THE PHYSICAL AILMENTS OF OCCULTISTS

A line-by-line critical analysis

Historical context • methodology • medicine • psychology • Scripture

Prepared by the Library of Rickandria

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“Prove all things; hold fast that which is good.” — 1 Thessalonians 5:21 (KJV)

Scope, method, and limits

Purpose
This report analyzes every substantive proposition in Alice Warren Hamaker's five-page reprint, not every accidental PDF line-wrap. The article is treated first as a historical Theosophical text, then tested against modern medical evidence, relevant psychological research, basic standards of causal reasoning, and the King James Bible. The aim is correction, not ridicule.

Important medical boundary
This document is educational and theological, not a diagnosis. A spiritual explanation should never be used to delay evaluation of persistent, severe, or sudden symptoms. Prayer and ordinary medical care are not rivals in Scripture; Paul could speak of providence while also recommending an ordinary remedy (1 Timothy 5:23) and recording that a faithful coworker remained sick (2 Timothy 4:20).

Four-layer method

Layer	Question asked
1. Textual claim	State what the author actually asserts, preserving uncertainty words such as "probably," "appears," or "it is true."
2. Evidentiary test	Ask whether the claim is observable, operationally defined, controlled for alternatives, and capable of being falsified.
3. Psychological/rhetorical test	Identify nocebo, symptom monitoring, confirmation bias, moralization, group-pressure, or self-sealing reasoning where relevant.
4. Biblical test	Distinguish genuine biblical language from Theosophical meanings placed beneath it, and compare Scripture with Scripture.

Verdict vocabulary

False as stated: Contradicted by well-established evidence or by the biblical text.

Unsupported: Possible in the abstract, but the article gives no adequate evidence and reliable evidence does not establish it.

Unfalsifiable: Protected from disproof by invisible entities, ad hoc dimensions, or explanations that reinterpret every result as confirmation.

Partly true, mechanism wrong: A real phenomenon is noticed—often stress-related—but chakras, karma, or occult energy are not shown to cause it.

Sound moral counsel, false framework: The advice may resemble biblical wisdom, yet it is attached to an unsupported medical or occult mechanism.

Primary-source identification

The uploaded reprint identifies the author as Alice Warren Hamaker and says it was reprinted from The Theosophist, September 1926. The Theosophical Society in Australia's periodical index independently lists the article in volume 47, September 1926, page 700, and records a 1985 reprint. This confirms provenance, but not truth. [T; H1]

The tract's vocabulary—etheric and finer bodies, chakras, karma, "Fifth Race," Masters, initiation, Fohat, Prana, and repeated lives—is recognizably Theosophical. Contemporary Theosophical reference works themselves

describe root races as stages in a sevenfold evolutionary scheme and present etheric centres and occult energies as part of that system. [H2–H3]

Executive conclusion

The article is not a medical investigation. It supplies no defined population, diagnoses, comparison group, examination findings, laboratory evidence, follow-up protocol, statistical analysis, or citations. It moves from impressions ("seem," "probably," "popularly supposed") to causal certainty, and repeatedly uses the symptom itself as evidence for the invisible cause it proposes. The resulting framework is self-sealing: improvement confirms occult adjustment; continued illness can be reclassified as deeper imbalance, karmic debt, faulty character, or blocked energy.

Several observations contain a limited truth. Fear can produce gastrointestinal sensations; stress can aggravate headaches and some digestive disorders; emotion can produce globus ("a lump in the throat"); empathy and social connection matter. But these observations are adequately explained through known neurological, autonomic, endocrine, immune, behavioral, and gut–brain processes. They do not demonstrate chakras, reincarnation, Fohat, karmic disease, or an etheric body. [M2–M9]

Biblically, the tract's controlling worldview conflicts with the text at foundational points. Scripture treats the created body as God's workmanship and destined for resurrection, not as a degenerative crust; it teaches one earthly life followed by judgment, not repeated incarnations; it forbids divination and occult consultation; and it centers salvation and access to God in Jesus Christ, not Masters or initiation. Scripture also rejects simplistic illness-blame: Job, the man born blind, Epaphroditus, Trophimus, Timothy, and Paul's "thorn" prevent us from reading every ailment as proof of a specific moral failure.

Overall verdict
Historically authentic Theosophical writing; medically unreliable; methodologically non-falsifiable; psychologically capable of increasing symptom vigilance and guilt; biblically incompatible at the level of anthropology, salvation, occult practice, and reincarnation. Some ethical counsels are true in isolation, but they do not validate the surrounding system.

Methodology audit

Domain	What the article provides	Methodological consequence
Population	"Most people who try" is undefined. No denominator, recruitment method, or sampling frame.	Anecdotal prevalence; selection bias.
Exposure	"Practise occultism" includes no defined practices, duration, intensity, teacher, or adherence.	The causal variable cannot be measured or replicated.
Outcomes	Headache, neuralgia, sight trouble, tuberculosis, organ disease, insanity, and many other conditions are grouped without diagnostic criteria.	Category collapse and misclassification.
Comparator	No comparison with non-occultists, population base rates, or practitioners with different habits.	Base-rate neglect; no causal contrast.
Time course	No records establish whether symptoms preceded, followed, improved, or worsened with any practice.	Post hoc inference.
Confounders	Age, infection, nutrition, sleep, alcohol, medications, trauma, genetics, poverty, and access to care are unaddressed.	Alternative explanations are ignored.
Mechanism	Chakras and finer bodies are asserted, not measured. When anatomy does not fit, extra dimensions are invoked.	Ad hoc rescue; unfalsifiability.
Prediction	No risky prediction is stated that could prove the theory wrong.	Every outcome can be absorbed into the theory.
Treatment test	No randomized or even structured before–after comparison of "character change" is supplied.	Regression to the mean and placebo/nocebo remain uncontrolled.
Sources	No clinical references, case records, or anatomical authorities appear.	The reader receives assertion instead of verification.

Psychological risk map

Nocebo expectation
Telling readers that pressure, illness, or organ failure reveals occult imbalance can generate negative expectations and intensify reported symptoms. Nocebo effects are genuine psychobiological responses; they do not prove the suggested occult cause. [P1]

Somatic hypervigilance
Repeatedly scanning the head, throat, stomach, liver, spine, and sexual organs increases attention to ordinary sensations. Attention can amplify symptom salience and distress. [P2–P3]

Confirmation bias
A reader is primed to notice confirming cases—an anxious stomach or stress headache—while overlooking counterexamples and ordinary causes. [P4]

Moral injury and self-blame
Symptoms are recoded as failures of love, wisdom, serenity, sexual restraint, or cosmic cooperation. This can burden the ill with guilt and obscure compassion.

Self-sealing belief
If symptoms improve, the method "worked"; if not, the disciple has not found the hidden fear or fault. The theory never has to lose.

Sunk-cost persistence
The command to remain with a lodge "through all kinds of ups and downs" can make departure feel like spiritual failure after time, identity, and relationships have been invested. [P5]

Suppression of dissent
Framing analysis of differences as a love-defect may silence valid criticism and create pluralistic ignorance, where members privately doubt but assume others agree. [P6]

Authority dependency
Masters, initiation, karma, and invisible bodies create a hierarchy in which unverifiable interpretations can outrank ordinary evidence and the person's own medical needs.

Claim-by-claim analysis

The numbering below follows the article's order. "Text cue" reproduces only enough wording to identify the sentence or cluster being analyzed. Page numbers refer to the uploaded reprint's printed pages 1–4; its fifth page contains only "END."

