

The 'Hill Hypothesis' Achieves Initial Significance for NCGR Medical Astrology Challenge

by Judith Hill

NCGR SIRG Group Leader: Medical Astrology: Empirical Proofs

Statistics by Kai Jones

Introduction

Six vetted, highly qualified medical astrologers succeeded in segregating six natal charts of persons who experienced kidney failure from an equal number of lung cancer nativities at a predicted significance levels both independently and as a group. Additionally, the internal consistency of correct selections between the test subjects was remarkable. This initial report will outline the history and procedure of Hill's hypothesis.

On April 12-16, 2026, NCGR's Medical Astrology: Empirical Proofs' SIRG group leader Judith Hill presented her hypothesis and original research design, both verbally (via ZOOM to the group attendees and board member(s); and in writing. Further details were nuanced in her May 6, 2026 "Formal Statement" submitted to then SIRG Director Taylor Jackson via email.

Hill's hypothesis stated that fully qualified, experienced and questionnaire-vetted medical astrologers could succeed at identifying the natal charts of a specifically selected disease from a second compared set of natal charts representing a second disease. Protocols for disease selection were prepared. She predicted a group success rate of 60% or above; whereas some individual success percentages could well exceed 70%.

Note: Our initial goal was to hit a 60% success rate. However, because our test contained exactly 14 charts, a clean 60% is mathematically impossible. Therefore, to maintain strict scientific integrity, Hill established 57.14% (8 out of 14 correct) as the exact mathematical threshold for success before the data was analyzed.

The selected diseases could not:

- a) be known or suspected to be comorbid pathologies.
- b) share same body zone or organs as governed by Melothesia (traditional and modern sign-body part correspondences). For example, Aries influences the brain, the eyes and co-rules the adrenals). Therefore, brain and eye diseases could not be paired for testing in this challenge.
- c) share the same planets governing the organ or disease (e.g. the Moon rules the stomach and breasts while strongly co-influencing the lungs and uterus). Therefore, breast and stomach diseases, etc. would not be paired for testing in this challenge.
- d) Ideally, diseases representing opposite sign and planetary "energetics" would be compared (hot, cold, moist, dry, tense, relaxed); e.g. dysthymeia vs hypermania.

Note: Diseases affecting organs with no known associated planetary and sign rulership (both) would not be utilized. Neither would diseases be utilized possessing no firmly established origin or known cause. It is optionally preferable to use the same variant of each disease selected for testing, e.g. the same type of brain cancer. The author has developed a list of diseases ideal for pairing in future tests of this hypothesis.

Prior to their exam, test subjects were expected to make a thorough study of each disease's etiology, symptomatology, pathogenesis, and body parts involved and affected. They were also encouraged to study their own collected cases or known celebrity cases in order to recognize the unique disease 'signatures' of each disease. Test subjects were required to be thoroughly cognizant of all traditional astrological rulerships of the organs and body processes involved as established by both ancient and modern medical astrologers.

A Synthetic Testing Method

The unique testing method specified by Hill's hypothesis permits and relies upon a wholistic evaluation process necessary to reading whole natal charts, because this is, in fact, is how most practicing medical astrologers actually work. The author opines that this is the first key of the test's initial success. The second key is the rigorous vetting for only those test subjects fully qualified and experienced in the exact requirements necessary to pass such a test in the first place. The third key relies upon a thoughtful pairing of "astrologically dissimilar" diseases for the testing challenge because not all paired diseases offer the astrologer a fair shot.

The Data

In April 2026, seven natal charts of kidney failure cases and seven natal charts of lung cancer nativities were obtained from the CEO, founder and lead medical practitioner of a cooperative clinic. All data is Rodden AA or A and are accompanied by the attending physician's history and personal declaration. The fourteen test charts were sent via email to each of the six anonymous test subjects between May 12 and May14, 2026.

The six selected test subjects were unaware of who else was in their test group. They were also instructed not to discuss the tests with anyone. Test subjects were provided approximately five weeks to complete and submit their exam.

Methodological Constraints

The test was rigorous, and several inherent methodological limitations should be noted.

- First, we used the widest possible aperture by accepting all causes for the said kidney failures and lung cancers. Astrology works best when tested categories are tightened.
- No account was taken of environmental causes that may circumvent some natal portraits.
- No catastrophic or other health event dates were included for participant convenience. Medical astrologers typically utilize this extremely important tool in their evaluations; in this test, they could not utilize the essential transit information for clues.
- Although my hypothesis stated that select test diseases should not be comorbid, in fact, lung cancer can lead to, and/or be occasionally coincident, with kidney cancer. In truth, a certain percentage of the charts studied possessed both sets of astrological signatures.

- In the list of fourteen disease sorting choices per test, the last three sorting selections in the roster were identical (12, 13, 14). Most people would subconsciously not assume that three-in-a-row identical selections would occur.
- The test length introduced a fatigue factor, with feedback indicating the process was highly demanding and exhausting. This is supported by the results, which show a clear decline in correct selections toward the end of the test.

Results

The initial results were observed in three ways:

- a) individual scores,
- b) group average,
- c) group consistency of choices (internal consistency).

