



Drip fad?

Lorna Jackson asks, are intravenous vitamin infusions fab or fad?

Popping a few multi-vitamin pills with your breakfast is not a new thing, but a recent rise in the use of IV or intravenously delivered vitamin drips is causing quite a stir in the aesthetic community. Celebrities have been pictured on social media touting this solution as the best “pick-me up” for those needing a boost of energy. Thus the treatment is now widely marketed using different terms including IV Hydration, Intravenous Micronutrient Therapy (IVMT) and Intravenous Nutritional Therapy (IVNT).

BACKGROUND

In the 18th century when doctors discovered that eating citrus fruit (containing vitamin C) counteracted scurvy amongst sea-faring sailors the science of “why” was lacking. It wasn’t until the late 1800s that a Russian surgeon proposed the theory that our foods contain nutrients that are essential for good body health.

As understanding grew throughout the 20th century, knowledge increased. The medical community began to both prescribe and make synthetic versions of common vitamins to improve the health of those afflicted by deficiencies and diseases. Today, most vitamins and minerals are widely available in oral tablet and liquid forms in high street chemists and supermarkets, as well as prescribed by general practitioners for conditions such as anaemia (iron supplementation) and rickets (vitamin D supplementation).

But what about sticking a needle in your arm, attached to a drip with a bag on a stand which delivers a controlled dose of vitamins and minerals directly into your body intravenously? Is this new? The simple answer is “no”.

In the 1960s, the use of IV delivered vitamin cocktails was proposed as a more effective method for delivering a dose of essential vitamins and minerals into the bloodstream than via oral options (food or pills) due to how our bodies digest, absorb and expel that which we ingest by mouth.

The most famous and earliest cocktail of vitamins and minerals delivered to patients in this way was that developed by Baltimore based American doctor, John Myers, in the 1960s, thus this became known as the "Myers' Cocktail."

This was essentially a multi-vitamin pill for IV delivery. Although there is no documented, published original "recipe", the theory is that Dr Myers used a 10ml syringe and administered by slow IV push a combination of magnesium chloride (2% solution), calcium gluconate, thiamine, vitamin B6, vitamin B-12, calcium pantothenate, vitamin B complex, vitamin C, and dilute hydrochloric acid. The exact doses of individual components were unknown but one doctor, Dr Alan Gaby, who took on many of Dr Myers' patients after his death in 1984, treated over 1,500 patients, up to 2002, with his version of the Myers' Cocktail – the modified Myers' Cocktail. Many clinics still adopt this concept and adapt it for their own use today, and most commercially available products bear some resemblance to this cocktail.

Sadly for the late Dr Myers his legacy is included in Quackwatch's index of questionable treatments as evidence to support it is largely anecdotal with few notable scientific publications.

Dr Gaby himself wrote the most widely quoted clinical paper following his experiences in which he concluded a similarly unproven result:

"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. 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 sensations induced by IV nutrient infusions, trials comparing the Myers' with established therapies would be informative. Practitioners using this treatment are encouraged to report their findings.

More recently, the media and celebrities have cottoned on to this treatment concept and companies happy to manufacture and compound bespoke cocktails have come out of nowhere to market the use of IV vitamin and nutrient drips (delivered in aesthetic, slimming and nutritional clinics). This time the promotion revolves around "pick me-ups" to boost immune systems pre-, during and post- colds and flu, recovery and rehydration from busy and hectic work or party lives, including jetlag, or as an aid to sports performance, alongside anti-ageing claims for improved skin tone and a "healthy look".

Now this is where the cynical stuff comes in. If you are otherwise healthy and have a well-balanced and varied diet of proteins (meat, fish, eggs), fruit and vegetables, >



plus plenty of water, then it's quite likely that you are getting all the vitamins and minerals that your body needs, (with a bit of sunshine thrown in for some vitamin D). So would the act of regularly popping multi-vitamin pills or having bi-monthly IV infusions just have a placebo effect or a short-term "lift" rather than any real medical benefit to your long-term health? Of course pregnant and menopausal women and others experiencing unbalance may benefit, but on the whole there are those who argue that vitamin and mineral supplementation is not required for the vast majority of the population, (if they look after themselves properly), and certainly not without proper blood profiling to look for any key deficiencies.

