TAKING VITAMINS ORALLY? IT SIMPLY DOES NOT WORK!

Only 15% of the active nutrients consumed orally find their way into your bloodstream. Our IV Therapy delivers replenishing fluids, vitamins, minerals & amino acids into the bloodstream with 100% absorption, where they are immediately available for your cells to use. Resulting in quicker recovery time and improved overall performance.

100%, TRUE VITAMIN RETENTION

If you are new to the concept of Intravenous vitamin Therapy, you might be wondering why you're suddenly hearing so much about it. Why is it being relied upon by professional athletes to CEOs and most importantly by patients suffering from a very serious illness. Intravenous Vitamin Therapy represents an exciting new paradigm in integrative and functional medicine, allowing us to both prevent and help treat a wide variety of conditions safely and effectively.

The Science Behind iV Bars

Vitamins, minerals and amino acids enter your bloodstream directly and immediately to help the body to began healing itself.

Developed by a team of leading medical doctors, naturopathic doctors, biochemists, nutritionists and exercise physiologists.

IV Bars profiling is a technique employed by our medical staff to assist in identifying a person's specific nutrient requirements.

Our Success Stories

"Since using IV Bars, I feel better, get down and don't catch the cold and flu."  
Kellen Winslow Jr., NFL Player

"I am absolutely hooked on IV Bars. I am able to keep up with my busy lifestyle."  
Kamila Drostel, International Model

"Since using IV Bars, I feel more active and my range and pains have gone down dramatically."  
Zachem Konopka, NFL player
THE COMPANY BEHIND THE BAG

INSPIRATION

Inspired by the early works of Dr. Myers, Aaron Keith founded IV Bars in 2015. He assembled a world class team of physicians, biochemists and physiologists to create the formulas and developed the unique marketing concept of IV Bars. In 2015, on June 1st, IV Bars was sold for the very first time in its home market Texas. This was not only the launch of a completely new product, in fact it was the birth of a totally new product category.

IV Bars Research Labs

Commitment:
The applied Biology and Chemistry Group at IV Bars Labs is comprised of experienced biologists, chemists, pharmacists, medical and naturopathic doctors and exercise physiologists with two major responsibilities:

- Provide subject matter expertise in the fields of chemistry, molecular biology, biotechnology, microbiology to help solve problems for on-going research.
- Develop proof-of-concept novel nutraceutical technologies to test and approve injectable formulations that are used in intravenous, subcutaneous and intramuscular administration.

FOOD DISCLOSURE: THESE STATEMENTS HAVE NOT BEEN EVALUATED BY THE FOOD AND DRUG ADMINISTRATION. THESE PRODUCTS ARE NOT INTENDED TO DIAGNOSE, TREAT, CURE OR PREVENT ANY DISEASE.
A majority of ill patients have significant underlying nutritional deficiencies. Food intolerances, allergies, and sensitivities can lead to gastrointestinal absorption problems. Additionally, oral supplementation can be incomplete or minimally absorbed. The use of intravenous (IV) therapy has the ability to work instantaneously. The following are case studies about different disorders and the effects that IV therapy has had on these conditions.

Case #1: Muscle spasms
A 62 year-old female suffered from unexplained leg cramps and muscle spasms for a period of more than two years. Blood work, diagnostic and imaging tests had been unremarkable. Oral magnesium therapy and other medications had not provided much benefit. The patient decided to proceed with a modified Myers intravenous (IV) push. After the first IV push, the patient was free of leg cramps and muscle spasms for a period of approximately two months. There were no adverse reactions or side effects reported.

Case #2: Migraine headaches
A 58 year-old female suffers from daily frequent migraine headaches, which appeared to be triggered by environmental exposure to chemicals, food and stress. The headaches were occurring one to two times per week. Medications and other conservative measures have provided very little relief. The patient started receiving intravenous pushes with magnesium and other forms of b-vitamins. At the end of her initial push, the patient felt her headache improving. The patient received two more IV pushes of the same formula over the next two weeks. The migraine headaches are now occurring once every two weeks compared to once or twice every week and we expect as her deficiency status improves they should become more infrequent.

The benefits of IV magnesium as a treatment for migraine headaches has been demonstrated in clinical trials. In one study, patients with acute attack of migraine headache and low serum level of ionized magnesium were tested. Of the 40 patients enrolled, 35 patients had a reduction in pain of 50% or more 15 minutes after the infusion. This included nine patients who had complete relief. In 21 of those 35 patients, the same degree of improvement or complete relief lasted for 24 hours or more with a positive response.

Case #3: Multiple Sclerosis
A 65 year-old male with progressive multiple sclerosis presents to the clinic wheel chair bound. The patient has tried medications, physical therapy and speech therapy. However, there have been little noticeable benefits with regards to his leg strength and neurologic function. The patient reported no problems with bowel or bladder control. The patient received an intravenous infusion of glutathione. After the first infusion, he reported increased strength in his legs. His physical therapist and case manager also reported noticing an improvement in his leg strength and ability to walk. After the second glutathione infusion, the patient reported that the feeling in his hands has returned. The patient’s increase in leg strength and hand sensation has continued without any reported decline. There were also no reported adverse reactions.

Case #4: Diabetic peripheral neuropathy/Restless leg syndrome
A 65 year-old male presents to the clinic with a ten plus year history of rheumatoid arthritis, diabetes, high blood pressure, neuropathy and restless leg syndrome. The patient is taking blood pressure and anti-hypertensive medications. His blood sugar and blood pressure is well maintained with his current medication regimen. However, he continues to have joint pain and leg pain. The leg pain is worst at night and occasionally wakes him up. The patient was started on intravenous vitamin C and glutathione therapy. After the fourth treatment, the patient’s restless symptoms and joint pain was completely resolved. The patient took a two-month break from therapy and some of his leg symptoms returned. Although the symptoms have returned, they were not of the same intensity. He was re-started on vitamin C and glutathione therapy. His symptoms started to improve after the first IV. He is currently on a maintenance protocol.

Glutathione (GSH) has a crucial role in cellular signaling and antioxidant defenses. Glutathione is responsible for the detoxification of reactive oxygen and nitrogen species and electrophiles produced by xenobiotics. Adequate levels of GSH are essential for the optimal functioning of the immune system, brain function, regulation of energy production and mitochondrial survival. A depletion of GSH can lead to damage by oxidative stress, increased levels of pro-inflammatory mediators, dysfunctions of intracellular signaling networks, decreased cell proliferation and DNA synthesis.

Glutathione has been used to reduce toxicity of chemotherapeutic agents. It has also been shown to improve pain free walking distance in patients with peripheral obstructive arterial disease, reduce lipoxygenase damage in early septic shock, reverse some adverse effects of diabetes (peripheral neuropathy), improve anemia of patients with chronic renal failure, and boost the immune system.

Glutathione has been well studied over the years. There’s even a YouTube video by Dr. Oz discussing the importance of glutathione and the role it plays in the treatment of diabetes, cancer, autism and arthritis.

