Currently the sole indicator for dental procedures is sufficient funding. In our global economy, with an increasing awareness of interdependencies with our neighbors, there are certainly other considerations that can, and will be invoked, especially as we progress into the Aquarian Age.

During our dental school years, the students were supposed to delineate a treatment plan. The founder of BUSGD, Henry M. Goldman, DMD, MSc. left us with the mission to have an integrated vision of the patient. However, aside from obvious medical conditions, the entire psyche of the client was neglected. That is not to say that we were unaware of psychiatric illnesses. We might have covered some of the more obvious chemical imbalances.

Because dentistry has devolved into a mercenary trade, the more subtle spiritual considerations of the client are frequently overlooked.

My contention is that with proper Pedodontic counseling, Public Health issues can be ameliorated. Even in the last three decades, the impact of fluoridated water
on the population is significant. Have studies been made of its historical impact? It would not require an advanced degree to note how the strengthened hydroxy–apatite crystal has had major effects on Public Health. And, I might add, Flouridation was controversial during the early years.

 Might it also be that the correction or prevention of dental deformities that are usually considered in Orthodontics would also have a beneficial effect on criminal behavior? On socially inappropriate behavior? I am not suggesting that every child with crowded teeth have orthodontics. And I'm not suggesting that every child be made into a national landmark or a special case for medical funding. However, as a matter of course, might there be a connection between facial–occlusal anomalies and mental health? Is there a connection between personality traits and malocclusion? Does the child with occlusal anomalies suffer from social castigation. Of course. 2000 years ago, Jesus Christ made it perfectly clear that children were the most important group in society. Suffer the little children to come unto Me. By the alleviation of deformities, we would not necessarily be cultivating a new class of Disney superstars, but adults with a clear focus and fewer psychological complexities. Historically, dentistry has never been more mercenary than now. Will the profession rise to the challenge of being more than a trade for the wealthy class?

 But mal–occlusions are relatively easy to diagnose, and have a tendency to be familial. But what about psychiatric illness? The adult population is oftentimes even
in denial of the existence of those challenges. And, of course, they would be most reluctant to admit a familial occurrence of psychiatric illness. Such her/history is frequently closeted, and family members with such dispositions are kept as secrets. Or made to be pariahs.

So, therefore, the clinician faces many problems: one with the parents and genealogy and another with the pedodontic client her/himself. Again, with the exception of ADD, most psychiatric illnesses delay their manifestation until a precipitating event, such as puberty occurs. By then, the psychiatric illness may have already developed intricate psychological interdependencies, such as co-dependencies and sabotage behavior from the other family members, so that the entire family needs counseling.

Some may indicate that it is not the role of the dentist to be a psychiatrist, but s/he is faced with the obvious: to treat the whole person, otherwise, even with the best restorative, and/or cosmetic dentistry, psychiatric illness can, and does interfere, with oral health. Briefly, poor oral hygiene, bruxism and cancer may be some of the manifestations that can, and do, develop from psychiatric illness.
Chapter I

**Personal Interplanetary Vibration Axis (PIVA)**

Following my tour as an Army dentist, I experienced what is known as the Saturn maturity years (35–36 y.o.) 1982–89. Saturn is known as the challenger. In Greek times, it was the furthermost planet, and, therefore, had the slowest cycle. Now, of course, the transpersonal planets have been discovered: Uranus, Neptune and Pluto, as well as one recently discovered planet Nibiru *. Because of my own personal journey and descent to poverty, I became a traveling mendicant with the Hare Krsna group. During that time, as my dental instruments had been stolen, I had access only to books and therefore, commenced my 12 year study of Astrology with the late B.V. Raman and James Braha as mentors.

When I graduated with a DMD from Boston University in 1979, my attitude was that I knew everything. The study of Astrology is usually commenced at a young age in India because it will take at least 12 years to accomplish mastery (Jupiter’s cycle).
With all my responsibilities as director of a non-profit educational center and as a single mother, I was unable to pursue my dental career until 1995, but then the powers that be told me I was unwanted. Of course, since the Reagan years, Public health and, especially, Public Dentistry have been virtually eliminated from the American scene. This was very difficult to accept since I was a socialist type. Unable to secure a living from my profession, I was a pariah. I found employment on the Psychic Hotline for 5 years until the Radical Right wing grabbed the reins of power in the presidential election of 2000.


The PIVA is similar to the Psychiatric DSM-V Axes in that it attempts to describe the person's mental proclivity, the present medical situation, the present situational obstructions, if any, and the Rx.

The PIVA is readily calculated from the person's birth-date and astrological chart. Therefore, it is mathematically based and, hence, can be computerized. With a large database, different parameters can be designated, so that scientific studies can be launched. Any substantial database, especially, involving children could be devised. What kind of studies? Many. The correlation of PIVA index/manifest medical condition; PIVA index/latent medical condition; PIVA/familial genetic
conditions, etc. Therefore, preventative measures can be taken well in advance of the manifestation of disease: diet, lifestyle changes, etc.

In chapter II through V, I will compare the PIVA to the DSM–V Axes. To clarify for those who may be unfamiliar with the DSM–V Axes:

1. Axis I: most likely diagnosis

2. Axis II: diagnosis to be ruled out.

3. Axis III: Medical history complicating, contributing to, mental illness.

4. Contributing socio-economic difficulties

5. GAF score

*Nibiru is a Planet X-class Kupier Belt Object (XKBO) that allegedly is on an elliptical orbit between our own Sun and a dwarf star that may be located 18 times the distance from our Sun to Pluto, outside of Pluto's orbit - an orbit that takes approximately 3600 years to complete. According to Zacharia Sitchin, the last Earth flyby was during the Biblical Exodus from Egypt, and it, or some other XKBO could
fly past Earth in 2003 and may cause what some scholars and scientists feel could become a human catastrophe -- on a Biblical scale!

