

Complaint

IN THE MATTER OF

A & O ENTERPRISES INC
D/B/A IV BARS INCORPORATED AND IV BARS,
AND
AARON K. ROBERTS, A/K/A AARON KEITH

CONSENT ORDER, ETC. IN REGARD TO ALLEGED VIOLATIONS OF SECTIONS 5 AND 12 OF THE
FEDERAL TRADE COMMISSION ACT

Docket No. C-4670; File No. 172 3016
Complaint, February 13, 2019 – Decision, February 13, 2019

This consent order addresses A & O Enterprises Inc.’s advertising, promotion and sale of intravenous drip cocktails (“iV Cocktails”), including the Myers Cocktail, which contain a mixture of water, vitamins, minerals and amino acids. The complaint alleges that the respondents violated Sections 5(a) and 12 of the Federal Trade Commission Act by representing that their iV Cocktails are effective treatments for cancer, angina, cardiovascular disease, congestive heart failure, myocardial infarction, multiple sclerosis, diabetes, fibromyalgia and neurodegenerative disorders, and that their cocktails produce fast, lasting results, are safe for all ages and cause no side effects. The complaint also alleges that respondents falsely represented that their iV Cocktails are clinically or scientifically proven to effectively treat the enumerated diseases and produce fast, lasting results. The consent order prohibits express or implied health benefit, efficacy, safety, or side effects claims for any covered product, unless the representation is non-misleading, and, at the time the representation is made, proposed respondents possess and rely upon competent and reliable scientific evidence that is sufficient in quality and quantity to support the claim, based on standards generally accepted by experts in the area.

Participants

For the *Commission*: *Thomas B. Carter* and *James R. Golder*.

For the *Respondents*: *Ryan J. Meyer* and *Barrett R. Howell, Bracewell LLP*.

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

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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.”

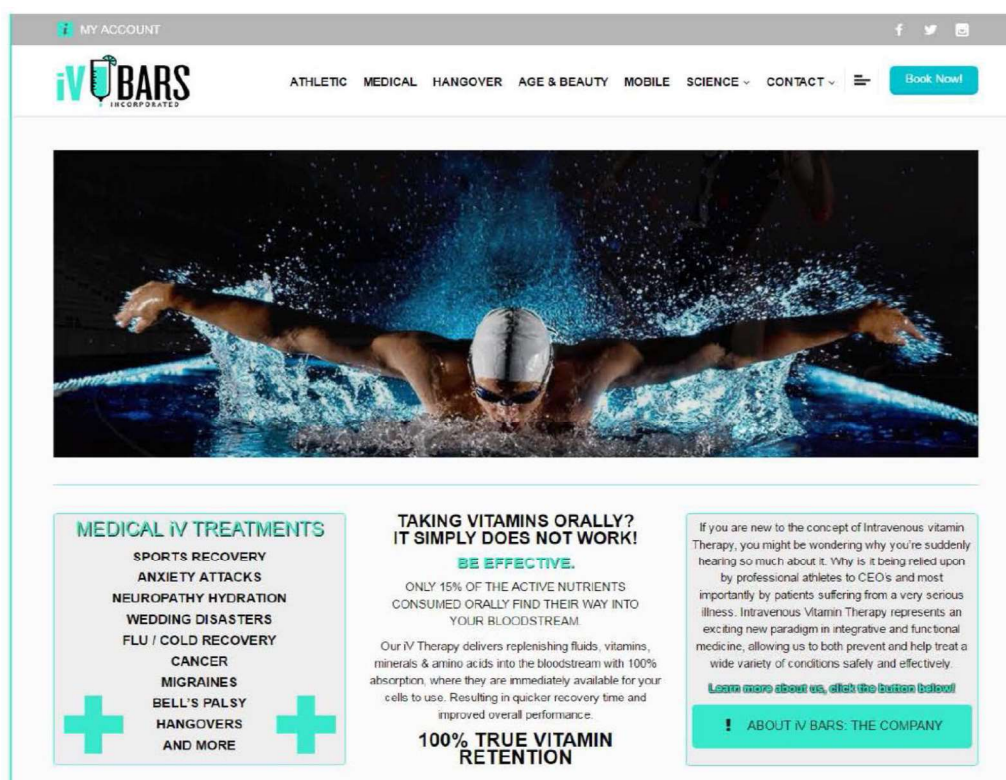
5. The acts or practices of Respondents alleged in this Complaint have been in or affecting commerce, as “commerce” is defined in Section 4 of the Federal Trade Commission Act.

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:

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- 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”:



(Exhibit A-1)

- 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”:

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(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”:

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(Exhibit A-3)

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

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Case #3: A 48-year-old woman presented with a six-year history of fairly constant myalgias and arthraigias, 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 femoralpopliteal arteries, with no detectable blood flow to the distal extremities. . . . [T]he 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":

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iVBARS
INCORPORATED

ATHLETIC **MEDICAL** HANGOVER AGE & BEAUTY MOBILE SCIENCE CONTACT [Book Now](#)

Why Drip?

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

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

Benefits

- 100% absorption
- High doses not tolerated orally
- Safe & painless
- Fast, lasting results
- No side effects or down time
- 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
- Cancer
- Asthma
- Colds & flu
- Celiac disease
- Gluten sensitivity
- 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

RECHARGE. REPAIR.

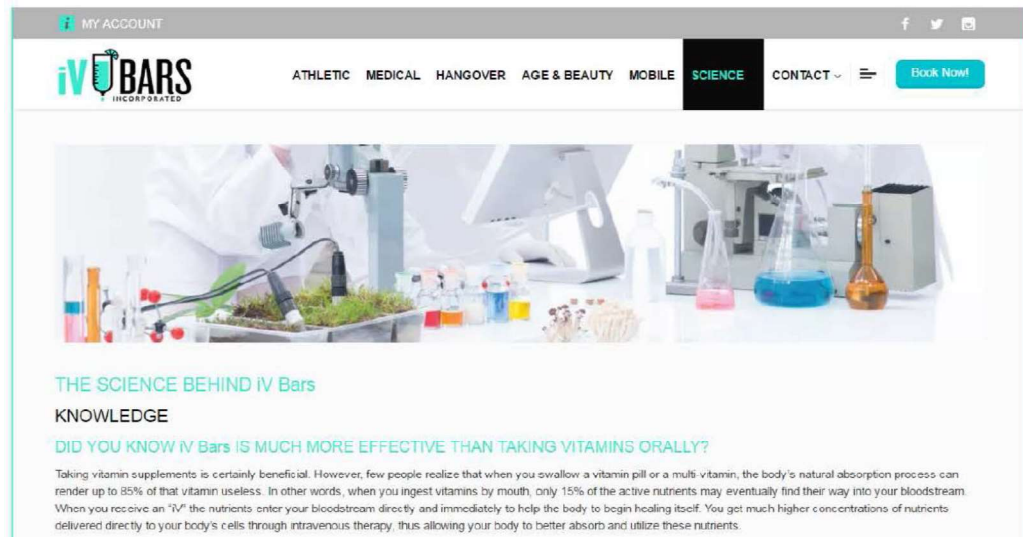
(Exhibit A-7)

- 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)

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- 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

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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”:

THE COMPANY BEHIND THE BAG

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



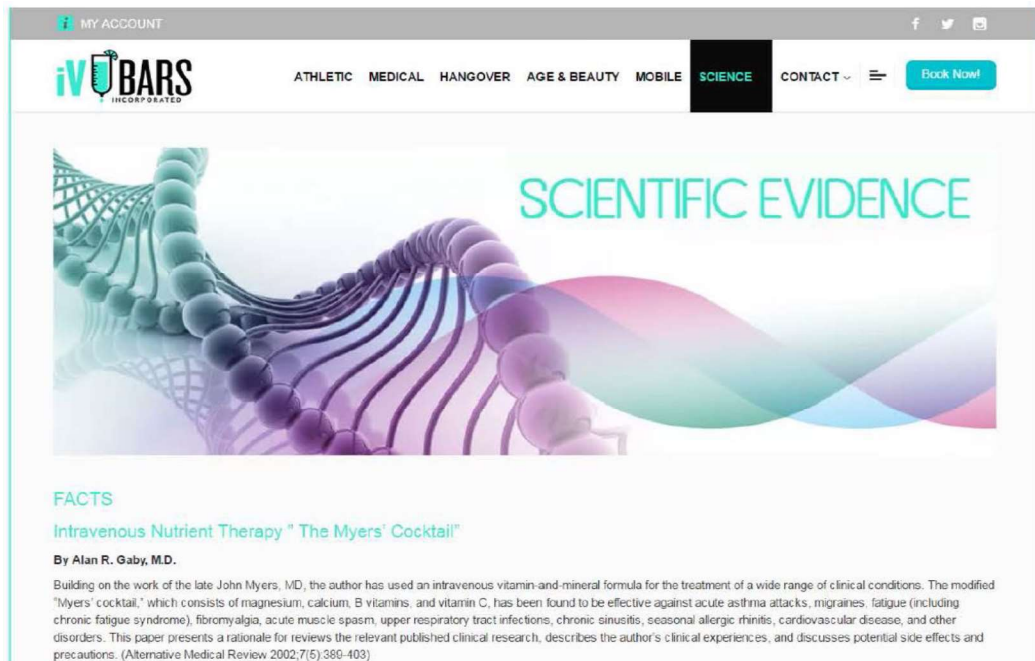
iV Bars Research Labs

Commitment
The applied Biology and Chemistry Group at iV Bars Labs is comprised of experienced biologists, chemists, pharmacists, medical and naturopathic doctors and exercise physiologists with two major responsibilities:
Provide subject matter expertise in the fields of chemistry, molecular biology, biotechnology, microbiology, to help solve problems for on-going research.
Develop proof-of-concept novel nutraceutical technologies to test and approve 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”:

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(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)

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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)

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- 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[.]

* * *

[H]ypercalcemia 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)

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- 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)

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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;

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- 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;

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- 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 thirteenth day of February 2019, has issued this Complaint against Respondents.

By the Commission. Commissioner Wilson not participating.

Complaint

Exhibit A

BOOK APPOINTMENT

MY ACCOUNT

ivBARS COLLABORATION

ATHLETIC MEDICAL HANGOVER AGE & BEAUTY MOBILE SCIENCE CONTACT [Book Now!](#)

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!**

IS EFFECTIVE

ONLY 1% OF THE ACTIVE NUTRIENTS CONSUMED ORALLY FIND THEIR WAY INTO YOUR BLOODSTREAM.

Our IV Therapy delivers replenishing fluids, vitamins, minerals & amino acids into the bloodstream with 100% absorption, where they are immediately available for your cells to use. Resulting in quicker recovery time and improved overall performance.

100% TRUE VITAMIN RETENTION

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

! ABOUT IV BARS, THE COMPANY

The Science Behind IV Bars

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

[LEARNING ABOUT THE LHM](#)

[Visit VITAMINBAR](#)

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

Onlyhydrated

ivBARS
DNA Vita Panel
Your Life, Just Better!

Our Success Stories

"Since using IV Bars, I find I don't get down and out with the cold and flu."
Kalen Winslow Jr., NFL Player

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

[READ MORE STORIES](#)

"Since using IV Bars, I find my aches and pains have gone down dramatically."
Zanon Kozepko, NHL player

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.

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Complaint

BOOK APPOINTMENT

MY ACCOUNT

IV BARS

ATHLETIC MEDICAL HANGOVER AGE & BEAUTY MOBILE SCIENCE CONTACT

Book Now

WHAT IF OUR BODIES COULD PERFORM AT 100% ULTIMUM LEVELS?

THE COMPANY BEHIND THE BAR

ORIGIN STORY

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

IV Bars Research Lab

Commitment

The applied Biology and Chemistry focus at IV Bars Lab is comprised of experienced biologists, chemists, pharmacists, medical and naturalistic doctors and exercise physiologists with two major responsibilities:

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

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.

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BOOK APPOINTMENT



ATHLETIC MEDICAL HANGOVER AGE & BEAUTY MOBILE SCIENCE CONTACT

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SUCCESS STORIES

A majority of all 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 Myer's intravenous (IV) push. After the first IV push, the patient was free of leg cramps and muscle spasms for a period of approximately two months. There were no adverse reactions or side effects reported.

