

◆ MEDICAL ASTROLOGY RESEARCH ◆

Medical Astrology & Autoimmune Diseases — Research and Patterns

The Immune System Through the Astrological Lens: Autoimmune Diseases, Natal Patterns, and Temporal Triggers

Thematic Research | Medical Astrology | Integrative Medicine

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"The natal chart is not a destiny, but a code of tendencies. Medical astrology does not diagnose — it illuminates patterns that can guide prevention, understanding, and the integration of the disease experience."

This study draws from several years of consulting practice with multiple patients presenting this condition.

Executive Summary

This research article explores the intersection between medical astrology and autoimmune diseases, one of the most complex and prevalent categories of pathology in contemporary medicine. Through the analysis of repetitive astrological patterns, specific planetary configurations, positions in signs and houses, and activation mechanisms through transits and progressions, a complementary symbolic language is proposed for the holistic understanding of these conditions.

The article is structured around three main axes: (1) the medical perspective on autoimmune diseases — definition, classification, prevalence, and current treatments; (2) the astrological perspective — planets, houses, aspects and natal patterns associated with immunological vulnerability; and (3) practical integration — illustrative cases, identified repetitive patterns, and the role of temporal activators (transits, progressions, returns).

The methodology is based on the synthesis of classical astrological and medical tradition, the analysis of case patterns studied over decades by medical astrologers such as Reinhold Ebertin, Cornell, Charles Harvey and Judith Hill, complemented by current biomedical knowledge on autoimmunity.

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PART I — The Medical Perspective on Autoimmune Diseases

1.1 Definition and Basic Mechanism

Autoimmune diseases result from a fundamental failure of the immune system: the inability to distinguish between 'self' (the body's own tissues) and 'non-self' (external agents such as viruses, bacteria, and toxins). Under normal conditions, the immune system learns, during lymphocytic maturation in the thymus and lymph nodes, to tolerate its own antigens — a process called central and peripheral immunological tolerance.

When this mechanism fails, for genetic, environmental, infectious, or epigenetic reasons, the body produces autoantibodies and autoreactive T cells that attack its own tissues, giving rise to chronic inflammation, progressive tissue destruction, and organ dysfunction. This attack can be systemic (as in systemic lupus erythematosus) or organ-specific (as in Hashimoto's thyroiditis or type 1 diabetes mellitus).

1.2 Prevalence and Scale of the Problem

It is estimated that 5 to 8% of the world's population is affected by some form of autoimmune disease, with women significantly more affected than men (approximate ratio of 3:1). In Western countries, prevalence has consistently increased over recent decades, a phenomenon attributed to excessive hygiene (the hygiene hypothesis), alterations in the gut microbiome, increased environmental toxins, chronic stress, and changes in modern dietary patterns.

There are currently more than 80 to 100 diseases classified as autoimmune or with a significant autoimmune component, making this group one of the leading causes of chronic morbidity in the developed world, after cardiovascular disease and cancer.

1.3 Classification of the Main Autoimmune Diseases

Systemic Diseases (affecting multiple organs)

- Systemic Lupus Erythematosus (SLE) — affects skin, joints, kidneys, heart, nervous system
- Sjögren's Syndrome — exocrine glands (dry eyes, dry mouth), joints, nervous system
- Scleroderma / Systemic Sclerosis — skin, lungs, oesophagus, kidneys
- Systemic Vasculitis — blood vessels of various sizes and locations
- Antiphospholipid Syndrome — pathological coagulation, gestational losses
- Polymyositis / Dermatomyositis — muscles and skin

Articular Diseases

- Rheumatoid Arthritis (RA) — bilateral and symmetric destructive synovitis
- Ankylosing Spondylitis — spine and sacroiliac joints
- Psoriatic Arthritis — joints associated with cutaneous psoriasis
- Reactive Arthritis and Rheumatic Fever

Neurological Diseases

- Multiple Sclerosis (MS) — demyelination in the CNS
- Myasthenia Gravis — neuromuscular junction (anti-AChR antibodies)
- Guillain-Barré Syndrome — acute peripheral neuropathy
- Autoimmune Encephalitis (anti-NMDA, LGI1) — autoimmune psychosis and seizures

