JORGE TALKS PEPS

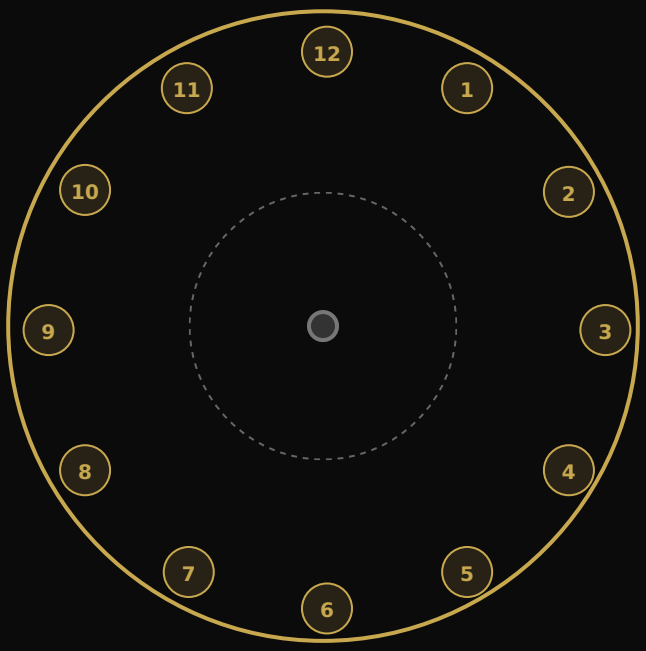
Injection Site Rotation Map

Where I put every pep in my stack, the clock trick so you never hit the same spot twice, and the needle and hygiene basics nobody explains.

Jorge Abreu. Not a doctor. This is my personal routine, shared for education. Learn injection technique from your doctor or nurse first.

The belly clock

Picture a clock around your belly button. Every shot, move one hour. Twelve shots later you are back at the start, and every spot had time to recover.



Stay outside the dashed ring, about two inches from your navel. Use the soft, pinchable fat, not muscle.

THE RULES I FOLLOW

- Move one hour on the clock every shot. Two shots a day? Morning on the left half, night on the right half.
- Keep each new shot at least an inch from the last one.
- Out of belly room or the belly is sore? Switch to love handles, then the front of the thighs, then the back of the upper arms.
- Skip any spot that is red, bruised, lumpy, scarred or has a mole or stretch mark.
- Log it. A note on your phone with the date, pep, side and hour is enough.

My stack, site by site

Everything here is subcutaneous, meaning into the fat under the skin. This is what I do, not a protocol. Your doctor decides what fits you.

PEP	WHERE I PUT IT	WHY
NAD+	Lower belly, two inches out from the navel, alternating left and right every shot	It stings more than anything else in my stack. I push slow. Burn is normal, a hard lump is not.
MOTS c	Belly or love handle, opposite side from my last NAD shot	Also stings. Spreading the stingers out is what keeps any one area from getting sore.
KLOW and Wolverine (BPC 157 and TB 500)	Subq close to the area I am working on, like the fatty part of the outer arm for an elbow	Still under the skin, never into a joint, tendon or muscle. When there is no injury I use the belly clock like everything else.
Tesamorelin and Ipamorelin (night)	Belly clock, next hour on the rotation	Daily shots are the ones that need rotation the most. Same spot every night is how you build scar tissue.
My morning shot	Love handle, the fattiest spot I have	Most padding, least sting. I alternate left and right sides.
Retatrutide and Eloralintide (weekly)	Belly or front of the thigh, a different spot each week	Once a week shots are easy to rotate. I just log the side and the hour.
Semax and 5 Amino 1MQ	Belly clock, next hour on the rotation	Small volume, low sting. Same rotation rules.

ZONES BY COMFORT

- **Belly:** most room, easiest to reach, my default for daily shots.
- **Love handles:** most padding, least sting. Best for the shots that burn.
- **Front of thigh:** good backup, can sting a little more for lean people.
- **Back of upper arm:** fine if you have enough fat there, hard to reach alone.

How I do every shot

STEP BY STEP

- Wash your hands. Wipe the vial top with an alcohol pad and let it dry.
- Use a fresh insulin syringe every time. Never reuse or share one.
- Wipe the site with alcohol and let it air dry so it does not sting.
- Pinch a fold of skin. Go in at 90 degrees if you have a good pinch, 45 degrees if you are lean.
- Push slow. Slow is the single biggest fix for sting and for the NAD flush.
- Pull out, let go of the pinch, light pressure with a clean pad if needed. No rubbing.
- Needle straight into a sharps container. A thick plastic bottle with a screw cap works until you get one.

NORMAL VS CALL YOUR DOCTOR

- **Normal:** a small red dot, a little sting or burn, a tiny bump that fades within a day.
- **Watch it:** a bruise, or a bump that lasts a few days. Rest that spot longer.
- **Call your doctor:** heat, spreading redness, swelling that grows, pus, a hard lump that will not go away, fever, or any allergic reaction like hives or trouble breathing.

STORAGE

- Mixed vials go in the fridge, away from light.
- Check every vial before you draw. Cloudy or has particles when it should be clear? Do not use it.
- Need the mixing math? The free calculator is at jorgetalkspeps.com/calculator.

Read this first

I made this because my subq spots video blew up and everybody asked the same thing: do they all go in the same spot? No. This is the routine I settled on after a lot of trial and error and a few sore spots I could have avoided.

It is my personal routine, not a medical protocol. Have a doctor or nurse show you injection technique in person before you start, and talk to them about anything you plan to take.

QUESTIONS TO ASK YOUR DOCTOR

- Is subcutaneous the right route for this, and which sites do you recommend for me?
- What needle length and gauge should I use for my body type?
- What reactions mean I should stop and call you?
- Does anything I take interact with this, including blood thinners?

More free resources: the mixing calculator at jorgetalkspeps.com/calculator and the NAD Starter Guide at jorgetalkspeps.com/nad-guide.

Education and my personal experience, not medical advice, a diagnosis or a treatment plan. Talk to your doctor before you inject anything.
Business disclosure: Jorge Abreu is involved in Reign Peptide. Reign compound listings are for laboratory research, not medicines for personal use.

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"I share everything I do, the wins and the misses, so you do not have to guess."

JORGE ABREU



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