



THE SOLINGER METHOD

by Root Health L.L.C.

Pediatric Scarlet Fever

FUNCTIONAL WELLNESS SUPPORT PLAN

RootHealth L.L.C, TheSolinger Method

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What Is Pediatric Scarlet Fever

Scarlet fever is an infectious illness caused by **Group A Streptococcus (Streptococcus pyogenes)** that produces erythrogenic toxins. It most commonly develops in children following strep throat and is characterized by fever, sore throat, a diffuse red sandpaper like rash, flushed face with circumoral pallor, and a “strawberry tongue.” Scarlet fever is not a separate infection but a **toxin mediated systemic response** to streptococcal bacteria. The rash reflects toxin driven inflammation and capillary involvement rather than direct bacterial spread to the skin.

What Conventional Medicine Says

Conventional medicine treats scarlet fever as a bacterial infection requiring antibiotic therapy to prevent complications such as rheumatic fever, glomerulonephritis, and invasive streptococcal disease. Management focuses on antibiotics, fever control, and rest.

Little emphasis is placed on toxin clearance, microbiome disruption, immune recovery, or post infectious inflammation once antibiotics are completed.

The Naturopathic Perspective

Naturopathic medicine views pediatric scarlet fever as a **bacterial infection complicated by toxin overload and immune dysregulation**. In addition to antimicrobial management, support must address:

- Toxin neutralization and clearance
- Inflammatory modulation
- Vascular and connective tissue protection
- Gut and immune recovery following infection and antibiotics
- Prevention of post streptococcal immune complications

Support is layered alongside conventional care when antibiotics are used, or as immune restorative care during and after illness.

Common Functional Concerns in Scarlet Fever

- Toxin driven rash and capillary inflammation
 - High inflammatory burden
 - Immune exhaustion following infection
 - Gut microbiome disruption
 - Increased risk of post infectious autoimmune responses
 - Nutrient depletion during febrile illness
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Nutrition Foundations During Acute Infection

Hydration and Electrolytes

Support fever metabolism and toxin clearance.

Soft, Easy to Digest Foods

Broths, soups, purees, soft proteins reduce metabolic demand.



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Avoid

Refined sugar and ultra processed foods that increase inflammatory load and feed pathogenic bacteria.

Targeted Nutrient Support

Therapeutic Pediatric Dosing by Age

Vitamin A (Short Term Immune and Mucosal Support)

Primary role: epithelial integrity, immune regulation, toxin defense

Ages 1–3 years

•5,000IU daily for 3–5 days

Ages 4–8 years

•5,000–10,000IU daily for 3–5 days

Ages 9–13 years

•10,000IU daily for 3–5 days

Ages 14–18 years

•10,000–15,000IU daily for 3–5 days

Vitamin C

Primary role: antioxidant protection, immune support, vascular integrity

Ages 1–3 years

•250–500mg daily, divided

Ages 4–8 years

•500–1,000mg daily, divided

Ages 9–13 years

•1,000–1,500mg daily, divided

Ages 14–18 years

•1,500–2,000mg daily, divided



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Zinc (Short Term Antimicrobial and Immune Support)

Primary role: immune activation, tissue 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

Limit use to 7–10days unless otherwise indicated.

Magnesium (Inflammation and Nervous System Support)

Primary role: immune modulation, muscle relaxation, recovery 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 (During and After Antibiotics)

Primary role: microbiome protection, immune balance

Ages 1–3 years

- 5–10 billion CFU daily



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Ages 4–8 years

•10–20billionCFU daily

Ages 9–13 years

•20–40billionCFU daily

Ages 14–18 years

•40–60 billion CFU daily

Clinical note: Separate dosing from antibiotics by at least 2 hours.

Targeted Herbal Support

Therapeutic Pediatric Dosing by Age

Echinacea (*Echinacea angustifolia* or *purpurea*)

Primary role: immune activation, bacterial defense

Ages 1–3 years

•0.5–1mLtincture 2x daily

Ages 4–8 years

•1–2mLtincture2x daily

Ages 9–13 years

•2–3mLtincture2x daily

Ages 14–18 years

•3–5mLtincture2x daily

Calendula (*Calendula officinalis*)

Primary role: lymphatic drainage, immune modulation

Ages 1–3 years

•0.5–1mLtincture 1–2x daily



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Ages 4–8 years

- 1–2mLtincture1–2x daily

Ages 9–13 years

- 2–3mLtincture1–2x daily

Ages 14–18 years

- 3–5mLtincture1–2x daily
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Cleavers (*Galium aparine*)

Primary role: lymphatic drainage, toxin clearance

Ages 1–3 years

- 0.5–1mLtincture once daily

Ages 4–8 years

- 1–2mLtinctureonce daily

Ages 9–13 years

- 2–3mLtinctureonce daily

Ages 14–18 years

- 3–5mLtinctureonce daily
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Red Root (*Ceanothus americanus*)

Primary role: lymphatic congestion, immune organ support

Ages 4–8 years

- 0.5–1mLtinctureonce daily

Ages 9–13 years

- 1–2mLtinctureonce daily

Ages 14–18 years

- 2–3 mL tinctureonce daily

Use short term during acute illness.



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Supportive Care Strategies

- Strict rest during fever and rash phases
 - Gentle skin care, avoid overheating
 - Oatmeal or herbal baths if itching is present
 - Gradual return to activity after fever resolution
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Why Recovery Support Matters

Scarlet fever involves toxin mediated inflammation. Supporting detoxification, immune recovery, and microbiome balance reduces the risk of post streptococcal complications and supports full systemic recovery.



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