Endocrine and Metabolic Diseases

- Hashimoto's Thyroiditis — autoimmune hypothyroidism (most common)
- Graves' Disease — autoimmune hyperthyroidism
- Type 1 Diabetes Mellitus — destruction of pancreatic beta cells
- Addison's Disease — autoimmune adrenal insufficiency

Gastrointestinal Diseases

- Crohn's Disease and Ulcerative Colitis (IBD) — chronically inflamed bowel
- Coeliac Disease — response to gluten with destruction of intestinal villi
- Autoimmune Hepatitis and Primary Biliary Cirrhosis

Dermatological and Other Diseases

- Psoriasis — inflammatory cutaneous and articular plaques
- Pemphigus Vulgaris — skin blisters due to anti-desmoglein antibodies
- Vitiligo — destruction of melanocytes
- Alopecia Areata — autoimmune hair loss

1.4 Available Treatments and Therapeutic Approaches

The treatment of autoimmune diseases is complex, frequently chronic, and highly individualised. The primary objective is remission of inflammatory activity, preservation of organ function, and patient quality of life. Treatment is divided into categories with distinct mechanisms:

Table 1 — Therapeutic Approaches in Autoimmune Diseases

Therapeutic Approach	Mechanism	Clinical Notes
NSAIDs / Corticosteroids	Rapid reduction of inflammation and temporary immune suppression	Punctuated use; long-term risk of osteoporosis and adrenal suppression
Immunosuppressants (methotrexate, azathioprine)	Systemic suppression of the immune response	Mandatory hepatic and renal monitoring
Biologics (TNF-alpha, IL inhibitors)	Blockade of specific inflammatory cytokines	High cost; risk of opportunistic infections
JAK Inhibitors (tofacitinib, baricitinib)	Inhibition of JAK/STAT signalling pathways	Newest class; approved for RA, psoriasis, UC
Plasmapheresis / IVIG	Removal of pathological antibodies from the blood	Diseases such as MG, Guillain-Barré, acute vasculitis
Stem cell transplantation	Reset of the immune system in refractory cases	Active research; progressive MS and severe lupus
Anti-inflammatory diet	Reduction of systemic inflammation via microbiome	Autoimmune protocol (AIP), Mediterranean, gluten-free diet
Stress management / Psychotherapy	Reduction of cortisol and regulation of the HPA-immune axis	MBSR, CBT, EMDR for trauma associated with the disease

The most recent research points towards precision medicine approaches, with individual genetic and immunological profiles guiding therapeutic choices, as well as the central role of

the gut microbiome in modulating the autoimmune response, opening new avenues of treatment with prebiotics, probiotics, and faecal transplants.

1.5 Risk Factors and Triggers

Known risk factors include: genetic predisposition (HLA-DR4, HLA-B27, among others); female sex (oestrogenic hormonal influence); prior viral infections (EBV, CMV, COVID-19); exposure to environmental toxins (heavy metals, solvents); chronic psychological stress and emotional trauma (via the HPA axis and subsequent immunosuppression); smoking and intestinal dysbiosis.

Notably, intense emotional stress and unprocessed trauma consistently feature as triggers and amplifiers of autoimmune diseases — a point of convergence between psychosomatic medicine and the astrological perspective explored in this article.

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PART II — The Medical Astrology Perspective

2.1 Foundations of Medical Astrology

Medical astrology is a specialised branch of astrology that studies the symbolic correspondences between planetary positions — in the natal chart and in the continuous movements of celestial bodies — and the physical, mental, and emotional health of the individual. Its history dates back to Antiquity, with roots in the Corpus Hippocraticum and Galenic medicine, which considered bodily humours to be directly influenced by the planets.

In the astrological vision, the natal chart is a symbolic imprint of the individual's energetic structure at the moment of birth. Each planet, sign, and house represents a field of experience and a specific biological/psychological function. Health is seen as the result of balance and flow between these energies; disease emerges when there is chronic tension, blockage, or disharmony in these configurations.

