

ME/CFS patient [@hamsterman](#) went into full remission from his ME/CFS after taking the protein GDF11 by injection for 2 months.

GDF11 (growth differentiation factor 11) is a protein which is naturally made in the body, and is considered by researchers to be an "elixir of youth" because of its ability to restore youthful characteristics in organs such as the muscle, brain and heart when injected into older animals. Ref: [1](#)

For the first month on GDF11, Hamsterman noticed very little in terms of amelioration in ME/CFS symptoms, apart from some improvements in sleeping patterns, and feeling better in the mornings. But by the end of the second month, he found he was in full remission from ME/CFS.

While taking GDF11, Hamsterman discovered that when he tried to increase his GDF11 dose, he experienced bouts of fever and malaise. When he reduced the dose again, the bout of fever and malaise ended. But he noticed that after every bout of fever subsided, he felt better than before, ie, his ME/CFS had improved. So possibly this fever may be the immune system kicking into gear and fighting off the underlying infections.

Hamsterman has now been taking GDF11 for 3 months. It took 2 months to go into remission, and he has now been in remission for 1 month.

Hamsterman feels that if he were to stop taking GDF11 entirely, he might relapse, because he felt some symptoms start to come back when he reduced the dose.

It should be noted that Hamsterman also has Crohn's disease as well as ME/CFS. However, the GDF11 did not help his Crohn's, it only seemed to work for the ME/CFS. He has had ME/CFS for 15 years, and back in 2016 it his ME/CFS severe, leaving him in

bedbound for most of the day; but just before he started GDF11 he was at the moderate level of ME/CFS, on the scale of [mild, moderate and severe](#).

One possible confounding factor is that Hamsterman also started taking the supplement nicotinamide mononucleotide (NMN) about 2 months before he began the GDF11 (and then continued taking NMN with the GDF11). He found NMN helped a bit, but he doubts NMN is related to vast improvements he obtained during the second month of taking GDF11.

Hamsterman gave me permission to post his story.

UPDATE: Hamsterman told me he is not getting the same benefits as he originally obtained with GDF11, though has still improved — see [this post](#).

GDF11 is not an FDA-approved drug, and has not been formally tested on humans. It is a protein which can only be bought for research purposes, and is sold on the understanding it is not for human use. But the body does make this substance itself, so it is naturally present in humans.

Some people on the Longevity.org forum have experimented with GDF11 in recent years, taking it for its assumed health and longevity effects.

The main GDF11 thread on Longevity is [here](#), but there are other threads too.

And a GDF11 pioneer named Steve Perry has an info website [here](#).

The dosage of GDF11 used is incredibly tiny. Drug doses are typically measured in milligram (mg) or micrograms (mcg). If we

go 1000 times smaller than micrograms, we get to nanograms (ng). And at 1000 times smaller than nanograms, we have picograms (pg).

Well the doses of GDF11 used are measured in picograms. So very tiny doses. Steve Perry suggests the GDF11 starting dose range is **100 to 500 picograms per day**. Then he says after 3 to 6 weeks, you should cut down to **10 to 20 picograms once a week**. Ref: [here](#)

Hamsterman used a dose of 200 picograms (0.2 nanograms) subcutaneously injected once every two days, for two months. This is equivalent of 100 picograms a day, which is a dose at the bottom of the recommended range.

Since going into remission, Hamsterman has reduced his dose to 100 picograms every 3 days, and then later to 40 picograms twice a week as maintenance doses.

GDF11 can be obtained at buckylabs.com, which sells 10 micrograms for \$80. (Perhaps 10 µg seems a small amount, but my calculation, that will last you for 274 years when using daily picogram doses!)

I was fascinated by Hamsterman's ME/CFS remission, so decided to try GDF11 myself. I bought some GDF11 from Buckylabs, and on 13 March 2020 injected my first 200 picogram dose. I then followed the same dosing protocol as Hamsterman, injecting 200 picograms subcutaneously every other day.

I continued this for 25 days, later increasing the dose to 400 picograms once every two days.

I have not noticed any improvements in ME/CFS symptoms yet, but Hamsterman did not notice anything in the first month either.

The only side effect I am getting is some mental agitation, anger and irritability, making it hard to relax mentally. My guess is that GDF11 may be increasing testosterone, as I always find testosterone-boosting supplements cause an angry and irritable mental state in me. So now I am taking a short break from GDF11, and will restart at a lower dose, to try to avoid this side effect.

Other than that, I've noticed no other effects yet, good or bad. But Hamsterman's experience suggests the improvements, if they manifest, will not appear until the second month.

So I have another month to go, at least, before I will be able to pass verdict on GDF11.

You may wonder how it's possible to measure out such tiny 200 picogram doses. When I bought the GDF11 from Bucklabs, it arrived in a little glass bottle containing a tiny speck of white powder about the size of a sugar grain, which was the 10 micrograms of lyophilized (freeze dried) GDF11 protein.

Those familiar with [reconstituting lyophilized proteins and peptides](#) will know how to inject bacteriostatic water into the little glass bottle to dissolve the protein into water, in the process of making it ready for injection.

The trick with picogram dosing is serial dilution the GDF11 using two or more bottles of bacteriostatic water.

You add the dissolved GDF11 into the first bottle of bacteriostatic water, mix, then take out a tiny but measured fraction of the water from that bottle using a hypodermic needle and a 1 ml insulin syringe, and inject that into a second bottle of bacteriostatic water. This greatly dilutes the GDF11. But you have to do this precisely,

exactly calculating your dilution process.

If you get your dose dilution calculations wrong, you could end up injecting yourself with a GDF11 dose far higher than a picogram dose, which might be dangerous. Full details on how I measured out my tiny GDF11 doses given in [this post](#).