Case #2: Migraine headaches

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

The benefits of IV magnesium as a treatment for migraine headaches has been demonstrated in clinical trials. In one study, patients with acute attack of migraine headache and low serum level of ionized magnesium were tested. Of the 40 patients enrolled, 35 patients had a reduction in pain of 50% or more 15 minutes after the infusion. This included nine patients who had complete relief. In 21 of 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 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 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 68 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 lipoperoxidative 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 is 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. Sane Gang, MD



More Success Stories

[Asthma](#)

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Case #1: A five-year-old boy presented with a two-year history of asthma. During the previous 12 months he had suffered 20 asthma attacks severe enough to require a visit to the hospital emergency department. His symptoms appeared to be exacerbated by several foods, and skin tests had been positive for 23 of 26 inhalants tested. His initial treatment consisted of identification and avoidance of allergenic foods, as well as daily oral supplementation with pyridoxine (50 mg), vitamin C (1,000 mg), calcium (200 mg), magnesium (100 mg), and 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 8 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, 5 mL magnesium, 1.5 mL calcium, and 1 mL each of B12, B6, B5, and B complex. The treatment was unsuccessful only once, on that occasion the patient presented with generalized urticaria, angioedema, and unusually severe asthma, after the inadvertent ingestion of an artificial food coloring (FD&C red #40) and other potential allergens. Three separate injections given over a 60-minute period produced transient improvement each time. However, the symptoms returned, and he was taken to the emergency room and hospitalized. Despite that single treatment failure, the patient and his parents reported that IV nutrient therapy worked faster, 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). 13 Peak expiratory flow rate improved to a significantly greater extent in the magnesium group (225 to 297 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%, $p < 0.01$). No patient had a significant drop in blood pressure or change in heart rate after receiving magnesium. In a second double-blind study, 148 patients with acute asthma who were being treated with inhaled beta-agonists and IV steroids were randomly assigned to receive an IV infusion of magnesium sulfate (2 g over 20 minutes) or saline placebo, beginning 30 minutes after presentation. 14 Among patients with severe asthma (defined as forced expiratory volume in 1 second [FEV1] less than 25 percent of predicted value) compared with placebo, magnesium significantly reduced the hospitalization rate (33.3% vs. 78.6%; $p < 0.01$) and significantly improved FEV1. However, magnesium treatment was of no benefit to patients with moderate asthma (defined as baseline FEV1 between 25 and 75 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. 16, 18 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 20 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 asthmaticus. 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 50 percent among patients with severe asthma, although the treatment was not beneficial for patients with moderate asthma. Calcium is the only other component of the Myers' that has been studied as a treatment for acute exacerbations of asthma. In an early report, a series of IV infusions of calcium chloride relieved asthma symptoms in three consecutive patients, with relief occurring almost immediately after some injections. 20 Intravenous and IM administration of an unspecified calcium salt temporarily inhibited severe anaphylactic reactions in two other patients. Nutrients other than magnesium and calcium may have contributed to the beneficial effect observed in asthma patients. Oral vitamins C22 and B623, 24 and IM vitamin B1225 have each been used with some success against asthma, although none of these nutrients has been tested as a treatment for acute attacks. Intramuscular administration of niacinamide has been shown to reduce the severity of experimentally induced asthma in guinea pigs. 26 and pantothenic acid appears to have an anti-allergy effect in humans. 27 On one occasion, a patient's asthma attack was treated with IV magnesium alone. Although the symptoms resolved rapidly, they returned within 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 30-year-old female suffered from frequent migraines, which appeared to be triggered in many instances by exposure to environmental chemicals or, occasionally, to ingestion of foods to which she was allergic. Allergy desensitization therapy had provided little benefit. Over a six-year period, the patient was given IV therapy on approximately 70 occasions for migraines. Nearly all of these injections resulted in considerable improvement or complete relief within several minutes, although a few treatments were ineffective. Through trial and error, it was determined her most effective regimen was 18 mL vitamin C, 8 mL magnesium, 4 mL calcium, 2 mL B6, and 1 mL each of B12, B5, and B complex. The 4-mL dose of calcium was found to provide better relief than lower calcium doses. Over the years, a half dozen other patients have presented one or more times with an acute migraine. In almost every instance, the Myers' produced a gratifying response within a few minutes. The beneficial effect of IV magnesium as a treatment for migraine has been demonstrated in recent clinical trials. In one study, 40 patients with an acute migraine received 1 g magnesium sulfate over a five-minute period. 28 Fifteen minutes after the infusion, 36 patients (87.5%) reported at least a 50-percent reduction of pain, and nine patients (22.5%) experienced complete relief. In 21 of 36 patients who benefited, the improvement persisted for 24 hours or more. Patients with an initially low serum ionized magnesium concentration (less than 0.54 mEq/L) were significantly more likely to experience long-lasting improvement than were 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 ($p < 0.001$ for difference between groups). 29 In addition, magnesium treatment resulted in rapid disappearance of nausea, vomiting, and photophobia in all 14 patients who had experienced those symptoms. A single 1-g dose of magnesium sulfate has also been reported to abort an episode of cluster 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

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effect had worn off. 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 patients with chronic fatigue syndrome (CFS) received a minimum of four treatments (usually once weekly for four weeks), with more than half showing clear improvement. One patient experienced dramatic benefit after the first injection, whereas in other cases three or 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 seven cases. In contrast, only three (18%) of 17 placebo-treated patients improved ($p=0.0015$ 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 (0.5 g in one hour). Vitamin B12, given IM, has been reported to be helpful for patients with unexplained fatigue, 35 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 40-year-old woman presented with a six-year history of fairly constant myalgias and arthralgias, with pain in the neck, back, and hip, and tingness 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 6 mL vitamin C, 4 mL magnesium, 2.5 mL calcium, and 1 mL each of B12, B6, B5, and B complex. At the end of the injection, she got off the table and, with a look of amazement, announced her muscle aches and joint pains were gone for the first time in six years. This treatment was repeated after a week (at which time her symptoms had not returned), followed by every other week for several months, then once monthly for three years. Her initial regimen also included the identification and avoidance of allergenic foods and treatment with low-dose desiccated thyroid (eventually stabilized at 60 mg per day). She discovered that eating refined sugar caused myalgias and arthralgias, and that thyroid hormone improved her energy level, mood, and overall well-being. During the three years of monthly maintenance injections she reported symptoms would begin to recur if she went much longer than a month between treatments. However, they were never as severe as they were before she began receiving IV therapy. The author has given the Myers' to approximately 30 patients with fibromyalgia; half have experienced significant improvement, in a few cases after the first injection, but more often after three or four treatments. The beneficial effect of parenteral nutrient therapy has been confirmed by one 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. 37 Improvement occurred in 74 percent of the patients; of those, 64 percent required four or fewer injections for optimal results. A minority of patients required long-term oral or parenteral magnesium to maintain improvement. The positive response to parenteral magnesium is consistent with the observation that nearly half of patients with fibromyalgia have intracellular magnesium deficiency, despite having normal serum levels of the mineral.³⁸

Depression

Case #4: A 46-year-old man presented with a history of depression and anxiety since childhood. He had been in psychoanalysis for the past eight years. A therapeutic trial with IV nutrients was considered because the patient reported that consumption of alcohol (known to deplete magnesium) aggravated his symptoms, and because he was taking a magnesium-depleting thiazide diuretic for hypertension. He was initially given 1 mL each of magnesium, B12, B6, B5, and B complex, which resulted in a 70-80 percent reduction in his symptoms for one week. A second injection produced a similar response that lasted two weeks. Through trial and error it was determined the most effective treatment was 5 mL magnesium, 3 mL B complex, and 1 mL each of B12, B6, and B5. The addition of calcium to the injection appeared to block some of the benefit. Both oral and IM administration of the same nutrients were tried but found to be ineffective. Weekly injections provided almost complete relief from symptoms and allowed him to discontinue psychotherapy. The patient noted that rapidly administered injections provided longer-lasting relief than did slower injections. The infusion rate was therefore carefully and progressively increased, without causing any adverse side effects or changes in blood pressure or heart rate. The patient reported that when the treatment was given over a one-minute period, the effect would last approximately two weeks, whereas a slower injection (such as five minutes) would last only a week. Approximately four years after initial treatment, he was able to reduce the frequency of injections to once monthly or less. Many other patients with depression and/or anxiety have shown a positive response to the Myers'. However, this treatment should not be considered first-line therapy for major depression. It seems to be helpful only for certain subsets of depressed individuals, such as those who also suffer from fibromyalgia, migraines, excessive stress, or alcohol-induced exacerbations. Shealy et al have observed an antidepressant effect of IV magnesium in some patients with chronic pain.³⁹

Cardiovascular Disease

Case #5: A 70-year-old man was admitted to me 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 18 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 occlusive arterial disease, which had resulted in the development of gangrene of six toes. A peripheral angiogram revealed complete occlusion of both femoral popliteal arteries, with no detectable blood flow to the distal extremities. Two independent vascular surgeons had recommended bilateral above-the-knee amputations to prevent development of septicemia. However, the cardiologist advised the patient that his heart would not last more than another month, 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 18 percent to 38 percent and he no longer required supplemental oxygen. After eight weeks, the IM injections were replaced by weekly IV injections, consisting of 5 mL magnesium, 1 mL each of B12, B6, B5, and B complex, and a low-dose (0.2 mL) trace mineral preparation (MTE-5 containing: zinc, copper, chromium, selenium,

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and manganese). After a total of 18 months, his weight had increased from 113 to 147 pounds, which was remarkable as cardiac cachexia is generally considered to be irreversible. In addition, the gangrenous areas on his toes had sloughed and been replaced almost entirely by healthy tissue. Intravenous therapy was continued and eventually reduced to every other week. The patient lived for eight years and died at age 87 from multiple organ failure. Of the handful of other patients with angina or heart failure who received IV or IM injections of magnesium (with or without B vitamins), all showed significant improvement. The results with angina are consistent with those reported by others using percutaneous magnesium therapy.⁴⁰⁻⁴²

Upper Respiratory Tract Infections

Case #6: A 40-year-old male presented with a cold and one-day history of fatigue, nasal congestion, and rhinorrhea. He was given an IV infusion of 16 mL vitamin C, 3 mL magnesium, 1.5 mL calcium, and 1 mL each of B12, B6, B5, and B complex. By the end of the 10-minute treatment he was symptom free. The cold symptoms did return the next day but were only 10 percent as severe as before the injection. One-quarter to one-third of patients who received the Myers' 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 next day. At the time these injections were given she had been experiencing persistent sinus problems for a year. Her symptoms resolved rapidly after the injections and she remained relatively symptom free for more than six months. The same treatment given at a later date was also helpful, although the benefit was not as pronounced as the first time. One other patient with chronic sinusitis had a similar response to back-to-back injections, while a few others showed no improvement.

Seasonal Allergic Rhinitis

Case #8: A 39-year-old man had a long history of seasonal allergic rhinitis, occurring each spring and lasting about a month. Symptoms included nasal congestion, itchy eyes, and fatigue. During a symptomatic period, an IV infusion of 12 mL vitamin C, 3 mL magnesium, and 1 mL each of B12, B6, B5, and B complex provided rapid relief. This treatment was repeated as needed during the hay fever season (once weekly or less) and successfully controlled his symptoms. In subsequent years he began the IVs shortly before, and repeated them periodically during, the hay fever season; this approach prevented the development of symptoms.

Narcotic Withdrawal

Case #9: A 35-year-old man addicted to morphine came to the office in the early stages of withdrawal, with 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 valked up and down the hall with a butterfly needle in his arm. Halfway through the injection, he was able to sit still, and by the end of the injection his withdrawal symptoms were alleviated. The symptoms returned 30 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, 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 and animal studies indicate vitamin B12 can counteract some of the adverse effects of experimentally induced hyperthyroidism.

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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. Daily heavy to medium square loads 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 40% 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 actively maintain and rehydrate our cells from the inside out for dramatic, long-lasting and often instant results.

Benefits	Conditions
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 for safety - Approved by all major athletic associations	- Adrenal fatigue - Cancer - Autoimmunity - Cold & flu - Celiac disease - Gluten sensitivity - Chronic fatigue syndrome - Chronic pain - Compulsive heart failure - Dehydration - Depression & anxiety
	- Diabetes - Effects of Aging - Fertility & pregnancy - Fermentation - 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 - Sleep - Revitalize hair & nails

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IV BARS MEDICAL is a leading provider of IV drip therapy in the USA and provides the highest quality care for patients. We are committed to providing the best care for our patients.

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Most Urgent Care services for minor illnesses such as:

Sore Throat	Urinary Tract Infections
Heart Infections	Kidney Stones
Skin Infections	Gastrointestinal Issues

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

Hangovers are caused by 4 different factors:

Inflammation from Acetaldehyde Toxicity	Dehydration	Gut Bacteria (Gut Health)	Acute Alcohol Withdrawal
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Hangover Symptoms:
Hangover symptoms are well known and include headache, weakness, and general discomfort that can occur from excessive alcohol intake and dehydration. At iVU BARS, we can provide you with IV hydration which can include fluids and vitamins which may help in your hangover recovery.

Hangover Prevention:
Alcohol causes dehydration because it inhibits a hormone called 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. While this happens, you are also losing salt. One alcoholic drink can result in up to a pint of urine production. This effect becomes less as you drink more. So, if you drink 15 drinks in a night, you can end up well over two pints dehydrated.
Dehydration causes nausea, headache, and dizziness, just by itself. Inflammation makes this even worse. It is like a double whammy. As a person gets older, the effect is even more significant, as it takes longer for the body to rehydrate and get rid of the inflammation.

What can you do about a hangover?

1. Even though dehydration is only one component of a hangover, try to drink 8 oz of water after every two or three drinks. Also, try to eat some bar food. Most bar food is salty. You need to replace 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 by yourself, schedule for a IV Bars package with vitamins and antioxidants. When you drink alcohol, you lose all your stores of vitamins and antioxidants, which help process the alcohol and inflammation out of your body.
3. Drink high-end, clear alcohol. High quality vodka, gin and clear liquors 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 sweet treat before you go out. Sweet treats contain many antioxidants and B vitamins, which are necessary for processing alcohol. Food also delays the absorption of alcohol. So, hit one of the many great Dallas dining spots before a night out on the town.

All the IV Bars in the world will not solve a Level A "Wagon" 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 make 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 Scheduling System](#) to reserve your spot today!

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Why Drip?

The majority of us are in a constant state of low electrolyte, hydration and dehydration — and we don't even know it. We're exposed to environmental toxins on a daily basis. Our heavy industrial system loads us all with obnoxious, and dangerous, synthetic systems present on everything, absorbing the nutrients we do eat. Every thing we eat, we drink. Further depletion is simply setting us up for chronic conditions and diseases. 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 hydrates 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 actively nourish and rehydrate our cells from the inside out for dramatic, long-lasting and often instant results.

Mood 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 total wellness.

Mood for when your feeling under stress, anxious or exhausted to relax muscles, chill, rest, relax, improve mood and much more.

Aches & Pains

Aches and Pains provides replenishing fluids, vitamins, minerals and amino acids at a cellular level reducing inflammation while increasing circulation.

Effective in relieving aches & pains associated with back & muscles, headache, flu, body, menstrual cramps, migraines & much more.

Diet & Detox

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, fit into those jeans & much more.

Immune Support

Immune Support 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.

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

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Exhibit A - 10

IV BARS
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We Are Mobile. We Come To You!

IV Bars has a full service mobile vehicle that allows us to deliver our IV or B12 to you, whether for personal needs, a special night out or anything you desire. Our licensed medical staff will come right to your door to deliver the treatment of your needs. Any and all participants requesting IV Cocktails must pre-register with our sales site: www.IVbarsmobile.com prior to your special night, event or personal or cancer. All cocktails are available for our mobile service with an additional \$100 travel fee. Travel fee may be waived if 3 or more cocktails are purchased for that event.

