JORGE TALKS PEPS

NAD
Starter Guide

What NAD+ is, subq vs IM vs IV, the flush and the sting, how I started, and what the evidence honestly says. Everything I wish I knew before day one.

Jorge Abreu. Not a doctor. My personal experience plus a plain read of the research. Education, not medical advice.

What NAD+ actually is

NAD+ (nicotinamide adenine dinucleotide) is a molecule every cell in your body uses. It helps turn food into energy inside your mitochondria, and it is a fuel for enzymes involved in DNA repair, like sirtuins and PARPs.

Levels tend to drop as we age. That drop is the whole reason people research it: the idea is that topping it back up might support energy, recovery and healthy aging.

THE HONEST EVIDENCE CHECK

Raises NAD levels in the blood MODERATE

Human studies show oral precursors like NR and NMN reliably raise blood NAD. Data on injected NAD+ itself is smaller.

Energy, muscle and metabolism EARLY HUMAN

Small human trials of precursors show mixed results. Some found modest changes in things like muscle or insulin sensitivity, many found little difference versus placebo.

Anti aging and lifespan ANIMAL OR VERY LIMITED

The big lifespan results are in mice and worms. Nobody has shown NAD extends human lifespan.

IV NAD clinics and their claims ANIMAL OR VERY LIMITED

Very little controlled research. Most claims you see online come from clinics, not trials.

So why do I take it? Because I notice steadier energy and recovery, and it fits my longevity side. That is my experience, not proof.

Subq vs IM vs IV

Same molecule, three very different experiences.

ROUTE	HOW IT WORKS	PROS	CONS
Subq	Small insulin needle into belly fat, at home.	Cheapest, quick, small amounts, easy to go slow.	Sting and burn at the site. Needs good rotation.
IM	Into a muscle, usually with a longer needle.	Less surface sting for some people.	Deeper needle, more technique, sore muscle. Best done with clinical guidance.
IV	A drip in a clinic over one to several hours.	Large amounts at once, supervised.	Expensive, slow, and the flush is strongest here. They have to slow the drip for most people.
Oral	Precursor capsules like NR or NMN.	No needles, the most human research.	Indirect. Your body has to convert it.

I run subq. It lets me use a small amount, push slow, and do it at home on my own schedule.

What nobody tells you

My first NAD shot felt like my whole body was flushing. Here is what that is and what fixed it for me.

THE FLUSH

- Tight chest, warmth, a wave of pressure, sometimes a little nausea or a headache.
- It shows up when it goes in too fast or too much at once. It usually passes in minutes.
- What fixed it for me: pushing slow and keeping the amount low.

THE STING

- NAD burns more than anything else in my stack. Normal.
- Rotate sites every shot, alternate left and right of the belly. My free Injection Site Rotation Map shows the clock trick: jorgetalkspeps.com/rotation-map.
- Stay hydrated, let the alcohol dry before you inject.

STOP AND CALL YOUR DOCTOR IF

- Chest pain or pressure that does not pass, trouble breathing, fainting.
- Hives, swelling of the face or throat.
- A site that gets hot, spreads red, or forms a hard lump that stays.

How I started, and how I run it now

I started at the low end and stayed there until I knew how my body handled it. Today I run **50 mg, 3 times a week**, in the morning. That is the same number that is in my My Stack guide.

For reference, my free Pep Cheat Sheet lists NAD+ as a 500 mg vial mixed with 5 mL of BAC water, 50 to 100 mg per shot, 2 to 3 days a week, in the morning. Your number is a conversation with your doctor, not something to copy from me.

WHAT I LEARNED

- **Start slow, push slow.** Most bad NAD stories come down to rushing.
- **Morning only.** When I took it at night it messed with my sleep.
- **Fridge after mixing, away from light.**
- **One change at a time.** Add NAD by itself so you know what is doing what.
- **Pairs well with 5 Amino 1MQ** in my stack, which is meant to protect the NAD you already have. Still early research.

QUESTIONS TO ASK YOUR DOCTOR

- Is NAD a fit for me, and which route do you recommend?
- Should we check labs before and after?
- Does it interact with anything I take or any condition I have?
- What reaction means I should stop?

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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