

WIDELY RESEARCHED

PEPTIDE DOSING PROTOCOL

BY **LUMIN PEPTIDES**

FOR INFORMATIONAL PURPOSES ONLY;
NOT INTENDED AS MEDICAL ADVICE.

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DISCLAIMER

This document is intended for informational and educational purposes only. It summarizes widely studied dosing models as reported in laboratory, investigational, and preclinical research. Nothing in this guide should be interpreted as medical advice, treatment guidance, or a recommendation for human use.

All compounds discussed are intended strictly for research use only. They are not approved for human or veterinary use, and are not intended to diagnose, treat, cure, or prevent any disease or condition.

Dosing protocols provided are based on available scientific literature and are described solely within the context of biological and experimental models. No statements in this document have been evaluated by the FDA or any regulatory authority.

Use of this information outside a research setting is strongly discouraged and may be illegal depending on jurisdiction.



AOD-9604

STANDARD PROTOCOL



Dose: 300–500 mcg once daily



Route:
Subcutaneous injection



Timing: Morning or pre-workout,
fasted state preferred



Alternative / Advanced Protocols

- Split dosing: 250 mcg AM + 250 mcg pre-workout or before bed (for longer activity).
- Pulsed protocol: 5 days on, 2 days off — useful to prevent desensitization in long-term use.
- Higher-dose protocol: 600–900 mcg/day for models exploring accelerated fat reduction or with higher body weight.

Common Stacks

- CJC-1295 (no DAC) + Ipamorelin – enhances GH release alongside fat oxidation.
- GHK-Cu (topical) – for body recomposition (fat loss + skin regeneration).
- Tesamorelin – complementary fat loss synergy, especially visceral fat.

KEY CONSIDERATIONS

- Does not increase GH or IGF-1; purely lipolytic.
- No significant side effects; may cause minor redness or itching.
- Best used in conjunction with exercise and a low-insulin environment.

TESAMORELIN

STANDARD PROTOCOL



Dose: 1–2 mg daily



Route:
Subcutaneous injection



Timing: Morning, fasted



Alternative / Advanced Protocols

- Alternate-day dosing: 2 mg every other day (used for cost savings; still effective for some).
- Cycled use: 5–6 days on, 1–2 days off — for long-term use to prevent GH receptor desensitization.
- Split dose: 1 mg AM fasted + 1 mg pre-bed (for advanced GH secretion support).

Common Stacks

- Ipamorelin or CJC-1295 (no DAC) – synergistic GH pulse amplification.
- AOD-9604 – complementary fat-targeting without IGF-1 elevation.
- BPC-157 – when used in metabolic or recovery-oriented stacks.

KEY CONSIDERATIONS

- Requires fasting pre- and post-injection (30–60 min).
- May cause temporary flushing or warmth; usually mild.
- Primarily studied for its effects on visceral fat reduction and lipid profile modulation in research settings

MOTS-C

STANDARD PROTOCOL

-  Dose: 5–15 mg
-  Frequency: 2–3x per week
-  Route:
Subcutaneous injection
-  Timing: Pre-workout or morning (best results seen with AM circadian timing)



Alternative / Advanced Protocols

- Daily microdose protocol: 2–5 mg daily (used for mitochondrial and cognitive support).
- High-intensity loading protocol explored in endurance-related research models.
- Cycling: 3–4 weeks on, 1–2 weeks off for long-term energy/metabolism enhancement.

Common Stacks

- 5-Amino-1MQ or NAD⁺ precursors – for metabolic optimization.
- AOD-9604 – synergistic fat loss with endurance/performance improvements.
- GHK-Cu – mitochondrial regeneration + skin/vascular support.

KEY CONSIDERATIONS

- Mild site burning or itching can occur.
- Enhances AMPK activity and glucose utilization—can improve insulin sensitivity.
- Not GH-related; no desensitization risk.

CJC-1295 (WITH DAC)

STANDARD PROTOCOL



Dose: 2 mg



Frequency: 1–2x weekly



Route:
Subcutaneous injection



Timing: Any time; no fasting needed
due to extended half-life



Alternative / Advanced Protocols

- Higher-frequency split: 1 mg 2–3x per week for smoother GH pulse described in advanced GH secretion research models
- Pulse cycling: 2x weekly for 4–6 weeks, followed by 2–4 weeks off to avoid GH receptor downregulation.

