

Welcome to Integrative Pediatrics!



A safe passage in a changing world

We are so glad that you have decided to entrust your precious children with us! It is the goal of Dr. Paul Thomas and the team at Integrative Pediatrics to bring the best of functional, complementary and holistic medicine to all infants, children and adolescents - integrating it with experience and care for thousands of patients over the past 20 plus years.

We believe in:

- Treating your infants, children and adolescents like our own.
- Individualized immunization schedules and informed consent.
- Avoiding antibiotics and medications unless necessary.
- Maximizing nutrition to enhance the body's own natural healing and wellness for infants, children and adolescents.
- Avoiding toxins such as pesticides, plastics and heavy metals to prevent illness.
- Collaborating with parents for optimal health.



Our Team of Providers



Paul Thomas, MD, ABAM was born in Portland, OR, grew up in Zimbabwe, speaks some Shona and Spanish and is married with nine children. He has been active in pediatric programs at St. Vincent Hospital and Emanuel Children's Hospital and was on the clinical faculty at OHSU. Dr. Thomas is a Christian and will show equal respect to the emotional and spiritual needs of children of all faiths. He has a Master's in biology, M.D. from Dartmouth Medical School, pediatric residency at UCSD is board-certified in Pediatrics, Integrative Medicine and Addiction Medicine. He taught medical students and residents from 1988-1993. Dr. Thomas was a full-time pediatrician at Westside Pediatrics from 1993-2008 when he opened his own practice, Integrative Pediatrics. Current interests include preventative health, coordination with complimentary health approaches and management and healing of chronic health issues. In addition to pediatrics, he enjoys his role as husband and dad. He is the author of *The Vaccine-Friendly Plan* and an upcoming book on addiction.

Linda Baker, MD, CCH is board-certified in Pediatrics, also certified in Classical Homeopathy, and trained in herbal medicine, nutrition, and energy medicine. Dr. Baker and her husband recently moved to Portland from Philadelphia, PA, in order to be near their families including their two adult children. Dr. Baker was born and grew up in Southern California and attended medical



Nancy Johnson, MD comes to us from the local Portland area. She has had numerous years of pediatric experience, and enjoys the rewards of helping each patient that she sees. In her spare time, Dr. Johnson enjoys reading, gardening, and spending time with her family.

Mary Olson, DO is a board-certified Pediatrician. She believes that the body has an innate ability to heal itself and approaches the whole person (physical, emotional, spiritual) rather than just the illness or disease. Her pediatric residency was completed at University of California San Francisco-Fresno and she received her Osteopathic Doctorate degree from Western University of Health Sciences in Pomona, CA. Some of her medical interests include adolescent health, nutritional and weight issues, ADD/ADHD, and asthma. She is on staff at Providence St. Vincent Medical Center. Dr. Olson was born in the Middle East and is fluent in Arabic. She has a large extended family and prioritizes time with family, which serves to give balance in her life. At the end of her day, she enjoys going home to her very supportive husband and adorable, adventurous sons.





Carol Squyres, MD was born and raised in Northeastern Pennsylvania, attended medical school at Temple University in Philadelphia, and completed her pediatric training at University of California, San Francisco. She is a board-certified fellow of the Academy of Pediatrics. She is married with two grown daughters as well as a delightful grandchildren. Dr. Squyres began her medical career with her husband providing preventive healthcare to migrant farm workers in California. She then worked in her own private practice in Bakersfield, CA for 12 years. While in Bakersfield, Dr. Squyres served as Chief of Pediatrics for two community hospitals and taught the residents at Kern Medical Center. Desiring to return to the East Coast to be near family, Dr. Squyres joined DuPont Hospital for Children as physician-in-charge of a satellite clinic in Middletown, Delaware where she Worked for 12 years. She was director of a pediatric extended-care unit and a pediatric on-call service. Upon retirement, she and her husband Joseph, moved to Portland. Dr. Squyres is happy to be working part-time for Integrative Pediatrics caring for children again. She also enjoys singing in her church choir, attending the gym and Walking around Portland.

