

# IV hydration spas: Health hack or pricey pee?

**I**V hydration spas are everywhere. I first encountered one in Las Vegas, which seemed fitting for the city—and the circumstances patrons may have endured the night prior. However, what once felt like a novelty now appears embedded in the wellness landscape. A recent *JAMA* article titled “IV hydration spas are gaining popularity, but are they safe?”<sup>1</sup> crystallized a growing concern: IV treatments have quietly migrated from medical settings to nearly every street corner, marketed as routine self-care. For a few hundred dollars, IV therapies claim to rehydrate, boost immunity, improve nutrient absorption, enhance energy, flush toxins, and speed athletic recovery. Boutique spas offering vitamin IV infusions appear to have emerged around 2008,<sup>2</sup> gaining momentum in 2012 when celebrity endorsements—most notably a photo of Rihanna receiving a so-called “party-girl drip”—helped make the trend mainstream.<sup>3</sup> Today, IV drips are marketed as offering customized, high-dose vitamin therapy tailored to “individual needs.”

## Are IV hydration spas safe? Who is ensuring they are?

These businesses appear to operate in a grey zone, under a patchwork of regulatory bodies. For example, medical health professionals such as physicians, nurses, and naturopaths have provincial colleges with standards of care. Drugs and IV products must be authorized by Health Canada. Yet many medical spas function in practice like compounding pharmacies, often without the oversight, quality controls, or reporting requirements expected in traditional health care settings. This raises legitimate concerns about dosing errors, vitamin toxicity, medication interactions, and contamination.<sup>4</sup>

A similar regulatory ambiguity exists

in the United States. While commercially manufactured IV fluids are regulated by the US Food and Drug Administration (FDA), hydration spas frequently use compounded versions of approved products, allowing them to operate outside of standard FDA oversight by classifying themselves as independent compounding entities.<sup>1</sup>

Common additives to “hydration therapy” include magnesium, glutathione, nicotinamide, adenine dinucleotide, and high-dose vitamins, as well as active pharmaceuticals like ketorolac, ondansetron, and, increasingly, glucagon-like peptide-1 receptor agonists.<sup>10</sup>

## Is there a proven benefit?

Even if IV hydration spas could be shown to operate safely, a fundamental question remains: Is there a proven benefit? The promise of IV hydration spas is rooted in the perceived health benefits of vitamin supplementation, long promoted as a pathway to enhanced wellness and longevity. In Canada, about 40% of adults report using multivitamins.<sup>5</sup> However, high-quality evidence increasingly challenges the assumption that more vitamins translates to better health.

Research published in *JAMA* in 2024 found that vitamins do not help people live longer.<sup>6</sup> The study followed 390 124 generally healthy adults for up to 27 years, examining multivitamin use and mortality outcomes.<sup>6</sup> The investigators carefully adjusted for potential confounders, including physical activity, alcohol intake, and diet quality, to mitigate the healthy-user effect. Vitamin use was more common among college-educated women with a lower body mass index and healthier diet. Over the follow-up period, approximately 42% of participants died, most commonly from cancer, cardiovascular disease, or cerebrovascular disease.

The findings were striking. Daily multivitamin use was not associated with reduced mortality. In fact, regular use was associated with a 4% higher mortality risk. The accompanying commentary appropriately emphasized nuance.<sup>7</sup> The authors cautioned that these data did not capture benefits unrelated to longevity—for example, beta-carotene, vitamins C and E, and zinc for age-related macular degeneration; multivitamins for slowing cognitive decline or post-bariatric surgery supplementation; or supplementation to prevent frank deficiencies like scurvy (vitamin C) and beriberi (thiamine). Yet beyond some clearly defined indications, the authors concluded that there is little health rationale for the use of multivitamin supplements in otherwise healthy individuals. As they noted, micronutrients are most healthfully obtained from food.<sup>7</sup>

Against this backdrop, IV hydration spas seem difficult to justify as a meaningful health intervention. They offer costly, invasive treatments with unproven benefits, variable oversight, and potential for harm, wrapped in the language of wellness.

What do you think? Are IV hydration spas the latest tool in our collective quest for vitality and longevity? Or are they simply a more expensive way to produce urine? ■

—Caitlin Dunne, MD, FRCSC

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# Tending the garden: Reflections on family medicine

I recently began to learn about gardening. There was unused space in my yard and bare soil ready to be filled, and the idea of growing a beautiful garden was appealing. What I did not expect was how difficult gardening could be, and how the lessons learned would reflect my work in family medicine.

One of the first lessons gardening teaches is that you cannot rush growth. No amount of watering will make a seed sprout faster, and no amount of attention will make a plant grow before it is ready. In family medicine, we are often asked to take on more patients in our panel, see more patients each day, and do more administrative tasks like completing forms and writing reports. But so much of what we do and what is centrally important is building relationships with patients over time. Managing chronic diseases, supporting mental health, and encouraging healthy lifestyle choices all take time and effort. We are chipping away, one piece at a time, and this cannot be rushed.

Another lesson became clear when many of my plants failed to thrive. The issue was not the plants themselves, but the soil and the environment. Until I improved drainage, added nutrients, and allowed areas to recover, the garden struggled. The same applies to medicine. The system we work in determines our ability to provide effective care. In British Columbia, ongoing challenges such as limited access to primary care, long wait times, and inequitable health care delivery all directly impact patient care. Asking physicians to thrive without first addressing these issues is like blaming a plant for struggling in depleted soil. With the introduction of the Longitudinal Family Physician Payment Model, which has been a system-wide change in family medicine, both physicians and patients have benefited greatly.

Gardening has also taught me the importance of restraint. Too much intervention can be harmful. Overwatering kills more plants than neglect does. In family medicine, we see this lesson often. Over-investigation and overprescribing can create unintended harm and put unnecessary strain on our system. Doing more does not necessarily equate to providing better care. Early in my training, I often felt pressure to act—to order tests or to offer treatments—because patients are often looking for immediate answers. But in family medicine, we are in a unique position to practise longitudinal care and develop an understanding of patients over time. With experience, I have learned when observation and monitoring can be appropriate and effective. Knowing when to step back is also an important skill.

Finally, the quiet, hard work of tending to a garden may feel isolating at times, like in family medicine, where fatigue and burnout can also feel isolating. Family medicine is not about dramatic lifesaving moments; rather, it is about showing up, season after season, caring for our patients in small, meaningful ways, but making a lasting impact. This is the true power of family medicine.

Gardening has reinforced several truths about family medicine: growth cannot be rushed, strong support systems are essential, and restraint is often necessary. As spring approaches, I encourage colleagues to take time to slow down and admire the nature and beauty our home of British Columbia has to offer. Maybe even take up gardening. You may find, as I did, that it has as much to teach us about medicine as it does about plants. ■

—Yvonne Sin, MD

## “IV hydration spas”

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