Common Stacks

- Ipamorelin (1–2x/week) – longer GH elevation window.
- MK-677 (oral) – extended GH support and IGF-1 synergy.
- BPC-157 or TB-500 – for injury healing + anabolic recovery support.

KEY CONSIDERATIONS

- Long half-life (~8 days); dosing less frequent but more persistent.
- Can cause water retention, tingling, or slight lethargy in some users.
- Less ideal for acute timing (e.g. pre-bed GH pulse) compared to no-DAC version.

CJC-1295 (NO DAC) + IPAMORELIN

STANDARD PROTOCOL



Dose: 100–300 mcg each



Frequency: 1–2x daily



Route:
Subcutaneous injection



Timing: Pre-bed and/or post-workout, fasted



Alternative / Advanced Protocols

- Three-pulse protocol: AM (optional), post-workout, pre-bed for maximum GH pulses.
- 5 on / 2 off cycle – reduces risk of desensitization.
- Higher dose protocol: 500 mcg each, often used within advanced body composition or metabolic research protocols.

Common Stacks

- AOD-9604 or Tesamorelin – for added lipolytic or visceral fat effects.
- GHK-Cu – synergistic skin and recovery benefits.
- IGF-1 LR3 (post-workout) – for muscle-specific growth after GH pulse.

KEY CONSIDERATIONS

- Strict fasting: 90 min before and 30–60 min after injection for optimal response.
- Rare side effects include flushing or hunger increase.
- Ideal for mimicking natural GH pulsatility.

IPAMORELIN

STANDARD PROTOCOL

-  Dose: 200–300 mcg
-  Frequency: 1–2x daily
-  Route:
Subcutaneous injection
-  Timing: Pre-bed or post-workout, always fasted



Alternative / Advanced Protocols

- 3x daily pulse dosing: 100–150 mcg AM + post-workout + pre-bed — ideal for advanced GH mimicking.
- High-intensity recomp protocol: 500 mcg pre-bed (often combined with no-DAC CJC-1295).
- Tapered protocols have been used in studies to mitigate potential receptor desensitization.

Common Stacks

- CJC-1295 (no DAC) – synergy for strong GH pulse.
- Tesamorelin – deeper fat targeting and IGF-1 support.
- BPC-157 / TB-500 – used during injury recovery phases.

KEY CONSIDERATIONS

- Minimal GH side effects; doesn't increase cortisol or prolactin.
- Requires strict fasting pre- and post-injection for full effect.
- Best stacked rather than used solo in advanced users.

IGF-1 LR3

STANDARD PROTOCOL



Dose: 20–50 mcg daily or training days only



Route:

Intramuscular (preferred) or subcutaneous



Timing: Post-workout, ideally at or near target muscle



Alternative / Advanced Protocols

- Site-enhancement protocol: 20–40 mcg IM into lagging muscle groups (2–3x/week or post-training).
- Micro-cycling: 2 weeks on / 1 week off — helps maintain receptor sensitivity.
- Dual-cycle split: IGF-1 LR3 on training days only; GH peptides on off days — reduces overlap and optimizes response.

Common Stacks

- GH peptides (e.g., CJC-1295, Ipamorelin) – upstream GH to support IGF-1.
- Insulin (low-dose, advanced use only) – boosts uptake but requires expert supervision.
- BPC-157 – enhances localized tissue healing when stacked post-injury.

KEY CONSIDERATIONS

- May cause hypoglycemia; post-administration carbohydrate intake has been explored in models to offset potential hypoglycemia
- Avoid late-night dosing due to blood sugar impact.
- Local injection promotes muscle-specific growth.

• For research use only. Not for human or veterinary use.

EPITHALON

STANDARD PROTOCOL

-  Dose: 5–10 mg daily
-  Frequency: For 10–20 days
-  Route:
Subcutaneous injection
-  Cycle: 1–2x annually



Alternative / Advanced Protocols

- Longevity intensives: 20 mg daily for 10 days — for enhanced regenerative or longevity-related outcomes in experimental research.
- Oral protocol (less common): 5–10 mg/day, 1–2 months, though far less bioavailable.
- Annual cycle stack: Paired with Thymalin and Pinealon for rejuvenation-focused regimen

Common Stacks

- Thymalin – synergistic for immune and thymic rejuvenation.
- DSIP or CJC-1295 – supports deep sleep enhancement when used together.
- GHK-Cu (topical) – cellular repair and cosmetic skin rejuvenation.