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Benefits

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

Conditions

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- Cancer
- Anemia
- Cold & flu
- Cancer disease
- Skin sensitivity
- Chronic fatigue syndrome
- Chronic pain
- Conjunctive heart failure
- Dehydration
- Drowsiness & anxiety
- Diabetes
- Effects of Aging
- Infertility & pregnancy
- Fibromyalgia
- Gastrointestinal conditions
- General weakness
- Hangovers
- Heavy metal toxicity
- High blood pressure
- Immune health
- Joint & Weight Loss
- Injuries
- Low energy
- Poor memory
- Migraine & tension headaches
- Neurodegenerative disorders
- Nutrient deficiencies
- Post surgical healing
- Preventative care
- Skin conditions
- Stress
- Rejuvenate 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 a fairly simple act. 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 85% of that vitamin useless. In other words, when you ingest vitamins by mouth, only 15% 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 to help the body to begin healing itself. 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 Micro-injection Therapy (iVMT), is a treatment method which uses nutrients such as vitamins, minerals and antioxidants that are directly into the bloodstream typically through a vein in the arm - more specifically the cubital vein area. There are several advantages of giving the body nutrients by the intravenous method. First, by injecting substances directly into the bloodstream you eliminate any absorption in the nutrients which may occur from the action of digestive enzymes. Second, the amount of nutrients in the blood stream is much higher - more therapeutic levels faster than is possible by absorbing nutrients through the Gastro-intestinal system. This may be particularly important if a patient is suffering from a GI system disorder where absorption of nutrients is impaired. In some cases, the IV use of amino acids 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, Migraines, Chronic Fatigue, Inflammatory (AI) conditions, Fibromyalgia and many others all respond to iVMT for many patients.

IS IT SAFE?

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

IV Bars PROFILING PROCESS

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

IV Bars PROFILE

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

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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 reflected by the journal of the American Medical Association (June 16, 2000 169:207, 169:223).

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

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



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

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

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

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

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

AGING
Our micronutrient requirements of age 50 are quite different from our requirements at age 40, 60 and beyond. Absorption difficulties, especially of vitamin B12, quite commonly occur as we age.

BIOCHEMICAL INDIVIDUALITY
Because each of us is metabolically and biochemically unique, the micronutrient requirements for one person may be quite different from the requirements of another.

PLEASE REMEMBER: THESE STATEMENTS HAVE NOT BEEN EVALUATED BY THE FDA AND OTHER AGENCIES. THESE PRODUCTS ARE NOT INTENDED TO DIAGNOSE, TREAT, CURE, OR PREVENT ANY DISEASE.

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SCIENCE

Nutrition is at the core of integrative health and IV Bars' Micronutrient Testing is the most advanced diagnostic tool available.

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

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

TEST COMPONENTS:

VITAMINS
VITAMIN A, VITAMIN B1, VITAMIN B2, VITAMIN B3, VITAMIN B5, VITAMIN B6, VITAMIN B7, VITAMIN B9, VITAMIN B12, VITAMIN C, VITAMIN D, VITAMIN E, VITAMIN K, BIOTIN, FOLATE, PANTOTHENATE

MINERALS
CALCIUM, MAGNESIUM, ZINC, COPPER, MANGANESE

AMINO ACIDS
ALANINE, GLUTAMINE, SERINE

FATTY ACIDS

ORGANIC ACIDS

METABOLITES
CHOLINE, INOSITOL, CARNITINE

ANTIOXIDANTS
GLUTATHIONE, SELENIUM, VITAMIN E, ALPHA LIPIC 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.

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SCIENTIFIC EVIDENCE

FACTS

Intravenous Nutrient Therapy "The Myers' Cocktail"

By Alan R. Cobby, M.D.

Building on the work of the late John Myers, M.D., the author has used an intravenous (IV) vitamins and mineral formula for the treatment of a wide range of clinical conditions. The modified "Myers' cocktail" is a mixture of magnesium, calcium, B vitamins, and vitamin C. It has been found to be effective against acute and chronic fatigue, depression, fatigue (including chronic fatigue syndrome), fibrositis, acute muscle spasm, upper respiratory tract infections, chronic sinusitis, seasonal allergic rhinitis, cardiovascular disease, and other disorders. This paper presents a rationale for reviews the relevant published clinical research, describes the author's clinical experience, and discusses potential side effects and precautions. (Alternative Medical Review 2002, 7(5):366-402)

Introduction:

John Myers, M.D., a physician from Baltimore, Maryland, pioneered the use of intravenous (IV) vitamins and minerals as part of the overall treatment of various medical problems. The author never met Dr. Myers, despite living in Baltimore, but has heard of his work, and had occasionally used IV nutrients to treat fatigue or acute infections. After Dr. Myers died in 1988, a number of his patients sought nutrient injections from the author. Some of them had been receiving injections monthly, weekly, or twice weekly for many years—20 years or more in the cases of chronic problems, such as fatigue, depression, chest pain, or palpitations, and were well controlled by these treatments. However, the persistence, validity, or if the patients went on long without an injection it was not clear exactly what the "Myers' cocktail" consisted of, as the information provided by patients was incomplete and no published or written material on the treatment was available. It appeared that they are used a 10-mL syringe and administered by slow IV push a combination of magnesium chloride, calcium gluconate, thiamine, vitamin B6, vitamin B12, calcium pantothenate, vitamin B complex, vitamin C, and dilute hydrochloric acid. The exact doses of individual components were unknown, but Myers apparently used a two-percent solution of magnesium chloride, rather than the more widely available preparations containing 20-percent magnesium chloride or 50-percent magnesium sulfate. The author took over the care of Myers' patients, using a modified version of his IV regimen. Most notably, the magnesium dose was increased by approximately 10-fold by using 50-percent magnesium chloride, in order to approximate the doses reported to be safe and effective for the treatment of cardiovascular disease. (1, 2) In addition, the hydrochloric acid was eliminated and the vitamin C was increased, partly daily for problems related to allergy or infection. Folic acid was not included, as it tends to be a precipitate when mixed with other nutrients. This treatment was suggested for other patients, and it soon became apparent that the modified Myers' cocktail (hereafter referred to as "this Myers") was helpful for a wide range of clinical conditions, often producing dramatic results. Over an 11-year period, approximately 15,000 injections were administered in an outpatient setting to an estimated 600-1,000 different patients. Conditions that frequently responded included asthma attacks, acute migraines, fatigue (including chronic fatigue syndrome), fibrositis, acute muscle spasm, upper respiratory tract infections, chronic sinusitis, and seasonal allergic rhinitis. A small number of patients with congestive heart failure, angina, chronic urticaria, hypothyroidism, dysmenorrhea, or other conditions were also treated with the Myers, and most showed marked improvement. Many initially healthy patients began to receive periodic injections because of stressors that occurred and were being treated for periods of a week to several months. During the past 10 years, these clinical results have been presented at more than 20 medical conferences to several thousand physicians. Today, many doctors, probably more than 1,000 in the United States, use the Myers. Some have made further modifications, as according to their own preferences. In querying audiences from the lecture and from informal discussions with colleagues at conferences, the author has yet to encounter a practitioner whose experience with this treatment has differed significantly from his own. Despite the many positive anecdotal reports, there is only a small amount of published research supporting the use of this treatment. There is one uncontrolled trial in which the Myers' was beneficial in the treatment of many chronic pain syndromes, including fibrositis. Intravenous magnesium alone has been reported, mainly in open trials, to be effective against angina, acute migraines, cluster headaches, depression, and chronic pain. In recent years, double-blind trials have shown IV magnesium can rapidly abort acute asthma attacks. There are also several published case reports in which IV calcium provided rapid relief from asthma or supraventricular reactions. This paper presents a rationale for the use of IV nutrient therapy, reviews the relevant published clinical research, describes personal clinical experience using the Myers, and discusses potential side effects and precautions.

Therapeutic Basis for IV Therapy

Intravenous administration of nutrients can achieve serum concentrations not obtainable with most, or even intramuscular (IM), administration. For example, as the end dose of vitamin C is increased progressively, the serum concentration of ascorbate tends to approach an upper limit, as a result of both saturation of gastrointestinal absorption and a sharply increased renal excretion of the vitamin. If then the daily intake of vitamin C is increased 12-fold, from 200 mg/day to 2,400 mg/day, the plasma concentration increases by only 20 percent, from 1.2 to 1.6 mg/dL. This highest serum vitamin C level reported after oral administration of pharmacological doses of the vitamin is 8.2 mg/dL. In contrast, IV administration of 50 g/day of vitamin C resulted in a mean peak plasma level of 85 mg/dL. A similarly oral supplementation with ascorbic acid results in little or no change in serum magnesium concentration, whereas IV administration can double or triple the serum levels. (3, 4) At least for a short period of time, various nutrients have been shown to exert pharmacological effects, which are in many cases dependent on the concentration of the nutrient. For example, an adverse effect of vitamin C has been demonstrated at a concentration of 10-15 mg/dL. (4) A level as low as 10 mg/dL is not a therapy. At a concentration of 85 mg/dL, in vitro, vitamin C destroyed 72 percent of the bacteria present in the medium. (5) Lower concentrations were not tested, but it is possible the serum levels of vitamin C attainable by giving several grams in an IV push would produce an antibacterial effect *in vivo*. Such an effect would have implications for the treatment of various allergic conditions. Magnesium ions promote relaxation of both vascular and bronchial smooth muscle—effects that might be useful in the acute treatment of vasospastic angina and bronchial asthma, respectively. In its fluid, shape and other nutrients exert additional, as yet unidentified, pharmacological effects when present in high concentrations. In addition to having direct pharmacological effects, IV nutrient therapy may be more effective than oral IM treatment for correcting electrolyte nutrient deficits. (6) Since nutrients are present at much higher concentrations in the cells than in the serum. For example, the average magnesium concentration in myocardial cells is 10 times higher than the extracellular concentration. This ratio is maintained in healthy cells by an active transport system that continuously pumps magnesium ions into cells against the concentration gradient. In certain disease states, the capacity of membrane pumps to maintain normal concentration gradients may be compromised. In one study, the mean myocardial magnesium concentration was 48 percent lower in patients with cardiomyopathy than in healthy controls. (7) Impairing a mechanism in the myocardial cell membrane that maintains the ratio to less than 1 to 1.5, the magnesium plays a key role in mitochondrial energy production, intracellular magnesium deficiency may exacerbate heart failure and lead to a vicious cycle of further intracellular magnesium loss and more severe heart failure. Intravenous administration of magnesium, by producing a transient, though transient, increase in the serum concentration, provides a window of opportunity for getting cells to take up magnesium against a smaller concentration gradient. Nutrients taken up by cells after an IV infusion may eventually leak out again, but perhaps some healing takes place before they do. If cells are especially "leaky" with nutrients, the improvement may be cumulative. It has been the author's observation that some patients who receive a series of 10 or more Myers become progressively healthier. In these patients, the interval between treatments can be gradually increased, and eventually the injections are no longer necessary. Other patients require regular injections for an indefinite period of time in order to control their medical problems. This dependence on IV injections could conceivably result from any of the following: (1) a genetically determined impairment in the capacity to maintain normal intracellular nutrient concentrations, (2) an unknown series of metabolites that interfere with the cell's ability only by maintaining a higher than normal concentration of a particular nutrient, or (3) a total leak of a nutrient. (2) In some cases, continued IV therapy may be necessary because a disease state is too advanced to be reversible.

The Modified Myers Cocktail

See Table 1 for the nutrients that make up the modified Myers' cocktail. Compared to the commonly available injectable form of pantothenate as calcium (vitamin B5), one milliliter of B complex 100 contains 100 mg each of thiamine and riboflavin, and 2 mg each of nicotinamide, ascorbic acid, and pyridoxine.

Nutrients in the Myers Cocktail

Magnesium chloride hexahydrate 20% (1 mg/mL)
Calcium gluconate 10% solution
Hydrocortisone 1.000 mg/mL (0.1%)
Hydrocortisone hexahydrate 100 mg/mL (0.1%)
Dexamethasone 200 mg/mL (0.2%) complex 100 (B complex)
Vitamin C 200 mg/mL (0.2%)

All ingredients are drawn into one syringe, and 8-20 mL of sterile water (occasionally more) is added to reduce the hypertonicity of the solution. After gently mixing by turning the syringe a few times, the solution is administered slowly, usually over a period of 5-15 minutes, depending on the doses of minerals used and an individual's tolerance, through a 26-g butterfly needle. Occasionally, smaller or larger doses have been used in Table 1 have been used. Low doses are often given to elderly or frail patients, and to those with hypotension. Doses for children are lower than those listed and are most of roughly proportion to body weight. The most commonly used regimen has been 4 mL magnesium, 2 mL calcium, 1 mL each of B12, B6, B5, and B complex, and 2 mL sterile water. The following is a review of conditions successfully treated with the Myers. (1) A number of patients treated and a proportion that responded are, for the most part, unknown.

