

Buddhist Insights into End-of-Life Care & Death:  
Impersonality Process of Five Khandhas Perception to Remove the Origin of Trauma,  
Stress Anxiety, and Chronic Pain from the Womb (*Jāti'pi dukkhā*) Before Death

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in

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by

Jeasuk Kim

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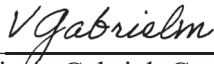
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**I hereby declare that this dissertation has not been submitted  
as an exercise for a degree at any other institution,  
and that it is entirely my own work.**

Signed  \_\_\_\_\_

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Jeasuk Kim

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I dedicate this dissertation to people who deal with life trauma, disease, separation, abandonment, grief, and despair. This is to all mothers, unborn children, and women who suffer domestic violence, especially children and those who suffer abusive conditions in their homes. I also give recognition to all men who help oppressed and abused women gain equality in experience. May we all attain the true knowledge of remedying the birth trauma. May we all attain the Buddha's wisdom and enlightenment.

## Abstract

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*Pañcakkhandhā* Non-Self (*anattā*) Realization of (*Jāti'pi dukkhā*)

This dissertation seeks non-dogmatic Buddhist corpus wisdom practical application of five methodologies of participatory practice to uproot individual birth condition (*Jāti'pi dukkhā*) maternal trauma psychic woundedness chronic stress. Needless to say, end-stage patients suffering from chronic stress are not understood by his/her maternal trauma-binding automatic stress reaction. 'Non-self' *anattā* consciousness education is necessary for individual self-perceived memory association reactivity and volitional reinterpretation stress reaction. Buddhist five moral conduct coping skills are essential to reprogram his/her maternal trauma five indivisible *ākhandhas* character, habits, and behaviors. The ill-will, cruel thoughts, doubts, and discontentment of memories automatic hypothalamus pituitary adrenal (HPA) axis triggering undermines individual mental and metabolic health. Furthermore, in Buddhism, one needs to understand that the biology of beliefs controls the human biology of stress, aging, sickness, and death. Therefore, belief in personality view, permanent self, or soul or existence of creator God is an invisible HPA stress response four-class myth culture of bureaucratic convenient control. They were dismissed by the Buddha for their dangerous deceitful impact on human biology of stress, sorrows, and suffering. Women are held second or personal property to men in all global four-class (capitalist, socialist, and

communist) bureaucratic social systems. Thus, a cross-generational woman's psychic trauma (tension, worries, anxieties, fear, etc.), defiled diet, and neglected prenatal healthcare cause adverse fetal programming psychiatric and neurological stress disorders across the lifespan.

Modern medicine has reckoned with prenatal psychological trauma during pregnancy's dire consequences for the next generation. The pregnant woman's *prima facie* fear, anxiety, and malnutrition have been recorded by the Holodomor holocaust (1932-1933), the Dutch royal society during the 1944-1945 German Nazi-occupied Dutch famine, and the Jewish holocaust. The pregnant women's psychological crisis during gestation is also significant to understand how *Jāti 'pi dukkhā* sustained elevated cortisol, glucocorticoid, and cytokine unbalanced hormone levels of distress impacts on offspring's later life trauma transfer. Maternal trauma biology of belief (*Saṅkhāra*) fetal programming is the basis for the HPA axis triggering chronic adult hyperarousal sympathetic nervous system. My approach to ending individual chronic stress was prompted by the Buddha's first Noble Truth *Jāti 'pi dukkhā* (maternal) trauma stress and the second Noble Truth three volitional reactions *taṇhā* is the *avijjā* (ignorant) chronic stress suffering (*dukkha*) in human life.

## Table of Contents

Acknowledgments.....	ii
Abstract.....	iii
Table of Contents.....	v
List of Abbreviations .....	xi
Chapter One: Introduction .....	1
Background of Study .....	7
Statement Problem .....	8
Purpose of Study.....	11
Research Questions.....	14
Literature Review.....	18
Methodology: Five Buddhist Methodology Distinction.....	26
Following are the Five Buddhist Methodologies.....	31
1. Maternal Trauma Stress Assessment .....	33
2. Plant-based Diet Training .....	35
3. Buddhist <i>Samatha</i> Yoga and Yoga-massage .....	37
4. Meditation Group Support .....	40
5. Buddhist Education.....	41
Chapter Two.....	44
Pañiccasamuppāda Process of Perception .....	44
Importance of Cognitive Process .....	45
Process of Wholesome Cognition.....	47
Automatic Perception Processes .....	48

Cyclic Causal Condition .....	50
Process of Perception and Matter .....	51
Trauma Antecedent Process of Self.....	52
Prenatal Unconscious Trauma Wound.....	54
Four Castes Myth Culture Cancel Civilization.....	56
Inherited Trauma as They are .....	58
Invisible Injury of Ignorance .....	59
Seeker of Maternal Trauma Remedy .....	60
Moral Goodness Apperception .....	61
Entering the Path.....	61
Guarding the Awareness .....	63
Five Khandhas Non-self-identity.....	64
Five Khandhas Spontaneous Evolution .....	65
Buddhist Contaminated Precepts Suffering.....	68
Middle Way Process of Perception.....	69
Buddha’s Brain of Paṭiccasamuppāda Dharma.....	71
Chapter Three.....	74
Maternal Trauma Echoes in the Womb .....	74
Maternal Trauma Has Sealed Every Epigenetic Axis.....	75
Maternal Distress Potential Contraption.....	77
Fetal Feeling and Sense- Stress Apperception.....	78
Fetal Color Perception Scheduling .....	79
Contrast Between Five Saññā and Viññāṇa.....	80
Saññā and Viññāṇa Anattā Actualization .....	82



Lotus Above the 4 Class Maternal Mudd & Trauma Water .....	84
Breaking The Birth Trauma Boundary .....	85
Buddha’s Diagnosis of Human Suffering .....	88
What Did Buddha Realize?.....	90
Prenatal, Neonatal, and Postnatal Experience.....	93
Prenatal Stress Exposure.....	95
The Dutch Famine’s Extreme Fetal Programming.....	97
Growth, Retardation, Stress, and Disease Echoes from the Womb.....	98
Fetal Programming Epigenetic Dysregulation.....	100
Transgenerational Trauma Stress Effect.....	101
Chapter Four .....	104
Gut-brain-Cardiovascular Mental Illness.....	104
Sustainable Food Equity .....	108
Metabolic Syndrome—Why bother? .....	110
Anticipated Gut-brain Synthesis.....	111
Insight into the Vitality .....	112
Food Precipitation Streaming .....	114
Micro Mindfulness of Food Habits.....	116
Five Precepts Biobehavioral Analysis .....	117
Beneath the Myopic Rational Brain.....	119
Metabolic Disorder Develops in the Womb .....	120
Prenatal Diet Determines Baby’s Future Health & Psychopathology .....	121
Overeating Stress Disorder .....	123
Chronic Stress Affect Immunity .....	125

Stress Hormone Management .....	128
Wellness Experience .....	130
Women Global Stress Gap.....	132
Female Early Life Onset Stress Prevention .....	133
Birth Diet Habit is Linked to Increased Morbidity & Mortality.....	135
Chapter Five.....	138
Belief, Brain & Biology of Cancer .....	138
Perception and Experience are the Chief.....	139
Perception Changes Brain Chemistry .....	140
Paṭiccasamuppāda Formula in Reverse .....	142
Epidemiology of Cancer .....	143
Chronic Stress Can Promote Cancer Development .....	146
Understanding Maternal Trauma Psychic Wound.....	147
Five Khandha Toxic Beliefs Affective Stress Overload.....	150
Stress Physiology and Psychological Risk .....	152
Biobehavioral Micro-tracking of Stress.....	154
Choosing the Control Over Stress.....	155
Biological Stress Burdens of Belief, Prayer, and Rituals .....	157
Non-Self Wisdom Can Reset Epigenetic Modification.....	160
Anattā Impersonality Identity Changes Both Body and Perception .....	161
Why Anattā Structure is Important? .....	163
The Effect of Anattā Identity .....	165
Cancer Preventing Functional Perception Response .....	167
Guide to Simple Coping Skill.....	168

Trauma Solution.....	170
Chapter Six.....	171
Noble Eightfold Epigenetic Reprogramming .....	171
Extraordinary Right View.....	173
Following are the Consecutive Noble Eightfold Path: .....	175
1. Right View ( <i>sammā-ditṭhi</i> ) .....	175
2. Right Thought.....	176
3. Right Speech.....	177
4. Right Action.....	178
5. Cultivating Right Livelihood .....	179
6. Right Effort of Physical Exercise .....	180
The Mind-body Exercise Has Four Parts:.....	180
7. Right Attention ( <i>sammā sati</i> ): Right Attention has four parts:..	183
Body ( <i>kāyā</i> ) Awareness .....	183
Feeling ( <i>vedanā</i> ) Awareness .....	184
Emotion ( <i>citta</i> ) or Mood Awareness.....	185
Thought ( <i>Dhamma</i> ) Awareness .....	186
8. Right Wholesome Mind ( <i>Sammā Samādhi</i> ) .....	187
Mind Emotion Singularity .....	190
Why is Eightfold Path Prevention Necessary? .....	191
Spired Awareness Without Emotion.....	192
Noble Eightfold Path Confidence .....	194
Sīla, Samādhi and Paññā Liberating Experience: .....	200
Why Sīla Transparency is Important?.....	200

Origin of Human Trauma Discovery .....	203
Birth Maternal Trauma Biobehavioral Challenge.....	204
Understanding Deathlessness Distinction Before Death .....	205
Maternal Trauma Concept and Reality .....	206
Conclusion .....	208
Bibliography .....	215

## List of Abbreviations

AN	<i>Aṅguttara Nikāya</i>
Dhp	<i>Dhammapada</i>
DN	<i>Dīgha Nikāya</i>
DS	<i>Dhammakathiko Suttam</i>
MN	<i>Majjhima Nikāya</i>
PS	<i>Paccayo Suttam</i>
SMV	<i>Sahassavatthu Atthakathā</i>
SN	<i>Samyutta Nikāya</i>
Ud	<i>Udāna</i>
CNS	<i>Central Nervous System</i>
DHW	<i>Duch Hunger Winter</i>
GC	<i>Glucocorticoid</i>
HPA	<i>Hypothalamus Pituitary Adrenal HPA Axis</i>
MPFC	<i>Medial Prefrontal Cortex</i>
PTSD	<i>Post-traumatic stress disorder</i>

## Chapter One:

### Introduction

Birth condition *Jāti'pi dukkhā*<sup>1</sup> maternal trauma women psycho-biological woundedness is the patriarch world of the male prejudice societies where women are socially subjected to be second or inferior to men. Women's fertility was the highest premium factor in the Vedic made-up four castes social class (king-priest, warriors-bureaucrat, corporation-owning class, and proletariat-working class) in existence. In the first Noble Truth, the Buddha is the first who diagnosed the human suffering in the birth condition (*Jāti'pi dukkhā*) fetal programming. The second noble Truth categorizes the mother's stress, anxieties, worries, anger, and depression during pregnancy as the cause of human three inner stress-speech (vocational existential stress, battle of becoming cruel thoughts, and ego-death cosmic horrors of non-becoming. These three volitional activities (*saṅkhāra*)<sup>2</sup> of intentionality (*cetāna*) are born out of maternal trauma binding (*Jāti'pi dukkhā*) infected ignorance (*avijjā*).<sup>3</sup> It constructs individual perception (*viññāṇa*)<sup>4</sup> identity of personalized cognition, craving and clinging of feeling, desire, fear, hatred,

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<sup>1</sup> Nyanatiloka Mahathera, "*Jāti'pi dukkhā*" in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, (Kandy: Buddhist Publication Society, 2011), 81; V. F. Gunaratna, *The Significance of the Four Noble Truths* (Kandy: Buddhist Publication Society, 1968), 4-5; James W. Gair, W. S. Karuṇātilake, and Dabliv Es Karuṇātilaka. *A New Course in Reading Pāli: Entering the Word of the Buddha* (Delhi: Motilal Banarsidass Publishers Private, 1998), 187, 43.

<sup>2</sup> Nyanatiloka, "*Saṅkhāra*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 162.

<sup>3</sup> Nyanatiloka, "*Avijjā*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 26.

<sup>4</sup> Nyanatiloka, "*Viññāṇa*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 193.

and delusional excitement (*taṇhā*).<sup>5</sup> The 12 links dependent origination begins with birth condition maternal trauma intoxicated ignorance and self-seeking volitional activities.

Women's intergenerational sustained psychic woundedness and negative identity of mind consciousness (*mano-viññāṇa*) during pregnancy can severely affect their unborn child's neurological and physical disorders across the lifespan. This dissertation is a descriptive analysis of the five *khandhas* prenatal maternal trauma programming based on the doctrine of dependent origination formula suffering across the individual lifespan. Women's subjugation by the four-castes male society structure of the world is not merely misogyny, it permeates offspring's maternal trauma during pregnancy. The Buddha stands alone in its dismissal of the false four caste system male supremacy, God, and permanent self or soul (*ātman*), which divides and eventually destroys humanity. It's a mythical culture of the bureaucratic social system, gender apartheid psychic damage, and is a century-old phenomenon that comes with inhumane physical and sexual violence in all cultures of the world.

The fundamental denial of women's equality by male prejudice is a pre-Buddhist Brahminical construct that results in women's psychic anguish dictated by the needs of kingdom continuity. The state exploiting the women's fertility is not only denying her and her offspring's full human sovereignty but also the offspring's later pathology. In addition, smoking, drinking alcohol, and other drug use during pregnancy cause chronic hypertension and other gestational risk factors. At the moment of conception, maternal stress and the placenta provides all of the mind-body building blocks for the new fetus.

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<sup>5</sup> Nyanatiloka, "Taṇhā," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 177.

Stress in the social environment and the stress in the placenta mutually determine how well the unborn is nourished. The social stresses during pregnancy such as poverty, abandonment, domestic violence, misogyny, sexism, housing, hunger, neglect, and emotional abuse affect the developing baby through the placenta. The Mothers' mental, emotional, and physical health determines the life of an unborn baby and many more generations to come.

The placenta has built-in protection to keep the mother's toxic stress hormones out of the placenta. However, these protective mechanisms in the placenta cannot stand every challenge under severely stressful conditions. When the protective mechanisms of the placenta are overwhelmed by the toxic stress during pregnancy, the mental health of the unborn baby is also compromised by the mother's worries, anxieties, and other environmental contaminants and inflammatory agents. This toxic stress does more damage when combined with maternal psychic distress brought on by traumatic association and reactivity. It contributes to individual lifelong medical conditions such as chronic stress, hypertension, heart disease, cancer, and other illnesses.

The five *khandhas*<sup>6</sup> prenatal stress programming of a child's cognitive formation is the root cause of later health issues in adult life along with chronic stress. Given the recent advancements in science and microbiology, the functional definition of the human living cell is associated with a polluted animal diet and refined food diet. Individual emotions such as compulsive feeling, sensation, volition, and intention altogether originate from maternal trauma. In the context of cancer diagnosis maternal trauma from

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<sup>6</sup> Nyanatiloka, "Khandhas," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 82; Nyanatiloka Thera, "Khandhas," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines* (Kandy: Buddhist Publication Society, 2004), 82-83.



chronic stress intensifies individual stressors and diseases. For the Buddha, the reality of suffering is the birth condition *Jāti'pi dukkhā* maternal trauma and the five *khandhas* birth programming. “The world is established on *Jāti'pi dukkhā* maternal trauma”<sup>7</sup> In fact, economic, social, political, psychological, and religious, they all came out of maternal trauma. Individual volition and intention are fueled by unconscious fetal programming ignorance of a woman's psychic wound from transgenerational maternal trauma consciousness.

Noble Eightfold Path Right Effort and Right Concentration are given in Seven Steps to Awakening for maternal reprogramming. It is considered as mental discipline structure to keep five *khandhas* free from maternal trauma and habituated environmental interaction. Patriarch prosecution of woman's wombs and womanhood living in unequal conditions of suffering intensifies maternal trauma anxiety disorders. Maternal trauma birth condition is the most ignored underlying global common health issue. The first Noble Truth *Jāti'pi dukkhā* insight of suffering cannot be interpreted as a simple mundane meaning for saying that life is suffering and suffering is an unavoidable natural selection, or just a delusion. Human suffering comes to be born in fetal programming from the mother's psychic wound. The Buddha's emphasis on the *Sangha* social support system, eliminating birth condition maternal trauma origin of individual suffering is broadly relevant, both from the basic animal and refined food immunocompromised consequences and self-perceived chronic stress outlook. Therefore, I decided to establish the *Sangha* Center of *Jāti'pi dukkhā* maternal trauma reprogramming based on the five methodologies. Awareness of fetal programming, the mother's worries, anxieties, and

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<sup>7</sup> SN I 40.

other environmental contaminants and inflammatory agents are necessary factors to assess palliative care and terminal illness hospice care. It is the vehicle that the uninstructed worldlings do not use to navigate their every-moment chronic stress responses. The reality of this conflict is seen in how the whole world is running on that individual birth condition maternal trauma, anxieties, worries, anger, hate, ill-will, doubts, and discontentment. Individual emotional chronic stress is a mere process of personalized perception of the fetal programming *khandhas*. The most important takeaway from the five *khandha* analyses is that they cannot be compromised with the 4-class mythical culture of food, faith, beliefs, habits, and behavior. The three-fold structure (*sīla, samādhi, paññā*) participatory reprogramming of the five *khandha* is intrinsic to human survival on Earth, not just for terminal illness. They are complex dynamic systems that require transparent accountability and responsibility. It is a system far too complex to understand without knowing the women's transgenerational psychic wound's effect on unborn babies. So, one cannot make accurate predictions by merely applying self-centered cognitive behavior therapy.

However, by asserting five methodologies of maternal trauma five *khandhas* biobehavioral activities reprogramming properly one can extract potential predictability for achieving *dukkhanirodha*. Centering the Five *khandha* methods of Noble mental discipline solidification can make stable measurements and can permanently eradicate one's maternal trauma birth condition or morbid chronic stress. Whatever exists in the physical realm of defiled diet and sedentary lifestyles, belongs to the corporeal group *rūpakkhandā* disorder. Whatever exists in non-physical mental body realms of feelings

(*vedanā*)<sup>8</sup>, sensation (*saññā*)<sup>9</sup>, and volitional memory thought formation (*saṅkhāra*)<sup>10</sup> of personalized perception of things belongs to the perception (*viññāna*)<sup>11</sup> disorders. In this context, personalized identification (*upādāna*)<sup>12</sup> of the five *khandha* is an individual's entire process of mental (*nāma*)<sup>13</sup> and physical (*rūpa*)<sup>14</sup> experience. So, what is being referred to in the first Noble Truth is that what makes one experience being is this *khandhas* as one's cognitive lens, and must not be mistaken as 'self' or personality identity. These five constituents are not just superficial compact entities (a heap of aggregates as it is described in most Buddhist literature), they are instrumental to attain fetal programming freedom.

I have interpreted the five *khandhas* physical, psychological, and neurological disorders in the individual thermal energy system as 'bundles of energies. Ignorance *avijjā* of fetal five *khandhas* programming maternal stress harmful habits is associated with the mother's trans-trauma damaged behavior and wounded emotion where the most imprints of the conversion disease come from. The individual leading cause of disease and chronic stress is based on unique personalized perceptions, which come to be born in the uterus process of a fetus and later in volitional activities of life narratives. Physical

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<sup>8</sup> Nyanatiloka, "*Vedanā*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 189.

<sup>9</sup> Nyanatiloka, "*Saññā*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 164.

<sup>10</sup> Nyanatiloka, "*Saṅkhāra*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 162.

<sup>11</sup> Nyanatiloka, "*Viññāna*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 193.

<sup>12</sup> Nyanatiloka, "*upādāna*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 184.

<sup>13</sup> Nyanatiloka, "*Nāma*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 103.

<sup>14</sup> Nyanatiloka, "*Rūpa*," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 149.

illness and inflammatory bowel-brain-cardiovascular disorders are all maternal mental and diet distress personalized conversion diseases. Put differently, one is born in maternal trauma *khandhas*, lives in the *khandhas*, dies in the preprogrammed *khandhas*, and is rebirth in that nihilistic or eternalist soul or self-delusional perception accordingly.

Depending on the nature of one's terminal illness, the end-of-life stage period varies from a matter of weeks, or months, to several years. Regardless of where they're being cared for, whether it be at home, palliative and hospice care, assisted physical and mental health supports can be provided to purify five *khandhas* mind-body union (*Samādhi*)<sup>15</sup> and develop non-self-five *khandha* wisdom (*paññā*)<sup>16</sup> of impersonal identity and cultivate dynamic (*sīla*)<sup>17</sup> behavior experiences are the most imperative intervention of affective comfort, is the focus of my dissertation.

## **Background of Study**

1) Women suffering from cancer, or other terminal illnesses, may experience an increase of emotional suffering both from illness and other compounded past trauma-related maternal distresses conceal conversion reaction effects, such as birth condition maternal trauma, early life abandonment, neglect, abuse, trauma memories, and moral existential anxieties and confusion, which emerges from fear of death and intensifies in advanced stages of illness. Being a feminist for a moment, because being a woman is part

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<sup>15</sup> Nyanatiloka, "Samatha" in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 184.

<sup>16</sup> Nyanatiloka, "Paññā," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 145.

<sup>17</sup> Nyanatiloka, "Sīla," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 200.

of it, eighty-five percent of the people with severe maternal distress disorders and illness are female.

2) Buddhist ideology and teachings rely heavily on precept abiding non-verbal and non-violent communication, viewing the self-grasping affective body, five *khandhas*, (corrupted maternal diet habits, and flawed mind-body exercise). It is part of the larger whole of chronic stress, chronic inflammation, disease, and non-communicable disorders. There is an overarching tone of psychological and medical science skepticism of invisible maternal trauma hysteria which advises individuals to reject knowledge that does not agree with the idealistic ontological truth of human suffering. Rather than reprogramming women's transgenerational psychic wound damage one prefers to indulge in maternal trauma binding five *khandhas* habits and behavior as usual. 3) The doctrine of *anattā*<sup>18</sup> impersonality identity, impermanence (*anicca*)<sup>19</sup> of thing, and how all sufferings (*dukkha*)<sup>20</sup> are dependently originated are the three key characteristics of life's doctrine closely associated with the five *khandha* doctrine to reprogram individual process of perception. It is a critical point one must come to grips with how to remove one's fetal programming from maternal trauma identification of the five *khandha* bodies together.

### Statement Problem

Longitudinal studies of the pregnant women in Nazi Germany's DHW famine and the pregnant women's offspring from the 9/11 Attack on the World Trade Center have

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<sup>18</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), xviii.

<sup>19</sup> Nyanatiloka, "Anicca," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 16.

<sup>20</sup> Nyanatiloka, "Dukkha," in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 54.

revealed adverse placenta conditions during different stages of pregnancy with the largest distress and disrupted hormone levels in their second and third trimester. The implacability of detrimental consequences has forced fetal programming maternal trauma medical reckoning for one of the medicine's most deeply ignored and neglected splits. The emerging epigenetic longitudinal studies reveal how pregnant women's traumatic experiences can be intergenerationally transmitted. In other words, children of Holocaust victims bore "the scar without the wound."<sup>21</sup>

Furthermore, according to the third Noble Truth, maternal trauma deep-rooted physical and psychiatric disorders and diseases are not permanent. The fourth Noble Truth teaches how an individual can reprogram epigenetic maternal trauma for achieving the elimination of fetal programming *dukkhanirodha*, which is synonymous with Nirvāṇa. Although it is hardwired in an individual volitional activity and automatic perception processes, the maternal trauma volitional activities can be restructured, reinterpreted, reprogrammed, and eliminated. The proposed five methodologies of Buddhist innovative intervention also known as Eightfold Path is to stop idealizing five *khandhas* invisible maternal trauma automatic HPA axis stress triggering by eradicating birth condition fetal programming five *khandhas* maternal trauma mind, body, speech habits, and cognitive behaviors. Individual impersonal relationship *anattā* impersonality identity with five *khandhas* is an essential individual ecosystem for human continuity. Traditional therapy does not teach non-self-identity, nor one to change maternal trauma-

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<sup>21</sup> Rachel Yehuda et al., "Transgenerational Effects of Posttraumatic Stress Disorder in Babies of Mothers Exposed to the World Trade Center Attacks During Pregnancy," *The Journal of Clinical Endocrinology & Metabolism* 90, no. 7 (2005): 4115-4118.

defiled diet, and does not know, or cannot eradicate, five *khandhas* fetal programming transgenerational maternal trauma.

Secular and theistic education insists on believing individual self or soul in, addition to body and mind, not in the five human *khandhas* constituents. Therefore, existing therapeutic models and medicine can only teach one to assert the ‘self’ or the soul, which causes involuntary internal HPA toxic chronic hormone silence secretion. It becomes the spectrum as the nexus for premature aging, disease, depression, and death. One is trapped with this horrible maternal trauma psychic wound five *khandhas* relationship invisible biosphere. Nobody is above it, not even the *arahants*. One breathes it in like the air. Once one realizes that reprogramming five *khandhas* maternal trauma is necessary to end chronic stress exhaustion and effective mind-body subjective experience, it’s easier to de-escalate the conflict. Once one realizes that the visible body (*rūpakkhanda*) is the resultant outcome of the four formless *khandhas* mental body (feeling, sensation, volition, and perception), one stops identifying HPA triggering ‘self or soul realization.’ Everybody gets it wrong with ‘me’, ‘mine’, and ‘I-am’ maternal trauma volitional identification thought activities and personalized maternal trauma birth condition (*Jāti’pi dukkhā*). It has immense implications for metabolic-cardiovascular endocrine system immunocompromised psychoneuroimmunology. The personalized five *khandhas* stress hormone cortisol disruption in the blood is affected by a variety of self-perceived psychological stressors, including past and present self-rumination, childhood abuse, trauma identification PTSD. Questionnaires are initial drafts and are subject to being shortened or modified. The thesis investigates the prenatal, neonatal, and postnatal stress neuro-bio-marks and how they are associated with later-life biobehavioral mental

and physical illness conversion disease, depression, psychological trauma, and body image. Then it explores how the present life chronic stress condition interfaces with the adverse environment from a Buddhist perspective, which can be resolved or held creatively.

The systematic use of maternal distress birth condition trauma psychological terminology given in my dissertation is overlooked by the traditional interpretation. In cultural conventional Buddhism, life is accepted discontentment. The human condition as stated in the first Noble Truth indicates that the need to annihilate the five human constitutions of maternal trauma identification is crucial to attaining human freedom from suffering, given as the termination of *dukkha*. However, the doctrine of *anattā* is most undeniably crucial and central to the respective teachings. I, therefore, find the first Noble Truth *Jāti'pi dukkhā* central to exploring and examining five *khandhas* analysis non-self-identity *anattā* doctrine through the dependent origination *paṭiccasamuppāda* formula.

### **Purpose of Study**

An array of mental and physical fetal programming research studies the direct experience from different discoveries as relevant to the maternal trauma transgenerational psychic wound and damaged diet. This dissertation examines the first Noble Truth *Jāti'pi dukkhā* (birth condition) fetal violence as the epicenter of the trauma of human suffering across life. Individual fetal programming maternal stress automatic perception processes are linked to his/her chronic stress, anxiety, anger, guilt, and depression during the end-of-life. It is an underlying spectrum of psychophysical emotional wounds that individuals sustain during fetal development. The distinctive category of affective female physical and emotional trauma suffering in the social fabric is a part of the subsequent



normalization of gender inequality of rules and subjugation of womanhood. Therefore, it is important to understand the spectrum along which this hidden truth of trauma and chronic stress lies. The unyielding inhumane nature of the bureaucratic punitive 'four castes' base industrial colonial war economy system's individual value is traumatizing for most people. Everyone operates from maternal trauma and psychic woundedness.

Individual sadness, depression, feelings of inadequacy, complex judgments, and bad temper biology have a powerful effect on individual health and well-being. The *Jāti'pi dukkhā* (birth condition) maternal trauma epigenetic studies have postulated a need for clinical and social science research and platform to protect the fetus from maternal psychic wounds and damage. However, very few reference material or research has examined maternal distress-immune programming relationships in pregnancy. Five methodologies Noble Eightfold participatory application to the prenatal period and to end chronic stress of terminally ill patients holds great promise for elucidating regulation in the nervous system. The literature reviews will lend to a more comprehensive understanding of the cascading implications of affective body HPA axis stress triggering. Unfortunately, each individual's unconsciously personalized perception of past traumatic early life events, morbid thoughts, fear, and anxieties are ceaselessly activating, which has a much broader scope of chronic stress and psychiatric disorders.

The manufactured menacing self or soul of the past enters the present as a fighting demon to deal with issues and rights. It is marked by frequent ferocity, guilt, sadness, suffering, and loss. In this context, trauma is not limited to individual events of life experience as such but in the ways, his/her fetal programming maternal trauma stress is conditioned to responses. Life events are the results of fetal-maternal trauma. These

events are interpreted and internalized in the process of personalized perception and reexperienced across a lifetime. It is through cultivating the impersonality identity of the five *khandhas* non-self-reinterpretation of the past whether buried or laid bare stop continuing to inhabit and refashion the present. Cultural Buddhism and Buddhist religious studies are directed towards theories and philosophies such as ‘emptiness’, mindfulness, loving-kindness, and other tenets. Their depth of experience cannot penetrate epistemological reality beyond the seeing of the apparent lifeworld of idealistic ontological suffering. Traditionally, researchers have aimed to keep philosophical inquiries in the Buddhist religion by following different scholars’ analyses and commentaries that explained the problem *Jāti’pi dukkhā* in the human condition as a descriptive term but in real-life experience, it is intrinsic to the diagnosis and removing human maternal trauma birth condition suffering.

## Research Questions

1. Will six sessions of focused impersonality identity five *khandhas* fetal deprogramming education of the first Noble Truth, dependently originated stress *paṭiccasamuppāda* formula, impersonality identity (*ti-lakkhaṇa*), and Eightfold method (*sīla, samādhi, paññā*) epigenetic skill training protection have any effect on habits, behavior, and activities of perception process?
2. Will the *nāmarūpa-anattā* impersonality identity, *samatha* gut-brain-cardiovascular strength resistance yoga, yoga-massage meditation sleep, dharma talks, and change of diet dispel terminally ill individual chronic stress and anxiety of past and present trauma symptoms?
3. Will individuals demonstrating constraints of maternal trauma, psychic wound and damage in the form of distress, and fear conversion reaction be less influenced by following the Five Methodologies interventions?

First, this study can be qualitative in nature and may involve pre-and post-interviews with patients. Due to the limitations of the review board, it must be qualitative in nature and comprise qualitative literature and research reviews only.

Second, the first interview should take place before introducing the intervention and should involve questionnaires about trauma and the recurrent state of mind-body discomfort. Questions should be open-ended and several measures of body relaxation should be taken, such as intermittent guided apperceptive attention to maternal trauma binding the ‘self’ of body, and speech. Meditation and *samatha* chair massages should be

used to encourage more conversation. The prerequisite cleansing process of body-mind-perception includes various *jhāna* techniques, introspection, *ānāpānasati* breathing, and assisted *samatha* yoga posture technique, guided meditation, plant-based nutrition. Will this noble operating perception programming system help one's ability to increase mental equity, reduce tension, anxiety, and feel safe to end all emotional arousal to attain a tranquil body-mind-emotion unified comfort warm space of equanimity?

Interviews should be recorded and transcribed and then coded using qualitative methods.

Questions should include the following:

- 1) Do you believe in "Self", "Soul", God, or any Supernatural Being or deities?
- 2) Have you gone to a synagogue, Sunday school, church, mosque, or temple?
- 3) Do you have confidence in Lord Buddha's superhuman ability to see maternal trauma convergence disease and the Noble Eightfold Path remedies?
- 4) Do you have any moral bias related to race, gender, religion, or disability?
- 5) Do you believe in individualism or community support interdependence?
- 6) Do you believe in helping a family in need more than community participatory action?
- 7) List the teenage-adult diet, its sedentary lifestyles, and present stress-coping mechanisms.
- 8) Do you habitually use alcohol, drugs, or smoking in the past or present as a coping mechanism?
- 9) Describe your job stress and the chronic stresses associated with it.
- 10) Is there any past trauma showing up at present in a different situation?

- 11) What chores did you have to do growing up at home and volunteer work?
- 12) As a teenager what did you do for fun and relaxation?
- 13) Tell me some significant stories about your mom, dad, and sibling/s, (good and bad).
- 14) As a teenager did you engage in sex, drugs, smoking, alcohol, or compulsive eating?
- 15) Were there any emotional incidents such as domestic violence, separation (abandonment), parental divorce, custody disputes, foster homes, or deaths in the family that affected you?
- 16) Did your parents have any alcohol, drug, anger, or difficult extramarital issues?
- 17) Did your parents, or guardians, use name-calling, physical assault, or denigrate you in front of others to make you feel guilty?
- 18) Did any of your parents, or guardians, use physical violence such as grabbing you hard, squeezing you by the neck or twisting your arms, hitting you, or leaving you with bruises?
- 19) Did any of the family members, relatives, or friends of the family ever inappropriately touch you?
- 20) As a child, did you ever witness your mother being yelled at or physically abused by your father or her partner?
- 21) As a child did you watch your parents argue and fight over money?
- 22) Tell me about your marital issues of stress, emotional difficulties, and depression.

- 23) Tell me about your current physical-emotional state and what gives you comfort.
- 24) What worries and frightens you the most right now?
- 25) Are there any events in your past that you still think about and ruminate over now?

Other questionnaires would be provided to assess issues—like the trauma symptom checklist, personalized rumination of the past and present process of grueling chemo, radiation, and drug fatigue, and emotionally wearing effect conditions as well.

Questionnaires regarding end-of-life care, plus a demographic questionnaire – age, ethnicity, type of illness, events, and stress leading to the illness and stages of illness, etc.

- 1) Then conduct the intervention 3-6 sessions, or more as needed, of the four key teachings of the Buddha with frequent cross-references to the fetal programming from maternal trauma including Intermittent *Samatha* strength resistance yoga, yoga massage strength-resistance stretch, and plant-based nutrition and culinary classes are provided regular basis from the *sangha* to boost individual psycho-neuro-immune system. I will describe the practice in-depth and what will take place in each session.
- 2) Post-interview questions (Tell me about your current physical state, pain, and comfort level. Tell me about your current physical discomfort and emotional state).
- 3) Tell me about your experience with the five-methodology intervention. What are some things you appreciate or do not care for about the intervention? How

did the intervention affect your well-being? How did the *sangha* support aid your regular practice and comfort?

- 4) Also, one can introduce a post-intervention trauma assessment and cortisol test.
- 5) Coded interviews can be used for themes using qualitative methods and further aids.

## **Literature Review**

The primary purpose of this literature review is to compare and contrast maternal trauma hidden structural violence and suffering diagnosed by the Buddha in the first and second Noble Truth that has rigid interior and soft exterior appearance. This literature review examines how prenatal maternal trauma influences individual lifelong chronic stress, specifically adverse childhood experiences that continue to contribute to psychological distress later in life, particularly during end-of-life care. Previous studies demonstrated that the severity of psychological distress is strongly linked to exposure to traumatic experiences earlier in life.

In the Book, *“Prenatal Maternal Stress, Fetal Programming, and Mechanisms Underlying Later Psychopathology—A Global Perspective,”* Vivette Glover and Kieran J O’Donnell, Thomas G O’Connor, and Jane Fisher’s accumulating research examines the effect of prenatal maternal stress fetal programming on postnatal development and behaviors across the lifespan. It discusses how a mother’s stress, anxiety, or depression during pregnancy can alter the development of her fetus and her child, with an increased risk for later psychopathology. The authors present a model of underlying mechanisms—the role of the placenta, gene-environment interactions, epigenetics, and specific systems

including the hypothalamic-pituitary-adrenal axis (HPA) cortisol, glucocorticoid, and cytokines prenatal maternal stress, fetal programming global perspective.<sup>22</sup>

In the articles, "Maternal Psychological Distress and Fetal Growth Trajectories: the Generation R Study," (Henrichs, 2010)<sup>23</sup> and "Does prenatal stress alter the developing connectome?" (Scheinost, 2017),<sup>24</sup> a diverse body of literature reviews links prenatal maternal stress and psychological functioning (e.g., depression, posttraumatic stress disorder (PTSD) with adverse fetal programming trauma, child and adult life outcomes.<sup>25</sup>

In the article, "Glucocorticoid Excess and the Developmental Origins of Disease: Two Decades of Testing the Hypothesis—2012 Curt Richter Award Winner," Rebecca M. Reynolds has concentrated on two decades of testing. Using a series of mechanistic research methods, including numerous studies in animal models to test the intra-uterine environment carried out, which results in permanent changes in individual physiology, structure, and metabolism. It is Reynold's key hypothesis to explain fetal programming, namely over-exposure of the developing fetus to glucocorticoids, a phenomenon termed early life programming. The altered HPA activity Reynold's studies in men and women showing that high levels of endogenous glucocorticoids, or treatment with exogenous glucocorticoids, is associated with an adverse metabolic digestive disorder problems

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<sup>22</sup> Vivette Glover et al., "Prenatal Maternal Stress, Fetal Programming, and Mechanisms Underlying Later Psychopathology—A Global Perspective," *Development and Psychopathology* 30, no. 3 (2018): 843-854.

<sup>23</sup> Jens Henrichs et al., "Maternal Psychological Distress and Fetal Growth Trajectories: the Generation R Study," *Psychological Medicine* 40, no. 4 (2010): 633-643.

<sup>24</sup> Dustin Scheinost et al., "Does Prenatal Stress Alter the Developing Connectome?." *Pediatric Research* 81, no. 1 (2017): 214-226.

<sup>25</sup> Jens Henrichs et al., "Maternal Psychological Distress and Fetal Growth Trajectories: The Generation R Study," *Psychological Medicine* 40, no. 4 (2010): 633-643; Dustin Scheinost et al., "Does Prenatal Stress Alter the Developing Connectome?." *Pediatric Research* 81, no. 1 (2017): 214-226.



profile, increased cardiovascular disease, altered mood, cognitive decline, and onset of increased cortisol responses to psychosocial stress in adulthood.<sup>26</sup> There are new studies demonstrating that high circulating levels of maternal cortisol during pregnancy correlate negatively with birthweight, suggesting that excess glucocorticoids can bypass the placental barrier. Reynold's also found that deficiencies in the barrier enzyme potentially increase fetal glucocorticoid exposure in association with other non-communicable maternal trauma stress, alcohol, drug addiction, and unhealthy diet, and disease.

In the article, "Antenatal Maternal Anxiety is Related to HPA-axis Dysregulation and Self-Reported Depressive Symptoms in Adolescence: A Prospective Study on the Fetal Origins of Depressed Mood," Van den Bergh, Bea RH, Ben Van Calster, Tim Smits, Sabine Van Huffel, and Lieven Lagae describes maternal anxiety and self-reported depressive symptoms in early adolescence life events that were hindered by cross-cultural differences in attitudes and social normality's of depressive barriers and symptomatology can proceed from altered HPA axis function. Religious and maternal personalized beliefs, trauma, anxieties, anger, worries, distress, and indirect transfer of ignorant infected stress via catecholamines on the fetal brain occurs during gestation. The fetus is sensitive to the mother's environmental stressors that can have immunocompromised developmental and maturation consequences in later life. The psychological stress of the mother activates the sympathetic adrenal medullary system, which coordinates the release of norepinephrine and epinephrine from the adrenal medulla. These catecholamines are known to mediate short-term behavioral, metabolic, and immunological responses to environmental and

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<sup>26</sup> Rebecca M. Reynolds, "Glucocorticoid Excess and the Developmental Origins of Disease: Two Decades of Testing the Hypothesis—2012 Curt Richter Award Winner," *Psychoneuroendocrinology* 38, no. 1 (2013): 1-11.

psychosocial stressors. Catecholamines are hydrophilic and seemingly do not cross the placenta readily. However, excess catecholamines have been shown to impair fetal development possibly through indirect interactions.<sup>27</sup>

In the article, "End-of-life Conversations: Evolving Practice and Theory," Larson, Dale G., and Daniel R. Tobin examine the psychological evolution and need for end-of-life conversation. Dale believes that barriers to end-of-life discussion can seriously increase an individual's chronic stress-pain levels with the quality of remaining life experience. Dr. Dale suggests strategies for enhancing end-of-life discussions are most productively linked to (1) physicians' interpersonal communication skills and confidence, (2) a patient-centered model of care, (3) a focus on the quality of remaining life for terminally ill patients and families, and (4) innovative clinical models for implementing these discussions earlier in the care process. Dr. Dale concluded that end-of-life conversations earlier in the care must be a routine, structured intervention in healthcare and that advance care planning is best viewed as one component in a series of ongoing end-of-life discussions.<sup>28</sup> Dr. Dale underscores the need for emotional flexibility and understanding of how the patient's consciousness of end-of-life care can be culturally different from mainstream mental activities. He labels end-of-life discussion as a problem plus the need for understanding the patient's psycho-emotional comfort. A broad view of

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<sup>27</sup> Bea R. H. Van den Bergh et al., "Antenatal Maternal Anxiety is Related to HPA-axis Dysregulation and Self-Reported Depressive Symptoms in Adolescence: A Prospective Study on the Fetal Origins of Depressed Mood," *Neuropsychopharmacology* 33, no. 3 (2008): 536-545.

<sup>28</sup> Dale G. Larson and Daniel R. Tobin, "End-of-life Conversations: Evolving Practice and Theory," *Journal of the American Medical Association* 284, no. 12 (2000): 1573-1578.

the literature review would have far more techniques and sources in order to be thorough.<sup>29</sup>

Dr. Dale projected mastery of conversation by itself is not enough. It must also help prepare to deal with body-assisted care and energy work to have a successful deep understanding of tranquility and calm mind-body composure is also necessary. This needs to be prepared, to provide the natural transition to death. It is well understood that mental and emotional needs that arise during life-limiting illness are a lot more than a medical event while doctors and healthcare providers address an important role in alleviating a patient's physical discomfort and pain. Life-limiting emotional conditions are heavy stress, potentially inciting memories, associated with reactivity, and HPA axis stress response symptoms (depression, and trauma revisited). Chronic stress during serious illness can also precipitate complex presentations of cognitive decline. Reducing self-perceived chronic stress symptoms can help patients engage more meaningfully in their lives, including participating in decisions about their comfort.

