

# THE SOLINGER METHOD

by Root Health L.L.C.

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## **Pediatric Sinusitis**

### **FUNCTIONAL WELLNESS SUPPORT PLAN**

Pediatric Sinusitis

Root Health L.L.C, The Solinger Method

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

Naturopathic Doctor, Functional Clinical Nutritionist, Master Herbalist

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### **What Is Pediatric Sinusitis**

Pediatric sinusitis is an inflammatory condition of the paranasal sinuses that may be acute, subacute, or chronic. It commonly develops following viral upper respiratory infections, allergic inflammation, or impaired sinus drainage. Sinusitis may be viral, bacterial, or mixed in nature. Common symptoms include nasal congestion, thick nasal discharge, facial pressure, headache, postnasal drip, cough (especially at night), fatigue, mouth breathing, halitosis, and irritability. In children, sinus inflammation often persists due to immature sinus anatomy and ongoing immune or allergic stress.

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### **What Conventional Medicine Says**

Conventional medicine typically categorizes sinusitis based on duration and suspected microbial cause. Treatment often includes watchful waiting, antibiotics for suspected bacterial cases, nasal steroids, antihistamines, and decongestants. Imaging is reserved for chronic or recurrent cases.

While symptom relief may occur, underlying contributors such as immune weakness, chronic inflammation, poor mucociliary clearance, or microbiome imbalance are rarely addressed.

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## The Naturopathic Perspective

Naturopathic medicine views pediatric sinusitis as a **drainage and immune regulation problem**, not simply an infection. Sinus inflammation reflects impaired mucus clearance, chronic inflammatory signaling, and immune inefficiency.

The focus of support is to:

- Reduce mucosal inflammation
  - Improve sinus drainage
  - Support antimicrobial immune response
  - Address allergic and histamine driven congestion
  - Restore mucociliary function
  - Prevent progression to chronic or recurrent sinusitis
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## Common Functional Contributors

- Recurrent viral infections
  - Allergic rhinitis and histamine excess
  - Thickened mucus and impaired ciliary motion
  - Immune depletion or zinc deficiency
  - Chronic mouth breathing
  - Environmental irritants and dry indoor air
  - Post antibiotic microbiome imbalance
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## Nutrition Foundations

### Hydration

Adequate fluids thin mucus and support sinus drainage.

### AntiInflammatoryDiet

Emphasize whole foods, vegetables, protein, and healthy fats.



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## **Reduce Mucus Promoters**

Limit excess sugar and ultra-processed foods during active congestion.

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# **Targeted Nutrient Support**

## **Therapeutic Pediatric Dosing by Age**

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### **Vitamin A (Mucosal and Immune Support)**

Primary role: epithelial repair, immune defense, mucus regulation

#### **Ages 1–3 years**

•5,000 IU daily for 5–7 days

#### **Ages 4–8 years**

•5,000–10,000 IU daily for 5–7 days

#### **Ages 9–13 years**

•10,000 IU daily for 5–7 days

#### **Ages 14–18 years**

•10,000–15,000 IU daily for 5–7 days

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### **Vitamin C**

Primary role: immune activation, antioxidant support, inflammation control

#### **Ages 1–3 years**

•250–500 mg daily, divided

#### **Ages 4–8 years**

•500–1,000 mg daily, divided

#### **Ages 9–13 years**

•1,000–1,500 mg daily, divided

#### **Ages 14–18 years**

•1,500–2,000 mg daily, divided



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## **Zinc**

Primary role: immune defense, mucosal healing

### **Ages 1–3 years**

- 5–10 mg daily

### **Ages 4–8 years**

- 10–15 mg daily

### **Ages 9–13 years**

- 15–25 mg daily

### **Ages 14–18 years**

- 25–40 mg daily

Use for 7–10 days during acute infection.

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## **N Acetyl Cysteine (NAC)**

Primary role: mucus thinning, antioxidant support

### **Ages 4–8 years**

- 300–600 mg daily

### **Ages 9–13 years**

- 600–900 mg daily

### **Ages 14–18 years**

- 900–1,200 mg daily

Clinical note: Particularly helpful with thick, sticky mucus.

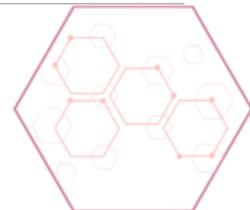
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## **Omega 3 Fatty Acids (EPA + DHA)**

Primary role: inflammation reduction, mucosal integrity

### **Ages 1–3 years**

- 500 mg daily



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**Ages 4–8 years**

•750–1,000mgdaily

**Ages 9–13 years**

•1,000–1,500mgdaily

**Ages 14–18 years**

•1,500–2,000mgdaily

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## Targeted Herbal Support

### Therapeutic Pediatric Dosing by Age

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#### Elderflower (*Sambucus nigra*, flower)

Primary role: sinus drainage, mild diaphoretic

**Ages 1–3 years**

•2–4ozcooledtea once daily

**Ages 4–8 years**

•4–6ozteaoncedaily

**Ages 9–13 years**

•6–8ozteaoncedaily

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#### Goldenrod (*Solidago virgaurea*)

Primary role: sinus inflammation reduction, drainage support

**Ages 4–8 years**

•0.5–1mLtincture1–2x daily

**Ages 9–13 years**

•1–2mLtincture1–2x daily

**Ages 14–18 years**

•2–3mLtincture1–2x daily



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## **Horseradish (*Armoracia rusticana*)**

Primary role: antimicrobial, sinus decongestant

### **Ages 6–9 years**

- 5–10 drops tincture up to 2x daily

### **Ages 10–13 years**

- 10–20 drops tincture up to 2x daily

### **Ages 14–18 years**

- 20–40 drops tincture up to 2x daily

Use short term only during acute congestion.

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## **Eyebright (*Euphrasia officinalis*)**

Primary role: mucosal inflammation reduction

### **Ages 4–8 years**

- 0.5–1 mL tincture 1–2x daily

### **Ages 9–13 years**

- 1–2 mL tincture 1–2x daily

### **Ages 14–18 years**

- 2–3 mL tincture 1–2x daily
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## **Thyme (*Thymus vulgaris*)**

Primary role: antimicrobial, respiratory support

### **Ages 1–3 years**

- 1–2 oz weak tea once daily

### **Ages 4–8 years**

- 2–4 oz tea once daily

### **Ages 9–13 years**

- 4–6 oz tea once daily



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## Local and Supportive Care

- Saline nasal irrigation or spray 1–2x daily
- Humidifier use, especially at night
- Warm compresses over sinuses
- Upright sleeping position during congestion
- Gentle steam inhalation for older children

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## Why Early Support Matters

Untreated or poorly resolved sinusitis can progress to chronic inflammation, recurrent infections, sleep disruption, and ongoing immune stress. Supporting drainage, immunity, and mucosal repair early helps prevent long term sinus dysfunction.

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