

# ASCENSION PROTOCOL

## *Full Cycle Documentation & Harm Reduction Guide*

### First Cycle — Harm Reduction Focused

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## SECTION 1 — COMPOUNDS & STACK

### Androgens

- Testosterone Enanthate — Start 200mg/week, titrate to 400-500mg based on response
  - Long ester, stable blood levels, ideal first cycle compound
  - 250mg/mL concentration — 3x 10mL vials required for full cycle

### Peptides

- Topical GHK-Cu — Apply as directed for skin and collagen support
- MK-677 (Ibutamoren) — 10mg taken 30-60 minutes before bed
  - Conservative dose — mitigates prolactin elevation, hunger spikes and insulin sensitivity impact
  - Take 30-60 min before bed, not immediately at bedtime, to align with natural GH pulse
  - Monitor fasted glucose and watch for morning grogginess
- CJC-1295 / Ipamorelin Blend — Nightly, 5 days on / 2 days off
  - Synergistic with MK-677 during deep sleep phases

### Ancillaries

- HCG — 500-750 IU/week (250 IU SubQ twice weekly via insulin needle)
  - Run THROUGHOUT cycle not just pre-PCT — primes testes for recovery
  - Can be mixed in same syringe as testosterone or injected separately
- Aromasin (Exemestane) — 6.25mg, use REACTIVELY when E2 symptoms appear
  - Suicidal aromatase inhibitor — preferred over Arimidex due to no rebound
  - Dose and reassess after 3-4 days before redosing
  - Have on hand from Day 1, do not dose blindly
  - High E2 signs: water retention, nipple sensitivity, emotional blunting, BP spike
  - Low E2 signs: dry joints, anxiety, flat mood, low libido, insomnia
- Telmisartan — 20mg daily from Week 5 onwards (titrate to 40mg if needed)
  - Weeks 1-4 at 200mg: use reactively only if BP exceeds 135/85
  - Week 5+ at 400mg: take daily proactively — cardiovascular strain justifies it
  - Secondary benefit: reduces aldosterone-driven water retention, keeps you drier
  - Take BP reading every morning, same time, before coffee — log it

## Hair & Scalp

- Oral Finasteride — Establish baseline tolerance Weeks 1-4
- Topical Finasteride — Transition to topical if scalp shedding or itching increases
  - Topical preferred on cycle — DHT suppression is localised, less systemic blunting

## Skincare Protocol

- AM: 10% Benzoyl Peroxide wash → Azelaic Acid → SPF50 Sunscreen
- PM: Gentle cleanser → Tretinoin 0.025% → Moisturiser
- GHK-Cu topical — apply as part of PM routine for collagen support
  - Tretinoin + azelaic acid will preempt androgen-driven acne effectively
  - Watch dairy intake if acne worsens — IGF-1 from dairy can compound androgen sides

## Supplements

- NAC (N-Acetyl Cysteine) — Liver and organ support
- TUDCA — Bile acid liver support, run throughout cycle
- Multivitamin — Daily comprehensive coverage
- Zinc — Monitor long-term; competes with copper, consider cycling or ZMB complex
- Magnesium — Take at night for sleep quality synergy with MK-677
- Fish Oil — 4g EPA/DHA daily from Day 1
  - Manages HDL decline from cycle
  - Mild tendon and joint lubrication benefit
  - Cardiovascular and lipid protection
- Creatine — 5g daily (not 10g — 5g fully saturates creatine stores, higher dose adds no benefit)
  - Expect 1-2kg intracellular water weight from creatine
- Collagen Peptides — 15g + Vitamin C pre-training
  - Supports connective tissue adaptation — critical as strength outpaces tendon recovery on cycle
- Vitamin D — 2000-5000 IU daily if not covered at therapeutic dose in multivitamin

## Medical Supplies

- Insulin needles — For SubQ testosterone and HCG injections
- Alcohol swabs
- BP monitor — Measure every morning, log results

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## SECTION 2 — CYCLE TIMELINE

### □ [WEEK 0] Baseline Blood Work

- └ Private lab or GP: Full hormone panel — establish baseline before any compounds
- └ Blood Test 1: LH, FSH, Total T, Free T, E2, SHBG, CBC (hematocrit), lipids, liver enzymes, kidney markers, PSA

