

Healing Arts Report

Examining Alternatives in Health and Healing

Volume 2, No. 1

Dear Reader,

In the early 1970s, midwifery was at the forefront of alternative and complementary medicine. At that time, the way the medical system handled births exemplified some of the greatest weaknesses of conventional practice. Medicine had taken a natural process with a huge spiritual component and treated it as if it were a disease.

The mother was often drugged and sometimes unconscious. Medical interventions frequently prevented her from taking an active and involved role and created a lack of confidence in her own natural process. As one labor and delivery nurse observed, "Women laying on their backs with their legs in the air are not in a position from which they can make what appears to be even small decisions about their experience." In fact, she believes that such decisions are actually big decisions. They allow a woman her personal power and the opportunity to develop trust in nature's process.

Women who choose home birth describe finding comfort and, more importantly, a sense of control and empowerment, simply by being able to choose to have a friend attend the birth, sit on a stool, go for a walk, bathe in a tub, get down on their hands and knees, move from one action to another as need dictates, delay clamping of the cord and hold the baby immediately after the birth, control the lighting in the room,

suction the baby's nose, not slap it, and bathe it in body-temperature water.

A study published in *Obstetrics & Gynecology* analyzed the outcomes of 1,181 healthy pregnant women. In the study, 710 women were cared for by a physician and 471 selected a certified nurse-midwife (CNM). Infants born to both groups had excellent health and no significant differences in gestational age, Apgar scores, birth weights, or head circumferences. However, the women cared for by a midwife were less likely to experience major perineal lacerations and postpartum hemorrhages. The infants cared for by CNMs also had lower rates of abrasions and were more likely to remain with their moms and breast-feed after delivery. Satisfaction with care was rated significantly higher for the midwife group and the cost was 21 percent lower. The difference in cost, however, was not from differences in professional fees, which were the same. It came from women in the physician group having more cesarean or vacuum/forceps-assisted deliveries, and other medical procedures.¹

HEALING ARTS

Midwifery: Changing the World, One Baby at a Time

Women had read about midwifery at the well-known commune, The Farm, in Ina May Gaskin's book, *Spiritual Midwifery*, and became inspired by her empathy and passion.² When she fully disclosed her statistical results, medical practitioners were amazed because they were so much better than what doctors thought possible. How did she and the other midwives there, a group of arts and humanities majors, learn to practice the art of childbirth so successfully?

When Gaskin began writing *Spiritual Midwifery* in 1975, she described a different

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approach to the birthing process, one that innately understood that the mind and body are not separate. "We are taught to sense them as separate," Gaskin said in a recent phone interview. "This is why women are afraid of birth. If you look at a body as if it were a badly designed machine, it makes you question the Creator and makes you think that women are inferior. We don't even ask the question about how we got here. No matter how many times I see a birth, it's still miraculous," Gaskin states.

After the 1970s, the midwives' view of birthing became generalized to other areas of medicine. People realized that the midwives' attitude of respect for the process and the 'patient' was always fruitful, even when patient needs were apparently centered on physical illness.

Gaskin describes the medical school law of the three Ps -- power, passenger, and passage. "Power is the uterine contraction, the baby is the passenger, and the passage is the birth canal," she explained. Looking at birth in those mechanical terms, conventional practitioners often conclude that many problems are caused by lack of power in the uterus. "In fact," she adds, "it is the conditions and emotions which are wrong and which interfere with the innate power."

What's different about her outlook on the birthing process? Gaskin describes a more useful law -- the law of the sphincters. She describes these circular muscles in the body -- the esophagus, ileocecal valve, anus, bladder, cervix, and vagina -- as normally being contracted, holding an organ closed until it is time for it to be open. Sphincters don't function well in crowds, by the clock, by laying prone, or when a person is feeling scared and humiliated. They work correctly when a person feels safe and when the organ causes pressure.

In birth, discordant conditions keep sphincters from opening and when they won't open, there is pain. "When women don't have personal power, they do what they are told. Lying on their backs and being restrained doesn't feel right. The body says it's wrong," Gaskin explains. "When conditions are right, there is less and sometimes no pain during childbirth and a great sense of satisfaction." Her way of practicing midwifery has shown her that almost no one is too small to give birth to a baby.

Gaskin, who is the current president of the Midwife Alliance of North America (MANA), is still a midwife and women come to her from all over the world. Even doctors who are afraid of the birthing process come to her.

When Gaskin was asked why midwifery seemed to open the door to alternatives, she answered, "Healing knowledge comes close to birth, the source. Throughout time, traditional healers have been midwives. Birth teaches us techniques." Healers observe nature and learn from it. They respect it, understand its patterns, and learn how to go with it.

