MY ACTUAL STACK · THE SCIENCE · NO GATEKEEPING

The Fighter Protocol.



FROM MOMO
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the peptides i use for repair, deep belly fat, skin, immunity and energy. why each one is in my routine, what the research says, and the brand i trust.

READ THIS FIRST

Real talk.

i get more DMs about my protocol than about training at this point. one story with a vial on the counter and my inbox turns into a chemistry class.

so here it is. the peptides i use, why each one is in my routine, and what the research says. **the next lab is the brand i use and trust.** no gatekeeping. no "DM me for the real info" games.

two things before we start.

one. i'm not a doctor and this is not medical advice. this is me showing you my homework. i use bloodwork with my practitioner to understand my health. your symptoms, history and treatment determine which tests are useful for you.

two. nothing in here is a shortcut. i train five days a week and eat like it's my job. peptides are the 10% on top of the 90% you already know about. the 90% still decides.

if you're carrying an injury that won't close out, fighting your own immune system, or just tired of feeling ten years older than your birth certificate... this one's for you.

- MoMo



01.01 / FROM MOMO

BEFORE THE STACK

What a peptide actually is.

a peptide is a short chain of amino acids. a mini protein. your body already runs on them — insulin is a peptide. so is the hormone that tells you you're full. this is not exotic chemistry. it's the language your cells already speak.

peptides can act as signals, binding to receptors and changing what a cell does next. the effect depends on the molecule, the route and the amount. a familiar signal can still have powerful effects.

why injections? digestion breaks down many peptides before enough can reach the bloodstream. injection bypasses that barrier. the route still matters — you cannot swap a topical product for an injectable one.

GHK-Cu has two separate lanes in my routine: injections and daily topical use. same compound, different routes.

how to read this document. every peptide in my stack is here for a job — repair, deep belly fat, skin, immunity, energy. nothing rides along for vibes.

for each compound: what it is, why it interests me, how it appears in my routine and its timing. an approval belongs to a specific drug, formulation and use. tesamorelin's approved use is excess abdominal fat in adults with HIV-associated lipodystrophy. that approval does not extend to every research vial carrying the same molecule.

bring these questions to your practitioner. your symptoms, health history and any relevant tests help put the picture together.

THE ONE-LINE VERSION

peptides don't build the house. they make sure the crew shows up, the supply trucks arrive, and the repairs get finished. **you still have to swing the hammer.**



02.01 / THE TOOLKIT · EDITORIAL VIAL IMAGE

THE THING NOBODY WANTS ME TO SAY

Where I stand on GLP-1s.

let me say the thing that gets me in trouble at dinner parties.

GLP-1s work. the weight comes off. for someone who meets the medical criteria, they can be the right tool. that decision belongs with a clinician who knows the whole picture.

my priority is body composition. i care about what you keep while the scale moves — especially muscle and strength.

in the STEP 1 trial, semaglutide produced about 15% average weight loss over 68 weeks. the body-composition substudy found reductions in fat and lean mass. **lean mass includes more than muscle.** body-fat percentage also fell. the useful question is how to preserve strength and muscle during weight loss.

getting lighter and getting stronger are different goals. i want the training plan to account for both.

THE LIVER FILE — WHERE GLP-1S GENUINELY SHINE

semaglutide is also FDA-approved as Wegovy for adults with MASH and moderate-to-advanced liver fibrosis, without cirrhosis. in the trial, MASH resolved without worsening fibrosis in about 6 in 10 people versus 3 in 10 on placebo. that's a specific medical use, diagnosed and managed by a clinician.

muscle is your metabolism, your insulin sensitivity, your bone density insurance, your ability to get off the floor at 80. losing it to lose scale weight is borrowing from the one account you can't easily refill — and the older you get, the worse the interest rate.

my priorities stay the same. protect muscle. train with a plan. eat enough protein. manage injuries and recovery. those foundations matter whether someone takes a GLP-1 or not.

the habits need to survive the medication. weight regain after stopping semaglutide is well documented. have a plan for ongoing care, nutrition and training before changing treatment.