Complaint

Asthma

Case #1: A five-year-old boy presented with a two-year history of asthma. During the previous 12 months he had suffered 26 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 povidone (50 mg), vitamin C (1,000 mg), calcium (200 mg), magnesium (100 mg), and parathionic acid (100 mg), which divided down with results. On this regimen, he experienced marked improvement, and had no asthma attacks requiring medical care within nearly 11 months after he had cut all food from his diet. One year later, presented for an emergency visit with what his parents perceived as asthma. During his visit, he was given a slow IV infusion of calcium (10 mL, 10% solution), 1 mL of magnesium, and 0.5 mL 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 83 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 30 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 atonic seizures, and initially severe asthma, after the intravenous injection of an artificial food coloring (FD&C red #40) and other potential allergens. These seizure injections given over a 48-hour period produced a superior improvement each time. However, the symptoms related to the seizure 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 (mostly adults) with the Myers' for acute asthma attacks. In most instances, marked improvement or complete relief occurred within minutes. A few patients did need 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 inhaled therapy were randomly assigned to receive, in double-blind fashion, IV infusions of either magnesium sulfate (1.5 g over a 20-minute period) or placebo (saline). Twelve patients (31%) reported a significantly greater extent in the magnesium group (22% vs. 39%), while the placebo group (33% vs. 37%). In addition, the hospitalization rate was significantly lower in the magnesium group than in the placebo group (27% vs. 79%, $p = 0.01$). No patient had a significant drop in blood pressure or a change in heart rate after receiving magnesium in a double-blind study. In patients with acute asthma who were being treated with inhaled beta-agonists and IV steroids were randomly assigned to not give an IV infusion of magnesium sulfate (2 g over 20 minutes) or saline placebo, beginning 30 minutes after presentation. 14 Among patients with severe asthma defined as forced expiratory volume in 1 second (FEV1) less than 25 percent of predicted values compared with placebo, magnesium significantly reduced the hospitalization rate (23.3% vs. 70.0%, $p = 0.01$) and significantly improved FEV1. However, magnesium treatment was of no benefit to patients with moderate asthma defined as baseline FEV1 between 25 and 75 percent of predicted values. 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. In a dose of 60 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 (15-20 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 asthmaticus. 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. 19 Calcium is the only other component of the Myers' that has been studied as a treatment for acute exacerbations of asthma. In an early report, a series of IV infusions of calcium chloride reduced asthma symptoms in three intravenous patients, with rapid occurring almost immediately after some episodes, 20 thereafter, and all administration of an injected calcium salt temporarily inhibited secretory activity of the parathyroid. In two other patients, 2.4 mL (1.2 mL, 1 mL, 1 mL, 1 mL, 4-20 mL) of calcium chloride had been used with some success against asthma, although none of these patients has been listed as a treatment for acute attacks. Intramuscular administration of thioacetamide has been shown to reduce the severity of experimentally induced asthma in guinea pigs. 20 and parathionic acid appears to have an anti-asthmatic effect in humans. 21 On one occasion, a patient's asthma attack was treated with IV magnesium alone. Although the symptoms resolved rapidly, they returned within 12-15 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 stressors and/or occasionally to ingestion of foods to which she was allergic. Allergic desensitization therapy had provided little benefit. Over a six-year period, the patient was given IV therapy on approximately 70 occasions for migraines. Nearly all of these injections resulted in considerable improvement or complete relief within several minutes, although a few treatments were ineffective. Throughout and over time, it was determined that most effective regimens were 30 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 with or more severe attacks with acute migraines. In almost every instance, the Myers' produced a pretty rapid response within a few minutes. The beneficial effect of IV magnesium as a treatment for migraines has been demonstrated in recent clinical trials. In one study, 40 patients with an acute migraine received 1 g magnesium sulfate over a 20-minute period. 20 Fifteen minutes after the infusion, 30 patients (75%) reported at least a 50 percent reduction of pain, and nine patients (22.5%) experienced complete relief. In 21 of 30 patients who benefited, the improvement persisted for 24 hours or more. Patients with an initially moderate or severe migraine received magnesium intravenous doses from 0.62 mL/kg to 1.25 mL/kg, which were significantly more likely to experience long-lasting improvement than were patients with initially lower severity migraine levels. In a single-blind trial that included 20 patients with an acute migraine, IV administration of magnesium sulfate (1 g over 15 minutes) completely and permanently relieved pain in 13 of 15 patients (86.7%), whereas no patients in the placebo group became pain free ($p = 0.001$). No difference between groups in headache severity, nausea, vomiting, and photophobia was found. 14 patients who had experienced these symptoms at least 1 g dose of magnesium sulfate had also been reported to abort an episode of cluster headache in seven of 22 patients (32%), and a series of three to five injections provided sustained relief in an additional two patients (9%). 30 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 effect had worn off. One patient with fatigue associated with chronic hepatitis B experienced marked and progressive improvement in energy levels with weekly or bi-weekly injections. Approximately 10 patients with chronic fatigue syndrome (CFS) (no known causes other than chronic illness) usually respond very readily to four visits, with more than half showing clear improvement. One patient experienced dramatic benefit after the first injection, whereas in others it took three or four injections with 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 respond over time, but periodic injections helped their function better. There is some research support for the use of povidone of magnesium in patients with fatigue. One study found magnesium deficiency determined by an IV magnesium load test. In 47 percent of 33 patients with unexplained chronic fatigue, including 10 with CFS, 33 in a small study, the mean erythrocyte magnesium concentration was significantly lower in 20 patients with CFS than in healthy controls. 32 In a case series of the recent study, 32 patients with CFS were randomly assigned to receive 1 double-blind infusion of 1 g magnesium sulfate IV or placebo once weekly for six weeks. Twelve (38%) of 16 patients given magnesium reported improvement (i.e., more energy, a better emotional state, and less pain) and fatigue was eliminated completely in seven cases. In contrast, only three (19%) of 16 placebo-treated patients reported improvement (10-50% for difference between groups), and in one case the fatigue completely abated. According to one report, at least half of CFS patients with magnesium deficiency benefited from oral magnesium supplementation. However, some patients needed 10 injections. 33 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 (1 g in one hour). 34 However, B12 given IV has been reported to be helpful for patients with unexplained fatigue. 34 as well as those with CFS. 35 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 B12 vitamin B12 alone.

Fibromyalgia

Case #3: A 48-year-old woman presented with a six-year history of daily constant myalgias and arthralgias, with pain in the neck, back, and hip, and stiffness in the left arm. She routinely previously when she was found to have an elevated sedimentation rate (30 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 suggestive 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 0.5 mL vitamin C, 6 mL magnesium, 2.5 mL calcium, and 1 mL each of B12, B6, B5, and B complex. At the end of the injection, she got up the table and, with a look of amazement, announced her muscles 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. The initial regimen also included the identification and avoidance of allergens, foods and treatment with low-dose desiccated thyroid (eventually discontinued at 150 mg per day). She discovered that eating refined sugar caused myalgias and arthralgias, and that thyroid hormone improved her energy level, mood, and overall well-being. During the three years of monthly maintenance injections she reported symptoms would begin to recur if she went more than a month without treatment. However, they were never as severe as they were before she began receiving IV therapy. The author has given the Myers' to approximately 20 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 potential nutrient therapy has been confirmed by one study published only on an abstract. Eighty-six patients with chronic musculoskeletal complaints, including muscle pain, including stiff muscles, and fibromyalgia, received IV or IV therapy of magnesium, either alone or in combination with calcium, B vitamins, and vitamin C. 27 Improvement occurred in 74 percent of the patients. Of those, 64 percent reported less or better sleep, less or equal results. A majority of patients reported long-term relief or sustained improvement in musculoskeletal symptoms. The positive response to potential magnesium is consistent with the observation that nearly half of patients with fibromyalgia have extracellular magnesium deficiency, despite having normal serum levels of the mineral. 36

Depression

Case #4: A 19-year-old man presented with a history of depression and anxiety as a child. He had been in psychiatric care for the past eight years. A psychiatrist, fed by IV nutrients was considered because the patient reported that consumption of alcohol down to deplete magnesium approached his symptoms, and because he was taking a magnesium-depleting 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. At the next injection produced a similar response that lasted two weeks. Through trial and error it was determined the most effective treatment was 1 mL magnesium, 1 mL B complex, and 1 mL each of B12, B6, B5, and B complex. The addition of calcium to the injection appeared to block some of the benefit. Both oral and IV administrations of the same nutrients were tried but found to be ineffective. Weekly injections provided almost complete relief from symptoms and allowed him to discontinue psychotherapy. The patient noted that rapidly administered injections provided longer lasting relief than did slower injections. The infusion rate was therefore carefully and progressively increased, without causing any adverse side effects or changes in blood pressure or heart rate. The patient reported that when the treatment was given over a one-minute period, the effect would last approximately two weeks, whereas a slower injection (such as five minutes) would last only a week. Approximately four years after initial treatment, he was able to reduce the frequency of injections to once monthly or bi-weekly. Many other patients with depression and/or anxiety have shown a positive response to the Myers'. However, a nutrient should not be considered a sole therapy for major depression. It seems to be helpful only for certain subtypes of depressed individuals, such as those who also suffer from chronic migraines, excessive stress, or alcohol-induced exacerbations. Study at it have observed an antidepressant effect of IV magnesium in some patients with chronic pain. 36

Cardiovascular Disease

Case #5: A 76-year-old man was seen at home in end-stage heart failure, after having suffered two myocardial infarctions. During the previous 12 months, spent mostly in the hospital, he had become progressively worse; the ejection fraction had fallen to 10 percent and his body weight had declined from 177 pounds to a severely cachectic 171 pounds. He was confined to bed and required supplemental oxygen much of the time. He also had severe peripheral occlusive arterial disease, which had resulted in the development of

Complaint

system intravenous calcium is contraindicated in patients taking digoxin. In addition, hypocalcemia can cause cardiac arrhythmias. For that reason, the author has tended to leave calcium out of the Myers' when treating patients with cardiac disease, although there is no strong evidence it is dangerous for such patients. Anaphylactic reactions to IV thiamine have been reported on rare occasions. Only three such reactions have been identified in the US literature since 1948. However, in the world literature, a total of nine deaths attributed to thiamine administration were reported between 1955 and 1957.¹² These reactions have occurred after oral, IV, IM, or subcutaneous administration, and are believed to be due in part to a hypersensitive release of histamine. Anaphylactic reactions have been seen in patients after multiple administrations of thiamine. Within 10 days after the first 100 mg, there were approximately four reports of anaphylactic reactions for every million ampules of 100 mg ampules sold, and one report for every 5 million 100 mg ampules sold.¹³ 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 alcoholics, and alcoholism frequently causes magnesium deficiency. Animal studies suggest thiamine supplementation in the presence of magnesium deficiency increases the severity of the magnesium deficiency. Gd deficiency of magnesium can lead to spontaneous release of histamine,¹⁴ and has been reported to increase the incidence of experimentally induced anaphylaxis in animals.¹⁵ The presence of magnesium in the Myers' might, therefore, reduce the risk of an anaphylactic reaction to thiamine. However, as the Myers' has been used so widely to treat cardiac and chronic, it is likely the formula as a whole provides greatly less against anaphylaxis. Nonetheless, practitioners who administer IV nutrients should be prepared to deal with the rare anaphylactic reaction in a small number of patients (approximately one percent) but "not on cards" for up to a day after receiving an injection, and, in rare cases, this reaction takes one and two weeks, respectively. It is not clear whether these reactions were due to the preparations in terms of the open administration (e.g., through alcohol, electrolytes, or others) or to the magnesium deficiency. It is also possible, although a few patients with anaphylactic reactions usually prefer to receive oral thiamine, the use of multiple vials reduced the cost of treatment to the patient. However, for some individuals with known chemical sensitivities or other significant allergy-related problems, parenteral thiamine preparations were used. Although the Myers' is extremely hypertonic, it rarely seemed to cause problems related to its hypertonicity. Two or three patients developed pain due to the injection site for those patients, their injections were diluted with sterile water to a total of 10 mL. Some patients experienced a burning sensation at the injection site during the infusion. This was also reported by the nurse or by the father visiting the patients. When administered with calcium and respect, the Myers' has been generally well tolerated, and no serious adverse reactions have been encountered with approximately 15,000 treatments.

Cost Considerations

In 1985, the author's best year in private practice, the cost of the materials for a Myers' was approximately \$5.00. The use of parenteral thiamine at least doubled the cost of materials. Nursing time and administrative factors, especially the integrity of the cost of IV nutrient therapy. In 1986, the author's fee for a Myers' was \$30.00. Other doctors have charged as little as \$75.00 or as much as \$100.00 or more. Since 1986, the cost of most of the injectable preparations has increased by 50-100 percent (insurance companies do not generally pay for this treatment). However, in a few instances, observing that IV nutrient therapy had greatly reduced the overall cost of the patient's health care persuaded them to pay.

Conclusion

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. Although most of the evidence is anecdotal, some published research has demonstrated the efficacy of the Myers' or some of its components. The 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 doses of the various nutrients. Although double-blind trials would be difficult to perform because of the obvious nature of the infusion, this was also suggested by the nurse or by the father visiting the patients. When administered with caution and respect, the Myers' has been generally well tolerated, and no serious adverse reactions have been encountered with approximately 15,000 treatments.

