outside. The body is put at zero point or between death and life in a special life condition. It can be said that it changes to a body with limited life span. In fact, it is a cycle of life in which body continue to live to just with stored QI energy, the nutrients and oxygen in the cells. But it might keep itself in the closed life for many years without damage to its health. Examples of temporary death with closed life in nature include:

- 1) The functional activity of plants stopping in the winter is similar to temporary death. It is not very different from the situation in which functional activities of plant stop due to season changes (in fall and winter) and apparently it is not different from dead trees in other seasons. It seems that trees are in the temporary death during several months of year and they come back to the life in spring.
- 2) African fish having lung lives in the Saharan Africa. It twists in a layer of saliva in the shape of many fibers around itself during severe drought and buried itself. It falls deep asleep with no need to water, food and air. This kind of fish can stop its life for 3-5 years without water and food and when it is raining, the fish resurrects [10].
- 3) Snails can survive for 4 years without food and water. This is based on the data collected by a researcher called Vernedi. He found huge collection of snails in a desert located in Egypt in 1846. They were transferred to British Museum in mug-like glass container. They start to move after 4 years of inactivation. When they were fed, they start to eat and survive [11].

The organs of body will not be able to do anything with complete stop of functional QI activity [12] and Meridians, especially when lung functional QI stops. At first, respiratory system and oxygen absorption cease. When oxygen flow to heart stops, in practice, heart and blood circulation system fails and the blood cannot be supplied to brain. After some minutes, brain cells destroy and die, but the activity of functional QI decreases significantly at temporary death, and also Meridians have least activity. In this case, the function of all body system gets at the minimum level and they get almost inactive but the organs themselves are not damaged and can supply themselves by the stored energy in the cells, Meridians and extraordinary Meridians.

There is no sign of breathing and blood circulation apparently and the person is considered dead, but it is possible that some of them resurrect spontaneously in morgue or grave. The similar case refers to the patients who are dying that hours before death, the stored energy is released hours and makes them relaxed. In temporary death, Yang will decrease significantly but Yin will increase. The nature of functional QI is similar to Yang in nature (11).

When functional QI decreases severely, the function of all body system stops and body undergoes complete paralysis called temporary death. Only those not undergoing permanent death and at zero point will return to life through resuscitation. Such individuals, if not resuscitated, will have the chance of spontaneous resurrection but its exact time is not clear. Among those resurrecting after the death, 31(27%) revived after burial and in the grave. This statistic does not indicate that all those who resurrect in the grave because most of those resurrecting in the grave could not receive any help from outside and die permanently in a terrible condition. There is not exact statistics about how many buried people resurrect in the grave and then again die in the most terrible situation, even though some of them could survive the grave, the cases are rare. In 2016, 54,700,000 people died in the world. (1) If, at least, 4 percent of errors have taken place in the diagnosis of death, (including medical failure in the diagnosis of definite death, inaccessibility of appropriate diagnostic facilities, errors in diagnostic tools, and the lack of knowledge of

temporary death), it means more than 2,180,000 people (Approximately 6,000 people a day) were buried alive in grave, with medical confirmation and without being able to be saved.

When body enters temporary death, at a special time, the energies stored in the Extraordinary Meridians (extraordinary circuits) are released and flow in the functional Meridians [13], in the activation of functional QI and the person exit from temporary death. Probably there is a smart system in the body (the presence of predefined information in cells, brain or QI system) that enters body in standby mode in special condition called temporary death (zero point) and the smart system gets out of the body from standby at the proper time. This is as same as sleep which is considered as inactivity state and exiting from it is waking up. It is possible that some gens are responsible for above function. If there is a smart system, there should be some points in the body rapidly inactivating the organisms in the state of temporary death or vice versa. The most important issue occurring in temporary death is the inactivation of respiratory and heart system, finally leading to the inactivation of all functional system of body. What set forth in the medical theories of the Chinese tradition state that Zhong chi can be adapted to this case. Zhong chi is amassed in the chest and goes its way up to the throat. It links with cardiovascular system and activates breathing. Its main role is to help regulate the rhythmic movement of breathing and heart beat and it is closely connected with lung and heart. The relative strength and smoothness of breathing, sound, heart beat and blood flowing in the vessels all are related to the Zhong chi [14].

What happens in the temporary death is that due to unknown reasons, Zhong chi has poor function and is not able to move respiratory system, heart and blood circulation and leads to heart and lung stagnation. So, all body enters stagnation state including the brain.

There is no clear description about how and why Zhong chi gets to minimum suddenly and leads the body to temporary death or how it is activated suddenly and moves the respiratory system and blood circulation in the body and the person return to their natural state.