Chapter II

P : Persona Axis

This axis is easily arrived at through a numerological (Pythagorean) mathematics derived from the client’s birth-date. This usually consists of three numbers. The universe has been defined as a mathematical entity, with each individual soul like a Sun’s ray emanating a unique vibration. Am I getting too far a field, too spiritual? Remember that mathematics is scientific and that truly each particle can be measured, weighed and detected, depending on the technological advancement of the times. The fact that prior to the 20th century, electrons, etc. were merely postulates does not mean that they did not exist, only that there were temporarily limits to human perception. The digits, of course, are from 1 through
Any book on numerology can give a list of personality traits associated with each number.

The 2nd part of the Persona axis is the astrological chart. Again, this can be easily arrived at with computer software, such as Junior Jyotish*. The reading of this data is more complicated, but can be sorted on a gross level into major medical proclivities/disease pattern groups.

a. conjunction of Saturn and the Sun will usually result in manifestations of inherent maladies.

b. The alignment of the planets between the two nodes can be used to indicate psychiatric categories: manic-depression or classic bipolar I.

c. The position of the nodes to in the 12th position to the Sun, Moon, or ascendant predisposes the client to O.C.D. (obsessive-compulsive disorder).

d. The combination of ill-disposed (debilitated) Saturn with any of the planets, especially in the Dwadasamsa, 12th divisional chart, will create a predisposition towards disease associated with that planet.

Much of this is covered in my book: Jiva soul Axis of Interplantary Vibrations.
d. The combination of Saturn (especially debilitated) with Mercury will give a variety of psychiatric manifestations, from Hysteria, to MPD, to depression. That is because Mercury is the indicator for the neurological system.

8. In chapters VI through VIII, I will present the Bipolar Nodal Causality Index. Because the Moon’s Nodes, as they are called in Western astrology, express an inherent duality, I will present the connection between the nodal conjunctions and the manifestation of bipolarity. The Moon’s Nodes are also known as Rahu and Ketu in sidereal astrology and the Dragon’s Head and the Dragon’s Tail in Chinese Astrology. As I will explain in those chapters, the nodes are imaginary mathematical points that can be precisely tracked in time.

Chapter III

I : Interplanetary Axis
This reading must be evaluated by the astrological expert, because it requires extensive knowledge of the manifestations of the planetary transits. The expert will be able to advise the client what to expect and for how long. Much like the dentist who will tell the client: this needle will hurt for .minutes. One here must be an expert in the 12 house's particular effects on the individual, especially, of course, the more slow-moving ones, such as Jupiter and Saturn. However, software can sort through various charts to indicate groups passing through the same transits. One well-known transit is Sade-Sati, which is the 7 1/2 years that it takes for Saturn to transit the 12th, 1st and 2nd to the native's Moon. Again this I axis is similar to the one used in DSM-V to indicate what physical-social problems that the patient may be facing. For example, when Saturn is transiting the native's 9th house, s/he will experience bad luck, difficulties and illness of the father, etc.

Chapter IV

V: Vibrational Axis

This indicator is in three parts:

1. yearly vibration

2. monthly vibration
3. daily vibration

Again, this value is calculated by Numerology and is covered in any numerology (Pythagorean) book. Sometimes it is wise to calculate it using two methods, especially now at the beginning of the new millennium.

1. One could simply take the vibration of 1999 and add 1, or use the simple vibration of 2000.

2. Add to this the number of the month that the native is in, together with past and future months to zone in on the native's reality.

3. Consider the native’s birth–day in evaluating what time of the month to predict happenings, i.e. if the native is born on the 31st, expect the manifestation to come after that time.

Oftentimes, if the client has been through a devastating time, s/he may also be disoriented, so it falls to the clinician to re–orient the client to the longevity of the manifestation and its most probable termination. Again, advising the client about duration of effect is important in alleviating the stress.
Chapter IV

A: Almeliorative Axis

This indicator is the prognosis and the Rx. Of course, the prognosis is a very subjective calculation on the part of the therapist. It must include the client's persona as well as the temporary situation. Very often, the client's persona will precipitate, and even prolong, the temporary situation. That is to say in psychiatric terms, the client may now manifest the outward symptoms of his/her proclivities. At this point, the skilled practitioner must evaluate all the indices and the client's compliance with the therapeutic regime to give a prognosis.
Having a Persona index on Pedodontic patients will allow for the early awareness of proclivities and psychiatric tendencies, that, if ignored until puberty, can cause major confusion for the family and the practitioner.

**Chapter V**

**Oral–Psychiatric Symptoms**

The connection between psychiatry and dentistry can be causative, as well as accidental. Therefore facial deformities may promote psychiatric complications. However, the role of psychiatric complexities as causative factors in dental maladies may be less clear. Of course, oral hygiene may be affected by many factors, including socio-economic. In manifest psychiatric cases, oral hygiene may be grossly affected by medication, fixations, etc. Of course, because the mandible is on a rotating, movable axis, it is a focus of obsessions and tics. The famous laryngeal tics of psychiatric personalities is abundantly clear in the literature.

However, in more subtle cases, or in cases that have not yet reached the tipping point, mathematical–astrological diagnosis can be utilized as potential indicators of future psychiatric involvement. The training of the dentist should include these
manifestations of unusual oral behavior, etc, as they can be very often nipped in the bud. As of this reading, the patient’s psychiatric profile has not been related to dentistry, and this is symbolic of the country (USA) that we live in, where health issues are treated as industrial ones and illness treated only when it is of catastrophic proportions. Saving billions of dollars in prevention is not the priority of a society that profits from disease through patents of state of the art pharmaceuticals.

Here I will attempt to list the oral manifestations of psychiatric abnormalities:

1. **Bruxism**: is associated with anxiety, cancer and obsessive–compulsive behavior. The SAD individual, the victim, the pedophile, may have these complexities.