1. Most people who try to practise occultism ... ill health ... worse and worse....

Text cue (p. 1): "Most people who try to practise occultism ... ill health ... worse and worse."

Verdict: Unsupported prevalence claim.

Evidence and reasoning. No population, sample size, denominator, diagnosis, baseline health, or comparison group is supplied. The sentence begins with "seem," which honestly signals impression, but the article then builds a causal system on that impression. Occult practitioners may differ in sleep, fasting, breathing exercises, substance use, anxiety, social isolation, or access to care; none is measured. Without base rates, even a cluster of sick acquaintances cannot establish that "most" practitioners worsen.

Psychology and rhetoric. The opening primes the reader to reinterpret future symptoms as expected consequences of occult development. That expectation can increase monitoring and nocebo effects. It also recruits vulnerable readers by presenting a problem the author's hidden framework will explain.

Scripture correction. Scripture never presents sickness prevalence among spiritual practitioners as a diagnostic test of truth. Paul's faithful coworkers could be ill (Philippians 2:25–30; 2 Timothy 4:20), while false teachers could appear prosperous. Truth is tested by God's word and apostolic gospel, not by a group's symptom count (Isaiah 8:20; Galatians 1:8).

2. Occultism ought to make the disciple stronger in body, health, and charact...

Text cue (p. 1): "Occultism ought to make the disciple stronger in body, health, and character."

Verdict: Unstated premise and false spiritual metric.

Evidence and reasoning. The tract assumes that a genuine occult path should steadily increase stamina and health, but offers no source or testable dose–response relation. Many beneficial disciplines do not prevent infection, genetic disease, injury, aging, or disability. Character and work capacity are also different outcomes and should not be collapsed into one measure.

Psychology and rhetoric. This creates a perfection trap: ordinary fatigue or illness becomes evidence that the disciple is failing. It can encourage overwork and concealment of symptoms to preserve a spiritual identity.

Scripture correction. Biblical faithfulness does not guarantee steadily increasing bodily vigor. Paul says, "though our outward man perish, yet the inward man is renewed day by day" (2 Corinthians 4:16). Weakness can coexist with grace (2 Corinthians 12:9–10). Scripture measures character by truth, love, obedience, and fruit —not by uninterrupted stamina.

3. In each of men's finer bodies are seven centres, or Chakras.

Text cue (p. 1): "In each of men's finer bodies are seven centres, or Chakras."

Verdict: Metaphysical assertion without empirical demonstration.

Evidence and reasoning. No operational definition, imaging method, anatomical specimen, physiological signal, or reproducible detector is given for "finer bodies" or chakras. Theosophical literature presents these concepts as part of its own esoteric system, but internal consistency within a tradition is not independent evidence that the entities exist. [H2–H3]

Psychology and rhetoric. Invisible systems can feel explanatory because they assign a location and purpose to vague symptoms. Their flexibility also protects them from disconfirmation: absence of measurement is recast as subtlety.

Scripture correction. The Bible speaks of body, soul, and spirit in several contexts, but nowhere teaches seven subtle bodies with seven chakra centres. Hebrews 4:12 is about the discerning power of God's word, not occult anatomy. Doctrine should not be built from silence or imported terminology (Colossians 2:8).

4. The physical body is an excrescence, or crust ... The real seventh body is t...

Text cue (p. 1): "The physical body is an excrescence, or crust ... The real seventh body is the etheric body."

Verdict: Contrary to biology and biblical anthropology.

Evidence and reasoning. Human bodies are organisms formed through embryological development and maintained by integrated nervous, endocrine, circulatory, immune, and metabolic systems. Calling the body a crust supplies no measurable explanatory value. No evidence is offered for an etheric body that uses the physical body like a glove.

Psychology and rhetoric. Devaluing the body can make ordinary needs—sleep, nutrition, medical care, limits—seem spiritually inferior. It may also encourage dissociation: the person is taught that the felt body is not the "real" self.

Scripture correction. Creation is embodied and called "very good" (Genesis 1:31). The body is "for the Lord" and, for the believer, a temple of the Holy Ghost (1 Corinthians 6:13, 19–20). Christian hope is "the redemption of our body" (Romans 8:23) and resurrection (1 Corinthians 15), not escape into an etheric duplicate.

5. The physical body, being an animal product, has the seven senses.

Text cue (p. 1): "The physical body, being an animal product, has the seven senses."

Verdict: Scientifically simplistic and theologically loaded.

Evidence and reasoning. Modern sensory science does not reduce perception to a universally agreed set of seven. Beyond vision, hearing, taste, smell, and touch, humans have proprioceptive, vestibular, interoceptive, nociceptive, thermal, and other sensory processes. The article neither identifies its seven nor explains why that number validates seven chakras. [M10]

Psychology and rhetoric. Numerical symmetry—seven bodies, seven chakras, seven senses—creates a sense of order, but pattern elegance is not evidence.

Scripture correction. Humans share creaturely biology with animals, yet Scripture grounds human dignity in creation in God's image (Genesis 1:27), not in a hierarchy of subtle vehicles. Numbers in Scripture cannot be transferred at will into an occult anatomy.

6. Such bodily derangements should be signals to guide the disciple to his mi...

Text cue (p. 1): "Such bodily derangements should be signals to guide the disciple to his mistakes."

Verdict: Dangerous moralization of symptoms.

Evidence and reasoning. Symptoms are signals that something may require assessment, but they do not identify occult or moral error. The same headache can arise from migraine, tension, infection, medication overuse, sleep disruption, dehydration, blood-pressure emergencies, or other causes. A symptom-to-character map lacks specificity and can delay diagnosis.

Psychology and rhetoric. This is a classic attributional trap: illness is personalized as fault. It can produce shame, compulsive introspection, and endless searching for hidden mistakes.

Scripture correction. Jesus rejects the disciples' attempt to infer a specific sin from congenital blindness: "Neither hath this man sinned, nor his parents" (John 9:3). Job's friends repeatedly moralize suffering and are rebuked (Job 42:7). Some sickness can relate to sin in particular texts, but Scripture forbids a universal one-to-one rule.

7. Three of the Chakras are situated in the head, forming the upper triangle....

Text cue (p. 1): "Three of the Chakras are situated in the head, forming the upper triangle."

Verdict: Unsupported anatomical claim.

Evidence and reasoning. The article gives approximate locations but no anatomical structure, tissue boundary, receptor, nerve pathway, blood supply, or instrument by which these centres are identified. A diagrammatic triangle is a symbolic arrangement, not anatomy.

Psychology and rhetoric. Spatial specificity can make an invisible theory feel concrete. Yet "near the top," "behind the nose and eyes," and "down the back" are broad enough to fit many sensations retrospectively.

Scripture correction. Scripture contains symbolic imagery, but symbols are interpreted from textual context. No biblical passage maps spiritual faculties onto three cranial chakras. The believer is directed to renew the mind through truth (Romans 12:2), not manipulate hidden head-centres.

8. Headaches are common with occultists, and no wonder with three Chakras ... i...

Text cue (p. 1): "Headaches are common with occultists, and no wonder with three Chakras ... in the head."

Verdict: Circular reasoning.

