tattered

Researchem has shut down
Read their closing statement here

I recommend RUO[US], StrateLabs[US & CA], or Injectify.is[US, CA, INTL] as a backup
STOP buying pharmaceuticals from research outlets, get them legally and TRT through AlgoRx.ai
Use discount code “TAT”

I get banned a lot
Follow my 2nd account: @tannerxtattered
Join my discord - Tattered's Lab
All my old videos will be on @tatteredarchive

☆ *frequently asked questions* ☆

Don’t know where to begin?
For peptides, start here
For steroids, read "am I ready for gear?" and the Testosterone guide

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Who are you sponsored by? Discount code?
Use code “TAT” for discounts at:

- **AlgoRx.ai,** get immediate prescriptions for medications & TRT - no doctor hassle
  - Your go-to source for staying healthy on cycle and fixing side effects
- **AlgoRx Diagnostics**, fast, optimally priced, and fully customizable bloodwork
  - GET YOUR BLOODWORK DONE
  - See the blood work section for more info on what blood tests are right for you
- CLD-9, AI customizable supplement brand
- ~~**Researchem.is** Closed indefinitely (not FDA shutdown)~~
  - Use RUO, Injectify, or Strate instead
- GiveLegacy, at-home fertility testing *and* sperm freezing to guarantee you’re able to have kids someday
- Hex Supplements, my pre-workout company
- Injectify.is, research chemicals US, CA, and international
- RUO, research use only US
- StrateLabs, research chemicals US & CA
- Throne, my peptides x personal care company
- Troponin Supplements, supplements
  - Pre workout, health supplements, and more designed by pro bodybuilders
  - Note: You need to use the direct link, “TAT” does not work at checkout
- YoungLA, apparel, my favorite
- DXB Supps, research chemicals AU, NZ, and international

- ~~Amino Asylum~~ Raided by FDA, shut down

Where can I find your content?

- **For all my official accounts, see: https://hoo.be/tattered**
    - Superlink was my old linktree, but they disabled my page

- Discord - Tattered's Lab
- ~~Tiktok, .tattered~~ (banned at 48k)
- ~~Tiktok, .tattered.tt~~ (banned at 27k)
- ~~Tiktok, .tatterednatty~~ (banned at 3k)
- Tiktok, .tatteredwizard
- Lemon8, .tattered
- Instagram, tanner.tattered
- Instagram, tannerxtattered
- Instagram, tatteredarchive
- Snapchat, tanner.tattered
- ~~YouTube, tanner.tattered~~ (banned at 2k)
- YouTube, tattered.genesis

- **I DO NOT HAVE A FACEBOOK.** There are facebook accounts impersonating me scamming people by offering to sell them steroids. **IT IS A SCAM - You'll send them money and get no product.** Please report the accounts if you see them
    - **I have never sold and will never sell illegal steroids to my followers**

Do you offer coaching / consult services?

- 30 minute calls are $350 - book here
    - Coaching & Consultation for more info
    - I do accept crypto, check my calendar for availability and then email me what spot you'd like. We'll arrange payment manually
- If you've booked with me in the past, you get a lifetime $100 discount on every call!
    - You must provide proof of previous calls to get the discount (obviously)
    - Typically, clients book me every 8-10 weeks - but it's completely on demand. Book a call whenever you'd like to assess & adjust things

All of my consult calls may include:

- Information about quality PED sourcing
- Enhancement protocols tailored to your goals & your body's needs
- Bloodwork interpretation
- Health & fertility advisory
- Peptide / anabolic optimization
- Bodybuilding genetic assessment

At the end of each call, you'll get a completely customized protocol designed according to your bloodwork, genetics, goals, and risk tolerance. Just book a call whenever you'd like to talk more!

To book a consultation, click the link below:

Book a consultation with me

If the consultation link doesn't work, email me: coach.tattered@gmail.com
I ONLY RESPOND TO COACHING INQUIRIES - NOTHING ELSE

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Gear, peptides, & other compounds

I'm not really an educator. I consume and share information with people who find it helpful. I encourage you to learn from the sources I learned from in the list below. My personal favorites are in bold. **Note: not everything these people say is accurate, do your own research**

RESEARCH: Where do I go to learn about gear?

Educators

- Alex Kikel (@alex_kikel on IG)
  - Watch his interviews online
  - Some fringe, deeply-understudied information
- **Anabolic Bodybuilding** (@paulkbarnett on IG)
  - Watch his youtube videos
- Bostin Loyd
  - Join his members site & forum
- **Broderick Chavez** (@teamevilGSP on IG)
  - Join his team evil members site
  - Buy his e-books
  - A personal favorite (just for his humor & personality). I love Broderick
- **Chase Irons** (@chaseirons on IG)
  - Watch his Q&A streams on youtube

    - Attend his streams and ask Qs
- **Derek MPMD / More Plates More Dates** (@moreplatesmoredates on IG)
    - Watch his youtube videos
    - The first guy I ever started watching, put me on to Leo & Steve. I love Derek
- **Dr. Adam Hotchkiss** (@dr.aehotchkiss on IG)
    - Watch his youtube videos
    - Support AlgoRx use "TAT"
- **Dynamite D** (@dynamite_d on IG)
    - Work with his coaching
- Enhanced Info (@enhancedinfo on IG)
    - Buy his e-books
- **Guerilla Chemist** (@theguerillachemist)
- John Jewett (@johnjewett3 on IG)
    - Take his J3 university course at https://j3university.com/
- Julian Gonzalez (@juublian on IG)
    - My friend, he specializes in cognitive enhancement alongside gear usage
- **Leo & Longevity** (@leoandlongevity on IG)
    - Watch his youtube videos
    - Leo has sadly passed away, but his content is still very valuable
- Phil Viz (@phil.viz on IG)
    - Watch his video appearances on youtube
    - Attend his paid courses when he hosts them
- **Todd Lee M.D.** (@toddleemd on IG)
    - Get a consultation
    - Watch his youtube videos
    - Check out Valhalla supplements
- **Vigorous Steve** (@vigoroussteve on IG)
    - Watch his youtube videos
    - Buy his e-books

Podcasts

- **Think Big Bodybuilding** (Think Big Bodybuilding Media on IG)
    - With regular guests Scott McNally, Dave Crosland, Skip Hill, Andrew Berry, IFBB Pro Ron Partlow, IFBB Pro Dusty Hanshaw, Dr Scott Stevenson
    - Watch their podcasts on youtube, apple, spotify, soundcloud
    - Visit their website

Studies

- Become comfortable reading and comprehending studies. Start with this one:
    - PMID - 11701431
- To access full studies, type the PMID number of the locked study into sci-hub.se
    - Try it with some of the PMIDs here: 11701431, 34120635
    - If a PMID is not available, you may also search by author or DOI

Books

- Human Frontiers
    - Read the Augmented Textbook

- William Lewellyn's "Anabolics" book
    - There is a fair amount of info in this book that we now understand to be incorrect
    - However, it's still worth reading to get a basic understanding of what testosterone & AAS do to the human body

Other info sources

- Reddit (r/Steroids, r/moreplatesmoredates, etc)
    - Some of the content on that site is useful, but do NOT take it as gospel
    - Most of it is just personal experience with certain compounds. What works for some random dude on the internet might not work for you

Endocrine Basics

A list of terminology and brief explanations with examples, designed as a primer for this FAQ.
Note: If you are natural, or only interested in peptides or things like tadalafil, consider reading the sections about measurements and concentrations to understand peptide dosing.

Testosterone is a hormone naturally produced in male and female bodies.

- It can be "aromatized" by the aromatase enzyme and turned into estrogen, primarily thought of as a type of estrogen called "estradiol" (also known as E2).
- It can be "5-alpha-reduced" (5ar) by the 5-alpha reductase enzyme and turned into dihydrotestosterone.

Enzymes are catalysts of reactions that occur in your body. If there are less active catalysts, then fewer of their relevant reactions will occur.

- Example, an aromatase inhibitor can make some aromatase enzymes inactive. This results in less estrogen, because there are less opportunities for the reaction (aromatization) to occur.

Estrogen is a hormone naturally produced in the male and female bodies.

- Two relevant forms: estrone (E1), a weaker estrogen; and estradiol (E2), a stronger estrogen. When people talk about "estrogen", they're mainly referring to estradiol
- It is critical for brain health, sexual wellness, mood, cognition, complexion, and health

Every person has a different tolerance to elevated estrogen levels.

- Example, introducing an aromatase inhibitor in a man with high estrogen but no intolerable effects would be an unreasonable approach

SHBG binds to testosterone, making it bound testosterone.

- When bound, testosterone is shuttled by SHBG to regions of the body that need the testosterone, and it is prevented from binding to anything else along the way
- Free testosterone is testosterone not bound by SHBG, allowing it to interact with any androgen receptor sites as soon as it encounters them

Total testosterone is a bloodwork marker that measures the combined amount of testosterone bound by SHBG and testosterone not bound by SHBG (free testosterone).

- Total testosterone is not always indicative of how well you will accrue muscle/strength, and the same is true about free testosterone - but they are both correlated with it

TRT (Testosterone Replacement Therapy) is the practice of using exogenous (out-of-body) testosterone to replace insufficient or unoptimized natural testosterone production.

- TRT dosing protocols can range from 1mg per kg to 3mg per kg or more per week, depending on the genetic makeup of the individual
- TRT may be prescribed as pellets inserted under the skin, topical gels, or injectable testosterone - injectable testosterone being the most effective administration by far
- Most men can handle testosterone at 300mg/wk for the rest of their life with minimal complications, assuming health is responsibly managed - Broderick Chavez

Testosterone levels do not universally react to exogenous testosterone in the same way.

- Example, a man who uses 300mg/wk may have total testosterone levels of 1200ng/dl, whereas another man who uses the same dose may have 2700ng/dl
- Generally, most men convert injected milligrams of testosterone to ng/dl total testosterone results on blood work around a 3x to 7x rate; 5x on average.

Testosterone dosing can be determined via the milligram per kilogram approach, or arbitrarily.

- No dosing practice is necessarily more correct than the other
- The best dose is the one that your body responds to the best - everyone has their own sweet spot which changes as their physique & goals change

The milligram per kilogram approach is a dosing practice which adjusts weekly dose recommendations depending on the body weight of the user in kilograms

- This is a very common practice in modern medicine—the theory is that anabolic applications can successfully mimic this
- For beginners, it is exceptionally more successful at landing in the user's sweet spot than the arbitrary approach
- *Very generalized ranges for reference:*
    - 1mg/kg is western medicine TRT
    - 2mg/kg is modern TRT
    - 3mg/kg is optimized TRT or beginner cycle
    - 4mg/kg is sports TRT or beginner cycle
    - 5mg/kg is a mild cycle, etc
- Example, 4mg/kg for a 90kg male would yield a testosterone dose of 360mg/wk

Testosterone exerts anabolic and androgenic action all over the human body, to greater or lesser degrees depending on the genetic sensitivity to testosterone of the individual.

Anabolism refers to building muscle, androgenicity refers to masculinizing effects.

- You may have seen an anabolic:androgenic ratio for each steroid, but this metric is largely useless because of how it is determined in rats
- Androgenicity includes even undesirable "masculinizing" effects, such as male pattern baldness (hence the official name, "androgenic alopecia"), and excess body hair

This explains the full name of steroids, "Anabolic Androgenic Steroids", or AAS for short.

Esters are modifications to compounds to alter how long it takes the body to process them.

- Testosterone without an ester (test no ester, TNE) is a rapid compound that is in and out of your system in a very short amount of time, which isn't convenient for enhancement
- Testosterone enanthate has a half life of 5-7 days, allowing users to inject much less frequently and avoid severe hormone fluctuations
- Sustanon is a blend of short and long esters of testosterone (propionate, phenyl-propionate, isocaproate, and decanoate), making for an interesting half life curve

Compounds besides testosterone are also esterified.

- EQ is the extremely long undecylenate ester of boldenone, which can also be found as the shorter boldenone cypionate ester and the much shorter boldenone acetate ester
- NPP is the phenyl-propionate ester of nandrolone, and Deca is the decanoate ester of nandrolone - they are the same steroid, but with different half lives

Half life is the time it takes the body to halve the amount of a compound in its system.

- After administration, the amount of a compound in your system grades up from zero, reaches its peak serum concentration, and then begins to decline on its half life curve
- Example, the cypionate ester of testosterone has a half life of 7 days - if you injected 100mg, by next week you would have 50mg still in your system

Half lives can be stacked on top of each other to achieve greater concentrations in the body. Example, injecting 100mg testosterone cypionate once per week for demonstration purposes:

- Week 1: $100mg_1$
- Week 2: $(100*0.5\text{^}1=50)_1 + 100_2 = 150mg$
- Week 3: $(100*0.5\text{^}2=25)_1 + 50_2 + 100_3 = 175mg$
- Week 4: $(100*0.5\text{^}3=12.5)_1 + 25_2 + 50_3 + 100_4 = 187.5mg$
- Week 5: $(100*0.5\text{^}4=6.25)_1 + 12.5_2 + 25_3 + 50_4 + 100_5 = 193.75mg$
- Week 6: $(100*0.5\text{^}5=3.125)_1 + 6.25_2 + 12.5_3 + 25_4 + 50_5 + 100_6 = 196.875mg$

NOTE: Injecting testosterone cypionate once per week is a *very bad idea.*

- The user will be at much greater risk of side effects than if they divided their weekly dose across every other day or everyday injections. The above numbers are *ONLY* for demonstration purposes.
- To track half lives, the injection week is noted in subscript beside each serum number (Ex: 25_4 means the injection from week 4, which has undergone two half lives: 100 → 50 → 25).

For easier visualization (and less math), consider tools such as Steroid Plotter

The Steroid Family Tree - All AAS are divided into three categories with general properties:

- Dihydrotestosterone (DHT) derivatives
- Testosterone derivatives
- 19-nortestosterone / Nandrolone derivatives

A derivative is an adjusted version of the original molecule.

- Example, Primobolan being an adjusted version of Dihydrotestosterone.

DHT derivatives don't aromatize into estrogen, & can't be 5ar into DHT.

- Some DHT derivatives have the potential for downward pressure on estrogen levels, such as Primobolan and Masteron. The degree of their downward pressure varies genetically

Testosterone derivatives aromatize into some kind of estrogen, and can be 5ar

- Example, Boldenone aromatizes* into synthetic E1, Dianabol aromatizes into methyl-E2
- Exception, Halotestin - which does not aromatize due to its unique molecular structure

Nandrolone derivatives aromatize into very little estrogen, can be 5ar into a weak DH compound

- Nandrolone derivatives are very androgenic, whereas their 5ar counterparts are not
- Example, if a 5ar inhibitor is combined with nandrolone, more hair loss would occur than using nandrolone alone because it is prevented from 5ar into its less androgenic form

When AAS are introduced into the human body, natural testosterone production is suppressed.

- The degree of suppression depends on dose and duration of AAS use

Suppression is a signal that is continually sent to your body during AAS use

- This signal informs your body to stop producing natural testosterone
- Suppression fades after stopping AAS use, and is considered gone after 5 half lives
- Effective doses of AAS are almost guaranteed to fully suppress natural testosterone production

Individuals cannot always recover fully from a suppressed state, depending on their genetics.

- Example, some cases of very sensitive people administering a single dose of AAS or SARMs and never recovering their testosterone levels within 90% of their original values

Measurements & Concentrations

Basic scientific units are used regularly. Here are some important ones to know:

- Milligrams (mg), a measurement of a solid substance such as in a powder vial of MT-2
- Micrograms (mcg), a measurement of a solid substance. Conversion: 1mg = 1000mcg
- Milliliters (mL or ml), a measurement of volume usually of a liquid such as BAC water
- International Units (IU), a measurement of growth hormone and HCG (among others).
    - IUs are a weird unit, think of them like mg or mcg but without any conversion; they differ for every individual compound
    - Example, 10IU of GH is the same “size” as 5000IU of HCG

Liquids are measured in **milliliters (mL)** or **cubic centimeters (cc)** if using standard syringes, or **units** if using insulin syringes.

- 100 units on an insulin syringe = 1mL or 1cc on a standard syringe
- Your syringe is standard if it’s in single digits and decimal places
- Your syringe is an insulin syringe if it goes up to double digits to 50 (½cc) or to 100 (1cc)

Concentration is the amount of a compound in any given liquid (oil, water, solvent, etc).
Imagine the alcohol concentration of vodka vs. beer - vodka is high, beer is low.

- The most common measurements are mg/mL (milligrams per milliliter) and mcg/mL (micrograms per milliliter)
- To find the concentration, divide the amount of compound by the amount of liquid

- Example, you add 2mL of bacteriostatic water to 10mg of a compound. The concentration is 10mg / 2mL = 5mg per mL.
- Example (IU), you add 2mL of bacteriostatic water to 5000IU of a compound. The concentration is 5000IU / 2mL = 2500IU per mL.

The higher the concentration of an oil-based compound like testosterone, the more uncomfortable the injection.
Vodka burns worse than beer does - partially due to concentration.

- Testosterone 300mg/mL or below is generally well tolerated if brewed properly
- Example, Test 400, if it is legitimately 400mg/mL, makes for an unpleasant injecting experience in most users

For easier dosing (and less math), consider tools such as chatGPT (only use it for calculations, it makes mistakes about what the compounds do & how to use them)

Some examples of this math in practice are shown below.

Test E 450mg per week, divided across 3 injections

- Desired dose: 450mg
- Concentration: the bottle says “250”, so the concentration is 250mg/mL
- Frequency: 3 injections per week

Liquid injected (in mL) = desired dose divided by concentration

- 450mg / 250mg per mL = 1.8mL of oil injected weekly

Liquid per injection day = Liquid injected divided by frequency

- 1.8mL / 3 injection days = 0.6mL per injection

How do I measure 0.6mL in a syringe?

- Insulin syringe: 0.6mL = 60 units. Pull to the 60 and then inject.
- Standard syringe: 0.6mL is one small line past the 0.5mL mark. Some standard syringes will say “0.6”. Pull to this mark and then inject.

Peptide Basics

Read the measurements & concentrations section

Using peptides is simple. They arrive as powder in a vial, you reconstitute that powder with bacteriostatic (BAC) water, and you draw & administer the desired dose via subcutaneous or intramuscular injection. Put the peptide in the fridge (ideally, not necessary) and toss the needle.

Sanitization Rule of thumb: Whenever a needle is going to puncture something, sanitize it first with an alcohol swab. Lightly rub the surface (not the needle) with the swab, wait for it to dry, and then proceed. Examples:

- Reconstituting a peptide with BAC water? Swab the BAC and peptide lids
- Going to draw a dose from a peptide vial? Swab the lid
- Preparing to inject? Swab the target injection area

Forgetting to swab does not cause instantaneous illness and/or death, but try to remember. Reducing the risk of infection is always a good thing.

Reconstitution is the process of liquifying your powder vial peptides. They arrive as powders to minimize degradation and risk of loss in transit. Simple example:

- Inject 2mL (200 units / 2cc) of BAC water into your peptide vial
    - If you don't know what these numbers/units mean, go here
- Roll the peptide vial gently between your palms to mix it

Once a vial is reconstituted, it's ready to be administered. No need to reconstitute a vial twice.

Concentration amount (in weight) divided by liquid. Solute divided by solvent. Coffee grounds divided by hot water. High concentration = espresso/ristretto, low concentration = americano. Example:

- MT-2 vial containing 10mg. Reconstitute with 2mL of BAC water
- *Concentration* = *Weight* / *Volume*
- 10mg / 2mL = 5mg/mL
- Each milliliter of this solution contains 5 milligrams of MT-2

If you don't know what these numbers/units mean, go here

Dosing is the important part. If you know how to do basic math (or use a peptide calculator / chatGPT to properly do the math for you), there won't be any problems. Here's an example:

Drug: BPC-157 | Dose: 250mcg | Vial: 5mg | Reconstitution: 2mL BAC

Remember: *liquid needed to inject* = *dose* / *concentration*

Process:

- $?^{liquid} = 250mcg^{dose} / (5000mcg/2mL)^{concentration} = 0.1mL$ or 10 units
    - If you don't know what these numbers/units mean, go here
- Calculate concentration. Convert mg to mcg. Do basic division

Always double check that your dose is correct.

ChatGPT is fine for checking math, but don't use it for researching peptides. It's often wrong.

Administration is a cute way to say "injecting". Drinking peptides will not do much; they need to be put into the subcutaneous fat or muscle for proper absorption. Simple example:

- Insulin syringe loaded with 250mcg of BPC-157 (in the previous example: 10 units)
    - ***Subcutaneous (SubQ)***: abdominal / upper thigh / upper glute fat
    - ***Intramuscular (IM)***: if you can flex it, you can inject it
        - Video tutorials for both styles of injection are available online. Google it!
- Subcutaneous is recommended. Intramuscular injections of water-based peptides are unnecessary. SubQ is largely considered more comfortable than intramuscular.

Multiple peptides can be combined into one injection. If the mixture turns cloudy, there may be degradation.

- Note the effects after administering - if effects are blunted, significant degradation has occurred.
    - Identify which combination caused the degradation, and proceed with separate administrations of those two peptides.
- "Can I combine [peptide A] and [peptide B]?"
    - Yes. All of them can be safely combined

Storage doesn't matter as much as people think it does. Most peptides are very resistant to degradation, even after being reconstituted. MT-2 lasts *years* in the heat and/or room temperature. With that being said, it's still good practice to maximize shelf life.

- **Oil-based:** *room temp.* Testosterone, boldenone, primobolan, etc
- **Water-based injectable:** *fridge it.* L-carnitine, L-glutathione, injectable aminos, etc
- **Powder vial:** *freeze it.* Once reconstituted, it's water-based (fridge it). Peptides, etc
- **Everything else:** *room temp.* Cardarine, MK-677, etc. Never really degrades

With improper storage, the product will degrade *faster*, but we don't have studies on every single peptide's shelf-life. You will need to experiment and find out the shelf-life yourself.
For the most part, a lot of peptides do not degrade that fast.

Travel is simpler than you'd think (note: I am an American, so this advice applies mostly to USA travel).

- Flying domestically (within your country)? Checked bag or carry-on. TSA don't care
- Flying internationally (outside your country)? Consider: How strict are laws there - examples:
    - UK, gear is largely decriminalized
    - Iraq / Russia / Singapore, super strict

I don't know all the laws of all 200 other countries, please don't ask me. Do your own research. 90%+ of the time, you're totally fine to have it in your check bag. Especially if it's prescribed TRT / etc.

Congrats, you know how to use peptides now.
So which ones are best? Depends on the goal.
The table of contents shows all the peptides and what they're for.
Have fun!

Are you ready for gear/steroids/anabolics/PEDs?

Clarification - this applies to serious compounds such as *Anabolic Androgenic Steroids, SARMs,* and potentially *other injectables.* Not to tadalafil, sildenafil, MK-677, etc

- Are you willing to be on TRT for life?
    - "I can just PCT and be fine" *wrong*, PCT is not 100% successful in returning PED-using males fully back to baseline testosterone levels
    - Yes, even if you use enclomiphene or clomiphene or nolvadex—"But it worked for [person] so it'll work for me" *wrong* you could respond poorly and not fully recover
- Is your diet & training perfected / do you have a coach who handles diet & training?
    - How many calories do you need to eat to reach your goal?
    - How many grams of protein/fats/carbs do you need to eat to reach your goal?
    - How will the above numbers change as you progress?
- Have you had bloodwork done before using PEDs? Read the blood work section
- Do you know what blood markers to test for before cycling?

- Can you interpret your own blood work results? If not, book a call with me
- Have you had a semen analysis done before using PEDs? See legacy[use "TAT"]
- Do you live in a place of your own, outside the supervision of parents/guardians/adults/others who would not approve of your use?
- Do you have a stable income stream that will allow you to pay for compounds, bloodwork, medical bills, etc?
- Do you understand what your compound(s) of choice will do to your body?
    - Do you know what 5-alpha-reduction is, and how to prevent it if needed?
    - Do you know what aromatization is, and how to prevent it if needed?
- Do you understand the brain health risks of using before the age of 25?
- If you are a woman, do you understand how use may affect your femininity?
- Do you know where to acquire these compounds? If not, book a call with me
- Do you have multiple sources to acquire these compounds in case some shut down?
- If ordering illegally, do you know how to handle a federal seizure letter?
- If ordering illegally, are you willing to accept legal punishment for your use?
- If your compound is crystallized or cloudy, do you know how to fix it?
- Do you know where to acquire sterile injecting equipment?
- Do you understand your injecting equipment?
    - Do you know what unit the notches & numbers on an insulin syringe represent?
    - Do you know what unit the notches & numbers on a standard syringe represent?
- Do you know what size syringe, drawing needle, and injecting needle you will use?
- Do you know what proper intramuscular injection procedures look like?
- If you hit a nerve or blood vessel while injecting, do you know what to do?
- If you start to develop gynecomastia, do you know what to do?
- Do you know how frequently you should get blood work done?
    - Do you know what blood markers to test for while on cycle?
    - Can you interpret your own blood work results?
- Are you aware of how this will affect your ability to have children in the future if mismanaged?
- If it is something you care about, do you have a hair loss prevention plan? Hair section
- Are you aware of how this will affect your cardiovascular health?
- Do you know how to mitigate cardiovascular complications (high blood pressure, left ventricular hypertrophy, elevated resting heart rate, cholesterol)?
- Are you aware of how this will affect your hepatic health?
- Do you know how to mitigate hepatic complications (NAFLD, tumors, failure)?

If you answered no to any of these questions, you are not ready for gear.

Feel ready? Read my Testosterone guide and see AlgoRx for TRT

I disavow the practice of purchasing and/or using the below products without proper understanding and acceptance of the risks.

5-Amino-1mQ - How do you use 5a1 to gain less fat on bulks, and boost mitochondria?

- Get…
  - 5-amino-1mQ
    - Legal Rx grade: AlgoRx use "TAT"
    - Research grade (injectable): RUO, Injectify use "TAT"
    - Research grade (pills): Strate use "TAT"
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of BAC water
    - RUO 10mL $8 / 30mL $14 / $18 US
    - Strate 10mL $14.99 / 30mL $19.95 US
    - Injectify 30mL $15.99 worldwide

Injectable:

- Crack off the 5a1 vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the 5a1 rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the 5a1 by injecting 2mL of BAC water into the 5a1 powder vial
  - Note: you only need to do this step once
- Determine your desired dose
  - Low: 100mcg/day
  - Medium: 250mcg/day
  - High: 500+mcg/day
- Calculate how much liquid you need to get that dose
  - Read peptide basics
    - Example: 5mg vial, 2mL BAC = concentrated at 2.5mg/ml (or 2500mcg/ml). For a dose of 250mcg, would need 250mcg / 2500mcg/ml = 0.10mL or 10 units on an insulin syringe
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

Pill:

- Determine your desired dose
  - Low: 100mcg/day
  - Medium: 250mcg/day
  - High: 500+mcg/day
- Take with water
  - If you notice stomach distress, take with food and water

What can I combine it with for better effects?

- Fat loss, most to least effective: Tirzepatide / Retatrutide, Mazdutide / Semaglutide, Clen, Cardarine, L-Carnitine, AOD-9604 / HGH FRAG 176-191

- Mitochondrial / energy: MOTS-c, SS-31, NAD+, Methylene blue

What time of day do I take it?

- Before physical activity (ideally, before fasted cardio)

Is this natty?

- By WADA, this is a natural compound. You can use it and compete in tested federations without issue

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ACE-031 - How do you use ACE-031 to inhibit myostatin and gain muscle?

- Get…
  - ACE-031
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide
- Crack off the ACE-031 vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the ACE-031 rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the ACE-031 by injecting 2mL of BAC water into the ACE-031 powder vial
  - Note: you only need to do this step once
- Determine your desired dose
  - Low: 50mcg/day
  - Medium: 100mcg/day
  - High: 200mcg/day or more
- Calculate how much liquid you need to get that dose
  - Read peptide basics
    - Example: 1mg vial, 2mL BAC = concentrated at 0.5mg/ml (or 500mcg/ml). For a dose of 100mcg, would need 100mcg / 500mcg/ml = 0.2mL or 20 units on an insulin syringe
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

What can I combine it with for better effects?

- Muscle growth: Testosterone (or Enclo/HCG/HMG), HGH (or CJC-1295 + Ipamorelin), IGF-1 LR3/DES, MGF, L-Carnitine

---

AICAR - How do you use AICAR for endurance, energy, fat loss, and recovery?

- Get…
  - AICAR
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide
- Crack off the AICAR vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the AICAR rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the AICAR by injecting 2mL of BAC water into the AICAR powder vial
  - Note: you only need to do this step once
- Determine your desired dose
  - Low: 5mg/day
  - Medium: 10mg/day
  - High: 20mg/day or more
- Calculate how much liquid you need to get that dose
  - Read peptide basics
    - Example: 1mg vial, 2mL BAC = concentrated at 0.5mg/ml (or 500mcg/ml). For a dose of 100mcg, would need 100mcg / 500mcg/ml = 0.2mL or 20 units on an insulin syringe
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

What can I combine it with for better effects?

- Endurance & energy, most to least effective: MOTS-c, SS-31, 5-amino-1mQ, NAD+, L-Carnitine
- Recovery: BPC-157, TB-500, KPV, ARA-290, GHK-Cu

What are the side effects?

- It is well tolerated - worst sides are temporary anemia or temporary BP increase

Is this natty?

- It is banned by WADA

Anadrol (Oxymetholone) - How do you use Anadrol to gain muscle / strength?

If you'd like to use Anadrol, consider booking a call for a full protocol custom-designed by me

- Get…
  - a bag of anadrol tablets / a bottle of liquid anadrol
    - Sources are available to clients only. Become a client here.
  - a blood pressure cuff
  - (optional) Blood pressure control, such as:
    - Telmisartan - AlgoRx Use "TAT"
- Determine your desired dose (assuming average quality):
  - Low: 25mg daily
  - Average: 50mg daily
  - High: 75-100mg daily
- Take your dose sublingually 20-40 minutes pre workout
  - Put the tablet or liquid under your tongue and hold until it is mostly dissolved, then swallow

What can I combine it with for better effects?

- Testosterone (you have to use test with Anadrol)
  - Secondary anabolic: EQ, Masteron, Primobolan

Should I split my dose throughout the day?

- No
- Take your full daily dose all at once preferably pre workout, or around the same time on rest days

Should I take it on rest days or skip those days?

- Depends on your personal preference
- I prefer one dose pre workout on training days only because my body is very sensitive to orals, so I minimize exposure to them whenever I can

What does it feel like to be on Anadrol?

- Personal experience - Awesome, but messed with my stomach (my stomach & appetite is unusually sensitive to orals, most guys don't experience this as much as me)
- If there was every a way to feel high blood pressure, it would be achievable by using anadrol - it will turn a lot of guys beet red with its effects on blood pressure
- Strength goes sky high, don't second guess yourself on lifts while using it - because whatever weight is on the bar, you can probably lift it

Can I do an anadrol only cycle?

- No

- Anadrol has downward pressure on your natural testosterone production, and because anadrol does not metabolize into the testosterone metabolites your body needs to function, you are damaging yourself hormonally by doing this

So no anadrol only, but what if I combine it with enclomiphene and/or HCG?

- No
- These compounds are not at all strong enough to counteract anadrol's suppression of natural testosterone production, *especially* not enclomiphene

Why a blood pressure cuff and telmisartan?

- Users of anadrol often see their blood pressure go up
- Check your blood pressure once a week to get an idea of your heart health. If you're above 120/80 in systolic/diastolic, consider intervening

How do I prevent blood pressure issues while using Anavar?

- Tadalafil, Telmisartan, Nebivolol / Propranolol

How do I prevent cholesterol issues while using Anavar?

- Ezetimibe

How do I prevent liver disease/damage while using anadrol?

- Injectable glutathione is the king of liver health, though typical prophylactic protocols include things like NAC (N-Acetyl-Cysteine) and TUDCA
- I personally use Troponin's QRF (liver support)discount code "TAT"

How long can I run anadrol for without severe liver damage?

- Depends on the dose and liver health supplement regimen
- If you run a high dosage, your liver health is likely to be impaired after 8-10 weeks
- If you run a low dosage, you may be able to run for 16-20 weeks with minimal damage
    - ALWAYS get bloodwork, you cannot "feel" the health of your liver day-to-day unless you have severe liver damage and experience liver pain
- Yes theoretically you can do 2.5mg of anadrol daily year round as a man, but there's essentially no benefit to this, mainly chronic liver & digestive stress

I want to use anadrol on my cycle, when should I start it?

- If you are going to use an oral on cycle, it is generally best to finish out your cycle with it
- Example: 16 week testosterone cycle, weeks 9-16 anadrol (8 weeks of anadrol)

Anavar (Oxandrolone) - How do *men* use Anavar to gain muscle / harden muscle?

Note: This guide is for men; for women, see my Anavar - Female guide

If you'd like to use Anavar, consider booking a call for a full protocol custom-designed by me

- Get Anavar
    - Sources are available to clients only. Become a client here.
- Before dosing, understand that anavar quality varies *wildly*
    - If your anavar is extremely good quality, 20-50mg per day is plenty
    - If your anavar is average or bad quality, doses may reach 100mg daily
- Determine your desired dose (assuming average quality):
    - Low: 25mg daily
    - Average: 50mg daily
    - High: 75-100mg daily
- Take your dose sublingually 20-40 minutes pre workout
    - Put the tablet or liquid under your tongue and hold until it is mostly dissolved

What can I combine it with for better effects?

- Testosterone (you have to use test with Anavar)*
    - Secondary anabolic: EQ, Masteron, Primobolan
    - * Rare genetic exceptions can use Anavar without risk of needing TRT for life, but there's no way to know this until you try. Gambling with your hormones

Does anavar help me lose fat?

- Not really
- You'll get a hardening look from the physiological effect it has on the skin, but this isn't fat loss

Can I do an anavar only cycle?

- No
- Anavar has downward pressure on your natural testosterone production, and because anavar does not metabolize into the testosterone metabolites your body needs to function, you are damaging yourself hormonally by doing this

So no anavar only, but what if I combine it with enclomiphene and/or HCG?

- No, with a small maybe
- These compounds are generally not strong enough to counteract anavar's suppression of natural testosterone production, *especially* not enclomiphene
- In theory, if you run a very high dosage of HCG, you may be able to do this successfully
    - The dosage of HCG would likely need to be 500-1000IU or higher per day

I thought anavar was the safest oral, does it still cause liver damage?

- Yes
- Despite being widely considered the safest oral, that does not mean it is harmless

How do I prevent blood pressure issues while using Anavar?

- Tadalafil, Telmisartan, Nebivolol / Propranolol

How do I prevent cholesterol issues while using Anavar?

- Ezetimibe

How do I prevent liver disease/damage while using Anavar?

- Injectable glutathione is the king of liver health, though typical prophylactic protocols include things like NAC (N-Acetyl-Cysteine) and TUDCA
- I personally use Troponin's QRF (liver support)

How long can I run anavar for without severe liver damage?