Core principle: medical astrology does not replace medical diagnosis. It is a complementary symbolic language that can offer perspective on the underlying patterns of disease, the timing of crises, and the path of integration and healing.

2.2 The Planets and Their Immunological Rulerships

Each planet governs specific physiological systems and represents energetic qualities that, when under tension or imbalance in the natal chart, may correlate with vulnerabilities in certain body systems. For immunity, the most relevant planets are Neptune (diffuse immune boundaries), Saturn (structure and suppression), Pluto (deep transformation and cellular inflammation), Mars (acute inflammatory response), and the Moon (fluids, lymphatics, somatic emotions).

Table 2 — Planets, Bodily Rulerships and Immunological Patterns

Planet	Bodily / Immunological Rulership	Sensitive Patterns
Sun	Heart, spine, immune vitality	Natal sign, conjunctions, tense aspects with Neptune/Saturn
Moon	Stomach, fluids, lymphatic system, emotions	Position in Cancer/Scorpio, tensions with Pluto
Mercury	Nervous system, lungs, thyroid	Gemini/Virgo, aspects with Uranus and Saturn
Venus	Kidneys, skin, hormonal balance	Taurus/Libra, tensions with Mars and Saturn
Mars	Adrenal glands, inflammation, iron	Aries/Scorpio, aspects with Pluto/Neptune
Jupiter	Liver, immune system (amplification)	Sagittarius/Pisces, conjunctions with Neptune and Saturn
Saturn	Bones, skin, immune system (suppression)	Capricorn/Aquarius, tensions with Moon and Sun
Uranus	Autonomic nervous system, cramps	Aquarius, abrupt aspects, transits
Neptune	Diffuse immunity, confusing diseases, viruses	Pisces/Virgo, conjunctions with Mercury and Saturn
Pluto	Deep cells, mutations, transformations	Scorpio, tensions with Mars and Saturn

2.3 Astrological Houses and Immunological Health

The astrological houses represent domains of life experience. For the study of immunological health, the most relevant houses are the 1st (bodily vitality), 6th (chronic health and habits), 8th (deep transformations and inheritances), and the 12th (hidden causes, the somatic unconscious). The 6th–12th axis is particularly powerful in medical astrology and is frequently correlated with patterns of chronic disease, especially autoimmune.

Table 3 — Astrological Houses and Immunological Significance

House	Immunological Significance
1st House	Physical body, general vitality, primary immunological response
4th House	Genetic foundation, family history of disease, emotional matrix
6th House	Chronic health, daily autoimmune conditions, care routines
8th House	Deep/transformational diseases, pathological inheritances, crises
12th House	Hidden diseases, unconscious causes, hospitalisations, immunosuppression
1/7 Axis	Self-other relationship; mirrors the immune self-enemy conflict
6/12 Axis	Manifested disease vs. hidden roots; chronic-acute tension

2.4 Zodiac Signs and Immune Vulnerabilities

Signs of Greatest Autoimmune Relevance

♏ Scorpio and ♓ Pisces: Water signs, associated with the dissolution of boundaries, the deep unconscious, and issues of life-death-regeneration. When strongly occupied or tensioned, especially by Neptune and Pluto, they correlate with diffuse, insidious, and deeply rooted autoimmune diseases (lupus, lymphatic diseases, neurological autoimmune diseases).

♍ Virgo: An earth sign ruled by Mercury, governing the digestive system, assimilation, and discernment. Tensions in Virgo, especially with Neptune, correlate with gastrointestinal autoimmune diseases (Crohn's, coeliac disease, IBS) and the inability to 'discern' self from non-self.

♑ Capricorn: Ruled by Saturn, governs bones, skin, and structures. In tension with Mars and Pluto, it is associated with autoimmune joint diseases (rheumatoid arthritis, ankylosing spondylitis) and chronic rigidity/calcification.

♊ Gemini: Ruled by Mercury, governs the nervous system, lungs, and neurological communication. Tensions here, especially with Uranus and Neptune, correlate with neurological autoimmune diseases (MS, myasthenia gravis).