Anxiety about the death of a dying body personalized perception can be pain-triggering self-inflicting trauma of grief, which is a barrier to engage supportive comfort and relationship with caregivers, families, and friends. End-of-life care is a support for people who are in the last months or years of their life. End-of-life care should help one to live as well as possible until one dies and to die with dignity. The people providing care should ask the patient about his/her wishes and preferences, in order to take these into account as they work to plan the patient's care. They should also support the patient's family, caregivers, or other people who are important to the patient. Early-life

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<sup>29</sup> Dale G. Larson and Daniel R. Tobin, "End-of-life Conversations: Evolving Practice and Theory," *Journal of the American Medical Association* 284, no. 12 (2000): 1573-1578.

stress (ELS) rumination at moments when critical developmental process problems are taking place needs the understanding of stress coping skill flexibility in the regulation of the nervous system HPA-axis functioning, which may induce epigenetic changes that program the HPA-axis. This possibly results in some individuals with distinct and stable patterns of dysregulations that are associated with altered emotional processing and heightened responsiveness to stress (Heim et al, 2004; Meaney and Szyf, 2005; Weaver et al, 2001, 2005).<sup>30</sup> In humans, the effects of early life stress (ELS) were tested in epidemiological studies (see Kajantie, 2006; Phillips, 2004; Thompson et al, 2001)<sup>31</sup> and in retrospective (see Heim et al, 2000, 2004; Gunnar and Quevedo, 2007; Kaufman and Charney, 2001; Tarullo and Gunnar 2006)<sup>32</sup> and prospective (see Davis et al,

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<sup>30</sup> Christine Heim, Paul M. Plotsky, and Charles B. Nemeroff, "Importance of Studying the Contributions of Early Adverse Experience to Neurobiological Findings in Depression," *Neuropsychopharmacology* 29, no. 4 (2004): 641-648; Michael J. Meaney and Moshe Szyf, "Environmental Programming of Stress Responses Through DNA Methylation: Life at the Interface Between A Dynamic Environment and A Fixed Genome," *Dialogues in Clinical Neuroscience* 7 (2005):103-123; Ian C.G. Weaver et al., "Early Environmental Regulation of Hippocampal Glucocorticoid Receptor Gene Expression: Characterization of Intracellular Mediators and Potential Genomic Target Sites," *Molecular and Cellular Endocrinology* 185, no. 1-2 (2001): 205-218.

<sup>31</sup> Eero Kajantie, "Fetal Origins of Stress-related Adult Disease," *Annals of the New York Academy of Sciences* 1083, no. 1 (2006): 11-27; David I. W. Phillips, "Fetal Programming of the Neuroendocrine Response to Stress: Links Between Low Birth Weight and the Metabolic Syndrome," *Endocrine Research* 30, no. 4 (2004): 819-826; Christopher Thompson et al., "Birth Weight and the Risk of Depressive Disorder in Late Life." *The British Journal of Psychiatry* 179, no. 5 (2001): 450-455.

<sup>32</sup> Christine Heim, Ulrike Ehlert, and Dirk H. Hellhammer, "The Potential Role of Hypocortisolism in the Pathophysiology of Stress-related Bodily Disorders," *Psychoneuroendocrinology* 25, no. 1 (2000): 1-35; Megan Gunnar and Karina Quevedo, "The Neurobiology of Stress and Development." *Annu. Rev. Psychol.* 58 (2007): 145-173; Joan Kaufman and Dennis Charney, "Effects of Early Stress on Brain Structure and Function: Implications for Understanding the Relationship Between Child Maltreatment and Depression." *Development and Psychopathology* 13, no. 3 (2001): 451-471; Amanda R. Tarullo, and Megan R. Gunnar, "Child Maltreatment and the Developing HPA Axis," *Hormones and Behavior* 50, no. 4 (2006): 632-639.

2005; Egliston et al, 2007; Huizink et al, 2004; Talge et al, 2007; Van den Bergh et al, 2005a) clinical and quasi-experimental studies.<sup>33</sup>

The translational studies in support of the compulsive self-perceived HPA axis automatic triggering hypothesis demonstrate that glucocorticoids are both mediators and targets of programming. It raises the question of whether this information can be used to identify those individuals most at risk of later life terminal disease and end-of-life severe chronic stress, anxieties, and pain. Self-interruption, ill will, and cruel thoughts worldwide is perhaps the most pressing challenge of our times. Early life exposure to hostile environment echoes from the womb (e.g., nutrient restriction or maternal anger, and anxiety) which could predispose the individual to somatic and mental diseases. Although, ‘self’ is an amygdala hijacking global linguistic Indian grammar core concept in pursuit of desires and pleasures. In the Book, “*Mindfulness: A Practical Guide to Awakening*,” Joseph Goldstein, examines the contrary to this, in Buddhism, the description of the enlightened mind, and non-self (*anattā*) cultivation is one reference point of understanding that illuminates them all: the final uprooting of greed, hatred, and

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<sup>33</sup> Elysia Poggi et al., "Corticotropin-releasing Hormone During Pregnancy is Associated with Infant Temperament," *Developmental Neuroscience* 27, no. 5 (2005): 299-305; Kerry-Ann Egliston, Catherine McMahon, and Marie-Paule Austin, "Stress in Pregnancy and Infant HPA Axis Function: Conceptual and Methodological Issues Relating to the Use of Salivary Cortisol as an Outcome Measure," *Psychoneuroendocrinology* 32, no. 1 (2007): 1-13; Anja C. Huizink, Edu J. H. Mulder, and Jan K. Buitelaar, "Prenatal Stress and Risk for Psychopathology: Specific Effects or Induction of General Susceptibility?" *Psychological Bulletin* 130, no. 1 (2004): 115-142; N. M. Talge, C. Neal, and V. Glover "Fetal and Neonatal Experience on Child and Adolescent Mental Health. Antenatal Maternal Stress and Long-term Effects on Child Neurodevelopment: How and Why?" *Journal of Child Psychology and Psychiatry* 48 (2007): 245-261; Bea R. H. Van den Bergh, "Antenatal Maternal Anxiety and Stress and the Neurobehavioural Development of the Fetus and Child: Links and Possible Mechanisms. A Review," *Neuroscience & Biobehavioral Reviews* 29, no. 2 (2005): 237-258.

ignorance.<sup>34</sup> Because personalized perception of the five *khandha* HPA axis dysregulation plays a pathological role in stress-related disorders such as mood swings, irritation, and depression. Measures in therapy showed that alterations in nutrition, exercise, yoga, Tai-chi, meditation, massage, acupuncture, and cognitive behavior therapies are important in regulating cortisol levels, and glucocorticoids.

Given the limitations and inconsistent measures of existing therapy reliability to address sociodemographic diverse populations, literature reviews suggest increased vulnerability when exposed to terminal illness chronic stress arousal. The goal of this study was to provide five methodologies for recovery from chronic stress arousal and negative energy fatigue effectivity disorders for terminally ill patients' temperament, rage, anger, worries, fearfulness, sadness, and depression. All the various types of maternal trauma literature reviews are completely absent of necessary measures of therapies that are needed to address patients' long-term chronic stress, pain, and other spiritual comfort. Doctors and health care providers do not seriously acknowledge maternal trauma and early life events associated with lifetime stress exposures and current chronic stressors. They try to monopolize medical technology and pharmaceutical drugs in alleviating the patients' temporary physical discomfort and pain, not the psychophysical energy dynamics—assisted gut-brain-cardio- spine resistance stretches, massage, guided meditation on self-delusion, nutrition, and patient-centered other stress-management therapies. So, we have individuals inundated with maternal trauma psychic wounds, and early life conflict that is devastating to physicians, caregivers, and family

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<sup>34</sup> Joseph Goldstein, *Mindfulness: A Practical Guide to Awakening* (Boulder: Sounds True, 2013), 318.

members' relationships. The suggested five methodologies in my dissertation are important imperatives to address patients' current negative mood disorders and psychopathology resistance during end-of-life critical transition.

## **Methodology:**

### **Five Buddhist Methodology Distinction**

Indeed, in Buddhism, little or no methodology description has been designed or written about how to terminate chronic distress during the end-stage of life which originates from *Jāti'pi dukkhā* fetal programming maternal trauma psychic woundedness. The Buddha repeatedly stated that the maternal trauma (*Jāti'pi dukkhā*) of five *khandhas* physical and emotional identification life in *samsara* is an unbroken chain of suffering and unsatisfactory existence. Maternal trauma (*Jāti'pi dukkhā*) five *khandha* condition is the cause of volitional automatic perception processes arising together with the motivated intention (*cetanā*), which is the cause of the emotional excitement (*taṇhā*). Intention ignites the fuel of emotional excitement. They are mutually interconnected and result in cognition and character behavior. The biology of individual personality views physical characteristics and it can be experienced in HPA axis affective response. However, individual particular passion, craving, and clinging cause particular emotional excitement. Therefore, intentionality (*cetanā*) is the chief of all action or karma.

Thus, *taṇhā*, or emotional excitement, co-arising with *cetanā*, or intention, causes the round of rebirth, the cycle of earthly existence, which is characterized by *dukkha*, or suffering. So, the first and second Noble Truths describe how human beings are recycling in the round of sensory realms of pleasure, lust, fear, aversion, and anxiety stress vortex (*samsāra*) in a continuous process of maternal trauma binding birth, aging, disease, and

death. Furthermore, five indivisible *akkhandhās* are constantly transforming from moment to moment, which asserts that the identification of the five *khandhas*, or belief in a permanent soul or self, is the most deceitful illusion that continuously triggers HPA axis stress hormones. The doctrine of *anattā* (non-self) distinctively delineates and identifies that all things are dependently originated and have no real permanent Soul or Self.

So, human beings have no ‘self’ but only five constituent parts, which are continuously changing through inconceivable periods. Therefore, maternal trauma five *khandhas* wise attention to continuous mindfulness of *anattā* equanimity in one’s insight practice is necessary for imperturbable and balanced intention. So, it might be that ignorance of maternal trauma binding the five *khandha* human condition is diagnosed as dissatisfaction or suffering. The key difference is that the former prenatal maternal trauma seems to happen ‘automatically’; we are not conscious that our existence originates in maternal trauma programming. The latter is the deliberate Noble Eightfold Path transparency creation of five *khandhas* (body, feeling, sensation, volition, and perception).

It follows that the suggested five methodology power of the *cetanā*, or intention, creates and shapes our very existence into a dynamic change of peaceful happy experience. Thus, in such paradigm-shifting circumstances, the Eightfold mind-made body is not separate from the normal maternal trauma body but is constituted as if the maternal trauma binding five *khandhas* gene expression is turned off. Then in the context of the ability to direct the mind’s perception to the creation of a rarified mind-made bodily vehicle established in *Sīla*, *Samādhi*, *Paññā* as the Buddha intended. One



understands the consuming habits and behaviors of the *Jāti'pi dukkhā* maternal trauma unsatisfactoriness as it is. One understands the causes of the suffering. The three volitional mental factors of the second Noble Truth are; (i) *āsavas* of sensual vocational desire (*kāma*), (ii) continued deceitful illusion of existence (*bhavāsava*), and (iii) ignorance (*avijjā*) of existential insecurity (*bhavāsava*) cosmic horror or the vastness of cosmos to insignificant erroneous self.

Thus, one realizes, the cycle of maternal trauma, morbid aging, and disease on the collective level. The transparency of Buddhist ethical life virtues enables one to be and act in ways that develop this ideal wholesome potential that after this life there will be no further life.<sup>35</sup> In Buddhism, aging, disease, and death are determined by the individual's intrinsic characteristics of maternal trauma binding food habits, stress, anxiety, and emotional thirst, which is a convergent reaction of intention, not theistic karma, and rebirth. Individual intentionality refers to the fact that all aspects of an individual narrative of life events, choices, and circumstances of stress originate in the mother's womb. Unfortunately, modern doctors, psychiatrists, and psychotherapists see the disease, not the whole person, and prescribe pills, shots, and surgery. They do not see the five *khandha* maternal trauma-induced individual intention drawback of unwholesome addiction, craving, and their deluding aspects of horrifying life experiences.

Therefore, the three-dimensional structure (*sīla, samādhi, paññā*) Noble Eightfold Path discipline was thus understood both descriptively and prescriptively to eradicate the stress and perception liberated from personalized emotion. So, the first Noble Truth, *Jāti'pi dukkhā* maternal trauma spearheaded the 12-link formula of human suffering. The

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<sup>35</sup> DN I 84.

dependent origination is a simulated explanation of how the psychic wound maternal trauma damaged dysfunctional mind-body originates from the mother's womb. All our volitional effort (*sankhāra*), automatic perception (*viññāṇa*) processes, name identity (*nāmarūpa*), six-sense-bases of mental activity (*saḷāyatana*), cognitions (*phassa*), feeling (*vedana*) and craving (*taṇhā*) are a conditioned thing (*paccaya*), born out of fetal placenta programming of mother's feelings and sensations. Maternal emotional psychic thirst, craving, and woundedness are the personalized attachment of becoming. It reflects a pattern throughout his/her life-long stress, trauma, and disease recurrence that turns the individual into a victim. First and foremost, one cannot shamelessly ignore the stigmata of women's societal trauma distress which impacts fetal programming neural development and the behavior of the unborn child throughout his/her life.

Generational women's maternal stress invisible trauma is an unstudied assault on the feelings and sensations in the uterus of embryonic life. The birth condition affective illness and neonatal and postnatal continuity cause increased cortisol activity in school-aged children. Research and longitudinal study have revealed the extraordinary reality of the First Noble Truth in the scientific context of complex enigmatic processes. The undeniable truth opens the windows for different interpretations that might contradict erroneous eugenic beliefs and the subjective assessment of flawed karma and rebirth ideologies. It debunked the Buddhaghosa hypothesis of three births to Nirvana without the freedom from maternal trauma volition. All volition concerning the perception of all phenomena, physical or mental are due to maternal trauma and ignorance of birth condition programming. Maternal trauma binding passions and desires arise due to the concurrence of five *khandhas* logical antecedents. It is for this reason *paṭiccasamuppāda*

formula is a circular revolving rebirth rather than linear beginning with ignorance (*avijjā* of the first Noble Truth,) *Jāti 'pi dukkhā*.<sup>36</sup>

Preventing maternal trauma before pregnancy or removing it from postnatal adult life is indispensable not only in helping the unborn child and mother but also for future offspring's immunocompetence of humanity. Every human being on this planet is plagued with this maternal trauma epidemic. The fourth Noble Truth Eightfold path gave us control and prevention. Dependent origination *paṭiccasamuppāda* formula is a description of how maternal distress trauma of an unborn child is passed on by generational intoxicant attachment to the maternal trauma woundedness through a round of rebirths in this very life. *Paṭiccasamuppāda* formula contrapositive functional response reflects most of my research. An inverse proposition or theorem is formed by rejecting the institutionalized Theravada cultural Buddhist and pre-Brahminical belief karma subject and predicate rebirth. The inverse of "A" then the equation of "B" and if there is no—A or absence of condition of A, then not B. So, in the institutionalized Buddhism birth-condition (*jāti*) means just human birth or the caste or endogamous kinship group.

It is more centrally rooted to pre-Buddhist four castes structural gender discrimination Brahmanical tradition in India for many centuries. The goal is to preserve the Empire's four castes' bureaucratic mythical culture world system. Any of the real-life problems and stress can be classified into one of the *Paṭiccasamuppāda* formulas 12 links of the cyclic rebirth of suffering. The affective body HPA stress triggering manufactured 'self' or 'soul' and God thinking has no place to negotiate in Buddhism. The Noble

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<sup>36</sup> AN I 177.

Eightfold Path is the reverse function of the dependent origination *Paṭiccasamuppāda* formula of non-self-identity, which neutralizes one's personalized attachment to the fetal programming five *khandhas*. The goal is to filter and erase all fabricated habitual mother's fish, flesh, and refined food diet, memories, emotions, sensations, and volitional identification behaviors of the past utilizing cultivated impersonality identity reprogramming and five precepts transparent imperatives.

### **Following are the Five Buddhist Methodologies**

1. Maternal Trauma Stress Assessment
2. Plant-Based Diet Stress Removal Training
3. Buddhist Yoga and Yoga-Massage
4. Meditation Group Support
5. The Buddhist Education

These five methodologies are based on the awareness of impersonality identity, sensitivity, and patience. The individual life assessment is understood with thoughts carefully guided toward non-self-renunciation. It closely reflects their value and strengthens them with goodwill, and compassion. It constitutes a scaffolding of Buddhist doctrines and formulas and is a combinatorial structure of extraordinary knowledge that weaves together with other experiential knowledge associations. The methods chosen here differ from person to person due to the variable psychic wound of their trauma root cause, abandonment, loneliness, grief, and the terminal illness critical condition may change in degrees in an individual's life narrative. The data analysis, references, and outcome of the five-methodologies implementation consist of a three-dimensional structured nature of ethical conduct, concentration, and wisdom.

- Assessing an individual's performance ability to finish daily tasks without help.
- A general description or plan is outlined to indicate the individual principal problem and advantage of prior coping skill experience. In everyone, there is a hidden iceberg of stressors, trauma, anxiety, fear, and outrage as well as favorable conditions or position in a challenge. One also can tap into one's unknown impersonal identity knowledge state, the human psyche underlying the primary level of reality, where it can penetrate all difficulties to overcome them.
- Reprogramming Maternal Trauma Fetal Programming: According to the third Noble Truth birth condition (fetal programming) and recent neuro-epigenetic research findings, chronic maternal distress and trauma during gestation are reversible in adulthood. Otherwise, fetal programming predisposes the unborn child to metabolic, endocrine, cancer, cardiovascular, and psychiatric disorders in adult life. The impersonality identity *anattā* wisdom (prenatal, neonatal, and postnatal adult life five *khandhas* programming) cultivation is essential to visualization meditation practice. It focuses attention on cultivating bare breathing significance, feeling, sensations of the body, and the process of perception. Perhaps how one personalizes anxiety, emotion, and expectation throws one off balance to HPA axis automatic stress triggering. One begins to experiment by interpreting feelings and emotions with impersonality identity. Will mindfulness of plant diet and diaphragmic breath relieve that metabolic tension in the abdomen, chest, and shoulder? Will focusing on the undivided out-breath deep exhalation parasympathetic nervous system produce a sense of calm space? Simply noticing the affective body, feeling,

sensation, emotion, and thought memory with impersonal identity wisdom can produce liberated insight into the regulation of one's nervous system. It helps one to turn off the involuntary negative thoughts in the brain. Apperceptive introspection meditation enables one to discard personalized perceptions of "I", "me", and "mine" thinking.

It gives one the ability to project one's mind inward and elevate to another level of awareness. A clear-sighted cultivated mind doesn't allow one's preprogrammed maternal trauma to affect his decision. When personalized perception is replaced with impersonality identity processes for the important people and events in one's life, it is no surprise for the HPA axis to react to negative emotional activities and unexpected memories, morbid thoughts, and emotions cease to exist, so the reduction on affective chronic stress is triggering. Although the three-dimensional superstructure process involves guided dialogue to explain and interpret the feelings and walk-through emotions to help execute impersonal mental pictures and express true feelings without identifying with the trauma of the past while focusing on the dynamic change and experience of the present. Deconstructing the process of perception allows one to dispose of repressed emotion and rewrite and reprogram the crucial scenes and senses.

### **1. Maternal Trauma Stress Assessment**

Uncertainty of expected surprise and psychic wound stressors from the mother's placenta, fetal programming of the unborn baby causes disease and it is mastered by the brain perception, volitional thought formation, and compromised immune response. Maternal trauma assessment evaluation is the process of using data analysis from

questionnaires to infer individual personalized habits, behavior, doubts, discontentment, and emotional attachment in order to highlight the right resolution. The underlying chronic stress disturbances of probability are a complex phenomenon comprised of five *khandhas*: body, feeling, sensation, volition, and perception that interprets psychological issues in end-of-life care, or any given time of individual life. They are closely integrated sensations along the gut-brain axis, including pain as pain-central or pain-predominant disorders and depression.<sup>37</sup>

In reality, the individual so-called ‘free energy principle’, or ‘free will principle’, is defiled by the fetal programming mother’s unresolved psychic wound and damage. This means in everyday life one feels uncertain, particularly when anticipated outcomes turn out to be something surprising or something other than expected. Our preprogrammed five *khandhas* cognitive system makes it worse when it strives to reduce uncertainty about future outcomes, so the immune system faces a critical constraint and weakens cerebral energy. The characteristic of the preprogrammed self-indulgent vertebrate brain prioritizes its high energy wastefulness by the notion of the personalized five *khandhas*.

Impersonality identity perception skill training is an important means to assist an individual to dissolve those stress-triggering projections and belief systems. In changing those beliefs, perceptions, and diet and abandoning a polluted intoxicant maternal trauma worldview, one can slowly diminish chronic stress syndrome: faith, beliefs, anxiety, worries, past rumination, and depression, while still leaving an intact, living brain and body. In *Majjhima Nikāya*, the Buddha draws attention that “apart from individual

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<sup>37</sup> Gregory S. Sayuk, "Insights on Disorders of Gut-Brain Interaction," *Gastroenterology & Hepatology* 17, no. 12 (2021): 606.

subjective fetal programming conditions, there is no arising of unwholesome perception” (*viññāṇa*).<sup>38</sup> The fetal first food from its mother’s animal and refined food diet, stressed sensations, feelings, volitional impressions, and perceptions: trauma, anxiety, abuse, domestic feuds, fighting, loud noise, obesity, alcohol, nicotine, and other drug consumption constitute the conditions or foundations of the fetal programming dependent origination of the adult body (*rūpa*), the process of perception (*viññāṇa*), attitude and mental illness. These unconscious streams of sensation and feeling during ‘fetal programming’ constitutes six kinds of perceptions and emotional memory of *sāṅkhārakkhandha* during the neonatal and postnatal stage. This unknown ignorance (*avijjā*) fetal programming accounts for further feelings (*vedanā*) and mental thirst (*taṇhā*) craving sensation psychosocial programming of personalized memory formation, perception, and DNA methylation such function includes nervous, cardiovascular, and immune system activity as well as energy production.

## 2. Plant-based Diet Training

Abstaining from consuming life and its byproducts and abstaining from alcohol and other refined food is a prerequisite imperative of the first and fifth *Sīla* ethical and physical disease for being a Buddhist. Research suggests that plant-based diet training is an essential act as an integral part of anxiety and depression therapy. Buddha’s five precepts, transparent imperatives, and accountability are as evidently timeless today as they were 2,500 years ago. All his superhuman teachings of insight, the wisdom of the body, and precepts are born of his deep transcendental insight formula of dependent origination *paṭiccasamuppāda* interconnectedness antecedent concurrence. The

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<sup>38</sup> MN 38.



interconnectedness of physical disease and psychiatric disorder, how the human being suffering dependently originated from birth programming continued individual action, not past karma deceitful illusion. The first Noble Truth *Jāti'pi dukkhā* is the foundation for stating that the maternal trauma fetal programming body is the origin of the first food animal hormone intoxicant addiction and desires arise. So, the birth programming body is the origin of passion, hatred, and thoughts that arrest the individual mind. In reference to the five *khandhas* body being a 'heap of maternal trauma corruption' is programmed to be 'putrid', 'rancid', 'contaminated', or destined to 'decayed'.

My adaptation of plant-based diet methodology was acquired from the Buddhist first and fifth *sīla*<sup>39</sup> values of precept mind-body purification moral goodness and for *rūpakkhanda* body state of complete freedom from all defiled preprogrammed maternal diet. Buddhist psychophysical five moral discipline (*Sīla*), transparency and accountability is considered to be the basic foundation upon which the other two aspects of unified mind-body concentration (*Samādhi*) and wisdom (*Paññā*) can be developed. It consists of (1) Abstaining from consuming, killing, and trading any living being and (2) abstaining from consuming refined foods such as alcohol, and other refined food (white rice, white bread, white noodles, sugar, salt, etc.,) which are necessary for the efficacy of cortisol stress hormone regulation in the nervous system.

By cultivated morality (*sīla*) one controls his inherited fetal programming compulsive automatic processes of habits and behavior. By *samādhi* absorption one controls his character of lust, envy, greed, hate, and self-delusion. By *paññā* one attains the highest understanding of the 'right view' and wisdom of intention. It is positively

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<sup>39</sup> Ari Ubeyesekara, "Pancha Sīla: Five Precepts of Buddhist Morality," Drarisworld, June 17, 2015, <https://drarisworld.wordpress.com/2015/06/17/pancha-sila-five-precepts-of-buddhist-morality/>.

expressed in the three-dimensional structure of spontaneous human evolution of the Noble Eightfold Path discipline: *sīla*, *samādhi*, and *pañña* permanent equilibrium. In the *Mahāparinirvāṇa Sūtra*, one reads that eating fish and flesh extinguishes seeds of great compassion. Consuming fish, flesh, and their byproducts, one absorbs animal anxiety, aggression, tension, restlessness, and numerous diseases.<sup>40</sup>

This means giving up byproducts like cheese, eggs, butter, yogurt, etc., and loading up on whole grains, brown rice, beans, legumes, young coconuts, avocados, nuts, seeds, fruits, vegetables, and healthy oils (such as olive oil), which are full of antioxidants and fiber that prolong the life of the disease-free, happy body by many years. This diet is preferable to unhealthy plant foods, like refined grain, flour, sugar, salts, sugary beverages, and fried and deep-fried food, which increase stress-disease mortality. The research shows that following a plant-based diet has many physical and mental health benefits besides preventing cancer, heart disease, diabetes, etc.; it can also slow down the progression of a person's terminal illness.

### 3. Buddhist *Samatha* Yoga and Yoga-massage

Jivaka Komarabhacca is described as the medicine king, Guru of all medicine, massage, and natural healing herbs medicine as a model healer and physician of the Buddha and the royal court. His medical innovative skills and measures including brain surgery is a remarkable power of doing good. He is honored as a sage and a healer in several Asian countries such as China, Japan, and Thai Kroo medical profession medicine and Thai Yoga Massage. Accounts about Jivaka *Samatha* yoga and yoga-massage

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<sup>40</sup> Yamamoto Kosho, *Mahayana Mahaparinirvana Sutra*, revised by Tony Page. (N.p., 2007) <http://www.Nirvanasutra.org.uk/>.

alternative medicine can be found in Early Buddhist Texts as well as Chinese Āgamas.<sup>41</sup> His legendary philanthropy persona played a bounteous act of proselytizing magnanimity that propagated Buddhist healing innovation.

Buddhist yoga and yoga massage help one to maintain wholesome regulation in the nervous system to detoxify and oxygenate the blood-body energy and immune system by increasing blood flow. The six common benefits of combining yoga and yoga massage are: relieving anxiety and stress, improving blood circulation, easing muscle tension and body pain, getting better sleep, and improving mental focus.<sup>42</sup> In short, yoga and yoga-massage help the nervous system balance and regulation of the circadian rhythms of the body. The brain and spine have bundles of thick cables compressed by nerve fibers by sitting, driving, climbing, and other exercises, which start to have inflammatory pain. It also creates lots of restrictions behind your hip vertebra, shoulder, and neck shooting pain in the leg. *Samatha* yoga can reestablish the flow of energy to the spinal cord or the brain that branches out to our extremities to interact with every organ, muscle, and cell.

Yoga and yoga massage also reduces chronic muscle tension and headaches, lowers blood pressure, improves circulation, reduces chronic HPA stress hormone activation, and increases happy hormones (oxytocin, endorphin, dopamine, etc.). It allows one to let go of one's personalized assumption and less work up. Furthermore, it improves joint mobility, decreases lower back pain, reduces stress and anxiety, eases symptoms of depression, improves the quality of life in palliative and hospice care, and

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<sup>41</sup> Rupert Gettin, *The Foundations of Buddhism* (Oxford: Oxford University Press, 1998), 42-43.

<sup>42</sup> Jimmy Gialelis, "The Benefits of Incorporating Yoga Principles into Massage Practice," Integrative Healthcare, March 12, 2020, <https://www.integrativehealthcare.org/mt/how-to-incorporate-yoga-principles-into-massage-practice/>.

reduces radiation-chemotherapy-related nausea and other grueling and fatiguing conditions. It is important to know the difference between Hatha Hindu Yoga and Buddhist gut-brain *Samatha* yoga. Hatha yoga is equivalent to muscle-toning exercises like swimming and bicycling.

Buddhist strength resistance yoga is equivalent to mountain hiking, and addresses strength resistance, bone density retention, brain plasticity, and instant burnout recovery which generates deep 'tranquility and insight'. Providing step-by-step assisted guidance for every stage of gut-brain-strength weight-bearing wall yoga or chair yoga compounded with five *khandha* non-self-meditation and combines the wisdom from the teachings of the Buddha. *Samatha-bala* yoga meditation poses and structured sequences are different from conventional Hatha yoga. It has the power of arousing the body's inherent energy, deep medicine, and tranquility. It increases a peaceful lucid mind. It separates one from one 'who practices only insight' (*sukha-vipassaka*). It promotes dynamic epigenetic regulation in the nervous system.

By doing *samatha* yoga and yoga-massage together, one controls the sympathetic and parasympathetic nervous system's booster qualities that arise from wholesome tranquility and relaxation of the body through mindfulness apperceptive absorption. Mind-body awareness long-walking exercise is also essential to propel blood back from the legs to the heart to reduce hypertension, and lower high blood pressure improving heart conditions, decreasing metabolic problems, as well as produce other health benefits. The yoga poses are completely different from Hindu Hatha Yoga. It is easy, long enduring tranquility, clear and friendly. The yoga meditation also introduces a new and fascinating model of how the mind-body-brain works.

#### 4. Meditation Group Support

The benefits of practicing in a group setting apply to everyone. Three reasons to join a meditation group: the wholesome act of peer pressure is a good thing, it is a new way of learning and the resilience energy of the room.<sup>43</sup> Selective Thinking and Visualization, *anussati*, is a mental structural composer to guard the five senses during meditation training. For example, five hindrances of negative mental states impede one's meditative concentration and lead one towards unwholesome action. 'Hindrances' has five qualities: sensual desire, anger, sloth, restlessness, and doubt of mind-emotion split which can overtake one's mind during meditation practice in many subtle ways. Utilizing introspective attention (*satipaṭṭhāna*), one can construct mental processes of apperceive (*upekkhā*) to be aware of the fetal programming influence in the process of perception. It leads one to *vibhajja-vāda*—analytical and discriminating *khandhas* through the apperceptive process of perception. Perception, *viññāṇa*, is the awareness that leads to the operation of the *khandhas*. At its most basic, one does not see, hear, smell, taste, or touch if one is not aware of it through perception.

Although the perception is placed last in the list of the five *khandhas*, one must realize that perception is the chief of all the first four activities of the *khandhas*. It is important to understand that body, feeling, sensation, mental formation, volitional activities, and perception are preprogrammed fetal conditions of maternal stress from food habits, emotions, and feelings during gestation. By identifying the nature of fetal trauma programming (*avijjā*) and understanding the operating system of *anatta* non-self-

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<sup>43</sup> Ruth Lera, "From Darkness: The Journey of Winter Solstice," The Tattooed Buddha, December 16, 2015, <https://thetattooedbuddha.com/2015/12/16/from-darkness-the-journey-of-winter-solstice/>.

nature wisdom, one can eradicate the fetal programming personality, neonatal, and postnatal language construction, habits, behavior, and process of perception.

The *paṭiccasamuppāda* formula meditative insight gives one a simulated description of the *khandhas* fetal programming in the womb. This concludes fetal programming of food habits of the body (*rūpa*) by the prescribed precepts and cultivating *anattā* impersonality identity with invisible bodies of feelings, sensation, volitional activities, and perception.

This is how one reverses the dependent origination of fetal programming. One surpasses fetal programming of birth (*jāti*) maternal trauma so that aging, diseases, and all sufferings come to an end. Therefore, the first Noble Truth life causes suffering if fetal programming habits, behaviors, and language are compromised. Otherwise, life is an impersonal dynamic meditative experience, regardless of circumstances. In Buddhism, the absence of awareness is the absence of information to exercise one's freedom to choose or know anything. This is so even if the radically different kind of knowledge of unknown values involves the absence of a point of inference, such as the unborn child's fetal programming maternal stress. Knowledge of absence, therefore, is not the absence of knowledge.

## 5. Buddhist Education

First knowledge, *Avijjā* (ignorance) of prenatal *Jāti'pi dukkhā* maternal trauma binding five *khandha* is the primary unknown value of the purely integral mathematical term of the dependent origination *Paṭiccasamuppāda* formula. Individual beings are not aware of the First Noble Truth *Jāti'pi dukkhā* maternal trauma woundedness, which the Buddha describes in his first sermon. Individuals who are suffering from physical and mental health disorders, or some noncommunicable diseases, often don't know what and

why fetal programming of the five *khandhas* maternal distress trauma condition conversing disorder is creating the emotional response within them. They just know that they often feel fatigued, drowsy, depressed, anxious, or angry and can't find the correct answer to their prognosis.

The second knowledge of the *paṭiccasamuppāda* formula is (*Saṅkhāra*) automatic mental formation processes response, personalized perception, and emotion are dependently originated effective body stress triggering. *Saṅkhāra* is crucial to both wholesome and unwholesome thinking agents. The individual body is a product of maternal trauma volitional activities (*Saṅkhāra*). It can verify the strings of perception to witness compounded short-term or long-term trauma of compulsive birth conditions and automatic perception processes. *Anattā* impersonality identity filter is the insight critic therapist that, in a certain sense, navigates the five *khandhas* to stay free from the personalized perception of maternal stress trauma.

The third knowledge is that maternal trauma birth condition is not terminal. All these *samsāric* prenatal, neonatal, and postnatal psychosocial stress and sufferings can be transformed by learning material qualities of the mind, body, and language consumption. Importantly, the visible body or image of a body is merely a product of the invisible four formless energy bodies: feelings, sensations, volition, and perception. Any of the real-life problems and human sufferings can be classified into one of these branches of education: *ariya-sacca*, *paṭiccasamuppāda* formula, *pañcakkhandhas*, *tilakkhaṇa*, *pañca-nivāraṇas*, *pañcasīla*, *aṭṭhaṅgika-magga*, *satta-bojjhaṅga*, *satipaṭṭhāna*, *jhānas*, and *ānāpānasati*. These are the powers that provide Enlightenment energy, attainable through the guided insight of the Noble Eightfold Path, i.e., extinction of all transgenerational transmitted

maternal trauma suffering. *Tilakkhaṇa*, emphasizes ‘the three characteristics of existence’ including the five *khandhas* are impermanent.



## Chapter Two

### Paṭiccasamuppāda Process of Perception

To elucidate, the first Noble Truth *Jāti'pi dukkhā* (birth condition) fetal programming maternal trauma ignorance (*avijjā*) of women's psychic wound, and the second Noble truth *taṇhā* dependent arising damage of *dukkha* is the crime against future human race sustainability on Earth. The dependent arising *paṭiccasamuppāda* (antecedent concurrence) co-arising of five *khandhas*, things, and life events (all at the same time) spontaneous evolution must not be mistaken by the Darwinian slow passive linear ideology of evolution. The formula *paṭiccasamuppāda* dependent origination begins with infected *avijjā* (ignorance) of the *Jāti'pi dukkhā* maternal stress (birth condition). What it asserts is the transgenerational mother's trauma psychic wound and damage, which is the causal condition for the arising of phenomenal stress spectrum in every individual volitional (*Saṅkhāra*) activity and personalized process of perception.<sup>44</sup> What the ignorance of maternal trauma denies is the true necessary freedom of the human mind and body from illness, atrocity, and carnage. What the enslavement of womanhood fails to assert or deny is the Noble Eightfold Path reprogramming process of perception. The women's psychic trauma injury is the subjective fetal programming illness and addiction of an individual's lifelong experience.

The visible physical body (*rūpakkhanda*) is the product of the four invisible formless mental body *khandhas* (feeling, sensation, volition, and perception). They are the elemental embryonic building blocks of fetus feelings (*vedanā*), sense apperception (*saññā*), volition (*Saṅkhāra*), and perception (*viññāṇa*) germinated in the process of

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<sup>44</sup> SN II 25.

gestation.<sup>45</sup> Fetal programming objective sense-perception sensitive elements of five sense-door and subtle elements of maternal distress, insecurity, and anxiety of existential threat are the automatic cognitive processes. The neonatal and postnatal period with the immediate environment and the psychosocial mind, body, speech, and language reprogramming is instrumental in the solidification of re-evolving beings of prenatal programming. Fetal programming psychic damage of the mother is a petri dish for an unborn baby's injured nascent feelings and sense apperceptions. In the last few decades, the nascent science of psychoneuroimmunology was gathering evidence for the birth condition of maternal trauma distress in antiquity. Particularly, Nazi Germany's Dutch Winter Hunger's pregnant women along with the pregnant women from the 9/11 Twin Tower terrorist attack's maternal trauma condition of unborn baby longitudinal study revived the first Noble Truth *Jāti'pi dukkhā*. Material trauma binding effective emotional and volitional mental factors give rise to adversity.

### **Importance of Cognitive Process**

The volitional programming (*saṅkhara*) during the prenatal state is the causal nexus condition that constructs perception (*viññāṇa*) to arise in the four formless (*khandhas*) mental body sense-sphere. Perception is the chief among the five *khandhas* that discriminates between one object and another. Personalized perception of the five *khandhas*, on the other hand, weaponizes emotions of greed, hate and delusion, grief, gain, loss, fame, shame, pleasure, pain, etc., changing vicissitudes of life.<sup>46</sup> It must be noted that volitional action and perception are central to certain habits, names, and

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<sup>45</sup> SN V 421.

<sup>46</sup> SN 2 4.

identity patterns of becoming and life after death. The entire teaching of Buddhism is founded on the *paṭiccasamuppāda* formula as Bodhi Dharma, which spreads more than one life.<sup>47</sup> The formula gives an account of the individual identity (*nāma-rūpa*) of conception, which subsequently gives rise to cognition and feeling.

Perception is the key factor in the emerging and arousing of feeling, sense apperception, and volitional (*cetanā*) activities that shape the body. Therefore, the material qualities of the fetal programming maternal trauma body and emotion become the physical base for the occurrence of perception. Perception is crucial in the spontaneous arising of all sense faculties' operative response. Although cultural Buddhism exploits their fish- and flesh-eating maternal trauma food attachment and preprogrammed hormone addiction under the guise of blaming other people's volition. While fish, flesh-eating, alcohol, and other refined foods are the undeniably dependent originated experience of morbidity and disease is contrary to Buddha's precepts imperatives, which cause masses of future health hindrance and mental suffering.

When maternal trauma functional response of five sense faculties is completely subsided by the *anattā* perception, the five *khandhas* pure cognition (*phassa*) thought moment comes into being, which is *manoviññāṇa* (consciousness). Therefore, continuity of the five *khandhas* of perception is not epigenetic fetal programming fixed reality of an entity but a fluid dynamic change of continuity operating system of activity that can prevent preprogrammed HPA toxic stress triggering. When the five *khandhas* are identified and soiled by the defiled animal, alcohol, refined food diet, and maternal trauma perception woundedness it can only generate masses of suffering in life.

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<sup>47</sup> SN III 158.

## Process of Wholesome Cognition

Maternal trauma is the root of all unwholesome stress. This can only stop when the maternal trauma binding fetal programming condition is absent. This mindful momentary reflection is considered our Dharma *anattā* inner speech coach. *Anattā* preventive measures keep wholesome cognition as a basic intention of the practice. Due to the pure process of perception and mental discipline of taking care of our mental health, this provides one with an instinctual sense of guarding autonomy as a way of defaulting the arising unwholesome sense desires. Perception works as a process and provides cognition at each stage of the process. Ordinarily, our five sense faculties are associated with sensual desire and provocative lust, which uses memory thought association and stress reactivity. As a result, the perception of a thought object is transformed into a personality view concept. It is a process that provides an image of the object (*rūpa*) and an identity (*nāma*).<sup>48</sup>

However, they are all in the same stress spectrum of maternal trauma psychic wound process of perception and how one relates to each other with wise wholesome reflection to weaken its hold. The wholesome process of transparent perception and accountability provides seamless continuous awareness through the six formless sensual realms (*salāyatānā*):<sup>49</sup> sight, sound, smell, taste, touch, and concepts of thought objects (*dhammadhātu*). Purification and reprogramming of maternal trauma *salāyatānā* further strengthen our inner *anattā* cognition and understanding of the conditioned ‘non-self’ nature of all things and phenomena. It can be found in the transparent reality experience

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<sup>48</sup> AN I 177.

<sup>49</sup> MN 137.

of the mental body. The meaning of the thought object is generally achieved by compulsive maternal trauma wounded reactivity or mistaken emotional association excitement. This is how the masses of streaming six sensual realms are sequentially processed for cognition (*phassa*) to arise.<sup>50</sup> The subjective and objective feelings of the emotional ‘self’ does not know the development process of hindrances.

When wise renunciation is completed, wholesome cognition prevents personalized perception that prevents the future arising of five fetters that ponder upon the thought of sensual desire. This is how one gains deepening concentration of the wholesome process of cognition, which helps one to keep the second Noble Truth—three types of volitional activities at bay to sustain an inner environment of peace. If one unconsciously engages in frequent three volitional activities of thinking or pondering vocational desire and becoming, one has forsaken the wholesome cognition of renunciation.

### **Automatic Perception Processes**

*Paṭiccasamuppāda* sequential order is a simulated explanation of individual subjective and objective association and reaction to an image or object, feeling, volition, sensation, and perception in a preprogrammed fixed order of experience. A subjective thought experience is personalized to the mind as “mine” and the objective thought experience causes it to change from friendly, or loving, to unfriendly, or detached. Therefore, both subjective and objective experiences of personalization (*upādāna*) a deep-rooted fetal programming trauma wound, leading the mind to ill-will, cruel thoughts, and destructive passion of sensual desire for self. In addition, the ‘self’ gives

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<sup>50</sup> SN III 158.

rise to the defiled dopamine reward of six sense bases in our brain that you'll be able to create something new. Not only create it but then curate it on social media and have a million followers, which in turn makes one more anxious and stressed out. Thus, the image of becoming (*bhāva*) also arises from the host of misperceptions of the false self to secure lasting happiness without the realization of impermanence.

Images of becoming (*bhāva*) are bent on the thoughts of sensual desire, which is mistaken for an everlasting mountain of happiness or deathlessness. This is ubiquitous in the memory operative condition while the neutral-non-partial discriminative cognitive function of perception is hijacked by the affective fictitious 'Self', which remains invisible to the blind self-perception. However, it is not properly understood through affective body wisdom, whereas intellectual and discursive knowledge is insufficient. Then the question arises whether perception and wisdom are associated or dissociated. They are associated and whenever perception is personalized or compromised precepts imperatives and whatever one comprehends in trauma cognition, that one is being aware. So, the difference between non-self-wisdom perception (*paññā-viññāṇa*) and maternal trauma wound *viññāṇa* self-perception is that wisdom perception impersonality identity (*anattā*) non-self is to be developed (*bhāvetabbā*) and cultivated.

