

Anti-Aging Protocol

Overview

This protocol employs a multi-modal pharmacological strategy targeting age-related integumentary degradation through regenerative signaling peptides and growth hormone secretagogues, delivered primarily via subcutaneous injection to restore extracellular matrix structural integrity.

Peptide Agents & Compounds

GHK-Cu (Tripeptide-1)

A copper-binding peptide modulating collagen synthesis with anti-inflammatory and antioxidant properties for skin regeneration.

BPC-157 (Body Protection Compound)

A pentadecapeptide accelerating soft tissue healing by stimulating angiogenesis and VEGF expression to improve dermal blood flow.

TB-500 (Thymosin Beta-4 Fragment)

Promotes endothelial cell migration and differentiation, working synergistically with BPC-157 for tissue repair and inflammation reduction.

KPV (Lysine-Proline-Valine)

Exerts significant anti-inflammatory effects, particularly indicated for inflammatory dermatoses, strengthening skin barrier function.

NAD+ (Nicotinamide Adenine Dinucleotide)

Critical coenzyme in PARP and sirtuin activation, supporting DNA repair and gene transcription; intracellular NAD+ supplementation addresses age-related energy decline.

CJC-1295 with DAC

Long-acting GHRH analog extending half-life, providing sustained elevation of plasma Growth Hormone and IGF-1 levels.

Epitalon (Epithalon)

Synthetic tetrapeptide mimicking pineal gland secretion, stimulating telomerase activity in fibroblasts and addressing cellular senescence.

Topical Bioactive Application & Microneedling

Monthly microneedling with serums/creams containing GHK-Cu, Argireline, Matrixyl, SNAP-8, and Tranexamic Acid.

Oral Supplementation

- **Zinc Picolinate or Glycinate:** Maintains metallothionein balance; essential cofactor for keratin production
 - **Hydrolyzed Collagen Peptides:** Provides glycine, proline, and hydroxyproline substrate
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Potential Benefits

Expected outcomes include measurable increases in dermal thickness and elasticity from enhanced collagen I and III production. Angiogenic properties result in improved microcirculation, presenting as enhanced hair follicle density, improved skin dermal resilience, and accelerated nail growth. Secondary benefits include improved joint lubrication and soft tissue recovery.

Protocol Dosing Schedule

GHK-Cu

- Initiate at 0.5 mg daily subcutaneously
- Titrate up every 4–7 days by 0.5 mg to maximum 2.0 mg daily
- Store reconstituted GHK-Cu separately due to pH sensitivity

Regenerative Blend (BPC-157/TB-500/KPV)

- 100–600 mcg per 100 lbs daily
- Common anti-aging dose: 200 mcg/100 lbs
- Administer for maximum 12 weeks with at least 4-week breaks

CJC-1295 with DAC

- 1 mg subcutaneously every 3–4 days
- May co-administer with Ipamorelin (up to 900 mcg daily) for additional pulsatile release
- Monitor for water retention (up to 3 weeks for men, 6 weeks for women)

NAD+ (Subcutaneous)

- Start 25 mg every 3–4 days
- Titrate by 25 mg every two weeks to maximum 100 mg every 3–4 days
- IV loading dose of 100–250 mg recommended
- Monitor for anxiolytic effects and elevated liver enzymes

Epitalon

- Up to 10 mg daily for 5–10 days until 50 mg cycle completion
- Repeat every 4 months

Topical Application & Microneedling

- Daily bioactive serum and cream application
 - Microneedling every 4–6 weeks with hyaluronic acid, peptides, growth factors
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Potential Side Effects & Contraindications

Fluid Retention: CJC-1295 with DAC causes transient edema, exacerbated by dehydration or excessive salt consumption, typically resolving within 3–6 weeks.

Injection Site Reactions: GHK-Cu may cause localized pain, redness, or induration; mixing with PBS (2:1 ratio) mitigates pH-related irritation.

Zinc/Copper Imbalance: Failure to supplement zinc may lead to copper dominance; regular serum monitoring advised.

Contraindications: Protocol is contraindicated in active malignancies (angiogenesis may accelerate tumor growth) and during pregnancy/breastfeeding.

Expected Outcomes

Initial improvements in skin texture and hydration within 4–6 weeks. Significant structural changes (hair density, deep rhytid reduction) typically require 3–6 months continuous therapy. Efficacy depends on substrate availability; adherence to oral supplementation and hydration mandatory for optimal results.

Clinical Disclaimer

This protocol targets cellular aging mechanisms rather than merely masking symptoms. Success relies on careful patient monitoring during titration and adaptation phases, ensuring hormonal and mineral balance maintenance throughout treatment. These compounds and protocols are not intended to diagnose, treat, cure, or prevent any disease.