What are the risks or side effects of using GDF11? Well, we are entering uncharted territory here, as there is very little research on GDF11. Regarding these dangers, Steve Perry on his [website](#) says:

Hundreds of people have taken GDF11 and there have been no fatalities or serious side effects. However, this does not mean you won't have issues. The human body is an extraordinarily complex machine and it is possible that there is some outlier scenario where GDF11 could have adverse effects.

Perry is not a medical scientist though. He's just the first person to ever try GDF11, and now has a business advising people who want to take GDF11.

So no guarantee of safety at all, except that hundreds of people have tried it so far, with no serious side effects as yet.

That said, startup company [Elevian](#) has been researching the beneficial effects of GDF11 in animal studies, and is planning GDF11 human clinical trial shortly:

In tests, Elevian has found that giving recombinant GDF11 to older animals stimulates stem cells to repair the tissue damaged by aging and degeneration. The animals in those studies showed a reduction in age-related cardiac hypertrophy, youthful skeletal muscle repair, improved brain function and metabolism, reversal of renal and pulmonary disease and tumor suppression.

...

Elevian plans to start a human clinical trial in two years [written in Sept 2018]

Source: [here](#)

Further Info

- [Wikipedia article on GDF11](#)
- [Startups Flock to Turn Young Blood Into an Elixir of Youth — WIRED](#)
- [An ingredient for the elixir of youth — Cell Research | Nature](#)
- [GDF11 stimulates adiponectin and induces a calorie restriction-like phenotype in aged mice](#)
- [GDF11 leads to a 50% increase in the volume of blood vessels in old mice](#)
- [Steve Perry Website](#)
- [Steve Perry Video Presentation Sep 2019](#)
- [Results of my 5 years of injecting exogenous GDF11 — Steve Perry](#)

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[#1](#)

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[YippeeKi YOW !!](#)

Senior Member

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Location

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This is fascinating and a little frightening please keep posting on your progress and status, yes? Just so we don't worry you're a brave soul, [@Hip](#)

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..... and straight on til morning.

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[junkcrap50](#)

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1,182

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2,582

Wow awesome! I've been waiting for more news and research about GDF11. I saw Steve Perry's RADFEST presentation (forget which year, 2017 I think), which was pretty good.

Maybe this is the "lack of 'something in the blood'" in CFS patients. (Unlikely, bc Ron Davis was able to filter out something.)

How did you hear about [@hamsterman](#) 's remission? What was his CFS onset / illness background like?

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[percyval577](#)

geometrical disaster

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1,282

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1,728

Location

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of 100 picograms a day, which is a dose at the bottom of the recommended range.

I too use incredible tiny dosages with the best success, now not GDF11.

Wikipedia say it has pro-neurogenic effects. Such were in essence also my interpretation of the actions of the stuff I take, but for the most of them it cannot already argued for, literature wise. Importantly, I take the different molecules or atoms, respectively, not together. And it can easily be overdone.

Further on, good luck!

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1,625

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645

[@percyval577](#) are you saying you use small doses of GDF11 and get good benefits from it?

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895

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1,859

[YippeeKi YOW !! said:](#)

This is fascinating and a little frightening please keep posting on your progress and status, yes? Just so we don't worry your a brave soul, [@Hip](#)

Fascinating and frightening were exactly my thoughts as well!

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[percyval577](#)

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[knackers323 said:](#)

[@percyval577](#) are you saying you use small doses of GDF11 and get good benefits from it?

NO, I havn´t tested it.

I use small dose of other stuff, and its with the most of stuff I

figured out, that it is **importantly small** dose*.

In addition I think that the action is on making (SOME) new synapses (**like GDF11**), or resolving synapses. Only in some cases there is literature.

*It's these ones: B5, B7, B2, B1 ---- Zn, Ni, (Cr) --- VitC, citrate, acetate --- Se, seldom B12
I have also some stuff in normal dose, Se again, Zn possible, and [Cr, Tyr, gaba, taurin]. Eating chocolate sometimes.

EDIT: I stopped it for now, working on a second avoidance: carbs (=sugar starch), next to my most important manganese avoidance. But it seems already that I will reinvent it, along the two avoidances.

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[knackers323](#)

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[@Hip](#) is there any relation or crossover between HGH and GDF11?

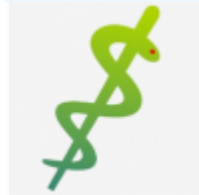
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Hip

Senior Member

Messages

16,517

Likes

35,841

[knackers323 said:](#)

@Hip is there any relation or crossover between HGH and GDF11?

GDF11 definitely is a cell growth factor substance, and cell differentiation substance.

GDF11 is part of the [transforming growth factor beta](#) (TGF- β) family which controls cell proliferation and differentiation, and more specifically, is part of the [growth differentiation factors](#) subfamily. In that subfamily you have GDF1 to GDF15, each with their own functions.

TGF- β 1 is known to be elevated in ME/CFS. I don't know if that has any direct significance for the possible benefits of GDF11 in ME/CFS, but apparently GDF11 can bind to TGF- β 1 receptors.

Ref: [1](#)

In terms of GDF11's growth factor effects:

GDF11 [has been shown](#) to increase the number of neural **stem cells in the brain**:

GDF11 also reverses aging in the brain. Older mice injected with the protein experienced an increase in neural stem cells and renewed development of blood vessels. His team also found that the older mice treated with the protein recovered function in their ability to smell odors, like mint, typically only detected by younger mice.

And GDF11 appears to be able to **repair damaged DNA** in muscle stem cells:

“Based on other studies, we think that the accumulation of DNA damage in muscle stem cells might reflect an inability of the cells to properly differentiate to make mature muscle cells, which is needed for adequate muscle repair.”

GDF11 **increased the volume of blood vessels** in mice, [one study](#) found:

The volume of blood vessels in GDF11-treated old mice increased by 50%

[This paper](#) says GDF11 **improves brain blood vessels**:
Recombinant GDF11 (rGDF11) treatment **improves the cerebral vasculature and enhances neurogenesis**

[This study](#) says:

Our new study demonstrates that **GDF11 enhances hippocampal neurogenesis, improves vasculature** and increases markers of neuronal activity and plasticity in the hippocampus and cortex of old mice.