2. **Laryngeal tics**: these are signposts for bipolar (manic–depressive) personalities. These itches may curiously stigmatize the individual, and further isolate the individual from society.

3. **Whitening fixation**: due to the over-the-counter availability of these whitening strips, various dental manifestation may occur from over-use.

4. **Teenage pacifier dependency**: Although this unusual behavior may replace the cigarette for oral fixation and, thus, have an apparently beneficial effect for teens. It may produce the opposite effect as when
the pacifier is no longer acceptable behavior (adulthood), the oral dependency may be come overwhelming, leading to drug/nicotine dependencies, and, of course, oral cancer.

5. **Dependent personalities**: oftentimes child abuse victims remain closeted and, even in denial of the unspeakable event. As a result, the maladjusted personality develops and, subsequently, deviant sexual activity. Such deviant activity is also highly associated with the development of AIDS and venereal diseases which, of course, does have oral manifestations. Of course, much scientific data has already been assembled for the pathology of oral lesions of Herpes, AIDS and other venereal diseases.

6. **Vulnerable personalities**: Domestic violence and rape may also result in psychiatric complexities, especially if unreported. Obviously, the victim may be caught in a cycle of facial traumatic injuries. However, more subtle psychiatric complexities may result, such as bruxism, sleep apnea, and drug/alcohol dependencies.
This is a partial list of dental quirks which may signal the presence of psychiatric proclivities and, which, should be properly noted by the dental team so they can proceed with adequate caution.

As I mentioned before, certain debilitated planets may be found to be associated with these, and other, dental abnormalities. Additionally, the presence of such malevolent planets in the constellation of Taurus may also be an indicator of future dental mal-adjustments.

Obviously, when the dental team notes the presence of such dental eccentricities, this can be used to indicate an additional subjective assessment of the client. That is to say, if cosmetic surgery, cosmetic dentistry, orthodontics, are being evaluated, the patient's psychiatric proclivities should be assessed.

For example, will the millionaire's daughter be such a good candidate for orthodontics? Simply because her parents can pay the price? Such decisions are usually made around puberty, and tipping point psychiatric influences may begin to appear at that time, though in a less obvious way. Major reconstructive surgery involving a multi-member team of experts may examine all the physical, chemical, medical indices and still not include any psychiatric evaluation examining subtleties. Very often the outcome and progress, as well as the prognosis, for a major reconstructive case may be in the subtle realm of the patient's psyche.
I made the point earlier that the position of the planet Saturn with any of the benefic planets can have an adverse health effect. The benefic planets, of course, are the Sun, the Moon, Venus, Mercury and Jupiter. Saturn has also been historically associated with certain mathematical aspects. The astrologer will be familiar with Saturn’s 3rd, 7th and 10th house aspect. These refer to 90, 180, & 300 degrees, which, of course, are mathematical quantities and amenable to computer programming.

So, at this point, I am suggesting that birth database be subjected to astrological analysis and separated into several groups:

1. Kalasarpa yoga: Where all the planets are between (hemmed in) the mathematically derived planets, Rahu and Ketu, or in Chinese astrology, the Dragon’s head and the Dragon’s tail. These points are noted in any sidereal-based ephemeris, as well as the Rosicrucian ephemeris.

2. The conjunction of Saturn and the Sun will result in genetic disease, and, depending on the constellation, have an effect on that part of the body.

3. Aries, Taurus and Gemini, of course, rule the cranium, face, neurology and throat areas. Therefore, any ill-disposed planets in
those constellations would most likely be of significance to the dental team.

4. The conjunction of Saturn and Mercury will oftentimes result in psychiatric illness, such as MPD (multiple personality syndrome), and especially, depression.

5. The conjunction of Saturn and the Moon, especially in females, will result in depression and hysteria.

6. The position of one of the nodes (Rahu or Ketu) in the 12th position to the Ascendant, the Sun, or the Moon will result in manifest OCD (obsessive-compulsive disorder).

7. Bipolar may require further research. In my case I am diagnosed as bipolar. In the Dwadasamsa chart (12th divisional chart) the Southern Node (Ketu) is conjunct the Sun and in the Moon’s constellation of Cancer. Categorically, the Nodes effect eccentricities and, in this case, the Sun is the dispositor for how one displays oneself to the world and the Moon is the dispositor for moods. In bipolar disease, the moods are greatly affected and, traditionally, the native has wide mood swings, that affect the native’s overt behavior (in the Sun). This is my particular psychiatric case and astrological chart so, therefore, more data and more analysis is needed.
At this point, rather than going into a separate chapter, I would like to digress upon bipolar disorder, since that is my diagnosis. Rather than researching this syndrome, I will provide a description. I feel that if I research the scientific literature available on this syndrome, that I will deliver a biased description.

As I mentioned, the Southern node, Ketu is conjunct the Sun in the constellation of Cancer, which constellation is owned by the Moon. Historically, it is well known that the luminaries are enemies of the Nodes. In my case, it produces an eccentric and counterfeit reality, that is to say, I have an escape world that is in conflict with the measurable world. Since early childhood, the nuns encouraged me as a student, and with that foundation, I built a dream. I did, in fact obtain a DMD degree, but that is when my fantasy could no longer escape street analysis. I call it the Don Quixote personality. Dreams can only take one so far and then the cold cash culture breaks through. After all, I did not obtain my doctorate in the Esoteric, but in the material world of Dentistry, where success is measured in dollars, not in being an Albert Schweitzer.
I mentioned before that there may be the seeds of psychiatric illness apparent to the astute astrologer, but in order for psychiatric illness to manifest, there must be precipitating events. These are known as tipping points.

