



# THE SOLINGER METHOD

by Root Health L.L.C.

---

## **Pediatric Migraine**

### **FUNCTIONAL WELLNESS SUPPORT PLAN**

PediatricMigraine

Root Health L.L.C, The Solinger Method

**Dr. Sarah Solinger, PhD, ND, MSc, FCN**

Naturopathic Doctor, Functional Clinical Nutritionist, Master Herbalist

---

### **What Is Pediatric Migraine**

Pediatric migraine is a neurological condition involving episodic head pain with associated symptoms such as nausea, vomiting, light or sound sensitivity, visual disturbances, dizziness, fatigue, abdominal pain, or behavioral changes. In children, migraines often present differently than in adults and may manifest as cyclic vomiting, abdominal migraines, motion sickness, irritability, or prolonged sleep following episodes.

Migraines are not simply headaches. They reflect dysfunction in neurovascular signaling, cellular energy metabolism, inflammatory pathways, and nervous system regulation.

---

## What Conventional Medicine Says

Conventional medicine attributes pediatric migraines primarily to genetics, altered neurotransmitter signaling, and vascular changes within the brain. Imaging and routine labs are often normal. Treatment focuses on acute symptom suppression using analgesics, triptans, or preventative medications for recurrent cases.

While these approaches may reduce pain severity, they do not investigate why the child's nervous system is susceptible to migraine activation.

---

## The Naturopathic Perspective

From a naturopathic standpoint, pediatric migraine represents a **functional neurological stress response** driven by metabolic insufficiency, micronutrient depletion, neuroinflammation, and impaired energy production. The developing brain has high ATP demands, and migraines often signal that fuel, buffering minerals, or detoxification capacity are inadequate.

The clinical objective is to restore neurological resilience rather than manage symptoms indefinitely.

---

## Common Root Contributors

- Magnesium deficiency and neuronal hyperexcitability
  - Blood sugar instability from skipped meals or low protein intake
  - Iron and ferritin insufficiency impairing cerebral oxygen delivery
  - Mitochondrial dysfunction reducing ATP availability
  - Gut dysbiosis and intestinal permeability driving neuroinflammation
  - Histamine overload or impaired histamine clearance
  - Poor sleep architecture and circadian disruption
  - Environmental triggers including food dyes, preservatives, fragrance, and screen exposure
- 

## Targeted Nutrient Support

### Therapeutic Pediatric Dosing by Age

---

### Magnesium (Foundational, Non Negotiable)



THE  
SOLINGER METHOD  
by Root Health L.L.C.

Primary role: neuronal stabilization, vascular tone regulation, NMDA receptor modulation  
Preferred forms: glycinate, malate

**Ages 2–5**

- 100–200mg elemental magnesium daily
- Divide into 1–2 doses

**Ages 6–9**

- 150–300mg elemental magnesium daily
- Divide into 1–2 doses

**Ages 10–13**

- 200–400 mg elemental magnesium daily
- Divide into 1–2 doses

**Ages 14–18**

- 300–500 mg elemental magnesium daily
- Clinical note: Dose may be limited by loose stools, adjust accordingly.
- 

**Riboflavin (Vitamin B2)**

Primary role: mitochondrial ATP production, oxidative stress reduction

**Ages 2–5**

- 25–50 mg daily

**Ages 6–9**

- 50–100mg daily

**Ages 10–13**

- 100–200 mg daily

**Ages 14–18**

- 200–400 mg daily
- Clinical note: Bright yellow urine is expected and harmless.
- 

**Coenzyme Q10 (Ubiquinol Preferred)**

Primary role: mitochondrial energy production, neurovascular support



**Ages 2–5**

•30mgdaily

**Ages 6–9**

•30–60mgdaily

**Ages 10–13**

•60–100mgdaily

**Ages 14–18**

•100–200mgdaily

Clinical note: Particularly helpful for exertion triggered or fatigue associated migraines.

---

**Omega 3 Fatty Acids (EPA + DHA)**

Primaryrole: neuroinflammation reduction, neuronal membrane stabilization

**Ages 2–5**

•500–750mg combined EPA + DHA daily

**Ages 6–9**

•750–1,000mg combined EPA + DHA daily

**Ages 10–13**

•1,000–1,500 mg combined EPA + DHA daily

**Ages 14–18**

•1,500–2,000 mg combined EPA + DHA daily

Clinical note: Use triglyceride form for improved absorption.

---

**Iron (Only If Indicated by Labs)**

Primaryrole: oxygen delivery and cerebral perfusion

**Ages 2–5**

•15–30mg elemental iron daily

**Ages 6–9**

•30–45mg elemental iron daily



### **Ages 10–13**

- 45–60mgelemental iron daily

### **Ages 14–18**

- 60–90 mgelemental iron daily

Clinical note:Reassess ferritin after 8–12 weeks. Avoid blind supplementation.

---

## **Targeted Herbal Support**

### **Therapeutic Pediatric Dosing by Age**

---

#### **Feverfew (*Tanacetum parthenium*, Standardized Extract)**

Primaryrole: migraine pattern regulation, prostaglandin inhibition

#### **Ages 6–9**

- 25 mg daily

#### **Ages 10–13**

- 50 mg daily

#### **Ages 14–18**

- 50–75 mgdaily

Clinical note:Intended for preventive use, taper gradually if discontinuing.

---

#### **Butterbur (*Petasites hybridus*, PA Free Only)**

Primaryrole: vascular smooth muscle relaxation

#### **Ages 6–9**

- 50mgoncedaily

#### **Ages 10–13**

- 50mgtwicedaily

#### **Ages 14–18**

- 75mgtwice daily



Clinical note: Only PA free, certified products are acceptable.

---

## **Ginger (*Zingiber officinale*)**

Primaryrole: anti inflammatory, anti nausea, COX pathway modulation

### **Ages 2–5**

- 100–250mg daily

### **Ages 6–9**

- 250–500mg daily

### **Ages 10–13**

- 500–750 mg daily

### **Ages 14–18**

- 750–1,000mg daily
- 

## **Lemon Balm (*Melissa officinalis*, Tincture 1:5)**

Primaryrole: nervous system calming, GABA modulation

### **Ages 2–5**

- 0.5–1 mL once or twice daily

### **Ages 6–9**

- 1–2 mL once or twice daily

### **Ages 10–13**

- 2–3 mL once or twice daily

### **Ages 14–18**

- 3–5 mL once or twice daily
- 

## **Skullcap (*Scutellaria lateriflora*, Tincture 1:5)**

Primaryrole: neurogenic tension reduction, nervous system regulation

### **Ages 6–9**

- 0.5–1 mL once daily or PRN



**THE  
SOLINGER METHOD**  
by Root Health L.L.C.

### **Ages 10–13**

- 1–2mL once daily or PRN

### **Ages 14–18**

- 2–4mL once daily or PRN
- 

## **Lifestyle and Nervous System Support**

- Consistent sleep and wake times
  - Adequate protein intake at each meal
  - Regular hydration with mineral rich fluids
  - Screen time moderation
  - Outdoor light exposure daily
  - Age appropriate movement and decompression
- 

## **Why Early Support Matters**

Pediatric migraines often represent early metabolic and neurological stress. Addressing root contributors during childhood may prevent progression to chronic migraine patterns, anxiety disorders, or adult neurological dysfunction.

---

## **Clinical Disclaimer**

This Functional Wellness Support Plan is for educational purposes only and is not intended to diagnose, treat, or replace medical care. Individualized evaluation is recommended prior to initiating dietary or supplement changes.

---



**THE**  
**SOLINGER METHOD**

by Root Health L.L.C.