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Scientific Research on Intravenous Therapy

The use of IV therapy in hospitals and emergency settings is a well-known, widespread practice since the 1930s. The majority of emergency medicine physicians in the UK use intravenous fluids in their treatment of intoxicated patients:

https://journals.lww.com/euro-emergencymed/Abstract/2012/12000/Emergency_physicians__opinions_on_the_use_of.7.aspx

In fact, acknowledging the importance of IV fluids in the hospital, and identifying it as “core skill”, McCrory et al. developed a framework for the prescription of IV therapy:

Learning to prescribe intravenous fluids: A scoping review | SpringerLink

It wasn’t, however, until the 1960s, when Dr. John Myers started injecting patients with what he called a “cocktail” of vitamins and minerals and IV therapy started growing also as a wellness practice.

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:

https://wellnesspharmacy.com/wp-content/uploads/2015/01/myers_cocktail.pdf

From this point on, IV treatments have grown in popularity and there is a more diverse offering across wellness clinics, spas, and cosmetic practices. Advances continue in the field and the market is estimated to reach USD 10.98 Billion by 2027 in the US alone.

There are an array of studies where IV therapy was used to treat a specific concern. For example, after a double-blind randomized controlled clinical trial, Suh et al. found that intravenous vitamin C administration reduces fatigue in office workers:

https://pubmed.ncbi.nlm.nih.gov/22264303/

In the summer of 2020, due to the Covid pandemic, Hiedra et al. noted a significant decrease in inflammatory markers, including ferritin and D-dimer, and a trend to decreasing FiO2 requirements, after intravenous administration of vitamin C:

https://pubmed.ncbi.nlm.nih.gov/32662690/

In Athletes, administration of saline IV resulted in greater fluid retention compared with oral and lower levels of fluid regulatory and stress hormones compared with both oral conditions:

https://onlinelibrary.wiley.com/doi/pdf/10.1111/sms.12367

In a randomized clinical trial, Doig et al. concluded that amino acid IV therapy significantly improved kidney function in critically ill patients:

https://pubmed.ncbi.nlm.nih.gov/25925203/

Fischer et al. looked into intravenous administration of magnesium on complex regional pain syndrome in a randomized double-blind placebo-controlled trial, and realized there was significant improvement on some markers:

Intravenous Magnesium for Chronic Complex Regional Pain Syndrome Type 1 (CRPS-1) - Fischer - 2013 - Pain Medicine - Wiley Online Library

Intravenous vitamin C has been researched for the treatment of illness. Padayatty et al. found that administering the maximum tolerated dose of vitamin C through IV therapy produces plasma levels 25 times that achieved when the same dose is administered orally:

> Intravenously administered vitamin C as cancer therapy: three cases (nih.gov)

And even for children, in a case-control study from the National Collaborating Centre for Women's and Children's Health, dehydration treated through IV therapy resulted in 4% better rehydration than with ORT:

> https://www.ncbi.nlm.nih.gov/books/NBK63837/

Gaffar Billoo et al. also looked into vitamin D deficiencies in children and concluded that injectable forms of vitamin D was shown better efficiency, which was statistically significant:

> Comparison of oral versus injectable vitamin-D for the treatment of nutritional vitamin-D deficiency rickets - PubMed (nih.gov)

Similarly for the elder. Slesak et al. performed a randomised comparison of intravenous and subcutaneous fluids in an elderly population which demonstrated improved patient satisfaction, lower rates of cellulitis and thrombophlebitis and equivalent efficacy in terms of rehydration and correction of electrolyte abnormalities:

> Comparison of subcutaneous and intravenous rehydration in geriatric patients: a randomized trial - PubMed (nih.gov)