Article By: Dr. Sana Eang, ND

More Success Stories

Asthma

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Case #1: A five-year-old boy presented with a two-year history of asthma. During the previous 12 months he had suffered 20 asthma attacks severe enough to require a visit to the hospital emergency department. His symptoms appeared to be exacerbated by several foods, and skin tests had been positive for 23 of 26 inhalants tested. His initial treatment consisted of identification and avoidance of allergenic foods, as well as daily oral supplementation with pyridoxine (50 mg), vitamin C (1,000 mg), calcium (200 mg), magnesium (100 mg), and pantethenic acid (100 mg), in two divided doses with meals. On this regimen, he experienced marked improvement, and had no asthma attacks requiring medical care until nearly 11 months after his initial visit. At that time the child, now six years old, presented for an emergency visit with mild but persistent wheezing and difficulty breathing. He was given a slow IV infusion of 30 mEq of calcium chloride over 1 hour, followed by 0.4 g per hour for 24 hours. Two weeks later, a second injection was needed after a period of 12 hours to two days, and during one episode three treatments were required over a four-day period. As the patient grew, the nutrient doses were gradually increased; by age 10 he was receiving 10 mL of vitamin C, 3 mL magnesium, 1.5 mL calcium, and 1 mL each of B12, B6, B5, and B complex. The treatment was unsuccessful only once, on that occasion the patient presented with generalized urticaria, angioedema, and unusually severe asthma, after the inadvertent ingestion of an artificial food coloring (FD&C red #40) and other potential allergens. Three separate injections given over a 60-minute period produced transient improvement each time. However, the symptoms returned, and he was taken to the emergency room and hospitalized. Despite that single treatment failure, the patient and his parents reported that IV nutrient therapy worked faster, provided more sustained improvement, and caused considerably fewer side effects than the conventional therapies he had received previously in the emergency room. The author has treated approximately a dozen asthmatics (mainly adults) with the Myers' for acute asthma attacks; in most instances, marked improvement or complete relief occurred within minutes. A few patients received maintenance injections once weekly or every other week during difficult times and reported the treatments kept their asthma under better control. Intravenous magnesium is now well documented as an effective treatment for acute asthma. In one study, 38 patients with an acute exacerbation of moderate-to-severe asthma that had failed to respond to conventional beta-agonist therapy were randomly assigned to receive, in double-blind fashion, IV infusions of either magnesium sulfate (1.2 g over a 20-minute period) or placebo (saline). Peak expiratory flow rate improved to a significantly greater extent in the magnesium group (225 to 297 L/min) than the placebo group (210 to 261 L/min). In addition, the hospitalization rate was significantly lower in the magnesium group than in the placebo group (37% vs. 79%; p < 0.01). No patient had a significant drop in blood pressure or change in heart rate after receiving magnesium. In a second double-blind study, 148 patients with acute asthma who were being treated with inhaled beta-agonists and IV steroids were randomly assigned to receive an IV infusion of magnesium sulfate (2 g over 20 minutes) or saline placebo, beginning 30 minutes after presentation. 14 Among patients with severe asthma (defined as forced expiratory volume in one second (FEV1) less than 25% of predicted value) compared with placebo, magnesium significantly reduced the hospitalization rate (33.3% vs. 78.6%; p < 0.01) and significantly improved FEV1. However, magnesium treatment was of no benefit to patients with moderate asthma (defined as baseline FEV1 between 25 and 75% of predicted value). In two placebo-controlled studies of asthmatic children, IV magnesium sulfate significantly improved pulmonary function and significantly reduced hospitalization rates during acute exacerbations that had failed to respond to conventional therapy. 15, 16 A dose of 40 mg per kg body weight (maximum dose, 2 g) given over a 20-minute period appeared to be more effective than 25 mg per kg. Higher doses of IV magnesium sulfate (10-20 g over 1 hour, followed by 0.4 g per hour for 24 hours) have been used successfully in the treatment of life-threatening status asthmatics. In a few studies, IV magnesium failed to improve pulmonary function or to reduce the need for hospitalization, 17, 18 however, a meta-analysis of seven randomized trials concluded that IV magnesium reduced the need for hospitalization by 90 percent among patients with severe asthma, although the treatment was not beneficial for patients with moderate asthma. Calcium is the only other component of the Myers' that has been studied as a treatment for acute exacerbations of asthma. In an early report, a series of IV infusions of calcium chloride relieved asthma symptoms in three consecutive patients, with relief occurring almost immediately after some injections. 20 Intravenous and IM administration of an unspecified calcium salt temporarily inhibited severe anaphylactic reactions in two other patients. Nutrients other than magnesium and calcium may have contributed to the beneficial effect observed in asthma patients. Oral vitamins C22 and B6D3, and IM vitamin B1225 have each been used with some success against asthma, although none of these nutrients has been tested as a treatment for acute attacks. Intramuscular administration of niacinamide has been shown to reduce the severity of experimentally induced asthma in guinea pigs, 26 and pantothenic acid appears to have an anti-allergy effect in humans. 27 On one occasion, a patient’s asthma attack was treated with IV magnesium alone. Although the symptoms resolved rapidly, they returned within 15-10 minutes. The remaining constituents of the Myers’ (without additional magnesium) were then administered, and the symptoms disappeared almost immediately and did not return. Thus, it seems the Myers’ is more effective than magnesium alone in the treatment of asthma attacks.

Migraine

Case #2: A 44-year-old female suffered from frequent migraines, which appeared to be triggered in many instances by exposure to environmental chemicals or, occasionally, to ingestion of foods to which she was allergic. Allergy desensitization therapy had provided little benefit. Over a six-year period, the patient was given IV therapy on approximately 70 occasions for migraines. Nearly all of these injections resulted in considerable improvement or complete relief within several minutes, although a few treatments were ineffective. Through trial and error, it was determined that her most effective regimen was 16 mL vitamin C, 20 mL magnesium, 4 mL calcium, 2 mL B6, and 1 mL each of B12, B5, and B complex. The 4-mL dose of calcium was found to provide better relief than lower calcium doses. Over the years, a half dozen other patients have presented one or more times with an acute migraine. In almost every instance, the Myers' produced a gratifying response within a few minutes. The beneficial effect of IV magnesium as a treatment for migraine has been demonstrated in recent clinical trials. In one study, 40 patients with an acute migraine received 1 g magnesium sulfate over a five-minute period. 28 Fifteen minutes after the infusion, 36 patients (90%) reported at least a 60 percent reduction of pain, and nine patients (22.5%) experienced complete relief. In 21 of 35 patients who benefited, the improvement persisted for 24 hours or more. Patients with an initially low serum ionized magnesium concentration (less than 0.64 mEq/L) were significantly more likely to experience long-lasting improvement than patients with initially higher serum ionized magnesium levels. In a single-blind trial that included 30 patients with an acute migraine, IV administration of magnesium sulfate (1 g over 15 minutes) completely and permanently relieved pain in 13 of 15 patients (86.7%), whereas no patients in the placebo group became pain-free (p = 0.001 for difference between groups) 29. In addition, magnesium treatment resulted in rapid disappearance of nausea, vomiting, and photophobia in all 14 patients who had experienced those symptoms. A single 1-g dose of magnesium sulfate has also been reported to abort an episode of cluster headache in seven of 22 patients (32%), and a series of three to five injections provided sustained relief in an additional two patients (9%). It is not clear whether the Myers’ is more effective than magnesium alone for migraines; however, one patient did experience noticeable benefit from IV calcium.

Fatigue

Many patients with unexplained fatigue have responded to the Myers', with results lasting only a few days or as long as several months. Patients who benefitted often rhymed at their own discretion for another treatment when the
maximally tolerated dose of 15 ml magnesium-sulfate 1 g was usually given over a one-minute period, with a mean erythrocyte magnesium concentration being significantly lower in 20 patients with CFS than in healthy controls. One arm of the second study, 32 patients with CFS were randomly assigned to receive, in double-blind fashion, 1 g magnesium sulfate IM or placebo, once weekly for six weeks. Twelve (80%) of 16 patients given magnesium reported improvement (e.g., more energy, a better emotional state, and less pain) and fatigue was eliminated completely in seven cases. In contrast, only three (18%) of 17 placebo-treated patients improved (p = 0.015 for difference between groups), and in no case was the fatigue completely eliminated. According to one report, at least half of CFS patients with magnesium deficiency benefited from oral magnesium supplementation; however, some patients needed IM injections. Other investigators, using the IV magnesium-load test, found no evidence of magnesium deficiency in patients with CFS, and observed no improvement in symptoms following a single infusion of magnesium sulfate (5 g in one hour). Vitamin B12, given IM, has been reported to be helpful for patients with unexplained fatigue, as well as those with CFS. While the results obtained with the Myers' may be attributable in part to vitamin B12, many patients who responded to IV therapy obtained little or no benefit from IM vitamin B12 alone.

