



THE SOLINGER METHOD

by Root Health L.L.C.

Pediatric Nosebleeds (Epistaxis)

FUNCTIONAL WELLNESS SUPPORT PLAN

Pediatric Epistaxis

Root Health L.L.C, The Solinger Method

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What Are Pediatric Nosebleeds

Nosebleeds, medically termed epistaxis, are common in children and occur when fragile blood vessels in the nasal mucosa rupture. Episodes may be spontaneous or triggered by dryness, minor trauma, infection, inflammation, or systemic factors affecting vascular integrity and clotting.

While often dismissed as benign, recurrent nosebleeds in children can indicate **nutrient insufficiency, mucosal fragility, inflammatory imbalance, or impaired coagulation support.**

What Conventional Medicine Says

Conventional medicine typically attributes pediatric nosebleeds to dry air, nose picking, minor trauma, or upper respiratory infections. Management is focused on local measures such as pressure, nasal moisturization, humidification, or cauterization in recurrent cases. Laboratory investigation is often limited unless bleeding is severe or persistent.

Root contributors such as micronutrient depletion or connective tissue weakness are rarely evaluated.

The Naturopathic Perspective

Naturopathic medicine views recurrent pediatric nosebleeds as a **vascular integrity and tissue resilience issue**, often influenced by nutritional status, inflammatory burden, mucosal dryness, and clotting efficiency.

Rather than focusing solely on stopping the bleed, the naturopathic approach addresses:

- Capillary strength
 - Mucosal hydration and repair
 - Inflammatory balance
 - Adequate clotting nutrient availability
 - Immune and sinus health
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Common Root Contributors

- Vitamin C deficiency impairing collagen integrity
 - Vitamin K insufficiency affecting clot formation
 - Iron deficiency increasing capillary fragility
 - Zinc deficiency impairing tissue repair
 - Chronic nasal inflammation or allergies
 - Dry indoor air and mucosal dehydration
 - Frequent upper respiratory infections
 - Excessive nasal steroid or antihistamine use
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Nutrition Foundations

Hydration

Adequate fluid intake supports mucosal moisture and vascular health.

Whole Food Vitamin C Sources

Citrus, berries, kiwi, bell peppers, and leafy greens support capillary integrity.



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Healthy Fats

Support mucosal barrier function and reduce dryness.

Avoid

Excess refined sugar and ultra processed foods that increase inflammatory load.

Targeted Nutrient Support

Therapeutic Pediatric Dosing by Age

Vitamin C (Foundational)

Primary role: collagen synthesis, capillary strength, tissue repair

Ages 2–5

•250–500mg daily, divided

Ages 6–9

•500–1,000mg daily, divided

Ages 10–13

•1,000–1,500 mg daily, divided

Ages 14–18

•1,500–2,000 mg daily, divided

Clinical note: Bowel tolerance guides upper dosing.

Vitamin K1 (Phytonadione)

Primary role: clotting factor activation, vascular stability

Ages 2–5

•50–100mcg daily

Ages 6–9

•100–150mcg daily



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Ages 10–13

•150–200mcg daily

Ages 14–18

•200–300mcg daily

Clinical note: Avoid in children on anticoagulant therapy unless supervised.

Iron (Only If Indicated by Labs)

Primary role: oxygen delivery, capillary integrity

Ages 2–5

•15–30mg elemental iron daily

Ages 6–9

•30–45mg elemental iron daily

Ages 10–13

•45–60mg elemental iron daily

Ages 14–18

•60–90 mg elemental iron daily

Clinical note: Reassess ferritin after 8–12 weeks.

Zinc

Primary role: tissue repair, immune modulation

Ages 2–5

•5–10mg daily

Ages 6–9

•10–15mg daily

Ages 10–13

•15–25mg daily

Ages 14–18

•25–40mg daily



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Clinical note: Use short term for repair, reassess after 6–8 weeks.

Targeted Herbal Support

Therapeutic Pediatric Dosing by Age

Yarrow (*Achillea millefolium*)

Primary role: hemostatic action, capillary tightening

Ages 2–5

- 0.25–0.5 mL tincture 1–2x daily

Ages 6–9

- 0.5–1 mL tincture 1–2x daily

Ages 10–13

- 1–2 mL tincture 1–2x daily

Ages 14–18

- 2–3 mL tincture 1–2x daily

Clinical note: Can also be applied topically to cotton for acute bleeds.

Shepherd's Purse (*Capsella bursa pastoris*)

Primary role: acute bleeding control, vascular constriction

Ages 6–9

- 0.25–0.5 mL tincture up to 2x daily

Ages 10–13

- 0.5–1 mL tincture up to 2x daily

Ages 14–18

- 1–2 mL tincture up to 2x daily

Clinical note: Best used short term for frequent bleeds.



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Nettle Leaf (*Urtica dioica*)

Primary role: mineral support, mild hemostatic, allergy modulation

Ages 2–5

- 0.5–1 mL tincture 1–2x daily

Ages 6–9

- 1–2 mL tincture 1–2x daily

Ages 10–13

- 2–3 mL tincture 1–2x daily

Ages 14–18

- 3–5 mL tincture 1–2x daily
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Plantain (*Plantago major*)

Primary role: mucosal repair, anti inflammatory support

Ages 2–5

- 0.5–1 mL tincture 1–2x daily

Ages 6–9

- 1–2 mL tincture 1–2x daily

Ages 10–13

- 2–3 mL tincture 1–2x daily

Ages 14–18

- 3–5 mL tincture 1–2x daily
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Local Nasal Support

- Saline nasal spray 1–2x daily
- Humidifier use, especially in winter months
- Avoid aggressive nose blowing
- Short nails to reduce trauma
- Gentle application of saline gel or herbal infused oil to nasal mucosa

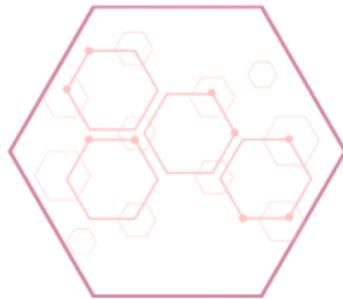


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When to Investigate Further

- Nosebleeds occurring multiple times per week
 - Bleeds lasting longer than 20 minutes
 - Associated fatigue, pallor, or bruising
 - Family history of bleeding disorders
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