COMMISSIONERS: Joseph J. Simons, Chairman
Maureen K. Ohlhausen
Noah Joshua Phillips
Rohit Chopra
Rebecca Kelly Slaughter

In the Matter of
A & O ENTERPRISES INC, a corporation, d/b/a iV BARS INCORPORATED and iV BARS, and DOCKET NO. C-
AARON K. ROBERTS, a/k/a/ Aaron Keith, individually and as owner and operating manager of A & O ENTERPRISES INC.

COMPLAINT

The Federal Trade Commission, having reason to believe that A & O Enterprises Inc, a corporation, and Aaron K. Roberts, individually and as owner and operating manager of A & O Enterprises Inc. (collectively, “Respondents”), have violated provisions of the Federal Trade Commission Act, and it appearing to the Commission that this proceeding is in the public interest, alleges:

1. Respondent A & O Enterprises Inc (“iV Bars”), also doing business as iV Bars Incorporated and iV Bars, is a Wyoming corporation with its principal office or place of business at 4101 Centurion Way, Addison, Texas 75001.

2. Respondent Aaron K. Roberts, also known as Aaron Keith, is the owner and operating manager of iV Bars. Individually or in concert with others, he controlled or had the authority to control, or participated in the acts and practices of iV Bars, including the acts and practices alleged in this Complaint. His principal office or place of business is the same as that of iV Bars.

3. Respondents have advertised, offered for sale, sold, and administered at least 10 different intravenous cocktails (“iV Cocktails”) to consumers, including the Myers Cocktail and Immune Booster. Respondents’ iV Cocktails or “bags” contain mixtures of water, vitamins, minerals, and amino acids infused directly into the bloodstream through an intravenous drip, typically through a vein in the arm. These iV Cocktails cost $100.00 or more per session. Respondents refer to these treatments, among other things, as “Intravenous Micro-Nutrient
Therapy,” “Intravenous Vitamin Therapy,” “Hydration Therapy,” or simply “iV Therapy.” Respondents claimed that their iV Cocktails could be used to treat consumers suffering from serious diseases, including cancer, congestive heart failure, multiple sclerosis, diabetes, fibromyalgia, and neurodegenerative disorders. Respondents further claimed that their iV Cocktails produced fast, lasting results and, in many instances, were more effective and better tolerated than conventional medical therapies. Respondents also touted their iV Cocktails as hangover cures and a way to replenish fluids and essential vitamins and minerals. In addition, Respondents offered several intramuscular treatments that directly inject mixtures into human muscle. Respondents’ iV Cocktails and intramuscular treatments are “drugs,” within the meaning of Sections 12 and 15 of the Federal Trade Commission Act.

4. Respondents’ first and primary iV Bars location is housed in a NextGen Wellness Center, an upscale gym and clinic that independently offers chiropractic care, pain management therapy, physical therapy, medical massages, and counseling. New iV Bars customers create an online account and complete a short health assessment questionnaire when making their first appointment. Respondents have an arrangement with a doctor who does a quick, online review of all health assessment questionnaires that customers submit to iV Bars. Respondents pay the doctor a flat fee of $250 per month for this service. Shortly before the customer arrives, an iV Bars employee takes about five minutes to mix ingredients obtained from a local compounding pharmacy into the customer’s requested iV Cocktail. Once at iV Bars, the customer is asked to sign a release form that discloses risks and releases Respondents from liability. Thereafter an iV Bars nurse seats the customer in one of five oversized reclining chairs and administers the iV Cocktail to them over a 25-45 minute period. Respondents also maintain a “full service mobile vehicle” that allows them to “come right to your door to deliver the treatment of your needs.”

5. The acts or practices of Respondents alleged in this Complaint have been in or affecting commerce, as “commerce” is defined in Section 4 of the Federal Trade Commission Act.

**iV Bars Efficacy Claims**

6. Beginning at least as early as August 2015, Respondents have disseminated, or caused to be disseminated, advertisements for their iV Cocktails, including through company Facebook, Twitter, and Instagram accounts and company websites, including the ivbars.com website (imaged on January 27, 2017), attached as Exhibit A (“iV Bars Website” or “Website”). As described below, the iV Bars Website contained the following statements and depictions, among others:

A. On the top section of the Website homepage, Respondents prominently offered “MEDICAL iV TREATMENTS” for, among other things, “CANCER.” They also stated, “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 [it is] being relied upon by . . . patients suffering from a very serious illness. [It] 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”:  

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B. The middle section of the Website homepage titled “The Science Behind iV Bars” stated, “Vitamins, minerals and amino acids enter your bloodstream directly and immediately to help the body to begin healing itself” and claimed that iV Bars treatments were, “Developed by a team of leading medical doctors, naturopathic doctors, biochemists, nutritionists and exercise physiologists”:  

(Exhibit A-1)
C. The bottom section of the Website homepage titled “Our Success Stories” contained brief endorsements of iV Bars by two sports figures and an international model and a link titled “READ MORE STORIES”:

(Exhibit A-1)

Clicking the “READ MORE STORIES” link took consumers to pages titled “SUCCESS STORIES” that described “case studies about different disorders and the effects that iV therapy has had on these conditions”:

(Exhibit A-1)
These case study success stories included the following purported results:

**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 neurological function . . . . The patient received an intravenous infusion of glutathione. After the first infusion, he reported increased strength in his legs. His physical therapist and caretaker also reported noticing an improvement in his leg strength and ability to walk.

* * *

**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 was started on intravenous vitamin C and glutathione therapy. After the fourth treatment, the patient’s restless symptoms and joint pain was [sic] completely resolved . . . . Although the symptoms have returned, they were not of the same intensity.

* * *

More Success Stories
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 . . . . She was diagnosed by a rheumatologist as possibly having polymyalgia rheumatic, [or] fibromyalgia . . . . The patient was given [a Myers Cocktail]. 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. . . . 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.

Cardiovascular Disease
Case #5: A 79-year-old man was seen at home in end-stage heart failure, after having suffered four myocardial infarctions. . . . A peripheral angiogram revealed complete occlusion of both femoral-popliteal arteries, with no detectable blood flow to the distal extremities. . . . The cardiologist advised the patient that his heart would not last more than another month . . . . He was treated with weekly [intramuscular] injections . . . . After eight weeks, the IM injections were replaced by weekly IV injections [of Myers Cocktail]. . . . The patient lived for eight years and died at age 87 from multiple organ failure. Of the handful of other patients with angina or heart failure who received IV or IM injections . . . all showed significant improvement.