Evidence and reasoning. The claim assumes the chakras to explain headaches, then treats headaches as evidence that the chakras are active or disturbed. No prevalence comparison or diagnostic classification is offered. Headache disorders are common in the general population, so observed headaches among occultists require no special mechanism. [M1]

Psychology and rhetoric. Because headaches are common and variable, they are especially easy to recruit into a confirmation system. The theory gains many "hits" by choosing a high-base-rate symptom.

Scripture correction. The presence of headache neither authenticates nor refutes a spiritual path. Biblical discernment asks what is taught about God, Christ, sin, and the gospel (1 John 4:1–3), not where pain is located.

9. The same digestive disorders will occur without the headache, so the heada...

Text cue (p. 1): "The same digestive disorders will occur without the headache, so the headache has another cause."

Verdict: Invalid causal inference.

Evidence and reasoning. A factor need not produce an outcome in every case to contribute causally. Migraine and gastrointestinal symptoms can share pathways or co-occur, while many digestive disorders occur independently. The absence of headache in some people does not identify chakras as the alternative cause. This is a false either/or and an example of affirming the consequent.

Psychology and rhetoric. The reasoning feels intuitive because it compares two visible events, but it ignores multiple causation, individual susceptibility, dose, timing, and chance.

Scripture correction. Scripture commends truthful judgment and sufficient evidence (Proverbs 18:13, 17). It does not authorize filling a causal gap with an invisible doctrine.

10. Headaches must be traced to mistakes in … will, wisdom, and love.

Text cue (p. 1): "Headaches must be traced to mistakes in … will, wisdom, and love."

Verdict: False diagnostic specificity.

Evidence and reasoning. Nothing in the article shows that headache location or frequency distinguishes a defect of will from wisdom or love. Clinical headache assessment instead considers onset, pattern, neurological signs, associated symptoms, medications, sleep, trauma, infection, vascular risk, and other evidence. [M1]

Psychology and rhetoric. The "must" converts speculation into obligation. The sufferer is encouraged to interrogate character until a plausible fault is found, which virtually guarantees subjective confirmation.

Scripture correction. Believers should examine themselves morally (2 Corinthians 13:5), but not use pain as an oracle. Love is tested by conduct toward God and neighbor (1 John 3:16–18), wisdom by its fruits (James 3:13–17), and the will by obedience—not by headache relief.

11. Realise his divine will … regulate his own life and life forces.

Text cue (p. 1): "Realise his divine will … regulate his own life and life forces."

Verdict: Theologically ambiguous and medically undefined.

Evidence and reasoning. "Divine will" and "life forces" are not operationally defined. Self-regulation—regular sleep, planning, pacing, and healthy habits—can be beneficial, but that ordinary truth does not establish occult energy control.

Psychology and rhetoric. The language magnifies normal self-management into mastery of a hidden force. Failure then appears spiritually significant rather than a common limitation.

Scripture correction. The Christian seeks God's will, not an inherent personal "divine will": "Not my will, but thine, be done" (Luke 22:42). Life is received from God (Acts 17:25), and human plans remain subject to providence (James 4:13–15).

12. Twenty five thousand years … several lives … bad karma … good karma.

Text cue (p. 1): "Twenty five thousand years … several lives … bad karma … good karma."

Verdict: Explicit reincarnation and karma doctrine, unsupported and unbiblical.

Evidence and reasoning. The article offers no memory evidence, identity criterion, mechanism, or independently verifiable record linking present illness to prior lives. Karma is used as a universal explanatory account but is not testable in this form; any fortune or suffering can be assigned to unseen prior causes.

Psychology and rhetoric. Long timelines insulate promises from failure: no one can verify whether a plan succeeds several lives later. Karma can also convert undeserved suffering into presumed debt.

Scripture correction. "It is appointed unto men once to die, but after this the judgment" (Hebrews 9:27). Biblical sowing and reaping (Galatians 6:7) occurs under the personal judgment and mercy of God; it is not a mechanism of repeated embodiment. Resurrection, not reincarnation, is the stated hope (John 5:28–29; 1 Corinthians 15).

13. The Ego … puts down a finger … pressure … relieved, and the headaches disa…

Text cue (p. 1): "The Ego … puts down a finger … pressure … relieved, and the headaches disappear."

Verdict: Unfalsified metaphysics presented as treatment.

Evidence and reasoning. No evidence is provided for an immortal Ego remaining mostly outside incarnation or for belief in that picture reducing intracranial "chakra pressure." Headaches may remit spontaneously, fluctuate, respond to rest, expectation, stress reduction, medication, or changes in behavior. Without controls, improvement cannot identify the mechanism.

Psychology and rhetoric. A vivid metaphor can alter appraisal and reduce distress, which may help some stress-sensitive symptoms. That would be an expectancy or coping effect, not proof that the metaphor is literally true.

Scripture correction. The Bible teaches personal continuity through death and resurrection, but not a higher Ego that only partially incarnates. Relief is not a truth test: false beliefs can soothe, and true obedience can be costly. Christ's resurrection is grounded in public testimony, not symptom response (1 Corinthians 15:3–8).

14. Questions about studying merely to know, or to understand.

Text cue (p. 1): Questions about studying "merely to know, or to understand."

Verdict: Sound reflective counsel, but no demonstrated headache cure.

Evidence and reasoning. Deep comprehension is preferable to rote accumulation, and reflective practice can improve learning. The tract, however, provides no evidence that asking these questions relieves a head chakra or treats headache disease.

Psychology and rhetoric. The advice is attractive because it is genuinely thoughtful; this can create a halo effect around adjacent unsupported claims.

Scripture correction. Scripture commends understanding (Proverbs 4:7) and wisdom shown in conduct (James 3:13). Yet "the fear of the LORD is the beginning of wisdom" (Proverbs 9:10), not esoteric self-initiation. A true moral insight should be retained without accepting the medical mythology attached to it.

15. Every action … direct connection with the universal evolution, or Dharma….

Text cue (p. 2): "Every action … direct connection with the universal evolution, or Dharma."

Verdict: Theosophical metaphysics, not established fact.

Evidence and reasoning. The statement is too broad to test and imports "Dharma" into a Theosophical evolutionary scheme without defining a measurable relation between a specific act and universal evolution.

Psychology and rhetoric. Totalizing systems make daily events feel cosmically significant, which can provide meaning but also intensify scrupulosity and over-interpretation.

Scripture correction. Scripture does teach that ordinary conduct matters before God (Colossians 3:17, 23), but the controlling categories are creation, covenant, sin, providence, judgment, and redemption—not impersonal universal evolution. Meaning is personal and theocentric.

16. Learn his own wisdom, instead of being taught it by a teacher.

Text cue (p. 2): "Learn his own wisdom, instead of being taught it by a teacher."

Verdict: Internal tension and epistemic risk.

Evidence and reasoning. The article itself teaches a system of Masters, Gurus, and initiation while saying the aspirant learns "his own wisdom." It gives no method for distinguishing genuine insight from bias, suggestion, or error.

Psychology and rhetoric. Private intuition can become self-validating, especially when disagreement is recoded as lower development. Conversely, dependence on hidden Masters can centralize authority. The tract contains both risks.

Scripture correction. Biblical wisdom is received from God and tested in community and Scripture (James 1:5; Acts 17:11). Teachers have a role (Ephesians 4:11), yet are accountable to the apostolic word (Galatians 1:8). Neither solitary intuition nor esoteric rank is infallible.

17. Love all men, and be the same to all men, as St. Paul wished he were.

Text cue (p. 2): "Love all men, and be the same to all men, as St. Paul wished he were."

