

**MIRACLE  
CHEAT  
SHEET**

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# MIRACLE MOLECULES CHEAT SHEET

Trusted Sources & Discount Code

[Swisschems.is](https://swisschems.is)

[Nextchems.com](https://nextchems.com)

[Enhancedlabs.com](https://enhancedlabs.com)

Use code **FREEDOM** for 10% off all products.

## Fundamental Protocol Principles

- 1. Experiment Wisely:** Find the right compounds, dosages, and cycles for maximum results without sacrificing health.
- 2. Modern Mindset:** Embrace optimization strategies beyond “natty vs. enhanced.”
- 3. Bloodwork First:** Test before, during, and after. Data > guesswork.
- 4. One New Compound at a Time:** Stacking six things teaches you nothing when something goes wrong.

## What's in this Guide?

Your updated blueprint. Every category from sports performance to longevity. New compounds added, old ones refined. Use it to build muscle, sharpen mind, ignite desire, strip fat, heal fast, and live longer.

# SECTION 1:

## SPORTS PERFORMANCE (NATTY+)

Pure output. Strength, stamina, endurance, aggression, work capacity. Not primarily muscle builders – the purpose here is what gets out of the body during training.

Stack Natty+ with Natty. No exceptions. Natty+ compounds give you the endurance of Cardarine, the aggression of RAD-140, and the metabolic turbo of SLU-PP-332 – all without the suppression of full cycles. Most men never discover this. The system doesn't want you to know. While others fade, you will accelerate. Natty+ is the bridge between natural limits and full chemical sovereignty.

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# RAD-140

## Testolone



**Medical hypothesis:** Anabolic signaling without androgenic side effect profiles.

**The solution:** RAD-140.

**Dosage:** 10-20mg daily

**Duration:** 8 weeks on, 2 weeks off

**Priority:** High

RAD-140, also known as “Testolone”, is a powerful selective androgen receptor modulator (SARM) that promotes rapid muscle growth and enhances overall physical performance.

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# S-23



**Medical hypothesis:** Androgenic drive optimization under heavy performance loads.

**The solution:** S-23 is the most androgenic SARM available – strength spikes fast.

**Dosage:** 10-20mg daily

**Duration:** 8-12 weeks

**Priority:** High

S-23 is a next-generation SARM engineered for advanced lean muscle growth, fat loss, and improved bone density. It is highly suppressive and requires PCT.

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# GW-501516 CARDARINE



**Medical hypothesis:** Endurance ceiling, adipose oxidation limits, and aerobic capacity thresholds.

**The solution:** Cardarine.

**Dosage:** 10-20mg daily

**Duration:** 8-12 weeks on, followed by a 4 week break.

**Priority:** Medium

Cardarine, also known as “GW-501516”, is a PPAR-delta receptor agonist that increases endurance and fat burning. By activating pathways that improve glucose uptake and fatty acid oxidation, Cardarine allows extended training sessions, improved stamina, and enhanced fat loss without catabolizing muscle.

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# SLU-PP-332



**Medical hypothesis:** Metabolic endurance adaptation independent of training volume.

**The solution:** SLU-PP-332 mimics the mitochondrial adaptations of endurance exercise through ERR agonism.

**Dosage:** 25mg - 50mg (1 to 2 pills a day)

**Duration:** Cycle 4–6 weeks

**Priority:** High

SLU-PP-332 is a PPAR-delta agonist, similar to Cardarine, designed to increase endurance, fat oxidation, and energy output. Great for cutting phases or body reposition without affecting hormone levels.

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# SR-9011



**Medical hypothesis:** Circadian rhythm influence on resting metabolic rate.

**The solution:** SR-9011 is a REV-ERB agonist that increases basal metabolic rate.

**Dosage:** 20-30mg daily (split into 2-3 doses)

**Duration:** 8 weeks

**Priority:** Medium

SR-9011 has better oral bioavailability than SR-9009. It increases metabolic rate and fat oxidation by activating REV-ERB proteins, which regulate circadian energy metabolism.

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# AC-262 Accadrine



**Medical hypothesis:** Anabolic signaling in the absence of testosterone suppression.

**The solution:** AC-262.


**Dosage:** 10-20mg daily

**Duration:** 8 weeks on, 2 weeks off

**Priority:** High

AC-262 is a selective androgen receptor modulator (SARM) that enhances muscle growth and fat burning. It binds to androgen receptors in muscle and bone tissues, stimulating anabolic processes including increased protein synthesis and muscle hypertrophy. Absorption note: AC-262 is fat-soluble. Take with a meal containing at least 20-30g of fat for 80%+ absorption.

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# S4 (Andarine)



**Medical hypothesis:** Lean mass retention during caloric restriction phases.

**The solution:** S4.

**Dosage:** 25–50mg per day, divided into 2–3 doses

**Duration:** 6–8 weeks, followed by proper post-cycle therapy (PCT)

**Priority:** High

S4 (Andarine) amplifies muscle definition, enhances strength, and promotes fat loss. S4 targets androgen receptors in muscle and bone tissue, minimizing side effects associated with anabolic compounds.

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# SECTION 2: SPORTS PERFORMANCE (NATTY)

Legal, oral, worldwide. Pre-workout stimulation, pump, and acute output.

You cannot build a skyscraper on a swamp. Before you touch advanced chemistry, you fix the foundation. Maximus Stim and Rage 3.0 deliver clean energy and focus. Maximus Pump drives blood volume into working muscles. Creatine stacks on top. This is the bedrock for every Natty+ protocol that follows.

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# MAXIMUS STIM ENHANCED



**Medical hypothesis:** Efficacy and dosing adequacy in commercial pre-workout formulations.

**The solution:** Maximus Stim is the high-stim option for demanding sessions.

**Dosage:** 1 scoop 20 minutes before training

**Duration:** As needed

**Priority:** High

Maximus Stim is a high-stimulant pre-workout designed for maximum energy, focus, and intensity. Do not exceed one serving; not for evening use.

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[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# RAGE 3.0 ENHANCED



**Medical hypothesis:** Cognitive clarity and sustained attentional focus under fatigue.

**The solution:** Rage 3.0.

**Dosage:** 5 capsules daily

**Duration:** 6 weeks on, 1 week off

**Priority:** High

Rage 3.0 is a nootropic formula composed of 9 natural ingredients that boost cognitive performance, mental clarity, and focus. It increases BDNF and clears metabolic waste from the synapse.

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# MAXIMUS PUMP ENHANCED



**Medical hypothesis:** Stimulant compounds and their effect on sleep architecture and autonomic stability.

**The solution:** Maximus Pump is the non-stim pump-focused pre-workout.

**Dosage:** 1 scoop pre-workout

**Duration:** As needed

**Priority:** Medium

Maximus Pump delivers muscle-swelling pumps and vascularity using non-stim ingredients like citrulline and glycerol. Great for evening training.

**Buy product here:**

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# CREATINE MONOHYDRATE ENHANCED



**Medical hypothesis:** ATP resynthesis rate during high-intensity resistance loading.

**The solution:** Creatine.

**Dosage:** 5g daily

**Duration:** Forever

**Priority:** High

Creatine supplementation enhances phosphocreatine stores in muscles, leading to increased ATP production during intense exercise. This promotes greater muscle power and strength, facilitating higher training intensity and stimulating muscle growth.

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# SECTION 3: MUSCLE BUILDING (NATTY+)

Pure hypertrophy. Androgenic signaling, GH/IGF-1 pathway, myostatin inhibition.

MK-677 activates the IGF-1 pathway for permanent muscle density. RAD-140 binds androgen receptors for raw power without suppression. YK-11 removes the myostatin brake. IGF-1 LR3 drives hyperplasia. You build a body that stays anabolic 24/7. This is the engineering of mass – not hope, not bro-science.

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# RAD-140 Testolone



**Medical hypothesis:** Anabolic signaling without androgenic side effect profiles.

**The solution:** RAD-140.

**Dosage:** 10-20mg daily

**Duration:** 8 weeks on, 2 weeks off

**Priority:** High

RAD-140, also known as “Testolone”, is a powerful selective androgen receptor modulator (SARM) that promotes rapid muscle growth and enhances overall physical performance.

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# RAD-150 (TLB-150)



**Medical hypothesis:** Plasma half-life variability and hormonal stability in selective androgen receptor modulators.  
**The solution:** RAD-150 is the ester-stabilized version for steadier blood levels.

**Dosage:** 10-20mg daily

**Duration:** 8-12 weeks

**Priority:** Medium

RAD-150 is a long-acting analog of RAD-140. It provides consistent androgen receptor activation, leading to steady muscle growth. Suppressive; PCT required.

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# YK-11



**Medical hypothesis:** Myostatin inhibition as a modulator of genetic hypertrophy ceiling.

**The solution:** YK-11 is a myostatin inhibitor with partial androgen receptor activity.

**Dosage:** 5-10mg daily

**Duration:** 8 weeks

**Priority:** High

YK-11 suppresses myostatin, the protein that limits muscle growth. It also binds to androgen receptors, making it a powerful tool for muscle preservation during cutting or for breaking through plateaus.

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[NEXTCHEMS.COM](https://nextchems.com)  **BUY NOW**

# MK-677

## Ibutamoren



**Medical hypothesis:** Age-related growth hormone decline and its effect on recovery and lean mass retention.

**The solution:** MK-677.

**Dosage:** 10-20mg daily

**Duration:** 8-12 weeks, take 5 days ON and 2 days OFF and repeat.

**Priority:** High

MK-677, also known as “Ibutamoren”, stimulates growth hormone release and increases insulin-like growth factor 1 (IGF-1) levels. This drives muscle gain through the IGF-1 Pathway and strips body fat through the Growth Hormone Pathway.

**Buy product here:**

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NEXTCHEMS.COM  BUY NOW

# IGF-1 LR3



**Medical hypothesis:** Muscle cell hyperplasia vs. hypertrophy as distinct adaptive mechanisms.

**The solution:** IGF-1 LR3.

**Dosage:** 20-40mcg daily (pre- or post-workout)

**Duration:** 4-6 weeks

**Priority:** Very High

IGF-1 LR3 promotes muscle cell hyperplasia and enhances nutrient uptake. It works synergistically with growth hormone for rapid gains in size, recovery, and performance.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# IGF-1 DES



**Medical hypothesis:** Site-specific anabolic signaling in the post-training window.

**The solution:** IGF-1 DES has a very short half-life, ideal for local injection.

**Dosage:** 50-100mcg intramuscular post-workout

**Duration:** 4-6 weeks

**Priority:** Medium

IGF-1 DES is more potent per microgram than LR3 but shorter acting. Inject directly into the trained muscle for localized hyperplasia.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# CJC-1295 with DAC



**Medical hypothesis:** Sustained growth hormone elevation through secretagogue mechanisms.

**The solution:** CJC-1295 with DAC extends GH pulse duration for days.

**Dosage:** 1-2 mg/week

**Duration:** 8 weeks

**Priority:** Medium

CJC-1295 with DAC is a GHRH analog that provides long-lasting growth hormone release. It promotes systemic recovery and deep sleep.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# FOLLISTATIN-344



**Medical hypothesis:** Residual myostatin activity following YK-11 administration.

**The solution:** Follistatin directly binds and neutralizes myostatin.

**Dosage:** 1-2mg subQ weekly

**Duration:** 4-6 weeks

**Priority:** High (advanced)

Follistatin-344 is a powerful myostatin inhibitor. It is expensive, has a very short half-life, and is best used in a blast cycle for extreme muscle growth.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# MYOSTATIN Inhibitor



**Medical hypothesis:** Emerging myostatin pathway modulators and their mechanistic profiles.

**The solution:** This peptide suppresses myostatin signaling through a different mechanism.

**Dosage:** As per vial (typically 1mg every 5-7 days)

**Duration:** 4-6 weeks

**Priority:** Medium

This experimental peptide is still under investigation. Limited human data exists – use with caution and only with thorough research.