Nutritionist and Consulting Room adviser, Kim Pearson comments, "Humans are designed to ingest the majority of essential nutrients orally, not intravenously. Of course there are medical scenarios where IV nutrition may be necessary to prevent malnutrition, however these patients' circumstances are entirely different to those of the average patient attending a medical aesthetic clinic.

"Whilst there are anecdotal reports of the benefits of IV drips (quite possibly simply the result of increased hydration), there are no conclusive studies that I am aware of demonstrating improvements to the health of already healthy individuals.

"I believe that in many cases where IV nutrient drips are administered through medical aesthetic clinics they are unnecessary and potentially even dangerous. Individuals may see this as a quick fix but would most likely do better to focus a little more on their daily diet and take good quality oral nutrient supplements based on their individual needs."

So, why has the use of intravenous vitamin supplementation suddenly sky-rocketed in popularity? And more importantly, what do aesthetic professionals think of this new kid on the block?

INDUSTRY SENTIMENT

With many advocates and detractors, the concept of intravenous vitamin drips as a credible treatment option within the aesthetic and cosmetic industry is certainly hot for debate right now. The Consulting Room ran a survey this summer to find out exactly what the industry thinks about this innovation. Responses were received predominantly from cosmetic doctors and aesthetic nurse independent prescribers as well as non-prescribing nurses. 58% of respondents were not offering vitamin drips and 42% were either offering the treatment themselves or working in a clinic which offered it. The most widely used brand by respondents was Intravita, followed by a Myers' Cocktail, REVIV and VitaminDrip®.

When asked what their opinion was of intravenous vitamin/mineral drips and those who offer them to the public, based on a series of pre-set positive and negative options, the largest response was that "I see no real, sound clinical evidence behind them to support their use", with more than half of respondents choosing that option.

Other highly shared opinions included:

"...with limited regulation within the cosmetic sector, this is yet another area that could be exploited for profit by unskilled practitioners to the detriment of the public",

"I would be very wary about offering vitamin drips without really knowing if the patient was actually deficient in the first place",

"...respectable aesthetic professionals should not be selling 'hangover cures' and 'tiredness boosters' to overworked party people"

Despite 42% of respondents stating that they or the clinic where they worked offered IV vitamin infusions, only 30% of respondents agreed with the statement:

"I'm a great advocate for IV drips, I think they work and I'm happy to offer them to my patients".

Only 23% of those offering treatment also agreed that:

"IV vitamin drips make a great adjunctive treatment to further enhance the overall treatment plan for my patients and improve their outcomes as a whole"

And 23% confirmed that:

"I'm confident in offering this treatment to my patients now or in the future".

Either people don't read surveys correctly or those offering the IV vitamin therapies are still deciding themselves just how good they are for their patients? I will leave you to decide on that one!

WHO SHOULD BE TREATED?

Although it could be argued that sound, controlled study data is lacking on the efficacy of IV infusions (and the many recipes available), there is a broad range of anecdotal evidence both from practitioners and patients alike, that they have beneficial effects. According to popular press, most of us are dehydrated in our daily lives so the simple process of receiving an IV drip of saline would probably improve our sense of wellbeing – let alone a cocktail of extra boosters.

There are certainly those patients who have a defined and traceable deficiency or who have a diagnosed condition who can benefit from targeted supplementation, either orally or intravenously but celebrity hype and a media frenzy have surely made, what is in some cases a credible treatment, into no more than an energy drink in an expensive drip.

So, how are clinics assessing who is right for this treatment or is profit over patient care at the root of it all? In most cases, as the individuals being seen in a medical aesthetic clinics are otherwise healthy, and have not sought help or a diagnosis for symptoms which could be related to a vitamin or nutrient deficiency, all that is being performed is a thorough medical history and lifestyle screening, alongside vital sign checks (blood pressure, pulse, temperature, BMI etc.). Rarely is there a requirement or a desire for a full blood work up to be done on a patient, something which



courts controversy amongst detractors who see this as an essential benchmark for the primary starting point with prescribing the best (or avoiding the worst) treatment therapy for the individual.

RISKS

We all know how unregulated the UK aesthetic marketplace is and, frankly, even if it was more heavily policed, the speed with which new products enter our marketplace would mean that it would still take years for regulators to catch up in both understanding and creating regulatory standards. The surge in the promotion and use of IV vitamin drips has been phenomenal. Cynics see those medical colleagues who embrace it as simply running quickly to the bank with fistfuls of pound notes in their hands whilst the unsuspecting public jumps on the latest celebrity craze; making hay whilst the sun shines! Others genuinely believe the treatment to have merit and wish to provide it as part of a broad, combined treatment package for their clients, much like offering collagen supplementation drinks or nutraceuticals. The jury is still out on just who is right or wrong!