Given that in ME/CFS there is a reduced blood circulation in the brain, this improvement of the brain's vascular system induced by GDF11 might have an impact on the disease.

But GDF11 research is in its infancy, and other studies have questioned these growth effects, and indeed, some studies have found injecting GDF11 worsens muscle repair:

The leading theory for why the blood of younger mice rejuvenates the muscles of older mice is now in contest. The vampiric exchange of young blood and old blood has long been reported to have anti-aging effects, but it was in 2013 when Harvard University researchers first linked GDF-11, a molecule that circulates in the blood, to this effect.

Now, an analysis that set out to see how GDF-11 works in the muscles published May 19 in Cell Metabolism found just the opposite.

...

They also show that regularly injecting mice with pure GDF-11 causes muscle repair to worsen.

...

"Clearly, like the mythical fountain of youth, GDF11 is not the long sought rejuvenation factor," write Caroline Brun and Michael A. Rudnicki

Source: [here](#)

We know when blood from young animals is placed into older animals, there is a rejuvenation effect, and researchers have long sought the factors in the young blood that are responsible for this rejuvenation. GDF11 was singled out as the leading contender for the rejuvenation effects of young blood, but other factors are likely also involved.

Oxytocin, the love hormone, has also been singled out as being on of the rejuvenation factors in young blood. And so has **CCL11** (eotaxin-1), a chemokine. Ref: [1](#)

It's interesting that oxytocin was one of Dr Jay Goldstein's ME/CFS treatments, which seemed to work well for a small subset of ME/CFS patients. I tried oxytocin injections and nasal sprays years ago, but it did not really help my ME/CFS.

Note that I would think supplemental GDF11 might possibly be **risky in pregnancy**, assuming it can cross the placenta, as GDF11:
controls anterior-posterior patterning by regulating the expression of Hox genes.

Source: [GDF11 Wikipedia](#)

Anterior-posterior patterning and Hox genes relate to development of the embryo, so that suggests taking supplemental GDF11 would not be advisable during pregnancy, if that is, GDF11 can cross the placenta.

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Senior Member

Messages

1,625

Likes

645

I think HGH is also has these same benefits that GDF11 is supposed to have doesn't it?
And since HGH has had much more study done on it, apart from the cost, is there any reason that GDF11 would be a better option than HGH?

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Hip

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Likes

35,841

[knackers323 said:](#)

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And since HGH has had much more study done on it, apart from the cost, is there any reason that GDF11 would be a better option than HGH?

All growth factors have very specific effects, so you cannot really substitute one for another.

And a [study](#) found HGH provided no major benefit for ME/CFS patients.

Though there was once a patient on this forum who was diagnosed with ME/CFS for 10 years, but it turned out she had HGH deficiency, and all her symptoms rapidly disappeared once given HGH injections.

However, apart from that, I don't think HGH will be of any great help for ME/CFS. I tried a few short courses of HGH 1 IU daily injections a few years back, and it did not help me.

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K

[knackers323](#)

Senior Member

Messages

1,625

Likes

645

Did you use actual hgh or hgh releasing peptides?

I've tried hgh to good effect previously but had to stop due to the cost

I am going to try again soon though

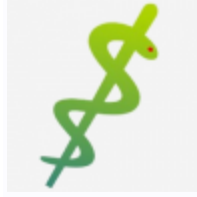
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Likes: [Mary](#) and [YippeeKi](#) YOW !!



Hip

Senior Member

Messages

16,517

Likes

35,841

[knackers323 said:](#)

Did you use actual hgh or hgh releasing peptides?

Both, and neither really did much for me. I tried various HGH-releasing peptides first; but then I read a post by the above ME/CFS patient with HGH deficiency that HGH-releasing peptides did not fix her deficiency at all, but actual HGH did. So then I bought some HGH from a reliable source to try, but no joy.

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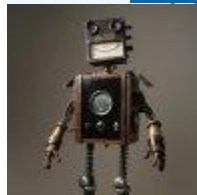
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[junkcrap50](#)

Senior Member

Messages

1,182

Likes

2,582

[Hip said:](#)

And a [study](#) found HGH provided no major benefit for ME/CFS patients.

...

However, apart from that, I don't think HGH will be of any great help for ME/CFS. I tried a few short courses of HGH 1 IU daily injections a few years back, and it did not help me.

I've tried HGH for 9 months using the real deal HGH from my pharmacy (It was expensive). And did not notice anything. Though I tested normal for HGH levels on the glucagon stimulation test.

Researchers who were searching for the "elixir of youth" in young blood *had* to have considered and eliminated HGH as a possibility.

[#14](#)

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Hip

Senior Member

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Here is some useful info about **GDF11 overdosing side effects**, which comes from a document written by Steve Perry entitled: [Results of my 5 years of injecting exogenous GDF11: Dosing GDF11 and Side Effects](#)

It appears that overdoses of GDF11 are not lethal, just uncomfortable. Unfortunately, I did not have a patient zero to turn to, so I had to guess what a reasonable dose would be based on mouse studies. I started with 50 ug (1,000,000x more than I take now), got side effects in a week, cut dose by half, got side effects in a week, cut dose in half again, etc.

The side effects of excessive GDF11 are **dyspnea** (shortness of breath), **acid reflux** (also known as GERD), **insomnia**, **elevated blood pressure** and in rare cases **arrhythmia**.

If you follow my dosing guidelines below, extreme dyspnea is highly unlikely. Though as you down regulate, a bout or two of insomnia could be experienced and others have reported this.

From the same document, Perry recommended **checking blood pressure**:

And as with many exogenous peptides (think GH or testosterone), excess GDF11 can raise your blood pressure. Monitor your blood pressure every morning carefully – if it goes up, take a GDF11 “holiday” and cut the dose.

