REVITALIZEME®

Triple G Explained

How Retatrutide Targets 3 Hormones Where Ozempic Targets 1

Receptor #1: GLP-1

Receptor #2: GIP

Receptor #3: Glucagon

Evidence-based • Provider-reviewed • No BS

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Your guide to the next generation of weight loss medicine

Why "Triple G" Is the Biggest Shift in Weight Loss Medicine Since Ozempic

You've probably heard of Ozempic. Maybe you're on it. Maybe you've considered it. But there's something new in the pipeline that's fundamentally changing how researchers think about metabolic weight loss — and it starts with understanding why one hormone receptor isn't enough.

Retatrutide is the first "triple agonist" weight loss medication to reach Phase 3 clinical trials. Where Ozempic (semaglutide) activates one receptor, and Mounjaro (tirzepatide) activates two, retatrutide activates three. That's where the nickname "Triple G" comes from — GLP-1, GIP, and Glucagon.

28.7%

Average body weight loss in TRIUMPH-4 Phase 3 trial — the highest ever recorded for a weight loss medication

> *Important: Retatrutide is investigational and not yet FDA-approved. It cannot be prescribed outside of clinical trials. This guide explains the science so you can make informed decisions about your weight loss journey.*

Receptor #1

GLP-1 — The Appetite Suppressor

This is the receptor that started everything. GLP-1 (glucagon-like peptide-1) is a hormone your gut releases after you eat. It tells your brain you're full, slows down digestion so food stays in your stomach longer, and helps regulate insulin release.

Semaglutide (Ozempic/Wegovy) works entirely through this one receptor. And it works well — clinical trials show an average of 15% body weight loss over 68 weeks. But GLP-1 alone has limitations.

15%

Average weight loss with semaglutide (GLP-1 only) at 68 weeks

- **What GLP-1 does well**
  Reduces hunger, slows gastric emptying, improves blood sugar control, reduces food noise (the constant thinking about food).
- **What GLP-1 doesn't do**
  It doesn't directly increase how many calories you burn. It reduces intake only. That's an important distinction.

Receptor #2

GIP — The Metabolic Optimizer

GIP (glucose-dependent insulinotropic polypeptide) is the second receptor. Tirzepatide (Mounjaro/Zepbound) was the first medication to combine GLP-1 with GIP activation, and the results jumped from 15% to roughly 21% average body weight loss.

GIP helps your body manage insulin more efficiently, improves how you process fats, and appears to enhance the appetite-suppressing effects of GLP-1. Think of it as an amplifier — it makes the GLP-1 signal stronger and adds metabolic benefits on top.

21%

Average weight loss with tirzepatide (GLP-1 + GIP) at 72 weeks

- **Better insulin sensitivity**
  Your body processes blood sugar more efficiently, reducing fat storage signals.
- **Improved lipid metabolism**
  Enhanced fat processing and reduced triglycerides beyond what GLP-1 alone achieves.
- **Enhanced appetite control**
  GIP amplifies the satiety signal from GLP-1, with potentially fewer GI side effects at equivalent weight loss.

Receptor #3

Glucagon — The Calorie Burner

This is the game-changer. Glucagon is the hormone your body uses to mobilize energy — it tells your liver to release stored glucose, it promotes fat breakdown, and critically, it increases energy expenditure. Your body actually burns more calories.

No currently available weight loss medication activates the glucagon receptor. Semaglutide doesn't. Tirzepatide doesn't. Retatrutide is the first to add this third lever.

28.7%

Average weight loss with retatrutide (all 3 receptors) at 68 weeks

- **Increased energy expenditure**
  You burn more calories even at rest — the first weight loss drug to actively increase calorie burn.
- **Preferential fat burning**
  Your body mobilizes fat stores for fuel rather than breaking down muscle tissue.
- **Liver fat reduction**
  Glucagon directly promotes liver fat metabolism, addressing a problem GLP-1-only drugs can't fully reach.

> *Think of it this way: GLP-1 reduces how much fuel goes in. GIP optimizes how fuel is processed. Glucagon increases how much fuel gets burned. Retatrutide does all three simultaneously.*

The Numbers Tell the Story

Each generation of medication adds a receptor — and the results jump dramatically. This is the clearest way to see why triple agonism matters:

15% — **Semaglutide — 1 Receptor (GLP-1)** — Average body weight loss • 68 weeks — #1

21% — **Tirzepatide — 2 Receptors (GLP-1 + GIP)** — Average body weight loss • 72 weeks — #2

28.7% — **Retatrutide — 3 Receptors (GLP-1 + GIP + Glucagon)** — Average body weight loss • 68 weeks — #3

That last number comes from the TRIUMPH-4 Phase 3 trial results announced in December 2025. Participants lost an average of 71.2 pounds. To put that in perspective: a 250-pound person on retatrutide could expect to lose roughly 72 pounds based on trial averages.

> **"That's approaching results that previously required bariatric surgery."**

Beyond Weight: What the Triple Mechanism Affects

The TRIUMPH-4 trial wasn't just about weight. Retatrutide showed significant improvements across metabolic markers:

- **Non-HDL cholesterol**
  Meaningful reductions across all dose groups.
- **Triglycerides**
  Significant decreases, driven partly by the glucagon receptor's effect on liver fat metabolism.
- **Blood pressure**
  Up to 14 mmHg reduction in systolic blood pressure at the highest dose.
- **Inflammation (hsCRP)**
  Substantial reduction, suggesting systemic anti-inflammatory effects.
- **Knee osteoarthritis pain**
  14% of patients on 9mg and 12% on 12mg became completely pain-free.

> *Lilly specifically studied retatrutide in patients with obesity AND knee osteoarthritis. The weight loss alone improved joint pain so significantly that some patients became completely pain-free.*

The Catch: It's Not Available Yet

Retatrutide is currently in Phase 3 clinical trials. Seven more trial readouts are expected throughout 2026. If all goes well, Eli Lilly will submit a New Drug Application to the FDA in late 2026, with potential approval in late 2027 and commercial launch in early 2028.

That's 18–24 months away. In the meantime, semaglutide and tirzepatide are available now, are FDA-approved, and produce meaningful, life-changing results for most patients.

> *The smart move: Don't wait. Start treatment with what's available and proven today. If retatrutide gets approved and your provider recommends switching, you can transition then — with months of progress already behind you.*

What This Means for You

- Single-receptor drugs (semaglutide) work well and are available now
- Dual-receptor drugs (tirzepatide) work better for most people and are also available now
- Triple-receptor drugs (retatrutide) may work best of all — but they're not available yet
- The "best" medication is the one you can access, afford, and tolerate
- All of these medications work best with provider guidance, nutrition support, and lifestyle changes

The weight loss medication landscape is evolving faster than at any point in medical history. Having a provider who understands the full pipeline — not just what's on the shelf today — is what separates good care from great care.

Ready to Explore Your Options?

Talk to a licensed provider about which weight loss treatment is right for you — based on your health, your goals, and the latest evidence.

Start Your Free Consultation at revitalizeme.com

No commitment. No pressure. Just answers.

This guide is for educational purposes only and is not intended as medical advice. Always consult with a qualified healthcare provider before starting any treatment. Individual results may vary. Retatrutide is an investigational medication not yet approved by the FDA.