Verdict: Vague or mislocated Pauline allusion.

Evidence and reasoning. The likely allusion is Acts 26:29, where Paul wishes his hearers were "both almost, and altogether such as I am, except these bonds"—that is, persuaded to Christian faith, not dissolved into undifferentiated occult oneness. The tract does not cite the verse, leaving the reader unable to check context.

Psychology and rhetoric. Borrowing a revered apostolic name lends Christian familiarity to a different doctrinal system.

Scripture correction. Paul does teach impartial love and adaptation in service (Romans 12:10; 1 Corinthians 9:19–23), but he also commands doctrinal discernment and separation from destructive teaching. Christian love is not sameness of belief and does not abolish truth.

18. Sticking to someone ... through thick and thin.

Text cue (p. 2): "Sticking to someone ... through thick and thin."

Verdict: Potentially virtuous loyalty, dangerously absolute if unqualified.

Evidence and reasoning. Perseverance through ordinary mistakes can deepen relationships. But unconditional loyalty is unsafe where there is abuse, fraud, coercion, medical neglect, or persistent false teaching. The article gives no boundary conditions.

Psychology and rhetoric. An absolute loyalty norm can exploit commitment and shame people who set necessary limits. It can also trigger sunk-cost persistence.

Scripture correction. Love "beareth all things" (1 Corinthians 13:7) does not mean enabling evil; the same chapter says love "rejoiceth in the truth" (v. 6). Scripture commands confrontation, boundaries, and at times withdrawal (Matthew 18:15–17; Romans 16:17; 2 Timothy 3:5).

19. Remain with a group ... such as a lodge ... through all kinds of ups and downs...

Text cue (p. 2): "Remain with a group ... such as a lodge ... through all kinds of ups and downs."

Verdict: High-control risk pattern.

Evidence and reasoning. Healthy groups welcome informed criticism, transparent governance, and free exit. The article makes endurance in the lodge a spiritual exercise without distinguishing ordinary conflict from manipulation or harm.

Psychology and rhetoric. This can produce identity fusion, sunk-cost effects, and pluralistic ignorance. Members may remain because leaving signals lack of love or failed initiation rather than a reasoned judgment. [P5–P6]

Scripture correction. The Bereans were praised for checking teaching daily (Acts 17:11). Believers are told to "prove all things" (1 Thessalonians 5:21) and avoid those causing offences contrary to apostolic doctrine (Romans 16:17). No lodge has a claim to unconditional allegiance.

20. The headache is a signal for the occultist to set something right.

Text cue (p. 2): "The headache is a signal for the occultist to set something right."

Verdict: Moral divination from a symptom.

Evidence and reasoning. Conflict can trigger tension headache or migraine in susceptible people through stress-related mechanisms, but that does not specify whose conduct is wrong or what must be corrected. The correct response may include rest, clinical assessment, conflict resolution, or leaving a harmful environment.

Psychology and rhetoric. The symptom becomes an oracle that always points inward. This can obscure external causes such as bullying, unsafe demands, poor ventilation, sleep loss, or abuse.

Scripture correction. Conflict should be evaluated by truth, justice, confession, and reconciliation (Matthew 5:23–24; 18:15), not by assigning spiritual meaning to pain. A bodily sensation is not a new revelation.

21. Analysing the differences rather than smoothing them over and attaining un...

Text cue (p. 2): "Analysing the differences" rather than smoothing them over and attaining unity.

Verdict: False opposition between analysis and love.

Evidence and reasoning. Understanding disagreement often requires careful analysis. Premature harmony can preserve error or power imbalance. Unity is healthy when built on truth and freely reached, not when differences are psychologized as a defect.

Psychology and rhetoric. Pathologizing analysis can suppress critical thinking. Group members may learn to distrust their own observations whenever they threaten cohesion.

Scripture correction. Biblical unity is "the unity of the Spirit" joined to truth, maturity, and resistance to deceptive doctrine (Ephesians 4:3, 11–15). Paul publicly opposed Peter when the gospel was at stake (Galatians 2:11–14). Love and examination are allies.

22. Take 'the Kingdom of God by violence' ... force the Masters to give us Initi...

Text cue (p. 2): "Take 'the Kingdom of God by violence' ... force the Masters to give us Initiation."

Verdict: Severe contextual misuse of Scripture.

Evidence and reasoning. Matthew 11:12 is a difficult verse, with debate over whether the kingdom suffers violence or forceful people seize it. No major grammatical option supplies "Masters," esoteric rank, or a technique that compels initiation. Luke 16:16 is a relevant parallel, but likewise concerns the proclamation of God's kingdom. [B2]

Psychology and rhetoric. A difficult biblical phrase is detached from context and used as a prestige bridge into occult hierarchy.

Scripture correction. KJV: "the kingdom of heaven suffereth violence, and the violent take it by force." The context concerns John the Baptist, Jesus, and the kingdom's contested arrival (Matthew 11:2–19). Access to God is through Christ, the one mediator (1 Timothy 2:5), not by coercing invisible Masters.

23. As this is the Fifth Race ... increased the frontal lobe ... skulls increase i...

Text cue (p. 2): "As this is the Fifth Race ... increased the frontal lobe ... skulls increase in size."

Verdict: False mixture of Theosophical race theory and anatomy.

Evidence and reasoning. "Fifth Race" is a Theosophical root-race category, not a biological stage recognized by genetics, anthropology, or neuroscience. Thinking does not enlarge the adult skull in the proposed way. Comparative neuroanatomy also does not support the simplistic claim that uniquely enormous frontal lobes arose from current intellectual activity; scholarly debate concerns relative organization and connectivity, not occult racial epochs. [H2; M11]

Psychology and rhetoric. Scientific vocabulary—frontal lobe, skull, race—is used to naturalize an esoteric chronology. The blend can sound empirical while remaining untested.

Scripture correction. Scripture presents one human family descended from common parents and made "of one blood" (Acts 17:26 KJV), while moral and spiritual status does not track occult races. Partiality and vaunting are condemned (James 2:1–9).

24. Neuralgic headaches and ... sight ... due to overmuch thinking.

Text cue (p. 2): "Neuralgic headaches and ... sight ... due to overmuch thinking."

Verdict: False diagnostic generalization.

Evidence and reasoning. Trigeminal neuralgia is associated with dysfunction or compression of the trigeminal nerve and sometimes multiple sclerosis or other causes; visual disturbance with headache may occur in migraine but can also signal ocular, vascular, neurological, or medication-related disease. "Too much thinking" is not a clinical diagnosis. [M1]

Psychology and rhetoric. The explanation flatters the sufferer—too intellectual—while assigning a moral imbalance. This can be more appealing than uncertainty or medical evaluation.

Scripture correction. Scripture does not oppose thought to love. Christians are commanded to love God with the mind (Matthew 22:37), think on true things (Philippians 4:8), and abound in love "in knowledge and in all judgment" (Philippians 1:9).

25. Do less thinking, and try to understand more ... too little heart activity....

Text cue (p. 2): "Do less thinking, and try to understand more ... too little heart activity."

Verdict: Potentially helpful balance, not a medical treatment.

Evidence and reasoning. Reducing rumination and cultivating emotional awareness may help stress in some people, but neuralgia or vision changes require appropriate assessment. "Heart activity" here is metaphorical and is not shown to regulate a chakra near the frontal lobe.

Psychology and rhetoric. The recommendation may reduce arousal, creating real relief that is then misattributed to the occult map.