**Buy product here:**

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# TREVOGRUMAB



**Medical hypothesis:** Myostatin antibody approaches to extreme hypertrophic response.

**The solution:** Trevogrumab is a human monoclonal antibody targeting myostatin.

**Dosage:** Research only (not for human consumption)

**Duration:** Not established

**Priority:** Low (experimental)

Trevogrumab is a pharmaceutical-grade myostatin inhibitor under clinical development. Very expensive and has serious side effect potential. Not recommended outside clinical trials.

**Buy product here:**

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# TESAMORELIN



**Medical hypothesis:** Growth hormone secretagogues and appetite-related hormonal co-effects.

**The solution:** Tesamorelin is a GHRH analog that stimulates endogenous GH.

**Dosage:** 1-2mg subQ daily

**Duration:** 8-12 weeks

**Priority:** Medium

Tesamorelin is FDA-approved for HIV-associated lipodystrophy. It provides a clean GH pulse and also reduces visceral fat.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# IPAMORELIN



**Medical hypothesis:** Age-related flattening of growth hormone pulsatility and delta-wave sleep depth.

**The solution:** Ipamorelin pre-bed gives deeper slow-wave sleep within 3 nights.

**Dosage:** 200-300mcg subQ before bed

**Duration:** 8-12 weeks, then 4 weeks off (cycle to prevent receptor downregulation)

**Priority:** High – Cleanest GH peptide for sleep

Ipamorelin is a GH secretagogue with no cortisol or prolactin increase. It stimulates growth hormone release for recovery, deep sleep, and muscle retention during a cut.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# HEXARELIN



**Medical hypothesis:** Maximum growth hormone pulse amplitude from secretagogue compounds.

**The solution:** Hexarelin is the most potent GHRP, but it also spikes cortisol.

**Dosage:** 100-200mcg subQ pre-bed

**Duration:** 4 weeks on, 4 weeks off

**Priority:** Low

Hexarelin produces the highest GH pulse of any GHRP, but the cortisol spike limits long-term use. Use only for short blasts.

**Buy product here:**

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# SERMORELIN



**Medical hypothesis:** Low-dose growth hormone stimulation without receptor desensitization.

**The solution:** Sermorelin is a weaker GHRH analog, good for long-term use.

**Dosage:** 200-500mcg subQ before bed

**Duration:** 12+ weeks

**Priority:** Low

Sermorelin is very safe and produces mild GH elevation. It is often used in anti-aging clinics for long-term therapy.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# PEG MGF



**Medical hypothesis:** Post-training muscle repair window and its modifiable determinants.

**The solution:** PEG MGF is Mechano Growth Factor with polyethylene glycol for longer half-life.

**Dosage:** 200-400mcg intramuscular post-workout

**Duration:** 4-6 weeks

**Priority:** Medium

PEG MGF promotes satellite cell activation and muscle repair. Inject into the trained muscle. Best used with IGF-1 LR3 for synergistic growth.

**Buy product here:**

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# 3-AD ENHANCED



**Medical hypothesis:** Prohormone efficacy relative to suppression burden.

**The solution:** 3-AD.

**Dosage:** 75mg-150mg daily

**Duration:** 8 weeks on, 2 weeks off

**Priority:** Medium

3-AD is the world's strongest DSHEA-compliant metabolite. This prohormone increases muscle strength and size while supporting weight loss. Run either AC-262 or 3-AD; do not run both simultaneously.

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# SECTION 4: MUSCLE BUILDING (NATTY)

Legal oral supplements for hypertrophy. Slower but sustainable.

SLIN Pills rewrite your nutrient partitioning – carbs go to muscle glycogen, not visceral fat. Arachidonic Acid forces the inflammatory cascade required for hypertrophy. Epicatechin suppresses myostatin, the genetic brake on your muscle growth. Insulin sensitivity and inflammation control come first. Build the foundation, then stack the heavy artillery.

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<b>Creatine Monohydrate</b>	<b>51</b>

# SLIN ENHANCED



**Medical hypothesis:** Insulin sensitivity as a determinant of nutrient partitioning toward lean mass.

**The solution:** SLIN Pills.

**Dosage:** 4-8 pills daily with highest carb meals

**Duration:** During MK-677 cycle (high priority). Or ongoing maintenance.

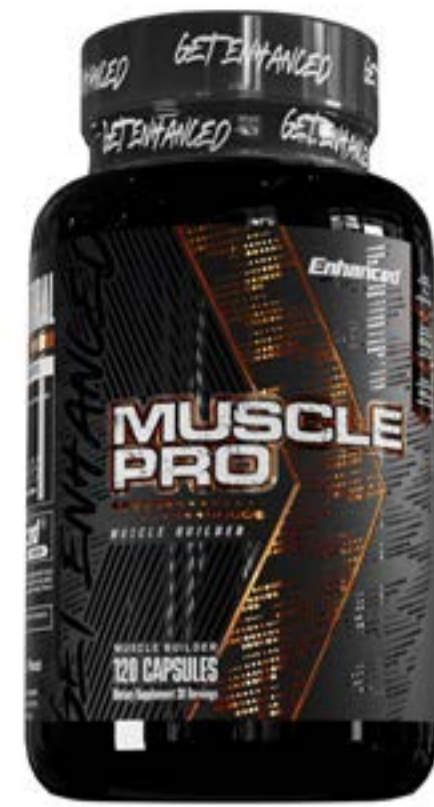
**Priority:** High

SLIN Pills combine natural herbs that act as an insulin mimetic and increase insulin sensitivity. They mitigate the common side effect of increased insulin resistance caused by MK-677. SLIN pills also act as nutrient partitioners, shuttling carbohydrates toward muscle glycogen rather than fat storage.

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# MUSCLE PRO ENHANCED



**Medical hypothesis:** Non-hormonal anabolic signaling pathways and their natural modulators.

**The solution:** Muscle Pro is turkesterone-based, backed by emerging research.

**Dosage:** As directed (typically 4 caps daily)

**Duration:** 8 weeks on, 2 off

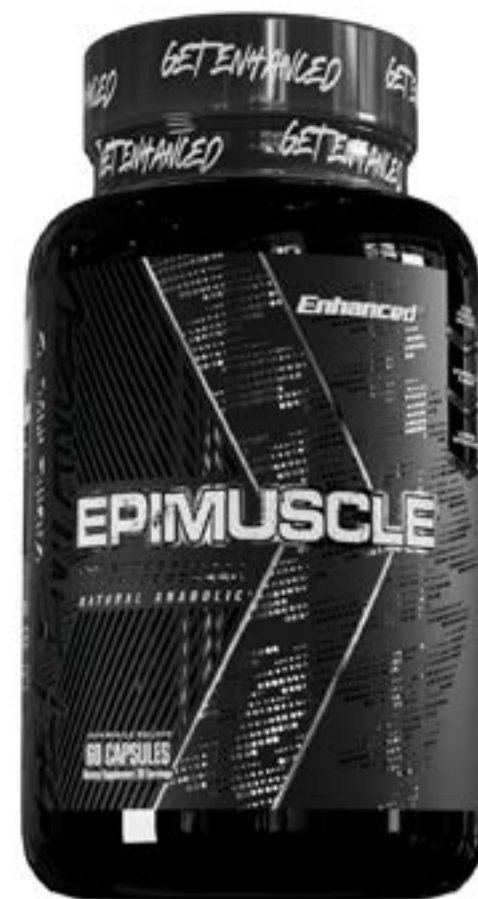
**Priority:** Medium

Muscle Pro contains turkesterone, a plant-based ecdysteroid that has been shown to increase protein synthesis. It is mild but safe and stacks well with creatine.

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# EPIMUSCLE (EPICATECHIN) ENHANCED



**Medical hypothesis:** Myostatin inhibition as a modulator of genetic hypertrophy ceiling. Myostatin caps your genetic growth potential.

**The solution:** Epicatechin.

**Dosage:** 1g daily (2 capsules)

**Duration:** 6 weeks on, 1 week off

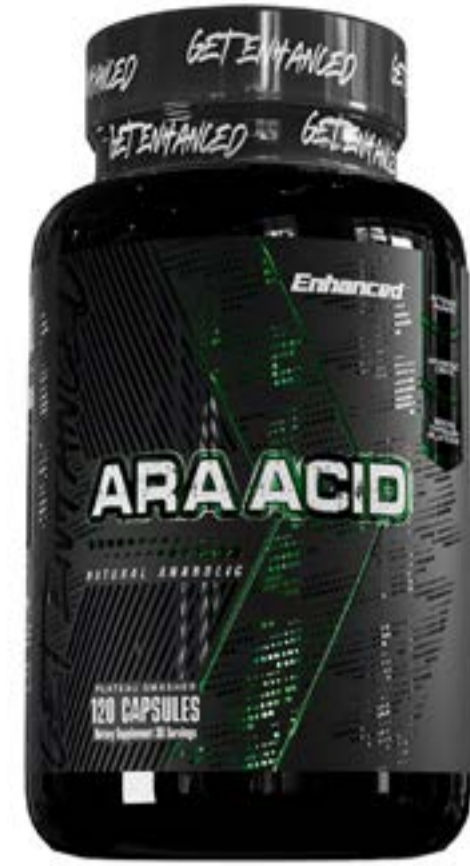
**Priority:** Medium

Epicatechin increases follistatin levels and reduces myostatin activity. It also stimulates nitric oxide production, improving blood flow and nutrient delivery to muscles.

**Buy product here:**

ENHANCEDLABS.COM  BUY NOW

# ARACHIDONIC ACID ENHANCED



**Medical hypothesis:** Attenuation of muscle damage signaling in advanced resistance-trained individuals.

**The solution:** Arachidonic Acid.

**Dosage:** 1400mg daily (4 capsules)

**Duration:** 6 weeks on, 1 week off

**Priority:** High (for advanced lifters)

Arachidonic acid is an omega-6 fatty acid that promotes muscle growth by stimulating inflammation in the muscles and triggering protein synthesis. Use on training days only; can aggravate joint pain.