(Exhibit A-3 to 6)

D. The Website homepage also contained tabs across the top that linked to other pages within the Website, including a tab titled “MEDICAL.” On the Medical page, under the heading “Why Drip?,” Respondents proclaimed: “IV drips bypass the gut, delivering essential nutrients and fluids directly into the bloodstream . . . . This allows us to detoxify, nourish and rehydrate our cells from the inside out for dramatic, long-lasting and often instant results.” Under the Medical page subheadings “Benefits” and “Conditions,” Respondents listed numerous diseases and conditions, including “Cancer,” “Congestive heart failure,” “Diabetes,” “Fibromyalgia,” and “Neurodegenerative disorders,” and claimed that Respondents’ IV treatments produce “Fast, lasting results”: 
Why Drip?

The majority of us are in a constant state of toxicity, inflammation 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
- No preservatives or additives
- Safe for all ages
- Most take only 30-45 min
- Medically-supervised facility
- Allowed by all major athletic associations

**Conditions**

- Adrenal fatigue
- Anxiety
- Asthma
- Colds & flu
- Celiac disease
- Chronic fatigue syndrome
- Chronic pain
- Congestive heart failure
- Dehydration
- Depression & anxiety
- Diabetes
- Effects of Aging
- Infertility & pregnancy
- Fibromyalgia
- Gastrointestinal conditions
- General wellness
- 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

(Exhibit A-7)
E. The iV Bars Website homepage also contained a tab titled “MOBILE” that linked consumers to a page that described Respondents’ “full service mobile vehicle” and proclaimed: “We Are Mobile. We Come To You!” The Mobile page contained the same disease claims as the Medical page, listing among the conditions that can be treated “Cancer,” “Congestive heart failure,” “Diabetes,” “Fibromyalgia,” and “Neurodegenerative disorders.”

(Exhibit A-10)

F. The iV Bars Website homepage also contained a tab titled “SCIENCE” that linked consumers to multiple pages, the first of which was titled “THE SCIENCE BEHIND iV Bars.” It stated, “[F]ew people realize that when you swallow a vitamin pill or a multi-vitamin, the body’s natural absorption process can render up to 85% of that vitamin useless . . . . When you receive an “iV” the nutrients enter your bloodstream directly and immediately to help the body to begin healing itself”:

(Exhibit A-11)

G. The second page of the Science section began with the question, “ARE YOU GETTING THE NUTRIENTS YOU NEED?” and stated:

Overwhelming scientific evidence confirms that vitamin deficiencies are associated with disease processes and the overall condition of one’s health. Vitamin, mineral and antioxidant deficiencies has [sic] 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).

(Exhibit A-12)

**iV Bars Establishment Claims**

H. In addition to the “The Science Behind iV Bars” section of the iV Bars Website homepage (discussed in Part 5.B., above), the Website homepage contained a link titled “ABOUT iV BARS: THE COMPANY” that linked consumers to a page titled “THE COMPANY BEHIND THE BAG.” That page contained depictions of men and women dressed in white lab coats looking at test tubes and through microscopes. It declared, “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 . . . of iV Bars.” Thereafter, under the subtitle “iV Bars Research Labs,” Respondents claimed to have an “applied Biology and Chemistry Group” at a purported “iV Bars Labs” comprised of “experienced biologists, chemists, pharmacists, medical and naturopathic doctors and exercise physiologists” to, among other things, “test and approve inject-able formulations that are used in intravenous, subcutaneous and intramuscular administration”:

(Exhibit A-2)
I. The Website Science pages also included a group of pages that began with a depiction of a DNA double helix and the title “SCIENTIFIC EVIDENCE.” These pages then described the “FACTS” about the Myers Cocktail, including “published clinical research,” and claimed that the Myers Cocktail “has been found to be effective” against a variety of diseases and conditions, including “fibromyalgia” and “cardiovascular disease”:

(Exhibit A-14)

J. The Scientific Evidence pages continued claiming:

The author took over the care of [Dr.] Myers’ patients, using a modified version of his iv regimen . . . in order to approximate the doses reported to be safe and effective for the treatment of cardiovascular disease. . . . [T]he modified Myers’ cocktail . . . was helpful for a wide range of clinical conditions, often producing dramatic results. . . . Conditions that frequently responded included . . . fibromyalgia . . . A small number of patients with congestive heart failure [and] angina . . . were also treated with the Myers’ and most showed marked improvement. . . . This paper presents a rationale for the use of IV nutrient therapy, reviews the relevant published clinical research, describes personal clinical experiences
using the Myers’, and discusses potential side effects and precautions.

(Exhibit A-14)

K. The Scientific Evidence pages thereafter described purported clinical experiences of patients given a Myers Cocktail, including case studies of patients with Fibromyalgia and Cardiovascular Disease (that used the same text as contained in the “Success Stories” section of the Website discussed in Part 5.C., above). The Scientific Evidence pages “Conclusion” section stated, “The Myers’ has been found by the author and hundreds of other practitioners to be a safe and effective treatment for a wide range of clinical conditions. In many instances this treatment is more effective and better tolerated than conventional medical therapies.”

(Exhibit A-17)

### iV Bars Disclaimers

L. At the bottom of almost all of the iV Bars Website pages, Respondents included the following statement in grayed-out, difficult to read type, “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.”:

(See, e.g., Exhibit A-1)

M. A number of the iV Bars Website pages also contained the following statement:

**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. Statements made here have not been evaluated by FDA.

(Exhibit A-20 to 32)
iV Bars Safety Claims

N. The iV Bars homepage stated, “Intravenous Vitamin Therapy [can be used] to both prevent and help treat a wide variety of conditions safely and effectively.” The Website homepage did not contain a disclaimer or disclosure related to this unqualified safety claim.

(Exhibit A-1)

O. The Website’s Medical page and its Mobile page prominently claimed that Respondents’ iV treatments are “Safe for all ages” and that they cause “No side effects or down time.” The website’s Medical page and its Mobile page did not contain disclaimers or disclosures related to these unqualified safety claims.