KEY CONSIDERATIONS

- Often used during anti-aging "resets" — fall or spring cycles are popular.
- No known desensitization or GH axis suppression.
- Some users report deeper sleep, vivid dreams, and mood elevation.

GHK-CU

STANDARD PROTOCOL



Dose: 1–2 mg daily



Route:
Subcutaneous injection or topical



Timing: AM/PM, or post-skin treatments



Alternative / Advanced Protocols

- Microneedling pairing: Apply topically after derma rolling for enhanced collagen response.
- SubQ protocol: 2–3 mg SubQ to face, scalp, or injury site (used 3–5x/week).
- Hair growth protocol: Applied to scalp daily or post-needling with other topicals (e.g., minoxidil).

Common Stacks

- BPC-157 / TB-500 – regeneration and anti-inflammation.
- Epitalon or Thymalin – systemic rejuvenation + local healing.
- AOD-9604 – body recomposition and skin tightening.

KEY CONSIDERATIONS

- SubQ may cause minor discoloration (bluish hue) from copper content.
- Highly safe for long-term use; topical delivery is extremely well tolerated.
- Widely studied for its role in skin structure, healing, and post-procedural recovery in laboratory contexts

THYMALIN

STANDARD PROTOCOL

-  Dose: 5–10 mg daily
-  Duration: 5–10 days per cycle
-  Route:
Subcutaneous injection
-  Cycle: Every 3–6 months



Alternative / Advanced Protocols

- Immune-prep cycle: 5 mg/day for 5 days leading into cold/flu season.
- Long-acting cycle: 5 mg 3x/week for 3–4 weeks (used in older populations or post-illness).
- Longevity protocol: Stacked with Epitalon 2x/year for full thymic restoration.

Common Stacks

- Epitalon – powerful regenerative/anti-aging duo.
- Thymosin Alpha-1 – for advanced immune modulation.
- DSIP – helps normalize circadian rhythms post-illness or aging.

KEY CONSIDERATIONS

- Pain-free and well-tolerated.
- Explored in immune-related and age-associated research models.
- No known GH axis effects; safe to combine with growth or repair stacks.

SEMAX

STANDARD PROTOCOL



Dose: 300–600 mcg



Duration: 1–2x daily



Route: Intranasal



Cycle: Morning or as needed for cognitive support



Alternative / Advanced Protocols

- Microdosing protocol: 100–200 mcg every few hours during demanding mental work.
- Stacked nootropic cycle: Used daily for 10–14 days, then cycled off for 1 week.
- High-frequency dosing modeled in post-injury and neurocognitive recovery research.

Common Stacks

- Selank – anxiety + focus combo (often dosed together).
- NAD+ or Methylene Blue – cognitive biohacking stacks.
- DSIP – for sleep disruption related to neurofatigue.

KEY CONSIDERATIONS

- Do not lie down for 10–15 minutes post-application.
- Can cause mild nasal irritation.
- Long-term use is safe; some cycle to maintain sensitivity.

SELANK

STANDARD PROTOCOL



Dose: 250–500 mcg



Frequency: 1–2x daily



Route: Intranasal



Timing: Morning, afternoon, or as-needed for stress



Alternative / Advanced Protocols

- High-stress protocol: 500 mcg 3x/day in studies modeling stress-related neurochemical transitions or anxiolytic mechanisms.
- Microdosing: 100 mcg every few hours during periods of elevated anxiety.
- Long-term support: 5 days on, 2 off; used up to 3 months.

Common Stacks

- Semax – productivity and anti-anxiety synergy.
- Lion's Mane or Magnesium Threonate – for neuroplasticity support.
- DSIP – stack for insomnia tied to anxious rumination.

KEY CONSIDERATIONS

- Rapid onset; can be felt within 15–30 minutes.
- Very mild, with minimal tolerance build-up.
- Some report increased sociability or reduced obsessive thought cycles.

BPC-157

STANDARD PROTOCOL

-  Dose: 250–500 mcg
-  Frequency: 1–2x daily
-  Route: Subcutaneous near injury site or oral (for gut)
-  Timing: 4–6 weeks



Alternative / Advanced Protocols

- Oral gut protocol: 500 mcg 1–2x/day on empty stomach in gastrointestinal repair studies, including models of IBD, IBS, and ulceration.
- Localized healing protocol: Inject SubQ at multiple angles near injury.
- Stacked injury protocol: Combined with TB-500 or GHK-Cu, rotated between AM/PM doses.