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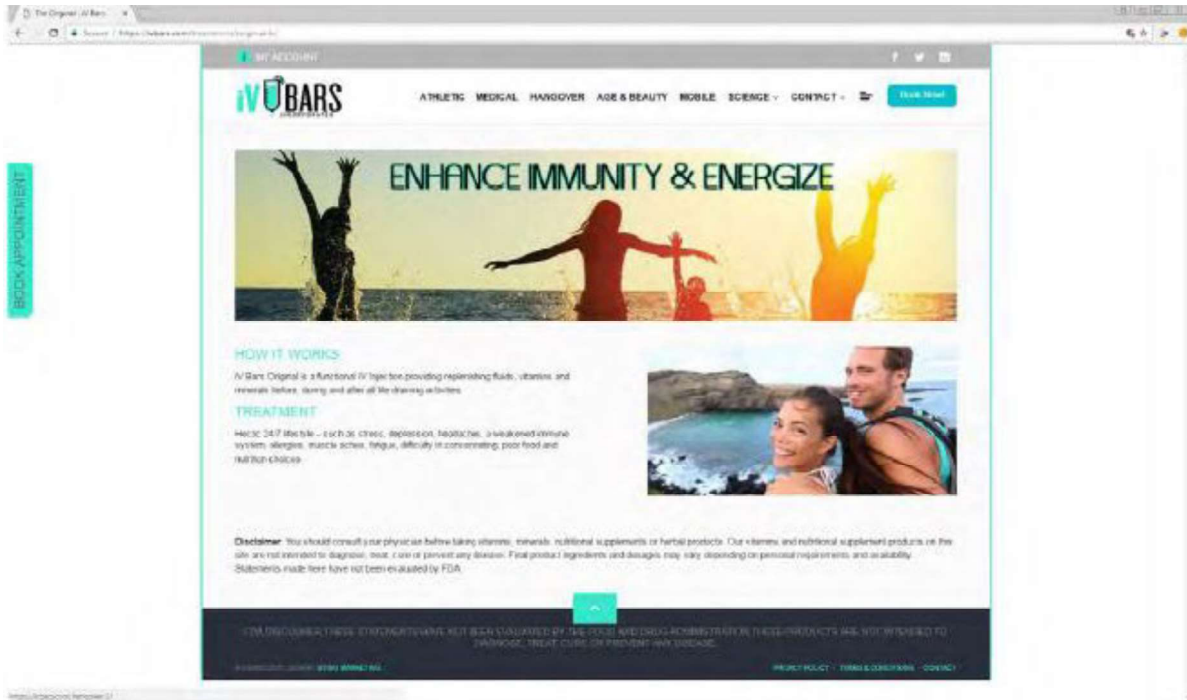
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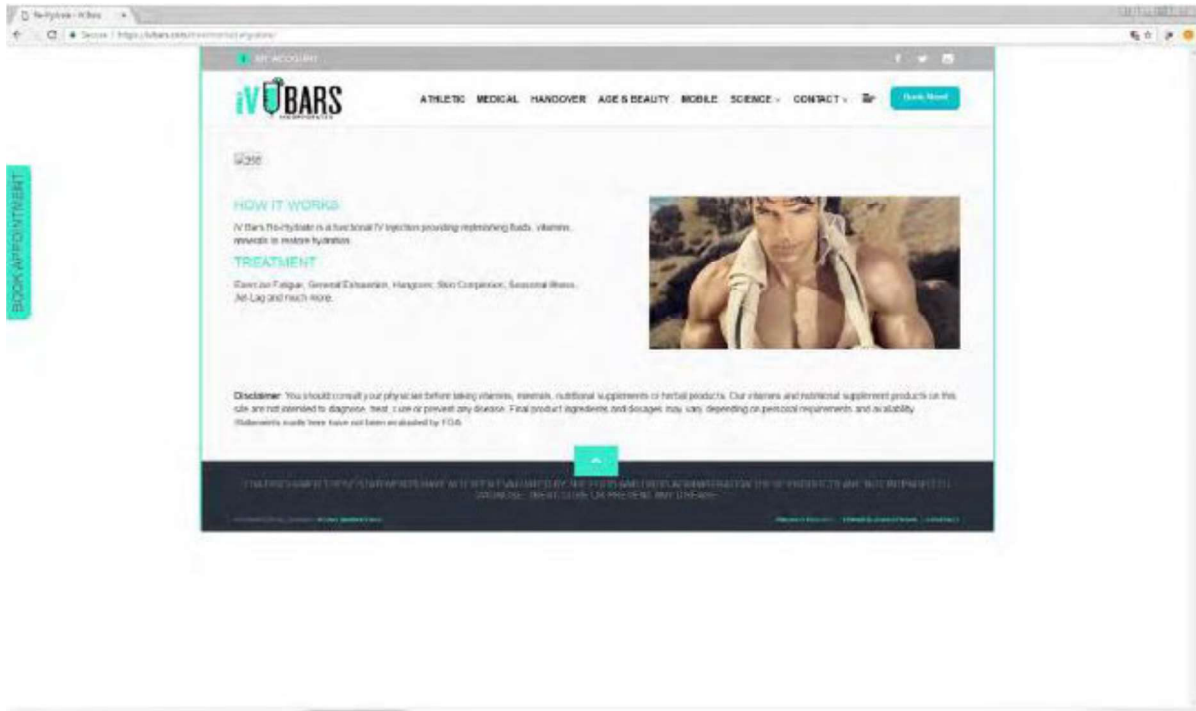
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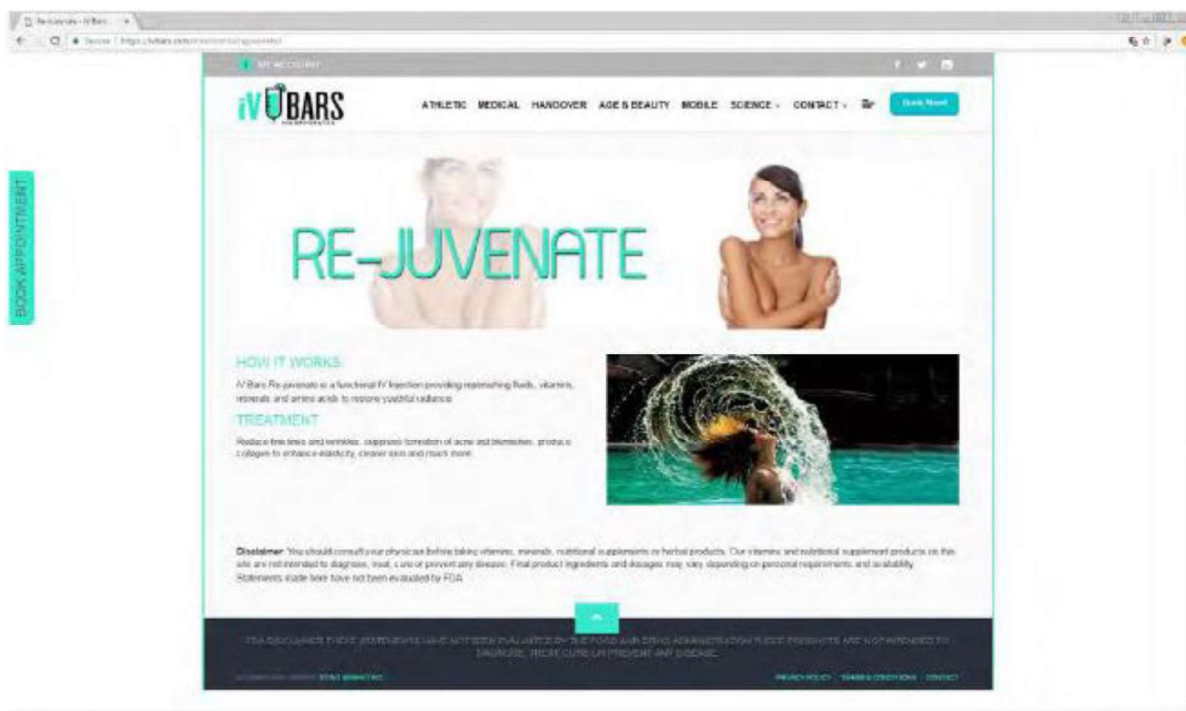
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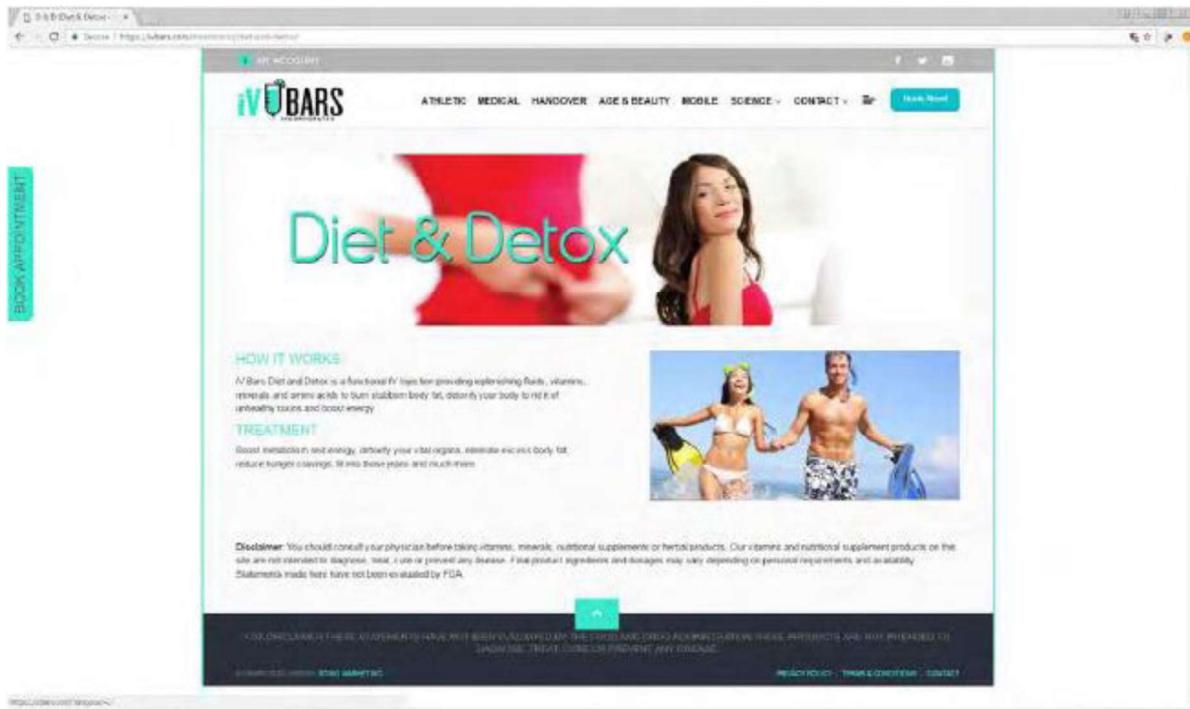
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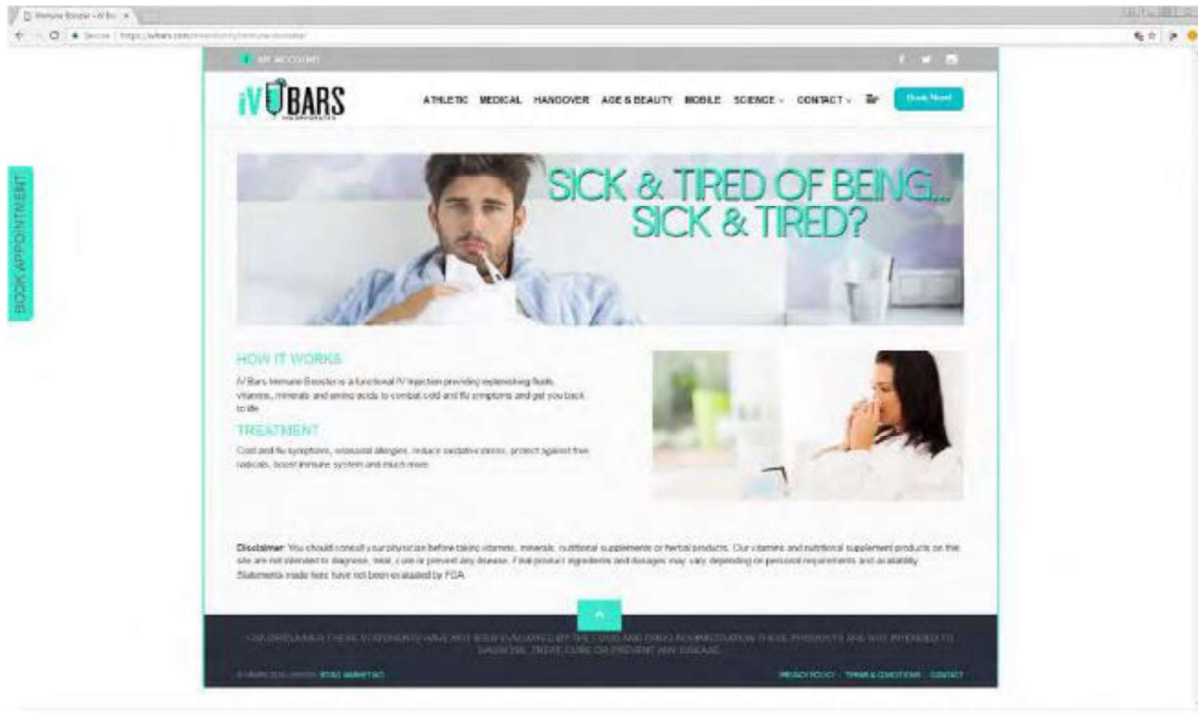
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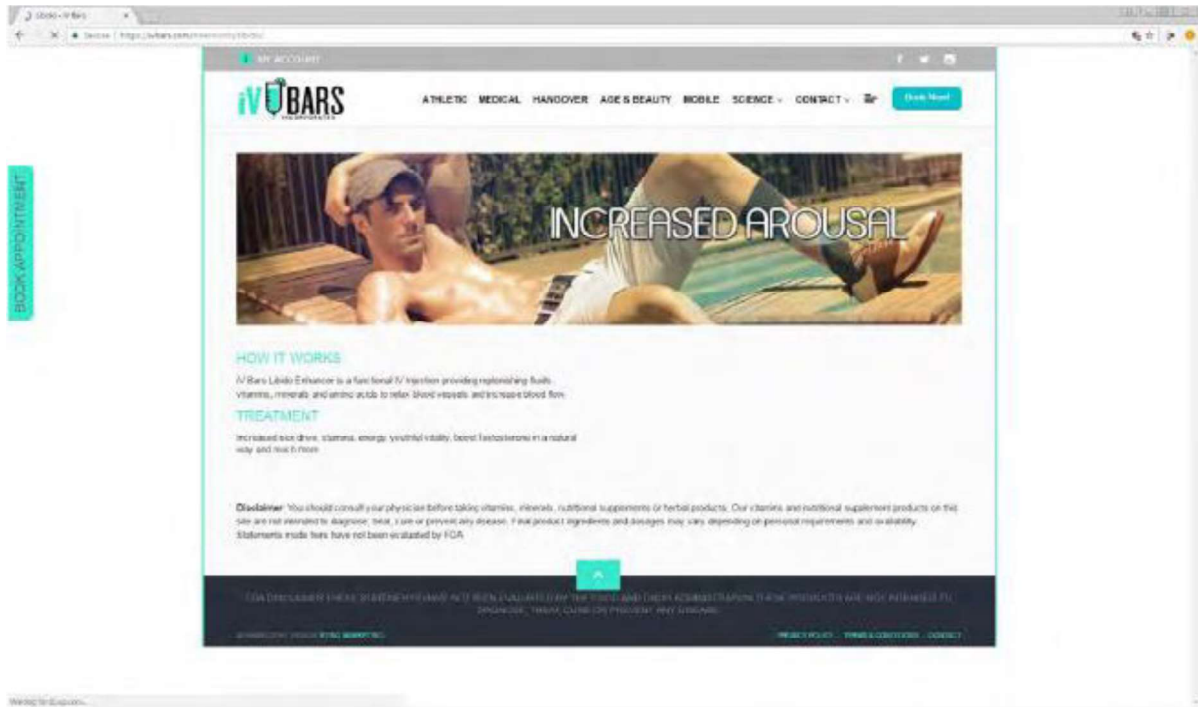
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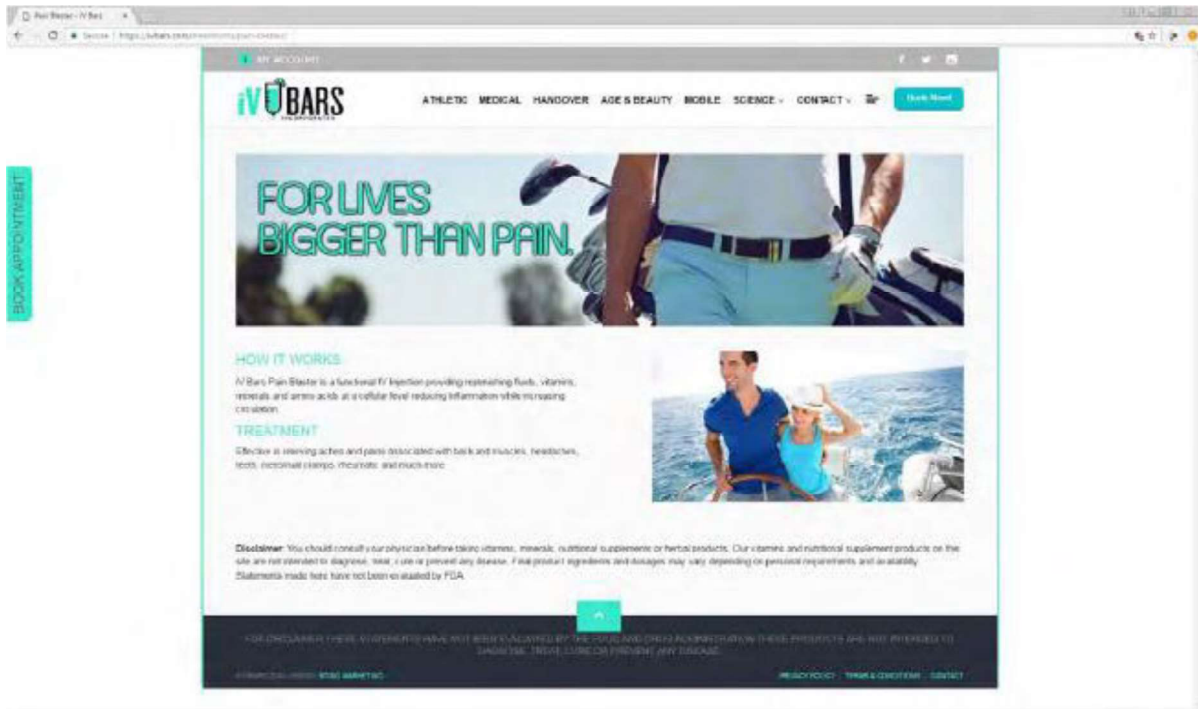
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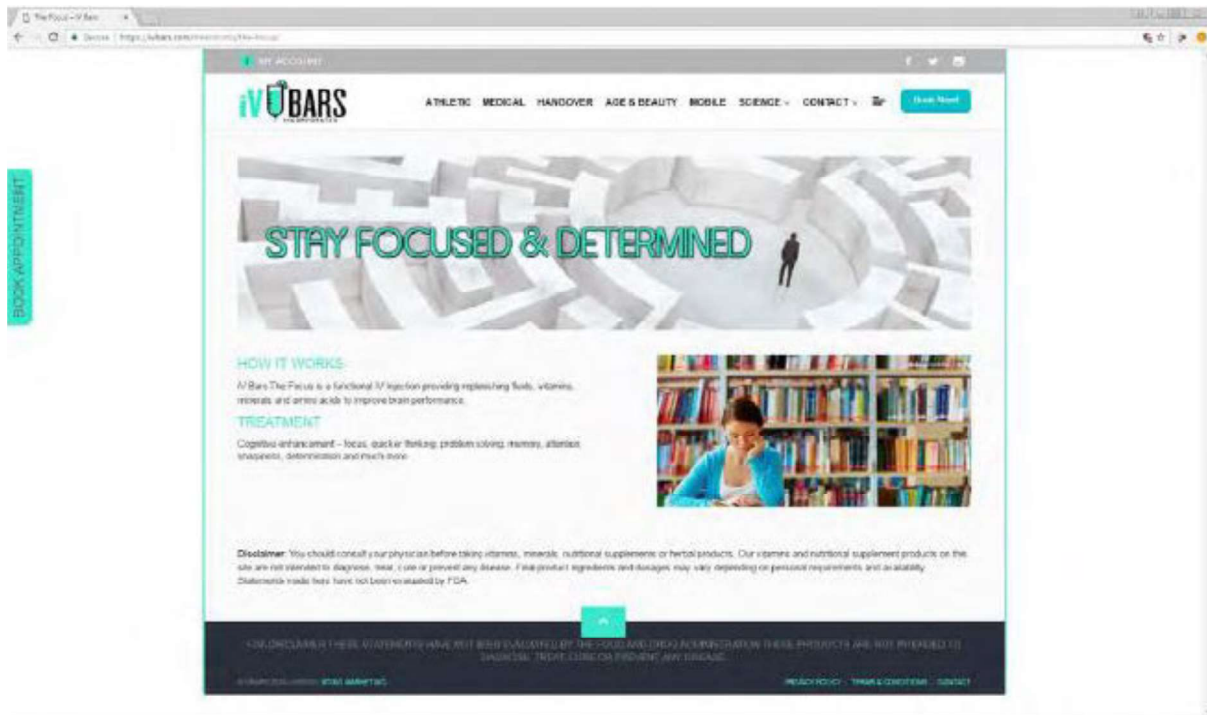
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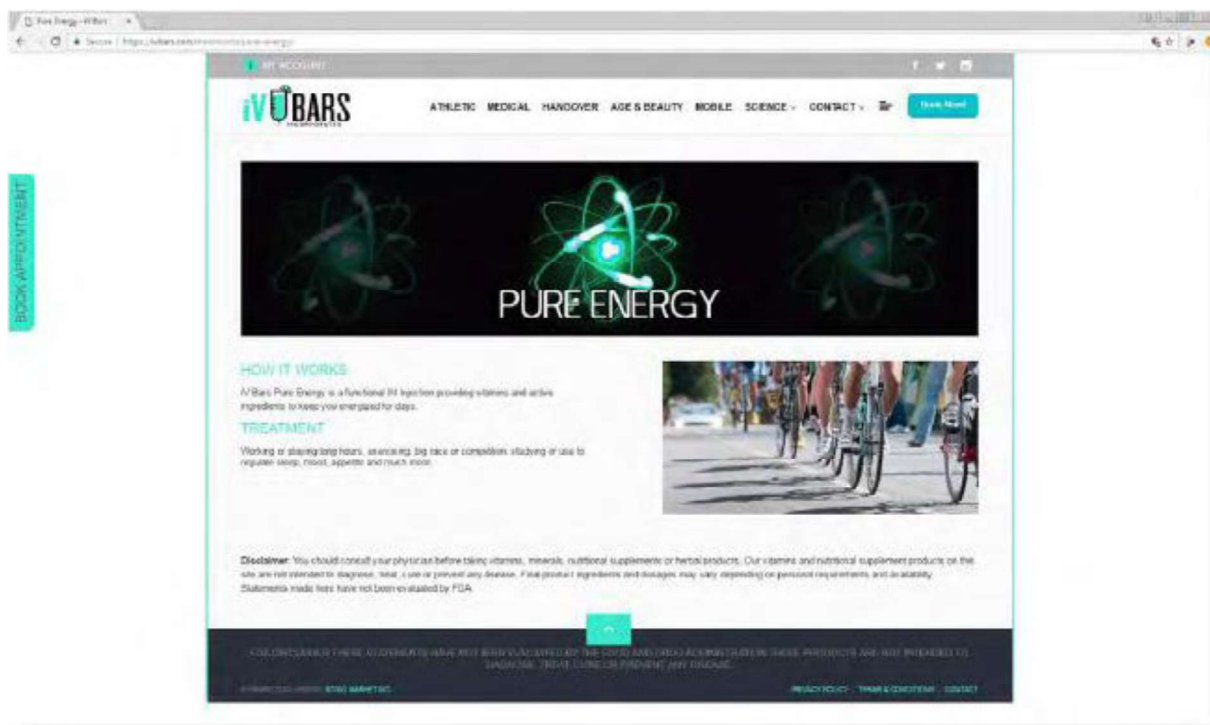


