

Peptide Protocols, Dosing, Reconstitution and Benefits

Made by Malice.lifts - 200k+ on TikTok. Education-only; not medical advice.

Universal Reconstitution Math (cheat sheet)

- 1) Add bacteriostatic water slowly down the glass wall.
- 2) Concentration = vial mg / mL BW. Example: 10 mg vial + 2 mL BW -> 5 mg/mL.
- 3) U100 insulin syringe: 1 unit = 0.01 mL. If 10 mg + 2 mL -> 1 unit = 50 mcg.

Common setups:

- 5 mg vial: add 2 mL (2.5 mg/mL; 1 unit = 25 mcg) or 2.5 mL (2 mg/mL; 1 unit = 20 mcg).
- 10 mg vial: add 2 mL (5 mg/mL; 1 unit = 50 mcg) or 5 mL (2 mg/mL; 1 unit = 20 mcg).

GLP-1 Agonists and Weight Management

Semaglutide

Overview: GLP-1 receptor agonist that slows gastric emptying, increases satiety, improves insulin dynamics.

Benefits: Appetite control, weight reduction, improved glycemic markers.

Dosing: 0.25 mg weekly. Titrate by 0.25-0.5 mg each 2-4 weeks toward 0.5-2.4 mg weekly as tolerated.

Cycle: Ongoing; reassess every 8-12 weeks.

Admin: Subcutaneous (abdomen, thigh, upper arm).

Reconstitution: Typical 5-30 mg vial. Add 2-5 mL BW to reach convenient units (e.g., 10 mg + 2 mL -> 1 unit = 50 mcg).

Stacks: High protein diet, lifting, steps. If GI upset, split dose or add BPC-157 for GI support.

Cautions: Nausea, vomiting, dehydration risk; avoid with history of medullary thyroid carcinoma; escalate slowly.

Tirzepatide

Overview: Dual GLP-1 and GIP agonist; stronger appetite suppression and metabolic effects than single agonists.

Benefits: Significant weight loss, improved insulin sensitivity, reduced cravings.

Dosing: 2.5 mg weekly start; titrate 5-15 mg weekly as tolerated.

Cycle: Ongoing; reassess at 12-16 weeks.

Admin: Subcutaneous.

Reconstitution: 10-50 mg vials common. Example: 10 mg + 2 mL -> 1 unit = 50 mcg.

Stacks: Lifestyle: high protein, training, sleep. Add BPC-157 if GI irritation occurs.

Cautions: GI effects; monitor for hypoglycemia when combined with other agents.

Retatrutide

Overview: Triple agonist at GLP-1, GIP, and glucagon receptors; combines satiety with potential thermogenic effects.

Benefits: Rapid body weight reduction and appetite control; early clinical promise.

Dosing: 0.25-0.5 mg weekly start; titrate toward 1-2 mg weekly as tolerated.

Cycle: Ongoing; evaluate response at 8-12 weeks.

Admin: Subcutaneous.

Reconstitution: Common 10 mg vial. Add 2-5 mL BW to desired concentration.

Stacks: Protein forward diet, resistance training. Consider electrolytes for nausea support.

Cautions: Similar GI effects as GLP-1 class; watch for increased heart rate.

AOD-9604

Overview: Fragment of human growth hormone (176-191) that may increase lipolysis without classic GH effects.

Benefits: Body fat reduction support; appetite control in some users.

Dosing: 250-500 mcg daily; split AM and pre-workout or pre-bed. 5 days on, 2 off or daily.

Cycle: 8-12 weeks.

Admin: Subcutaneous.

Reconstitution: 5 mg vial + 2.5 mL BW -> 1 unit = 20 mcg.

Stacks: Pairs with GLP-1 class for appetite; add cardio.

Cautions: Mild; avoid if pregnant or nursing.

L-Carnitine (injectable)

Overview: Amino acid derivative shuttles fatty acids into mitochondria for oxidation.

Benefits: Endurance, fatty acid utilization, pump.

Dosing: 200-500 mg IM or deep subq pre-workout; 3-5 days per week.

Cycle: 4-8 weeks.

Admin: IM preferred (ventrogluteal, deltoid).

Reconstitution: Often provided in solution; if powdered, reconstitute per supplier.

Stacks: GLP-1s, yohimbine (fasted AM), caffeine. Hydrate well.

Cautions: Injection site irritation; do not exceed osmolarity limits.

Growth Hormone Axis - GHRH and Secretagogues

CJC-1295 (no DAC)

Overview: GHRH analog; short half-life; used with a GHRP for pulsatile GH release.

Benefits: Sleep quality, recovery, fat loss support, IGF-1 increase.