Thus, conceptual perception provides awareness of all that exists. Given the maternal trauma central role of perception *viññāṇa* in life one can either evolve or devolve. The fact that the body provides a 'platform' for micro-tracking of perception indicates different types of living experiences. To be a human free of misery requires one to be fully free from transgenerational maternal trauma and transgression liberated

quality of the five *khandhas*. This transcended state is called “non-fashioning” (*atammayatā*) of *salāyatānā*.<sup>51</sup>

### **Cyclic Causal Condition**

Moreover, there are maternal trauma woundedness damaged miserable human beings, apathetic human beings in temples and mansions, fighting or feeding the demons human beings, self-centered greedy hungry ghost human beings, constantly recycling in the vortex of the fetal programming maternal trauma habits and behaviors round of restless rebirth. When the personalized bodies of the five *khandhas* become the “self” or soul’s journey, transgenerational trauma birth (*jāti*) affective reaction occurs. Thus, by making the birth (*jāti*) the origin of trauma fetal programming condition “my-self” one has become subject to birth condition conversion disorders of aging (*jarā*) disease (*vyādhi*) death (*maraṇa*). Personalized identification of the birth condition maternal trauma five *khandha* underestimate the power of the impermanent and impersonal nature of things. When the bodies of the five *khandhas* are not personalized as “myself” there would be no HPA chronic automatic stress triggering affective dysfunctional aging, disability, disease, and suffering before death, and no rebirth, no grief, lamentation, pain, distress, and despair.<sup>52</sup> Therefore, the suffering is mistakenly personalized with the birth (*jāti*) condition maternal fetal programming trauma wound as “my-self”, but the suffering of five *khandhas* birth condition remains to be timelessly true if it is not reprogrammed.

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<sup>51</sup> MN 137.

<sup>52</sup> AN III 431.

## Process of Perception and Matter

The fetal programming of the *khandhas* logical antecedent concurrence of subsequent generational maternal stress birth condition of an unborn child is the fundamental characteristic of the culture, food, stress coping ethics of alcohol and other drugs, and sensual desire. Dependent origination *Paṭiccasamuppāda* sequential process subjective fetal programming birth condition first described by the Buddha to explain individual five *khandha* developmental phenomena and subsequent semblance that are trans-generationally passed on from parents to progenies. Dysfunctional aging, disease, and emotional suffering birth condition conversion are seemingly interchangeably with the endogenous predisposition of perception of a job or career, ownership, and conceited emotion of relationship, beliefs, or faith. It includes a religion of convenient spirituality, a self-driven stress-pumping language of communication, and moral disorders. The simultaneous occurrence of diversified ecosystem extreme climate changes is due to manmade carbon consumption spontaneous evolutionary process of perception.

As a result, the onset of physical and mental health illness is a compromised immunity global morbidity which has upsurged deadly demographic downsizing extreme precipitation. The occurring global warming blowback extinction can be reprogrammed by the Noble Eightfold Path deep medicine. Therefore, collective self-perceived psychosocial displacement of existential threat is considered an endogenous fetal programming gene sequence that switches maternal trauma psychic wound damage spectrum. Meaning this is an endogenous job, which is intrinsic, not extrinsic. Furthermore, stressful dysfunctional aging, disease, and death are not attributed to external or environmental factors.



## **Trauma Antecedent Process of Self**

In considering five *khandhas*: body, feeling, sensation and thought formation, and perception can all readily be understood as fetal programming maternal trauma woundedness affective processes. It indicates that perception is a vital factor in the arising of a self in the *samsāric* rebirth spectrums of experience. Feelings are analyzed in terms of their affective quality and their preprogrammed emotional expectation. It is generally threefold: pleasant physical sensual feeling, unpleasant disturbing feeling, and neither pleasant nor unpleasant apathetic feeling, which operates in any given appropriate condition of both internal and external stimuli. According to the first Noble Truth, the maternal distress feeling and sensation developed during the gestation period from the moment of conception, not after birth. Sometimes neonatal, postnatal, childhood, and adult psychosocial life—good, bad, and ugly memories of trauma such as regret, guilt, shame, abandonment, and secret can be effectively concretized emotionally explosive personality traits. It becomes the target to which emotional reactions are triggered due to the presence of the conditional response that is more persistent across time. Individual stress is rooted in his/her language, either self-judgmental or blaming others.

One is attached to ‘self’ and personalized memories across a lifespan until dementia, Alzheimer’s, or death does one in. One keeps a record of self in the present moment objective stress and future speculative self of worries, anxieties, and fear. The self-ghosting narratives often manifest into chronic stress behavior and attitude. The emotional narrative changes as one’s interpretation and perspective change and one incorporates new ways of interpreting stress. Although perception is not permanent, or unconditioned, the self-perceived attached memory marks it permanent. When the

investigative *upekkhā* apperception mind becomes focused within, one realizes the material body and self-perceived discursive mind is unsatisfactory effective chronic stress of thinking mind. In the *Bhōjjāṅga Sutta's*<sup>53</sup> seven factors of Enlightenment, the first step is about examining five *khandha* experiences internally and externally that construct the various nature of defilements—bodily consumption and bodily action.

Observing the nature of maternal trauma impermanence in wholesome intention and action regarding our experience. Establishing a profound understanding to recognize the comprehensive nature of maternal trauma binds five *khandhas* that are unfolding from moment to moment without association and reactivity. Abiding independently in the process of activities is the last step of the *Bhōjjāṅga Sutta* is the quality of bare knowledge of the five sense perception faculties. This is the transformative reprogramming of the dynamic experience of non-attachment to changing reality. This ‘non-fashioning’ non-attachment to ‘self’ reflects on the wholesome motivation behind an action. It provides a deep understanding of subtle benefits to oneself and others. Furthermore, awareness of motivation for doing something has immense significance for our continuity. It requires honest clear comprehension and sincere mindfulness to know the motivation behind our intention. Understanding the ten precepts (killing, stealing, sexual misconduct, lying, harsh speech, slander, gossiping, conceit, ill-will, and wrong view) ethical dimension of maternal trauma mindfulness is the wise discrimination of wholesome perception and cognition results in condition and causes of happiness.

The body is the bridge to transcend trauma wounds, and self-judgmental inner speech and stop targeting others to blame. It may help individuals to feel good while

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<sup>53</sup> SN 46 5.

inundated by the affective body stress toxic burn pit. It provides an explanation for why the HPA axis triggering identification of the *rūpakkhandha*—I am the body perspective—needs to be eliminated. If the invisible formless senses of the other four *khandhas* were to be classified as the activities of the body, then, of course, automatic processes of the five *khandhas* together are considered ‘I’, ‘me’, and ‘mine’ of selfhood. The past, present, and future are created by the static “Self” in a dynamic world of fluid change. The misleading deceitful illusion of personalized ‘self’ digs deep into the radioactive emotional membrane of sorrows and suffering. Prenatal, neonatal, and postnatal psychosocial maternal stress trauma becomes his or her personalized self of the past. Disability, disease, affective chronic stress tension, and anxiety of fear, hope, and desires are personalized present of ‘self’. The future of the ghost self and traumatic ragbag body is an untimely death.

### **Prenatal Unconscious Trauma Wound**

Maternal healthcare refers to the health of the mother during pregnancy prenatal, neonatal, and postnatal periods. Maternal stress during pregnancy infected ignorance is a dependent origination that predicts infant stress exposure and a higher rate of infectious and non-infectious illness. Individual continuity of fetal programming cognition is based on one’s extreme postnatal psychosocial domestic, psychosocial physical and emotional trauma, or depression and environmental extreme abuse and neglect. Cognitive conversion disorders of the five *khandhas* cognitive perception are now contained under the umbrella term functional neurological symptom disorder and there is a psychological and emotional stressor. The pregnant mother’s prenatal psychological distress is greatly associated with embryonic brain growth mental health, metabolism, and critical

maturation. On the conceptual level we may understand prenatal maternal stress quite easily, but in our lives, how often are we living in anticipation of elevated maternal psychological distress, and newborn baby cognitive and psychosocial emotional outcome process of perception?

When we look back over our life events, trauma, and mental distress, what has happened to all those years of brain development, social and emotional assessment, and competence is a reminder to deeply consider our highest aspiration in life. By becoming aware of fetal programming and psychosocial cognitive stressor reinforcement structures in apperceptive introspection meditation, one can reprogram the Eightfold method to eliminate fetal programming transgenerational trauma. Therefore, personalized perception of maternal, parental, and family clans becomes a diagnostic criterion. To do this, one may draw together various aspects of the subjective and objective world of experiences, which are cognitively correlated between the concepts and categories in a subjective experience. In effect, what all these cognitive knowledge graphs are indicating is that earthly, or worldly existence is built upon limited ontological concepts. It is developed as part of the convenient semantic Web which allows for a more expressive hierarchical system, with a greater emphasis characterized according to the name and form structure, scale, and relationships.

This in turn will lead to a discussion of two further aspects of the maternal stress birth condition origin of trauma perception subjective-objective correlation. When it is eliminated without remainder there is no mind-body (*nāma-rūpa*) personalized perception and recognition belonging to any category. What is different about them is removing the origin of maternal stress, traumatic feeling, sensation, conception, and

perception, food habits, language and behavior, and cognitive apparatus no longer operate. Investigative introspection of both the psychiatric and physical aspects of their condition can stop fetal programming discourse by changing their present habits, behavior, and process of perception and not being obligated to respond to their functional response and consequences. It's a multilateral approach. The suggested five Buddhist methodologies based on the Noble Eightfold method can be an evidence-based treatment to eliminate fetal programming conversion disorders and disease. It refers to the cessation of *avijjā* (ignorance), which is preventable with time management.

The association between maternal psychological distress and birth conditions during pregnancy is multifaceted and largely preventable. One is unable to see it as it is because one cannot distinguish the difference in collective psychosocial trauma and fail to transcend his/her generational birth condition cognitive apparatus. What I am alluding to is that compulsive automatic perception processes are cognitively dependent on the individual birth condition and childhood memory of trauma. It is subjectively and objectively correlated in the way it is psychosocially established. The flawed material consumption by way of perception also implies that its availability is constricted by the foundation of time and space. There are many more dimensions to reality. If one is limited objectively in static experience, one is dependent on preprogrammed subjectivity dependent arising. One overlooks the relevant factors of the dynamic affective body change.

### **Four Castes Myth Culture Cancel Civilization**

Civilization after civilization women lived in a suppressed trauma farming four class society as second to men's psychic wound identity. It is based on blood, sacrifice,

and conquest by mythical power like Rāmāyaṇa, Mahābhārata Arjuna, or the epic power of Homer's Iliad, and the Odysseys of explorers' colonized tragedy and trauma of a strong male chauvinistic leader. 'Four castes' (king-priest, warrior-administrator class, owner-class-corporation, and working class) subject women to a trauma-centered culture. Imperial dynasty stories of hero's journey, language, literature, textbook, schoolbook, medicine, technology, philosophy, and psychology are the yardsticks against which all subsequent violence of bureaucratic discriminated control for prosperity and progress is justified. In a male subjugated culture women grow up under unimaginable massive hormonal disruption throughout their teenage years. Women's generational psychic wounds and adverse conditions of environmental factors affect their reproductive sensitive sites of organs and hormone-producing glands, including the pituitary gland in the brain. Buddhism dismisses all four groups of Vedic 4 castes society and its fear of God for its significant negative health that include women's physical and sexual violence.

These reproductive disorders will inevitably affect every offspring through maternal trauma, sorrow, and suffering. Biologically women's psychological and physiological brain connection of reproductive hormonal response is wired differently and extremely sensitive than men and so is their psychic wound and damage makes the condition worse. It's a delicate system and the connection to the brain is direct. Women's early life trauma, neglect, domestic abuse, unwanted sexual experience, and woundedness will be upended in their offspring. These deep-seated emotional trauma wounds get passed down through the placenta to the unborn baby in the uterus. Most women spend their lives in their memory ruminating on shame and guilt sometimes out loud anger and through anxiety. We need a greater maternal healthcare investment to uproot this deep-

seated maternal trauma phenomenon stemming from the four-class social condition, which is worsened during pregnancy maternal distress fetal programming.

### **Inherited Trauma as They are**

The burden of toxic birth condition transgenerational trauma is closely linked with assertive conversion disease. Women's oppressed history and memory processes are categorically associated with the social experience of male-dominated terrors and anxieties. The cruelty, fear, and terror of cultural inequality, and injustice against womanhood is the inherited birth condition of fetal programming psychic damage to every unborn child in the world. It becomes a trauma-scape battleground of human dysfunction miserable aging, disease, and self-perceived suffering. The suppression effect of fear and anger ineffective body chronic cortisol distress is warranted for women's foggy perception, which is closely connected to women's repressed radioactive emotional condition response across the lifespan. The historical relic of women's woundedness must be understood in terms of 'trauma psychology'. The mythical culture of war economy baby machine marriage customs dictates women's trauma functional response which may vary based on circumstances. Women's childhood trauma exposure to adverse cortisol response is a vast network connected to women's placental fetal programming disease risk. These findings validate the first Noble Truth *Jāti'pi dukkhā* birth condition multigenerational cyclic causal nexus of trauma. What is more difficult to grasp is that the psychosocial cognitive automatic processes are associated with chronic birth condition fetal programming psychic maternal mutilation.

## **Invisible Injury of Ignorance**

All the psychosocial physical and cognitive mechanisms are punctuated by ignorance of birth conditions stress, disease, and anxieties. The nature of offspring's space and time is altered by the blind erroneous threat of fear and anxiety before birth. The myth of normal is blind-sighted human suffering. Human trauma birth, place, space, and time cognitive process is caught in the grip of a warped romantic notion of a permanent self or soul God deceitful illusion, a sacred vow he/she can never violate but are part of the problem. Therefore, maternal trauma existential mechanics is hardwired in every unborn child in the uterus. Similar modes of activities in different psychosocial packaging were found in global contexts. Criminalizing womanhood and policing women's wombs (distress condition stress) is a growing terror campaign against both women and unborn children. There must be a social awareness of prenatal, neonatal, and postnatal healthcare human services, not only for women but also parents, and family, about the fetal programming psychic wound and damage education. It has a profound impact on women and unborn children, as well as the dependently originated climate crisis immunity threat. These unconscious manufactured social customs of prenatal human suffering over time are not sustainable. In this context, removing the first Noble Truth toxic stress condition is referred to as an island, cave, shelter, refuge, or goal. That is the experience of cessation of dysfunctional desire, hatred, and ignorance.<sup>54</sup>

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<sup>54</sup> Sue Hamilton, *Early Buddhism: A New Approach: The I of the Beholder* (Richmond: Curzon Press, 2000), 171; SN IV 572.



## Seeker of Maternal Trauma Remedy

The purpose of life is to conquer the ignorance of birth conditions maternal distress, the origin of trauma, which is a stressed-out demon, fighting painful aging, disease, and mortality itself. Fetal programming conversion disorder affects physical and mental health issues and disrupts how one's brain and behavior work. Global epidemic metabolic syndrome pathologic conditions such as abdominal obesity, insulin resistance, hypertension, asthma, general anxiety, and addiction have become the major crude morbidity and mortality health hazard of the postmodern world. In some cases, anxiety is replacing depression. It's easy to escape reality with psychotropic drugs, (masses of opium) with severe side effects of morbidity. We are not built to sustain maternal trauma. Instead of coping with it, every human being is disconnected and waiting for the expected surprise. This causes physical and behavioral symptoms that a person can't control. One spends a lot of time in a quagmire thinking, feeling very wounded, worried, or anxious to make things worse. One sacrifices an unusual amount of time, money, and effort in therapy, psychotropic drugs not knowing the root of the fetal programming. At this final stage (removing of birth condition) in the development of the Eightfold Path, an individual goes through a process of cultivating impermanence and non-personalization. The term 'depersonalization' is used in modern psychiatry to refer to a 'psychopathological condition,' but in Buddhism, the term non-personalization is a genuine healthy sense. It is not emotional or unconscious as it is in neurosis, but rational and conscious. In Buddhism, it is essential to gain freedom from the fetal programming and deadly dystopian delusion to be a human.

## **Moral Goodness Apperception**

To truly empower women and their unborn baby means allowing them dignity with their womanhood and freedom to stay strong in their rights in society even when we disagree with them, and helping them when they fail. The purpose of cultivating five precepts psycho-ethical immunocompetent vegan yoga, yoga-massage, walking, meditation, and *Jāti'pi dukkhā* education lifestyle and developing impersonality identity wisdom of five constituents (*khandhas*) is to reverse fetal programming birth condition permanently both for men and women truth reconciliation. Terrorized scared women are bound to show their worst and when they are respected and loved for who they are, will show their best of humanity. It is associated with terminating maternal trauma conversion morbidity and untimely mortality. One recovers more quickly—and attains apperception wisdom of tranquility that lasts throughout one's life. In Buddhism knowledge of food guided by the first and fourth precepts for optimal health is essential. According to the First Noble Truth of birth condition, flawed maternal diet and the mother's four mental body anxiety, fear, and distress is what fuels the fetus in the womb. Building therapeutic boundaries may promise connection but a dormant psychic wound materializes when maternal trauma reaction to rejection rears its ugly head. Psychic wound damage emerges in our lives as addiction when we cannot reduce our pain of personalized perception.

## **Entering the Path**

While the precise understanding of *paṭiccasamuppāda* formula mechanisms of dependent origination for each of these effects is clear, the research discoveries strongly suggest that the mature process of the nutrient body and cognitive therapy can change the brain cell expression. There is emerging evidence of the potential alternative modification

of lifestyles and diets which can suspend or reverse birth conditions and genetic tendencies that are reversible in adult life.<sup>55</sup> There is emerging evidence of the potential dynamic modification in gene expression. They are arising dependently (*Dhammaṭṭhitatā*), which produces manifold mental and physical health disorders. Noble Eightfold Path discipline delineates and prohibits behavior that leads to uprooting generational maternal distress trauma conversing condition of disease and causes of disease. Thus, transcending aging, disease, and suffering of death is a description of the experience from the ignorance of birth condition maternal stress *nāmarūpa* process.

There is transparent regularity (*dhammaniyaṃmatā*) of permanence in irregular impermanence (*aniyāma*) of things, and perceptions (*viññāṇa*) and matters (*rūpa*) are causally related (*idappaccayatā*).<sup>56</sup> The causally related indicates clearly that it is a term that refers to the disadvantageous characteristic of *samsāric* suffering.

Birth condition *Jāti'pi dukkhā* is something hard to see in the physical realm and hard to perceive in the emotionally blinded psychosocial existential struggle of suffering: that this is conditioned by that, it is dependently originated<sup>57</sup> (*Jāti'pi dukkhā duddasam idam thānam: yad idam idappaccayatā paṭiccasamuppādo*).<sup>58</sup>

The ignorance (*avijjā*) of the dependent origination formula first link is the first step to removing the First Noble Truth *Jāti'pi dukkhā* origin of variable suffering through five precepts (*Sīla*) imperative aspects of Buddhism. When the *sīla* and impersonality *anattā* identity of the *khandhas* is identified, compromised, and corrupted under culturally assimilated altered perception, it becomes a self-conscious personalized emotion.

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<sup>55</sup> Ian CG. Weaver, Michael J. Meaney, and Moshe Szyf, "Maternal Care Effects on the Hippocampal Transcriptome and Anxiety-Mediated Behaviors in the Offspring that are Reversible in Adulthood," *Proceedings of the National Academy of Sciences* 103, no. 9 (2006): 3480-3485.

<sup>56</sup> SN II 25.

<sup>57</sup> Sue Hamilton, *Early Buddhism: A New Approach: The I of the Beholder* (Richmond: Curzon Press, 2000), 89.

<sup>58</sup> Sue Hamilton, *Early Buddhism: A New Approach: The I of the Beholder* (Richmond: Curzon Press, 2000), 89; SN I 136.

Individual practitioners who concentrate only on meditation and insight and not cultivating *anattā* attention of *khandhas* are a product of mundane mental processes.

### Guarding the Awareness

Dependent origination *Paṭiccasamuppāda* formula through the lens of the First Noble Truth of *Jāti'pi dukkhā* is and co-arising conversion disease, which describes the limited nature of *samsāric* suffering control and prevention. If the whole of *samsāric* experience is dependently originated *paṭiccasamuppāna* i.e., all perception and matters are defined as a self-identified negative emotion including anger, suspiciousness, inferiority, helplessness, etc. It consists of conditioned, dependently originated. If all that can be said about the conditioned phenomena of *Jāti'pi dukkhā* is a compound of both mundane and supermundane mental and material elements. They are impermanent and unsatisfactory, and if absolutely all phenomena have no-self even in their subatomic state, then how does what one experiences as an individual life function without personalized perception? How does it hang together as a seemingly whole? *Anattā* foresight, or intellectual insight emerges from understanding that everything in the universe including humans is a changing being. Self on the other hand arises as a result of five *khandhas* identification.

Five *khandhas* cut one into pieces by lust, envy, hatred, shame, guilt, and confusion, which construct five kinds of mundane realities of fleeting pleasure that are tormented by sorrows and suffering. It limits one, constricts one, and diminishes one's capacity to feel or think to assert oneself, to experience suffering and pleasure as dynamic change. In the simile of the

butcher in *Majjhima Nikāya* who looks at the slaughtered and dead 'cow', the idea 'cow' disappears as him as soon as he cuts the body open and takes it to pieces

and the idea ‘meat’ arises. Just so, when a seeker formally was still an ignorant worldling, layman or ascetic homeless one, the ideas ‘living being—man or woman—had not yet disappeared if he had not taken this Noble-Eightfold discipline body. As soon, however, as he analyzed this body into elements of identified ‘self’, the idea of ‘living being’ love, and compassion disappeared to him, and his mind became established in the contemplation of the elements.<sup>59</sup>

There is no escape from the origin of trauma by recourse to pleasure; and the mind and body that are infatuated with pleasure, lust, and hatred are in a worse state by phenomenal conditionality. And guarding the awareness by the Eightfold path one presses on to the goal of tranquility. Furthermore, accounts of individual circumstances and situations reveal the five *upādanakkhandhas*<sup>60</sup> characteristics of the emotional reaction of clinging and all that is grasped. In Buddhism, the apperceptive introspection of the nutrient body material quality is based on five precepts. It is the first and foremost fundamental base of teaching to enter the path of enlightenment. Feelings, emotions, and emotional states of thought are activities of the body, they are not separate entities. Everything starts with the fetal programming affective body and ends with the body. Therefore, perception (*viññāṇa*) of the body and four other *upādanakkhandhas* gains momentum, and continues its conversion disorder disease and manifest mental health problems at the level of individuals from one stage of life to the next.

### **Five Khandhas Non-self-identity**

The precepts transparency and *anattā* impersonality identity of the *khandhas* fetal programming birth condition trauma have not been the tendency of contemporary Buddhist scholars’ conversation. In reference to the *khandhas* conventional negative

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<sup>59</sup> MN 28, 62, 140, and 10.

<sup>60</sup> Nyanatiloka, “*Upādanakkhandhas*” in *Buddhist Dictionary: Manual of Buddhist Terms and Doctrines*, 3rd rev. and enlarged ed. (Taipei: The Corporate Body of the Buddhist Educational, n.d.), 185.

description of being a heap of corruption, rottenness or decay simply emphasize the ignorance of not knowing the link between the fetal programming birth condition and self-identity. This misinterpretation of the five *khandhas* anatomies and physiology as the conjuring trick is just a sort of childish dharma entertainment reality show, which appears to be decisively negative about the *khandha* body. Five *khandhas*, or five human constitutions, are neither negative nor positive but their self-identification makes it so. What such narratives are doing is distracting attention from necessary learning of *khandhas* anatomy and physiology for optimal health, and happiness. In Buddhist *anattā* doctrinal impersonal terms, what this means is that such a person erroneously identifies in some ways with his or her *khandhas*. Other meanings of the *khandhas* rather than that one must cultivate an impersonality identity about it. Their treatment of the *khandhas* is the Buddhist analysis of fetal programming birth condition, which includes other terms such as ‘breaking up, brittle, falling into ruin.’ Their focus is on mindfulness, emptiness, loving-kindness, and guru mantra sublimation solution. The more pleasant the emotional arousal of identified *khandhas* or the more unpleasant the object of hatred is, the more uncomfortable and dissatisfactory one feels. One cannot live in the present moment with unfinished reprogramming of the five *khandhas* fetal programming. Whenever any of the five *khandhas* has been personalized as ‘mine’ the affective suffering of five *khandhas* reality is sullen and gloomy, which causes affective body HPA axis chronic stress response, and chronic mental and physical discomfort.

### **Five Khandhas Spontaneous Evolution**

Success in the evolution of the *khandhas* purification is closely associated with reprogramming maternal trauma conversion disorders and affective disease. It is about

the psycho-ethical discipline of one's own body, mind, and emotion, the practice of maternal trauma renunciation. This doesn't mean giving up your family and so forth. Nibbana is unbinding, releasing, opening, let go of maternal trauma binding five *khandhas* habits, desire, and thought formation processes of perception. It is the quality of reprogramming your heart. It unbinds and undoes opinions and views that do not tie up. Because maternal trauma binds the mind faculty creates all kinds of concepts and notions. Evolution in unconscious birth condition maternal stress trauma toxic culture doesn't necessarily mean a step forward. It means change, but it doesn't necessarily mean positive change. Science, technology, and medicine industrial complex is a reflection of what we are and it's all this good stuff and its horrifying stuff.

Buddha's first Noble Truth transcendental experience is not a philosophical idealism that one takes to be mindfulness-based stress reduction convenient spirituality of the 'external world.' If one remains ignorant of the first Noble Truth and makes no effort to get rid of birth condition fetal programming maternal stress desire and passion which are in the five *khandhas*: body, feelings, sensation, volitional constituent, and perception. It seems *prima facie* that from the birth condition fetal programming *khandhas* passion, desire, and hatred are the very source of origin of karmic bondage in Buddhism. As we are told in the second Noble Truth that once the fetal programming process of cognition hasn't been abandoned delusion strengthens the wrong view. The Buddha makes a strong mark of mindfulness about this wrong view of self in the first Noble Truth. Not personalizing five *khandhas* with self or soul is a distinguishing mark of mindfulness.

Apart from the first and second Noble Truth which attributes to fetal programming passion and desire to all *khandhas*, it seems that it is the erroneous view of

the body alone that leads one astray. The five *khandhas* fetal programming birth condition formula of stress spectrum was given by the Buddha to illustrate how one must understand the experience to be a true human. Being free of physical disease and mental suffering in terms of non-self-identifications of the five constituents is essential annihilation. When maternal stress is abandoned from the five *khandhas* identification, one becomes unshaken from the household mental states that are wholesome and unwholesome, fame, and shame. This is emancipation, which one who is devoted taught to mental discipline, and freedom from birth condition personalized *khandhas* to attain Enlightenment of aging, disease, and morbidity of death is a fundamental human goal.

The Buddha himself was and is seen by humanity as an example others may follow. Perceptions of things are arising due to the presence of the necessary condition, which is beyond the control of any fictional self or false supernatural power or pride. Many places throughout the *Sutta Piṭaka Saṅkhāra* and karma are classified according to wholesome and unwholesome. The Eightfold Path descriptive world in which one has his/her experience and is not suffering. Because the cultivation of *khandhas* impersonality identity is so central to understanding Buddhist teaching and the suffering that characterizes our *samsāric* suffering.

All volition is due to ignorance of the first Noble Truth, concerning the fundamental impersonality of all phenomena, physical or mental. It is for this reason that the dependent origination *paṭiccasamuppāda* formula, which the Buddha taught in order that others might understand how the human being continues to be reborn, while ultimately circular than linear, is described in the canonical texts as beginning with ignorance. Put differently, volition has mentality rather than corporeality as their constitutional source, and ignorance as their psychological source. According to the Pali canon there is little or no room in Buddhism for a negative attitude towards the body of the *khandhas*, and the negative terminology used by the Buddhaghosa widely diverges from the original



material. The earliest Buddhist attitude towards the body of the *khandhas* is neither positive nor negative: it is analytical.<sup>61</sup>

### **Buddhist Contaminated Precepts Suffering**

This is relevant to understand the indispensable transparency and accountability of precept imperatives. This is also associated with the meaning of volitional cognition both in the *paṭiccasamuppāda* formula and *saṅkhārakkhandha*. In the case of the second link of the *paṭiccasamuppāda* formula *saṅkhāras*, the unexamined birth condition volitional activities constitute emotional contention, HPA axis triggering, and disruption in the relationship of life. As I have already stated, the formula is intended to show how the birth condition ignorance continues rebirth in *samsara*. It is primarily dependent on compromised precepts violations. Today, all cultural Buddhism is standing on the shoulder of Buddhaghosa's commentaries, which disvalue the transparency of precepts and promote misleading lies that there will be no more rebirth after three births.

By practicing precepts, one attains good rebirth, health, wealth, or no rebirth nirvana and purifies wisdom in this very life. At present, compromised precepts and deceptive disinformation assigned to all Buddhist *Sangha* by low castes barber Upāli's loyalty to extensive rigid *Vinaya* rules is firmly gutted in the temple life, which besets immoral morbid aging, obesity, disease, and death. The *Sīla* doctrine is considered the backbone of the dharma practice first of the Eightfold Path three-dimensional structure. And the obvious abhorrence of *Sīla* transparency by tonsure monk Upāli's *Vinaya* rules in practice. He let loose a volley of damnation to mankind and on the Noble Eightfold path practice in its entirety. For a true transparent *sīla* practitioner, there will be no more

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<sup>61</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 189.

rebirth; a life of an enlightened individual may continue until death takes place in due course but that death will not be conditioned for rebirth.

*Sīla* is the first and foremost occupation worthy of all sentient beings, endowed with knowledge and conducts to attain perfect Enlightenment in this very precious human birth rather than a false assumption of no more rebirth after three births. Buddhism rejects killing life, the consumption of life, trading life, and the existence of God, self, or soul in terms of HPA affective stress-disease connection and well-being of all sentient beings not as a dogma edict. Because these actions and beliefs generate anxiety, fear, and hate of others, resulting in confused thinking, affective body chronic stress, and reduced awareness of surroundings. Personalizing emotion and getting angry or suppressing emotion may be a temporary great defense and advantage of one's hidden intoxicant affection to fetal programming birth condition stress trauma hidden self-emotion, but it's not well mental health feedback for survival and well-being. The emotion of self-deceitful illusion is associated with five *khandhas* psychoneuroimmunology, endocrine, and HPA axis stress hormones activation system. It has usually been understood to have been an intended metaphysical formula explaining the obsession of fictitious 'self' and cyclical *samsaric* existence as such. Indeed, the cyclic causal nexus of birth condition origin of trauma and affective psychoneuroimmunology immunocompromised lifestyles and yet the true nature of enhancing maternal trauma 'right harmonious view' *paṭiccasamuppāda* formula is unknown to human health and happiness.

### **Middle Way Process of Perception**

The *Devadaha sutta* deals with the negation of two extreme methods of the perception process for the destruction of the fetal programming suffering (*dukkha*) at the

expense of dismissal of the birth *jāti* that all *dukkha* is a consequence of the First Noble Truth. However, the role of the *paṭiccasamuppāda* Buddhist dharma potential epigenetic intervention to eradicate birth condition maternal stress of *samsaric* experiences has remained more speculative due to truth destroying four castes authoritarian disinformation destruction. Four caste systematic campaigns of Buddhist dharma destruction had started since the demise of the Buddha by the early Hindu kings and even Emperor Asoka's reign. In reality, Emperor Asoka used Buddhism as a false flag to franchise four caste bureaucracies to Sri Lanka, China, Cambodia, Thailand, Burma, Laos, Vietnam, Japan, Korea, and so on. In the Middle East and Western countries, they took the bureaucracy systems and created their brand of religion. The deceptive philosophical tenets of Nagarjuna 'emptiness' played a key role in the architect of the dismissal of the true reality of the first Noble Truth *Jāti'pi dukkhā* and *paṭiccasamuppāda* formula functional consequences. It reshaped Buddhist academic generic theories and Buddhist cultural discourse. Nagarjuna is known as a nihilist Buddhist in disguise of emptiness, the Hindu king's whisperer in the royal court during his career. The apathetic cultural *Vinaya* rules successfully destroyed the five precepts psycho-ethical backbone of the Buddhist central foundation. Buddhist academic theory contrasts with recent clinical discoveries of fetal programming conversion disorders, which needs urgent reform.

The Buddha was solely concerned with disarming individuals from his/her endured transgenerational maternal trauma distress and discontentment discerning people to find the middle ground, away from Vedic self-sacrificial ritual, rites, mantra fire worshipping deceitful God prayer. Trauma is the prenatal psychic wound and damage of four mental bodies that rules the physical body across the lifespan by sustained mental

and physical disorders. Throughout my qualitative literature review, I found that the very values of the four-group male myth culture fairy tale society illusion are traumatizing. Myth four class culture of war is neither healthy nor natural. It is a mass engineering of illusion, lust, hatred, and God delusion, which is toxic by its nature. Women's psychological distress injury reinforces much of what we call disease.

It begins with recognition and introspection. Examination and inquiry are needed to realize what ethics of health and wellness is driving our habits and behaviors and we are relating to ourselves and our environment with others. When the *Jāti'pi dukkhā* birth condition, habits, behavior, and volitional language are dismantled the foundation of maternal trauma suffering is destroyed. The programming of five *khandha* activities stops. The emotional urge stops because the necessary conditions for the emotional urges to arise are absent. The potential for maternal trauma realization is present in all of us. The first step is to become disenchanted and become dispassionate from the rosy color of maternal trauma illusion and see the reality in front of us. True healing begins with maternal trauma binding five *khandha* dissolution, free of illusional enchantment, waking up into a liberated mind of extraordinary reality.

### **Buddha's Brain of Paṭiccasamuppāda Dharma**

What one sees from the birth maternal trauma illusion is that the different spectrums of *dukkha*, include a clear contrast between two descriptions of suffering (experience of un-satisfactoriness) and an explanation of the maternal trauma manipulated cognitive system.<sup>62</sup> These are not two teachings, but two dimensions of the

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<sup>62</sup> AN 3; Bhikkhu Bodhi, trans. *The Numerical Discourses of the Buddha: A Translation of the Aṅguttara Nikāya*. The Teachings of the Buddha (Boston: Wisdom Publications, 2012).

same, which ends in suffering. It epitomized *Jāti'pi dukkhā* experiencing empathy of compassion. Empathy happens when one takes a moment to stop and feel how uninstructed maternal trauma impacts one's life and others before we rush on with our illusions. The liberating power of the 'middle way' is to make an end to suffering by abandoning the underlying tendency to social lust for pleasant feelings and addictive habits food, feelings, and emotion internally and externally. Without abandoning the tendency to past trauma, guilt, shame, regret, and aversion towards painful feelings and cruel thoughts of the wound of myth toxic culture we sustained the underlying tendency to infected maternal trauma ignorance is neither healthy nor natural.

Furthermore, the individual identity is always associated with the experiential development of mental faculties and *jāti* birth condition, and further along the chain of the *paṭiccasamuppāda* formula, is that *nāmarūpa* represents physiological conception.<sup>63</sup> Dependent origination *paṭiccasamuppāda* formula, one can arrive at a clear and coherent physiological explanation of how perception and experience operate with the social trauma myth of the normal: of its centrality of the 'middle way' to all cognitive experiences. The Noble Eightfold experiential path is defined as awakening from maternal trauma distress by abolishing eternalist (*sassatavāda*) or absolutism, particularly in the context of the concerned seekers of salvation to find permanence, unchanging immortality of heaven to establish ignorant self-delusion.<sup>64</sup>

There is nothing about the human experience of trauma that the wound we sustained in our caring is permanent. Although it is seen as permanent, it is experienced

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<sup>63</sup> Steven Collins, *Selfless Persons: Imagery and Thought in Theravada Buddhism* (Cambridge: Cambridge University Press, 1982), 212.

<sup>64</sup> Kongsak Thathong, "A Spiritual Dimension and Environmental Education: Buddhism and Environmental Crisis," *Procedia-Social and Behavioral Sciences* 46 (2012): 5063-5068.

as dissatisfaction and stressfulness. On the other hand, self-indulgence proponents of apathetic materialistic or nihilist predatory positions believe that radicalized human values are baseless, that life is meaningless, and the beholder is a self-driven fictional monster.<sup>65</sup> It is possible to end suffering by abandoning these two extremes. There is an addiction to indulgence of birth condition preprogrammed sense-pleasures of personalized perceptions of *khandhas* and its nutrient matter consumption. Finally, the *paṭiccasamuppāda* formula process of volitional activity (*saṅkhāra*), perception (*viññāṇa*), and individuality (*nāmarūpa*) must be understood both psychologically and physiologically internally and externally. That means trauma wounds of the social condition can be healed at any time. It begins with recognition of the *paṭiccasamuppāda* formula concept of how we are living and how we are relating to ourselves and others who are not healthy. Rather, it is the mind of great openness and calm coolheaded composure, free of grasping five *khandha* maternal trauma.

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<sup>65</sup> MN 14: *Practice of Self-Mortification*; MN 36.

## Chapter Three

### Maternal Trauma Echoes in the Womb

Birth condition fetal programming maternal trauma body psychobiology can affect individual metabolic-cognitive disorder and cardiovascular mechanics of heart dysregulation. The effect of fetal programming habitual tendencies of *Saṅkhāra* is the inherited force's automatic operative aspect of perception, cognition, feeling, and emotional reaction across generations. They are the focus of the affective sensory activity and psycho-ethical organ system intrinsic nature as well as the intellectual element. In such contexts, the human being is susceptible to conversion disease, or the progression of disease. These traits of maternal stress epigenetic phenotypes are based on individual fetal programming of five *khandhas* and it is associated with environmental factors, such as diet, drinking, drugs, no exercise, caffeine, and smoking. It can be observed in a person's physical, biochemical, behavioral, and cognitive disability.

One can understand the fetal feeling and sense of apperception feeding on the mother's defiled diet, screaming, grief, depression, environmental threat, and anxieties. Childhood trauma and emotional abuse programming of the pregnant mother is involved in the fetus feeling programming sense object, activating the unborn baby lying in the uterus, trauma toxic dump nursery. This is where the individual origin of trauma, ignorance, volitional formation, the process of perception, automatic processes mind-body-name-and-form five *khandhas* craving, clinging, becoming, rebirth, old age, and death is dependently programmed. The enteric quasi-autonomous nervous system neural circuit regulation that modulates immune and endocrine functions, associated with the brain, lungs, heart, and underneath stomach connective tissues are altered. The gut-brain

vagal complex is closely associated with the complex construction of birth condition fetal programming maternal stress epigenetic regulation in the nervous system. It activates and regulates three fundamental physiological states of the nervous system.

Finally, whenever a fetus feels threat through the mother's neuro-perception to sense and feel danger and safety in the outside environment and there is nothing the unborn child can do to stave off the inevitable danger of futility. The baby's brain will accordingly alter the on and off switch of the brain neurotransmitters. As a result, gastrointestinal metabolic function, cardiovascular activity, and kidney functional response are distinctly weakening the five *khandhas* sustainable immune systems. For instance, a pregnant mother's diet placenta programming influences individual food, drug, and alcohol addiction in adult life. It is associated with an adverse HPA axis inflammatory response, which winds up in the fetus's circulatory system. There is a lot one man or one woman can do against the vast cluster of global ills—against fetal programming ignorance, misery, injustice, and violence. Each one of us has the potential to change the entire world. Each one of us can live within the extraordinary Eightfold epigenetic truth rather than within the maternal stress fetal programming lie. One can find refuge in *Sangha* rather than withdraw from it. One can be an agent of healing by learning five methodology skill training and helping people whose lives are exhausted and broken.

### **Maternal Trauma Has Sealed Every Epigenetic Axis**

Birth condition manmade maternal epigenetic trauma acting across multiple generations is neither an entity nor a terminal process. The role of maternal trauma epigenetic mechanism has sealed every exit in the nervous system regulation. Societal



fetal programming gleeful self-blinded barbaric greed and the embracing performative cruelty of power, privilege, and primeval temporal anomalies are in another higher level of precipitation due to the presence of hotter world immunocompromised atmospheric change. The five methodologies of this dissertation represent a necessary union of the Noble Eightfold Method. It is a critical ultimate reality step towards synthesizing the complex puzzle of the first Noble Truth *Jāti'pi dukkhā* fetal programming, the massive miserable basis of birth, aging, disease, and death suffering. Birth condition maternal stress transgenerational trauma effects, thus, playing a potentially important role in global consumption, famine, war, refugee unhousing, homelessness, deforestation, atmospheric climate change of ecology, and spontaneous evolution of the existential threat.

The continuity of fetal programming after birth, involves activating and recognizing what is experienced by the five *khandhas* automatic, habitual grasping, craving, and emotional reactions in the gestation. Thus, the transgenerational transmitted traumas of maternal anxieties, fear, hate, intoxicant food, and psychosocial stress are the repertoire of feelings and sensations in *saṅkhāras* echo from the mother's womb. The painful emotionally radioactive maternal trauma woundedness is the catalyst to all complex disease conversion. The environment begins in the utero fetal programming at conception, not at birth. Life-scared trauma by violence, betrayal, and abuse is often exploited as a prelude to people coming to hopelessness prayer, and nonsensical leaps of faith. Instead of understanding maternal trauma as psychic injury, being a wedge that separates one from perfect human freedom from wounds that grow foul and fester in diseases and terminal illness to untimely death. Our unnatural apparent biology of belief (women are inferior to men) alters our brain cells and the nervous system programming. It

is a self-perpetuating emotional monster that lives in our self-identified process of perception.

Buddha analyzes fetal-originated adult stress-disease conditions in the threefold knowledge (*tevijja*) of *Mahāvaccagotta Sutta*,<sup>66</sup> which he discerned during the first watch of his enlightenment, night in Bodhgaya India. In *Samyutta Nikāya* one reads; *saññā* stress sensation and feelings (*vedanā*) arise during the gestation period corresponding with the maternal stress effect.<sup>67</sup> There is now compelling evidence indicating that prenatal cued fear and anxiety conditioning in memory-associated circuits affects the individual emotional-engagement system and cognitive capacity of the mind, which is associated with memory formation and storage.<sup>68</sup>

### **Maternal Distress Potential Contraption**

The contraption process is presently unclear.<sup>69</sup> Although the birth condition of the fetal programming ‘hyper-object’ vortex is dependent on maternal trauma origin. It leads to big changes in conversion disease impact on neural development and behavior. The brain provides a model of big outcomes from those tiny effects, it can be visualized and thought of as automatic convoluted chemists to interpret HPA hormone response on perception’s demand. In a recent neuroscience discovery, it theorizes the process as a unique memo-genic memory-forming chemical of a molecule that can auto-convert fetus memory later in life blueprint for memory. This scientific research is identical to the first

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<sup>66</sup> MN I 483: The *Aggi-Vaccagottasutta*,

<sup>67</sup> SN III 60.

<sup>68</sup> Courtney A. Miller and J. David Sweatt, "Covalent Modification of DNA Regulates Memory Formation," *Neuron* 53, no. 6 (2007): 857-869.