Sarah Atkins, PNP was born in Texas, but is an Oregonian at heart. She received a Bachelors of Nursing degree from Gonzaga University. While working as a RN at Integrative Pediatrics, Sarah's love of caring for children and their families solidified. Sarah obtained a Masters degree as a Pediatric Nurse Practitioner from Oregon Health and Science University and is in the final year of finishing her Doctor of Nursing Practice degree. Sarah enjoys spending time with her family and friends, watching Gonzaga basketball, being active, and baking.



Mallory Johnson, CPNP was born and raised in Oregon. She received a Bachelor's of Nursing from the University of Portland and worked in pediatrics at Emanuel Children's Hospital. Wanting to pursue a career where she could develop relationships with families and watch their children grow, she obtained a Master's degree as a Pediatric Nurse Practitioner from the University Of Colorado Health Science Center. Mallory was raised with seven siblings and loves working with children. She is married and lives in Portland.

Meghan Lacy, PNP graduated from Linfield College with a BSN in 2006 and eleven years later completed a master's degree in nursing from OHSU. Having spent most of her career as a bedside RN at Doernbecher, she is looking forward to providing more preventative-based care, getting to know families, and watching children grow up. In her spare time, she loves to spend time with her family, read, sew, bake, and meander the neighborhood with her dachshund.



Cathy Lien, CPNP completed graduate school at OHSU School of Nursing with a Master's in Nursing and certification as a Pediatric Nurse Practitioner. She is board certified through the National Association of Pediatric Nurse Associates and Practitioners. For the past 13 years, Cathy has worked part-time as a PNP in private practice. She has been married almost 18 years. Working part-time has allowed Cathy the time and energy to help raise her twin sons. "We keep pretty busy with all of the sports, music and school events. The truth is...most of the time is spent feeding the boys and driving them places". In her free time, Cathy likes to walk, read and meet friends for lattes. On a more personal note, she absolutely loves being a mom and a nurse practitioner. "I feel that "having a sense of humor helps me appreciate and care for your children as much as my own in each stage of development."

GENERAL INFORMATION

CONTACT US

Phone: 503.643.2100

Fax: 503.643.7300

Websites: www.drpaul.md and www.drpaulapproved.com

Portal: <https://portal.integrativepediatricsonline.com>

SCHEDULING

You may call our office between 8:00am and 5:00pm, Monday through Friday, to request appointments. If your child is ill, we will get you in the same day, if possible. If you need a well-child visit, please call one to two months before the desired date. We also have urgent-care appointments from 5:00-6:00pm, Monday through Friday.

ADVICE CALLS

If you wish to speak with the advice nurse, please call 971.317.0210 as early as possible, so that the nurse has plenty of time to return your call and make an appointment, if necessary. The advice lines hours are 8:00am-4:30pm Monday through Friday.

VACCINE CLINIC

Our vaccine clinic is on Thursdays and is for vaccines *only*! If your child is due for a well-child visit, that will need to be scheduled with one of our providers on a different day.

BILLING

Integrative Pediatrics will gladly submit claims to your insurance carrier. We also offer Secondary and Tertiary billing. In the event of a Motor vehicle Accident, we will submit your claim(s) to the motor vehicle carrier. Please provide your information at time of check-in or when scheduling your appointment. Any change in insurance coverage needs to be noted when checking in for your appointment. Deductibles and co-payments are due at the time of service. For billing related questions, please call 971.317.0211.

If you are uninsured, or if we are unable to verify coverage, we require a \$100 down payment at your first visit, which will be applied to your charges. If charges exceed the \$100, we will send you a statement.

NEWBORNS

Congratulations on the new addition to your family! Please contact your insurance company to have your child added to your insurance plan. If you have health insurance through DMAP (Dept. of Medical Assistance Programs), *YOU MUST* contact your caseworker to have your baby added to DMAP. You will be provided an ID# for your child.

Ways to Experience Integrative Pediatrics On the Web

Integrative Pediatrics offers its friends and patients web experiences. Together, they can provide patients and parents with useful tools and resources for managing their healthcare.