Is it possible to shield that native from these forces? Probably not. If it is not poverty, then it would be poverty of the spirit that would precipitate the mourning. The bipolar individual, I believe, is suffering from melancholia, anger and the shock of being rudely treated in the street. That is to say, that the aspect of Ketu on the Sun and the Moon will produce eccentricity and also undulation due mainly to the fact that the Nodes are specifically polar, or opposite poles of an imaginary mathematical axis. So, you see, even the name bipolar stems from the inherent duality of the Nodes. The bipolar individual, depending on the severity of the illness, will spend a disproportionate time trying to adjust the street to her/his dream. Fighting off reality accounts for the psychotic manifestations of bipolar disorder.

Again astro-diagnosis of psychiatric illness is in its incipient stages, but is amenable to mathematical, and hence, computer analysis. This is specifically where I hope to offer a breakthrough from the realm of the subjective to the scientific.
Now, for the unfamiliar, the Nodes referred to, are widely acknowledged to have dualistic effects. Of course, one is the Northern, and one is the Southern Node. A brief list of dualities might be

- Rahu v. Ketu;
- big v. small;
- poisonous, pervasive v. sharp, pointed, Martian;
- chronic v. acute.

In terms of my chart, in the Dwadasamsa chart Ketu is in Cancer conjunct the Sun. This Ketu/Sun conjunction is the basis of extrinsic eccentricity, whereas Rahu conjunct the Sun give narcissism/megalomania/grandiosity.* Since childhood, I have accepted that I had an altruistic mission to my life. I have a sense of purpose and destiny, that may, or may not be appropriate. My physical appearance tends to be eccentric, or so I’m told. Again, remember that the Nodes have a diminishing, extinguishing effect on the luminaries (Sun & Moon). Of course, that which is luminous is the life force of the Jiva soul. Nodes, of course, enhance the erratic, yet predictable course of bipolar disease.

Age of onset. There is disagreement in the literature, but due to the complicated nature of bipolarity, it is frequently overlooked in a diagnostic work-up. Of course, for me, the schism between fabrication and street reality became more shattering with age. As I have mentioned before, the planets have their particular maturity
times and, for the Nodes, it is the 42rd year for the Northern Node and for the Southern Node it is the 48th year. When the Sun and Moon are conjunct the Nodes, then their maturation dates need to be noted: Sun 22nd year; Moon 24th year.

Again, certain precipitating influences need to be present for the tipping point to manifest. As the hope for the manifestation of my grand destiny became extinguished with age, the explosive, retaliatory energy of Ketu became evident. I say retaliatory because the Northern Node's vision has a firm hold on the persona by the 42nd year, even though it may appear quixotic or grandiose to others.

Obviously any of these psychiatric illnesses can effect the prognosis of the dental plan.

Now for the research:

Very briefly, Encarta describes bipolar disorder as extreme mood swings between episodes of acute euphoria and severe depression.

www.pendulum.org has this information:
"Touched With Fire; Manic–Depressive Illness and the Artistic Temperament."

These findings are consistent with those of Dr. S. Andreasen, McNeil, Richards, and Karlsson (chapter 3) showing that mental illness and creativity tend to aggregate in certain families and not in others. The high rates of mood disorders and suicide in the literary and artistic families portrayed in this chapter are also consistent with studies showing greatly increased rates of manic depressive and depressive illness in the first degree relatives of individuals who have manic depressive illness.

"It is important to emphasize, however, that many writers and artists have no family history of these illnesses, nor do they themselves suffer from depression or manic depressive illness. This point is critical. The basic argument of this book is not that all writers and artists are depressed, suicidal, or manic. It is, rather, that a greatly disproportionate number of them are; that the manic depressive and artistic temperaments are causally related to one another. The genetic basis of manic depressive illness provides not only one part of this argument, but also the constitutional core of a determining temperament, one providing in part the sealed orders with which so many sail."
Social stigma towards mental illness exists in every society, including Canada and the United States of America. Yet the extent of such stigma varies according to the cultural and sociological backgrounds of each society. The purpose of this article is an attempt to examine the specific factors which lead to the social stigma towards mental illness in the Chinese community at large. Culturally, most Chinese tend to hide their feelings in comparison to their western counterparts. Indeed, there is a famous Chinese saying which said that "family shame should be kept inside the house." The loss of face is important to many Chinese. It is a social phenomenon that mental illness is a shame. This ill-conceived notion has to do with their ignorance of "mental illness." According to Lin Chiu, a veteran pharmacist at the Castle Peak Mental Asylum in Hong Kong, "Many Chinese have a very vague idea as to what mental illness is. To a lot of them, they tend to relate mental illness to violence, with little knowledge that there are various degrees and types of mental illness." Dr. Ted Lo, a Chinese-speaking psychiatrist in Toronto and the founder of the HONG FOOK MENTAL HEALTH ASSOCIATION in Toronto, echoes with Chiu’s opinion. He emphasizes that there is a lack of education among the Chinese towards mental illness and most tend not to admit that they are afflicted with the illness. This unwillingness to be
"associated with mental illness" is understandable when there is so much social stigma within the community towards mental illness.

To my mind, the Chinese media plays an important role in stereotyping mental illness. Dr. Ted Lo also agrees with this view. In my own experience of reading Chinese newspapers, I hardly find any editorials which pay attention to analyzing the causes of mental illness. On the other hand, they tend to use sensational headlines in their reports of the "mentally-ill" cases. For instance, big headline such as "A MENTALLY-ILL MAN TRIED TO KILL A STRANGER." In a recent incident in which a homicide occurred as a result of some family matters, the reporter just mentioned very briefly that the father is believed to have mental problems. In fact, according to a survey done in Hong Kong, only 1.4% of those who committed violent crimes are related to the so-called "mentally-ill" while 98.6% who committed violent crimes are considered "normal." Thus, such negative reports from the mass media undoubtedly increase the social stigma of the Chinese community towards mental illness. And of course, there is a popular local slang which adds to the existing social stigma. Phrases such as "you want to go to Castle Peak Asylum?" or "you must be CRAZY!" are often heard in the streets and in movies. Thus, under such a negative cultural environment towards mental
illness, it is understandable that many potential mentally-ill people refuse to seek help.

