



THE SOLINGER METHOD

by Root Health L.L.C.

Pediatric Lyme Disease

FUNCTIONAL WELLNESS SUPPORT PLAN

PediatricLymeDisease

Root Health L.L.C, The Solinger Method

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What Is Pediatric Lyme Disease

Lyme disease is a multisystem infectious condition caused primarily by the bacterium *Borrelia burgdorferi*, transmitted through the bite of infected ticks. In children, Lyme disease may present acutely with flu like symptoms and rash or may evolve into a more complex pattern involving the nervous system, joints, heart, and immune regulation.

Pediatric Lyme disease is often underrecognized because symptoms can be subtle, intermittent, or non specific. Children may not recall a tick bite, and the classic bullseye rash is not always present. Early identification and appropriate support are important, as untreated or undertreated Lyme disease can become persistent and contribute to long term inflammatory and neurologic symptoms.

From a naturopathic perspective, Lyme disease is not solely an acute infection but a condition that can disrupt immune balance, mitochondrial function, connective tissue, and the nervous system if not addressed comprehensively.

Expanded Education, Lyme Disease, Conventional vs Naturopathic Perspective

The Conventional Medicine Perspective

In conventional pediatric care, Lyme disease is typically treated with a defined course of antibiotics, particularly when identified early. This approach is effective for many children and can prevent serious complications when initiated promptly. Follow up focuses on symptom resolution and monitoring for objective signs of disease progression.

However, when symptoms persist after standard treatment or when presentation is atypical, families may be told that Lyme disease has been adequately treated and that remaining symptoms are unrelated, psychosomatic, or self limiting. Conventional care generally does not recognize ongoing immune dysregulation, coinfections, or post infectious inflammatory patterns unless there is clear evidence of active infection.

The Naturopathic Medicine Perspective

Naturopathic medicine recognizes the value of early antibiotic treatment when appropriate but views pediatric Lyme disease as a complex interaction between infection, immune response, inflammatory load, and host resilience.

From a naturopathic standpoint, symptom persistence may reflect:

- incomplete immune clearance
- immune dysregulation following infection
- coinfections such as Bartonella or Babesia
- mitochondrial stress and energy depletion
- connective tissue inflammation
- neuroinflammation
- gut microbiome disruption following antibiotics

Rather than asking only whether the infection is present or absent, naturopathic care asks how the child's system is responding and what barriers to recovery remain.

Why Families Are Often Told There Is Nothing More to Do

Standard testing may not capture ongoing immune activation or coinfections, and conventional frameworks often focus on acute infection resolution. When laboratory results normalize, families may be reassured even if symptoms persist. This can leave parents without guidance for ongoing fatigue, pain, cognitive changes, or emotional shifts.

What Naturopathic Support Offers



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Naturopathic care focuses on supporting immune competence, reducing inflammatory burden, restoring gut and mitochondrial health, and helping the body resolve post infectious stress. Support is individualized and staged, prioritizing safety and age appropriateness.

Common Signs and Symptoms in Children

- fatigue or low energy
 - headaches
 - joint or muscle pain
 - migrating aches
 - fever or chills
 - swollen lymph nodes
 - rash, including but not limited to bullseye patterns
 - cognitive changes or brain fog
 - mood or behavioral changes
 - sleep disturbances
 - dizziness
 - light or sound sensitivity
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Foundational Support Strategies

- prompt medical evaluation after tick exposure
- support adequate rest and recovery
- prioritize nutrient dense, anti inflammatory foods
- maintain hydration
- support gut health during and after antibiotics
- reduce environmental inflammatory triggers
- ensure gentle return to activity
- monitor symptoms closely over time



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Pediatric Supplement Blends for Lyme Disease Support

Core Immune and Inflammatory Support

Vitamin D

Supports immune regulation and reduces inflammatory overactivation commonly seen in Lyme.

- ages 2–5, 1,000–2,000 IU daily

- ages 6–12, 2,000 IU daily
- ages 13–17, 2,000–4,000 IU daily

Omega-3 Fatty Acids, EPA/DHA

Reduces neuroinflammation, joint pain, and immune dysregulation.

- ages 2–5, 500 mg daily
- ages 6–12, 750–1,000 mg daily
- ages 13–17, 1,000–2,000 mg daily

Magnesium Glycinate

Supports neurologic symptoms, muscle pain, headaches, and sleep disturbances.

- ages 2–5, 100–150 mg daily
 - ages 6–12, 150–300 mg daily
 - ages 13–17, 300–400 mg daily
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Targeted Antimicrobial and Anti-Inflammatory Botanical Support

These are **extracts, not essential oils**, and are used strategically, not all at once.

Japanese Knotweed Extract

Primary anti-inflammatory and anti-Borrelia botanical, especially helpful for neurologic and joint symptoms.

- ages 4–7, 5–10 drops 2–3× daily
- ages 8–12, 10–20 drops 2–3× daily
- ages 13–17, 20–40 drops 2–3× daily

Cat's Claw Extract

Immune modulating and antimicrobial, supports immune clearance without overstimulation.

- ages 4–7, 5–10 drops 2× daily
- ages 8–12, 10–20 drops 2× daily
- ages 13–17, 20–30 drops 2× daily

Andrographis Extract

Broad antimicrobial support, often used in early or active Lyme phases.

- ages 6–12, 100–200 mg 2× daily
- ages 13–17, 200–400 mg 2× daily

Oil of Oregano Extract (not essential oil)

Used cautiously for antimicrobial support and coinfection coverage.

- ages 6–12, 5 drops 2× daily
 - ages 13–17, 5–10 drops 2× daily
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Neuroprotection and Detoxification Support

Curcumin, bioavailable form

Reduces inflammatory cytokines and supports joint and neurologic recovery.

- ages 6–12, 150–300mg daily
- ages 13–17, 300–600mg daily

Glutathione or NAC

Supports detoxification, oxidative stress reduction, and mitochondrial recovery.

- NAC ages 6–12, 300–600mg daily
 - NAC ages 13–17, 600–900mg daily
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Gut and Post-Antibiotic Support

Probiotics, multi-strain

Essential during and after antibiotic or antimicrobial therapy.

- ages 2–5, 15–25 billion CFU daily
- ages 6–12, 25–50 billion CFU daily
- ages 13–17, 50–100 billion CFU daily

Saccharomyces boulardii

Protects gut integrity during antimicrobial treatment.

- ages 4–12, 5–10 billion CFU daily
 - ages 13–17, 10–20 billion CFU daily
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Clinical Notes

- Lyme protocols are **phased**, not stacked all at once
 - Herxheimer reactions are possible and should guide pacing
 - Immune overstimulation is avoided in pediatric cases
 - Coinfections and gut health must be assessed when symptoms persist
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Accessing the Full Supplement Protocol

A complete supplement protocol for pediatric Lyme disease support is available in Fullscript using clinical, pharmaceutical grade formulations. Parents may create a free account and access the curated protocol under the “Protocols” section by locating the corresponding condition name.



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When Further Evaluation Is Recommended

Further evaluation is recommended when symptoms persist, worsen, or recur after initial treatment.

Assessment may include:

- expanded Lyme and coinfection testing
 - inflammatory markers
 - nutrient status
 - mitochondrial support assessment
 - comprehensive stool testing after antibiotic exposure
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