Scripture correction. Biblical wisdom integrates truth and love. "The wisdom that is from above" is pure, peaceable, gentle, and full of mercy (James 3:17), but it does not ask believers to think less in order to alter hidden anatomy.

26. Weep with those who weep, and rejoice with those who rejoice.

Text cue (p. 2): "Weep with those who weep, and rejoice with those who rejoice."

Verdict: Accurate biblical moral counsel, misused as a disease mechanism.

Evidence and reasoning. Empathy and social support can benefit well-being, but the article does not show that sympathy removes frontal chakra pressure or cures visual and neuralgic disorders.

Psychology and rhetoric. A true and humane sentence can lend credibility to surrounding false claims through association.

Scripture correction. This closely echoes Romans 12:15: "Rejoice with them that do rejoice, and weep with them that weep." The correction is not to reject empathy, but to keep Paul's counsel in its ethical context rather than turn it into occult physiology.

27. Tuberculosis is common with those who indulge in Hatha Yoga ... without a Gu...

Text cue (p. 2): "Tuberculosis is common with those who indulge in Hatha Yoga ... without a Guru."

Verdict: False and medically hazardous.

Evidence and reasoning. Tuberculosis is caused by infection with Mycobacterium tuberculosis and spreads through the air from a person with infectious pulmonary or laryngeal TB. Risk depends on exposure, immune status, living conditions, and other recognized factors—not the absence of a Guru. Yoga can cause musculoskeletal injuries or other problems when practiced unsafely, but authoritative safety reviews do not identify teacherless Hatha Yoga as a cause of TB. [M3–M4]

Psychology and rhetoric. The claim gives a frightening infectious disease an insider explanation that reinforces dependence on spiritual authority.

Scripture correction. Scripture does not teach that disease prevention requires a Guru. It forbids placing spiritual mediation in occult specialists and declares Christ the sole mediator (1 Timothy 2:5). A person with TB symptoms needs testing and treatment, not chakra interpretation.

28. It is true diseases are karmic debts from the past.

Text cue (p. 2): "It is true diseases are karmic debts from the past."

Verdict: Unfalsifiable, victim-blaming, and unbiblical.

Evidence and reasoning. A prior-life debt cannot be measured or distinguished from infection, genetics, environment, injury, or chance. The assertion immunizes itself against counterevidence because the supposed cause is inaccessible.

Psychology and rhetoric. Karmic blame can make suffering appear deserved, reduce compassion, and pressure patients to confess imagined faults. It may also protect the worldview from the scandal of innocent suffering.

Scripture correction. Job is the decisive protest against automatic retribution theology. Jesus rejects a direct sin explanation for the man born blind (John 9:1–3) and warns against assuming disaster victims were worse sinners (Luke 13:1–5). Biblical judgment is personal and divine, but disease is not a readable ledger of former lives.

29. Chakras mapped onto cerebro-spinal, sympathetic systems, and interlaced tr...

Text cue (p. 2–3): Chakras mapped onto "cerebro-spinal," sympathetic systems, and interlaced triangles.

Verdict: Category error.

Evidence and reasoning. The autonomic nervous system includes sympathetic and parasympathetic divisions, with enteric components; it regulates involuntary functions through identifiable central and peripheral pathways. The cerebrospinal system is not a spiritual opposite corresponding to "light" while the sympathetic side corresponds to "matter" or "death." A symbolic triangle is not a neuroanatomical model. [M8]

Psychology and rhetoric. Attaching occult categories to real anatomy creates borrowed authority. Readers may mistake metaphorical correspondence for biological evidence.

Scripture correction. Biblical contrasts such as light/darkness and life/death are moral and redemptive in context. They should not be anatomized into nerve divisions. "Handling the word of God deceitfully" is rejected (2 Corinthians 4:2).

30. Mediumism is caused by the exclusive use of [the sympathetic] system.

Text cue (p. 3): "Mediumism is caused by the exclusive use of [the sympathetic] system."

Verdict: Unsupported causal claim.

Evidence and reasoning. Mediumship is a cultural/religious practice or claimed experience, not a recognized state produced by selectively operating one anatomical division. Humans cannot simply "use" only the sympathetic nervous system; sympathetic and parasympathetic activity dynamically regulate organs.

Psychology and rhetoric. A technical-sounding mechanism makes mediumistic experiences seem physiologically inevitable rather than requiring critical evaluation of suggestion, dissociation, performance, belief, or deception.

Scripture correction. Scripture evaluates mediumship spiritually and prohibits seeking familiar spirits (Deuteronomy 18:10–12; Isaiah 8:19–20). It does not teach a safe neurophysiological route to mediumism. The biblical response is repentance and turning to God, not nervous-system balancing.

31. Many a bodily disorder can be traced to the fact [the sympathetic system] ...

Text cue (p. 3): "Many a bodily disorder can be traced to the fact [the sympathetic system] is ignored."

Verdict: Physiologically incoherent.

Evidence and reasoning. The sympathetic nervous system operates largely involuntarily and is not "ignored" in the way a person ignores a skill. Dysautonomia can occur, but its causes and manifestations require clinical evaluation. The article supplies no cases or measurements.

Psychology and rhetoric. The wording creates an impossible duty: attend to an involuntary system. Failure can always be alleged after symptoms occur.

Scripture correction. Scripture calls for responsible stewardship, not occult control over involuntary physiology. "I am fearfully and wonderfully made" (Psalm 139:14) encourages reverence and care, not invented guilt.

32. That lump that comes in the throat at certain emotions.

Text cue (p. 3): "That lump that comes in the throat at certain emotions."

Verdict: Real phenomenon, wrong inference.

Evidence and reasoning. Globus sensation is a recognized feeling of a lump or tightness in the throat. It is multifactorial; reflux, muscle tension, upper-airway factors, and psychological stress may contribute. Persistent symptoms or alarm features require evaluation. The sensation does not demonstrate a throat chakra. [M5]

Psychology and rhetoric. This is the tract's strongest phenomenological observation. Because the experience is common and emotion-sensitive, it can make the chakra explanation feel self-evident even though alternative mechanisms are known.

Scripture correction. Scripture recognizes bodily expressions of emotion (Psalm 32:3–4), but poetic embodiment is not an anatomical chakra doctrine. Honest emotion and wise care are appropriate; occult inference is not required.

33. Emotional shortcomings ... consequent throat troubles.

Text cue (p. 3): "Emotional shortcomings ... consequent throat troubles."

Verdict: Overgeneralization and blame.

Evidence and reasoning. Emotion can influence voice, muscle tension, and symptom perception, but tonsillitis, laryngitis, thyroid disease, cancer, reflux, infection, and pulmonary disease have distinct causes. The article gives no evidence that eliminating a moral shortcoming cures them.

Psychology and rhetoric. The sufferer is told to search indefinitely for a hidden emotional defect. This can amplify anxiety and delay appropriate evaluation.

Scripture correction. Confession and reconciliation have spiritual value (James 5:16), but Scripture does not assign throat disease to blocked emotion. James 5 also includes elders, prayer, and practical care without promising that every illness reveals a specific fault.

34. This mystery must be solved with more dimensions.

Text cue (p. 3): "This mystery must be solved with more dimensions."

Verdict: Ad hoc rescue from anatomical inconsistency.

