# alkIMO HP

**ZINC food supplement with POTASSIUM, SELENIUM, MAGNESIUM and MANGANESE, coming from alkalising salts**

## BASIFY with HEART

Scientific material for health professionals only

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# LOW-GRADE TISSUE ACIDOSIS and DYSMETABOLISM

**Deviations from a healthy lifestyle:**

- Diet rich in acidogenic foods
- Sedentary lifestyle and being overweight
- Stress
- Polytherapy

↓

Build-up of acidic waste products

↓

Triggers compensation mechanisms

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**LATENT TISSUE ACIDOSIS**
Manifestation of syndromes/pathologies due to tissue degeneration

**Deviations from a healthy lifestyle:**

- Diet rich in acidogenic foods
- Sedentary lifestyle and being overweight

↓

**Increased risk of developing METABOLIC SYNDROME**

- Insulin-resistance
- Type 2 diabetes mellitus
- Non-alcoholic hepatic steatosis
- Hypertension

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Long-term drug treatment

**It is fundamental to maximise the reduction of the acidogenic effects due to unhealthy lifestyle choices and of the acid-base balance altering effects caused by therapeutic treatment**

alkIMO HP

**alkIMO HP** formulated specifically for **hypertensive** sufferers, **cardiovascular risk** or **polytherapy patients**

**ZINC**

**Acid-base metabolism**

**Carbohydrates, fatty acids, macronutrients metabolism**

**MAGNESIUM**

**Aids electrolyte balance**

**POTASSIUM**

**For normal blood pressure**

**MANGANESE and SELENIUM**

**Protect cells from oxidative stress**

alkIMO HP

- Low Sodium
  (in accordance with Regulation 1924/2006/EC)
- Alkalising action also from organic salts (Citrates)
- Gluten-free and Lactose-free
- Free of sugars/preservatives/colourings/flavourings
- Suitable for vegetarian or vegan diets

pH + Mg K Mn Zn Se = alkIMO HP

**alkIMO HP helps maintain a balanced tissue pH, counteracting tissue acidosis in hypertension sufferers, cardiovascular risk or polytherapy patients**

# alkIMO HP

Rebalances the acid-base metabolism
**maintaining normal blood pressure**

alkIMO HP is a food supplement high in Zinc and Potassium, and a source of Selenium and Magnesium. Zinc contributes to a normal acid-base metabolism and macronutrient metabolism, while Potassium contributes to the maintenance of normal blood pressure. Zinc and Selenium help protect cells from oxidative stress while Magnesium contributes to electrolyte balance and the maintenance of normal bones.

## INGREDIENTS:

Potassium bicarbonate; Magnesium citrate; Potassium citrate; Bulking agents: calcium phosphates, hydroxy-propyl-cellulose (E463); Zinc gluconate; Manganese citrate; Sodium selenite.

## INSTRUCTIONS FOR USE:

**Children (3+ years old) and teenagers:** take 1 sachet daily, 2 hours after dinner (1 sachet equals 2.4 g).
Dissolve in a full glass of water and drink it slowly.

**Adults:** take 2 sachets daily, 1 sachet 2 hours after lunch and 1 sachet 2 hours after dinner (1 sachet equals 2.4 g).
Dissolve in a full glass of water and drink it slowly.

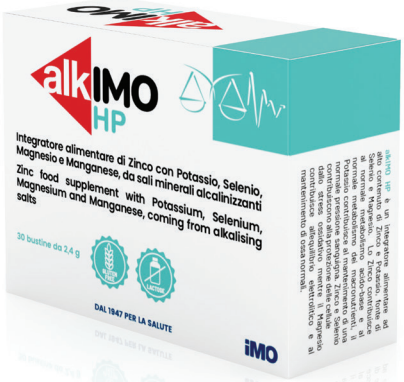
### Warnings

Do not exceed the recommended daily intake. Supplements should not be used as a substitute for a varied and balanced diet and a healthy lifestyle. It is possible that alkIMO HP does not dissolve completely in water, but appears as a turbid suspension: this does not affect the quality and properties of the product. Due to the origin of its components, alkIMO HP is suitable for vegetarian or vegan diets. Store in a cool, dry place. Keep away from heat sources, sunlight and contact with water. The product should be kept out of the reach of young children.

### Nutritional information per recommended daily dose

| | 1 sachet (2,4 g) | % NRV* | 2 sachets (4,8 g) | % NRV* |
|---|---|---|---|---|
| Potassium | 600 mg | 30% | 1200 mg | 60% |
| Magnesium | 94 mg | 25% | 188 mg | 50% |
| Zinc | 5 mg | 50% | 10 mg | 100% |
| Manganese | 0,5 mg | 25% | 1 mg | 50% |
| Selenium | 8,25 µg | 15% | 16,5 µg | 30% |

*%NRV = percentage of Nutrition Reference Values (EU Reg. 1169/2011)




Box of 30 sachets, 2.4 g each one


**References**

1 - Adeva MM, Souto G. Diet-induced metabolic acidosis. Clinical Nutrition 2011;30:416-421. 2 - Brey CW et al. Salts and energy balance: A special role for dietary salts in metabolic syndrome. Clinical Nutrition in press. https://doi.org/10.1016/j.clnu.2018.10.021 3 - Ecelbarger CM. Metabolic syndrome, hypertension, and the frontier between. Am J Physiol Renal Physiol 2016; 310: F1175–F1177. 4 - Gerretsen P. et al. Basis: The blood pressure awareness and insight scale. J Clin Hypertens. 2018;20:748–756. 5 - Gollasch M, Welsh DG, Schubert R. Perivascular adipose tissue and the dynamic regulation of Kv7 and Kir channels: Implications to resistant hypertension. doi: 10.1111/micc.12434. 6 - Kraut JA, Madias NE. Metabolic acidosis: pathophysiology, diagnosis and management. Nat. Rev. Nephrol. 2010; 6:274-285. 7 - Lucchese G, Sinha AA, Kanduc D. How a single amino acid change may alter the immunological information of a peptide. Frontiers in Bioscience January1,2012; E4,1843-1852. 8 - Manrique C et al. Hypertension and the Cardiometabolic Syndrome. The Journal of Clinical Hypertension. August 2005; Vol.7,N.8:471-478. 9 - Protogerou AD et al. Increased Pulse Pressure amplification in treated hypertensive subjects with metabolic syndrome. AJH February 2007;Vol.20,N.2:127-133. 10 - Rust P and Ekmekcioglu C. Impact of salt intake on the pathogenesis and treatment of hypertension. Adv Exp Med Biol - Advances in Internal Medicine. DOI 10.1007/5584_2016_147. 11 - Santhekadur et al. The multifaceted role of natriuretic peptides in metabolic syndrome. Biomed Pharmacother. August 2017;92:826-835. 12 - Sung KC et al. Increased cardiovascular mortality in subjects with metabolic syndrome is largely attributable to diabetes and hypertension in 159 971 korean adults. J Clin Endocrinol Metab, July 2015;100(7):2606-2612. 13 - Teramoto T et al. Sodium intake in men and potassium intake in women determine the prevalence of metabolic syndrome in Japanese hypertensive patients: OMEGA Study. Hypertension Research 2011;34,957-962.



iMO Via Firenze, 34 - I-20060 Trezzano Rosa (MI)
Tel. 02 909313250 imo@imospa.it - **www.imo-spa.com**