Looking for Protocol Guidance: NAD+, Glutathione, 5-Amino-1MQ, MOTS-c & Oxytocin (SubQ Preferred) : r/PeptideGuide

Asked:
Hello everyone,

I would really appreciate your help with protocols and dosing guidance for the following compounds:

NAD+ (buffered) – 500 mg vials

Glutathione – 1500 mg vials

5-Amino-1MQ – 10 mg vials

MOTS-c – 10 mg vials

Oxytocin – 10 mg vials

I'm a bit confused regarding the correct dosage ranges and the most practical administration method. Ideally, I would prefer subcutaneous injections rather than intramuscular, but I would like to hear your thoughts and experiences.

Specifically, I'm trying to figure out:

What's the recommended microgram/milligram dosing range for each compound?

How often should they be taken (daily/weekly protocols)?

Any differences in effect or safety between subcutaneous vs intramuscular administration?

Best practices for reconstitution (ml of bacteriostatic water, stability, storage)?

I've done some research, but I keep finding conflicting numbers. If anyone has structured protocols (personal experience or references from peptide/anti-aging communities), it would help me a lot.

Thanks in advance to everyone willing to share their knowledge and experiences!

I Responded:

Hey, great questions — these compounds can definitely be confusing since most of the literature is fragmented between clinical studies, anti-aging clinics, and anecdotal reports. I'll give you an easy-to-digest framework below, but keep in mind: none of this is medical advice. It's shared for educational purposes only, based on available research and community experience. Always consult with a qualified healthcare professional before starting.

📌 General Notes

- **Subcutaneous (subQ) vs Intramuscular (IM):**
  Most peptides and small molecules are perfectly fine subQ — absorption is slightly slower but often gentler and equally effective. IM tends to give a faster "spike," but for long-term use, subQ is more practical and less uncomfortable.

- **Reconstitution:**
  Most people use **bacteriostatic water (BAC)**. A common practice is 1–2 mL for 10 mg vials (or proportional for larger vials) so each "tick" on a U100 insulin syringe is easy math. Store refrigerated once reconstituted. Shelf life: generally 2–4 weeks reconstituted, months to years if lyophilized and kept cool/dry.

- **Stability:**
  Light and heat degrade peptides fast — keep them refrigerated and protected from light.

🔬 Compound-by-Compound Overview

1. NAD+ (500 mg vials, buffered)

- **Typical dosing (subQ):** 50–200 mg per session. Many clinics use IV at higher doses (250–750 mg), but subQ is well-tolerated in smaller aliquots.

- **Frequency:** 1–3x per week for energy, recovery, and mitochondrial support. Some do short "loading phases" daily for a week, then taper to weekly.

- **Notes:** Injections can sting — buffering helps. Some people dilute further in 2–3 mL to reduce discomfort.

2. Glutathione (1500 mg vials)

- **Typical dosing (subQ/IM):** 200–600 mg per injection. IM is more common at clinics, but subQ works fine if volume is split into smaller shots.

- **Frequency:** 1–2x weekly is common for antioxidant and skin benefits.

- **Notes:** Oxidizes quickly once reconstituted — use within ~1 week or freeze aliquots.

3. 5-Amino-1MQ (10 mg vials)

- **Typical dosing:** Community reports range **25–50 mg daily** (divided doses), though human data is limited. Since your vial is 10 mg, some people reconstitute to deliver ~5 mg/day subQ.

- **Frequency:** Daily, for short cycles (4–6 weeks).

- **Notes:** Strong appetite suppression and fat loss effects reported, but monitor for jitters or increased BP. Very little human clinical safety data — proceed cautiously.

4. MOTS-c (10 mg vials)

- **Typical dosing (subQ):** 5–10 mg, 2–3x per week.

- **Frequency:** Often run in 4–6 week blocks, then off for 2–4 weeks.

- **Notes:** Users report better endurance, metabolic resilience, and “clean energy.”

5. Oxytocin (10 mg vials)

- **Typical dosing:** 10–24 IU (approx. 1–2 mg) prior to desired effect (social interaction, intimacy, mood support).

- **Frequency:** As-needed basis rather than daily protocol.

- **Notes:** Rapid onset, short duration. Some prefer intranasal sprays (easier, but less precise).

🧾 Putting It Into Practice

- **Reconstitution guide:**
    - 10 mg vial → 2 mL BAC = 5 mg/mL (easy dosing in 0.1 mL = 0.5 mg).
    - 500 mg vial NAD+ → 5 mL BAC = 100 mg/mL (0.5 mL = 50 mg).
    - 1500 mg glutathione → 6 mL BAC = 250 mg/mL (0.4 mL = 100 mg).
- **Injection method:** SubQ into abdomen or thigh is most common. For larger volumes (e.g., glutathione), split into two injection sites.
- **Storage:** Keep all reconstituted vials in fridge (2–8 °C). Use sterile technique, alcohol swabs, new needles each time.

⚖️ Disclaimers & Anecdotes

- I've personally seen MOTS-c and NAD+ combined protocols give noticeable endurance and recovery benefits after ~2 weeks.
- Oxytocin is very "situational" — don't expect daily use to feel like a mood stabilizer, more like an acute "social booster."
- 5-Amino-1MQ is powerful but under-researched. Treat it with extra respect.
- Everyone's response varies — some feel benefits at lower doses, others need higher. Start low, titrate up.

Disclaimer: These compounds are not FDA-approved for anti-aging or weight-loss purposes. This post is for educational discussion only and should not be taken as medical advice.

👉 Plan of action for you:

1. Decide which compounds are priority (you don't need to start them all at once).
2. Start with conservative dosing ranges subQ.
3. Track response, side effects, and adjust frequency.

4. Rotate/off-cycle peptides like MOTS-c and 5-Amino-1MQ to avoid receptor desensitization.

5. Always use sterile practices and consult with a trusted provider.

Hope this clears up the conflicting info you've seen — let me know if you'd like me to share some sample reconstitution math in insulin syringe units so it's even more practical.