

Focus

Prophecy, Cardiac Insufficiency, and Hypoxia

In my previous book on dream states ([Psychocartography: Mapping the Human Dream](#)) I paid great attention to the experiential aspects of lucid dreaming. But insufficient attention was focused on medical co-factors. In this brief discussion, therefore, some speculation on causality, hints of linkage between hypoxic events in historical prophecy data, along with ideas on expanded data collection in consciousness studies going forward.

Hypothesis

The central idea here is that hypoxia is linked to prophecy and that there are a multiplicity of medical co-factors that may accentuate both the (common) lucid dream experience as well as increase the odds of foretelling Future.

Prophecy in Religion

The role of dreams in both prophecy and communication with “spiritual figures” is well-established.

In the bible, for example, there are 98 references to dreams. Of these, 90 references are old testament; only eight are new testament.

Typical “communication” examples include:

“Genesis 20:3

But God came to Abimelek in a dream one night and said to him, “You are as good as dead because of the woman you have taken; she is a

married woman.”

While at a deep psychological level, dreams with meaningful content appear in the bible, so too was a kind of “fear and loathing of those having dreams. An example of this is read in:

Genesis 37:20

“Come now, let’s kill him and throw him into one of these cisterns and say that a ferocious animal devoured him. Then we’ll see what comes of his dreams.”

The biblical references are absent many clues as to co-factors. But speculatively – since these were times before modern food processing and refrigeration where food handling was codified in religions – there may have been low-level hallucinogens caused by certain molds in foods. Or there may have been tribal tendencies toward hypoxic medical conditions such as sleep apnea.

Old Greeks

The Oracle at Delphi was renown for making sage predictions of future, as well. The belief in the prophetic powers of this region date from 1400 BC in preclassical Greek studies.

What specifically interests us here is the role of hypoxia, delineated in this Wikipedia quote:

“The time to consult Pythia (the local region) for an oracle during the year was determined from astronomical and geological grounds related to the constellations of Lyra and Cygnus but[clarification needed] the hydrocarbon vapors emitted from the chasm. Similar practice was followed in other Apollo oracles too.”

The Oracle (priestess) would descend into the rock fissures for a while and then re-emerge.

“While in a trance the Pythia "raved" – probably a form of ecstatic speech – and her ravings were "translated" by the priests of the temple into elegant hexameters. It has been speculated that the ancient writers, including Plutarch who had worked as a priest at Delphi, were correct in attributing the oracular effects to the sweet-smelling pneuma (Ancient Greek for breath, wind, or vapor) escaping from the chasm in the rock. That exhalation could have been high in the known anesthetic and sweet-smelling ethylene or other hydrocarbons such as ethane known to produce violent trances. Although this theory remains debatable the authors put up a detailed answer to their critics.”

The Great Seers 1: Nostradamus

Next, we come to Michel de Nostredame who – up until 1566 – made the world’s leading collection of historical predictions. These, even now, are providing “plug-and-play” insights into the devolving conditions leading to greater war in Europe as laid out on G.A. Stewarts The Age of Desolation website.

<https://theageofdesolation.com>

Significantly, Nostradamus had some medical background, and this may have played a role in his trance-like sessions in which the future was sensed.

“He studied at the University of Avignon, but was forced to leave after just over a year when the university closed due to an outbreak of the plague. He worked as an apothecary for several years before entering the University of Montpellier, hoping to earn a doctorate, but was almost immediately expelled after his work as an apothecary (a manual trade forbidden by university statutes) was discovered.”

Various accounts report that the specific mechanism of prophecy employed was to peer into a pot of a black oily substance late and night

and into overnight hours. During which time snippets of the future were perceived and written as both Quatrains and the Sixains. (Stu's website and his books are far more precise.)

But for the purposes of our discussion here, two things are pertinent.

First – as in biblical times – there was fear and loathing of accurate dream forecasts. Which is what drove Nostradamus to “encode” in quatrains and sixains.