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# ENHANCED TEST STACK



**Medical hypothesis:** Endogenous testosterone support through non-pharmaceutical means.

**The solution:** This stack combines multiple herbal T-boosters.

**Dosage:** As directed

**Duration:** 6 weeks on, 1 week off

**Priority:** Low

**Notes:** Good for PCT bridge or for men over 40.

**Buy product here:**

ENHANCEDLABS.COM  BUY NOW

# CREATINE MONOHYDRATE ENHANCED



**Medical hypothesis:** ATP resynthesis rate during high-intensity resistance loading.

**The solution:** Creatine.

**Dosage:** 5g daily

**Duration:** Forever

**Priority:** High

Creatine is the most researched supplement in history. It enhances phosphocreatine stores in muscles, leading to increased ATP production during intense exercise, greater power output, and improved training volume. (See Section 2 for full profile.)

**Buy product here:**

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# SECTION 5: SEXUAL PERFORMANCE (NATTY)

Before reaching for a PDE5 inhibitor, try natural support: testosterone boosters and blood flow.

They sell you empty promises and blue pills. You will engineer desire from the brain down. Alpha Yohimbine blocks the alpha-2 adrenergic receptors that choke blood flow to the genitals. Blue Ox mimics LH to force testicular testosterone production. Top T supports natural production. Low libido is a chemical flatline. You need dopamine and nitric oxide. We provide the chemistry. Your biology responds.

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# BLACK OX TESTOSTERONE BOOSTER ENHANCED



**Medical hypothesis:** Testosterone's role in libido regulation and erectile function.

**The solution:** Black Ox.

**Dosage:** 8-16 pills daily

**Duration:** 6 weeks on, 1 week off

**Priority:** High (if symptomatic)

Black Ox Testosterone Booster boosts libido and sexual performance by increasing testosterone levels. Higher testosterone levels enhance sexual desire, improve erectile function, and positively impact mood.

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# TOP T ENHANCED



**Medical hypothesis:** Age-related testosterone decline and its symptomatic expression.

**The solution:** Top T.

**Dosage:** 2-4 capsules daily, as directed

**Duration:** 8-12 weeks or ongoing

**Priority:** High

Top-T is an advanced, potent testosterone booster formulated with clinically researched ingredients. Top-T targets testosterone optimization by supporting natural production, reducing cortisol levels, and improving hormonal balance.

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# BLUE OX TESTOSTERONE BOOSTER ENHANCED



**Medical hypothesis:** Symptomatic hypogonadism presentation in the absence of clinical deficiency markers.

**The solution:** Blue Ox.

**Dosage:** 4-8 pills daily

**Duration:** 6 weeks on, 1 week off

**Priority:** High (if symptomatic)

Blue Ox is a natural testosterone booster that builds muscle and burns fat by increasing muscle protein synthesis, enhancing metabolism, and improving training performance through elevated testosterone levels.

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[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# ALPHA YOHIMBINE ENHANCED



**Medical hypothesis:** Vascular perfusion and its role in genital tissue function.

**The solution:** Alpha Yohimbine.

**Dosage:** 6mg daily (2 capsules)

**Duration:** 6 weeks on, 1 week off

**Priority:** High

Alpha Yohimbine enhances sexual performance and libido through multiple mechanisms. As an alpha-2 adrenergic receptor antagonist, it increases blood flow to the genital region, improving erectile function. It also boosts sexual desire and arousal by acting on neurotransmitters like dopamine.

**Buy product here:**

ENHANCEDLABS.COM  BUY NOW

# SECTION 6: SEXUAL PERFORMANCE (NATTY+)

For reliability that isn't subject to mood, sleep, or last night's dinner. Bypass the head and signal directly to the brain.

You will engineer desire from the brain down. Tadalafil provides the hydraulic foundation. PT-141 activates MC4 receptors in the hypothalamus for primal, brain-driven arousal. Melanotan II deletes the refractory period while delivering a god-like tan. Black Ox delivers heavy artillery testosterone support. This is the Eros Protocol. You manufacture the imperative.

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# PT-141 (Bremelanotide)



**Medical hypothesis:** Central nervous system pathways in sexual desire vs. peripheral erectile mechanisms.

**The solution:** PT-141.

**Dosage:** 1mg per dose as needed

**Timing:** 30 to 60 minutes before sexual activity

**Frequency:** No more than once in 24 hours; no more than 8 times per month

**Priority:** High

PT-141, also known as “Bremelanotide”, increases arousal and improves erectile quality by activating specific receptors in the brain. When PT-141 binds to melanocortin-4 (MC4) receptors, it stimulates the release of neurotransmitters involved in sexual arousal, such as dopamine.

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# MELANOTAN II



**Medical hypothesis:** Melanocortin receptor activity and its dual role in pigmentation and sexual response.


**The solution:** Melanotan II.

**Dosage:** 250mcg per dose as needed

**Priority:** Medium

Melanotan II acts similarly to PT-141 regarding sexual function. The essential difference is that Melanotan increases melanin in the skin, making you appear more tan.

**Buy product here:**

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# KISSPEPTIN-10



**Medical hypothesis:** Endogenous HPTA pathway activation and its relationship to sexual arousal.

**The solution:** Kisspeptin triggers GnRH release, raising LH and testosterone acutely.

**Dosage:** 100-300mcg subQ 30-60 min before sex

**Duration:** As needed

**Priority:** Medium

Kisspeptin-10 stimulates the hypothalamus to release GnRH, which then increases LH and FSH. This provides a natural boost in testosterone and libido. No long-term safety data – use sparingly.

**Buy product here:**

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# OXYTOCIN



**Medical hypothesis:** Oxytocin's role in bonding, sensory intensity, and orgasmic response.

**The solution:** Oxytocin enhances bonding and orgasm intensity.

**Dosage:** 2-10 IU subQ or intranasal 30 minutes before

**Duration:** As needed

**Priority:** Low

Oxytocin is the “bonding hormone”. It increases feelings of trust and intimacy and can intensify orgasms. Intranasal works but injectable is more reliable.

**Buy product here:**

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# TADALAFIL



**Medical hypothesis:** PDE5 inhibition and its effect on vascular perfusion in erectile tissue.

**The solution:** Tadalafil.

**Dosage:** 10-20mg every other day (1 capsule)

**Duration:** 6 weeks on, 1 week off

**Priority:** High

Tadalafil inhibits the enzyme PDE5, allowing increased blood flow to the penis and improving erectile function. It has a 36-hour half-life, lowers blood pressure, and helps with BPH.

**Buy product here:**

[NEXTCHEMS.COM](https://nextchems.com)  **BUY NOW**

# SECTION 7: MENTAL PERFORMANCE – STIMULATING (NATTY+ & NATTY)

Immediate-effect cognitive compounds with stimulant character. Wake signal, alertness, motivation.

Your brain is not broken. It is inflamed. FL.Modafinil alters the orexin/hypocretin system – the neurological switch that controls wakefulness. Semax increases BDNF and clears brain fog instantly. Phenylpiracetam and Noopept sharpen the synapse. Rage 3.0 increases BDNF and clears metabolic waste. You work 14 hours with the clarity of hour one. The elite do not rely on willpower. Now you do too.

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<b>Rage 3.0</b>	<b>71</b>

# FL.MODAFINIL



**Medical hypothesis:** Wakefulness-promoting mechanisms and their effect on cognitive output under fatigue.

**The solution:** FL.Modafinil.

**Dosage:** 1–2 capsules daily (50–100mg)

**Duration:** 6 weeks on, 1 week off

**Priority:** High

FL.Modafinil is a pharmaceutical-grade nootropic that promotes wakefulness, enhances focus, and supports sustained mental clarity. It alters the orexin/hypocretin system – the neurological switch that controls wakefulness.

**Buy product here:**

[NEXTCHEMS.COM](https://nextchems.com)  **BUY NOW**

# SEMAX



**Medical hypothesis:** Acute cognitive enhancement and neuroprotective mechanisms under stress.

**The solution:** Semax is a peptide that increases BDNF and clears brain fog instantly.

**Dosage:** 500-900mcg intranasal (3-9 drops)

**Duration:** As needed or 30 days on, 10 off

**Priority:** Medium

Semax is a nootropic peptide that improves cognitive function, increases BDNF, and provides neuroprotection. Works within 5-10 minutes with no stimulant crash.

**Buy product here:**

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# PHENYLPİRACETAM

**Medical hypothesis:** Short-duration cognitive and physical performance optimization.

**The solution:** Phenylpiracetam is the stim-flavored racetam.

**Dosage:** 100-200mg as needed (max 2x/week)

**Duration:** Acute use only

**Priority:** Medium

Phenylpiracetam enhances both mental and physical performance. Tolerance builds rapidly, so use sparingly. Subject to athlete drug testing.

**Buy product here:**

# PRAMIRACETAM POWDER



**Medical hypothesis:** Potency differentiation among classical racetam compounds for attentional focus.

**The solution:** Pramiracetam is stronger than piracetam but requires a choline source.

**Dosage:** 300-600mg with a choline source

**Duration:** 4 weeks on, 1 week off

**Priority:** Medium

Pramiracetam is a potent nootropic that enhances memory and focus. It can cause irritability; start low and always pair with a choline source like Alpha-GPC.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# NOOPEPT



**Medical hypothesis:** BDNF upregulation in the presence of stimulant-class cognitive effects.

**The solution:** Noopept is a nootropic that is 1000x more potent than piracetam.

**Dosage:** 10-30mg sublingual

**Duration:** 2 months on, 1 month off

**Priority:** Low

Noopept increases BDNF and has a stimulant-like effect on focus. Short half-life; can cause short-term memory suppression if overused.

**Buy product here:**

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NEXTCHEMS.COM  BUY NOW

# METHYLENE BLUE



**Medical hypothesis:** Mitochondrial electron transport efficiency and its role in cerebral energy availability.

**The solution:** Methylene blue shuttles electrons in the electron transport chain, increasing ATP production.

**Dosage:** 10-20mg sublingual daily

**Duration:** 2 weeks on, 2 weeks off

**Priority:** Medium

Methylene blue enhances mitochondrial function and protects neurons. Do not combine with SSRIs or MAOIs (risk of serotonin syndrome).

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# MAXIMUS STIM ENHANCED



**Medical hypothesis:** Efficacy and dosing adequacy in commercial pre-workout formulations.

**The solution:** Maximus Stim is the high-stim option for demanding sessions.

**Dosage:** 1 scoop 20 minutes before training

**Duration:** As needed

**Priority:** High

Maximus Stim is a high-stimulant pre-workout designed for maximum energy, focus, and intensity. Do not exceed one serving; not for evening use.

**Buy product here:**

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# RAGE 3.0 ENHANCED



**Medical hypothesis:** Cognitive clarity and sustained attentional focus under fatigue.

**The solution:** Rage 3.0.

**Dosage:** 5 capsules daily

**Duration:** 6 weeks on, 1 week off

**Priority:** High

Rage 3.0 is a nootropic formula composed of 9 natural ingredients that boost cognitive performance, mental clarity, and focus. It increases BDNF and clears metabolic waste from the synapse.