A primary question is whether the correct choices of the group were random, or if the participants were consistently selecting the same cases correctly. For instance, it is a well-cited adage that physicians are 50% correct in initial diagnoses. Should six physicians correctly diagnose an ambiguous pneumonia from bronchitis - we wouldn't attribute this consistent agreement to chance. The same standard should apply to medical astrologers.

Scores

Individual scores all achieved above average results, yielding an aggregated group mean of 68.68%. Four test subjects achieved 71.42%. Considering the methodological constraints and the exceptional difficulty of this challenge, this score is remarkable. Initial statistics completed by Kai Jones are provided below.

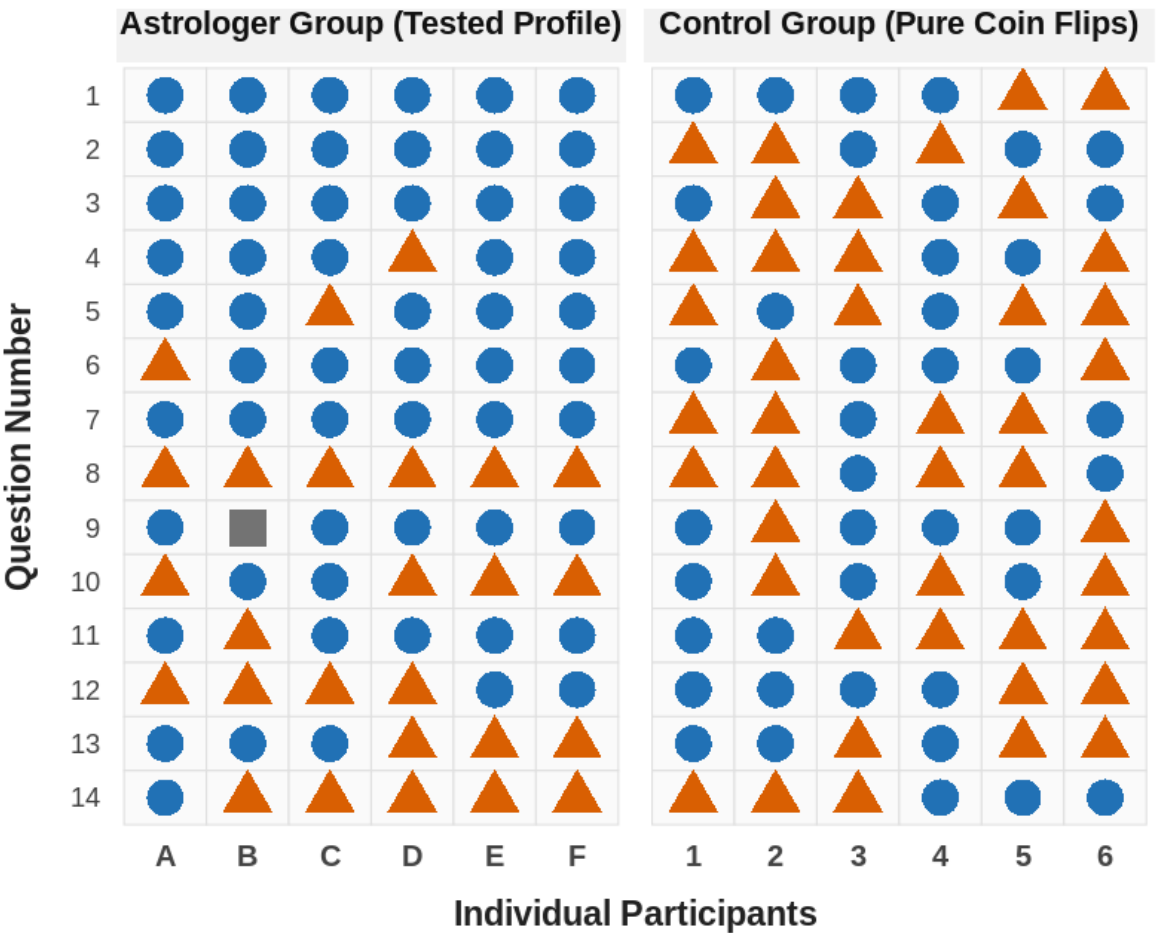
However, the unanticipated surprise of the test was the remarkable internal consistency between the six test subjects. *Two participants produced identical results across all 14 choices, while three others differed only by one or two charts each from their fellow test subjects.* The strength of this internal consistency is well outside of random possibility. To prove this mathematically, we ran a statistical test that subtracts the amount of agreement that would happen purely by blind guessing. The results proved that the astrologers were utilizing a shared, reliable astrological framework rather than guessing independently. Each of our six participants shared between 7-10 correct selections between themselves. In comparison, the Random group achieved only 3-5 shared correct choices, which our tests confirmed was nothing more than random noise.

While we cannot use this to formally prove our hypothesis, we made an astonishing exploratory observation regarding the severe cognitive fatigue of the test. In the group's first 42 choices, encompassing the entire first half of the test before exhaustion set in, there were only three incorrect choices! The random sample produced 23 errors in this same segment, almost *eight times higher* than those of our test subjects. It almost appeared that the six participants were copying from the same script until presumed fatigue degraded their performance in the final stretch.