Dosing: 100 mcg 1-3 times daily; common stack: CJC-1295 (no DAC) 100 mcg + Ipamorelin 100 mcg AM and pre-bed.

Cycle: 8-12 weeks.

Admin: Subcutaneous.

Reconstitution: 2 mg vial + 2 mL BW -> 1 unit = 1 mcg.

Stacks: Ipamorelin, GHRP-2/6, fasting window pre-injection for best pulse.

Cautions: Carpal tunnel-like symptoms if IGF rises too high.

CJC-1295 (DAC)

Overview: Long-acting GHRH analog (DAC).

Benefits: Sustained IGF-1 elevation; convenient weekly dosing.

Dosing: 1-2 mg once weekly or split twice weekly.

Cycle: 8-12 weeks.

Admin: Subcutaneous.

Reconstitution: 2 mg vial + 2 mL BW -> 1 unit = 1 mcg. Inject mg-levels using insulin syringe units math.

Stacks: Avoid stacking with other GH-raising agents if edema occurs.

Cautions: Water retention, numbness, fatigue possible.

Ipamorelin

Overview: Selective ghrelin receptor agonist (GHRP) with minimal cortisol or prolactin effect.

Benefits: Pulsatile GH release; recovery and sleep support.

Dosing: 100-300 mcg 1-3 times daily; often 100 mcg AM and pre-bed.

Cycle: 8-12 weeks.

Admin: Subcutaneous.

Reconstitution: 2 mg vial + 2 mL -> 1 unit = 1 mcg.

Stacks: CJC-1295 no DAC for synergy.

Cautions: Dizziness if injected fasted in some users.

GHRP-2

Overview: Ghrelin receptor agonist; stronger but more side effects vs ipamorelin.

Benefits: GH pulse, appetite increase.

Dosing: 100-200 mcg 1-3x daily.

Cycle: 6-8 weeks.

Admin: Subcutaneous.

Reconstitution: 5 mg + 2.5 mL -> 1 unit = 20 mcg.

Stacks: CJC-1295 no DAC.

Cautions: May raise cortisol and prolactin; water retention.

GHRP-6

Overview: Ghrelin receptor agonist with strong hunger drive.

Benefits: GH pulse, appetite for bulking.

Dosing: 100-200 mcg 1-3x daily.

Cycle: 6-8 weeks.

Admin: Subcutaneous.

Reconstitution: 5 mg + 2.5 mL -> 1 unit = 20 mcg.

Stacks: CJC-1295 no DAC.

Cautions: Hunger spikes; watch body fat gain.

Hexarelin

Overview: Potent GHRP; high GH pulse but desensitizes quickly.

Benefits: Strength, recovery in short runs.

Dosing: 50-100 mcg 1-2x daily for 2-4 weeks; then break.

Cycle: Short bursts due to receptor desensitization.

Admin: Subcutaneous.

Reconstitution: 2 mg + 2 mL -> 1 unit = 1 mcg.

Stacks: CJC-1295 no DAC.

Cautions: May impact lipids and prolactin.

Sermorelin

Overview: GHRH analog; similar to CJC no DAC.

Benefits: GH/IGF support with low sides.

Dosing: 100-300 mcg pre-bed.

Cycle: 8-12 weeks.

Admin: Subcutaneous.

Reconstitution: 2 mg + 2 mL -> 1 unit = 1 mcg.

Stacks: Ipamorelin.

Cautions: Mild flushing.

Tesamorelin

Overview: GHRH analog FDA-approved for HIV-associated lipodystrophy; reduces visceral fat.

Benefits: Visceral fat reduction; IGF rise; possible sleep benefits.

Dosing: 2 mg subq daily (clinical); research protocols sometimes 1 mg daily.

Cycle: 8-12 weeks or longer with monitoring.

Admin: Subcutaneous.

Reconstitution: 2 mg + 2 mL -> 1 unit = 1 mcg.

Stacks: Lifestyle changes to maintain fat loss.

Cautions: Injection site reactions; tingling; contraindications similar to GH.

Somatropin (HGH)

Overview: Recombinant human growth hormone.

Benefits: Fat loss, recovery, joint comfort, IGF-mediated effects.

Dosing: 1-2 IU daily for wellness; 3-6 IU advanced users, split dosing.

Cycle: 12+ weeks.

Admin: Subcutaneous.

Reconstitution: Common 10 IU vial + 1 mL -> 1 IU per 0.1 mL.

Stacks: Insulin sensitivity support (steps, metformin).

Cautions: Edema, carpal tunnel symptoms, insulin resistance at high doses.

IGF Axis and Hypertrophy

IGF-1 LR3

Overview: Long R3 IGF-1; resists binding proteins; longer activity.

Benefits: Nutrient partitioning, pumps, potential lean mass support.

