

# Compound Schedule

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*This is a combined educational/theoretical schedule of all compounds, doses, and timing notes. For educational purposes only.*

Compound	Dose	Frequency	Timing / Notes	Administration Route
HGH	8 IU/day (4 AM / 4 PM)	Daily	Morning and evening subcutaneous injections	Subcutaneous
IGF-1 LR3	50 mcg/day	Daily	Inject in chin/facial area, ideally AM	Subcutaneous
HCG	500 IU/week	Weekly	Split into 2–3 subQ injections (e.g., Mon 200 IU, Thu 150 IU, Sun 150 IU)	Subcutaneous
Abaloparatide	700 µg/day	Daily	Inject in morning, 30–60 min separate from HGH	Subcutaneous
Testosterone Enanthate + Masteron mixture	250 mg Test E + 400 mg Masteron/week	Weekly	SubQ injection; can split into 2 smaller injections (e.g., Mon + Thu) for smoother levels	Subcutaneous
ACE-031	1 mg/week	Weekly	Single subQ injection, e.g., Monday AM	Subcutaneous
Vorinostat	500 mg/day	Daily	Oral, morning with food to reduce GI upset	Oral
MK-677	20 mg/day	Daily	Oral, evening before bed to maximize nocturnal GH pulse	Oral
Losartan	50 mg once or twice daily	Daily	Morning with breakfast; second dose (if used) at dinner	Oral
Telmisartan	Occasional/intermittent	As needed	Avoid stacking with Losartan; AM or PM	Oral

			depending on HGH peak	
Raloxifene	60 mg/day	Daily	Oral, morning with or without food	Oral
Aromasin (Exemestane)	6.25 mg every other day	Every other day	Oral, AM; if missed, take next day, do not double dose	Oral
Metformin	500 mg morning + 500 mg evening	Daily	With meals to reduce GI upset; aligns with split HGH doses	Oral