

What your patients (and you) may want to know about I-REMOVE™

What is I-REMOVE™?

I-REMOVE™ is a clinically tested way for your patients to enhance and maintain their weight loss, a helping hand allowing them to finally break out of the weight loss/regain cycle. I-REMOVE™ contains Litramine®—a clinically tested, patented weight loss aid designed to enhance weight loss efforts when combined with a healthy lifestyle. I-REMOVE™ can help patients who are seeking to improve health by losing weight, and keeping it off.*^{1,2}

How does I-REMOVE™ work?

I-REMOVE™ contains Litramine®, a patented fiber complex made from the dried leaves of nopal cactus (*Opuntia ficus indica*) and further enriched with soluble fiber from *Acacia* sp. Litramine® is specially formulated to bind to dietary fat, forming fat-fiber complexes that are stabilized by soluble fiber, not readily absorbed in the gastrointestinal tract, and are eventually excreted through the feces. Furthermore, the soluble fiber expands on contact with water, inducing a feeling of fullness or satiety, thus reducing appetite, and possibly delaying the onset of hunger. I-REMOVE™ is designed to bind up to 10X its weight in fat (*in vitro*), reduce dietary fat absorption by up to 28%, and increase satiety.*¹⁻³

How is I-REMOVE™ different from other weight loss aids that are aimed at reducing calorie absorption from fats?

First of all, I-REMOVE™ is not a fat blocker, it is a fat binder. I-REMOVE™ is a clinically researched and tested fat binder that works by employing the dual actions of fat binding for decreased fat absorption, and increasing satiety, which together result in a reduced calorie load. Additionally, as a purely “physical” fat binder, Litramine® has no pharmacological effects, and no product-related GI side effects, such as oily spotting.*²⁻⁴

I-REMOVE™ can help patients maintain weight loss and break the weight loss/regain cycle by dual action*^{1,2}

Fat binding for decreased fat absorption*³

Increased satiety*²

Reduced calorie load with a regimen that fits easily into a healthy lifestyle*

No undesirable side effects*



*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

I-REMOVE™

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Why is I-REMOVE™ a viable option for losing weight and keeping it off?

I-REMOVE™ is clinically shown to deliver 3X more weight loss (as compared to diet alone) by preventing dietary fat absorption and increasing satiety, without any pharmacological effect or undesirable side effects.*¹⁻³

Obesogenic environments in modern societies encourage overeating and discourage physical activity, making weight loss through dietary restriction a challenge. Patients may succeed initially, but then find it hard to maintain a healthy weight, leading to a vicious cycle of weight loss and regain (yo-yo effect).⁵

When people lose weight, it's mostly muscle and fat, but when they regain it, it's mostly fat. Since fat cells use fewer calories, their body metabolism becomes slower, lowering their calorie requirement, and setting them up for weight gain.⁶

Patients may also seek pharmacological interventions, but side effects (GI, cardiovascular, CNS) or lifestyle restrictions may cause them to abandon their effort and re-enter the cycle.

In combination with a healthy lifestyle, I-REMOVE™ can help break that cycle of weight-loss failure for patients who are seeking to improve health by losing weight—and keeping it off.*¹⁻²

Is I-REMOVE™ safe to take?

Clinical trials have demonstrated that I-REMOVE™ is well tolerated.*

In a 12-week study, 95.2% of patients continued taking I-REMOVE™, and did not report any GI side effects, such as oily spotting, abdominal pain, bloating, and constipation. In a 6-month study, Litramine® was well tolerated by patients. No serious or undesirable adverse events were reported, and there were no significant changes or abnormalities in clinical laboratory parameters.*^{1,2}

Over an 11-year period (2006-2017), only 0.003% (3/100,000) of patients treated with I-REMOVE™ reported any undesirable health complaints.*⁴

To date, 28 million packs of I-REMOVE™ have been sold worldwide.*⁴

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Who should take I-REMOVE™?