**Buy product here:**

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# SECTION 8: MENTAL PERFORMANCE – CALMING (NATTY+ & NATTY)

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# SELANK



**Medical hypothesis:** Anxiolytic mechanisms and their influence on cognitive performance under pressure.

**The solution:** Selank is the Russian anxiolytic peptide – calm without sedation.

**Dosage:** 300-900mcg intranasal

**Duration:** As needed or 30 days on, 10 off

**Priority:** High

Selank is a synthetic peptide that reduces anxiety, improves verbal fluency, and enhances mood. It pairs well with Semax for a focused but calm state.

**Buy product here:**

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# PREGNENOLONE POWDER



**Medical hypothesis:** Adrenal reserve and neuroendocrine resilience under chronic stress loading.

**The solution:** Pregnenolone is the “mother hormone” upstream of all steroids.

**Dosage:** 25-50mg AM

**Duration:** 8 weeks on, 4 weeks off

**Priority:** Medium

Pregnenolone supports adrenal function and cognitive performance. Bloodwork recommended before use; can cause acne or mood swings if overdone.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# ASHWAGANDHA (KSM-66) ENHANCED



**Medical hypothesis:** Cortisol dysregulation and its downstream effects on sleep architecture and tissue recovery.

**The solution:** Ashwagandha lowers cortisol by 14-28% and improves stress resilience.

**Dosage:** 600mg daily (split AM/PM)

**Duration:** 8 weeks on, 2 weeks off

**Priority:** Medium

KSM-66 is the clinically studied ashwagandha extract. It takes 4-8 weeks to fully work and is excellent for stress-induced insomnia.

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# ENHANCED EAA ENHANCED



**Medical hypothesis:** Intra-workout cognitive and energetic maintenance under prolonged physical loading.

**The solution:** ENHANCED EAA.

**Dosage:** 1-2 scoops daily

**Duration:** 6 weeks on, 1 week off

**Priority:** Medium

Enhanced EAA contains nootropics that increase focus and motivation during a workout and improve cognitive functioning during daily tasks. Great for ketogenic or time-restricted eating windows.

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# SECTION 9: MENTAL PERFORMANCE – LONG-TERM (NATTY+)

Compounds that rebuild the hardware. Neurogenesis, BDNF elevation, synaptic growth, mitochondrial biogenesis. Effects compound over weeks to months.

Dihexa is 7x more potent than BDNF itself – reserved for hardwiring new skills. NSI-189 stimulates hippocampal growth. Cerebrolysin promotes neuronal survival after injury. 4'-DMA-7,8-DHF is the methylated BDNF mimetic. PQQ grows new mitochondria. These compounds don't just sharpen you today – they rebuild the architecture of your brain for the decade ahead.

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# DIHEXA POWDER



**Medical hypothesis:** Synaptic plasticity and long-term potentiation as determinants of skill acquisition and neuro-repair.

**The solution:** Dihexa is the most potent BDNF mimetic available – 7x more potent than BDNF itself.

**Dosage:** 8mg sublingual (in DMSO)

**Duration:** 4-8 weeks, then as needed

**Priority:** High (for neurogenesis)

Dihexa is a powerful synapse-forming peptide. It is reserved for learning something hard in a short window or for traumatic brain injury recovery. Potential for aberrant synapse growth – use cautiously.

**Buy product here:**

SWISSCHEMS.IS  BUY NOW

# NSI-189 POWDER



**Medical hypothesis:** Hippocampal neurogenesis and its relationship to cognitive flexibility and mood regulation.

**The solution:** NSI-189 stimulates hippocampal growth and improves mood.

**Dosage:** 20-40mg daily (oral)

**Duration:** 4-8 weeks

**Priority:** Medium

NSI-189 was developed as an antidepressant but was found to promote neurogenesis in the hippocampus. Cycle 8 weeks on, 4 off. Can cause temporary hair shedding.

**Buy product here:**

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# CEREBROLYSIN

**Medical hypothesis:** Neuropeptide-mediated repair mechanisms following traumatic or ischemic brain injury.

**The solution:** Cerebrolysin is a peptide mixture that promotes neuronal survival.

**Dosage:** 2-10mL IM daily for 10-20 days

**Duration:** Twice yearly

**Priority:** High (for injury)

Cerebrolysin contains neurotrophic factors that support neuron health. Injectable only; requires many injections. Best for clinical use or severe brain injury.

**Buy product here:**

# 4'-DMA-7,8-DHF



**Medical hypothesis:** TrkB receptor agonism as a mechanism for sustained BDNF-mimetic activity.

**The solution:** This is the methylated, better-penetrating version of 7,8-DHF.

**Dosage:** 10-20mg daily

**Duration:** 4 weeks on, 1 week off

**Priority:** Medium

4'-DMA-7,8-DHF is a synthetic flavone that mimics BDNF with improved bioavailability. Fewer side effects than 7,8-DHF.

**Buy product here:**

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# 7,8-DHF POWDER



**Medical hypothesis:** Natural-derived TrkB ligands and their role in daily neurotrophic support.

**The solution:** 7,8-DHF is a flavone that mimics BDNF.

Dosage: 50-100mg daily (sublingual for best absorption)

**Duration:** 8 weeks on, 2 off

**Priority:** Low

7,8-DHF is found in plants and acts as a TrkB agonist, mimicking BDNF. It is cheap and accessible, but effects are subtle and cumulative.

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# COLURACETAM POWDER



**Medical hypothesis:** High-affinity choline uptake and its effect on visual acuity and verbal memory.

**The solution:** Coluracetam targets choline uptake and is known for vivid vision.

**Dosage:** 10-30mg twice daily (with choline)

**Duration:** 4 weeks on, 1 off

**Priority:** Low

Coluracetam improves visual acuity and verbal fluency. Start low – can cause overstimulation.

**Buy product here:**

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# FASORACETAM POWDER



**Medical hypothesis:** GABA-B receptor upregulation and its relationship to mood stability and motivational drive.

**The solution:** Fasoracetam upregulates GABA-B receptors while balancing glutamate.

**Dosage:** 50-100mg twice daily

**Duration:** 8 weeks

**Priority:** Low

Fasoracetam helps with nootropic tolerance and improves mood. Can be used daily without rapid tolerance.

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# PQQ (Pyrroloquinoline Quinone) POWDER



**Medical hypothesis:** Mitochondrial biogenesis in neural tissue and its effect on cognitive energy output.

**The solution:** PQQ promotes mitochondrial biogenesis.

**Dosage:** 10-20mg daily

**Duration:** Ongoing

**Priority:** Low

PQQ stimulates the growth of new mitochondria. It is slower-acting; take with CoQ10 for synergy.

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# SECTION 10: FAT LOSS

A four-lever problem: appetite, thermogenesis, nutrient partitioning, mitochondrial efficiency. Different compounds pull different levers.

They tell you to cut calories and suffer. You will engineer fat loss at the cellular level. Tesofensine deletes hunger at the dopamine and serotonin levels. BAM-15 uncouples mitochondria – a safer DNP. 5-Amino-1MQ inhibits NNMT to force cellular energy expenditure and restore NAD+. MOTS-c mimics exercise. You hack the lipolysis pathway. The fat leaves. You do not suffer.

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# TESOFENSINE



**Medical hypothesis:** Central appetite regulation and its role in caloric intake control.

**The solution:** Tesofensine.

**Dosage:** 0.5mg-1.0mg per day, as directed (1-2 capsules)

**Duration:** 8-16 weeks, based on goals

**Priority:** High

Tesofensine modulates dopamine, serotonin, and norepinephrine levels in the brain. Originally developed for neurological conditions, it has become a potent appetite suppressant offering hunger control and improved energy levels.

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# BAM-15



**Medical hypothesis:** Mitochondrial uncoupling as a mechanism for metabolic rate elevation independent of caloric intake.

**The solution:** BAM-15 is a mitochondrial uncoupler (similar to DNP but safer profile).

**Dosage:** 50-200mg daily (start at 50)

**Duration:** 4 weeks

**Priority:** High (for advanced)

BAM-15 increases energy expenditure by uncoupling mitochondrial respiration. Monitor body temperature and heart rate. Do not exceed 200mg.

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# 5-AMINO-1MQ



**Medical hypothesis:** NNMT inhibition and NAD<sup>+</sup> availability as determinants of metabolic rate and adipose mobilization.

**The solution:** 5-Amino-1MQ.

**Dosage:** 50mg-100mg daily, as directed

**Duration:** 8-12 weeks or ongoing

**Priority:** High

5-Amino-1MQ inhibits nicotinamide N-methyltransferase (NNMT), an enzyme linked to energy regulation and fat metabolism. By reducing NNMT activity, it promotes enhanced cellular energy production, increased fat loss, and improved metabolic efficiency.

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# SLU-PP-332



**Medical hypothesis:** Lean mass preservation during sustained caloric restriction.

**The solution:** SLU-PP-332 preserves lean muscle mass while accelerating fat loss.

**Dosage:** 25mg-50mg (1 to 2 pills a day)

**Duration:** Cycle 4-6 weeks

**Priority:** High

SLU-PP-332 is a PPAR-delta agonist, similar to Cardarine, designed to increase endurance, fat oxidation, and energy output. Great for cutting phases or body reposition without affecting hormone levels. (See Section 1 for full profile.)

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# MOTS-c



**Medical hypothesis:** Exercise-mimetic metabolic signaling pathways and their effect on adipose oxidation.

**The solution:** MOTS-c is a mitochondrial peptide that improves insulin sensitivity and endurance.

**Dosage:** 5mg subQ 3x/week

**Duration:** 8 weeks

**Priority:** Medium

MOTS-c is encoded in mitochondrial DNA and activates AMPK, improving metabolic flexibility. Also good for longevity.

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# FTPP (Adipotide)



**Medical hypothesis:** White adipose tissue vasculature as a target for lipid mobilization.

**The solution:** FTPP targets the blood supply of fat cells, causing them to die.

**Dosage:** Research only (not for human consumption)

**Duration:** Not established

**Priority:** Low (experimental)

FTPP is an experimental peptide with known kidney toxicity. Not recommended outside clinical trial.

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# GLP-1



**Medical hypothesis:** Adjunctive metabolic support during GLP-1 receptor agonist therapy.

**The solution:** This oral stack helps maintain muscle and manage sides.

**Dosage:** As directed

**Duration:** While on GLP-1

**Priority:** Medium

GLP-1 Stack contains berberine, chromium, and other insulin sensitizers to support nutrient partitioning during GLP-1 agonist use.

**Buy product here:**

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# ALL DAY SHRED ENHANCED



**Medical hypothesis:** Sustained thermogenic activity in the absence of adrenergic overstimulation.

**The solution:** Slow-release stimulant blend with fat oxidizers.

**Dosage:** 2 caps AM, 2 caps early PM

**Duration:** 8 weeks

**Priority:** Medium

All Day Shred provides sustained thermogenesis with a blend of caffeine, cayenne, and green tea. Do not take after 4 PM.

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# SHRED XT ENHANCED



**Medical hypothesis:** Non-stimulant thermogenic mechanisms suitable for late-day metabolic support.

**The solution:** Shred XT uses non-stim fat burners like cayenne and green tea.

**Dosage:** 2 caps with largest meal

**Duration:** Ongoing

**Priority:** Low

Shred XT is a stimulant-free fat burner safe to stack with stimulants. It increases thermogenesis without affecting sleep.

