



THE SOLINGER METHOD

by Root Health L.L.C.

Pediatric Urinary Tract Infection (UTI)

FUNCTIONAL WELLNESS SUPPORT PLAN

Root Health L.L.C, TheSolinger Method

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What Is Pediatric UTI

A pediatric urinary tract infection is a bacterial infection involving the bladder (cystitis) and, in some cases, the kidneys (pyelonephritis). UTIs are more common in girls but can occur in infants and boys, particularly with anatomical factors, constipation, incomplete bladder emptying, or microbiome imbalance.

Common symptoms include painful or frequent urination, urgency, accidents after toilet training, foul smelling urine, abdominal or back pain, fever, irritability, poor feeding in infants, and lethargy.

What Conventional Medicine Says

Conventional medicine treats pediatric UTIs as bacterial infections requiring prompt diagnosis and antibiotic therapy to prevent kidney involvement. Imaging and further evaluation may be recommended for recurrent infections or in younger children.

While antibiotics are effective for acute infection, they do not address why UTIs recur, nor do they support bladder lining integrity or post treatment microbiome recovery.

The Naturopathic Perspective

Naturopathic medicine views pediatric UTIs as a **bladder defense and microbiome issue**, not simply bacterial exposure. Infection risk increases when the bladder lining is irritated, immune defenses are weakened, urine flow is incomplete, or gut and urogenital microbiota are imbalanced. Support focuses on: • Reducing bacterial adhesion • Supporting immune clearance • Protecting and repairing the bladder lining • Improving urinary flow and elimination • Restoring microbiome balance after antibiotics • Reducing recurrence risk

Common Functional Contributors

- Constipation and stool retention
 - Poor hydration
 - Incomplete bladder emptying
 - Disrupted gut and urogenital microbiome
 - Frequent antibiotic exposure
 - Perineal irritation or hygiene factors
 - Bladder mucosal inflammation
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Nutrition Foundations

Hydration Is Non Negotiable

Adequate fluid intake promotes urine dilution and bacterial clearance.

Regular Voiding

Encourage scheduled bathroom breaks and complete emptying.

Avoid During Acute Infection

Sugary drinks, juice, and artificial sweeteners.



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Targeted Nutrient Support

Therapeutic Pediatric Dosing by Age

Vitamin C (Urinary Acidification and Immune Support)

Primary role: immune activation, urinary environment support

Ages 1–3 years

•250–500mgdaily, divided

Ages 4–8 years

•500–1,000mgdaily, divided

Ages 9–13 years

•1,000–1,500mgdaily, divided

Ages 14–18 years

•1,500–2,000mgdaily, divided

Zinc

Primary role: immune defense, mucosal repair

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 daysduring acute infection.

Vitamin A (Short Term Mucosal Support)



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Primary role: epithelial integrity, immune modulation

Ages 1–3 years

- 5,000 IU daily for 3–5 days

Ages 4–8 years

- 5,000–10,000 IU daily for 3–5 days

Ages 9–13 years

- 10,000 IU daily for 3–5 days

Ages 14–18 years

- 10,000–15,000 IU daily for 3–5 days
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Magnesium (Bladder and Nervous System Support)

Primary role: smooth muscle relaxation, elimination support

Ages 1–3 years

- 75–150 mg daily

Ages 4–8 years

- 150–250 mg daily

Ages 9–13 years

- 200–350 mg daily

Ages 14–18 years

- 300–500 mg daily
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Probiotics (Foundational, Especially With Antibiotics)

Primary role: microbiome balance, recurrence prevention

Ages 1–3 years

- 10–15 billion CFU daily

Ages 4–8 years

- 15–25 billion CFU daily

Ages 9–13 years

- 25–40 billion CFU daily



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Ages 14–18 years

•40–60 billionCFU daily

Include *Lactobacillusrhamnosus*, *L. reuteri* , and *Bifidobacterium* species.

Targeted Herbal Support

Therapeutic Pediatric Dosing by Age

Cranberry (*Vaccinium macrocarpon*)

Primary role: antiadhesion, recurrence prevention

Ages 1–3 years

•250mgextractdaily or 2–4 oz unsweetened juice

Ages 4–8 years

•500mgextractdaily or 4–6 oz juice

Ages 9–13 years

•500–1,000mgextract daily or 6–8 oz juice

Ages 14–18 years

•1,000–1,500mgextract daily

Uva Ursi (*Arctostaphylos uva ursi*, Short Term Only)

Primary role: antimicrobial urinary support

Ages 9–13 years

•0.5–1mLtincture1–2x daily for up to 5 days

Ages 14–18 years

•1–2 mL tincture1–2x daily for up to 5 days

Use short term onlyand not in infants or young children.



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Corn Silk (*Zea mays*)

Primary role: urinary soothing, anti inflammatory

Ages 1–3 years

- 2–4 oz cooled tea once daily

Ages 4–8 years

- 4–6 oz tea once daily

Ages 9–13 years

- 6–8 oz tea once daily

Ages 14–18 years

- 8–10 oz tea once daily
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Marshmallow Root (*Althaea officinalis*)

Primary role: mucosal soothing, bladder lining support

Ages 1–3 years

- 1–2 oz cold infusion once daily

Ages 4–8 years

- 2–4 oz cold infusion once daily

Ages 9–13 years

- 4–6 oz cold infusion once daily

Ages 14–18 years

- 6–8 oz cold infusion once daily
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Supportive Care Strategies

- Encourage regular bathroom breaks
 - Address constipation aggressively
 - Avoid bubble baths and fragranced soaps
 - Cotton underwear and loose clothing
 - Front to back wiping education
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When to Escalate Care

- Fever with urinary symptoms
- Back or flank pain
- Vomiting or lethargy
- UTIs in infants
- Recurrent infections

These require prompt medical evaluation.

Why Recurrence Prevention Matters

Recurrent pediatric UTIs increase the risk of kidney involvement and long term urinary tract dysfunction. Supporting bladder defenses, microbiome balance, and elimination patterns reduces recurrence and supports lasting urinary health.



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