MY RULE

build and protect muscle. if a GLP-1 fits your medical situation, bring the training and nutrition with it. the scale does not get the only vote.

THE WHOLE STACK ON ONE PAGE

The protocol, mapped.

#	COMPOUND	LANE	WHY IT'S HERE	HOW I RUN IT
01	BPC-157	Repair	repair research · tendon, ligament + gut	when injuries flare
02	BPC-157 + TB-500	Immune Calm	tissue-repair research + my autoimmune context	blocks around flares
03	CJC-1295 + Ipamorelin	Growth Axis	growth-hormone release through two receptors	months 1–3 of my cycle
04	Tesamorelin	Deep Belly Fat	visceral-fat phase · GHRH analog	months 4–6 of my cycle
05	MOTS-c	Metabolic Engine	mitochondrial peptide · metabolic signaling	intermittent course
06	NAD+	Energy	coenzyme involved in cellular energy	as needed in my routine
07	GHK-Cu	Skin	copper tripeptide · skin biology	injections · clinic reference on p. 13 topical · daily
08	Thymosin Alpha-1	Immune Tune-Up	immune signaling · thymalfasin	six-week course every six months
09	Glutathione	Liver	antioxidant · support lane	alongside my routine
10	VIP	Mold Recovery	a specific mold-exposure treatment context	situational · after exposure is addressed

HOW TO READ THIS

this is **my** protocol, built for **my** body, my bloodwork, my injuries and my [very dramatic] immune system. it is a map of how i think, not a shopping list. the following compound pages give you the science on each lane so you can have a real conversation with a real practitioner.

MY ORIGINAL ROTATION · SIX MONTHS

The order of things.

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
GROWTH AXIS	CJC-1295 + Ipamorelin nightly in my routine			Tesamorelin my visceral-fat phase		
ENGINE	MOTS-c	MOTS-c		MOTS-c	MOTS-c	
IMMUNE	Thymosin α-1 6-week course			next course after six months →		
SKIN	GHK-Cu injections 2 mg per injection · 5 each week 3 months on · 1 month off			GHK-Cu topical daily in my routine		
REPAIR	BPC-157 · BPC-157 + TB-500 · blocks around flares					
SUPPORT	glutathione · alongside my routine / NAD+ · as needed					

Injection schedule unconfirmed · clinician review required. See p. 13.

04.01 / FROM MOMO

The 90% still decides.

TRAINING · PROTEIN · SLEEP

05 / REPAIR · COMPOUND 01

BPC-157

PENTADECAPEPTIDE · "BODY PROTECTION COMPOUND"

VIEW THE VIAL →

HOW I RUN IT

when something flares [old shoulder, angry elbow], BPC is the first thing out of the fridge. it's my injury peptide.

THE CLOCK

i use it in blocks around an injury, then reassess. the duration depends on the problem and the plan with my practitioner. a flare is a reason to investigate, not just add another vial.



THE NEXT LAB · REFERENCE MOCKUP

WHAT IT IS	a 15-amino-acid chain modeled on a protein your own stomach makes to protect and heal itself.
WHY I TAKE IT	tendon, ligament and gut lining — the reasons i started looking at BPC-157. its repair research looks at processes such as blood-vessel formation and tissue healing. those mechanisms explain my interest; they are not a promise about how an injury will recover.

05 / REPAIR · COMPOUND 02

BPC-157 + TB-500

REPAIR STACK · TB-500 = THYMOSIN BETA-4 FRAGMENT

VIEW THE VIAL →

HOW I RUN IT

together, for my autoimmune issues. repair signal on one side, calm-the-fire signal on the other. this is the lane i'd protect if i had to drop everything else.

THE CLOCK

a defined block around a flare, with a review point. the duration and stopping plan belong with the practitioner managing the underlying condition.



THE NEXT LAB · REFERENCE MOCKUP

WHAT IT IS	TB-500 is a synthetic fragment of thymosin beta-4, a protein involved in how cells migrate to damage and how inflammation resolves instead of smoldering.
WHY I TAKE IT	i pair it with BPC-157 because of the research around tissue repair and inflammatory signaling. that's my rationale for the combination, not a guarantee that it controls an autoimmune condition.