## □ [WEEKS 1-4] The Cruise Phase (200mg/week)

- Testosterone: 100mg (0.4mL) SubQ twice weekly — e.g. Monday / Thursday
- HCG: 250 IU SubQ twice weekly (same schedule as testosterone)
- MK-677: 10mg taken 30-60 min before bed, nightly
- Peptides: CJC-1295 / Ipamorelin nightly (5 days on, 2 days off)
- Hair: Oral Finasteride — establish baseline tolerance
- Skincare: AM protocol + PM Tretinoin protocol as above
- Telmisartan: Only if BP exceeds 135/85 consistently
- Creatine: 5g daily
- Collagen: 15g + Vitamin C pre-training
- All supplements: NAC, TUDCA, Fish Oil 4g, Zinc, Magnesium, Multivitamin, Vitamin D

## □ [WEEK 4] Blood Test 2 — Cruise Response Check

- Captures true response to 200mg before escalation
- Panel: Total T, Free T, E2, Hematocrit (CBC), Liver enzymes, BP log review

## 🚀 [WEEKS 5-14] The Blast Phase (400mg/week)

- Testosterone: 100mg (0.4mL) SubQ FOUR times per week to prevent SubQ lumps
- HCG: Continue 250 IU twice weekly
- Telmisartan: 20mg DAILY from Week 5, proactively — not reactively
- MK-677: Continue 10mg nightly
- Peptides: Continue CJC / Ipamorelin protocol
- Hair: Transition to Topical Finasteride if scalp shedding or itching increases
- Aromasin: On hand — dose 6.25mg if E2 symptoms appear, reassess after 3-4 days
- All supplements and skincare: Continue as per Weeks 1-4

## □ [WEEKS 7-8] Blood Donation — Red Cross

- Free hematocrit check included pre-donation
- Proactively manages RBC elevation from testosterone
- Fresh blood production post-donation is beneficial
- Belgian Red Cross allows donation every 56 days — plan timing carefully

## □ [WEEK 9] Blood Test 3 — Private Lab (Blast Check)

- Out-of-pocket: Test Mijn Bloed / Synlab
- Full panel including CBC (explicitly request hematocrit)
- Panel: Total T, Free T, E2, Hematocrit, Lipids, Liver (ALT/AST), Kidney, BP

## 🛑 [WEEK 14] Last Testosterone Injection

- └─ Stop all Testosterone
- └─ Continue HCG at 500 IU/week for 2.5 weeks to maintain testicular function
- └─ Continue all supplements and Telmisartan as needed

### □ [WEEK 16.5] Clearance Bridge

- └─ Stop HCG completely
- └─ Wait 3-5 days for all compounds to clear before starting PCT

### 🔴 [WEEKS 17-21] Post-Cycle Therapy (PCT)

- └─ Nolvadex (Tamoxifen) protocol:
  - └─ Weeks 17-18: 40mg daily
  - └─ Weeks 19-21: 20mg daily
- └─ No other compounds during PCT
- └─ Continue NAC, TUDCA, Fish Oil, Multivitamin, Zinc, Magnesium
- └─ HCG run throughout cycle means testes are primed — recovery should be clean

### □ [WEEK 27] Blood Test 4 — Final Recovery Confirmation

- └─ 6 weeks post-PCT — out of pocket private lab
- └─ Confirm natural HPTA has fully recovered
- └─ Panel: LH, FSH, Total T, Free T, E2, SHBG, CBC, Lipids, Liver

## SECTION 3 — BLOODWORK SCHEDULE

*Always explicitly request CBC/NFS on every panel to capture hematocrit. Do not assume it is automatically included.*

Draw	Timing	Location	Key Markers
BT1	Week 0 — Baseline	GP or private lab	Full hormone panel, CBC, lipids, liver, kidney, PSA
BT2	Week 4 — Cruise response	GP or private lab	T, E2, Hematocrit, Liver
BT3	Week 9 — Blast check	Private lab (Synlab / TMB)	T, E2, Hematocrit, Lipids, Liver, Kidney
BT4	Week 27 — Post-PCT recovery	Private lab	LH, FSH, T, E2, SHBG, CBC, Lipids, Liver