And he says **heart rate variability** (HRV) is also useful to measure, and says you have to watch out for heart arrhythmia side effects (which can be detected with a HRV monitor):

Heart rate variability (HRV) is an even better biomarker that can be done at home. Your HRV, RMSSD and PNN50 should improve on GDF11. Excess GDF11 will have the opposite effect, so logging and watching your HRV readings is highly recommended. Instructions on purchasing an HRV monitor (cost \$50) are on GDF11Rejuvenation.com.

In a few cases, we have HRV RMSSD become “high and spikey” which suggests arrhythmia.

Note: RMSSD reflects the beat-to-beat variance in hear rate. pNN50 is another HRV measurement.

Interesting that GDF11 has effects on the **circadian rhythm**: Speaking of insomnia, GDF11 enforces circadian rhythms and I almost always wake up 8 hours after I go to sleep. There is no “sleeping in” on GDF11. Note that if you are taking too much GDF11, you will wake up earlier than you usually do, and if you take way too much you won’t sleep at all. If insomnia occurs, discontinue GDF11 for a few days and cut the dose in half.

I notice while taking GDF11 that I am sleeping less than normal, but not feeling tired when I get up, in spite of the fewer hours of sleep. However, GDF11 has fixed my ME/CFS delayed sleep cycle (ie, I still go to bed very late around 4 am, and get up about 1 pm).

In terms of getting the dose right, and avoiding side effects, Perry says:

We have recently discovered that moving averages of BP, pulse, HRV and reaction time are the best way to fine tune your GDF11 dose.

So he suggests monitoring these parameters, and adjusting the dose if the trends go out of wack. If side effects do appear, the usual action is to stop taking the GDF11 for say a week, and then restart at a lower dose.

The **GDF11 dosing protocol** he suggests is:

My current recommendations are a starting dose of 100 to 500 pg/day. Then watch trending and take a holiday/cut dose if trending is going the wrong direction.

Within 3 to 6 weeks, you should down regulate and need only 10 to 20 pg once/week.

All the above comes from this document: [Results of my 5 years of injecting exogenous GDF11](#), which is recommended reading.

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[#15](#)

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J

[jaybee00](#)

Senior Member

Messages

490

Likes

760

[@Hip](#) why are you reporting this for [@hamsterman](#) ?
Do you think he might agree to

an interview on [@ScottTriGuy](#) 's podcast show?

He went from bed bound to mild or to completely cured?

Also is there a verified COA for the product?

Thanks

[#16](#)

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[W](#)

[Wally](#)

Senior Member

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1,167

Likes

2,594

[@Hip](#) - Years ago when first seeing my ME/CFS specialist, he told me about a patient with severe ME/CFS symptoms who developed an infection (I can't remember what he said the person was diagnosed with) and ended up hospitalized in the ICU with a very high fever (I believe in the 106 range, but once again the specific details are a little fuzzy because the story was told to me about 10 years ago). They were sure the patient was not going to make it, but after about five days the high fever finally broke and the person had a full recovery from the infection and all symptoms of ME/CFS had also disappeared.

They felt it was the high fever and not the drugs that were given

for the infection that had somehow reset the body for recovery from ME/CFS. There had historically been a couple of other cases like this (infection with high fever) and then a full recovery from the acute infection and a simultaneous recovery from the chronic ME/CFS illness. But this occurrence was so rare that it was only a hypothesis that the “high fever” was the driver of the reset. As far as this doctor knew the patient did not have a return of ME/CFS symptoms (symptom free for 5+ years when I was told about this recovery story). But because ME/CFS has been known to have long periods of remission and then suddenly years later something seems to trigger a relapse, it may not have been an actual full recovery unless it could be shown over a much longer period of time.

Do you think that the biology of a “high sustained fever” could somehow correlate to changes in the blood/ blood vessels as seen that may be occurring with the use of GDF11 or a similar substance?

Edit - I found this study from 2016 about fever and infection that discusses what we know about this topic and what has so far been missing from research into this topic. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4869589/>

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Likes: [cigana](#), [Learner1](#), [YippeeKi](#) YOW !! and 3 others



Hip

Senior Member

Messages

16,517

Likes

35,841

[jaybee00 said:](#)

@Hip why are you reporting this for @hamsterman ?
Do you think he might agree to an interview on @ScottTriGuy 's
podcast show?

Hamsterman contacted me personally to report his gains about six weeks ago, and said he would get around to posting a thread on PR at some point; but I thought people here might want to know sooner, that's why I started this thread. I also find posting threads, and the discussion which ensues, helps me better absorb and understand the material, because I find you learn things more in-depth when talking to others.

Hamsterman is also the person who innovated the clever use of one-off corticosteroids just before going to a gym, allowing him to do a full gym workout without any PEM repercussions — see [the PEM busters thread](#). By going to the gym once a week like this, Hamsterman was able to cure his POTS (which often responds well to exercise). But on non-corticosteroid days, he remained a severe mostly bedbound patient.

You'd have to contact him to ask if he's happy to do an interview. I would say it is a bit too early, as at the moment, Hamsterman is experimenting with the dosage level for the maintenance dose regimen. He's finding when he doses too low, the ME/CFS symptoms start coming back. And if he doses too high, the fever and malaise come back. So it's still early days, trying to work these things out.

Steve Perry recommends a maintenance dose in the range of 10

to 20 picograms once a week. Hamsterman has been experimenting with maintenance doses of 100 picograms every 3 days, and later lowered to 40 picograms twice a week. Hamsterman has also tried returning back to the full dose of 200 picograms every other day, and found when he did so, he got a surge of energy.

[jaybee00 said:](#)

He went from bed bound to mild or to completely cured?