But maybe there is natural reaction in the body in the critical and special situation for saving from danger. Lack of Zhong chi influences the distal circulation and consequently, the distal of hand and foot become cold. If the person is exposed to too much sorrow and grief, Zhong chi gets weak and scatters. Zhong chi is the energy of heart and lung. So, pulse becomes weak [15]. Considering that the majority of people exposed to temporary death because of dangerous disease, fear of execution and fear of dying and ..., they undergo sever sadness and grief which leads to weaken Zhong chi. As a result, it can cause stagnation and being put at zero point or the body automatically enters temporary death to prevent the outcomes of sadness or stroke. Although, acupuncture points have positive effect on the health of humans and animals, there are some special points which are very dangerous to use, called the forbidden points. Some of them can cause the death of human by least stimulation. Functional systems need Yang [12].

Yang defect causes the body gets slow and cold. Yang is warm and activity energy. For exiting from temporary death, body needs strong Yang energy in order to activate the functional system of body or at least heart and the respiratory system. There are a lot of cases in which the individuals undergoing temporary death resurrect at low temperature in the morgue. There is no justification for those resurrected at low temperature.

Powerful and warm Yang energy is required to exit temporary death but in the morgue or low temperature, such energy couldn't exist. Therefore, the kinetic energy created in the dead body is released. There have been 27 ones (23.5%) in the hospital and 23 (20%) in the morgue with unsuccessful resuscitation, resurrecting spontaneously or by released internal energy.

In this study, some of those with temporary death resurrect after unsuccessful resuscitation and before being transferred to the morgue in their mother's or offspring's arms (n = 3, 2.6%). In a rare case, first the mother then the baby died during the cesarean section delivery time. When the dead baby was placed in mother's arms, they resurrected suddenly. Another case is a young dead person who resurrected in his mother's arms in the hospital corridor before being transferred to the morgue.

Seven (6.1%) resurrected during autopsy and organ donation. Two (1.7%) resurrected in contact with water in a building in the cemetery where corpses are washed and prepared for burial. Blood circulation stops in temporary death but blood clotting does not happen and brain cells remain healthy. Those resurrecting after some days, their body has been in natural state. In this study, one person resurrected after 240 hours (10 days) in the grave. Two other cases resurrected after 6 days. Blood in the body (even in stagnation state) because of QI energy nutrients and oxygen storage, on one hand and activation of QI and Meridians system, on the other hand, in the whole body (but as limited) prevents blood clotting. Because of QI energy and Meridians have movement and the same mobility

prevents blood clotting, although the movement is very weak. Based on traditional Chinese medicine theory, QI moves the blood. QI is the driving force of blood. Blood stops without QI. When QI is stagnated blood clotting happens and when there is lack of QI, the movement of the blood becomes slower or stagnation occurs. QI keeps blood in the vessels and prevents bleeding [15].

QI system can be described as an independent and invisible network of energy and fluid which has complex and huge circuits (the same as electrical circuit) with high energy and super intelligence and reason. This is a nested system with major and minor networks having top-down currents, bottom to top and transverse currents – transmitted in the body of the beings. The system is considered the coordinator of the body with the cosmos and nature. There are a lot of books and papers about the experiences of the time of death. Thousands of people gain considerable observation and experiences during temporary death and before resurrection [16].

In this study 17 (14.8%) who came back to the life from temporary death have complete awareness of their death time.

The statistics show that even following 10 days, resuscitation is possible. Although, statistically speaking, this includes very low percent, it has to be considered carefully. Therefore, resuscitation is necessary for all those exposed to death with any interval of cardiac arrest. Acupuncture can increase the coefficient of confidence. By stimulating the acupuncture points, in case of the person being in temporary death state, they suddenly exit that state and return to life. In such a case, the confirmation of death is done with more confidence. There are numerous references in acupuncture books from ancient times about the effective role of some points in emergency cases. The experiences by most acupuncture experts and the conducted studies show the positive effect for saving the dead from temporary death in human and animals.

The first effective point is GV26 (Shui Gou), the point responsible for body start, located under nose. It is in fact the fast and easy key for exiting body from zero point (between death and life). It is effective in helping resuscitation separately or as a complement for increasing the positive results of resuscitation. Using nail or needle is good for stimulating this point. Stimulating this point helps the body (human or animal) to return the natural rhythm of heart and lung and consciousness and reconstruct the harmony between Yin and Yang. By pressing GV26 for one minute, it is viable to increase the physical power and consciousness.