**Buy product here:**

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# ALPHA YOHIMBINE ENHANCED



**Medical hypothesis:** Alpha-2 adrenergic receptor density in stubborn adipose depots and its effect on lipolysis.

**The solution:** Alpha Yohimbine.

**Dosage:** 3mg-6mg daily, as directed (1-2 capsules)

**Duration:** 4–8 weeks or as needed,

**Priority:** High

Alpha Yohimbine selectively blocks alpha-2 adrenergic receptors, enabling improved blood flow, enhanced lipolysis, and heightened energy expenditure. This makes it a powerful tool for stubborn fat reduction, particularly in areas like the lower abdomen and thighs.

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# SECTION 11: CUTTING

Muscle preservation, hardness, and vascularity under caloric deficit. Different mechanism than pure fat loss – these tools run harder and cycles run shorter.

Cutting destroys most men. They lose muscle, crash their metabolism, and rebound fatter. You will not. YK-11 suppresses myostatin to preserve muscle in a deficit. S-23 gives a dry, hard look with zero water bloat. S4 increases vascularity and hardness. Cardarine activates PPAR-delta to flip your fuel source from glucose to triglycerides. You run on fat. The muscle stays.

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<b>SR-9011</b>	<b>102</b>

# YK-11



**Medical hypothesis:** Lean mass retention during caloric restriction phases.

**The solution:** YK-11 preserves muscle better than any other SARM due to myostatin inhibition.

**Dosage:** 5-10mg daily

**Duration:** 8 weeks

**Priority:** High

YK-11 is a myostatin inhibitor with partial androgen receptor activity. It helps retain lean mass during a calorie deficit. (See Section 3 for full profile.)

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# S-23



**Medical hypothesis:** Simultaneous lean mass accrual and adipose reduction under caloric deficit.

**The solution:** S-23.

**Dosage:** 10mg–20mg per day, as directed

**Duration:** 8–12 weeks

**Priority:** High

S-23 provides a next-generation SARM engineered for advanced lean muscle growth, fat loss, and improved bone density.

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# S4 (Andarine)



**Medical hypothesis:** Lean mass retention during caloric restriction phases.

**The solution:** S4.

**Dosage:** 25–50mg per day, divided into 2–3 doses

**Duration:** 6–8 weeks, followed by proper post-cycle therapy (PCT)

**Priority:** High

S4 (Andarine) amplifies muscle definition, enhances strength, and promotes fat loss. S4 targets androgen receptors in muscle and bone tissue, minimizing side effects associated with anabolic compounds.

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# GW-501516 CARDARINE



**Medical hypothesis:** Aerobic capacity maintenance under conditions of caloric deficit.

**The solution:** Cardarine.

**Dosage:** 10-20mg daily

**Duration:** 6–8 weeks

**Priority:** High

GW-501516 enhances endurance, fat loss, and metabolic efficiency. As a PPAR $\delta$  receptor agonist, Cardarine optimizes fatty acid oxidation and glucose uptake in skeletal muscles.

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# SR-9011



**Medical hypothesis:** Circadian rhythm influence on resting metabolic rate and its relevance to energy balance during restriction.

**The solution:** SR-9011 is a REV-ERB agonist.

**Dosage:** 20-30mg daily (split into 2-3 doses)

**Duration:** 8 weeks

**Priority:** Medium

SR-9011 increases metabolic rate through circadian pathways, helping preserve energy levels during cutting. (See Section 1 for full profile.)

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# SECTION 12: HEALING & RECOVERY – WOLVERINE STACK

What the medical establishment won't tell you: tissue repair can be accelerated. BPC-157 mobilizes stem cells. TB-500 builds the highway.

BPC-157 mobilizes stem cells to injury sites and upregulates angiogenesis. TB-500 builds the actin highway for those stem cells to travel. GHK-Cu resets gene expression for tissue remodeling. Together, they regenerate tendons, heal leaky gut, and repair cardiac tissue. Doctors said my heart valve damage was irreversible. They lied. Surgery is for those who accept limits. Peptides are for those who refuse.

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# BPC-157 + TB-500 Blend



**Medical hypothesis:** Systemic peptide-mediated tissue repair across multiple injury sites.

**The solution:** One injection covers both peptides – cell migration plus angiogenesis.

**Dosage:** 2mg of each, twice weekly

**Duration:** 4-6 weeks

**Priority:** High

This blend combines BPC-157's stem cell mobilization with TB-500's actin upregulation for comprehensive tissue repair. SubQ near injury site.

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# BPC-157



**Medical hypothesis:** Accelerated tissue repair timelines and mechanisms of incomplete recovery.

**The solution:** BPC-157.

**Dosage:** 1-2 caps daily (0.5-1mg)

**Duration:** 4-6 weeks

**Priority:** High (recovery and healing)

BPC-157 accelerates tissue repair and recovery. It promotes collagen synthesis, reduces inflammation, and enhances gut health. For gut healing: 250mcg injected subcutaneously 1-2x daily, or 500mcg oral. Run 4-8 weeks. Combine with L-glutamine (5-10g daily) and zinc carnosine (75-150mg daily).

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# TB-500



**Medical hypothesis:** Thymosin beta-4 activity in soft tissue remodeling and post-surgical recovery.

**The solution:** TB-500.

**Dosage:** 2mg–10mg per week, as directed

**Duration:** Typically 4–6 weeks, with maintenance dosing as needed

**Priority:** High

TB-500 delivers a potent synthetic version of Thymosin Beta-4, specifically designed to enhance recovery, reduce inflammation, and accelerate tissue repair. By promoting cellular regeneration and angiogenesis, TB-500 optimizes recovery from intense physical activity, injury, or surgery.

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# GLOW Blend



**Medical hypothesis:** Multi-target peptide activity across dermal, follicular, and systemic aging pathways.

**The solution:** GHK-Cu + TB-500 + BPC-157 in one vial.

**Dosage:** As per vial (often 1mg each daily)

**Duration:** 6-8 weeks

**Priority:** Medium (cosmetic)

The GLOW blend is injectable for skin, hair, and systemic anti-aging. It also heals. Can cause injection site irritation.

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# GHK-Cu



**Medical hypothesis:** Copper peptide activity in collagen synthesis, follicular health, and wound closure.

**The solution:** GHK-Cu resets gene expression to a younger pattern.

**Dosage:** 2-4mg subQ daily

**Duration:** 10 weeks on, 4 off

**Priority:** Medium

GHK-Cu activates over 4,000 genes involved in tissue remodeling. It tightens skin, accelerates wound healing, and improves hair thickness. Stings on injection; pair with vitamin C and zinc.

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# BPC-157



**Medical hypothesis:** Intestinal epithelial repair and mucosal integrity restoration following chemical or inflammatory insult.

**The solution:** Oral BPC-157 targets the gut lining directly.

**Dosage:** 500mcg oral on empty stomach

**Duration:** 4-8 weeks

**Priority:** High (for gut)

Oral BPC-157 repairs intestinal lining, reduces permeability, and heals mucosal damage from NSAIDs, oral steroids, and stress.

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# LL-37



**Medical hypothesis:** Antimicrobial peptide activity against dysbiotic microbiota and biofilm-forming organisms.

**The solution:** LL-37 is an antimicrobial peptide that disrupts biofilms.

**Dosage:** 100-200mcg subQ daily for 5-10 days

**Duration:** As needed (not for continuous use)

**Priority:** Low (advanced)

LL-37 is an endogenous antimicrobial peptide. It can cause a Herxheimer reaction. Follow with probiotics.

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# THYMOSIN ALPHA-1



**Medical hypothesis:** Thymic peptide activity and immune reconstitution following suppressive compound exposure.

**The solution:** Thymosin Alpha-1 rebalances immune function.

**Dosage:** 1.6mg subQ twice weekly

**Duration:** 4-8 weeks

**Priority:** Medium

Thymosin Alpha-1 reduces inflammation, improves immune surveillance, and restores youthful immune function.

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# EPITALON



**Medical hypothesis:** Telomere length, pineal function, and systemic biomarkers of cellular aging.

**The solution:** Epitalon activates telomerase and resets pineal function.

**Dosage:** 10mg subQ daily for 10 days

**Duration:** Twice yearly

**Priority:** High (for longevity)

Epitalon is a Khavinson peptide that lengthens telomeres and improves sleep. It is a twice-yearly course, not a daily pill.

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# SECTION 13: HEALTH FOUNDATION

Nothing in the other sections matters if the foundation isn't solid. Liver, thyroid, blood pressure, lipids, NAD+, minerals.

You cannot play God with your hormones and ignore the cleanup. The bill always comes due. TUDCA dissolves the toxic waste left by oral steroids and environmental poisons. Organ Health provides full-spectrum antioxidant protection for the kidneys, heart, and pancreas. Joint Guard lubricates the connective tissue under heavy loads. Ubiquinol, magnesium, D3+K2 – the boring section. Also the most important. You armor your organs. The chemistry will not consume you.

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# TUDCA ENHANCED



**Medical hypothesis:** Hepatocellular stress and bile acid dynamics during oral compound exposure.

**The solution:** TUDCA.

**Dosage:** 250mg–500mg daily, as directed (1-2 capsules)

**Duration:** 4–12 weeks or ongoing, based on individual goals

**Priority:** High

TUDCA (Tauroursodeoxycholic Acid) supports liver health and optimizes cellular function. As a protector against liver toxicity, TUDCA enhances bile flow, reduces inflammation, and repairs liver damage caused by environmental toxins, medication, or intense physical stress.

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# ORGAN HEALTH ENHANCED



**Medical hypothesis:** Organ-level detoxification pathway capacity under high-demand pharmacological protocols.

**The solution:** Organ Health provides full-spectrum anti-oxidant protection.

**Dosage:** 2–4 capsules daily, as directed

**Duration:** Ongoing or as needed

**Priority:** High

Organ Health is a comprehensive formula designed to safeguard and optimize the health of your body's most vital organs. Packed with clinically-backed nutrients, antioxidants, and herbal extracts, this supplement provides targeted support for liver detoxification, cardiovascular function, and kidney health.

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# LIOTHYRONINE (T3)



**Medical hypothesis:** Thyroid hormone dynamics and their role in metabolic rate maintenance during caloric restriction.

**The solution:** T3 forces the furnace to stay hot.

**Dosage:** 25-50mcg daily (start low)

**Duration:** 4-8 weeks then taper

**Priority:** High (for hypothyroid or advanced cut)

T3 is synthetic thyroid hormone. It increases metabolic rate by 10-30%. Bloodwork first; do not exceed 50mcg without medical supervision.

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# LEVOTHYROXINE (T4)



**Medical hypothesis:** T4-to-T3 conversion efficiency and its clinical distinction from overt hypothyroidism.

**The solution:** T4 is the storage form, used when T3 is overkill.

**Dosage:** 50-200mcg daily (bloodwork guided)

**Duration:** Ongoing if hypothyroid

**Priority:** Low

T4 is a synthetic thyroid hormone that converts to T3. Takes weeks to convert; not for acute cutting.