(Exhibit A-7 & 10)

P. Buried in the Website’s multiple Science pages was a disclosure that:

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 “infiltration”, in which the walls of the vein rupture and the iV fluid leaks into the surrounding tissue causing local burning.

(Exhibit A-11)

Q. The Science pages also contained a lengthy discussion of “Side Effects and Precautions” for the Myers Cocktail that revealed a number of safety concerns, including the following statements:

Too rapid administration of magnesium can cause hypo-tension, which can lead to light-headedness or even syncope [temporary loss of consciousness].

* * *

The shift of potassium from the serum to the intracellular space can trigger hypokalemia [low level of potassium in the blood serum]. The author has seen two patients develop severe muscle cramps several hours after receiving a Myers’; both patients had been taking medications known to deplete potassium. Hypokalemia also increases the risk of digoxin-induced cardiac arrhythmias. [One
patient] developed an arrhythmia, which required short-term
treatment in the intensive care unit.

* * *

For elderly or frail individuals, it may be advisable to start with
lower doses[.]

* * *

Hypercalcemia can cause cardiac arrhythmias. For that reason, the
author has tended to leave calcium out of the Myers’ when treating
patients with cardiac disease . . . . Anaphylactic reactions to IV
thiamine have been reported on rare occasions. Only three such
reactions have been identified in the U.S. literature since 1946.
However, in the world literature, a total of nine deaths attributed to
thiamine administration were reported between 1965 and 1985.

(Exhibit A-16 & 17)

R. The Science pages’ ultimate “Conclusion” stated, “The Myers’ has been found by the
author and hundreds of other practitioners to be a safe and effective treatment for a
wide range of clinical conditions.”

(Exhibit A-17)

7. After arriving at iV Bars, but before being given an iV treatment, consumers are required to
sign a two-page “Consent and Authorization for Intravenous Therapy Procedures” form
releasing Respondents from liability (“Release Form”). An example of the Release Form is
attached as Exhibit B. This Release Form disclosed that there are “risks” and “potentially
dangerous side effects” involved with Respondents’ iV treatments and contained the
following statements, among others:

Risks: I understand there is risk of mild diarrhea, upset stomach,
nausea, a feeling of pain and a warm sensation at the site of the
injection, a feeling, or a sense, of being swollen over the entire
body, headache and joint pain.

* * *

Uncommon side effects are much more serious than the common
side effects of Vitamin injections, and such side effects should be
reported to a physician to be evaluated for seriousness. Uncommon
and dangerous side effects include:
• Headache • Nausea • Diarrhea • Bloating • Constipation •
Indigestion or heartburn • Abnormal bleeding • Gastrointestinal
hyperactivity • Chest pain • Flushed face • Chills • Fever • upset
stomach • Kidney stones • Fingernail weakening • Hair loss • Rapid
heartbeat heart palpitations • Restlessness • Muscle cramps and
weakness • Dizziness

* * *

I understand the possibility of having an allergic reaction to any of
the ingredients found within the Vitamin injection is quite plausible
. . . . If I experience any of these following signs of allergic
reactions I should immediately consult my primary health care
Physician and discontinue further use of the product. Signs of
allergic reactions include, but [sic] not limited to:

• Itching of skin • Hives • Rashes • Wheezing • Difficulty breathing
• Swelling of mouth or throat

* * *

When medications are taken in conjunction with the Vitamin
Injection, drug interactions could occur. These interactions can
either increase your risk of bleeding or block the absorption of the
Vitamins into the body.

(Exhibit B-1 & 2)

Falsity and Lack of Substantiation

8. Although Respondents’ Website was replete with depictions of men and women dressed in
white lab coats looking through microscopes and Respondents claimed to operate an “iV
Bars Research Lab” with experienced biologists, chemists, pharmacists, medical doctors,
naturopathic doctors and exercise physiologists, no such iV Bars Research Lab exists. In
addition, neither Respondents, nor any third party commissioned by Respondents, conducted
clinical research, tests, or studies of the safety or efficacy of Respondents’ iV Cocktails.

9. There has been only one randomized and controlled human clinical trial of an iV Cocktail
advertised by Respondents. That pilot study was of the Myers Cocktail given to patients with
fibromyalgia. Although the study found a strong placebo effect, it found no statistically
significant differences between subjects given the Myers Cocktail and those given a placebo,
in any outcome measure, at 8 and 16 weeks. (See Intravenous Micronutrient Therapy (Myers’
Cocktail) for Fibromyalgia: A Placebo-Controlled Pilot Study. Journal of Alternative and
Complementary Medicine (March 2009)).
10. The purported substantiation relied on by Respondents for their disease treatment claims consists of anecdotal stories of iV therapy patients and studies and articles regarding individual active ingredients given to animals or humans in significantly different doses, formulations, routes of administration, or regimens than those advertised by Respondents.

11. The safety risks and potential complications from Respondents’ iV treatments include infection, hypersensitivity and other allergic reactions, drug interactions, infiltration of iV fluid into the soft tissue outside the vein, hematoma, air embolism causing air to enter the vein, blood clots, phlebitis, and cellulitis. Potential side effects include diarrhea, upset stomach, nausea, bloating, constipation, headache, and joint pain. In addition, elderly consumers may be more susceptible to some of these risks and side effects. Respondents’ own Website and Release Forms acknowledge many of these risks and side effects.

**Count I**

**False or Unsubstantiated Safety and Efficacy Claims**

12. In connection with the advertising, promotion, offering for sale, or sale of iV Cocktails, Respondents have represented, directly or indirectly, expressly or by implication, that their iV Cocktails:

   A. are an effective treatment for cancer;

   B. are an effective treatment for angina, cardiovascular disease, congestive heart failure, and myocardial infarction;

   C. are an effective treatment for multiple sclerosis;

   D. are an effective treatment for diabetes;

   E. are an effective treatment for fibromyalgia;

   F. are an effective treatment for neurodegenerative disorders;

   G. produce fast, lasting results;

   H. are safe for all ages; and

   I. cause no side effects.

13. The representations set forth in Paragraph 12 are false or misleading, or were not substantiated at the time the representations were made.
Count II
False Establishment Claims

14. In connection with the advertising, promotion, offering for sale, or sale of iV Cocktails, Respondents have represented, directly or indirectly, expressly or by implication, that Respondents’ iV Cocktails are clinically or scientifically proven to:

A. treat cancer;
B. treat angina, cardiovascular disease, congestive heart failure, and myocardial infarction;
C. treat multiple sclerosis;
D. treat diabetes;
E. treat fibromyalgia;
F. treat neurodegenerative disorders; and
G. produce fast, lasting results.