The second effective point at resuscitation is KI1 (Yong quan) located at the sole of foot. Fast needle embedding is good to the depth of 10 -15 mm. In one study, KI1 point stimulation as a reliable method leads to return of spontaneous blood circulation among the inpatients with severe high blood pressure, ischemia, chest injury, skull injury, post-surgical shock, embolism, infection induced kidney failure and ventricular fibrillation [4]. The third effective point in resuscitation is HT9 (Shao Chong) on the little finger of hand. In acupuncture, HT9 is considered as an emergency point. Cutting this point for some drops of blood flowing have positive effect on heart and blood circulation emergencies, incomplete stroke, coma and anesthesia.

The fourth effective point in resuscitation is PC9 (Zhong Chong), located in the distal of third finger. Cutting this point is very effective [17].

The benefits of resuscitation by acupuncture is that because the effective time for resuscitation is 3 min, those who died outside of the hospital have less chance for timely resuscitation but everyone with little knowledge on GV26 point can act easily to save lives. Resuscitation facilities are not available everywhere but the acupuncture points proper for resuscitation are accessible easily. This technique is simple, low cost and free and applicable by everyone. Pricking with a needle or massaging the points has no side effects for the patient in emergencies events. Pricking or pressing the GV26 point by nail for the emergencies condition is simple. If this simple and riskless technique is trained (as first aid) to people, then it can exert positive effects on saving the patients' lives before transferring to the hospital. Among the above-mentioned points, one point is enough for resuscitation but first GV26 point it is recommended as the simplest and most effective point stimulated by needle or nail continuously. If this does not work, KI1 point can be pricked rapidly. Cutting HT9 or PC9 points and a few drops of blood flow can be effective. Generally speaking, the combination of GV26, HT9, PC9 and KI1 points or using just one of these points will exert positive effect.

There is a probability that a man experiences permanent death after reviving a temporary death. A study suggested that a large percentage of people who revived through resuscitation operation died after a while. From 2000 to 2002, 14720 adults experienced cardiac arrest in the 207 U.S. based hospitals, among whom blood stream and pulse of 6477 patients (44%) returned after resuscitation; 2502 patients (39%) had basic resuscitation and became alive; 3975 patients (61%) died again after resuscitation; the resuscitation operation was ineffective for 8243 patients (56%); and 17% were discharged from the hospitals. Based on the statistics, 61% out of 100% patients

reviving after resuscitation died again while 39% had stable resuscitation; that is, most of them died again after being alive for hours such as the people who became conscious automatically and died again [18].

In this study, 7 people (6%) who got conscious again after temporary death, died again within 5 minutes to 24 hours.

In some patients before death, spontaneous recovery happens for some hours. The patient suddenly gets very healthy but dies unexpectedly after a short time. The condition of people is similar to those getting conscious spontaneously or after resuscitation. During temporary death, among patients before death and even after resuscitation, it seems that the energy stored in the extraordinary meridians turn into fluid in meridians at the crisis time and causes recovery or brings life. But because the energy level is limited, it is able to revive a person for a limited time. In fact, this is a chance of being able to provide and support the required energy by means of acupuncture or other methods in order to replace the energy required and prevent happening death before the stored energies finish. It is essential that all people waking up after temporary death (especially after resuscitation operation in the hospital), should immediately undergo acupuncture and moxibustion (moxa) in order to prevent re-death. Meanwhile, the people who are on the verge of death and have spontaneous recovery should use the methods because acupuncture increases the outcomes of resuscitation and its stability. Because all these people experienced spontaneous recovery or spontaneous consciousness with (without) resuscitation by streaming the stored energy from the extraordinary Meridians to the twelve Meridians. Most of these individuals experienced permanent death for some hours because of using total energy and having no energy required. Acupuncture can play a vital role in lifespan longevity.

The researchers assume that spontaneous recovery of patients before death because of brain endorphin secretion causes calmness and pain relief. The body systems starts working automatically at the time of accurate, just at the time when we need such a substance and thus the body produces this substance and circulates it around the body. It seems the substances secretion happens as the result of a mental or physical shock [19]. The body system (brain or ‘Chi’ system) induces the brain endorphin secretion at critical moments such as pre-death by suddenly circulating and streaming Chi energy from the extraordinary meridians to the meridians as the system turns the motor (functional) energies back to normal. Many studies have confirmed the effect of acupuncture on the secretion of endorphin. Professor Pumans in Canada, exercised acupuncture on mice and proved that acupuncture induces brain endorphin secretion. During drug rehabilitation that an addict is suffering from endorphin drop or stop, acupuncture can secrete endorphin in the brain [20].

It is needed that DU20 – GV26 – KI1 – CV6 – ST36 – Liv3 – LI4 – PC6 – HT7 – BL2 – BL67 – and GB points be treated by supplementing acupuncture and moxa so that meridians are charged. Vast scientific research in this field could bring about fundamental changes in Medical Education System and Health System across the world.