The second – and most relevant here – is that the Wikipedia account of Nostradamus' health leads us in the direction of hypoxic visions perhaps due to cardiac insufficiency.

“By 1566, Nostradamus' gout, which had plagued him painfully for many years and made movement very difficult, turned into edema.”

Edema and cardiac issues go hand-in-hand. However, the role of gout should not be overlooked. It is possible that a particular class of cardiac insufficiency in company with high serum uric acid levels, (a/k/a gout) may be a cofactor in sensing future.

Stephen Schwartz observes in the abstract to his 2006 paper (Gout) [Disease of distinction - PubMed \(nih.gov\)](#) that:

“From earliest history, gout has been linked with high IQ and sexual promiscuity, which made it grist for artists and writers, and their social commentary up to the time of Dickens; this is discussed, with examples. Because of its association with the rich, gout also developed a powerful moralistic aspect, particularly during the Christian era when the concept of sin was a cultural fundamental. The loose living and indulgence of the rich and the gout it produced made the disease a parable of Christian ethics. The Italian poet Francesco Petrarch (1304-1374) was one of the first to establish this nuance, and it influenced how gout was seen for centuries. Part of what gave gout its special character was that while it

tortured, it rarely killed. Indeed, when death was a frequent visitor to families, it was thought a painful but welcomed prophylactic against diseases that did kill. Even in modern times, gout still favors the rich and powerful. American research conducted in the 1960s found that corporate executives, just like their English gentry, or Roman senatorial predecessors, had higher urate concentrations than their blue-collar employees.”

Thus, the case of Nostradamus opens the aperture of our investigation a bit leading to speculation that not only hypoxia, but also specific blood chemistry is likely involved in prophetic practice.

Great Seers 2: Edgar Cayce

The Wikipedia summary of Cayce is also right in line with this notion:

"18 March 1877 – 3 January 1945) was an American clairvoyant who claimed to channel his higher self while asleep in a trance-like state.[1] His words were recorded by his friend Al Layne, his wife, Gertrude Evans, and later by his secretary, Gladys Davis Turner. During the sessions, Cayce would answer questions on a variety of subjects like healing, reincarnation, dreams, the afterlife, past lives, nutrition, Atlantis and future events. As a devout Christian and Sunday school teacher, Cayce's readings were often criticized as demonic by his religious colleagues.[citation needed] Cayce, in contrast, believed that it was his subconscious mind exploring the dream realm where he believed all minds were timelessly connected. Cayce founded a nonprofit organization, the Association for Research and Enlightenment,[2] to record and facilitate the study of his channeling and to also run a hospital. A biographer gave him the nickname The Sleeping Prophet.“

What we don't know is whether – while in trance and doing readings – Cayce had interruptions in his breathing (apnea, fueling hypoxia), and

whether a specific set of foods (driving subtle changes in blood chemistry) were involved in his visioning process.

What we do know is that a cardiovascular condition was involved in his death:

“From June 1943 to June 1944, 1,385 readings were taken. By August 1944 Cayce collapsed from the strain. When he gave a reading on this situation, the instructions were to rest until he was well or dead. He and (wife) Gertrude went away to the mountains of Virginia, but in September Edgar Cayce suffered a stroke at the age of 67, in September 1944, and died on January 3, 1945.”

Great Seers 3: Dr. Raymond Moody

Although Moody – who I interviewed extensively in 1976 – was not a seer himself (he was an M.D. and psychiatrist) he produced a groundbreaking book *Life After Life* that chronicled flashes of a “greater reality” beyond conventional waking states.

Again, a Wiki snip:

“While an undergraduate at the University of Virginia in 1965, Moody encountered psychiatrist, Dr. George Ritchie, who told Moody about an incident in which he believed he had journeyed into the afterlife while dead for nearly nine minutes at the age of 20 (which Ritchie would later recount in his book, *Return From Tomorrow*, published in 1978).[8] Moody began documenting similar accounts by other people who had experienced clinical death and discovered that many of these experienced shared common features, such as the feeling of being out of one’s body, the sensation of traveling through a tunnel, encountering dead relatives, and encountering a bright light. In 1975, Moody published many of these experiences in his book, *Life After Life*, in which he coined the term “near-death experience.”