WHY THIS LANE EXISTS

my autoimmune issues are the reason half this protocol exists. this combo is what keeps a flare from writing my calendar for me.

06 / THE CYCLE · COMPOUND 03

CJC-1295 + Ipamorelin

GHRH ANALOG + SELECTIVE GH SECRETAGOGUE · MONTHS 1-3

VIEW THE VIAL →

HOW I RUN IT

this is where my cycle starts: three months on the pairing, then i switch to tesamorelin. that is my sequence, not a universal rule for rotating these compounds.

THE CLOCK

months 1–3 in my routine, nightly. the calendar describes my timing; it does not specify a dose or establish a schedule for someone else.



THE NEXT LAB · REFERENCE MOCKUP

WHAT IT IS	CJC-1295 acts on the growth-hormone-releasing hormone receptor. ipamorelin acts on the ghrelin receptor. two different signals, both used to stimulate growth-hormone release.
THE POINT	the pairing stimulates growth-hormone release rather than supplying growth hormone directly. my interest is recovery and body composition. i track the growth-axis lane with my practitioner and bloodwork.

06 / THE CYCLE · COMPOUND 04

Tesamorelin

GHRH ANALOG · THE STOMACH-FAT PHASE

VIEW THE VIAL →

HOW I RUN IT

after the CJC + ipamorelin block. this is the visceral-fat phase in my personal routine. i review the growth-axis lane against my labs before continuing.

THE CLOCK

months 4–6 for me. that is the timing in my routine. the approved drug's studies ran for 26 weeks; my three-month phase is not that trial schedule.



THE NEXT LAB · REFERENCE MOCKUP

WHAT IT IS	a growth-hormone-releasing hormone analog. the prescription drug Egrifta was FDA-approved in 2010 to reduce excess abdominal fat in adults with HIV-associated lipodystrophy. it is not approved for general weight-loss management.
THE RESEARCH	the approved drug's trials measured reductions in visceral fat over 26 weeks in adults with HIV-associated lipodystrophy. visceral fat sits around the organs. those findings apply to the studied drug and population.

WHY ROTATE AT ALL

three months on the pairing, then my tesamorelin phase. a calendar keeps the sequence clear. it does not replace a review of symptoms, labs and whether the plan still makes sense.

07 / THE ENGINE · COMPOUND 05

MOTS-c

MITOCHONDRIAL-DERIVED PEPTIDE

VIEW THE VIAL →

HOW I RUN IT

an intermittent course in the metabolic lane of my routine. the amount printed on a vial is its total contents — it is not an instruction to inject that amount.

THE CLOCK

MOTS-c sits outside the dated growth-axis rotation. i treat it as a separate course, with timing reviewed individually.



THE NEXT LAB · REFERENCE MOCKUP

WHAT IT IS	a peptide encoded inside your mitochondrial DNA — found in 2015 by researchers at USC. your power plants writing their own memos to the rest of the body.
WHY I TAKE IT	the research that interests me centers on metabolic signaling, including AMPK, an energy-sensing pathway. training remains the work. MOTS-c is something i discuss within that broader metabolic picture.

THE WORK STILL COUNTS

training is still the signal. food, sleep and recovery are still the work. no vial gets credit for a program you haven't followed.

07 / THE ENGINE · COMPOUND 06

NAD+

COENZYME · CELLULAR ENERGY CURRENCY

VIEW THE VIAL →

HOW I RUN IT

for energy. the 2pm wall, jet lag, the week after a flare — this is the "turn the lights back on" lane of the protocol.

THE CLOCK

not a cycle for me — a tool. reached for **as needed**, not scheduled. if you need it every single day, the question is your sleep, not your NAD.



THE NEXT LAB · REFERENCE MOCKUP

WHAT IT IS	not technically a peptide — it's the coenzyme every single cell burns to turn food into energy and to run its own repair enzymes.
THE RESEARCH	NAD+ levels fall hard with age — that decline is one of the most repeated findings in aging biology. restoring the pool is the entire logic of the NAD economy.