"It's as if there is another sphincter between enculturation and spirituality," adds Juliana Fehr, a nurse-midwife and coordinator of the Nurse Midwifery Program at Shenandoah University. "Birth and death are two situations where spirit works and we cannot control it. It is greater than us. If spirit gets obstacles put in front of it, it is reflected in difficulties with the body."

Educating the Patient

In midwifery, as in any healthy process of education, women are given support and encouragement in the childbirth process. Good midwifery helps them experience their inner power and to trust in themselves and in their bodies' normal functioning. According to certified nurse-midwife, Deborah Crabbe, the attending provider has a lot to do with shaping the birth experience. She says, "The provider needs to be observant, know what is normal, and communicate with the woman. Each provider . . . must have innate confidence that birth is a normal natural process and that women can and have done it throughout time.

"I believe a woman's experience in giving birth helps shape her approach to the rest of her life," says Crabbe. "If she can be allowed her experience without intervention and trust in her ability, then she can do anything." Crabbe's home birth experiences have given her a solid foundation in the range of what can be considered normal and has increased her faith in the female body. "I can hold that faith in my heart and, with a knowledge of the normal, can impart a confidence in the process that the woman can draw on to feel safe and trust her body and her feelings. She can then surrender

to the primitive instincts within her that are part of the powerful birth experience.”

Nurse-Midwife Effectiveness

According to research published in the U.S. Public Health Service *Public Health Reports*, the number of nurse-midwife-attended births in U.S. hospitals increased tenfold in the last 20 years. It is still far below European usage which put nurse-midwife attendance in 1993 at 75 percent of the births.³ In Great Britain there was one midwife for every 22 births; in the U.S., one for every 857. Certified nurse-midwife care addresses two problems plaguing obstetric care -- improving the health status of newborns and excessive intervention during the normal birthing process.⁴

In spite of greater medical intervention and its attendant costs, Gabay and Wolfe, authors of the research, find that there is “a paradoxical inability to bring the rates of infant mortality in line with those of other developed countries.” They suggest that it is the CNMs’ orientation toward childbirth as a normal event that makes them increasingly important to the improvement in perinatal care. CNMs address educational and psycho-social care and tend to have a flexible and individualized approach with a prudent use of medical technology.

Another study concluded that CNMs provide care within comparable areas of competence that is equivalent to the quality of care by physicians and that they were “more adept at providing services that depend on communication with patients and preventive actions.”⁵ Because of the many positive studies done on nurse-midwives, many physicians are beginning to support obstetrician-midwife collaboration.

Unnecessary Cesareans and Episiotomies

According to the Public Citizen’s Health Research Group in Washington, D.C., there were 473,000 unnecessary cesarean sections performed in the United States in 1991 at a cost of more than \$1.3 billion. The cesarean rate for hospitals with nurse-midwifery services was about 13 percent lower than the average rate for all hospitals. The impact of nurse-midwives on cesarean section rates are supported by a number of studies.⁶

It is common practice among conven-

tional practitioners to surgically enlarge the vaginal opening by cutting it, a procedure known as episiotomy. According to the American College of Nurse-Midwives, “a review of literature reveals that there is no evidence to support claims that episiotomy reduces the risk of severe perineal trauma, improves perineal healing, prevents fetal trauma, or reduces the risk of urinary stress incontinence after delivery. Despite this evidence, in 1993, half of all women who gave birth in the U.S. had an episiotomy.” Certified nurse-midwives are less inclined to perform them.

In addition, risks caused by episiotomy include excessive blood loss, infection, pain, and delayed recovery from childbirth. The World Health Organization has also stated that the systematic use of episiotomy is not justified unless it is clear that the perineum is responsible for fetal or maternal distress or is interfering with adequate progress during the birth process.

Midwife Education and Legal Status

The Midwives Alliance of North America (MANA) defines three categories of midwives:

1. Direct-entry Midwives practice mostly in birth centers and in homes, receiving their training through programs or by apprenticing to other midwives. The Midwifery Education and Accreditation Council (MEAC) is currently accrediting direct-entry midwifery educational programs and apprenticeships.

2. Certified Professional Midwives (CPMs) may have been educated in various ways, but all are evaluated through the North American Registry of Midwives (NARM) certification process. Both types of midwives’ legal status varies from state to state, some even being reimbursable through Medicaid and private insurance.