Evidence and reasoning. When the proposed triangle does not fit three-dimensional anatomy, the article invokes four, five, or six dimensions without defining them or offering a measurement. A claim that retreats into inaccessible dimensions whenever contradicted cannot generate testable predictions.

Psychology and rhetoric. Mystery language converts a weakness into a mark of profundity. The reader may interpret incomprehensibility as superior knowledge.

Scripture correction. The Bible contains mysteries revealed by God, but it does not use "mystery" to excuse contradiction. Apostolic proclamation is open and testable—"this thing was not done in a corner" (Acts 26:26).

35. Fear gives a sinking feeling and horror turns the stomach.

Text cue (p. 3): Fear gives a "sinking feeling" and horror "turns" the stomach.

Verdict: Partly true, mechanism wrong.

Evidence and reasoning. Acute fear can alter autonomic activity, gastric sensation, motility, and nausea; chronic stress and anxiety can interact with gut–brain disorders. This supports a mind–body link, not a solar-plexus chakra expelling emotional debris. [M6]

Psychology and rhetoric. A valid bodily observation is used as a gateway claim. Once the reader agrees with the familiar sensation, the invisible mechanism is smuggled in without separate evidence.

Scripture correction. Scripture depicts fear affecting the body (Psalm 55:4–5), yet it attributes human embodied experience to creaturely life before God, not to chakra evacuation. Fear may call for comfort, wisdom, safety, and sometimes clinical care.

36. Chakra … overworked … slow, steady pressure … break down the tissues.

Text cue (p. 3): "Chakra … overworked … slow, steady pressure … break down the tissues."

Verdict: Unsupported pathology.

Evidence and reasoning. Tissue injury requires demonstrable mechanisms such as inflammation, ischemia, infection, toxic exposure, mechanical stress, autoimmune damage, or other pathology. No pressure is measured, no tissue change documented, and no biological pathway connects an emotional body to gastric breakdown.

Psychology and rhetoric. Concrete damage language increases fear and may itself worsen symptom attention and distress. It is a nocebo-rich explanation.

Scripture correction. Teachers should not "make the heart of the righteous sad" with falsehood (Ezekiel 13:22). Medical warnings should be proportionate to evidence; spiritual authority must not be used to manufacture fear.

37. The occultist with poor digestion should find out his subconscious fears….

Text cue (p. 3): "The occultist with poor digestion should find out his subconscious fears."

Verdict: Overly narrow treatment rule.

Evidence and reasoning. Functional dyspepsia and IBS involve gut–brain interaction in some patients, and anxiety may contribute. But poor digestion can also involve reflux, ulcer disease, medication effects, gallbladder or pancreatic disease, infection, celiac disease, malignancy, and other causes. Evaluation should be individualized. [M6]

Psychology and rhetoric. The rule can create an endless introspective search and make lack of improvement evidence that the fear remains hidden.

Scripture correction. “Search me, O God” (Psalm 139:23) is a prayer for moral examination, not a diagnostic protocol for all gastrointestinal disease. Wisdom receives appropriate counsel and does not despise ordinary means.

38. Suggestion is black magic … hypnosis … therefore black magic.

Text cue (p. 3): “Suggestion is black magic … hypnosis … therefore black magic.”

Verdict: Category error and overstatement.

Evidence and reasoning. Suggestion is a broad psychological process involved in expectation, communication, advertising, placebo/nocebo, and psychotherapy. Clinical hypnosis is a structured intervention studied for pain and some other conditions; evidence varies by indication. Science does not classify it as magic. Ethical concerns include consent, competence, false-memory risk, and claims made—not an automatic occult identity. [M12]

Psychology and rhetoric. Labeling all suggestion as black magic creates thought-policing while the article itself repeatedly uses suggestion by telling readers what symptoms mean.

Scripture correction. The Bible condemns sorcery, divination, and occult consultation. It does not name modern clinical hypnosis. Christian evaluation should ask whether a practice compromises truth, agency, conscience, or invokes forbidden spiritual powers. A blanket equation goes beyond the text.

39. One lower chakra variously given as the liver, spleen, kidneys, intestines…

Text cue (p. 3): One lower chakra “variously given as the liver, spleen, kidneys, intestines and sex organs.”

Verdict: Ad hoc flexibility, not localization.

Evidence and reasoning. The broad, shifting organ list weakens rather than strengthens the model. The article explains disagreement by multiplying finer bodies, but provides no independent way to determine which body maps to which organ. A theory that can fit any lower-abdominal illness predicts none specifically.

Psychology and rhetoric. Ambiguity increases apparent confirmation because almost any symptom in a large region counts as a hit.

Scripture correction. Biblical truth does not require hidden layers to rescue every contradiction. “God is not the author of confusion” (1 Corinthians 14:33) concerns orderly worship, but the general principle cautions against presenting incoherence as revelation.

40. Conversions, prayers, pilgrimages, or Christian Science make diseases disa…

Text cue (p. 3): “Conversions,” prayers, pilgrimages, or Christian Science make diseases disappear; “evidently” therefore chakra/character.

Verdict: Non sequitur.

Evidence and reasoning. Symptoms can remit naturally, diagnoses can be mistaken, behavior can change after conversion, social support can improve, and expectation can alter distress. None of these outcomes identifies a chakra. Anecdotes require documentation, objective outcomes, follow-up, and controls before causal conclusions.

Psychology and rhetoric. The argument exploits memorable recoveries and ignores non-recoveries, deterioration, concurrent treatment, and regression to the mean.

Scripture correction. God may heal, and Christians may pray (James 5:14–16), but Scripture never says every recovery validates the claimant’s explanatory system. Deuteronomy 13 warns that even a sign must not override fidelity to God. Healing is grace, not proof of chakra doctrine.

41. Selfishness, anger, jealousy, envy, hatred, and vengeance linked to kidney...

Text cue (p. 3–4): Selfishness, anger, jealousy, envy, hatred, and vengeance linked to kidney/intestinal disease.

Verdict: Moral counsel is sound; organ-specific causation is unsupported.

Evidence and reasoning. Chronic stress can affect health and behavior, but chronic kidney disease is commonly associated with diabetes, hypertension, immune disease, inherited disorders, toxins, infections, obstruction, and other causes. Intestinal disorders likewise have diverse mechanisms. Character cannot be diagnosed from an organ. [M7]

Psychology and rhetoric. The claim invites stigma: a sick person may be judged selfish or angry, while a healthy person may feel morally vindicated.

Scripture correction. Anger, envy, hatred, and selfishness are indeed sins to repent of (Galatians 5:19–21; Ephesians 4:31–32). The correction is to preach repentance because God commands it—not because a kidney supposedly reveals it.

42. Excessive sexual gratification ... energies sapped ... celibacy ... strengthen f...

Text cue (p. 4): "Excessive sexual gratification ... energies sapped ... celibacy ... strengthen finer bodies."

Verdict: Mixed moral concern with unsupported energy physiology.

Evidence and reasoning. Compulsive sexual behavior can harm relationships, attention, safety, and well-being. But the article gives no measure of "bodily energies" or finer-body strengthening, and celibacy is not a biological counterweight to other people's conduct. Sexual health research treats well-being, consent, function, and freedom from harm as relevant domains, not occult energy storage. [M13]

Psychology and rhetoric. Energy-depletion narratives can intensify shame and obsessive monitoring. They may turn normal variation into evidence of spiritual loss.

