



OCTOBER 2026 UPDATE

# My Stack

Ten compounds, the amounts I personally run, and why each one is in there. A log of what I do, not a protocol for you.

JORGE TALKS PEPS · JORGE ABREU · NOT MEDICAL ADVICE

## THE WHOLE STACK AT A GLANCE

| WHEN        | COMPOUND          | MY AMOUNT       | WHY                          |
|-------------|-------------------|-----------------|------------------------------|
| WEEKLY      | Retatrutide       | 2.5 mg          | Metabolic, body composition  |
| WEEKLY      | Eloralintide      | 1 mg            | Satiety, appetite            |
| DAILY       | Tesamorelin       | 1.5 mg          | Growth hormone, visceral fat |
| DAILY       | Ipamorelin        | 0.45 mg         | Growth hormone pulse, sleep  |
| DAILY       | 5 Amino 1MQ       | 5 mg            | Metabolism, fat cells        |
| DAILY       | Semax             | 0.5 mg          | Focus, cognition             |
| 3X PER WEEK | MOTS c            | 3.3 mg per dose | Mitochondria, metabolic      |
| 3X PER WEEK | NAD+              | 50 mg per dose  | Cellular energy              |
| 3X PER WEEK | KLOW              | 8 mg per dose   | Repair, skin, gut            |
| PRE WORKOUT | Super Human Blend | 0.5 mL          | Training performance, energy |

## HOW IT FITS TOGETHER

**Metabolic side:** Retatrutide and Eloralintide handle appetite and fat loss from two different signals. 5 Amino 1MQ and MOTS c support how my body uses fuel.

**Night side:** Tesamorelin and Ipamorelin, together, for growth hormone, recovery and sleep.

**Energy and brain:** NAD+ for cellular energy, Semax in the morning for focus.

**Training:** Super Human Blend 30 minutes before I lift.

**Repair:** KLOW covers recovery, skin and gut in one vial.

## WHAT CHANGED SINCE THE LAST VERSION

Added Eloralintide and Super Human Blend. Dropped SS 31 (the one I was least sure earned its spot). Stopped running KPV and Wolverine separately because KLOW already covers them, and BPC and TB stay boxed for injuries only.

**READ THIS PART PROPERLY.** I am not a doctor and this is not medical advice. These are the amounts I personally use, based on my body weight, my labs and my goals. They are not a recommendation or a dose for you. Several of these are research compounds with limited or no human approval. Talk to a physician, get blood work first, and change one thing at a time.

WEEKLY

## Retatrutide

2.5 mg

Once a week

Metabolic, body composition

### WHY I TAKE IT

This is the anchor of the fat loss side. It hits three receptors at once (GLP-1, GIP and glucagon), which is why it moves faster than anything else I have run. The appetite quiet is real, and the glucagon piece is the part people think pushes energy use, not just eating less.

### WHAT I AM AFTER

Easier appetite control, steady drop in waist size, better consistency with food without white knuckling it.

### HOW I RUN IT

I sit at a moderate amount on purpose. I care about keeping muscle, so protein and lifting come first, and I judge it by waist and labs, not the scale.

WEEKLY

## Eloralintide

1 mg

Once a week

Satiety, appetite

### WHY I TAKE IT

The newest addition. It works on the amylin side, a different satiety signal than retatrutide, so the two complement each other instead of doubling up. Amylin is the hormone that tells you that you are full after a meal.

### WHAT I AM AFTER

Feeling satisfied on smaller meals, fewer cravings later in the day, and the idea is the same result with less push from the GLP side.

### HOW I RUN IT

Still early research and still new to me. Low amount, one change at a time, watching how I feel for weeks before touching anything.

DAILY

## Tesamorelin

1.5 mg

Daily, at night

Growth hormone, visceral fat

### WHY I TAKE IT

Growth hormone side, part one. It nudges my own pituitary to release growth hormone rather than replacing it. The research behind it is specifically about belly fat, the deep visceral kind that matters most for health.

### WHAT I AM AFTER

Lower visceral fat over time, better recovery, better sleep quality.

### HOW I RUN IT

Night only, on an empty stomach. Slow, weeks not days. I track IGF-1 and glucose on labs.