Hong Kong, a small island, is crowded with over 6 million people, with a big contrast between the rich and the poor. With such a discriminatory attitude towards mental illness, it seems that there would be little hope for employment if the employer finds out that the employee has a psychiatric history. Dr. Lo said that when he left Hong Kong about 24 years ago, there were the Pro-Life Rehabilitation Program and the Hong Kong Mental Health Association who tried to line up jobs for the ex-psychiatric patients. But he also pointed out that to what extent is it successful, he does not know. Dr. Lo, who also knows about the psychiatric system in China, said that in China, little attention is paid to mental illness and that the social stigma exists even more so.

According to the Canadian Mental Health System, there is about one in four Canadians who suffer one kind of mental illness or another. However, in Toronto alone, there are about 380,000 Chinese–Canadians, yet there are only a few who seek help at the Hong Fook Mental Health Association. Does it mean that the Chinese immigrants are healthier mentally than the Canadians? Or that they are afraid of being "labeled?" Or is it to do with the lack of language skills. Dr. Lo again emphasizes the lack of education among
the Chinese as well as the lack of services and funding from the Government.

There are workshops being offered by Honk Fook Mental Health Association,
yet the number of people who show up at these workshops is another matter.

He agrees that the lack of language skills can hamper new immigrants to
seek help, especially when a number of them do not know the hospital system
here in Toronto. He sees that there are changes which have happened within
the Chinese community, but that it is gradual and slow.

To conclude, it is important that the Chinese at large have to change their
deep-rooted bias toward mental illness, to accept those afflicted with the
illness without prejudice, before major changes can be done. Just like Dr. Lo
said, "There is hope but it is gradual."

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Dr F.Y. Kwok cites Michelangelo as a bipolar. There are some interesting
observations of his behavior from Ascanio Condivi’s (auto)biography, Life of
Michelangelo. Leonardo was convinced of a conspiracy against him by his
arch-rival Donato Bramante, so that he fled Rome vowing to never return.
The author of *Michelangelo & the Pope's ceiling*, Ross King mentions the Pope's letter encouraging him to return to Rome. "We are not angry with him, knowing the humors of such men of genius." *Later in his book, King states that Michelangelo was known as very temperamental. As for any grandiose notions, he quickly dismissed an assistant Liotti when that assistant started to brag that he was Michelangelo's equal. Is grandiosity of vision (associated with bipolar condition) a precondition for the execution of monumental works of art & literature? I probably would not be writing this book. Even though s/he may not ever be accepted as contributing, the artist/writer/composer must believe in her/himself. Michelangelo's tremendous ambitions revealed themselves in this new scheme (the *Sistine Chapel Ceiling*) he had committed himself to an even more exacting project, one that would pose an enormous challenge even for someone whose fame rested on his ability to execute gigantic works of art. Actually, when Michelangelo revealed *David* in public, they rejected it and pelted it with stones. That is not always the case for bipolar individuals, but according to my analysis, they would be listening to, and being compelled by external forces. Additionally, the author, Ross King states that there was no higher goal for the artist during the Renaissance than to make his figures seem alive. Vasari's biographer
Vasari draws a parallel between god creating Adam and Michelangelo re-enacting the Creation.

The following is the official report on bipolar disease from National Institute of Medicine & Health


Chapter VI

Genetic Determination
So you see, there is a published connection between creativity and bipolar disease, just as sensational headlines connect mental illness and violence. However, and this is where social stigmatization occurs, the presence of creativity does not signify the presence of bipolar tendencies. When the doctors finally pronounced me Bipolar II, and I checked out the list of posthumous artist, poets, writers, etc., I was thrilled to be a member of that exclusive club. (Michelangelo, Robert Lowell, Emily Dickinson, etc.) On reflection, being a dentist and subjected to a conspiracy, I also fled Boston, to live in an ashram, where my creativity was accepted. In Chapter IX, I plan to present case studies. Originally, in my 1st book, Jiva Soul: Axis of Interplanetary Vibrations, 1997, I delineated bipolar (manic-depression) as what is known amongst sidereal astrologers as Kalasarpa Yoga. This Yoga indicates that all the major planets, Moon, Sun, Mars, Mercury, Venus, Jupiter & Saturn are all hemmed in between the nodes in the same 180 degrees of each other, rather than randomly distributed in a 360 degree circle. Additionally, all these planets are hemmed in by the Nodes. That is, when examining the natal chart, the planets are clustered between the Nodes.

At this time, I am going to expand my diagnostic criterion, because the Nodes are inherently bipolar. Since Kalasarpa yoga is not present in my chart, I was forced to conclude that the presence of Ketu conjunct the Sun in the Moon’s house (Cancer) in the dwadasamsa chart was sufficient for the manifestation of these
bipolar symptoms. As I stated in my 1st book, we also need to examine the 12th divisional (dwadasamsa) chart for polar influences.) In my chart, we can note the direct conjunction of the Sun and the Nodes in the Moon’s domain.

How does this fit into my original objective: Preventative Pedodontics?

Because sidereal astrology is inherently mathematical, diagnosis of bipolar tendencies can be detected with computer software. In fact software already exists that can easily give you the position of the planets at just about any time in the present, past and future. If, in fact, Rahu & Ketu are indicators of one’s future aspirations and one’s past life, then much information can be gleaned by the dental/medical team to include in the patient’s treatment plan.