Website

At our website, www.drpaul.md, you will find access to many resources ranging from clinic hours and phone numbers, clinic policies, and the philosophies behind Integrative Pediatrics. Check out the educational section that includes FAQ's, information on vaccines, and forms for Autism and ADHD screening. The forms section also includes releases for transferring medical records to and from our clinic.

At www.drpaulapproved.com you will find many other resources.

Portal

This is a secured connection between our patients and our clinic. The portal gives access to online services such as scheduling a well-child visit, viewing portions of your medical record, and much more. In addition, you can send non-urgent secure messages directly to our clinic. We invite you to join our portal and have access to all of these features. You must get a PIN number while in our office, prior to portal set-up. This PIN number is only valid for 30 days. Once you have signed up for it, the secured portal can be accessed at <https://portal.integrativepediatricsonline.com>.

YouTube

Dr. Paul discusses pediatric topics from pregnancy advise, how to avoid toxins, immunizations (what to do and what not to do), nutrients, and what to do when your child is sick - from rashes to cough, fever to injury, sleep issues to behavior issues, infant to teenager. Dr Paul has the belief that most of us will be healthy and avoid illness and neurological issues if we avoid toxins and get all our nutrients. Make sure to watch his past videos at <https://www.youtube.com/paulthomasmd>.

The Dr. Paul Approved Vaccine Plan



Dr. Paul Thomas, M.D., F.A.A.P.

Get your children the protection from infectious diseases while minimizing vaccine side effects.

Since 2008, the team at Integrative Pediatrics have been honoring informed consent, with most parents choosing to use the plan outlined below. Combining this vaccine plan with exclusive breastfeeding, eating a diet of real food, getting enough vitamin D, exercising, and avoiding toxins like acetaminophen, aspartame, and glyphosate, the children in his practice have experienced superior health, and a significantly lower rate of autism (0 in 1098) than the national average, which is 1 in 45. There were also no cases of autism or ASD in the 238 unvaccinated children.

If you have autism in the family, a history of autoimmune disorders, or an MTHFR mutation: delay vaccines until at least age five, or never. Do discuss this with your provider and know the risks of not vaccinating. The CDC schedule is the “recommended” schedule. Many choose to modify that schedule after informed consent.

Pregnancy:	No vaccines (No Tdap, No flu)
Birth:	No Hep B
2 months:	Hib, DTaP (No Hep B, Rotavirus, IPV)
3 months:	Pevnar
4months:	Hib, DTaP (No Rotavirus, IPV)
5 months:	Pevnar
6 months:	Hib, DTaP (No Hep B, Rotavirus, IPV)
7–9 months:	Pevnar
1 year:	Hib, Pevnar (No MMR, Hep A, Varicella)
18 months:	DTaP
2 years	(No Hep A)
3 years:	Consider MMR (always give MMR by itself)

4-6 years:	DTaP , (consider Varicella, IPV)
10 years:	Tdap (boost every 5 – 10 years)
11 years:	Menveo or Menactra (meningococcal), Varicella
12-14 years:	Hepatitis B (3 dose series)
16–18 Years:	Menveo or Menactra & consider meningococcal B, Hepatitis A

CONSIDERATIONS

1. If you are travelling to a part of the world where measles is prevalent, giving the MMR after age 1 should be considered. Always give this vaccine by itself waiting at least a month before any other vaccines.
2. The Varicella (chickenpox) vaccine can be given after age 1 if you don't want your child to get natural chickenpox.
3. Consider the IPV (at least two doses 2 months apart) before travel to high- risk countries.
4. Use these low aluminum options if offered– Daptacel for DTaP, Acthib for the Hib.
5. Only give one aluminum containing vaccine at a time (Aluminum containing vaccines: DTaP, Hep B, Hep A, Prevnar, PedVax, some Hib brands, HPV, Pentacel, Pediarix, Bexero, Trumenba). Wait 2 - 4 weeks between aluminum containing vaccine injections.
6. No HPV vaccines – side effects too frequent and severe. No long term testing.
7. No Rotavirus vaccine unless you will live where there is no access to health care.
8. Flu shots annually age 6 months on for asthma and chronic disease patients. (most elect to skip)
9. If birth mom has Hepatitis B, baby should get the Hepatitis B vaccine at birth, 1-2 months and at 6 months along with Hepatitis B immune globulin at birth.
10. If after assessing risks and benefits of vaccines, the choice is always yours.