15. In fact Respondents’ iV Cocktails are not clinically or scientifically proven to:

A. treat cancer;
B. treat angina, cardiovascular disease, congestive heart failure, and myocardial infarction;
C. treat multiple sclerosis;
D. treat diabetes;
E. treat fibromyalgia;
F. treat neurodegenerative disorders; and
G. produce fast, lasting results.

16. Therefore, the representations set forth in Paragraph 14 are false or misleading.
Violations of Sections 5 and 12

17. The acts and practices of Respondents as alleged in this complaint constitute unfair or deceptive acts or practices, and the making of false advertisements, in or affecting commerce in violation of Sections 5(a) and 12 of the Federal Trade Commission Act.

THEREFORE, the Federal Trade Commission this ______ day of _______, 2018, has issued this Complaint against Respondents.

By the Commission.

Donald S. Clark
Secretary

SEAL:
MEDICAL IV TREATMENTS
SPORTS RECOVERY
ANXIETY ATTACKS
NEUROPATHY HYDRATION
WEDDING DISASTERS
FLU / COLD RECOVERY
CANCER
MIGRAINES
BELL'S PALSY
HANGOVERS
AND MORE

TAKING VITAMINS ORALLY?
IT SIMPLY DOES NOT WORK!
BE EFFECTIVE.
ONLY 15% OF THE ACTIVE NUTRIENTS
CONSUMED ORALLY FIND THEIR WAY INTO
YOUR BLOODSTREAM.

Our IV Therapy delivers replenishing fluids, vitamins, minerals, and amino acids directly 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

The Science Behind IV Bars

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 identify a person's specific nutrient requirements.

Our Success Stories

"Since using IV Bars, I don't get down and out with 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."
Komita Dreitl, International Model

"Since starting IV Bars, my migraines and pains have gone down dramatically."
Zenon Konopka, NHL Player

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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 develop 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 inject-able formulations that are used in intravenous, subcutaneous and intramuscular administration.

FSA 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.
A majority of II 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 electrolyte therapy replacement provided little 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 65 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 were now occurring once every two weeks compared to once or twice every week and we expect her headache 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. In 21 of these 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 wheelchair 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 neurological 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 caretaker 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 liperoxidative 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**
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 pantothenic 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 containing 6 ml vitamin C, 1.4 ml magnesium, and 0.5 ml each of calcium, B12, B6, B5, and B complex.

The symptoms resolved within two minutes and did not recur. Over the ensuing eight years and three months, he received a total of 63 IV treatments for acute exacerbations of asthma. In most instances, a single injection resulted in marked improvement or complete relief within two minutes, and the acute symptoms did not recur. Occasionally, 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 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 usually severe asthma, after the inadvertent injection 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, produced a 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).10 Peak expiratory flow rate improved to a significantly greater extent in the magnesium group (225 to 287 L/min) than the placebo group (208 to 216 L/min). In addition, the hospitalization rate was significantly lower in the magnesium group than in the placebo group (37% vs. 79%; p = 0.001). No patient had a significant drop in blood pressure or change in heart rate after receiving magnesium.

In a second double-blind study, 169 patients with acute asthma who were being treated with inhalant 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.12 Among patients with severe asthma (defined as forced expiratory volume in 1 second [FEV1] less than 25 percent of predicted value) compared to placebo, magnesium significantly reduced the hospitalization rate (33.3% vs. 76.6%; p = 0.001) and significantly improved FEV1 (between 25 and 75 percent 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 In a 15 to 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 exacerbation 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. Two 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 E26, 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 Calcium appears to have an anti-allergic 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 10-15 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 10-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 her most effective regimen was 16 ml vitamin C, 6 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, 35 patients (87.5%) reported at least a 50 percent reduction of pain, and nine patients (22.5%) experienced complete relief. 29 In one half of patients who benefited, the improvement persisted for 24 hours or more. Patients with an initially low serum ionized magnesium concentration (less than 0.54 mM/mL) 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 (86.6%), whereas no patients in the placebo group became pain free (p = 0.01 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 headaches 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 benefited often returned at their own discretion for another treatment when the
was taking a magnesium-depleting thiazide diuretic for hypertension. He was initially given 1 ml each of vitamins, and vitamin C. Improvement occurred in 74 percent of the patients; of those, 64 percent required four or more injections, experienced significant improvement, in a few cases after the first injection, but more often after three or four injections. A few patients also noted an antidepressant effect. One patient with fatigue associated with chronic hepatitis B experienced marked and progressive improvement in energy levels with weekly or twice-monthly injections. Approximately 10 percent of patients with chronic fatigue syndrome (CFS) received a minimum of four treatments (usually once or twice weekly), with more than half showing clear improvement. One patient experienced dramatic benefit after the first injection, whereas in other cases three to four injections were given before improvement was evident. A few patients became progressively healthier with continued injections and were eventually able to stop treatment. Several others did not overcome their illness, but periodic injections helped them function better. There is some research support for the use of parenteral magnesium in patients with fatigue. One study found magnesium deficiency, demonstrated by an IV magnesium-load test, in 47 percent of 93 patients with unexplained chronic fatigue, including 50 with CFS. In a second study, the mean erythrocyte magnesium concentration was 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 15 patients given magnesium reported improvement (e.g., more energy, a better emotional state, and less pain) and fatigue was eliminated completely in 70% of patients. 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 (6 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 5 ml magnesium, 2 ml calcium, 4 ml vitamin C, 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 50 mg per day). She learned that eating refined sugar caused myalgias and arthralgias, and that thyroid hormone improved her energy level, mood, and overall well being. During the three months 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 Meyers' 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 nutrient therapy has been confirmed by a study published only as an abstract. Eighty-six patients with chronic muscular complaints, including myofascial pain, relapsing soft tissue injuries, and fibromyalgia, received IM or IV injections of magnesium, either alone or in combination with calcium, B vitamins, and vitamin C. 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.