**Fibromyalgia**

Case #3: A 48-year-old woman presented with a six-year history of fairly constant myalgias and arthralgias, with pain in the neck, back, and hip, and tightness in the left arm. Six months previously she was found to have an elevated sedimentation rate (50 mm/hr). She was diagnosed by a rheumatologist as possibly having polymyalgia rheumatica, although the diagnosis of fibromyalgia was also considered. Her history was also significant for migraines about eight times per year and chronic nasal congestion. Physical examination revealed extremely stiff muscles, with decreased range of motion in many areas of her body. The patient was given a therapeutic trial consisting of 8 ml vitamin C, 4 ml magnesium, 2.5 ml calcium, and 1 ml each of B12, B6, B5, and B complex. At the end of the injection, she got off the table and, with a look of amazement, announced her muscle aches and joint pains were gone for the first time in six years. This treatment was repeated after a week (at which time her symptoms had not returned), followed by every other week for several months, then once monthly for three years. Her initial regimen also included the identification and avoidance of allergenic foods and treatment with low-dose desiccated thyroid (eventually stabilized at 60 mg per day). She realized that eating refined sugar caused myalgias and arthralgias, and that thyroid hormone improved her energy level, mood, and overall well-being. During the three years of monthly maintenance injections she reported symptoms would begin to recur if she went much longer than a month between treatments. However, they were never as severe as they were before she began receiving IV therapy. The author has given the Myers' to approximately 30 patients with fibromyalgia, half have experienced significant improvement, in a few cases after the first injection, but more often after three or four treatments. The beneficial effect of parenteral nutriment therapy has been confirmed by one study published only as an abstract. Eighty-six patients with chronic musculoskeletal complaints, including myofascial pain, releasing soft tissue injuries, and fibromyalgia, received IM or IV injections of magnesium, either alone or in combination with calcium, B vitamins, and vitamin C.37 Improvement occurred in 74 percent of the patients; of those, 64 percent required four or fewer injections for optimal results. A minority of patients required long-term oral or parenteral magnesium to maintain improvement. The positive response to parenteral magnesium is consistent with the observation that nearly half of patients with fibromyalgia have intracellular magnesium deficiency, despite having normal serum levels of the mineral.38

**Depression**

Case #4: A 48-year-old man presented with a history of depression and anxiety since childhood. He had been in psychoanalysis for the past eight years. A therapeutic trial with IV nutrients was considered because the patient reported that consumption of alcohol (known to deplete magnesium) aggravated his symptoms, and because he was taking a magnesium-depleting thiazide diuretic for hypertension. He was initially given 1 ml each of magnesium, B12, B6, B5, and B complex, which resulted in a 70-80 percent reduction in his symptoms for one week. A second injection produced a similar response that lasted two weeks. Through trial and error it was determined the most effective treatment was 5 ml magnesium, 3 ml B complex, and 1 ml each of B12, B6, and B5. The addition of calcium to the injection appeared to block some of the benefit. Both oral and IM administration of the same nutrients were tried but found to be ineffective. Weekly IV injections provided almost complete relief from symptoms and allowed him to discontinue psychotherapy. The patient noted that rapidly administered injections provided longer-lasting relief than did slower injections. The infusion rate was therefore carefully and progressively increased, without causing any adverse side effects or changes in blood pressure or heart rate. The patient reported that when the treatment was given over a one-minute period, the effect would last approximately two weeks, whereas a slower injection (such as five minutes) would last only a week. Approximately four years after initial treatment, he was able to reduce the frequency of injections to once monthly or less. Many other patients with depression and/or anxiety have shown a positive response to the Myers'. However, this treatment should not be considered first-line therapy for major depression, it seems to be helpful only for certain subsets of depressed individuals, such as those who also suffer from fibromyalgia, migraines, excessive stress, or alcohol-induced exacerbations. Shealy et al. have observed an antidepressant effect of IV magnesium in some patients with chronic pain.39

**Cardiovascular Disease**

Case #5: A 79-year-old man was seen at home in end-stage heart failure, after having suffered four myocardial infarctions. During the previous 12 months, spent mostly in the hospital, he had become progressively worse; his ejection fraction had fallen to 19 percent and his body weight had declined from 171 pounds to a severely cachectic 113 pounds. He was confined to bed and required supplemental oxygen much of the time. He also had severe peripheral ulcerative arterial disease, which had resulted in the development of gangrene of six toes. A peripheral angiogram revealed complete occlusion of both femoral-popliteal arteries, with no detectable blood flow to the distal extremities. Two independent vascular surgeons had recommended bilateral above-knee amputations to prevent development of sepsisemia. However, the cardiologist advised the patient that his heart would not last more than another six months, so the patient declined the amputations. He was treated with weekly IM injections of magnesium sulfate (1 g) for eight weeks, and prescribed oral supplementation with vitamins C and E, B complex, folic acid, and zinc. The magnesium injections appeared to reduce the pain in his gangrenous toes considerably, with the benefit lasting about five days each time. Six weeks after the first injection, his ejection fraction had increased from 19 percent to 36 percent and he no longer required supplemental oxygen. After eight weeks, the IM injections were replaced by weekly IV injections, consisting of 5 ml magnesium, 1 ml each of B12, B6, B5, and B complex, and a low-dose (0.2 ml) trace mineral preparation (MTE-5 containing zinc, copper, chromium, selenium,
and manganese). After a total of 18 months, his weight had increased from 113 to 147 pounds, which was remarkable as cardiac cachexia is generally considered to be irreversible. In addition, the gangrenous areas on his toes had sloughed and been replaced almost entirely by healthy tissue. Intravenous therapy was continued and eventually reduced to every other week. The patient lived for eight years and died at age 67 from multiple organ failure. Of the handful of other patients with angina or heart failure who received IV or IM injections of magnesium (with or without B vitamins), all showed significant improvement. The results with angina are consistent with those reported by others using parenteral magnesium therapy. 40-42

Upper Respiratory Tract Infections

Case #6: A 40-year-old male presented with a cold and a one-day history of fatigue, nasal congestion, and rhinorrhea. He was given an IV infusion of 16 mL vitamin C, 3 mL magnesium, 1.5 mL calcium, and 1 mL each of B12, B6, B5, and B complex. By the end of the 10-minute treatment he was symptom free. The cold symptoms did return the next day but were only 10 percent as severe as before the injection. One-quarter to one-third of patients who received the Myers IV for acute respiratory infection experienced marked improvement, either immediately or by the next morning. Approximately half of patients given this treatment reported that it shortened the duration of their illness. Patients who benefited tended to have a similar response if treated for a subsequent infection, whereas non-responders tended to remain non-responders.

Case #7: A 32-year-old female had a long history of chronic sinusitis. Avoidance of allergenic foods and oral supplementation with vitamin C and other nutrients had provided only minimal benefit. She was given an IV infusion of 20 mL vitamin C, 4 mL magnesium, 2 mL calcium, and 1 mL each of B12, B6, B5, and B complex; this protocol was repeated the following day. At the time these injections were given she had been experiencing persistent sinus problems for a year. Her symptoms resolved rapidly after the injections and she remained relatively symptom free for more than six months. The same treatment given at a later date was also helpful, although the benefit was not as pronounced as the first time. One other patient with chronic sinusitis had a similar response to back-to-back injections, while a few others showed no improvement.

Seasonal Allergic Rhinitis

Case #8: A 38-year-old man had a long history of seasonal allergic rhinitis occurring each spring and lasting about a month. Symptoms included nasal congestion, itchy eyes, and fatigue. During a symptomatic period, an IV infusion of 12 mL vitamin C, 3 mL magnesium, and 1 mL each of B12, B6, B5, and B complex provided rapid relief. This treatment was repeated as needed during the hay fever season (once weekly or less) and successfully controlled his symptoms. In subsequent years he began the IVs shortly before, and repeated them periodically during, the hay fever season; this approach prevented the development of symptoms.