<sup>69</sup> Susan C. Wu and Yi Zhang, "Active DNA Demethylation: Many Roads Lead to Rome," *Nature Reviews Molecular Cell Biology* 11, no. 9 (2010): 607-620; Catherine Dulac, "Brain Function and Chromatin Plasticity," *Nature* 465, no. 7299 (2010): 728-735.

Noble Truth *jāti* fetal programming which separates clinical Buddhism and Buddhist modernism from all other cultural Buddhist *Jāti'pi dukkhā* interpretations of critical thinking. Cultural Buddhist sets of principles, academic institutionalized teachings, and systems of philosophy differ from my interpretation and methodology adaptation, which makes it a new dawn of liberation in human birth, aging, chronic stress, and disease.

### **Fetal Feeling and Sense- Stress Apperception**

The precise meaning of the description of the *Saññākhandha* in most canonical commentaries and the reference does not give any clear explanation of its origin, what it means to assert or what it does, why it matters, and its functional consequences. There are exceptions however, and from a consideration of *khandha* structure explanations, together with careful analysis of the context in which the term is found, one can ascertain *saññā* in a couple of different ways. The psychology of color is understood as having psychoactive mood-altering effects in every individual selected memory locus. Color preference of personality traits is associated with individual mental health issues. Fetal programming transgenerational trauma occupies one's feelings, sensations, anger, aggressiveness, sadness, and obsession in character. Interpersonal hostility or kindness may vary by color preference.

It may provoke self-righteous anger and cruel thoughts. Color can be a representation of individual internal and external stimuli in the relationship between the mind and emotional craving and clinging. Individual maternal stress mechanisms contribute to automatic emotional nervous system stress. Its responses to a wide range of subjective and objective emotional reactions such as level of physical activity, habits of alcohol, nicotine, and junk food—neurodevelopmental disorders—emotional doubts,

depression, passion, anger, and cognition. Sunlight color therapy of fire element can be used to strengthen and balance the management of individual mental and immune health rehabilitation. More importantly, sunlight color therapy restores general social function.

### **Fetal Color Perception Scheduling**

Perception (*Viññāṇa*) processes depend on the color tone sensation (*saññā*) and feeling (*vedanā*) automatic subjective and objective stress condition response. It is a somewhat set subjective condition response in the process of feeling, sensing, thought discrimination, and volitional attitude reaction. However, the predisposition of maternal stress to a neuropsychiatric disease involves a complex genetic brain pathology. Selective mindfulness meditation exercises can illustrate individual transcriptomic emotional profiling as a qualitative assessment. The comprehensive mind-and-emotion neurobiological architecture of illness demonstrates fetal programming convergence and specificity. It is also found in the *khandha Saṃyutta*.<sup>70</sup> The *khandha Saṃyutta* is one of many where the Buddha is recorded as explaining that one should understand the body as the locus of maternal trauma senses in terms of the birth condition five *khandhas* memory formation *saṅkhāra* and it must be modified. In this passage, the Buddha is explaining why each of the *khandhas* is referred to as both independent and interdependent. An example, the description of *saññā-vedenā* (sensation-feeling) inherited in the mother's womb could be translated as follows:

What monks; something corrupted (*kiñca*) adherence to sensation and feelings to be born or produced greed (*lobha*) hate (*dosa*), and delusion (*moha*)? One senses and feels what? Feeling-sensation distinguishes (*sañjāti*) what? Distinguishes blue (associated with introspection and wisdom linking one to sky and sea, also doubt and emotional distance), yellow (associated with knowledge, optimism, and

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<sup>70</sup> AN 3 47; SN 55.

cheerful outlook), red (associated with heightened sensation and strong feelings evoking passion and anger), and white (clarity, neutrality, perception of space and new beginnings). One absorbs senses and feelings at the speed of light (*vuccati*),<sup>71</sup> during the prenatal gestation period.

The Buddha's domain of supreme knowledge is indistinguishable from molecular pathology, which is at the heart of modern diagnostics and translational research. It concerns major psychiatric disorders to impart risk for distinct disorders developments.

### **Contrast Between Five Saññā and Viññāṇa**

*Saññā* sense stimulus reaches multilevel physiological threshold antecedent concurrence and sends nerve impulses to the brain's absolute threshold and below subliminal insight. Perceptions are built from sensory-feeling input. Perception involves complete cognitive processing to organize, interpret and consciously experience internally and externally. It has the ability of associative assessment to detect. Motivation can also affect perception to detect a meaningful stimulus. The *Mahāvedallasutta* definition of *saññā* and *viññāṇa* implies that both are ingested discriminatory systems. *Viññāṇa* (perception) and *Saññā* (sense apperception) are said to discriminate (*vijānāti*) pleasure, pain, and the standard list of colors such as red, yellow, blue, and white in degrees and variables. It is the example given for what *saññā* discriminates but they cannot produce the process of impersonal identity perception.<sup>72</sup>

The *Sutta Piṭaka* describes how the arising of feeling dependently originates in discrimination shared by *saññā*, as a sense-apperception. It has a memory context which gives one much clearer description of *saññā* as sense-apperception faculty of *khandha*. *Saññā* and *viññāṇa* are both to be understood as discriminatory faculties, and yet they

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<sup>71</sup> SN 111 87.

<sup>72</sup> MN I 292ff: *The Mahāvedallasutta*.

differ in the degrees and power, or level, of discrimination respectively. For instance, *viññāṇa* recognizes the spice in the taste and *saññā* pinpoints it as ginger. However, perception is chief among the five *khandhas*. The house that *viññāṇa* dwells in is equipped with the other four *khandhas*: body, feeling, sensations, and volitional activities. What ties these five *khandhas* together is maternal trauma binding desire and volitional activities. *Khandhas* can metaphorically be understood as one becoming a monastic Buddhist to ‘go forth from maternal trauma binding home to homelessness.’<sup>73</sup>

The aim is to relinquish one’s prenatal desire to be a binding house of five *khandhas* associations in which one is tied down in their volitional activities. So, *saññā* and *viññāṇa* are not directly comparable. They have two different standard lists as a way of avoiding their faculty of discrimination. *Saññā* and *Viññāṇa* are considered as part of the process of attaining complex insight rather than as a brief definition of the function of *Viññāṇa*. Similar context, *viññāṇa* identifies that something has color, and *saññā* pinpoints yellow. It is significant that perception or *Viññāṇa khandha* in this context has no discriminatory function but is stated to arise when eye perception (*cakkhu-viññāṇa*) and visible object (*rūpa-āyatana*) are mutually present. (*Cakkhuñ cā āvuso paṭicca rūpe ca uppajjati cakkhuvīññāṇam*).<sup>74</sup> The rendering of *saññānāti* distinctive discrimination is simply as ‘one senses’ color when opening the closed eyes. It is a sensory function of the eye to see and sense the color first. The moment of sensing color or absence of color occurs, the fetal programming emotion automatic processes trigger to manifest feeling, sensation, mental formation, and perception. It causes subjective and objective emotional

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<sup>73</sup> DN II 16, 241ff; Sue Hamilton, *Early Buddhism: A New Approach: The I of the Beholder* (Richmond: Curzon Press, 2000), 102.

<sup>74</sup> MN I 111.

reactions. The function of *viññāṇa* is to provide the perception of all cognition rather than to pinpoint discrimination. *Saññā* identifies an object as blue, yellow, red, and white but cannot penetrate its three characteristics as impermanent, unsatisfactory, non-self, or impersonal. All five *khandhas* are made of a combination of maternal trauma *jāti* compounded phenomena parts and all *khandhas* fall apart. Yet they are transformative, resilient, and free of suffering when the five *khandhas* together are not identified. Persistence and determination of five *khandhas* are three marks of existence *anattā* impersonality identity is essential to experience Enlightenment.<sup>75</sup>

### **Saññā and Viññāṇa Anattā Actualization**

Neither *saññā* and *viññāṇa* can bring about an ethical attempt to eradicate birth condition conversion reactions in habits, behavior, and speech without the non-self-actualization of the five *khandhas*. It is wisdom (*paññā*) arises by understanding the *paṭiccasamuppāda* formula, that fetal trauma programming infected ignorance is not terminal. *Paññā* insight wisdom of pure process of perception, therefore, refers to the instructed Noble Eightfold Path practitioner. One who does not regard maternal trauma binding five *khandhas* as a self, they no longer keep running and evolving around them. They are liberated from maternal trauma and social trauma binding birth, aging, and death. One who has skillfully reprogrammed birth condition maternal stress *khandha* fetal programming and has cultivated mastery of *sīla* to see birth conditions as they are. Here a distinction is made between cognitive wisdom (*paññā*) and the mindfulness meditation *vipassanā* experience (*samādhi*). Therefore, gaining a sense-apperception of

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<sup>75</sup> SN 12 61; SN 22 102.

impermanence (*aniccasaññā*) is akin to sense-apperception of impermanence (*aniccasaññā*), insatiate (*dukkhasaññā*) and non-self (*anattāsaññā*) arise.<sup>76</sup>

Cultivated non-self *paññā* supermundane wisdom is qualitatively different in nature from ‘other’ knowledge. When it comes to defining non-self-wisdom, *saññā* is involved in the cognitive process of perception to provide apperceptive introspection. It is all cognition (*phassa*) that leads to wholesome feelings and emotional reactions rather than personalized *samsāric* quagmire discrimination of *dukkha*. Even allowing for the fact that the word ‘sensation’ (*saññā*) has a supermundane elasticity of meaning which can extend it beyond a simple shadowy shallow sensory function of color, it is nevertheless clear to understand the process of sense-apperception *sañjānāti* as knowing, perceiving, and distinguishing. An alternative translation would be ‘one identifies’ the color that constitutes feeling and form that impacts moods, feelings, and behaviors. The fetal programming origin of *dukkha* (maternal trauma) woundedness account is very clear in the content of the first Noble Truth. Why this is the case, and how does each of the five *khandhas* give rise to the maternal distress epigenetic morbidity of a living being? In *Majjhima Nikāya*<sup>77</sup> the passage describing individual birth conditions *sañjānāti* feeling and sensation having become, produced, arisen, full of grown into volitional activity and perception to which I have already referred.<sup>78</sup> It is clear from the Pali that *sañjānāti* distinguishing does not mean ‘one perceives’ or process of perception, since it is drawn out of fetal programming trauma that has not been investigated, but about which a feeling (*vedanā*) and behavior has already arisen.

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<sup>76</sup> AN III 433f.

<sup>77</sup> MN I 48.

<sup>78</sup> MN I 48.



## Lotus Above the 4 Class Maternal Mudd & Trauma Water

In a certain way, the attainment of liberation from maternal trauma binding *khandhas* at a particular level during which the *viññāṇa* or perception fulfills the function of providing awareness where *viññāṇa* no longer being stationed. The three-dimensional structure (*Sīla, Samādhi, Paññā*) Eightfold Path liberation is a progression from birth condition maternal trauma ignorance to insight. Five Precept ethical conduct corrupting conventional cognition represents birth condition maternal trauma furnished ignorance. The *anattā* practitioner eventually has perfected unbinding to maternal trauma sensationless, feelingless, and perception-less state. Eventually culminating in the attainment of *anattā* insight. The maternal stress perception of an ignorant person is corrupted, perverted, and degenerative intoxicated self-coded bias. Metaphorically speaking, the lotus flower symbolizes the potentiality that an individual can cultivate *anattā* lotus flowering of insight *paññā* even though this grows from the maternal trauma impure of muddy ignorance. Though its five *khandha* roots are in maternal trauma binding *samsara* water and the *khandhas* grows in water, its stems rise and stand above the water to the flower, and the five *khandha* flower is untouched by its trauma muddy roots in the bottom of the water.<sup>79</sup> When the five *khandhas* *anattā* attention along the path is perfected, maternal trauma binding *khandhas* ignorance is reduced and one's experience is characterized by increasing insight. It is increasingly less restricted by old tendencies of perception to identify its object's functional response.

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<sup>79</sup> MN I 169; SN I 138; Sue Hamilton, *Early Buddhism: A New Approach: The I of the Beholder* (Richmond: Curzon Press, 2000), 106.

## Breaking The Birth Trauma Boundary

In general, one cannot apprehend precisely what is meant by the description of the four *jhāna* formless awareness of five *khandhas* activities, and the four *arūpajhānas* non-self *anattā* non-activities working with thoughts that arise in the mind. It is difficult for one to discern these *arūpajhāna* insight discernment descriptions without uprooting the *khandha* identification. When you feel disturbed by thoughts, or if you have long narratives of reactive association and judgment of them, there is an emotional disturbance in your attitude. The disturbing attitude (*citta*) is not the problem, the social wound that we sustained in our narratives is. It begins with a deep understanding of *anattā* attitude. Although, *anattā* attitude represents experience which is quite different from that of *samsāric kāmadhātu* three volitional attitudes of *saṅkhāra* fabrication. For instance, infinite space' (*ākāsānañcāyatana*) and infinite perception' (*viññāṇanañcāyatana*) is a process where intensification of wholesome awareness must be free from fetal programming binding limited objectivity of *samsāric kāmadhātu* perception.

It is this increased volume of *anattā* awareness that leads to the breaking of the boundaries of conventional cognitive wisdom. The plain of social nothingness or emptiness, such as you are not good enough, not looking good enough for your body, shape, size, height, race, gender, caste, and skin color, not having enough education and skills, not owning enough, and where it is never enough, often fuels the fire of predisposed maternal trauma social wound hopeless discontentment. It is succumbed to ennui and despair of meaningless employment, lacking significance and purpose in life. It is a byproduct of social shame, death of despair meaningless life of nothingness. This unintelligible illogical nothingness of social psychic wound is an invisible object like a

dog tied up on a leash to a strong post, running and revolving around the maternal trauma-binding social psychic wound. As an individual, if you are kept running and revolving around them you are not free from them.

You cannot shield your mind from every negative experience you are going to have because you're tied up on a leash to your maternal and social trauma five *khandha* 'I', 'me', 'mine' perception and non-perception unstructured mind. The Buddha said you cannot be freed from birth, aging, disease, and death of your sustained psychic wound. The Buddhist teaching of the five *khandhas anattā* doctrine deep understanding that you don't view your social psychic wound of nothingness as a permanent problem that can be abandoned and fixed with a harmonious view. We're led to ignore our social pathology of parents' economic, racial, and social anxiety, relationship anxiety, and their unresolved childhood harbored trauma-stress, which is absorbed by their infant. It's all about recognizing the dependent origination of social-cultural conditions, causes, and effects of pathology that drive individuals in the desperate direction of major psychiatric disorders.

The nature of our gender and social class humanity dividing maternal trauma social system of 'individualism' ownership traumatizing value of society underlies much of our pathology or disease. Healing requires a mind-emotion *anattā* reconnection *samādhi* among the five *khandhas* sudden awakening from maternal trauma social illusion and gradual cultivation of dispassionate affection to self-consuming five *khandhas* habits and behavior to be disenchanted and disillusioned from myth culture pathology. You no longer keep running and revolving around them. You stop your parental trauma child circuit emotional threat, anxiety, and panic in the brain that are often activated and overactivated. These are natural consequences of the unnatural myth

culture of the normal, which cannot be mistakenly identified as individual pathology. Multiple studies are out without any doubts or controversy that the more stressful it is for women to endure during pregnancy, the greater the risk impact, even decades later on the health of the infant and well-being of the adult-later life.

The myth culture mass engineering conspiracy of the human reality of human suffering—food and attitude addiction characteristics are weaponized to isolate people and atomize them to feel angry, guilty, hateful, shameless ungrateful cruel thoughts, shame, sadness, depressed, and to be weak making them vulnerable to illness and isolate more. There is even more mental tension that can occur from the physical and mental conditions of a disability and past life event conviction social legal system of unemployed, unhoused, physical and mental health suffering. In the context of the final dimension of eliminating *dukkha*, what people need is a community, or *Sangha*, resource investing, and to move towards wholeness of the wound from the womb.

Healing of wounds that we sustained in our hearts begins with forgiveness of past harboring ill will and cruel thoughts. It requires *anattā* clear communication, contact, compassion, safety, and support to recover from their situation and heal from their trauma. By suggesting as it does in the first and second Noble Truth, it relates to our *khandhas* experience and its three volitional functional response, to the mechanics of breaking the spell of maternal trauma social wound. What continues is five *khandhas* pure dynamic experience, not maternal trauma binding existence. This is the mind of great liberation, openness, great calm tranquility, and freedom of grasping.

## **Buddha's Diagnosis of Human Suffering**

Early chronology of what happened during the first watch of the Buddha's Awakening from the complete dissolution of God myth four-castes King culture is summarized in this order; deep into the experience of meditative awareness, formless *arūpa-jhāna* transcendent absorption (memory of the living of the past lives maternal trauma illness) into the nature of human suffering, he had visualized the development of embryo/fetus life responds to maternal trauma programming. His transcendental ability to penetrate non-thing's deep inner qualities in the mother's womb was extraordinary and profound. He saw how men in social settings got intoxicated before coming together for copulation and the mother's affective depression was passed on to the fetus's feelings and sensations associated with trauma. Buddha's apperceptive introspection was focused on the conception of an unborn child in the world. He observed how human beings come to be born in manmade women's trauma—oppressive servitude, sexual subordination, and reproduction. This was a very well-established first eugenic creation of a human society of Indian 'four castes' structural inequality of the gender castes slavery system where they are unworthy and incapable of governing themselves. Brutal sexual assaults by males affect fetal development and damage conversion disease.

Focused on the deprivation of womanhood, enslavement, and persecution of women's wombs at the hands of the patriarch Brahmin Vedic sacrificial religion, where physical, sexual, and emotional abuse is rampant. It has engendered humanity with a tragic legacy of war, colonization, slavery of sexism, racism, slaughtering, and trading sentient beings. In the global four-caste authoritarian societal laws, men weaponize women as baby machines for a steady supply of soldiers and laborers: physical and

sexual subordination, random assault, force reproduction, sensual pleasure, and honor killing. While men are psychologically, physically, emotionally, and culturally terrorizing women, a certain trauma-wounded unborn baby takes conception in a mother's womb unknowingly, remains in it unknowingly, and leaves it ignorant unknowingly from toxic waste dump fetal trauma programming. The Gautama to be Buddha observed the cycle of a repeated transgenerational trauma pattern of women's progenerative pain in the historical context of religion, literature, education, economy, and arranged marriage. The threat of femicide, traumatic events of domestic contention, or clan relationship of mother and mother-in-law that occur in childhood and during pregnancy is a psychological wound that every unborn baby on earth sustains.

The Buddha then taught others what he realized, along with the methods he used to achieve that realization, and those teachings have been passed down to the present day. What exactly did Siddhartha comprehend in his enlightenment?<sup>80</sup>

Maternal trauma of all anxieties, diseases, disorders, and unsatisfactoriness echoes in the mother's womb. The visualization process of mindfulness apperceptive introspection to identify maternal trauma binding names to things and five *khandhas* behaviors. Because it conduces to subsequent 'right thinking, rather than only to the continuation of maternal trauma binding *samsāric* perception. The three sense-perception (*saññā*) of this is found in the *Samanasaññā Vagga* in the *Aṅguttara Nikāya*. The three sense-apperceptions are: "I have come to born to a state of being without deceitful illusions of four castes; my livelihood is dependent on others; I must dress [or behave] myself differently to be free from maternal trauma binding illness."<sup>81</sup>

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<sup>80</sup> Domyo, "9 – Shakyamuni Buddha's Enlightenment: What Did He Realize?" Zenstudiespodcast., April 6, 2017, <https://zenstudiespodcast.com/category/history-and-texts/page/2/>.

<sup>81</sup> AN V 108f.

The Buddha also taught ten sense-perception (*dasa-saññā*) for sickness care to diminish individual chronic stress and illness.<sup>82</sup> The ten are impermanence, non-self, unpleasantness, wretchedness, abandoning, dispassion, cessation, discontentedness with all the world, the impermanence of all *samsāric* phenomena, and mindfulness of inbreathing and outbreathing.<sup>83</sup>

### What Did Buddha Realize?

The first Noble Truth is the ‘first watch’ insight into the nature of the *Jāti’pi dukkhā* condition of suffering. Young Siddhartha renounces all worldly things in search of the ultimate truth of human suffering and goes on to become the unparalleled world’s greatest Enlightenment of unconditioned *anattā* mind.<sup>84</sup> According to the *Majjhima Nikāya*, during the three phases of his Enlightenment these events occurred; starting in his first phase, he had a pure perception of his and human past lives.<sup>85</sup> The Buddha reflected on the women’s critical of gender exploitation on different dimensions depending on their intersecting aspects of socio-economic-status individual identity, such as phenotype, race, caste, religion, ethnicity, sexual orientation, disability, and more. In this context, women of color, lower castes, race, ethnicity, gay, and lesbian gender discrimination are rampant in all global society. In the mythical God and soul culture,

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<sup>82</sup> AN V 108f.

<sup>83</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 61.

<sup>84</sup> "How the Buddha Gained Enlightenment," The Indian Express: Journalism of Courage, August 19, 2018. <https://indianexpress.com/article/parenting/learning/buddha-enlightenment-nirvana-5288593/>.

<sup>85</sup> Bhikkhu Ñāṇamoli, and Bhikkhu Bodhi, *The Middle Length Discourses of the Buddha: A New Translation of the Majjhima Nikāya*, Rev. ed. Teachings of the Buddha, (Oxford: Pali Text Society in Association with Wisdom Publications, 1995), 36; Domyo, "11 – Buddhist History 3: Life of Shakyamuni Buddha Part," Zenstudiespodcast, April 20, 2017, <https://zenstudiespodcast.com/category/history-and-texts/page/2/>.

four caste bureaucratic barbaric society, women are not only subjected to atrocious treatment but the lifelong damaging effect of their offspring is insidious and sinister in an imperceptible fashion. A woman is abused by her husband, and their children grow up listening to their parent's horrible threats and arguments with each other, often with physical violence, and hearing the loud sounds of breaking things when the father comes home drunk or angry. Sometimes getting punished for some imagined offense and always waiting for the inevitable rage, fear, trauma, and suffering shock to happen. Regardless of socio-economic status, privileged or not, women remain voiceless and men try to build their happiness on the misery of women. Disempowered disposable women continue to live at the behest of the mercy of their male counterparts around the world.

But by ignorance we do not mean a simple lack of information. Rather we mean a distorted vision of reality that makes us think that what we see and experience around us is permanent and solid, or that our "self" or the four castes society suffering is a real, autonomous entity. This leads us to mistake fleeting pleasures or the alleviation of pain for lasting happiness of a permanent soul. Such ignorance also makes us attempting to build our happiness on others' misery.<sup>86</sup> Second watch, the Gotama to be Buddha now begins to see every living being

five *khandhas* are both derivatives and conditioned by maternal *khandhas* trauma binding desires and grasping. In the *Sutta Piṭaka* it refers to the five *khandhas*; *pañcupādānakkhandhā* means that every one of the fetal five *khandhas* is subject to defiled *āsavas*)<sup>87</sup> by maternal trauma. The second Noble Truth refers to the strongest and most deep-seated of the mother's volitional factors (*taṇhā*) which causes bondage to the offspring's *samsāric* experience. They are namely three or four *āsavas*: sense desire (*kāmāsava*), the *āsava* of vocational continued becoming desire (*bhavāsava*), and the

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<sup>86</sup> Matthieu Ricard, *Happiness: A Guide to Developing Life's Most Important Skill* (Atlantic: Atlantic Books Ltd, 2015), 122.

<sup>87</sup> SN III 47.



*āsava* of maternal trauma ignorance (*avijjāsava*), and the *āsava* of holding views (*diṭṭhāsava*). They are deeply rooted in the human five *khandhas* psychic woundedness and social wound that such Eightfold mental discipline reprogramming represents the very experience of awakening from the myth culture social woundedness, the practice of wise reflection of *Jāti'pi dukkhā* is liberation. Buddha's superhuman eyes surveyed the lives with whom he experienced his childhood and adult life which he was now seeing through the lens of each birth condition, maternal transgenerational trauma. Describing how human beings are dependent on aging, illness, and becoming who they are in terms of the maternal trauma-stress paradox. He saw through phony priests, philosophers, rulers, and merchants' cunning lies, deception, and idiosyncratic belief of 'self', soul, and God morals that are firmly maintained in their *khandhas* birth condition fetal programming origin of trauma.

The third watch is about the 'right intention' of the orientation of one's perception identity and the goal of the path is reprogramming stealthy five *khandhas* maternal trauma. Individual only arises as a result of continued unconscious grasping maternal trauma binding volitional activities, which is the *khandha* of perception. It is precisely the perception of identity that constitutes the hindrances on the path to liberation. It is not the fault of the five *khandhas* that the maternal trauma-binding enemy has occupied and has to be fought inside the *khandhas*. Therefore, it is not the fault of the six senses themselves that one automatically reacts to one's sensory experience. The third Noble Truth describes the gradual cultivation of the 'non-self' of five constituents and stops reacting unwholesomely to the sensory grasping of greed, desires, and discontentment The fourth

Noble Truth is the measures of coping skill insight recognizing our addictions to the nature of how to end the *Jāti'pi dukkhā* suffering.

Thus, the Noble Eightfold Path is said to have emerged to address human psychophysical psychic wounds one sustains. It is characterized as the *sīla*, *samādhi*, and *paññā* three-dimensional structure. Enlightenment experience of *Jāti'pi dukkhā*, first Noble Truth can, then, be a necessary intervention to a still persistent four-caste societal force. As one can see, the Buddha's prognosis Eightfold steps are needed to root out the birth condition origin of trauma derived from the fetal programming individual continuity. I want to reestablish *Sangha* based on five methodologies, drawing out the *sīla*, *samādhi*, and *paññā* three-dimensional structure and innovative integration. I found in my research for the dissertation, the mindset of privileged men and women activists, political leaders, physicians for preventive medicine, teachers, psychotherapists, and social workers play an enormous participatory role.<sup>88</sup>

### **Prenatal, Neonatal, and Postnatal Experience**

Little research has investigated the impact of maternal lifetime trauma exposure through placenta consumption of defiled diet, anxiety, and maternal psychic woundedness exposure on newborn lifetime disposition. Any stress the mother experiences (maternal trauma) is instantly transferred to the child which represents a conversion reaction risk factor for disease during adulthood. These are also related to compromised endocrine regulation, appetites, addiction, growth, and energy homeostasis continuity. In experimental human studies, it has been found that refined food and ultra-refined food with low dietary maternal consumption are related to oxidative stress during

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<sup>88</sup> MN 36, *Mahasaccaka Sutta*

pregnancy, leading to metabolic programming disorders like fetal alcohol spectrum disorders (FASD).

Accumulating research suggests that children that are exposed to corporal punishment, abandonment, not picking them up when crying, and neglected traumatic experiences can lead to increased anger, aggression, antisocial behavior, physical injuries, and mental health problems.<sup>89</sup> Children do not have a rational brain to understand the difference between insufferable physical and emotional punishment for which they get punished, such as hitting, shoving, physical aggression receive, and punishment emotional scars for the rest of their life. Recent research observation has revealed the early life events of social fear conditioning can activate enduring trauma which can be reversed. Research indicates women's early life abuse, neglect, intimidation, denigration, and trauma are not restricted only to the lifespan of this vulnerable population.

Women's trauma and psychic woundedness echo through their progenies. Their children, who then go on, exhibit an increased prevalence of neurodevelopmental, addiction, and psychiatric disorders. The prevailing view is that the process of intergenerational stress transmission from mother to child lifetime conversion disease and maternal mortality is evident in high cortisol levels during pregnancy. Medical school and academic teachers do not have a curriculum on maternal trauma, trauma-informed medical care, or trauma-informed education. We need social and medical education on

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<sup>89</sup> Gabor Maté and Daniel Maté, *The Myth of Normal: Trauma, Illness, and Healing in A Toxic Culture* (New York: Penguin Publishing Group, 2022), 127.

trauma-informed society and compassion where body, mind, and community care are not separated. Individual illness represents the imbalance of the whole society.

### **Prenatal Stress Exposure**

The environment of a child begins at conception in the womb. What the mom is eating, drinking, smoking, mind-body training, volitional activities, and experiencing during pregnancy are critical for the fetus including her relationship with the significant one. Due to what comes through her placenta and nervous system regulation, together with increased cortisol level inflammatory cascading HPA axis response wind up in the fetus's circulatory system. The amount of necessary nutrient quality will become relevant. The fetus has all sorts of pathways in which maternal experience is translated into fetal recorded experience. Prenatal stress has been linked with postnatal life brain development and enhanced risk of neuropathology.<sup>90</sup> Neonatal and postnatal maternal stress may alter the HPA set points of the HPA axis, which may cause variability in mental health outcomes such as chronic infection, illness, and sensitivity to stress sites maternal psychic woundedness.<sup>91</sup> Sensitive response to anxiety, anger, insult, and threat, promotes increased HPA/sympathetic reactivity.<sup>92</sup>

It turns out that amniotic fluid is a great vibratory, how can what's going on in the outside world affect a fetus? The mother's Womb is the transgenerational toxic waste dump of maternal trauma—anxiety, agony, and deceitful illusions. An unborn baby holds

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<sup>90</sup> Michael Meaney, *Epigenetic Regulation in the Nervous System: Basic Mechanisms and Clinical Impact* (London: Academic Press, 2013), 89.

<sup>91</sup> Nola Shanks, Sylvie Larocque, and Michael J. Meaney, "Neonatal Endotoxin Exposure Alters the Development of the Hypothalamic-Pituitary-Adrenal Axis: Early Illness and Later Responsivity to Stress," *Journal of Neuroscience* 15, no. 1 (1995): 376-384.

<sup>92</sup> Christine Heim et al., "Pituitary-Adrenal and Autonomic Responses to Stress in Women After Sexual and Physical Abuse in Childhood," *Journal of the American Medical Association* 284, no. 5 (2000): 592-597.

the habits of the flawed first food and the mother's generational painful pathologies of memory. First, outside environmental influences affect fetal sense sites' stress condition alarm reaction. The second subtle point is the notion of the fetal five-door cognitive process *sañjānāti* as knowing, perceiving, and distinguishing. On the one hand, five cognitive doors draw attention to an abstract realm of sense-apperception, which goes beyond the physical sense organs. Translating into how one's mind-body (five *khandhas*) works as an adult, brings in all sorts of distinct epigenetic profiles of stress-disease connection. It can be summarized by how the epigenetic code *paṭiccasamuppāda* (antecedent concurrence) is dependently originated to manifest itself in the womb, one might call it a formula of gene readout experiential mechanics.

In the *Sutta Piṭaka*, several references are made about safeguarding what one experiences through the maternal trauma binding five sense-doors 'entrance'. The unguarded maternal trauma binding experiences through the senses can be reinterpreted or responded to by *anattā* identity which gives rise to wholesome, tranquility, peace, and contentment.<sup>93</sup> As long as trauma-binding five sense-doors are unrestrained, it inevitably gives rise to unwholesomeness, evil, covetousness, or dejection, which is detrimental to harmful sorrows and suffering. Stressed mothers are more immune-compromised and prone to infection and illness during pregnancy.<sup>94</sup> Therefore, mothers with behavioral changes during the gestational period such as quality food, yoga, exercise, walking, five *khandha-anattā* meditation, and yoga massage is essential to put on guard five sense-door anxiety, worry, vocational stress, and sleep disorder. It is analogous to the provision of

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<sup>93</sup> MN I 180, 221.

<sup>94</sup> Robert F. Anda et al., "The Enduring Effects of Abuse and Related Adverse Experiences in Childhood," *European Archives of Psychiatry and Clinical Neuroscience* 256, no. 3 (2006): 174-186.

light for an unborn baby who needs to see. The ‘energy light’ that is shed by the mother becomes purer and more radiant. The condition of fetal programming well-being can be said to evolve from the moment of conception.

### **The Dutch Famine’s Extreme Fetal Programming**

Dutch Royal railway workers and government workers went underground with a strike to defy the German imperial army occupation. Winter-frozen lakes and canals made transportation and escape impossible. Condemnation and punishment by the German Nazi occupation of Holland resulted in the Dutch Hunger Winter (DHW) human epidemiological observation. The royal medical system provides detailed records of a comprehensive understanding of the mechanisms of pathological change in offspring caused by prenatal trauma stress. Pregnant women exposed to forced famine and starvation during fetal developmental life were programmed towards manifold diseases and obesity. The Dutch Royal Medical records have obtained key findings of prenatal stress exposure and infant environment adverse developmental origins of fetus neurocognitive outcomes.

One of the important observations from the Dutch Hunger Winter Study was that intrauterine exposures that have long-lasting consequences for adult health do not necessarily result in altered birth weight. A related observation from the Dutch Hunger Winter Study has been the importance of timing in the programming of adult disease.<sup>95</sup>

Lessons from the Dutch famine unborn babies evidence suggests that poor nutrition during pregnancy causes generational negative consequences for both mental and other physical health issues. Obesity cancer, heart disease, diabetes, and metabolic

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<sup>95</sup> Laura C. Schulz, "The Dutch Hunger Winter and the Developmental Origins of Health and Disease," *Proceedings of the National Academy of Sciences* 107, no. 39 (2010): 16757-16758.

disorders are prevalent. The research reveals that food scarcity in utero affects metabolic syndrome, cardiovascular health, and impaired cognitive function. The early fetal programming period appeared to be the most vulnerable. The famine can have a ripple that affects all social classes across generations regardless of growing prosperity afterward. DWH record-keeping data collections are methodically organized, meticulously analyzed, and minutely classified to observe accelerated premature low-weight birth, cognitive aging, diseases, and death. This study is a key test to challenge all hypotheses. The analytical research method provides crucial support to discern the importance of birth condition effects of fetal and its dependently originated adult environment. It provides a critical role and insight for the understanding of the fetal programming birth condition, maternal stress origin of trauma, neural development, cellular physiology, neurobiology, and behavior.

### **Growth, Retardation, Stress, and Disease Echoes from the Womb**

Imperial Holland had its upstanding Westernized diet suddenly plunged into famine by Nazi Germany during WWII. Over the course of that severe famine, over sixty thousand or more people starved to death, and many hundreds of thousands suffered in Holland. It was an absolute disaster. The investigation of this reveals that stress, growth, retardation, and disease originate from the womb. Any transient disruption that intervenes with nutrients and oxygen of fetal demand can jeopardize fetal health and newborn to adult life brain cells and the nervous system programming.

Throughout most of human history women have been defined by their biological role in reproduction. History, however, suggests that a note of caution must be

voiced about the impact of such developments on women's rights and role in society more generally.<sup>96</sup>

Fetal programming retardation has long-lasting consequences across generations and is rooted in reproductive cells. All of us are different sorts of people with different tastes, habits, and values. Nonetheless, we have different prenatal fetal programming environments and postnatal environment psychosocial stress circumstances that affect metabolism and growth. Normal brain growth and maturation require maternal care attention. The chronic environmental stressor can disrupt the normal growth process. Growth retardation occurs before birth in the placenta (the tissue that carries oxygen, food, and blood to the baby), including birth defects and genetic disorders. The point of this critical fact is that the environment does not begin at birth, or stress for that matter. What do I mean by this? Suppose one is a fetus, 2<sup>nd</sup> and 3<sup>rd</sup>-trimester fetus, and faces similar DHW and she/he is experiencing that starvation, in so far as fewer nutrients in mom's bloodstream, she/he is experiencing fetal environmental stressors.

The stage of the mother's pregnancy of DHW is the foremost hypothesis of intrauterine growth restriction. The spectrum of clinical consequences while the mother's womb during pregnancy is complex and vast. The drastic decline from the societal environment with a well-developed diet and Western imperial power of advanced administrative structure had suffered higher rates of trauma. So, it turns out that one of the things a fetus decides is which fetus is programmed to respond to the scarcity of the food in the world it is heading into soon and the anatomy of the fetus organizes itself to be prudent. The scarcity of food forced the developing fetus to hoard every bit of food

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<sup>96</sup> Elizabeth Chloe Romanis et al., "Reviewing the Womb." *Journal of Medical Ethics* 47, no. 12 (2021): 820-829.



that hit the starving placenta holocaust moment. Any nutrient that hit the fetus's bloodstream secretes insulin aggressively. Violence and malnutrition are exactly what constitutes a maternal psychic woundedness genocide during placenta programming.

### **Fetal Programming Epigenetic Dysregulation**

Transgenerational trauma epigenetic inheritance birth condition markers from one generation to the next are maternal trauma transmission. There remains an important point, however, the birth condition enduring prenatal influence on the health of the offspring. For every bit of salt a fetus has the kidney is careful to hold onto it, because who knows when the next salt is coming? The fetus becomes thrifty in storing stuff away as a hoarder in the womb and in adult life. When the DHW ended and suddenly everyone was going back to a normal healthy life decades later, the people effected were now close to twenty times more likely to have metabolic syndrome. It happens during 2<sup>nd</sup> and 3<sup>rd</sup> trimester in the fetal environment. Its response to nutrients and its insulin secretion has severe consequences during that time. Fetal programming influences the adult metabolism. It works that way onward unless the origin trauma is treated.

David Baker, an epidemiologist from the University of Southampton Medical School, summed up another disturbing phenomenon. He made the observations between neonatal and post-neonatal mortality and heart disease,<sup>97</sup> Fetal Origin Adult Disease (FOAD). This observation was a noteworthy step to draw attention to maternal stress birth conditions and fetal and maternal care. It draws the notion that the environment of an unborn child begins in the intrauterine process and often what goes on during fetal life

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<sup>97</sup> David J. P. Barker et al., "Weight in Infancy and Death from Ischaemic Heart Disease," *The Lancet* 334, no. 8663 (1989): 577-580.

causes programming of how adult responses are going to be remarkable. Physical trauma and sexual abuse in the childhood of a pregnant mother leave an impact and manifestation of trauma in the unborn child's fetal programming in every episode of the adult environment to come. Now, one is already familiar with the way *dukkha* identifies the five *khandhas* fetal programming birth conditions, and how to end it with noble Eightfold discipline, which is the workings of a solution and prevention.

### **Transgenerational Trauma Stress Effect**

One can generate the Dutch Hunger Winter phenomenon and can also show prenatal stress as an adult. Once one has elevated levels of glucocorticoid baselining when there is no stressor, they are more vulnerable to metabolic syndrome, which I will explain in the next chapter. All sorts of things such as the domain of behavior, worries, and anxieties are like broken glass syndrome. Even in the realm of learning, parental stress and something about those glucocorticoid levels disrupt aspects of brain development, and aspects relevant to learning and memory. Even prenatally stressed rats with everything being equal from birth have displayed more memory problems. They are not quite as good at learning and consolidating new things in parts because they have elevated glucocorticoid levels as an adult.

This can be said to disrupt cognition because the prenatal maternal stress environment is disrupting brain development. The prenatal maternal distress influences one's level of stress hormones as an adult and how readily one can recover from stress response chemistry that deals with increased anger, greed, hate, rage, terror, anxiety, and vulnerability to metabolic disease. The critical punch line here is multigenerational unresolved maternal trauma binding which is the root condition and environment or

maternal trauma does not begin at birth, it begins at conception, there is an even more interesting riddle to this. When one winds up asserting *Jāti'pi dukkhā* is having DHW effects that are multi-generational. To better explain the meaning of unresolved maternal trauma binding continuity, consider someone with a DHW depression background background fetus, and them getting pregnant and having a child 30 years later. A person from that background is more efficient in taking nutrients out of their bloodstream for that perfectly normal diet while the fetus is getting fewer nutrients than it should. Although they are not starving, but are absorbing more than normal, which means the fetus is getting less than normal. In other words, when the DHW-like babies become pregnant, they generate DHW-stressed babies, it's multigenerational. That is what the Buddha discovered in the First Noble Truth *Jāti'pi dukkhā* fetal programming birth condition in his first watch of Enlightenment.

This is now being exhibited in DHW humans in the global spectrum of four caste systems socio-economic status (SES) stress psychic woundedness response syndrome across the board together with the massive modification of antibiotics, pesticides, GMO, super-refined food, and other biotechnology industrial intoxicant diet corruption. Due to that severe fetal environment experience, she has a thrifty metabolism, she secretes insulin-like crazy, she is also good at stealing nutrients from her circulation, and she retains salt, all that sort of stuff while she is having a perfectly typical diet during her pregnancy. I just said she is stealing a large amount of it from her fetus. There is a phenomenal ripple effect on fetal programming that increases with the extreme precipitation of animal feed antibiotics, pesticides, GMOs, and so on, which means more immunocompromised disease outbreaks in the world of global boiling climate

catastrophe. It is especially important to start a plant-based organic diet for more susceptible groups of people such as pregnant women, obesity, weak heart and lung conditions, and growing children with cancer and digestive disorder in society.

## Chapter Four

### Gut-brain-Cardiovascular Mental Illness

The gut-brain axis metabolic syndrome is of crucial importance for eradicating maternal trauma binding five *khandhas* mind-body stress, cardiovascular pulmonary, and emotional distress. Self-identified enduring emotion has associated gut microbiota to both digestive disorders and several mental health illnesses such as anxiety and depression. The normal nervous system refers to the link between healthy gut function and the brain with its various cognitive and affective functions. Science has proven that chronic volitional stress activities and low-grade inflammation can turn into a slow burn HPA triggering silent stealth killer that contributes to cardiovascular, cancer, COPD, type 2 diabetes cluster of other infectious conditions. Increased evidence has emerged focusing on the gut-brain axis in the context of HPA stress, anxiety, and depressive disorders. Evidence supports those emotional disorders are associated with irritable digestive disorders and other chronic diseases. The brain has a direct effect on the digestive system and intestine's activities. Given the gut health and anxiety connection, it becomes easier to understand a woman's social condition and a pregnant mother's defiled diet is the bedrock of prenatal programming. A stressful embryonic life is associated with long-term consequences for offspring development disorders such as cognitive disability and brain abnormalities that can affect movements and contractions of the GI tract during pregnancy. Social and emotional stress during pregnancy has a considerable effect on low birth weight as well as risk factors for various adulthood diseases.

It is particularly sensitive to offspring's brain HPA axis responses and increased behavior disorders. Chronic vocational and volitional craving stress is an emerging field.

During stress, both negative emotions and deceitful illusions are important in exerting influence on physiological and molecular pathways. The gastrointestinal system intestines are the root of the brain in response to the development of the fetus's physiological process. Physiological impact on the pregnant woman happens in response to many factors such as hormonal change, weight gain, and blood volume. The cardiovascular, endocrine, respiratory, nervous system, urinary, gastrointestinal, skin, breast, and immune systems are affected as the pregnancy progresses, which can cause anxiety stress or depression. Moreover, individuals with adverse psychosocial exposure or psychological negative emotion of end life illness may be at especially high risk. The chronic stress of *khandhas* without intermittent stress coping skills of healthy food, exercise, and rest, can pose a real threat during pregnancy and prenatal. A chain reaction of attitudes and behaviors originates from the stress that negatively affects eating habits, which leads to other health problems down the road, but also relationships with others. Gut-brain, blood, and body become oxygen deprived and increase their craving for processed food and snacks, caffeine, or sweets, which is full of animal processed fat salt, sugar, and empty nutrients. It causes a two-dimensional effect: increases chronic stress cortisol elevation which results in craving for junk food and beverages and suppresses the appetite. It disturbs sleep patterns, which leads to chronic fatigue, sloth, and restlessness.