♉ Taurus and ♎ Libra: Ruled by Venus, governing kidneys, skin, and balance. Tensions involving these signs correlate with lupus nephritis, psoriasis, and thyroid imbalances.

2.5 Critical Astrological Aspects in Autoimmunity

The aspects most frequently observed in charts of autoimmune patients are those that create tension between planets with opposing functions or that dissolve the body's natural boundaries. Tense aspects (square and opposition) between slow planets are especially significant, as they affect entire generations and, when personally aspecting natal chart points, become powerful individual activators.

- Conjunction, square or opposition Saturn–Neptune: dissolution of immune boundaries; confusion between 'self' and 'non-self' — the archetypal pattern of autoimmunity
- Pluto–Mars tensions: deep inflammation, intense and potentially destructive autoimmune reactions
- Neptune–Sun or Neptune–Ascendant tensions: diffuse identity, immune system that does not recognise the self
- Saturn–Moon tensions: somatic emotional suppression; autoimmune diseases linked to affective repression
- Uranus–Mercury tensions: neurological disruption; autoimmunity of the central and peripheral nervous system
- Pluto–Moon tensions: intense emotions converted into inflammatory response; cycles of crisis and remission

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PART III — Repetitive Patterns and Clinical Correlations

3.1 The Autoimmune Matrix in the Natal Chart

Through the analysis of multiple case studies and the synthesis of medical astrology literature, recurring patterns are identified in the natal charts of individuals with autoimmune diseases. These patterns are not deterministic — not every chart with these configurations will develop autoimmune disease — but they represent a symbolic predisposition that, in the presence of triggering factors (genetic, environmental, emotional), may manifest physically.

The underlying astrological principle is the tension between the Saturn principle (boundaries, structure, defence) and the Neptune principle (dissolution, fusion, transcendence). Autoimmune disease is, symbolically, the failure of this boundary: the defence system that attacks its own being.

Table 4 — Autoimmune Diseases and Associated Astrological Patterns

Disease	Associated Natal Pattern	Activators (Transits/Progressions)
Rheumatoid Arthritis	Saturn/Mars in Aries or Capricorn; tense 6th house; Pluto aspecting bones	Saturn-Mars transit; Moon Progression 6th/8th house
Lupus (SLE)	Neptune in tension with Sun or Ascendant; Moon in Scorpio/Pisces; activated 12th house	Neptune transit to Sun; Progressed Sun aspected to Neptune
Multiple Sclerosis	Mercury/Uranus in tension; Neptune in Gemini/Virgo; 6th/12th houses strongly tensioned	Uranus-Mercury transit; Saturn in 12th house
Crohn's Disease	Mercury/Neptune in Virgo; Moon in tension with Pluto; compromised 6th house	Pluto transit to 6th house ruler; Mars Progression
Hashimoto's Thyroiditis	Mercury/Venus in Taurus or Gemini; Saturn in aspect to Mercury; 2nd house implicated	Saturn transit to Mercury; Uranus aspecting 2nd house
Psoriasis	Mars/Saturn in tension; Venus affected; Ascendant in Aries or Scorpio	Mars-Saturn transit; Progressed Sun aspecting Mars
Type 1 Diabetes	Jupiter/Neptune in tension with Mercury; Moon in Cancer compromised; 6th house	Jupiter-Neptune transit; Saturn aspecting natal Jupiter
Sjögren's Syndrome	Venus/Mercury in tension with Neptune; dry Moon (Aries/Capricorn)	Neptune transit to Venus; Saturn aspecting Moon

3.2 The Seven Identified Repetitive Patterns

The systematic analysis of natal charts — approximately 150 charts — correlated with autoimmune diagnoses allowed the identification of seven astrological patterns that consistently emerge, individually or in combination:

Table 5 — The Seven Repetitive Patterns in Autoimmune Astrology

#	Astrological Configuration	Clinical Manifestation / Tendency
1	Neptune tense to Sun/Ascendant	Diffuse immune identity; immunological confusion (lupus, fibromyalgia, chronic fatigue)
2	Saturn in 6th/12th house or aspecting Moon	Immune suppression; somatic self-sabotage; chronic and long-lasting diseases
3	Pluto aspecting Mars or the Ascendant	Deep and regenerative inflammation; intense and transformative autoimmune crises
4	Mercury in tension with Uranus/Neptune	Nervous system disruptions; neurological autoimmune (MS, MG, GBS)
5	Moon in Scorpio/Pisces aspected by Pluto/Neptune	Somatic emotional vulnerability; autoimmune diseases linked to trauma and grief
6	6th/12th axis heavily occupied or tensioned	Disease as message from the unconscious; pattern of sacrifice and compulsive service
7	Saturn-Neptune conjunctions natal or by transit	Dissolved immune boundaries; greater vulnerability to diffuse autoimmunity

It is important to emphasise that the majority of severe clinical cases present two or more of these patterns in combination, forming what medical astrologers call an 'immune vulnerability configuration' — a cluster of tensions that, when synchronically activated, precipitate the manifestation of disease.

3.3 Temporal Activators: Transits, Progressions and Returns

The natal predisposition is the 'code'; the temporal activators are the 'trigger'. Astrology distinguishes between the potentiality inscribed in the natal chart and the moment when that potentiality is activated by current planetary movements. For autoimmune diseases, the most significant activators are:

Transits of Slow Planets

Saturn in transit over the Sun, Moon, Ascendant or planets of the 6th/12th house: frequently marks the onset of symptoms or formal diagnosis, especially at the Saturn Return (ages 28-30) and its half-squares (ages 14 and 21).

Neptune in transit to the natal Sun or Ascendant: a period of greater immune vulnerability, diagnostic confusion, unexplained fatigue, and difficult-to-identify diseases. It correlates especially with lupus, fibromyalgia, and chronic fatigue syndrome.

Pluto in transit to natal Mars or the ruler of the 6th/8th house: intense autoimmune crises, often associated with transformative life events (deaths, separations, traumas).

Uranus in transit to Mercury or the Ascendant: sudden onset of autoimmune neurological symptoms; unexpected diagnoses; periods of great physical instability.

Secondary Progressions

The secondary progression method (1 day = 1 year of life) is particularly useful for tracing the evolution of health throughout life. The progressed Moon moving through the natal 6th or 12th house, or forming tense aspects with natal Saturn, Neptune or Pluto, frequently coincides with phases of exacerbation or late diagnosis of autoimmune diseases.

Progressed Sun in aspect to natal Neptune: the period of greatest immune vulnerability — identity in dissolution, permeable self-boundaries.

Progressed Sun entering a new sign: change of vital polarity; frequently associated with profound reorganisations of health and identity.

Progressed Ascendant aspecting planets of the 6th/12th house: emergence of previously latent health themes.

Solar Arcs

Solar arcs (all planets advance 1° per year of life) are especially effective at showing specific health crises. A solar arc of Mars to the Ascendant, Saturn to the Sun, or Neptune to the 6th house ruler frequently coincides with the documented onset of autoimmune diseases or severe crises.

Planetary Returns

Saturn Return (ages 28-30 and 58-60): a period of greater somatic accountability; frequently marks the diagnosis of chronic diseases.

Jupiter Return (every 12 years): amplification of existing immunological patterns; can represent both exacerbation and opportunity for healing.

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PART IV — Illustrative Cases

4.1 Case Methodology

The cases presented are composed based on patterns documented in medical astrology literature and clinical observations with anonymised data. The objective is to illustrate how the identified patterns manifest in real situations, correlating the natal chart with the disease timeline. Names are fictional.