Narcotic Withdrawal

Case #9: A 35-year-old man addicted to morphine came to the office in the early stages of withdrawal, with diarrhea and extreme agitation. He was given an IV infusion of 16 mL vitamin C, 6 mL magnesium, 2.5 mL calcium, and 1 mL each of B12, B6, B5, and B complex. In his agitated state he was unable to sit still on the exam table, so we walked up and down the hall with a butterfly needle in his arm. Halfway through the injection, he was able to sit still, and by the end of the injection his withdrawal symptoms were alleviated. The symptoms returned 36 hours later; he therefore came for another treatment, which again relieved the symptoms within minutes. He returned the next day, still symptom free, for a third injection, which carried him uneventfully through the remainder of the withdrawal period.

Chronic Urticaria

Case #10: A 71-year-old woman had chronic urticaria with hives present somewhere on her body nearly every day for 10 years. An allergy-elimination diet and oral supplementation with vitamin C and other nutrients provided little or no relief. She was given an IV infusion of 12 mL vitamin C, 3 mL magnesium, 1.5 mL calcium, and 1 mL each of B12, B6, B5, and B complex. The same treatment was repeated the following day. After these injections the hives resolved rapidly and did not recur for more than a year. When the lesions did recur, the IV treatment was repeated but was ineffective.

Athletic Performance

Case #11: An 18-year-old, 235-pound high school wrestler developed a flu-like illness four days before a major tournament. Two days before the three-day tournament, when it appeared he might have to miss the event, he was given an IV injection of 16 mL vitamin C, 9 mL magnesium, 2.5 mL calcium, and 1 mL each of B12, B6, B5, and B complex. The next morning he remarked that he had more energy than he had ever had in his life. This energy boost persisted for the duration of the tournament, at which he took second place, a better performance than at any other time in his career. In this era in which many athletes are using performance-enhancing drugs, it is not the authors' intention to encourage athletes to seek another “boost” with IV nutrients. However, this case does demonstrate that nutritional factors can play an important role in athletic performance.

Hyperthyroidism

Two patients with hyperthyroidism were treated with the Myers' once or twice weekly for several weeks. In one case, the treatment controlled the symptoms of hyperthyroidism, although there was no reduction in thyroid-hormone levels. The injections were discontinued after medical therapy had restored the hormone levels to normal. In the other case, symptoms improved markedly after the first injection and thyroid-function tests, measured two weeks later, returned to normal. The potential value of IV nutrient therapy for patients with hyperthyroidism is supported by several studies. Serum and erythrocyte magnesium levels have been found to be low in patients with Graves' disease. 43 In addition, daily IM injections of magnesium chloride (20 mL of a 14-percent solution) for 5-7 weeks reduced the size of the thyroid gland and improved the clinical condition of three patients with hyperthyroidism. 44 Intravenous vitamin B6 (50 mg per day) was reported to relieve muscle weakness in three patients with hyperthyroidism. 45 Animal studies indicate vitamin B12 can counteract some of the adverse effects of experimentally induced hyperthyroidism.
Why Drip?

The majority of us are in a constant state of toxicity, malnutrition and dehydration — and we don’t even know it. We’re exposed to environmental toxins on a daily basis. Diets heavy in nutrient-sparse foods rob us of vital vitamins, and damaged digestive systems prevent us from properly absorbing the nutrients we do eat. Busy lifestyles, stress and illness further deplete our supply, setting us up for chronic conditions and disease. And we never truly drink enough fluids, which is why dehydration is the #1 cause of aging and fatigue and a leading cause of disease.

Even the healthiest bodies are only able to absorb about 50% of the vitamins and hydration taken orally through food, drink and supplements. But IV drips bypass the gut, delivering essential nutrients and fluids directly into the bloodstream for quick and easy 100% absorption at high doses that would never be tolerated orally. This allows us to detoxify, nourish and rehydrate our cells from the inside out for dramatic, long-lasting and often instant results.

Benefits

- 100% absorption
- High doses not tolerated orally
- Safe & painless
- Fast, lasting results
- No side effects or down time
- Safe for all ages
- Most take only 30-45 min
- Medically-supervised facility
- Allowed by all major athletic associations

Conditions

- Adrenal fatigue
- Cancer
- Acne
- Colds & flu
- Celiac disease
- Gout
- Chronic fatigue syndrome
- Chronic pain
- Congestive heart failure
- Dehydration
- Depression & anxiety

Benefits

- Diabetes
- Effects of Aging
- Infertility & pregnancy
- Fibromyalgia
- Gastrointestinal conditions
- Genital warts
- Hangovers
- Heavy metal toxicity
- High blood pressure
- Immune health
- Aids in Weight Loss
- Injuries
- Low energy
- Poor memory
- Migraine & tension headaches
- Neurodegenerative disorders
- Nutrient deficiencies
- Post surgical healing
- Preventative care
- Skin conditions
- Stress
- Revitalize hair & nails

FDA DISCLAIMER: THESE STATEMENTS HAVE NOT BEEN EVALUATED BY THE FOOD AND DRUG ADMINISTRATION. THESE PRODUCTS ARE NOT INTENDED TO DiAGNOSE, TREAT, CURE OR PREVENT ANY DISEASE.
Minor Urgent Care services for minor illnesses such as:
- Sore Throats
- Urinary Tract Infections
- Yeast Infections
- Kidney Stones
- Sex Infections
- Erectile Dysfunctions
For severe illnesses, please consult your primary physician or call 911 for emergencies.

Hangover symptoms:
- Sore Throats
- Urinary Tract Infections
- Yeast Infections
- Kidney Stones
- Sious Infections
- Erectile Dysfunctions

For severe illnesses, please consult your primary physician or call 911 for emergencies.

Hangover are caused by 4 different issues:
- Inflammation from Acetaldehyde
- Toxicity
- Dehydration
- Glutamine Rebound
- Acute Alcohol Withdraw

Hangover Symptoms:
Hangover symptoms are well known and include headache, weakness, and general discomfort that can occur from excessive alcohol intake and dehydration. At IV Bars, we can provide you with IV hydration which can include fluids and vitamins which may help in your hangover recovery.

Hangover Prevention:
Alcohol causes dehydration because it inhibits a hormone called antidiuretic hormone (ADH). This hormone has a constant level in the body and keeps you from excreting all the water in your body. When you drink alcohol, the level of this hormone becomes low and you urinate more. While this happens, you are also losing salt. One alcoholic drink can result in up to a pint of urine production. This effect becomes less as you drink more. But, if you drink 15 drinks in a night, you can end up well over two liters dehydrated.

Dehydration causes nausea, headache, and dizziness just by itself. Inflammation makes this even worse. It is like a double whammy. As a person gets older, the effects are more significant, as it takes longer for the body to rehydrate and get rid of the inflammation.

What can you do about a hangover?
1. Even though dehydration is only one component of a hangover, try to drink 8 oz of water after every two or three drinks. Also, try to eat some bar food. Most bar food is salty. You need to replenish the salt you lose as the electrolytes are important.
2. Also, try to drink at least somewhat responsibly. If you are in for a long weekend of partying, try to pace yourself. Schedule for a IV Bars package with vitamins and antioxidants. When you drink alcohol, you use up your stores of vitamins and antioxidants, which help process the alcohol and inflammation out of your body.
3. Drink high-end, clear alcohol. High quality vodka, gin, and clear tequila have lower levels of impurities. These impurities lead to more acetaldehyde and similar substances. These are what cause inflammation, which is the key component of a hangover.
4. Eat a decent meal before you go out. Meat contains many amino acids and B vitamins, which are necessary for processing alcohol. Food also delays the absorption of alcohol. So, hit one of the many great Dallas’ feeding spots before a night out on the town.

All the IV fluids in the world will not solve a Level A “Rager” hangover without other medications and supplemental treatments.

Our facility is staffed with EMTs, Physician Assistants, and Registered Nurses to make sure you are professionally evaluated and treated. We do not take insurance. We are able to provide you with a bill that you may file with your insurance company.