Abbreviations, Brand Choices and Ingredients

Hib. This is the vaccine against Haemophilus influenza type B, a leading cause of bacterial meningitis. Choose the ActHIB brand, which has the HIB sugar with tetanus toxoid, saline and sugar water. The PedVax brand has 225 micrograms aluminum and should be avoided.

DTaP. This vaccine covers Diphtheria, Tetanus and Pertussis. The little “a” DTaP stands for “acellular.” Prior to 1990 we used a whole cell DPT in the USA that caused severe side effects, including seizures, brain damage, and death. I prefer the Daptacel. The Tripedia brand contains trace amounts of mercury in addition to aluminum. The Infarix brand has the most aluminum: 625 micrograms. All available brands contain 100 micrograms of formaldehyde, which helps trigger an immune response. Formaldehyde can trigger autoimmune disorders, where your body attacks itself and is a carcinogen.

Prevnar – 13. This vaccine replaced the Prevnar – 7 by adding more strains of the pneumococcus, the bacteria that is the second leading cause of bacterial meningitis in children. This vaccine has 125 micrograms of aluminum.

MMR. Measles, mumps and rubella are all viral infections that used to be a routine childhood illnesses prior to vaccines and could sometimes cause severe complications. The MMR vaccine contains human albumin, cow fetus serum, neomycin and chick embryo proteins. This live-vaccine is also perhaps the most controversial as time and time again (I've heard it over 100 times) parents have seen that after this

vaccine their previously normal child became autistic. Though no study has definitively linked the MMR vaccine to autism, there is a case to be made for caution. Until a large double-blind study comparing unvaccinated children with vaccinated children is done, we cannot rule out the current American vaccination schedule as a contributing factor in autism. My own clinical experience has shown that waiting until age 3 is safer and healthier for children, significantly reducing the chance of neurological and immunological damage that may be triggered by this vaccine.

Menveo, Menactra, Meningococcal B (Trumenba, Bexero). Meningococcal disease can cause rapidly fatal meningitis and blood infections. The disease is treatable if you catch it early. Menveo and Menactra both use safe technology and contain no aluminum. I feel comfortable giving these vaccines starting at age 11. These two brands do not cover meningitis type B which is prevalent in Oregon, and other parts of the world. Enter the new kids on the block: Trumenba and Bexero, which have 500 micrograms and 1500 micrograms of aluminum respectively. These are extremely high doses of aluminum, a known neurotoxin, and I do not feel comfortable recommending either of these vaccines, unless your college bound child is heading into an active meningococcal B outbreak.

Hepatitis B. The hepatitis B vaccines contain 250 micrograms of aluminum per dose. This is simply too much for a newborn. Since you catch hepatitis B from exchanging bodily fluids during sex, as well as from IV drug use and contaminated blood, I recommend waiting until the teenage years or your child becomes sexually active. If you plan to travel to a country where hepatitis B is endemic, this vaccine may be necessary.

Varicella. Chickenpox was a rite of passage for every American born before 1995. Deaths were rare indeed (historically fewer than 50 people a year died from complications from the chickenpox in the United States, which has a population of over 318 million). It was more dangerous to take a shower. This live virus vaccine appears to be safe for most children, however it appears we are having more shingles as a result of the vaccine, which prevents adults from ongoing exposures that would have boosted immunity. Since chickenpox is highly contagious and can be fatal when immune-compromised people are exposed, this is one vaccine where having community immunity benefits the most vulnerable. Those of us who can safely get this vaccine probably should.

IPV. The Injectable Polio Vaccine (Ipol) contains formaldehyde, along with a host of other ingredients you probably wouldn't want to inject into an infant with an immature immune system, including: human albumin, calf serum, 2-phenoxyethanol and antibiotics. Since the last case of wild polio acquired in the USA was 1979 and it is essentially eliminated from the world, I recommend babies skip this vaccine unless you plan to travel to higher risk areas of the world.