- Depends on the dose
- If you run a high dosage, your liver health is likely to be impaired after 8-10 weeks
- If you run a low dosage, you may be able to run for 16-20 weeks with minimal damage
    - ALWAYS get bloodwork, you cannot "feel" the health of your liver day-to-day unless you have severe liver damage and experience liver pain
- Yes theoretically you can do 2.5mg of anavar daily year round as a man, but there's essentially no benefit to this, mainly chronic liver & digestive stress

I want to use anavar on my cycle, when should I start it?

- If you are going to use an oral on cycle, it is generally best to finish out your cycle with it
- Example: 16 week testosterone cycle, weeks 9-16 anavar (8 weeks of anavar)

I've been experiencing heartburn / acid reflux since I started anavar, how can I fix this?

- It's normal for oral steroids to cause heartburn / acid reflux in some users
- See Vigorous Steve's videos on addressing these issues

Pharma anavar is the best, right?

- Good anavar is not necessarily pharma, there is bad pharma anavar & very good UGL anavar out there
- A lot of "pharma" anavar is just average quality UGL anavar with "real" pharma labels

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Anavar (Oxandrolone) - How do *females* use Anavar to gain muscle?

Note: This guide is for women; for men, see my Anavar - Male guide

If you'd like to use Anavar, consider booking a call for a full protocol custom-designed by me

- Get Anavar
    - Sources are available to clients only. Become a client here.
- Before dosing, understand that anavar quality varies *wildly*
    - If your anavar is extremely good quality, 5-10mg per day is plenty
    - If your anavar is average or bad quality, doses may reach 20mg daily
- Determine your desired dose (assuming average quality):
    - Low: 5mg daily

    - Average: 10mg daily
    - High: 20mg daily
- Take your dose sublingually 20-40 minutes pre workout
    - Put the tablet or liquid under your tongue and hold until it is mostly dissolved

What can I combine it with for better effects?

- Muscle growth (most to least effective): HGH / CJC-1295 DAC + Ipamorelin, IGF-1 LR3, MK-677

Is anavar going to make me look like a man (masculinization / virilization)?

- If used responsibly, no
    - Specifically, it depends on dose and duration
- Virilization is the term for the gradual masculinization of a woman - this may include deepening of the voice, hair loss, body / facial hair growth, clitoral enlargement, and masculinization of face features among other effects that may be unwanted
- Using anavar for longer than 10-12 weeks will virilize most women *if* the daily dose is high enough. “High enough” varies depending on your genetic tolerance to virilization
- Also, using anavar at a daily dose of 20mg or higher will virilize most women *if* the duration of use is long enough. “Long enough”, again, depends on your genetic tolerance to virilization

How do I avoid virilization & losing my femininity?

- Start small, track femininity
- 2-3 weeks of 5mg/day, if you notice no negative effects you may increase to 10mg/day for another 2-3 weeks, and then you may increase to 20mg/day depending on your goals
    - For reference, I have a dozen friends who have used 10-20mg of anavar daily for roughly 8 weeks on average without virilization. It is not extremely common
- To maintain even more femininity, consider adding non-virilizing compounds instead of increasing your anavar dose, such as L-Carnitine[US], Ipamorelin[US] & CJC-1295[US], or MK-677[US]

How do I track potential virilization?

- Take a picture of your hairline every week or two, if you’re noticing receding hairline or significantly more hairs lost per shower you may be virilizing slightly
- Pay attention to other factors such as body hair growth, voice deepening (record yourself talking every week or two), and clitoral enlargement

As a woman, do I need to take injectable testosterone with my anavar?

- No
- Unlike men, women don’t need injectable testosterone with their anavar cycles

I thought anavar was the safest oral, does it still cause liver damage?

- Yes
- Despite being widely considered the safest oral, that does not mean it is harmless

How do I prevent liver disease/damage while using Anavar?

- Injectable glutathione[US] is the king of liver health, though typical prophylactic protocols include things like NAC (N-Acetyl-Cysteine), TUDCA, and milk thistle (QRF by Troponin)

As a woman, do I have to PCT from anavar?

- No
- Your hormones function in a way unlike a man, the best gauge of natural hormone function is if you're getting your period regularly (birth control interferes with this)

I heard some people say I should split my dose morning and night. Why or why not?

- The downside about this protocol is interfering with sleep
- Taking something that stimulates CNS before bed is unwise for recovery, a critical component of muscle growth and fat loss

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AOD-9604 - How do you use AOD for fat loss?

This is *loosely* the same peptide as HGH FRAG 176-191.

Some argue the moderate molecular change is dramatic, but I suspect less so. In practice, there doesn't seem to be a night-and-day difference. Experiment with both, and see what works best.

- Get…
  - AOD-9604
    - RUO, Injectify[use "TAT"]
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of BAC water
    - RUO 10mL[$8] / 30mL[$14 / $18 US]
    - Strate 10mL[$14.99] / 30mL[$19.95 US]
    - Injectify 30mL[$15.99 worldwide]

The same dosing applies here. Follow the steps in that guide: HGH FRAG 176-191

ARA-290 - How do you use ARA to reduce nerve pain & inflammation, and boost vascularity?

Coming soon

- Get…
  - ARA-290
    - RUO

    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide

Arimidex (Anastrozole) - How do you use Arimidex as an AI to control estrogen?

- Get Arimidex
    - Legal Rx grade: AlgoRxUse “TAT”
    - Research grade: StrateUse “TAT”
    - Other sources for clients only

Liquid guide:

- Shake the bottle hard before every administration
- Determine your desired dose
    - On average, users will divide their weekly testosterone dose in milligrams by 500
    - That number is the weekly dose of Arimidex in milligrams
    - Divide that number across the user’s injecting days
        - Example: 500mg/wk testosterone, so 500 divided by 500 = 1mg Adex/wk
        - User injects testosterone on Monday and Thursday: 0.5mg Arimidex on Tuesday, 0.5mg Arimidex on Friday
    - NOTE: This is just an estimate. Everyone’s body is different and you will likely need to increase or decrease your dose to better handle your estrogen
        - Increase dose if unwanted high estrogenic effects persist after 1-2 weeks, decrease dose if experiencing unwanted low estrogenic effects
- Calculate how much liquid is needed
    -
- Drop the liquid under your tongue 24h after administering your aromatizing compound
    - Consider chasing with orange juice / etc, the solution needed to liquify the compound doesn’t taste very good
- Seal your bottle and store at room temperature in a cool, dark place

Pill guide:

- Determine your desired dose
    - On average, users will divide their weekly testosterone dose in milligrams by 500
    - That number is the weekly dose of Arimidex in milligrams
    - Divide that number across the user’s injecting days
        - Example: 500mg/wk testosterone, so 500 divided by 500 = 1mg Adex/wk
        - User injects testosterone on Monday and Thursday: 0.5mg Arimidex on Tuesday, 0.5mg Arimidex on Friday
    - NOTE: This is just an estimate. Everyone’s body is different and you will likely need to increase or decrease your dose to better handle your estrogen

        - Increase dose if unwanted high estrogenic effects persist after 1-2 weeks, decrease dose if experiencing unwanted low estrogenic effects
- Use a pill cutter to divide 1mg tablets into 0.5mg or 0.25mg tablets if needed
    - Divide your doses of Arimidex across the week for better hormonal stability
- Take with water
    - If you notice stomach distress, take with food and water

Why can't I take Arimidex/Anastrozole once a week?

- Your estrogen will be crushed on that one day, and will fade upwards over the consequent six days
- In the interest of hormonal stability, the more frequently you can administer your Anastrozole, the better

How do I know if I need an AI like Arimidex/Anastrozole?

- See the "do I have high estrogen" section of my FAQ
- I defer to John Jewett's opinion on estrogen: if you are taking an AI just because the estradiol number on your bloodwork is high, you are fixing a problem that doesn't exist
    - The case of "high E2, no symptoms" is *not* a problem and does *not* require AI

What's the difference between Arimidex/Anastrozole and Aromasin/Exemestane?

- Aromasin is scientifically considered a suicidal AI, which means it binds to the aromatase enzyme, permanently disables the enzyme, then destroys it
    - If you dose Aromasin too high, your estrogen will be crashed for a longer time than if it was crashed on a non-suicidal means of lowering estrogen
- Arimidex is a non-suicidal AI, which means it binds to the aromatase enzyme and blocks it, preventing it from converting testosterone into estrogen

…so does that mean Arimidex/Anastrozole is always better?

- No, everyone responds to aromatase inhibitors differently
- Despite achieving the same serum estradiol levels on both compounds, some users report feeling much better on Aromasin, or vice versa
- There are also individuals who are non-responders to Arimidex; their estrogen is not lowered at all when using it
    - My peers have not seen this happen with Aromasin users

Can I PCT with Arimidex/Anastrozole?

- Not ideally, there are much better options like Enclomiphene and/or HCG and/or Nolvadex (Tamoxifen)

Aromasin (Exemestane) - How do you use Aromasin as an AI to control estrogen?

- Get a bottle of Asin
    - AlgoRX use "TAT" for prescription grade

    - Strate[use "TAT" for research grade]
- Determine your desired dose
    - Starting weekly dose = weekly dose of testosterone divided by 20
        - Ex: 500mg/wk testosterone, so 500 divided by 20 = 25mg Asin/wk
    - Divide across user's injecting days
        - User injects testosterone on Monday and Thursday: 12.5 Tues, 12.5 Fri
    - NOTE: This is just an estimate. Everyone's body is different and you will likely need to increase or decrease your dose to better handle your estrogen
        - Increase dose if unwanted high estrogenic effects persist after 1-2 weeks, decrease dose if experiencing unwanted low estrogenic effects
- Time your dose: 0-24h after administering your aromatizing compound (ex: testosterone)

Liquid guide:
- Drop the liquid under your tongue
    - Consider chasing with orange juice / etc, the solution needed to liquify the compound doesn't taste very good
- Seal your bottle and store at room temperature in a cool, dark place

Pill guide:
- Take with water
    - If you notice stomach distress, take with food and water

How do I know if I need an AI like Aromasin?
- See the "do I have high estrogen" section of my FAQ
- I defer to John Jewett's opinion on estrogen: if you are taking an AI just because the estradiol number on your bloodwork is high, you are fixing a problem that doesn't exist
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- There are also individuals who are non-responders to Arimidex; their estrogen is not lowered at all when using it
    - My peers have not seen this happen with Aromasin users

Can I PCT with Aromasin?

- No, there are much better options like Enclomiphene and/or HCG and/or Nolvadex (Tamoxifen)

B7-33 - How do you use B7-33 to reduce fibrosis + improve heart health & vasodilation?

Coming soon

- Get…
  - B7-33
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide

B12 - How do you use *injectable* vitamin B12 for health benefits?

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of vitamin B12
    - Alternatively, try Tirzepatide + B12 combination + Glycine use “TAT” combo for fat loss and health all-in-one
- Crack open the B12 vial lid, it just pops off
- Sanitize the rubber stopper of the B12 vial
- Sanitize the injection site
  - Preferred intramuscular sites: deltoids, ventrogluteal, gluteal, quads, lats
  - Preferred subcutaneous sites: abdominal fat, upper glute fat, upper thigh fat
- Determine your desired dose
  - Low: 125-250mcg per day
  - Average: 500-750mcg per day
  - High: 1000-2000mcg per day or more
- Calculate how much liquid you need to get that dose
  - Example: If your desired dose is 500mcg, and you get a 1000mcg/mL vial, you would need to draw 500/1000 = 0.5mL (50 units on an insulin syringe) to get your desired dose
    - Read peptide basics
- Administer the B12 (tutorials available online, google it)
  - Perform an intramuscular injection (example: ventrogluteal)
  - Perform a subcutaneous injection

- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

Do I need BAC water with this?

- No, the B12 arrives as a red liquid

Is this natty?

- By WADA, this is a natural compound. You can use it and compete in tested federations without issue

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Berberine - How do you use berberine to reduce blood glucose levels and improve insulin sensitivity?

- Get…
  - a blood glucose monitor
  - a bottle of Berberine - Suppressor Max[discount code "TAT"]
    - Berberine is widely available, but other products don't compare to the effectiveness of Troponin's Suppressor Max due to bioavailability differences
- Take 1500mg Berberine with 8-12 fl oz of water with your first meal of the day (every day)
  - Increase your dose of Berberine as needed to better control blood glucose levels
  - Lower your dose of Berberine as needed to alleviate any digestive stress

Is this natty?

- By WADA, this is a natural compound. You can use it and compete in tested federations without issue

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Boldenone (Bold Cyp, Equipoise, etc.) - How do you use boldenone to build muscle?

PLEASE MAKE SURE YOU'VE READ & UNDERSTAND ALL OF THE BASICS SECTION

Health first - here is a list of practices, medications, and supplements to have accessible in case they are right for you during your use of Boldenone.

- ARB, angiotensin receptor blocker (ex: Telmisartan - AlgoRx[Use "TAT"])
  - Blood pressure control *if needed*
- Blood pressure monitor
  - Check 3 times in the morning once a week, if high continue to test regularly after adding an intervention such as an ARB
- Bloodwork (AlgoDx.ai use "TAT")
  - First few cycles, get bloodwork before hopping on and then every 8~10 weeks; minimum 4 times per year

- Desired drawing needles (ex: 1" or 1.5", 20g or thicker; I use 20g 1")
- Desired injecting needles (ex: ½", ⅝", or 1", 25g or thinner; I use 25g 1")
- Desired syringes (1cc / 1ml, 3cc / 3ml if running large doses)
- Ezetimibe - Cholesterol management & cardiovascular longevity
- Renal Reset - Kidney health
- Required number of boldenone vials (plus one to two extra vials)
    - How do I know how many vials I need? See the VIALS section
- RU-58841, Minoxidil 10%, and/or Finasteride (if you want to prevent hair loss)
- Semen Analysis (ex: GiveLegacy)
- SERM, selective estrogen receptor modulator (ex: Raloxifene, Nolvadex / Tamoxifen)
    - Specifically SERMs with anti-gynecomastia activity for gyno control *if needed*
- Statin (ex: Pitavastatin, Rosuvastatin)
    - Strong cholesterol management *if needed,* rare on doses of 500mg/wk or less
- Sterile alcohol swabs
- Testicle size & fertility maintenance
    - HCG or HMG
    - Enclomiphene
- Testosterone (see the Testosterone guide)
    - Boldenone *CANNOT* be run without Testosterone (due to the body's need for testosterone and its hormonal byproducts)

SOURCE - Where do I buy boldenone?

- Sources are available to clients only. Become a client here.

VIALS - How many vials do I need to buy for my cycle?

- Here's the simple math on finding how many vials you need:
    - Required number of boldenone vials = (total milligrams needed for cycle + cruise) divided by total milligrams per vial
- And here's that math in an example:
    - If you want to do a 20 week cycle of 300mg/wk, you need 20*300mg = *6000mg* for the cycle
- So now you know the milligrams, do the math for your source and their vials:
    - If your source sells 10ml vials concentrated at 300mg/ml, each vial is 10ml*300mg/ml = *3000mg*
    - With this example, you need 2 vials
- *Always* get an extra vial or two in case you break/lose one (I personally get 2 extra vials)

DOSING 1+ - How much boldenone should I take per week for my first cycle and beyond?

- For a first cycle, you can add boldenone acetate or boldenone cypionate after 6-8 weeks of only testosterone
    - It's difficult to make best use of EQ halfway through a cycle, the ester is too long
- For a second cycle and beyond, you can start your cycle with test & bold ace/cyp/EQ
    - Preferably after you've figured out your test:bold ratio

- Boldenone, for the ~50% of men who experience the downward estrogen pressure from it, is best dosed at ⅓ to ½ their dose of testosterone
    - Example, if you are using 400mg/wk test, you can add 200mg/wk bold ace/cyp
    - This ratio is slightly different for everyone. Your goal is to find the ratio of the two that is best for your body
- If you are one of the 50% of men who *do not* experience the downward estrogen pressure from boldenone, you can run it 1:1 with testosterone or much higher
    - You may want to consider another compound to control your estrogen (if you experience unwanted high estrogenic effects) on cycles like these

INJECT - How do I inject boldenone?

- Crack off the boldenone vial lid, it just pops off
- Sanitize the boldenone vial rubber stopper with the alcohol swab
- Sanitize the desired injection site with the alcohol swab
    - For possible injection sites, see SpotInjections. I feel ventrogluteal, delt, quad, and lat are the better injection sites.
    - Google "[injection site] TRT" for more tutorials. Ex: "ventrogluteal TRT"

NOTE: If you are using an insulin syringe, ignore instructions about swapping between drawing / injecting needles. Insulin needles are built-in and not intended to be removed.

- Unpackage your drawing needle, injecting needle, and syringe
    - Attach the drawing needle to your syringe, it should twist on easily
- Remove the needle cap and pull on the plunger to draw air into the syringe equal to your desired dose
- Needle-down, insert the drawing needle through the rubber stopper and into the boldenone vial, then inject all of the air
    - This pressurizes the vial to make drawing liquid easier. You may need to hold constant light pressure on the plunger to prevent the pressure from escaping
- Flip the vial + syringe needle-up (the bottom of your vial should be facing the ceiling), and pull the syringe plunger slowly to reach your desired milliliters
    - If you are using a small drawing needle or an insulin needle, this may be a very slow process
    - There may be a small air bubble, don't worry about getting rid of it now
- Flip the vial + syringe needle-down (the bottom of your vial should be facing the floor), remove the needle from the vial
- Set aside the boldenone vial and place the cap on the drawing needle
- Twist off the drawing needle, set it aside, and attach the injecting needle to the syringe
- Warm the oil with your desired method to reduce post-injection pain
    - I prefer to hold the syringe horizontally and run hot water over the oil in the syringe, being careful not to get any water near the injecting needle; then dry it
    - Alternatively, some guys like to microwave a rice bag, remove it from the microwave, wrap it around the syringe, wait for oil to warm
        - You'll know the oil is warmed perfectly when you can touch the barrel of the syringe to your lips and it's not uncomfortably hot, nor too cold

- Remove the injecting needle cap, hold needle-up, and push on the plunger to remove any air bubble(s)
    - Allow a droplet of oil to glide down the needle of the syringe. This helps lubricate it and makes for an easier injection
- Perform an intramuscular injection in your desired injection site
    - Push the plunger of the syringe slowly. If you go too fast, you risk the chance of an abscess or unneeded stress at the injection site
- Place the cap on the injecting needle
- Wipe the area with an alcohol swab to disinfect and clean up any blood
    - Apply a bandage if bleeding is persisting (that's normal sometimes, don't worry)
- Dispose of your needles, syringes, needle/syringe packaging, alcohol swabs, etc
- To further reduce virgin muscle soreness / post injection pain, do some light cardio
    - I prefer to inject each morning, and then do low intensity steady state cardio

How often do I inject boldenone?

- Depends on boldenone ester
    - Longer esters (cypionate, undecylenate) can be injected 1-2x per week at minimum
    - Shorter esters (acetate) may need to be injected daily / 3-4x per week at minimum
- You will get less side effects the more frequently you inject
    - Ex: Daily administrations are optimal for minimizing hormone flux

I want to inject more than one compound at a time. Can I combine (xyz) with boldenone?

- If it is oil-based, yes; if it is water-based, no (this increases infection risk)
    - Example, testosterone + boldenone is fine to be in the same syringe, but not GH + boldenone (GH is a water based peptide)
- To combine multiple compounds, just draw all the compounds you need with your drawing needle and then switch to your injecting needle and perform your injection
    - No need to inject air into every vial, usually inject air into the vial where you'll pull the largest amount out (usually testosterone)
    - You may periodically go in reverse order if you're concerned about the pressure levels in your other vials
        - Example, Test → Bold 3x, Bold → Test 1x, Test → Bold 3x…

SIDES - I think I'm not handling my dose very well. What should I do?

- Boldenone can have downward pressure on estrogen (estradiol, specifically) in about 50% of users
    - If you are experiencing anxiety or other low estrogenic effects, and you have verified this on ultrasensitive Estradiol blood work, then address the issue
        - Option 1: reduce your dose of boldenone
        - Option 2: increase your dose of test
        - Option 3: introduce a rapid estrogen-boosting compound (HCG, test P, MENT A, Dianabol)

        - Option 4: use oral estrogen or estradiol valerate to directly compensate
    - Options 1 and 2 can be slow, and you may not see a difference for a while depending on how fast your esters are
- If you're getting slightly high blood pressure, introduce Tadalafil[Use "TAT"] 5mg/day
    - If your blood pressure is very high, see the Telmisartan guide
    - If you blood pressure is elevated, this can cause kidney stress - to protect them, consider implementing Renal Reset
- If your hematocrit and/or RBC is high, increase cardio or donate blood periodically
    - Be careful not to over-donate and crush your platelet count, you may make yourself unhealthier than you were before
    - You may also ask your doctor about Enalapril which can lower hematocrit
- If you're experiencing hair loss, try…
    - RU-58841, Minoxidil 10%, "Finox" topical[Rx], "BioFinox" oral[Rx - use "TAT"]
    - See my hair loss guide for other hair loss options
- If you're experiencing testicle shrinkage, introduce HCG or HMG

LENGTH - I want to do a cycle of 12 weeks or shorter. Is this okay?

- Shorter cycles don't allow for maximal results out of the compounds you're using
    - This is *especially* the case if you are going to use EQ / Equipoise
    - Typically, 16-20 weeks is a good minimum cycle length, and 30 weeks maximum depending on individual tolerance
- By doing a shorter cycle, you are effectively subjecting your body to a variety of side effect risks, natural testosterone production shutdown, and systemic stress for suboptimal physique/strength results

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BPC-157 (Body Protective Compound 157) - How do you use BPC-157 for injuries?

Injectable guide:

- Get…
    - a vial of BPC-157
        - RUO 5mg[$28] / 10mg[$38]
        - Strate 5mg[$35] / 10mg[$60]
        - Injectify 10mg[$40 worldwide]
    - or, use a blend. Pick one:
        - Wolverine[BPC-157/TB-500] 5mg/5mg[$50]
        - GLOW[BPC/GHK/TB] 10mg/50mg/10mg[$78]
        - KLOW[BPC/GHK/KPV/TB] 10mg/50mg/10mg/10mg[$220 worldwide]
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of BAC water
        - RUO 10mL[$8] / 30mL[$14 / $18 US]
        - Strate 10mL[$14.99] / 30mL[$19.95 US]
        - Injectify 30mL[$15.99 worldwide]

- Crack off the BPC-157 vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper
    - Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the BPC-157 rubber stopper
    - same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe (total 2mL)
- Reconstitute the BPC-157 by injecting the 2mL BAC water into the BPC-157 vial
    - Note: once you have injected a total of 2mL into your powder vial, you don't need inject any more BAC water into it
    - The 5mg powder vial is now a liquid concentrated at 5mg/2ml = 2.5mg/ml or 2500mcg/ml
- Determine your desired dose
    - Low: 100-250mcg per day
    - Average: 250-500mcg per day
    - High: 500-1000mcg (or more) per day
- Use a peptide calculator or do the math the measure out your desired dose
    - Liquid needed = desired dose / concentration
    - Ex: If your desired dose is 250mcg per day, and your BPC-157 is reconstituted at 2.5mg/ml (or 2500mcg/ml), then you'd need (250/2500=0.1) 0.1mL per day
- For better results, draw KPV and TB-500 into the same syringe
    - BPC-157 is even more effective at healing injuries when combined with KPV and TB-500
- Perform a subcutaneous injection (aka subQ; tutorials available online)
    - BPC-157 is slightly more effective when administered subQ closer to the injury
    - This is sometimes *NOT* worth the slight benefit, for example: injecting your ankle injury directly is extremely risky, you might be better off doing a belly fat subQ
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

Nasal spray guide:

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of BPC-157 (Strate / Injectify use "TAT")
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide
    - an empty spray bottle (any brand is ok)
- Using an insulin syringe
    - 2mL BAC into the BPC-157 vial, 2mL BAC into the spray bottle
    - Transfer the BPC-157 to the spray bottle (total 4mL BAC + BPC powder)
- Do 1 to 4 (or more) sprays per day

    - Remove the cap, insert the spray nozzle into your nostril, and administer your desired dose while inhaling sharply

Pill guide:

- Get…
    - BPC-157 pills (Strate / Injectify[use "TAT"])
- Determine your desired dose
    - Low: 500mcg/day
    - Medium: 1000mcg/day
    - High: 1500+mcg/day
- Take with water
    - If you notice stomach distress, take with food and water

Side effects?

- It is well tolerated - one rare side effect is anhedonia / blunted mood, which may be fixed with Naltrexone

Can I safely combine this with…

- BPC-157 is safe to combine with any peptide
- For better healing results, consider combining with 1. TB-500, 2. GHK-Cu, and 3. KPV
- For maximal healing, also combine with 4. CJC-1295 DAC, and 5. Ipamorelin

How long until I start getting results?

- Sooner or later, depending on genetic sensitivity to the peptides, severity & recency of the injury, efficacy of rehab (are you doing physical therapy, stretching, chiropractics, etc)
- If you use a high dose for 4wks and notice no improvement, you may need surgery OR there is another underlying issue

Will my workplace / military drug test detect it?

- No, they're not testing for it

Is it WADA legal?

- No, not legal in-season or off-season

If I inject nearby / directly in the injury site, will it heal better?

- You *MIGHT* get slightly increased benefits from it
- In my opinion it's not worth risking the extra damage of messing up an injection in an injured area

Where should I inject BPC-157?

- In your glute fat subcutaneous injection, upper thigh subcutaneous injection, or in your belly fat subcutaneous injection
- Wherever is most comfortable for you

I heard this causes cancer. Is that true?

- No - but it may accelerate existing cancer/tumors
- Anything associated with growth is also associated with cancer (e.g., living a lifestyle optimized for muscle growth will increase the likelihood of you getting cancer) so in that regard BPC-157's angiogenesis could contribute to "feeding" cancer cells
- The cancer cells must already exist for this to occur. If you do not have cancer, there is no risk

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Bromantane - How do I use Bromantane to improve cognition & verbal fluency?

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a Bromantane spray (email StrateLabs.com or Injectify.is, ask them to stock it)
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide
- If the Bromantane arrives separate from the spray (otherwise, assume premixed):
  - Add 1-2mL BAC from the bottle into the Bromantane vial. Stir gently to mix
  - Pour all of the mixture back into the bottle
- Remove the cap, insert the spray nozzle into your nostril, and administer your desired dose while inhaling sharply
  - Low: 1 spray per day = 4mg/day
  - Average: 2 sprays per day = 8mg/day
  - High: 3 or more sprays per day = 12mg or more per day
- Put your reconstituted liquid nasal spray bottle of Bromantane in the fridge to prolong shelf life

Does Bromantane have side effects?

- Bromantane is widely regarded as an innocuous compound, and is well-tolerated

I'm not feeling anything. What's going on?

- Cognitive enhancers can only enhance a functional baseline
- If you're sleep-deprived, malnourished, or overconsuming drugs/alcohol, the effect of your cognitive enhancers will be blunted

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Bronchogen - How do you use Bronchogen for lung function & reduce lung inflammation?

- Get…
  - Bronchogen

        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
- Crack off the Bronchogen vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Bronchogen rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Bronchogen by injecting 2mL of BAC water into the Bronchogen powder vial
    - Note: you only need to do this step once
- Determine your desired dose
    - Low: 0.5mg/day
    - Medium: 1mg/day
    - High: 2mg/day or more
- Calculate how much liquid you need to get that dose
    - Read peptide basics
        - Example: 20mg vial, 2mL BAC = concentrated at 10mg/ml. For a dose of 1mg, would need 1mg / 10mg/ml = 0.10mL or 10 units on an insulin syringe
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

What can I combine it with for better effects?

- Lung function, most to least effective: Cardarine, VIP, Meldonium, Tadalafil

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Cagrilintide - How do you use Cagrilintide for appetite suppression and fat loss?

- Get…
    - a vial of Cagrilintide
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
- Crack off the Cagrilintide vial and the BAC water vial lids, they just pop off

- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Cagrilintide rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Cagri by injecting 2mL of BAC water into the Cagri powder vial
    - Note: you only need to do this step once
- Determine your desired dose
    - Low: 0.1mg/day | ~1mg/wk
    - Medium: 0.25mg/day | ~2mg/wk
    - High: 0.5-1mg/day or more | 3.5-7mg/wk or more
- Calculate how much liquid you need to get that dose
    - Read peptide basics
        - Example: 5mg vial, 2mL BAC = concentrated at 2.5mg/ml. For a dose of 0.25mg, would need 0.25mg / 2.5mg/ml = 0.1mL or 10 units on an insulin syringe
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

How often should I use it - once per week? Twice a week? Daily?

- Divide your weekly dose across as many days as you're comfortable with
- The goal is to find an injection frequency that minimizes side effects; if you get intolerable side effects, keep weekly dose unchanged & increase dose frequency
- If you're doing daily injections and side effects are still intolerable, lower the dose

What can I combine it with for better results?

- Fat loss (most to least effective): Tirzepatide / Retatrutide, Mazdutide / Semaglutide, Clen, Cardarine, L-Carnitine, AOD-9604 / HGH FRAG 176-191

I feel like I'm losing my appetite and a bit nauseous, is this normal?

- Yes, this is partly how it works
- Less appetite = less caloric intake, and therefore more weight loss assuming all other variables are unchanged. Thermodynamics
- If the nausea is intolerable, make your dosing more frequent. Instead of 1mg once a week, you may want to try 0.5mg on Monday and Thursday, or 0.25mg 4 times per week

How does this differ from other GLPs?

- It appears far stronger at suppressing appetite than the others
- If you struggle with food noise, consider adding this on top of other GLPs to bias the effects more toward appetite & cravings suppression

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Cardarine (GW-501516) - How do you use Cardarine for cardio benefits / athletic performance?

Injectable guide:

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of Cardarine
  - *Optional:* combine with retatrutide (10mg / 20mg) and/or VIP for greater results.
- Determine your desired dose
  - Low: 5-10mg/day
  - Medium: 10-25mg/day
  - High: 50mg/day or more
- Calculate how much liquid you need to get that dose
  - Desired dose divided by Concentration = Liquid needed
  - Example: Strate's cardarine is concentrated at 50mg/mL
  - For a dose of 25mg, you would need 25/50 = 0.5mL or 50 units administered
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

Liquid guide:

- Get…
  - A bottle of liquid Cardarine
- Shake the bottle hard before every administration
- Determine your desired dose
  - Low: 5mg daily
  - Average: 10mg daily
  - High: 20mg daily
- Calculate how much liquid is needed to get that dose
  - For a concentration of 10mg/mL, one full 1mL dropper is 10mg
    - Read measurements & concentrations
  - Desired dose divided by concentration = liquid needed
    - Ex: Desired dose is 5mg, concentration is 10mg/mL (5mg / 10mg/ml = 0.5ml), so ½ a dropper = 5mg
- Administer sublingually
  - Drop the liquid under your tongue, swallow after a second
- Consider chasing with orange juice / etc
  - The solution needed to liquify the compound doesn't taste very good
- Seal your bottle and store at room temperature in a cool, dark place

Pill guide:

- Get…
  - a bottle of Cardarine pills
- Determine your desired dose
  - Low: 5mg/day
  - Medium: 10mg/day

    - High: 20mg/day or more
- Take with water
    - If you notice stomach distress, take with food and water

Can I combine Cardarine with other peptides/supps/drugs?

- Yes, with one exception: Meldonium
    - It's safe, but tends to cancel Cardarine's effects; it's a counterproductive combo

Do I need to take anything else with Cardarine?

- No

Is Cardarine a SARM?

- No
- Cardarine is not a SARM, it is a PPARd receptor agonist - put simply, it does not affect your sex hormones (testosterone, estrogen)

Does it affect my test levels? Do I need to PCT from Cardarine?

- No and no
- Cardarine is not a SARM, it is a PPARd receptor agonist - put simply, it does not affect your sex hormones (testosterone, estrogen) - which means you do not need a PCT

Can women use Cardarine safely?

- Yes
- It is not going to masculinize a woman or damage her organs

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Cardiogen - How do you use Cardiogen for internal tissue repair and to reduce inflammation?

Coming soon

- Get…
    - Cardiogen
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide

Cerebroprotein Hydrolysate - how do you use CH for cognition & neuroprotection?
Coming soon

- Get…
    - Cerebroprotein Hydrolysate
        - RUO

What can I combine it with for better results?

- Neuroprotection: SS-31, Methylene Blue, NAD+, Dihexa, MOTS-c, Semax, Selank, FGL, DNSP-11

CJC-1295 - How do you use CJC-1295 for growth hormone gains / height / fat loss?
Injectable guide:

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of CJC-1295 (RUO / DAC / no DAC / worldwide)
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
    - a blood glucose monitor
    - *Optional:* combine with ipamorelin (Ipa + DAC / worldwide) for greater results.
- Crack open the CJC-1295 vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the CJC-1295 rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the CJC-1295 by injecting the BAC water into the CJC-1295 vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the CJC-1295, you no longer need to add any more BAC water
- Determine your desired dose (this is for both CJC-1295 DAC and no DAC)
    - Low: 150mcg/day
    - Medium: 250mcg/day
    - High: 500mcg/day
- Calculate how much liquid is needed to get that dose
    - Desired dose divided by Concentration = Liquid needed
    - Example: vial concentrated at 1mg/ml (or 1000mcg/ml)
    - For a dose of 250mcg, would need 250mcg / 1000mcg/ml = 0.25mL or 25 units on an insulin syringe

- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put reconstituted liquid vials of CJC-1295 in the fridge and powder vials in the freezer to prolong shelf life

Nasal spray guide: Note: There is no scientific literature about nasal spray CJC-1295, results may vary

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of CJC-1295 (DAC / no DAC / worldwide)
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide
  - *Optional:* combine with ipamorelin (Ipa + DAC / worldwide) for greater results.
  - an empty spray bottle (any brand is ok)
  - a blood glucose monitor
- 2mL BAC into the CJC-1295 vial, 2mL BAC into the nasal spray bottle
- Transfer the CJC-1295 to the spray bottle, do 2-5 sprays per day
- Put your reconstituted liquid spray bottle of CJC-1295 in the fridge and any other powder vials in the freezer to prolong shelf life

How do I use a blood glucose monitor?

- Once a week in the morning, before you've eaten anything, check your fasted glucose levels
  - Ideal for gains: 70-85
  - Healthy: 85-89
  - Fine, but not great: 90-100mg/dl
  - At risk of diabetes: 100-125mg/dl
  - Diabetes: 126 or above
- If your levels are getting too high:
  - Intervene with Berberine or Metformin; see the Berberine or Metformin guide
    - Use SGLT-2 or DPP-4 inhibitors if necessary beyond this
  - If that is unsuccessful, lower your dose of CJC
    - If that is unsuccessful, stop using CJC

Should I use this once a week? Twice? Daily?