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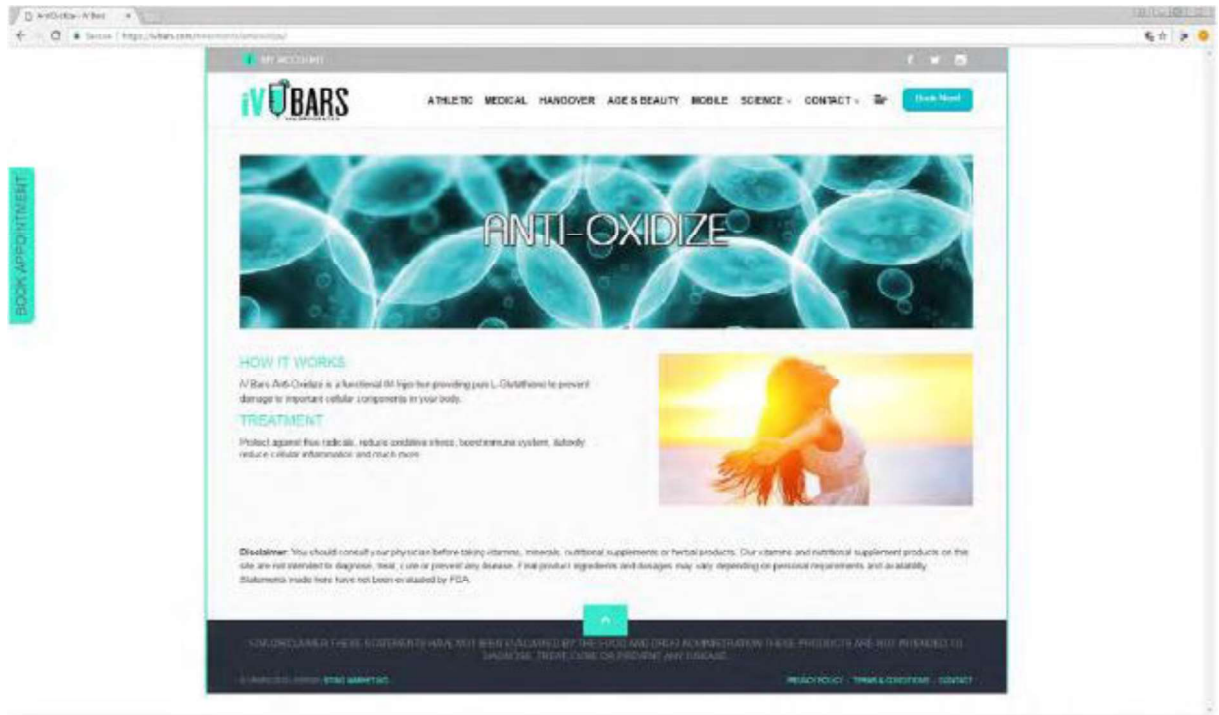


The screenshot shows the homepage of the iV Barz Nirvana website. At the top, there's a navigation bar with links: ATHLETE, MEDICAL, HANDOVER, AGE 5 BEAUTY, MOBILE, SCIENCE, and CONTACT. A 'Book Now' button is also present. The main header features the iV Barz logo and the tagline 'NIRVANA'. Below this is a large hero image of a person meditating on a beach at sunset, with the text 'FIND YOUR NIRVANA' in large, stylized letters. To the left of the hero image is a vertical sidebar with a 'BOOK APPOINTMENT' button. Below the hero image, there are three sections: 'HOW IT WORKS' (describing the IV drip as a functional IV providing fluids, vitamins, minerals, and amino acids), 'TREATMENT' (listing conditions like under stress, anxious, or exhausted), and a 'Disclaimer' (stating that users should consult a physician before taking supplements). At the bottom, there's a footer with a 'Book Now' button and a disclaimer about the website's content not being intended to diagnose or treat any disease.

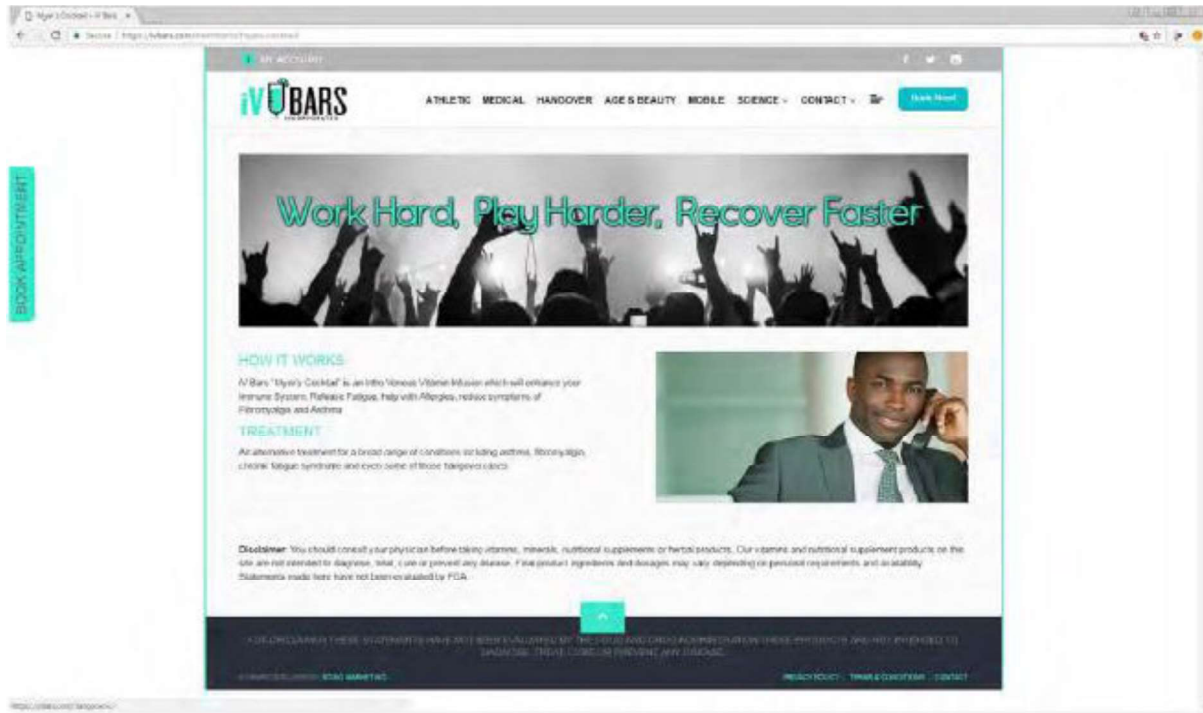
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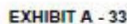
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Exhibit B

Consent and Authorization for
Intravenous Therapy Procedures

Client's name Date _____

Vitamins are vital for our body's normal function and are absolutely necessary for our growth, general well-being, and vitality. Except for a few exceptions, vitamins cannot be manufactured or synthesized by the body and their absence or improper absorption results in specific deficiency diseases. Therefore it is important for our body to obtain vitamins from outside sources to battle against the chance for a deficiency. Latest researches indicate that many vitamins taken in large doses can have miraculous healing effects in a wide range of common complaints and illnesses. Proper vitamin injections can supply the much needed nutrients your body needs to maintain and enhance normal bodily functions.