SOURCES OF FUNDING

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

CONFLICT OF INTEREST

The author have declared that no competing interests exist.

ACKNOWLEDGMENT

I greatly appreciated Dr. Khadijeh Rabiei, MD, Member of Scientific Studies Institute of Nadali Esmaeli, Training and Studies of Acupuncture Center, Member Society of World Federation of Acupuncture-Moxibustion Societies (WFAS), that assisted on statistical analysis and editing paper patiently.

REFERENCES

- [1] Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016, *The Lancet Journal* 2017; 390(10100): 1211–1259
- [2] Godarzi F, Kiani M. *Legal Medicine book for Law Students*. Organization for the Study and Compilation of Human Sciences Books of Universities (SAMT) 2015; 12: 42, 82
- [3] Casielles García JL, González Latorre MV, Fernández Amigo N, Guerra Vélz A, Cotta Galán M, Bravo Capaz E, de las Mulas Béjar M. Lazarus phenomenon: spontaneous resuscitation. *Rev Esp Anestesiología Reanimación* 2004; 51(7):390-4. PMID: 15495638
- [4] Vaibhav S. The Lazarus phenomenon. *JRSM Open* 2016; 7(8): 2054270416653523. PMID: PMC4973403, Published online 2016 Aug 1. doi: 10.1177/2054270416653523.
- [5] Kuisma M, Salo A, Puolakka J, Nurmi J, Kirves H, Väyrynen T, Boyd J. Delayed return of spontaneous circulation (the Lazarus phenomenon) after cessation of out-of-hospital cardiopulmonary resuscitation. *Resuscitation* 2017; 118:107-111. PMID: 28750883 doi: 10.1016/j.resuscitation.2017.07.022. Epub 2017 Jul 24.
- [6] Spowage-Delaney B, Edmunds CT, Cooper JG. The Lazarus phenomenon: spontaneous cardioversion after termination of resuscitation in a Scottish hospital. *BMJ Case Rep* 2017. PMID: 28432166, doi: 10.1136/bcr-2017-219203.
- [7] Borjigin J, Lee U, Liu T, Pal D, Huff S, Klarr D, Sloboda J, Hernandez J, Wang MM, Mashour GA. Surge of neurophysiological coherence and connectivity in the dying brain. *Proc Natl Acad Sci U S A*. 2013; 110(35): 14432-7. PMID: 23940340 doi: 10.1073/pnas.1308285110
- [8] Melvin M, Perception about the moments near the death. Translated: Gamalyian R, Etelaat 1996
- [9] Sam Parnia, Ken Spearpoint, Gabriele de Vos, Peter Fenwick, Diana Goldberg, Jie Yang et al. Aware—awareness during resuscitation—a prospective study. *Resuscitation J* 2014; 85(12): 1799-1805 doi: <http://dx.doi.org/10.1016/j.resuscitation.2014.09.004>
- [10] Paxton JR, Eschmeyer WN. *Encyclopedia of Fishes*. San Diego, CA: Academic Press 1998; 70-72 ISBN 0-12-547665-5
- [11] *The Annals and magazine of natural history; zoology, botany, and geology*. 1900; 6(7): 68
- [12] Radha T. *Cosmetic Acupuncture*. China 2009; 15
- [13] Bishko Y. *Advanced Acupuncture*. Translated: Esmaeili N, Kahkeshani M. Nadali Publication 2013; 5: 37
- [14] Rezvani H. *General Traditional Chinese Medicine and Acupuncture*. Al-Ma'imi Publication 2015; 1, 2(2): 60
- [15] Hatami Monazah H. *Philosophy, physiology, pathology and diagnosis of diseases in acupuncture*. Rudgun and Sina Publications 2016; 1: 42, 59
- [16] Parnia S, Yang J. *Death Omission*. Translated: Maryam Taghdisi M. Pendar Taban 2015
- [17] Bishko Y. *Teaching Acupuncture Basic Course*. Translated: Esmaeili N. Nadali Publication 2007; 263
- [18] Peberdy MA, Kaye W, Ornato JP, Larkin GL, Nadkarni V, Mancini ME, et al. Cardiopulmonary resuscitation of adult in the hospital: A report of 14720 cardiac arrest from the national registry of cardiopulmonary resuscitation. *Resuscitation* 2003; 58(3):297-308
- [19] Nuland Sh. *How We Die*. Translator: Nahid Tabrizi. Simorgh Publication, Tehran 1998: 108
- [20] Nadali Esmaeili. *Drug rehabilitation with acupuncture*. Pardis Publication, Tehran 200; 51-59