3. Certified Nurse-Midwives are educated as nurses and midwives. CNMs attend an education program accredited by the American College of Nurse Midwives Certification Council (ACC) and must pass the ACC examination. They are licensed by the state in which they practice and most often work in hospitals and birth centers.

Home Birth or Hospital?

Deborah Crabbe, a nurse-midwife at the Navajo Medical Center near Farmington, New

Mexico, began as an advocate for home birth, believing at that time that it was the most sustaining way for a woman to give birth. Now, many of the comforts of home birth can be provided in other settings. Most important to Crabbe is “supporting women and helping them have a positive experience. I realized that home birth wasn’t for everyone. I truly loved doing births at home in the natural environment and, as research shows, a planned home birth is as safe as a hospital delivery for a normal healthy mother. I also believe the hospital is the place to be if there are problems or if the mother feels safer there. It was my experience with friends in various birth settings that opened me to the fact that it is the care and support and knowledge that are important and not the setting. A midwife can provide a mother a safe and satisfying birth experience in any setting.

“All women deserve the most knowledgeable and most compassionate care possible,” Crabbe stated. More than almost any other aspect of health care, giving birth has become a pivotal issue in fighting for women’s rights and demanding proper respect. As Crabbe points out, midwifery “is educating women to their power and strength and supporting them in their informed choices -- whether or not it is a choice I would make. They needn’t fulfill my personal expectations. The more a woman knows and the more she is an active participant and takes responsibility for her care, the better the outcome and the more satisfied the woman.”

Ina May Gaskin publishes a quarterly magazine, Birth Gazette. To subscribe, send \$30 to 42 The Farm, Summertown, TN 38483.

Shenandoah University’s Nurse-Midwifery Program can be reached at 540-678-4382.

For reliable information on all issues regarding the profession of midwifery, including how to find a midwife, contact The American College of Nurse-Midwives at 202-728-9860, website <http://www.acnm.org/>.

For additional professional information, contact the Midwives Alliance of North America, in care of Kelly Daniel, 5426 Madison Street, Hilliard, OH 43026, website <http://www.mana.org>.

HEALING CONCEPT

Maternal Emotions and A Baby’s Development

F. Rene Van de Carr, M.D., Chief of Obstetrics and Gynecology at St. Rose Hospital in Hayward, California, heads a unique program called Prenatal University. Their research in teaching parents to educate their unborn babies shows that the maternal and paternal interactive relationship has a profound effect upon the intellectual and physical capabilities of their child. Over the past eighteen years, Carr has worked with colleagues from Spain, Japan, Venezuela, Thailand, Washington, and Virginia to establish prenatal stimulation programs specific to the needs and customs of their people.

Carr describes research which shows that baby rats from a stimulating environment were significantly better at running mazes than a control group. What was particularly noteworthy was that their children and grandchildren, who were not given stimulation, also did significantly better. Apparently, a permanent change in genetic expression occurred. According to Carr, cell biologist Bruce Lipton, Ph.D., provides the cellular bases for such findings. Lipton explains that there is increasing evidence that parents pass on more to their children than genetic history. An article in *Science* reports that nongenetic contributions from parents have dramatic influences on the development of children.⁷

Those contributions can be material or “nutritional” content, which includes anything that influences how an embryo develops. Lipton points out that many of us have heard how the mother’s material contribution may negatively impact the child’s development; examples include the detrimental effects of toxins, such as drugs, alcohol, and cigarette smoke.

However, Lipton says, the mother also passes on “informational” content to the fetus concerning the status of the parents’ environment, such as the mother’s emotions and attitudes towards events that are happening around her. Her perceptions and their attendant emotions elicit and release physiological responses in the form of information-providing molecules into the blood. These molecules, which include

hormones, neuropeptides, and cytokines, activate receptors on the surface of the baby's cells which allow the organism to accommodate environmental challenges.

Continuously held emotions by the mother, such as anger and fear, compromise a fetus' development and health because the emotional stress has a chemical impact on it. Transient or quickly passing emotions do not have the same impact as chronic ones. While the child is developing in the safety of the uterus, it is being provided with a preview of its future environment and is being prepared to function in it. Lipton calls this "Nature's Headstart Program." Fortunately, psychological effects from long-term prenatal negative influences can be altered through psychological work after the problems are recognized.

