

The Height Growth Guide

Disclaimer: This guide is for educational purposes only. All substances discussed should only be used under physician supervision.

Part 1 — Can You Still Grow?

Check Your Growth Plates

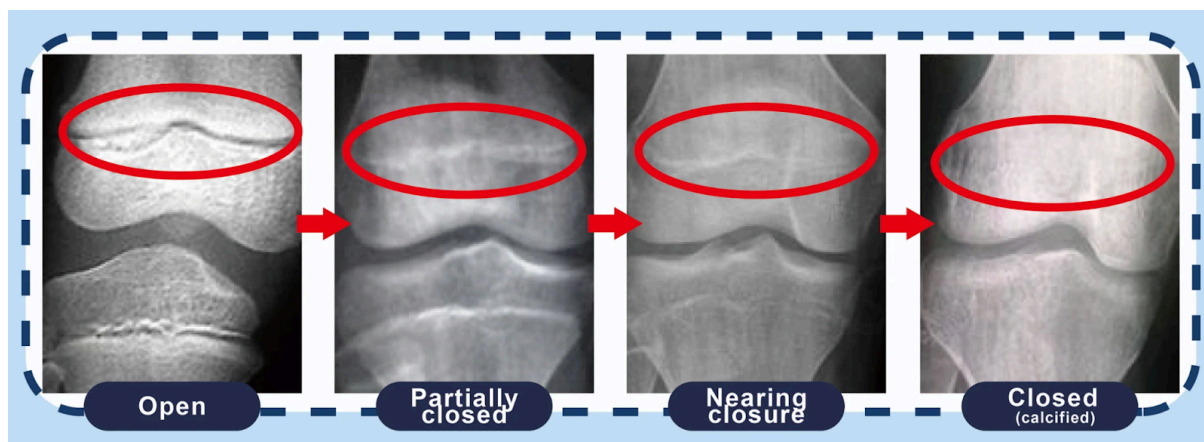
Before anything else, **get an X-ray of your growth plates** from a doctor. If they're fully fused, no protocol will make you taller. Most males fully fuse between **17–20 years old**, though some plates begin fusing as early as 14–15. The wrist is typically the last to close.

If you can't get an X-ray, you can still follow along — but you can't expect results without knowing whether growth potential remains. HGH still offers other benefits regardless (covered below).

Sources: Kvist et al. (2021), *Acta Paediatrica* — [PMC link](#) · Schaefer & Black (2005), *Journal of Forensic Sciences* — [PubMed link](#)

How Much Growth Potential Do You Have?

Don't rely solely on your doctor's interpretation — compare your X-ray to known fusion stages.



Fusion Level	Growth Potential
0–25%	Full potential — HGH is most effective here
25–50%	Good potential — chondrocytes still active
50–75%	Diminished — a few cm at best, returns dropping fast
75–90%	Very limited — marginal gains (1–2 cm range)
90–99%	Minimal — millimeters at best
100%	Zero — no growth possible regardless of dose

These estimates are with HGH only, without estrogen blockers.

Part 2 — The Science You Need to Understand

Estrogen Is What Closes Your Growth Plates

This is the most important concept in this entire guide.

- Men produce estradiol (E2) by converting testosterone via the **aromatase enzyme** — ~85% of male estrogen comes from this conversion
- **E2 — not testosterone — is the signal that fuses growth plates.** Men with aromatase deficiency kept growing into their 30s despite normal testosterone. Growth only stopped when they were given estradiol.
- **Your total cumulative estrogen exposure during puberty determines when you stop growing.** Less E2 = longer open plates = more height potential

This is why aromatase inhibitors are studied alongside HGH — they extend the growth window.

Why Only Exogenous HGH Works

Peptides like CJC-1295, Ipamorelin, GHRP-6, and MK-677 stimulate your pituitary to release its own GH. The problem:

	Secretagogue Peptides	Exogenous HGH
Limited by your pituitary?	Yes — capped by natural max	No — you control the dose
IGF-1 increase	Modest (~20–50%)	Significant (~100–300%+)
Reaches supraphysiological levels?	No — negative feedback shuts it down	Yes
Clinical evidence for height?	Zero studies	All height studies used this

Bottom line: Peptides optimize what you already have. Exogenous HGH adds what you don't. For height growth, only direct HGH injections provide the sustained supraphysiological IGF-1 needed.

Part 3 — The HGH Protocol

Dosing Context

Approved dosing for idiopathic short stature goes up to ~0.37 mg/kg/week (~0.09–0.11 IU/kg/day). For a 50 kg person, that's roughly 45–55 IU per week.