While in his later research, Moody conducted (NDE experience reported) research into apprehension of this greater reality. Which was a more woo-wood route because it's undeniable that when a person dies, hypoxia is involved at a fundamental level when breathing ceases.

Many of the subjects (there are thousands) behind Moody's original work and subsequent studies, experienced a similar path into an afterlife. Specifically, and discussed in my book "[Packing to Die: the suitcase between your ears](#)" is the Life Review Experience. This has recently gained credibility as the number of papers in the "borderland of death" field has expanded over time.

1993: [Life satisfaction, life review, and near-death experiences in the elderly - PubMed \(nih.gov\)](#)

2014: [Near-Death Experiences Evidence for Their Reality - PMC \(nih.gov\)](#)

2015: [A Narrative Literature Review of the Experiences of Patients Living With Heart Failure - PubMed \(nih.gov\)](#)

2017: [The life review experience: Qualitative and quantitative characteristics - PubMed \(nih.gov\)](#)

2019: [Near-death experiences in medicine - PMC \(nih.gov\)](#)

2022: [Enhanced Interplay of Neuronal Coherence and Coupling in the Dying Human Brain - PubMed \(nih.gov\)](#)

On this last paper, the multiple authors admit straightaway that:

“The neurophysiological footprint of brain activity after cardiac arrest and during near-death experience (NDE) is not well understood. Although a hypoactive state of brain activity has been assumed,

experimental animal studies have shown increased activity after cardiac arrest, particularly in the gamma-band, resulting from hypercapnia prior to and cessation of cerebral blood flow after cardiac arrest. No study has yet investigated this matter in humans.”

So they did just that:

“Here, we present continuous electroencephalography (EEG) recording from a dying human brain, obtained from an 87-year-old patient undergoing cardiac arrest after traumatic subdural hematoma. An increase of absolute power in gamma activity in the narrow and broad bands and a decrease in theta power is seen after suppression of bilateral hemispheric responses. After cardiac arrest, delta, beta, alpha and gamma power were decreased but a higher percentage of relative gamma power was observed when compared to the interictal interval. Cross-frequency coupling revealed modulation of left-hemispheric gamma activity by alpha and theta rhythms across all windows, even after cessation of cerebral blood flow. The strongest coupling is observed for narrow- and broad-band gamma activity by the alpha waves during left-sided suppression and after cardiac arrest. Albeit the influence of neuronal injury and swelling, our data provide the first evidence from the dying human brain in a non-experimental, real-life acute care clinical setting and advocate that the human brain may possess the capability to generate coordinated activity during the near-death period.

Thus, medicine has a strong case for what would be a “chemical onboard power management system” – invoked at cardiac arrest, likely through a hypoxic reaction – and then moderated by an already documented physiological channel.

Sidebar: Hypoxia and DMT Release

By the mid-1990s, the research into death’s playfield was beginning to change as the book “DMT: The Spirit Molecule: A Doctor's

Revolutionary Research into the Biology of Near-Death and Mystical Experiences” was published.

From the Amazon summary:

“From 1990 to 1995 Dr. Rick Strassman conducted U.S. Government-approved and funded clinical research at the University of New Mexico in which he injected sixty volunteers with DMT, one of the most powerful psychedelics known. His detailed account of those sessions is an extraordinarily riveting inquiry into the nature of the human mind and the therapeutic potential of psychedelics. DMT, a plant-derived chemical found in the psychedelic Amazon brew, ayahuasca, is also manufactured by the human brain. In Strassman's volunteers, it consistently produced near-death and mystical experiences. Many reported convincing encounters with intelligent nonhuman presences, aliens, angels, and spirits. Nearly all felt that the sessions were among the most profound experiences of their lives.

