

The Art of Balanced Health

A Clinical Approach: When Parents Decide to NOT Vaccinate

with Eli Camp, ND, DHANP

Assumptions Contained Herein

- The illnesses of childhood have been around for a very long time, longer than vaccination.
- The illnesses occur in a cyclical way, meaning they are not always prevalent in the species.
- There is a choice you must make before you go into practice, although this can be modified as you develop your practice.
 - You will work with an unvaccinated population.
 - You will not work with an unvaccinated population.
 - This has nothing to do with what you believe about vaccinations. Just like, it does not matter if you believe in God or what your political views are, etc. You will be approached by people seeking treatment who have and have not vaccinated.
- The majority of states do not allow NDs to administer vaccinations.
- People seek either naturopathic medicine as practiced by vitalists, a mix of naturopathic/conventional (integrative) and primarily conventional.
- Core naturopathic belief: The body has the ability to heal itself and all that is needed is:
 - To give the body what it needs (to heal)
 - To remove the obstacles preventing it from healing (toxins, nutrient deficiency, structural anomalies, mind-body disruption, environmental, etc.)
 - To stimulate the vital force (or innate healing ability)

Call Comes In...

- Imagine...your practice has been open a month. You do not have front desk help yet so you take the call.
- This is Mary. She is a young mother of three children. Her oldest child is 9 yo, f, and is vaccine damaged. She is struggling a bit with that but the reason she is calling today is that her other two children, twins, are 1 yo m, and are not vaccinated (UVax). Their pediatrician dismissed them from his practice last month. Since then, she has called 8 other doctor offices, 2 NDs, 3 MDs, 3 DOs all who have refused to accept her children into their practices. She is calling to ask

The Art of Balanced Health

if you will work with her family, specifically with her UVax children. She cares nothing about insurance, distance, and is seeking help.

- What do you say?
 - I don't know what you say. But I encourage you to grapple with this now because either way you have serious responsibilities to consider.
 - You can always change your mind once in practice, but if you are planning to work with this patient population, you need to be prepared.
 - If you plan to not work with this population, they deserve a referral from you.
- Existing patients
 - If you decide to not take UVax individuals into your practice, you still need to educate yourself and be prepared to offer informed consent. You will have patients who enter your practice and over the years decide to have children. They will turn to you for information and in many cases guidance.
 - Personal note – I do not give guidance. I do a thorough informed consent and then work with them as I can depending on their decision.

Informed Consent

- Personal belief
 - Regardless of your personal beliefs on vaccination, and keeping in mind those beliefs will influence your approach to clinical practice, we must do our best to approach patients from an objective position.
 - If you will examine the literature and gain understanding of all sides of the “debate”, you will be better prepared to serve.
 - Most important: keep an open mind as to what is possible. It is not until you know what is possible that you can have new thoughts. New thoughts lead to an expanded personal reality. This only makes you a better doctor.
- Ethical responsibility
 - We are present to facilitate a person's journey in their return to health.
 - Each person comes from a unique perspective, a unique way of living in and of understanding reality.

The Art of Balanced Health

- It is only until we understand someone's reality that we can truly help them find optimal health, individualized and unique to them.
- There are many ways to weave ethics of the highest integrity into our service as doctors.

- Literature
 - Preparing information for people will help you attract those clients looking for what you do and do not have to offer. This cannot be avoided – you will present what you believe to be true, even when you believe you are simply presenting facts. It will be fact only as interpreted through your experience and beliefs. Hence the suggestion to learn from as objective a point as you can.
 - For example: Let's consider water.
 - We have a team of successful women, career scientists who, based on their research, assert that water exists only in its frozen state. They discount the liquid and gaseous forms (rumored to exist) as they did not observe this in their research and have personally never seen those forms.
 - A university in Belgium has proven that water can exist in both liquid and gaseous forms. They refute the women's claim of frozen water. They could not duplicate their work and since they have never seen frozen water, consider it impossible. Since this group is larger, better funded and in control of multiple communication avenues, they actively campaign to convince people to buy into their version rather than the women's version of the truth. Fierce debate abounds.
 - Then, a small well-funded corporate team, with significant political and socioeconomic influence, asserts, after much study, that there is only liquid water, at least these are the findings that are published. The other two proposed states of water shall be considered anomalies and are to be disregarded. In fact, they are able to arrange that anyone who discusses or even worse, supports the findings of the other research will lose all professional standing.
 - We decide to get to the bottom of things and do our own study to explore all three forms of water. We find a small amount of funding, design a brilliant study, work in our own free time find water actually exists in all three forms. Excited at our findings, we try to share this knowledge with everyone involved in water research. Imagine our surprise when we find out at least one of the three groups already knew what we had just discovered. But they choose to withhold that information because they make the most profit from limiting water to one form.