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# NAD+ POWDER



**Medical hypothesis:** Age-related NAD+ decline and its effect on sirtuin activity and metabolic signaling.

**The solution:** NAD+ fuels DNA repair and mitochondrial function.

**Dosage:** 250-500mg sublingual or 200-400mg IV

**Duration:** Loading protocol (5 days) then maintenance

**Priority:** Medium

NAD+ is a coenzyme for sirtuins and PARP enzymes. Oral bioavailability is poor; sublingual is better.

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# EZETIMIBE



**Medical hypothesis:** Non-statin cholesterol absorption pathways and their modifiability.

**The solution:** Ezetimibe blocks cholesterol absorption in the gut.

**Dosage:** 10mg daily

**Duration:** As prescribed

**Priority:** Medium

Ezetimibe is a non-statin cholesterol medication. It has no statin myopathy and works well with a low-fat diet.

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# TELMISARTAN



**Medical hypothesis:** Angiotensin II receptor blockade and blood pressure regulation during anabolic compound use.

**The solution:** Telmisartan is an ARB with metabolic benefits.

**Dosage:** 40-80mg daily

**Duration:** On cycle or long-term

**Priority:** High (if BP elevated)

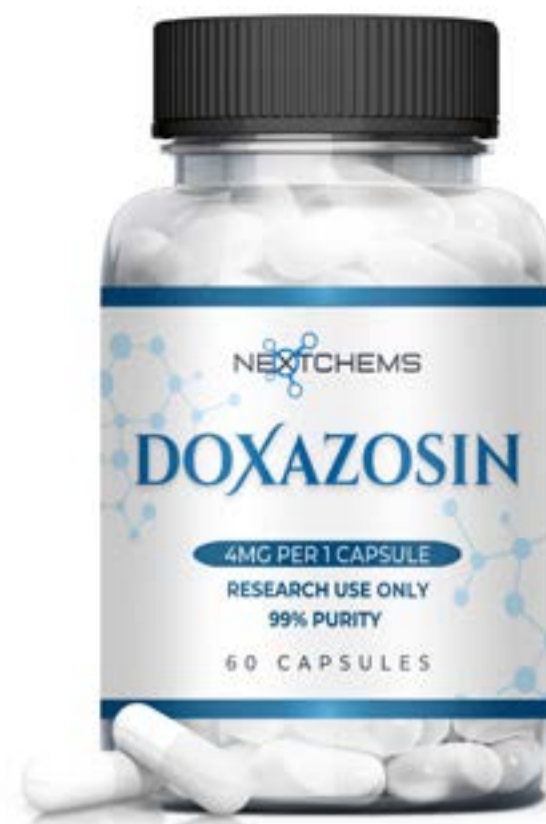
Telmisartan lowers blood pressure, improves insulin sensitivity, and aids fat loss. It is often used on cycle for cardiovascular protection.

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# DOXAZOSIN



**Medical hypothesis:** Alpha-1 adrenergic receptor activity in blood pressure elevation and prostatic tissue tone.

**The solution:** Doxazosin blocks alpha-1 receptors.

**Dosage:** 4-8mg daily

**Duration:** As prescribed

**Priority:** Low

Doxazosin is an alpha-1 blocker used for hypertension and benign prostatic hyperplasia. Can cause first-dose dizziness – start low.

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# JOINT GUARD ENHANCED



**Medical hypothesis:** Synovial inflammation and articular cartilage integrity under high training loads.

**The solution:** Joint Guard.

**Dosage:** 3-4 capsules per day, as directed

**Duration:** Ongoing, or as needed for joint health and mobility

**Priority:** High

Joint Guard is a comprehensive joint support formula designed to combat inflammation, improve mobility, and promote long-term joint health. Packed with clinically researched ingredients like glucosamine, chondroitin, and MSM, Joint Guard works synergistically to repair cartilage, enhance lubrication, and reduce joint discomfort.

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# UBIQUINOL ENHANCED



**Medical hypothesis:** Coenzyme Q10 depletion as a mechanism of statin-associated mitochondrial dysfunction.

**The solution:** Ubiquinol is the reduced, bioavailable form of CoQ10.

**Dosage:** 100-300mg daily

**Duration:** Ongoing

**Priority:** Medium

Ubiquinol is essential for heart health and mitochondrial ATP production. Take with fat for absorption.

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# MAGNESIUM ENHANCED



**Medical hypothesis:** Magnesium's role in neuromuscular function, sleep architecture, and HPA axis regulation.

**The solution:** Three forms of magnesium for full coverage.

**Dosage:** 400-600mg before bed

**Duration:** Ongoing

**Priority:** High

This complex contains magnesium glycinate (for relaxation), citrate (for motility), and oxide (for bulk). Take before bed.

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# D3 + K2 (MK-7) ENHANCED



**Medical hypothesis:** Vitamin D and K2 co-dependency in calcium metabolism and cardiovascular tissue safety.

**The solution:** Clinical doses of D3 with K2 for proper calcium routing.

**Dosage:** 5000 IU D3 + 100mcg K2 daily

**Duration:** Year-round

**Priority:** High

Vitamin D3 is a hormone controlling over 3,000 genes. K2 directs calcium into bones, not arteries. Get bloodwork to dial dose.

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# SECTION 14:

## TREN REPLACEMENT STACK

Trenbolone works. It also puts most men into mental and cardiovascular states they're not equipped to handle. This is the alternative.

Trenbolone delivers the gains but destroys sleep, sanity, and cardiovascular health. This stack is the workaround. RAD-140 delivers dry, lean aggression. SLU-PP-332 mimics the metabolic furnace of Tren without neurotoxicity. Enclomiphene keeps your natural LH and FSH online. SLIN Pills manage insulin resistance. You get the super-human work capacity and vascularity — and you keep your sanity and your heart.

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## Compound Cycle Protocol

# STACK CYCLE PROTOCOL

**RAD-140 –**

**20mg (10mg AM / 10mg PM) – 12 weeks – Base**

**SLU-PP-332 –**

**100-200mg – 12 weeks – Base**

**YK-11 –**

**10mg (5mg AM / 5mg PM) – 8-12 weeks – Optional**

**S-23 –**

**10-20mg – 6-8 weeks – Optional**

**MK-677 –**

**10-25mg at night – 12 weeks – Optional**

**IGF-1 LR3 –**

**40-60mcg post-workout – 4-6 weeks (mid-cycle) – Optional**

**Tesamorelin –**

**1-2mg at bedtime – 12 weeks – Optional**

**Slin –**

**4 caps before carb meals – 12 weeks – Optional**

**Enclomiphene –**

**12.5mg daily – 12 weeks – Mandatory**

# RAD-140

## Testolone



**Medical hypothesis:** Androgenic drive optimization in the absence of trenbolone's neurological and cardiovascular side effect profile.

**The solution:** RAD-140 delivers dry, lean aggression. In this stack, RAD-140 is your foundation.

**Dosage:** 10-20mg daily (split AM/PM)

**Duration:** 12 weeks

**Priority:** High – Base compound

RAD-140, aka Testolone, is one of the strongest SARMs for muscle growth. It binds to androgen receptors with high affinity, mimicking testosterone and enhancing strength, recovery, and lean mass without significant estrogen conversion. (See Section 1 for full profile.)

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# YK-11



**Medical hypothesis:** Anti-catabolic signaling during severe caloric restriction as an analog to trenbolone's muscle-sparing mechanisms.

**The solution:** YK-11 attacks myostatin, the genetic brake on muscle growth. In the Tren Replacement Stack, YK-11 ensures you don't lose muscle while stripping fat.

**Dosage:** 5-10mg daily (split AM/PM)

**Duration:** 8 weeks

**Priority:** Medium – Add for aggression

YK-11 is a myostatin inhibitor with partial androgen receptor activity. Suppressive; PCT required after 6+ weeks. (See Section 3 for full profile.)

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# S-23



**Medical hypothesis:** High-potency androgenic receptor modulation without estrogen conversion or water retention.

**The solution:** S-23 is the most androgenic SARM available – the closest legal research compound to high-androgen steroids. Add it for that extra edge.

**Dosage:** 10-20mg daily (split AM/PM)

**Duration:** 6-8 weeks maximum

**Priority:** Medium – Add if RAD isn't enough

S-23 provides a next-generation SARM engineered for advanced lean muscle growth, fat loss, and improved bone density. Complete shutdown after ~2 weeks; PCT mandatory. (See Section 1 for full profile.)

**Buy product here:**

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# SLU-PP-332



**Medical hypothesis:** Mitochondrial biogenesis and metabolic rate elevation as analogs to trenbolone's thermogenic partitioning effects.

**The solution:** SLU-PP-332 mimics the metabolic furnace of tren without neurotoxicity. It increases fatty acid oxidation, boosts endurance, and raises BMR.

**Dosage:** 100-200mg daily

**Duration:** 12 weeks (align with stack)

**Priority:** High – Base compound

SLU-PP-332 is a PPAR-delta agonist, similar to Cardarine, designed to increase endurance, fat oxidation, and energy output. Great for cutting phases or body recomposition without affecting hormone levels. (See Section 1 for full profile.)

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# MK-677

## Ibutamoren



**Medical hypothesis:** Growth hormone pulsatility, delta-wave sleep depth, and recovery quality as targets for trenbolone sleep disruption mitigation.

**The solution:** MK-677 preserves the GH arc and improves recovery. Taken at night, it rebuilds what training tears down.

**Dosage:** 10-25mg at night

**Duration:** 12 weeks

**Priority:** Medium – Add for recovery & sleep

MK-677, also known as “Ibutamoren”, stimulates growth hormone release and increases insulin-like growth factor 1 (IGF-1) levels. (See Section 3 for full profile.)

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# IGF-1 LR3



**Medical hypothesis:** IGF-1 mediated hyperplasia and nutrient partitioning as non-androgenic alternatives to trenbolone's anabolic mechanisms.

**The solution:** IGF-1 LR3 adds the direct growth signal, turning strength into permanent mass.

**Dosage:** 40-60mcg subQ or IM post-workout daily

**Duration:** 4-6 weeks (mid-cycle)

**Priority:** Medium – Run mid-cycle

IGF-1 LR3 promotes muscle cell hyperplasia and enhances nutrient uptake. It works synergistically with growth hormone for rapid gains in size, recovery, and performance. (See Section 3 for full profile.)

**Buy product here:**

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# TESAMORELIN



**Medical hypothesis:** GH pulsatility restoration and cortisol normalization in the context of trenbolone-induced hormonal disruption.

**The solution:** Tesamorelin rounds out the hormonal picture, keeping your GH axis online while the other compounds work.

**Dosage:** 1-2mg subQ at bedtime

**Duration:** 12 weeks

**Priority:** Low – Optional hormonal fine-tuning

Tesamorelin is a GHRH analog that stimulates endogenous GH. It is FDA-approved for HIV lipodystrophy and also reduces visceral fat. (See Section 3 for full profile.)