When I asked him how severe his ME/CFS was, he said:
At my lowest, around 2016, I was mostly bed-bound. The brain-fog and sensory stimulation aversion to was so bad, I couldn't do much of anything, other than watch a little TV later in the day.

I am not quite sure of the ME/CFS level he was at just before starting GDF11, but I will ask to clarify. After the 2 months of GDF11, he told me:

Now I basically feel 100% cured. I genuinely don't have CFS/ME at all. I do have 'headaches', and a very subtle 'mini-fevers' that pop in and out, and I do still like to take a nap during the late afternoon, but nothing else. I can wake up, and feel 'refreshed', which has never happened once in the last 15 years.

It wasn't just a matter of gaining energy, it was losing all the horrible brain/sensory problems that made life so miserable.

EDIT: I asked Hamsterman your question, and he clarified that he was severe in 2016, but just before starting the GDF11 he was at the moderate level of ME/CFS.

[jaybee00 said:](#)

Also is there a verified COA for the product?

I did not notice any COA when I received the product, but I always tend to throw invoices and any sales bumf away immediately without reading them. You would have to contact Buckylabs. Though in any case, I am not sure a COA certificate (which typically tells you heavy metals etc are below the maximum permitted amount) makes much sense in the context of buying 10 micrograms of a product.

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[#18](#)

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[Report](#)

Likes: [cigana](#), [Mary](#), [YippeeKi YOW !!](#) and 6 others



Hip

Senior Member

Messages

16,517

Likes

35,841

[Wally said:](#)

Do you think that the biology of a “high sustained fever” could somehow correlate to changes in the blood/ blood vessels as seen that may be occurring with the use of GDF11 or a similar substance?

I pointed out to Hamsterman that when Dr John Chia uses the immunomodulator oxymatrine to treat ME/CFS patients, Chia

notes that after around 6 weeks or so on oxymatrine, patients may experience a sudden bout of fever for several days, like coming down with the flu. After that fever is over, patients typically feel much better, and their ME/CFS is substantially improved. Dr Chia thinks the fever may be the immune system clearing the viruses and other infections linked to ME/CFS.

So maybe the same could be true with GDF11, maybe that fever is an indication the immune system working. I suspect during the fever it's not just the high temperature that's having an effect; it may be a whole coordinated immune response mounted by the body, of which the fever is one aspect.

In my case, I have not experienced any fevers or malaise on GDF11, even when I increased the dose to 400 picograms every other day. Maybe that's a bad thing, because maybe you need the fevers in order for GDF11 to work for ME/CFS, which is a virally-associated disease.

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[#19](#)

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[Report](#)

Likes: [Yippeeki YOW !!](#), [minimus](#), [IThinkImTurningJapanese](#) and [4 others](#)



Hip

Senior Member

[Messages](#)

16,517

Likes

35,841

[junkcrap50 said:](#)

What was his CFS onset / illness background like?

I missed that question earlier. This is what Hamsterman said in a personal conversation with me:

My CFS/ME was caused/triggered by Crohns, but it doesn't go away when the Crohns is in remission, it really becomes it's own separate disease. It's sorta like post-viral CFS, after the infection, it just sorta lingers as it's own disease.

There is a possibility, that I do in actuality have post-viral CFS/ME. The reason I say this, is that before I got CFS/ME, I caught the flu, but after the typical symptoms went away, I had severe fatigue/malaise that lasted about 50 days, and it wasn't from a bacterial infection or anything. I had never experienced anything like it before. But after this, it went away, and I felt fine.

But the following year, I started my decent into gradual onset CFS. It's possible that Crohns, and other autoimmune diseases, make the body more 'susceptible' to contracting post-viral CFS

Watch

K

[knackers323](#)

Senior Member

Messages

1,625

Likes

645

[Hip said:](#)

All growth factors have very specific effects, so you cannot really substitute one for another.

And a [study](#) found HGH provided no major benefit for ME/CFS patients.

Though there was once a patient on this forum who was diagnosed with ME/CFS for 10 years, but it turned out she had HGH deficiency, and all her symptoms rapidly disappeared once given HGH injections.

However, apart from that, I don't think HGH will be of any great help for ME/CFS. I tried a few short courses of HGH 1 IU daily injections a few years back, and it did not help me.

[@Hip](#) do you remember the members name that took the HGH?

[#21](#)

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[Apr 17, 2020](#)

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Likes: [Yippeeki YOW !!](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[knackers323 said:](#)

[@Hip](#) do you remember the members name that took the HGH?

Yes, [this](#) is her thread.

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Likes: [YippeeKi YOW !!](#) and [knackers323](#)

B

[borko2100](#)

Senior Member

Messages

119

Likes

333

It's great that there are people like you out there brave enough to do such experiments on themselves and share the results. You and hamsterman should be commended for that.

We need more people like you guys. If let's say 10 different people took this drug and got cured, that would be evidence enough for others to try it as well and more importantly to convince researchers to do serious trials on the drug and hopefully get it approved as a treatment.

So good luck and keep us updated!

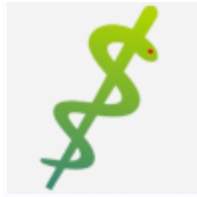
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Likes: [Hipsman](#), [Mimicry](#), [hmnr asg](#) and [4 others](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[borko2100 said:](#)

It's great that there are people like you out there brave enough to do such experiments on themselves and share the results. You and hamsterman should be commended for that.

I know a third forum member who has just now purchased some GDF11 and will be trying it shortly, so that's another ME/CFS patient whose outcome we can follow.

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Likes: [Hipsman](#), [Yuno](#), [minimus](#) and 5 others

H

[hopeforaday22](#)

Messages

35

Likes

24

Is this GDF11 only injectable? Or tablets as well?

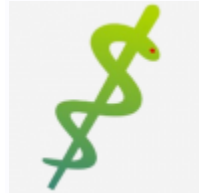
It seems very interesting. From where do people get this?

