



THE SOLINGER METHOD

by Root Health L.L.C.

Anemia

FUNCTIONAL WELLNESS SUPPORT PLAN

Adult Anemia

Root Health L.L.C, The Solinger Method

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What Is Anemia

Anemia is a condition characterized by **reduced oxygen carrying capacity**, typically reflected by low hemoglobin, hematocrit, or red blood cell count. While commonly attributed to iron deficiency, anemia is not a single nutrient disorder and cannot be addressed effectively with iron alone.

In adults, anemia frequently reflects dysfunction in:

- Iron absorption, transport, or utilization
- B12 and folate dependent red blood cell synthesis
- Inflammatory mediated iron sequestration

- Chronic blood loss or impaired iron recycling
- Mitochondrial and bone marrow signaling

Anemia is fundamentally an **energy and oxygen delivery disorder**, not merely a lab abnormality.

Conventional Medicine Perspective

Conventional medicine typically approaches anemia as:

- A deficiency state
- A laboratory abnormality to correct
- A condition primarily treated with supplementation

Common interventions include:

- Oral iron therapy
- Intravenous iron infusions
- Blood transfusions in severe cases

While these interventions may raise hemoglobin levels, they often fail to address:

- Why iron is not being absorbed
- Why iron is being sequestered by inflammation
- Why red blood cell production is impaired
- Why anemia recurs once treatment stops

Correction of laboratory values does not always equate to restored physiologic function.

Naturopathic Medicine Perspective

Naturopathic medicine views anemia as a **systems based disorder**, involving breakdowns in production, absorption, utilization, or conservation of red blood cells and their components.

Key systems involved include:

- Gastrointestinal absorption integrity
- Liver iron storage and recycling
- Bone marrow nutrient signaling
- Immune and inflammatory regulation
- Hormonal and menstrual influences

The goal is to restore **effective oxygen delivery**, not simply normalize numbers on paper.



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Key Drivers and Patterns in Adult Anemia

Iron Deficiency Pattern

- Low ferritin
- Fatigue, hair thinning, exercise intolerance
- Often related to blood loss or poor absorption

Inflammatory Anemia Pattern

- Normal or elevated ferritin
- Low serum iron
- Chronic inflammation blocking iron utilization

B12 or Folate Deficiency Pattern

- Macrocytic indices
- Neurologic symptoms, brain fog, tingling
- Common with GI dysfunction or acid suppression

Absorption Impairment Pattern

- History of reflux medications
- Bloating, constipation, or diarrhea
- Low stomach acid impairing mineral uptake



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Nutritional Strategy for Adult Anemia

Nutrition for anemia must prioritize **bioavailability, cofactors, and digestive capacity**, not just iron quantity. Many adults consume iron containing foods yet remain anemic due to impaired absorption or utilization.

Core Nutritional Priorities

- Provide highly bioavailable **heme iron**
- Supply **B12, folate, copper, vitamin A**, and adequate protein
- Support stomach acid and bile flow for mineral absorption
- Reduce inflammatory dietary inputs that impair iron utilization

Therapeutic Foods to Emphasize

Beef Liver (Grass Fed, Pasture Raised When Possible)

Beef liver is one of the most nutrient dense foods available and uniquely suited for anemia support.

Provides:

- Highly bioavailable heme iron
- Preformed vitamin A required for iron mobilization
- Vitamin B12 and folate for erythropoiesis
- Copper essential for iron transport

Suggested intake:

1 to 2 ounces, one to two times weekly



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Additional Supportive Foods

- Red meat and organ meats in appropriate portions
- Shellfish, particularly oysters for zinc and copper
- Eggs for choline and B vitamin support
- Dark leafy greens paired with vitamin C rich foods
- Bone broth to support glycine and mineral status

Strategic Pairing and Timing

- Pair iron containing meals with vitamin C rich vegetables
- Avoid coffee, tea, and calcium within two hours of iron intake
- Consume iron rich meals earlier in the day when digestion is strongest

Reduce or Temporarily Limit

- Excess fiber supplements during active repletion
 - High phytate foods without proper preparation
 - Ultra processed foods increasing inflammatory burden
 - Chronic grazing that blunts digestive signaling
- Nutrition must be **intentional and strategic**, not incidental.

Targeted Supplement Support

Therapeutic Adult Dosing

Supplementation should support food based repletion, not replace it.

Beef Liver Supplement (Freeze Dried)

Used when dietary liver is not tolerated or accessible.

Supports:

- Heme iron delivery
- B12, folate, copper, and vitamin A status
- Iron mobilization and utilization

Dose:

3,000 to 6,000 mg daily, divided with meals



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Iron Bisglycinate or Heme Iron

Used only when iron deficiency is confirmed.

Dose: 25 to 65 mg elemental iron daily

Vitamin C

Dose: 500 to 1,000 mg daily with iron

Vitamin B12 (Methylcobalamin or Hydroxocobalamin)

Dose: 1,000 to 2,000 mcg daily

Folate (5 MTHF)

Dose: 800 to 1,600 mcg daily

Copper

Supports iron transport and utilization.

Dose: 1 to 2 mg daily when indicated

Targeted Herbal Support

Yellow Dock Root

Traditionally used to support iron absorption and hepatic function.

Dose: 500 to 1,000 mg daily or tincture equivalent

Nettle Leaf

Provides mineral support and supports hematopoiesis.

Dose: 600 to 1,200 mg daily or infusion

Dandelion Root

Supports hepatic iron storage and recycling.

Dose: 500 to 1,000 mg daily

Herbs support utilization, not just intake.

Lifestyle Support That Matters

- Address heavy menstrual bleeding when present
 - Support gut healing in malabsorption patterns
 - Avoid unnecessary long term acid suppression
 - Prioritize sleep, red blood cell production is energy dependent
- Fatigue is physiologic, not a moral failing.

When to Dig Deeper

Further evaluation is warranted when anemia is persistent or recurrent:

- Full iron panel including ferritin and transferrin saturation
- B12, folate, and homocysteine
- Inflammatory markers
- Stool testing when absorption is suspect
- Menstrual and bleeding history review

Anemia resolves when the **systems supporting red blood cell production is restored.**



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