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. Weakly 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 slow 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 for approximately two weeks. 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 Meyers'. 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, including 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.

Cardiovascular Disease

Case #5: A 78-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 10 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 and mesenteric arterial disease, which had resulted in the development of 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 a few 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 30 percent and he no longer required supplementation. 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,
was repeated the next day. At the time these injections were given she had been experiencing persistent sinusitis. 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 IV infusions of magnesium for an 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 sinusitis 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 male addicted to morphine came to the office in the early stages of withdrawal, with diaphoresis and extreme agitation. He was given an IV infusion of 16 ml vitamin C, 5 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. This 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, 5 ml magnesium, 2.5 ml calcium, 2.5 ml sodium bicarbonate, 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 author’s 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 3-7 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-poor 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
- No preservatives or additives
- Safe for all ages
- Most take only 30-45 min
- Medical supervision not necessary
- Allowed by all major athletic associations

Conditions

- Adrenal fatigue
- Cancer
- Asthma
- Crohn’s & IBD
- Collagen disease
- Gluten sensitivity
- Chronic fatigue syndrome
- Chronic pain
- Congenital heart failure
- Dehydration
- Depression & anxiety
- Diabetes
- Effects of Aging
- Infertility & pregnancy
- Hepatitis C
- Gastrointestinal conditions
- General weakness
- Fibromyalgia
- Heavy metal toxicity
- High blood pressure
- Immune health
- AIDS in Weight Loss
- Inflammation
- Low energy
- Poor memory
- Migraine & tension headaches
- Neurodegenerative disorders
- Nutrient deficiencies
- Post surgical healing
- Preventative care
- Skin conditions
- Stress
- Revitalize hair & nails

RECHARGE. REPAIR.
Hangovers are caused by 4 different issues:

- Inflammation from Acetaldehyde
- Dehydration
- Glutamine Rebound
- Acute Alcohol Withdrawal

Hangover Symptoms:

Hangover symptoms are well known and include headache, weakness, and general discomfort that can occur from excessive alcohol intake and dehydration.

At IVBars, we can provide you with IV hydration which can include fluids and vitamin which may help in your hangover recovery.

Hangover Prevention:

Alcohol causes dehydration because it inhibits a hormone called anti-diuretic hormone (ADH). This hormone has a constant level in the body and keeps you from urinating out all of the water in your body. When you drink alcohol, the level of this hormone becomes low and you urinate more. When this happens, you are also losing salt.

Hangover Prevention:

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.
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.

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 serotonin levels and help promote fetal calmness. Ideal for when your feeling under stress, anxious or overwhelmed, reduce muscle tension, calm nerves, improve mood and much more.

Aches and Pains provides replenishing fluids, vitamins, minerals and amino acids to boost the body’s natural serotonin levels and help promote fetal calmness. Effective in relieving aches & pains associated with back & muscles, headaches, tooth, menstrual cramps, rheumatic & much more.

Diet and Detox provides replenishing fluids, vitamins, minerals & amino acids to burn stubborn 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, & 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 & flu symptoms, seasonal allergies, reduce stress and stress, protect against free radicals, boost immune system & much more.

RECHARGE. REPAIR.

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.
We Are Mobile. We Come To You!

I-v BarS has a full service mobile vehicle that allows us to deliver our RNs or EMTs to you, whether for personal needs, a special right 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 sister site www.Warticket.ca prior to your special event, event or personal occasion. All cocktails are available for our mobile service with an additional $150 travel fee. Travel fee may be waived if 3 or more cocktails are purchased for the event.

Benefits

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

- Adrenal fatigue
- Cancer
- Asthma
- Cancer & Raynaud’s
- Chronic fatigue syndrome
- Chronic pain
- Congestive heart failure
- Dehydration
- Depression & anxiety

Conditions

- Diabetes
- Effects of Aging
- Infertility & pregnancy
- Fibromyalgia
- Gastrointestinal conditions
- General wellness
- Hangovers
- High blood pressure
- Immune health
- AIDS in weight loss

Injuries

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

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THE SCIENCE BEHIND IV Bars

KNOWLEDGE

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

Taking vitamin supplements is certainly 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 80% of that vitamin useless. In other words, when you ingest a vitamin by mouth, only 20% 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, thereby bypassing the liver and helping the body to begin healing immediately. 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 hyper-nutrient Therapy (IVMT) is a treatment method which uses nutrients such as vitamins or minerals and administers these directly into the bloodstream 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 alterations in the nutrients which may occur from the actions of digestive enzymes. Secondly, the amount of nutrients in the blood can reach much higher, more therapeutic levels faster than is possible by ingesting nutrients through the gastrointestinal system. This may be particularly important if a patient is suffering from a GI disorder where absorption of nutrients is impaired. In some cases the IV route of administration 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 in biochemical reactions in every cell in 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, Allergies, Depression, Hormone Balance, Magnesium, Fibromyalgia, Inflammatory GI conditions, Tendonitis, and many others all respond very well to treatment with IVMT.

IS IT SAFE?

The substances used in IVMT are vitamins and minerals which are categorized as "Essential Nutrients" - 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 diseases. Providing the body with Essential Nutrients by directly needing in 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 drawing your blood for lab tests. Side Effects of treatment can include bruising around the site of the needle stick. Some patients may have a tendency to develop ulcers or other serious conditions, such as "infiltration", in which the walls of the vein rupture and the fluid leaks into the surrounding tissue causing local burning. This will disappear within a short period of time, but the IV site will need to be moved to another vein. Some patients may have minor or hard-to-find veins. In rare instances, IVs have small veins or are especially prone to vein damage. You may need to be a candidate for IVMT. In some instances, a period of high-dose nutrients can help bring your nutrient state back to normal level. Once you have a good nutrient state and help strengthen your veins to the point you can use the IVMT therapy.

IV Bars PROFILING PROCESS

Although 80% 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 thick, some people are very 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, nutritionists, biochemists, exercise physiologists, IV Bars profiling is a technique employed by our medical practitioners to assess and identifying a person's specific nutrient requirements. IV bars profiles are created using sets of numbers that reflect a persons current state of health, which are used as the basis for the nutrient profile. The process begins with the collection of a therapy, followed by a series of diagnostic questions. The data from these questions will automatically be run through the IVBarsproprietary 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 processes and the overall condition of one’s health. Vitamin, mineral 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).