We strongly encourage you to pre-book your appointment, as treatment slots can be limited on the weekends. Use our convenient online booking system to reserve your spot today!
**Why Drip?**

The majority of us are in a constant state of toxicity, malnutrition and dehydration — and we don’t even know it. We’re exposed to environmental toxins on a daily basis. Diets heavy in nutrient-sparse foods rob us of vital vitamins, and damaged digestive systems prevent us from properly absorbing the nutrients we do eat. Busy lifestyles, stress and illness further deplete our supply, setting us up for chronic conditions and disease. And we never truly drink enough fluids, which is why dehydration is the #1 cause of aging and fatigue and a leading cause of disease.

Even the healthiest bodies are only able to absorb about 50% of the vitamins and hydration taken orally through food, drink and supplements. But IV drips bypass the gut, delivering essential nutrients and fluids directly into the bloodstream for quick and easy 100% absorption at high doses that would never be tolerated orally. This allows us to detoxify, nourish and rehydrate our cells from the inside out for dramatic, long-lasting and often instant results.

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**Mood Support**  
Aches & Pains  
Diet & Detox  
Immune Support

- **Mood Support** is a functional IV Injection that provides replenishing fluids, vitamins, minerals and amino acids to boost the body’s natural hormone levels and help promote total calmness. Ideal for when you’re feeling under stress, anxious or exhausted to relax muscles, chill, rest, restore, improve mood and much more.

- Aches and Pains provides replenishing fluids, vitamins, minerals and amino acids at a cellular level reducing inflammation while increasing circulation. Effective in relieving aches & pains associated with back & muscles, headaches, teeth, menstrual cramps, rheumatic & much more.

- Diet and Detox provides replenishing fluids, vitamins, minerals & amino acids to burn visceral body fat, detoxify your body to rid it of unhealthy toxins & boost energy. Boost metabolism & energy, detoxify your vital organs, eliminate excess body fat, reduce hunger cravings, fit into those jeans & much more.

- Immune Support is a functional IV Injection providing replenishing fluids, vitamins, minerals & amino acids to combat cold and flu symptoms and get you back to life. Cold and flu symptoms, seasonal allergies, reduce oxidative stress, protect against free radicals, boost immune system & much more.

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**RECHARGE. REPAIR.**
We Are Mobile. We Come To You!

iV Bars has a full service mobile vehicle that allows us to deliver our RN or EMT to you, whether for personal needs, a special night out or anything you desire. Our licensed medical staff will come right to your door to deliver the treatment of your needs. Any and all participants requesting IV Cocktails must pre-register with our site: www.Wizardhip.com prior to your special night, event or personal occasion. All cocktails are available for our mobile service with an additional $100 travel fee. Travel fee may be waived if 3 or more cocktails are purchased for the event.

Benefits

- 100% absorption
- Adrenal fatigue
- Cancer
- Asthma
- Costa & flu
- Celiac disease
- Chronic fatigue syndrome
- Chronic pain
- Congestive heart failure
- Dehydration
- Depression & anxiety

Conditions

- Diabetes
- Effects of Aging
- Infertility & pregnancy
- Fibromyalgia
- Gastrointestinal conditions
- General wellness
- Hangovers
- Heavy metal toxicity
- Immune health
- Aids in Weight Loss

Benefits Conditions

- Low energy
- Poor memory
- Migraine & tension headaches
- Neurodegenerative disorders
- Nutrient deficiencies
- Post surgical healing
- Preventative care
- Skin conditions
- Stress
- Revitalize hair & nails

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THE SCIENCE BEHIND IV Bars

KNOWLEDGE

DO YOU KNOW IV Bars IS MUCH MORE EFFECTIVE THAN TAKING VITAMINS ORALLY?

Taking vitamin supplements is evidently beneficial. However, few people realize that when you swallow a vitamin pill or a multi-vitamin, the body’s natural absorption process can render up to 60% of that vitamin useless. In other words, when you ingest a vitamin by mouth, only 10% of the active nutrients may eventually find their way into your bloodstream. When you receive an IV, the nutrients enter your bloodstream directly and immediately, helping the body to begin healing fast. You get much higher concentrations of nutrients delivered directly to your body’s cells through intravenous therapy, thus allowing your body to better absorb and utilize these nutrients.

INTRAVENOUS (IV) THERAPY

Intravenous (IV) Therapy or Intravenous micronutrient Therapy (IVMT) is a treatment method which uses nutrients such as vitamins or minerals and administers these directly into the bloodstream typically through a vein in the arm, more specifically the crook of the arm. There are several advantages of giving the body nutrients by the intravenous method. First, by injecting substances directly into the bloodstream you eliminate any alteration in the nutrients which may occur from the actions of digestive enzymes. Second, the amount of nutrients in the blood can reach much higher, more therapeutic levels faster than is possible by absorbing nutrients through the digestive intestinal system. This may be particularly important if a patient is suffering from a GI system disorder where absorption of nutrients is impaired. In some cases, the IV use of micro-nutrients permits much higher levels than are possible even with a healthy GI system.

WHAT CAN IVMT BE USED FOR?

The vitamins and minerals used in IVMT are co-factors of biochemical reactions in every cell of our bodies. As a result, IVMT can be used as an adjunct in any condition where low levels of nutrients or other nutritional deficiencies are suspected. Immune Support, Anti-Aging, Athletic Performance, Ailments, Depression, Hormone Balance, Migraines, Chronic Fatigue, Inflammatory GI conditions, Fibromyalgia and many others all respond to IVMT for many patients.

IS IT SAFE?

The substances used in IVMT are vitamins and minerals which are categorized as “Essential Nutrients” – those things our bodies must have in order to be healthy or even survive, but are incapable of making from other raw materials. Traditionally, Essential Nutrients were obtained from the food we eat. In modern times, however, the poor quality of our over-processed foods means that most of us are severely deficient in these Essential Nutrients. Deficiencies of these nutrients, in fact, are associated with most chronic illnesses. Providing the body with Essential Nutrients if badly needed is generally healthy for most people. Small risks are associated with the intravenous injection process, which may include bruising around the injection site, and are similar to the risks of having your blood drawn for lab tests. Side Effects of treatment can include bruising around the site of the needle stick. Some patients may have a tendency to vascular fragility, and can suffer a phenomenon known as “infusionitis,” in which the walls of the vein rupture and the IV fluid leaks into the surrounding tissue causing local swelling. This will dissipate within a short period of time, but the IV site will need to be moved to another vein. Some patients may have small or hard-to-find veins. In rare instances, if you have small veins or are especially prone to vascular fragility, you may not be a candidate for IVMT. In some instances, a period of high-dose nutrients can build up your nutritional state and help strengthen your veins to the point you can use the IVMT therapy.

IV Bars PROFILING PROCESS

Although 95% of human DNA is the same in every person, enough of the DNA is unique to distinguish one person from another. Male or female, short or tall, thin or muscular, low or high activity level, world class athlete or weekend warrior, people are all unique and so are their nutrient requirements. Developed by a team of leading medical doctors, naturopathic doctors, biochemists, nutritionists and exercise physiologists, IV Bars profiling is a technique employed by our medical practitioners to assist in identifying a person’s specific nutrient requirements. IV Bars profiles are encrypted sets of numbers that reflect a person’s current state of health, which is used as the person’s nutrient identifier. The process begins with the selection of a therapy, followed by a series of medical, health and lifestyle questions. The data from these questions will automatically be run through the IV Bars proprietary software program which will produce your profile.

IV Bars PROFILE

Your profile includes a health report which reflects your current state of health and a recommended IV formula which addresses your specific nutrient requirements. You may also choose to be contacted by one of our medical practitioners to review your report or book an appointment to visit a IV Bars clinic near you.
ARE YOU GETTING THE NUTRIENTS YOU NEED?

WHY IS NUTRIENT STATUS SO IMPORTANT?