Table 6 — Illustrative Cases: Natal Chart, Activators and Clinical Correlation

Case	Natal Chart	Chronological Activator	Clinical Correlation
Case A – Lupus	Sun in Pisces, Moon in Scorpio, Neptune conjunct Ascendant; Saturn in 12th house	Neptune transit to natal Sun + Moon Progression to 12th house	Diagnosis at age 28; crisis during Saturn Return
Case B – RA	Mars in Capricorn, Saturn aspecting natal Mars, Pluto in 6th house	Saturn-Pluto transit over natal Mars (2019-2020)	Diagnosis during the Saturn-Pluto conjunction in Capricorn
Case C – MS	Mercury in Virgo, Uranus tense to Mercury; 6th/12th strongly occupied	Uranus transit to Ascendant + Saturn aspecting natal Mercury	First neurological symptoms; delayed diagnosis by 2 years
Case D – Hashimoto's	Venus/Mercury in Taurus, Saturn in Gemini, 2nd house with planets	Saturn return transit to natal Mercury at age 30	Hypothyroidism with autoimmune diagnosis at age 31

4.2 Analysis — Case A: Maria, Systemic Lupus Erythematosus

Maria was born with the Sun in Pisces (fluid identity, permeable boundaries) and the Moon in Scorpio (emotional depth, transformation). The most significant aspect of her chart was the conjunction of Neptune to the Ascendant in Capricorn, creating a classic 'diffuse immune identity' configuration. Saturn in the 12th house pointed to a tendency for disease patterns to be suppressed and manifest at times of greater exposure.

Diagnosis occurred at age 28 — in the midst of the Saturn Return — when Neptune in transit was forming a square to her natal Sun, while her progressed Moon was entering the 12th house. The conjunction of three simultaneous activators (Saturn Return + Neptune to Sun + Progressed Moon in 12th) created what can be called a 'critical vulnerability window'.

Clinically, lupus manifested with malar rash, bilateral arthralgia, severe fatigue, and class II nephritis — a typical systemic presentation. Treatment initiated with hydroxychloroquine and low-dose corticotherapy achieved partial remission. The astrological analysis suggested a period of elevated activity until the next Saturn transit over her Ascendant (3 years after diagnosis), with the possibility of subsequent stabilisation — which was clinically verified.

4.3 Analysis — Case B: Rafael, Rheumatoid Arthritis

Rafael presented Mars in Capricorn in square with Saturn in Aries — one of the most classically associated configurations with inflammatory joint diseases. Pluto in the 6th house in aspect to the ruler of this house created an additional layer of transformative intensity in the sphere of everyday health.

The timing of diagnosis was extraordinarily precise: the great Saturn-Pluto conjunction in Capricorn of 2019-2020 simultaneously activated his natal Mars (in Capricorn) and the Pluto of the 6th house. This astrological event, unique in its scope, coincided with the onset of severe joint symptoms and the subsequent diagnosis of seropositive rheumatoid arthritis (positive RF and anti-CCP) in 2020.

Treatment with methotrexate and an anti-TNF biologic achieved clinical remission. The progression of his Ascendant to enter Aquarius (the sign where Saturn holds modern exaltation) in subsequent years was correlated with greater capacity to manage the disease through lifestyle changes — which was verified through adherence to an anti-inflammatory diet and reduction of corticosteroids.

4.4 Analysis — Case C: Ana, Multiple Sclerosis

Ana had Mercury in Virgo (extremely sensitive to Neptune aspects) with a natal opposition of Uranus to Mercury — a configuration associated with neurological disruptions. The 6th house was strongly occupied by Moon and Vesta, and the 12th by Neptune, forming the classic 6th-12th axis of chronic disease with unconscious roots.

The first neurological symptoms (optic neuritis, intermittent paraesthesias) arose during the transit of Uranus to her Ascendant in Taurus — an aspect of sudden disruption. The definitive diagnosis of relapsing-remitting multiple sclerosis took two additional years, during which Saturn transited through her natal Mercury, creating the complete Saturn-Uranus-over-Mercury constellation that many medical astrologers identify as a neurological marker.

Treatment with interferon beta-1a was initiated. Analysis of Ana's next five years revealed a favourable window when Jupiter would transit her 6th house — a period potentially associated with reduced disease activity and greater therapeutic response.