Common Stacks

- TB-500 – deeper systemic repair and anti-fibrotic action.
- GHK-Cu – skin, tendon, and cosmetic healing.
- CJC/Ipamorelin – for growth-enhanced healing environment.

KEY CONSIDERATIONS

- Inject as close to injury as possible for best results.
- Mild warmth or stinging is possible at site.
- Oral version can help with systemic inflammation and gut repair.

TB-500 (THYMOSIN BETA-4)

STANDARD PROTOCOL



Dose: 2.0–2.5 mg



Frequency: 2x weekly (loading phase),
then weekly maintenance



Cycle: 4–6 weeks loading, 4–6 weeks
maintenance



Alternative / Advanced Protocols

- Intensive recovery cycle: 2.5 mg 3x/week for 2 weeks post-injury.
- Chronic inflammation protocol: 1.0–1.5 mg weekly ongoing in models of chronic inflammation and tissue remodeling.
- Rotational injection strategy: Alternate IM and SubQ for wide systemic coverage.

Common Stacks

- BPC-157 – gold-standard injury repair combo.
- GH peptides – recovery acceleration through IGF-1 and tissue regeneration.
- GHK-Cu – scar resolution and vascular remodeling.

KEY CONSIDERATIONS

- Systemic effects (circulatory, anti-inflammatory); inject anywhere.
- Avoid injecting into joint capsules directly.
- Initial fatigue or lethargy can occur during early doses.

THYMOSIN ALPHA-1 (TA1)

STANDARD PROTOCOL

-  Dose: 1.0–1.5 mg
-  Frequency: 2–3x weekly
-  Route: Subcutaneous injection
-  Cycle: 4–6 weeks



Alternative / Advanced Protocols

- Acute infection protocol: 1.5 mg daily for 7–10 days.
- Immune support cycle: 1 mg 2x/week ongoing or during flu season.
- Post-viral fatigue protocol: 1 mg daily for 10–14 days, then taper.

Common Stacks

- Thymalin – complementary thymic restoration and immune balance.
- BPC-157 – supports gut-based immunity during illness.
- GH peptides – recovery and energy optimization in chronic fatigue use.

KEY CONSIDERATIONS

- May cause transient flu-like symptoms early on.
- Frequently researched in immune modulation models, including chronic or environmental immune challenges
- Store properly (cold-chain preferred).

SEMAGLUTIDE (GLP-1 RECEPTOR AGONIST)

STANDARD PROTOCOL

-  Dose: 0.25 mg once weekly
-  Frequency: Subcutaneous injection (abdomen/thigh)
-  Cycle: Ongoing weekly use
-  Mechanism: GLP-1 agonist – slows gastric emptying, increases satiety, improves insulin sensitivity



Dosing Titration Table – Semaglutide

WEEK	DOSE (MG/WEEK)	NOTES
1–4	0.25	Starter dose – assess GI tolerance
5–8	0.5	Step up if well-tolerated
9–12	1.0	Most frequently studied dose range in metabolic research settings. ⁸
13+	1.7–2.0	Higher doses for plateaus or higher BMI

• For research use only. Not for human or veterinary use.

Alternative / Advanced Protocols

- Microdose protocol: 0.05–0.1 mg 2–3x/week for appetite suppression with fewer GI effects.
- Pulsed use: 0.5 mg every 10 days for those highly sensitive or stacking with other satiety agents.

Common Stacks

- Tesamorelin / AOD-9604 – synergistic fat burning.
- GHK-Cu / BPC-157 – supports recovery, gut health, and skin tightening.
- NAD+ / MOTS-c – for metabolic resilience during caloric restriction.

KEY CONSIDERATIONS

- Common side effects: nausea, constipation, bloating, fatigue.
- Best injected on the same day each week.
- Contraindicated in personal/family history of medullary thyroid carcinoma or MEN2.

TIRZEPATIDE (GLP-1 + GIP RECEPTOR DUAL AGONIST)

STANDARD PROTOCOL



Start Dose: 2.5 mg once weekly



Route: Subcutaneous injection



Mechanism: Enhances satiety, improves insulin sensitivity, reduces glucose and weight



Dosing Titration Table – Tirzepatide

WEEK	DOSE (MG/WEEK)	NOTES
1–4	2.5	Initial dose – assess GI side effects
5–8	5.0	Common functional dose
9–12	7.5	Step up for further appetite control
13–16	10.0	Higher doses have shown increased metabolic response and GI-related effects in research studies
17+	12.5–15.0	Maximum dose range for resistant users

• For research use only. Not for human or veterinary use.