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 property, 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 D, are 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 from 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 autoimmune, cardio-vascular 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 feeling they 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**
- Aspartame, Glutamine, Serine

**FATTY ACIDS**
- Oleic Acid

**METABOLITES**
- Choline, Inositol, Carnitine

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

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

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

**BOOK APPOINTMENT NOW**

*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.*
The modified Myers Cocktail

See Table 1 for the nutrients that make up the modified Myers cocktail. Dispersed in the commercially available injectable form of panthenic acid (vitamin B5), one milliliter of B complex 100 contains 100 mg each of thiamine and niacinamide, and 2 mg each of folic acid, menadione, and pyridoxine.

Nutrients in the Myers Cocktail

Uracil/ribo inosine 25 mg (magnesium)
Calcium gluconate 10% (calcium)
Hydrocortisone 1,000 mg/ml (C)
Hydrocortisone sodium phosphate 50 mg/ml (C)
Dispersed in 250 mg/ml (B complex 100)
Vitamin C 225 mg/ml (C)

All ingredients are drawn into a syringe, and 0.25 ml of sterile water (non-annexed) is added to reduce the hypertonicity of the solution. After gently mixing by forcing the syringe in a circular motion, the solution is administered slowly, usually over a period of 5-15 minutes (depending on the dose of nutrients used and on individual tolerance), through a 25G butterfly needle. Occasionally, smaller or larger doses than those listed in Table 1 have been used. Low doses are often given to elderly or frail patients, and to those with hyperactivity. Dosages for children are fewer than those listed, and are reduced roughly proportionally to body weight. The most commonly used regimen has been 4-14 ml of magnesium, 2 ml calcium, 1 ml each of B12, B6, and B15 complex, 0.5 ml vitamin C, and 0.5 ml sterile water. The following is a review of conditions successfully treated with the Myers. The numbers of patients treated and proportion that responded are, for the most part, estimates.
Asthma

Case #1: A 75-year-old man presented with a history of depression and anxiety since childhood. He had been treated for depression for many years, but had not taken medicine for several months. He was referred to a sleep center for evaluation of insomia and was diagnosed with obstructive sleep apnea. The patient was prescribed a sleep aid, but he continued to have episodes of snoring and apnea. He was referred to a pulmonologist for evaluation of his sleep-related breathing disorder. The pulmonologist performed a polysomnogram, which confirmed the diagnosis of obstructive sleep apnea. The patient was prescribed a continuous positive airway pressure (CPAP) machine, which improved his sleep and reduced his symptoms of depression and anxiety.

Case #2: A 46-year-old man presented with a history of chronic laryngitis and hoarseness. He had been treated with various medications for his symptoms, but they did not provide relief. He was referred to a voice specialist for evaluation of his voice disorder. The voice specialist performed a laryngoscopy, which revealed a vocal nodules and a vocal cord polyp. The patient was prescribed vocal rest and a course of corticosteroids, which improved his voice and reduced his symptoms of dysphonia.

Cardiovascular Disease

Case #3: A 54-year-old woman presented with a history of hypertension and type 2 diabetes. She had been treated with medication for her blood pressure and blood sugar levels, but her symptoms persisted. She was referred to a cardiologist for evaluation of her cardiovascular disease. The cardiologist performed a stress test, which revealed ischemia in multiple coronary arteries. The patient was prescribed a combination of medications, including a statin, a beta-blocker, and an ACE inhibitor, which improved her symptoms and reduced her risk of cardiovascular events.

Case #4: A 62-year-old man presented with a history of angina pectoris and a family history of coronary artery disease. He had been treated with medication for his symptoms, but his angina persisted. He was referred to a cardiac surgeon for evaluation of his coronary artery disease. The surgeon performed a coronary artery bypass grafting, which improved his symptoms and reduced his risk of myocardial infarction.

Cardiovascular Disease

Case #5: A 74-year-old man presented with a history of congestive heart failure. He had been treated with diuretics and angiotensin-converting enzyme (ACE) inhibitors for his symptoms, but his heart failure progressed. He was referred to a heart failure specialist for evaluation of his condition. The specialist performed a cardiac catheterization, which revealed critical stenosis in multiple coronary arteries. The patient was prescribed a combination of medications, including a statin, a beta-blocker, an ACE inhibitor, and a mineralocorticoid receptor antagonist, which improved his symptoms and reduced his risk of hospitalization for heart failure.

Asthma

Case #1: A 54-year-old woman presented with a history of chronic rhinitis and sinusitis. She had been treated with antibiotics and decongestants for her symptoms, but they did not provide relief. She was referred to an allergist for evaluation of her rhinitis. The allergist performed a skin prick test, which revealed a positive reaction to multiple allergens. The patient was prescribed an antihistamine, a nasal corticosteroid, and a course of oral antibiotics, which improved her symptoms and reduced her risk of allergic rhinitis.

Case #2: A 42-year-old woman presented with a history of exercise-induced bronchospasm. She had been treated with medication for her symptoms, but her condition persisted. She was referred to a pulmonary specialist for evaluation of her exercise-induced bronchospasm. The specialist performed a pulmonary function test, which confirmed the diagnosis of exercise-induced bronchospasm. The patient was prescribed a long-acting beta-agonist and a corticosteroid, which improved her symptoms and reduced her risk of exercise-induced bronchospasm.

Fatigue

Case #1: A 54-year-old woman presented with a history of chronic fatigue and muscle weakness. She had been treated with medication for her symptoms, but they did not provide relief. She was referred to an endocrinologist for evaluation of her fatigue. The endocrinologist performed a complete blood count and a thyroid function test, which revealed a low red blood cell count and a low thyroid-stimulating hormone (TSH) level. The patient was prescribed thyroid hormone replacement therapy, which improved her symptoms and reduced her risk of fatigue.

Case #2: A 40-year-old man presented with a history of chronic fatigue and migraines. He had been treated with medication for his migraines, but they continued to occur. He was referred to a headache specialist for evaluation of his migraines. The specialist performed a magnetic resonance imaging (MRI) scan of the brain, which revealed no structural abnormalities. The patient was prescribed a preventive medication, which improved his symptoms and reduced his risk of migraines.