08 / SKIN + DEFENSE · COMPOUND 07

GHK-Cu

COPPER TRIPEPTIDE · TOPICAL + INJECTABLE

VIEW THE VIAL →

HOW I RUN IT

i inject GHK-Cu. i also use it topically on my face each day. those are separate parts of my routine. the blue color comes from the copper complex.

THE CLOCK

handout reference: 2 mg per injection, five injections each week; three months on, one month off. this is not my confirmed prescription. the supplied copy has conflicting syringe-unit calculations. confirm the dose, concentration and schedule with your clinician or pharmacist before use. **topical: daily in my routine.** zinc supplementation needs its own reason.



THE NEXT LAB · REFERENCE MOCKUP

WHAT IT IS	a three-amino-acid peptide bound to copper. GHK occurs naturally in the body. GHK-Cu is studied for its role in tissue remodeling and skin biology.
THE RESEARCH	the skin research includes topical formulations and outcomes such as skin texture and remodeling. route matters: findings from a cream do not establish what an injection will do.
SOURCE CHECK	the schedule shown here comes from Extension Health's patient handout, page 2. it is a clinic reference, not a validated optimum. Tremblay's GHK discussion does not establish this GHK-Cu cycle.

08 / SKIN + DEFENSE · COMPOUND 08

Thymosin Alpha-1

IMMUNE MODULATOR · EVERY 6 MONTHS

VIEW THE VIAL →

HOW I RUN IT

a course every six months in my routine. this is the immune lane of my plan, reviewed alongside my history and bloodwork.

THE CLOCK

about six weeks, twice a year in my routine. the map shows the course, not an injection frequency. that detail belongs in the individual treatment plan.



THE NEXT LAB · REFERENCE MOCKUP

WHAT IT IS	the immune system's conductor — a peptide your thymus makes to train T-cells. the catch: your thymus starts shrinking from puberty onward.
THE RESEARCH	thymalfasin is used as a prescription immune-modulating drug in a number of countries. an approved use for one condition does not establish a benefit for every immune problem. my autoimmune history is part of the conversation with my practitioner.

SKIN IS AN ORGAN

i treat skin like i treat muscle: it adapts to the signals you send it. collagen doesn't care about your serum's packaging — it cares whether the build order ever arrived.

09 / THE CLEANUP · COMPOUND 09

Glutathione

MASTER ANTIOXIDANT · LIVER SUPPORT

HOW I RUN IT

alongside the rest of my routine. it belongs in my support lane. taking an antioxidant does not cancel out the effects of alcohol, poor sleep or an unsuitable stack.

THE CLOCK

runs with the protocol, not on its own cycle. support crew keeps the same hours as the job site.

WHAT IT IS	the most abundant antioxidant your body makes, concentrated in the liver — the currency your liver spends to bind toxins and escort them out [phase-two detox, if you want the textbook term].
THE RESEARCH	decades of established biochemistry — this isn't a frontier molecule, it's housekeeping. levels drop with age, stress, alcohol and illness.

09 / THE CLEANUP · COMPOUND 10

VIP

VASOACTIVE INTESTINAL PEPTIDE · MOLD RECOVERY

VIEW THE VIAL →



THE NEXT LAB · REFERENCE MOCKUP

HOW I RUN IT

after mold exposure. [tropical living taught me things i didn't ask to learn.] this one is specific: if mold isn't your story, this lane isn't your lane — and that's fine.

THE CLOCK

situational, after the exposure has been addressed and the symptoms evaluated. route, frequency and duration belong with the clinician managing that case. no peptide outruns a house that's still making you sick.

WHAT IT IS	a 28-amino-acid neuropeptide with receptors basically everywhere — gut, lungs, brain, immune cells. one of the body's own anti-inflammatory signals.
THE RESEARCH	VIP appears in the Shoemaker protocol for CIRS after the environmental exposure has been addressed. that's a particular treatment approach, not a catch-all answer for symptoms attributed to mold.

