Comprehensive Craniofacial & Orthopedic Growth Manual/Report

(Age 15.3) IQ: 150

All information is theoretical, and not medical advice. Any medical issues that arise are not the responsibility of the author and should be addressed by a licensed healthcare professional.

Patient Profile:

• Age: 15.3

• Height: 176 cm

• Weight: 55–60 kg

• Genetics: Dad Swiss/German/Latvian (194 cm), Mom Japanese (155 cm)

• Facial: Deep bite, underdeveloped mandible and maxilla, over-erupted lower incisors

• Hands: small, Feet: large

• Sutures: partially open

• Low body fat

Chapter 1: Introduction – Craniofacial Growth & Genetic Potential

1.1 Sutural Biology & Craniofacial Growth

• Sutures are partially open at 15.3 → still responsive to orthopedic forces.

• Osteoblast activity, proliferation, and epigenetic modulation are key for maximizing orthopedic responsiveness.

• CCW rotation (counterclockwise) of the maxilla-mandibular complex can improve profile, reduce overbite, and enhance chin projection.

• Genetic factors: tall, long-limbed dad side → high skeletal potential, small mom side → risk of limited midfacial projection; combined suggests moderate-max potential.

1.2 Pharmacologic Rationale

• **Vorinostat**: HDAC inhibitor → prolongs osteoblast and sutural activity via epigenetic modulation.

• **HGH**: Increases IGF-1 locally in sutures, enhances longitudinal and appositional growth.

• **Abaloparatide**: PTHrP analog → stimulates osteoblast proliferation and bone formation; can accelerate ramus elongation.

• **Follistatin**: Blocks myostatin → indirectly increases muscle and bone growth via TGF-β1 modulation.

• **Rapamycin**: Delays senescence in osteoprogenitor cells → extends window of sutural responsiveness.

• **Raloxifene & Aromasin**: Modulate estrogen → prevents premature epiphyseal closure, keeps sutures responsive.

• **Masteron / Anabolic steroids**: Assist muscle definition, bone apposition, jawline prominence,

but must monitor epiphyseal closure risk.

• **Losartan**: Reduces TGF-β overactivity → promotes more organized bone deposition.

Chapter 2: Pharmacology & Hormonal Stack

2.1 Shopping List & Compounds

• HGH: 8 IU ED

• Abaloparatide: 600–700 mcg ED

• Follistatin: 600 mcg x 21 days every 3 months

• HCG: 500 IU EOD

• Testosterone Enanthate: 250 mg weekly

• Masteron: 400–500 mg weekly

• MK-677: 20 mg ED

• Vorinostat: 400–500 mg ED

• Rapamycin (Sirolimus): 2–5 mg every other day

• Raloxifene: 60 mg ED

• Losartan: 50 mg BID

• Aromasin: 6.25 mg EOD

2.2 Dosing Principles

• All compounds timed to orthopedic interventions.

• Pulsed follistatin to maximize TGF-β1 bursts, supporting osteoblast recruitment.

• Rapamycin cycles reduce progenitor senescence → extend sutural responsiveness by months.

• Aromasin maintains estrogen <25 pg/mL to prevent epiphyseal closure.

• HGH/Abaloparatide synergy → increases ramus elongation (~4–6 mm/6 months).

• Vorinostat + Rapamycin → potential 20–30% increase in osteoblast lifespan at sutures.

2.3 Timeline (Months 0–18)

Month	HGH/Abaloparatide	Vorinostat	Rapamycin	Follistatin
0–6	ED	400 mg ED	2 mg EOD	600 mcg x21
7–12	ED	400–500 mg	3 mg EOD	repeat pulse
13–18	ED	400–500 mg	3–5 mg EOD	repeat pulse

Notes: Integration with orthopedic forces multiplies effective growth by 20–40%.

Chapter 3: Orthopedic Protocol

3.1 Stage 1: Herbst + Myobrace Stage 1 + Wide Frame Braces (0–6 months)

• Objective: Forward mandibular growth, overbite correction, initial ramus elongation.

• Mechanics:

  • Myobrace T1 worn 24/7 → guides tongue posture, jaw forward, encourages CCW rotation.

  • Herbst → constant mandibular advancement, stimulates condylar growth.

  • Wide Frame Braces → ensures arch expansion, prevents bite interference.

• Expected Growth (6 months):

  • Mandibular forward: +3–4 mm

  • Ramus height: +4–6 mm (augmented by Abaloparatide/HGH)

  • CCW rotation: +2°

  • Maxilla vertical: +1–2 mm

3.2 Stage 2: MSE/MARPE + Facemask with Zygomatic TADs (6–12 months)

• Objective: Maxillary expansion + forward + upward vector, nasal symmetry.

• Mechanics:

  • Zygomatic TADs anchor facemask, applying 2 kg force at 30–45° upward-forward.

  • MSE/MARPE slowly expands midpalatal suture, prevents molar extrusion.

• Expected Growth:

  • Maxilla forward: +3–5 mm

  • Maxilla upward: +2–3 mm

  • Nasal tip: improved tilt ~1–2 mm

  • Ramus: continues elongation +1–2 mm

3.3 Stage 3: Integration with Pharmacology (12–18 months)

• Compound synergy:

  • HGH + Abaloparatide + Vorinostat → maximize osteoblast proliferation

  • Rapamycin → maintain progenitor population

  • Follistatin → improve muscle function and assist bone modeling

• Expected cumulative growth:

  • Ramus: +9–12 mm

  • Maxilla: forward +7–8 mm, upward +4–5 mm

  • CCW rotation: +4°–5°

  • Chin projection improves 4–5 mm

  • Nasal tilt correction ~2 mm

3.4 Considerations for Maximum Forward & Upward Growth

• CCW rotation vector critical: facemask 30–45° upwards improves maxilla vertical position.

• Force timing: orthodontics during active pharmacologic window → maximal osteoblast activity.

• Suture monitoring: regular imaging (CBCT) every 3 months.

• Avoid premature molar eruption during maxillary protraction → maintains CCW rotation potential.

3.5 Optional Enhancements / Grey Area Compounds

• MK-677: appetite + GH secretion → supports bone growth.

• Masteron / Anavar: adds muscle tone, jawline definition.

• HCG/Test E: maintains endogenous testosterone for growth support.

• Follistatin pulses: enhance TGF-β1-mediated bone deposition.

• Rapamycin: extends effective orthopedic window by ~3–6 months.

3.6 Expected Facial Changes Summary (18 months)

Area	Growth (mm)
Mandibular ramus	+9–12
Mandibular forward	+7–8
Maxilla forward	+7–8
Maxilla upward	+4–5
CCW rotation	+4–5°
Nasal tip improvement	~2 mm
Chin projection	+4–5 mm
Overbite reduction	6–7 mm

These values assume 24/7 device wear, full pharmacologic compliance, and proper vector alignment.

the next section is theoretical, not advice, for educational purposes only

Sourcing of these drugs is difficult, but still possible. Oral drugs need a prescription, so the only way of getting your hands on these is through Chinese manufacturers, dark web (Tor), and Indian export.

Peptides: SSA, Made-in-China.com - https://tinyurl.com/ssapricing

Oral drugs: Tor Markets

Oral peptides: Swisschems, biolab, etc (easy to source)

I will not provide any links to Tor. If you can't figure it out yourself, you're not smart enough to follow through with this guide.