- When you see "/day" in my guides, it means "per day". Daily dosing
- The reason it is better to dose daily than less frequently is for more stable serum concentrations due to half life stacking
- Read the measurements & concentrations section for more explanation

Can I safely combine this with…

- CJC-1295 is safe to combine with any peptide

- You may combine them in the same syringe and perform one injection if desired

I heard this causes cancer. Is that true?

- Yes and no
- Anything associated with growth is also associated with cancer (e.g., living a lifestyle optimized for muscle growth will increase the likelihood of you getting cancer) so in that regard CJC-1295's GH effects could contribute to "feeding" cancer cells
- The cancer cells must already exist for this to occur. If you do not have cancer, there is no risk

How long should I use it for / can I use it year-round?

- If you care about health and have a family history of cancer / tumors, consider avoiding it entirely or limiting use to periods of 12 weeks or shorter (especially if using DAC)
- Otherwise, you may run it year round for constant benefits

Should I get DAC or no DAC? What's the difference?

- DAC (Drug Affinity Complex) greatly extends the half life of CJC-1295, allowing for around-the-clock action when compared to no DAC, which is in and out fairly rapidly
- DAC is preferred, allowing the body to exist in a heightened growth state all day long for more results
- If your family has a history of cancer or tumors, DAC can pose greater risk (because of increased GH). Instead, consider CJC-1295 no DAC immediately before your workouts or before bed

Will this make me grow taller?

- More growth hormone + open growth plates = greater potential height. But this is limited by your genetics: you might not even grow an inch after years of daily use
- *Do not manipulate your estrogen to try to grow taller.* Estrogen is extremely important for brain development. If you artificially crush your estrogen levels during puberty, you will make yourself irreversibly dumber and may get permanent brain damage

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Clen (Clenbuterol) - How do you use Clen for fat loss?

- Get…
  - Clenbuterol liquid
    - Or, injectable clen (Helios blend)[If using this, halve all doses. It is *very* strong]
  - Nebivolol
    - AlgoRx[Use "TAT"] for prescription
    - Other sources for clients only
- The dosing protocol is titrated up by 10-20mcg every two weeks, for 6-8 weeks
  - Example dosing protocol:
    - Weeks 1-2: 30mcg/day
    - Weeks 3-4: 50mcg/day

        - Weeks 5-6: 70mcg/day
        - Weeks 7-8: 90mcg/day ***this is a dangerous dose for most people***
    - Starter doses:
        - Low: 10-20mcg/day, probably won't even feel the clen shakes
        - Average: 30-40mcg/day, should definitely feel clen
        - High: 50+mcg/day, far too aggressive for most non-competitors
- Shake the bottle hard before every administration
- Measure out the desired dose in the dropper
    - Read measurements & concentrations
    - Example: If your desired dose is 50mcg, and your bottle is concentrated at 100mcg/mL, you would need 50/100 = 0.5mL to get your desired dose
- Drop the liquid under your tongue in the morning before eating
    - Consider chasing with orange juice / etc, the solution needed to liquify the compound doesn't taste very good
- Clenbuterol's acceleration of your heart is, by nature, extremely dangerous
    - If you overdose or use for too long, you will end up in a hospital
    - This drug is no joke
- Seal your bottle and store at room temperature in a cool, dark place

So this is going to give me a six pack while I eat whatever I want, right?

- No, to get the crazy benefits people see from clenbuterol, you need to eat what is required to reach your goals
- Remember: drugs don't work unless you do

Why does the dose change every 2 weeks?

- Your body's beta-2 receptors become desensitized after prolonged exposure to a beta-2 agonist like Clenbuterol
- To avoid getting diminished results, the dose needs to increase

Do I need to PCT after using Clen?

- No, clenbuterol isn't hormonal. Your natural testosterone levels are unaffected by it
- You don't need to PCT from clen

Can I take a non-selective beta blocker to keep myself healthier while on Clen?

- If you try to prevent clenbuterol's beta-2 receptor agonism (with non-selective beta blockers for example), you lose the fat loss benefits of clenbuterol
    - Note: Nebivolol is a cardio-selective beta blocker
- Taking a lower dose of clen would have the same effect as a higher dose + ns beta blocker for the vast majority of people, obviously there are some exceptions

Can I take a *selective* beta blocker (like Nebivolol) to keep myself healthier while on Clen?

- Yes. Nebivolol is cardioselective, meaning at the effective dose it acts only on the beta-2 receptors relevant to the heart

- This allows clenbuterol's effects to persist everywhere except the heart, where it persists to a lesser or nonexistent degree

Can I take caffeine with Clenbuterol?

- Yes, although it would be unwise to have a daily caffeine intake of 600mg or more while using Clenbuterol

Is Clen better for fat loss than Sema/Tirz/Reta?

- In my opinion, no - Semaglutide and other GLP agonists are the kings of fat loss
- Sema/Tirz/Reta is much safer than clenbuterol because you don't need to worry about your heart exploding
- However, for trying to get freaky lean when you are already fairly low on fat, combining clenbuterol with Sema/Tirz/Reta is best

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Cortagen - How do you use Cortagen for stress resilience, learning, and memory?

Coming soon

- Get…
  - Cortagen
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of BAC water
    - RUO 10mL $8 / 30mL $14 / $18 US
    - Strate 10mL $14.99 / 30mL $19.95 US
    - Injectify 30mL $15.99 worldwide

Crystagen - How do you use Crystagen for sleep and anti-aging benefits?

Coming soon

- Get…
  - Crystagen
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of BAC water
    - RUO 10mL $8 / 30mL $14 / $18 US
    - Strate 10mL $14.99 / 30mL $19.95 US
    - Injectify 30mL $15.99 worldwide

Dapoxetine - How do you use Dapoxetine to last longer during sex?

Quick guide:

- 0.5-1mL as needed 15-30 min or less before sexual activity

Full guide:

- Get…
  - Dapoxetine liquid (soon)
- Shake the bottle hard before every administration
- Determine your desired dose
  - Low: 5mg
  - Average: 7.5mg
  - High: 15mg
- Measure out your desired dose in the dropper
- Administer sublingually 15-30 min or less before sexual activity
  - Drop the liquid under your tongue, swallow after a second
- Consider chasing with orange juice / water / etc
  - The solution needed to liquify the compound doesn't taste very good
- Seal your bottle and store at room temperature in a cool, dark place

Will Dapoxetine cause ED after I stop using it?

- No, there is zero scientific evidence to support this

Will Dapoxetine cause anorgasmia after I stop using it?

- No, your ability to climax will remain unchanged from its original state after you stop using Dapoxetine

Is this safe to combine with Tadalafil/Cialis or Sildenafil/Viagra? PT-141? MT-2?

- Yes, it can be safely combined with all of the above for better sexual performance
  - See full guides here: Tadalafil, Sildenafil, PT-141, MT-2

Is this natty?

- By WADA, this is a natural compound. You can use it and compete in tested federations without issue

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Deca (Nandrolone Decanoate) - How do you use Deca to gain muscle?

- Deca is the decanoate ester of nandrolone. See the nandrolone guide
  - See the STACK section of the testosterone guide for dosing

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*Dianabol (Dbol) - How do you use Dbol to build muscle?

- Don't
- That's it that's the whole guide

This is a bit of a joke, but dianabol is largely a bad oral steroid selection for arguably 90% of men
If you still want to use it, book a call. Let's discuss your options

Unless you are the 10% of men who respond positively to Dbol, there are better options.

- For mass & size, see the Anavar guide or Anadrol guide
- For strength, see the Anavar guide, Anadrol guide, Halotestin guide, Superdrol guide, or Winstrol guide
- For lean gains, see the Anavar guide or Turinabol guide
- For a freaky shredded look see the Halotestin guide, Superdrol guide, or Winstrol guide

NOTE: Unlinked guides are unfinished

Dihexa - How do you use Dihexa to boost intelligence & cognition?

- Get…
    - A bottle of Dihexa pills

Pill guide:

- Determine your desired dose
    - Low: 15mg/day
    - Average: 25mg/day
    - High: 45mg/day
- Take with water
    - If you notice stomach distress, take with food and water

What can I combine it with for better effects?

- Cognition: Semax, Selank
- Dopamine-related drive: Bromantane
- Mitochondrial / energy, most to least effective: MOTS-c, SS-31, NAD+, Methylene blue
- Neuroprotection: SS-31, Methylene Blue, Cerebroprotein Hydrolysate, NAD+, MOTS-c, Semax, Selank, FGL, DNSP-11

Do I need to take this with testosterone?

- No, it has no suppressive effects on your sex hormones

DMAA (1,3-Dimethylamylamine) - How do you use DMAA pre-workout?

- Get…
    - A bottle of liquid DMAA
    - Tadalafil

        - Capsules, or
        - Liquid Tadalafil
    - Or, Sildenafil capsules
- Dosing
    - Low: 12.5mg of DMAA and 5mg of Sildenafil/Tadalafil
    - Average: 25mg of DMAA and 10mg of Sildenafil/Tadalafil
    - High: 50mg of DMAA and 20mg of Sildenafil/Tadalafil

Liquid guide:

- Shake the bottle hard before every administration
- How much liquid do I draw to get my dose?
    - Desired dose divided by concentration = mL needed
        - Ex: 25mg / 50mg = 0.5mL, so half a dropper
- Drop the liquid under your tongue pre workout
- Consider chasing with orange juice / etc, the solution needed to liquify the compound doesn't taste very good

Pill guide:

- Take with water
    - If you notice stomach distress, take with food and water

Why are Tadalafil / Sildenafil suggested alongside DMAA?

- Using Tadalafil (cialis) or Sildenafil (viagra) with DMAA prevents DMAA's blood flow restriction
- More blood flow = better gains, and *much* healthier for your organs

Why can't I use DMAA more than twice a week?

- Frequent users of DMAA risk severely damaging their central nervous system, preventing future stimulation
- In the worst case scenario, this may involve zero response to caffeine, DMAA, or other stimulants after inducing CNS failure

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DNSP-11 - How do you use DNSP-11 for improved mood baseline, mitochondrial, neuroprotective and neurorestorative benefits?

Coming soon

- Get…
    - A vial of DNSP-11
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US

        - Injectify 30mL $15.99 worldwide

What can I combine it with for better effects?

- Mood: PE-22-28
- Neuroprotection: SS-31, Methylene Blue, Cerebroprotein Hydrolysate, NAD+, Dihexa, MOTS-c, Semax, Selank, FGL

DSIP (Delta Sleep Inducing Peptide) - How do you use DSIP to get better sleep?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - A vial of DSIP
        - RUO, Strate, Injectify
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide
- Crack open the DSIP vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the DSIP rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the DSIP by injecting the BAC water into the DSIP vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the DSIP , you no longer need to add any more BAC water
- Find out how much you need to fill the syringe to get your desired dose
    - Low: 100mcg/day (0.1mL or 10 units; 1 vial lasts 20 days at this dose)
    - Medium: 200mcg/day (0.2mL or 20 units; 1 vial lasts 10 days at this dose)
    - High: 500mcg/day or more (0.5mL or 50 units; 1 vial lasts 4 days at this dose)
- Example: If your desired dose is 250mcg (0.25mg), and your 2mg vial has 2mL of BAC water in it (1mg per mL concentration), you would need to draw 0.25/1 = 0.25mL (25 units on an insulin syringe) to get your desired dose
    - Desired dose divided by concentration equals amount of liquid needed to take
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of DSIP in the fridge to prolong shelf life

Will I develop a tolerance to this?

- No, the scientific literature suggests it only improves your body’s ability to fall asleep. After stopping DSIP, your sleep will return to whatever it was like before use

Will this affect my sex hormones (testosterone, estrogen)?

- No, DSIP does not affect sex hormones and does not require a PCT

I have a varied circadian rhythm (falling asleep / waking up at different times every day) Can I use DSIP to induce sleep whenever I want?

- No, DSIP effects are circadian cycle-dependent. If you have an underlying circadian issue, and want to rapidly induce sleep on a whim, you may need to use melatonin or stronger alternatives like prescription tranquilizers

Does DSIP have any other effects on my body?

- Thermoregulation, heart rate, blood pressure, pain threshold, and lymphokine system benefits

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*Dutasteride (Avodart) - How do you use Dutasteride to prevent hair loss?

Coming soon

Ecdysterone - How do you use injectable Ecdy for strength gains?

- Get…
  - sterile alcohol swabs
  - a bottle of Ecdysterone (coming soon)
  - insulin syringes 1cc 29g ½”
- Crack open the Ecdysterone vial lid, it just pops off
- Sanitize the rubber stopper of the Ecdysterone vial
- Sanitize the injection sites of the muscle that will be trained today
  - Recommended, in order: Ventrogluteal / Gluteus, Delts, Quads, Lats
- Draw your desired dose
  - Low: 0.5ml/day (0.25 in each administration)
  - Medium: 1ml/day (0.5 in each administration)
  - High: 1.5+ml/day (0.75+ in each administration)
- Switch to your injection needle
  - Hold the syringe upright, needle-up, and push on the plunger to remove the air bubble. Don’t worry about tiny air bubbles
- Perform intramuscular injections on both injection sites (tutorials available online)
  - For example: 0.5ml in left delt and 0.5ml in right delt
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Inject every training day for 16-20 weeks

Epithalon/Epitalon - How do you use Epithalon for anti-aging, brain, and sleep?

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of Epithalon
    - RUO, Strate, Injectify
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide
- Crack open the Epitalon vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Epitalon rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Epitalon by injecting the BAC water into the Epitalon vial
  - Note: you only need to do this step once. Once 2mL of BAC water have been added to the Epitalon, you no longer need to add any more BAC water
- Use the peptide calculator to find out how much you need to fill the syringe to get your desired dose
  - Low: 250mcg/day or less
  - Medium: 500mcg/day
  - High: 1000mcg/day or more
- Example: If your desired dose is 250mcg (0.25mg), and your 10mg vial has 2mL of BAC water in it (5mg per mL concentration), you would need to draw 0.25/5 = 0.05mL (5 units on an insulin syringe) to get your desired dose. That’s one-twentieth of a full 1cc syringe
  - Desired dose divided by concentration equals amount of liquid needed to take
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of Epitalon in the fridge to prolong shelf life

What can I combine it with for better effects?

- Anxiolytic (anti-anxiety): Phenibut, Selank; Selank is preferred
- Brain: MOTS-c, SS-31
- Sleep: DSIP, Sermorelin, SR-9009

When should I take it?

- Most prefer before bed to avoid feeling sleepy during the day

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Enclomiphene (Enclomiphene Citrate) - How do you use Enclo to boost natural testosterone and maintain testicular size or fertility on/off cycle?

- Get one of the following…
  - Legal Rx grade: AlgoRx Use "TAT"
  - Research grade:
    - Strate US; use "TAT"
    - DXB Worldwide; discount code "TAT"

Liquid:

- Shake the bottle hard before every administration
- Determine your desired dose
  - Low: 12.5mg twice per week, total 25mg per week
  - Average: 12.5mg every other day or 6.25mg daily, total 43.75mg per week
  - High: 12.5mg daily, total 87.5mg per week
- Calculate how much liquid you need to get that dose
  - For a concentration of 12.5mg/mL, 1 full 1mL dropper is 12.5mg
    - Read measurements & concentrations
  - Desired dose divided by concentration = mL needed
    - Ex: Desired dose is 6.25mg, concentration is 12.5mg/mL (6.25mg / 12.5mg/ml = 0.5ml), so ½ a dropper = 6.25mg
- Drop the liquid under your tongue, preferably before your first meal of the day
- Consider immediately chasing with orange juice / etc, the solution needed to liquify the compound doesn't taste very good

Pill:

- Each pill is 12.5mg
  - Each US bottle contains 60 pills (total: 750mg Enclomiphene)
  - Each worldwide bottle contains 30 pills (total: 375mg Enclomiphene)
- Determine your desired dose:
  - Low: 1 pill twice a week
  - Average: 1 pill every other day, or 1 pill every day
  - High: 2 pills every day
- Swallow the pill with food, preferably during your first meal of the day

Prescription:

- Take as instructed. Adjust dose lower to alleviate side effects if you encounter them, or discontinue if needed. See below for more dosing info and frequently asked questions.

Powder:

- Get…
  - an ultrasensitive milligram scale
- Place the scale cup on the scale and press the "TARE" button
  - The measurement should be set to grams, and the display should read 0.000
- Carefully dispense the Tadalafil powder (via scooping with a spoon or pouring) into the scale cup to reach your desired dose
  - Low: 12.5mg (0.012-0.013) twice per week, total 25mg (0.025) per week
  - Average: 12.5mg (0.012-0.013) every other day
    …or 6.25mg (0.006) daily, total 43.75mg (0.044) per week

    - High: 12.5mg (0.012-0.013) daily, total 87.5mg (0.088) per week
- Remove the scale cup and dispense into a beverage of choice, drink quickly after dispensing
    - Alternatively, dispense orally and chase with beverage of choice
- Note: the scoop that comes with the powder is *not* intended to be a measuring tool, it is included only to assist with dispensing the powder into the scale cup

General Info:

- The known side effects are the very rare eye floater effect, and bad breath / body odor
    - If you experience bothersome blurry circles in your vision / “eye floaters” / misc vision issues, lower your dose or stop using. The effect will go away
        - NOTE: Try supplementing with vitamin A. Some say this has fixed the problem
    - If you experience bad breath / odor that you can’t fix with mints, gum, deodorant, or cologne - you can lower your dose or stop using. The effect will go away
- The known hormonal effects are estrogen elevation, and IGF-1 reductions
    - Estrogen spikes (pertaining to acne or anxiety) experienced within the first 1-2 weeks of use stabilize in the vast majority of users. If you are concerned about unwanted high estrogenic effects such as gyno, consider the supplement DIM at 200-400mg daily, or my guides to Aromasin or Arimidex
    - IGF-1 reductions do not appear significant enough to result in significant developmental issues, such as stunted height or decreased muscle mass accrual ability (due to being outpaced by the testosterone boost), but depending on genetics they may result in some. If you are concerned about low IGF-1, consider my guides to injectable IGF-1 LR3, nasal spray IGF-1 LR3, injectable HGH, injectable CJC-1295, nasal spray CJC-1295, injectable Ipamorelin, nasal spray Ipamorelin, or oral MK-677

Is Enclomiphene safe?

- Overall, yes
    - Follow the instructions in my guide above carefully
- The main downsides of Enclomiphene are:
    - Extra testosterone causing extra estrogen, which might cause unwanted effects for some men
    - Slightly less IGF-1
    - Risk of “eye floaters”, bothersome blurry circles in your vision
- Solutions to those problems are discussed above

Can I run Enclomiphene only?

- Yes
- There’s really no issues with this unless you tolerate it poorly

How long will a bottle of Enclomiphene last me?

- Dosage divided by total milligrams in the bottle = number of doses
    - Total milligrams in the bottle = milligrams per mL * mL in the bottle

- Example 1: 50mL bottle, 12.5mg each mL (total 625mg)
    - Low dose: 1mL (12.5mg) twice a week lasts 175 days
    - Average: 1mL (12.5mg) every other day lasts 100 days; 1mL (12.5mg) every day lasts 50 days
    - High: 2mL every day (25mg) lasts 25 days
- Example 2: 30 pills 12.5mg each pill (total 375mg)
    - Low dose: 1 pill twice a week lasts 105 days
    - Average dose: 1 pill every other day lasts 60 days; 1 pill every day lasts 30 days
    - High dose: 2 pills every day lasts 15 days

How long do I run Enclomiphene for?

- Every day, you can use it forever as long as you aren't experiencing eye floaters
- You can stop whenever you'd like without any side effects

My Enclomiphene is cloudy. Is it bad?

- No, that's just slight crystallization of the compound - it's still just as effective

Can I combine Enclomiphene with a SARM or a prohormone to limit testosterone shutdown?

- Possibly
- Depending on how suppressive the SARM / prohormone is, you may need to increase your Enclomiphene dose
- Run Enclomiphene during your SARM/prohormone use and for 1-2 weeks after stopping SARM/prohormone use (no PCT needed) then you may stop or continue Enclomiphene use if you'd like

Can I combine Enclomiphene with an oral anabolic steroid like Anavar or Dianabol to limit testosterone shutdown?

- Likely no
- If combined with HCG injections, then potentially yes
- Most of these compounds are much more heavily suppressive on a milligram per milligram basis than a SARM/prohormone, to the point that Enclomiphene would not limit testosterone shutdown that much

Can I combine Enclomiphene with an injectable anabolic steroid like Testosterone, Primobolan, Deca, Tren, etc to limit natural testosterone production shutdown?

- No
- If using those compounds at an efficacious dose, your testosterone is assuredly shut down regardless of your dose of Enclomiphene

Do I need to get blood work when running Enclomiphene?

- No, but it would be good data to get your test levels checked before using it and after 4-8 weeks of using it to see how it affected your levels

Can Enclomiphene cause gyno?

- You may notice elevated estrogen or prolactin on bloodwork, but this does not guarantee gyno
- If you are experiencing nipple puffiness, pain, itchiness, sensitivity, or soreness, then that is an indication gyno may be growing
- Take a DIM supplement or see the guides to Aromasin or Anastrozole to control estrogen, see the guide to Pramipexole to control prolactin, and see the guides to Raloxifene or Tamoxifen to reverse any gyno tissue that has grown

Does Enclomiphene work even if my testosterone levels are normal / high?

- Yes, but the effects may not be as dramatic as they are for people with low natural testosterone
- It is more important to assess LH and FSH level before using; if LH and FSH are low, expect a very large increase in total testosterone from Enclo

If I stop using Enclomiphene, will my testosterone stay high?

- No, there is nothing you can take that will permanently increase testosterone
- In order to continue to get the testosterone boost from Enclomiphene, you need to continue taking it
- When you stop taking Enclomiphene, your testosterone levels will go back to normal

If I stop using Enclomiphene, will my IGF-1 levels stay low?

- No, your IGF-1 levels will go back to normal when you stop using Enclomiphene

Will Enclomiphene suppress my natural test levels / Do I need to PCT if I stop using?

- No, Enclomiphene increases your natural test levels - unlike injectable testosterone, which suppresses and replaces them
- You do not need to PCT, your testosterone levels will return to where they were before when you stop using

I'm a teenager, can I use Enclomiphene to boost testosterone safely?

- I would only recommend you consider Enclomiphene if you have had your hormones tested and found low natural testosterone production
- Going off the scientific literature that we have, yes - you can use Enclomiphene safely as long as you do not experience any unwanted effects

Do I need to do a "loading phase" or "front load" when starting Enclomiphene?

- No, using a large dose upon first exposure massively increases the risk of side effects with minimal additional benefits

Is it safe to drink alcohol while using Enclomiphene?

- Yes, there are no direct negative interactions between enclomiphene and alcohol

Can I combine Enclomiphene with other natural testosterone boosters like Fadogia Agrestis / Ashwagandha / Tongkat Ali / etc?

- Yes, there's no direct negative interactions
- However, your increased testosterone results in increased estrogen that can potentially cause unwanted high estrogenic effects

Can I pass a drug test if I take Enclomiphene?

- On WADA tests or for natural bodybuilding / powerlifting purposes, you will likely fail their tests
- For workplace drug tests (which are usually only interested in hard drugs), you will likely pass their tests
    - Organizations are required by law in the US to disclose what they test for. You can ask them and they must tell you

Am I natty / natural if I take Enclomiphene?

- In the eyes of tested competitions like WADA, no - Enclomiphene is banned under category S4
- It will not give you the physique of a steroid user, so many people consider it natural

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Enclomiphene (Enclomiphene Citrate) - How do you use Enclo to PCT?

- Get one of the following…
    - Legal Rx grade: AlgoRx Use "TAT"
    - Research grade:
        - Strate US; use "TAT"
        - DXB Worldwide; discount code "TAT"
- Wait 5 half-lives of the longest half-life ester you are using
    - Example: The Decanoate ester of Nandrolone (Deca) has a half life of 10 - 14 days, 5 half lives is 50 - 70 days, and then you can start taking Enclo
- Shake the bottle hard before every administration
- Unseal the lid and draw your desired dose into the dropper by squeezing the pipet
    - Low: 12.5mg daily, total 87.5mg per week
    - High: 25mg daily, total 175mg per week
        - Run your desired dose for 6-8 weeks
- How much liquid do I draw to get my dose?
    - Desired dose divided by concentration = mL needed
- Drop the liquid under your tongue in the morning
- Consider chasing with orange juice / etc, the solution needed to liquify the compound doesn't taste very good
- * The only known side effect is the very rare eye floater effect
    - If you experience bothersome blurry circles in your vision / "eye floaters", lower your dose or stop using. The effect will go away

What can I combine it with for better effects?

- Increased PCT success chance: HCG, HMG; HMG is best, HCG is a better bang-4-buck

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EQ (Equipoise) - How do you use EQ to gain muscle?

- EQ is the undecylenate ester of boldenone. See the boldenone guide

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Ezetimibe (Zetia, Ezetrol) - How do you use Ezetimibe to correct hyperlipidemia and improve cholesterol levels?

NOTE: This is not medical advice

- Get…
  - Legal Prescription for Ezetimibe - AlgoRx Use "TAT"
  - Other sources for clients only

Pill guide:

- Each pill is 10mg. Use a pill cutter if needed to get your desired dose
  - Low: 5 mg/day
  - Average: 10 mg/day
  - High: 20 mg/day

Do I take Ezetimibe in the morning, or at night?

- Does not matter

Is Ezetimibe safe? How long can I take it?

- Yes
- Ezetimibe is an exceptionally innocuous compound, and it can be taken year round without issue. Some cardiologists say it should be in the drinking water in the US

I feel sore when I take statins to control HDL/LDL. Is Ezetimibe the same?

- No
- You won't even notice when you are / aren't taking Ezetimibe, it won't affect your quality of life but can dramatically improve your health

Is it safe to combine Ezetimibe with a statin?

- Yes
- This is a common medical practice, prescription combinations such as Vytorin (Ezetimibe 10mg + Simvastatin 10mg) exist
- If Ezetimibe at 10mg per day is not enough to control your cholesterol, consider adding in a low dose statin such as Rosuvastatin at 5 mg 1/wk or 5 mg every other day

How does Ezetimibe work?

- It makes you excrete out your cholesterol through your stool

- This is achieved by preventing your liver from pulling cholesterol from bile fluid, and prevents your body from processing dietary cholesterol (example: you can eat as many egg yolks as you want, and your cholesterol won't shoot up)
- It can also reduce inflammation in your body

FGL - How do you use FGL for neuroprotective, synaptic plasticity, and anti-inflammatory effects?

Coming soon

- Get…
  - A vial of FGL
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of BAC water
    - RUO 10mL $8 / 30mL $14 / $18 US
    - Strate 10mL $14.99 / 30mL $19.95 US
    - Injectify 30mL $15.99 worldwide

What can I combine it with for better results?

- Neuroprotection: SS-31, Methylene Blue, Cerebroprotein Hydrolysate, NAD+, Dihexa, MOTS-c, Semax, Selank, DNSP-11

Finasteride - How do you use Finasteride to prevent hair loss?

- Get…
  - Finasteride
    - Pharmaceutical - AlgoRX
    - Other sources for clients only

Topical:

- Shake the bottle hard before every administration
- Unseal the lid and draw 0.5-1mL of liquid into the dropper by squeezing the pipet
  - The full dropper is roughly 1mL
- Drop the liquid onto the areas where hair growth is desired
  - Refill the dropper and repeat as needed to cover the area in a thin layer
- Massage the liquid gently into the skin
- Try to avoid rinsing away for a minimum of 6-8 hours
  - If rinsed away too soon, reapply after rinsing

Liquid:

- Shake the bottle hard before every administration
- Unseal the lid and draw your desired dose

    - Low: 0.25mg/day
    - Average: 0.5 - 1mg/day
    - High: 1.5+mg/day
- Drop the liquid under your tongue and swallow
    - You may want to drink a flavored beverage right after administering, the solvent needed to dissolve the compound doesn't taste very good
- Seal the bottle lid and store in a cool, dry place
- CAUTION: If using orally, please be aware of *Post-Finasteride Syndrome*
    - It is a rare but debilitating condition some men experience after using finasteride
    - There is no known cure (no consistent cure), and the effects can last years

What can I combine it with for better effects?

- Hair loss prevention: Dutasteride, Pharmaceutical Ketoconazole Shampoo, RU-58841
- Hair regrowth: Minoxidil, topical microneedling pen 1x/wk
- Combinations: Biotinfinmin (oral Biotin / Finasteride / Minoxidil, Minoxfin (topical Minoxidil / Finasteride), FollicRx (topical Minoxidil / Dutasteride / Tretinoin / Fluocinolone)

If I stop using this will my hair fall out?

- Your hair loss will return to its usual rate if you stop using finasteride
- This may result in some "shedding"

I'm using nandrolone (Deca or NPP). Can I use finasteride to prevent hair loss?

- No, it can worsen hair loss
- Finasteride is a 5-alpha-reductase inhibitor. Nandrolone 5-alpha-reduces into Dihydronandrolone (DHN), which is a compound with very weak hair loss action. However, when nandrolone is prevented from 5-alpha-reducing into DHN because of finasteride, it is stuck as nandrolone, which has very strong hair loss action.

Should I be worried about post-finasteride syndrome (PFS)?

- That depends on your personal risk tolerance, as in, how much are you willing to risk in exchange for less hair loss
- If the *chance* of PFS is so undesirable you would rather not use Finasteride, then there's your answer - it is not worth it for you. But for others it might be well worth it

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Fladrafinil (CRL-40,941) - How do you use Fladrafinil for cognitive enhancement, productivity, and intelligence?

- Get…
    - a bottle of Fladrafinil (source discontinued)
- Shake the bottle hard before every administration
- Determine your desired dose
    - Low: 50mg per session
    - Average: 100mg per session

    - High: 150mg per session
- Calculate how much liquid you need to get that dose
    - For a concentration of 10mg/ml, 1 full 1mL dropper is 10mg
        - Read measurements & concentrations
    - Desired dose divided by concentration = liquid needed
        - Ex: Desired dose is 50mg, concentration is 50mg/mL (50mg / 50mg/ml = 1ml), so a full dropper = 50mg
- Administer sublingually
    - Drop the liquid under your tongue, swallow after a second
- Consider chasing with orange juice / etc
    - The solution needed to liquify the compound doesn't taste very good
- Seal your bottle and store at room temperature in a cool, dark place

How frequently should I use this?

- Many users experience burnout after a few days of repeated use. It is recommended to limit use to specific days when large amounts of productivity are needed in a session of work

I feel jittery / overstimulated. How can I fix this?

- Consider taking a beta blocker (Nebivolol, Propranolol) after your session to alleviate neurological drive, exiting a sympathetic state and entering into a parasympathetic state
- Over the counter supplements like Ashwagandha can also help alleviate the stimulation
- For future sessions, reduce your dose to a more tolerable level

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FOX04-DRI - How do you use FOX for "immortality" and to reverse aging?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of FOX04-DRI
        - RUO
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
    - Also consider combining with Rapamycin for greater results.

Reconstitution:

- Crack open the FOX04-DRI vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the FOX04-DRI rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe

- Reconstitute the FOX04-DRI by injecting the BAC water into the FOX04-DRI vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the FOX04-DRI , you no longer need to add any more BAC water

Dosing:

- Determine your desired dose
    - Low: 250-750mcg/day
    - Average: 750-1500mcg/day
    - High: 1500-5000mcg/day
    - As shown in studies: 100mg/wk, 4 weeks maximum[Keizer et al]
- Calculate how much liquid you need to get that dose
    - Read peptide basics
- Desired dose divided by concentration = liquid needed
    - Example: If your desired dose is 250mcg (0.25mg), and your 2mg vial has 2mL of BAC water in it (1mg per mL concentration), you would need to draw 0.25/1 = 0.25mL (25 units on an insulin syringe) to get your desired dose
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of FOX04-DRI in the fridge to prolong shelf life

Isn't 5mg per day half a vial? And 100mg per week is ten vials?

- Yes. It is the most expensive peptide, highly regarded for its "immortality" benefits

Will this work if I'm young?

- Yes. The main benefits are better muscle regeneration and recovery, hair regrowth, youthfulness and elasticity of skin, better organ function, and longevity

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GHK-Cu - How do you use GHK-Cu for rejuvenation & quality of life / skin + nails / etc benefits?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of GHK-Cu
        - RUO, Injectify
    - a vial of BAC water
        - RUO 10mL[$8] / 30mL[$14 / $18 US]
        - Strate 10mL[$14.99] / 30mL[$19.95 US]
        - Injectify 30mL[$15.99 worldwide]
- Crack off the GHK-Cu vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the GHK-Cu rubber stopper: same deal as above

- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the GHK-Cu by injecting 2mL BAC water into the GHK-Cu powder vial
    - Note: you only need to add 2mL once
- Determine your desired dose
    - Low: 2.5mg/day
    - Medium: 5mg/day
    - High: 7.5-10mg/day
- Calculate how much liquid is needed to get that dose
    - For a concentration of 25mg/mL, one full 1mL syringe is 25mg
        - Read peptide basics
    - Desired dose divided by concentration = liquid needed
        - Ex: Desired dose is 5mg, concentration is 25mg/mL (5mg / 25mg/mL = 0.20mL), so 20 units on an insulin syringe = 5mg
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of GHK-Cu in the fridge to prolong shelf life

Do I need to supplement anything with GHK-Cu to use it safely?

- Zinc. Generally, the human body functions on a 1:10 ratio of copper to zinc. As you increase your dosage of GHK-Cu, be sure to begin supplementing zinc as needed

What about copper poisoning?

- The LD50 of copper is 481 milligrams PER KILOGRAM
- So for a 70kg male (fairly average) a dose of 33,670mg of copper would be poisonous. That's much higher than any dose a normal person would be taking

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GHRP-2 - How do you use GHRP-2 for instant hunger and GH benefits?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of GHRP-2
        - RUO
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
- Crack open the GHRP-2 vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the GHRP-2 rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe

    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the GHRP-2 by injecting the BAC water into the GHRP-2 vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the GHRP-2 vial, you no longer need to add any more BAC water
- Use the peptide calculator to find out how much you need to fill the syringe to get your desired dose
    - Low: 125mcg
    - Medium: 250mcg
    - High: 500mcg
- Example: If your desired dose is 250mcg (0.25mg), and your 2mg vial has 2mL of BAC water in it (2.5mg per mL concentration), you would need to draw 0.25/2.5 = 0.1mL (25 units on an insulin syringe) to get your desired dose
    - Desired dose divided by concentration equals amount of liquid needed to take
- WITH FOOD READY TO EAT - Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of GHRP-2 in the fridge to prolong shelf life

Should I use GHRP-2 or GHRP-6?

- Depends on your genetics - you may want to experiment with both and see which works better for you

How long does it take to kick in?

- Roughly 10-45 minutes, depending on genetics.

What other effects can happen when using GHRP-2?