Overwhelming scientific evidence confirms that vitamin deficiencies are associated with disease risk factors and the overall condition of one’s health. Vitamins, minerals and antioxidant deficiencies have been shown to suppress immune function and contribute to chronic degenerative processes such as arthritis, cancer, Alzheimer’s, cardiovascular disease and diabetes. This body of research has been reaffirmed by the journal of the American Medical Association (June 19, 2002- Vol 287, No 23).

Similarly, nutrient deficiencies are common. University research shows that 90% of people are deficient, and 50% of those people are already taking a multivitamin.

But I eat a balanced diet, exercise and take a multivitamin...

IF THIS DESCRIBES ALL OR PART OF YOUR LIFESTYLE, READ ON.

Many people lead healthy lifestyles, yet some individuals still have deficiencies. But Why?

ABSORPTION

Although you may eat a balanced diet, if you do not absorb vitamins, minerals, antioxidants and/or other essential micronutrients properly, you can have deficiencies.

LIFESTYLE

Excessive physical activity, prescription drugs, smoking, alcohol and sedentary habits all impact micronutrient demands.

CHRONIC ILLNESS

Health conditions such as arthritis, cancer, cardiovascular disease, diabetes, fatigue and multiple sclerosis, to name a few, can be affected, directly or indirectly, by micronutrient deficiencies.

AGING

Our micronutrient requirements at age 30 are quite different from our requirements at age 40, 50 and beyond. Absorption difficulties, especially of vitamin B12, quite commonly occur as we age.

BIOCHEMICAL INDIVIDUALITY

Because each of us is metabolically and biochemically unique, the micronutrient requirements for one person may be quite different than the requirements of another.
Nutrition is at the core of integrative health and IV Bars’ Micronutrient Testing is the most advanced diagnostic tool available.

Micronutrient testing measures how micronutrients are actually functioning within your white blood cells. These tests allow nutritional assessment for a broad variety of clinical conditions, general wellness and the prevention of chronic diseases including arthritis, cardiovascular risk, diabetes, various immunological disorders and metabolic disorders.

Micronutrient Testing gives a functional cellular analysis of nutrient deficiencies and provides a 4-6 month window of nutritional history. For those people living in Dallas or Addison, or testing might be able to provide information to best optimize your vitamin supplementation.

TEST COMPONENTS:

**VITAMINS**
- Vitamin A, Vitamin B1, Vitamin B2, Vitamin B3, Vitamin B6, Vitamin B12, Vitamin C, Vitamin D, Vitamin K, Biotin, Folate, Pantothenate

**MINERALS**
- Calcium, Magnesium, Zinc, Copper, Manganese

**AMINO ACIDS**
- Asparagine, Glutamine, Serine

**FATTY ACIDS**
- Oleic Acid

**METABOLITES**
- Choline, Inositol, Carnitine

**ANTIOXIDANTS**
- Glutathione, Selenium, Vitamin E, Alpha Lipoic Acid, Coenzyme Q10, Cysteine

**CARBOHYDRATE METABOLISM**
- Chromium, Fructose Sensitivity, Glucose-Insulin Metabolism

Talk to an IV Bars® doctor today about Micronutrient Testing to determine your nutritional status.

[BOOK APPOINTMENT NOW](#)
FACTS

Intravenous Nutrient Therapy "The Myers' Cocktail"

By Alan R. Gaby, M.D.

Building on the work of the late Dr. John Myers, U.D., the author has used an intravenous vitamin and mineral formula that is available for the treatment of a wide range of clinical conditions. The modified "Myers' cocktail", which he termed "Myers' cocktail", has been found to be beneficial against acute asthmatic exacerbations, migraines, fatigue (including chronic fatigue syndrome), benign essential tremors (BET), high blood pressure, and certain gastrointestinal disorders. The combination includes 100 mg each of thiamine and niacinamide, and 2 mg each of riboflavin.

Theoretical Basis For IV Therapy

Intravenous administration of nutrients can achieve serum concentrations not obtainable with oral or other routes. For example, as the oral dose of vitamin C is increased progressively, the serum concentration of ascorbic acid tends to approach an upper limit, as indicated by the elevation of gastrointestinal symptoms and diarrhea at a high dose. In contrast, intravenous administration of 400 mg of vitamin C can achieve a peak plasma level of 18 mg/dl. Similarly, oral administration of magnesium chloride hexahydrate achieves only 5-10 mg/dl, whereas intravenous administration can achieve serum levels of 45-60 mg/dl, providing a window of opportunity for the beneficial actions of magnesium.

The Modified Myers Cocktail

See Table 1 for the nutrients that make up the modified "Myers' cocktail". Dopamine, instead of a combination of magnesium chloride hexahydrate, calcium gluconate, and sodium chloride, is used in the modified protocol to provide a lower concentration of these ions. An additional benefit of using sodium citrate instead of a combination of magnesium chloride hexahydrate and calcium gluconate is that the citrate can act as a buffer to help maintain the pH of the solution, which is important for the delivery of nutrients.

The numbers of patients treated and proportion that responded are, for the most part, estimates.
Asthma

Case #1: A 4-year-old boy presented with a five-year-history of severe chronic asthma. During the previous 12 months, he had suffered 20 asthma attacks severe enough to require a visit to the hospital emergency department. His symptoms appeared to be exacerbated by severe smoke, and skin tests had been positive for 23 of 26 tested substances. Initial treatment consisted of intermittent inhaled beta-agonist therapy with a small amount of inhaled corticosteroids. The patient was instructed in the use of a metered-dose inhaler, and his symptoms improved significantly. However, he was given a peak flow meter so that he could monitor his condition at home. Within six weeks of starting treatment, his symptoms had improved significantly, and he was able to return to school. He was then discharged from the hospital, and his symptoms continued to improve.

Case #2: A 26-year-old woman was admitted to the hospital with a severe exacerbation of her asthma. She had been treated with oral prednisone, but her symptoms had not improved. She had been prescribed an inhaled steroid, but she had not used it regularly. Therefore, she was given a course of oral prednisone and asked to use her inhaled steroid more regularly. Her symptoms improved significantly, and she was discharged from the hospital.

Cardiovascular Disease

Case #1: A 74-year-old man was admitted to the hospital after experiencing severe chest pain. He had a history of hypertension, diabetes, and smoking. He was diagnosed with a myocardial infarction, and he was treated with aspirin and intravenous nitroglycerin. He was then transferred to the coronary care unit, where he received additional treatments, including coronary angiography and percutaneous coronary intervention. He made a complete recovery and was discharged from the hospital.

Cardiac Arrest

Case #1: A 60-year-old man was admitted to the hospital after experiencing a cardiac arrest. He had a history of hypertension, diabetes, and smoking. He was diagnosed with a myocardial infarction, and he was treated with aspirin and intravenous nitroglycerin. He was then transferred to the coronary care unit, where he received additional treatments, including coronary angiography and percutaneous coronary intervention. He made a complete recovery and was discharged from the hospital.
gangrene of six toes. A peripheral angiogram revealed complete occlusion of both femoropopliteal arteries, with no detectable blood flow to the distal extremities. Two independent vascular surgeons had recommended bilateral above-knee amputations to prevent development of septicemia. However, the cardiologist advised the patient that his heart would not last more than several months and he was not a candidate for the amputation. He was treated with weekly IV infusions of magnesium sulfate (1 g each week), prescribed oral administration with supplements of vitamin C and E, folic acid, full, and zinc. The magnesium injections appeared to reduce the pain in his gangrous toes considerably, with the benefit lasting about five days each time. Six weeks after the first injection, his ejection fraction remained unchanged from 10 percent to 35 percent and he no longer required supplemental oxygen.

After six weeks, the patient was replaced by weekly IV infusions, consisting of 5 percent magnesium, 1 ml, each of D12, B6, B12, and B complex. By the end of the 10-minute treatment, he was symptom free. The cold symptoms returned within the next day and resolved again immediately after the next treatment. One week after the second treatment, one of his toes was wadded up and gangrene appeared on the fifth toe. This was removed surgically, and the patient remained symptom free for the next six months. The patient is still alive and well, although the benefit was not as pronounced as the first time.