[#25](#)

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[Report](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[hopeforaday22 said:](#)

Is this GDF11 only injectable? Or tablets as well?

It seems very interesting. From where do people get this?

GDF11 is not currently available as a licensed medicine. It is sold only as an injectable product, on the understanding that it is not for human use. Most injectable peptides used by bodybuilders are also sold on this basis, that they are not for human use.

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[#26](#)

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[Report](#)

Likes: [Hipsman](#), [Yuno](#), [sb4](#) and 1 other person



Hip

Senior Member

Messages

16,517

Likes

35,841

I have been asked how I prepared GDF11 powder for injection in tiny picogram doses, so I am going to detail this here. The trick with picogram dosing is serial dilution of the GDF11 protein using two bottles of bacteriostatic water, as explained below.

What You Will Need

Items you need to prepare GDF11 for injection:

- Two 30 ml bottles of Hospira bacteriostatic water
- A box of 1 ml sterile insulin syringes
- A box of fine 30 gauge (0.3 mm) sterile hypodermic needles

Bottle of GDF11 powder, two 30 ml bacteriostatic water bottles, 1 ml syringe, 30 gauge needles



You need 1 ml syringes graduated into a hundred 0.01 ml steps, as shown in the above picture, because we will be measuring out small 0.1 ml amounts of liquid. Such 1 ml syringes are called insulin syringes. In the UK you can buy these 1 ml syringes [here](#). In the US search [here](#).

I usually use Luer slip syringes and hypodermic needles (a system where needles push onto the syringes), rather than Luer-

Lok (where needles lock on).

I use very fine 30 gauge hypodermic needles which are only 0.3 mm thick, because I am not a fan of large fat needles! You can buy 30 gauge sterile needles [here](#) in the UK. In the US search [here](#). If you are using Luer slip syringes, make sure you get the corresponding Luer slip needles to go with them.

Hospira bacteriostatic water you can buy [here](#) in the UK (it's expensive in the UK, at £15 a bottle), and [here](#) in the US. You can get plain bacteriostatic water or sodium chloride bacteriostatic water; either is fine. You need two 30 ml bottles of bacteriostatic water. Hospira is the high quality brand of bacteriostatic water.

The Procedure for Preparing GDF11 for Injection

The 10 micrograms of GDF11 from Buckylabs arrives in a small sterile glass bottle, containing a tiny white speck of powder no larger than a sugar grain.

Snap off the plastic top protectors (shown in green in the above picture) from the two bottles of bacteriostatic water, and break off the plastic top protector from the Buckylabs bottle. This will reveal a gray rubber area in the center of a metal cap. Note that these bottles are never opened: liquid is introduced or removed from them by inserting a hypodermic needle through the rubber.

You want to clearly label one of your bacteriostatic water bottles as the MASTER, and the other bacteriostatic water bottle as the SECONDARY.

Then take a sterile needle and place it onto a syringe. Now push the needle through the rubber top of the MASTER bacteriostatic

water bottle, and draw out approximately 1 ml of water into the syringe. Pull out the needle from the MASTER bottle, and then push this needle through the rubber top of the Bucklabs bottle, and inject in that 1 ml of water into the Bucklabs bottle.

Withdraw the needle, and give the Bucklabs bottle a vigorous shake for about a minute, to make sure all the GDF11 protein in the tiny white speck dissolves in the water. When the speck can no longer be seen, then all the GDF11 will be dissolved in the water.

Now re-insert the needle back into the Bucklabs bottle, and draw out every last drop of the water into the syringe, and re-inject that syringe full of water back into the MASTER bacteriostatic water bottle.

Once you have done this, without pulling out the needle, give the MASTER bottle a brief shake, and then draw out about 1 ml of water from the MASTER bottle into the syringe, and then immediately re-inject that water back into the MASTER bottle; this is done in order to wash out the needle and syringe of any high concentration liquid. Repeat this wash out step a few times. Then withdraw the needle.

Give the MASTER bottle a good shake for 15 seconds to mix it thoroughly.

So now in the MASTER bottle you will have 10 micrograms (10,000 nanograms) of GDF11 dissolved in 30 ml of bacteriostatic water. Which means that in 1 ml of water from the MASTER bottle, you will have $10000 / 30 = 333.3$ nanograms of GDF11. And in each 0.1 ml, you will have 33.3 nanograms of GDF11.

Right, so now we are going to draw out some liquid from the MASTER bottle, and inject a precise 0.1 ml amount into the SECONDARY bottle of bacteriostatic water. So insert the needle into the MASTER bottle, draw out approximately 0.2 ml, and withdraw the needle from the bottle.

With the syringe held vertically and the needle pointing upwards, flick the syringe sharply with your fingernail to get out any air bubbles from the liquid in the syringe. We are going to inject a precise 0.1 ml amount into the SECONDARY bottle, so we need to remove out any air bubbles, otherwise it will affect our measurement of the 0.1 ml amount.

With the syringe still held vertically, press in the plunger and squirt out some of the liquid from the end of the needle, until the rubber bottom of the plunger lines up with the 0.1 ml mark on the syringe. Thus now we have precisely 0.1 ml of liquid ready to inject into the SECONDARY bottle. So now you insert the needle into the SECONDARY bacteriostatic water bottle, and inject in the 0.1 ml of liquid. It is important that you inject in precisely 0.1 ml, no more or no less. Withdraw the needle and give the SECONDARY bottle a good shake for 15 seconds.

That 0.1 ml of liquid you injected will contain 33.3 nanograms of GDF11, so that means in the SECONDARY bottle we now have $33.3 / (30+0.1) = 1.1$ ng per ml, and thus 0.11 ng of GDF11 per 0.1 ml.

So finally we end up with the SECONDARY bottle containing 0.11 ng of GDF11 per 0.1 ml of water. Or equivalently, we can say:

There are 110 picograms of GDF11 in each 0.1 ml of liquid drawn from the SECONDARY bottle

So if you are aiming for a GDF11 dose of say 220 picograms

administered once every two days, you would draw out 0.2 ml from the SECONDARY bottle, and inject that subcutaneously every two days.