- Sweating, shaking, and shivering. These symptoms quickly go away once you've eaten enough food.

I am extremely hungry, is this normal?

- Yes. Ensure you have one or two full meals ready to eat, and backup snacks to be safe. The hunger effect can be extreme, you don't want to run out of food during this time.

GHRP-6 - How do you use GHRP-6 for instant hunger and GH benefits?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of GHRP-6
        - RUO, Injectify
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US

        - Injectify 30mL $15.99 worldwide
- Crack open the GHRP-6 vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the GHRP-6 rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the GHRP-6 by injecting the BAC water into the GHRP-6 vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the GHRP-6 vial, you no longer need to add any more BAC water
- Use the peptide calculator to find out how much you need to fill the syringe to get your desired dose
    - Low: 125mcg
    - Medium: 250mcg
    - High: 500mcg
- Example: If your desired dose is 250mcg (0.25mg), and your 2mg vial has 2mL of BAC water in it (2.5mg per mL concentration), you would need to draw 0.25/2.5 = 0.1mL (25 units on an insulin syringe) to get your desired dose
    - Desired dose divided by concentration equals amount of liquid needed to take
- WITH FOOD READY TO EAT - Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of GHRP-6 in the fridge to prolong shelf life

Should I use GHRP-2 or GHRP-6?

- Depends on your genetics - you may want to experiment with both and see which works better for you

How long does it take to kick in?

- Roughly 10-45 minutes, depending on genetics.

What other effects can happen when using GHRP-6?

- Sweating, shaking, and shivering. These symptoms quickly go away once you've eaten enough food.

I am extremely hungry, is this normal?

- Yes. Ensure you have one or two full meals ready to eat, and backup snacks to be safe. The hunger effect can be extreme, you don't want to run out of food during this time.

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*GLOW (BPC, GHK, TB) - How do you use GLOW for youth, recovery, and skin?

Coming soon

For now, follow the guide to GHK-Cu and adjust administration of GLOW to match GHK dosing

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of GLOW
        - RUO use “TAT”
        - Injectify use “TAT”
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide

Glutathione - How do you use Glutathione for detoxification, liver protection, and skin lightening?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - Glutathione
        - Legal Rx grade (pre-made) - AlgoRx Use “TAT”
        - Research grade (lyophilized) - RUO, Strate
- If using lyophilized (powder) glutathione:
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide

Injectable (pre-made):
This glutathione arrives as a liquid, ready to inject

- Crack open the Glutathione vial lid, it just pops off
- Sanitize the rubber stopper of the Glutathione vial
    - Optional: insert the multi-use vial access spike
- Sanitize the injection site
- Draw your desired dose as per the following protocols
    - Low: 100mg 3x per week
    - Average: 200mg 3x per week
    - High: 200mg per day
- AlgoRx uses a 200mg/mL glutathione concentration. Math for reference:
    - Low: 0.5mL 3x per week (half a 100-unit/1mL syringe)
    - Average: 1.0mL 3x per week (one full 100-unit/1mL syringe)
    - High: 1.0mL per day (one full 100-unit/1mL syringe)
- Perform an intramuscular injection (subQ also okay, but quite painful)
    - Tutorials available online, google it

- Put your vial of Glutathione in the fridge to prolong shelf life

Injectable (lyophilized):
This glutathione arrives as a powder, and needs BAC water to be reconstituted

- Crack open the Glutathione vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Glutathione rubber stopper: same as above
- Draw 1mL of BAC water with a syringe
- Reconstitute the Glutathione by injecting the BAC water into the Glutathione vial
    - Note: you only need to do this step once, after adding 1mL total BAC water to the vial you no longer need to add any more
- Determine your desired dose
    - Low: 100mg 3x per week
    - Average: 200mg 3x per week
    - High: 200mg per day
- Calculate how much liquid is needed to get that dose
    - For a concentration of 100mcg/mL, one full 1mL syringe is 100mcg
        - Read measurements & concentrations
    - Desired dose divided by Concentration = Liquid needed
        - Ex: For a dose of 200mcg, would need 200mcg / 200mcg/ml = 1.0ml or 100 units on an insulin syringe (one full 1mL insulin syringe)
- Perform an intramuscular injection (aka subQ; tutorials available online)
    - You can do subcutaneous injections, but they are more painful for Glutathione
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your reconstituted liquid vial of Glutathione in the fridge, and any remaining powder vials in the freezer to prolong shelf life

Can you use this for hangover immunity?

- For some, yes
    - Take it after alcohol consumption has concluded (example: before bed)
- It helps limit the damage of alcohol in your body, and can allow users to recover rapidly from overconsumption of alcohol (resulting in a shortened or nonexistent hangover)

Can you use this to pass drug tests?

- If testing for substances like cannabis or other recreational drugs, yes
- If testing for steroids, no
- Abstain from the substance, and use 500 to 1000mg of Glutathione per day for as long as you can in the days leading up to the test
- This will detoxify and more efficiently eliminate traces of that drug in your system

Is this natty?

- By WADA, this is a natural compound. You can use it and compete in tested federations without issue

Is this better than NAC/TUDCA/Milk thistle for liver health?

- Yes
- NAC is a precursor to glutathione - the sole reason it's used is to get glutathione effects

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*Halotestin (Fluoxymesterone) - How do you use Halotestin for a freakish look and to increase strength and fullness?

Coming soon

If you'd like to use Halotestin, consider booking a call for a full protocol custom-designed by me

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HCG (Human Chorionic Gonadotropin) - How do you use HCG to boost natural testosterone, maintain testicular size or fertility while on cycle, or lose fat?

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of powder HCG
    - RUO $32.00 US
    - Strate $53.95 US
    - Injectify $49.99 worldwide
  - a vial of BAC water
    - RUO 10mL $8 / 30mL $14 / $18 US
    - Strate 10mL $14.99 / 30mL $19.95 US
    - Injectify 30mL $15.99 worldwide
- Crack open the HCG vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the HCG rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the HCG by injecting the BAC water into the HCG vial
  - Note: you only need to do this step once, after adding 2mL total BAC water to the vial you no longer need to add any more
- Determine your desired dose
  - Low: 500IU per week
  - Average: 250IU every other day / 250IU per day
  - High: 500+IU per day
- Calculate how much liquid you need to get that dose
  - For a concentration of 25mg/mL, one full 1mL syringe is 25mg

        - Read peptide basics
    - Desired dose divided by concentration = liquid needed
        - Ex: Desired dose is 250iu, concentration is 2500iu/mL (250iu / 2500iu/mL = 0.10mL), so 10 units on an insulin syringe = 500iu
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your reconstituted liquid vial of HCG in the fridge, and any remaining powder vials in the freezer to prolong shelf life

Do I need to be on testosterone to use HCG?

- No, naturals can get great benefits to their testosterone levels without using testosterone

Will HCG suppress my natural test levels / Do I need to PCT if I stop using?

- No, HCG increases your natural test levels - unlike injectable testosterone, which suppresses and replaces them
- HCG *does* suppress natural LH production, but this returns to normal LH production rapidly after stopping HCG use
- You do not need to PCT from HCG, your testosterone levels will return to where they were before when you stop using

Does HCG have side effects?

- Any increase in testosterone will also increase estrogen. If this estrogen increase is too much for your body to handle, you may experience mood distortions, acne, libido issues, or gyno
- Control your estrogen with over the counter supplements like DIM and/or Calcium D-Glucarate
    - If this is not enough, consider Arimidex (anastrozole) or Aromasin (exemestane)

If trying to maintain fertility, what else should be done?

- Get a semen analysis every 6-12mo. If you are less fertile than you were before, increase your dosage/frequency of HCG

If actively trying to have a kid, what should be done?

- Switch to HMG

HCG (Human Chorionic Gonadotropin) - How do you use HCG to PCT?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of powder HCG
        - RUO, Strate
    - a vial of BAC water

        - RUO 10mL[$8] / 30mL[$14 / $18 US]
        - Strate 10mL[$14.99] / 30mL[$19.95 US]
        - Injectify 30mL[$15.99 worldwide]
- Crack open the HCG vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the HCG rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the HCG by injecting the BAC water into the HCG vial
    - Note: you only need to do this step once, after adding 2mL total BAC water to the vial you no longer need to add any more
- Use the peptide calculator to find out how much you need to fill the syringe to get your desired dose
    - **Option 1:** Use HCG while on cycle and leading up to SERM as PCT.
        - This is the best option. Use 250IU every other day
            - Refer to the HCG to maintain fertility while on cycle guide
    - **Option 2:** Use HCG 6 weeks before the end of your cycle.
        - Second best. General dosing protocol:
            - Weeks 6-4: 500-1000 IU 3x/week
            - Weeks 3-1: 250-500 IU 3x/week
            - Week 0: Prepare a SERM, be ready to introduce after 5 half lives; see Enclo or Nolva PCT guides
    - **Option 3**: Use HCG 1-2 weeks before starting a SERM for PCT
        - Third best. May require an AI due to the excess amounts of HCG.
            - Weeks 2-1: 1000-1500 IU EOD
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your reconstituted liquid vial of HCG in the fridge, and any remaining powder vials in the freezer to prolong shelf life

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*HGH (Human Growth Hormone) - How do you use GH for gains, fat loss, youth, and attractiveness?

- Get…
    - glucose monitor (example)
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - vials of GH
        - Sources are available to clients only. Become a client here.
    - a vial of BAC water
        - RUO 10mL[$8] / 30mL[$14 / $18 US]
        - Strate 10mL[$14.99] / 30mL[$19.95 US]

        - Injectify 30mL $15.99 worldwide
- When you get your GH, store it in the freezer until you are ready to begin using it
- Crack open the HGH vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the HGH rubber stopper: same deal as above
- Draw 1mL of BAC water with a syringe
- Reconstitute the HGH by injecting the BAC water into the HGH vial
    - Note: you only need to do this step once. Once 1mL of BAC water has been added to the HGH, you no longer need to add any more BAC water
- Determine your desired dose
    - See the DOSING section
- Calculate how much liquid you need to get that dose
    - Desired dose divided by Concentration = Liquid needed
    - For a desired dose of 3iu, assuming a 10iu concentration, 3iu / 10iu/ml = 0.30mL on a standard syringe or 30 units on an insulin syringe
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put reconstituted liquid vials of HGH in the fridge and powder vials in the freezer to prolong shelf life

SOURCE - Where do I buy GH?

- Strate
- Other sources are available to clients only. Become a client here.

VIALS - How many vials do I need to buy for my cycle?

- If buying generic, every vial is usually 10iu. They often come in “kits” of 10 - simple math, 10*10 = 100. Each kit is 100iu

DOSING - How much GH should I take daily for my first use and beyond?

- Keeping in mind the average human produces the equivalent of roughly 1-2iu of GH on a daily basis, we need to use at minimum 2iu to guarantee benefits
- *Very generalized ranges for reference:*
    - 2-3iu daily is HRT or beginner use
    - 4-6iu daily is intermediate use
    - 7-9iu daily is advanced use
    - 10-17iu daily is aggressive use
    - 18-36iu or more is… a lot

INJECT - How do I inject GH?

- You may perform either an intramuscular or subcutaneous injection, on a daily basis
    - “Which is better” is frequently debated, with no clear answer
    - To perform an intramuscular injection, see tutorials online
    - To perform a subcutaneous injection, see tutorials online

- GH is to be injected daily. Any “5-on 2-off” or “6-on 1-off” schedules you see exist only for people who can’t afford to run 7 days of GH a week
    - If you can’t afford to run 365 straight days of GH at your desired dose, you are better off not using GH at all
- You can combine GH with other compounds in the same syringe, and inject it alongside those compounds in the same injection
    - Combining water-based and oil-based compounds only elevates the infection risk of the oil-based injection to the risk of a water-based injection, which is marginally higher
    - …and you have to do a water-based injection regardless to put the GH in your body somehow, so this risk is unavoidable

When do I inject my GH?

- These are the most common timing windows:
    - In the morning (before fasted cardio / activity) for fat loss
    - After training for muscle gain
    - Before going to bed for muscle gain
- If you want multiple benefits, you can divide your injections across multiple windows

SIDES - I think I’m not handling my dose very well. What should I do?

- GH can elevate glucose levels in blood and hurt insulin sensitivity
    - If you’re experiencing signs of insulin insensitivity, check your fasted blood glucose levels with a glucose monitor daily, leverage one of the following compounds until glucose levels stabilize at 89 or lower
        - Berberine 500-2000mg daily
        - Metformin 500-1500mg daily
        - GLP agonist (example: Retatrutide 0.3mg daily)
        - SGLT-2 Inhibitor (example: Canagliflozin 100mg daily)
        - DPP-4 inhibitor (example: Sitagliptin 100mg daily)
- GH can cause hand numbness / carpal tunnel, which may hurt sleep
    - The best solution is to stop using GH
    - If you want to continue using GH, you can try a wrist brace (example) or discontinue GH until the effect goes away and then resume use
- GH inherently causes water retention, making some users look softer
    - It is extremely discouraged to use diuretics due to risk of sudden death, but the reason some individuals prefer certain pharmaceutical HGH products is due to the inclusion of diuretics in their formulation
        - I do not provide diuretic dosing for safety reasons
    - Natural diuretics such as drinking more water and dandelion root can help mildly
        - Water 1.5-2 gallons daily
        - Dandelion root 500-4000mg daily

What about organ enlargement?

- This is blown wildly out of proportion for the average user. It is true that the more GH an individual is exposed to, over time, will cause growth *everywhere* - including the organs
- Understand that professional bodybuilders use dosages as high as 10iu/day (or more) for several years without immediate life-threatening organ enlargement
- Use responsible dosages and the likelihood of such risks will be largely mitigated

What about cancer & tumors?

- HGH will only accelerate cancer/tumor growth if you *currently have cancer/tumor(s)*. If you do not have cancer/tumors, HGH will not cause such things to appear

Why combine with IGF-1 LR3 or IGF-1 DES?

- HGH action results in endogenous IGF-1, which is bottlenecked genetically, so adding IGF-1 DES/LR3 can exceed that limit and yield more gains
    - Everyone's genetic bottleneck cutoff point varies
- Usually, once at HGH 3-5iu/day or more, it's logical to consider 50-100mcg IGF daily to break the bottleneck and progress faster

Will it make me grow taller?

- HGH is prescribed in cases of idiopathic short stature, where a child is anticipated to grow to a complete height that is shorter than the average height of their parents - and successfully results in significant height growth
- The more HGH you use, the more height you can expect (given diminishing returns)
- If your growth plates are sealed, HGH cannot cause height growth

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HGH FRAG 176-191 - How do you use HGH FRAG to lose fat?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder HGH FRAG 176-191[US]
        - RUO, Strate
    - a vial of BAC water
        - RUO 10mL[$8] / 30mL[$14 / $18 US]
        - Strate 10mL[$14.99] / 30mL[$19.95 US]
        - Injectify 30mL[$15.99 worldwide]
    - Optional: combine with semaglutide, tirzepatide, or retatrutide for greater results.
- Crack open the HGH FRAG 176-191 vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the HGH FRAG 176-191 rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe

- Reconstitute the HGH FRAG 176-191 by injecting the BAC water into the HGH FRAG 176-191 vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the HGH FRAG 176-191, you no longer need to add any more BAC water
- Determine your desired dose
    - Low: 125mcg/day
    - Medium: 250mcg/day
    - High: 500+mcg/day
- Calculate how much liquid you need to get that dose
    - For a concentration of 25mg/mL, one full 1mL syringe is 25mg
        - Read peptide basics
    - Desired dose divided by concentration = liquid needed
        - Ex: Desired dose is 250mcg, concentration is 2500mcg/mL (250mcg / 2500mcg/mL = 0.10mL), so 10 units on an insulin syringe = 250mcg
- Perform a subcutaneous injection (aka subQ; tutorials available online)
    - Inject your HGH FRAG before any activity (fasted cardio, lifting) for best results
    - Better results if used multiple times a day
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put reconstituted liquid vials of HGH FRAG 176-191 in the fridge and powder vials in the freezer to prolong shelf life

Is this real HGH?

- It's HGH FRAG, which is different from HGH. You can't use HGH FRAG for the usual bodybuilding purposes of HGH, but you can get some fat loss benefits out of HGH FRAG

Should I take this in the morning or at night?

- Physiologically, the best results will come from administrations after waking on an empty stomach, and then doing fasted cardio
- The difference is marginal, you can still use it in the afternoons or evenings for great results

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HMG (Human menopausal gonadotrophin) - How do you use HMG to increase testosterone, testicular size, and maintain/resurrect fertility while on/off cycle?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder HMG[US]
        - RUO, Strate
    - a vial of BAC water
        - RUO 10mL[$8] / 30mL[$14 / $18 US]
        - Strate 10mL[$14.99] / 30mL[$19.95 US]

        - Injectify 30mL $15.99 worldwide
- Crack open the HMG vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the HMG rubber stopper: same deal as above
- Draw 1mL of BAC water with a syringe
- Reconstitute the HMG by injecting 1mL of the BAC water into the HMG vial
    - Note: you only need to do this step once, after adding 1mL total BAC water to the vial you no longer need to add any more
- Determine your desired dose
    - Safety first dosing protocol: start at 50IU weekly, and then increase by 50 each week as long as no unwanted effects arise
    - Low: 100IU per week or 37.5IU per day (half a vial per day)
    - Medium: 75IU per day (one full vial per day)
    - High: 150IU per day (two full vials per day)
- Calculate how much liquid is needed to get that dose
    - For a concentration of 75iu/mL, one full 1mL syringe is 75iu
        - Read peptide basics
    - Desired dose divided by concentration = liquid needed
        - Ex: Desired dose is 37.5iu, concentration is 75iu/mL (37.5iu / 75iu/mL = 0.5mL), so 50 units on an insulin syringe = 37.5iu
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your reconstituted liquid vial of HMG in the fridge, and any remaining powder HMG vials in the freezer to prolong shelf life

If trying to maintain fertility, what else should be done?

- Get a semen analysis every 6-12mo. If you are less fertile than you were before, increase your dosage/frequency of HMG

IGF-1 DES - How do you use IGF-1 DES for gains?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - A vial of powder IGF-1 DES
        - RUO, Injectify
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide
- Crack open the IGF-1 DES vial and the BAC water vial lids, they just pop off

- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the IGF-1 DES rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the IGF-1 DES by injecting the BAC water into the IGF-1 DES vial
    - Note: you only need to do this step once, once you have added 2mL of BAC water to the IGF-1 DES vial, you no longer need to add any more BAC water
- Calculate how much liquid you need to get that dose
    - Start: 50-100mcg pre workout and/or intra workout
    - Average: 100-200mcg pre workout and/or intra workout
    - High: 300-500mcg pre workout and/or intra workout
- How much liquid do I draw to get my dose?
    - Desired dose divided by concentration = mL needed
- Perform an intramuscular injection (tutorials available online)
    - NOTE: Wherever you inject IGF-1 DES is where the muscle building effects will be (mostly) localized. Example: chest injections will mainly grow the chest
    - If you are using 100mcg or more, consider performing two intramuscular injections bilaterally. Example: inject left deltoid, inject right deltoid
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of IGF-1 DES in the fridge to prolong shelf life

Do I have to inject this pre workout or can I use it whenever?

- It needs to be pre workout *or during your workout*
- Because of the short half life of DES, you'll need to administer it right before resistance training. It appears to only be effective for ~30 minutes, so you may need to pin again

My family has a history of cancer / tumors. Can I use IGF-1 DES safely?

- Compared to IGF-1 LR3, IGF-1 DES is *much* less risky due to minimizing the total exposure to the growth factor effects
- IGF-1 LR3 in these people is *much* riskier than it is for other people, due to its accelerating effects on cancers / tumors
- Note that IGF-1 does not *cause* cancer, it *accelerates existing cancer/tumors*

Can I run it year-round?

- Every additional day of use increases risk of internal organ growth, it may be a better approach to only use it when needed (ex: growing phases)

Why is IGF-1 so expensive?

- Because of its extreme efficacy, there is incredible demand - and naturally, an incredibly high price
- If you want to break into a new world of physique progression, IGF-1 is a strong compound to consider

Is it a waste if I use IGF-1 DES by itself?

- No
- However, anecdotally it seems to be most effective when combined with human growth hormone (or growth hormone secretagogues), and potentially also with insulin

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IGF-1 LR3 - How do you use *injectable* IGF-1 LR3 for gains?

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - A vial of powder IGF-1 LR3
    - RUO, Strate, Injectify
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide
- Crack open the IGF-1 LR3 vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the IGF-1 LR3 rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the IGF-1 LR3 by injecting the BAC water into the IGF-1 LR3 vial
  - Note: you only need to do this step once, once you have added 2mL of BAC water to the IGF-1 LR3 vial, you no longer need to add any more BAC water
- Calculate how much liquid you need to get that dose
  - Start: 50-100mcg per day
  - Average: 100-200mcg per day
  - High: 300-500mcg per day
- How much liquid do I draw to get my dose?
  - Desired dose divided by concentration = mL needed
- Perform an intramuscular injection (tutorials available online)
  - If you are using 100mcg or more, consider performing two intramuscular injections bilaterally. Example: inject left deltoid, inject right deltoid
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of IGF-1 LR3 in the fridge to prolong shelf life

Do I have to inject this pre workout or can I use it whenever?

- Whenever, basically
- Because of the long half life of LR3, you’ll have it active in your body all day long so timing is less of an issue
- If you want to optimize results (very slight benefit), time it 1-2 hours before your workout

My family has a history of cancer / tumors. Can I use IGF-1 LR3 safely?

- IGF-1 LR3 in these people is *much* riskier than it is for other people, due to its accelerating effects on cancers / tumors

Can I run it year-round?

- Every additional day of use increases risk of internal organ growth, it may be a better approach to only use it when needed (ex: growing phases)

Why is IGF-1 so expensive?

- Because of its extreme efficacy, there is incredible demand - and naturally, an incredibly high price
- If you want to break into a new world of physique progression, IGF-1 is a strong compound to consider

Is it a waste if I use IGF-1 LR3 by itself?

- No
- However, anecdotally it seems to be most effective when combined with human growth hormone (or growth hormone secretagogues), and potentially also with insulin

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Ipamorelin - How do you use *injectable* Ipamorelin for gains / fat loss?

Note: If your goal is growth - consider HGH instead, superior for bodybuilding & body recomp

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of powder Ipamorelin
    - RUO, Strate, Injectify
  - a vial of BAC water
    - RUO 10mL $8 / 30mL $14 / $18 US
    - Strate 10mL $14.99 / 30mL $19.95 US
    - Injectify 30mL $15.99 worldwide
  - Also consider combining with CJC-1295 (CJC-1295 guide) for greater results.
- Crack open the ipamorelin vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the ipamorelin rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the ipamorelin by injecting the BAC water into the ipamorelin vial
  - Note: you only need to do this step once. Once 2mL of BAC water have been added to the ipamorelin, you no longer need to add any more BAC water
- Calculate how much liquid you need to get that dose

    - Low: 150mcg/day
    - Average: 250mcg/day
    - High: 500mcg/day
- Example: If your desired dose is 250mcg (0.25mg), and your 2mg vial has 2mL of BAC water in it (1mg per mL concentration), you would need to draw 0.25/1 = 0.25mL (25 units on an insulin syringe) to get your desired dose
    - Desired dose divided by concentration equals amount of liquid needed to take
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of ipamorelin in the fridge to prolong shelf life

What can I combine it with for better effects?

- Fat loss (most to least effective): Tirzepatide / Retatrutide, Semaglutide / Mazdutide, Clen, Cardarine, L-Carnitine, HGH FRAG 176-191
- GH-related gains: CJC-1295, IGF-1 LR3, MK-677, PEG-MGF

Does it matter what time of day I take it?

- For beginners and intermediate users, not much
- For advanced users, consider dosing before fasted cardio in the morning for more fat loss, and dosing after a workout and/or before bed for more muscle growth

Will this make me grow taller?

- More growth hormone + open growth plates = greater potential height. But this is limited by your genetics: you might not even grow an inch after years of daily use
- *Do not manipulate your estrogen to try to grow taller.* Estrogen is extremely important for brain development. If you artificially crush your estrogen levels during puberty, you will make yourself irreversibly dumber and may get permanent brain damage

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Ipamorelin - How do you use *nasal spray* Ipamorelin for gains?

Note: If your goal is growth - consider HGH instead, superior for bodybuilding & body recomp

There is no scientific literature about nasal spray Ipamorelin, results may vary

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of powder Ipamorelin
        - RUO, Strate, Injectify
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
    - an empty nasal spray bottle (any brand will do, e.g. Amazon)

Simple:

- 2mL BAC into the Ipamorelin vial, 2mL BAC into the nasal spray bottle
- Transfer 2mL of Ipamorelin to the nasal spray bottle, do 1-4 sprays per day

Detailed:

- Crack off the Ipamorelin vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper
    - Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Ipamorelin rubber stopper
    - same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Ipamorelin by injecting 2mL of BAC water into the Ipamorelin vial
    - Note: once you have injected a total of 2mL into your powder vial, you don't need inject any more BAC water into it
    - The 5mg (5000mcg) powder vial is now a liquid concentrated at 5mg/2ml = 2.5mg/ml or 2500mcg/ml
- Gently roll the vial between your palms to mix thoroughly without damaging the peptide
- Open the nasal spray bottle
- Inject 2mL of BAC water into the nasal spray bottle
    - This may require multiple syringe fills and multiple injections into the nasal spray bottle (you do not need to use a new needle each syringe fill)
    - For a 1mL/1cc syringe, you'll need to fill it up to the 1mL (or 100 unit) mark and inject it into the nasal spray bottle 2 times
- Draw 2mL of the reconstituted Ipamorelin into a syringe and inject it into the nasal spray bottle
    - This may require multiple syringe fills and multiple injections into the nasal spray bottle (you do not need to use a new needle each syringe fill)
    - Place the lid on and twist to seal the nasal spray bottle
    - Put the cap on your needle and dispose of it responsibly. Do NOT reuse old needles
    - For your reference, each spray from the bottle is roughly 0.1ml
- Remove the cap, insert the nasal spray nozzle into your nostril, and administer your desired dose while inhaling sharply
    - Low: 1 spray per day = 125mcg per day
    - Average: 2 to 3 sprays per day = 250mcg to 375mcg per day
    - High: 4 or more sprays per day = 500mcg or more per day
- Put your reconstituted liquid nasal spray bottle of Ipamorelin in the fridge and powder vials in the freezer to prolong shelf life

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<u>Ketoconazole - How do you use Ketoconazole shampoo to prevent hair loss?</u>

- Get…

    - Ketoconazole shampoo
        - Cosmetics grade: Throne[use "TAT"]
        - Legal Rx grade: AlgoRx[use "TAT"]
    - Massage a grape-sized portion into hair while showering
        - If it doesn't lather well, consider combining with a small amount of a better-lathering shampoo
    - Wait 2-3 minutes, then rinse out
    - Repeat 3-7x weekly

What can I combine it with for better effects?

- Dutasteride, Finasteride, GHK-Cu, Minoxidil, RU-58841, Topi

Are there any side effects?

- No, it's like most other shampoo products but with mild anti-androgenic effects
- Some individuals notice mild irritation; use less frequently or discontinue if it persists

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Kisspeptin - How do you use Kisspeptin for testicular size and fertility maintenance?

Coming soon

- Get…
    - A vial of Kisspeptin
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of BAC water
        - RUO 10mL[$8] / 30mL[$14 / $18 US]
        - Strate 10mL[$14.99] / 30mL[$19.95 US]
        - Injectify 30mL[$15.99 worldwide]

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*KLOW - How do you use KLOW for youth, recovery, and skin?

Coming soon

For now, follow the guide to GHK-Cu and adjust administration of GLOW to match GHK dosing

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of KLOW
        - Injectify[use "TAT"]
    - a vial of BAC water
        - RUO 10mL[$8] / 30mL[$14 / $18 US]

        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide

KPV - How do you use KPV for recovery / to prevent injuries?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of powder KPV
        - RUO, Injectify
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide
- Crack off the KPV vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper
    - Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the KPV rubber stopper
    - same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe (total 2mL)
- Reconstitute the KPV by injecting the 2mL BAC water into the KPV vial
    - Note: once you have injected a total of 2mL into your powder vial, you don’t need inject any more BAC water into it
    - The 5mg powder vial is now a liquid concentrated at 5mg/2ml = 2.5mg/ml or 2500mcg/ml
- Determine your desired dose
    - Low: 100-250mcg per day
    - Average: 250-500mcg per day
    - High: 500-1000mcg (or more) per day
- Calculate how much liquid you need to get that dose
    - Read peptide basics
        - Ex: If your desired dose is 250mcg per day, and your KPV is reconstituted at 2.5mg/ml (or 2500mcg/ml), then you’d need (250/2500=0.1) 0.1mL/day
- Perform a subcutaneous injection (aka subQ; tutorials available online)
    - KPV *may* be slightly more effective when administered subQ closer to the injury
    - This is often *NOT* worth the slight benefit, for example: injecting your ankle injury directly is extremely risky. You’re less likely to injure yourself doing abdomen, upper glute, or upper thigh subQ
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

- Put reconstituted (liquid) vials of KPV in the fridge, and powder vials of KPV in the freezer to prolong shelf life

What can I combine it with for better results?

- Most to least effective: BPC-157, TB-500, GHK-Cu

How long until I start getting results?

- Sooner or later, depending on genetic sensitivity to the peptides, severity & recency of the injury, efficacy of rehab (are you doing physical therapy, stretching, chiropractics, etc)
- If you use a high dose for 4wks and notice no improvement, you may need surgery or there is another underlying issue

I heard this causes cancer. Is that true?

- No - but it may accelerate existing cancer/tumors
- Anything associated with growth is also associated with cancer (e.g., living a lifestyle optimized for muscle growth will increase the likelihood of you getting cancer) so in that regard its angiogenesis could contribute to "feeding" cancer cells
- The cancer cells must already exist for this to occur. If you do not have cancer, there is no risk

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L-Carnitine - How do you use *injectable* L-Carnitine for physique benefits?

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - (optional) a multi-use vial access spike
  - L-Carnitine
    - Legal Rx grade: AlgoRx use "TAT"
    - Research grade: Strate use "TAT"
- Crack open the L-Carnitine vial lid, it just pops off
- Sanitize the rubber stopper of the L-Carnitine vial
  - Optional: insert the multi-use vial access spike, then twist on a standard syringe to draw your dosage
- Sanitize the injection site
  - Preferred sites: deltoids, ventrogluteal, gluteal, quads, lats
- Determine your desired dose
  - Low: 250mg per day
  - Average: 500-1000mg per day
  - High: 1500+mg per day
- Calculate how much liquid you need to get that dose
  - Read basics
- Perform an intramuscular injection
  - Tutorials available online, google it

Can I overdose on L-Carnitine? Is it dangerous?

- No
- The more you take, the more benefits you'll get. An upper limit still hasn't been identified
- If you experience unusual side effects (nausea, sickness-symptoms, allergies) stop L-Carnitine. These are signs your genetics are incompatible with the compound

Do I need to store my L-Carnitine in the fridge?

- No
- Room temperature in a dark and dry place is ideal

Is it true that L-Carnitine makes steroids more effective?

- Yes
- This is caused by accelerated androgen receptor clearance, which allows for more binding instances in the same amount of time

Is this natty?

- By WADA, this is a natural compound. You can use it and compete in tested federations without issue, up to a certain dosage. Be sure to read the most updated set of WADA rules

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*Letrozole - How do you use Letrozole to control estrogen?

- Coming soon

LGD-4033 - How do you use LGD to increase strength and gain muscle?

Note: Most men who use sarms have suppressed test levels and end up needing TRT for life. Sarms are strongly discouraged unless you are already injecting testosterone.

If you use enough Enclomiphene or HCG during sarm use to prevent suppression (confirm with bloodwork), your natural testosterone levels will be protected.
PCT may not be 100% successful. Best of luck!

Coming soon

Livagen -

Coming soon

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*LL-37 - How do you use LL-37 for wound healing + tissue regeneration, antimicrobial, antiviral, and antifungal activity?

Coming soon

- Get…
  - A vial of LL-37
    - RUO, Injectify
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide

Masteron (Mast, Drostanolone) - How do you use Masteron to gain muscle?

PLEASE MAKE SURE YOU'VE READ & UNDERSTAND ALL OF THE BASICS SECTION

Health first - here is a list of practices, medications, and supplements to have accessible in case they are right for you during your use of Masteron.

- ARB, angiotensin receptor blocker (ex: Telmisartan) - Blood pressure control
  - *if needed*
- Blood pressure monitor
  - Check 3 times in the morning once a week. If above 120/80 or 130/90, check daily, add an intervention such as an ARB, and then return to 1/wk testing once BP normalizes below 120/80 or 130/90
- Bloodwork (AlgoDx.ai use “TAT”)
  - First few cycles, get bloodwork before hopping on and then every 8 weeks; minimum 4 times per year
- Desired drawing needles (ex: 1” or 1.5”, 20g or thicker; I use 20g 1”)
- Desired injecting needles (ex: ½”, ⅝”, or 1”, 25g or thinner; I use 25g 1”)
  - Or if you would like to use insulin needles, see insulin syringes 1cc 29g ½”
- Desired syringes (1cc / 1ml, 3cc / 3ml if running large doses)
- Enclomiphene - Testicle size and fertility maintenance
- Ezetimibe - Cholesterol management & cardiovascular longevity
- HCG or HMG - Testicle size and fertility maintenance
- Nebivolol - Heart rate control
  - *If heart rate is abnormally high (above 90-100 RHR) and control is needed*
- Required number of Masteron vials (plus one to two extra vials)
  - How do I know how many vials I need? See the VIALS section
- RU-58841, and/or Minoxidil 10% (if you want to prevent hair loss - see hair loss guide)

    - NOTE: Dutasteride/Finasteride will *not* prevent hair loss caused by Masteron
- Semen Analysis (ex: GiveLegacy[use "TAT"]) - assess baseline fertility before a cycle
    - Or, if you've already been using, you can check current fertility
- SERM, selective estrogen receptor modulator (ex: Raloxifene, Nolvadex / Tamoxifen) - Gyno control *if needed*
    - Specifically SERMs with anti-gynecomastia activity
- Statin (ex: Pitavastatin, Rosuvastatin) - Strong cholesterol management *if needed*
    - Rarely needed on doses of 500mg/wk total anabolics or less
- Sterile alcohol swabs
- Testosterone (see the Testosterone guide)
    - Masteron *CANNOT* be run without Testosterone (due to the body's need for testosterone and its hormonal byproducts)

SOURCE - Where do I buy Masteron?

- Sources are available to clients only. Become a client here.

VIALS - How many vials do I need to buy for my cycle?

