

3rd World Summit on HEALTH NUTRITION

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Case Study: Health Promoting Intravenous Nutrient Therapy (IVNT)**Morkel Jacques Otto***Harvard Medical School, United Kingdom*

A 57-year-old white male was introduced to me in May 2021 via a friend since he had been searching for a holistic medical practitioner [1].

During a Zoom meeting held on the 6th of May 2021 he told me that In March 2021 he had presented with three episodes of reflux esophagitis, epigastric discomfort and constipation followed by a few episodes of bright red blood in his stool of normal colour. He also suffers from nosebleeds.

He consulted his family physician and was referred to a specialist gastroenterologist His mother suffers with Parkinson's Disease and Alzheimer's Disease and his father suffers with Non-Insulin Dependent Type 2 Diabetes Mellitus (metformin therapy). His height is 185 cm and weight 84 kg (normally 80 kg). His calculated Body Mass index (BMI) of 24.5 is high normal for his age. See BMI Graph 1 [2]. His eats a balanced Western diet [3], preferring fish and seafood over red meat. He is a non-smoker and alcohol consumption [4] is moderate (wine 4 units per week and every 3 weeks 2 units of whiskey). Exercise consists of jogging 4-6 km twice a week; aerobic exercises every morning; swimming 30 minutes a week. Sometimes practices yoga for relaxation [5]. He is a business executive in several companies and mentioned that he can cope with work stress. However, he was complaining of feeling run down and unable to focus and concentrate for long periods of time. He is normotensive and have no other systemic illnesses. His blood tests (see below) indicate possible hyperthyroidism. Laboratory investigations performed on 16/03/2021 revealed normal urinalyses and occult blood negative stool samples. He gave consent to present his case as an example of improved health and wellbeing following several sessions of intravenous nutrient therapy (IVNT). Table 1: Fasting Blood tests Note that the same laboratory was used for the blood tests Blood tests of interest

Discussion:

1. Haemoglobin improved from 12.3 (16/03) to 13.2 (14/12).
2. Haematocrit improved from 37 (23/06) to 40 (14/12).
3. Total cholesterol reduced from 5.44 nmol/l (16/03) to 4.9 nmol/l (14/12).
4. Vitamin B12 increased from 299 picomole/l to 1,457 picomole/l (14/12) [13]. However, the patient did not reveal symptoms and signs of Vitamin B12 toxicity (case report: "after a total dose of 12 mg, she developed acne, palpitations, anxiety, akathisia, facial ruddiness, headache, and insomnia. She improved two weeks after stopping the drug. There were no sequelae nor complications" [13]).
5. Some 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 [48] (2) an inborn error of metabolism that can be controlled only by maintaining a higher-than-normal concentration of a particular nutrient; or (3) a renal leak of a nutrient [49] In some cases, continued IV therapy may be necessary because a disease state is too advanced to be reversible" [50].
6. However, it is imperative that a distinction is drawn between intravenous nutrient therapy (IVNT) and intravenous drug therapy (IVDT). IVNT includes both licensed and unlicensed nutrients (vitamins, amino acids and minerals) for the promotion of health and wellbeing. IVDT includes licensed medicines (not nutrients) prescribed "off-label" [51].
7. Despite thousands of IVNT administrations taking place every day around the world, very few side-effects and complications are reported. Side-effects that are usually associated with too rapid infusions or intravenous push injection are (1) hypotension, (2) dizziness (3) nausea and vomiting and (4) hypoglycaemia (high concentration ascorbic acid) [52]
8. Intravenous therapy (IVNT) is a popular nutrient therapy worldwide for several decades including the USA, Middle East, Far East and South America. The United Kingdom (since 2015) and Europe are the last major territories that has been coming 'onboard' in terms of IVNT and cannot merely be dismissed as 'fad' or a hype as was suggested in 2015 by The Consultation magazine. [53].

Biography

Morkel Jacques Otto is from Harvard Medical School Post Graduate Education Safety, Quality, Informatics and Leadership (SCQIL) 1-year program (2020-2021) Capstone research project.