### Hematocrit Thresholds

- Below 50%: Normal, no action required
- 50-52%: Monitor closely, ensure hydration, daily cardio

- Above 52%: Blood donation required — do not delay
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## **SECTION 4 — TRAINING PROTOCOL**

### **Strength Goals**

- Set realistic per-lift targets before starting — track weekly
- Maximum 5-10kg increase per week on compound lifts — do not rush progression
- Strength gains on cycle will feel easy — ego is how cycles end in surgery

### **Weekly Split**

- Monday — Push Heavy (Incline Press as primary movement, not after flat bench)
- Tuesday — Arms + Shoulders
- Wednesday — Legs (Squat focus)
- Thursday — Pull Heavy (Deadlift focus) + Biceps + Rear Delts
- Friday — Push Volume
- Saturday — Arms + Shoulders
- Sunday — Active recovery + light cardio only

### **Cardio**

- 1 hour Zone 2 cardio daily
  - Manages BP naturally — reduces Telmisartan dependence
  - Keeps HDL from declining as severely
  - Increases plasma volume which dilutes hematocrit
  - Do not do high intensity daily — recovery has limits even on cycle

### **Progression Rules — CRITICAL**

- Maximum 5-10kg increase per week on compound lifts
- If a joint or tendon feels off — drop the weight, no exceptions
- Tendons do NOT keep up with muscle strength gains on cycle
- Sharp joint pain is not the same as muscle soreness — do not push through it
- Warmup protocol for all heavy compound movements:
  - Set 1: 40% of working weight
  - Set 2: 60% of working weight
  - Set 3: 80% of working weight
  - Then: Working sets
- On pull days: Deadlift before bicep work — biceps are pre-fatigued, reduce curl weight accordingly
- Collagen 15g + Vitamin C pre-training for connective tissue support

### **Body Composition Expectations**

- Realistic lean mass gain: 5-7kg over 14 weeks on cycle

- Water retention: 5-9kg combined from Test E, MK-677 and Creatine
    - Test E at 400mg: 3-5kg water
    - MK-677 at 10mg: 1-2kg water
    - Creatine at 5g: 1-2kg intracellular water
  - Do not panic at scale jumps early — significant portion is water
  - Daily cardio and Telmisartan will keep water retention manageable
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## SECTION 5 — NUTRITION PROTOCOL

### Macro Targets

- Total calories: 3300-3500 kcal/day
- Protein: 180-200g/day minimum (2g per kg bodyweight as floor)
- Fat: 70g/day (floor — do not go lower)
- Carbohydrates: ~467-517g/day (remaining calories)
  - Prioritise carbs around training and post-workout
  - Slightly reduce carbs on cardio-only days

### Food Sources

- Proteins: Meat, fish, dairy (full fat or semi-skimmed milk), eggs
- Carbohydrates: Potatoes, rice, pasta
- Fats: Covered through dairy, eggs, fatty fish, meat — do not supplement heavily
- Vegetables: Cruciferous vegetables daily (broccoli, cauliflower) — mild E2 metabolism benefit
- Milk: Excellent for casein, calcium, fats and easy calories

### Notes

- If acne sides worsen significantly — trial reducing dairy for 2-3 weeks
  - Do not cut sodium entirely — electrolyte balance matters on Telmisartan
  - Dandelion root can be used as mild natural diuretic if bloat becomes uncomfortable
  - Prioritise 8-9h sleep — MK-677 only works if sleep is prioritised, GH pulse is largest during deep sleep
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## SECTION 6 — SIDE EFFECT MANAGEMENT

### Estrogen Management

- Do NOT dose AI blindly — learn your symptoms, not just your numbers
- Aromasin 6.25mg reactive — reassess after 3-4 days before redosing
- High E2: Water retention, nipple sensitivity, emotional blunting, BP spike, mood swings
- Low E2: Dry joints, anxiety, flat mood, low libido, insomnia, lethargy
- Estrogen is not your enemy — it protects joints, libido, mood and lipids

