

HCG

PEPTIDES

IMPORTANT: Read This Before Proceeding With Dosing Go to the Prep & Injection Guide for proper reconstitution, syringe sizing, and injection protocols. Mistakes here can compromise your research. the Prep & Injection Guide HCG (Human Chorionic Gonadotropin) H

IMPORTANT: Read This Before Proceeding With Dosing Go to the Prep & Injection Guide for proper reconstitution, syringe sizing, and injection protocols. Mistakes here can compromise your research. the Prep & Injection Guide HCG (Human Chorionic Gonadotropin) HCG for Men Commonly prescribed to help address the symptoms of hypogonadism, low testosterone, and infertility. Testosterone deficiency is typically accompanied by fatigue, stress, a low sex drive, and depression. HCG increases testosterone and sperm, which can help reduce infertility and restore sexual desire/drive. Perhaps unexpectedly, HCG may be able to minimize or prevent such side effects from the consumption of anabolic steroids as gonad shrinkage, dropping sperm count, and infertility. In men, HCG acts like luteinizing hormone (LH). LH stimulates Leydig cells in the testicles, which results in the production of testosterone. LH stimulates production of sperm within structures in the testicles (the “seminiferous tubules”). As HCG stimulates the testicles to produce testosterone and sperm, the testicles grow in size over time. HCG for Women A glycoprotein that is produced during pregnancy and is produced by the placenta. It plays a vital role in maintaining pregnancy and supporting fetal development. It thickens the uterine lining, and signals the body to cease menstruation and create more estrogen and progesterone. HCG injections can increase the chances of becoming pregnant when used in combination with either IVF (in vitro fertilization) or IUI (intrauterine insemination). It works by inducing ovulation (the release of an egg by the ovaries). If you have a history of infertility, monitoring HCG levels early on in the pregnancy can determine if a successful pregnancy has occurred. A shot of HCG is considered a trigger shot, and once given, triggers ovulation within 36 hours. The HCG hormone may increase the chances of multiple pregnancies, which may be a high risk to both the mother and babies. Discontinue HCG immediately after conception. Side Effects Headache Fatigue Restlessness and/or irritability Tenderness or swelling in the breasts Swelling, water retention Depression Gynecomastia (growth of male breasts) Rare but serious or life-threatening conditions may include: Blood clots – signs include pain, warmth, redness, extreme dizziness, severe headache, numbness, tingling in extremities, confusion Ovarian Hyperstimulation Syndrome (OHSS) – symptoms include severe pelvic pain, nausea and vomiting, diarrhea, difficulty breathing, stomach swelling, leg or hand swelling, rapid weight gain, reduced urine Early puberty in young boys Contraindications Do not take if you have ever had an allergic reaction to HCG, or if you have: Early (precocious) puberty Hormone-related cancer (e.g., prostate cancer) Cancer or tumor of the breast(s), ovary, or uterus Certain types of ovarian cysts Uncontrolled thyroid or adrenal dysfunction Cancer or tumor of the hypothalamus or pituitary gland Vaginal bleeding of unknown cause If you are pregnant Consult a doctor before using HCG if you have: Thyroid/adrenal disorder, ovarian cyst, unexplained vaginal bleeding, heart disease, kidney disease,

epilepsy, migraines, or asthma. HCG: 1,000 IU's Cycle will depend on application Dose in the morning Does not need to be taken while fasted Subcutaneous or Intramuscular Administration
RECONSTITUTION: 1,000iu's Mix HCG 1,000iu's with 1mL (100 units) of BAC water LOW DOSE
PROTOCOL: 1,000iu's Mimics Natural LH Levels 250-500ius, 3x/week 250ius = 25 units 375ius = 38 units 500ius= 50 units Some users experience temporary heart palpitations or anxiety due to LH release — this usually fades with continued use. HCG: 5,000 IU's 8-16 week protocol followed by 8-16 week washout period HCG has a 36-hour half-life, making daily dosing unnecessary Make an effort to dose on the same days and times as often as possible Morning dosing preferred Subcutaneous or Intramuscular Administration RECONSTITUTION Mix with 2mL (200 units) of BAC water Standard Protocol: 1,500iu's/week To maintain intratesticular testosterone during exogenous testosterone therapy and support fertility preservation 20 units (500iu's), 1x/day, 3 days per week, for 12 weeks High Dose Protocol: 1,000-2,500iu's/injection, 3x/week subcutaneously To reactivate testosterone production after prolonged anabolic steroid use or severe hypogonadotropic hypogonadism Weeks 1-4: 60 units (1,500iu's), 3x per week, for 4 weeks Weeks 4-8: 80 units (2,000iu's), 3x per week, for 4 weeks Weeks 9-12: 40 units (1,000iu's), 3x per week, for 4 weeks Low Dose Protocol Mimics natural LH levels 250–500iu's, 3x per week 10 units (250iu's), 3x per week 15 units (375iu's), 3x per week 20 units (500iu's), 3x per week Standard TRT Support Dosage Helps maintain testicular function without suppressing testosterone therapy 500–1,500 IUs, 1–3x per week Helps maintain testicular function without suppressing testosterone therapy Bodybuilding Post-Cycle Protocol 1,000–3,000 IUs, 1–3x per week High Dose Fertility/Restoration Protocol 1,500–5,000 IUs, 2–3x per week Ovulation Trigger (women) 200 units. Load two 100 unit syringes or four 50 unit syringes, depending on preference. 5,000 IUs as a one-time injection Stacking & Pairing Suggestions Testosterone Replacement Therapy (TRT) – Maintains testicular size and fertility during TRT Clomid (Clomiphene Citrate) – Enhances natural testosterone production, ideal for post-cycle use Aromatase Inhibitors (e.g., Arimidex) – Helps regulate estrogen while on HCG BPC-157 or TB-500 – Supports injury healing and recovery during hormone therapy PT-141 or Kisspeptin – Boosts libido and sexual function when paired with HCG

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