THE
SOLINGER METHOD
by Root Health L.L.C.

Pediatric IronDeficiency.

FUNCTIONAL WELLNESS SUPPORT PLAN

Pediatric Iron Deficiency

Root Health L.L.C, The Solinger Method

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What Is Pediatric Iron Deficiency

Iron deficiency is one of the most common and underrecognized nutrient deficiencies in children. Iron is essential for oxygen transport, brain development, neurotransmitter production, immune function, energy metabolism, and healthy growth. In pediatric patients, low iron stores, particularly low ferritin, can significantly impact behavior, mood, sleep, learning, and immune resilience long before anemia appears on standard blood work.

From a naturopathic perspective, iron deficiency is not viewed as an isolated laboratory finding.

It is often the downstream result of inadequate intake, impaired absorption, increased demand during growth, chronic inflammation, blood loss, or gastrointestinal dysfunction. Correcting iron deficiency requires both repletion and identification of the underlying cause.

Common Root Causes

• rapid growth phases increasing iron demand
• inadequate intake of bioavailable iron

• picky eating or restrictive diets
• impaired absorption due to low stomach acid
• gut inflammation or dysbiosis
• intestinal parasites
• chronic blood loss
• heavy menstrual bleeding in adolescents
• frequent infections or chronic inflammation

Common Signs and Symptoms

• fatigue or low energy
• pale skin or dark circles under the eyes
• irritability or mood changes
• poor concentration or learning difficulties
• hyperactivity or restlessness
• headaches or dizziness
• cold hands and feet
• frequent infections
• poor sleep or restless sleep
• hair thinning or brittle nails
• pica, craving ice or non food items

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Foundational Support Strategies

• prioritize iron rich foods such as red meat, poultry, egg yolks, and seafood
• include vitamin C rich foods with iron containing meals to enhance absorption
• avoid giving iron with calcium rich foods or supplements
• reduce excessive dairy intake when intake is high
• address constipation proactively when supplementing iron
• support gut health to improve iron absorption
• evaluate for blood loss or heavy menstrual cycles when appropriate

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Organic Beef Liver as a Therapeutic Food

Organic beef liver is one of the most nutrient dense foods available and is an excellent foundational support for pediatric iron deficiency. Unlike isolated iron supplements, liver provides iron in a naturally balanced and highly bioavailable form alongside the necessary cofactors for absorption and utilization.

Organic beef liver provides:
• heme iron, which is absorbed far more efficiently than non heme plant sources
• vitamin A, essential for iron mobilization and transport
• vitamin B12 and folate, critical for red blood cell production
• copper, required for iron metabolism and hemoglobin synthesis
• zinc, supporting immune function and tissue repair

Including small, consistent amounts of organic beef liver can support steady replenishment of iron stores while minimizing gastrointestinal side effects commonly associated with iron supplementation.

Practical options include:

• finely chopped liver mixed into ground meat
• pâté or liver spread incorporated into meals
• high quality freeze dried liver capsules for children who will not eat liver

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Pediatric Supplement Blends for Iron Deficiency

Iron, therapeutic dosing
Iron supplementationshouldbeguided by ferritin levels, not hemoglobin alone.
• pediatric dosing, two to three milligrams per kilogram per day of elemental iron, divided into one to two doses
• typical duration, eight to twelve weeks before reassessment
• target ferritin range, forty to sixty in children

Vitamin C
Enhancesironabsorption and supports immune function.
• ages twotofive, two hundred fifty to five hundred milligrams daily
• ages sixtotwelve, five hundred to seven hundred fifty milligrams daily
• ages thirteento seventeen, seven hundred fifty to one thousand milligrams daily

Vitamin A
Supportsironmobilization and utilization.
• ages twotofive, one thousand to two thousand IU daily
• ages sixtotwelve, two thousand to three thousand IU daily
• ages thirteento seventeen, three thousand to five thousand IU daily

Copper
Requiredfor proper iron transport and metabolism, especially during prolonged iron repletion.
• ages twoto five, point five milligrams daily
• ages sixto twelve, one milligram daily
• ages thirteen to seventeen, one to two milligrams daily

B Complex, methylated
Supports red blood cellproduction and energy metabolism.
• ages six to twelve, onehalf pediatric dose daily
• ages thirteen to seventeen, one full adult dose daily

Probiotics
Supportgutintegrity and improve iron absorption over time.
• toddlers,ten to fifteen billion CFU daily
• agessixtotwelve, fifteen to twenty five billion CFU daily
• teens,twenty five to fifty billion CFU daily

Accessing the Full Supplement Protocol

A complete supplement protocol for pediatric iron deficiency is available in Fullscript using clinical, pharmaceutical grade formulations. Parents may create a free account and access the full list of supplements and dosing under the “Protocols” section by locating the corresponding condition name.

When Further Evaluation Is Recommended

Further evaluation is recommended when iron deficiency is severe, recurrent, or resistant to supplementation.

Additional assessment may include:

• ferritin and iron studies
• complete blood count
• stool testing for parasites or occult blood
• evaluation for gut inflammation or malabsorption
• assessment of menstrual blood loss in adolescents