- Here's the simple math on finding how many vials you need:
    - Required number of Masteron vials = (total milligrams needed for cycle + cruise) divided by total milligrams per vial
- And here's that math in an example:
    - If you want to use for 20 weeks at 300mg/wk, you need 20*300mg = *6000mg* for the cycle
- So now you know the milligrams, do the math for your source and their vials:
    - If your source sells 10ml vials concentrated at 300mg/ml, each vial is 10ml*300mg/ml = *3000mg*
    - With this example, you need 2 vials
- *Always* get an extra vial or two in case you break/lose one (I personally get 2 extra vials)

DOSING 1+ - How much Masteron should I take per week for my first cycle and beyond?

- For a first cycle, you can add Masteron propionate or Masteron enanthate after 6-8 weeks of only testosterone
- For a second cycle and beyond, you can start your cycle with test & Mast P/Mast E
    - Preferably after you've figured out your test:mast ratio
- Masteron, for most men, is best dosed at half their dose of testosterone
    - Example, if you are using 400mg/wk test, you can add 200mg/wk Mast P/Mast E
    - This ratio is slightly different for everyone. Your goal is to find the ratio of the two that is best for your body

INJECT - How do I inject Masteron?

- Crack off the Masteron vial lid, it just pops off
- Sanitize the Masteron vial rubber stopper with the alcohol swab
- Sanitize the desired injection site with the alcohol swab

    - For possible injection sites, see SpotInjections. I feel gluteal, ventrogluteal, delt, and quad are the better injection sites.
    - Google "[injection site] TRT" for more tutorials. Ex: "ventrogluteal TRT"

NOTE: If you are using an insulin syringe, ignore instructions about swapping between drawing / injecting needles. Insulin needles are built-in and not intended to be removed.

- Unpackage your drawing needle, injecting needle, and syringe
    - Attach the drawing needle to your syringe, it should twist on easily
- Remove the needle cap and pull on the plunger to draw air into the syringe equal to your desired dose
- Needle-down, insert the drawing needle through the rubber stopper and into the Masteron vial, then inject all of the air
    - This pressurizes the vial to make drawing liquid easier. You may need to hold constant light pressure on the plunger to prevent the pressure from escaping
- Flip the vial + syringe needle-up (the bottom of your vial should be facing the ceiling), and pull the syringe plunger slowly to reach your desired milliliters
    - If you are using a small drawing needle or an insulin needle, this may be a very slow process
    - There may be a small air bubble, don't worry about getting rid of it now
- Flip the vial + syringe needle-down (the bottom of your vial should be facing the floor), remove the needle from the vial
- Set aside the Masteron vial and place the cap on the drawing needle
- Twist off the drawing needle, set it aside, and attach the injecting needle to the syringe
- Warm the oil with your desired method to reduce post-injection pain
    - I prefer to hold the syringe horizontally and run hot water over the oil in the syringe, being careful not to get any water near the injecting needle; then dry it
    - Alternatively, some guys like to microwave a rice bag, remove it from the microwave, wrap it around the syringe, wait for oil to warm
        - You'll know the oil is warmed perfectly when you can touch the barrel of the syringe to your lips and it's not uncomfortably hot, nor too cold
- Remove the injecting needle cap, hold needle-up, and push on the plunger to remove any air bubble(s)
    - Allow a droplet of oil to glide down the needle of the syringe. This helps lubricate it and makes for an easier injection
- Perform an intramuscular injection in your desired injection site
    - Push the plunger of the syringe slowly. If you go too fast, you risk the chance of an abscess or unneeded stress at the injection site
- Place the cap on the injecting needle
- Wipe the area with an alcohol swab to disinfect and clean up any blood
    - Apply a bandage if bleeding is persisting (that's normal sometimes, don't worry)
- Dispose of your needles, syringes, needle/syringe packaging, alcohol swabs, etc
- To further reduce virgin muscle soreness / post injection pain, do some light cardio
    - I prefer to inject each morning, and then do low intensity steady state cardio

How often do I inject Masteron?

- Depends on Masteron ester
    - Longer esters (enanthate) can be injected 2x per week at minimum
    - Shorter esters (propionate) may need to be injected daily / 4x per week at minimum
- You will get less side effects the more frequently you inject
    - Ex: Daily administrations are optimal for minimizing hormone flux

I want to inject more than one compound at a time. Can I combine (xyz) with Masteron?

- Yes
    - Example 1, testosterone + Masteron is fine to be in the same syringe (Masteron is an oil based steroid)
    - Example 2, GH + Masteron is fine to be in the same syringe (GH is a water based peptide)
        - Contrary to popular belief (and I used to believe this too), it's totally safe to combine water and oil based compounds in the same syringe. It just might make for a bit of an awkward/uncomfy injection sometimes
- To combine multiple compounds, just draw all the compounds you need with your drawing needle and then switch to your injecting needle and perform your injection
    - No need to inject air into every vial, only inject air into the vial where you'll pull the largest amount out (usually testosterone)
    - You may periodically go in reverse order if you're concerned about the pressure levels in your other vials
        - Example, (Test → Mast) 3x, (Mast → Test) 1x, (Test → Mast) 3x… You shoot air into your test vial, draw, and then draw from your mast vial for 3 injection days. On the fourth injection day, you shoot air into your mast vial, draw, and then draw from your test vial. Then repeat

SIDES - I think I'm not handling my dose very well. What should I do?

- Masteron can have downward pressure on estrogen (estradiol, specifically) in nearly all users; the strength of its downward pressure varies from person to person
    - If you are experiencing low estrogenic effects, and you have verified this on ultrasensitive Estradiol blood work, then address the issue
        - Option 1: reduce your dose of Masteron
        - Option 2: increase your dose of test
        - Option 3: introduce a rapid estrogen-boosting compound (HCG, test P)
        - Option 4: use exogenous estrogen (e.g., estradiol valerate) to directly compensate
    - Options 1 and 2 can be slow, and you may not see a difference for a while depending on how fast your esters are
- If you're getting slightly high blood pressure, introduce Tadalafil 5mg/day
    - If your blood pressure is very high, see the Telmisartan guide
- If your hematocrit and/or RBC is high, increase cardio or donate blood periodically
    - Be careful not to over-donate and crush your iron / platelet count, you may make yourself unhealthier than you were before

    - You may also ask your doctor about Enalapril which can lower hematocrit
- If you're experiencing hair loss, introduce RU-58841 and Minoxidil 10%
    - See my hair loss guide for other hair loss options
- If you're experiencing testicle shrinkage, introduce HCG or HMG

LENGTH - I want to do a cycle of 10 weeks or shorter. Is this okay?

- Shorter cycles don't allow for maximal results out of the compounds you're using
    - Typically, 14-16 weeks is a good minimum cycle length, and 24 weeks maximum depending on individual tolerance (assessed using blood work - example: algodx.ai)
- By doing a shorter cycle, you are effectively subjecting your body to a variety of side effect risks, natural testosterone production shutdown, and systemic stress for suboptimal physique/strength results

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Mazdutide - How do you use Mazdutide to lose fat / improve blood pressure & lipids?

NEWS: The original Mazdutide video I posted was support for my hypothesis that *consumers don't do their own research* & take influencers at their word, making it very easy for influencers to manipulate their audiences

Mazdutide still absolutely works great as a GLP-1 - albeit an understudied one - but the current evidence we have about it suggests it may not be as effective as its largest competitor, Retatrutide. Stay tuned for news on Bioglutide, which is a quadruple agonist (GLP-4).

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder Mazdutide
        - RUO
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
- Crack off the mazdutide vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the mazdutide rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the mazdutide by injecting 2mL of BAC water into the mazdutide vial
    - A peptide only needs to be reconstituted once
- Dosing protocols:
    - Low: 2mg per week or 285mcg per day
    - Average: 4-6mg per week or 570-860mcg per day

    - High: 9mg per week or 1.3mg per day
- Calculate how much liquid you need to get that dose
    - Example: Injecting 0.15mL (15 units) of mazdutide daily yields an average weekly dose of 5.25mg
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- To prolong shelf life:
    - Store liquid vials of mazdutide in the fridge
    - Store powder vials of mazdutide in the freezer

Is mazdutide safe?

- Yes, in current literature so far
- The only observed side effect in the studies was gastrointestinal discomfort, which went away in all users after stabilizing on their dosage

Will this cause muscle loss?

- As long as you are eating enough protein to maintain your muscle mass, it seems not

How do I minimize side effects?

- Start at a low dosage and gradually increase your dose to an average or high dose

Can you help me?

- If you need one-on-one assistance, book a call with me here: https://cal.com/tattered/call

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Melanotan-II - How do you use MT2 to get tan, boost mood, and neurotypical benefits?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of powder melanotan-ii
        - RUO, Strate, Injectify
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide

Injectable:

- Crack open the melanotan-ii vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the melanotan-ii rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe

- Reconstitute the melanotan-ii by injecting the BAC water into the melanotan-ii vial
    - Note: once you have injected a total of 2mL into your peptide vial, you don't need inject any more BAC water into it
- Determine your desired dose
    - Low: 100-250mcg/day
    - Average: 500mcg/day
    - High: 1000mcg - 1500mcg/day
- Calculate how much liquid you need to get that dose
    - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online) preferably before bed
    - This makes the potential dizziness, nausea, and lack of appetite easier to deal with
    - I also recommend taking an over-the-counter antihistamine (such as Benadryl) 30-45 minutes before using to make the face flushing easier to deal with
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of Melanotan-ii in the fridge to prolong shelf life
- Tan regularly

Spray (DIY):

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder melanotan-ii
        - RUO, Strate, Injectify
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
    - an empty nasal spray bottle
- 2mL BAC into the MT-2 vial, 6mL BAC into the spray bottle
    - Read the *injectable* guide's reconstitution instructions & peptide basics
- Transfer 2mL of the MT-2 to the spray bottle
- Determine your desired dose:
    - Low: 1 spray = 125mcg/day
    - Average: 2 - 4 sprays = 250mcg/day - 500mcg/day
    - High: 5 or more sprays, max 8 = 625mcg/day or more, max 1000mcg/day
- Put your bottle of Melanotan-ii in the fridge to prolong shelf life
- Tan regularly

Spray (premade):

- Get…
    - a premade spray kit
        - Strate (spray bottle full of BAC water, and a powder vial of MT-2)

- Unscrew the nasal spray bottle lid and set aside
- Add all of the powder in the glass powder vial to the spray bottle
- Seal the spray bottle and gently roll the bottle between your palms to mix
    - *do not shake!* Shaking may slightly damage the peptide powder
- Timing:
    - The fastest results will come from using MT-2 right before tanning
    - Side effects are more easily avoided when using MT-2 before going to bed
- Dosing:
    - Low: 2 sprays = 200mcg/day
    - Average: 3 - 5 sprays = 300mcg/day - 500mcg/day
    - High: 6 or more sprays, max 10 = 600mcg/day or more, max 1000mcg/day
- How-to:
    - Remove the cap, insert the nasal spray nozzle into your nostril, and administer your desired dose (number of sprays) while inhaling sharply. It's typically more comfortable to do half of the needed sprays in one nostril, and half in the other.

Can I take Melanotan-ii by itself?

- Yes
- You don't need any other compounds with it to get safe and effective results

Can I get a tan using Melanotan-ii but not tanning?

- Slightly
- Without UV exposure (tanning), there's not much of a pigmentation response in the skin. Users who don't tan sometimes get a yellow-tinged skin color, instead of the golden brown skin color most people typically want

Am I natty if I use Melanotan-ii?

- Yes
- In the eyes of WADA, the world anti-doping association, melanotan-ii is not a prohibited substance - that's about as natty as it gets

I'm a teenager, can I use Melanotan-ii safely?

- Yes
- MT-2 is not hormonal and will not affect your natural development in any way

Do I have to PCT if I take Melanotan-ii?

- No, it is not hormonal and you can stop at any time safely
- Melanotan-ii has no effects on your natural testosterone production, and does not require PCT

After I get my desired tan, how do I maintain it?

- Use your dose once per week instead of once daily, and reduce it as desired
- For reference: even without this method, the tan doesn't fully fade until 6-9 months later

I saw online some people say to start at (high dosage). Why are your doses low?

- I want everyone to have a good experience, that means starting low and gradually increasing dose if side effects are tolerable
- Everyone has their own dosing sweet spot

I'm noticing a lot of white spots on my skin that don't get tan. What is this?

- Most likely Tinea Versicolor, a fungal infection caused by overgrowth of Malassezia furfur
- To combat the fungus, scrub the area with antifungals (ketoconazole). If severe, you may need to use oral fluconazole / oral itraconazole

What are the side effects?

- Side effects are dose dependent, if you take a smaller dose you'll experience easier side effects. Commonly, people note face flushing, dizziness, mild nausea, increased libido, increased erection frequency + quality, darkening / proliferation of moles
- From extreme overdose: erectile dysfunction, elevated blood pressure / hematocrit, nephrotoxicity. In studies, these effects have only been seen when users administer melanotan-ii at doses up to *one hundred times* the usual dose at once, such as 10mg injections - see PMID 31953620

How do I prevent side effects?

- Benadryl or other antihistamines 15-45 minutes before use may prevent some of the face flushing effect
- Ondansetron (Zofran) can completely eliminate the nausea

I heard this causes skin cancer, is that true?

- No
- You may have seen headlines describing skin cancer occurrence in melanotan-ii users. Understand that skin cancer is the result of intolerable UV damage to your DNA & mRNA in your skin, and that skin cancer will not occur unless the individual is overexposed to UV light to the degree of DNA damage
    - For example, tanning bed overuse, which can load the skin with drastically more UV radiation than natural sunlight - see PMID 24355990, correlation ≠ causation
- Melanin, the pigmentation that is produced after exposure to sunlight, is the body's protective adaptation against UV damage. It allows the body to tolerate more UV rays (ex: Africans being so dark-skinned historically due to Africa's harsh sunlight)
- Melanotan-ii was designed to *prevent* skin cancer. By accelerating your body's ability to produce melanin via melanotan-ii, you are *less* at risk for skin cancer than you would be otherwise
    - PMID 7983590, 31968661, 28703311, 8637402

I heard this reverses autism, is that true?

- Potentially
- There is evidence to support this in rodent models - see PMID 30629642

Meldonium (Mildronate) - How do you use Meldonium for athletic / physical activity benefits?

- Get…
  - a bag of Meldonium powder
  - an ultrasensitive milligram scale
- Place the scale cup on the scale and press the “TARE” button
  - The measurement should be set to grams, and the display should read 0.000
- Carefully dispense the Meldonium powder (via scooping with a spoon or pouring) into the scale cup to reach your desired dose
  - Low: 5mg/kg per day
    - ex: for a 100kg person, 100kg*5mg = 500mg/day, so 0.500g/day
  - Average: 10mg/kg per day
    - ex: for a 100kg person, 1000mg/day, so 1.000g/day
    - If you would like to use this dose, start on “low” dose for 1 week and then increase to “average”
  - High: 15-20mg/kg
    - ex: for a 100kg person, 1500-2000mg/day, so 1.500-2.000g/day
    - If you would like to use this dose, start on “low” dose for 1 week and then increase to “average” for 1 week and then increase to “high”
- Remove the scale cup and dispense into a beverage of choice, drink quickly after dispensing
  - Alternatively, dispense orally and chase with a beverage of choice

Are there any side effects?

- Meldonium is a rare supplement with essentially zero side effects (similar to Creatine)
- Rarely, some users notice gastric distress or very slight nausea

Does Meldonium require PCT?

- No, it is not hormonal and you can stop at any time safely

How long should I run Meldonium for?

- Low dose: As long as you like. No issues with running it year round
- Average dose: 15-20 weeks maximum / 105-140 days maximum
- High dose: 17 weeks maximum / 120 days maximum

Is Meldonium natty?

- It is non-hormonal and will not give you the physique of a steroid user, it’s natty
- However, be aware that WADA-tested competitions ban Meldonium

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MENT (Trestolone / 7a-methyl-19nortestosterone) - How do you use MENT to gain muscle?

A guide by the ment magician @juublian on IG / @moistbreadcrumbs2.0 on TT

Note: This guide is for men; women should not use MENT in ANY dose due to its highly androgenic nature.

- Get:
  - MENT E - enanthate (backup), or MENT A - acetate (backup)
  - Telmisartan or another blood pressure medication of choice
  - Desired injecting setup (e.g., insulin syringes 1cc 29g ½")
- Determine your desired dose:
  - Low: 1-4mg daily (7-28mg weekly)
  - Moderate: 5-19mg daily (35-133mg weekly)
  - High: 20+ mg daily (140+mg weekly)
- Determine your desired ester:
  - Acetate: Half-life of 1-2 days
  - Enanthate: Half-life of 4-5 days
  - Decanoate: Half-life of 6-12 days
- Determine dosing schedule:
  - Acetate: At LEAST every other day (can be more frequent if desired)
  - Enanthate: At LEAST every 3.5 days (can be more frequent if desired)
  - Decanoate: At LEAST every 7 days (can be more frequent if desired)

Can I do a MENT only cycle? (Julian's take)

- No… please no
- MENT, being a progestin, has EXTREME downward pressure on your natural testosterone production (will be discussed again in later section). MENT does not metabolize into testosterone's bioidentical metabolites, and thus using it by itself would not facilitate basic physiological function which would otherwise be necessary.

Can you use MENT by itself? (Tanner's take)

- You technically can, but users may experience much more side effects than if they had combined with a testosterone base
- There are some unique individuals who tolerate MENT-only cycles surprisingly well, but scientifically we know this practice is neurotoxic in the long run

So no MENT only, but what if I combine it with enclomiphene and/or hCG?

- Maybe, but it's best not to try
- While enclomiphene is absolutely not "strong" enough to counteract the hormonal shutdown induced by MENT, hCG in theory may be able to do this at a very high dose. Though, at the time of writing this, there is zero conclusive evidence to say this for sure, so it is likely best to simply use MENT with a testosterone base.

What are the side effects?

- MENT users often report estrogen-related problems (emotional irritability, water retention, etc) due to the 7a-methylated E2 that MENT metabolizes into
    - This cannot be solved by traditional non-suicidal AI, as MENT is not converted to it's methylated E2 via aromatase. Rather, it is converted via a completely separate enzyme. This means that estrogenic issues can only be solved by:
        - 1) In theory, a suicidal AI, which will bind directly to and "inactivate" the 7a-methyl-E2
        - 2) Binding of the estrogen receptors directly, potentially through boldenone metabolites, which bear a similarity to E1
- MENT is often referred to as "gyno in a bottle" due to this same estrogenic activity mentioned previously
    - If gyno issues persist after addressing estrogen issues OR if you seek to address gyno issues first before attempting to modulate systemic estrogen (recommended if your ONLY side effect is gyno), deploy as a counteractive measure

Will MENT make me permanently infertile?

- Temporarily, without the use of hCG? Absolutely yes. Permanently? Likely not.
- As MENT was initially researched as a male contraceptive, it is extremely endocrine-suppressive by nature. It WILL induce infertility, and in extended treatment (6+ months), it will likely induce azoospermia.

Is MENT dangerous?

- Extrapolating from the little data we have, it seems that MENT is not an extremely toxic compound
- The biggest concern is blood pressure, which many users report issues with when they use MENT (especially at doses above 10mg daily)

Where can I get MENT? Is it illegal?

- MENT is not a scheduled drug and thus is not illegal under the condition of being sold as "not for human consumption"

Does MENT cause hair loss?

- For most users, MENT's hair loss is exceptionally harsh
- Read the hair loss prevention guide

Metformin - How do you use Metformin to control blood glucose?

- Get…
    - A glucometer (glucose meter)
    - Metformin
        - Legal Rx grade: AlgoRx Use "TAT"
        - Other sources for clients only

Your goal is to control blood glucose. Ideally, you want your *fasted* blood glucose at 70-85. Upon waking or before you have your first meal of the day, follow the instructions of your glucometer to get a reading.
Check your *fasted* blood glucose daily if you are above 85. Slowly step-up your dosing protocol for metformin until you are at 85 or lower.
If you are using 2000mg of metformin daily and your blood glucose is still above 85, you may need to combine metformin with berberine. If that combo is still not enough, then add an SGLT-2 or DPP-4 inhibitor. Some GLP agonists like retatrutide seem to be good controllers of glucose.

PRESCRIPTION GUIDE

- Each pill is 500mg. Dose according to your goals and blood glucose readings:
    - Low: 1mg per 1g of carbs consumed per day
    - Average: 500mg/day
    - High: 1000 to 2000mg/day

POWDER GUIDE

- Place the scale cup on the scale and press the “TARE” button
    - The measurement should be set to grams, and the display should read 0.000
- Carefully dispense the Metformin powder (via scooping with a spoon or pouring) into the scale cup to reach your desired dose
    - Low: 1mg (0.001g) per 1g of carbs consumed per day
    - Average: 500mg/day (0.500g/day)
    - High: 1000 (1.000g) to 2000mg/day (2.000g/day)
- Remove the scale cup and dispense into a beverage of choice, drink quickly after dispensing
    - Alternatively, dispense orally and then drink beverage of choice
- Note: the scoop that comes with the powder is *not* intended to be a measuring tool, it is included only to assist with dispensing the powder into the scale cup

I heard Metformin has negative effects on mTOR, and that it’ll kill my gains. Is this true?

- For natties, yes; for enhanced men, no
- People don’t develop higher uric acid levels while on Metformin and AAS (while not deficient in protein)
- Uric acid levels are always elevated when AMP-kinase goes up and mTOR goes down
- Therefore we know there is no negative effect on mTOR in enhanced men

I heard Metformin has negative effects on exercise performance. Is this true?

- Yes
- There is a slight reduction in athletic ability (dose dependent) in users of Metformin

Is it safe to take Metformin when trying to conceive?

- No

- Boys were more likely to be born with genital birth defects if their fathers took Metformin in the 3 months before conception [Stanford Medicine]

Methylene Blue - How do you use mblue for energy, focus, memory, and anti-aging?

- Get…
    - Methylene Blue
        - Legal Rx grade (pill): AlgoRx Use "TAT"
        - Research grade (liquid): RUO, Injectify

Liquid guide:

- One full dropper is 10mg. Adjust dose according to the effects you experience
    - Low: 5-10mg/day
    - Average: 10-20mg/day
    - High: 20mg-30mg/day

Pill guide:

- Each pill is 10mg. Adjust dose according to the effects you experience
    - Low: 5-10mg/day
    - Average: 10-20mg/day
    - High: 20mg-30mg/day

When do I take it?

- Experiment with different timing protocols, most users prefer dosing in the morning or before cognitively-demanding activity

What are the side effects?

- Overuse could disrupt cellular redox balance, leading to toxicity; don't exceed 30mg
    - *Redox balance.* The cell's way of keeping a healthy mix of energy-making and damage-control processes

What can I combine it with for better results?

- Mitochondrial / energy: MOTS-c, SS-31, 5-amino-1mQ, NAD+, Methylene Blue
- Neuroprotection: SS-31, Cerebroprotein Hydrolysate, NAD+, Dihexa, MOTS-c, Semax, Selank, FGL, DNSP-11

How long can I use it?

- Indefinitely, as long as the dose is healthy for your body and your genetics
- If C-reactive protein (CRP) levels are normal, it is likely the mblue dose is healthy
    - If CRP is high, consider NAC or Glutathione, and/or NAD+

Minoxidil (Loniten, Rogaine) - How do you use Minoxidil for beard / hair growth?

- Get…
    - Minoxidil
        - Cosmetics grade: Throne[use "TAT"]
        - Legal Rx grade: AlgoRx (oral, oral + fin, topical + fin, FollicRx)[use "TAT"]
- Shake the bottle hard before every administration
- Unseal the lid and draw 0.5mL of minoxidil liquid into the dropper by squeezing the pipet
    - The full dropper is roughly 1mL
- Drop the liquid onto the areas where hair growth is desired
    - Refill the dropper and repeat as needed to cover the area in a thin layer
- Massage the liquid gently into the skin
- Do not rinse away for a minimum of 6-8 hours
    - If rinsed away too soon, it will exert less effects

How often do I use minoxidil?

- Every day for best results
- If you microneedle, do not use within 24 hours of microneedling

What can I combine it with for better effects?

- Dutasteride, Finasteride, GHK-Cu, Ketoconazole shampoo

I've seen 5% minoxidil, but what's the difference with 10%?

- Minoxidil 10% is a much more potent per drop alternative to minoxidil 5%, which is not normally available on shelves in-store or non-prescription online shops

Can I safely combine this with RU-58841 / Finasteride / Dutasteride / Kopexil / Topi / RU?

- Yes, no negative interactivity between minoxidil and other compounds has been reported in statistically significant numbers

How can I maximize my results on minoxidil?

- Microneedle with an automatic needler pen once per week, set to 1.0-1.5mm
- Do not use any topical compounds shortly before microneedling, rinse the intended area, apply numbing cream if desired, and then microneedle thoroughly
- Wait 24 hours before administering any topical compounds to the microneedled area to avoid the compound(s) going systemic and affecting your whole body

Do I need to PCT from minoxidil?

- No, minoxidil is not hormonal and does not require PCT

How long should I cycle it for?

- Minoxidil does not need to be cycled
- You can use minoxidil as long as you like, it is safe to use year-round

Should I take this at night or in the morning?

- Either is good (I personally use after showering when hair is nearly dry)
- Whichever allows you to keep the minoxidil on the desired region for a minimum of 6-8 hours without being rinsed away

I'm 18 or younger, can I use this safely?

- Yes
- There's no negative cascades on your hormones from Minoxidil 10%

Are there any side effects?

- Some men may experience discomfort, itchiness, or redness on the skin where it is applied - if this is intolerable, use less minoxidil or stop using and it will go away
- If you microneedle, wait at least 24 hours after needling to apply minoxidil to avoid it entering the bloodstream and exerting its effects throughout your entire body
    - This can result in irregular heartbeats, as Minoxidil is known for this behavior from its research as a blood pressure medication

NOTE: Keep cats away from Minoxidil, there is some evidence it may be toxic to felines

- Do not let cats lick areas where you've applied minoxidil
- Store your minoxidil in places that are inaccessible to cats

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MK-677 (Ibutamoren) - How do you use MK-677 for growth and appetite?

Note: If your goal is growth - consider HGH instead, superior for bodybuilding & body recomp

- Get…
    - a bottle of MK-677[US] (backup) / MK-677[worldwide; use code "TAT"]
        - Injectable, capsules[US], powder also available use "TAT"
    - a bottle of berberine[use code "TAT"] or a bag of powder metformin[US]
    - a blood glucose monitor
- Shake the bottle hard before every administration
- Example bottle concentration: 20mg/mL
    - One full dropper (1mL) is 20mg, 0.5mL is 10mg, etc
    - The DXB Supps bottle contains thirty 25mg servings (pills)
- Measure out the desired dose in the dropper
    - Low: 5mg daily
    - Average: 10mg daily
    - High: 20-30mg daily
- Drop the liquid under your tongue before eating your first meal
    - Consider immediately drinking orange juice / etc after dropping the liquid under your tongue, the solution needed to liquify the compound doesn't taste very good
    - You do not need to let the liquid sit

How to use a blood glucose monitor:

- Once a week in the morning, before you've eaten anything, check your fasted glucose levels
    - Ideal for gains: 70-85
    - Healthy: 85-89
    - Fine, but not great: 90-100mg/dl
    - At risk of diabetes: 100-125mg/dl
    - Diabetes: 126 or above
- If your levels are getting too high:
    - Intervene with Berberine or Metformin; see the Berberine or Metformin guide
        - Use SGLT-2 or DPP-4 inhibitors if necessary beyond this
    - If that is unsuccessful, lower your dose of MK-677
        - If that is unsuccessful, stop using MK-677

I want to use MK-677 for fat loss. Is this a good idea?

- In the sense that you will get the benefits of GH-related fat loss, yes
- In the sense that your appetite may increase a lot, no.
- If you get hungrier while trying to lose weight, it may make your fat loss more difficult

I'm a woman. Do I need to use a different dosing protocol?

- No, if anything women can handle more MK-677 than men can
- 10-25mg daily is a good dose for a woman

Do I need to get blood work done while using MK-677?

- No, but getting blood work done is never a bad idea if you have the money to spare
- It is much more important to track your fasted blood glucose with a blood glucose monitor (example) while using MK-677

I'm X years old. Can I use MK-677 to grow taller?

- There are extreme side effects to using MK-677 during developmental years to grow taller, mainly that it permanently alters your brain chemistry when used before age 25
    - It can predispose you to PTSD, anxiety, and sleep disorders which will persist after you stop using
- It may make users taller by an inch or so, but is that worth sacrificing mental health?
    - Doctors prescribe legitimate GH (not GH secretagogues like MK-677) to idiopathic short stature patients before they even enter puberty
    - People asking this question are often too old to see much height gains from it anyway
- HGH is a much better option

Can MK-677 cause gyno / gynecomastia?

- Yes, but at the doses listed it is extremely unlikely

- If you are concerned about prolactin-based gyno induced by MK-677, you can supplement with P5P to reduce your risk. If gyno persists, you may need to look into Cabergoline or Pramipexole

Do I need a test base for MK-677?

- No, MK-677 at the doses I've listed above are extremely unlikely to cause significant testosterone suppression to the point of needing a testosterone base
    - At doses higher than 20mg daily, the likelihood of suppression increases via a prolactin feedback loop

Do I need to PCT if I stop using MK-677?

- Not for testosterone, MK-677 at the doses I've listed above are extremely unlikely to cause significant testosterone suppression to the point of needing PCT
    - At doses higher than 20mg daily, the likelihood of suppression & other side effects increases
- You can PCT for HGH by fasting for 5 days (still drinking water)
    - This will rapidly resurrect natural HGH production after discontinuing MK-677

MOTS-c - How do you use MOTS-c for more energy, youthfulness, and mitochondrial efficiency?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder MOTS-c
        - RUO, Strate, Injectify
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
- Crack open the MOTS-c vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the MOTS-c rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the MOTS-c by injecting 2mL of BAC water into the MOTS-c vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the MOTS-c, you no longer need to add any more BAC water
- Calculate how much liquid you need to get that dose
    - Low: 500mcg/day
    - Medium: 750mcg/day
    - High: 1000-2000mcg/day

- Example: If your desired dose is 500mcg (0.5mg), and your 10mg vial has 2mL of BAC water in it (10/2 = 5mg per mL concentration), you would need to draw 0.5/5 = 0.1mL (10 units on an insulin syringe) to get your desired dose
    - Desired dose divided by concentration equals amount of liquid needed to take
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of MOTS-c in the fridge to prolong shelf life

I've heard MOTS-c is naturally produced in the human body, is that true?

- Yes
- Concentrations of MOTS-c in the human body decline as humans age, so by supplementing it anti-aging benefits can be achieved

Side effects?

- To date, the scientific literature has repeatedly shown MOTS-c to be an exceptionally safe compound. Read the literature for yourself here: PubMed, Google Scholar

What can I combine it with for better results?

- Mitochondrial / energy: SS-31, 5-amino-1mQ, NAD+, Methylene Blue
- Neuroprotection: SS-31, Methylene Blue, Cerebroprotein Hydrolysate, NAD+, Dihexa, Semax, Selank, FGL, DNSP-11

NAD+ (Nicotinamide Adenine Dinucleotide) - How do you use NAD+ for anti-aging + fat loss?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder NAD+
        - RUO, Strate, Injectify
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide
    - Also consider combining with MOTS-c (MOTS-c guide) and 5-amino-1mq (guide soon) for greater results.
- Crack open the NAD+ vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the NAD+ rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe

- Reconstitute the NAD+ by injecting the BAC water into the NAD+ vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the NAD+ powder vial, you no longer need to add any more BAC water
- Determine your desired dose
    - Low: 50mg/week
    - Medium: 125mg/week
    - High: 250-500mg/week or more
        - NOTE: If you are also using MOTS-c and/or 5-amino-1mq, you can use less NAD+ and achieve similar results as if you had used higher doses. Example: 500mcg/wk NAD+ alone = 250mg/wk NAD+ *with* MOTS-c
- Calculate how much liquid you need to get that dose
    - Example: If your desired dose is 250mg, and your 500mg vial has 2mL of BAC water in it (250mg per mL concentration), you would need to draw 250/500 = 0.5mL (50 units on an insulin syringe) to get your desired dose
        - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online)
    - NOTE: NAD+ is most bioavailable intravenously, but IV injections can be risky. Please only conduct self-IV administrations at your own risk
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of NAD+ in the fridge to prolong shelf life

Do I need to take anything else with this to stay healthy / get the most out of it?

- Vitamin B50 complex. Assists with mitochondrial function and energy
- Injectable glutathione (injectable glutathione guide). Alleviates oxidative stress

What results can I expect?

- At best, you may feel 10 years younger. More energy, easier fat loss, better quality of life
- Keep in mind that immediate results will be more pronounced for older individuals; younger users (teens and twenties) will mainly get long term anti-aging benefits

What can I combine it with for better results?

- Mitochondrial / energy: MOTS-c, SS-31, 5-amino-1mQ, Methylene Blue

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Naltrexone - How do you use Naltrexone to reduce anhedonia, pain, & inflammation?

- Get…
    - Naltrexone[use “TAT”]
- Determine your desired dose
    - Low: ½ pill
    - Medium: 1 pill
    - High: 2 pills
- Take dose with water
    - If you notice stomach distress, take with food and/or water

Side effects?

- It is well tolerated - worst sides are vivid dreams and trouble sleeping (take your dose earlier in the day to fix this)

What can I combine it with for better results?

- Mood-boosting, most to least effective: PE-22-28, MT2, MOTS-c
- Anti-inflammatory: BPC-157, TB-500, KPV, GHK-Cu

How long does it take to work?

- Endorphin rebound typically hits within 4-6 hours. The anti-anhedonia / mood benefits hit within 7 days, pain-reduction within 4 weeks, and inflammation within 12 weeks

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*Nandrolone (NPP, Deca) - How do you use Nandrolone to gain muscle?

- Coming soon
    - See the STACK section of the testosterone guide for dosing

SOURCE - Where do I buy nandrolone?

- Sources are available to clients only. Become a client here.

Nebivolol (Nebilet, Bystolic) - How do you use Nebivolol to reduce heart strain?

- Get…
    - a bottle of nebivolol
        - Legal Rx grade AlgoRx Use "TAT"
        - Other sources for clients only

Pill guide:

- Get…
    - a bottle of nebivolol
        - Legal Rx grade: AlgoRx Use "TAT"
- Each pill is 2.5mg. Dose according to your desired protocol:
    - Low: 2.5mg daily
    - Average: 5mg daily
    - High: 10mg daily
        - Note - if you use a dose of 10mg or higher, it loses cardioselectivity
- Each morning, check your resting heart rate
    - If it is too low (50-60 beats per minute or lower), reduce your dose of nebivolol
    - If it is still high (90-100 or more beats per minute), consider increasing dose

How long do I take it for?

- You can start or stop it as desired, as long as you are not using it for a medically-indicated heart condition (in that case, follow your doctor's instructions)

Can I use this to minimize the heart strain from Clenbuterol?