After the patient’s chronic pain was relieved, a homeopathic remedy was prescribed. While one other patient with chronic pain had similar responses to this treatment, a few others showed no improvement.

**Seasonal Allergic Rhinitis**

Case #4: A 30-year-old male had a long history of seasonal allergic rhinitis, occurring each spring and lasting about a month. Symptoms included nasal congestion, itchy eyes, and teary eyes. He was treated with IV infusions of 12 ml vitamin C, 2 ml magnesium, and 1 ml each of D12, B6, B12, and B complex. Improvement in symptoms was noted immediately, and eventually patients were symptom free for more than six months. The same treatment given at a later date was also helpful, although the benefit was not as pronounced as the first time.

Another patient with chronic sinus pain had a similar response to back-to-back infusions, while a few others showed no improvement.

**Narcotic Withdrawal**

One patient, a 30-year-old male with a history of chronic narcotic withdrawal, was treated with IV infusions of vitamin C and other nutrients. Improvement was noted immediately, and patients were symptom free after the next treatment. One other patient with chronic sinusitis had a similar response to back-to-back infusions, while a few others showed no improvement.

**Athletic Performance**

While both forms of vitamin C and other nutrients provided little or no relief, she was given an IV infusion of 12 ml vitamin C, 3 ml magnesium, 5.2 ml calcium, 1 ml each of B12, B6, and B complex. Improvement in symptoms was noted immediately, and eventually patients were symptom free for more than six months.

**Hyperthermia**

Two patients with hyperthermia were treated with the IVs once or twice weekly for several weeks. In one case, the treatment controlled the symptoms of hyperthermia, although there was no reduction in thyroid-hormone levels. The injections were discontinued after medical treatment had reduced the hormone levels to normal. In the other, symptoms improved immediately after the first injection, and the patient was symptom free after the next treatment. Hyperthermia is supported by several studies. Serum and erythrocyte magnesium levels have been found to be low in patients with Graves' disease. In addition, daily IV injections of magnesium chloride (20 mg of a 50 percent solution) reduced the size of the thyroid gland and improved the clinical condition of three patients with hyperthermia. Intravenous magnesium sulfate (50 mg per kg) was reported to relieve muscle cramps in three patients with hyperthermia, and animal studies indicate vitamin B12 can counteract some of the adverse effects of experimentally induced hyperthermia.

**Other Conditions**

The modified Myers injection seemed to provide rapid relief for patients with acute muscle spasm resulting from sleeping in the wrong position or from overuse. It also has been observed to relieve tension headaches in many cases. One patient, a 75-year-old female with chronic tension headaches, was treated with IV infusions. Improvement was noted immediately, and eventually patients were symptom free after the next treatment. One other patient with acute sinusitis also received IV infusions. Improvement was noted immediately, and eventually patients were symptom free after the next treatment.

**Choice of Ingredients and Administration**

At the time of this writing, magnesium sulfate is a readily available form of vitamin B6, whereas hydroxychloroquine can be obtained only through a compounding pharmacist. While both forms of vitamin C are effective, hydrocortisone is preferred because it produces more prolonged increases in serum vitamin C levels. Vitamin C has also been found to be an important factor in the maintenance of the immune system.

For these patients, IV therapy is often the only alternative to surgery. Some patients have been treated with oral supplements, but many have found no relief. It is possible that some patients are taking too much or too little vitamin C, or that they are not taking it in the proper form or at the proper time.

**Side Effects and Precautions**

The IVs often produce a sensation of heat, particularly with large doses or rapid administration. This effect appears to be due primarily to the magnesium, although rapid administration of vitamin C can also produce a similar effect. The sensation typically lasts no longer than three minutes. For most patients, the heat does not cause excessive discomfort, but they may feel warm. If the injection is given quickly, the warmth can be overwhelming. Some women experience a sensation of sexual pleasure in association with the vaginal warmth; in rare cases, an organ may occur during IV infusion. Other patients have reported unusual sexual sensations, but this effect is usually brief, and no patient has reported any adverse effect.

**Additional Information**

The author has used magnesium sulfate, 5 percent magnesium chloride, and magnesium chloride (50 percent solution) for IV administration. Magnesium chloride is more concentrated and less expensive than magnesium sulfate, but it is more difficult to use effectively. Magnesium chloride is also more likely to cause hypotension, which can lead to dizziness or even syncope. Magnesium chloride is less likely to be diluted appropriately with sterile water to prepare the compound. The author believes that the use of magnesium chloride for IV administration is more effective than magnesium sulfate.

In the author’s experience, the conversion of magnesium chloride to magnesium sulfate can be achieved by using a 50 percent solution of magnesium chloride (50 percent solution) mixed with sterile water. Occasionally, trace minerals were included as part of a nutrient infusion. The usual dose was 0.25 ml of 50 percent magnesium chloride, 25 mg, 0.25 ml magnesium sulfate, 10 mg, 0.25 ml of 50 percent magnesium chloride, 12.5 mg, and 0.25 ml of 10 percent magnesium chloride, 10 mg. The preparation was diluted six-fold and administered over a period of 1-2 minutes in a syringe at the end of the tubing. Two advantages of this procedure are that the magnesium chloride is diluted with sterile water in a syringe before being injected, and greater volumes of intravenous fluid are used. Trace minerals should not be mixed in the same syringe with the components of the IV, as this may cause precipitation of a precipitate.
Systemic intravenous calcium is contraindicated in patients taking digoxin. In addition, hypercalcemia can cause a cardiac arrhythmia. For that reason, the author has tended to leave calcium out of the Myers' when treating patients with cardiac disease. Although there is no strong evidence it is dangerous for such patients, many physicians never give calcium, especially in patients with cardiac disease.

Although there has been no mention of specific side effects or complications, it is important to note that magnesium therapy can cause side effects and complications. These may include hypotension, flushing, diarrhea, nausea, vomiting, and rarely, allergic reactions. Magnesium is generally well tolerated, and serious adverse reactions are rare. In addition, magnesium therapy is considered safe and effective for a wide range of conditions.

In conclusion, magnesium therapy has been found to be a safe and effective treatment for a wide range of conditions. It is important to note that magnesium therapy is generally well tolerated, and serious adverse reactions are rare. In addition, magnesium therapy is considered safe and effective for a wide range of conditions.
At the IV Bars, we are ready to help you get on the right track for better health. Conveniently located in the heart of Addison, Texas, we are easily accessible to most residents of greater Dallas area.

**PHONE:**
(855) 273-9950
or
(469) 458-7447 for Mobile Assistance

**ADDRESS:**
4101 Centurion Way,
Addison, Texas 75001

**HOURS**
Friday – Monday (10 am – 2 pm)

**Schedule Your Consultation Today**

There are two easy ways to get started:
1) Call us at (855) 273-9950 today to speak with our IV specialists. They will arrange a consultation for you with an IV Consultant, who will supervise and direct your intravenous nutrient therapy. If you have any questions or concerns, our helpful and caring staff is available to address all your needs.

2) Fill in the form on this page and we will contact you promptly. Rest assured that your personal information will be held in the strictest confidence; the IV Bars of Addison will never disclose or sell such information to any third party.

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**Comments / Questions:**
ENHANCE IMMUNITY & ENERGIZE

HOW IT WORKS

IV Bars Original is a functional IV injection providing replenishing fluids, vitamins, and minerals before, during, and after all life-draining activities.

TREATMENT

Hectic 24/7 lifestyle—such as stress, depression, headaches, a weakened immune system, allergies, muscle aches, fatigue, difficulty in concentrating, poor food and nutrition choices.

Disclaimer: You should consult your physician before taking vitamins, minerals, nutritional supplements or herbal products. Our vitamins and nutritional supplement products on this site are not intended to diagnose, treat, cure or prevent any disease. Final product ingredients and dosages may vary depending on personal requirements and availability.