I-REMOVE™ has been demonstrated to deliver weight loss results in patients who are overweight or slightly obese, 18 years of age and older, who have made a decision to lose weight. In such patients, I-REMOVE™ resulted in up to 3X more weight loss than diet alone.*¹

How should I-REMOVE™ be taken?

I-REMOVE™ can be easily incorporated into a healthy eating schedule.

Two tablets should be taken with a full glass of water, 3X per day, after each main meal—no more than 6 tablets should be taken in a day. If any flatulence or constipation occurs, patients should increase the amount of water that they are drinking.

Is there a special diet patients need to follow while taking I-REMOVE™?

No. I-REMOVE™ is part of your patient's commitment to a healthy lifestyle, which includes healthy food choices and moving more, but there is no special diet that he/she is required to follow.

How should patients use I-REMOVE™ to maintain their weight loss?

When patients achieve their weight loss goal, they should evaluate their diet and activity level to make sure that they are eating and exercising appropriately to maintain their new lower weight. Patients can restart I-REMOVE™ any time they feel they need a helping hand in maintaining their weight loss.*

How much weight can patients expect to lose with I-REMOVE™?

I-REMOVE™ is clinically shown to reduce up to 3X more weight compared to diet alone, without undesirable side effects.*¹

In studies done with I-REMOVE™, over 50% of overweight patients lost between 9 and 18 lbs in 12 weeks, while 73% of overweight patients lost 6 lbs or more.*⁴

Over a period of 6 months, 9 out of 10 patients were able to maintain their initial weight loss, as compared to only 1 out of 4 patients in the placebo group.*²



I-REMOVE™

I-REMOVE™

The #1-selling weight loss formula in Europe⁷ is now available at Walgreens, walgreens.com and amazon.com!

How long can patients continue to take I-REMOVE™?

In clinical studies, I-REMOVE™ was given to patients for as long as six months. It is a nonsystemic fat binder, which does not have undesirable side effects—so there are no known restrictions on the duration of use. Patients can continue to take I-REMOVE™ for as long as they need to in order to lose weight/maintain weight loss.*^{2,3}

Can I-REMOVE™ be taken by patients who are taking pharmacological treatments for diabetes, high cholesterol, or other conditions?

In general, the mode of action of I-REMOVE™ is nonsystemic, so it is not expected to have systemic interactions with other medications.³ However, due to the fat-binding property of I-REMOVE™, patients on other fat-soluble medications and supplements for pre-existing health conditions are advised to take I-REMOVE™ 2 hours apart from other medications, to avoid reduced absorption of the fat-soluble medications. Besides, because I-REMOVE™ (as a fiber) may slow down/reduce sugar and cholesterol absorption, proper monitoring/adjustment of medications may be required. Please refer to product leaflet for detailed information.



References: 1. Grube B, Chong PW, Lau KZ, Orzechowski HD. A natural fiber complex reduces body weight in the overweight and obese: a double-blind, randomized, placebo-controlled study. *Obesity (Silver Spring)*. 2013;21:58-64. 2. Grube B, Chong PW, Alt F, Uebelhack R. Weight maintenance with Litramine (IQP-G-002AS): a 24-week double-blind, randomized, placebo-controlled study. *J Obes*. 2015;2015:1-6. 3. Uebelhack R, Busch R, Alt F, Beah ZM, Chong PW. Effects of cactus fiber on the excretion of dietary fat in healthy subjects: a double blind, randomized, placebo-controlled, crossover clinical investigation. *Curr Ther Res Clin Exp*. 2014;76:39-44. 4. Data on file. InQpharm. 5. Dulloo AG. Explaining the failures of obesity therapy: willpower attenuation, target miscalculation or metabolic compensation? *Int J Obes (Lond)*. 2012;36:1418-1420. 6. Hyman M. 5 reasons most diets fail (and how to succeed). <http://drhyman.com/blog/2014/05/26/5-reasons-diets-fail-succeed/>. Published May 26, 2014. Accessed August 30, 2017. 7. IMS Health.

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