- As long as your dose is cardioselective, yes
- Cardioselectivity seems to diminish in the 6-10 milligrams per day dosing range, although this will vary person to person

I'm using the 5 milligram daily dose but I'm not getting cardioselective effects. Why?

- Due to unique ethnic differences, roughly 1 in 10 europeans and even more africans are poor metabolizers of nebivolol, meaning they benefit much less from its cardioselectivity

What is cardioselectivity?

- Cardioselective means a beta-blocker (such as Nebivolol) is selective to beta-1 receptors, which are mainly found in the heart
- When a beta-blocker loses cardioselectivity, it begins affecting beta receptors other than beta-1, which can cause unwanted effects

What's better, Nebivolol or Propranolol?

- It depends on your genetics and your goals
- Nebivolol is more beta-1 selective and less lipophilic, whereas Propranolol is non-selective and more lipophilic. The lipophilicity affects the drug's ability to pass the blood brain barrier - more lipophilic means more brain effects (both good and bad)

Nolvadex (Tamoxifen) - How do you use Nolva to PCT?

- Get…
  - a bottle of Tamoxifen
    - Legal Rx grade: AlgoRx use "TAT" - coming soon
      - Alternative for PCT: Enclomiphene
    - Research grade: Strate use "TAT"
    - Other sources for clients only
- Wait 5 half-lives of the longest half-life ester you are using
  - Example: The Decanoate ester of Nandrolone (Deca) has a half life of 10 - 14 days, 5 half lives is 50 - 70 days, and then you can start taking Nolva
- Shake the bottle hard before every administration
- Measure out the desired dose in the dropper
  - Low: 10mg/day
  - Average: 20mg/day
    - Reduce slowly to 10mg/day if experiencing intolerable side effects
    - Run your desired dose for 6-8 weeks
- Calculate how much liquid you need to get that dose
  - Read measurements & concentrations

- Drop the liquid under your tongue in the morning
- Consider chasing with orange juice / etc, the solution needed to liquify the compound doesn't taste very good

What can I combine it with for better effects?

- Increased PCT success chance: HCG, HMG; HMG is best, HCG is a better bang-4-buck

What are some side effects I should watch out for?

- Depressive mood alterations, fatigue, lethargy, insomnia, and decreased libido
- Some experience vision issues, hot flashes, and nausea

Nolvadex (Tamoxifen) - How do you use Nolva to eliminate, shrink, or slow gyno?

- Get…
    - a bottle of Tamoxifen
        - Legal Rx grade: AlgoRx - coming soon
            - Alternative for gyno: Raloxifene
        - Research grade: Strate[use "TAT"]
        - Other sources for clients only
- Shake the bottle hard before every administration
- Measure out the desired dose in the dropper
    - Clinical dose: 20mg/day
- Administer sublingually
    - Drop the liquid under your tongue, swallow after a second
- Consider chasing with flavored juice (ex: orange juice) / flavored pre workout
    - The solution needed to liquify the compound doesn't taste very good

Is this better than Raloxifene?

- The greatest meta analysis done on it indicates Raloxifene is superior, on average
- Your genetics may respond better to Nolvadex; try both if desired and use your favorite

Is Nolvadex an AI (aromatase inhibitor) / "estrogen blocker"?

- No, tamoxifen is a SERM (selective estrogen receptor modulator)
- It is worth noting that tamoxifen metabolizes into an aromatase inhibitor called norendoxifen, alongside the SERM metabolites endoxifen and afimoxifene

Can I use Nolvadex with steroids?

- Yes, there is no major concern with this combination
- Be aware that tamoxifen may decrease overall estrogen signaling in your body due to the AI metabolites and some SERM activity

What are the side effects of Nolvadex?

- The greatest meta analysis done on it indicates there are no “side effects” (unwanted effects)
- There may be a risk of blood clotting if used for multiple years nonstop (given the mechanism of action)

Noopept - How do I use Noopept to improve cognition & verbal fluency?

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a Noopept spray[US]
    - Comes with BAC water in the bottle, and a separate Noopept powder vial to prevent peptide degradation in transit

Simple:

- Add 1-2mL BAC from the bottle into the Noopept vial. Stir gently to mix
- Pour all of the mixture back into the bottle
- Remove the cap, insert the spray nozzle into your nostril, and administer your desired dose while inhaling sharply
  - Low: 2 sprays per day = 4mg/day
  - Average: 4 sprays per day = 8mg/day
  - High: 6 or more sprays per day = 12mg or more per day
- Avoid dosing at night. This can cause sleep issues
- Put your reconstituted liquid nasal spray bottle of Noopept in the fridge to prolong shelf life

Does Noopept have side effects?

- Noopept is widely regarded as an innocuous compound, and is well-tolerated
- In the studies, researchers conclude it is “largely absent of side effects”

I’m not feeling anything. What’s going on?

- Cognitive enhancers can only enhance a functional baseline
- If you’re sleep-deprived, malnourished, or overconsuming drugs/alcohol, the effect of your cognitive enhancers will be blunted

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NPP (Nandrolone Phenyl-Propionate) - How do you use NPP to gain muscle?

- NPP is the phenyl-propionate ester of nandrolone. See the Nandrolone guide

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Ondansetron (Zofran) - How do you use Zofran to prevent/stop nausea?

- Get…

    - Zofran[use "TAT"]
- Determine your desired dose
    - Low: ½ pill
    - Medium: 1 pill
    - High: 2 pills
- Place the pill under your tongue and allow it to dissolve (sublingual administration)
    - If you notice stomach distress, take with food and/or water

Side effects?

- It is well tolerated - worst sides are mild headache, fatigue, and stomachache

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Ostarine (MK-2866) - How do you use Ostarine to increase strength and gain muscle?

Note: Most men who use sarms have suppressed test levels and end up needing TRT for life. Sarms are strongly discouraged unless you are already injecting testosterone.

If you use enough Enclomiphene or HCG during sarm use to prevent suppression (confirm with bloodwork), your natural testosterone levels will be protected.
PCT may not be 100% successful. Best of luck!

- Get…
    - a bottle of Ostarine[US; discount code "TAT"] / Ostarine[worldwide; discount code "TAT"]
    - a measurement pipet
- Protect your natural testosterone with:
    - Option 1: a bottle of Enclomiphene[US]
    - Option 2: HCG
        - a vial of powder HCG[US]
        - a vial of bacteriostatic water (aka "BAC water", 10ml[worldwide; discount code "TAT"])
- Determine your desired dose
    - Low: 12.5mg/day or 25mg every other day
    - Average: 25mg/day
    - High: 50+mg/day

Liquid:

- Shake the Ostarine bottle hard before every administration
- Calculate how much liquid you need to get your desired dose
    - Amount of liquid needed = Desired dose / Concentration
    - If your Ostarine is concentrated at 20mg/mL, and your desired dose is 25mg: 25/20=1.25mL needed to take
- Administer desired dose orally
    - Drop the liquid under your tongue to avoid tasting it as much
- Consider chasing with flavored juice / flavored pre workout
    - The solution needed to liquify the compound doesn't taste very good

Capsule:

- Administer desired dose orally
    - Take with food and a drink to minimize stomach discomfort

How long do I use it for?

- *Generally,* 6-8 weeks but some users may tolerate 10-12 weeks, dose-dependent

What side effects can I prevent?

- Hair loss with RU-58841 and Minoxidil 10%
- Liver damage with Glutathione

Can women use Ostarine? What dose could a woman take?

- Yes
- 12.5mg/day for 6-8 weeks is generally well tolerated; be mindful of any masculinizing side effects such as voice deepening, body hair growth, or scalp hair thinning & loss
    - If you encounter these effects, lower your dose or stop using

I'm currently on testosterone / TRT, can I use Ostarine?

- Yes
- Testosterone is the ideal base for Ostarine use, much better than trying to use Enclomiphene or HCG as a pseudo-base

Do I need to PCT from Ostarine?

- If you use with Testosterone (or TRT), Enclomiphene or HCG, no
- These compounds increase your natural testosterone production, counteracting Ostarine's downward pressure on natural testosterone production
- Keep in mind: this is dose dependent. Large doses of Ostarine may be too suppressive for Enclomiphene and HCG to counteract depending on your genetics

How do I use Enclomiphene or HCG with Ostarine to maintain test levels?

- Enclomiphene: take 6.25mg to 12.5mg Enclomiphene daily during Ostarine use, and then in the 1-2 weeks after stopping Ostarine, gradually reduce Enclomiphene dosage to 0mg daily
- HCG: take 125iu to 250iu HCG daily during Ostarine use, and then in the 1-2 weeks after stopping Ostarine, gradually reduce HCG dosage to 0iu daily

Can I use Ostarine without Enclomiphene and/or HCG?

- Yes, but this means your natural testosterone production will be suppressed and you may want to PCT, otherwise you risk suffering suppressed testosterone after use
- Degree of suppression depends on your genetics

How do I PCT from Ostarine?

- It is preferred to PCT with Enclomiphene and/or HCG
- Enclomiphene PCT guide
- HCG PCT guide

- You can avoid PCT entirely by running these compounds *during* your Ostarine use

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Ovagen -
Coming soon

Oxytocin - How do you use Oxytocin for neurotypical benefits, sexual satisfaction + reducing anxiety and stress?

- Get…
  - Oxytocin
    - Legal Rx grade: AlgoRx.ai
      - nasal spray
      - troche + PT-141
      - troche + PT-141 + Tadalafil
    - Research grade: RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of BAC water
    - RUO 10mL $8 / 30mL $14 / $18 US
    - Strate 10mL $14.99 / 30mL $19.95 US
    - Injectify 30mL $15.99 worldwide

Injectable:

- Crack off the Oxytocin vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Oxytocin rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Oxytocin by injecting 2mL of BAC water into the Oxytocin powder vial
  - Note: you only need to do this step once
- Determine your desired dose
  - Low: 100mcg/day
  - Medium: 250mcg/day
  - High: 500+mcg/day
- Calculate how much liquid you need to get that dose
  - Read peptide basics
    - Example: 5mg vial, 2mL BAC = concentrated at 2.5mg/ml (or 2500mcg/ml). For a dose of 250mcg, would need 250mcg / 2500mcg/ml = 0.10mL or 10 units on an insulin syringe

- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

Pill (troche):

- Determine your desired dose
    - Low: 10iu
    - Medium: 20iu
    - High: 30-50iu or more
- Place the troche under your tongue and allow it to dissolve (sublingual administration)
    - If you notice stomach distress, take with food and/or water

Spray:

- Determine your desired dose
    - Low: 10iu, one spray
    - Medium: 20iu, two sprays
    - High: 30-50iu or more, 3-5 sprays or more
- Insert the nasal spray nozzle into your nostril, and administer your desired dose while inhaling sharply

Will Oxytocin make me less autistic?

- There is some evidence to suggest Oxytocin's improvements in social cognition may compensate for neurodivergent behavior, but results vary
- Results are better in younger populations (children, not teenagers / young adults) but still modest on average even in these contexts
    - Consider combining with Melanotan-ii for better results

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P-21 - How do you use P-21 for memory, learning, and neuroprotection?

Coming soon

- Get…
    - A vial of P-21
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide

PE-22-28 - How do you use PE-22-28 to boost mood + reduce anxiety & depression?

- Get…
    - sterile alcohol swabs

    - insulin syringes 1cc 29g ½”
    - a vial of powder PE-22-28 (coming soon)
        - RUO, Strate
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
    - Also consider combining with MOTS-c (MOTS-c guide) for greater results.
- Crack open the PE-22-28 vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the PE-22-28 rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the PE-22-28 by injecting the BAC water into the PE-22-28 vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the PE-22-28, you no longer need to add any more BAC water
- Determine your desired dose
    - Low: 150mcg/day
    - Average: 500mcg/day
    - High: 1000mcg/day or more
- Calculate how much liquid you need to get that dose. Example:
    - Desired dose: 500mcg or 0.5mg
    - Concentration: 10mg vial, 2mL BAC water; 10/2 = 5mg/mL
    - Liquid to inject: dose / concentration; 0.5/5 = 0.1mL or 10 units on an insulin pin
        - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of PE-22-28 in the fridge to prolong shelf life

What can I combine it with for better effects?

- Anxiolytic (anti-anxiety): Epitalon, Phenibut, Selank; Selank is preferred
- Mood boost: MT-2, MOTS-c

What unwanted effects might I get?

- Studies indicate none yet

Can I combine this in the same syringe as other peptides?

- Yes

Does it matter what time of day I take it?

- No

Does it need a PCT?

- No

PEG-MGF - How do you use MGF to gain muscle?

Coming soon

- Get…
  - A vial of PEG-MGF
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide

Quick guide: Dosing is identical to IGF-1 LR3. Use PEG-MGF for 30 days, after a 30-90 day course of IGF-1. Inject intramuscularly before or after workouts, or subQ before bed.

Phenibut - How do you use Phenibut to reduce social anxiety, boost confidence, and improve sleep?

- Get…
  - a bag of Phenibut powder (coming soon)
  - an ultrasensitive milligram scale (any brand)
- Place the scale cup on the scale and press the “TARE” button
  - The measurement should be set to grams, and the display should read 0.000
- Carefully dispense the Phenibut powder (via scooping with a tool or pouring) into the scale cup to reach your desired dose
  - Low: 300mg-1000mg (0.3g-1g)
  - Average: 1000mg-2000mg (1g-2g)
  - High: 2000-5000mg (2g-5g)
- Remove the scale cup and dispense into a beverage of choice, stir and drink quickly after dispensing
  - Alternatively, dispense orally and quickly drink water
- Note: the scoop that comes with the powder is *not* intended to be a measuring tool, it is included only to assist with dispensing the powder into the scale cup

Is Phenibut habit-forming?

- Yes, it can be

- Repeated frequent use of Phenibut can result in habit-forming behavior; users may find themselves getting mild “cravings” for Phenibut

How frequently can I use Phenibut?

- I personally do not use more than twice a month
- Some users can handle Phenibut weekly or 2-3 times per week

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Pinealon - How do you use Pinealon to boost memory + learning, normalize circadian rhythm, and improve sleep?

Coming soon

- Get…
  - A vial of Pinealon
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide

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*Pitavastatin (Livolo) - How do you use Pitavastatin to correct hyperlipidemia and improve cholesterol levels?

NOTE: This is not medical advice. Pitavastatin is a potent prescription medication. It is advised to consult a licensed practitioner before self-medicating to determine if it is right for you.

Coming soon

- Get…
  - a bottle of Pitavastatin
    - AlgoRX for prescription - coming soon
    - Other sources for clients only

Alternatively, consider Rosuvastatin

PNC-27 - How do you use PNC-27 to improve success outcomes for cancer patients?

Coming soon

- Get…

    - A vial of PNC-27
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide

Pramipexole - How do you use Prami to control high prolactin?

- Get…
    - a bottle of Pramipexole
        - AlgoRX for prescription - coming soon
        - Other sources for clients only
- Shake the bottle hard before every administration
- Measure out the desired dose in the dropper
    - Low: 125mcg as symptoms persist
    - Average: 250mcg as symptoms persist
    - High: 750-1000mcg as symptoms persist
- Administer orally
    - Drop the liquid under your tongue to avoid tasting it as much
- Consider chasing with flavored juice / flavored pre workout
    - The solution needed to liquify the compound doesn’t taste very good

How often do I take Prami?

- Option 1: As needed
    - Safety-first educators try to minimize Prami consumption wherever possible, so they encourage “as-needed” protocols - whenever you get side effects, do one dose of Prami, and then wait until symptoms arise again
- Option 2: Every other day, or daily
    - To avoid the recurring symptoms in option 1, you may take the doses listed above every other day or daily depending on the severity of your symptoms

I’ve also heard of Caber. Is that better than Prami?

- In scientific literature, Caber has been associated with heart fibrosis, Prami has not. For that reason Prami may be safer
- At low doses they’re both very safe from a heart health standpoint

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*Primobolan (Metenolone, Methenolone) - How do you use Primo to gain muscle?

- Coming soon

    - See the STACK section of the testosterone guide for dosing

If you'd like to use Primo, consider booking a call for a full protocol custom-designed by me

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Propranolol - How do you use Propranolol to reduce heart rate and anxiety?

NOTE: This is not medical advice. Propranolol is a potent prescription medication. It is advised to consult a licensed practitioner before self-medicating to determine if this is right for you.

Get…

- Bottle of Propranolol[use "TAT"]

- Each unit is 40mg. Dose according to your desired protocol:
    - As-needed: Take 40-80mg as benefits are desired
    - Low: 40mg daily
    - Average: 80mg daily, divided 40mg morning and 40mg night
    - High: 120-160mg daily, divided across 3-4 doses per day

How long do I take it for?

- You can start or stop it as desired, as long as you are not using it for a medically-indicated heart condition (in that case, follow your doctor's instructions).

I took it and I'm still anxious. What's going on?

- Everyone responds differently. Propranolol can only reduce adrenaline-related anxiety; if you are experiencing anxiety due to other causes (hormones, life stress) it may not work.

What's better, Nebivolol or Propranolol?

- It depends on your genetics and your goals
- Nebivolol is more beta-1 selective and less lipophilic, whereas Propranolol is non-selective and more lipophilic. The lipophilicity affects the drug's ability to pass the blood brain barrier - more lipophilic means more brain effects (both good and bad).

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*Proviron - How do you use proviron to improve attractiveness and harden muscle?

Coming soon

But probably not, since I plan to gatekeep it (hardly any of you are crazy enough to do the necessary megadoses + injectable testosterone) and supply chains are low on it anyway

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PT-141 - How do you use PT-141 for greater sex drive, arousal, and libido?

Injectable:

- Get…
  - PT-141
    - Legal Rx grade (troches): AlgoRx.ai
    - Research grade (lyophilized): RUO, Strate
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
- Crack open the PT-141 vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the PT-141 rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the PT-141 by injecting the BAC water into the PT-141 vial
  - Note: once you have injected a total of 2mL into your peptide vial, you don’t need inject any more BAC water into it
- Determine your desired dose
  - Low: 125mcg/day
  - Average: 250mcg/day
  - High: 500mcg - 1000mcg/day
- Calculate how much liquid you need to get that dose
  - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online)
  - I also recommend taking an over-the-counter antihistamine (such as Benadryl) 30-45 minutes before using to make the face flushing easier to deal with
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of PT-141 in the fridge to prolong shelf life

Spray:

- Get…
  - PT-141
    - Research grade (lyophilized): RUO, Strate
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide
  - an empty nasal spray bottle (any brand will do, e.g. Amazon)

Simple:

- 2mL BAC into the PT-141 vial, 2mL BAC into the nasal spray bottle
- Transfer 2mL of PT-141 to the nasal spray bottle, do 1-4 sprays per day

Detailed:

- Crack off the PT-141 vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper
    - Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the PT-141 rubber stopper
    - same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the PT-141 by injecting 2mL of BAC water into the PT-141 vial
    - Note: once you have injected a total of 2mL into your powder vial, you don't need inject any more BAC water into it
    - The 10mg powder vial is now a liquid concentrated at 10mg/2ml = 5mg/ml or 5000mcg/ml
- Gently roll the vial between your palms to mix thoroughly without damaging the peptide
- Open the nasal spray bottle
- Inject 2mL of BAC water into the nasal spray bottle
    - This may require multiple syringe fills and multiple injections into the nasal spray bottle (you do not need to use a new needle each syringe fill)
    - For a 1mL/1cc syringe, you'll need to fill it up to the 1mL (or 100 unit) mark and inject it into the nasal spray bottle 2 times
- Draw 2mL of the reconstituted PT-141 into a syringe and inject it into the nasal spray bottle
    - This may require multiple syringe fills and multiple injections into the nasal spray bottle (you do not need to use a new needle each syringe fill)
    - Place the lid on and twist to seal the nasal spray bottle
    - Put the cap on your needle and dispose of it responsibly. Do NOT reuse old needles
    - For your reference, each spray from the bottle is roughly 0.1ml
- Remove the cap, insert the nasal spray nozzle into your nostril, and administer your desired dose while inhaling sharply
    - Low: 1 spray per day = 250mcg per day
    - Average: 2 to 3 sprays per day = 500mcg to 750mcg per day
    - High: 4 or more sprays per day = 1000mcg or more per day
- Put your reconstituted liquid nasal spray bottle of PT-141 in the fridge and powder vials in the freezer to prolong shelf life

Is this safe in women?

- Yes
- PT-141 was originally designed for women, but it is very effective for men as well

Is this natty?

- By WADA, this is a natural compound. You can use it and compete in tested federations without issue

Can I use this every day?

- Yes
- You may develop a small tolerance over a long period of time, but after 3-7 days off of it you will resensitize rapidly

What are the side effects?

- Temporary face flushing (red face), nausea, and appetite suppression are the most common
    - For most people, this lasts only for a matter of minutes or a couple hours maximum
    - If these effects are intolerable, lower your dose or stop using and they will go away

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RAD-140 - How do you use RAD-140 to increase strength and gain muscle?

Note: Most men who use sarms have suppressed test levels and end up needing TRT for life. Sarms are strongly discouraged unless you are already injecting testosterone.

If you use enough Enclomiphene or HCG during SARM use to prevent suppression (confirm with bloodwork), your natural testosterone levels will be protected.
PCT may not be 100% successful. Best of luck!

- Get…
    - a bottle of RAD-140US; discount code "TAT" / RAD-140worldwide; discount code "TAT"
- Protect your natural testosterone with:
    - Option 1: Enclomiphene
    - Option 2: HCG
- Determine your desired dose
    - Low: 10mg/day or 20mg every other day
    - Average: 20mg/day
    - High: 30+mg/day

LIQUID

- Shake the RAD-140 bottle hard before every administration
- Calculate how much liquid you need to get your desired dose
    - Read measurements & concentration
        - Example: concentrated at 20mg/mL. If your desired dose was 10mg: 10/20=0.5mL needed to take
- Administer desired dose orally
    - Drop the liquid under your tongue to avoid tasting it as much
    - Consider chasing with flavored juice / flavored pre workout

        - The solution needed to liquify the compound doesn't taste very good

CAPSULES

- Administer desired dose orally
    - Take with food and a drink to minimize stomach discomfort

How should I store RAD-140?

- Room temperature in a dry, dark place

How long do I use it for?

- *Generally,* 6-8 weeks but some users may tolerate 8-10 weeks, dose-dependent

How do I prevent hair loss from RAD-140?

- Use any combination of topical Minoxidil 10% and/or topical RU-58841
- Read hair loss prevention

How do I prevent liver damage from RAD-140?

- Glutathione for the best detoxification, injectable

I'm currently on testosterone / TRT, can I use RAD-140?

- Yes
- Testosterone is the ideal base for RAD-140 use, much better than trying to use Enclomiphene or HCG as a pseudo-base

Do I need to PCT from RAD-140?

- If you use Testosterone (or TRT), Enclomiphene or HCG during sarm usage, no
- These compounds increase your natural testosterone production, counteracting a sarm's downward pressure on natural testosterone production
- Keep in mind: this is dose dependent. Large doses of sarms may be too suppressive for Enclomiphene and HCG to counteract depending on your genetics

How do I use Enclomiphene or HCG with RAD-140 to maintain test levels?

- Enclomiphene: take 6.25mg to 12.5mg Enclomiphene daily during RAD-140 use, and then in the 1-2 weeks after stopping RAD-140, gradually reduce Enclomiphene dosage to 0mg daily
- HCG: take 125iu to 250iu HCG daily during RAD-140 use, and then in the 1-2 weeks after stopping RAD-140, gradually reduce HCG dosage to 0iu daily

Can I use RAD-140 without Enclomiphene and/or HCG?

- Yes, but this means your natural testosterone production will be suppressed and you may want to PCT
- Degree of suppression depends on your genetics

How do I PCT from RAD-140?

- It is preferred to PCT with Enclomiphene and/or HCG

- Enclomiphene PCT guide
- HCG PCT guide
- You can avoid PCT entirely by running one or both of these compounds during your RAD-140 use

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Raloxifene - How do you use Raloxifene to eliminate, shrink, or slow gyno?

- Get…
  - a bottle of Raloxifene
    - Legal Rx grade: AlgoRx use "TAT"
    - Research grade: Strate
    - Other sources for clients only
- Shake the bottle hard before every administration
- Measure out the desired dose in the dropper
  - Clinical dose: 60mg/day
- Administer orally
  - Drop the liquid under your tongue to avoid tasting it as much
- Consider chasing with flavored juice / flavored pre workout
  - The solution needed to liquify the compound doesn't taste very good

Can I take Raloxifene during puberty?

- Yes, but if you are in puberty 30mg/day may be safer

Do I need to PCT from Raloxifene?

- No, it does not affect your natural testosterone production significantly

What are the side effects of Raloxifene?

- The greatest meta analysis done on it indicates there are no "side effects" (unwanted effects)
- There may be a risk of blood clotting if used for multiple years nonstop (given the mechanism of action)

Retatrutide - How do you use Retatrutide to lose weight?

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of powder retatrutide. Pick one:
    - RUO 5mg $46 / 10mg $62 / 20mg $110 / 30mg $154 / 40mg $188 US
    - Strate 10mg $129 / 20mg $229 US
    - Injectify 10mg $132 worldwide
  - a vial of BAC water

        - RUO 10mL[$8] / 30mL[$14 / $18 US]
        - Strate 10mL[$14.99] / 30mL[$19.95 US]
        - Injectify 30mL[$15.99 worldwide]
    - Optional: combine with HGH frag 176-191 for greater results.
- Crack off the retatrutide vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the retatrutide rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the retatrutide by injecting the BAC water into the retatrutide powder vial
    - Note: you only need to do this step once
- Determine your desired dose
    - Low: 1mg or 1000mcg per week to 4mg or 4000mcg per week
    - Average: 5mg or 5000mcg per week to 8mg or 8000mcg per week
    - High: 9mg or 9000mcg per week to 12mg or 12000mcg per week
- Calculate how much liquid you need to get that dose
    - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of reconstituted retatrutide in the fridge, and all remaining lyophilized powder vials in the freezer to prolong shelf life

Try Cagrilintide + Retatrutide if extra appetite suppression is desired

How often should I use it - once per week? Twice a week? Daily?

- Divide your weekly dose across as many days as you're comfortable with
- The goal is to find an injection frequency that minimizes side effects; if you get intolerable side effects, keep weekly dose unchanged & increase dose frequency
- If you're doing daily injections and side effects are still intolerable, lower the dose

I feel like I'm losing my appetite and a bit nauseous, is this normal?

- Yes, this is partly how it works
- Less appetite = less caloric intake, and therefore more weight loss assuming all other variables are unchanged. Thermodynamics
- If the nausea is intolerable, make your dosing more frequent. Instead of 1mg once a week, you may want to try 0.5mg on Monday and Thursday, or 0.25mg 4 times per week
- Consider switching to Cagrilintide, Mazdutide, Semaglutide, Survodutide, or Tirzepatide, one may work better for you

How does this differ from other GLPs?

- It appears far stronger at reducing fat and maintaining muscle than the others
- On average, its appetite suppression seems weaker than others (mg for mg)
- It also increases basal metabolic rate (metabolism) & mitochondrial efficiency (energy) which contributes to much more successful fat loss

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Retatrutide Spray - How do you use *nasal spray* Retatrutide to lose weight?

NOTE: Nasal spray Retatrutide has never been used in humans. We don't know how effective it is as compared to the normal injectable version.

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of powder retatrutide
    - Prescription: AlgoRX use "TAT" (coming soon)
    - Research: Strate use "TAT"
    - other sources for clients only
  - a vial of BAC water
    - RUO 10mL $8 / 30mL $14 / $18 US
    - Strate 10mL $14.99 / 30mL $19.95 US
    - Injectify 30mL $15.99 worldwide
  - an empty nasal spray bottle
- Crack open the Retatrutide vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Retatrutide rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Retatrutide by injecting the BAC water into the Retatrutide powder vial
  - Note: once you have injected a total of 2mL into the powder vial, you don't need inject any more BAC water into it
- Gently roll the vial between your palms to mix thoroughly without damaging the peptide
- Open the nasal spray bottle
- Inject 3mL of BAC water into the nasal spray bottle
  - This will likely require multiple syringe fills and multiple injections into the nasal spray bottle
  - For a 1mL syringe, you'll need to fill it up to the 1mL mark and inject it into the nasal spray bottle 3 times
- Draw the reconstituted Retatrutide into a syringe and deposit it into the nasal spray bottle
  - Place the lid on and twist to seal the nasal spray bottle
- Remove the cap, insert the nasal spray nozzle into your nostril, and administer your desired dose while strongly inhaling in
- DOSING
  - Low: 2 sprays per day = 0.2mg/day, 1.4mg per week
  - Average: 6 to 11 sprays per day = 0.7mg/day, 4.2mg per week
    (or 11 sprays: 1.1mg/day, 7.7mg per week)
  - High: 17 or more sprays = 1.7mg/day, 11.9mg per week
- Put your bottle of Retatrutide in the fridge to prolong shelf life

How many mL do I get per spray?

- The nasal spray bottle dispenses roughly 0.1mL per spray

How long will one bottle of nasal spray Retatrutide last until it runs out?

- Depends on your dose
- The low dose protocol will last up to 25 days, the average dose protocol will last up to 4-7 days, and the high dose protocol will last up to 3 days

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*Rosuvastatin (Crestor) - How do you use Rosuvastatin to correct hyperlipidemia and improve cholesterol levels?

NOTE: This is not medical advice. Rosuvastatin is a potent prescription medication. It is advised to consult a licensed practitioner before self-medicating to determine if it is right for you.

Coming soon

- Get…
    - a bottle of Rosuvastatin
        - Legal Rx grade: AlgoRX
        - Other sources for clients only

Alternatively, consider Pitavastatin

RU-58841 - How do you use RU-58841 to prevent hair loss?

- Get…
    - RU-58841
        - RUO
- Shake the bottle hard before every administration
- Unseal the lid and draw 0.5-1mL of liquid into the dropper by squeezing the pipet
    - The full dropper is roughly 1mL
- Drop the liquid onto the areas where hair growth is desired
    - Refill the dropper and repeat as needed to cover the area in a thin layer
- Massage the liquid gently into the skin
- Try to avoid rinsing away for a minimum of 6-8 hours
    - If rinsed away too soon, reapply after rinsing

How often do I use it?

- The more often, the better
    - Twice daily (morning and night) is best
    - Once daily is average
    - Every other day or less is weak

- If you microneedle, do not use within 24 hours of microneedling

What can I combine it with for better effects?
- Dutasteride, Finasteride, GHK-Cu, Ketoconazole shampoo, Minoxidil

How does RU-58841 prevent hair loss?
- It is a topical anti-androgen that can minimize androgenic alopecia (what most people think of as male pattern baldness)

How does this compare to Dutasteride / Finasteride, or KX-826 / Topi?
- Topilutamide is more closely related to KX / Topi than Dut / Fin, because it doesn't prevent the 5-alpha-reduction of testosterone into DHT; it just blocks androgens

Will I lose gains on this?
- No, it localizes androgen blocking effects to wherever it is applied. If applied to the scalp, it will only block testosterone and DHT action in the scalp
- There is an argument that some amount of it will go systemic, but any potential loss in gains would be insignificantly small

Do I need to take anything else with RU-58841?
- No, but for best results consider taking with a hair regrowth agent like Minoxidil 10% or microneedling once a week (not on the same day as administration of RU-58841)

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*Scar Cream (Nourisil, Betamethasone, Lidocaine) - How do you use scar cream to heal scarring, reduce discoloration and inflammation, and flatten raised scars?
Coming soon

- Get…
  - Advanced Scar Therapy Gel Cream use "TAT"
- Apply as directed

Will this help with acne scars?
- Yes, it can improve appearance of scars and smooth skin after or during cases of severe acne

Will this help old scars?
- Yes, it is formulated to address both new scars and old scars
- People see results even on scars they've had for years

Selank - How do you use Selank for cognitive enhancement?

Injectable:

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½”
  - a vial of Selank
    - RUO, Strate
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide
- Crack off the Selank vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Selank rubber stopper: same deal as with the BAC water
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Selank by injecting the BAC water into the Selank powder vial
  - Note: you only need to do this step once
- Determine your desired dose
  - Low: 100mcg/day
  - Medium: 250mcg/day
  - High: 500mcg/day
- Calculate how much liquid you need to get that dose
  - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of Selank in the fridge to prolong shelf life

Spray:

- Get…
  - Selank spray kit
    - Includes tools, spray bottle with BAC, Selank vial
- Crack off the Selank vial, it just pops off
- Sanitize the Selank rubber stopper
- Draw 2mL of BAC water from the spray bottle with a syringe
- Reconstitute the Selank by injecting the BAC water into the Selank powder vial
  - Note: you only need to do this step once
- Draw all the reconstituted Selank into the syringe, and put it back into the spray bottle
- Determine your desired dose
  - Low: 100mcg/day
  - Medium: 250mcg/day
  - High: 500mcg/day

- Calculate how much liquid you need to get that dose
    - Read peptide basics

What can I combine with this for better results?

- Neuroprotection: SS-31, Methylene Blue, Cerebroprotein Hydrolysate, NAD+, Dihexa, MOTS-c, Semax, FGL, DNSP-11

How does this differ from Semax?

- Semax and Selank are very similar compounds, though some people notice slight benefits while using one or the other
- Typically, users report Selank is more relaxing and Semax is more stimulating
- Try both and decide for yourself which is best for you

When should I take it?

- A few hours before bed; immediately before bed if it doesn't worsen your sleep
- If you choose to combine with Semax, ensure you take Semax upon waking

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Semaglutide - How do you use *injectable* Semaglutide to lose weight?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder semaglutide
        - Prescription: AlgoRx Use "TAT"
        - Backup: StrateLabs use "TAT"
        - other sources for clients only
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide
- Crack off the Semaglutide vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Semaglutide rubber stopper: same deal as with the BAC water
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Semaglutide by injecting the BAC water into the semaglutide vial
    - Note: you only need to do this step once
- Determine your desired *starting* dose
    - Low: 0.25mg or 250mcg/wk
    - Average: 0.5mg or 500mcg/wk
    - High: 1mg/wk

        - Note: This is your starting dose. If you do not lose weight that week, increase your dose by 0.25mg or 250mcg for next week.
- Calculate how much liquid you need to get that dose
    - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of Semaglutide in the fridge to prolong shelf life

How often should I use Semaglutide - once per week? Twice a week? Daily?

- Divide your weekly dose across as many days as you're comfortable with
- The goal is to be as close to daily injections as possible. If you're comfortable with daily administrations, that is the best route

I feel like I'm losing my appetite and a bit nauseous, is this normal?