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HOW IT WORKS

IV Bars The Performance is a functional IV Injection providing replenishing fluids, vitamins, minerals and amino acids before, during and after all extreme activities.

TREATMENT


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HOW IT WORKS

IV Bars Re-Hydrate is a functional IV Injection providing replenishing fluids, vitamins, minerals to restore hydration.

TREATMENT

Exercise Fatigue, General Exhaustion, Hangover, Skin Complexion, Seasonal Illness, Jet-Lag and much more.

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WORKS

Bars Re-juvenate is a fictional injection providing replenishing fluids, vitamins, minerals and amino acids to restore youthful radiance.

TREATMENT

Reduce fine lines and wrinkles, suppress formation of acne and blemishes, produce collagen to enhance elasticity, clearer skin and much more.

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Works

Bars Diet and Detox is a functional IV injection providing replenishing fluids, vitamins, minerals and amino acids to burn stubborn body fat, detoxify your body of unhealthy toxins and boost energy.

Treatment

Boost metabolism and energy, detoxify your vital organs, eliminate excess body fat, reduce hunger cravings, fit into those jeans and much more.

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iV Bars Immune Booster is a functional IV injection providing replenishing fluids, vitamins, minerals and amino acids to combat cold and flu symptoms and get you back to life.

**TREATMENT**
Cold and flu symptoms, seasonal allergies, reduce oxidative stress, protect against free radicals, boost immune system and much more.

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iV Bars Libido Enhancer is a functional IV injection providing replenishing fluids, vitamins, minerals and amino acids to relax blood vessels and increase blood flow.

**TREATMENT**

Increased sex drive, stamina, energy, youthful vitality, boost Testosterone in a natural way and much more.

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HOW IT WORKS

Bars Pain Blaster is a functional injection providing replenishing fluids, vitamins, minerals and amino acids at a cellular level reducing inflammation while increasing circulation.

TREATMENT

Effective in relieving aches and pains associated with back and muscles, headaches, teeth, menstrual cramps, rheumatic and much more.

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Statements made here have not been evaluated by FDA.
HOW IT WORKS

iV Bars: The Focus is a functional IV injection providing replenishing fluids, vitamins, minerals and amino acids to improve brain performance.

TREATMENT

Cognitive enhancement — focus, quicker thinking, problem solving, memory, attention, sharpness, determination and much more.

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How it works:

Vibars Nirvana is a functional IV injection providing replenishing fluids, vitamins, minerals, and amino acids to boost the body’s natural serotonin levels and help promote calmness.

Treatment:

Ideal for when — under stress, anxious or exhausted to relax muscles, chill, rest, restore, improve mood and much more.

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How it Works

iV Bars Pure Energy is a functional tbl injection providing vitamins and active ingredients to keep you energized for days.

Treatment

Working or playing long hours, exercising, big race or competition, studying or use to regulate sleep, mood, appetite and much more.

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Statements made here have not been evaluated by FDA.
iVBARS Medical Beauty Science 

HOW IT WORKS

AlBars Anti-Oxidize is a functional IM injection providing pure L-Glutathione to prevent damage to important cellular components in your body.

TREATMENT

Protect against free radicals, reduce oxidative stress, boost immune system, detoxify, reduce cellular inflammation and much more.

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Statements made here have not been evaluated by FDA.
Myers’ Cocktail is an Intravenous Vitamin Infusion which will enhance your immune system, reduce fatigue, help with allergies, reduce symptoms of Fibromyalgia and Asthma.

TREATMENT
An alternative treatment for a broad range of conditions including asthma, fibromyalgia, chronic fatigue syndrome and even some of those hangover cases.

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PRIVACY POLICY
The Effective Date of this Privacy Policy is June 1, 2015.

SUMMARY AND GENERAL CONTACT INFORMATION
This Privacy Policy describes how IV BARS® handles information we learn about you from our web site. The information we collect depends on what you do when you visit our site.

If you have questions about this policy or wish to contact us, our postal address is as follows: IV BARS® Dallas, Texas.

COLLECTION AND USE OF INFORMATION
For each visitor to our web site, we collect and store the following information about your computer hardware and software: your IP address, your browser software, your operating system, and the Internet address of the web site from which you linked directly to our site. We collect and store this information on an individual basis and in aggregate, or combined, form. We also collect both user-specific and aggregate information on what pages visitors access or visit. This information allows us to deliver any information you request from us, such as product information or training materials. We also use the information to measure the number of visitors to our site, to understand which service providers our visitors site to improve the content of our web pages, and to customize the content and layout of our pages. All of this is done with the intention of making our site more useful to visitors. Our web site uses session cookies to record session information, such as which web pages a user has visited, and to track user activity on the site. We do not collect any personal data through the use of cookies, and all cookies expire when you leave our site. Our web site does not use persistent cookies. We do not collect personally identifying information about you, including your email address, telephone number or postal address, when you visit our site; unless you choose to provide such information to us. If at any time you do provide us with such information, we will collect it. Areas in which we may collect this type of information include but are not limited to requests for information regarding our products and services and web site account registration. We will use personally identifying information in connection with the purpose for which you provided it (e.g., to contact you with a response to a request for information). Additional ways in which we may use this information are as follows: If you provide us with your email address, you may receive periodic promotional emails from us with information regarding special offers or new products or services. You may also receive informational emails from us related to any user accounts you have set up with us, as well as administrative notices regarding the operation of the web site. If you supply us with your postal address online, you may receive periodic mailings from us with information on new products and services. If you provide us with your telephone number, you may receive telephone contact from us with information regarding new products and services. We do not rent or sell email addresses, postal addresses or telephone contact information to third parties; unless you choose to provide such information to us. If at any time you do provide us with such information, we will collect it. Areas in which we may collect this type of information include but are not limited to requests for information regarding our products and services and web site account registration. We will use personally identifying information in connection with the purpose for which you provided it (e.g., to contact you with a response to a request for information).

OPT OUT PROCEDURES
If you do not wish to receive promotional emails from us, please let us know by using the opt-out response device that can be found at the bottom of every email we deliver or by calling IV BARS® at the telephone number indicated in the email. (Please include sufficient information to allow us to identify you in our records.) Please allow a reasonable time for us to process your request. Note that although you can opt out of receiving promotional emails, IV BARS® retains the right to send non-promotional emails to registered users of its web site informational email messages about the user’s account or administrative notices regarding the site, as permitted under Texas State Law.

INFORMATION ACCESS
Upon request we provide site visitors with access to their own personally identifying contact information (e.g., name, address, phone number) that we maintain about them. You can access this information by sending your request to IV BARS®, Dallas, Texas. To help us process your request, please provide sufficient information to allow us to identify you in our records. If you have a user account with us, we ask that you provide your user name and password in your request. We reserve the right to ask for information verifying your identity prior to disclosing any information to you. Should we ask for verification, the information you provide to verify your identity will be used solely for that purpose, and all copies of this information will be destroyed. You may also ask for errata in the information we provide to you. We will review the information that we collect to determine if it needs to be updated or corrected. We will make the necessary corrections if an error is found.

SECURITY
We have appropriate security measures in place to protect against the loss, misuse or alteration of information that we have collected from you at our site, and we employ security features generally accepted in the industry to protect the security of transactions made on our site. Commercial transactions are protected via Secure Sockets Layer (SSL) technology.

CHANGES TO THIS POLICY
From time to time, we may add new customer information for new, unanticipated uses not previously disclosed in our privacy notice. If our information practices change materially at some time in the future, we will post the policy changes to our web site. If we have collected personally identifying contact information from you, we will notify you about the changes prior to making use of your information in new ways and will provide you with a reasonable opportunity to opt out of the new procedures before they are implemented. We will also honor opt-out requests made following implementation of the new procedures. We discussed above that you believe that this site is not following its stated information policy, you may contact us at the above address, or contact state or local chapters of the Better Business Bureau.

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Terms & Conditions

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