Alternative / Advanced Protocols

- Cognitive preservation cycle: Stack with electrolytes, B12, and carb cycling to combat fog from appetite suppression.
- Stacked recomp protocol: Combine with CJC/Ipamorelin + AOD-9604 for enhanced body composition effects.

Common Stacks

- GH peptides (CJC/Ipamorelin) – to maintain lean mass during weight loss.
- GHK-Cu / BPC-157 – tissue support and skin recovery during rapid fat loss.
- NAD+ or MOTS-c – metabolic enhancement and cellular energy support.

KEY CONSIDERATIONS

- Often more effective than Semaglutide for weight and glucose control.
- GI side effects (nausea, constipation) may be more pronounced.
- Best taken weekly, same time, with a mild meal to reduce side effects.

RETATRUTIDE (GLP-1 + GIP + GLUCAGON RECEPTOR TRI-AGONIST — INVESTIGATIONAL)

Standard Protocol (based on trial data)



Start Dose: 1–2 mg weekly



Target Dose: 8–12 mg weekly



Route: Subcutaneous injection



Mechanism: Combines appetite suppression with increased energy expenditure and fat oxidation



Dosing Titration Table – Retatrutide

WEEK	DOSE (MG/WEEK)	NOTES
1–2	2.5	Initial tolerance phase
3–4	5.0	Early dose escalation
5–6	7.5	Begin moderate effect phase
7–8	10.0	Stronger fat loss onset
9–12	12.5–15.0	Common endpoint for most users
13–24	12.0	Max dose used in trials (monitor closely)

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Note: Clinical trials escalated doses very gradually over 12–24 weeks.

Rapid titration in studies has been associated with increased GI sensitivity and fatigue.

Alternative / Advanced Protocols

- Gradual micro-escalation: Increase by 0.5 mg/week increments over 16+ weeks for better tolerance.
- Body recomposition stack: Retatrutide + Tesamorelin + GHK-Cu for rapid fat loss with lean tissue retention and skin improvement.

Common Stacks

- GH peptides or Tesamorelin – prevent muscle loss and maintain insulin sensitivity.
- BPC-157 / MOTS-c / NAD+ – mitigate fatigue, GI inflammation, and metabolic stress.
- GHK-Cu – collagen support for tightening post-weight-loss skin.

KEY CONSIDERATIONS

- Still investigational; access typically via research-compounding or early-adoption clinics.
- Potent — appetite suppression may be extreme; electrolyte management is important.
- GI side effects (nausea, slowed gastric emptying) are common and dose-related.
- Triple-receptor action increases both satiety and energy burn, unlike GLP-1 alone.

IGF-1 DES (DES(1-3) IGF-1)

STANDARD PROTOCOL

-  Dose: 20–40 mcg per injection
-  Frequency: 1x daily on training days
-  Route: Intramuscular (preferred) or subcutaneous
-  Timing: Immediately post-workout



Alternative / Advanced Protocols

- Localized microdosing: 10–20 mcg into specific muscle groups post-training (2–3x/week).
- Split protocol: AM injection into one area, PM into another for symmetry or weak-point focus.
- Cycle variation: 2 weeks on / 1 week off for sensitivity preservation.

Common Stacks

- GH peptides (e.g., Ipamorelin or CJC-1295): Enhances upstream GH/IGF axis signaling.
- Insulin (research-only): Studied for potentiation of IGF-1 effects under tightly controlled models
- BPC-157 / TB-500: Supports localized tissue repair alongside growth pathways.

KEY CONSIDERATIONS

- Half-life is much shorter than IGF-1 LR3 (~20–30 minutes); inject at or near target tissue immediately post-workout.
- Avoid use late in the day due to insulin sensitivity modulation.
- Hypoglycemia possible; glucose intake post-administration may mitigate.

MELANOTAN II

STANDARD PROTOCOL



Dose: 250–500 mcg



Frequency: 1x daily during loading phase



Route: Subcutaneous injection



Timing: Late evening or pre-sun exposure (for pigmentation studies)



Alternative / Advanced Protocols

- Loading cycle: 250 mcg increasing to 1 mg over 7–14 days, then maintenance 1–2x/week.
- Titration strategy: 100 mcg start with 100 mcg increases every 2–3 days to minimize side effects.
- Pulse use: Occasional use before UV exposure in pigmentation research.