HPV. Gardasil and Cervarix. Human Papilloma Virus comes in many strains. The vaccines for HPV have tried to target the strains most associated with cervical cancer in women and genital warts (Gardasil). These vaccines have large doses of aluminum and seem to cause significant and frequent side effects. Because of these safety issues, I cannot recommend the vaccines against HPV at this time except for teens who are sexually promiscuous and refuse to practice safe sex.

Rotavirus. RotaTaq and Rotarix. Rotavirus has been blamed for the majority of the vomiting and diarrhea of childhood. The vaccine was marketed as a money saver as there were so few deaths in the USA from rotavirus illness that they couldn't justify it any other way. The thing is, we never needed it. The reduced hospitalization rates are likely due to our use of anti-vomiting medications as to anything else. This is one vaccine your children do not need if you have access to modern health care.

Flu shots. Influenza. There is no question that influenza has historically been a killer of the weak, elderly, and malnourished. Getting the flu is never any fun and some strains can make children extremely ill. However, if you are otherwise healthy, the flu rarely causes death or even hospitalization.

It is difficult to recommend a vaccine that is usually not very effective and has been associated with side effects but I recommend this vaccine for high-risk children, health care providers, and educators with the hope that it will help us do our part in reducing the chances we will bring the flu to the vulnerable. Always insist on the single dose (mercury-free) brand. The multi-dose flu shot has 25 micrograms of mercury (thimerosal). Avoid this like it is pure poison, which it is!

Hepatitis A. Hepatitis A is usually contracted from uncooked contaminated food. The disease of hepatitis A is usually mild in children. Unless you are in the food service business, you can skip this aluminum-containing vaccine. Consider having your children get this two-shot series (6 to 18 months apart) before adulthood.

Disclaimer: The medical information given here is not medical advice and should not be interpreted as such. This approach is one that Dr. Paul has successfully used with patients in his practice. It is done in the context of extensive education on the risks and benefits of various vaccines during the process of obtaining informed consent.

Dr. Paul is not recommending that you, who are not his patients, follow anything but the recommended CDC schedule. Please consult with your own physician on what approach would be best for your children.

A note about new vaccines

When a new vaccine comes to market, or a new recommendation is made (for example, vaccines during pregnancy), it is wise to wait a few years before trying them, observe the reports, and read any ongoing research. There is greater pressure to bring vaccines to market before extensive testing, and there is rarely any long-term safety testing done on these vaccines. We the population, become the long-term experiment. Sadly, the only ongoing, long-term study is the voluntary and inadequate use of the VAERS (Vaccine Adverse Events Reporting System). Most physicians who should be reporting vaccine side effects believe that “vaccines are safe and effective,” dismiss severe vaccine reactions as “coincidence,” and often refuse to file VAERS reports, even when parents urge them to do so. For this reason, vaccine side effects may be grossly underreported. This is especially true when it comes to the chronic side effects of the slow poisoning that may be occurring from the cumulative negative effects of toxic vaccine ingredients, or the slow damage to the immune system that may be occurring from aluminum adjuvants.

For more information.

www.drpaulapproved.com

www.drpaul.md

www.paulthomasmd.com

www.youtube.com/user/paulthomasmd



Newborns



Bio-K-Mulsion Drops

- Oral K available for pick up in our office prior to delivery.
 - 4 drops on day 1
 - 4 drops at one week
 - 4 drops/week for first month

Eye Ointment

- Erythromycin is used on newborns at birth, which Dr. Thomas approves.
- If not using Erythromycin, use breast milk in your infant's eyes 2-3 times/day for 3-4 days.

Circumcision Providers

- Best done at 2-3 weeks of age, when breast-feeding has been well established.
- Avoid use of Tylenol.
- Zaid Al-Mulla, MD
 - Horizon Pediatrics, Tigard 503-598-9444
- Leslie Hamlett, ND
 - Canyon Medical Center, Portland 503-252-8125