Genetic Expression Can Be Altered

Illustrating how powerful prenatal influence can be, the same known genetic defect in different persons is expressed in a variety of degrees and sometimes not at all. This wide range is recognized to be regulated by nongenetic factors, including prenatal environmental influences. At one time it was believed that genes switched themselves on or off, but it is now recognized that this is controlled by the environment surrounding the cells. Lipton points to a study that indicates organisms under stress can alter their DNA and create new genes. This is an effort by the fetus to accommodate the environment by making changes in the "nervous system, endocrine organs, and the cardiovascular, respiratory, digestive, and excretory functions."⁸

Lipton describes work by David Thaler in which Thaler discusses the importance of an organism's perception of its environment. Not only will the perceptions regulate the body's behavior but they will shape existing genetic programs.⁹ In addition, as we change our perceptions, our body responds. Lipton says, "The ultimate source of our empowerment is the recognition that our awareness of the environment directly affects our genes and consequently our behavior and health."

Lipton suggests that our understanding of non-genetic effects is causing us to revise basic biomedical thought. Through our perception of environment we can regulate the body's behavior and rewrite existing genetic programs.

Lipton sums it up this way, "By interceding in our belief structure, we can begin to exert control over our health and our fate. We are releasing limiting ideas and replacing them with knowledge that will facilitate the survival of the human race," states Lipton. "We are doing that by turning away from the old Darwinian notion of 'survival of the fittest' and adopting a new credo of 'survival of the most loving.'"

To find out more about Prenatal University, phone 510-783-0783.

Bruce Lipton, Ph.D. gives presentations about the biology of consciousness, conscious parenting, and non-Darwin evolution. He can be reached at 408-454-0606 or fax 650-941 3039.

HEALTH NEWS

NIH Consensus Statement Supports Acupuncture

In November 1997, The National Institutes of Health (NIH) released a Consensus Statement that publicly supports a treatment based upon a different medical paradigm. The statement announced that there is clear evidence that needle acupuncture treatment is effective for postoperative and chemotherapy nausea and vomiting, nausea of pregnancy, and postoperative dental pain. The panel also stated that acupuncture may be valuable for other conditions as an adjunct therapy, an acceptable alternative, or as part of a comprehensive treatment program, but for which there is less convincing scientific data. Other conditions include addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, low back pain, carpal tunnel syndrome, and asthma.

Impact on Health Care

The Consensus Statement is a report evaluating scientific information on a biomedical technology with the intent of resolving controversial issues regarding clinical practice. This report appears to be the first one released on treatment based on a non-Western medical model. Because of this, it may be more difficult to incorporate it into the health care system than conventionally-oriented new treatments.

The impact of consensus statements is difficult to judge because there are many influences on a physician's practice. Some physicians, however, do make changes in their approach to diagnosis, treatment, or management of cases. In addition, the consensus program has had some measured success in influencing reimbursement policy, which indirectly affects physician behavior.

Patients hope that this statement will, in the future:

- help them be informed by their physicians of more treatment options
- increase communication between acupuncturists and conventional treatment providers
- encourage broader public access to acupuncture by urging insurance companies and federal and state health insurance programs, including Medicare and Medicaid, to expand coverage to include appropriate acupuncture treatment.

Incorporating Acupuncture Into The System

The Consensus Statement recommends that a better understanding is needed among providers of the holistic, energy-based approach to patient health and providers of the disease-

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oriented diagnostic and treatment model.

According to Robert M. Duggan, co-founder of the Traditional Acupuncture Institute, acupuncture practitioners must be true to the humanistic values and wisdom of their system or those qualities will be in danger of being lost in the mainstream forces of cost-containment.

Acupuncturists must reach out and define their medicine accurately so that patients can truly benefit from the complementary medical model.

Although some accreditation programs and educational standards for training both physicians and non-physicians in acupuncture already exist, there is a lack of *consistent* education and credentialing procedures. A majority of states provide licensure or registration for practitioners, yet scope of practice, standards for licensing, differing credentialing exams, and a variety of practitioner titles all are areas which need clarification. Removal of financial barriers by facilitating insurance coverage is an additional need that would promote incorporation.

The consensus panel suggested study of the demographics and patterns of use of acupuncture in the U.S. and other countries. Knowledge of who uses it, for what purposes, using which techniques, and whether there are geographical or ethnic patterns involved could guide future research and identify areas of greatest success and concern.

For the full statement, call 1-888-644-2667. It is also available on the internet at <http://consensus.nih.gov>.

HEALING CONCEPTS

Ecopsychology: A Developing Discipline

Theodore Roszak, Ph.D., history professor at the University of California-Hayward, speaks of ecopsychology as the study of connectedness -- humans with each other, other creatures, plants, the planet, and the cosmos. Ecopsychologists speak of healing the earth as much as they speak of healing the mind and the heart. This is a psychology that looks outward as much as it looks inward and it sees both directions as necessary.

