



THE SOLINGER METHOD

by Root Health L.L.C.

Pediatric Thrush (Oral Candidiasis)

FUNCTIONAL WELLNESS SUPPORT PLAN

Root Health L.L.C, The Solinger Method

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What Is Pediatric Thrush

Pediatric thrush is a fungal overgrowth of *Candida albicans* in the oral cavity. It most commonly affects infants and young children, particularly those with immature immune systems, recent antibiotic exposure, disrupted microbiomes, or frequent sugar exposure through diet or medications.

Thrush presents as white, curd like patches on the tongue, inner cheeks, gums, or palate that do not easily wipe away and may cause discomfort, fussiness, poor feeding, or diaper rash due to concurrent yeast overgrowth.

What Conventional Medicine Says

Conventional medicine treats thrush as a localized fungal infection managed with antifungal medications such as nystatin or fluconazole. Treatment is often short term and focused on symptom resolution. Little attention is given to why fungal overgrowth occurred, underlying microbiome disruption, or prevention of recurrence.

The Naturopathic Perspective

Naturopathic medicine views pediatric thrush as a **microbiome imbalance**, not merely a surface infection. Candida overgrowth reflects immune immaturity, disrupted bacterial balance, impaired mucosal defenses, or excess fermentable substrates.

Support focuses on:

- Reducing fungal overgrowth
 - Restoring healthy oral and gut microbiota
 - Supporting mucosal immunity
 - Preventing recurrence
 - Supporting immune maturation
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Common Functional Contributors

- Antibiotic exposure in infant or breastfeeding parent
 - Formula or diet high in simple carbohydrates
 - Immature immune response
 - Poor oral microbiome diversity
 - Maternal yeast overgrowth during breastfeeding
 - Chronic moisture and warmth
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Nutrition Foundations

Breastfeeding Considerations

Evaluate both infant and nursing parent for yeast overgrowth.

Reduce Sugar Exposure

Avoid sweetened medications, juices, and refined carbohydrates.

Support Beneficial Bacteria

Fermented foods for older children when appropriate.



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Targeted Nutrient Support

Therapeutic Pediatric Dosing by Age

Vitamin D3

Primary role: immune modulation, antifungal defense

Ages 0–6 months

- 400 IU daily

Ages 6–12 months

- 400–800 IU daily

Ages 1–3 years

- 600–1,000 IU daily
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Zinc

Primary role: immune defense, mucosal repair

Ages 0–6 months

- 2–3 mg daily

Ages 6–12 months

- 3–5 mg daily

Ages 1–3 years

- 5–10 mg daily

Use short term for 7–10 days.

Vitamin C

Primary role: immune support, tissue repair

Ages 6–12 months

- 25–50 mg daily



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Ages 1–3 years
•50–100mgdaily

Probiotics (Foundational)

Primary role: microbiome restoration, Candida suppression

Ages 0–6 months
•5–10billionCFUdaily

Ages 6–12 months
•10–15billionCFUdaily

Ages 1–3 years
•15–25 billionCFU daily

Clinical note:Include *Lactobacillus* and *Bifidobacterium* species.

Targeted Herbal and Natural Antifungal Support

Therapeutic Pediatric Dosing by Age

Chamomile (*Matricaria chamomilla*)

Primary role: antiinflammatory, mucosal soothing

Ages 0–6 months
•1–2ozcooledteaonce daily

Ages 6–12 months
•2–4ozteaoncedaily

Ages 1–3 years
•4–6 oz teaoncedaily

Can be gently swabbed inside the mouth.



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Calendula (*Calendula officinalis*)

Primary role: antifungal, mucosal healing

Ages 6–12 months

- 0.25–0.5 mL tincture diluted in water, 1–2x daily

Ages 1–3 years

- 0.5–1 mL tincture diluted, 1–2x daily

May be used as an oral swab.

Goldenseal (*Hydrastis canadensis*)

Primary role: antifungal, mucosal antimicrobial

Ages 6–12 months

- 1–2 drops glycerite, 1–2x daily

Ages 1–3 years

- 2–5 drops glycerite, 1–2x daily

Use short term only, typically 5–7 days.

Coconut Oil (Caprylic Acid Source)

Primary role: antifungal, mucosal protection

Ages 0–6 months

- Apply thin layer to oral mucosa 1–2x daily

Ages 6–12 months

- 1/4 tsp orally or applied 1–2x daily

Ages 1–3 years

- 1/2 tsp orally 1–2x daily
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Local and Supportive Care



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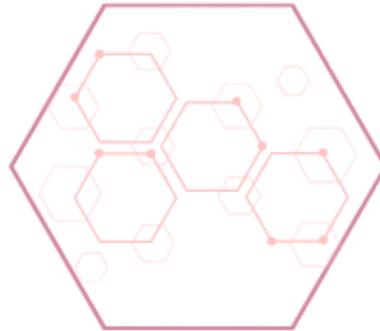
- Sterilize pacifiers, bottle nipples, and teething toys daily
 - Wash hands frequently
 - Apply antifungal support to nursing parent if breastfeeding
 - Maintain dry diaper area to prevent concurrent yeast rash
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Signs Thrush Is Resolving

- White patches diminish and no longer adhere
 - Improved feeding and comfort
 - Reduced drooling related irritation
 - Improved stool and diaper area
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Why Early Support Matters

Untreated or recurrent thrush may indicate deeper microbiome imbalance and can predispose children to recurrent infections, diaper dermatitis, or digestive issues. Addressing root contributors reduces recurrence and supports immune maturation.



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