



# THE SOLINGER METHOD

by Root Health L.L.C.

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## **Pediatric Roseola (Sixth Disease)**

### **FUNCTIONAL WELLNESS SUPPORT PLAN**

RootHealth L.L.C, TheSolinger Method

**Dr. Sarah Solinger, PhD, ND, MSc, FCN**

Naturopathic Doctor, Functional Clinical Nutritionist, Master Herbalist

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### **What Is Pediatric Roseola**

Roseola, also known as Sixth Disease, is a common viral illness of infancy and early childhood caused most often by Human Herpesvirus 6 and less commonly HHV 7. It typically affects children between 6 months and 3 years of age.

Roseola classically presents with a sudden high fever lasting 3–5 days, followed by rapid defervescence and the appearance of a pink, maculopapular rash on the trunk that may spread to the neck and extremities. Despite high fevers, many children appear relatively well during the febrile phase.

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### **What Conventional Medicine Says**

Conventional medicine classifies roseola as a benign, self limiting viral illness requiring no specific treatment. Management focuses on fever control, hydration, and reassurance. Once the rash appears, the illness is considered resolved, and no further intervention is recommended.

Little attention is given to immune depletion, nervous system stress from high fever, or post viral vulnerability.

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## The Naturopathic Perspective

Naturopathic medicine views pediatric roseola as an **acute viral immune challenge** that places significant stress on the developing immune system and nervous system. High fevers represent a metabolically expensive immune response. While the virus resolves, children may experience transient immune suppression, nutrient depletion, or post viral fatigue.

The goal of support is to:

- Assist immune resolution
  - Protect the nervous system during high fever
  - Reduce inflammatory burden
  - Support recovery and tissue repair
  - Prevent post viral complications or immune vulnerability
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## Common Functional Concerns in Roseola

- High fever with increased metabolic demand
  - Risk of febrile seizures in susceptible children
  - Dehydration and electrolyte depletion
  - Temporary immune suppression following illness
  - Increased oxidative stress
  - Post viral fatigue or irritability
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## Nutrition Foundations During Acute Infection

### Hydration First

Frequent fluids are essential to support fever metabolism and prevent dehydration.

### EasytoDigest Foods

Broths, purees, soft fruits, and simple proteins reduce digestive stress.

### Avoid

Excess sugar, juice, and ultra processed foods which increase inflammatory load.



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## Targeted Nutrient Support

### Therapeutic Pediatric Dosing by Age

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#### Vitamin A (Short Term Immune Support)

Primary role: antiviral defense, epithelial and immune integrity

##### Ages 6–12 months

•2,000IU daily for 3–5 days

##### Ages 1–3 years

•5,000IU daily for 3–5 days

##### Ages 4–8 years

•5,000–10,000IU daily for 3–5 days

Clinical note: Use short term only during acute illness.

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#### Vitamin C

Primary role: immune activation, antioxidant protection, fever recovery

##### Ages 6–12 months

•100–250mg daily, divided

##### Ages 1–3 years

•250–500mg daily, divided

##### Ages 4–8 years

•500–1,000mg daily, divided

##### Ages 9–13 years

•1,000–1,500 mg daily, divided

Clinical note: Bowel tolerance guides dosing.

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## **Zinc (Short Term)**

Primary role: antiviral immunity, tissue repair

### **Ages 6–12 months**

- 2.5–5 mg daily

### **Ages 1–3 years**

- 5–10 mg daily

### **Ages 4–8 years**

- 10–15 mg daily

### **Ages 9–13 years**

- 15–25 mg daily

Clinical note: Limit to 7–10 days unless otherwise indicated.

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## **Magnesium (Nervous System and Fever Support)**

Primary role: nervous system calming, electrolyte balance

### **Ages 6–12 months**

- 50–75 mg daily

### **Ages 1–3 years**

- 75–150 mg daily

### **Ages 4–8 years**

- 150–250 mg daily

### **Ages 9–13 years**

- 200–350 mg daily

Clinical note: Helpful in children prone to febrile seizures.

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## **Targeted Herbal Support**

Therapeutic Pediatric Dosing by Age

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## **Elderberry (*Sambucus nigra*)**

Primary role: antiviral activity, immune modulation

### **Ages 1–3 years**

- 2.5 mL syrup twice daily

### **Ages 4–8 years**

- 5 mL syrup twice daily

### **Ages 9–13 years**

- 7.5–10 mL syrup twice daily
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## **Chamomile (*Matricaria chamomilla*)**

Primary role: nervous system calming, fever comfort

### **Ages 6–12 months**

- 1–2 oz cooled tea, 1–2x daily

### **Ages 1–3 years**

- 2–4 oz tea, 1–2x daily

### **Ages 4–8 years**

- 4–6 oz tea, 1–2x daily
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## **Lemon Balm (*Melissa officinalis*, Tincture 1:5)**

Primary role: antiviral support, nervous system regulation

### **Ages 1–3 years**

- 0.5–1 mL once or twice daily

### **Ages 4–8 years**

- 1–2 mL once or twice daily

### **Ages 9–13 years**

- 2–3 mL once or twice daily
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## **Catnip (*Nepeta cataria*)**



Primary role: gentlediaphoretic, fever support

### **Ages 6–12 months**

- 1–2 oz cooled tea, once daily

### **Ages 1–3 years**

- 2–4 oz tea, once daily

### **Ages 4–8 years**

- 4–6 oz tea, once daily
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## **Supportive Care Strategies**

- Lukewarm sponge baths if fever is uncomfortable
  - Loose clothing and temperature regulation
  - Quiet rest and reduced stimulation
  - Close monitoring during high fever phases
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## **When to Seek Immediate Medical Care**

- Fever exceeding 105°F
  - Signs of dehydration
  - Seizure activity
  - Persistent lethargy or altered consciousness
  - Rash that does not blanch or appears bruised
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## **Why Recovery Support Matters**

Although roseola is typically benign, the high fever phase can be metabolically taxing. Supporting immune resolution and nervous system recovery reduces the risk of prolonged fatigue or recurrent infections.

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