Fibromyalgia

Case #1: A 52-year-old woman presented with a history of chronic low-back pain and fatigue. She had been treated with medication for her symptoms, but they did not provide relief. She was referred to a rheumatologist for evaluation of her low-back pain and fatigue. The rheumatologist performed a complete blood count and a platelet count, which revealed a low red blood cell count and a low platelet count. The patient was prescribed a corticosteroid, which improved her symptoms and reduced her risk of low-back pain and fatigue.

Case #2: A 45-year-old man presented with a history of chronic low-back pain and fatigue. He had been treated with medication for his symptoms, but they continued to occur. He was referred to a rheumatologist for evaluation of his low-back pain and fatigue. The rheumatologist performed a magnetic resonance imaging (MRI) scan of the spine, which revealed no structural abnormalities. The patient was prescribed a preventive medication, which improved his symptoms and reduced his risk of low-back pain and fatigue.

Depression

Case #1: A 28-year-old man presented with a history of depression and anxiety. He had been treated with medication for his symptoms, but they did not provide relief. He was referred to a psychiatrist for evaluation of his depression and anxiety. The psychiatrist performed a comprehensive evaluation, which revealed a depressive disorder. The patient was prescribed a selective serotonin reuptake inhibitor, which improved his symptoms and reduced his risk of depression and anxiety.

Case #2: A 45-year-old woman presented with a history of depression and anxiety since childhood. She had been treated with medication for her symptoms, but they continued to occur. She was referred to a psychiatrist for evaluation of her depression and anxiety. The psychiatrist performed a comprehensive evaluation, which revealed a depressive disorder. The patient was prescribed a combination of medication, including a mood stabilizer and an antidepressant, which improved her symptoms and reduced her risk of depression and anxiety. 
At the time of this pronouncement benefits were expected to result from weekly IV injections of magnesium sulfate. It was expected that with weekly IV injections of magnesium sulfate the patient’s blood pressure would normalize and further medication would be needed. The patient was advised to report the onset of excessive heat (which can be a harbinger of hypotension) or light-headedness if athletes seek alternative to normal blood pressure or hypertension. In a small proportion of patients, even a low-dose regimen given very slowly causes persistent hypotension; in those cases, no treatment was not as pronounced as the first time. One patient with chronic sinusitis had a similar response to back-to-back injections, while a few others showed improvement.

Seasonal Allergic Rhinitis

Case A: A 35-year-old male with a history of seasonal allergic rhinitis, occurring each spring and fall, was treated with intranasal steroids and a nasal spray. His symptoms were exacerbated by exposure to certain types of pollen. He was given an IV injection of 10 ml of magnesium, 1 mg, 1 ml of each of B12, B6, and B complex. The injection was repeated as needed during the hay fever season (once weekly or less) and successfully controlled his symptoms. In subsequent years he began to receive IV magnesium at the same time as his hay fever season, and his symptoms were controlled.

Narcotic Withdrawal

Case A: A 35-year-old addicted to morphine came to the office in the early stages of withdrawal, with dilated pupils and external agitation. He was given an IV injection of 10 ml of magnesium, 1 mg, 1 ml of each of B12, B6, and B complex. In his initial visits he was able to小吃 only 1 or 2 mg of B6, and in 6 days he walked up to 8 mg. He was also given a daily dose of vitamin C (which can be a harbinger of hypotension) or light-headedness if athletes seek alternative to normal blood pressure or hypertension. In a small proportion of patients, even a low-dose regimen given very slowly causes persistent hypotension; in those cases, no treatment was not as pronounced as the first time. One patient with chronic sinusitis had a similar response to back-to-back injections, while a few others showed improvement.

Athletic Performance

Case A: An 18-year-old, 205-pound high school wrestler developed a flu-like illness four days before a major tournament. Two days before the three-day tournament, when he appeared bright but still weak and lethargic, he was given an IV injection of 10 ml of magnesium, 1 mg, 1 ml of each of B12, B6, and B complex. The injection was repeated as needed during the hay fever season (once weekly or less) and successfully controlled his symptoms. In subsequent years he began to receive IV magnesium at the same time as his hay fever season, and his symptoms were controlled.

Hypermagnesemia

Two patients with hypermagnesemia were treated with the Myers’ once or twice weekly for several weeks. In one case, the treatment controlled the symptoms of hypermagnesemia, although there was no reduction in the serum magnesium levels. The injections were discontinued after medical therapy had returned the serum levels to normal. In the other case, symptoms improved without evident serum magnesium levels. The patient was advised to discontinue the injections and the symptoms resolved. The potential value of IV therapy for patients with hypermagnesemia is supported by several studies. Serum and urine magnesium levels have been found to be low in patients with Graves’ disease. In addition, daily IM injections of magnesium chloride (20 ml of a 20 percent solution) for 3-7 weeks reduced the size of the thyroid gland and improved the clinical condition of three patients with hypermagnesemia. Intravenous magnesium sulfate (10 mg per day) given in a sterile solution in patients with hypermagnesemia and renal studies indicate that magnesium chloride can cause some of the adverse effects of excessively induced hypermagnesemia.

Other Conditions

The modified Myers’ cocktail seems to provide rapid relief for patients with acute muscle cramps resulting from sleeping in the wrong position or excessive use. It has been observed to relieve tension headaches in many cases. One patient with a history of frequent headaches with traveling was given an IV injection of 10 ml of magnesium, 1 mg, 1 ml of each of B12, B6, and B complex. The next morning he was able to sleep still, and the next day the headache was resolved. The injections were repeated as needed during the hay fever season (once weekly or less) and successfully controlled his symptoms. In subsequent years he began to receive IV magnesium at the same time as his hay fever season, and his symptoms were controlled.

Choice of Ingredients and Administration

At the time of this writing, the author is a student in a physiology laboratory and has no prior experience with intravenous medications. While both forms of the vitamin are effective, hydrocyanic acid is preferred because it produces more prolonged increases in serum vitamin B12 levels. Thus, the author’s impression (and that of other clinicians) is that patients who receive IV B12 injections do not experience the same benefit when vitamin B12 is given as part of the Myers’ cocktail. It is possible that vitamin B12 is too heavy a component of the Myers’ cocktail to be used with vitamin B12 alone. Therefore, for patients receiving IV nutrient therapy, the vitamin B12 is given in 8 ml of a 10 percent solution of vitamin B12, which contains 4 mg of vitamin B12. This is the recommended dosage for intravenous administration of vitamin B12, as it is the maximum recommended dosage for intravenous administration.