Storing Bacteriostatic Water Bottles in the Fridge

Bacteriostatic water bottles must be stored in the fridge, and only taken out when you want to perform an injection. Be very careful not to mix up the MASTER and SECONDARY bottles. When injecting, you only want to draw from the SECONDARY bottle. The concentration of GDF11 in the MASTER bottle is far too high for injection purposes. You might want to wrap your MASTER bottle with clingfilm or aluminum foil to prevent you accidentally mistaking it for the SECONDARY bottle when you are going to inject.

Once your SECONDARY bottle runs out, you can buy a fresh bottle of bacteriostatic water, and create a new SECONDARY bottle by again injecting 0.1 ml from the MASTER bottle, using the steps above. Each time you create a new SECONDARY bottle, you will only draw out a tiny amount from the MASTER, so the MASTER bottle should in principle last indefinitely.

However in reality, bacteriostatic water bottles are only supposed to last for 28 days once you have started using them, at least according to the manufacturer's instructions, and after that the levels of bacterial growth in the bottle may increase. Though I have heard that those injecting GDF11 keep their bacteriostatic water bottles for a year in the fridge before throwing them away. Whether it is safe to keep them that long, I am not sure. It might be possible to keep them longer than 28 days, but I am not so sure about a year.

If you are going to try to extend the lifespan of these bacteriostatic water bottles in the fridge, I would suggest placing them in the coldest part of the fridge, where the temperature is below 5°C (below 5°C bacteria grow much more slowly). Next to the cooling element at the back of the fridge is typically around 5°C. But I would try to make sure the liquid does not freeze, as perhaps this could be harmful to the GDF11 protein (you can freeze the dry lyophilized GDF11 protein, but once it is reconstituted by dissolving into water, my guess is that freezing the water might stress and damage the protein).

I bought a digital fridge thermometer with maximum and minimum temperature recording to ensure that the temp in the area I placed by bacteriostatic water bottles was below 5°C, but remained above 0°C.

Another way to help reduce the bacterial levels in the bottle is to disinfect the rubber stopper with alcohol just before you push the hypodermic needle through the top. That helps prevent bacteria entering the bottle via the needle. I always disinfect my rubber tops in this way before pushing in the needle.

Steve Perry also provides some GDF11 preparation instructions in [this document](#), but they are a bit complicated, so hopefully the instructions I provided above will be simpler.

Remember that GDF11 is not sold for human consumption, and clinical trials of GDF11 on humans are planned soon but have not yet taken place, so at this stage, if you want to experiment with this, you are doing so at your own risk.

Last edited: Apr 23, 2020

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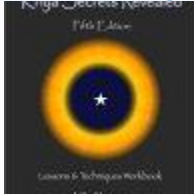
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[Report](#)

Likes:[cigana](#), [Mary](#), [Hipsman](#) and 9 others



[beatsmyth](#)

Messages

67

Likes

132

[Hip](#) said:

I know a third forum member who has just now purchased some GDF11 and will be trying it shortly, so that's another ME/CFS patient whose outcome we can follow.

[@Hip](#) how far in are you with this, did you reach month 2 yet?

I've had a ton of success for BPC-157(overall) and LL-37 healed all my stomach issues completely, now I just need to work on the energy increase to get me to 90% recovered and I'm eyeing this GDF11 as well

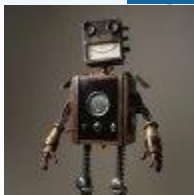
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[Apr 30, 2020](#)

[Report](#)

Likes:[cigana](#) and [sb4](#)



[junkcrap50](#)

Senior Member

Messages

1,182

Likes

2,582

[beatsmyth said:](#)

LL-37 healed all my stomach issues completely

What did LL-37 do for you? How did it heal your stomach? I didn't think it worked on the gut in anyway.

[#29](#)

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Likes:[sb4](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[beatsmyth said:](#)

@Hip how far in are you with this, did you reach month 2 yet?

I've had to take a week's break now due to agitation / anxiety / overstimulation / anger / irritability side effects that GDF11 was causing me. I've heard this side effect is not uncommon with GDF11.

I started taking GDF11 on 13 March 2020, and so that's 48 days

so far, but minus the 7 days break, which is 41 days. I am not seeing any substantial improvements to my ME/CFS so far. But when I do take GDF11, it tends to cause this agitated aggressive driven state of mind, which feels like I am more motivated and energetic, but it's more like a stimulant effect than true energy.

GDF11 also seems to improve mood a bit, perhaps because of this angry driven state it creates. But I don't like that mental state; it's perturbing and does not let you relax.

At present, I've reduced my GDF11 dose level down to 100 picograms every 4 or 5 days, to try to minimize the agitation side effect. And I might go even lower soon.

Steve Perry suggests after the initial 3 to 6 weeks on high-dose GDF11, you should cut down to only 10 to 20 picograms once a week. I may not go that low yet, but I might aim for say 50 picograms per week soon.

[beatsmyth said:](#)

I've had a ton of success for BPC-157(overall) and LL-37 healed all my stomach issues completely

Very interesting. Can you say which of your symptoms BPC-157 and LL-37 have addressed, in addition to your stomach symptoms?

I've tried BPC-157, and found it also caused some agitation and anxiety side effects, which is why I did not pursue it. But have not tried LL-37 myself yet.

I've read good things about [LL-37 on Reddit](#), where it's reported to fix SIBO. So it seems effective for the gut.

The interesting thing about LL-37 is its connection to the Marshall Protocol (MP). The MP stimulates the release within cells of two types of antimicrobial peptide: **LL-37** (aka: human cathelicidin), and **beta-defensins**. These two antimicrobial peptides then fight pathogens within the cells.