Common Stacks

- PT-141: Synergistic effect in sexual behavior and neurological pathway models.
- GHK-Cu: Supports skin integrity alongside pigmentation research.
- BPC-157: For models investigating skin recovery or vascular support.

KEY CONSIDERATIONS

- Nausea and flushing are common during the initial loading period; fade with continued use.
- Used in pigmentation and behavioral pathway research — not intended for cosmetic use.
- Photosensitivity may increase during use; eye protection in models is advised.

• For research use only. Not for human or veterinary use.

PT-141 (BREMELANOTIDE)

STANDARD PROTOCOL

-  Dose: 500–1000 mcg
-  Frequency: As needed, typically 2x weekly max in libido-related models
-  Route: Subcutaneous injection
-  Timing: 1–4 hours before experimental observation



Alternative / Advanced Protocols

- Microdose titration: 250 mcg every other day for gradual receptor priming.
- Stacked protocol: 500 mcg PT-141 + 250 mcg Melanotan II — explored in arousal or neurobehavioral studies.
- Cyclical model: 1 week on / 1 week off to avoid receptor desensitization.

Common Stacks

- Melanotan II: Combines melanocortin pathways for enhanced neurosexual research effects.
- Selank / Semax: For mood and cognitive modulation alongside social behavior studies
- GHK-Cu: Included in topical stacks for skin-centered recovery research.

KEY CONSIDERATIONS

- Often studied for its effect on arousal and social interaction pathways via MC4R.
- Transient nausea or flushing can occur; timing adjustments may reduce incidence.
- Not linked to hormonal shifts; mechanism is neurologically mediated.

DSIP (DELTA SLEEP-INDUCING PEPTIDE)

STANDARD PROTOCOL



Dose: 100–300 mcg



Frequency: Nightly or in 5-day-on / 2-day-off cycles



Route: Subcutaneous injection or intranasal



Timing: 30–60 minutes before desired sleep



Alternative / Advanced Protocols

- Microdose model: 50–100 mcg in early evening, followed by 100–200 mcg pre-bed.
- Stress recovery cycle: 200 mcg 2x/day (AM and PM) in studies of cortisol rhythm modulation.
- Tapering model: Used over 4–6 weeks, then tapered down to assess rebound effects on sleep architecture.

Common Stacks

- Thymalin or Epitalon: Studied together in aging and circadian rhythm research.
- Selank or Semax: For neuroadaptation during stress-related sleep disruption.
- BPC-157: For systemic calming and recovery synergy.

KEY CONSIDERATIONS

- Commonly studied for sleep onset, delta wave enhancement, and circadian rhythm balance.
- No known tolerance build-up; cycling protocols vary by research model.
- Anecdotally associated with vivid dreams and early morning alertness in sleep-related studies.

NAD+

RESEARCH SUMMARY

Nicotinamide adenine dinucleotide (NAD+) is a coenzyme studied in preclinical models for its role in energy metabolism, cellular repair, and mitochondrial health. Research has focused on how restoring NAD+ levels may impact aging, fatigue, and metabolic resilience in biological systems where NAD+ decline is induced.

Due to limited oral stability, subcutaneous administration is commonly used in research to observe systemic effects.

STANDARD PROTOCOL

Research Dose	Frequency	Route
250 mg	Daily	Subcutaneous
500 mg	3x per week	Subcutaneous
750 mg	1x weekly	Subcutaneous

*Doses shown reflect common values in animal-based research.
This information is not intended for human use.*



Alternative / Advanced Protocols

- **Cycled Dosing:** Some models apply NAD+ subQ injections for 5 consecutive days, followed by 2 rest days per week.
- **Tapered Protocols:** Daily administration for 2–4 weeks followed by a reduced frequency for maintenance.
- **Stacked Research Models:** Occasionally combined with mitochondrial support agents in metabolic studies.

• **For research use only. Not for human or veterinary use.**

KEY CONSIDERATIONS

- Store reconstituted NAD⁺ at 2–8°C, away from light and moisture.
- Use bacteriostatic water and mix gently to avoid degradation.
- Discard any unused solution within 30 days of reconstitution.
- Maintain sterile handling procedures throughout use.

Disclaimer

NAD⁺ is intended for laboratory research use only. It is not approved for human or veterinary use. All information provided is based on preclinical research models and is offered for educational purposes only.

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PEPTIDE THERAPY CERTIFICATION COURSES

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