This feeling of fatigue, sleepiness, and restlessness are associated with the deeper pattern of withdrawing from everyday tasks and difficulties in life. It creates a habit of withdrawal and pulling back. The pattern of pulling back from life challenges and difficulties diminishing energy strengthens the inclination towards laziness, inactivity, passivity, weight gain, mood disorder, and lethargy. This diminished state is very

seductive, cozy, and comfortable. Due to the careless attention to nutriment and assisted exercise, there is not much joy or pleasure in life when the mind is contracted under the influence of fatigue and unconcerned for things. Plant base nutritious food and supervised physical exercise during pregnancy are vital for the HPA axis stress response prevention and reduction of prenatal depression and depressive physiological change. Physical activities are down due to long-distance driving or desk jobs. Fast and shallow breathing and scattered and negative thoughts can affect both unborn infants' and adults' day-in and day-out patterns of stress. In the *Āhāravagga* of the *Nidānasamyutta*, *viññāṇakkhandha* it is singled out. To the question “Of what is the perception of food?”<sup>98</sup>, the answer is:

The food which is the condition for both the physical body and psycho-emotional consumption and perception is the cause of renewed becoming of rebirth<sup>99</sup> (*kissa nu kho bhante viññāṇāhāro ti? viññāṇāhāro āyatim punabbhavābhiniḍḍatiyā paccayo*).<sup>100</sup>

What one sees here, the environment of stress does not begin at birth but in the fetal inception environment.<sup>101</sup> The industrial standard animal diet fetal environment during prenatal placenta feeding, and continued postnatal consumption is an integral determination to autonomic brain message—behaviors of craving that become habits over time and availability and easy access to food. Our hypothalamus maternal trauma-binding brain neurons in the reward region become very active, creating a craving for a strong desire for pleasure, so one keeps seeking these foods regularly. Repeated reinforcement may stimulate an individual to seek that experience of sensory delight, drugs, sex, or food

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<sup>98</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 96.

<sup>99</sup> Sue Hamilton, *Identity and Experience, The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 96.

<sup>100</sup> SN II 13.

<sup>101</sup> Marjolein V. E. Veenendaal et al., "Transgenerational Effects of Prenatal Exposure to the 1944–1945 Dutch Famine," *BJOG: An International Journal of Obstetrics & Gynaecology* 120, no. 5 (2013): 548-554.

again and again, which can lead to addictive food sex, substance, emotional thinking, and emotional overeating food behaviors. The craving comes to be born in the fetal programming followed by the manifold illness and ever-restless life stresses namely; chronic digestive disorders, abdominal obesity, dyslipidemia, hypertension, and hyperglycemia, which is an increasing prevalence of the metabolic syndrome. Maternal trauma fetal hypothalamus pleasure-seeking substance stress for habituated refined food, sugar, or alcohol creates intense cravings during the gestation period causing adverse developmental programming in offspring.<sup>102</sup>

The umbilical cord not only carries the building block of the unborn baby's body and emotions from the mother, but it also provides the pathway to feed the fetus and remove fetus waste. The fetal programming of body sense-emotion is overwhelmed with antibiotic-processed food, industrial chemicals, and pesticides that cross the placenta as readily as residues from smoking and alcohol. This is the manifestation of the human body's five *khandha* constituents.<sup>103</sup> The immunocompromised industrial deceitful diet pollutes everyone in the world, the environment, and the ecosystem, including the unborn fetus in the womb. Furthermore, the golden minutes to the first 60-second delayed umbilical cord clamping at birth increases iron levels in the baby, which promotes physical and emotional development, and it increases the volume of brain stem cells, which helps the baby's growth and provides a strong immune system. Over time the

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<sup>102</sup> Joel S. Caton et al., "Maternal Nutrition and Programming of Offspring Energy Requirements," *Translational Animal Science* 3, no. 3 (2019): 976-990.

<sup>103</sup> Jane Houlihan et al., "Body Burden—The Pollution in Newborns. A Benchmark Investigation of Industrial Chemicals, Pollutants and Pesticides in Umbilical Cord Blood." Environmental Working Group. July 14, 2005. <https://www.ewg.org/research/body-burden-pollution-newborns>.



various metabolic risk factors for developing diseases are associated with maternal stress fetal programming birth condition unconscious habits and behavioral reactions.<sup>104</sup>

The effect of conscious consumption is associated with the material qualities of food (*āhāra*) nutritional processes of perception. Removing maternal trauma-binding defiled diet is an essential insight that replaces birth condition gut-brain axis programming infectious ignorance. So, *viññāṇa*, or perception, provides awareness of the individual's conscious consumption changing mind-body dynamic equilibrium continuity. Therefore, the intention of food karma *anattā* attention, becoming dispassionate to maternal trauma binding craving or desire is essential to five *khandha* reprogramming. Deep understanding is the liberating power that whatever craving arises can be substituted by elemental purification of perception, and the pure perception of food identity is the basis for eliminating adverse fetal environments.

### **Sustainable Food Equity**

The first and fifth precepts of *Sīla* imperatives focus on guarding gut-brain axis metabolic syndromes. They are a food purification process of perception and developing chronic diseases. Persistence and perseverance of the five precepts of transparency cultivation are the keys to attaining optimal health and emotion. Otherwise, people who are developing metabolic syndrome are at risk of life-threatening cluster conditions of disease, they are demonstrable pragmatic approaches to the causes of crude morbidity and mortality. Our gut-brain communication connection is central to our emotional and cognitive health harmony of immunocompetence. It is closely connected to our

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<sup>104</sup> Yogita Rochlani et al., "Metabolic Syndrome: Pathophysiology, Management, and Modulation by Natural Compounds," *Therapeutic Advances in Cardiovascular Disease* 11, no. 8 (2017): 215-225.

reproductive cells to benefit all sentient beings on this planet (*parahita-parasukha-kamana*).<sup>105</sup> The eradication of the birth condition corrupted food continuity is closely linked with metabolic chemical changes in trillion living microorganisms in the gut. Research studies identify the distinction between plant-based and animal-based fat and protein, which is the most important health concern of inflammation. Individual chronic metabolic inflammation is a damaging slow poison and kills people quietly.

Animal meat, alcohol, and refined food intolerance can cause inflammation and chronic stress, and diseases such as refined carbs, fried and deep-fried foods, added salt, fat, and sugar. Common diseases associated with structural GI diseases are many, including cancer, cardiovascular, lactose intolerance, irritable bowel syndrome diabetes, and obesity.<sup>106</sup> Psychiatric disorders, such as intolerance, hatred, mood swings, anger, abusive speech, and sexual misconduct, are also dependent on their functioning on food and exercise. True metabolic stress synthesis is devoid of inherited maternal stress habits of food behavior. The depth of universal commitment to compassion (*karuna*) is rooted in effective consumption. It establishes a continuity of warm-hearted moral goodness and evokes a feeling of fellowship and empathy for fellow individuals and sentient beings suffering. If one wants to put off the metabolic disorder syndrome, it is the plant-based natural anti-inflammatory diet, Metabolic syndrome is the nexus of all diseases.

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<sup>105</sup> Ācariya Buddhakkhita, *Mettā: The Philosophy and Practice of Universal Love* (Kandy: Pariyatti Editions, 1989), 167.

<sup>106</sup> Denisa Margină et al., "Chronic Inflammation in the Context of Everyday Life: Dietary Changes as Mitigating Factors," *International Journal of Environmental Research and Public Health* 17, no. 11 (2020): 4135.

## Metabolic Syndrome—Why bother?

A bad diet, negative emotions, and poor movement activity raise the risk of a whole host of conditions of crude morbidity and mortality. A combination of factors such as overworked stress without coping and relaxation skills, careless food habits, alcohol, sodas, and a sedentary lifestyle contributes to the development of metabolic disease. The higher sedentary percentage time lifestyles of driving, desk job, and online time spending are associated with a greater likelihood risk of metabolic syndrome.<sup>107</sup> Metabolic risk factors have been defined by the higher risk of obesity, blood pressure issues, hypertension, cardiovascular disease, and coronary heart disease. The importance of understanding diet, exercise, and meditation to sustain emotion and discursive mind tranquility are essential to prevention strategies. Environmental factors such as air pollution, water pollution, diet, and no exercise can influence metabolic disease progression to modifications of chromatin. Change in chromatin can lead to altered gene functional response, which causes disease risk. If parents are exposed to environmental factors, it can impact the metabolic health and reproductive cells of the unborn baby.

The central role of an individual life is occupied with fast-food, alcohol, and drug addiction, early age functional response, and psychological chronic stress that can turn into anxieties. Childhood obesity has major implications in assessing the range of metabolic risk factors for several chronic health conditions. The emotional toll of childhood obesity is associated with social stigma, poor self-esteem, the feeling of weak self-image, shame, being subject to teasing and bullying, and social discrimination which

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<sup>107</sup> Charlotte L. Edwardson et al., "Association of Sedentary Behaviour with Metabolic Syndrome: A Meta-Analysis," *PloS one* 7, no. 4 (2012): e34916.

can lead to poorer academic performance and depression.<sup>108</sup> It affects an individual's alcohol and drug addiction in adult life, as well as early onset dementia. Abdomen dysregulation affects brain chromatin structures, which is associated with metabolic disease and the onset of cognitive impairment and psychosis. As such it is integral to cognitive processes, providing strong incentive and rationale to perform gut-brain-cardiovascular strength resistance *sāmatha* yoga and meditation for optimal metabolic synthesis and brain function. Metabolic disorders are common to all ages, genders, races, and ethnicities but increase with age. Although epigenome scans of the brain can only measure one's cognitive features. There are no magic breakthrough treatments for digestive disorders but behavior change. Pursuing a healthy habit of food and *anattā* impersonal perception based on three-dimensional structure Noble discipline is a paradigm shift impact on maintaining a disease-free healthy lifestyle.

### **Anticipated Gut-brain Synthesis**

In the discussion of *Majjhima Nikāya*, the importance of precept moral conduct is more positively emphasized by its transparency, accountability, and responsibility. The five precepts give us an epidemic explanation of crude morbidity and mortality of how human beings can bring an end to unruly disease and complications. The significance of conscious consumption by stating that *samannāhāra*—attention is not part of the other process. It is the whole process of a moral and ethical imperative. The *Sutta* goes on by way of analogy, a fire, inflammation, or disease is defined according to the fuel of what is burning. If it is burning coal, gasoline, wood, and so on, it is distinctly identified with its

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<sup>108</sup> Karen Gill, "Child Obesity: What is Childhood Obesity?" Healthline, last modified January 18, 2022, <https://www.healthline.com/health/weight-loss/weight-problems-in-children>.

transitional effects and is known as a coal, gasoline, or wood fire.<sup>109</sup> The characteristic of fire or food consumption depends on whatever it is burning in three volitional consuming activities and whatever name and form is given to the disease, thus encompassing the mental and bodily faculties of the individual. The analogy implies that all birth conditions corrupted food fuels that fire or perception of a mental and bodily effect is not the same. So, the perception of food matter (*āhāra-viññāṇa*) is whatever intelligence sense and feeling originated the cognition (*phassa*) as a result. It is the process of perception itself that is of different types of physical and cognitive conditions. These states of maternal trauma binding material analogy accord well with discerning the importance of moral goodness as a process of food and volitional activity optimal condition. Fire can be described as the process of plant-fuel burning which can only occur given appropriate conscious cognition to body or lifestyle conditions.

### **Insight into the Vitality**

In *Mahāvedallasutta*, one can suggest that if one is not conscious of consumption where full awareness of food perception, *rūpa-viññāṇakkhandha* appears to be identified as a vitality of ‘life principle’ (*āyusaṅkhāra*). The context referred to which Chief disciple of the Buddha Ven. Sariputta states that five sense faculties *pañc’indriyāni* (*saddhā, viriya, sati, samādhi, paññā*) culminating in the Noble Eightfold Path are dependent on vitality (*āyu*), vitality is dependent on heat (*usmā*), and likewise, heat is dependent on vitality.<sup>110</sup> Ven. Sāriputta then proposes to initiate the term *āyusaṅkhāra*, and goes on to state the material qualities of food perception perfection:

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<sup>109</sup> MN I 294.

<sup>110</sup> MN I 295.

When the longevity life-faculty material qualities of consumption are waning three things: life, heat, and perception declines to disability and disease, eventually leave this body, lies down abandoned, cast off, like a senseless log of wood.<sup>111</sup>

The suggestion is that the quality of insight into the full awareness of structure and function of vitality reflects the metabolic condition. The wholesome action of diet, exercise, and meditation is associated with non-self-pure perception *viññāṇakkhandha*, which is deeply rooted in the reproductive cells of the brain and the body.

It collectively represents basic life principles and there is no room here for consumption without being conscious. Finally, one subjective experience of food, feeling, sensation, volitional activities, and consumption perception (*viññāṇa*) is in some sense the common denominator of all one's experiences of continuity. Thus, "metabolic condition collectively controls every physical organ vitality and volitional activity (*Saṅkhārakkhandā*) of feeling (*vedanā*), apperception (*cetanā*), cognition (*phassa*), attention (*manasikāra*) and name-and-identity (*namarūpa*)."<sup>112</sup> *Nāmarūpa-paccayā viññāṇam, viññā-paccayā nāmarūpam*,<sup>113</sup> implicitly and explicitly. Thus, Noble cognitions are rid of the corrupted birth condition and worldly corrupted biases (*āsavas*) of gender and race and are seen as free from maternal stress, passion, ill-will, ignorance, and so on. Noble cognition is an impersonal wholesome mental state event, whether sensory practical, or metaphorical cognition, it denotes both material and immaterial consumption that reveals and unlocks the deepest patterns of our maternal trauma conditioning.

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<sup>111</sup> MN I 296.

<sup>112</sup> DN II 56.

<sup>113</sup> DN II 56.

## Food Precipitation Streaming

From this, it seems that the individual sense of well-being and continuity is provided by being aware of one's dynamic energetic experience. It becomes a factor of behavior that contributes to one's continued becoming. In the discourse *Mahānidāna Sutta* in which nutrient body condition *nāmarūpa* and *viññāṇa* are stated to be mutually conditioning. Four kinds of material and mental food nutrients are mentioned in the *Mahānidāna Sutta* that are dependent on birth conditions maternal stress mental thirst volitions such as fetal programming passion, delight, and craving. Without such immaterial mental thirst volition, *viññāṇa* perception tracking will not be 'stationed.' The passage also gives one insight into a broader meaning of *nāmarūpa* diet identity dependent co-arising of wellness and disease which does not present logical problems when attempting to understand the *paṭiccasamuppāda* formula. The 'descent' of *saññā-viññāṇa* is the first 'moment' of the fetus's maternal food perception is joined with the material causes and effects of an embryo. In the Theravada tradition, as well as other schools of Buddhism, this 'moment' of sensation-perception during the gestation period gut microbiota ecosystem is referred to as the *gandhabba*.<sup>114</sup>

In Buddhism food (*āhāra*), nutriment knowledge as a nutritive essence subjectively continues to be associated with continuity of awareness. There are four kinds of nutriment qualities instrumental to construct the material body (*rūpa*) and associated with four other constructs of the mental body (*khandhas*); "Edible food is related to uphold and support the body by nutrient condition."<sup>115</sup> (*kabaḷīkāro āhāro imassa kāyassa*

<sup>114</sup> MN 93, the *Assalāyanasutta*.

<sup>115</sup> Nyanaponika Thera, *The Four Nutriments of life: An Anthology of Buddhist Texts* trans, From Pali (Kandy: The Buddhist Publication Society, 2006); AN 10 27; SN 12 63.

*āhārapaccayo*).<sup>116</sup> Therefore perception (*viññāṅkhandha*) is classified as portals through which an individual can access a subjective sense of continuity in the future. The body is a derivative of edible food and the matter produced thereby is associated with states by other faculty conditions. *Kabalīṅkārahāra* physical and sensory food has wider application in the longevity and subjective experience of continuity.

It is perhaps because of this that perception (*viññāṇa*) is classified as one of the four ‘foods’: (1) (*kabalīṅkārahāra*), (2) cognition (*phassa*), (3) volition (*manosañcetanā*), and (4) of the five *khandhas*, which is precept base moral goodness of transparency that contributes to the continued healthy experience of wellbeing.<sup>117</sup> From the fetal programming perception of these four foods, one is born. One clenches its consequences of maternal trauma transgenerational stress, disease, disability, and depression, and one dies and returns to the ignorant stream of rebirth continuity again. Although the continuity of food perception (*āhāra-viññāṇa*) name-and-identity (*namarūpa*) streaming I am, referring to here, is based on the noble discipline of psycho-ethical precepts that which one associates food with being conscious of knowing, it gives uncontaminated life of *khandhas* and unperturbed longevity. One is vigilant in terms of knowing the value and experiencing the resultant truth in nutritive essence and its relationship to stress and subjective disease, crude morbidity, and mortality.

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<sup>116</sup> Htoo Naing, “Chapter 19 - Āhāra Paccayo or Nutriment Condition,” In *Patthana Dhamma* (N. p., Wisdom Library, 2005), 138, <https://www.wisdomlib.org/buddhism/book/patthana-dhamma/d/doc1845.html>; MN I 26; The Others are Solid Food (*Kabalīṅkārahāra*), Cognition (*Phassa*), and Volition (*manosañcetanā*).

<sup>117</sup> DN III 228, 276; SN II 11ff, 101.



## Micro Mindfulness of Food Habits

In Buddhism, meditation is not limited to mindfulness in-and-out breathing stress reduction. The individual who is conscious of his or her own nutrient-body behavioral experiences, whatever they may be, must be selective. There is a passage in the *Samaññaphala Sutta* that stated that the relationship between perception (*viññāṇa*) and the nutrient body of food was analogous to a gem on a thread.<sup>118</sup> Furthermore, when one's mind has become immersed in *samādhi* purified *sīla*, *khandha* identifies flawless arousal of optimistic dynamic energy, bright and cheerful, constantly composing and projecting towards impersonal wisdom streaming vision. One understands this body is not a static existence, but a dynamic energetic energy experience, which requires the necessary food, exercise, stress coping skills, rest, and *ānāpānasati* breathing meditation. If it is done with full awareness of wholesome body and mind maintenance.

The reality is that conventional food perceptions are intimately associated with the affective body and mind conditional responses to our old parental habits and behaviors. The brain is in a state of happiness by natural selection, but from the moment of conception, through age seven the five *khandhas* are radicalized by maternal stress programming. The fetus's brain is in a state of food trauma hypnosis from the last trimester of pregnancy through age seven, the psychic wound trauma perception and cognition take over and become dominant in mind-body-speech. Hypnosis means that the brain downloads the body-food model, feelings, sensations, volition, and perception by looking at the parents, caregiver, siblings, family, environment, and community. It's not the only way an individual brain can get that much information in the head. One

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<sup>118</sup> DN 2: 4 3 1 3: *Samannaphala Sutta*. (The Long Section of Ethics with *Ajatasattu*).

reinforces and learns this four-caste myth culture program by schooling, serving, apprenticing, and interacting with others. This is how psychosocial trauma controls the past, controls the present, and controls the future.

### **Five Precepts Biobehavioral Analysis**

Former prenatal programming and later neonatal and postnatal biobehavioral habits and psychosocial reinforcement become one's own automatic perception processes programming. Daily diet, movements, meditation, and volitional habits awareness exposure amounts to reprogramming maternal trauma-binding habits for the efficacy of optimal health effort. In Buddhism, the goal of the path is to break away from former maternal trauma binding crude crux of morbidity to five precepts binding habits wise discrimination or volition (*cetana*). This five-precept binding five *khandhas* mindfulness experience is the resilience psychological quality that allows one to come out of their traumatic event or circumstances. Therefore, the mind-emotion healing one-pointed attention (*samādhi*) optimism becomes the ability for one to see maternal trauma as a psychic volitional wound on the five *khandhas* in the wake of disturbing experiences.

Maternal stress psychic wound healing is how one interprets difficulties, past events, and present circumstances with the doctrine of *anattā*. In the specific sense that human beings have no self to identify one's changing dynamic experience and continue moving towards their new goals. That allows one to access their cognitive insight resources enabling apperceptive introspection and consideration of positive behavioral paths. Developing and cultivating impersonality identity *anattā* is the key here and taking charge of liberation into one's hand. I like to highlight this erroneous human addiction to

the carnivorous and omnivorous diet of mind-body health trauma, the tragedy of crude morbidity, and mortality, and the waste of healthcare resources.

These are maternal trauma-binding food habits and psychosexual behavior mechanisms put in place that one only short-lives in an environment of immunocompromised herd immunity across the world. Maternal trauma psychological wound emotional reaction only occurs when individual internal *anattā* signal switches are turned off. When our maternal distress steers us to an abandoned quarry. When one is deprived of good food, a good mood, yoga exercise, *anattā* identity meditation, our experience does not engage our needed intention to our mind and body expectation, and our mind-body breaks down.

Our transgenerational layers of blinded and alienated maternal trauma psychic wounds are associated with the motel society global culture of individualism or deceitful self-reliance, which isolate people and atomize them to individual pathology, making them feel separated, shame, guilty, and isolates them in the conditioned experience of loneliness and depression. Depriving them of community and resources and shaming them to toxic segregation solitary confinement and toxic selfish effects of gender-bias biology of superior racism and inequalities are ubiquitous in our experience of myth culture conspiracy reality. When we focus on the deceitful dangerous drawbacks of maternal trauma, our conventional sense of pleasure, craving, and grasping diminishes without remainder. The more we understand our maternal stress, the more basic unreliability, and sustained wise attention developed in the midst of our involvement with the world of sense objects. We understand more deeply the non-self-impersonal goodwill

nature of this while the unfolding process of the universe—that nothing last long enough to be ‘self’.

### **Beneath the Myopic Rational Brain**

Mass engineering of multinational consumerism of addiction is the most hyper-craving suffering on earth right now as a euphemism for human existential threat. The need to see the functional role of *sīla* psycho-ethical moral training for early intervention is associated with the emergence of global warming climate change immunity challenge for fetuses, infants, mothers, and young children and imminent human existential extinction. Maternal trauma binding emotional acute consumption, and chronic stress adverse fetus condition in the uterus the extreme developmental threat to human survival on Earth. Prenatal trauma regulates the pragmatic rational brain activities of perception and cognition. Furthermore, neonatal, and postnatal environment reinforcement regulates the maintenance and expression of trauma-binding fear, honor, and interest in memories in learning. It keeps humans from turning against each other (in war). Thus fetal programming neuroanatomical structure becomes a psychological and emotional operative condition of attachment, obsession, affect, and automatic HPA axis stress regulation response for physiological, endocrine, and cardiovascular systems.

There is a tremendous superficial outgrowth of human atrocity and dangerous occurrences beneath the pragmatic rational brain quick-fix management. The vortex of prenatal collective psychic wound maternal trauma consuming habit is heating the atmosphere, generating threat in the wake of the glacier melting, and the collapse of animal diet immunity. Having the courage to change that deceitful illusion is not so difficult to see. It is a long-life subjective experience of the body; one is conscious of the

collective impact of one's own choice of experience of the body. One also has seen descriptions of the *rūpakkhanda*<sup>119</sup>, which needs guarding in the context of the cognitive process of the psychological spontaneous evolution of individual life. *Rūpa* nutrient body metabolic management is an integral part of individual psychoneuroimmunology.

### **Metabolic Disorder Develops in the Womb**

I think the fivefold precepts' ultimate realities in defiance of climate change immunity as a domain of the Eightfold Path timeless supreme knowledge cannot be negotiated, compromised, or debated by any misinterpretation of Buddhist thorny teachings or shallow science of biochemistry. The false attribution to their unrealistic disinformation implies, that the Buddha violated his moral conduct of first precepts by allowing his disciples and followers to consume or trade the life and their byproducts. In Pre-Theravada Buddhism, *Saṅkhāra* and five *khandhas* affective karma action is graded according to good and bad functional consequences of merits, apathy, and cruelty. *Saṅkhāras* volition (*cetanā*) is not difficult to understand for its forgoing fuels as a continuing individual societal rebirth of fighting demons, hungry ghosts, self-centered animal life, or disease-stricken miserable beings. Individual volition shapes present life and one can see how this process echoes through its cyclic nature. Volition can also be used to direct one's intention towards cultivating the Eightfold Method and eradicating the roots of five *khandhas* fetal programs maternal trauma.

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<sup>119</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 19.

## **Prenatal Diet Determines Baby's Future Health & Psychopathology**

Prenatal nutrition determines the individual brain health of the future. It can reshape an infant's developmental trajectory. Maternal trauma diet and adverse social conditions of distress distinctly play a role in changing children's character and neurocognitive development. Two experiences that occur during pregnancy, which are the pregnant mother's unhealthy diet, and psychosocial distress, strongly affect newborn future neurocognitive development.<sup>120</sup> The fetal programming toxic causes an entire transformation of neurobiological decline, disorders, and disease. Animal-based diet has no long-term nutritional value but affective disease and suffering. Animal-based diets readily decay, putrefies, pollute, and are filled with potential roles of comorbidity conversion disease. The impact of nutritional deficiencies, infection, and inflammation during the rapid pace of fetal development and throughout early to middle childhood are major contributors to damaged offspring's neurodevelopment.

Furthermore, poverty, gender, race, and marginalized ethnicity manufactured suppression profoundly alter the life developmental course. It is critical for neurodevelopmental delays, poor academic functioning, chronic diseases, and mental illness. These gross negative health and social outcomes are associated with healthcare costs and a lack of economic productivity. Nutritional deficiency and flawed obesity are associated with poverty and flawed diet disinformation both in the quantity and availability of food. It contributes to a lack of unprocessed and unrefined macro and micronutrients. For example, macronutrients refer to protein energy—beans, legumes,

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<sup>120</sup> David J.P. Barker et al., "Growth and Chronic Disease: Findings in the Helsinki Birth Cohort," *Annals of Human Biology* 36, no. 5 (2009): 445-458; Kirley, Kate, and Madeleine Shalowitz, "Early Growth Patterns Associated with Cardiovascular Disease," *Current Cardiovascular Risk Reports* 7, no. 2 (2013): 147-153.

quinoa, carbohydrates—brown rice, wheat, oat, and fat—young coconut flesh, avocado, nuts, and seeds, whereas micronutrients—leafy green, vegetables, root vegetables, including vitamins and minerals, such as iron, zinc, and vitamin B12, which is required essential for physiologic function. Micronutrients are necessary for neurodevelopment during early to middle childhood.<sup>121</sup> Buddhist offspring’s neurodevelopment activities of diet are understood in terms of five precepts imperatives to preserving physical health, wealth, and mental well-being.

At the moment of conception *rūpa* material body and feeling *vedāna* and sensation (*saññā*) immaterial nutriment mentality consumption is related to one another by mutuality condition of co-nascence (*Arūpino āhārā saḥajātānam nāma-rūpānan ti ca duvidho hoti āhārapaccayo*).<sup>122</sup>

Nutrition known as macro and micronutrients during gestation form and perception nature plant-base identity, are associated with neurodevelopment nutritive essence reaching its stage of embryonic life to presence cognitive growth, producing social development material phenomena, originating from nutriment at the time of prenatal consumption (*ojāsankhāto āhāro āhārasamuṭṭhānarūpaṃ*).<sup>123</sup>

Likewise,

during the rapid pace of birth condition development sustenance taken by a gestating mother is permeating the body of the unborn child, the lifeblood element that is composed, produces long-term neurodevelopment habits and craving in the unborn fetus” (*Ajjhoharaṇakāle ṭhānapatto va samuṭṭhāpeti*).<sup>124</sup>

Recent studies on the microbiome show that microbial colonization begins at conception and continues through birth.<sup>125</sup> Consuming moving life flesh and their byproducts

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<sup>121</sup> Michael K. Georgieff, Sara E. Ramel, and Sarah E. Cusick, "Nutritional Influences on Brain Development," *Acta Paediatrica* 107, no. 8 (2018): 1310-1321.

<sup>122</sup> Bhikkhu Bodhi, ed. A Comprehensive Manual of Abhidhamma: The Abhidhammattha Sangaha of Ācariya Anuruddha. (trans. Nārada, M., Rewata Dhamma, U., Silānanda, U.), (Kandy: Buddhist Wisdom Publication Society, 2007), <http://www.wisdom-books.com>; SN II 11ff, 101.

<sup>123</sup> MN 9.

<sup>124</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 96.

<sup>125</sup> Esther Jiménez, et al., "Is Meconium from Healthy Newborns Actually Sterile?," *Research in Microbiology* 159, no. 3 (2008): 187.

extinguishes the seed of great compassion.<sup>126</sup> Efforts to improve child neurodevelopment are critical healthcare, the economy, a strong labor market, equity, and sustainable development. Global warming extreme climate precipitation epidemic of food insecurity and rising pandemic due to flawed food consumption, infectious diseases, and combined non-communicable diseases are compounded and impact neurodevelopment and maternal and social trauma violence. Discerning the complex interrelationships of nutriment essence, inflammation, and neurodevelopment can be a continuing community education that can simultaneously promote clinical and public health intervention to improve optimal physical and mental health outcomes.

### **Overeating Stress Disorder**

Addictive ultra-refined processed food and fasting hunger stress trigger our body's fight-flight, sloth, and torpor chronic response that floods cortisol into our bloodstream that increases false hunger or starving hunger. Cortisol craves energy to meet the manufactured hunger of the body and craves energy to fight the body stressor we are creating both internally and externally. Being overwhelmed by stress, tension, and other emotion such as anger, sadness, emptiness, and boredom, we often turn to alcohol and other drugs.<sup>127</sup> Digestive disorders are very common for people with eating disorders. What does stress do to appetite? Most people tend to eat more when they are stressed. Some groups will say they eat less or stab their appetite with high-fat sugar food when they are stressed. What is shocking is the evidence that stress is not the only cause for

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<sup>126</sup> Yamamoto Kosho, Mahayana Mahaparinirvana Sutra, trans. from Taisho TriPiṭaka, revised by Tony Page. N.p., 2007. <http://www.Nirvanasutra.org.uk/>.

<sup>127</sup> Michele C. Lim, et al., "Anxiety, Stress, and Binge Eating Tendencies in Adolescence: A Prospective Approach," *Journal of Eating Disorders* 9, no. 1 (2021): 1-16.



changes in appetite, one's eating habits are also influenced by what is available and affordable. These negative eating habits affect the entire physical and mental health, particularly the digestive system. Some examples of these negative effects are multilayer persistent chronic stress conditions, feeling constantly under pressure, hassled, and hurried, along with emotional irritability and moodiness, difficulty controlling emotions, anger with petty stuff, and constant loneliness or hopelessness.

Physical symptoms, such as metabolic syndromes, headaches, chest pain, etc., allergic reactions of eczema or asthma, and hypertension, which can turn the entire nervous system into war zones. It triggers rage, helplessness, and old trauma that is encoded in the viscera. Stress has a physical reflex reaction to the onset of muscle tension, muscles respiratory system shortness of breath, or hyperventilation, cardiovascular system in the body is trained to be a vigilant armor, a constant state of sensitivity of guardedness. Existential and uncertain anxiety of hopelessness situation to be challenging, threatening, or uncontrollable anger brain chemist produces a cascade of HPA axis triggering. The HPA axis is the primary driver of the endocrine stress response increase. Chronic impaired HPA axis stresses the cascading effect of epinephrine, epinephrine, glucocorticoids are a threat to the endocrine system. It is linked to the development of diverse physical and mental health conditions including gastrointestinal, nervous, and reproductive systems, and causes chronic fatigue, metabolic disorders (diabetes, obesity), depression, and immune disorders.

The gut brains are in constant communication with the brain and can trigger pain, bloating, diarrhea, and other gut discomfort experience. Stress can impact patience and the ability to think and affect emotion. Stress can change and cause hostile gut bacteria,

which in turn can change the attitude. The gut nerves-bacteria strongly influence the brain and heart neurons inversely. Fetal life and early life stress can change the regulation in the nervous system causing overeating or staving habit and body reaction risk for later gut diseases or digestive dysfunction. Cortisol level secretion stays elevated when the worries and stress are chronic. Stress also seems to affect food preferences high in fat, sugar, or both. People become stressed hyper fatigue when they eat junk food, caffeine, alcohol, and other beverages and others tend to eat less or fast to stress the liver, hyper brain activities, and endocrine system. Over time, stress causes severe damage to individual psychological and physiological changes. Long-term repeated daily chronic stress at work, traffic, or home, having too much to do and not enough time to cope is associated with gastrointestinal immune and inflammatory bowel disease. The chronic stress of volitional activities in adult life can alter many of the body's major systems permanently. One may consciously regulate the amount of food they take in eating a meal but the stress hormones block the cellular digestive activity. Metabolic digestive disorder chronic stress can cause individual pathophysiology of obesity, heart disease, and atherosclerosis buildup of fats, cholesterol, and other substance abuse.

### **Chronic Stress Affect Immunity**

One might make sure one is eating something healthy, and that they are passing on food and dessert that are both tempting and corrupting. Then along comes stress, which has to do with making ends meet, or economic uncertainties, which can have incredible effects on psychoneuroimmunology and endocrinology. In basic endocrinology, that axis has to do with one's brain enteric vagus or pneumogastric nervous system, and the master gland release key stress hormone glucocorticoid during

stress. The body is revved up by the financial and physical health worries and the sympathetic nervous system 'gas pedal' accelerates releasing a series of toxic hormones. There is something dynamic in this heightened state of stress that is critical. With the onset of stress, one secretes that HPA stress hormone, once the corticoid level kicks up with stressors, and secretion goes on for a while. These secretions give off lots of intense energy, one is mobilizing the increased energy and sending it to the exercising muscles. When the stress crisis from fasting, distant driving, long hours of stressful jobs, and anxiety is over and one needs to store that energy back where it came from depending on whether or not they are engaging in a good diet program, regular physical exercise, meditation, and breathing exercise. Maintaining a healthy family and social like-minded community support and getting an adequate amount of sleep each night and intermittent physical and thinking rest.

Chronic psychological stress inflammation can weaken and alter gut-brain-heart protective immune responses, which can increase prone to certain types of cancer. Numerous studies on stress and immunity in humans have shown that self-perceived psychological chronic stress is capable of modifying diverse features of the immune response.<sup>128</sup> Something else happens, and the appetite increases, but the damage that occurs in the physiological system during the stress crisis is sustained. The damage leaves one with chronic fatigue and a learning disability. So, one tries to replace all that energy one depleted during the stress response and put stress demand on the brain to secrete

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<sup>128</sup> Annina Seiler, Christopher P. Fagundes, and Lisa M. Christian, "The Impact of Everyday Stressors on the Immune System and Health," In *Stress Challenges and Immunity in Space: From Mechanisms to Monitoring and Preventive Strategies*, edited by Alexander Choukèr, 71-92, (New York: Springer, 2020); Alexander Choukèr, *Stress Challenges and Immunity in Space: From Mechanisms to Monitoring and Preventive Strategies* (Berlin Heidelberg: Springer- Verlag, 2012), 31-43.

protein for the liver to function. Chronic assault on the brain to secrete protein for the liver to function may cause cognitive and mood impairment and learning disability. After any given stress, there is a period afterward that increases appetite.<sup>129</sup>

Consider chronic stress, terrible boss, and co-workers at work, and terrible traffic to work every day. Imagine one is holding two jobs, the relationship is unsteady, long commute to work, constant mental chatter, texting, and noise, smog and inhaling microplastic pollution, and one is stressed. Subtle hypertension makes one feel like one is stressed all the time. As a result, one is turning on the stress response over and over repeatedly throughout the day, like eating donuts and coffee, or caffeinated sodas, being on the phone or texting, being late at work, often troubleshooting with the car, and other significant ones. What one calls it is everyday stress or lots of intermittent stressors. The typical time for turning on the stress response may be brief. The intermittent stressors and the amount of time it takes to recover, where one's appetite is stimulated are longer. In other words, if one spends all day long having this burst of intermittent stressors, one must spend a lot of time recovering from them with his appetite increased or suppressed.

Suffering from chronic stress won't go away, which is constant and persists over some time unless one has mastered intermittent coping skills.<sup>130</sup> Suddenly one is having chronic stress increasing appetite and those often lots of nothing nutrients of industrial meals and snacks do not tend to get stored away properly or backfire to obesity. Stress increases appetite, one tends to eat unhealthy food and doesn't eat certain things like a

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<sup>129</sup> Mary F. Dallman, et al., "Chronic Stress and Obesity: A New View of "Comfort Food", *Proceedings of the National Academy of Sciences* 100, no. 20 (2003): 11697.

<sup>130</sup> Amy Novotney, "Why Mental Health Needs to be A Top Priority in the Workplace," American Psychological Association.org, October 21, 2022, <https://www.apa.org/news/apa/2022/surgeon-general-workplace-well-being>.

plant-based diet for the lack of availability or loss of taste. One craves carbs, sugar, cheese, bread, chips, candy, and chocolate comfort food that comes on the way to abuse the metabolic process. One of the other things it does is lower glucocorticoid levels. In other words when one is stressed and unprepared without proper timely nutrition and breathing coping skills. For example, eating carbohydrates is anti-stress, instead of hamburgers, French fries, and chocolate bars during this period.

### **Stress Hormone Management**

Eating non-fried and combining grain protein, legumes, and carbs in one's diet helps to turn off glucocorticoid secretion. That is safe by the playbook of stress management because one's glucocorticoid level goes down that much faster. With chronic stress not only does it make one eat more, but the effect is complex and detrimental. The chronic stress system orchestrates the body and brain response to anxiety, binge eating, and cognitive disability.<sup>131</sup> All these excess calories that wind up in the belly are called abdominal fat, or apple shape fat. The fat winds up in the rear end and is called gluteal fat, or pear shape fat. Abdominal fat is like any sort of fat, releasing all sorts of inflammatory signals to some of the most vulnerable blood vessels in the body, which may result in headaches, restlessness, dizziness, rapid breathing, confusion, and high blood pressure. Those inflammatory effects are more in torso areas. The next thing is abdominal fat is sitting next to one's liver and affects one's fatty liver, which is a red flag. One can change habit patterns of behavior simply by changing routine.

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<sup>131</sup> Mark Shwartz, "Robert Sapolsky Discusses Physiological Effects of Stress," Stanford News, March 7, 2007, <https://news.stanford.edu/news/2007/march7/sapolskysr-03070.html>.

Compulsive eating behavior promotes medical and psychiatric conditions such as obesity and eating disorders. The proposed fetal programming addictive properties of maternal trauma binding food habits, and anxieties is contributing to compulsive eating. When this is properly grasped, other aspects of the teachings fall into place. Another thing that winds up being bad is sure mechanical pressure, the abdominal fat is pulling one's spine forward. Gluteal is lowering one's center of gravity. Abdominal fat puts more stress on the body. Now, insulin and its awful fact explain all sorts of disturbing metabolic syndrome. How does this insulin work? Insulin floats around one's bloodstream and binds to insulin receptors. All those hormones and GC glucocorticoid wire together to do their thing and binding to the glucocorticoid receptor. One of the key things is some parts of the body have more GC than other parts of the body. It turns out that abdominal fat cells are the ones with the most GC abdominal fat cells.

In other words, in a stressful period, and the aftermath, one is set up for an increased appetite. On top of it all now, with chronic stress, one is set up to store that excess fat in the abdominal fat store, the wrong location of the body. It turns out individual choice of diet difference comes in here. All these physiologies and all these complexities work differently in one person than another in variability and degrees. Carbohydrates could be more effective for turning off the GC secretion. However, white rice, white bread carbohydrates, white sugar, white salt, and other refined foods are an adverse source of empty calories. Another version could be at the end of stress, for some it takes longer for GC levels to go back to normal. So, with every one of those intermittent stressors, one is soaking one's system with more GC during the recovery period than most people do. There is research work done by Elissa Epel, at UCSF, on

stress biology and aging mechanisms. Her research aims to elucidate mechanisms of healthy aging, looking at people who are more prone to abdominal fat deposition. One of the explanations presented is some of the folks are slow having their GC system recover back to normal after prolonged exposure to stress response and shorten life span (Epel ES, et al).<sup>132</sup>

### **Wellness Experience**

What also is running an industrial consumer culture theme here is to live fast, die young, and leave a beautiful corpse rather than focusing on other things, like good food, exercise, walking, yoga, yoga-massage, meditation, and *ānāpānasati* deep long and slow bare breathing while standing, walking, driving, sitting, or lying down to stay in charge of the chronic stress and longevity. From excessive eating due to chronic stress, one can get lazy, sloth-like, and inactive. One is eating to excess, smoking, drinking too much, taking pills, and not exercising enough. In a lot of ways, there is a sort of fetal programming maternal trauma running through the issue of proper weight, which is being overweight by representing some sort of loss of discipline and how much of this has to do with just nuts and bolts of what sort of predisposed maternal trauma stress birth condition epigenetic biological deck of card one wind up with. Fetal maternal trauma stress programming conversion disorder is the root cause of the vulnerable gastrointestinal tract. The general logic here is obvious, one is aware of this damage one has got better things to do than digestion. Turning off the digestive tract, one knows the scenario of chronic stress regardless of whether acute or chronic stress runs through one's life. If one

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<sup>132</sup> Elissa S. Epel and Gordon J. Lithgow, "Stress Biology and Aging Mechanisms: Toward Understanding the Deep Connection Between Adaptation to Stress and Longevity," *Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences* 69, no. Suppl\_1 (2014): S10-S16.

chronically shuts down the gastrointestinal system without insight into a clean diet and burnout recovery exercise discipline. Somehow disease risk is going to pop out of the other end. Where does disease risk come from?