Vitamin Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to these injections are Oral Vitamins, Capsules, Liquid drinks, Lotions, Topical Creams, and Mouth Sprays.

Vitamin Injections common side effects include but are not limited to:

1. 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.

2. If any of these side effects become severe or troublesome I will contact my physician immediately.

3. I understand that although rare Vitamin injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking Vitamin injections should be aware of the possibility. 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

4. I understand the possibility of having an allergic reaction to any of the ingredients found within the Vitamin injection is quite plausible and that I should communicate with my Physician if I have any known allergic reactions to foods, dyes, preservatives, or any other substances. 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 not limited to:

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

Complaint

5. 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. These medications at the time of your injection should either be discontinued or be consulted with by a Physician. Some of the medications that may cause drug interactions include, but are not limited to:

- Heparin (Fragmin, Lovenox, Innohep...ect.) • Antithrombin (A Tryn, Thrombate III)
- Argatroban • Aspirin • Ibuprofen • Dipyridamole (Persantine) • Bivalirudin (Angiomax)
- Clopidogrel (Plavix) • Warfarin (Coumadin, Jantoven)
- Nonsteroidal anti-inflammatory drugs (Ibuprofen, etc.)

6. Before starting the Vitamin injections I will make sure to tell my Physician if I am pregnant, lactating or have any of the following conditions.

- Leber's Disease • Kidney disease • History of Kidney stones • Liver disease • Hormonal disease
- Cardiovascular disease • History of ulcers • History of gastrointestinal problems
- Bipolar disorder (manic depression) • Attention Deficit Hyperactivity Disorder (ADHD)
- Muscular Dystrophy • Elliptic seizures • Hypoglycemia • Schizophrenia
- Benign prostatic hypertrophy (BPH) • Acetaminophen poisoning • Hypertension (high blood pressure)
- History of seizures • Under-active thyroid (hypothyroidism) • Osteoporosis
- Receiving treatment or taking any medication that might "thin" the blood
- Receiving treatment or taking medication that has an effect on bone marrow
- An infection • Iron deficiency • Folic acid deficiency
- Dependent on intravenous nutrition (TPN) or liquid nutrition products for food • Diabetes, mellitus, or high blood sugar levels
- An unusual or allergic reaction other medicines, foods, dyes, or preservatives

7. I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non-prescription medications may result in side effects when they interact with the Vitamin Injection.

8. Treatments: Will be determined by the provider. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of nonpayment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required. By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Vitamin Injections with the above understood. I hereby release the doctor, the person injecting the Vitamin Injection, and the facility from liability associated with this procedure.

Print Name: _____
 Contact No: _____
 Date: _____ Time: _____
 Patient Signature: _____

Nurse/EMT Print Name: _____
 Signature: _____
 Date: _____ Time: _____
 Nurse/EMT Signature: _____

Decision and Order

DECISION

The Federal Trade Commission (“Commission”) initiated an investigation of certain acts and practices of the Respondents named in the caption. The Commission’s Bureau of Consumer Protection (“BCP”) prepared and furnished to Respondents a draft Complaint. BCP proposed to present the draft Complaint to the Commission for its consideration. If issued by the Commission, the draft Complaint would charge the Respondents with violations of the Federal Trade Commission Act.

Respondents and BCP thereafter executed an Agreement Containing Consent Order (“Consent Agreement”). The Consent Agreement includes: 1) statements by Respondents that they neither admit nor deny any of the allegations in the Complaint, except as specifically stated in this Decision and Order, and that only for purposes of this action, they admit the facts necessary to establish jurisdiction; and 2) waivers and other provisions as required by the Commission’s Rules.

The Commission considered the matter and determined that it had reason to believe that Respondents have violated the Federal Trade Commission Act, and that a Complaint should issue stating its charges in that respect. The Commission accepted the executed Consent Agreement and placed it on the public record for a period of 30 days for the receipt and consideration of public comments. The Commission duly considered any comments received from interested persons pursuant to Commission Rule 2.34, 16 C.F.R. § 2.34. Now, in further conformity with the procedure prescribed in Commission Rule 2.34, the Commission issues its Complaint, makes the following Findings, and issues the following Order:

Findings

1. The Respondents are:
 - a. Respondent A & O Enterprises Inc, a Wyoming corporation, also doing business as iV Bars Incorporated and iV Bars, with its principal office or place of business at 4101 Centurion Way, Addison, Texas 75001.
 - b. Respondent Aaron K. Roberts, also known as Aaron Keith, the owner and operating manager of A & O Enterprises Inc. Individually or in concert with others, he formulates, directs, or controls the policies, acts, or practices of A & O Enterprises Inc. His principal office or place of business is the same as that of A & O Enterprises Inc.
2. The Commission has jurisdiction over the subject matter of this proceeding and over the Respondents, and the proceeding is in the public interest.

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ORDER**Definitions**

For purposes of this Order, the following definitions apply:

- A. “Covered product” means any intravenous therapy, including Respondents’ iV Cocktails, and any intramuscular injection.
- B. “Essentially equivalent product” means a product that contains the identical ingredients, except for inactive ingredients (e.g., inactive binders, colors, fillers, excipients), in the same form and dosage, and with the same route of administration (e.g., intravenous), as the covered product; *provided that* the covered product may contain additional ingredients if reliable scientific evidence generally accepted by experts in the field indicates that the amount and combination of additional ingredients are unlikely to impede or inhibit the effectiveness of the ingredients in the essentially equivalent product.
- C. “Intramuscular injection” means the injection of substances, including mixtures of water, vitamins, minerals, amino acids, or other active ingredients, directly into human muscle.
- D. “Intravenous therapy” means the infusion of substances, including mixtures of water, vitamins, minerals, amino acids, or other ingredients, directly into the human bloodstream.
- E. “iV Cocktail” means any intravenous therapy, advertised, promoted, offered for sale, or sold by Respondents, including the Myers Cocktail and the Immune Booster.
- F. “Respondents” means the Corporate Respondent and the Individual Respondent, individually, collectively, or in any combination.
 - 1. “Corporate Respondent” means A & O Enterprises Inc, also doing business as iV Bars Incorporated and iV Bars, and its successors and assigns.
 - 2. “Individual Respondent” means Aaron K. Roberts, also known as Aaron Keith.

Provisions**I. Prohibited Disease Claims**

IT IS ORDERED that Respondents, and Respondents’ officers, agents, employees, and attorneys, and all other persons in active concert or participation with any of them, who receive actual notice of this Order, whether acting directly or indirectly, in connection with the advertising, promotion, offering for sale, or sale of any covered product must not make any

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representation, or assist others in making any representation, expressly or by implication, that such product:

- A. Is an effective treatment for cancer;
- B. Is an effective treatment for angina, cardiovascular disease, congestive heart failure, or myocardial infarction;
- C. Is an effective treatment for multiple sclerosis;
- D. Is an effective treatment for diabetes;
- E. Is an effective treatment for fibromyalgia;
- F. Is an effective treatment for neurodegenerative disorders;
- G. Produces fast, lasting results; or
- H. Cures, mitigates, or treats any disease;

unless the representation is non-misleading, including that, at the time such representation is made, they possess and rely upon competent and reliable scientific evidence that substantiates that the representation is true. For purposes of this Provision, “competent and reliable scientific evidence” means human clinical testing of the covered product or of an essentially equivalent product that is sufficient in quality and quantity, based on standards generally accepted by experts in the relevant disease, condition, or function to which the representation relates, when considered in light of the entire body of relevant and reliable scientific evidence, to substantiate that the representation is true. Such testing must (1) be randomized, double-blind, and placebo-controlled; and (2) be conducted by researchers qualified by training and experience to conduct such testing. In addition, all underlying or supporting data and documents generally accepted by experts in the relevant field as relevant to an assessment of such testing as described in the Provision titled Preservation of Records Relating to Competent and Reliable Human Clinical Tests or Studies must be available for inspection and production to the Commission. Respondents will have the burden of proving that a product satisfies the definition of an essentially equivalent product.

II. Prohibited Health Benefit and Safety Claims

IT IS FURTHER ORDERED that Respondents, and Respondents’ officers, agents, employees, and attorneys, and all other persons in active concert or participation with any of them, who receive actual notice of this Order, whether acting directly or indirectly, in connection with the advertising, promotion, offering for sale, or sale of any covered product must not make any representation, or assist others in making any representation, other than representations covered under the Provision titled Prohibited Disease Claims, expressly or by implication, about the health benefits, efficacy, safety, or side effects of such product, unless the representation is non-misleading, including that, at the time such representation is made, they possess and rely upon competent and reliable scientific evidence that is sufficient in quality and quantity based on

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standards generally accepted by experts in the relevant disease, condition, or function to which the representation relates, when considered in light of the entire body of relevant and reliable scientific evidence, to substantiate that the representation is true. For purposes of this Provision, “competent and reliable scientific evidence” means tests, analyses, research, or studies that (1) have been conducted and evaluated in an objective manner by experts in the relevant disease, condition, or function to which the representation relates; (2) that are generally accepted by such experts to yield accurate and reliable results; and (3) that are randomized, double-blind, and placebo-controlled human clinical testing of the covered product, or of an essentially equivalent product, when such experts would generally require such human clinical testing to substantiate that the representation is true. In addition, when such tests or studies are human clinical tests or studies, all underlying or supporting data and documents generally accepted by experts in the field as relevant to an assessment of such testing as described in the Provision of this Order titled Preservation of Records Relating to Competent and Reliable Human Clinical Tests or Studies must be available for inspection and production to the Commission. Respondents will have the burden of proving that a product satisfies the definition of an essentially equivalent product.

III. Prohibited Misrepresentations Regarding an iV Bars Research Lab

IT IS FURTHER ORDERED that Respondents, and Respondents’ officers, agents, employees, and attorneys, and all other persons in active concert or participation with any of them, who receive actual notice of this Order, whether acting, directly or indirectly, in connection with the advertising, promotion, offering for sale, or sale of any covered product must not make any misrepresentation, or assist others in making any misrepresentation, expressly or by implication that Respondents:

- A. Assembled physicians, biochemists, or physiologists to create the formulas for their products;
- B. Employ biologists, chemists, pharmacists, medical doctors, naturopathic doctors, or exercise physiologists to test or approve their products; or
- C. Maintain a research facility, including an iV Bars Research Lab.

IV. Prohibited Misrepresentations Regarding Tests, Studies, or Other Research

IT IS FURTHER ORDERED that Respondents, and Respondents’ officers, agents, employees, and attorneys, and all other persons in active concert or participation with any of them, who receive actual notice of this Order, whether acting directly or indirectly, in connection with the advertising, promotion, offering for sale, or sale of any product or service must not make any misrepresentation, or assist others in making any misrepresentation, expressly or by implication:

- A. About the existence, contents, validity, results, conclusions, or interpretations of any test, study, or other research, including that studies, research, or trials prove that such product or service is an effective treatment for cancer, angina, cardiovascular disease, congestive heart failure, myocardial infarction, multiple

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sclerosis, diabetes, fibromyalgia, or neurodegenerative disorders or produces fast, lasting results; or

- B. That any benefit of such product or service is scientifically or clinically proven or otherwise established.

**V. Preservation of Records Relating to
Competent and Reliable Human Clinical Tests or Studies**

IT IS FURTHER ORDERED that, with regard to any human clinical test or study (“test”) upon which Respondents rely to substantiate any claim covered by this Order, Respondents must secure and preserve all underlying or supporting data and documents generally accepted by experts in the field as relevant to an assessment of the test, including:

- A. All protocols and protocol amendments, reports, articles, write-ups, or other accounts of the results of the test, and drafts of such documents reviewed by the test sponsor or any other person not employed by the research entity;
- B. All documents referring or relating to recruitment; randomization; instructions, including oral instructions, to participants; and participant compliance;
- C. Documents sufficient to identify all test participants, including any participants who did not complete the test, and all communications with any participants relating to the test; all raw data collected from participants enrolled in the test, including any participants who did not complete the test; source documents for such data; any data dictionaries; and any case report forms;
- D. All documents referring or relating to any statistical analysis of any test data, including any pretest analysis, intent-to-treat analysis, or between-group analysis performed on any test data; and
- E. All documents referring or relating to the sponsorship of the test, including all communications and contracts between any sponsor and the test’s researchers.

Provided, however, the preceding preservation requirement does not apply to a reliably reported test, unless the test was conducted, controlled, or sponsored, in whole or in part by (1) any Respondent; (2) any Respondent’s officers, agents, representatives, or employees; (3) any other person or entity in active concert or participation with any Respondent; (4) any person or entity affiliated with or acting on behalf of any Respondent; (5) any supplier of any ingredient contained in the product at issue to any of the foregoing or to the product’s manufacturer; or (6) the supplier or manufacturer of such product.

For purposes of this Provision, “reliably reported test” means a report of the test has been published in a peer-reviewed journal, and such published report provides sufficient information about the test for experts in the relevant field to assess the reliability of the results.

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For any test conducted, controlled, or sponsored, in whole or in part, by Respondents, Respondents must establish and maintain reasonable procedures to protect the confidentiality, security, and integrity of any personal information collected from or about participants. These procedures must be documented in writing and must contain administrative, technical, and physical safeguards appropriate to Respondents' size and complexity, the nature and scope of Respondents' activities, and the sensitivity of the personal information collected from or about the participants.

VI. FDA Approved Claims

IT IS FURTHER ORDERED that nothing in this Order prohibits Respondents, or Respondents' officers, agents, employees, and attorneys, or all other persons in active concert or participation with any of them, from making a representation for any drug that is approved in labeling for such drug under any tentative final or final monograph promulgated by the Food and Drug Administration ("FDA"), or under any new drug application approved by the FDA.

