Adipotide

PEPTIDES

Adipotide (aka prohibitin-TP01 and fat-targeted proapoptotic peptide) designed to selectively eliminate blood vessels feeding white adipose (fat) tissue. It combines a homing sequence that targets fat-vasculature receptors (e.g. prohibitin/annexin A2) and a pro-apoptotic (cell de

Adipotide (aka prohibitin-TP01 and fat-targeted proapoptotic peptide) designed to selectively eliminate blood vessels feeding white adipose (fat) tissue. It combines a homing sequence that targets fat-vasculature receptors (e.g. prohibitin/annexin A2) and a pro-apoptotic (cell death-inducing) sequence that triggers vessel cell death. The mechanism aims to starve fat cells of blood supply, leading to targeted fat tissue loss rather than systemic appetite suppression. Once the fat tissue has undergone apoptosis, it is cleared by the body. These results happen regardless of whether or not a person changes their diet or exercise regimens. ADDITIONAL BENEFITS Targeted visceral fat reduction: Adipotide preferentially affected white adipose tissue, including visceral fat around organs. Visceral fat is linked to cardiovascular diseases, diabetes, and metabolic risk- reducing it can have outsized health benefits compared to losing general body weight. Improved insulin support, for Type 2 diabetics Because the targeting receptor, prohibitin, is also present in some tumor vasculature, it is of interest to cancer researchers Its non-CNS peripheral action provides a mechanistic contrast to central appetite-modulating drugs POSSIBLE SIDE EFFECTS Injection site reactions (redness, swelling, and/or itching) Loss of appetite Fatigue Dizziness Electrolyte imbalance Dehydration Dose-dependent, predictable, reversible renal injury and tubular dysfunction, including minimal to moderate tubular degeneration and necrosis after treatment, typically resolved after treatment. Increased urine output and slight dehydration have been observed, potentially reflecting early kidney function disruption Serum creatinine elevation indicate kidney strain, although typically mild and reversible Dehydration common, potentially linked to increased diuresis and kidney changes INTERACTIONS Co-administration with other nephrotoxic agents (e.g. aminoglycosides, certain chemotherapeutics, high-dose contrast agents) could theoretically increase the risk of combined kidney toxicity. Because Adipotide influences fat tissue metabolism and possibly insulin sensitivity, theoretical interactions with glucose-lowering medications (e.g. insulin or hypoglycemic agents) or lipid-modifying agents could occur, although no controlled data exist. CONTRAINDICATIONS Do not use if pregnant or breastfeeding Do not use if you have pre-existing renal impairment. Can be particularly hard on the kidneys. ADIPOTIDE: 10MG – CYCLE AND DOSING CONSIDERATIONS 28-day cycle followed by 12-28 day washout period Daily dosing for duration of the cycle May be dosed at any time, day or night Adipotide does not have to be taken in a fasted state Subcutaneous administration: abdominal region recommended RECONSTITUTION Mix with 2.5mL (250 units) of BAC water DOSING PROTOCOL Days 1-7: 8 units (.33mg), 1x/day Days 9-14: 14 units (.55mg), 1x/day Days 15-28: 25 units (1mg), 1x/day

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