- Yes, this is partly how it works
- Less appetite = less caloric intake, and therefore more weight loss assuming all other variables are unchanged. Thermodynamics
- If the nausea is intolerable, make your dosing more frequent. Instead of 1mg once a week, you may want to try 0.5mg on Monday and Thursday, or 0.25mg 4 times per week
- Consider switching to Retatrutide or Tirzepatide, one may work better for you

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Semaglutide - How do you use *nasal spray* Semaglutide to lose weight?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder semaglutide
        - AlgoRX for prescription - coming soon
        - StrateLabs use "TAT"
        - other sources for clients only)
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide
    - an empty nasal spray bottle
    - Optional: combine with HGH frag 176-191 for greater results.
- Crack open the Semaglutide vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Semaglutide rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe

- Reconstitute the Semaglutide by injecting the BAC water into the Semaglutide powder vial
    - Note: once you have injected a total of 2mL into the powder vial, you don't need inject any more BAC water into it
- Gently roll the vial between your palms to mix thoroughly without damaging the peptide
- Open the nasal spray bottle
- Inject 3mL of BAC water into the nasal spray bottle
    - This will likely require multiple syringe fills and multiple injections into the nasal spray bottle
    - For a 1mL syringe, you'll need to fill it up to the 1mL mark and inject it into the nasal spray bottle 3 times
    - The nasal spray bottle ignores the bottom 1mL, so you will lose a small amount of compound
- Draw the reconstituted Semaglutide into a syringe and deposit it into the nasal spray bottle
    - Place the lid on and twist to seal the nasal spray bottle
- Remove the cap, insert the nasal spray nozzle into your nostril, and administer your desired dose while strongly inhaling in
    - Low: 1 spray per day = 0.04mg/day, 0.28mg per week
    - Average: 2 or 3 sprays per day = 0.08mg/day, 0.56mg per week (or 3 sprays: 0.12mg/day, 0.84mg per week)
    - High: 4 or more sprays = 0.16mg/day, 1.12mg per week
- Put your bottle of Semaglutide in the fridge to prolong shelf life

NOTE: Nasal spray Semaglutide has never been used in humans. We don't know how effective it is as compared to the normal injectable version.

How many mL do I get per spray?

- The nasal spray bottle dispenses 0.1mL per spray

How long will one bottle of nasal spray Semaglutide last until it runs out?

- Depends on your dose
- The low dose protocol will last 40 days, the average dose protocol will last 13-20 days, and the high dose protocol will last 10 days

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Semax - How do you use Semax for cognitive and sexual enhancement?

Injectable:

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of Semax
        - RUO, Strate, Injectify[use "TAT"]
    - a vial of BAC water

        - RUO 10mL[$8] / 30mL[$14 / $18 US]
        - Strate 10mL[$14.99] / 30mL[$19.95 US]
        - Injectify 30mL[$15.99 worldwide]
- Crack off the Semax vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Semax rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Semax by injecting the BAC water into the Semax powder vial
    - Note: you only need to do this step once
- Determine your desired dose
    - Low: 100mcg/day
    - Medium: 250mcg/day
    - High: 500+mcg/day
- Calculate how much liquid you need to get that dose
    - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of Semax in the fridge to prolong shelf life

How does this differ from Selank?

- Semax and Selank are very similar compounds, though some people notice slight benefits while using one or the other
- Try both and decide for yourself which is best for you
- Usually, Semax is best used upon waking and Selank is best used a few hours before bed

Side effects?

- Effectively none, which in my personal experience was true
- Some users report slight sluggishness, excess calming effects

When should I take it?

- Upon waking
- If you choose to combine with Selank, ensure you take Selank a few hours before bed; or immediately before bed if it doesn't worsen your sleep

What can I combine it with for better results?

- Neuroprotection: SS-31, Methylene Blue, Cerebroprotein Hydrolysate, NAD+, Dihexa, MOTS-c, Selank, FGL, DNSP-11

Is there anything stronger than Semax?

- For BDNF, Cerebrolysin, P-21; for Semax's mechanism, Atamax.
- Atamax is simply a more potent alternative to Semax

Spray:

- (Option 1: Premade) Get…
  - Semax spray kit
- (Option 2: DIY) Get…
  - a vial of Semax
    - Strate use "TAT"
    - Injectify use "TAT"
  - a vial of BAC water
    - RUO 10mL $8 / 30mL $14 / $18 US
    - Strate 10mL $14.99 / 30mL $19.95 US
    - Injectify 30mL $15.99 worldwide
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - an empty nasal spray bottle (any brand will do, e.g. Amazon)

Quick Guide:

- 2mL BAC into the Semax powder vial, 2mL BAC into the nasal spray bottle
- Transfer 2mL of Semax to the nasal spray bottle, do 2 sprays per day

Full Guide:

- Crack off the Semax powder vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper
  - Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the Semax rubber stopper
  - same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the Semax by injecting 2mL of BAC water into the Semax powder vial
  - Note: once you have injected a total of 2mL into your powder vial, you don't need inject any more BAC water into it
  - The 5mg powder vial is now a liquid concentrated at 5mg/2ml = 2.5mg/ml or 2500mcg/ml
- Gently roll the vial between your palms to mix thoroughly without damaging the peptide
- Open the nasal spray bottle
- Inject 2mL of BAC water into the nasal spray bottle
  - This may require multiple syringe fills and multiple injections into the nasal spray bottle (you do not need to use a new needle each syringe fill)
  - For a 1mL/1cc syringe, you'll need to fill it up to the 1mL (or 100 unit) mark and inject it into the nasal spray bottle 2 times
- Draw 2mL of the reconstituted Semax into a syringe and inject it into the nasal spray bottle
  - This may require multiple syringe fills and multiple injections into the nasal spray bottle (you do not need to use a new needle each syringe fill)
  - Place the lid on and twist to seal the nasal spray bottle

    - Put the cap on your needle and dispose of it responsibly. Do NOT reuse old needles
    - For your reference, each spray from the bottle is roughly 0.1ml
- Remove the cap, insert the nasal spray nozzle into your nostril, and administer your desired dose while inhaling sharply
    - Low: 1 spray per day = 125mcg per day
    - Average: 2 to 3 sprays per day = 250mcg to 375mcg per day
    - High: 4 or more sprays per day = 500mcg or more per day
- Put your reconstituted liquid nasal spray bottle of Semax in the fridge and powder vials in the freezer to prolong shelf life

How does this differ from Selank?

- Semax and Selank are very similar compounds, though some people notice slight benefits while using one or the other
- Try both and decide for yourself which is best for you

What are the side effects?

- Effectively none, which in my personal experience was true
- Some users report slight sluggishness, excess calming effects

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Sermorelin - How do you use Sermorelin for mild sleep benefits?

First, a disclaimer:

- Anyone who tries to tell you that this will do crazy things for fat loss / muscle growth is mostly lying to you. It is inferior to Ipamorelin in every measurable way
    - You should use ipamorelin instead
- Sermorelin is a diagnostic agent, it really isn't a PED. Don't expect significant results if you decide to use this anyway

One unique benefit is that most users report sleep benefits when administering sermorelin before bed. However, most HGH peptides do this anyway, so sermorelin isn't special here

I don't like writing guides for inferior compounds. Read these guides on stuff that works better:

- HGH, superior for bodybuilding & body recomposition
- Ipamorelin, HGH gains + fat loss
- Retatrutide, the #1 fat loss peptide
    - Also see Semaglutide / Tirzepatide
- DSIP, improving sleep quality

Full guide ~~at some point~~ never

Sildenafil (Viagra) - How do you use Viagra as a pump pre workout / for sex?

- Get…
    - a bottle of sildenafil
        - Legal Rx grade: AlgoRx use "TAT"
        - Research grade: Strate use "TAT"

Liquid:

- Shake the liquid bottle hard before every administration
- Measure out the desired dose in the dropper
    - Low: 12.5mg daily
    - Average: 25mg daily
    - High: 50mg daily
- Administer sublingually
    - Drop the liquid under your tongue 30 minutes to 1 hour before working out
    - Swallow after 10-30 seconds
- Consider chasing with orange juice / flavored pre workout
    - The solution needed to liquify the compound doesn't taste very good
- Effects to watch out for:
    - Common: headache, upset stomach, stuffy or runny nose
    - Rare: flushing, abnormal vision, back pain, muscle pain, dizziness, rash
        - If you experience any of these effects, lower your dose or stop using

Pill:

- Take one pill shortly before working out, or before sexual activity

Can I take Sildenafil with my regular pre workout?

- Yes, this is safe to do for the majority of people
- If you have naturally low blood pressure, consider avoiding this combination
    - Combining high doses of L-Citrulline with Sildenafil can potentially lower your already-low blood pressure to concerning levels

Can women take Sildenafil safely?

- Yes, women can safely use Sildenafil
    - Be advised: it does seem to make some women more sexually aroused

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*SLU-PP-332 - How do you use SLU-PP-332 for fat loss?

There is some evidence it does not work as advertised at the usual dosages; megadosing may be required. Please do your own research.
Watch this video for an explanation

As a counterpoint, see Alex Kikel's real-world client data on SLU-PP-332 here: SLU client data
Sample size ~1000, goals do vary and it's not as controlled as a formal study, but it's still worth considering when forming your own conclusion.

If you'd still like to try it, see below:

- Coming soon

- Get…
    - SLU-PP-332 discount code "TAT"

SNAP-8 - How do you use SNAP-8 to improve attractiveness and improve skin health?
Coming soon

- Get…
    - A vial of SNAP-8
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide

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*SR-9009 - How do you use SR-9009 for circadian rhythm benefits?
Coming soon

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder SR-9009 discount code "TAT"
    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide

Basically, recon with 2mL, set an alarm for whenever you want to wake up, then slam 0.2-0.5mL upon waking and repeat as needed to lock in your sleep schedule. Easy deal

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SS-31 - How do you use SS-31 for cognition, energy, and mitochondrial benefits?

- Get…
    - a vial of powder SS-31

        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
- Crack off the SS-31 vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper
    - Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the SS-31 rubber stopper
    - same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe (total 2mL)
- Reconstitute the SS-31 by injecting the 2mL BAC water into the SS-31 vial
    - Note: once you have injected a total of 2mL into your powder vial, you don’t need inject any more BAC water into it
    - The 10mg powder vial is now a liquid concentrated at 10mg/2ml = 5mg/ml or 5000mcg/ml
- Determine your desired dose
    - Low: 250-1000mcg per day
    - Average: 2500-5000mcg per day
    - High: 5000mcg (or more) per day
- Calculate how much liquid you need to get that dose
    - Read peptide basics
        - Ex: If the desired dose is 250mcg per day, SS-31 is reconstituted at 2.5mg/ml (or 2500mcg/ml), then (250/2500=0.1) 0.1mL or 10 units/day
- For better results, draw MOTS-c and 5-amino-1mQ into the same syringe
    - Each yields more mitochondrial action for greater energy and anti-aging benefits
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put reconstituted (liquid) vials of SS-31 in the fridge, and powder vials of SS-31 in the freezer to prolong shelf life

Average dose of 5000mcg per day? Isn’t that half the bottle?

- Yes, you’ll need 4 bottles of SS-31 per week at that dose
- SS-31 is expensive to run, given the threshold dose for many people is 5mg/day (5000mcg/day). If used with other mitochondrial compounds (see below), you can make low doses (250-1000mcg SS-31) more effective

What can I combine with this for better results?

- Mitochondrial / energy: MOTS-c, 5-amino-1mQ, NAD+, Methylene Blue

- Neuroprotection: SS-31, Methylene Blue, Cerebroprotein Hydrolysate, NAD+, Dihexa, MOTS-c, Semax, Selank, FGL, DNSP-11

What time of day should I take this?

- In the morning, preferably upon waking or after caffeine consumption
- It doesn't seem to affect sleep negatively, so you may be able to use it before bed

Is this better than adderall?

- No, no peptide is better than adderall
- SS-31 gives users a healthier, cleaner feeling of energy & brain function that builds up over time

When does it kick in?

- Effects seem to be at 100% after 2 weeks of exposure
- If you don't feel anything after 2 weeks, increase your dose for another 2 weeks

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Superdrol (methyldrostanolone) - How do you use Superdrol for a freakish look and to increase strength?

Coming soon

If you'd like to use Superdrol, consider booking a call for a full protocol custom-designed by me

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Survodutide - How do you use Survodutide to lose fat and reduce appetite?

Coming soon

- Get…
  - A vial of survodutide
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of BAC water
    - RUO 10mL$8 / 30mL$14 / $18 US
    - Strate 10mL$14.99 / 30mL$19.95 US
    - Injectify 30mL$15.99 worldwide

Tadalafil (Cialis) - How do you use Cialis as a pump pre workout?

- Get…
  - Liquid tadalafil

        - backup[US - use "TAT"]
    - Powder tadalafil[US - use "TAT"]
        - If using powder, also get an ultrasensitive milligram scale[US]
    - Capsule tadalafil
        - capsule Tadalafil[US - use "TAT"]
        - capsule Tadalafil[worldwide; discount code "TAT"]

BOTTLE GUIDE

- Shake the bottle hard before every administration
- Measure out the desired dose in the dropper
    - 20mg/ml, 50ml bottle = 1000mg in the entire bottle
    - Example: 0.5ml is 10mg, 0.25ml is 5mg, etc
- Dosing protocols:
    - Low: 5mg daily
    - Average: 10mg daily
    - High: 20mg daily
- Administer sublingually
    - Drop the liquid under your tongue 30 minutes to 1 hour before working out
    - Swallow, preferably with water
- Consider chasing with orange juice / flavored pre workout
    - The solution needed to liquify the compound doesn't taste very good

CAPSULE GUIDE

- Take desired dose with beverage of choice 30 minutes to 1 hour before working out

POWDER GUIDE

- Place the scale cup on the scale and press the "TARE" button
    - The measurement should be set to grams, and the display should read 0.000
- Carefully dispense the Tadalafil powder (via scooping with a spoon or pouring) into the scale cup to reach your desired dose
    - Low: 5mg daily (0.005g)
    - Average: 10mg daily (0.010g)
    - High: 20mg daily (0.020g)
- Remove the scale cup and dispense into a beverage of choice, drink quickly after dispensing
    - Alternatively, dispense orally and drink beverage of choice quickly after
- Note: the scoop that comes with the powder is *not* intended to be a measuring tool, it is included only to assist with dispensing the powder into the scale cup

Are there any side effects to watch out for?

- Common: headache, upset stomach, stuffy or runny nose
- Rare: flushing, abnormal vision, back pain, muscle pain, dizziness, rash
    - If you experience any of these effects, lower your dose or stop using

Am I going to get an erection in the gym if I take this pre workout?

- No, this is a common misconception

- The blood is going to your muscles, not your penis - and users are generally not horny or in a parasympathetic (stress-free) state which are the ideal conditions for an erection

Why take Tadalafil on rest days, when I'm not working out?

- There's a concept called "peak serum concentration", where the longer you take a compound, the more effective it becomes up until a certain point
    - That point is peak serum concentration; doing this maximizes effectiveness

Can I take Tadalafil with my regular pre workout?

- Yes, this is safe to do for the majority of people
- If you have naturally low blood pressure, consider avoiding this combination
    - Combining high doses of L-Citrulline with Tadalafil can potentially lower your already-low blood pressure to concerning levels

Do I have to PCT after using Tadalafil?

- No, tadalafil is not hormonal. You can stop using at any time without issue

Is it safe to drink alcohol while using Tadalafil?

- Yes, there are no direct negative interactions between tadalafil and alcohol

Can women take Tadalafil safely?

- Yes, women can safely use Tadalafil
    - Be advised: it does seem to make some women more sexually aroused

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TB-500 (Synthetic Thymosin Beta-4) - How do you use TB-500 for injuries / aches & pains?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder TB-500
        - RUO, Strate, Injectify
    - or, a vial of TB-500 + BPC-157
        - RUO, Strate
    - a vial of BAC water
        - RUO 10mL$^{\$8}$ / 30mL$^{\$14\ /\ \$18\ US}$
        - Strate 10mL$^{\$14.99}$ / 30mL$^{\$19.95\ US}$
        - Injectify 30mL$^{\$15.99\ worldwide}$
- Crack off the TB-500 vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper
    - Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the TB-500 rubber stopper

    - same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the TB-500 by injecting the 2 total mL of BAC water into the TB-500 vial
    - Note: once reconstituted, you don't need to reconstitute again. You only need to do this step once
- Determine your desired dose
    - Low: 100mcg per day
    - Average: 200-250mcg per day
    - High: 400+mcg per day
- Calculate how much liquid you need to get that dose
    - Read peptide basics
- Note: If you want to heal your injury even faster, draw BPC-157 into the same syringe
    - TB-500 is even more effective at healing injuries when combined with BPC-157
- Perform a subcutaneous injection (aka subQ; tutorials available online)
    - TB-500 is slightly more effective when administered subQ closer to the injury
    - This is sometimes *NOT* worth the slight benefit, for example: injecting your ankle injury directly is extremely risky, you would be better off doing a belly fat subQ
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your reconstituted vial of TB-500 in the fridge to prolong shelf life

Can I safely combine this with…

- TB-500 is safe to combine with any peptide
- For better healing results, consider combining with BPC-157, GHK-Cu (GLOW), and KPV (KLOW)
- For maximal healing, also combine with HGH or CJC-1295 DAC + Ipamorelin

How long until I start getting results?

- Sooner or later, depending on genetic sensitivity to the peptides, severity & recency of the injury, efficacy of rehab (are you doing physical therapy, stretching, chiropractics, etc)
- If you use a high dose for 4wks and notice no improvement, you may need surgery or there is another underlying issue

Will my workplace / military drug test detect it?

- No, they're not testing for it

Is it WADA legal?

- No, not legal in-season or off-season

If I inject nearby / directly in the injury site, will it heal better?

- You *MIGHT* get slightly increased benefits from it
- In my opinion it's not worth risking the extra damage of messing up an injection in an injured area

Where should I inject TB-500?

- In your glute fat subcutaneous injection, upper thigh subcutaneous injection, or in your belly fat subcutaneous injection
- Wherever is most comfortable for you

I heard this causes cancer. Is that true?

- No - but it may accelerate existing cancer/tumors
- Anything associated with growth is also associated with cancer (e.g., living a lifestyle optimized for muscle growth will increase the likelihood of you getting cancer) so in that regard its angiogenesis could contribute to "feeding" cancer cells
- The cancer cells must already exist for this to occur. If you do not have cancer, there is no risk

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TB-500 (Synthetic Thymosin Beta-4) - How do I use *nasal spray* TB-500 for injuries / aches & pains?

Coming soon

- Get…
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"
  - a vial of TB-500 (1 vial, 10 vial discount)[US] / TB-500[worldwide; discount code "TAT"]
  - a vial of BAC water
    - RUO 10mL[$8] / 30mL[$14 / $18 US]
    - Strate 10mL[$14.99] / 30mL[$19.95 US]
    - Injectify 30mL[$15.99 worldwide]
  - an empty nasal spray bottle[US]

Simple:

- 2mL BAC into the TB-500 vial, 2mL BAC into the nasal spray bottle
- Transfer 2mL of XXXX to the nasal spray bottle, do ???? sprays per day

Detailed:

- Crack off the XXXX vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper
  - Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the XXXX rubber stopper
  - same deal as above
- Draw 2mL of BAC water with a syringe
  - Or 1mL at a time if using a 1mL syringe
- Reconstitute the XXXX by injecting 2mL of BAC water into the XXXX vial
  - Note: once you have injected a total of 2mL into your powder vial, you don't need inject any more BAC water into it

    - The ?mg powder vial is now a liquid concentrated at ?mg/2ml = ?mg/ml or ?mcg/ml
- Gently roll the vial between your palms to mix thoroughly without damaging the peptide
- Open the nasal spray bottle
- Inject 2mL of BAC water into the nasal spray bottle
    - This may require multiple syringe fills and multiple injections into the nasal spray bottle (you do not need to use a new needle each syringe fill)
    - For a 1mL/1cc syringe, you'll need to fill it up to the 1mL (or 100 unit) mark and inject it into the nasal spray bottle 2 times
- Draw 2mL of the reconstituted XXXX into a syringe and inject it into the nasal spray bottle
    - This may require multiple syringe fills and multiple injections into the nasal spray bottle (you do not need to use a new needle each syringe fill)
    - Place the lid on and twist to seal the nasal spray bottle
    - Put the cap on your needle and dispose of it responsibly. Do NOT reuse old needles
    - For your reference, each spray from the bottle is roughly 0.1ml
- Remove the cap, insert the nasal spray nozzle into your nostril, and administer your desired dose while inhaling sharply
    - Low: 1 spray per day = ?mcg per day
    - Average: 2 to 3 sprays per day = ?mcg to ?mcg per day
    - High: 4 or more sprays per day = ?mcg or more per day
- Put your reconstituted liquid nasal spray bottle of XXXX in the fridge and powder vials in the freezer to prolong shelf life

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Telmisartan - How do you use Telmisartan to protect your heart?

NOTE: This is not medical advice. Telmisartan is a potent prescription medication. It is advised to consult a licensed practitioner before self-medicating to determine if this is right for you.

Capsule:

- Get…
    - Telmisartan pills
        - AlgoRX for prescription
        - Telmisartan pills "TAT"
        - other sources for clients only
- Dosing protocols:
    - Low: 20mg daily
    - Average: 40-80mg daily
    - High: 80-160mg daily
- Put the pill in your mouth
- Swallow with water / food

Liquid:

- Get a bottle of Telmisartan liquid[discount code "TAT"]
- Shake the bottle hard before every administration
- Measure out the desired dose in the dropper
    - 40mg/ml, 30ml bottle = 1200mg in the entire bottle
    - Example: 0.5ml is 20mg, 0.25ml is 10mg, etc
- Dosing protocols:
    - Low: 20mg daily (half a dropper)
    - Average: 40-80mg daily (one to two full droppers)
    - High: 80-160mg daily (two to four full droppers)
- Administer sublingually
    - Drop the liquid under your tongue
    - Swallow, preferably with water
- Consider chasing with orange juice / flavored pre workout
    - The solution needed to liquify the compound doesn't taste very good

NOTE: If you have a high potassium intake, lower it while taking Telmisartan

- If you do not do this, you are at risk for hyperkalemia, which can result in abnormal heart rhythms, palpitations, muscle pain, muscle weakness, or numbness.

Does it matter what time of day I take Telmisartan?

- No

Is it safe to take Potassium supplements with Telmisartan?

- Telmisartan increases your risk for hyperkalemia (excess potassium), so please consider discontinuing any dedicated potassium supplements before using Telmisartan
- If you are using a multivitamin which includes potassium, or consuming a moderate amount of bananas, this is tolerable and safe to combine in moderation with Telmisartan

Is it safe to stop Telmisartan suddenly?

- It depends on the cause of your high blood pressure
    - If the root cause of high blood pressure has not been addressed, stopping Telmisartan suddenly will result in a spike in blood pressure
- If caused by steroids, and your dose of steroids has not changed, your blood pressure will spike to the high point it was at previously
    - If your dose has lowered, your BP will not spike as high
- To safely stop Telmisartan, address the root cause of your high blood pressure or slowly titrate down your dose

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Tesamorelin - How do you use Tesamorelin for fat loss?

First, a disclaimer:

- Anyone who tries to tell you that this will do crazy things for fat loss / muscle growth is mostly lying to you. It is inferior to Ipamorelin in every measurable way
    - You should use ipamorelin instead

One unique benefit is that most users report disproportionate “abdominal fat loss”. However, all HGH peptides do this anyway, and some of them do it with less side effects than Tesamorelin (HGH FRAG 176-191, AOD-9604)

I don’t like writing guides for inferior compounds. Read these guides on stuff that works better:

- HGH, superior for bodybuilding & body recomposition
- Ipamorelin, Superior HGH gains + fat loss
- Retatrutide, the #1 fat loss peptide
    - Also see Semaglutide / Tirzepatide
- HGH FRAG 176-191, HGH fat loss with less risk

Full guide ~~at some point~~ never

Testagen - How do you use Testagen to increase natural testosterone production?

Coming soon

- Get…
    - Testagen
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½”
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide

How does Testagen differ from Enclomiphene, HCG, or HMG?

- It appears to modulate gene expression, resulting in greater gonadotropin signaling which ultimately yields more natural testosterone production
- Enclomiphene acts as a SERM to increase gonadotropin production as a “solution” to perceived low E2
- HCG is a mimetic of the gonadotropin LH, HMG is recombinant LH & FSH

Testosterone - How do you use Testosterone to gain muscle?

PLEASE MAKE SURE YOU’VE READ & UNDERSTAND ALL OF THE BASICS SECTION

Health first - here is a list of practices, medications, and supplements to have accessible in case they are right for you during your use of Testosterone.

- ARB, angiotensin receptor blocker (ex: Telmisartan)
    - Blood pressure control *if needed*
- Aromatase inhibitor (ex: Aromasin / Exemestane, Arimidex / Anastrozole)
    - Estrogen control *if needed*
- Blood pressure monitor
    - Check 3 times in the morning once a week, if high continue to test regularly after adding an intervention such as an ARB
- Bloodwork (AlgoDx.ai use "TAT")
    - First few cycles, get bloodwork before hopping on and then every 8 weeks; minimum 4 times per year
    - What blood work do I get? See the blood work section
- Desired drawing needles (ex: 1" or 1.5", 20g or thicker; I use 20g 1")
- Desired injecting needles (ex: ½", ⅝", or 1", 25g or thinner; I use 25g 1")
    - Or if you would like to use insulin needles, see scientific syringes 27g 1/2"
- Desired syringes (1cc / 1ml, 3cc / 3ml if running large doses)
- Ezetimibe
    - Cholesterol management & cardiovascular longevity
- HCG or HMG (if you want to maintain testicle size or fertility)
- Required number of testosterone vials (plus one to two extra vials)
    - How do I know how many vials I need? See the VIALS section
- RU-58841, Minoxidil 10%, and/or Finasteride (if you want to prevent hair loss)
- Semen Analysis (ex: GiveLegacy)
- SERM, selective estrogen receptor modulator (ex: Raloxifene, Nolvadex / Tamoxifen)
    - Specifically SERMs with anti-gynecomastia activity for gyno control *if needed*
- Statin (ex: Pitavastatin, Rosuvastatin)
    - Strong cholesterol management *if needed,* rare on doses of 500mg/wk or less
- Sterile alcohol swabs

SOURCE - Where do I buy testosterone?

- "When you've done enough research to use it safely, you'll know where to get it"
    - See my research section
- AlgoRx use "TAT" - TRT prescriptions USA
- Other sources are available to clients only
    - Become a client here
- Legally, the only method to acquire testosterone is to qualify for a testosterone prescription (it is federally illegal to purchase and use testosterone otherwise)

What qualifies me for TRT pre-approval?

Live in a qualifying state in the USA

- Algo is not expected to be offered to AR, AL, KY, SC anytime soon due to stricter laws
- Other states available or coming soon

Upload any bloodwork panel, up to 60 days old:

- Case 1: Total testosterone 400ng/dl or lower
- Case 2: Any test level, LH & FSH at (or near) 0
- Case 3: Already prescribed TRT
- Case 4: Total testosterone above 400, low T symptoms - plead case to the doctor on call

Check spam/junk inbox, don't miss your doctor call!

How much test will I get for TRT?

- Starting dosage: Testosterone 160mg/wk
- Potential to go as high as 250mg/wk if patient is still getting low T symptoms

ESTER - What ester of testosterone do I buy?

- Esters of testosterone change the duration of the compound active life in your body
    - Ex: Testosterone Cypionate has a 7 day half life. See my Basics section

What about Sustanon?

- Sustanon is a blend of multiple testosterone esters
    - It is generally not a good idea to buy UGL blends of any kind, including Sustanon, because it requires more attention to detail and stricter cross-contamination processes than single-ester testosterones

Can I switch esters safely?

- You can switch esters safely
- Keep in mind if you switch from testosterone propionate to a longer testosterone ester (such as cypionate or enanthate), you will experience a crash before the longer ester peaks
    - To avoid this crash, continue running the propionate ester with the longer ester and gradually fade out the propionate dose over the course of 5 half lives of the longer ester

VIALS - How many vials do I need to buy for my cycle?

- Here's the simple math on finding how many vials you need:
    - Required number of testosterone vials = (total milligrams needed for cycle + cruise) divided by total milligrams per vial
- And here's that math in an example:
    - If you want to do a 16 week cycle of 300mg/wk, you need 16*300mg = *4800mg* for the cycle
    - For an 8 week cruise after the cycle of 150mg/wk, you need 8*150mg = *1200mg*
    - The total milligrams you need for the cycle + cruise is 4800+1200 = *6000mg*
- So now you know the milligrams, do the math for your source and their vials:
    - If your source sells 10ml vials concentrated at 300mg/ml, each vial is 10ml*300mg/ml = *3000mg*
    - With this example, you need 2 vials
- *Always* get an extra vial or two in case you break/lose one (I personally get 2 extra vials)

DOSING 1 - How much testosterone should I take per week for my first cycle?

- For the vast majority of beginners, 3-5 milligrams of testosterone enanthate/cypionate per kilogram of body weight per week is a well-tolerated dose
    - This is roughly 300 mg - 400 mg for most people, some more some less
    - Ex: You weigh 80 kg. 80 kg * 4 mg = 320 mg of testosterone per week
- If you're responding well and want to push your first cycle harder, after getting bloodwork at week 8 you can increase the dose
    - 4mg/kg to 6mg/kg is a reasonable increase that some people can tolerate
    - Run your increased dose for another 8 weeks to assess tolerance
- The goal is to find your testosterone sweet spot. How much testosterone can you handle without estrogen control intervention?
    - This depends person to person
    - If you want to push doses beyond this sweet spot, you'll need an AI or to stack a compound with AI-like effects

So on my first day injecting, do I jump straight to my dose or bridge up to it?

- Bridge up your doses always
- If your weekly doses is 350/wk, you may want to start week 1 at 150/wk, week 2 at 250/wk, and then week 3 at 350/wk

I want to do a lower dose than 4mg/kg per week. Is this okay?

- Your serum total testosterone levels in ng/dl typically respond at 4x - 6x your weekly milligram dose of testosterone, some guys respond 3x or lower other respond 7x or higher
    - This serum response doesn't necessarily indicate you're a hyper responder for muscle-building purposes
- If your natural levels are fairly high or even average, *you could lose gains on a low dose*
    - For example, your natural total test is 800ng/dl and you take testosterone at 150mg/wk: 150mg/wk * 4 = 600ng/dl
    - You lost 200ng/dl
- If your natural testosterone levels are very high, 1000ng/dl or above, you may want to consider 5-6mg/kg of testosterone per week

DOSING 2+ - How much testosterone should I take per week for my 2nd cycle & beyond?

- NOTE: Whenever you change doses, either from TRT/cruise doses to blast or bumping up a dose on a blast, do so *gradually*
    - If you jump from 150 test to 500 test overnight, the chance you experience side effects is very high
    - Gradually up your doses, by 100mg per week or so, until you reach your desired dose - this is universally a more comfortable experience for users
- Make a comfortable increase in total milligrams from your previous cycle, adjusting as needed depending on the compounds you're stacking
- You may not even increase your testosterone from the last cycle. Examples:

    - Aggressive progression example:
        - Cycle 1: 6wks 300 test (+ AI), 6wks 400 test 200 bold cyp/ace, 6wks +50 var daily
        - Cycle 2: 6wks 500 test 250 EQ 3iu GH, 6wks 700 test 350 EQ 5iu GH, 6wks +50 adrol daily
        - Cycle 3: 8wks 500 test 500 primo 7iu GH, 8wks 700 test 700 primo 100 tren 10iu GH
    - Moderate progression example:
        - Cycle 1: 8wks 300 test (+ AI), 8wks 500 test + AI
        - Cycle 2: 8wks 400 test 200 mast, 8wks 400 test 200 mast; 25 var (daily)
        - Cycle 3: 8wks 400 test 100 NPP 100 mast, 400 test 200 NPP 200 mast
    - Reserved progression example:
        - Cycle 1: 16wks 300 test (+ AI)
        - Cycle 2: 16wks 300 test 150 primo
        - Cycle 3: 16wks 300 test 150 primo 150 npp

STACK - I want to add something to my first testosterone cycle. What should I add?

- First, understand the half life of the compound you're considering
    - For additions partway through a cycle, do not add long ester compounds such as EQ or Deca - instead consider fast half life additions (ex: Mast propionate, NPP, Anadrol) or average half life options (ex: Mast enanthate, Primo enanthate)
    - You may experiment with combining long half life compounds with test on your future cycles (ex: Test & Deca 2:1 20wks)
- Second, understand the properties of the compound you're considering
    - Some compounds can have downward pressure on estrogen, or prolactin-related effects. Be mindful of these effects when choosing compounds
- If your goal is to grow muscle, most people grow best on one (or more) of these compounds:
    - Boldenone (Bold ace, Bold cyp, EQ)[AI*] 1:2 bold:test
    - Metenolone (Primobolan/Primo)[AI] 1:1 primo:test
    - Nandrolone (Deca, NPP) 1:2 to 1:1 deca/npp:test
    - Oxymetholone (Anadrol) anadrol guide
- If your goal is to get stronger, most people see their most strength gains on one of these compounds:
    - Injectable Ecdysterone/Turkesterone
    - Dihydroboldenone (DHB) 1:4 to 1:2 DHB:test
    - Drostanolone (Masteron)[AI] 1:2 mast:test
    - Fluoxymesterone (Halotestin/Halo)
    - Oxandrolone (Anavar) anavar guide
    - Oxymetholone (Anadrol) anadrol guide
    - Trenbolone (Tren) 100mg/wk
- If your goal is to get leaner, most people get shredded the best on one of these compounds:
    - Drostanolone (Masteron)[AI] 1:2 to 1:1 mast:test

    - Metenolone (Primobolan/Primo)[AI] 1:1 primo:test
    - Stanozolol (Winstrol)
    - Trenbolone (Tren) 100mg/wk

Why are tren doses only 100mg/wk?

- Unless you're about to compete in a pro qualifier, there's not much need for more tren
    - If you're cutting, a strong diet and cardio regimen is the *vast* majority of your results. Dedicated natties can get shredded better than a lazy tren abuser
    - If you're bulking, you don't need tren at all. There are better growing compounds

INJECT - How do I inject testosterone?

- Crack off the testosterone vial lid, it just pops off
- Sanitize the testosterone vial rubber stopper with the alcohol swab
- Sanitize the desired injection site with the alcohol swab
    - For possible injection sites, see SpotInjections. I feel ventrogluteal, gluteal, delt, and quad (if done properly) are the better injection sites.
    - Google "[injection site] TRT" for more tutorials. Ex: "ventrogluteal TRT"

NOTE: If you are using an insulin syringe, ignore instructions about swapping between drawing / injecting needles. Insulin needles are built-in and not intended to be removed.