Can one normally turn off one's bowels during stress? Stress disrupts rational thinking and emotion, and it may also force the brain to switch to a new level of harmful behaviors such as hoarding, enhanced irrational fear, and anger. One of the things that happen to people in a crisis, is they lose control of their bladder in the same way they lose control of one's bowels. During the onset of stress, the sympathetic nervous system sends the signal to stop the stomach and intestinal contraction and increase the contraction of one's large intestine, the colon, which causes the small intestine less activation, and the large intestine more constriction. Small intestines are like one's kidney, one is absorbing stuff out of it, one's nutrients all sorts of the regular stuff. With the same logic, one is avoiding the bowels as one is avoiding the bladder with one's onset of major stress. One increases contraction in one's large intestines pushing stuff out faster. In the face of chronic stress domain of gastrointestinal disorders can be extremely confusing. People struggle to make inroads with stress and chronic stress response which is overwhelmingly caught with emotional identity. Bowel diseases have been divided into organic bowel disorder (OBD) and functional bowel disorder (FBD) disorders.<sup>133</sup> Birth condition maternal stress has everything to do with lifestyle risk factors. Then there is a high risk of ulcers. Stress response of those GC, epinephrine, and norepinephrine induces chronic immune activation and altered health outcomes that resembles chronic inflammatory disease of both physical and psychological illness. It is not only causing ulcers and

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<sup>133</sup> Gershon, M. D., "Roles Played by 5-Hydroxytryptamine in the Physiology of the Bowel," *Alimentary Pharmacology & Therapeutics* 13 (1999): 15-30.



gastrointestinal syndrome, but it is also generating cancer, heart disease, diabetes, and other diseases. What should one be doing instead when faced with everyday stressors and hurdles? It's common for some to not bother with antioxidant food choices, exercise, walking, yoga stretch, and meditation for mind-body care. Saying they will do it later, or having no time to do it at all, are our everyday psychosocial existential mantras. One is chronically engulfed in stress and fatigued from one job after another, mortgage, rent, insurance, and the list goes on. Caffeine, alcohol, and drugs become the quick socializing coping solution to stress.

### **Women Global Stress Gap**

Woman's domestic duties, emotional anxieties, and intergenerational sustained social psychic wounds make women more stressed than men. Criminalization and prosecution of womanhood social conditions trigger various psychosomatic and psychiatric disorders.<sup>134</sup> The diet, bad food, and socio-environmental psychological stress insecurity, and anxieties affect women causing obesity, which effects men at a later age. Stress can be analyzed by the degree of stress and anxiety individuals endure. Stress in turn aggravates the hormonal system, resulting in effective body shapes and fat health conditions. Females are more vulnerable to insulin resistance due to physical inactivity, such as driving to work, sitting desk jobs, family care, confined housework, and factors of generational maternal distress trauma and increasing age. Women's compromised diet, untimely eating, fasting, physical inactivity, past trauma, anxieties, and psychologically perceived emotional uncertainties are the vortex of risk factors escalating massive stress

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<sup>134</sup> Rohit Verma, Yatan Pal Singh Balhara, and Chandra Shekhar Gupta, "Gender Differences in Stress Response: Role of Developmental and Biological Determinants," *Industrial Psychiatry Journal* 20, no. 1 (2011): 4-10.

and hormonal discharge. Stress causes permanent psychological and physiological slow-motion morbidity and altered nervous system change to women's hormonal discharge than men in general. Globally, individuals are impaired with dairy-lactose and refined rice sugar, etc., glucose tolerance, impaired fasting metabolic stress syndrome was observed particularly in young women under pressure, during the last decades.

### **Female Early Life Onset Stress Prevention**

Women endure a greater risk of social threat. The male-manufactured social fear, anxiety, life terrifying condition, and stressful traumatic events and experience in life is the driving force of women's individual physical pathology and psychiatric disorders across their lifespan. In a comparative study involving males and females aged 30 years and above by NIMS (National Institute of Medical Sciences), metabolic syndrome was presented higher in women than men.<sup>135</sup> What is noteworthy is that four old food groups (milk, meat-fish-egg, fruits, and vegetables) of known human heritage from the hunting and gathering society of domesticated animal husbandry agriculture to modern factory fishing and animal farming that meat, eggs, dairy, and fish have been dropped. All meats, poultry, fish and their byproducts, and refined food, such as white rice, flour, bread, pasta, white sugar, and salt, contain virtually no complex carbohydrates.

So, there is no meat-dairy, eggs, and fish group in the New Four Food Groups which are grain, legumes, fruits, and vegetables. Likewise, dairy products contain fat, cholesterol, lactose, and allergenic proteins, equivalent to liquid meat, and have no fiber or complex carbohydrates.<sup>136</sup> There is evidence suggesting that dairy products should be

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<sup>135</sup> Beigh, Seerat Hussain, and Saroj Jain, "Prevalence of Metabolic Syndrome and Gender Differences," *Bioinformation* 8, no. 13 (2012): 613.

<sup>136</sup> Barnard Neal, *Food for Life How the New Four Food Groups Can Save Your Life* (New York: Three Rivers Press, 1993), 144.

avoided, during both pregnancy and nursing. This is because cow's milk proteins can cross the placenta and even enter a woman's breast milk. These proteins are believed to spark the production of antibodies that leads to insulin-dependent diabetes. It is important to understand that your body retains PCB from fish flesh for long years and exhibits various developmental problems. Although the National Cancer Institute takes the link between diet and breast cancer seriously, they promote meat, cheese, dairy, fish, etc.

A survey by Opinion Research Corporation of Princeton, New Jersey, asked how many women had not learned of the connection between diet and breast cancer, and the results were dismal; 80% of women had no idea there was any link to diet-cancer-connection.<sup>137</sup> Why would one of the leading killers of women not be the subject of prevention campaigns? It is a slow-motion pandemic demographic that is downsizing and good for the meat, dairy, cheese, and fish industry, medical surgery, chemo, radiation, and pharma business, and eventually Medicare bankruptcy. Unfortunately, public attention is focused on breast cancer through CAT scans, mammography, and self-examination, not on preventing it. The humblest part of the diet was largely ignored until a surgeon, Dr. Denis Burkitt, demonstrated the value of fiber, not only for protecting against colon cancer but for dealing with a whole range of other metabolic health problems. Dr. Burkitt traveled to Washington to support the new four-group plan. "Physicians and industrial medical complex have been very busy using surgery,

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<sup>137</sup> Michelle D. Holmes, and Walter C. Willett, "Does Diet Affect Breast Cancer Risk?" *Breast Cancer Research* 6, no. 4 (2004): 1.

chemotherapy, radiation, and other treatments to mop up the flood of disease, when the key, “Dr. Burkitt said,”<sup>138</sup> is to stop the flood at its source: diet.”<sup>139</sup>

### **Birth Diet Habit is Linked to Increased Morbidity & Mortality**

Maternal dietary habits and infant early life environmental and social condition is associated with child health. Prenatal maternal stress and adverse embryonic life conditions alter gene expression in their offspring’s pathological outcomes.<sup>140</sup> For many people giving up maternal trauma binding food habits and eating healthy is downright impossible. Despite all the informed awareness and best intentions, people often eat unhealthy food. There is no significant difference between food addiction and alcohol and drug addiction. Industrial green revolution culture of food decadence obesity, workplace condition, famine, depression background, and transgenerational food trauma are the explanatory factors for the psychological and physical status of diet and behavioral stress. Women are inundated in a constant battle of psychosocial stress inequality and are criticized for their emotional affection and forced to perform worse.

Processed and junk food habits behaviors are engineered to have a powerful effect on the reward centers in the brain neurotransmitters dopamine release. It includes increased altered neurological conditioning, environment, and sensory reaction, which echoes from multigenerational volition of diet habits and behaviors. One can only make the ‘most right’ decision now following the noble precepts (*sīla*) physical, and mental-

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<sup>138</sup> Barnard Neal, *Food for Life: How the New Four Food Groups Can Save Your Life* (New York: Three Rivers Press, 1993), 145.

<sup>139</sup> Barnard Neal, *Food for Life: How the New Four Food Groups Can Save Your Life* (New York: Three Rivers Press, 1993), 145.

<sup>140</sup> Larisa Montalvo-Martínez et al., "Maternal Overnutrition Programs Central Inflammation and Addiction-Like Behavior in Offspring," *BioMed Research International* 2018 (2018), <https://doi.org/10.1155/2018/8061389>.

emotional equilibrium (*samādhi*) and wisdom (*paññā*) of conditioned by *jhāna* that one must cultivate. Just as scholars of Buddhism have often failed to understand the term *nāmarūpa* to refer to the mind and nutrient body identity rather than its more literal meaning of ‘name and form.’<sup>141</sup> Theravada tradition has understood *rūpa* as the nutrient physical body and *nāma* as mind perception but not in participatory action. However, “Perceptions of nutrient qualities offer resistance to disease, defiled delight, and emotional reaction, therefore, one should have one’s footing in perception.”<sup>142</sup> In another version of the formula, *nāmarūpa* appears as the second link in the chain but is still preceded by *viññāṇa*. *Nāmarūpa* appears as the first link in the chain of the *khandhas*. If mind and nutrient body *nāmarūpa* is radicalized in noble eightfold discipline, how can one fail to make sense of the subsequent arising of what seems to be a manifestation of mental faculties, and why does one compromise *jāti*, birth maternal stress food habit conversion disease, obesity, and look for prevention elsewhere? Several suggestions have been made to explain this, both within the Theravada, Mahayana tradition, and outside it.<sup>143</sup> In the *Dhātu Saṃyutta*, the nutrient matter is associated with the six-sense perceptions. It is equally applicable to a whole range of what are called unenumerated structures of the human cognitive system that aren’t specifically listed in the canonical description. In the pre-Theravada early Pali texts, the association of nutrient body material

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<sup>141</sup> Yoichi Ito, “Radhakrishnan and Buddhism,” *Hirosaki Daigaku Jinbun Shakai* 弘前大学人文社会 32 (1964), 5-10; Caroline A. F. Rhys Davids, *Buddhist Psychology: An Inquiry into the Analysis and Theory of Mind in Pali Literature* (London: Billing and Sons, 1914), 23f; Everett B. Johnson, *Buddhism*, (Field Educational Publications, 1969), 78; Edward J. Thomas, *The History of Buddhist Thought* (London: Routledge, 2013), 15; Edward J. Thomas, *The History of Buddhist Thought* (New York: Barnes and Noble, 1951), 63ff.

<sup>142</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 96.

<sup>143</sup> MN III 63; SN II 28, 95.

qualities and its activities of the mind is often found together with the compounded *rūpa-nāma*. Birth condition maternal trauma binding origin of stress is the root of both subjective and objective disease is equated—*nāmarūpa*.

## Chapter Five

### Belief, Brain & Biology of Cancer

One needs to understand that Eightfold ethical discipline epigenetic mechanisms measures of therapy can control the gender bias biology of beliefs which controls the human biology of maternal-trauma-stress, aging, sickness, and death. Using Furthermore, fetal five *khandha* reprogramming is thought to be essential not only for fetal development itself but also for adult individuals with persistent health and disease conditions. The prenatal environment five *khandha* risk factors, such as fetal nutrition, and material body of *rūpa khandha*, have been associated with some adult conditions, such as metabolic syndromes, cardiovascular disease,<sup>144</sup> and psychiatric disorders. Reprogramming impaired fetal macro and micro nutrition to reverse chronic disease by *Anattā* Eightfold knowledge early intervention strategy has the beneficial effect of brain plasticity biology of belief or perception certain reprogramming.

In ancient terms, back from the days of the Buddha, 2500 years ago, “What we believe, we become.” Basically, our perception is dependently triggering our HPA axis, which changes the chemistry of our blood. A picture of love in the mind is translated by the brain into very specific chemistry. In a state of love, the brain releases dopamine for pleasure into the blood. The brain releases oxytocin into the blood, which is a chemical that helps us bind to the source of love that we are experiencing. The experience of love also releases another chemical into the growth medium—into the blood—called *vasopressin*. It influences our growth. That result is that the chemistry of the body’s natural culture medium—blood—is adjusted by the perception of the mind. The perception of love introduces such elements as dopamine, oxytocin, vasopressin, and growth hormone, all of which are chemicals that enhance the vitality and health of the 50 trillion cells in our skin-covered culture dish. The result is that your biology becomes complementary to your mind and its process of perception.<sup>145</sup>

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<sup>144</sup> H. Palma-Gudiel et al., "Maternal Psychosocial Stress During Pregnancy Alters the Epigenetic Signature of the Glucocorticoid Receptor Gene Promoter in Their Offspring: A Meta-Analysis," *Epigenetics* 10, no. 10 (2015): 893-902.

<sup>145</sup> Bruce H. Lipton, *The Biology of Belief Unleashing the Power of Consciousness, Matter & Miracles* (Santa Rosa: Mountain of Love Hay House, Inc, 2016), 167.

Fast forward to the present, and the database grew to hundreds of studies, collectively indicating that individual health is not controlled by birth genetics.<sup>146</sup> It is controlled by fetal programming maternal trauma epigenetic landscape in the brain. Epigenetic mechanisms directly control HPA regulation in the central nervous system of fetal physiology. Eightfold Path five *khandha* epigenetic *anattā* wisdom reprogramming has a preponderant effect on shaping HPA axis physiology. Three-dimensional (*sīla*, *samādhi*, *paññā*) Eightfold epigenetic wisdom and compassion are central to a synthetic understanding of how cultivation of *anattā* ‘non-self’ five *khandha* perception can give rise to end entire human suffering. Eightfold knowledge superimposition liberating cognitive power of perception change effects how we experience compassion binding calm tranquility of the HPA axis main regulator of the stress. Five *khandha* impersonal identity (*anattā*) mechanism gradual cultivation constitutes a crucial psychological ontogeny transformation developmental outweighs all HPA axis autonomous influence or effect where environmental psychosocial influences. The Buddha gave his teaching to the Kālāma clans, instructing them not to make a decision based on other people or traditional beliefs. “Don’t believe in the opinions of others that have no claim of long-enduring reality experience.

### **Perception and Experience are the Chief**

The Buddha said, come and examine the first Noble Truth wisdom in reprogramming the five *khandhas* life experience that can lead you to compassionate inquiry to look into our intended outcomes. The self-perceived physical and

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<sup>146</sup> J. David Sweatt et al., eds. *Epigenetic Regulation in the Nervous System: Basic Mechanisms and Clinical Impact*, (London: Academic Press, 2013), 90.



psychological adverse effects of stress concerning anxiety, and reactivity are common with people. Author-scientist Bruce Lipton's book 'Biology of Belief' describes how belief plays a major role through one's imposed personality perception.<sup>147</sup>

Countermeasures to the illusion of personalized perception of the *khandhas*, the Buddha provided four foundations of mindfulness in *Satipaṭṭhāna Sutta*—feeling and emotional sense spheres that one can practice training perception in more 'non-self' intelligent constructive ways. Training perception is necessary to see the characteristics of our experience of intentions that balance out our particular unwholesome propensities of emotion. We can also train ourselves to perceive the beautiful qualities of others when our annoyance, irritation, ill-will, aversion, and cruel thoughts arise. Contemplating different stages of growth and decay and self-perceived suffering for not understanding the impermanence and decay of things. Examining the dependent origination of suffering and happiness due to the presence and absence of necessary conditions in different stages of situations and life with a non-self-identity provides one with mastery over one's perceptions and habitual self-association and reactivity.

### **Perception Changes Brain Chemistry**

Our psycho-neuroanatomy perception structure and function are programmed from maternal trauma birth conditions. One's perception changes the composition of hormone stress spectrums in the brain and blood pressure condition. Individual adverse maternal stress emotional brain chemistry is in constant disharmony not just with one self and each other but disharmony with nature, atmosphere, authority, and its relationship to

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<sup>147</sup> Bruce H. Lipton, *The Biology of Belief Unleashing the Power of Consciousness, Matter & Miracles* (Santa Rosa: Mountain of Love Hay House, Inc, 2016), 167.

one's diseases. It is in the holding of maternal trauma binding perception persists as an individual double standard personalized identity. Through generational biobehavioral, verbal, and mental action, corrupted precepts will produce its effect as a threat to energy consumption immunocompromised conversion disease. In the advanced disciple of noble discipline birth condition maternal stress, ignorance comes to a complete cessation and insight arises, there are no more (maternal stress) *khandha* views concerning selfhood and early-life psychosocial stress. This will enable her or him to liberate oneself and others from the endless process of Birth, Old Age, Disease, and Death.<sup>148</sup>

One has already seen in chapters one and two in my discussion of the dependent origination formula, that lacking Eight threefold higher knowledge is the cause of the personalized biobehavioral formative ignorance. Ultimately, a practitioner is unconsciously aiming to attain higher knowledge to eradicate birth condition maternal trauma ignorance, in which case the condition for the arising of these formative volitional activities and biobehavioral personality view activities will cease. Indeed, the *paṭiccasamuppāda* formula is given in reverse in the *Nikāyas* to illustrate how the human existence of personalized perception in the cycle of samsara can cease. Similarly, the reverse analysis of *khandhas* shows that a human being can function without the involvement of the formative thought construction (*saṅkhārakkhandha*), without tainted volitions in the sense that is intended here. For example, it is quite possible to cultivate an impersonal identity for visual feeling and sensation to arise without any involvement of the formative personalized *saṅkhārakkhandha*.<sup>149</sup>

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<sup>148</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 142.

<sup>149</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 78.

## Paṭiccasamuppāda Formula in Reverse

The *paṭiccasamuppāda* formula is given in reverse as preventive medicine to silence the maternal stress personalized perception of ignorant gene expression. Therefore, the *paṭiccasamuppāda* formula is a stimulated integral differential calculus mathematical description like Issacs Newton, Albert Einstein, and modern computers are programmed. Individual *samsara* endless suffering of humanity arising out of *jāti* and *jarā-maraṇa* decisive programming. Maternal trauma binding individual biobehavioral five *khandha* experiential analysis internally and externally what is skillful and what is not provides a platform to abandon our self-driven stress, annoyance, and discontentment suffering in our lives. Thus, the *paṭiccasamuppāda* formula leads one to realize higher cognition and penetrative wisdom that all arising mental factors have no self behind them. All five *khandhas* volitional activities and perceptions that arise in different phenomenal combinations that are conditioned and impermanent and become a source of suffering when we identify with a deceitful pernicious self or soul. The self is attached to the fourteen dangerous factors of a false self-perceived source of suffering, such as greed, hatred, delusion, shamelessness, ungrateful fearlessness of wrongdoing, restlessness, worry, wrong view, conceit, envy, sloth, torpor, and doubt that stimulates HPA axis stress response in our endocrine system. Sustained application of the non-self (*anattā*) mind enables one to unfathomed the whole process of five *khandhas* fetal programming birth condition transgenerational trauma as such she/he can exterminate all the *āsava* intoxicant biases.

Threefold higher knowledge is the condition for the arising of wisdom. Wisdom is the condition for the arising liberated insight of apperceptive introspection. Liberated insight is the condition for impersonality identity. Impersonal identity is the condition for the arising of the impersonal six senses. The impersonal identity

of the six senses is the condition for the arising of higher cognition and cognitive wisdom. Higher cognition and cognitive wisdom are the conditions for the arising of impersonal feelings. Cultivating feelings and sensations of impersonal identity is the condition for the arising of skilled goodness. Skilled goodness is the condition for the arising of dispassion. Impersonal awareness is the condition for the arising of harmonious experience. With the cessation of birth condition maternal trauma, causes the cessation of rebirth, aging, disease, and death, together with sorrow, lamentation, and physical and emotional suffering. The dynamic experience of equilibrium is the no aging, no disease, and realization of deathlessness.<sup>150</sup>

This reverses the *Paṭiccasamuppāda* formula and gives one a virtual solution to Eightfold epigenetic programming to cut off from the birth condition maternal trauma *jāti* and *jarā-maraṇa*, habits which provide conditions leading to Enlightenment in this very life.

### **Epidemiology of Cancer**

What causes cancer activation and reactivation, or intensifies existing cancer conditions? The invisible fetal programming maternal trauma five *khandha* epigenetic programming distinctly influence genes and environment on behavior habits, and together with four castes mythical cultural beliefs and deceitful illusion stimuli are dominants to all conversion diseases. Onset life worry, anxiety, tension, and stress awakens dormant cancer cells. It turns the switch on at the point in life where the switch shouldn't be 'on' resulting in uncontrolled growth in the worst place at the most inappropriate time. Individual lifestyle is an expression of birth condition maternal stress gene conversion unfolding pattern of diseases. The unchecked maternal trauma mental thirst results from a bad diet and discursive personalized mind, chronic emotional stress, or overstretched life burden and not having the coping skill of non-self-meditation skill.

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<sup>150</sup> SN 12 68.

The five *khandhas* fetal programming onset personalized perception is in overdrive before a cell turns cancerous. Moreover, despite treatment cancer cells may grow back after removal. It's not because small numbers of cancer cells can remain in the body after treatment, it is because one returns to the old biobehavioral routine, sedentary life, employment, and lifestyle habits of stress continuity. Over time faulty beliefs and behavior patterns will cause them to grow.

To investigate whether stress can awaken dormant tumor cells, a research team led by Dr. Dmitry Gabrilovich of Astra Zeneca and Dr. Valerian Kagan of the University of Pittsburgh and Sechenov University developed mouse models with dormant tumors. Their study was funded in part by NIH's National Cancer Institute (NCI).<sup>151</sup> The team tested the effects of several stress hormones—including cortisol, epinephrine, norepinephrine, and serotonin—on dormant tumor cells taken from the mice. They found that neutrophils, a type of disease-fighting immune cell, were activated by the stress hormones. The neutrophils then produced inflammation-inducing proteins called S100A8 and S100A9.<sup>152</sup>

Cancer is not exclusively an adult disease, it can be diagnosed at any age. Five *khandhas* fetal programming gene activation occurs after birth. For several reasons, the inherited maternal transgenerational trauma dominant precipitation can intensify due to a defiled diet and self-driven structured perception, beliefs, and sedentary behaviors.

High-fat flesh consumption, mercury fish, drinking, smoking, radiation, and environmental cancer-causing chemicals in refined food and industrial diet carcinogen

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<sup>151</sup> Michela Perego et al., "Reactivation of Dormant Tumor Cells by Modified Lipids Derived from Stress-Activated Neutrophils," *Science Translational Medicine* 12, no. 572 (2020): eabb5817; Dan-Ni Ding et al., "Insights Into the Role of Oxidative Stress in Ovarian Cancer," *Oxidative Medicine and Cellular Longevity* 2021 (2021); Tianna Hicklin, "Stress May Awaken Dormant Cancer Cells," NIH National Institutes of Health, December 15, 2020, <https://www.nih.gov/news-events/nih-research-matters/stress-may-awaken-dormant-cancer-cells>.

<sup>152</sup> Tianna Hicklin, "Stress May Awaken Dormant Cancer Cells," NIH National Institutes of Health, December 15, 2020, <https://www.nih.gov/news-events/nih-research-matters/stress-may-awaken-dormant-cancer-cells>; Michela Perego et al., "Reactivation of Dormant Tumor Cells by Modified Lipids Derived from Stress-Activated Neutrophils," *Science Translational Medicine* 12, no. 572 (2020): eabb5817.

chemical consumption are well-established causes of obesity, hormonal disorder, and chronic inflammation. The lack of exercise, sedentary hedonic lifestyle choice, and personalized perception are responsible for sustained chronic stress. Fetal programming of maternal food-encoded proteins activates protooncogenes' structural alteration after birth through individual continuity choice. Point mutation, activation, or amplification are detected in the inherited family dominant disease genes. Sometimes early mutation is predominated in carcinomas due to mental and environmental hardship or exhaustion.

One cannot control the gene if one is not willing to change the fetal programming *khandhas* habits and behaviors lifestyles and occupations. It reveals that the birth condition maternal stress program must be defaulted by Eightfold method skill training. It is all about those oncogenes that will determine if a cancer is growing successfully. The fetal programming of maternal trauma psychic wound, and damaged biology of cancer, which occurs in the early phase of uncontrol growth, is successful from the cancer's standpoint. During the transition into the second phase, which is the tumor, it is growing at an abnormal rate, and at an abnormal time. They have very high metabolic rates in cancer progression. The challenge for cancer is not so much activating growth but one feeds the cells with the fetal programming inherited distress of the same habits of food and personalized psychophysical stress suppression operatives that caused the multi-hit to begin with. So, one of the things with cancer as it progresses with the program accordingly is it is this fetal preprogrammed phenomenon, in which cancer cell tumors can give out signals that trigger the ingrowth of the blood vessels of capillaries to supply more nutrients to the tumor.

## **Chronic Stress Can Promote Cancer Development**

No matter how old one is, cancer is a daunting diagnosis and not always visible in the test. What one sees in the whole world of immunocompromised psychoneuroimmunology is a very simple prediction. So far, it is clinically recognized that chronic stress can chronically suppress the immune system and how does the immune-brain communication go bad? When one is chronically stressed out without any coping relaxation skills to neutralize stress. One becomes host to all sorts of infectious diseases that will stir up other underlined dominant physical and mental illnesses. As one excites the functional response of life continuum of volitional desires, ambition, and relationships with blind eyes on food, exercise, and stress management approaches, one sees time and time again the risk of the common cold to cancer—modern life stress abuse, greed, and pleasure confusion make one ignore and suppress stress syndrome. The most challenging difficulty to understand is what stress has to do with cancer.

To examine that one needs to look deep where stress impacts cancer or other disease in the broadest possible term. Cancer is a problem of uncontrolled growth encouraged by the onset of stress fueling its tumor. Cells that are growing at the wrong time are called uncontrolled inappropriate growth. The power of cancer cell growth is in the fetal programming genetics, but the power to eradicate cancer reproductive cell is in the perception skill of epigenetic Eightfold way. According to Dr. Bruce Perry, the compounded stress, trauma of birth subconscious condition and early life emotional abuse and physical violence may set lower one's internal stress response system.<sup>153</sup> Dr.

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<sup>153</sup> Bruce D. Perry et al., "Childhood Trauma, the Neurobiology of Adaptation, and "Use-Dependent" Development of the Brain: How "States" Become "Traits"," *Infant Mental Health Journal* 16, no. 4 (1995): 271-291.

Bruce Perry said, what one is dealing with is the need to unify multiple system behaviors and habits such as diet, perception, exercise, massage, meditation, etc. Many genes that regulate growth and cell divisions are wounded. Somewhere around the point where a particular type of gene supposed to be relevant genes is switched off the rest of the time.

What is cancer in clinical terms? Cancer is when there is reactivation of these growth genes that shouldn't be activating in adulthood. In technical terms, these self-proliferation growth genes can reactivate due to the onset of DNA damage and histone modification and cause cancer. It is called an oncogene. However, cancer is a direct response to the birth condition maternal trauma conversion. Environment and fetal programming volitional experience achieves their effects on behavior. It does not occur overnight. Cancer is a response to one's fetal programming, which needs to be reprogrammed through proper diet, exercise regulation, and non-self-identity. The immune system can be modulated by non-self-perception in the brain to immune communication. So, what are the causes of cancer in humans? One is radiation. One is a carcinogen, Genotoxic, which are things out in the world of complex industrial chemical products, pesticides, antibiotics, various toxins, and ultra-refined food that has lots of oxygen radicals. Another major source of cancer is when one has a mutation in those oncogenes where they turn on again when they are not supposed to. In addition, certain viruses can cause cancer. Although one of those viruses or one oncogene is not enough, one must have sustained multi-hit phenomena.

### **Understanding Maternal Trauma Psychic Wound**

Growing up with toxic parents, unhoused parents, child custody, foster home, extended or bonus family, or a single mother maternal trauma and parenting style can



negatively impact one's crucial wellbeing throughout lifespan. It always helps to better understand what these social self-reliance myth culture society psychic wound intergenerational behaviors look like and where they come from. Individual identification of beliefs and repressed hashed-out unfolding trauma memories and events can have an effective body chronic stress response on what they believe and self-perceived interpretation of how and why they believe. It may have chronic psychological stress. Of course, it is a societal belief that most parents, stepparents, or adopted parents are doing the best with what they know, limited busy time, crowded perception, and the perception process of how they grew up with their parents' multigenerational maternal trauma. It doesn't make one's social psychological wound and stress any less hurtful unless one learns to develop and cultivate a creative intelligent impersonality identity of compassion towards other *arūpajhāna* invisible social hurt and wound.

Bargaining, negotiating, and *anattā* reinterpreting thoughts to reprogram continuing learning skills is a major health concern to end personalized memories and emotional contention. Instead of rehashing the issue as “mine”, impersonal introspection is a necessary measure to eliminate screaming match discursive mind self-sabotaging affective body adrenal rush reality. It is a great first step in healing maternal trauma past wounds and damage—especially some people may not have the awareness to do this. Some children are genetically predisposed to victimization. Research suggests that one in four women suffer from psychiatric disorders during pregnancy. The efforts to identify women's intergenerational dormant social wounds of significant forms of psychopathology are of ultimate importance. Emotional dysregulation of the unresolved multilevel psychic wound of womanhood—and its association with historical and cultural

life events trauma-stress and distress before undertaking the pregnancy are of utmost essential measures of mental and physical five *khandha* health for the unborn baby.<sup>154</sup>

Deep buried psychic wound of the transdiagnostic spectrum; womanhood complex emotional overactivity, chronic inflammation, hyperexcitability, transcontinental beliefs, and process of transmisogyny dynamic set of contextual and emotional factors that are amenable to *anattā* treatment measures of *rūpajhāna* and *arūpajhāna* investigation of dharma wise discrimination mindfulness meditation therapy.

Emotional distancing from the expectation of being right and wrong personalization or carrying the weight of other people's anxiety can cause long-term emotional damage until one realizes anger is mostly anxiety allostasis overload and doesn't know how to interpret things and situations differently to deal with it. Therefore, the distressing events of maternal trauma micro-tracking are important. Deep and slow intermittent mindfulness breathing to activate the parasympathetic nervous system is helpful. Allow the non-self-wisdom knowledge of one's investigation to flow out through the process of impersonal perception to understand why freezing memory is a silent toxic hormone producing affective psychological stress. One carries maternal trauma and anxious attachment into one's adult relationships such as romantic, family responsibility, professional, etc. There is so much one can learn in apperceptive introspection about self-perceived psychological stress and how to cope by better understanding deep-seated maternal trauma personalized attachment style.

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<sup>154</sup> T. DeAngelis and American Psychological Association, "The Legacy of Trauma: An Emerging line of Research is Exploring How Historical and Cultural Traumas Affect Survivors' Children for Generations to Come," *American Psychological Association* 50, no. 2 (2019): 3.

A lot of the mother's behavior issues are passed down from her own narcissistic, abusive mother and grandmother's transgenerational trauma. She doesn't know that fetal programming through the generation of effective functional consequences is detrimental to health. She doesn't know how to process her psychic wound emotion with her impersonal identity in her teenage life, which caused her massive hormone disruption and neurostructural damage. She didn't have the resources and ability to neutralize her feelings, emotions, and three volitional thought formation. So, she bottles stuff up and explodes with hissy fits and violence with petty stuff. She tends to ruminate, complaining about stuff her mother did while she is doing the same thing. They never learn to respect their adult son and daughter because to her they are always a child, not an adult. As a result, transgenerational maternal stress-transmitted trauma causes people to have noncommunicable conversion disease.

### **Five Khandha Toxic Beliefs Affective Stress Overload**

A study found that people who are most resistant to changing their beliefs had more activities in the amygdala HPA axis stress response, toxic hormone reaction, and the insular cortex sensory processing, decision-making, and motor control. Long-term insular automatic adverse disruption is fundamental to all affective psychiatric and neurological disorders. In the first Noble Truth, the Buddha said, "Personalization or believing of birth condition maternal trauma, culture five constituents (*pañc'khandhas*): is the human existential reality of suffering". "*sankhittena pañc'upādānakkhandhā pi dukkhā.*"<sup>155</sup> The higher purpose of developing *paññā* wisdom is to eliminate the

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<sup>155</sup> Léon Feer, and Caroline A. F. Rhys Davids, *The Saṃyutta-Nikāya of the Sutta-Piṭaka*. Vol. 5 (Oxford: Pali Text Society, 1994), 421; V Trenckner, Robert Chalmers, and Caroline A. F. Rhys Davids, *The Majjhima-Nikāya*. Vol. 1 (Oxford: Pali Text Society, 2002), 48.

concealed HPA axis stress response deceitful unreal claim and belief in self, soul, memories, corporal discipline, patriotism, God and scriptural lies, cruel thoughts, flag worshipping obedience to make-believe religious gurus, and deities. Becoming disillusioned and disenchanting from the culture of myth is not only integral to tranquilizing all HPA axis stress triggering suffering. Intelligent skillful perception of impermanence (*aniccā*) is developed and non-self *anattā* is cultivated and *dukkha* is eliminated from *Jāti'pi dukkhā* five *khandha* sensual lust and lust for intoxicant in existence. Therefore, contemplating the *khandha* becomes a source to end suffering.

It eradicates all maternal trauma binding preprogrammed psychosocial ignorance, it uproots the pernicious conceit, 'I-am'. It is also creating a process in which one is also cutting off from the dynamic energy experience of natural insight and creative resources. This is the marvelous quality of the liberating cognitive power of the teaching, so, the mind can naturally rest in tranquility and ease of moment-to-moment awareness of the indivisible five *khandhas* mindful awareness. Sigmund Freud declared God to be a human delusion. If one carries that belief in one's unconscious and subconscious quantum energy field every day, it sucks one in and one contributes to that affective body broadcasting thought-forming toxicity. The deep insight of the fetal programming of maternal stress, one does not personally demonize someone with one's thoughts and yet at the same time one is not triggering inflammatory HPA stress response in the brain sensory, deep-seated maternal trauma emotion. It directly affects behavior by evoking the personalized process of perceptions. Therefore, it is realizable to have a feeling of sincere reverence for the 'non-self' goodwill and generosity of all living being.

## Stress Physiology and Psychological Risk

The environment is not controlling the genes; the birth condition maternal trauma five *khandhas* epigenetics are controlling the genes psycho-physiology operative mechanisms. Fetal programming personalized *khandhas* recognizes and adopts biopsychosocial maternal trauma landscape from the moment of birth. The maternal trauma HPA axis response effect of psychologically damaging events from generation to generation and early life events of caregivers and other psychosocial factors has been associated with attachment to carrying hurts, suicidal ideation of habits, and behaviors. Maternal trauma binding inflammation and increase symptoms of post-traumatic stress distress have a psychosomatic nexus of causing cancer.

Furthermore, most of the maternal trauma cell has enhanced animal-based protein anxiety charger and confusion built in the cell broadcasting receptors. Although no two people have the same maternal trauma birth condition set of cell receptors, one is receiving a signal based on their changing environmental curves of life. Self-perceived personalized identity of cell receptor condition response is the signal that is in the selected collective environment. And the individual body is the television shows playing his/her personalized 'superficial reality show' endless pursuit. A great deal of patience and perseverance is required in order to eradicate them from our habits and behaviors.

When the television set, or the body, is diseased, the birth condition trauma perception broadcasting center does not die. The maternal trauma perception broadcasting of biased belief does not die, and one is just getting rebirth in a new body to tune into the same station of programmed pernicious perception. When an embryo shows up with the same programming of perception, it recycles the same suffering in different

degrees depending on significant changes. This is true regardless of if you are a male or female, or any specific gender, race, ethnicity, sexual orientation, or body type. The body is the shape, size, color, and look of the preserved television, with different features. The television or iPhone is not the perception, but a broadcasting device of continuity unless otherwise it is reprogramming and cultivating Eightfold Noble cognitive processes to put an end to that maternal trauma broadcasting.

You are not you're a television set of different colors, gender, and race. The relevance of this is that perception cannot die. Your body can die but you're broadcasting "I" or "mine" perception of the body's vibrational frequency. These personalized broadcasting centers of greed, hate, and delusion rooted or and worldly creative sense sphere multiplying thought process does not die, but rather respective rebirth linking life continuum cosmic laws of determination. Unless you have neutralized and reprogrammed in the Eightfold mind and body values and discipline. I, or mine, self, or soul radio stations continue to broadcast in a new form of the body after rebirth. Whether one embodies human beings, fighting demons, animals, hungry ghosts, miserable beings, or heavenly beings, depends on the practice of perception.

The *viññāṇa* perception and *rūpa* body serve an analogous function in which birth and rebirth fill the role of experience. The Buddhist realization is that you are not the body, self, or soul you are the five *khandha* changing perception. So, by reprogramming and cultivating the beliefs and perceptions in an Eightfold way, one can attain heavenly beings' realms in this very life and after. When all fetal programming maternal trauma of beliefs, habits, and behavior are eradicated there is no emotional relationship between subjective and objective experience. The choice of freedom from fetal programming

belief and biobehavioral is achieved. Thus, belief and personalization of the five *khandhas* non-self (*anattā*) identities are crucial in achieving the goal of an extraordinary means to end the origin of trauma karma permanently.

### **Biobehavioral Micro-tracking of Stress**

Ignorance of five *khandhas* identification stress causes 90% of the doctors' visits. Stress silently triggers a hormone called cortisol. If one is perpetually battling with immune system stress warfare without compromise in perpetual personalized perception of his/her volitional activities, bad diet, and sedentary lifestyle one shuts off one's growth hormones. And more important stress hormones physically shut down the immune system to conserve energy. When one is under repetitive stress and hypertension that's when the sickness starts to show up by damaging the genes over a period.<sup>156</sup> Stress hormones are so good at shutting off the immune system that a patient needs to get a foreign organ graft of a kidney, liver, lung, or whatever the grafting is. That's how effective it is. It is used therapeutically to shut off the immune system. Everybody is under some level of anxiety and stress because of their maternal trauma, birth condition and perception identification, and lack of coping training which results in cognitive disability. Everyone is stressed with their job or running the business, unemployment, relationship, rent, mortgage, car, healthcare, insurance, etc.

Everyone is soaked or drowned in stress hormones continuously in their body without understanding the importance of intermittent coping skills. All those stress hormones inhibit the immune system, and the result is illness. The gene does not cause

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<sup>156</sup> Subhajyoti De, and Franziska Michor, "DNA Secondary Structures and Epigenetic Determinants of Cancer Genome Evolution," *Nature Structural & Molecular Biology* 18, no. 8 (2011): 950-955.

cancer, but the legalized gender dehumanization generational maternal trauma distress *samsaric* lifestyle stress does. If one changes one's cancer-consuming perception, diet, and lifestyle with the Eightfold method, one doesn't have to worry about genes or other complex cancer threats. One's lifestyle, diet, personalized personality, personalized memories, emotions, and behavior programming were passed down through many generations. It is like one is carrying a dead body on one's shoulder from many generations of his or her mother and to herself or himself, and she got it from her grandmother and great-grandmother, and it echoes from generation to generation.

### **Choosing the Control Over Stress**

What are the other possibilities in terms of selective compounds? One knows now from a bundle of literature reviews, about the maternal stress and psychosocial building block of identified feelings and sensations that cause psychological stress. One also has the opportunity to increase control of stress and better life sustenance. Consider joining or creating like-minded social groups to make more sense of stress management control. One must have more control over one's life and death and not helplessly depend on other personalized perceptions of death. One can see that lack of strategy, low control, in the relationship and moral autonomy of support, choices on the situation setting, and voice in a relationship as a real predictors for a bad outcome. They should practice more control on stress management, and more fortification in the fabrics of experiential stress of life. Each one of us has the potential to turn one's bad circumstances into comfort when one develops structural insight to see impermanence in permanence and impersonality identity in everything. This enables us to engage creatively with our lives.



It's not an evaluative existential reform but understanding which part of the individual personality is not working properly and not inflating a sense of personalized control and false positive attitude. There are wonderful advantages and possibilities of increasing the sense of control but not in all settings as a cautionary note of letting go of things that are beyond one's control. Social support is not a blank recommendation. They all have their sets of maternal trauma-binding issues and stress. It can turn into chaos, depression, and disaster of competition, hate, anger, and fear displacement unless they come with authenticity and sincerity. During adverse health conditions in life, even long-loving spouses and children can turn out to be cunning, intolerant, unapologetic, ungrateful, and shameless strangers. They are not trained to supply the physical, emotional, and social support that one may be needing to manage one's well-being.

Social intimacy without precepts-based values and proper boundaries can turn into misplaced mistrust. When things are stressed, it's good to have somebody one feels close to trusting, one can complain and moan about how awful things are.<sup>157</sup> There are differences between individualistic and communal sets of society. One needs to be independent and interconnected at the same time. Social support works only under some circumstances. Social support is not a viable option in all physical realms where one can get to lean on somebody else. It is one of the most controversial fields mostly based on their fetal programming and religiosity. Religiosity and religions are built around deceitful illusions, fundamentalist feel-good serenity prayer beliefs hoping for a longer life span without the substance of reality support and resource. It is associated with rules and rituals, and part of its argument is that these effects and struggles are there. One

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<sup>157</sup> Robert M. Sapolsky, *Why Zebras Don't Get Ulcers: The Acclaimed Guide to Stress, Stress-Related Diseases, and Coping* (New York: Henry Holt, 2004), 225.

underemphasized question in literature is, how big of an effect does this have on healing the whole person stress reduction? As they keep on running and revolving around them, they are not free from their maternal trauma birth, aging, death, lamentation, and pain.

Part of it is that there is a sense of enormous complexity that fundamentalist view does not come in one flavor. There are different kinds of religious beliefs even among the cultural Buddhist community. Jews, Catholics, Hindus, Mormons, Mohamad's, Pentecostals, etc., but none are aware, or subscribed, to *Jāti'pi dukkhā* fetal programming, maternal trauma, psychic wound, and damage to the unborn baby and themselves. There is not much of a difference between religiosity and spirituality. In that matter pre-Theravada, early Buddhism is not even a religious or spiritual entity, it is based on humanistic universal benevolence for all sentient beings and criticism of all theistic religions. It's a very complex sort of field to challenge. It was only the Buddha who pointed out that there is nothing that can be regarded as a unit or spiritual entity in the dynamic change of uncertainty. Even if one calls something a sphere, still it involves a conflict or struggle. That itself has the suffering in it.<sup>158</sup>

### **Biological Stress Burdens of Belief, Prayer, and Rituals**

Religion, idealistic views, and spirituality can impact decisions on diet, medicine content, strict prayer, trust-based prayer, and group and informal support from the fellow congregation for hopeful life satisfaction over time. There is no evidence that positive belief and power have any authority or any healing strength like other measures of therapy. For a multitude of reasons, research on the healing effects of prayers is riddled

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<sup>158</sup> Rewata Dhamma, *Process of Consciousness and Matter* (Birmingham: First Pariyatti Publishing, 2015), 109.

with the selfish biology of stress, which includes emotion, and expectation assumptions. It automatically causes the hippocampus, amygdala, and hypothalamus axis to triune triggering stress. It doesn't transform the hidden root condition of fetal programming trauma healing. Prayer is a theistic four-castes worshiping tool to a mythical creator that can help you deal with stress and constant tension by giving you a sense of peace, purpose, and forgiveness. Whereas, the Buddha, the Dharma, the Sangha, generosity, morality, and peace for all meditation can lead to different levels of absorption (*jhānas*).

According to the Buddha, there is no creator or Buddhas to pray and there is no 'I' or changing five *khandhas* to hold on. Calm and collected wishing serenity prayer and chanting for coping with fear, anxiety, and stressful life events and crises isn't immune or removable from the long-term chronic effects of stress that affect your mind and body. Over time, chronic stress of finances, debts, relationships, friendships, etc., can have a greater risk of being vulnerable to emotional and mental health conditions. Prayer, 'I', 'me', 'mine'—self, soul to the existence of creator God is the very essence the Buddha warned of faith-based believers effective body adverse consequences. Although it is based on an erroneous conceptual foundation; trust in the salvation of the fictitious self or soul, which does not exist. It has a huge capacity to exploit rationalization, deception, and manufactured moral license to the ritual sacrifice of killing and sacrificing animals in the name of rites and rituals. Prayer people have a way to convince themselves they are acting properly on the trust and faith blinded by the mythical God. Their true motivation is highly suspicious and full of greed, hate, and delusion.

