Intravenous Therapy
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Why intravenous and not oral?

Intravenous administration of nutrients bypasses digestion, and processing by the liver. Keep in mind that every thing we swallow must first be digested, passed through the portal vein to the liver, where it will be disseminated to the rest of the body. That makes it difficult to use effective enough doses to bring forth a quick physiological change. Further, intravenous therapy creates "tissue saturation", the ability to get the nutrient where we want it, directly in the circulation, where it can reach body tissues at a high dose, without loss.

The last few words of the above paragraph are very important to understand. Did you know that almost 90% of the glutamine consumed in the human diet is used by the cells that line the intestinal tract (enterocytes) as a source of energy and only 10% reaches the circulation? Did you know that roughly 30 to 40% of the magnesium taken orally is absorbed? Now imagine being ill, having a magnesium deficiency, and poor digestion. What do you think the odds are of fixing that problem with oral magnesium supplementation and digestive enzymes alone? The outcome would not very good to say the least. Mildred Selig, Ph.D., renowned researcher of magnesium predicts it would take 6 months to normalize magnesium levels in a woman that is magnesium deficient with oral supplementation. The bottom line is that intravenous therapy speeds up the process of nutrient repletion, can deliver higher doses of key nutrients than oral administration, and bypasses digestion allowing for tissue saturation.

Intravenous Therapies Available at Fratellone Medical Associates

Unique IVs are formulated for many health conditions including inflammatory bowel disease and celiac disease, neurotransmitter deficiencies and neurodegenerative diseases, chronic fatigue syndrome, chronic immune deficiency, cancer (adjusted for different types), blood sugar abnormalities, liver disease, asthma, respiratory disorders, cardiovascular disease, pre and post surgical, athletic enhancement, as well as chelation therapy, phos-choline, alpha lipoic acid and glutathione therapy.

Phosphatidylcholine:
Phosphatidylcholine (PC) is part of group of compounds called phospholipids. Phospholipids are essential components of cell membranes. PC acts as a supplier of choline, which is required for cell membrane integrity and to facilitate the movement of fats in and out of cells. It is also a component of the neurotransmitter acetylcholine, which is required for normal brain functioning. Although the human body can synthesize choline, additional amounts beyond what can be supplied by the diet are essential under certain circumstances. The liver requires choline to utilize its primary source of fuel (triglycerides). Primary uses for PC include Alzheimer's disease, peripheral neuropathy and other neurological disorders; gallbladder attacks; Hepatitis and other liver disorders; high cholesterol; liver disorders; Tardive dyskinesia; chronic fatigue syndrome and related disorders, and for detoxification. It is administered separately after one of the above IV preparations. It has been found to dissolve soft plaque within the artery.

Alpha lipoid acid:

This potent and versatile antioxidant is also administered separately. It is routinely offered as a conclusion after one of the above IV therapies. It teams especially well with the Hepatic and

Neurological IV's. Alpha lipoic acid renews other antioxidants thus prolonging their effectiveness, increases cellular quantities of glutathione peroxidase (a potent antioxidant that passes the blood brain barrier), increases the effectiveness of insulin and it is beneficial in liver health. It is sometimes referred to as "the Master Antioxidant."