## Blood Pressure

- Log BP every morning, same time, before coffee
- Target: Below 130/80
- Action at 135/85+: Begin Telmisartan 20mg daily
- Daily Zone 2 cardio is your primary BP management tool

## Hematocrit

- Blood donation at Weeks 7-8 — proactive management
- Above 52%: Donate blood immediately, do not wait for scheduled draw
- Symptoms of high hematocrit: Persistent headaches, facial flushing, breathlessness, BP spike
- Ensure CBC is explicitly listed on every blood panel request

## Prolactin (MK-677 specific)

- Nipple sensitivity on cycle may be prolactin, not just estrogen — distinguish before dosing AI
- MK-677 at 10mg low risk but monitor
- Cabergoline is the treatment for elevated prolactin — have awareness of this option

## Mood & Behavioural

- Daily journal to track mood rating 1-10 — objective data over subjective memory
- Testosterone can cause irritability and overconfidence that feels like motivation
- Self-audit weekly — your support network is your external check
- If mood changes become problematic, reduce dose before attributing to other causes

## Tendon & Joint

- Collagen 15g + Vitamin C pre-training daily
- Fish oil 4g/day — mild joint lubrication benefit
- Maximum 5-10kg weekly progression on compounds
- Sharp pain = stop, do not push through
- Rotator cuff is highest risk area given heavy press frequency

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## SECTION 7 — DAILY JOURNAL TEMPLATE

Log every day. Objective data over subjective memory. This is your most valuable tool.

### Daily Log Fields

- Date / Week number / Day of week
- Morning body weight (kg)
- Morning BP reading (systolic/diastolic)
- Sleep: Hours + quality rating 1-10
- Mood rating: 1-10
- Libido rating: 1-10

- Energy rating: 1-10
- Training: Session completed Y/N + key lifts and weights
- Diet: Approximate calories and protein hit Y/N
- Cardio: Duration and type
- Physical sides: Acne, water retention, joint feel, any unusual symptoms
- Compound notes: Any dose changes, injections, compounds taken
- General notes: Anything notable

### Weekly Review Fields

- Overall week summary vs previous week
- Any side effects that emerged or resolved
- Decisions made and reasoning
- BP trend over the week
- Weight trend over the week
- Progress photos (every 2 weeks minimum)
- Body measurements (arms, chest, waist) every 2 weeks

### PCT & Recovery Journal

- Continue daily journal through PCT — mental and physical state tracking
- Note return of libido, morning erections, mood stability as recovery markers
- Compare Week 17-21 entries to pre-cycle baseline entries
- Blood Test 4 at Week 27 confirms what your journal will already suggest

## SECTION 8 — FINANCIAL BLUEPRINT

Item / Expense	Quantity	Estimated Cost (€)
Testosterone Enanthate (250mg/mL)	3x 10mL Vials	€90 – €120
HCG (5000 IU)	2x Vials	€80 – €110
Nolvadex / Tamoxifen (20mg)	1x Box (30 tabs)	€30 – €45
Aromasin / Exemestane (25mg)	1x Box (ancillary backup)	€40 – €60
Telmisartan (40mg)	1x Box (ancillary backup)	€20 – €35
MK-677 (10mg)	1x Supply (14 weeks)	€60 – €90
CJC-1295 / Ipamorelin Blend	5x 5mg Vials	€180 – €240
Collagen Peptides	1x Large tub	€25 – €40
Blood Test 1 (Baseline)	1x Full Panel	€30 – €60
Blood Test 2 (Week 4)	1x Panel	€30 – €60
Blood Test 3 (Week 9 — Private)	1x Full Panel	€175 – €210

Blood Test 4 (Week 27 — Private)	1x Full Panel	€175 – €210
Medical Supplies	Insulin syringes, swabs, BP monitor	€45 – €60
Skincare Stack	Tretinoin, Azelaic, SPF50, BP wash, GHK-Cu	€60 – €80
Supplements (NAC, TUDCA, Fish Oil, etc.)	Full cycle supply	€80 – €120
<b>TOTAL ESTIMATED BUDGET</b>		<b>€1,120 – €1,540</b>

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**Looking for feedback — roast it, improve it, tell me what I'm missing.**

*First cycle. Did the research. Open to critique.*