Chapter VII

Bipolar: A genetic variation

As of this writing, bipolar is classified as a disorder. However, the course of planets is subject to computerization and, hence, determined. There exist a
catalog of ephemeris in which can be found the future position of the planets and nodes. The Mayan had an extensive astrology and knew of the precession of the equinoxes and other subtle phenomena years into the future. They had constructed their buildings and stadiums in line with the Milky Way.

However, because mental illness, depression and suicide are associated with the bi–polar condition, it is called a disorder. Might it be that suicide and depression are the result of society’s attempt to purge the creative individual, to ignore the creative individual, to marginalize them? In my own experience, I can testify to society’s censorship. My brother used to complain that I was doing too many things, and that I never finished them. Certainly, it would not take too much to believe that present day society has a very destructive force on creative individuals. This is covered very brilliantly in the children’s story of Harry Potter in the Prisoner of Azkaban, where the dementors are chased away by the invocation of the Patronus spell taught to him by Professor Lupin, the Professor of Defense against Dark Arts.

Also absent in this society are the Patrons of the Arts. Where would Michelangelo have been without his patrons, Leonardo daVinci without the de Medicis? So the creative individual has become even more marginalized in the post–Renaissance era. Additionally, some bipolar individuals may not react well to medication and therefore, may still be polarized. Michelangelo’s biographer,
Paolo Giovio * describes Michelangelo’s personal habits as squalid. What Depakane does for me is to impede the formation of emotional clouds.

When I brought my student, M, to India, and she stayed in our Nabadwip Ashram for three months, an astrologer prescribed gems as an antidote for her bipolar condition, which is known in India as KemadrugaYoga. There is specifically a difficulty in translating the vast amount of experiential knowledge and expertise from the East to the West. However, with computer software any luminary–nodal conjunction could indicate the presence of the bipolar propensity.

At this point I will examine my student’s chart (M). Her birth data is 7/13/71, 1:30 PM, Boston, Mass. In the natal chart the nodes are directly aspecting the Moon’s House (Cancer). Direct aspect means the nodes are either conjunct or 180 degrees from the house. This, of course, means that the Moon (the mind) is subject to the polar influences. The Sun is not afflicted, so, true to form, her outward appearance is more conventional.

M’s son, J.A. was diagnosed with ADD in 2001. His birth-data is 8/1/97 6:30 PM, Miami Beach Fl. In his Dwadasamsa chart the Nodes are aspecting the Sun’s house. Let’s look at J.A.’s father’s chart, E.V. His birthdata is 9/10/66, Madrid, Spain 7:30 AM. His Natal chart is Adi–Kalasarpa, meaning that one planet is not hemmed in, the other six are. However, in his 12th divisional chart, dwadasamsa, the poles are directly aspecting the Moon’s House,
Cancer. He does have extraordinary creativity and conflicts in his life. He is presently an architect, but is working as a draftsman.

Another student, T, is a well known artist and vocalist (4/21/77 Nassau, Bahamas). Examination of her natal chart reveals Ketu conjunct the Sun in Aries and, of course, Ketu (like Mars) throws a 4th aspect on the Moon’s house (Cancer). In fact, this student has been diagnosed, but is not in compliance with her medication.

Musician and writer S.C., birth-data is 11/8/59 6:30 AM, Baltimore, Md. The Natal chart has a classic Kalasarpa Yoga with the planets hemmed in between the Nodes and in the Dwadasamsa chart, the Nodes are aspecting the Sun. Additionally, in the Natal chart, Ketu throws its 8th aspect, on the Sun which is in the Ascendant. He is a Rastafarian musician and a very fussy dresser and eccentric dreadlock. The Moon is not aspected, and he appears to be at peace with his mission in life. Most likely the fussiness comes from the placement of the nodes in the 12th position to the Sun and the Ascendant (OCD),

Obviously, there is a wealth of posthumous information, as is found in the book Touched With Fire: Manic-Depressive Illness and the Artistic Temperament. The Astrological charts of these well-known personalities will be examined further in Chapter IX.
Chapter VIII

Significance of the Nodes

The Nodes refer to what are commonly known as the Spring and Winter equinoxes. Mathematically, they are the bi-annual crossings of the Sun across the Earth's projected equatorial plane. The precession of the equinoxes is very well understood by sidereal astrologers, Mayan astrologers, and astronomers. Briefly, it is the conical rotation of the Earth's axis, such as the one observed with the spinning of a gyroscope. In fact, it is a precise mathematical entity occurring over time. Our predecessors were able to predict Eclipses and noticed that those points conveyed indications or warnings as to the dealing of the Higher Powers with mankind. In their cosmogony they picture something they called a Dragon, stretched across the
heavens; and ascribed to this Dragon an overshadowing effect upon the affairs of mortals.

Philosophically, much has been written about the Nodes. James Braha tells us the Moon’s Nodes are the single most important feature of a western Astrological birth-chart. The Southern Node reveals a person’s past (previous incarnations) and the North Node indicates a person’s future (where s/he is headed). Most significantly, the North Node (Rahu) represents the purposes, intentions, and objectives of an entire lifetime. Individuals who follow the path symbolized by their North Node are the most fulfilled, content, and self-actualized of all people whereas all other birth-chart aspects reveal behavior, tendencies or events likely to occur, the nodes function as a marvelous guidance system. Not only do the Nodes advise what realms of activity to pursue, but the South Node reveals the reason for such interests. The nodes function as a pair, and only one of them (the South Node) reveals actual behavior. The South Node, through its sign and house position, indicates the tendencies, characteristics, and affinities that the person was born with. The North Node, however, does not confer anything. It merely points the way to fulfilling, evolutionary activity which the person may undertake if he or she desires. The North Node does not indicate likely or
probable behavior  Each person has, of course, a natural, intuitive sense about the areas of life that will bring the most fulfillment. However, North Node territory, being new and untested, is often scary or intimidating. What makes the task extraordinarily difficult is that the person must, alternately, pursue both paths. The person is on Earth to learn equilibrium between the two spheres symbolized. *

If my premise is correct then, with the nodes conjunct the luminaries (Sun & Moon), there is enhanced creativity both externally and internally. If only the Moon, or its house, is aspected, then the person may appear conventional, but have racing thoughts (DSM-V).