More importantly, the question of who, where and how the IV vitamin treatments are delivered is more pressing. This is something that we also asked our survey respondents, with over 40% raising the issue that one of their biggest concerns was that with limited regulation within the cosmetic sector, this is yet another area that could be exploited for profit by unskilled practitioners to the detriment of the public. Almost all thought that the prescribing and delivery of vitamin drips was the domain of doctors (90% agreed), surgeons (59% agreed) or Nurse NIPs (50% agreed). Thankfully no respondents thought this should be in the scope of beauty therapists or other allied healthcare professionals – even though homeopaths

are being trained in this area (with some prerequisites). Many respondents did feel it appropriate for a doctor or independent nurse prescriber to prescribe and then devolve delivery down to an assisting nurse.

However some were still not keen and raised the question of whether all NIPs (and nurses) working in aesthetics have enough knowledge to prescribe (or deliver) in this new arena. The crux of this argument lies with the whole nursing experience of the individual nurse in question; if they have been involved in past hospital work which includes IV cannulation and have additional background in prescribing then a breadth of knowledge and experience can be clearly demonstrated and there would be no concerns. Sadly, and this is no doubt unique to the aesthetic sector, it is posed that those who have undertaken a prescribing course aimed at solely aesthetic nurses in order to obtain their NIP status, but do not have previous appropriate working experience, could find their core understanding is limited as the qualification is targeted at and formed around prescribing for botulinum toxins and not for intravenous medicines. The same is said to be true for non-prescribing nurses who may come from say a mental health background; such nurses are in some cases being required to attend a phlebotomy course before attending and certifying with an IV nutritional therapy company.

Concerns raised, both about the practitioners delivering and the treatment itself included non-medical personnel administering treatment without any medical knowledge or training due to loop holes in current legislation, a lack of robust scientific evidence behind >





the treatment, possible side effects and adverse reactions from treatment such as anaphylaxis and infection, the use of non-clinical environments for treatment delivery which lack infection control and adequate resuscitation facilities or trained staff, the risk of toxic doses or abuse which could cause cardiac abnormalities, a lack of blood testing before prescribing the treatment, the possibility of products with questionable origins or unsafe compositions entering the supply chain as seen with other sectors, and the chance of little benefit for the patient who may feel that they have wasted their money and thus repeat business does not occur.

CONCLUSION

The temptation to jump on a celebrity-driven band-wagon is high with the current marketplace for intravenous vitamin and nutritional therapies, I'd even go as far as to say it's the new tooth-whitening.

We've all seen the reality TV stars and z-list celebrities flaunting their pearly-whites on TV and in Heat magazine only for the high street tooth whitening industry to explode into life, despite adequate legislation now in place to regulate this as the practice of dentistry, it still goes on in salons up and down the country.

The same could be said to be true with IV vitamin drips, the science and efficacy evidence is poor - a bottle of water, some meat and two veg, plenty of sleep and a decent lifestyle could probably achieve the same thing, yet if the latest in-vogue actress, singer or model is seen to be having IV nutrient infusions, then the public will rush to do the same and get it wherever they can - "science schmience".

Thankfully the prescriptive nature of the component medicines utilised in the IV infusions and the medical technicalities of delivery may prevent this from falling into rogue, non-medical hands, as is now common-place with cosmetic injectables and tooth whitening, but with no active statutory regulation and a global online marketplace for medical drugs and generic ingredients, I really wouldn't like to say that it could never get into the wrong hands and become a back-street industry.

For medical professionals it comes down to a couple of things - does this make sound business sense and will I a) be doing my patients no harm and b) be offering them a credible treatment with beneficial results for the money spent? This you need to answer for yourself, but I hope this article has given you something to think about.

A full, unabridged version of this article is available to Consulting Room members. AM



Lorna Jackson has been editor of The Consulting Room™, the UK's largest aesthetic information website, since 2003. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics, plus researching, investigating and writing feature articles, blogs, newsletters and reports for The Consulting Room™ and various consumer and trade publications. Lorna was recently awarded Journalist of the Year at the MyFaceMyBody Awards 2014.