Elections for Surgery

Dorothy Oja

Dorothy Oja - Mindworks 2018 - DOja07@gmail.com
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We are used to working with events that have already happened: natal charts — mundane event charts.

For an election we are choosing a birth-time for an event that has not yet happened — which is both demanding and creative.

Electional work challenges all the astrologer’s skills and bring your biases to the fore.
An important consideration in electing a date for surgery is:
What will happen shortly after that date and time, as the patient heals.

“You have to start the way you mean to continue.”

How will the chart evolve astrologically over time?
(The astrologer’s task)
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• Resist electing your own surgery. You cannot be objective.

• Test your skill on minor surgeries first and then move on to more difficult ones.
Consider the natal chart carefully - its transits and secondary progressions before choosing your surgery date to understand the cycle your client is in.

Then there are the RULES. Very specific rules for surgery. The basic rules I use (with some modifications and additions over time) I learned from a class with Eileen Nauman.
First determine a practical schedule for surgery.

1. How much time do you have to find a date? Is the surgery elective or acute – a crisis or not?

2. What days/times does the surgeon operate? Typically a surgeon operates MO-FRI and often only a few days in a week for a particular surgery. This then gives you 20 possible days (maximum, often less) in the month to start your research.

Within these parameters you can begin to search for an appropriate date.
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You will eliminate more days from the 20 maximum possible days in the month with the following rules –

The Primary rules:

1. No surgery w/in 4 days before/after a Full Moon
   This now leaves you with 12 days in the month.

2. No surgery during a VOC Moon.
   More days will be eliminated.

3. No surgery during a Mars retrograde (Mars = cutting/surgeon/action)

4. No surgery during Mercury Rx (mishaps more likely)

5. Avoid days with planetary sign changes/planetary stations *
   * Denotes an extra precaution if you have the luxury of an elective surgery.

These five rules are easy enough to follow by a simple look at the ephemeris.

Now on to more specific rules...
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Next the Moon is critical in choosing an election.

1. Do not use the Moon sign that rules the part of the body being operated on – or its opposite sign.
2. Operate (ideally) close to a New Moon (less bleeding). 5 days before or after the NM. [This is a 10 day time span in the month]
3. A fixed Moon is preferred, followed by Cardinal, least desirable is a Mutable Moon sign. *
4. Follow the flow of the Moon and check its last aspect. *

* This can be mitigated by other factors.
In speaking with Lee Lehman –
She said the elected surgery chart must be able to stand on its own.

I believe this is true but then there has to be some comparison and coordination with the client’s natal chart as well.
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The next step is making sure the transiting Moon sign you have chosen works in relation to your client’s chart.

1. No applying conjunction, square, inconjunct or opposition to the client’s natal Sun, Mars, Saturn, or Neptune by the transiting Moon.

2. Avoid the transiting Moon combust the natal Sun (17deg. Applying).
   (This may not be as critical and I have bent this rule.)

3. For cosmetic surgery in particular, the transiting Moon should make a positive aspect to either the client’s natal Venus or Jupiter for extra protection.
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Elimination of conditions

You’ve systematically eliminated a number of days in the month with the various rules –

The following are always operative in any given month.  
(Mercury and Mars Rx only sometimes.)

1. The 4 days before and after a FM.  
2. Days the surgeon does NOT operate (the first constraint).  
3. Moon sign and opposite sign ruling the part of body being operated upon. 
4. VOC Moon times.
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Positive signals:

1. +/- 5 days around the New Moon

2. Transiting Moon makes positive aspects to either Venus or Jupiter (a must for cosmetic surgery). Conjunct, sextile or trine. This gives a degree of protection.

3. Transiting Moon makes good aspects (sextile, trine) to Sun, Moon, Venus, Mars, Jupiter, Saturn, Neptune, Uranus or Pluto.

4. Try to have the electional Moon in a Fixed signs, then cardinal, then mutable provided it meets the other criteria (not ruling part of body being operated upon).

5. An extra precaution: have the rulers of H8 and H6 Direct (unless the surgery is a re-do)
Client Surgery Chart

Client Colon/Uterus Surgery
Natal Chart
May 14 2018, Mon
9:05 am EDT +4:00
Washington
38°53'42" 077°W02'12"
Geocentric
Tropical
Placidus
True Node
Rating A
Saturn Rx in H6
Moon Taurus is chart ruler.
Exact Mars/Cap 29 sq. Uranus/Aries 29.
Last Moon aspect triggers the exact Mars/Uranus sq.
Uranus and/or Saturn rule H8 both conflicted.
Jupiter/ScorpioRx rules H6
Client Natal Chart

Client SBC
Natal Chart
Aug 19, 1947, Tue
4:36 pm EDT +4:00
Washington
38°53'42" 07'W02'12"
Geocentric
Tropical
Placidus
True Node
Client Natal Chart

Client B.D.
Natal Chart
Jul 30, 1888, Sat
6:55 am EDT UTC+4.00
Pittsburgh, PA
40°N 80°W

Geocentric
Tropical
Placidus
True Node
Rating: A
Client B.D.
Sec Prog Naibod in RA
Feb 10 2010, Wed
5:55 am EDT +4:00
Pittsburgh, PA
40°N 26°26' 079°W 59°46'
Geocentric
Tropical
Placidus
True Node

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Prog. date is time I began looking for a date. He wanted to have the surgery completed before the summer. MO/AR past Prog.SA
Client B.D. Knee Surgery
Event Chart
May 19, 2010, Wed
11:00 am EDT +4:00
Boston, Massachusetts
42°N 71°30' W 00°03'37"
Geocentric
Tropical
Placidus
True Node
Election for Knee Surgery

Mars was Rx from 12/21/09 until 3/11/10 and Mercury 4/19-5/12/10.
I wanted to use the strength of the client’s Mars Return and in H1 to reinforce vitality and ability to heal.

I knew Neptune could be a problem (his natal MO/NE) – so I alerted the client to anaesthesia issues and he already knew of his extra drug sensitivity.
I did not want to use Mars/Virgo crossing the client’s strong stellium in Virgo.

Reinforce the ASC and first house.
Remember that Mars rules the surgeon.
H8 – the surgery itself.
H6 – health conditions of the client.

The elected date/time chart must be able to stand alone.
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Extras:

Avoid days when there are sign changes, or planetary stations, if at all possible.

Remember – there is no perfect day
but there are more perfect days than others.

Sometimes you have to use your intuition and bend the rules. Knowing your client and his/her chart helps tremendously in this regard!

Remember the electional chart you create is moving/advancing once it is activated. Where is it going?

Alert the client if there are concerns such as sensitivity to anesthesia.
(Typically Neptune aspects or strong Pisces).
• We need to be reasonable when we are looking at the aspects and not be unduly afraid of how the patterns will manifest or else we won’t be able to choose a proper date.

• We need to be practical and do our best.

• There is never an absolute guarantee.
Bibliography

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Thank You!

Dorothy Oja

DOja07@gmail.com

FB: PlanetWeatherNews

Twitter: @OjaDorothy