The Art of Balanced Health

- Moral of the story: depending on who you were in this scenario, you would have a unique way of presenting the “facts”.
- The information you prepare allows people to educate themselves and make decisions.
- Use sources you believe and trust in without reservation to create this information.
- Remember, just because you may find something hard to believe, does not make it void, especially if it is supported by some type of evidence (there are many).
- Provide multiple formats and options for people to access the information.
 - Downloads
 - Handouts
- Resources (free) Section
 - Provides a way for people to learn more, to educate themselves and to know where to turn regardless of the decision they make
 - Laws, forms, websites, info from other docs, books, lectures, etc. freely available.
 - Literature (same literature as previous section)
 - Recorded webinars on your website, SM
 - E-book - can be used as a list magnet, free with sign-up
 - Brochures, in office, distributed in community
 - Live community presentations

Preparation

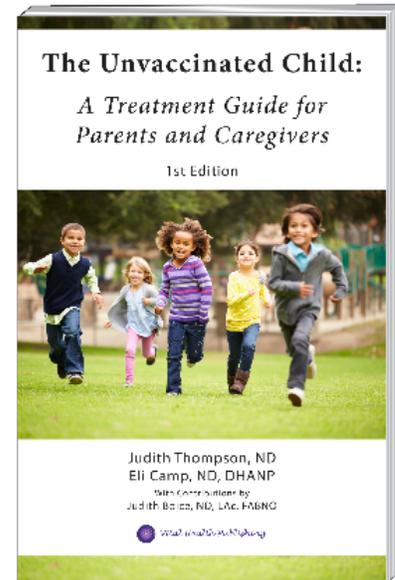
- Understand the illnesses
 - Spread
 - Understand how the disease is transmitted and how long an individual is infectious (it varies by illness).
 - Quarantine practices
 - For most of the childhood illnesses it is a good idea to keep the infected individual at home to reduce the spread to others.

The Art of Balanced Health

- You will have people call asking if you know about any upcoming chicken pox parties – so be prepared for that with a standard answer.
- Prodrome signs and symptoms
 - Know the signs and symptoms so you will be able to recognize them when you see them. They can appear differently in children, teens and adults.
 - The earlier you can diagnose one of the illnesses the better – often, especially for chicken pox, mumps, pertussis, tetanus and measles if treatment is started immediately the fulminant disease never develops.
 - Know physical exams and bloodwork that should be conducted for each illness.
- Progression
 - Understand all the stages of the illness at every age including the complications.
- Resolution
 - What happens after an illness can be very important; especially convalescence.
- Educational materials and handouts can be invaluable as people have questions and concerns. Preparing items that you can give to them in the office, email to them or that they can download from your website is helpful and will save you time.
 - Prepare materials and handouts for each individual illness. How does it look, what is the typical course and emphasize what NOT TO DO.
 - Brand anything you will be distributing.