— Kim et al., *Yonsei Medical Journal*, 2014. doi:10.3349/ymj.2014.55.1.53

Duration matters more than dose. Children treated for 2–10 years saw 50% reach >5 cm above predicted adult height. Missing one dose per week costs 0.11 SD over time. A tolerable dose maintained for months to years beats a high dose you can only sustain for weeks.

Sources: Hintz et al., *NEJM*, 1999 · Ranke et al., *Frontiers in Endocrinology*, 2021 · *Discover Medicine / Springer*, 2025

Titration Schedule

Your pituitary naturally produces ~1–3 IU/day. You're building on top of that.

Week	Dose	Notes
1	2 IU/day	Within natural range — side effects extremely unlikely
2	4 IU/day	First step above natural — monitor for water retention or tingling
3	6 IU/day	IGF-1 rising meaningfully — watch joints and blood sugar
4	8 IU/day	Most people start noticing mild side effects here
5	10 IU/day	Slow down — increase by 1 IU/week from here
6	11 IU/day	Continue monitoring
7	12 IU/day	Strong height benefits if tolerated — cost rises significantly
8+	Hold at tolerated dose	Consistency matters more than pushing higher

If side effects become uncomfortable: Drop 2 IU, wait a week, then re-escalate by 1 IU.

Part 4 — Aromatase Inhibitors (AIs)

What They Do

AIs block aromatase — the enzyme that converts testosterone into estradiol.

Less estrogen = slower growth plate fusion = more time to grow.

Why Anastrozole (Arimidex) Is the Recommended Choice

Use a non-suicidal (reversible) AI. Anastrozole and letrozole block aromatase temporarily. When you stop, estrogen normalizes within days.

Do NOT use exemestane (Aromasin). It's a suicidal (irreversible) AI — it permanently destroys aromatase enzymes. If you crash E2 too low, recovery takes days to weeks while your body builds new enzymes. You lose all ability to fine-tune.

Between anastrozole and letrozole: letrozole suppresses E2 more aggressively but also slows growth velocity. **Anastrozole maintained higher growth speed while still delaying fusion — producing the best overall height outcome** in clinical trials.

— *British Journal of Cancer*, 2011. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3068499/>

What the Research Shows

- **Anastrozole + GH:** +4.5 cm predicted height after 2 years, +6.7 cm after 3 years (vs +1 cm placebo) — Mauras et al., *JCEM*, 2008
- **AI + GH combination:** +22.5 cm absolute height over 24–36 months vs +20.6 cm GH alone vs +18.2 cm AI alone — Geffner et al., *JCEM*, 2017
- **Anastrozole + rhGH produced the most significant adult height increase** vs letrozole or GnRH analog — Hou et al., *JCEM*, 2025
- **AI monotherapy (without GH) showed limited efficacy** — the strongest results come from combining an AI with HGH

Dosing

Normal male E2: ~20–35 pg/mL. Goal: reduce enough to slow fusion, keep enough for bone health and IGF-1.

Dose	E2 Reduction	Use Case
0.25 mg every other day	~25–30%	Good starting point
0.25 mg daily	~40%	Commonly used
0.5 mg daily	~50%	Monitor closely
1.0 mg daily	~65–80%	Aggressive — high risk of crashing E2

Start at 0.25 mg EOD. Get bloodwork after 2–4 weeks. Adjust based on labs and symptoms.

— Mauras et al., *JCEM*, 2000. <https://pubmed.ncbi.nlm.nih.gov/10902781/>

Low E2 vs High E2 — How to Tell

	E2 Too Low	E2 Too High
Joints	Dry, cracking, painful	Puffy, swollen
Skin	Dry, thin	Oily, acne
Mood	Flat, anxious, irritable	Emotional, moody
Libido	Gone	High then drops
Energy	Fatigued, no motivation	Sluggish, lethargic
Water	Dehydrated, dry eyes/lips	Bloated face/hands
Sleep	Insomnia	Excessive tiredness

If you're getting low-E2 symptoms — reduce your AI dose immediately.