The cause of bipolar tendency may well be connected to a precise gene map, yet undiscovered. In the meantime, what I am suggesting is that computer analysis of birth data in the pedodontic, pediatric clinic, may very well reveal very important information to the healthy/dental practitioner.
Chapter IX

The Nodes and Obsessive Compulsive Disorder

The Nodes, as mentioned before, also have a role to play in O.C.D. The pattern here, of course, is dominance. Theoretically, the native is compelled by either the Southern or Northern Node, since only one of them can be at any moment, in the 12th position to one of the Ascendants. In his book, Moons Nodes, George White describes the 12th house as the house of secret enemies, and also of regrets, and self-undoing. If the Southern node is in the 12th position, then the compulsion will be recidivistic behavior, or behavior that the person is carrying from her/his past life. If the Northern Node is in the 12th position then the compulsion will be the native s overwhelming vision, perhaps cultivated in a past life.

The point to be noted by the family members and the clinic, is that the native does not have conscious control over these compulsions. That is what makes them compulsions, or outside of the realm of elective behavior. In fact, I
have observed in the case of my mother that she could not remember that
she signed my property away in 1982 and was unconscious of her
compulsion to mandate that all women could/should/be mothers first and only.
Therefore, because of the native’s lack of control, the family and health
practitioner can make the appropriate clinical adjustments. Frequently, these
clients will claim they are not responsible for their behavior, or that s/he
never did it. These patients will frequently respond irrationally under stress,
as the past-life kinks / future visions try to dominate the situation.
Classically, when the native is under stress, either physical or mental, the
compulsive mind-set attempts to swing into full throttle, and of course, fight
for its survival. Remember one of the nodes is in the 12th, or last position,
to one of the 3 ascendants. The 12th house is the house of loss and
expenditures. Which ascendant, of the three, is involved, is also descriptive
of the depth of the compulsivity: the Sun being the most external of the three
, with the lagna (rising time)2nd, controlling the native’s appearance, and, of
course, the lunar (Moon) position the deepest, due its control over mental
activity. 12th nodal positions can be expected to generate fussiness and
compulsions about one’s physical appearance; 12th nodal positions to the
Ascendant will give rise to compulsions about survival and/or suicide; 12th
nodal positions to the Moon indicated compulsions about one’s past/future
conflicting paradigms. Adolph Hitler (4/20/1889) has Ketu in the 12th position to the Moon, which means that his past life was severely inhabiting his mental compulsions. Being in the 12th house is the equivalent of the popular saying What’s on your mind? Just a cursory knowledge of his madness reveals that he felt compelled to revert to an earlier mythical, Aryan time. That is to say, that his vision of a great society was strait-jacketed in the confines of a haunting past.

Whereas Fidel Castro (8/13/1926, Habana Cuba) has Rahu in the 12th position to the Sun, and he has a compelling vision of a socialistic society. As for personal addictions, it is well known that he always smokes cigars.

Queen Elizabeth (4/21/26 2:40 AM GWT Buckingham Palace England) has Ketu rising 1 degree below the ascendant Capricorn and Rahu 12th to the Moon in Leo. She is world famous for being obsessed with living in the past.

GWB, poster boy for the New Imperial World Order, has Rahu in the 12th position to the Sun. (6/6/1946 7:46 AM New Haven, Ct.) Remember, Rahu is the visionary compulsion. Because it is 12th to the Sun, rather than affecting his personal vision, it is society’s re-ordering that is demanded. It is well known that he was an alcoholic well into in forties. Classically, the compulsive addict merely switches addictions, especially when s/he denies the addiction, refuses medication and becomes a religious fanatic.
Sigmund Freud (5/6/1856, 8PM, Vienna Austria), father of psychoanalysis, has Rahu in the 12th position to the Moon, and Ketu 12th to his rising sign in Scorpio. His system of psychoanalysis would explain all behavior from infantile sexuality, parent-child relationships, etc. He also has the Sun and the Northern Node conjunct, 12th position to the Moon. Carl Gustav Jung, (7/26/1875, 2 PM, Lucerne Switzerland) Freud’s student, also has Rahu in the 12th position to the Moon, and Ketu in the 12th position to his ascendant in Scorpio. (Birds of a feather). The 12th Position of Ketu to the Scorpio Ascendant in Freud’s & Jung’s Charts explains their conviction of the childhood pastimes as the major contributing factors to the adult psyche.

(He contributed the concept of the collective unconscious to psychoanalysis. Jung maintained an extra-marital affair with his student for years, keeping up an illusion of respectability as a professor. Thus there were major visionary contributions made by these men. However, most likely Freud’s mental compulsion was behind his nicotine addiction which led to oral cancer & the surgical sectioning of his mandible.

I might mention that my mother’s Florence (2/17/19 1A.M., Medford Mass.) chart reveals Ketu in the 12th position to the Cancer ascendant she had nine children and spent most her adult living in a nursery.
Interestingly, her mother died when she was just 14, so there may have been some external obsessions to remaining a child.

It might be said that visions are not an exclusive domain of such driven individuals. However, because the Nodes are situated in the 12th position, they have the property of being unconscious and, therefore, undetected motivators. For those unfamiliar with astrology, there are 12 houses or 12 major constellations. It is, therefore, common to find a lack of, or scarcity of, conscience in such individuals because the Node is weighing so heavily on the subconscious mind. Therefore, compulsive spending, lying, addictions, alcoholism are just a few of the commonly associated destructive behaviors associated with this syndrome. In the case of the nodes occupying the 11th and 5th houses, respectively, there is more space and the native is classically more of a dreamer. Classically, what is in the 12th house is unfinished business from the native's past life. Might there be clues from the astrological placement of the Nodes as to the type of compelling vision? Of course.