Scripture correction. Scripture condemns fornication and honors marriage (1 Corinthians 6:18; Hebrews 13:4). Celibacy and marriage are gifts and callings: "every man hath his proper gift of God" (1 Corinthians 7:7). Paul does not teach that celibacy stores occult force or compensates cosmically for others.

43. Enthusiasm makes occultists tyrannical and places pressure near the chakra...

Text cue (p. 4): Enthusiasm makes occultists tyrannical and places "pressure" near the chakra.

Verdict: Plausible character warning, false somatic mechanism.

Evidence and reasoning. Zeal can become controlling when joined to certainty and power. Yet no evidence connects domineering conduct to pressure in a lower-abdominal chakra or a specific organ disease.

Psychology and rhetoric. This is an example of a valid social observation being converted into a bodily diagnostic. It may also be used politically: leaders can interpret a critic's illness as proof of tyranny while exempting themselves.

Scripture correction. Leaders must not be "lords over God's heritage" (1 Peter 5:3), and Gentile-style domination is rejected (Mark 10:42–45). The biblical remedy is servant leadership, repentance, accountability, and truth—not energy balancing.

44. Popularly supposed that a fit of emotional display affects the liver.

Text cue (p. 4): "Popularly supposed that a fit of emotional display affects the liver."

Verdict: Appeal to popular belief.

Evidence and reasoning. Liver disease has recognized infectious, metabolic, toxic, autoimmune, genetic, vascular, and obstructive causes. Emotion can influence behavior—such as alcohol use, eating, and medication adherence—but "emotional display" is not a liver diagnosis. [M9]

Psychology and rhetoric. "Popularly supposed" substitutes cultural association for evidence. Traditional language about bile or anger can feel medically explanatory long after the underlying physiology is rejected.

Scripture correction. Scripture uses kidneys, bowels, heart, and liver poetically in ancient idiom, but poetic imagery should not be transformed into a causal medical chart.

45. Backache, Neuritis, Nervous Disorder, and Insanity tied to a head chakra....

Text cue (p. 4): "Backache, Neuritis, Nervous Disorder, and Insanity" tied to a head chakra.

Verdict: Severe diagnostic conflation.

Evidence and reasoning. Back pain, peripheral neuritis/neuropathy, anxiety-related symptoms, neurological disease, and psychotic disorders are not one condition. They have varied biological, psychological, social, traumatic, toxic, infectious, genetic, and medication-related contributors. "Insanity" is also an imprecise, stigmatizing umbrella rather than a diagnosis. [M14]

Psychology and rhetoric. Grouping diverse suffering under one chakra simplifies uncertainty and can discourage specialized care. It may also spiritualize psychosis in ways that increase fear or delay treatment.

Scripture correction. The Bible commands compassion for the afflicted (Job 6:14) and sober truth (Acts 26:25). It does not authorize diagnosing mental illness as blocked cosmic energy. Spiritual discernment and clinical assessment address different questions and should not be confused.

46. The nerves a battery ... neurons transformers ... chief battery at the base of...

Text cue (p. 4): "The nerves a battery ... neurons transformers ... chief battery at the base of the spine ... two main wires."

Verdict: Misleading electrical analogy.

Evidence and reasoning. Neurons generate electrochemical signals through ion gradients and communicate at synapses chemically or electrically. Axons can be damaged and may regenerate differently in peripheral versus central nervous systems, but the nervous system is not organized around a single battery at the base of the spine with two main wires. The spinal cord contains many ascending and descending tracts, roots, and networks. [M15]

Psychology and rhetoric. Familiar technology—battery, transformer, wire—creates an illusion of mechanistic understanding while obscuring the actual complexity.

Scripture correction. Scripture does not supply a neuroscience textbook. Honest interpretation permits science to describe creaturely mechanisms without forcing them into esoteric symbolism.

47. Fohatic, or pranic, energy ... passes through ... carrying influences ... blocks...

Text cue (p. 4): "Fohatic, or pranic, energy ... passes through ... carrying influences ... blocks."

Verdict: Theosophical energy language without measurable energy.

Evidence and reasoning. In physics and physiology, energy is measurable and obeys quantitative conservation laws. The article gives no unit, detector, source equation, transfer mechanism, or independent measurement for Fohat/Prana. Theosophical texts use these words within an esoteric cosmology, but naming a force does not demonstrate one. [H3]

Psychology and rhetoric. "Energy" is semantically powerful because it sounds scientific while remaining vague enough to absorb emotion, morality, contagion, and social influence.

Scripture correction. The Bible speaks of God's power, life, breath, and Spirit, but none is equivalent to a manipulable cosmic fluid. The Holy Ghost is personal and sovereign, not impersonal pranic current (Acts 5:3–4; 1 Corinthians 12:11).

48. Live in co-operation with the true laws of the cosmos … all life is one.

Text cue (p. 4): "Live in co-operation with the true laws of the cosmos … all life is one."

Verdict: Totalizing spiritual treatment, not demonstrated medicine.

Evidence and reasoning. Prosocial conduct and connection may support well-being, but "all life is one" is a metaphysical thesis, not a validated treatment for neuritis, back pain, or psychosis. The article does not define the laws, measure cooperation, or compare outcomes.

Psychology and rhetoric. The claim makes recovery contingent on ideological conformity. Persistent illness can then be read as failure to live the doctrine.

Scripture correction. Scripture teaches one Creator and many creatures, unity of believers in Christ, and love of neighbor; it does not erase the Creator–creature distinction or declare all life one substance. "For of him, and through him, and to him, are all things" (Romans 11:36) preserves dependence, not identity.

49. Occultists' nerve troubles are undoubtedly caused by shutting themselves a…

Text cue (p. 4): Occultists' nerve troubles are "undoubtedly" caused by shutting themselves away, not meditation sensitivity.

Verdict: Overconfident either/or; mixed social insight.

Evidence and reasoning. Social isolation can worsen mental and physical health, and treating people merely as conversion targets is relationally harmful. But "undoubtedly" is unjustified. Meditation-related adverse effects have been reported, including anxiety and depression in systematic review data, while severe reactions are uncommon and causation varies. Both practice-related effects and isolation may matter; neither should replace assessment. [M16]

Psychology and rhetoric. The claim protects the practice by relocating harm entirely into the practitioner's moral failure. This is a common self-sealing move: the system remains innocent, the sufferer becomes the cause.

Scripture correction. Jesus associated with sinners without sharing their sin (Matthew 9:10–13), and Paul sought people's good rather than using them (1 Corinthians 10:33). Yet fellowship does not validate occult meditation. Scripture commands turning from "curious arts" (Acts 19:18–20) and testing spirits (1 John 4:1).

Biblical synthesis

1. Occult consultation is not a neutral technique

> *"There shall not be found among you any one … that useth divination … or a consulter with familiar spirits, or a wizard, or a necromancer. For all that do these things are an abomination unto the LORD." — Deuteronomy 18:10–12*

The biblical objection is not that every unusual bodily sensation is demonic, nor that every non-Christian clinical technique is automatically sorcery. It is that seeking hidden knowledge, power, guidance, or mediation through forbidden spiritual practices displaces trust owed to God. Isaiah 8:19–20 asks, "should not a people seek unto their God?" Acts 19:18–20 portrays converts renouncing "curious arts," not Christianizing them.