Dosing: 20-60 mcg post-workout IM or subq in trained muscle, 3-5x weekly.

Cycle: 4-6 weeks.

Admin: IM or subq.

Reconstitution: 1 mg + 2 mL -> 1 unit = 5 mcg.

Stacks: PEG-MGF alternating days.

Cautions: Hypoglycemia risk; start low.

IGF-1 DES

Overview: Short-acting IGF-1 variant; site specific.

Benefits: Local hypertrophy signaling.

Dosing: 20-60 mcg pre or post-workout into target muscle, 3-5x weekly.

Cycle: 4-6 weeks.

Admin: IM or subq intramuscular region.

Reconstitution: 1 mg + 2 mL -> 1 unit = 5 mcg.

Stacks: PEG-MGF or GH secretagogues.

Cautions: Hypoglycemia, jaw or hand aches.

PEG-MGF

Overview: Pegylated mechano growth factor; longer half-life than MGF.

Benefits: Recovery and satellite cell activation support.

Dosing: 100-200 mcg 2-3x weekly post-workout.

Cycle: 4-6 weeks.

Admin: Subcutaneous.

Reconstitution: 2 mg + 2 mL -> 1 unit = 1 mcg.

Stacks: Alternate with IGF-1 LR3.

Cautions: Water retention in some users.

MGF (non-PEG)

Overview: Short-acting mechano growth factor.

Benefits: Acute recovery signaling.

Dosing: 100-200 mcg post-workout in trained muscle.

Cycle: 4 weeks.

Admin: IM or subq near muscle.

Reconstitution: 2 mg + 2 mL -> 1 unit = 1 mcg.

Stacks: Use on different days than IGF-1 LR3.

Cautions: Short half-life requires timing.

Tissue Repair and Anti-Inflammatory

BPC-157

Overview: Gastric peptide that promotes angiogenesis and tendon, gut, and ligament healing in animal data.

Benefits: GI protection, tendon and joint recovery, anti-inflammatory effects.

Dosing: 250-500 mcg daily subq near injury or 250 mcg twice daily; oral capsules used by some.

Cycle: 4-8 weeks.

Admin: Subcutaneous; oral possible from some vendors.

Reconstitution: 5 mg + 2.5 mL -> 1 unit = 20 mcg.

Stacks: TB-500; collagen and vitamin C; mechanical loading.

Cautions: Limited human clinical data.

TB-500 (Thymosin Beta-4 fragment)

Overview: Actin-binding peptide promoting cell migration and healing.

Benefits: Soft tissue healing, recovery, reduced inflammation.

Dosing: 2-5 mg weekly for 4-6 weeks (loading), then 2-5 mg monthly (maintenance).

Cycle: 6-10 weeks for loading.

Admin: Subcutaneous.

Reconstitution: 5 mg + 2.5 mL -> 1 unit = 20 mcg.

Stacks: BPC-157 for synergy.

Cautions: Possible fatigue; keep injections sterile.

KPV (Lys-Pro-Val)

Overview: Alpha-MSH tripeptide fragment; anti-inflammatory and GI barrier support.

Benefits: IBD symptoms, skin inflammation, general recovery (anecdotal).

Dosing: 250-500 mcg daily oral or subq; topical for dermatology.

Cycle: 4-8 weeks.

Admin: Subq, oral, or topical.

Reconstitution: 5 mg + 2.5 mL -> 1 unit = 20 mcg.

Stacks: BPC-157 for GI.

Cautions: Limited human trials.

GHK-Cu

Overview: Copper peptide complex that supports collagen synthesis and skin/hair health.

Benefits: Skin quality, wound healing, hair support.

Dosing: Topical serum nightly; injectable protocols 100-200 mcg subq near area 3x weekly.

Cycle: 8-12 weeks.

Admin: Topical or subq.

Reconstitution: 2 mg + 2 mL -> 1 unit = 1 mcg.

Stacks: Microneedling (low depth) topically; vitamin C alternating nights.

Cautions: Copper sensitivity in rare cases.

Neuro and Mood

Semax

Overview: ACTH(4-10) analog; nootropic and neuroprotective properties in Russian literature.

Benefits: Focus, memory, stress resistance.

Dosing: 300-600 mcg total daily intranasal divided into 2-3 doses for 10-14 days.

Cycle: 2 weeks on, 2 weeks off pattern common.

Admin: Intranasal; some subq use.

Reconstitution: If solution, store refrigerated; if powder, reconstitute with sterile saline per vendor.

Stacks: Selank for anxiolysis.

Cautions: Irritation of nasal mucosa.

Selank

Overview: Tuftsin analog; anxiolytic without sedation per Russian studies.

Benefits: Reduced anxiety, calm focus.