**Bipolar I & II:** As I have stated, the Nodes are conjunct one or both of the luminaries in bipolar condition. In the case of bipolar, there may be the presence of anger. Let's examine why. Classically, the Nodes are mortal enemies, as can be researched in the ancient literature of the Srimad
Bhagavatam, so their combination (conjunction) inherently produces violence.

As has been stated earlier and is well known in the psychiatric community, bipolar I and II are both associated with the creative, artistic, and/or musical personality. My hypothesis is that the Nodes specifically modulate the light vibrations of the luminaries. Classically, interviews with artist, etc. reveal that they have the sense of messages being delivered to the conscious mind, or vibrations, words, forms that are unusual mixes. The ordinary is embellished, distorted, into the extraordinary. The association of bipolar condition with drug addiction may be explained by the observation that so-called reality appears lifeless and mundane compared to the visions that the artist feels and transmits to his/her canvas. The fact that these insights, visions, etc. undulate and sometimes disappear is again due to the inherent bipolarity of the Nodes. The artist, musician, writer abhors the absence of his/her unique visions and thus tries to induce those visions with hallucinogenic drugs, etc. unaware that they, in fact, are periodic. The Sun, of course, has a Southern and Northern course; the Moon has a 28 day lunar cycle. These are some of, but not all, of the natural periodicities.

Why does the bipolar have psychotic episodes? Again, periodicity is, specifically, the rise and fall of a vibration. The bipolar has a unique, and powerful, sense of his/her visions. Unfortunately, or fortunately, these cannot
be seen by other unaffected individuals. It is this sense of loneliness and misunderstanding that is associated with the anger. Those flamboyant individuals with patrons in the Renaissance era with unique visions were treated with respect and a modicum of decency, whereas present day society has little regard for such individuals, stigmatizes and marginalizes them, sometimes even persecutes them.

Conclusion

Extreme Bi-polarity

Some astrologers speak of the Nodes as representing karma, as James Braha did earlier. The human condition is already very complicated. Specifically, however, when the luminaries are afflicted, extreme results can be expected, since the luminaries represent such a vital force to the living entity. The Sun, of course, represents the physical body and the Moon the mind. Obviously, any afflictions to the Moon will be pervasive, even without the contribution of the affliction of the Sun, because the gross body is formed from the subtle mind. Because the nodes are specifically polar then, there is, of course, inherent duality and undulation. Naturally, when one of the Nodes is conjunct a luminary, then the affliction will be of
a cyclic nature. OCD is of a cyclic nature, but with a cycle of a lifetime. Bipolar I has a cycle of a few months and Bipolar II has a cycle of a few hours.

In addition to that psych patient’s sense of loneliness is purging or genocidal element that would eliminate such eccentric useless persons. To the radical right, conservative party a Leonardo, Emily Dickinson, or Michelangelo is a redundancy as when recently the poets were uninvited to speak at the Laura Bush White House. Creative individuals oftentimes have unique insights due to the fact that they are already sensitized to the eccentric vibrations of the polarizing Nodes. Here I am only suggesting that there may be a verifiable neurological basis for this sensitivity. Of course, if a path is well tread in the cranial pathways, then the threshold for cognition would be lower and faster and the subsequent pathways to action are already established. The moment of conception and the moment of birth are two remarkable, unique points in time when the planetary forces are imprinting the fetus with subtle forces that are again absorbed into the genetic makeup of the individual. It is even well known amongst astrologers who can observe planetary genealogy. I have been doing that for years. When there was a question of paternity, it is easy to establish that from the birth-data and astrological chart.

However, in some parts of the world, society feels free to marginalize the oddities and so they are quite easy to identify. First of all, their creativity is an overwhelming force in their lives, simply because it is undulating and therefore, subjectively, captivating, like the tides are for example. Without relief from the mesmerizing influence of the Nodes, the bipolar I and II, and the OCD native succumb to its primal dominance. One can see the backstage whispering as the creative individual saunters down the street to his/her own melody, or vision.

Additionally, marginalization of the achievements of creative individuals also encourages the minimalization of these individuals as peripheral to society, as replaceable. So, not infrequently, they are poverty stricken and/or underemployed. Being seen as close to nature, they are quickly assigned the label of trash in our disposable society.

What does this mean to the dental/health team? Obviously the marginalized individual receives inadequate or no dental/health care in society. Even if there is some psychiatric intervention, most likely there will be no dental intervention, with the exception of extractions. Thus the creative individual becomes even more marked due to lack of proper restorative dentistry. Of
course, this is not the case in socialized health care countries like Germany, England or Canada.

There is a search for localized genes that will signal the presence of these psychiatric variations. However, as always, there are shortcuts that have been established thousands of years ago by the Indian sage, Parasara Muni. The sciences of biochemistry and astrology may seem to be inimical, but try to remember that each planetary vibration is a mixed wavelength of very specific frequency that has been modulated by perhaps another planet, or two, or three, which is again traveling from a certain specific point to vibrate the jiva (created) soul of the fetus, thus imprinting those essential qualities on the fetus–soul.

The polarities and obsessive driving forces are most dangerous when the affected individual is unaware of them. S/he is likened to the color–blind individual who does not know the difference. Therefore, it falls to the dental/health team to advise the patient so that s/he can more deeply understand the driving forces of their own impulses.

References:
White, George. The Moon’s Nodes, 1927.

- Ross King: The papal (Julius II) astrologers eventually decreed the twenty-first of February 1508 to be the most auspicious date for its installation (bronze statue of Julius II). I mention this only to indicate how astrology was/is utilized more in other countries and other times, than it is in present day USA.