Side Effects and Precautions

The Myers’ cocktail often produces a sensation of heat, particularly with large doses or rapid administration. This effect appears to be due primarily to magnesium, although rapid injection into the bloodstream appears to produce a similar effect. The sensation is often accompanied by a feeling of fatigue. For most patients, the heat does not cause excessive discomfort; instead, patients continue to use the injections. However, if injection is given too rapidly, the heat can be overwhelming. Some patients experience a sensation of visual effects, particularly with large doses. In some cases, patients have reported a sensation of hearing loss. However, these sensations are generally temporary and resolve after the injection is completed. In addition, some patients have reported a sensation of warmth or heat that lasts longer than 10-30 seconds. Patients with low blood pressure tend to tolerate magnesium less than patients with normal blood pressure or hypotension. In a small proportion of patients, even a low-dose regimen given very slowly causes persistent hypotension; in those cases, the treatment is usually discontinued and may be repeated at a later date. Although magnesium may cause hypotension and resultant symptoms, it is important to note that magnesium has not been shown to cause hypotension or severe symptoms in patients with hypotension. Magnesium chloride (10 mg per day) given in a sterile solution in patients with hypotension and renal studies indicate that magnesium chloride can cause some of the adverse effects of excessively induced hypermagnesemia.

EXHIBIT A - 16
system intravenous calcium is contraindicated and in patients taking digoxin. In addition, hypercalcemia can cause cardiac arrhythmias. For that reason, the author has tended to leave calcium out of the Myers when treating patients with cardiac disease. At least in my hands there is no strong evidence that it is dangerous for such patients. Anaphylactic reactions to IV thiamine have been reported on rare occasions. Only three such reactions have been identified in the U.S. Between 1945 and 1995, however, in the literature on the treatment of blood loss associated with thiamine administration were reported between 1986 and 1995.52 These reactions have not occurred after oral, IV, or subcutaneous administration, and are believed to be due in part to a nonspecific release of histamine. Anaphylactic reactions have been seen most often after multiple administrations of thiamine. In the United Kingdom, between 1959 and 1988, there were 50 reported cases of anaphylactic reactions for every million ampoules of IV thiamine sold.52,53 It is possible the risk of anaphylaxis from the Myers is even lower than the low risk associated with the use of IV thiamine. Many patients who receive parenteral thiamine are alcoholic, and alcohol ingestion causes magnesium deficiency. Anethol should reverse magnesium supplementation in the presence of magnesium deficiency because of the severity of the magnesium deficiency. A deficiency of magnesium can lead to spontaneous release of histamine.54 It has been reported to reverse the incidence of experimentally induced anaphylastics in animals.55 The presence of magnesium in the Myers might, therefore, reduce the risk of anaphylactic reactions to thiamine. Moreover, as the Myers has been used successfully to treat alcoholics and alcoholism, it is likely the formula would provide prophylaxis against anaphylaxis. Nevertheless, practitioners who administer IV thiamine should be prepared to deal with the rare anaphylactic reaction. A small number of patients (approximately one percent) felt "out of sorts" for up to a day after receiving an injection and, in two cases, this reaction lasted one and two weeks, respectively. It is not clear whether these reactions were due to the preservatives in some of the injectable preparations (e.g., benzyl alcohol, methy1paraben, or ethanol) or to the nutrients themselves. In most cases (including a few patients with allergic preservatives containing products were used for the first time) the reactions were reduced or abolished by an anaphylactic test and anaphylaxis is not generally pay for this treatment. However, in a few instances, stopping the Myers had greatly reduced the overall cost of the patients health care presumed to be causing the reactions. Practitioners using the Myers are encouraged to report their findings.

Conclusion

The Myers has been branching the author and hundreds of other practitioners to be a valuable and effective treatment for a wide range of clinical conditions. In many instances this treatment is more effective and better tolerated than conventional medical therapies. Although most of the evidence is anecdotal, some published research has demonstrated the efficacy of the Myers in some of its components. Widely appropriate use of this treatment would likely reduce the overall cost of health care and greatly improve the health of many individuals. Additional research is urgently needed to confirm the effectiveness of this treatment and to determine optimal dosages of the various nutrients. Although double-blind trials would be difficult to perform because of the obvious similarities induced by IV thiamine injections, studies comparing the Myers with established therapies would be informative. Practitioners using the Myers are encouraged to report their findings.

References

4. Cohen L, Kitzes M, Myers. or some of its components. Widespread appropriate use of this treatment would likely reduce the overall cost of healthcare, while greatly improving the health of many individuals. Additional research is urgently needed to confirm the effectiveness of this treatment and to determine optimal dosages of the various nutrients. Although double-blind trials would be difficult to perform because of the obvious similarities induced by IV thiamine injections, studies comparing the Myers with established therapies would be informative. Practitioners using the Myers are encouraged to report their findings.

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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.

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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.

Or
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:
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

Hecht 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. Statements made here have not been evaluated by FDA.
**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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RE-JUVENATE

HOW IT WORKS

iV Bars Rejuvenate is a functional IV 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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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 to rid 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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HOW IT WORKS

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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HOW IT WORKS

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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Bars Pain Blaster is a functional IV 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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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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CJ Nirvana - NBar

HOW IT WORKS

CJ 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, recover, improve mood and much more.

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HOW IT WORKS

iV Bars Pure Energy is a functional IV 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 need to regulate sleep, mood, appetite and much more.

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HOW IT WORKS

Bars Anti-Oxidize is a functional IV 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.

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. Statements made here have not been evaluated by FDA.
Bar's "Myers' Cocktail" is an intravenous Vitamin Infusion which will enhance your Immune System, Release 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 some of those hangover cases.

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.

Statements made here have not been evaluated by the FDA.
PRIVACY POLICY
The Effective Date of this Privacy Policy is June 1, 2015.

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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 non-personal information, 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 use, 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 personally 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 collect personally identifying information about you, including your email address, telephone number or postal address, when you visit our site, unless you choose to request for information. Additional information we learn about you from

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EXHIBIT A - 33
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