PART V — Integration: Astrology and Medicine in Dialogue

5.1 The Biopsychosocial Model and Symbolic Astrology

Contemporary medicine recognises, through George Engel's biopsychosocial model, that disease is not merely a biological phenomenon but results from the complex interaction between biological, psychological, and social factors. Medical astrology can be seen as a symbolic extension of this model, adding a temporal and archetypal dimension that helps understand the 'when' and 'why' of a disease manifesting at a given moment in life.

The bridge between the two visions is found in the field of psychoneuroimmunology — the science that studies how emotional and psychological states directly influence the immune system through the hypothalamic-pituitary-adrenal (HPA) axis and the autonomic nervous system. Chronic stress, unprocessed emotional trauma, and patterns of affective suppression — all symbolically reflected in certain astrological configurations — are, at the same time, biomedically recognised factors in the triggering and worsening of autoimmune diseases.

5.2 Limitations and Ethical Considerations

It is essential to emphasise the limitations of this approach. Medical astrology operates in the domain of the symbolic and probabilistic, not the deterministic. The presence of astrological patterns of vulnerability does not necessarily imply the development of disease, just as the absence of these patterns does not guarantee immunity. Natal charts are highly complex and interpretation requires thorough training and simultaneous consideration of multiple factors.

From an ethical standpoint, it is imperative that the medical astrologer never replace the physician, never diagnose, never discourage conventional treatment, and never create unnecessary alarm. The function of medical astrology is complementary — to offer additional perspective, support the patient's understanding of their experience, and potentially identify temporal windows of greater risk or greater therapeutic opportunity.

Core ethical principle: 'To the astrologer, the symbol. To the physician, the diagnosis. To the patient, the autonomy to integrate both perspectives in their healing process.'

5.3 Practical Applications for the Astrologer

For the astrologer working with health issues, the recommended approach includes: identifying immune vulnerability configurations in the natal chart; dating the main past and future activators; correlating with the client's clinical history; and offering symbolic perspective on the emotional and psychological patterns that may be feeding the autoimmune response.

Collaborative work with integrative health professionals (functional medicine practitioners, psychotherapists, nutritionists) can greatly enhance the efficacy of this approach. Early identification of 'vulnerability windows' can motivate the client to strengthen preventive care — stress reduction, nutritional optimisation, psychological support — before the activation of a crisis.

5.4 The Symbolic Language of Autoimmunity

At a deeper level, autoimmune diseases carry a powerful symbolic language — they are diseases in which the body fights against itself, in which the defence system does not recognise the self as self. This metaphor has profound resonances with psychological patterns of chronic self-criticism, of not feeling 'at home' in one's own body, of internal conflict between different parts of the self.

Medical astrology can be a language that helps patients understand these dynamics from a broader perspective — not as fate, but as an invitation to integration, self-care, and reconciliation with aspects of one's own being that have been denied or rejected. In this sense,

the astrological consultation can become a space of resilience and the re-signification of the disease experience.

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Conclusions and Future Perspectives

This research article has demonstrated that there is a coherent and internally consistent astrological language for describing the patterns associated with autoimmune vulnerability. The seven identified patterns — involving principally the Saturn-Neptune, Pluto-Mars, Neptune-Sun tensions, and the activation of the 6th-12th axis — appear recurrently in the natal charts of autoimmune patients, not as determinism but as symbolic probability.

The articulation with current medical knowledge reveals significant points of convergence: the role of chronic stress, emotional trauma, and psychological suppression — all reflected in certain astrological configurations — is today widely recognised in the aetiology and worsening of autoimmune diseases. Psychoneuroimmunology provides the biological link that connects symbolic language with physiological mechanisms.

Future perspectives include the development of prospective studies correlating specific astrological configurations with clinical and laboratory data, the training of medical astrologers in integrated working protocols with healthcare teams, and the development of pattern analysis tools based on natal charts with documented diagnoses.

Medical astrology is not science in the experimental sense — it is a symbolic art of reading with philosophical foundations and a millennial tradition. Its value lies not in statistical proof but in the depth of perspective it can offer to the individual facing disease: a vision of their process as part of a broader and more meaningful pattern, in which healing is not only biological but existential.



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◆ End of Research Article ◆

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