Dosing: 300-600 mcg total daily intranasal divided 2-3 times.

Cycle: 2 weeks on, 2 weeks off.

Admin: Intranasal.

Reconstitution: As above.

Stacks: Semax; magnesium glycinate at night.

Cautions: Mild nasal irritation.

Dihexa

Overview: Small peptide that may enhance synaptogenesis in animal models.

Benefits: Focus and memory support (anecdotal).

Dosing: 5-20 mg oral daily reported in forums; topical 10-20 mg to neck also reported.

Cycle: 4-8 weeks then reassess.

Admin: Oral or topical.

Reconstitution: Often provided as capsules or solution.

Stacks: Semax or Noopept (non-peptide).

Cautions: Human data limited; start low.

Sexual Function and Pigmentation

Melanotan II (MT-2)

Overview: Melanocortin receptor agonist; increases melanin and libido.

Benefits: Tanning and libido support.

Dosing: Loading: 250-500 mcg daily for 1-2 weeks; Maintenance: 250-500 mcg 2-3x weekly.

Cycle: As needed.

Admin: Subcutaneous.

Reconstitution: 10 mg + 2 mL -> 1 unit = 50 mcg.

Stacks: PT-141 for sexual function.

Cautions: Nausea, flushing; darkening of moles; avoid with melanoma history.

PT-141 (Bremelanotide)

Overview: Melanocortin agonist for arousal; FDA nasal version exists.

Benefits: Sexual arousal in men and women.

Dosing: 1.25-2.5 mg subq as needed; intranasal 7-10 sprays total across nostrils in some research protocols.

Cycle: As needed with 24+ hr spacing.

Admin: Subq or intranasal.

Reconstitution: 10 mg + 2 mL -> 1 unit = 50 mcg.

Stacks: MT-2 for tanning-libido combo.

Cautions: Nausea, flushing, transient BP changes.

Immune and Endocrine Modulators

Thymosin Alpha-1 (Talpha-1)

Overview: Immune modulator peptide.

Benefits: Immune balance and resilience.

Dosing: 1.6 mg twice weekly for 6-12 weeks is common in literature.

Cycle: 6-12 weeks.

Admin: Subcutaneous.

Reconstitution: 1.6 mg + 1.6 mL -> 1 mg/mL; or 3 mg + 3 mL etc.

Stacks: Vitamin D, sleep optimization.

Cautions: Injection site redness.

Follistatin 344

Overview: Myostatin-binding protein fragment; may increase muscle by reducing myostatin activity.

Benefits: Lean mass potential (mostly animal and limited human data).

Dosing: 100-300 mcg daily for 10-20 days in research circles.

Cycle: Short-term only.

Admin: Subq IM reported.

Reconstitution: 1 mg + 2 mL -> 1 unit = 5 mcg.

Stacks: Training stimulus essential.

Cautions: Unknown long-term safety.

Kisspeptin-10

Overview: GnRH pathway stimulator; may support LH and FSH output.

Benefits: Fertility axis stimulation.

Dosing: 100-200 mcg subq daily or every other day in research settings.

Cycle: 4-8 weeks.

Admin: Subq.

Reconstitution: 2 mg + 2 mL -> 1 unit = 1 mcg.

Stacks: Gonadorelin in protocols under supervision.

Cautions: Hormonal shifts; monitor.

Gonadorelin (GnRH)

Overview: Stimulates pituitary release of LH and FSH.

Benefits: Research on HPTA stimulation.

Dosing: 100-250 mcg subq daily for short runs, or pulses per protocol.

Cycle: 2-4 weeks.

Admin: Subq or IV in clinical use.

Reconstitution: 2 mg + 2 mL -> 1 unit = 1 mcg.

Stacks: Kisspeptin.

Cautions: Desensitization if overused.

Cosmetic Stack - Klow and Glow

Klow and Glow (topical stack)

Overview: Cosmetic routine name used by communities; typically pairs a GHK-Cu serum with supportive actives.

Benefits: Skin tone, firmness, and hydration appearance.

Dosing: Topical: pea-sized GHK-Cu serum at night. AM: hyaluronic acid plus sunscreen. Optional: Argireline 10 percent around eyes/forehead.

Cycle: Ongoing; assess at 8-12 weeks.

Admin: Topical only.

Reconstitution: Use vendor-ready serums; if powdered GHK-Cu, mix 2 mg into 20 mL serum base (0.1 mg/mL).

Stacks: Microneedling monthly at shallow depth (0.25-0.5 mm).

Cautions: Patch test; avoid microneedling with active acne.

This document is an education-only reference for discussion. Compounds listed may be unapproved for human use in many jurisdictions. Always consult a licensed professional. Dosing reflects commonly reported research ranges; safety and legality vary.