Many ecopsychologists began their careers with a strong interest in ecology. They became dissatisfied, however, with the focus on the destruction of nature instead of on our health-promoting and regenerative physical and metaphorical connection with it. In practice, ecopsychologists have developed from many different traditional academic disciplines. Among those represented in the book co-edited by Roszak, Mary E. Gomes, and Allen D. Kanner, *Ecopsychology: Restoring the Earth, Healing the Mind* (San Francisco: Sierra Club Books, 1995), there are ecologists, psychologists, educators, writers, poets, and grass roots organizers. Many of these thinkers wear more than one hat and also work with computer technology, biology, architecture, wilderness, or spirituality.

In the field of psychology, there are practitioners who help people find healing by spending more time in nature and by becoming active in ecology programs. There are wilderness and Outward Bound programs which focus on teaching students to be at ease in nature and to relate differently with people and the environment in the context of nature. There are facilitators of shamanistic events which allow participants to seek their heart through an inner vision while being in nature. And there are programs which bring small doses of nature -- animals or plants -- into contained environments, such as classrooms, jails, and specialized living institutions. In the sciences, there are biologists and environmentalists who educate people on their connections with plant and animal life, environmental thought, and activism.

John Swanson, a Gestalt psychologist, points out that the idea of being healed by spending time in nature is found throughout recorded history. Even small contacts can make a difference. Swanson cites a study about hospital patients who recovered more quickly from gallbladder surgery when they had a view of trees than those who looked out on a brick wall.¹⁰

As early as 1972, Roszak, a leader in the ecopsychological movement and author of *Where the Wasteland Ends* (Doubleday and Co., Inc., New York, 1972), was crossing department barriers and writing about the psychological and spiritual significance of the health of the land. In it, he describes stewardship of our physical

environment as a mirror of our inner condition and symptomatic of the disease within.

Roszak described ecology as being a subversive science because of its sensibility -- "wholistic, receptive, trustful, largely non-tampering, and deeply grounded in aesthetic intuition" -- radically different from conventional science at that time. "It cannot be value-neutral," he adds. "The patterns ecologists study include man in body, mind, and deed, and therefore they prescribe a standard of health. What violates the natural harmony must be condemned; what enhances it, be endorsed."

Roszak saw ecology and not physics as the basic science of the future because of its integrative wisdom. Twenty-five years ago, he wrote that science itself is unlikely to survive as more than a caricature of itself unless it joins in the adventure of expanding consciousness.

Back to Nature or On To Complexity

Ecopsychology's focus on health of the environment and personal involvement could be interpreted as a call to put technology aside and return to nature. In the intervening years, however, the barriers between traditional science disciplines have been breaking down. Science is moving from looking for nature's basic building block (reductionism) to better understanding nature's complex patterning and unfoldings. The breaking of barriers is epitomized by the think tank known as the Santa Fe Institute, where visiting scientists pursue emerging syntheses in science.¹¹ Applications cover such diverse topics as complex pattern recognition in the immune system and the creation of artificial life.

George A. Cowan, founder of the Institute, describes complexity theory as a "reintegration of a scientific enterprise that has become almost totally fragmented over the past few centuries -- a recombining of the analysis and rigor of the physical sciences with the vision of the social scientists and the humanists." His statement is also applicable to the complex forces within complementary medicine.

William Brian Arthur, Santa Fe Institute economist, describes the complexity viewpoint as one in which there is basically no duality between man and nature. "We are part of nature ourselves, says Arthur. When "we, as humans, try to take action in our favor without knowing

how the overall system will adapt -- like chopping down the rain forest -- we set in motion a train of events that will likely come back and form a different pattern for us to adjust to, like global climate change." The same is true in medicine with the use of antibiotics or radical changes in diet.

"So once you drop the duality," he continues, "then the questions change. You have to talk about accommodation and coadaptation." We're beginning to lose our naivete about how the world works. Our health is intrinsically tied to everything around us and we are beginning "to understand that we're part of an ever-changing interlocking, nonlinear, kaleidoscopic world."

See *Ecopsychology On-Line* at <http://csuhayward.edu/ALSS/ECO/1097/intro.htm>.
 To contact the Santa Fe Institute, phone 505-984-8800, or see their website at <http://www.santafe.edu>.
 For more information about related programs, contact the Center for Psychology and Social Change, affiliated with Harvard Medical School, at 617-497-1553.

Best wishes,

Barbara June Appलगren

Barbara June Appलगren

END NOTES

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