Part 5 — Prices & Preparation

Average Prices

International Warehouse

- **HGH:** [200\$ — price per 360 IU]
- **Prescription HGH** [X — price per X IU]
- **Arimidex (Anastrozole):** [X — price per X mg]
- **Bacteriostatic Water:** [X — price per X mL]

USA Warehouse

- **HGH:** [220\$ — price per 360 IU]
- **Arimidex (Anastrozole):** [X — price per X mg]
- **Bacteriostatic Water:** [X — price per X mL]

Canadian Warehouse

- **HGH:** [\$450 — price per 720 IU]
- **Arimidex (Anastrozole):** [X — price per X mg]
- **Bacteriostatic Water:** [30\$ — price per 30 mL]

Australian Warehouse

- **HGH:** [550\$ — price per 1350 IU]
- **Arimidex (Anastrozole):** [X — price per X mg]
- **Bacteriostatic Water:** [X — price per X mL]

For more info, contact hghdoctorinfo@proton.me

How to Reconstitute HGH

You need: HGH vial (powder), bac water, insulin syringe, alcohol swabs

1. **Clean** — Wipe both vial tops with alcohol swabs. Let dry.
2. **Draw** — Pull your desired amount of bac water into the syringe. Standard: **1 mL per vial**.
3. **Inject slowly** — Angle the needle and aim water **against the glass wall**, not directly onto the powder. Push slowly.
4. **Don't shake** — Gently swirl or let it sit in the fridge. It dissolves in a few minutes.
5. **Store** — Refrigerate at 2–8°C. Stable for **3–4 weeks**. Do not freeze.

Dosing shortcut: 10 IU vial + 1 mL bac water = every 10 units on an insulin syringe equals 1 IU of HGH.

[\[Link to video tutorial\]](#)

Part 6 — Expected Results

[To be completed]

Part 7 — Safety & Side Effects

Insulin Sensitivity

HGH tells your body to burn fat instead of glucose, so blood sugar stays slightly elevated. At moderate doses this is minor. At high doses over long periods, monitor it.

Strategy	Why
Bloodwork every 6–8 weeks	Track fasting glucose, insulin, HbA1c
Keep carbs clean	Avoid sugar spikes
Exercise regularly	Best natural insulin sensitizer
Inject fasted (morning or bedtime)	Minimizes glucose interference
Lower dose if fasting glucose >100 mg/dL	Early warning — easily corrected

Insulin resistance from HGH is **dose-dependent and reversible**.

Side Effects (Most Common → Rarest)

Side Effect	Likelihood	Notes
Water retention	Very common	Fades after 2–4 weeks
Joint stiffness	Common	Subsides with dose adjustment
Increased hunger	Common	Not a concern
Headaches	Fairly common	Usually only first 1–2 weeks
Mild insulin resistance	Moderate	Manageable with diet and exercise
Fatigue at high doses	Moderate	Body adapts within weeks
Carpal tunnel tingling	Uncommon	Reversible — reduce dose
Hypothyroid suppression	Rare	Monitor levels — easily supplemented
Growing pains	Rare	More common in younger users
Skin tags/moles	Rare	Cosmetic — from IGF-1
Gynecomastia	Rare	Only at very high doses with other compounds
Elevated liver enzymes	Rare	Caught easily with bloodwork
Visual changes	Extremely rare	Stop immediately — see a doctor

Most side effects are **mild, temporary, and resolve with dose adjustment.**

Part 8 — Misconceptions

"HGH Gut" / Palumboism

What people think: HGH gives you a bloated, distended gut.

Reality: Palumboism is seen exclusively in professional bodybuilders combining **very high-dose HGH (15–25+ IU/day) with insulin, IGF-1, and 6,000–10,000+ daily calories** for years. It's the combination — not HGH alone.

At doses under 10–12 IU/day without exogenous insulin, clinical studies have never reported this effect. It is completely irrelevant to someone using HGH for height growth at moderate doses.

Part 9 — Non-Negotiables

No matter what, these apply:

- **Get blood glucose monitor** test in the morning 12h fasted and levels should be below 90
 - **Confirm growth plates are open** before starting
 - **Start doses low and titrate up**
 - **Use anastrozole, not exemestane**
 - **Don't combine HGH with exogenous insulin**
 - **Consistency over months beats intensity over weeks**
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Part 10 — Extreme Measures (Not Recommended)

Email hghdoctorinfo@proton.me for information regarding the most extreme measures as they need true supervision and can be dangerous.

Part 11 — Other Benefits of HGH

Even if growth plates are closed, HGH offers documented benefits:

Category	Key Benefits
Body composition	Increased lean mass, decreased visceral fat
Strength	87–118% increases in muscle strength over 10 years
Bone density	4–10% BMD increase, reduced fracture risk
Exercise capacity	Improved VO ₂ max and power output
Skin & healing	Increased collagen, faster wound healing
Sleep	Reduced sleep-onset latency by 22%, less nighttime waking
Metabolism	Improved lipid profile and cardiovascular markers
Well-being	Improved quality of life and working capacity