- Unpackage your drawing needle, injecting needle, and syringe
    - Attach the drawing needle to your syringe, it should twist on easily
- Remove the needle cap and pull on the plunger to draw air into the syringe equal to your desired dose
- Needle-down, insert the drawing needle through the rubber stopper and into the testosterone vial, then inject all of the air
    - This pressurizes the vial to make drawing liquid easier. You may need to hold constant light pressure on the plunger to prevent the pressure from escaping
- Flip the vial + syringe needle-up (the bottom of your vial should be facing the ceiling), and pull the syringe plunger slowly to reach your desired milliliters
    - If you are using a small drawing needle or an insulin needle, this may be a very slow process
    - There may be a small air bubble, don't worry about getting rid of it now
- Flip the vial + syringe needle-down (the bottom of your vial should be facing the floor), remove the needle from the vial
- Set aside the testosterone vial and place the cap on the drawing needle
- Twist off the drawing needle, set it aside, and attach the injecting needle to the syringe
- Warm the oil with your desired method to reduce post-injection pain
    - I prefer to hold the syringe horizontally and run hot water over the oil in the syringe, being careful not to get any water near the injecting needle; then dry it
    - Alternatively, some guys like to microwave a rice bag, remove it from the microwave, wrap it around the syringe, wait for oil to warm
        - You'll know the oil is warmed perfectly when you can touch the barrel of the syringe to your lips and it's not uncomfortably hot, nor too cold

- Remove the injecting needle cap, hold needle-up, and push on the plunger to remove any air bubble(s)
    - Allow a droplet of oil to glide down the needle of the syringe. This helps lubricate it and makes for an easier injection
- Perform an intramuscular injection in your desired injection site
    - Push the plunger of the syringe slowly. If you go too fast, you risk the chance of an abscess or unneeded stress at the injection site
- Place the cap on the injecting needle
- Wipe the area with an alcohol swab to disinfect and clean up any blood
    - Apply a bandage if bleeding is persisting (that's normal sometimes, don't worry)
- Dispose of your needles, syringes, needle/syringe packaging, alcohol swabs, etc
- To further reduce virgin muscle soreness / post injection pain, do some light cardio
    - I prefer to inject each morning, and then do low intensity steady state cardio

What needles do I use?

- I personally prefer 25g 1" injecting needles, and 18-20g 1" or 1.5" drawing needles
    - I get these from GPZ MedLab, I am not affiliated with them
- Alternatively, I have historically used 27g ½" 1cc insulin needles
    - It takes a long time to draw oil using a 27g and backfilling is annoying for me, so I switched to my current injecting setup

How often do I inject testosterone?

- Depends on testosterone ester
    - Longer esters (cypionate, enanthate) can be injected 2x per week at minimum
    - Shorter esters (propionate) may need to be injected 3-4x per week at minimum
    - Ester blends (sustanon) are limited by their shortest ester. Because sustanon contains propionate, you may need to inject 3-4x per week at minimum
- Generally, you will get less side effects the more frequently you inject
    - Ex: Daily administrations are optimal for minimizing hormone flux
    - This helps reduce unwanted high estrogenic effects, reducing need for an AI

When do I inject testosterone?

- Preferably earlier in the day
- This allows you to get more movement and more blood flow which helps to process the oil depot that's sitting in the muscle

I want to inject more than one compound at a time. Can I combine (xyz) with test?

- Yes
    - Example 1, testosterone + boldenone is fine to be in the same syringe (boldenone is an oil based steroid)
    - Example 2, GH + testosterone is fine to be in the same syringe (GH is a water based peptide)

        - Contrary to popular belief (and I used to believe this too), it's totally safe to combine water and oil based compounds in the same syringe. It just might make for a bit of an awkward/uncomfy injection sometimes
- To combine multiple compounds, just draw all the compounds you need with your drawing needle and then switch to your injecting needle and perform your injection
    - No need to inject air into every vial, only inject air into the vial where you'll pull the largest amount out (usually testosterone)
    - You may periodically go in reverse order if you're concerned about the pressure levels in your other vials
        - Example, (Test → MENT) 3x, (MENT → Test) 1x, (Test → MENT) 3x… You shoot air into your test vial, draw, and then draw from your MENT vial for 3 injection days. On the fourth injection day, you shoot air into your MENT vial, draw, and then draw from your test vial. Then repeat

SIDES - I think I'm not handling my dose very well. What should I do?

- If you're getting unwanted high estrogenic effects, introduce an AI such as Arimidex or Aromasin
- (NOTE: the following dosing protocols are intended to be loose guidelines. You may need to adjust your dose)
    - Aromasin: Divide your weekly testosterone dose by 20. That is your weekly dose of Aromasin in milligrams, divide across your injecting days
    - Arimidex: Divide your weekly testosterone dose by 500. That is your weekly dose of Arimidex in milligrams, divide across your injecting days
    - Increase your dose if unwanted high estrogenic effects persist after 1-2 weeks, decrease your dose if experiencing unwanted low estrogenic effects
- If you're getting slightly high blood pressure, introduce Tadalafil 5mg/day
    - If your blood pressure is very high, see the Telmisartan guide
    - If you blood pressure is elevated, this can cause kidney stress - to protect them, consider implementing Renal Reset[discount code "TAT"]
- If you're getting nipple sensitivity (a precursor to gyno), introduce an AI as above
    - If you have developed gyno or your gyno is worsening, introduce Raloxifene at 60mg/day
- If you're experiencing hair loss, introduce RU-58841 and Minoxidil 10%
    - See my hair loss guide for other hair loss options
- If you're concerned about your prostate, consider Flow Maxxed[discount code "TAT"]
- If you're holding more water than you'd like (water retention), try these methods:
    - Ensure you're getting a good amount of electrolytes (sodium, potassium, etc)
    - Ensure you are drinking a good amount of water every day (1-2 gallons daily)
    - Control estrogen with Arimidex, Aromasin, or Letrozole
    - Control aldosterone with Telmisartan
    - Use a diuretic *(strongly discouraged);* examples: Hydrochlorothiazide, Diazide
        - Do NOT DM me about how to use diuretics, I will NOT help you. Diuretics are unacceptable without coach supervision. Your coach will help you.

LENGTH - I want to do a cycle of 12 weeks or shorter. Is this okay?

- Shorter cycles don't allow for maximal results out of the compounds you're using
    - Typically, 16 weeks is a good minimum cycle length, and 24-30 weeks maximum depending on individual tolerance
- By doing a shorter cycle, you are effectively subjecting your body to a variety of side effect risks, natural testosterone production shutdown, and systemic stress for suboptimal physique/strength results

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Thymosin Alpha-1 - How do you use TA-1 to boost the immune system and fight illness?

Coming soon

- Get…
    - A vial of TA-1
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide

Tirzepatide - How do you use Tirzepatide to lose weight?

- Get…
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of powder tirzepatide
        - Prescription: AlgoRX use "TAT" - Tirz / Tirz (CA only)
        - other sources for clients only
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide
    - Optional: combine with HGH frag 176-191 for greater results.
- Crack off the tirzepatide vial and the BAC water vial lids, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the tirzepatide rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the tirzepatide by injecting the BAC water into the tirzepatide vial

    - Note: you only need to do this step once
- Determine your desired dose
    - Low: 2mg or 2000mcg/wk
    - Average: 5mg or 5000 mcg/wk
    - High: 10 - 15mg/wk or 10000 mcg - 15000 mcg/wk
- Calculate how much liquid you need to get that dose
    - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of tirzepatide in the fridge to prolong shelf life

How often should I use Tirzepatide - once per week? Twice a week? Daily?

- Divide your weekly dose across as many days as you're comfortable with
- The goal is to be as close to daily injections as possible. If you're comfortable with daily administrations, that is the best route

I feel like I'm losing my appetite and a bit nauseous, is this normal?

- Yes, this is partly how it works
- Less appetite = less caloric intake, and therefore more weight loss assuming all other variables are unchanged. Thermodynamics
- If the nausea is intolerable, make your dosing more frequent. Instead of 1mg once a week, you may want to try 0.5mg on Monday and Thursday, or 0.25mg 4 times per week
- Consider switching to Retatrutide or Semaglutide, one may work better for you

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Topilutamide (Topi) - How do you use Topi to block androgens and prevent hair loss?
Coming soon

- Get…
    - Topilutamide
        - RUO
    - sterile alcohol swabs
    - insulin syringes 1cc 29g ½"
    - a vial of BAC water
        - RUO 10mL$8 / 30mL$14 / $18 US
        - Strate 10mL$14.99 / 30mL$19.95 US
        - Injectify 30mL$15.99 worldwide

How does this compare to Dutasteride / Finasteride, or KX-826 / RU-55841?

- Topilutamide is more closely related to KX / RU than Dut / Fin, because it doesn't prevent the 5-alpha-reduction of testosterone into DHT; it just blocks androgens

Will I lose gains on this?

- No, it localizes androgen blocking effects to wherever it is applied. If applied to the scalp, it will only block testosterone and DHT action in the scalp
- There is an argument that some amount of it will go systemic, but any potential loss in gains would be insignificantly small

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Trenbolone (Parabolan) - How do you use Tren to gain muscle?

- Coming soon
    - See the STACK section of the testosterone guide for dosing

Where do I buy tren?

- Sources are available to clients only. Become a client here.

What's the difference between Tren A, Tren E, and Tren Hex?

- These are different esters of trenbolone, each one changes the half life. See my intro to gear section

How do I know if I'm going to get tren cough? Can I prevent it?

- If you're using tren A, you're most at risk for tren cough
- Roider home remedy: strongly inhale the smell of an alcohol swab when you feel the tren cough coming on
- Alternatively, use a salbutamol inhaler when you feel the tren cough coming on

Can I do test + tren as my first cycle?

- Yes
- However, there is a long list of side effects that come with tren. Depending on your dose, the negative mental effects can ruin you, your career, your reputation, and your relationships with family, friends, & loved ones
- If I was to do test + tren on my first cycle, I would do 8 weeks of testosterone only to first assess how I feel on test alone, and then 8 weeks of testosterone + tren A, tren dosed no higher than 100mg/wk

Can I do a tren-only cycle?

- No
- Trenbolone is a 19-nortestosterone derivative, which gives it certain properties: 1. it does not aromatize enough to provide sufficient estrogen for bodily processes, and 2. it does not 5-alpha-reduce into DHT, depriving the body of another hormone it needs to function
- Your body needs the metabolites and sub-hormones of testosterone to function at its best, using only trenbolone shuts down your natural testosterone production and deprives you of the hormones your body needs

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Tri-Amino Pump - How do you use *injectable* Tri-Amino as a pump pre workout?

- Get…
  - A vial of injectable Tri-Amino (coming soon)
  - Sterile alcohol swabs
  - Desired injecting setup (e.g., insulin syringes 1cc 29g ½")
- Sanitize the Tri-Amino rubber stopper: Wipe the top of the Tri-Amino vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Draw your desired dose
  - Low: 0.5mL or 150mg
  - Average: 1mL or 300mg
  - High: 2mL+ or 600mg+
- 15-60 minutes before training, perform intramuscular injection (tutorials available online)
  - Inject the muscle you're going to train (see http://spotinjections.com)
    - You can also inject *near* the muscle, such as injecting delts for a chest or arm day. Delt shots are commonly more comfortable than arm shots
  - For symmetrical pumps, inject both sides of your body (ex: left delt *and* right delt)
  - If any mild bleeding occurs, this is normal. Clean with an alcohol swab
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles

Is this natty?

- Yes, it is not banned by WADA

Do I need TRT if I use Tri-Amino?

- No, it is non-hormonal and will not negatively affect your testosterone (or any other relevant hormones)

Does the injection hurt?

- It's genuinely not that bad, man up and pin. My 17 year old cousin uses this and she's a girl, yet still more of a man than you are

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Turinabol (Tbol) - How do you use Turinabol for strength, athleticism, and gains?

Coming soon

VIP (Vasoactive Intestinal) - How do you use VIP for pumps, lower blood pressure, gut mobility, lung function, and immune health?

- Get…
  - a vial of VIP
    - RUO
  - sterile alcohol swabs
  - insulin syringes 1cc 29g ½"

    - a vial of BAC water
        - RUO 10mL $8 / 30mL $14 / $18 US
        - Strate 10mL $14.99 / 30mL $19.95 US
        - Injectify 30mL $15.99 worldwide
- Crack open the VIP vial lid and the BAC water vial lid, they just pop off
- Sanitize the BAC rubber stopper: Wipe the top of the BAC water vial with an alcohol swab, then wait several seconds for the alcohol to dry
- Sanitize the VIP rubber stopper: same deal as above
- Draw 2mL of BAC water with a syringe
    - Or 1mL at a time if using a 1mL syringe
- Reconstitute the VIP by injecting the BAC water into the VIP vial
    - Note: you only need to do this step once. Once 2mL of BAC water have been added to the VIP, you no longer need to add any more BAC water
- Determined your desired dose
    - Low: 150mcg/day
    - Average: 500mcg/day
    - High: 1000mcg/day or more
- Calculate how much liquid you need to get that dose
    - Desired dose: 500mcg or 0.5mg
    - Concentration: 10mg vial, 2mL BAC water; 10/2 = 5mg/mL
    - Liquid to inject: dose / concentration; 0.5/5 = 0.1mL or 10 units on an insulin pin
        - Read peptide basics
- Perform a subcutaneous injection (aka subQ; tutorials available online)
- Put the cap on your needle and dispose of it responsibly. Do NOT reuse needles
- Put your vial of VIP in the fridge to prolong shelf life

Note: be careful if you decide to combine this with other vasodilators. Monitor your blood pressure closely, and adjust dosage or discontinue if you encounter low blood pressure issues

What can I combine it with for better effects?

- Blood pressure: Telmisartan, Nebivolol (to a lesser extent)
- Gut: oral BPC-157
- Lungs: Bronchogen, Hypoxen
- Pumps: Hex pre-workout, Tadalafil

What unwanted effects might I get?

- If your blood pressure gets too low, you may get unwanted effects: dizziness, blurred vision, fatigue, nausea, cold/clammy skin, and fainting
    - Check your blood pressure and ensure you are not hypotensive before using

When should I take it?

- Before intense activity (resistance training / cardio / athletics)

Can I combine this in the same syringe as other peptides?

- Yes

Does it matter what time of day I take it?
- No

Does it need a PCT?
- No

Winstrol (Stanozolol) - How do you use Stanozolol to gain strength & skin texture changes?

- Get…
  - a bag of winstrol tablets / a bottle of liquid oral winstrol
    - Sources are available to clients only. Become a client here.
  - a blood pressure cuff
  - a Telmisartan prescription[use "TAT"]
  - I do not discuss sources for where to get illegal goods such as winstrol
- Determine your desired dose (assuming average quality):
  - Low: 10mg daily
  - Average: 25mg daily
  - High: 50-75mg daily
- Take your dose sublingually 20-40 minutes pre workout
  - Put the tablet or liquid under your tongue and hold until it is mostly dissolved

Should I split my dose throughout the day?
- No
- Take your full daily dose all at once preferably pre workout, or around the same time on rest days

Should I take it on rest days or skip those days?
- Depends on your personal preference
- I prefer one dose pre workout on training days only because my body is very sensitive to orals, so I minimize exposure to them whenever I can

What does it feel like to be on Winstrol?
- Personal experience - my coach has not used Winstrol on me yet
- Some users report joint paint and general discomfort, which may be side effects incorrectly attributed to winstrol due to cutting. Nutrient deficiencies can damage joints, alongside estrogen loss from competition prep among other practices commonly combined with winstrol.
- Some individuals respond very positively to the strength benefits of winstrol, more than any other oral steroid

Why a blood pressure cuff and telmisartan?

- Users of winstrol can see their blood pressure go up, and Telmisartan helps control high blood pressure. See the telmisartan guide
- Check your blood pressure once a week to get an idea of your heart health. If you're above 120/80 in systolic/diastolic, seriously consider intervening with telmisartan

Can I do an winstrol only cycle?

- No
- Winstrol has downward pressure on your natural testosterone production, and because winstrol does not metabolize into the testosterone metabolites your body needs to function, you are damaging yourself hormonally by doing this

So no winstrol only, but what if I combine it with enclomiphene and/or HCG?

- No
- These compounds are not at all strong enough to counteract winstrol's suppression of natural testosterone production, *especially* not enclomiphene

How do I prevent liver disease/damage while using winstrol?

- Injectable glutathione is the king of liver health, though typical prophylactic protocols include things like NAC (N-Acetyl-Cysteine, precursor to glutathione) and TUDCA
- I personally use QRF (liver support)discount code "TAT"

How long can I run winstrol before I get severe liver damage?

- Depends on the dose and liver health supplement regimen
- If you run a high dosage, your liver health is likely to be impaired after 6-10 weeks
- If you run a low dosage, you may be able to run for 16-20 weeks with minimal damage
    - ALWAYS get bloodwork, you cannot "feel" the health of your liver day-to-day unless you have severe liver damage and experience liver pain
- Yes theoretically you can do 2.5mg of winstrol daily year round as a man, but there's essentially no benefit to this, mainly chronic liver & digestive stress

I want to use winstrol on my cycle, when should I start it?

- If you are going to use an oral on cycle, it is generally best to finish out your cycle with it
- Example: 16 week testosterone cycle, weeks 9-16 winstrol (8 weeks of winstrol)

General gear questions

What lifestyle changes should I make before starting gear?

- 4-8L of water daily
- Regular sunlight where possible
    - Supplement with Vitamin D if sunlight is rare
- Eat meals at similar times each day
    - “Don’t eat like an asshole” - Broderick Chavez
- 10 minute walks after meals for digestion
- Cardio regularly
    - Duration & frequency determined by cardiac & lung health
    - Poor health = daily, more cardio; good = less frequent, less cardio needed
- Eat fruits before breakfast
    - Good options: pineapple, orange, blueberry, strawberry
- Try to sleep 8h minimum
    - No caffeine within 8h of bed
    - No screens within 1h of bed
    - Try earplugs & face mask

Where do I buy gear?

- If you have to ask this question, you’re not ready to use
- “When you’ve done enough research to use it safely, you’ll know where to get it”
    - See my research section

Where do I buy equipment to use gear?

- GPZmedlab
    - Sanitation equipment, 1ml - 5ml syringes, various needles

What are the side effects of steroid use?

- Every androgenic anabolic steroid (AAS) has a general set of potential side effects: estrogen imbalances, cardiovascular health issues, dyslipidemia, liver health issues, kidney health issues, hair loss, and infertility.
- Estrogen imbalances have their own set of potential side effects.
    - For high estrogen: acne, oily skin, erectile dysfunction, low libido, lethargy, gynecomastia, irritability, depression, water retention, high blood pressure, enlarged prostate, shrunken testicles, and sugar cravings.
    - For low estrogen: dull / weak orgasms, dry skin / lips, low libido, lethargy, mood swings, irritability, loss of appetite, dehydration, and fatigue.

Do I have high/low estrogen?

See my high estrogen / low estrogen unwanted effects chart:
These are *rough estimates* of what you might experience. Everyone differs genetically

High Estrogen	Low Estrogen
Acne / oily skin	Dull weak orgasms
Erectile dysfunction	Dry skin / lips
Low libido	Low libido
Lethargy	Lethargy
Gynecomastia	Mood swings
Angry / Irritable	Irritable
Depression	Loss of appetite
Water retention	Dehydration
High blood pressure	Fatigue
Enlarged prostate	Anxiety (EQ, bold)
Shrunken testicles	
Sugar cravings	

Note: the low E2 anxiety seems most common in cases where Equipoise “EQ” / Boldenone Undecylenate is used. This is likely due to EQ’s theorized aromatization into a large amount of synthetic E1 (estrone) which competes with E2 for the estrogen receptor, thus giving the user low E2 side effects. If you use enough of a compound that aromatizes into E2 (eg, testosterone) you’ll theoretically avoid most of the anxiety.

ACNE PREVENTION - How do you prevent acne from gear?

Administer your gear daily, or every other day, to minimize hormone fluctuations. The acne on my face improved due to more stable hormone levels.

- For more acne prevention, see:
  - Got HORRIBLE Acne Or Bacne On Steroids? Watch This!
  - PERMANENT Acne Removal Comes At A Cost! | Accutane Protocols

ACNE

- My personal favorite tip: Melanotan-II
  - Massively improved my acne better than anything else, though some people notice proliferation of moles / darkening of acne scars that are undesirable

- 80% of acne is caused by hormonal imbalance
  - Switch to daily administrations of exogenous hormones, ease into big cycle doses, use the supplement DIM
- Diet
  - No dairy, or:
  - Switch to probiotic yogurt

    - Switch to hydrolyzed / digestive enzyme protein powder
- Vitamin A, retinol from animal meat sources
    - Slowly add high vitamin A to diet: 30-40g beef liver + salmon, eggs, cod liver oil
    - Accutane addresses acne like vitamin A, but very aggressively; it is a last resort
- Pantothenic acid / Vitamin B5 (10-20g/day)
- Gamma Linoleic Acid (GLA), and one of the following:
    - Black Currant Oil 2000mg/day
    - Evening Primrose Oil 2600mg/day (1 capsule AM + PM)
- Doxycycline as prescribed
- Topical tretinoin cream as prescribed

- Accutane is a LAST RESORT.
    - If all of the above solutions do not work, then you can consider accutane. It is very aggressive and can have very extreme side effects, so please consider it seriously!

<u>HAIR LOSS PREVENTION - How do you prevent hair loss from gear?</u>

Depending on your genetics, you might not be able to fully prevent it - but you can slow it down a lot. This is commonly done with topical products applied to the scalp, or products taken orally.

- Least to most aggressive:
    - Ketoconazole shampoo
    - Topical RU-58841
    - Topical Minoxidil
    - Topical Finasteride
    - Topical Dutasteride
    - Oral Dutasteride
    - Oral Finasteride
- I personally recommend avoiding oral finasteride due to risk of PFS, but if you've tried everything else and still want more hair loss prevention, it makes sense to use
    - PFS is very rare - if you don't experience it, finasteride does work very well
    - Note: combining Finasteride / Dutasteride with nandrolone (NPP, Deca) can result in even worse hair loss (it will not improve your hair loss, it will worsen it)

The slight systemic effect of topical use is more appealing than the complete systemic effect of orals, just for the purpose of avoiding side effects while still getting good (or even equal) results.

- Results with topical products improve significantly when you microneedle
    - 0.6 to 1.5 needling is most effective
    - Don't apply topicals right after microneedling, this increases the chance they go systemic
- The best microneedler is the Derminator 2.0, or the pen from IntelligentShop
    - Or you can just get a derma roller but it needlessly causes more scalp stress

<u>GYNO PREVENTION - How do you prevent/reverse gynecomastia (gyno)?</u>

- Note: this is a TEMPORARY measure

    - If you plan to continue to use gear, eventually you should get surgery to have your gyno removed
- If you need a quick fix for pubertal gyno or gear-induced gyno (somewhat ineffective for prolactin gyno), administer Raloxifene orally at 60mg/day
    - Study showing Raloxifene was more effective than Tamoxifen - PMID15238910
- If you only have access to Tamoxifen, it still works (preferably at 20mg/day)

How much does it cost to run gear?

- This differs a lot depending on your source
    - I do not publicly give others my source info; book a consultation
- The average source online:
    - $40-$50 10ml 250-300mg/ml Testosterone enanthate
- I use GPZmedlab for syringes, needles, and sanitation equipment
    - Please only access this site if needles are legal to possess and use in your place of residence
- I use AlgoDx.ai[use "TAT"] for bloodwork (test before, during, and after cycles)
    - See the Blood Work section to determine what test is right for you
- I use GiveLegacy[use "TAT"] for fertility testing (test every 6-12 months as desired)

BLOOD WORK - What blood work / blood markers should I get?

For the best blood work, use "TAT" at AlgoDx.ai

Here's a list of categories most individuals fall into:

For natural or enhanced men interested in basic health:

1. Basic Male Panel[use "TAT"]

A basic version of a "full panel", testing a few essential markers that measure circulatory, metabolic, liver/kidney, hormonal, and cholesterol health.

- Testosterone (Total)
- Testosterone (Free)
- Estradiol sensitive
- TSH
- White Blood Cell Count
- Red Blood Cell Count
- Hemoglobin
- Hematocrit
- Mean Corpuscular Volume (MCV)
- Mean Corpuscular Hemoglobin (MCH)
- Mean Corpuscular Hemoglobin Concentration (MCHC)
- Red Cell Distribution Width (RDW)
- Platelet Count
- Mean Platelet Volume (MPV)
- Neutrophils
- Lymphocytes

    - Monocytes
    - Eosinophils
    - Basophils
    - Albumin
    - Alkaline Phosphatase (ALP)
    - Alanine Aminotransferase (ALT)
    - Aspartate Aminotransferase (AST)
    - Blood Urea Nitrogen (BUN)
    - Calcium
    - Chloride
    - Carbon Dioxide (CO2)
    - Creatinine with GRF
    - Glucose
    - Potassium
    - Sodium
    - Total Bilirubin
    - Total Protein
    - Fasting insulin
    - DHEA-sulfate
    - Ferritin
    - Hemoglobin A1c
    - IGF-1
    - Total Cholesterol
    - LDL-C
    - HDL-C
    - Triglycerides
    - Prostate-Specific Antigen (PSA)
    - Sex Hormone Binding Globulin
    - Luteinizing hormone (LH)
    - Follicle-stimulating hormone (FSH)
    - Prolactin
    - Free T4
    - Free T3

For natural men considering a first cycle:

- Advanced Male Panel[use "TAT"] and Legacy Semen Analysis[use "TAT"]
    - Once you get on cycle, you'll never know your natural blood work values again! It is absolutely worth it to save up for this panel - it could save your life someday.
- What if I can't afford this panel?
    - If you can't afford the advanced panel, then you cannot afford to use steroids!

- Advanced Male Panel blood markers:
    - Sex Hormones:
        - Free Testosterone (Equilibrium Ultrafiltration)

        - Estradiol, Sensitive (LC/MS-MS)
        - Sex Hormone-Binding Globulin (SHBG)
        - Prolactin
        - Progesterone
        - Cortisol
    - Neurosteroids:
        - Dehydroepiandrosterone Sulfate (DHEA-S)
    - Thyroid:
        - TSH
        - Thyroxine (T4) Free, Direct, S
        - Free T3
    - Blood:
        - Complete Blood Count w/ Differential
    - Insulin Sensitivity:
        - HBa1c
        - Fasting Insulin
        - Uric Acid
    - Kidney Function:
        - Cystatin C with eGFR
    - Growth Hormone/IGF-1:
        - Insulin-like Growth Factor 1 (IGF-1)
        - Growth Hormone, Serum
    - Lipids:
        - Lipid Panel with LDL/HDL Ratio
        - Lipoprotein a – LP(a)
        - APO A1+B+Ratio
    - Iron Panel:
        - Ferritin
    - Inflammatory Markers:
        - High Sensitivity C-Reactive Protein
        - Creatine Kinase (CK), Total
    - Iron Panel:
        - Iron Serum + TIBC
    - Liver Function:
        - Bilirubin, Total/Direct, Serum
    - Heart Health:
        - Homocyst(e)ine
        - Trimethylamine N-oxide (TMAO)
    - Urinalysis:
        - Complete Urinalysis

For already-enhanced men (including men on TRT):

- Intermediate male panel[use "TAT"]

For natural or enhanced men who have had the covid vaccine:

- Creatinine Kinase (CK), MB and Total
- High Sensitive Troponin T (hsTnT)
    - Please **DO NOT** blast steroid cycles until these markers are in the normal range!
    - Responsible TRT is healthy for all men, even those who have had the vaccine

For natural or enhanced women interested in basic health:

- Basic female panel[use "TAT"]

For natural women considering a first cycle:

- Advanced female panel[use "TAT"]

For already-enhanced women (including women on HRT):

- Intermediate female panel[use "TAT"]

For women who suspect they may have PCOS:

- Advanced PCOS panel[use "TAT"]

For all people concerned about hair loss:

- Advanced hair panel[use "TAT"]

What's the best PCT?

The only two reasons to ever do a PCT are as follows:

1. You want to stop steroids & never do them again (forever or for a very long time)
2. You're trying for kids but not yet fertile

Otherwise, it's overall bad for hormonal health & body development. Use a responsible TRT protocol between steroid cycles instead.

If you still want to PCT:

- See my full guides to Enclomiphene PCT, HCG PCT, and Nolvadex (Tamoxifen) PCT
    - Any combination or all three of these compounds can make for a successful PCT
    - If I had to PCT, I would use HCG during my cycle and Enclomiphene afterwards.

- I normally don't like this site because the information is *very often* low-quality, but r/steroids has some good PCT explanations in the wiki

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Coaching & Consultation

The main way I can help you out is via consulting. I offer 30 minute consultation calls - ask anything you'd like and I'll answer and get you set right.

To book a consultation, click the link below:

Book a consultation with me

Do you offer coaching / cycle coaching?

- My coaching is not forcibly monthly with check-ins; it is on-demand
- Book a call with me whenever you'd like my help as an advisor!
    - For example: if you'd like monthly or weekly check-ins, book a call once a week or once a month

Do you offer consultation calls?

- Yes, $350 30 minute consultations
    - Calls are held over google meets. Links to calls are sent when the call is booked
- Once you've booked with me, you get a lifetime $100 discount on all future calls
    - To get the loyalty discount, please forward a previous consult confirmation email to coach.tattered@gmail.com as proof of a previous call (prevents scammers)
    - NOTE: This email is only for consultations. Non-consultation emails are deleted

What can I get out of your consultations?

- All of my clients will receive:
    - Information about quality PED sourcing
    - Enhancement protocols tailored to your goals & your body's needs
    - Bloodwork interpretation
    - Health & fertility advisory
    - Peptide / anabolic optimization
    - Bodybuilding genetic assessment

Jokes

Breast growth protocol

I had a client ask an interesting question: could breasts be enlarged through hormonal manipulation? (We already know the answer is yes - this is evident in birth control cases - but the true question is: "how can we maximally increase breast size with minimal side effects?")
The following is a dissection of the scientific evidence we have on that topic.
Begin with macromastia / gigantomastia, a condition where breast tissue grows continuously and rapidly to a massive extent. Goal: identify the causes and replicate them in subjects.

Drugs

- Ohlsen, et. al. find 6 cases caused by D-penicillamine, with onset between 3 and 18 months.
  D-penicillamine may A. increase free estrogen or B. make breast tissue more sensitive to prolactin.

Genetics

- Ohlsen, et. al. report most cases occur in caucasians; in the 126 cases analyzed, the ratio of white to other races was 6:1.

Hormones

- (gravid) Ohlsen et al. presume “[the cause] is obviously an abnormal breast response to normal hormonal levels”, but cite a macromastia case (case 1) of a woman given estrogen substitution. When the substitution was discontinued, growth ceased.
  Case 2 showed increased serum prolactin levels.
- (non-gravid) Ohlsen et al. find hormone levels are largely normal in these cases, but note one case of elevated prolactin, and one with hypothyroidism.
- Noczyńska et al. find heightened sensitivity to hormones estrogen, progesterone, and prolactin as a cause for gigantomastia.
- Shozu et al. find macromastia occurs in ~50% of women with aromatase excess syndrome.
- Sun et al. find an increase in estrogen receptor expression in breast hypertrophy cases.

Physiological adaptations

- Ohlsen, et. al. note excessive vascularity. Angiogenesis may play a role.

Summary

- Increase estrogen, progesterone, prolactin serum levels
- Increase prolactin sensitivity in breast tissue
- Success rates greater in caucasian women
- Increase ER expression in breast tissue
- Increase angiogenesis in breast tissue

Etc

I used to follow one of your old accounts but I don’t see it anymore. What happened?

- ~~Tiktok~~~~, .tattered~~ (banned at 48k)
- ~~Tiktok~~~~, .tatteredtwo~~ (banned at 5k)
- ~~Tiktok~~~~, tanner.tattered~~ (banned at 5k)
- ~~Tiktok~~~~, .tatteredt~~ (banned at 300)
- ~~Tiktok~~~~, .tatteredtt~~ (banned at 100)
- ~~Tiktok~~~~, .tattered.tt~~ (banned at 27k)
- ~~Tiktok~~~~, .tatteredtanner~~ (banned at 1k)

- ~~Tiktok, .tatterednatty~~ (banned at 3k)

Are you single?
- Yeah

How tall are you?
- 5’9”

How long have you been lifting/training?
- I started lifting November 2021

Are you natural?
- ~~Yes~~
- ~~I plan to use steroids at some point~~
- Update: I’ve been on gear since 12/01/2022

Wait, you’re natural? Why do you know so much about gear?
- Yes (well, I used to be natural but as of December 2022, no)
- This assumes every person who runs their first cycle knows nothing about gear before touching it, which is wildly problematic
- I’ve been researching PEDs thoroughly so that when I do start using, I’ll be able to use them safely & effectively

Do you want to compete? What division?
- Slightly
- Men’s Physique or Open Bodybuilding
- Depends on my genetics

What is your goal physique?
- Gavin Riddle (g_Riddle on TT)
- Dawin Wachelka (@dawin_ifbbpro on IG)
- Frank McGrath (@frank_mcgrath78 on IG)
- Regan Grimes (@regangrimes on IG)
- Nasser El Sonbaty
- Derek Lunsford (@dereklunsford_ on IG)

How do I get [muscle group] like you?
- It’s genetics, your best physique won’t look like my best physique

How do I become jacked?
- Eat according to your goals
- Train extremely, extremely hard
- You should be crippled after every leg day

What music do you listen to in the gym?

- “House” / Bass & tech house: SoundCloud
- “Hardstyle” / Uptempo & Terrorcore: SoundCloud
- “Emo” / Post-hardcore: SoundCloud
- “Metal” / Deathcore, doom, sludge, stoner, etc: SoundCloud
- “Trap metal” / Extinction trap, screamo trap, etc: SoundCloud

How do I improve my appearance?

- Start with good habits:
    - Shower, shave, skincare routine daily
    - Pluck your eyebrows, groom body often
    - If you’re pale, start tanning
    - If your jawline is weak, lose fat and/or breathe through your nose; start mewing
    - If your teeth need work, see an orthodontist

How do you tan?

- I don’t use sunscreen, I use Melanotan-ii and I tan in natural sunlight daily or as weather allows. Change your system depending on your situation:
    - Ghostly white: 15min front/back
    - Kinda pale: 20min front/back
    - Kinda tan: 25min front/back
    - Tan: 30min front/back

No sunscreen? Are you worried about skin cancer?

- Melanotan-ii has cancer-preventing properties, so I’m less at risk than people who tan *with* sunscreen & no melanotan-ii

Fashion advice?

To put it extremely simply:
Nice pants + button up shirt + dress shoes or classy sneakers + chain / bracelet / watch
Bonus points for cologne

Brands
- Axel Arigato $$
- EME Studios $$
- Giuseppe Zanotti $$$
- Macakage (cold weather) $$$
- Mango men $$
- Massimo Dutti $
- Moschino $$$
- OAS $$
- Pendleton $
- Reiss $$
- Represent $$
- Todd Snyder $$

- ZARA $

Colognes there’s too many to pick, try some in an outlet and pick a favorite then explore as time goes on. Night out / date night scent + everyday scent (fall/winter) + everyday (spring/summer) is a good three bottle collection