**Buy product here:**

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# SLIN ENHANCED



**Medical hypothesis:** Insulin-mediated nutrient partitioning toward lean tissue as an analog to trenbolone's metabolic redirection.

**The solution:** SLIN Pills manage insulin resistance and shuttle carbs into muscle.

**Dosage:** 4 caps before highest carbohydrate meals

**Duration:** Entire cycle (12 weeks)

**Priority:** Medium – For nutrient shuttling

SLIN Pills are nutrient partitioning agents that shuttle carbs into muscle rather than fat cells. Formulated with berberine, cinnamon extract, and bitter melon, they optimize insulin sensitivity and help keep you lean during bulks. (See Section 4 for full profile.)

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# ENCLOMIPHENE



**Medical hypothesis:** HPTA preservation during multi-compound suppressive protocols.

**The solution:** Enclomiphene keeps your natural LH and FSH online, preventing shutdown and making PCT easier.

**Dosage:** 12.5mg daily

**Duration:** 12 weeks (throughout cycle) + 4 weeks post-cycle

**Priority:** High – Mandatory on-cycle support

Enclomiphene is a selective estrogen receptor modulator (SERM) that significantly boosts natural testosterone levels. It attaches to estrogen receptors in the brain, signaling low estrogen, which triggers the body to produce more gonadotropin releasing hormone, boosting testosterone downstream.

**Buy product here:**

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## 12-Week Stack Protocol

# STACK PROTOCOL (12-WEEK CYCLE)

### Weeks 1-12:

#### Daily:

RAD-140 20mg,  
SLU-PP-332 100-200mg,  
Enclomiphene 12.5mg,  
Slin 4 caps before carb meals.

#### Nightly:

MK-677 10-25mg,  
Tesamorelin 1-2mg (optional).

### Post-workout (weeks 4-10 only):

IGF-1 LR3 40-60mcg.

**Training:** 5-6 sessions/week resistance, plus daily LISS cardio for metabolic conditioning.

### Weeks 13-16 (PCT):

Enclomiphene 12.5mg daily.  
Discontinue all other compounds.

**Testing:** Full blood panel at weeks 6 and 12 to monitor lipids, liver, and hormones. Respect the data.

### Optional additions:

YK-11 (10mg daily, weeks 1-8) or S-23 (10-20mg daily, weeks 1-6) can be subbed in for RAD-140 if more aggression or myostatin inhibition is needed.

# SECTION 15: SLEEP & LONGEVITY

## Part 1: Behavioral Foundation

Sleep and longevity share more pathways than most people realize. The peptides that deepen slow-wave sleep also extend healthspan. Before you touch any compound, lock in the non-negotiables below.

Epitalon resets your pineal gland and lengthens telomeres – a twice-yearly course, not a daily pill. Ipamorelin restores natural GH pulsatility during slow-wave sleep. DSIP promotes delta-wave activity and reduces cortisol. NAD+ fuels the sirtuins that repair DNA while you sleep. Ashwagandha lowers evening cortisol. Magnesium L-Threonate is the only form that crosses the blood-brain barrier. Tier 1 alone – sleep schedule, 65-68°F room, total darkness, morning sunlight – fixes 80% of sleep problems. Do not reach for peptides until you have dialed in the environment. Those who master sleep master aging.

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### **The Foundation (Tier 1 – Necessary Environment)**

- Sleep schedule – Same bedtime  $\pm$ 30 minutes, 7 days/week
- Room temperature – 65-68°F (18-20°C)
- Total darkness – Blackout curtains or sleep mask
- Morning sunlight – 10-30 minutes within 1 hour of waking
- Caffeine cutoff – 10-12 hours before bed
- Blue light blocking – Amber glasses after sunset
- Food cutoff – Last meal 2-3 hours before bed

These cost nothing and deliver 80% of the results. Do not skip them.

# EPITALON



**Medical hypothesis:** Pineal calcification, melatonin rhythm degradation, and telomere shortening as interconnected aging biomarkers.

**The solution:** Epitalon resets pineal function and normalizes melatonin rhythm. It is a twice-yearly course, not a daily pill.

**Dosage:** 10mg subQ daily

**Duration:** 10 days, twice per year

**Priority:** High – The single most important longevity peptide

Epitalon is a Khavinson peptide that activates telomerase and lengthens telomeres. Effects persist for months after each course. Stack with morning sunlight.

**Buy product here:**

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# IPAMORELIN



**Medical hypothesis:** Age-related flattening of growth hormone pulsatility and delta-wave sleep depth.

**The solution:** Ipamorelin pre-bed gives deeper slow-wave sleep within 3 nights.

**Dosage:** 200-300mcg subQ before bed

**Duration:** 8-12 weeks, then 4 weeks off (cycle to prevent receptor downregulation)

**Priority:** High – Cleanest GH peptide for sleep

Ipamorelin is a GH secretagogue with no cortisol or prolactin increase. It stimulates growth hormone release for recovery, deep sleep, and muscle retention during a cut.

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# DSIP (Delta Sleep- Inducing Peptide)



**Medical hypothesis:** Delta-wave sleep architecture and its relationship to subjective sleep quality and restorative function.

**The solution:** DSIP promotes delta-wave activity and reduces cortisol.

**Dosage:** 100-200mcg subQ before bed

**Duration:** As needed or 4 weeks on, 2 off

**Priority:** Medium

DSIP is a specialized deep-sleep enhancer for stress-induced fragmentation. Not a sedative; no next-day grogginess. Works best when cortisol is elevated at night.

**Buy product here:**

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# NAD+ POWDER



**Medical hypothesis:** NAD+ decline as a convergent mechanism in sirtuin dysfunction, DNA repair impairment, and sleep quality degradation.

**The solution:** NAD+ is a longevity metabolite. Loading protocols improve cellular repair during sleep.

**Dosage:** 250-500mg sublingual OR 200-400mg IV weekly

**Duration:** 8-12 weeks loading, then maintenance

**Priority:** Medium

NAD+ fuels sirtuins and PARP enzymes that repair DNA during sleep. Oral bioavailability poor; sublingual is better.

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# MOTS-c



**Medical hypothesis:** Mitochondrial-derived peptide activity on circadian metabolic rhythms and subjective aging.

**The solution:** MOTS-c improves circadian metabolic rhythm and mitochondrial function.

**Dosage:** 5-10mg subQ 3-5 times per week (evening preferred)

**Duration:** 8-12 weeks

**Priority:** Medium – For circadian and metabolic reset

MOTS-c is a mitochondrial-derived peptide that activates AMPK, restores metabolic flexibility, and improves circadian alignment. Best injected before bed.

**Buy product here:**

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# THYMOGEN



**Medical hypothesis:** Thymic involution rate and T-cell output as markers of immune system biological aging.

**The solution:** Thymogen is a thymic bioregulator that improves T-cell function.

**Dosage:** 20mg subQ daily for 20 days

**Duration:** Twice yearly

**Priority:** Low

Thymogen is a Khavinson peptide. One of the original Khavinson bioregulators with decades of safety data. Stack with Epitalon for systemic rejuvenation.

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# CARTALAX



**Medical hypothesis:** Articular cartilage degradation rates and their modifiability through peptide bioregulator intervention.

**The solution:** Cartalax is a cartilage bioregulator.

**Dosage:** 20mg subQ daily for 20 days

**Duration:** Twice yearly

**Priority:** Low

Cartalax is a Khavinson peptide that targets cartilage and connective tissue. Best for osteoarthritis or heavy lifters.

**Buy product here:**

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# CORTAGEN



**Medical hypothesis:** Neural tissue bioregulators and their role in age-related cognitive decline.

**The solution:** Cortagen supports neuronal function.

**Dosage:** 20mg subQ daily for 20 days

**Duration:** Twice yearly

**Priority:** Low

Cortagen is a brain-specific Khavinson peptide. Often paired with Epitalon for full CNS rejuvenation.

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# PANCRAGEN



**Medical hypothesis:** Pancreatic bioregulator peptides and their relationship to metabolic function in aging tissue.

**The solution:** Pancragen supports insulin production and metabolic flexibility.

**Dosage:** 20mg subQ daily for 20 days

**Duration:** Twice yearly

**Priority:** Low

Pancragen is a Khavinson peptide. Useful for those on GH or with family history of diabetes.

**Buy product here:**

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# ASHWAGANDHA (KSM-66) ENHANCED



**Medical hypothesis:** Evening cortisol elevation as a disruptor of sleep onset and circadian wind-down physiology.

**The solution:** Ashwagandha lowers evening cortisol for deeper REM sleep.

**Dosage:** 600mg daily (300mg twice daily, or 600mg once at night)

**Duration:** 8-12 weeks (full effects take 4-8 weeks)

**Priority:** High – Best adaptogen for cortisol-driven insomnia

KSM-66 ashwagandha lowers cortisol by 14-28% and improves sleep onset latency, total sleep time, and quality – without sedation.

**Buy product here:**

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# MAGNESIUM ENHANCED



**Medical hypothesis:** Magnesium's role in neuromuscular function, sleep architecture, and HPA axis regulation.

**The solution:** Enhanced Magnesium Complex is the cheapest sleep upgrade.

**Dosage:** 400-600mg before bed

**Duration:** Ongoing

**Priority:** High

Three forms of magnesium for full coverage. Glycinate for relaxation, citrate for motility. Take 30-60 minutes before bed.

**Buy product here:**

[ENHANCEDLABS.COM](https://enhancedlabs.com)  **BUY NOW**

# PINEALON



**Medical hypothesis:** Pineal peptide activity on neuronal gene expression and age-related cognitive decline.

**The solution:** Pinealon is a peptide bioregulator that supports neuron repair, enhances memory, and restores mental clarity.

**Dosage:** 5-20mg subQ daily

**Duration:** 10-20 days, twice per year

**Priority:** Medium – For brain longevity

Pinealon is a Khavinson peptide that targets the brain and central nervous system. It improves cognitive function, memory, and mental sharpness. Best stacked with Epitalon for full CNS rejuvenation.

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# RAPAMYCIN

**Medical hypothesis:** mTOR pathway dysregulation as a driver of cellular senescence and biological aging rate.

**The solution:** Rapamycin inhibits mTOR, activating autophagy and extending healthspan across every species tested.

**Dosage:** 5-6mg once weekly

**Duration:** Ongoing, with periodic breaks

**Priority:** High – Core longevity pharmaceutical

Rapamycin is the most studied longevity drug in history. It mimics calorie restriction, clears damaged cells, and extends lifespan in mammals. Monitor bloodwork; cycle 1 month on / 1 month off for optimal safety.

**Buy product here:**

# METFORMIN

**Medical hypothesis:** Insulin sensitivity decline and its relationship to systemic inflammation and accelerated cellular aging.

**The solution:** Metformin activates AMPK, improves insulin sensitivity, and decelerates biological aging.

**Dosage:** 500-1000mg daily (split AM/PM)

**Duration:** Ongoing

**Priority:** Medium – Foundational metabolic support

Metformin is the subject of the landmark TAME trial, designed to prove its anti-aging effects. It reduces inflammation, supports cellular repair, and promotes metabolic flexibility. Start low, titrate slowly, and monitor kidney function.