Comparative Performance Profile Matrix

Granular side-by-side analysis: Astrologers vs. Randomized Control Baseline

Correct Wrong Excluded



Conclusion

The historically unique 'Hill Hypothesis' appears to successfully demonstrate that fully qualified medical astrologers, provided with accurate charts of astrologically dissimilar diseases, are able to clearly differentiate the pathologies via the sufferer's natal charts at a rate matching the hypothesized prediction. Test subjects as a group achieved a success rate significantly above random expectation, despite severe methodological constraints (such as unexpected comorbidity, shared astrological body rulerships, and the lack of attendant health transit dates normally utilized in their evaluative process). Finally, the remarkable level of selection consistency between the six contestants potentially, if not clearly demonstrates an astrological, non-random process in their mutual selections.

What does our test subject's achievement mean for medical astrology, and for horoscopic astrology in general? It is the conservative opinion of the hypothesis and test designer that this carefully structured test provides initial evidence that there exists at least some genuine and observable correspondence between the planetary and sign patterns of the birth moment, traditional melothesia (body-sign correspondence), and traditional energetics as depicted by a natal chart, and the inherent physical propensities of the body as established by astro-medical practitioners between at least 100 BCE and the modern era.

If true, this study provides historic evidence in support of natal-based medical traditions, e.g. melothesia, planetary temperature, moisture, color rays; influences of the four elements and three modes; planetary dignity and debility, disease signatures et al; and supports the rationale behind traditional 'astrologo-physick' (astrological medicine).

Replication

The six test initial subjects are willing to attempt a replication of their previous success. Each contestant has been provided sets of Rodden A-AA natal charts representative of two non-comorbid, astrologically dissimilar diseases. We are awaiting results.

However, one test subject has successfully completed their second replication test early at 80% (correctly identifying eight of ten select disease comparisons); plus their *third* replication at 100% (accurately selecting one chart from three). Will their fellow test subjects match this significant achievement?

Statistical vs Empirical Proof

In proving the validity of horoscopic astrology, we have two distinct routes: statistical and empirical. We are pursuing both methodologies. Statistical analysis relies on numbers where large samples and test groups are preferred if not required. Unfortunately, fully qualified medical astrologers are as rare as snow leopards. It has proven equally challenging to obtain Rodden rated data from cooperative medical clinics, (and nearly impossible to do so within the USA where the requesting birth data is legally restricted). Nevertheless, our statistician is doing the best they can with what we have. Alternatively, we have a second, equally valid method, fully acceptable in courts of law: Empirical Evidence. And, after all, this is the NCGR "Empirical Evidence" group for medical astrology!

Empirical Evidence consists of demonstrable fact. Repeated performance is also valid. In this paradigm, if even one test participant can repeatedly demonstrate the supposedly "impossible" ability to accurately select disease charts at a rate above midline - it then must be accepted that they *can* do so. If they can do so, then it can be done. And, if it can be done, this establishes initial proof of the validity of the specific type of medical astrology chart evaluation

as designated in the hypothetical model. Note: *There are many types of medical systems that include some portion of medical astrology, as well as many types of medical astrology.*

Going Forward

Formal statistical analysis and documentation has been conducted by Kai Jones and will be published in due time. Additionally, a control group comprised exclusively of non-astrologers is hoped to be organized and tested. Their results would be compared against both random “coin toss” tests and our test subject’s initial results. This comparison might indicate the potential rate of intuitive (but non astrological) involvement in our initial test subject’s disease selection process and final scores.

In going forward, the author strongly suggests that all precise procedures as outlined in her formal hypothesis be followed to the letter. She also suggests that future tests include catastrophic medical date transits because medical astrologers normally include essential transits of this kind within their natal chart evaluation process.

Furthermore, only questionnaire vetted, highly experienced medical astrologers should be examined. *We would not ask everyday commuters to test race cars!* Astrology is no different. This fact constitutes an essential demand of the hypothesis. For possible future testing, the author has prepared a nuanced protocol for future testing procedure plus a list of astrologically dissimilar diseases with known medical causes that possess established planetary and sign rulerships known to medical astrologers.

NCGR Disclaimer

This research was conducted through the NCGR Special Interest Research Group (SIRG) as part of its mission to foster astrological research, scholarly inquiry, and interdisciplinary dialogue.

This original astro-medical skills test was designed initiated, conceived, organized and conducted by Judith Hill, NCGR SIRG group leader for 'Medical Astrology: Empirical Proofs' in 2026. Statistical analysis was conducted and documented by Kai Jones.

NCGR is proud of the dedication, rigor, and collaborative spirit demonstrated by the participating researchers and their clinical colleagues in pursuing this line of investigation.

The findings represent the work and interpretations of the research participants and are intended to contribute to ongoing study, continued research and interdisciplinary discussion. Any clinical interpretation or application remains solely the responsibility of the participating licensed healthcare professionals.

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