The Buddha rejected the existence of myth culture hypocrisy and bigotry of God, gurus, self, soul, reincarnation, prayer, sacrifice, rituals, relics, and rites ceremonies.

Buddhism is solely based on the integral calculus formula of experiential mechanics of the dependently originated experience. It is a system describing how to operate the mind body five *khandhas* human constitution functional response in measures of mental discipline for the safeguarding and security of suffering. It can be achieved through one's effort to attain Eightfold Path based on five methodologies. Pre-Buddhist Vedic religious ritual actions of sacrifice and *Upanishadic* dominant religion Brahmanical four castes religious tradition was based on incorporated phantasmagoric stories, songs, chants, and so on to preserve misogyny, slavery, racism the stratified power, privilege, and prestige of minority higher castes to exploit the majority lower castes society. They use fear-based faith, delusive God and soul at the expense of lower castes, gender inequality, slavery, and race-based higher power bureaucracy of the few.

This is how hopeless irrational traumatized ignorant people readily give up power over the life of self and soul and to its rescuers such as God, privileged, priests, spiritual guidance, medical doctor, pharmaceutical agency, or prayer to a higher power. On the contrary, self-centered prayer or meditation can use subjective anxiety and subtle long-term chronic stress. The Buddha understood the five *khandhas* constitutions of human beings in the light of HPA stress triggering gaslighting. Psychological stress response on five *khandhas* personalized perception makes a decisive effect on the individual psychoneuroimmunology and endocrine disruption and metabolism gets messed up. It creates biochemical warfare in the immune system. For example, sustained psychological unseen stress of rumination, anxiety, fear, and emotions are intent on eating one inside out. A broad range of research suggests that the immune system attacking the body enhances one's understanding of the underlying condition of maternal trauma fetal

programming, beliefs, prejudice, and habits, which evoke masses of diseases and suffering at the expense of happiness or equanimity.

### **Non-Self Wisdom Can Reset Epigenetic Modification**

The five *khandhas* processes of perception (*viññāṇa*) are called *manoviññāṇa* six cognitions. Its functional response is similar to the prefrontal cortex's performance of memory and decision-making. But *Anattā* (non-self-awareness) *manoviññāṇa* awareness supports memory and consolidation of emotion which is *samādhi*. I propose the function of the *Anattā* binding MPFC is to see, hear, smell, etc., in the association of humble adaptive responses between context, location, events, and corresponding goodwill attitude, particularly maternal trauma binding emotional response. Thus, the pervasive practice of cultivated *anattā manoviññāṇa* involvement of MPFC six-sense cognition in both memory and decision-making entails the ability to shut off the memory, emotion HPA trauma binding reaction to specific events in a particular place and relationship. An *anattā* interaction between manifold memory systems and antecedent concurrence (*paṭiccasamuppāda*) may explain the chronic stress resolution of *manoviññāṇa* MPFC volitional reprogramming over time. When it is completed by being free of maternal trauma, a new external world resource sense of mind-body is experienced.

In Buddhism, *anattā-manoviññāṇa* MPFC extraordinary evolution is a psycho-ethical dynamic experience of spontaneous continuity. Human psychological evolution is based on the cooperation of community (*Sangha*), not four castes dividing attacking, accusing, and breaking individuals into atomizing pieces, to pit against each other. This is changing as we understand how the perception is controlled by one's maternal trauma programming. The function of unified perception and emotion is to make coherent

between one's belief and reality. Your unconscious fetal programming biological stress signals and subconscious neonatal and postnatal early life psychic wound, trauma, and damage personalized perception are controlling your habits and behavior, and emotional contention and reaction. It is not coherent between one's personalized belief and reality of affective body chronic HPA axis invisible stress response cortisol flooding in the bloodstream. Reprogramming five *khandha* epigenetic can end our maternal trauma-binding life, not maternal trauma-binding genes and DNA. One can control one's genes by reprogramming five *khandhas* Eightfold discipline not fictitious self-realization. Genes control our life is a past debunked by conventional literature and science.

The traditional thinking that we are victims of our hereditary, whatever running in one's family, cancer, diabetes, heart disease, cardiovascular diseases, depression, and anger are attributed to genes, which makes one believe you inherited that gene and now you are susceptible to all these vulnerabilities and its terminal problems. Unfortunately, that is still the belief that the public and most medical diagnoses are holding on, to business as usual. The chronic unconscious stress response stems from biobehavioral habits based on fetal programming and past traumatic wound thought experiences internally and externally. The researchers and clinicians have come to understand that trauma can change not only the individual psychic trajectory, but it can also speed up the process of cancer gene expression occurring through maladaptive mechanisms of life.

### **Anattā Impersonality Identity Changes Both Body and Perception**

There can be special *khandha* programming considerations for palliative healing care. Understanding this positive field of *anattā* non-self-transcendence vibrational medicine is an important aspect of healing and recovery. The *anattā* impersonality

identity of the changing five *khandha* body energy is important. It is an invisible radioactive vibration that is shaping the regulation of the nervous system. Thus, one transcends the five *khandhas* fetal programming's maternal trauma life, which causes the state of having inconsistent belief, thought, and perception. This is where the existential fear, trembling and anguish comes to an end. When the fictitious belief of 'self' disappears from the process of perception, the emotional relationship and expectation cease to develop between the no-self and the world.

In Buddhism the impersonal perception and impersonal memory modification are known as the foundational practice of mind, body, and speech (*kāya, vacī, manas*).<sup>159</sup> Both an ordinary maternal trauma person and an awakened person with an impersonal identity do not identify and react the same in terms of sight, sound, and speech.

Body, language, and tone of speech are said to be the three mind doors which are to be guarded so that not only no evil is done in rude respond or act, word or thought but to guard the material and mental nutriment consumption.<sup>160</sup> (*Kāyadvāraṃ vacīdvāraṃ manodvāraṃ tīṇi dvārāni rakkha, mā kāyena pāpakammaṃ kari, mā vācāya, mā manasā.*)<sup>161</sup>

Dependent Origination formula impersonalized perception is a generally applicable doctrine that demonstrates that all perceptions are causally connected to name-identity and psychopathology of maternal stress. The impersonal identity of psychological conditioning has been associated with better immunity and immunocompromised psychoneuroimmunology intervention. Mind, body, and inner speech are closely linked with hormone regulation in the nervous system that enhances

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<sup>159</sup> DN 70.

<sup>160</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 19.

<sup>161</sup> J 1 276.

vitality and health.<sup>162</sup> Moreover, Enlightenment depends on the *anattā* purification of these three triads (mind-body-speech). The connection between dependent origination *Paṭiccasamuppāda* formula impersonality identity reverse engineering is associated with psychoneuroimmunology as I learned, it releases happy hormones of calm, tranquility, and equanimity such as endorphins, dopamine, and oxytocin.

### **Why Anattā Structure is Important?**

*Anattā* is a perception peacemaker immaterial quantum energy device that's developed and cultivated in the heart-brain-gut that can help the five constituents *khandhas* cognitive harmony automatically safeguard the process of perception experience. *Anattā* liberated cognitive apparatus becomes more and more rooted in the reproductive system. At present there is only Atman's false self-centered constricted conventional neuroscience, psychiatry, or psychotherapy treatment, including EMDR, which not only keeps the voodoo 'Self' in the center of their therapy but does not spend any time or training revisiting fetal programming original trauma mother condition, and don't know anything about the five human *khandha* constitution *anattā* healing strength deep medicine measures of therapy.

To be free from maternal trauma affective thoughts and belief is simply to be aware that all feelings, emotions, and thoughts are galvanized by maternal trauma, causing HPA axis broken pipe syndrome. Any kind of ownership of the body and mind (five *khandhas*) by 'I', 'me', 'mine', and self is triggering your HPA axis dysregulation flooding or leaking in your brain and blood streaming. All 'self' and soul-holding thought

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<sup>162</sup> Robert G. Maunder, and Jonathan J. Hunter, "Attachment and Psychosomatic Medicine: Developmental Contributions to Stress and Disease," *Psychosomatic Medicine* 63, no. 4 (2001): 557.



and perceptions trigger chronic cortisol stress. There is no undamaged authentic self (which does not exist) that can emerge out of fetal programming emotion. It has broad effective physical and mental health adverse conditions, including weak reproductive cells, weak immune response, blood pressure, and blood cortisol level. A person cannot experience a dynamic world of change with a fictitious false self that has no past, present or future to hang on to.

Unlocking the origin of fetal programming and postnatal psychosocial biobehavioral maternal trauma healing of the past is impossible with any sense of self. When working with thoughts with non-self-identity has gained momentum, then, there is no more personal effort. We deepen our experience of *anattā*. Because identification of a fictitious self is associated with affective body subjective and objective association and reactivity impulse, disgust, and delusional intoxicant beliefs. Non-self *anattā* identity is essential for memory and the body's optimistic evaluation of things rather than anger and fear. Therefore, everything shifts in the *anattā* interpretation to guard the biology of hidden HPA axis belief condition response. In general, individual life in *samsāra* is totally under the control of emotion which sits in the heart of the nervous system. *Anattā* structures harness extraordinary power in the inner narrative process of perception. It allows one to effectively control memory processing and trauma resolution *anattā* identity. In the first Noble Truth, fetal programming maternal trauma is the stressful condition of intoxicated ignorance that is arising and passing away in every moment.

The second Noble Truth three volitional activities *saṅkhāra* of five *khandhas* impersonal *anattā* perception is central to eradicate, arising of unskillful unwholesome intentionality *cetanā* that creates our karma action of suffering. Because the fetal

programming emotional self is connected to the environment. One sees the emotional fetal floodgate which is integral to events that have happened in the self-identified past. When the *khandhas* maternal trauma binding preoccupied perception is understood, and the mind is weaned away from it, the whirlpool of conflict ceases. The answer is already implicit in the statement of fire simile sermon: The fire of personalized perception has gone out. How ridiculous it is to classify that when a fire of ‘self’, soul, or personalized perception is extinguished, it subsides into a state of latency or goes somewhere when it goes out?<sup>163</sup> One must harness the fuel of personalized perception to ignite the liberated insight light on the invisible resources in seeing, hearing, smelling, etc., without suffering. When the *jāti-jarāmaraṇa* fire lets go of its fuel of personalized perception, it is freed, released from agitation, dependence, and entrapment of stress or suffering—calm-unconfined, delighting in the tranquility calm mind and generous action.

### **The Effect of Anattā Identity**

*Anattā* impersonality identity wisdom is a unique superhuman ability inheritance of the Buddha given to humanity. It is a psychological evolution noted since the Enlightenment of the Buddha’s antiquity. It is a growing discussion in humanities and marriage, or family relationship disciplines, but largely unexamined in psychiatry and psychotherapy or biobehavioral neurobiology homeostasis. It is due to the absence of impersonality identity of the five *khandhas* memory affective hopelessness, rejection, loneliness, and depression in the central nervous system cumulative burden of chronic stress of life events is widespread and often suffer disproportionately from other illnesses.

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<sup>163</sup> MN 72: *Aggi-Vacchagotta Sutta*: To Vacchagotta on Fire.

A center for daily stress coping skills is necessary against the increased vulnerability to disease and pandemics. To engage in a *Samatha* yoga-meditation pathway, cultivating an impersonality identity requires deep visceral coping skill understanding of the five *khandhas* allostatic load. It refers to the environmental interaction of physiological, psychological, and emotional systems at varying degrees of lifestyle. It requires daily mental and physical health ‘wear and tear’ protection commitment to generate extraordinary strength and capacity to cope with everyday challenges. It requires an uncompromising commitment to the Noble Eightfold Path of anticipatory action functional response and experience to shift to its transformative power. This ability to adapt is an essential immunity for intensified global boiling precipitation survival, but to genuinely experience their potential takes time and introspective work of meditative dimension. It may or may not bring instant results to fruition. It requires great patience to cultivate *anattā* body, space, and time to let go of the memory identification and its involuntary HPA axis conditional reactivity response.

It requires daily repeated regimens with results that grow slowly with time in the process of transformation. Cultivating the capacity to let go of fictional self-will, destined soul, Guru, or supernatural power programming is a necessary imperative for health and wellbeing. Individual differences in the level of cultivating *anattā* impersonality identity depend on their coping skill relaxation effort, place, time, and energy ability to control their emotion. However, our collective knowledge of neurobiology-epigenetics and biobehavioral *anattā* wisdom is still not fashionable, rather it is witch-hunting for mythical Self- realization. According to *Sutta Nipāta*, a mindful harmonious view and the law of karma intention, the Buddha said, ‘O Ānanda, among all the faults the attainment

of the new Noble *anattā khandhas* after abandoning the old *Jāti'pi dukkha khandha* condition is the greatest.' Noble *khandhas* means the attainment of freedom from the birth condition, maternal trauma binding perception that constitutes conceptual birth, aging, disease, morbidity, and death. Whatever we do in this world whether wholesome or unwholesome will produce its effect in the here and now and after.<sup>164</sup>

### **Cancer Preventing Functional Perception Response**

In Buddhism, nutrition, genetics, environment, and socioeconomic factors are not only responsible for the prognosis of cancer. Perception and psychological complex contention such as chronic anxiety and worry stress, economic hardship, relationship stress, loneliness, and pain are neglected neuroimmune mechanisms of subjective experience. Contaminated bias beliefs, diet, emotion-suppressing depression, early life traumatic experiences, toxic workplace conditions, lifestyle factors, and physical inactivity have their roots in causing cancer. The shifting cancer survivors' demographic landscape suggests that understanding biobehavioral activities and negative emotional processes of perception influences one's biology of cancer. The developing country's unparalleled wellness of life course prudent adaptation perspective has become an important factor in the prevention and immunity of cancer control. The collection of research reviews captures important discoveries of Buddhist methodological innovation in the technology of energy awakening factors that can be perfected by development.

Currently, the body's reaction to early life or present emotional, physical distress, and psychological conflict diagnosis of conversion disease is identifying signs that are

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<sup>164</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 133; SN 734.

common among people with the disorder. Although there is no distinct research that has identified potential birth condition fetal programming maternal trauma that may be the fundamental cause rooted in the disorders and original condition of diseases. Research expert in psychoneuroimmunology Candice Pert said,

Unless we measure something, science won't concede it exists, which is why science refuses to deal with such "non-thing" as emotion. The conceptual division between the science of immunology, endocrinology, and psychology/neuroscience is a historical archaic artifact.<sup>165</sup>

Cancer is caused by both maternal stress birth condition and continued mind-body maternal trauma binding genetic variants of habits and environmental exchange that are suggested to affect one's risks for one or more of the major common chronic diseases and noncommunicable diseases. Granted new stories of scientific discoveries are happening daily based on human genetic variants of diseases, yet, the significance of maternal trauma fetal programming prevention remains elusive.

### **Guide to Simple Coping Skill**

Lack of stress coping skills, diet, exercise, and relaxation, unregulated sympathetic nervous system (SNS) can accelerate automatic fetal programming of compulsive feeling, sense-emotion, volitional activities, and environmental response. Knowing the risk factors of fetal programming automatic cognitive processes, one can end the risk of disease-causing biobehavioral processes through *B*-adrenergic signal controlling. Individual physical and mental illness fetal programming conversion disease across the lifespan. The five *khandha* human constituents (*pañcakhandhas*) (body, feeling, sensation, volition, and perception) stress physiology and psychophysical

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<sup>165</sup> Candace B. Pert et al., "Neuropeptides and Their Receptors: A Psychosomatic Network," *The Journal of Immunology* 135, no. 2 (1985): 820-826.

lifestyles personal choice of situation, social psychic wound, and attachment to the stress of consumption contribute to one to cancer and subsequent diseases. The fundamentalist beliefs and customs of psychosocial risk factors of cancer are associated with an affective state that has been affected by persistent life stress trauma. If the permeating effect of life stress, traumatic experiences, and social psychic wound are not eliminated, it increases the risk of cancer or some other diseases. And the way to escape is the elimination of the five *khandhas* identities using the Noble Eightfold Method and *anattā* impersonality identity. The second Noble Truth specifies the roles of maternal trauma binding three types of volitional activities and automatic processes operating system. The ignorance of birth condition maternal trauma cognitive apparatus programming is the cause of neurological and psychiatric disorders' deepest pits of earthly life sorrows and suffering and the qualities of calm.

Thus, birth condition five *khandhas* origin of trauma is given not just in descriptive terms to refute the 'soul', 'self', or erroneous creator of almighty God belief and lies of self-salvation and its futile affective body stress triggering mechanics. But it is intrinsic to have a superhuman ability to delay aging, remedied disease and morbidity, depression, and death. Therefore, the first Noble Truth, the role of the birth condition suffering (*Jāti'pi dukkhā*), and the second Noble Truth three volitional activities of unconscious automatic behavior have deep implications in reversing maternal epigenetic beliefs, habits, and disease. Belief-stress of a human being comes to be programmed in the womb of a pregnant mother with three volitional psychic wounds and damage. It constructs the energy field programming in the nervous system functional response that mold individual psychosocial relationships and control of one's behavior. Belief or faith

from the womb reproductive system and the biobehavioral brain of the five *khandhas* fetal programming affects manifold experiences. Furthermore, the characteristic of non-self is implicit in the meaning of thought formation volitional activities. Volitional activities refer to three categories of phenomena of *samsāraric* experience. There is no world experience that is not in connection with the five *khandhas* three volitional activities, therefore conditioned, dependent, formed rather than independent.

### **Trauma Solution**

In summary, one cannot change their DNA and genes, but one can change the unconscious epigenetic fetal programming maternal trauma of the five *khandhas* to transcend the DNA and genes control over the body and its nervous system. The Third Noble Truth is the goal of resetting birth condition epigenetic programming. Like new science, Eightfold Path epigenetics control over the genes is the conscious goal to end unconscious HPA chronic stress gaslighting in the nervous system operating *khandhas*. What is clear here is that the integrated innovation of five-method skill training can uproot maternal trauma precondition stress. The fundamental foundation of the four-castes civilization root of the *Jāti'pi dukkhā jarāmaraṇa* fetal trauma perception is designed to keep false existential anxiety alive in order to divide and control. Depression is common not only with the general population and terminal illness or cancer patients but also with neurologic conditions: stroke, Parkinson's epilepsy, mood disorders, etc. Thus, Buddha's insight into karma operates by utilizing one's intention and concentration. Clearly, non-self-intention and concentration is the key player on this path.

## Chapter Six

### Noble Eightfold Epigenetic Reprogramming

The Noble Eightfold Path five *khandha* maternal trauma ‘non-self’ *anattā* identification is highly relevant in that nirvana or liberation has no special reference but five *khandhas* maternal trauma manumission. Nirvana could thus be described as the cessation of the *Jāti’pi dukkhā* birth condition emancipation. Let not a person revive the past pregnant mother's psychic wound, or in the future builds his hopes on I-making, mine-making, conceit, and concealing effective body HPA axis chronic stress triggering damage. Thus, in the sense of arriving in nirvana, it refers simply to the cessation (snuff out) of the maternal trauma binding fuel of recurring continuity. Therefore, the Noble Eightfold Path has transcended transgenerational transmitted maternal trauma discrimination experience and is peaceful and well-liberated. The four key teachings (Four Noble Truth, Dependent origination formula, Five Human Constituents, and Non-self-Identity) discriminates Self-interrupting cognitive disruption—inspects trauma binding feelings and sense-apperception, applies investigation of volitional activities and perception interpretation utilizing *paticcasāṃuppāda* formula non-self-five *khandha* wisdom. This is how the wheels of awakening factor Four Noble Truth *dhamma*—discrimination is set in motion.

It helps one to achieve the goal of ultimate reality, eliminating dysfunctional birth, aging, disease, psychiatric disorders, and crude morbidity and mortality. The Eightfold principle was originally given solely for the purpose of putting them into practice, which is the centrality of personal experience. It is this that has drawn me to the five methodologies of Eightfold Path research. Possession of personal experience is indispensable to common



health and happiness among all people. Whether it's a mental or physical illness, maternal trauma birth condition conversion diseases, and crude morbidities are normal responses to four-class myth culture lies of dangerous deceitful illusion. As long as four-caste myth culture theologians, therapists, professors, scholars, scientists, medical professionals, merchants, and politicians are limited to myth culture personalized perception of maternal trauma commonly accepted behavior, emotion, and thought otherwise called normalcy. It is impossible to draw the line between normal and abnormal behaviors. One thinks that a particular passage of privilege, better insurance of healthcare, or inherited fortune and entitlement will give one the most happiness, one can ever imagine being very intelligent and wealthy. In reality, there is no significant difference between the rich and not rich poor health and household suffering. Describing most of our situations in life, we have a choice to be practical toward anxiety, anger, and adverse health conditions reclamation.

It is hard to understand that every fiber of the genetic makeup is rooted in the five *khandhas* maternal trauma, psychic wound, and damage otherwise reprogrammed. We can intelligently practice being 'non-self' compassionate towards all situations and things to uplift our minds from fabrication. Free from lust, desire, doubts, and discontentment of the world we can feel more uplifted, alive, and energetic from our *anattā* awareness. Everything in conventional household life is associated with the maternal psychic wound, the seed of suffering. In *Sutta Nipāta* life as an individual is described as a 'flooding tide', a 'whirlpool', a drift on the maternal trauma current of conversion.<sup>166</sup> Once one cultivates Eightfold Path (*Sīla, Samādhi, Paññā*) practice to remove the maternal trauma binding five *khandhas*, and volitional activities, the causes of suffering are no longer present. By

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<sup>166</sup> Sutta Nipāta 319.

eliminating maternal trauma suffering, or un-satisfactoriness, one must be aware of the second Noble Truth, three volitional activities. By reprogramming the origin of maternal trauma birth condition knowledge of suffering, three volitional knowledge of the cause of the suffering, the knowledge of the ending of suffering, and the *silā, samādhi, paññā* knowledge of the way of practice leading to the closure of suffering. One will have cognitive clarity ('right view'—*sammādiṭṭhi*) which is a means to end the mass of fear, hostility, and oppression of suffering.

### **Extraordinary Right View**

Harmonious 'Right View' is seeing directly into the real nature of maternal trauma psychic wounds and damage phenomena in one own and other experiences. 'Right Resolve' refers to abandoning the great power of *Jāti 'pi dukkhā* maternal trauma binding association and causes of its great power of *taṇhā* habits and unconscious habitual affinity to stressful life again and again. Maternal trauma psychic damage spectrum lies along the thought of ill-will, the thought of cruelty, and harming others. The punch line here is pregnant women's birth trauma and psychic wound are the burden of gender bias brutality, self-sacrificial life-consuming religious society. There is so much that we can do to remedy pregnant women's birth trauma psychic wounds and their offspring's birth condition care. There are so many gender-bias brutality maternal trauma control legislations that society needs to put into place for the future generation of healthcare sovereignty and climate change immunity. We must treat it like a human existential crisis.

We know what we can do, we can provide pregnant women, adults, and children with measures of therapies: plant-based diet, five *khaṇḍa* non-identification, yoga, yoga-massage, and four essential key teachings of the body and the physical world. There are

things that pregnant women do every day in terms of psychological injury prevention, such as domestic fights, arguments, and crude volitional activities. Women alone cannot eliminate this first Noble Truth maternal trauma conditions and second Noble Truth three volitional ('right view') biological stress jobs alone. We need policies or non-profit centers that can materialize pregnant women and their offspring care. We need unborn child safety policies. We need more policy tools and social network centers to protect pregnant mothers and their offspring to address this *Jāti'pi dukkhā* epidemic of maternal trauma violence. Fetal programming conversion diseases of individual lifelong sufferings are just emblematic epidemics of pregnant woman's maternal trauma violence. It is essential to develop individual remedies and recovery of maternal trauma education to alleviate chronic stress.

We do recognize our knowledge of the addiction is in the *Jāti'pi dukkhā* birth condition maternal trauma not being blinded by the belief that an individual experience of suffering is what one has done in previous lives. *Paṭiccasamuppāda* formula is given to debunk conventional karma misinterpretation, describing how a human being is dependently originated from maternal trauma-distress of *Jāti'pi dukkhā* condition. *Paññā* wisdom of non-self-right view and intention of epigenetic distinction is central to uprooting maternal trauma binding five *khandhas* affective fetal programming in this very life. In this respect, *Sīla*, *Samādhi*, and *Paññā* Eightfold Path three-dimensional structure led to healing individual transgenerational maternal trauma fetal programming psychic wounded damaged permanently.

## Following are the Consecutive Noble Eightfold Path:

### 1. Right View (*sammā-diṭṭhi*)

Complete cessation of maternal trauma of the five *khandha* birth condition habits, behaviors, and belief biases is the fundamental foundation of the Noble Right View, which leads onward to liberation (*nibbana*). First, it discerns maternal trauma binding body, feeling, emotion, and thought objects and illuminates non-self-identity what arises in the five *khandhas* five sense faculties and six-sense perception to know and understand what things are and how they have come to be as they really are. Secondly, Noble Right View describes the dependent origination of maternal trauma birth condition fetus programming in terms of cause and effect analysis conversion suffering. For instance, what Noble wisdom brings to light as it elucidates our axiomatic expertise and living experience of maternal trauma womanhood psychic woundedness. Particularly, to understand the dependent origination process of the Four Noble Truths knowledge of the origin condition of human suffering, the knowledge of the remedy, and the knowledge of practice method leading to the sustained prevention of the suffering (*dukkha*).

Thus, ‘right view’ is a prerequisite to every stage in the cognitive process. More importantly, ‘right view’ (*sammā-diṭṭhi*) elucidates the process of *dasa Tathāgata-bala*: ten powers of a ‘Perfect One’; or he/she possesses the power of ten. “There, O monks, the Perfect One understands ‘right view’ according to reality the possible as possible due to the presence of necessary condition, and the impossible as impossible due to the absence of necessary condition ... the reckoning of past, present, and future actions ... the path leading to the welfare of all ... the world with its many different elements of diversity ... the different inclinations of beings ... the lower and higher faculties in beings ... the defilement, purity and rising with regards to the absorptions, deliverances, concentration and attainments ... impersonal remembering of many former rebirths ... perceiving with *anattā* divine eye how being vanishes and reappearing again according to their perceptual actions (*kamma*) of sensory realm ... gaining, through Eightfold Path cessation of all ‘*Jāti’pi dukkhā*’ maternal trauma taints,

possession of ‘deliverance of mind and ‘deliverance through wisdom  
(*manoviññāṇa*)<sup>167</sup>

## 2. Right Thought

The Noble Right thought is consecutive to the Noble Right View to overcome five *khandha* maternal trauma fetal programming intoxicated ignorance and its consequential crude morbidity and mortality. Our automatic compulsive habits and habitual thinking, grasping, and craving trauma habit and habitual behavior constantly unfold in our thought formation before it occurs in our lives. When we see the drawbacks of disease and terminal illness due to unwholesome sedentary sensual pleasure—reorientation towards wholesome dynamic life grows confident, steadfast and heart leap up to renunciation. The ability to reprogram maternal trauma binds three volitional activities: (1) vocational occupation of action. (2) greed, anger, aversion, and envy battle of becoming, namely: gain & loss, praise & blame, fame & shame, pleasure & pain the yoke of *samsāric* continued preoccupation. (3) pursuing the struggle for aging morbidity of losing faculties (ego death), health, and self-perpetuating existential threat become peaceful, calm, and tranquility. Right intention means if we reorient our lives around deeper values, we can lead a more fulfilling life. So, the *anattā* identity acts as a catalyst for the HPA axis stress response manager. Rooting out three volitional activities is achieved only by gaining insight into the maternal trauma domain of emotional thirst. According to the first and second Noble Truth, the cessation of prenatal maternal trauma and postnatal three volitional activities of human experience as we know covering the same area is co-terminus with the cessation of ignorance. In Buddhism, the highest insight involves undoing and reorienting the way one’s entire cognitive process works. It

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<sup>167</sup> MN 12 21.

is radically different from maternal trauma-binding volitional activities as it were. The fabrication of one's ill will, greed, hatred, and cruel thoughts may be different, but the distinct characteristic of negative states are identical. Situations and circumstances may change but individual ingrained habitual character of intention and inner thought does not. So, the remaining negative state of maternal trauma volitional mind constitutes the fuel that keeps on the stress wheel triggering HPA axis activation. One continues to live in the cycle of consequence-producing intention. Therefore, the right thought orientation of intention leads to liberated insight.

### **3. Right Speech**

Right speech is deeply rooted in the Right view and discerning of Right thoughts. How we live our life depend on how we are well-disposed in kind admirable delight. Our speech reflects our ethical beliefs and promotes good ethical conduct. Right speech plays a critical role to guard HPA axis hormonal communication networks in our bodies' neuroendocrine pathways and feedback loops that function to maintain physiological homeostasis. Perverse speech, hate speech, harsh speech, lies, gossip, and conceited self-beliefs are cultivated deadly poisons that can affect HPA axis dysregulation and can further result in long-term alterations in neuropeptide and neurotransmitter synthesis in the central nervous system regulation. These chronic HPA stress changes can potentially lead to a disruption in neuroendocrine, behavioral, autonomic, and metabolic functions. The Buddha said, there are five things to consider before speaking: (i) factual and true, (ii) helpful, or beneficial to the audience, (iii) spoken with importance and goodwill that conditions intention consequences in the future (iv) well-disposed, kind and admirable to our relationship (v) timely appropriate and appealing to our hearts and mind, and

safeguard our cordial relationship, in which case we think carefully about when and what to say it and how to say it. Our conceptual criteria and framework by which we make sense of things are generally not conscious but compulsive automatic maternal trauma-binding psychosocial experiences. The process of 'right speech' is that our cognitive experiences are organized according to a given social system. It refers to its corresponding consequences, particularly stress-triggering effects. Therefore, one must abstain from dishonesty, deception, harsh, discourteous, harmful, argumentative, idle speech, conceitedness, gossip, hate-mongering, and suppressing other people's feelings. The goal of 'right speech' is to cultivate anatta no-self non-judgmental acceptance of things as they are to sustain calm and tranquility.

#### **4. Right Action**

Noble Action constitutes integrated meditative wisdom of Right view, Right thought, and Right speech not only for ethical value but also for biological HPA axis essential means to control stress condition response. Right action develops and cultivates the consistency of confidence, clarity, and strength of body and mind to abstain from those actions causing harm to oneself and others. In the vast majority of Sutta contexts in which the *khandhas* are discussed, they are referred to as bodily, verbal, and mental actions. Buddhist approach to 'right action' to volitional neutrality is radical. The point is that the falsity of premises of the conceptual framework within which the entirety of the action operates is the basis of maternal trauma ignorance. What this means is that individual self-driven action constitutes one's cyclical experience of continued becoming. All religious, philosophical, and metaphysical views and actions are held based on ignorant maternal trauma conceptual fictional framework. Any effort of bodily, verbal,

and mental actions of those who try to make themselves wise in this way cannot be truthful but tainted. Our actions are commonly translated as the *khandhas* of maternal trauma grasping that would cause disease, pain, and crude death. In Buddhist meditation, any negative feelings or states of mind is being understood in terms of the maternal trauma binding fuel/fire analogy. Having been perfectly extinguished as one practices the ‘right action’. Harmonious actions are restatements of the five basic precepts (*Sīlas*) means abstaining from consuming, killing, and trading life. Abstaining from stealing, hoarding, and fraud. Abstaining from evil passion and sexual misconduct in action. Abstaining from lies, talking bad behind back, gossiping, conceited arrogance of knowledge, wealth. Abstaining from intoxicant drinking and other refined food, drinks, and nihilist behavior to harm one’s own body and others. It means respect for fellow humans and other living beings as well as refraining from stealing, hoarding, vandalizing, and restricting other people’s rights and threatening their freedom.

### 5. Cultivating Right Livelihood

The ultimate measure of a man is his/her volitional choice of ‘right livelihood’ as something free from maternal trauma, emotional thirst, and desires. It can be beautiful and valuable when it comes from a shared social need to contribute meaningful occupation to the world. ‘Right livelihood is the intention to cultivate beneficial rewards for society to support oneself and pursuit of common happiness. Whoever sees *paṭiccasamuppāda* dependent origination of ‘non-self’ identity in ‘right livelihood’; harmony with nature and society sees the *dhamma*; whoever sees the violence and suffering in livelihood whether working for warriors or weapon industry, environmental and eco-terrorism industries, human or animal trafficking et cetera., sees the dependent



origination of *Jāti'pi dukkhā* maternal trauma. Right views are the law of wholesome livelihood karma determinism.

Livelihood based on greed, hate, and delusional means has no concern for any other life than himself or herself. Buddhism forbids all these forms of livelihood and asserts that this wrongful pursuit of happiness is the most injurious and harmful choice of suffering. All these livelihoods and lifestyles are based on a paradigm that is degenerative—it erodes one's health and the health of ecosystems, communities, and the beings who live in them. Regenerative livelihood is based on insight, which is co-creating with the ecosystem and sustainable community, health, and well-being.

Cultivating an authentic compassionate attitude must be in an individual's chosen career identity or workplace, as well as the actual output that one creates through physical or mental labor. Whether it is paid or unpaid labor, it is a regenerative 'right livelihood' leading to the renewal and restoration of the community's well-being and resilience of the world. 'Right livelihood' is completely different from the self-idealistic opportunistic unwholesome view. It is entirely epistemic in the sense that it draws people with the new paradigm in places of public visibility and power with larger movements for social and ecological transformation. 'Right livelihood' can also be an active agent of solidarity of change with the vast masses of middle-ground open-minded people.

## 6. Right Effort of Physical Exercise

### *The Mind-body Exercise Has Four Parts:*

- Prevention (*saṃvara*) is guarding the mind's five senses-doors sensuous activities during *Samatha* yoga, meditation, or walking exercise. The selective *dhāraṇīs* or mantras are often used to shield the five *khandhas*

identities. They are an essential part of safeguarding five-sense door chaos. Three volitional minds and the HPA axis are activated when one turns attention to any sensory perception. The *anattā-ānāpānāsati* breathing meditation device (*kaṣiṇa*) stops compulsive automatic reactions to whatever is perceived through the senses. It turns off one's continuous ambulatory mind to external objects perceived. This way one consciously stops reacting to sense stimuli within and environment outside.

- Elimination (*Pahāna*) is abandoning deceptive maternal trauma-binding thoughts and habits that are baked in the DNA of the five human constitutions. They are five kinds of abandoning: (i) Abandoning 4 varna repressive beliefs and behavior conditioning, i.e., that is the freeing of the five worldly obstacles, (*nivāraṇa*); vocational and sensory desires, ill will, sedentary and idle mind, anxious and cynical mind by the *samatha kaṣiṇa* exercise meditation practice of wholesome absorption to attain the first of four *rūpa-jhāna* state. In *Avijjā Sutta* vocational sensuous volitional activities of becoming are juxtaposed with tapestry weaved in many different bright colors, ill will, anger, and cruel thoughts with bubbling water or defiled nutriment, sedentary and idle mind with stagnant toxic lake or pond, anxious and cynical mind with an agitated whirlpool of water, anxious and cynical mind with the muddy mercury water.
- (ii) Overcoming by the opposite—seeing impermanence in permanence and permanence in the impermanence, ugly in good and good in ugly by the factor of knowledge belonging to *samatha-vipassanā* insight as if seeing the

exploitation of kindness masking in the wisdom. Abandoning is not an absence of knowledge, but a different worldview that gives a meaningful reality rather than vaguely acknowledging otherness. (iii) Abandoning by annihilation birth condition *Jāti'pi dukkhā* psychogenic and psychosocial habits and behaviors of greed, aversion, and delusion cannot continue any longer, just like a tree is uprooted from the ground. Such abandoning is called abandoning by destruction.

(iv) Overcoming by tranquilizing action such as wholesome transparent precepts perception, plant-based diet, walking exercise, *samatha* yoga and massage, *anāpānāsati* meditation lifestyle for results that are relevant to understanding three wavering volition activities, which is the awareness that accompanies the operation of the five *khandha* fruition to attain the lotus flowering of insight even though this grows from the mire of maternal trauma ignorance by tranquilization. (v) Abandoning by deliverance from *Jāti'pi dukkhā* worldly passion and desires. Delineating and identifying maternal trauma volitional activities, verbally differentiating them—making them manifold—is then reified into a body of experiences. The role of language is crucial to reifying things to bring about the result of the *pahāna* purification process of perception through insight sense-apperception insight experience.

- Cultivation (*Bhāvanā*) is the cultivated calm *anattā* introspection practice, undisturbed by the lust and sensual desire and subsequent emerging of negative emotions can be prevented and then focusing attention on the

experience within. This means cultivating *anattā* attention on the emotional interpretation to object, images, sounds, smells, etc. It is important to understand, any reaction to an object, image, sound, smell, etc., will automatically trigger an HPA stress response. These reactions arise in four stages of physical manifestation: bodily sensation, feeling, sensual, and emotional image such as greed, anger, fear, and aversion to things, and *anattā* cognitive response to the reaction is the way one terminates one's conventional conditioned trauma mind.

- Preservation (*anurakkhana*) is an ongoing conscious wholehearted sustained application of *anattā* process of perception. Each person has their unique maternal stress, anxiety, trauma, psychic wound, and pain that highlight the multifactorial and complex nature of this field of desires, grief, and morbidity of becoming. Just like the way a good gardener keeps weeding, pruning, planting, fertilizing, and watering day after day practice. Potential growing meditative insight into the nonmaterial, non-perception nature of transparent stillness. It has the accurate ramification of tranquility of trauma binding desiring mind perception.

#### **7. Right Attention (sammā sati): Right Attention has four parts:**

##### ***Body (kāyā) Awareness***

The proficiency of four formless mental body awareness (feeling, sense-apperception, volitional activities, and perception) internally and externally depends on the wholesome choice of consumption reactivity. The body is the nutritive essence of the concretely produced transgenerational transmitted maternal trauma matter. The process of

wholesome factor nutritive essence higher knowledge is to be seen as four inseparable tetrads—body, feeling tone, qualities of perception, and causal mental states. Maternal trauma diet ‘body’ and its four constituent parts are described as an impulsive ‘vile’ heap of the toxic waste dump. Its elements and consciousness are ‘impure’ (*asubha*), and ‘loathsome’ (*jeguccha*). The structural psychic woundedness is the continuum body of unwholesome passions and desires. The indissoluble foreign matter produced by nutriment is entangled with integral matter produced by perception awareness. Chronic stress in the body can cause structural and functional changes, like cell death or alteration in the HPA axis dysfunction. However, developing deep mental clarity of body mindfulness meditation through successive *ānāpānasati* (mindfulness breathing) conformity (*anuloma*), in practical terms increases our para sympathetic (PNS) relaxation volume. Careful attention to the consumption of manifold objects of what constitutes the material body continuity. Energy dynamics of the body become more centered, active, alert, and vibrational, which counteracts the dominance of sloth and torpor.

### ***Feeling (vedanā) Awareness***

This is realized by examining the impermanent nature of fleeting feelings regarding reactivity to our experience internally and externally and how those reactivities affect us both physically and mentally. In this context *ānāpānasati* breathing is more than an *anuloma* conformity, it is a meditation device during which many aspects of reality are observed, and hidden resources are accessed. Feelings are associated with emotional experiences, memories, beliefs, and other situational interactions. Breathing meditation device is operative to deal with temporal ‘feeling awareness’ together as one approaches the precipice of cessation unconditioned mind *nibbana*. So, the temporal feeling does not

last, but the identification makes it so. When the maternal trauma feeling of continuity is removed by the *anattā* identity, the rising of manifold feeling also fades away. Thus, the knowledge of *ānāpānasati* meditation devices is much deeper than that of ordinary people practice. One can see the rising of pleasant, unpleasant, and neutral feelings as a rootless evolution in the concept of ‘non-self’ *anattā* mindfulness, which promises to loosen the grip of five *khandhas* identification.

### ***Emotion (citta) or Mood Awareness***

When emotion is aroused, it’s not just a thought, there is an intergenerational antecedent woundedness, and layers and layers of memories arise in a laser-flash. Their superimposed mental factors are associated with subjective experiences, affective body physiological responses, and behavioral responses. *Abhidhamma* classified sense-sphere factors of emotion according to several principles. Bare knowledge of emotion is an understanding of their conscious, subconscious, and unconscious states. However, emotions are associated with behavior, the social status of a culture, and previous traumatic stress disorder experiences. It depends on the association of thoughts, beliefs, desires, experiences, and memories reactivity. Emotional arousals are feeding the aversion, lust, and desires by our reaction to them. The emotional state has a consequential impact on the memory association and the body’s reaction. Emotions and tensions are complex processes involving multiple dependently originated effects on the stress response, and that change in the body can be observed.

Whether it’s fear, anger, shame, sadness, etc., it sets off changes in the autonomic and neuroendocrine system's cardiovascular reactivity in the form of tension: increasing heart rate, heavy breathing, body temperature, or physical pain. Replacing the

characteristics of the thought and appraisal of the emotion one gains cognitive empathy intelligent skill compassion as a way to interpret differently to process emotion positively. Relinquishing attachment to sensory-realm and state of the memories provides constructed cognitive mind diminish from making progress in chronic stress. With this shift of attention and changes in cognition by using feelings such as friendliness, compassion, sympathetic joy, and impersonal identity one understands that sense-realms emotional boundaries are as if they were self-imposed. As a result, the emotional process could be fundamentally altered.

### ***Thought (Dhamma) Awareness***

In mindfulness of *dhamma*, one can view and interpret the thought experience of seeing, hearing, emotion, volitional activities, and circumstances free of self-perceived grasping and negative clinging. Thoughts are then both affective and cognitive. Emotional interpretation can be observed both in physical and mental manifestation. Seeing things individually unique to their maternal trauma as they are also the cessation of ignorant interpretation of what one sees, hears, and smells. Interpretation then becomes a path of purification. So, the interpretation comes from within, not from without. Then one can see that it was the interpretation that fanned the flames of emotional arousal. One then begins to see that simply as a reactionary interpretation not as a truth or falsehood but as an interpretation of a self-binding compulsive automatic reaction process. Mental disorders are shaped by the attitude and belief in one's interpretation. Cultivating *anattā* interpretation without judgment or attachment is a key factor in the cognitive process. Interpretation occurs when there is a combination of the three: body awareness, feeling awareness, and emotional expectation awareness. In reality, the existence of any of the

factors of our experience is dependent on our interpretation. So, interpretation is fundamental to the world of experience in all their multiplicity of combinations. Therefore, a positive interpretation of thought is commonly referred to as an object of meditation, suggesting that our relationship with the world and the well-being of mental health depend on our ‘non-self’ interpretive reaction. By understanding how everyday stress is operated by our interpretation, one can understand how to achieve liberation from the cycle of chronic stress.