**Buy product here:**

# GHK-Cu



**Medical hypothesis:** Copper peptide activity as a systemic marker and modulator of connective tissue aging.

**The solution:** GHK-Cu resets gene expression to a younger pattern, activating over 4,000 genes involved in collagen synthesis, wound healing, and anti-inflammation.

**Dosage:** 1-2mg subQ daily

**Duration:** 10 weeks on, 4 weeks off

**Priority:** Medium – For skin, joint, and systemic rejuvenation

GHK-Cu is the “beauty peptide” that tightens skin, reduces wrinkles, accelerates healing, and improves hair thickness. Pair with vitamin C and zinc. Stings on injection.

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## Part 2: Compound Stack

# SLEEP & LONGEVITY STACK PROTOCOL (UPDATED)

### Tier 1 (every night)

**Intervention:** Morning sunlight + room temp 65-68°F + total darkness + caffeine cutoff

**Dosage / Frequency:** Non-negotiable environment

### Tier 2 (core stack)

**Intervention:** Magnesium L-Threonate (144mg) + Apigenin (50mg) + L-Theanine (200-400mg) + Glycine (3g) + Melatonin (0.3-0.5mg)

**Dosage / Frequency:** 30-60 min before bed, ongoing

### Tier 2a (mineral support)

**Intervention:** Enhanced Magnesium Complex (400-600mg)

**Dosage / Frequency:** Take with core stack or as alternative

### Tier 3 (prescription if needed)

**Intervention:** Lemborexant (Dayvigo) 5-10mg OR Propranolol 10-40mg + melatonin 0.3-0.5mg

**Dosage / Frequency:** As prescribed; not first-line

### Tier 4 (peptides)

**Intervention:** MK-677 (10-25mg) 5 on / 2 off, or CJC-1295/Ipamorelin (100-200mcg each), or DSIP (100-200mcg), or Ipamorelin alone (200-300mcg)

**Dosage / Frequency:** 8-12 week cycles with off periods

### **Bi-annual reset**

**Intervention:** Epitalon 10mg daily for 10 days + optional Thymogen/Cortagen/Pinealon

**Dosage / Frequency:** Twice yearly (e.g., spring and fall)

### **Background (ongoing or cycled)**

**Intervention:** NAD+ sublingual 250-500mg daily, MO-TS-c 5-10mg subQ 3-5x/week (8-12 week cycles), Ashwagandha 600mg daily (8-12 weeks), GHK-Cu 1-2mg subQ daily (10 weeks on, 4 off), Rapamycin 5-6mg once weekly (1 month on/off), Metformin 500-1000mg daily

**Dosage / Frequency:** Cycle as noted; monitor bloodwork

**Rule of thumb:** Tier 1 alone fixes 80% of sleep problems. Do not reach for peptides or prescriptions until you have dialed in temperature, darkness, and morning light. The compounds added above (Epitalon, Ipamorelin, DSIP, Enhanced Magnesium Complex, Pinealon, Rapamycin, Metformin, GHK-Cu) are now fully integrated into the protocol.

# SECTION 16: HAIR, SKIN & AESTHETIC

The mirror doesn't lie. Wrinkles, thinning hair, and dull skin are biological signals, not inevitable decay. GHK-Cu resets gene expression to a younger pattern. Melanotan II gives you a god-like tan and deletes the refractory period. Finasteride and dutasteride block the DHT that miniaturizes follicles at the root. You don't need a surgeon. You need chemistry. Your body produces these peptides naturally – levels crash after 20. Supplementing them restores collagen, tightens skin, and grows hair where it stopped growing years ago. This isn't cosmetic. This is engineering the extracellular matrix back to its 25-year-old baseline.

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# GHK-Cu



**Medical hypothesis:** Copper peptide activity in collagen synthesis, follicular health, and wound closure.

**The solution:** GHK-Cu resets gene expression to a younger pattern, activating over 4,000 genes involved in collagen synthesis, wound healing, and anti-inflammation.

**Dosage:** 1-2mg subQ daily

**Duration:** 10 weeks on, 4 weeks off

**Priority:** Medium

GHK-Cu tightens skin, reduces wrinkles, accelerates healing, and improves hair thickness. Pair with vitamin C and zinc. Stings on injection.

**Buy product here:**

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# MELANOTAN II



**Medical hypothesis:** Melanocortin receptor activity and its dual role in pigmentation and sexual response.

**The solution:** Melanotan II increases skin melanin for a god-like tan and activates melanocortin receptors for primal arousal.

**Dosage:** 250-500mcg subQ as needed

**Duration:** As needed (start low)

**Priority:** Medium

Melanotan II delivers the sexual benefits of PT-141 plus a deep, natural-looking tan. Start at 100mcg to assess nausea; tanning effect builds over weeks.

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# FINASTERIDE

**Medical hypothesis:** DHT-mediated follicular miniaturization as the primary mechanism of androgenetic alopecia.

**The solution:** Finasteride inhibits 5-alpha-reductase type II, reducing scalp DHT by up to 70% and halting hair loss.

**Dosage:** 1mg daily

**Duration:** Ongoing (effects reverse within 6-12 months of stopping)

**Priority:** High (for androgenic alopecia)

Finasteride is the gold standard oral medication for male pattern baldness. It stops further thinning and, in many men, regrows hair. Potential side effects include reduced libido – monitor and adjust.

**Buy product here:**

# DUTASTERIDE

**Medical hypothesis:** Dual isoform 5-alpha-reductase inhibition and its comparative efficacy over selective Type II blockade.

**The solution:** Dutasteride inhibits both isoenzymes, reducing scalp DHT by over 90% for superior hair retention.

**Dosage:** 0.5mg daily

**Duration:** Ongoing

**Priority:** Medium (if finasteride insufficient)

Dutasteride is more potent than finasteride but carries a higher risk of side effects. Often used off-label for aggressive hair loss. Monitor libido, mood, and prostate health.

**Buy product here:**

# SECTION 17: GUT HEALTH

Leaky gut isn't a fad diagnosis – it's the root of systemic inflammation, brain fog, and autoimmune chaos. 70-80% of your immune system lives in your gut. If your intestinal barrier is compromised, every compound you take – every SARM, every peptide, every hormone – hits at half power. BPC-157 seals the tight junctions. KPV cools the NF-kB fire. Larazotide blocks the zonulin receptor that keeps the floodgates open. Fix the gut. Everything else follows. Most guys obsess over anabolics while their gut can barely process a meal. You will not. You will fix the foundation first.

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# BPC-157



**Medical hypothesis:** Intestinal epithelial repair and mucosal integrity restoration following chemical or inflammatory insult.

**The solution:** BPC-157 repairs intestinal lining, reduces permeability, and heals mucosal damage.

**Dosage:** 250-500mcg subQ 1-2x daily, or 500mcg oral

**Duration:** 4-8 weeks

**Priority:** High

BPC-157 mobilizes stem cells to the gut, tightens junctions, and lowers systemic endotoxins. Combine with L-glutamine (5-10g daily) and zinc carnosine for synergistic healing.

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# KPV



**Medical hypothesis:** Alpha-MSH-derived peptide activity on intestinal inflammatory pathways resistant to conventional therapy.

**The solution:** KPV is a potent anti-inflammatory peptide derived from alpha-MSH that calms gut-associated lymphoid tissue and reduces cytokine storms.

**Dosage:** 500-1000mcg oral or subQ daily

**Duration:** 4-8 weeks

**Priority:** Medium

KPV inhibits NF-kB, the master inflammatory switch, directly in the gut. It is especially useful for inflammatory bowel disease and post-antibiotic dysbiosis.

**Buy product here:**

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# LARAZOTIDE

**Medical hypothesis:** Tight junction integrity and paracellular permeability as determinants of systemic inflammatory load.

**The solution:** Larazotide is a peptide that blocks the zonulin receptor, physically sealing the intestinal barrier.

**Dosage:** 0.5-1mg oral daily

**Duration:** 12 weeks, then reassess

**Priority:** Low (specialized)

Larazotide was developed for celiac disease but works for anyone with elevated zonulin. It is a precision tool for leaky gut when BPC-157 alone isn't enough.

**Buy product here:**

# SECTION 18: IMMUNE & THYMIC HEALTH

Your immune system is only as young as your thymus. By 60, it's a ghost of itself – thymic involution is not optional, but it is reversible. Thymosin Alpha-1 recharges T-cell function and restores immune surveillance. LL-37 is your endogenous antimicrobial peptide; injectable LL-37 shreds biofilms and kills resistant pathogens that probiotics can't touch. This is the system that keeps you training, not sick. Stop getting wiped out by every cold. Start defending. The enhanced man doesn't get sick – he engineers his immunity.

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**Thymosin Alpha-1**

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**LL-37**

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# THYMOSIN ALPHA-1



**Medical hypothesis:** Thymic peptide activity and immune reconstitution in the context of recurrent infection and blunted vaccine response.

**The solution:** Thymosin Alpha-1 rebalances immune function, upregulating weak responses and calming overactive ones.

**Dosage:** 1.6mg subQ twice weekly

**Duration:** 4-8 weeks

**Priority:** Medium

Thymosin Alpha-1 reduces inflammation, improves immune surveillance, and restores youthful T-cell activity. Used in clinical settings for chronic infections and as an adjunct to vaccines.

**Buy product here:**

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# LL-37



**Medical hypothesis:** Antimicrobial peptide activity against dysbiotic microbiota and biofilm-forming organisms resistant to standard interventions.

**The solution:** LL-37 is an endogenous antimicrobial peptide that disrupts biofilms and kills gram-negative and gram-positive bacteria.

**Dosage:** 100-200mcg subQ daily for 5-10 days

**Duration:** As needed (not for continuous use)

**Priority:** Low (advanced)

LL-37 can cause a Herxheimer (die-off) reaction. Follow with high-dose probiotics and prebiotics to repopulate beneficial flora. Use sparingly, only for confirmed dysbiosis.

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# The End

You have reached the end of this reference guide.

The protocols collected here represent a distillation of current research across performance, recovery, cognitive function, and longevity. This is a starting point — a framework for understanding what is possible when biology is approached systematically rather than conventionally.

There is significantly more territory to cover. This guide is an introduction, not an endpoint.

## Where to Go From Here

The compounds and hypotheses outlined in this book each have deeper literature behind them — mechanisms, dosing research, interaction profiles, and evolving clinical data. The reader who treats this as a launchpad rather than a destination will get the most from it.

Communities exist where this subject matter is discussed at a more advanced level — sourcing, stacking, real-world protocol feedback, and emerging research. Seek them out. The conversation moves fast and the information available to an engaged community far exceeds what any single publication can contain.

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## **A Final Note**

Most people who encounter this information will not act on it. They will return to default settings — the fatigue, the plateau, the slow decline — and call it inevitable.

It is not inevitable.

Biology is not a fixed sentence. It is a system. Systems can be understood, adjusted, and optimized. That is what this guide is about. That is what the broader field of human enhancement is about.

The reader who has made it this far already understands that.

The next step is yours.