Strassman's research connects DMT with the pineal gland, considered by Hindus to be the site of the seventh chakra and by Rene Descartes to be the seat of the soul. DMT: The Spirit Molecule makes the bold case that DMT, naturally released by the pineal gland, facilitates the soul's movement in and out of the body and is an integral part of the birth and death experiences, as well as the highest states of meditation and even sexual transcendence. Strassman also believes that "alien abduction experiences" are brought on by accidental releases of DMT. If used wisely, DMT could trigger a period of remarkable progress in the scientific exploration of the most mystical regions of the human mind and soul.”

However, it wasn't until 2016 that the hypoxia link with DMT N,N-Dimethyltryptamine (DMT) became clear. In the landmark research by Szabo Kovacs, Riba, Djurovic, Rajnavolgyi, and Ede Frecska, that the hypoxia modulation effects of DMT became clear. Here's their abstract: [The Endogenous Hallucinogen and Trace Amine N,N-](#)

[Dimethyltryptamine \(DMT\) Displays Potent Protective Effects against Hypoxia via Sigma-1 Receptor Activation in Human Primary iPSC-Derived Cortical Neurons and Microglia-Like Immune Cells - PMC \(nih.gov\).](#)

The abstract explains:

“N,N-dimethyltryptamine (DMT) is a potent endogenous hallucinogen present in the brain of humans and other mammals. Despite extensive research, its physiological role remains largely unknown. Recently, DMT has been found to activate the sigma-1 receptor (Sig-1R), an intracellular chaperone fulfilling an interface role between the endoplasmic reticulum (ER) and mitochondria. It ensures the correct transmission of ER stress into the nucleus resulting in the enhanced production of antistress and antioxidant proteins. Due to this function, the activation of Sig-1R can mitigate the outcome of hypoxia or oxidative stress. In this paper, we aimed to test the hypothesis that DMT plays a neuroprotective role in the brain by activating the Sig-1R. We tested whether DMT can mitigate hypoxic stress in in vitro cultured human cortical neurons (derived from induced pluripotent stem cells, iPSCs), monocyte-derived macrophages (moMACs), and dendritic cells (moDCs). Results showed that DMT robustly increases the survival of these cell types in severe hypoxia (0.5% O₂) through the Sig-1R. Furthermore, this phenomenon is associated with the decreased expression and function of the alpha subunit of the hypoxia-inducible factor 1 (HIF-1) suggesting that DMT-mediated Sig-1R activation may alleviate hypoxia-induced cellular stress and increase survival in a HIF-1-independent manner. Our results reveal a novel and important role of DMT in human cellular physiology. We postulate that this compound may be endogenously generated in situations of stress, ameliorating the adverse effects of hypoxic/ischemic insult to the brain.”

What comes into view is a set of “prophetic circumstances” where hypoxia may be involved in the release of DMT. Which, while neuroprotective on the one hand, is also hallucinogenic on the other. A

kind of “relax, you may die” drug stored in all of us.

Thus, the case builds for the role of hypoxia (and the related collection of blood chemistry changes that accompany, changes in pH [acidosis] and so forth) as a path to “spiritual insights” some of which may be outside of normal temporal perception boundaries.

Great Seers 4: The Remote Viewers

Again, for brevity, the Wiki entry on “remote viewing” offers several supportive insights:

“Remote viewing (RV) is the practice of seeking impressions about a distant or unseen subject, purportedly sensing with the mind.[1] Typically a remote viewer is expected to give information about an object, event, person or location that is hidden from physical view and separated at some distance.[2] Physicists Russell Targ and Harold Puthoff, parapsychology researchers at Stanford Research Institute (SRI), are generally credited with coining the term "remote viewing" to distinguish it from the closely related concept of clairvoyance.[3][4] According to Targ, the term was first suggested by Ingo Swann in December 1971 during an experiment at the American Society for Psychical Research in New York City.”