2. The body is created, fallen, cared for, and destined for resurrection

> *"What? know ye not that your body is the temple of the Holy Ghost which is in you … therefore glorify God in your body, and in your spirit, which are God's." — 1 Corinthians 6:19–20*

The body is neither the whole of the person nor a disposable crust. Scripture can distinguish body and spirit, yet salvation includes bodily resurrection. The "spiritual body" of 1 Corinthians 15:44 is the resurrection body animated and transformed by God; the chapter contrasts corruption with incorruption, not a physical glove with a presently operating etheric double.

3. One life, death, judgment, and resurrection—not serial incarnation

> *"And as it is appointed unto men once to die, but after this the judgment." — Hebrews 9:27*

Hebrews places Christ's once-for-all offering alongside the human pattern of one death and judgment (Hebrews 9:26–28). John 5:28–29 and 1 Corinthians 15 describe resurrection from graves, not migration through many bodies. Karma and reincarnation therefore cannot be harmonized with the article's borrowed Christian phrases without changing their meaning.

4. Illness is not a readable ledger of personal guilt

> *"Master, who did sin, this man, or his parents, that he was born blind? Jesus answered, Neither hath this man sinned, nor his parents." — John 9:2–3*

Scripture permits several relations between sin and sickness: general mortality enters a fallen creation; particular conduct can have bodily consequences; God may discipline; enemies may harm; infection and injury occur; and suffering may have purposes hidden from the sufferer. What Scripture refuses is the tract's automatic code whereby a symptom reveals a specific defect. Job's friends make that mistake with impressive religious language and are rebuked.

5. Christ, not Masters, is the mediator

> *"For there is one God, and one mediator between God and men, the man Christ Jesus." — 1 Timothy 2:5*

The tract's Masters and initiation create an esoteric ladder. The New Testament instead announces reconciliation through Christ, received by grace through faith, "not of works, lest any man should boast" (Ephesians 2:8–9). Christian growth involves obedience and discipline, but these are fruits of grace, not techniques that force heavenly authorities to confer rank.

6. Compassion and discernment belong together

> *"Beloved, believe not every spirit, but try the spirits whether they are of God." — 1 John 4:1*

The article is right that cold intellectualism and conversion-only relationships are dehumanizing. Romans 12:15 commands shared joy and sorrow. Yet love does not require suspending analysis, remaining in every lodge, or accepting every spiritual claim. Biblical love "rejoiceth in the truth" (1 Corinthians 13:6), and biblical discernment protects the vulnerable.

Pastoral and clinical safety

A responsible Christian response avoids two opposite errors: reducing every symptom to biology while ignoring fear, grief, habit, and relationship; or spiritualizing every symptom into sin, demons, chakras, or karma. Mind and body interact, but the mechanism should be supported by evidence, and the sufferer should not be blamed for failing to discover a hidden fault.

- Persistent or recurrent headache, visual change, weakness, numbness, fainting, fever, or sudden severe pain warrants ordinary clinical assessment; sudden neurological symptoms may be urgent.
- A prolonged cough, coughing blood, fever, night sweats, weight loss, or known TB exposure warrants prompt testing because TB is infectious and treatable.
- Severe abdominal pain, jaundice, blood in stool or urine, unexplained weight loss, or progressive swallowing difficulty should not be interpreted as chakra purification.
- Hallucinations, severe confusion, mania, suicidal thoughts, or inability to function require prompt mental-health evaluation and immediate emergency help when safety is at risk.
- Prayer, confession where actual sin is known, supportive fellowship, sleep, nutrition, and evidence-based care may all have a place; none should be used to promise a cure God has not promised.

A compact rebuttal for teaching or discussion

Core response

Hamaker observes that occult practitioners sometimes become ill and then explains each symptom through chakras, karma, reincarnation, and cosmic energy. The article never demonstrates those entities, never compares practitioners with a control group, and repeatedly mistakes ordinary mind–body effects for proof of an occult mechanism. Its system is self-sealing and can increase fear, symptom-monitoring, guilt, lodge dependence, and delay of care. Biblically, the physical body is God's creation and destined for resurrection; man dies once and faces judgment; occult consultation is forbidden; sickness does not reliably reveal a specific sin; and Jesus Christ—not Masters or initiation—is the one mediator. Retain the true counsels to love, humility, and compassion, but detach them from the false medical and spiritual framework.

Source notes and references

Citation key: [T] uploaded tract; [KJV] uploaded King James Bible; [H] historical/Theosophical primary or insider sources; [M] medical/scientific sources; [P] psychology/methodology sources; [B] biblical language/context sources. Web references were checked 29 July 2026.

[T] Alice Warren Hamaker, "The Physical Ailments of Occultists," reprinted from The Theosophist, September 1926. Uploaded PDF, 5 pp.

[KJV] The Holy Bible, Authorized King James Version, Pure Cambridge Edition. Uploaded PDF.

[H1] The Theosophical Society in Australia, Union Index entry for Alice Warren Hamaker, listing The Theosophist 47 (September 1926), p. 700, and a 1985 reprint. Source

[H2] Theosophy World / Theosophical Encyclopedia, glossary entries on root races and related Theosophical terms. Source

[H3] Arthur E. Powell, The Astral Body and Other Astral Phenomena (1927), a primary Theosophical synthesis using etheric centres, Fohat, Prana, and related concepts. Source

[M1] National Institute of Neurological Disorders and Stroke, headache, migraine, and trigeminal-neuralgia information pages. Source

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[M3] Centers for Disease Control and Prevention, “Tuberculosis: Causes and How It Spreads.” Source

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[M8] StatPearls / NCBI Bookshelf, “Anatomy, Autonomic Nervous System.” Source

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[M11] R. A. Barton and C. Venditti, “Human frontal lobes are not relatively large,” Proceedings of the National Academy of Sciences 110, no. 22 (2013): 9001–9006. Source

[M12] National Center for Complementary and Integrative Health, “Hypnosis.” Source

[M13] World Health Organization, “Sexual health.” Used here only for contemporary health framing, not as a source of biblical sexual ethics. Source

[M14] National Institute of Mental Health, schizophrenia and mental-health information. Source

[M15] National Institute of Neurological Disorders and Stroke, “Brain Basics: The Life and Death of a Neuron.” Source

[M16] National Center for Complementary and Integrative Health, “Meditation and Mindfulness: Effectiveness and Safety,” summarizing adverse-event evidence. Source

[P1] Luana Colloca and Franklin G. Miller, “The nocebo effect and its relevance for clinical practice,” Psychosomatic Medicine 73, no. 7 (2011): 598–603. Source

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[P3] Arthur J. Barsky, “The amplification of symptoms in the medically ill,” relevant review on symptom amplification and interpretation. Source

[P4] Raymond S. Nickerson, “Confirmation Bias: A Ubiquitous Phenomenon in Many Guises,” Review of General Psychology 2, no. 2 (1998): 175–220. Source

[P5] S. H. Chung et al., “How does cognitive dissonance influence the sunk cost effect?” Psychology Research and Behavior Management 11 (2018): 37–45. Source

[P6] Deborah A. Prentice and Dale T. Miller, “Pluralistic Ignorance and Alcohol Use on Campus: Some Consequences of Misperceiving the Social Norm,” Journal of Personality and Social Psychology 64, no. 2 (1993): 243–256. Source

[B1] KJV passages cited throughout are from the uploaded Pure Cambridge Edition. The report distinguishes the biblical text from interpretation.

[B2] Matthew 11:12 is grammatically and interpretively disputed; compare the KJV with modern translations and the parallel in Luke 16:16. No reading introduces occult Masters or initiation. Source

Soli Deo gloria.