



# THE SOLINGER METHOD

by Root Health L.L.C.

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## **Pediatric Kidney Stones.**

### **FUNCTIONAL WELLNESS SUPPORT PLAN**

PediatricKidneyStones inChildren

Root Health L.L.C, The Solinger Method

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## **What Are Kidney Stones in Children**

Kidney stones in children occur when minerals and metabolic byproducts crystallize within the urinary tract, forming solid deposits that can cause pain, urinary symptoms, and obstruction. While once considered rare in pediatrics, kidney stones are increasingly common in children and adolescents, often reflecting underlying metabolic, dietary, hydration, or gastrointestinal factors rather than a single isolated event.

Pediatric kidney stones are not simply a mechanical problem. They represent an imbalance in mineral metabolism, urine chemistry, hydration status, gut kidney interactions, and inflammatory load. Without addressing these contributors, recurrence is common.

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# Expanded Education, Kidney Stones in Children, Conventional vs Naturopathic Perspective

## The Conventional Medicine Perspective

In conventional pediatric care, kidney stones are typically managed through acute pain control, hydration, imaging, and, when necessary, procedural removal. Once the stone has passed or been treated, families are often advised to increase fluid intake and may be referred for basic metabolic evaluation.

While this approach addresses immediate risk and discomfort, conventional care frequently treats kidney stones as isolated events rather than manifestations of underlying metabolic imbalance. Preventive guidance is often limited unless stones recur or are associated with severe obstruction.

## The Naturopathic Medicine Perspective

Naturopathic medicine views pediatric kidney stones as a signal of deeper imbalance rather than a random occurrence. Stones reflect altered urine chemistry, mineral dysregulation, inflammation, gut absorption issues, and sometimes genetic susceptibility.

From a naturopathic perspective, the focus is on understanding:

- why urine is concentrated or acidic
- why minerals are crystallizing rather than remaining dissolved
- how gut health influences oxalate absorption
- whether inflammation or oxidative stress is contributing
- what dietary or metabolic factors are driving recurrence

Addressing these contributors can significantly reduce recurrence risk and improve overall kidney resilience.

## Why Families Are Often Told to “Just Drink More Water”

Hydration is essential, but it is rarely sufficient on its own. Standard medical evaluation may not assess oxalate metabolism, magnesium status, citrate levels, gut dysbiosis, or dietary contributors. Without this deeper evaluation, families may feel frustrated when stones recur despite adequate fluid intake.

## What Naturopathic Support Offers

Naturopathic care focuses on stone prevention through normalization of urine chemistry, correction of mineral imbalances, gut support, and individualized dietary strategies.



## Common Types of Kidney Stones in Children

- calcium oxalate stones
  - calcium phosphate stones
  - uric acid stones
  - cystine stones, less common and often genetic
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## Common Signs and Symptoms

- abdominal or flank pain
  - blood in urine
  - nausea or vomiting
  - urinary urgency or frequency
  - painful urination
  - recurrent urinary tract infections
  - bedwetting or accidents
  - restlessness or irritability
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## Foundational Support Strategies

- consistent daily hydration spread throughout the day
  - mineral rich whole food diet
  - adequate dietary calcium from food sources
  - reduction of excessive sodium intake
  - support regular bowel movements
  - reduce ultra processed foods
  - address gut inflammation and dysbiosis
  - avoid excessive restriction without guidance
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## Pediatric Supplement Blends for Kidney Stones in Children

### Magnesium Citrate or Glycinate

Magnesium binds oxalate and helps prevent crystal formation.

- ages two to five, eighty to one hundred twenty milligrams daily
- ages six to twelve, one hundred twenty to two hundred milligrams daily
- ages thirteen to seventeen, two hundred to four hundred milligrams daily



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### **Potassium Citrate**

Alkalinizes urine and reduces calcium stone formation.

- dosing is individualized and guided by urine chemistry and clinical assessment

### **Vitamin B6**

Supports oxalate metabolism and reduces oxalate production.

- ages two to five, five to ten milligrams daily
- ages six to twelve, ten to twenty milligrams daily
- ages thirteen to seventeen, twenty to fifty milligrams daily

### **Omega Three Fatty Acids**

Reduce renal inflammation and oxidative stress.

- ages two to five, three hundred to five hundred milligrams daily
- ages six to twelve, five hundred to eight hundred milligrams daily
- ages thirteen to seventeen, eight hundred to twelve hundred milligrams daily

### **Probiotics, oxalate degrading strains when available**

Support gut oxalate metabolism and reduce absorption.

- toddlers, ten to fifteen billion CFU daily
- ages six to twelve, fifteen to twenty five billion CFU daily
- teens, twenty five to fifty billion CFU daily

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## **Accessing the Full Supplement Protocol**

A complete supplement protocol for pediatric kidney stones 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 after any kidney stone in a child.

Assessment may include:

- stone analysis when available
- urine mineral and oxalate assessment
- metabolic evaluation
- stool testing to assess oxalate handling and gut balance
- evaluation for recurrent infection or inflammation



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