With this background, we are also informed that the U.S. federal government was involved in this research:

“The idea of remote viewing received renewed attention in the 1990s upon the declassification of documents related to the Stargate Project, a \$20 million research program sponsored by the U.S. government that attempted to determine potential military applications of psychic phenomena. The program ran from 1975 to 1995 and ended after evaluators reached the conclusion that remote viewers consistently failed to produce any actionable intelligence information.”

Circling back to the premise that hypoxia (or cardiac insufficiency) may trigger the release of DMT, we would expect that relaxation is key to the results of remote viewing. Is it possible that studying meditative and trance states for subclinical levels of DMT – modulated by depth of hypoxia – could result in breakthroughs in human predictive technologies. Modulation of marginal hypoxia in meditation?

I think that's a pretty good bet.

Some Personal Experiences

I've had several brushes with this "bigger stuff" – perceiving aspects of the future.

In one case, for example, when my wife and I were traveling, I had gotten up at 4 AM in Payson, Arizona, written until 6 AM, and then gone to the casino restaurant for ham and eggs for breakfast.

On my return – around 7 AM – Elaine wanted an "hour or so" to get ready for our journey back to Texas. I decided to take a nap.

It was in this "nap" that I dreamed of a fatal car accident, road closure, and a long detour which would involve "orange traffic cones" along our route.

About 10 AM, as we approach Heber, Arizona climbing up Highway 260, that we found our turn-off onto Highway 277/377 that was planned, had been closed due to a fatal accident.

Unable to route directly to Holbrook, Arizona (or avoid the accident scene by taking 277 into Snowflake, Arizona), we spent the next hour and something driving first to Show Low, Arizona, then up through Snowflake and eventually on to Holbrook and Interstate 40.

Point is, that precognitive dream happened exactly as I had explained it would to my wife Elaine as we departed Payson. Right down to the orange traffic cones due to highway work around Shumway, Arizona – between Show Low and Snowflake. Though the specific location was not clear, their existence was.

Back to the medical points: I snore – may have apnea – and the morning of this event, I'd consumed a high uric acid producing meal (two ham steaks, hash browns) right before the meaningful dream sequence. Serum acid change, anyone?

There have been other personal – and deeply moving – glimpses of future as well. But these were long-enough back in time that specific minor peripheral details (like meal contents) have been lost.

Long-time readers, however, will remember our column “Irwin Allan’s Dream” in which I wrote of seeing an accident, in great detail, involving an oil platform (and murder). It was of sufficient intensity and clarity that I published the account 18 hours before the Deepwater Horizon fire and oil spill on 20 April 2010. Imagine the reporter’s surprise: To write of a dream and publish at 8 AM only to have the major dream archetypes arise in nominal “reality” around 10:30 PM that same evening.

Synopsis

There are many other key sources of human prophecy that would be useful data sources for advanced adventures in medicine. Such as the author of the bible book of Revelations. I have not been able to file cause of death or medical aspects of John of Patmos (or John the Presbyter who may have been a separate human).

Still, there seems a statistically significant link apparent in prophecy

work having to do with both hypoxia and the likely release of DMT as a neuroprotective response approaching death.

One shortcoming of Dr. Raymond Moody's work now comes into focus, as a result: The lack of caloric intake data and O2 levels among people who have returned from clinical death with amazing reports of a "something after" life.

Moreover, the "deathbed dreams and apparitions" written of in gerontology research may be readily explainable by the low-level release of onboard chemicals as internal organ function declines toward death. Hallucinogenic pain mediation and mental transition to other places seems likely to be part of the human platform. We need blood work and more O2 readings.

Notwithstanding the literature, my life-long friend who I call "the Major" – a retired military officer and clinical psychologist – had many experiences involving "other worldly" adventures; directly "seeing" other realities and even confronting some demonic "entities."

Only in the past few years did he complete a sleep study. Where it was found he had sleep apnea. Which also fits the model laid out here.

If my medical team refers me to a sleep study, I'll let you know how it goes. But, if there's a declining in lucid dreaming from the use of CPAP or other? Well, that would also be a useful data point to add to our collection.

Write when *you* get rich,

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