### 8. Right Wholesome Mind (Sammā Samādhi)

The ‘right view’ refers to seeing *Jāti’pi dukkhā* birth condition multigeneration maternal trauma as ‘not-self’. Cultivating the *anattā* ‘not-self’ skill training is to give up maternal-trauma binding five *khandha* ignorant infected illusion and attain *kusala citta* (wholesome mind) concentration (*samādhi*) singularity. The wholesome mind also reveals our basic ‘not-self’ personality anatomy and tranquility physiology *kusalacitt’ekaggatā* wholesome mind-emotion unification. This is how one can perfectly be awakened from manifold maternal trauma ignorance and psychosocial fabrication. Thus, one is liberated from three basic unwholesome personalities, such as greed or lust, ill-will or cruel thoughts of hatred, and deceitful delusion of ‘self’ or ‘soul’. Through wisdom, a wholesome moral mind is achieved. By the power of the *sīla* transparency one attains good rebirth, achieves health and wealth, and attains *samādhi*, an unshaken unconditioned mind (Nirvāṇa). It is a paradigm shift of immaterial consciousness with 4 wholesome, 4 resultant, and four functional ‘non-self’ *anattā* minds that dismisses self-sufficiency soul view *samādhi*.



All empires and religions are founded on four classes (Vedic Varna four-castes): myth culture, social ideology, and spiritual hierarchy to establish a manufactured unnatural phenomena, where negative pernicious self or soul came from, and how human civilization was developed by authorizing common consciousness to implement permanent long-lasting order and caste-based identity of existence, and understanding why things happen as they do. Emotion is the foundation of the mythic culture of personality in pursuit of sensory realm happiness. It imposes a fatalistic soul worldview tinged with pain, fear, and suspicion: a distorted perception that determines our view of how things are. It is inevitably misleading a person into the deceptive hero's journey of sorrows and suffering called know thyself. Its sole purpose is established on taking pride in work and obedience to hierarchy where one group exploits others. Particularly, corporation or business caste exploits the other three. Among these four-group soul societies of creator God, women are subjugated to be 'second to all men of the four group', and this transgenerational trauma of women's psychic woundedness (*Jāti'pi dukkhā*) is transfused to an unborn child.

Maternal trauma is not all that happened to you in life after birth but what happened to you during the gestation period of fetal programming in the uterus. It is a prenatal and postnatal psychosocial contention that causes two forces of the human mind to pull each other in different directions. The two forces of mind are the medial prefrontal cortex (MPFC) mentalizing-mind (*mano*) and the emotional amygdala mind (*citta*). MPFC is the key to reasoning, problem-solving, non-partial comprehension, impulse control, creativity, goodwill, compassion, perseverance, and equanimity. Furthermore, maternal trauma bonded emotional mind is demonstrated by the psychosocial myth

culture of the false self, soul, and God eternity language process of perception and defiled diet and drinking habits of delusional desires, lust, and hate to divide and control humanity for the few to indulge our emotion rather than intelligent wisdom.

The Buddha said the world is dominated by emotion, emotion causes desire and discontentment. The whole world is spell bounded and set up by ignorant infected emotions of fake self, soul, and creator ideology of delusional God. Emotion is demonstrated into faith and devotion to a fictitious fabricated self or soul where there is a movement toward 'Self-actualization'. Emotion (non-thinking mind) cannot arise without mentalizing thinking, nor can mentalizing rational mind arise without beautiful clear emotion, which is the focus on personal experience. Emotion cannot arise without an object and 'self' attached to it. The self-identification of any of the five *khandhas* in terms of phenomena causes emotion to trigger together with HPA axis affective body response. However, the significance of the mindfulness of emotion (*cittānupassanā*) and the implications of that significance, are crucial to annihilate craving (*taṇhā*) and intention (*cetanā*), which fuels the negative emotion.

From this one can see that *anattā* non-self *khandha* teaching is an essential interpretation to attain wholesome mind *samādhi*. To remedy the experiential mechanics of maternal trauma emotion, one should think of oneself in terms of five *khandhas* not menacing self or soul. All things described in Buddhism in terms of these five delineated indivisible five human constituents. The individual central nervous system operating process of volitional activities is dominated by maternal trauma-bonded emotion in which all the *khandhas* are involved. This is how human cognition plays out by the habitual infected ignorance of maternal trauma cause and effect rather than reified not-self. One

must understand that maternal trauma binds the volitional psycho-cognitive matrix underpinning all states of mind and emotion before the *samādhi* insights. One is not seeing the consequence-producing aspect of any volitional action, an affective body, word, or thought and intention behind it. One is ruled by the distinctive negative emotions of unconscious prison of anger, hatred, and greed. Whenever ill will or cruel thoughts arise, negative intentions arise and have corresponding repercussions. The goal of the *samādhi* insights meditative exercises is committed to examine one's state of emotion and its volitional activities at any given moment, insight regulation that ensures the purified mind's wholesomeness. *Samādhi* purity of emotion, then, is both affective and cognitive. The need for a three-dimensional structure Eightfold Path skill training to clarify one's negative emotion is crucial so that one can get rid of maternal trauma *Jāti'pi dukkhā* condition ignorance and see things as they are—a central feature of Buddhist teachings and transformation.

### **Mind Emotion Singularity**

Most of the time we are lost in the maternal trauma stress-binding movies of our minds. We are not aware of the fact that we are driving our thinking blindfolded with trauma stress. As we become more mindful of non-self-identity of mind unified emotion fortifies the mind's perception awareness to a greater steadiness, thus purifying the mind with *sīla* and liberated impersonal insight. *Sammā samādhi* overcomes the five obstacles (greed/lust, aversion, sloth/torpor, restlessness, and remorse/doubt). One gains purification and perfection over one's emotional excitement and 'non-self' intention. It generates conviction and faith (*saddhā*) in Buddha, Dhamma, and Sangha participatory consolidation. The fruits of practice increasingly become stable, profound, wonderful,

and joyous, and promote profound conditions of the heart, mind, body, and optimal immune system. This is where the mind and emotion are unified single pointed insight in which all elements and existence become a dynamic experience. Understanding the true nature of 'not-self' thought is the most freeing aspect of examining and reinterpreting our maternal trauma mind trajectories.

Deeper levels of wisdom can see the urgency to understand the nature of one's maternal trauma craving or emotional excitement and intention that causes a fundamental disconnect between emotion and mind cognitive process. This guarding of five *khandha* is not so much to keep all maternal trauma sense data out but to control how one deal with its memory association and reactivity. A person may attend one silent retreat after another or be isolated in mountain or countryside social distancing, far from humanity, he recognizes that his thoughts are influenced by his birth condition maternal trauma ignorance. Why is that? It is because maternal trauma psychic wound is his emotional companion. As long as one takes his maternal trauma wounded volitional affective and cognitive emotion as real, they will continue to cause great suffering and unhappiness as the merciless torment that prisoners of war experience in isolation.

### **Why is Eightfold Path Prevention Necessary?**

All this analysis and attention to my point are that the nexus of the Noble Eightfold Path is an entirely subjective experience and not about objective logic and philosophy. It is so radically different between the perception as a cognitive lens of an individual infected ignorant from inherited maternal trauma otherwise awakened from maternal trauma biobehavioral habits. Although he/she doesn't know when an unrisen maternal trauma feeling of fetter and afflicted emotion may arise, so he/she cannot do not

know how maternal trauma iron shackles can be reprogrammed, and how a future arising of programmed fetters can be prevented. One doesn't know what happiness is beyond trauma sugar-coated sensory realms. Thus, pursuits of pleasure and happiness are mistaken by unconscious and subconscious trauma. In the first sermon, the fourfold formula describes that the fetal programming *Jāti'pi dukkhā* maternal trauma arises because of five *khandhas* intention identification; annihilation of *dukkha* can be attained; Noble Eightfold Path is the way to attain such termination. Genes are weak like gravity. As long as one is under the gravity of five *khandhas* fetal programming influence, one is bound to suffer dysfunctional, aging, disease, and death. The uprooting and reprogramming *Jāti'pi dukkhā* birth maternal trauma epigenetic suffering is possible; and a three-dimensional structure (*Sīla, Samādhi, paññā*) is given to free us from the wheel of maternal trauma binding five *khandhas* influence. *Paṭiccasamuppāda* formula twelve links dependent origination simulated analysis precisely pinpointed the origin of five *khandha* maternal trauma human suffering and reprogramming of the *khandha* release from the suffering.

### **Spired Awareness Without Emotion**

The Right harmonious View of the five *khandha anattā* identity is a liberated awareness free of maternal distress, woundedness, emotional excitement, anxiety, and aggressive or depressive attitude. It points out the short- and long-term corresponding wholesome action. Wisdom of harmonious intention to remedied trauma binding disease and mental torment and cultivate on Noble Eightfold Path knowledge of prevention. So, one eradicates unconscious birth programming maternal trauma-stress suffering with the Eightfold method of discernment to Resolve it in the unyielding *Sīla* constituents.

Therefore, cultivating the Eightfold way *Sīla, Samādhi, Paññā* is coterminous to both intention and craving at the same time. It is an important aspect to access the mind-emotion quantum energy field (*sāmadhi*) of immaterial and supermundane mental states.

I call it a five interconnected '*pañcakkhandha*' indivisible mental body vibrational medicine. It is not only causing a structural change in the brain which transforms individual meditation practice and life, but it also turns off chronic HPA axis oxygen-sucking maternal trauma unconscious condition stress response. It asserts enormous benefits to a healthy immune system and denies negative emotions to arise so that underlying energy flow becomes a subset of larger programming, and that larger programming is connected to all other programming. Most of the time an individual's seeing, hearing, smelling, feeling, emotion, thought formation, and sense-perception of the world is flowing from the fatal fetal programming of maternal transgenerational trauma regardless of the individual's nature and nurture status.

As a result, four castes or classes crystallized civilization re-evolving beings emblematically indicating ignorance and trauma-stress which echoes in the womb. Nonetheless, the Noble Eightfold Path five *khandha* reprogramming brings *Jāti'pi dukkhā* birth condition fetal programming maternal trauma to a supernatural or extraordinary stopping point. In this way, one intentionally produces another body and mind equipped with non-grasping and non-intention *samatha* yoga-meditation devices. It demonstrates even more vigorously the absence of fetal programming continuity between gross and subtle forms of biobehavioral response. Thus, the number of creative and beautiful possibilities and the number of perspectives dramatically multiply. He/she no longer sees or is controlled by the fetal programming maternal trauma faculties. All

things considered, if someone has honestly and fearlessly taken a correct and firm decision to practically partake in all necessary steps described by the Eightfold method to eliminate birth condition maternal trauma physical and mental body nutriment this journey of re-becoming or moving from maternal stress sensory mental state limited experience to Eightfold Path supermundane way, is said to be *Paññā*. Furthermore, courageous *anattā samādhi* intention and its persistent practice can eliminate all maternal trauma-conditioned nature of perception. For that reason, ‘bundles of six-sense-based perceptions’ cannot be mistaken for simple ‘self’.

Moreover, the five *khandhas anattā* doctrine provides a fearless unshaken mind of non-violence to a person who greatly values the involvement of this task of ceasing *saṃsāra* by considering it as the first and foremost priority of life. A person leading a life with such admirable positive *anattā* concepts would certainly be able to enhance ultimate wisdom *Paññā Pāramītha* and utilize it for the welfare of women and their offspring’s healthcare for fetal uterus condition. So, one must practice *Sīla*, and *Samādhi* subjective experience to eradicate *Jāti’pi dukkhā* birth condition maternal trauma mind for the right view to arise. Once one has abandoned the maternal trauma mind, the tranquility of the body follows naturally. According to Buddhist teaching, the Eightfold method epigenetic constituents have the power to attain a state where fetal programming birth condition karma is no longer the frequency through which the cognitive faculty works. One can use the power of *paññā* wisdom.

### **Noble Eightfold Path Confidence**

Maternal trauma birth conditions are difficult to eliminate without the first *jhāna* meditation device. Those who cultivate the Eightfold method, based on the sensory realm

mental state, find it difficult to know the five *khandhas* in an essentialist sense because they are the real identity cleansing of the first *jhāna* that terminates the main five obstacles of maternal trauma. There are different levels of purity and tranquility of the mind and the body. These different levels of purity describing the *jhānas* are dependently originated. The first *jhāna* is where all maternal emotional excitement, agitation, and three volitional intentions have disappeared. Emotions are codified into five obstacles. The first one is a desire for sensual pleasure and vocational pursuit. The second is degenerative dormant stress, anger, hatred, and frustration. The third is lack of energy, fatigue, and drowsiness, which is also an emotional state from a sedentary lifestyle. The fourth is agitation and worry-driven emotion scruple of suspicion. The fifth is an undecided wavering state of the mind where the mind is divided by a manifold of mental factors craving and grasping. A bad diet or inadequate nutrition, decreased mobility, including long commutes, and work exhaustion without stress coping skills that confuse the mind. One cannot think clearly, which affects judgment, memory, unwholesome intention, and behavior.

So those things completely disappear at the first *jhāna* of *samatha* education skill training where the mind becomes tranquil and calm. Developing and cultivating *samatha-bhāvanā* physical and mental concentration activities produces an unshaken, peaceful, undefiled, and joyous state of mind. The first *jhāna samādhi* eliminates twelve rooted unwholesome mundane maternal trauma *jāti* nature of emotion, craving, and grasping emotional excitement and expectation. eighteen rootless illusions, seven unwholesome resultant, eight unwholesome concomitant outcomes, three rootless active functioning (iii) twenty-four sensory mental states bounded by rationality and creativity—8 healthy



robust sense spheres, 8 resultant, and 8 experienced or substantial sensory mental states, which is codified into five sensory state obstacles (*kāmacchanda*, *vyāpāda*, *thīna-middha*, *uddhacca-kukkucca*. *vicikicchā*).

In the *Abhidhamma* perception cognates composite nature of the body and mental states are divided into four plains experiences. (i) Sensory mental state (ii) Fine material mental state—5 robust healthy nourishing, 5 subsequent, and 5 functional effective (iii) Immaterial mental state—4 wholesome, 4 resultant, and 4 effective functionals (iv) Supermundane or bodiless mental state—8 Noble Path consciousness and 4 fruitions functional effective. Conventional consciousness wanders between sensory and fine material mental states. Attaining the first *jhāna*, immediately, it causes five codified immaterial state (4 wholesome, 4 resultant, and 4 functional) bundles of perceptions to appear in the mind called impersonal freethinking conception (*vitakka*), open-minded cognitive formation (*vicāra*), goodwill sympathetic joy and cheerfulness (*pīti*), friendly compassionate joyfulness (*sukha*), and liberated equanimity (*ekaggāta*) *samādhi*.

When one enters the first *jhāna-samādhi* liberated insight, there is only good creative concept of goodwill and joyful states absorption because one knows what maternal trauma five *khandhas* discursive thinking, mood, emotion, and attitude and habits look like by its names, symptoms, and visible objects of converse illness and evil passion in behaviors even sometimes it has no name, that is maternal trauma bonded *nāma-rūpa*. Due to the five *khandha* prenatal and postnatal mind having been completely purified by the *anattā* death awareness perception or liberated death consciousness from its maternal trauma sensory mental state consciousness. One begins to experience happiness and joy leading to skillful insights.

Moreover, those who have suspended five *khandhas* material state volitional activities, resulting in their value changing *anattā* death consciousness practice. It serves as a rebirth consciousness in immaterial states. Life-continuum (*bhavaṅga*) and its seemingly endless speculation activity of being conscious that one carries around with one as a sort of mind-stuff slowly dissolves in death consciousness (*cuti-citta*). Thus, four immaterial states operate as rebirth consciousness meditation devices. So the life-continuum purified perception filter is relevant to understanding the uncontaminated *khandhas* as a whole. So, the *cuti-citta anattā* perception, then, is the awareness that accompanies the operation of the *khandhas* at its most basic, seeing and hearing only is seeing or hearing. And awareness becomes aware of awareness because one is aware of something. However, vague the object of awareness may be, one is aware of being aware.

The goal of Buddhism is an insight into the layers of the maternal trauma memories of truth and not some kind of trance. In Buddhism, trance is strictly prohibited in its entirety. Because trance is uniformly absent of awareness or absence of knowing respective insight. When a maternal trauma binding object of *samsara* volitional *sankhāra* activities strikes to vibrate for a single moment (*bhavaṅgacalana*). It is apprehended in the immaterial states (*bhavaṅg'upacceda*). This is the cessation of the life continuum of three volitional activities. In immaterial state sense-perception awareness is often outlined as it relates to each of the sense doors—seeing, hearing, smelling, etc., a key characteristic of perception is knowing or cognizing.

Death consciousness *Cuticitta-anattā* perceived awareness regulates the functional reaction when a maternal trauma-binding sense object strikes any one of the five sense doors because these sensory mental state *cittas* or emotions are rootless

functionals (*ahetuka-kriyā*). Precept-abiding instructed noble practitioners do not regard form, feelings, sensation, volition, and perception as self. They no longer crave, grasp, or revolve around them. Therefore, the gradual purification of all maternal trauma of five *khandhas* defilements is extended and it takes *Nibbāna* stillness of perception perfection as a truly pure object of awareness. It is radically different from our deceitful 4-caste mythical culture of day-to-day knowledge. It involves the absence of points of reference with which we are familiar. *Samatha-vipassanā* body and mind exercise relaxes the muscles and regulation in the nervous system in the body.

When the muscles and nervous systems are relaxed one feels very comfortable with wholesome emotion. So, mental happiness or joy and physical comfort means the mind is unified with emotion (*citta-ekaggata*). When one comes to the second *jhāna*, the free-thinking conception and cognitive formation lose their interest and stop, and one is left with the happiness, comfort, and stillness of the mind. When one enters the third *jhāna*, the happiness and comfort crystallize into a new neutral peaceful state of stillness. Because it is seen as an unnecessary excitement, and one reaches non-self (*anattā*) actualization supermundane *jhāna* bundles of perceptions.

There are two vehicles (*yānas*) to obtain the supermundane state of mind: *Vipassanā yāna* and *samatha yāna* awakened nature of *cuticitta* perception awareness (4 wholesome, and 4 fruition path perception awareness). As one enters the fourth *jhāna* deep state of tranquility, it can be seen the supermundane path of mental state fruition. It is multiplied by the further five *jhānic* stages (boundless mental state, boundless perception state, mental state of nothingness, mental state of neither sense-apperception-nor-non-sense perception, and attainment of extinction mental state). The four Buddhist

key teachings provide deliverance of maternal trauma mind through an extraordinary mental state of wisdom. In that context, the sensory state name-form comforts are completely destroyed and disappear by the cessation of sense-material and fine-material consciousness.<sup>168</sup> The sensory mental state of comfort is seen as some kind of burden of boredom tarnished by the sensual pleasure tension. One becomes more and more withdrawn from the conceptual ordinary world and finds oneself creating a gentle non-reactive protective world.

The more factual knowledge of experience is acquired but with a different perception associated with deeper insight and clarity of understanding how maternal trauma of DNA and gene concept is different from the creative power of the Eightfold Path epigenetic mind supermundane mental state. The liberating effect of *jhāna* wisdom, particularly in the immaterial sense of understanding different forms of knowledge and different ways of thinking to view the world very differently. *Jhāna* expanding awareness goes beyond one's trapped maternal trauma, programming sensory bubbles, sights, sounds, feelings, and perception and the idea of the world around them. It is completely new and exciting, very different than household fetal programming, maternal trauma life, and even mundane aspects of life become newly magical 'non-self' interpretations. The states of perception and cognition are fully alert, fluid, and lucid. The practitioner's three-dimensional Eightfold method activities and behavior functional intermittent coping skill energy boost response remain detached from all birth condition maternal stress wrong views and intention.

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<sup>168</sup> DN I 223.

## **Sīla, Samādhi and Paññā Liberating Experience:**

The Buddha pointed out three birth conditions *jāti-jāramaraṇa* maternal stress toxic life: greed, hate, and delusion for the deliberate purification of the body and mind. Individual fetal programming maternal trauma conceptual body and mind are gross birth condition radioactive emotional toxic waste dump, whereas the Eightfold method deliberate creation of the body and mind is subtle *nāmarūpa*. The reprogramming of birth condition intoxicant poison is the goal one is trying to achieve by cultivating the Eightfold method of teaching. There is a three-dimensional structure that one must cultivate to attain that clarity of the five *khandhas* compassionate regulation of tranquility in the nervous system. Among them, *Sīla* is the chief first foundational structure of the Eightfold methods. This is to say, the five *Sīla* moral conduct laws of determinism are designed to end *samsāric* birth, aging, disease, and death and to control one's behaviors until the physical body dissolves in death. This is deliberate liberation of the five *khandha* maternal trauma. Cultivating *sīla* awareness imperative meditation is a necessary union to harness the five powers of precepts in action which transforms every object of the mind, body, and speech fetal programming trauma. It is the bedrock of the teachings of Buddhism.

### **Why Sīla Transparency is Important?**

In Buddhism, *Sīla* transparency and accountability are the backbones of the Dharma to attain the Right View. It represents the progressive purification of the five *khandhas* and the intention. Mental volition is a maternal trauma karmic force in the mind, the intention of wise discrimination is the ultimate determining force of the mind. The potentiality of a healthy immune system comes from the five precepts of moral and

physical conduct intention, and one is not going to be carried away by one's birth condition maternal trauma emotions. Even if one becomes upset, angry, down and confused, lonely, frightened, or infatuated with desires, one is not going to get carried away in that way. Thus, *Sīla*'s wholesome moral conduct will strengthen the immune system and help prevent diseases. They are conditioned by one's ignorance of the first Noble Truth. *Samādhi* is the second essential structure developing four mental bodies (feeling, sensation, volition, and perception) purification. According to Buddhist *jhānic* teaching, *Samādhi* absorption is a necessary mental-body exercise to calm the mind for cognitive cool composure concerning environmental interaction and mind-body tranquility and relaxation.

Every emotion or individual interactive reaction is the invisible effective body HPA stress disruption of the volitional thinking mind. It distorts one meditation exercise which uses the body as the meditational subject. So, the disturbance of 'emotion' in the 'thinking' mind must be stopped by *Samādhi* system to purify the five *khandhas* birth condition contention. When the *anattā* mind has eradicated maternal trauma and its associated chronic distress, a unified *Samādhi* mind appears. That progress of birth condition mind-emotion behavior *samādhi* is a description in the text as 'ten perfections. Furthermore, the compassionate mind-emotion unified *Samādhi* realization is that we all are the victims of unknown ignorant birth conditions, transgenerational repressive psychosocial life-threatening trauma danger, the psychic wound of women, emotional tension effective mind-body sickness of birth, aging, disease, and suffering before death. However, *Sīla* and *Samādhi* structure stands on the shoulder of the *Paññā*. *Paññā* is the 'right view' and instrumental to gaining insight into the birth condition of maternal stress

trauma. ‘Right view’ constitutes the ‘right body, ‘right body constitutes the ‘right feeling, thought, and sense apperception, volitional activities, and perception. Mind-emotion split-off disturbances cannot be stopped without the ‘right view’ of volitional choice.

No matter how powerful one is with one’s success in life, health insurance, inheritance, and wealth, one suffers from maternal trauma, emotional thirst, stress, and its miserable awful downhearted disturbance. Prenatal birth condition ignorance and postnatal psychosocial myth culture belief asserts one to assume that things are independent of each other’s existence and psychologically one continues to anticipate permanent self or selfhood. The entire *samsāric* conceptual framework is underpinned by the assumption that the apparent plurality of the world is transcendently independent and continuous. According to Buddhist teaching, this transgenerational trauma of five *khandhas* multilayer thought formation programming complexities is beyond one’s conceptual imagination.

Fetal programming maternal trauma is the hidden iceberg mountain of maternal psychic wounds, damage, and stress. Identification of each *khandha* functional response is a process of invisible HPA axis conditional stress response. Unconsciously it is making manifold chronic stress, which is dependently originated. It is the central aspect of the *paññā* to fathom the real meaning of *dukkha* in the sense of how one uses the Eightfold method cognitive lens. So, the centrality of the *paññā* structure subjective experience of the Eightfold method is an ethical life operative force. According to three interrelating and continuously relevant focuses—*Sīla*, *samādhi*, and *Paññā*.<sup>169</sup> *Sīla* covers the multitude of behavioral aspects involved in how one lives one’s life. *Samādhi* refers to

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<sup>169</sup> Sue Hamilton, *Early Buddhism: A New Approach: The I of the Beholder* (Richmond: Curzon Press, 2000), 68; MN I 301.

the maternal trauma liberated insight. *Paññā* insight refers to the gradual cultivating or developing of the *anattā* liberating peace of covenant one is seeking to attain. The eightfold method cognitive apparatus works. It becomes reified as verbal constructs. The Eightfold Path emphasizes the Buddha's insistence on accepting personal responsibility and accountability for one's actions.<sup>170</sup>

### **Origin of Human Trauma Discovery**

As a young prince Siddhārtha and his royal charioteer's entourage on a guarded king's road. The king was trying to safeguard the young prince from all verification of all adversity, misery misfortunes of life, including old age morbidity and mortality of the disease, and death from his sight. Yet the crown prince Siddhārtha saw four sights on four different occasions: a man bent with old age, a person afflicted with a terminal disease, a corpse carried by the clans and low caste untouchable, and a wandering outcast unhoused homeless Hindu ascetic. Siddhārtha Gautama gave up his throne, left behind his palace luxury, and lived an austere life in the mountain forest to seek the root condition of human suffering and how to be remedied from it. What he discovered was the dehumanized women's woundedness (second to men in all four castes varna system) which causes the trauma of birth, morbid aging, disease, and death. It is codified in his First Noble Truth diagnosis (*Jāti 'pi dukkhā*).

Buddha instead of teaching doctrines and philosophy to end the birth condition origin of trauma, he chose to prescribe a path of three-dimensional structure in an assemblage (*Sangha*) group of people living together for maternal womanhood trauma

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<sup>170</sup> Sue Hamilton, *Early Buddhism: A New Approach: The I of the Beholder* (Richmond: Curzon Press, 2000), 67.



healing to end offspring potential mechanisms in neurological and psychiatric disorders across the lifespan. Noble Eightfold method constituents if cultivated and developed correctly, are conducive to complete freedom from morbid old age, disease, and death, cessation, tranquility, highest knowledge, and complete Enlightenment to unbinding *nibbāna*.<sup>171</sup> The role of birth condition pregnant woman trauma stress and her intergenerational womanhood trauma programming is dependently originated from the four-castes existence. Therefore, it seems valid that it is from the fetal programming body that passion, desire, and hatred, all of which are in themselves volition which arises because of birth condition ignorance. The analysis of the five human constitutions indivisible *akhandhas*, was given by the Buddha to illustrate how one should understand the experience of the Eightfold method of reprogramming education.

### **Birth Maternal Trauma Biobehavioral Challenge**

In the *Sutta Piṭaka*, *manas* and *dhammā*, which is the basis for knowledge (*Atthi, bhikkhave, mano, atthi dhammā, atthi avijjādhātu.*)<sup>172</sup> The *Sutta* goes on to state that it is through cognitive disinformation, masking maternal trauma (*Jāti'pi dukkhā*), and (false) views regarding selfhood that arise in ordinary people.<sup>173</sup> It is in the holding of such views that one persists as an individual in *samsāric* five senses. In the well-taught advanced disciple, *Jāti'pi dukkhā* ignorance comes to an end and insight arises, there is no more birth condition (false) views concerning selfhood. The distinct implication of

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<sup>171</sup> Sue Hamilton, *Identity and Experience: The Constitution of the Human Being According to Early Buddhism* (London: Luzac Oriental, 1996), 173.

<sup>172</sup> MN III 310.

<sup>173</sup> Caroline A. F. Rhys Davids, *A Buddhist Manual of Psychological Ethics: Being a Translation, Now Made for the First Time, from the Original Pali, of the First Book in the Abhidhamma Piṭaka, Entitled DhammaSaṅgaṇi (Compendium of States of Phenomena)*, 3rd ed. (London: Pali Text Society, 2004).

this passage considers that for the advanced disciple of the Noble Eightfold discipline who gains penetrating insight to eradicate the birth condition of maternal stress trauma.

There will be no more persistence as an individual in *samsara*; he or she will no longer be reborn in maternal trauma fetal programming five senses. In contrast, one will achieve an extraordinary irreversible dimension that is associated with an exceptional liberated insight cognitive process of compassion and love. In the second Noble Truth, one learns that fetal-maternal trauma condition causes three volitional emotional grips (*taṇhā*) spellbind suffering. However, each action of the three-dimensional structures of the Eightfold Path provides an opportunity to eradicate and reprogram one's physical and emotional birth condition fetal programming to end for noble path happiness forward.

### **Understanding Deathlessness Distinction Before Death**

In Buddhism, non-self *anattāsatta* is a signatory essential cognition of deathlessness (*amata*) to transcend the five *khandhas* maternal trauma identification, which causes unconscious repressed fear, anxiety, doubts, paranoia, and belief of static existential body as 'mine'. It adds more stress to death anxiety. It is a different nature of liberating insight into non-self-identity with the body. *Amata* (deathlessness) is conferring immortality of impersonality identity (*anattāsatta*) that is often likened to the dying or extinguishing of maternal trauma boiling stress flame. Since maternal trauma ignorance is the fuel for ghostly pride, envy, hatred, and delusion in human loyalty of expression, the primary task in achieving Nirvana is to remove birth condition maternal trauma fighting demons' ignorance. Thus, impersonality *anattā* identity of five *khandha* (body, feeling, sensation, volition, and perception) is essential, becoming liberated from the maternal trauma binding existence.

Attachment to the body and repulsion to disease intensify affected body stress more strongly by shared psychosocial personalized perception sympathy than ending by understanding the experience of transforming transition. *Anattā* and *anicca* identity of five *khandhas* is an important aspect of Buddhism to keep the mind-body together and alert to facilitate a wakeful death of wisdom. Thus, preparing the process, and cultivating *anattā* mental composure before death is an important aspect not only for Buddhists but human experience to ensure that a person dies with an undiluted peaceful perception and clear mind stillness. Impersonality identity (*anattāsatta*) regulates one's behavior and psycho-emotional integration of goodwill immaterial dimension. The mental, biological, or moral development of prenatal, neonatal, and postnatal birth conditions maternal distress trauma has been systematically programmed. In Buddhism, the qualification of moral goodness (*Sīla*) and perception of *khandha* training is an important one, at all levels of education. Noble Eightfold Discipline Enlightenment is not just cessation of maternal trauma perception, rather, it is a paradigm shift of perception and experience in its entirety for health, happiness, longevity, and peaceful transition. Buddhist precept practice requires a multi-faceted approach to participatory cultivation in a *sangha* environment. The five principles of precepts of moral conduct and five *khandhas* purification and body tranquility have been the bedrock of ethical decision distinction of individual life continuity and no rebirth.

### **Maternal Trauma Concept and Reality**

In *Bāhiya Sutta* one reads “*Ditthe ditthamattam bhavissati.*”<sup>174</sup> In the seeing, there is only seeing. That means there is no maternal trauma *khandha* four-caste

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<sup>174</sup> Ud 1 10: *Bāhiya Sutta: Bāhiya.*

identification of emotion that exists in that seeing, hearing, etc. There is only the bare awareness of seeing, hearing, etc. because maternal trauma four castes conceptual static emotional existence is not a true reality of the natural selection dynamic change of experience. It is these five *khandhas* personalized perception of 'I', 'me', and 'mine' damaged spellbinding soul becomes a belief, and its self-delusional mind creates thinking. Existence and death are not a fact in a dynamic reality of change. Once one has learned to cut off maternal trauma from five *khandhas* fetal programming, self-attachment, memories, rumination, and HPA axis chronic stress triggering disappears immediately in the cognitive process. Individual personalized perception of the five *khandhas* causes the brain chemistry to proliferate stress hormone disruption accordingly.

The birth condition maternal trauma insidious implications of subjectivity and objectivity remains until complete cessation of Enlightenment occurs. First Noble Truth birth condition maternal trauma suffering relates to every aspect of individual life continuity. As an unsatisfactory feeling, it indicates its psychological aspect. Chronic stress affects psychoneuroimmunology HPA axis stress response, it indicates its physical aspect. This is itself related, using the functioning response of the *khandhas* mechanics of continuity. When the characteristics of the five *khandhas* birth condition maternal stress suffering are completely eradicated by the Eightfold method. Bare experience of the *khandhas* becomes the empty karma unbinding condition for the arising of the *anattā* impersonality identity. This is the explanation of removing *Jāti'pi dukkha* ignorance from the first Noble Truth that my whole dissertation is based on.

## Conclusion

Birth condition ignorance, maternal trauma, psychic wound, and damage is what happens to us during the gestation period. Trauma is not limited to a Greek origin, which refers to physical injury or a catastrophic event, such as 9/11, Holocaust, DHW famine, etc. These traumatic events of traumas are the enhanced byproduct of the original birth condition maternal trauma gender bias psychosocial brutality psychic wound and structural inequality damage. In my opinion, the secular belief and existing practice of Buddhism is a mistaken idealistic ontology that will inevitably mislead the practitioner to sustain a miserable human condition. However, fetal programming, maternal trauma, intergenerational psychic wound, and damage is not fully understood by the self-perpetuating mainstream psychology and medical science yet. It is important to understand the pre-Buddhist Brahminical four-castes tradition sacrificial religion in India for many centuries is the origin of all human trauma where one group exploits the other and outcasted women as second to men gender bigotry belief of deceitful biology of men.

The four-class society dehumanized human history gives us a synthetic analysis of manufactured social trauma psychic wounds of womanhood-infected ignorance of the offspring. The global four class-based colonized humanity with their male physical and intellectual pernicious view of superiority and all of the consequences of maternal psychic woundedness, transgenerational trauma, and their wounded offspring. This exaggerated sense of male supremacy superiority is also a human history of female persecution and discrimination. Manufactured subjugated female inferiority untrustworthy dangerous Darwinian survival of the fittest cruel animal kingdom

worldview structural misogyny and racism is not just women who experience, psychic woundedness is passed on to their offspring across generations of continued racism.

Thus, the manufactured wrongful consent of manmade evolutionary biology controlled fatalistic belief of collective subjugation is the individual's no sympathy for outcasted vulnerable women facing difficulty in life. The shamelessness of gender bias bigotry wrongdoing cruel thoughts encourages policymakers further advocates prejudice, intolerance, and oppression of women and other disabled minorities. Furthermore, the belief in the lies of the permanent self and lies of an almighty creator God's deceitful illusion is so senseless that they can be used for psychological gaslighting, physical abuse, threat, and torture to drive women intellectually inferior and insane. What happens in the mother's womb is nothing other than the helpless struggle of an unborn baby maternal trauma rape camp condition cruelty. So, we need to break the chain. But we can only help people if we ourselves are willing to take steps to remove our own maternal trauma programming. Because change is always possible. Deep down we are all looking for a different outcome in life. And my suggested five methodology dissertation can honor that.

Buddha's powerful teaching is different from all other God-worshipping religions and metaphysical teachings in the very respect that they are not central to global and Western 'know thyself'. All things are conditioned without a self and impermanent. One must know the *anattā* wisdom aspect of meditative awareness of five *khandhas* birth condition and maternal trauma. Understanding *paṭiccasamuppāda* dependent origination formula in reverse gives one a simulated explanation of how to reprogram maternal trauma. Whether it be positive or negative, any consideration of the notion of self-hood is

dangerous and pernicious of all focus on the wrong thing and miss the point of the teachings and that attention should, rather be directed on the eradicating maternal trauma binding five human constituent's anatomy and physiology. Therefore, selfhood or knowing thyself is neither the question nor in question.

The fundamental characteristic of the human trauma condition can be subversive of our normal sense of selfhood reality within our conceptual framework as a culture which can be reified into a body of self-reliance male individualism madness. Women's long-term psychological damage of psychic woundedness is an integral part of the transgenerational effect of the offspring's health not only in the prenatal and postnatal logical conclusion of my dissertation but throughout adult life. In reality, the origin of trauma is the prenatal and the postnatal 'double wall' phenomena whose structures of the five *khandha*: nutriment body, feelings, sense apperception, volitional activities, and perception may appear similar, but can exhibit different properties of intention and volitional adverse effect upon a highly interconnected neuroendocrine system. The enduring parental and postnatal psychosocial variety of stressors influence both internal and external as referred to habits, and behavior concerning offspring birth condition of maternal trauma mechanisms. These then become corresponding consequences in individual paradoxical morality and crude morbidity mortality. They are driven by maternal trauma regulated in terms of life phenomena which appear to form individual dysfunctional physical and mental identities.

Our early life and adult life trauma events are dependently originated from maternal trauma birth condition psychic woundedness fetal programming experience. Research suggests that the association between children's self-talk and measures of

mother's maternal trauma trait anxiety, anger, hatred, and depression are significant measures and the best predictor of self-reported depressive symptoms. Reconstructing and reprogramming the birth condition food habits, sedentary life, critical feelings of selfhood, volitional activities, the atmosphere at home, workplace and its affected worldview requires a deep understanding of the roles of maternal trauma *Jāti'pi dukkhā*—the first Noble Truth.

First Noble Truth *Jāti'pi dukkhā* birth condition maternal trauma five *khandha* fetal reprogramming is the Ground Zero central point of all the four major doctrines taught by the Buddha: Doctrine of Four Noble Truth, Doctrine of Dependent Origination, Doctrine of Five Human Constitution (*khandhas*), and Doctrine of Non-Self (*anattā*). The intense maternal trauma activity of *Jāti'pi dukkhā* birth condition programming of women's psychic wounds and damages such as physical, sexual, and emotional abuse, domestic violence, loneliness, social emptiness, and parents' economic is absorbed by the fetus in the uterus. The goal is to rewrite new programming of the five human constitutions with suggested five methodology skill training and reprogramming five *khandhas* maternal trauma. First Noble Truth and second Noble Truth are the diagnosis and explanation of *Jāti'pi dukkhā* birth condition fetal programming psychophysical trauma from the fetal programming that one inherits in the uterus. Intergenerational woman woundedness underlies much of what one calls conversion disease.

Although, individuals unsuccessfully struggle and fight back their diseases with surgery, shots, pills, and other measures of cultural therapy. Yet, no one has succeeded to understand what the five *khandhas* operatives are and how to reprogram fetal programming maternal trauma five *khandhas* psychic wound and damage with Eightfold



Path transparency and accountability. In reality, there is a spectrum of fetal programming maternal trauma psychophysical conversion disorders, and diseases. In general, maternal birth trauma psychic wound, and damage is pretty much dependent arising in every culture.

In our society, psychological woundedness is very prevalent, and it's rather an illusion to believe some people are traumatized and others are not. or it may be through the sheer force of denial, engenders a naively rosy perspective that blinds us to real and present dangers—a veneer concealing fears we dare not acknowledge. One may also come to dismiss painful realities by habitually lying to oneself and others.<sup>175</sup>

Our social system spends billions of dollars on defense military, medical complex, pharmacy, bank bailout, and building skyscraper prisons, but not on women's healthcare, housing, and continuing community education to be a maternal trauma-informed society. There is a deeply desperate need for fetal programming trauma education human connection non-profit centers for individuals to be reconnected. Prenatal maternal trauma and postnatal abuse and healthcare neglect make people lonely and isolated. Loss of continuous meaning and purpose in life, lack of meaningful employment beyond paying the bill, and self-perceived chronic stress are a threat to all systems of the body, causing the immune system to produce an inflammatory response. The function of maternal trauma birth condition, aging, and disease also increase the threat of immunocompromised vulnerability during stressors. The solution can only arise out of grassroots community (*sangha*) centers where they inform themselves with the Noble Eightfold Path five *khandhas* skill training and how to attain human freedom of maternal trauma psychic wounds. Global military culture individualism has been isolating people in solitary confinement and mysterious individual pathology.

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<sup>175</sup> Gabor Maté and Daniel Maté, *The Myth of Normal: Trauma, Illness, and Healing in A Toxic Culture* (New York: Penguin Publishing Group, 2022), 26.

The *paticcasamuppāda* dependent origination formula teaches one that there is a regularity of things to the fact that the entire process of maternal trauma is dependently related. What it means is that all dependently originated volitional activities that accompany the operation of the five *khandhas* can be a source of gradual cultivation to intentional deconstruction. Therefore, the *khandhas* that are described as being volitionally constructed need to be reinterpreted and reprogrammed in the sense that they represent the entire maternal trauma healing process of the human being. However, five *khandha anattā* education, gut-brain *samatha* yoga, yoga-massage, meditation, mantra breathing exercise, walking, and plant-based nutrition lifestyles are limited to the world experience. And there is a fundamental failure to understand the non-self *jhāna* meditation device five *khandha* dependently originated maternal trauma annihilation.

Cultural comprehensive reckoning of the five *khandha* fetal trauma is warranted in public education, medical school, and physical and mental healthcare providers “Trauma pervades our culture, from personal functioning through social relationship, parenting, education, popular culture, economics, and politics”<sup>176</sup> Trauma, especially severe trauma, imposed on womanhood is tinged with neglect, abuse, violence, pain, fear, suspicion, and subjugation. It is a condition that is both wounded and damaged in the mother’s womb. This birth condition is inner injury, a lifelong lasting mind-body cut off due to women's societal gender inequality and hostility. Conventional literature and medical diagnosis describe trauma from what happens within someone as a difficult and hurtful event, which is the conscious and subconscious mind. But the *Jāti’pi dukkhā* birth

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<sup>176</sup> Gabor Maté and Daniel Maté, *The Myth of Normal: Trauma, Illness, and Healing in A Toxic Culture* (New York: Penguin Publishing Group, 2022), 20.

condition fetal programming psychophysical trauma fetal programming is deeply rooted unconscious mind. It is possible to understand how maternal trauma binding the five *khandhas* engine works in the metaphorical sense of identifying the entire human suffering, but this is not the same as the way they participate in the liberated cognitive system where the fuel of maternal trauma binding continuity is blown out.

What fuels and nourishes maternal trauma habits and desires is one particular kind of fuel, a fuel that keeps us bound to a particular kind of birth, disability, or demented aging, disease, and miserable painful death. There is nothing in that maternal trauma nature that can provide a safe abode for peace or a place for perfection. Although the four-class gender bias bureaucracy broken system is weaponized for profit, we can still offer them a Noble Way, a path. Because if we don't, we are going to see each generation mutating in a horrific way. Decimating in disease, chaos, and suffering. Contemplating Noble Eightfold Path in mind, body, speech internally, externally, and both internally and externally, is an experience of different objects from a particular dimension of structure and function. For example, we can train ourselves to see the three-dimensional structure (*sīla, samādhi, paññā*) of the Eightfold method extraordinary characteristics of all experiences performance for remedied results of the birth maternal stress, aging, disability, and disease are completely eradicated.

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