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- Presentations
 - Live presentations should include basic health building and immune support and then a few slides on the conditions itself. You can cover 2-3 conditions in a talk. Allow plenty of time for questions. I usually allow an hour for these talks.
 - Recorded presentations should include the same information. 30 minutes is a good length of time.
- Good Resource: *The Unvaccinated Child: A Treatment Guide for Parents and Caregivers*
 - <https://amzn.to/2nKgLBt>
 - [Table of Contents](#)



Treatment

- Building/ rebuilding health and strong immunity is one of the most important things you will do with this patient population.
- Consists of utilizing our distinct approach to medicine to treat children who contract childhood illness.
- Consists of utilizing our distinct approach to medicine to correct vaccine damaged systems.
- Point zero is different for each patient but in general, they can be grouped into 3 broad categories:
 - Uncomplicated
 - Parents / Patients seeking a consult for information to help guide them in the to or not to vaccinate decision-making process.
 - Parents may have already made the decision to not vaccinate and they are seeking an ND to guide them in creating and maintaining health and to be the treating doctor should their children contract a childhood illness.
 - This may be a population in which you have treated the parents or other family members and they are ready to start a family. You, being their doctor, are someone they will naturally turn to for information, guidance and care.

The Art of Balanced Health

- People seeking homeoprophylaxis.
- In *medias res*
 - This is when the child/patient presents to you and is already exhibiting symptoms of a childhood illness.
 - It can be an existing or new patient.
- Complicated
 - This population is made up of patients, or prospective patients, with numerous variables. The children may have had one or more vaccinations in the past which resulted in vaccine damage and the case is complicated with a symptom mix – chronic and acute. They may have been ill for some time and will require numerous modalities to restore health. Parents may be vacillating in regards to the choices they have made to date. There may be significant social pressure. And more...
- People are building health care teams more frequently which means you will have to work with other treating professionals. This can require documentation and literature, treatment reports, etc., in order for you to keep the team apprised of what you are doing with patients.
- Walk-in – acute/urgent primary care clinic setting.

Uncomplicated

The initial treatment varies depending on the patient's unique story but let's assume we have a child, any age, who has had no or selective vaccination and who is not exhibiting any overt symptoms of illness. While we are not "treating" an illness, we are developing a treatment plan to build and maintain health. We are also educating the parents about what to do should they be exposed to suspected contagious elements.

- Baseline education – this can be done at the first visit or you can record a video that covers these topics and give people access to the video when they schedule their appointment.
 - Germs vs Terrain Theory
 - Healthy Gut – Healthy Body
 - Importance of Fevers
 - What are symptoms? The body trying to return to balance. If we suppress symptoms, we drive disease deeper into the body.

The Art of Balanced Health

- Overview of the childhood illnesses, how they start, how they are spread, what to look for and when to call.
 - This is great as an e-book, pamphlet, google drive shared document, etc.
 - You could carry a published book (e.g. *The Unvaccinated Child: A Treatment Guide for Parents and Caregivers*) that contains all this information and encourage them to purchase it.
 - You could set your first office visit price so that it covers the cost of the book and give it to them at their visit.
- Action plan: What will you do if (hopefully when) they do come down with any of the childhood illnesses – i.e. how do you treat?
 - This should include how they contact you including your cell if that is what you choose to do.
- Baseline testing > 3 yrs: I do not do these at < 3 yo unless the history indicates otherwise.
 - Food sensitivity (US Biotek AND Carroll Method)
 - CBC with diff (blood)
 - Nutrient testing (blood, Spectracell)
 - Heavy metals (urine, unprovoked or hair)
- Basic health plan – This makes a great starter package with 4-6 visits over 3 months. You can develop support materials, handouts, presentations, etc.
 - 2-week nutrition evaluation with [Chronometer](#) (good affiliate program!)
 - Review the basics of a healthy diet (handout)
 - Whether in office or through referral to a wholistic nutritionist: create meal plans for parent to use.
 - Dairy and gluten – even without testing I guide people away from dairy and gluten.
 - There are MANY grains on the market for them to use.
 - I have nut milk and homemade bread recipes that I share with people.
 - Basic supplements – whole food when possible:

The Art of Balanced Health

- Vitamin + Minerals
 - Trace minerals
 - EFA
 - Immune support formula (herbs, glycerites, teas): use your favorite long-term immune support herb/herbs.
- Homeoprophylaxis (see handout)
 - Home Care Medicine Chest: make a handout and list places where they can purchase these including your office, online or locally.
 - Homeopathic Home Kit – either the 25, 64 or First Aid kit with remedy materia medica.
 - Botanicals
 - Glycerites: Elderberry, Astragalus, Echinacea, Lomatium, Osha
 - Slippery Elm, Ear Drops, Calendula Flowers, Mustard powder, Castor Oil, Lavender oil and flowers, Peppermint oil and leaves, Ginger root
 - Nutraceuticals – Zinc - liquid, Vit A - liquid, Vit C – whole food powder
 - Topicals – Traumeel, Calendula ointment, Colloidal Silver, Oatmeal
 - Medical supplies – Thermometer, stethoscope, tubs for foot soaks, fabric band aids, gauze, non-stick gauze pads, Mg salts, Iodine, flashlight

In Media res

- Determine baseline health so you know what to start with and what to include in the treatment plan. The sooner they get in to see you, the faster the body will return to health.
 - Healthy: existing patient that is known to you and with whom you have been working for some time. Vibrant, able to mount a fever, balanced gut, immune function strong.
 - Moderate health: existing or new patient, again relatively vibrant, able to mount a fever, relatively balanced gut, immune function relatively strong.
 - Poor health or challenging environment: typically a new patient that comes in because they are sick, relatively unknown to you, new to naturopathic medicine, poor environment.

The Art of Balanced Health

- Unknown
- Healthy
 - These patients need the least intervention.
 - Few symptoms, usually mild. Usually there is a vibrant reaction including fever, loose bowels and other exonerative discharges – quick and fast.
 - Typically recover quickly without sequelae.
 - Mumps: 2-3 days
 - Measles: 2-3 days
 - Rubella: 2-3 days
 - Chicken pox: 3-4 days
 - Pertussis: 3-7 days
 - Flu: 24 hours-3 days
 - Diphtheria: 3-5 days
 - Hepatitis: 3-7 days
 - Treatment plan:
 - Homeopathic remedy that covers the case.
 - Constitutional hydrotherapy daily until resolved.
 - Depending on the condition: botanicals, essential oils, Vit C, Zinc, Vit A, topicals to provide comfort but NOT suppressive. They do not need much so do not overdo things. You can always add something if they are not responding quickly enough.
 - Fluids and rest.
 - Fasting during fever.
 - Isolate if a highly contagious condition.
 - Allow 3-5 days convalescence after all symptoms are gone.

The Art of Balanced Health

- Moderate health
 - The treatment plan is the same as above. What differs is the severity of symptoms and the length of time it takes the body to return to health.
 - In addition to the baseline state of health, the longer they wait to come in to see you and start treatment, the longer it takes and the more severe it can be.
 - Add a few days to the healthy timeline:
 - Mumps, Measles and Rubella: 3-5 days
 - Chicken pox: 4-7 days
 - Pertussis: 5-10 days
 - Flu: 2-4 days
 - Diphtheria: 5-8 days
 - Hepatitis: 5-10 days
 - Possibility of negative sequelae increases with decreased baseline health.
 - Fever and other exonerative discharges last longer.
 - Convalescence is 5-7 days.
- Poor health
 - Same treatment plan but usually need to bring in other treatments like botanicals, nutraceuticals, etc., on board. They may need a couple of different remedies as they progress through the stages of the illness.
 - Negative sequelae and complications much more common especially pneumonia or skin infections. They often need additional treatment targeting the sequelae or other complications.
 - Length of illness much longer:
 - Mumps, Measles, Rubella: 7 days or longer
 - Chicken pox: 7-14 days
 - Pertussis: 10-21 days

The Art of Balanced Health

- Flu: 7-10 days
- Diphtheria: 7-14 days
- Hepatitis: 10-14 days
- The fever and other exonerative discharges can persist as the body tries to return to a state of health.
- They usually need double the convalescence time, 10 days or more.
- Unknown
 - Treat as if in poor health.

Complicated

- Not in the scope of this presentation.
- Highly recommend doing an internship with a senior vitalist.

Resources

- Download: https://www.ecampnd.com/resources/handouts/Additional_Handouts_UVax_Px.zip
- Naturopathic Medicine Institute: <https://www.NaturopathicMedicineInstitute.org>

References

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The Art of Balanced Health

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