DAILY

## Ipamorelin

0.45 mg

Daily, at night

Growth hormone pulse, sleep

### WHY I TAKE IT

Growth hormone side, part two. It pulls a different lever than tesamorelin, so together they make more sense than either alone. The cleanest of the GH releasers, without much hunger or cortisol bump.

### WHAT I AM AFTER

Deeper sleep was the first thing I noticed, then recovery between workouts.

### HOW I RUN IT

Stacked with tesamorelin at night. The only pairing in my stack I would call genuinely complementary.

DAILY

## 5 Amino 1MQ

5 mg

Daily

Metabolism, fat cells

### WHY I TAKE IT

Not actually a peptide. It is a small molecule that blocks an enzyme called NNMT, which is overactive in fat tissue. The theory is that blocking it frees up NAD and lets fat cells burn energy more freely.

### WHAT I AM AFTER

Metabolic support that pairs with the fat loss side and the NAD side at the same time.

### HOW I RUN IT

Slow and subtle. Still evaluating, and I am honest that it is the one with the least human data.

DAILY

## Semax

Focus, cognition

0.5 mg

Daily, morning

### WHY I TAKE IT

I run several businesses and the afternoon used to be a write off. Semax is the fastest onset of anything I take, days not weeks.

### WHAT I AM AFTER

Sharper focus, better mental energy through the afternoon, less brain fog.

### HOW I RUN IT

Morning only. A late dose cost me a night of sleep once, which defeats the whole night half of the stack. I cycle it.

3X PER WEEK

## MOTS c

Mitochondria, metabolic

3.3 mg per dose

3 times a week

### WHY I TAKE IT

A peptide your own mitochondria make. Research points to better insulin sensitivity and how your body uses fuel, which fits right in with the metabolic side.

### WHAT I AM AFTER

Energy, better workout capacity, and support for how I handle carbs.

### HOW I RUN IT

Higher amount, fewer days. The injection stings, nobody warns you about that.

3X PER WEEK

## NAD+

Cellular energy

50 mg per dose

3 times a week

### WHY I TAKE IT

NAD is the fuel every cell uses to make energy and repair DNA, and levels drop as you get older. This pairs with 5 Amino 1MQ, which is meant to protect the NAD I already have.

### WHAT I AM AFTER

Steadier energy and recovery, and it is part of my longevity side.

### HOW I RUN IT

I keep it at a low amount. Push it too fast and you feel flushed and uncomfortable.

3X PER WEEK

## KLOW

Repair, skin, gut

8 mg per dose

3 times a week

### WHY I TAKE IT

A blend (BPC 157, TB 500, GHK Cu and KPV) covering repair, skin and gut inflammation in one vial. It replaced running those separately.

### WHAT I AM AFTER

Joint and tissue recovery, skin quality, calmer gut.

### HOW I RUN IT

Lesson learned: since KLOW already contains BPC, TB and KPV, I no longer run those on their own. Blends hide what you are already taking.

PRE WORKOUT

## Super Human Blend

Training performance, energy

0.5 mL

30 min before training

### WHY I TAKE IT

A premixed 10 mL injectable amino blend, not a peptide. I take 0.5 mL (50 units on an insulin syringe). Per mL it carries L Arginine 110 mg, L Ornithine 110 mg, L Citrulline 120 mg, L Lysine 70 mg, L Glutamine 40 mg, L Proline 60 mg, L Taurine 60 mg, L Carnitine 220 mg and NAC 75 mg. I take it about 30 minutes before I lift so it is working by my first working set.

### WHAT I AM AFTER

Arginine and citrulline for blood flow and pump, ornithine and glutamine for recovery, carnitine for fat use as fuel, taurine for endurance, proline and lysine for connective tissue, NAC for antioxidant support.

### HOW I RUN IT

Training days only, timed to the workout. Treat it like any new addition: start lower, one change at a time, and watch how you feel.

**THE RULE UNDERNEATH ALL OF IT.** One new compound at a time, at least a week apart, nothing else changing. Labs before and during. Judge by waist, sleep, energy and blood work, not the scale.