TERRAIN FIRST

you can't out-peptide a liver that's drowning or a house that's making you sick. this lane is the cleanup crew for everything the other lanes build on.

BLOODWORK + UNDERLYING HEALTH

The bigger picture.

bloodwork can help spot deficiencies, blood-sugar changes and other underlying issues. which tests are useful depends on your symptoms, history and treatment. some treatments require checks before starting and during use.

TESTS TO DISCUSS · CHOSEN FOR YOU

01 **CBC + metabolic panel** — blood counts, liver and kidney markers. unexpected results need context and follow-up.

02 **glucose + HbA1c** — blood-sugar information. prescribed tesamorelin calls for glucose checks before and during treatment.

03 **IGF-1** — a marker of growth-hormone activity. prescribed tesamorelin also calls for monitoring this during treatment.

04 **hs-CRP** — an inflammation marker. review it alongside symptoms, history and other findings.

05 **thyroid testing** — if symptoms or history suggest a thyroid issue, ask which tests would be useful.

06 **sex hormones** — when symptoms, history or current treatment make them relevant.

07 **vitamin D · ferritin · B12** — can help identify some deficiencies. i also discuss whether copper or zinc testing is relevant to injectable GHK-Cu.

FIVE QUESTIONS FOR YOUR PRACTITIONER

01 "could an underlying condition or deficiency explain what i'm feeling?"

02 "given my history, is anything in this document a **hard no** for me?"

03 "would any tests change what you recommend?"

04 "does this treatment need baseline or follow-up tests, and when?"

05 "what would make you **stop** this immediately?"

THE REAL SIXTH QUESTION

a good practitioner should explain the reasoning, the limits and the stop signs. that includes telling you when a compound does not fit your case. bring questions; expect clear answers.

THE PART NOBODY WANTS TO TALK ABOUT

Quality or nothing.

here's the uncomfortable truth under this entire document: a vial's label cannot tell you everything that's inside. identity, amount and contamination are separate questions. you cannot settle them by looking, and the label will not confess.

so this is the one rule i hold harder than any training rule i own:

never put anything in your body without a certificate you can actually read.

read what was actually tested. **identity** confirms the molecule. **purity** needs a method and result. **measured fill** tells you the amount found. **endotoxin and microbial screening** are separate tests — never assume they were included. match the lab, lot and accession number.

most sites *tell* you their product is tested. fine words. the standard that actually matters is simple: **can you read the document, for your lot, with the lab's name on it?**

the next lab is the brand i use and trust. i care about the science and quality behind everything i do. **here's more of the evidence:** research.thenextlab.co brings together published research and available lot-specific test reports. check what each report covers, its verification status and whether it matches your lot.

and the filter takes one question: ask any seller for the certificate of analysis for **your specific lot**. if the answer is a stock photo, a purity claim with no lab name, or silence — **that was the whole answer.**

READ THE ACTUAL RESULTS

identity · purity · measured fill · any endotoxin or microbial results actually reported. **a COA does not establish sterility or suitability for injection.** the next lab does not test sterility.







11.01 / THE NEXT LAB · REFERENCE VIAL MOCKUPS

READ THESE TWICE

The rules.

01 **i'm not a doctor.** this is my protocol, not your prescription. it's a map of how i think — take it to a licensed practitioner who knows your health history.

02 **look at the bigger picture.** bloodwork can help uncover underlying issues. choose relevant tests with your practitioner; some treatments need specific monitoring.

03 **one variable at a time.** stack five new things at once and you'll never know which one worked — or which one is why you feel weird.

04 **the 90% still decides.** training, protein, sleep, sunlight. peptides amplify a signal — they cannot replace one that doesn't exist.

05 **quality or nothing.** no certificate, no entry. not into the fridge, and definitely not into you.



12.01 / FROM MOMO

questions? DM me **@momomuscle**. i read them — that's not a line, my inbox is genuinely where half my content comes from.

and if you want the training side of this — the 90% — **Fighter** is the program. the app carries the full system.

- MoMo

THE CERTIFICATES, LIVE

scan to read real lot certificates — the exact standard this document holds every source to.
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