VII. Acknowledgments of the Order

IT IS FURTHER ORDERED that Respondents obtain acknowledgments of receipt of this Order:

- A. Each Respondent, within 10 days after the effective date of this Order, must submit to the Commission an acknowledgment of receipt of this Order sworn under penalty of perjury.
- B. For 10 years after the issuance date of this Order, Individual Respondent for any business that such Respondent, individually or collectively with any other Respondents, is the majority owner or controls directly or indirectly, and Corporate Respondent, must deliver a copy of this Order to: (1) all principals, officers, directors, and LLC managers and members; (2) all employees having managerial responsibilities for conduct related to the subject matter of the Order and all agents and representatives who participate in conduct related to the subject matter of the Order; and (3) any business entity resulting from any change in structure as set forth in the Provision titled Compliance Reports and Notices. Delivery must occur within 10 days after the effective date of this Order for current personnel. For all others, delivery must occur before they assume their responsibilities.
- C. From each individual or entity to which a Respondent delivered a copy of this Order, that Respondent must obtain, within 30 days, a signed and dated acknowledgment of receipt of this Order.

VIII. Compliance Report and Notices

IT IS FURTHER ORDERED that Respondents make timely submissions to the Commission:

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- A. One year after the issuance date of this Order, each Respondent must submit a compliance report, sworn under penalty of perjury, in which:
1. Each Respondent must: (a) identify the primary physical, postal, and email address and telephone number, as designated points of contact, which representatives of the Commission, may use to communicate with Respondent; (b) identify all of that Respondent's businesses by all of their names, telephone numbers, and physical, postal, email, and Internet addresses; (c) describe the activities of each business, including the goods and services offered, the means of advertising, marketing, and sales, and the involvement of any other Respondent (which Individual Respondents must describe if they know or should know due to their own involvement); (d) describe in detail whether and how that Respondent is in compliance with each Provision of this Order; and (e) provide a copy of each Acknowledgment of the Order obtained pursuant to this Order, unless previously submitted to the Commission.
 2. Additionally, the Individual Respondent must: (a) identify all his telephone numbers and all his physical, postal, email and Internet addresses, including all residences; (b) identify all his business activities, including any business for which the Respondent performs services whether as an employee or otherwise and any entity in which the Respondent has any ownership interest; and (c) describe in detail the Respondent's involvement in each the business activity, including title, role, responsibilities, participation, authority, control, and any ownership.
- B. For 10 years after the issuance date of this Order, each Respondent must submit a compliance notice, sworn under penalty of perjury, within 14 days of any change in the following:
1. Each Respondent must submit notice of any change in: (a) any designated point of contact; or (b) the structure of Corporate Respondent or any entity that Respondent has any ownership interest in or controls directly or indirectly that may affect compliance obligations arising under this Order, including: creation, merger, sale, or dissolution of the entity or any subsidiary, parent, or affiliate that engages in any acts or practices subject to this Order.
 2. Additionally, the Individual Respondent must submit notice of any change in: (a) name, including alias or fictitious name, or residence address; or (b) title or role in any business activity, including (i) any business for which the Respondent performs services whether as an employee or otherwise and (ii) any entity in which the Respondent has any ownership interest and over which Respondents have direct or indirect control. For each such business activity, also identify its name, physical address, and any Internet address.

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- C. Each Respondent must submit notice of the filing of any bankruptcy petition, insolvency proceeding, or similar proceeding by or against such Respondent within 14 days of its filing.
- D. Any submission to the Commission required by this Order to be sworn under penalty of perjury must be true and accurate and comply with 28 U.S.C. § 1746, such as by concluding: “I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on: _____” and supplying the date, signatory’s full name, title (if applicable), and signature.
- E. Unless otherwise directed by a Commission representative in writing, all submissions to the Commission pursuant to this Order must be emailed to DEbrief@ftc.gov or sent by overnight courier (not the U.S. Postal Service) to: Associate Director for Enforcement, Bureau of Consumer Protection, Federal Trade Commission, 600 Pennsylvania Avenue NW, Washington, DC 20580. The subject line must begin: In re A & O Enterprises Inc.

IX. Recordkeeping

IT IS FURTHER ORDERED that Respondents must create certain records for 10 years after the issuance date of this Order, and retain each such record for 5 years, unless otherwise specified below. Specifically, Corporate Respondent and the Individual Respondent for any business that such Respondent, individually or collectively with any other Respondents, is a majority owner or controls directly or indirectly, must create and retain the following records:

- A. accounting records showing the revenues from all goods or services sold, the costs incurred in generating those revenues, and resulting net profit or loss;
- B. personnel records showing, for each person providing services in relation to any aspect of the Order, whether as an employee or otherwise, that person’s: name; addresses; telephone numbers; job title or position; dates of service; and (if applicable) the reason for termination;
- C. copies or records of all consumer complaints and refund requests, whether received directly or indirectly, such as through a third party, and any response;
- D. a copy of each unique advertisement or other marketing material making a representation subject to this Order;
- E. for 5 years from the date of the last dissemination of any representation covered by this Order:
 - 1. all materials that were relied upon in making the representation; and

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2. all tests, studies, analysis, other research or other such evidence in Respondent's possession, custody, or control that contradicts, qualifies, or otherwise calls into question the representation, or the basis relied upon for the representation; and
- F. all records necessary to demonstrate full compliance with each provision of this Order, including all submissions to the Commission.

X. Compliance Monitoring

IT IS FURTHER ORDERED that, for the purpose of monitoring Respondents' compliance with this Order:

- A. Within 10 days of receipt of a written request from a representative of the Commission, each Respondent must: submit additional compliance reports or other requested information, which must be sworn under penalty of perjury, and produce records for inspection and copying.
- B. For matters concerning this Order, representatives of the Commission are authorized to communicate directly with each Respondent. Respondents must permit representatives of the Commission to interview anyone affiliated with any Respondent who has agreed to such an interview. The interviewee may have counsel present.
- C. The Commission may use all other lawful means, including posing through its representatives as consumers, suppliers, or other individuals or entities, to Respondents or any individual or entity affiliated with Respondents, without the necessity of identification or prior notice. Nothing in this Order limits the Commission's lawful use of compulsory process, pursuant to Sections 9 and 20 of the FTC Act, 15 U.S.C. §§ 49, 57b-1.
- D. Upon written request from a representative of the Commission, any consumer reporting agency must furnish consumer reports concerning Individual Respondent, pursuant to Section 604(2) of the Fair Credit Reporting Act, 15 U.S.C. § 1681b(a)(2).

XI. Order Effective Dates

IT IS FURTHER ORDERED that this Order is final and effective upon the date of its publication on the Commission's website (ftc.gov) as a final order. This Order will terminate on February 13, 2039, or 20 years from the most recent date that the United States or the Commission files a complaint (with or without an accompanying settlement) in federal court alleging any violation of this Order, whichever comes later; *provided, however*, that the filing of such a complaint will not affect the duration of:

- A. Any Provision in this Order that terminates in less than 20 years;

Analysis to Aid Public Comment

- B. This Order's application to any Respondent that is not named as a defendant in such complaint; and
- C. This Order if such complaint is filed after the Order has terminated pursuant to this Provision.

Provided, further, that if such complaint is dismissed or a federal court rules that the Respondent did not violate any provision of the Order, and the dismissal or ruling is either not appealed or upheld on appeal, then the Order will terminate according to this Provision as though the complaint had never been filed, except that the Order will not terminate between the date such complaint is filed and the later of the deadline for appealing such dismissal or ruling and the date such dismissal or ruling is upheld on appeal.

By the Commission, Commissioner Wilson not participating.

ANALYSIS OF CONSENT ORDER TO AID PUBLIC COMMENT

The Federal Trade Commission ("FTC" or "Commission") has accepted, subject to final approval, an agreement containing a consent order from A & O Enterprises Inc, a corporation, doing business as iV Bars Incorporated and iV Bars, and Aaron K. Roberts, also known as Aaron Keith ("respondents"). The proposed consent order ("order") has been placed on the public record for 30 days for receipt of comments by interested persons. Comments received during this period will become part of the public record. After 30 days, the Commission will again review the agreement, and the comments received, and will decide whether it should withdraw from the agreement and take appropriate action or make final the agreement's proposed order.

This matter involves respondents' advertising, promotion and sale of intravenous drip cocktails ("iV Cocktails"), including the Myers Cocktail, which contain a mixture of water, vitamins, minerals and amino acids. According to the FTC complaint, respondents made false or unsubstantiated representations that their iV Cocktails are effective treatments for cancer, angina, cardiovascular disease, congestive heart failure, myocardial infarction, multiple sclerosis, diabetes, fibromyalgia and neurodegenerative disorders, and that their cocktails produce fast, lasting results, are safe for all ages and cause no side effects. The FTC also alleges that respondents falsely represented that their iV Cocktails are clinically or scientifically proven to effectively treat the enumerated diseases and produce fast, lasting results. The complaint alleges that respondents' actions constitute unfair or deceptive acts or practices and the making of false advertisements, in violation of Sections 5(a) and 12 of the Federal Trade Commission Act.

Analysis to Aid Public Comment

The order is designed to prevent respondents from engaging in similar acts or practices in the future. It includes injunctive relief to address these alleged violations and to prohibit similar and related conduct.

- The order defines “covered product” to mean any intravenous therapy, including all of respondents’ iV Cocktails, and any intramuscular injection.
- Part I of the order prohibits express or implied claims that any covered product: (1) is an effective treatment for cancer, angina, cardiovascular disease, congestive heart failure, myocardial infarction, multiple sclerosis, diabetes, fibromyalgia, or neurodegenerative disorders, (2) produces fast, lasting results, or (3) cures, mitigates, or treats any disease, unless the claim is supported by competent and reliable scientific evidence that is sufficient in quality and quantity, based on standards generally accepted by experts in the relevant area. It further requires that such substantiation include a randomized, double-blind, and placebo-controlled human clinical trial.
- Part II of the order prohibits express or implied health benefit, efficacy, safety, or side effects claims for any covered product, unless the representation is non-misleading, and, at the time the representation is made, proposed respondents possess and rely upon competent and reliable scientific evidence that is sufficient in quality and quantity to support the claim, based on standards generally accepted by experts in the area. It further provides that such substantiation must include a randomized, double-blind, and placebo-controlled human clinical trial, when experts generally require such human clinical testing to substantiate the representation.
- Part III of the order prohibits respondents, in connection with the advertising, promotion, offering for sale, or sale of any covered product, from misrepresenting, expressly or by implication, that they assembled physicians, biochemists, or physiologists to create, test or approve the products, or that they maintain a research facility, including an iV Bars Research Lab.
- Part IV of the order prohibits respondents, in connection with the advertising, promotion, offering for sale, or sale of any product or service, from making any misrepresentation about the existence, contents, validity, results, conclusions, or interpretations of any test, study, or other research, or that any product or service is scientifically or clinically proven to produce any benefit.
- Part V of the order requires that respondents, with regard to any human clinical test or study upon which they rely to substantiate any claim covered by the order, must preserve all underlying data and documents generally accepted by experts in the field as relevant to an assessment of the test.
- Part VI of the order provides that nothing in the order prohibits respondents from making a representation for any drug that is approved in labeling for such drug under any tentative final or final monograph promulgated by the Food and Drug Administration, or under any new drug application approved by the FDA.

Analysis to Aid Public Comment

Parts VII through XI are reporting and compliance provisions. Part VII mandates that respondents acknowledge receipt of the order and, for 10 years, distribute the order to certain employees and agents and secure acknowledgments from recipients of the order. Part VIII requires that respondents submit compliance reports to the FTC one year after the order's issuance and submit additional reports when certain events occur. Part IX requires that, for 10 years, respondents create certain records and retain them for at least 5 years. Part X provides for the FTC's continued compliance monitoring of respondents' activity during the order's effective dates. Part XI is a provision "sunsetting" the order after 20 years, with certain exceptions.

The purpose of this analysis is to facilitate public comment on the proposed order. It is not intended to constitute an official interpretation of the complaint or order, or to modify in any way the order's terms.

Complaint

IN THE MATTER OF

**CORPUS CHRISTI POLYMERS LLC,
ALFA S.A.B. DE C.V.,
INDORAMA VENTURES PLC,
FAR EASTERN NEW CENTURY CORPORATION,
ALOKE LOHIA
AND
SUCHITRA LOHIA**

CONSENT ORDER, ETC. IN REGARD TO ALLEGED VIOLATIONS OF SECTION 5 OF THE FEDERAL
TRADE COMMISSION ACT AND SECTION 7 OF THE CLAYTON ACT

Docket No. C-4672; File No. 181 0030

Complaint, February 20, 2019 – Decision, February 20, 2019

This consent order addresses the \$1.1 billion acquisition by Corpus Christi Polymers LLC of certain assets of M&G Chemicals S.A. The complaint alleges that the joint venture of Alfa, S.A.B. de C.V. (DAK), Indorama Ventures Plc (Indorama), and Far Eastern New Century Corporation (FENC) would violate Section 7 of the Clayton Act and Section 5 of the Federal Trade Commission Act by lessening competition in the production of polyethylene terephthalate resin (PET). The consent order prohibits each joint venture member from owning more than a one-third equity interest in CCP and from owning tolling rights to more than one-third of the Corpus Christi plant's PET and PTA capacity, without prior approval from the Commission.

Participants

For the *Commission*: Michael E. Blaisdell, Nicholas Bush, Mary Casale, Keitha Clopper, Clarke Edwards, Eric Olson, Marc Schneider, and Julia Zhang.

For the *Respondents*: Jeff L. White, Weil, Gotshal & Manges LLP; Michael Perry and Stephen Weissman, Baker Botts LLP; Edward Biester, Duane Morris LLP.

COMPLAINT

Pursuant to the provisions of the Federal Trade Commission Act ("FTC Act"), and by virtue of the authority vested in it by said Act, the Federal Trade Commission ("Commission"), having reason to believe that Respondent Corpus Christi Polymers LLC ("CCP"), a joint venture between corporate entities under the control of Respondents Alfa S.A.B. de C.V. ("DAK"), Indorama Ventures Plc ("Indorama"), controlled by Alope and Suchitra Lohia, and Far Eastern New Century Corporation ("FENC"), intends to acquire certain assets from M&G Resins USA LLC and its affiliates ("M&G") in bankruptcy, in violation of Section 5 of the FTC Act, as amended, 15 U.S.C. § 45, and which, if the acquisition is consummated, may substantially lessen competition in violation of Section 7 of the Clayton Act, 15 U.S.C. § 18, and Section 5 of the FTC Act, and it appearing to the Commission that a proceeding by it in respect thereof would be in the public interest, hereby issues its complaint pursuant to Section 5(b) of the FTC Act, 15