But possibly LL-37 could be a superior and more effective than the Marshall protocol, at least in the gut area anyway.

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[#30](#)

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[Report](#)

Likes: [sebaaa](#), [minimus](#), [Yuno](#) and 3 others



[CaptainA](#)

Messages

89

Likes

185

[Hip said:](#)

I know a third forum member who has just now purchased some GDF11 and will be trying it shortly, so that's another ME/CFS patient whose outcome we can follow.

This would probably be me Just waiting for my injection supplies to arrive and I'll be starting up. I'll report back here for sure.

[#31](#)

[Like](#) [Quote](#) [Reply](#)

[Apr 30, 2020](#)

[Report](#)

Likes: [Hipsman](#), [Marellica](#), [Yuno](#) and 3 others



[beatsmyth](#)

Messages

67

Likes

132

[junkcrap50](#) said:

What did LL-37 do for you? How did it heal your stomach? I didn't think it worked on the gut in anyway.

On reddit there's a peptides sub, and saw a few people talk about their gut issues disappear using LL-37 as well as athletes foots and any fungal issues. I have had 10 years recurring athletes foot that produced painful cracks skin on my pinky toe fold/crease (where it meets the rest of the foot). So I bought it specifically for the athletes foot issues (tried everything and it never went away). Surprisingly it fixed my IBS, leaky gut issues, and also my stomach was super sensitive and wrecked from 4 years of pain killers from CFS/Fibro nerve pain.

3 months later, all my stomach issues are gone and athletes foot entirely gone. BPC-157 and LL-37 have been absolutely miraculous for me, I'm now working part time after 10 years bed bound and on good days I hover around 80-90% healthy. Now I just need something to bring my energy levels back to normal.

I should also add that before I did the peptides, I did an 8-month

long ABX treatment according to Dr. Brownsteins's protocol for CFS/Fibro, and also low dose Potassium Iodide and Selenium have had a tremendous impact on my healing, as well as low dose Metformin 125mg daily to fix the nerve sheath coverings.

I will be writing an extensive protocol report that combines Dr. Brownstein's Protocol with Peptides and diet. (Gluten free was major for me) as well as Metformin, however this is after ABX therapy. And the final part I am trying to solve is the energy issues

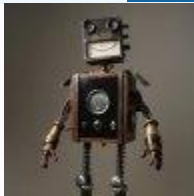
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[May 1, 2020](#)

[Report](#)

Likes: [Judee](#), [godlovesatrier](#), [erentz](#) and [11 others](#)



[junkcrap50](#)

Senior Member

Messages

1,182

Likes

2,582

Thanks [@beatsmyth](#) for replying. I'm interested in it because I'm huge into peptides after Thymosin Alpha-1 and Beta-4 have been game changes for me. I kind of just want to try every peptide out there! Also I've heard about LL37 as being offered as a product to combat COVID.

And I'm revisiting my gut right now after discovering I'm iron deficient and hypomagnesemic. Also a year ago I tested borderline on SIBO breath test but decided against SIBO treatment. I've been gluten free for 9 years but cheat every now

and again. But there's a lot more research on non-ceeliac gluten sensitivity (NCGS) than there was 9 years ago. I'm shocked gut could still be an issue for me because I thought I fixed it.

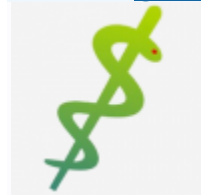
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[May 1, 2020](#)

[Report](#)

Likes: [godlovesatrier](#), [ScottTriGuy](#), [Learner1](#) and 2 others



Hip

Senior Member

Messages

16,517

Likes

35,841

[beatsmyth said:](#)

I'm now working part time after 10 years bed bound and on good days I hover around 80-90% healthy.

That's incredible! So would you say that after 3 months, the combo of BPC-157 and LL-37 has taken you from severe to mild, on the ME/CFS scale of: [very severe, severe, moderate, mild, remission](#)?

What actual doses of these products were you taking during the 3 month period? And do you find that you have to keep taking them to prevent the ME/CFS symptoms returning? Or has their beneficial effect been semi-permanent?

Would you happen to know which pathogens your ME/CFS is

associated with (eg, coxsackievirus B, echovirus, Epstein-Barr virus, cytomegalovirus, HHV-6, etc)?

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[#34](#)

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[May 1, 2020](#)

[Report](#)

Likes: [mitoMAN](#), [ScottTriGuy](#), [Hipsman](#) and 7 others

Y

[Yuno](#)

Senior Member

Messages

113

Likes

263

[beatsmyth said:](#)

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I will be writing an extensive protocol report that combines Dr. Brownstein's Protocol with Peptides and diet. (Gluten free was major for me) as well as Metformin, however this is after ABX therapy. And the final part I am trying to solve is the energy issues

great to hear you are feeling so much better! what's your source for LL-31? Thanks

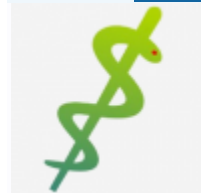
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[May 2, 2020](#)

[Report](#)

Likes:[minimus](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[Yuno said:](#)

what's your source for LL-31?

[PeptideSciences](#) sell LL-37. [Canlab](#) sell it too, but are out of stock at present.

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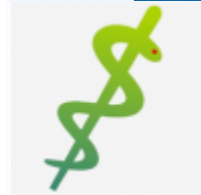
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[May 2, 2020](#)

[Report](#)

Likes: [Yuno](#) and [sb4](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[@kangaSue](#), you might be interested in the gut-fixing capabilities of LL-37 and BPC-157 in [this post](#).

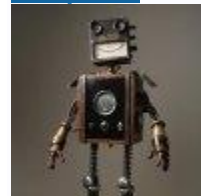
New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#37](#)

[Like](#) [Quote](#) [Reply](#)

[May 3, 2020](#)

[Report](#)



[junkcrap50](#)

Senior Member

Messages

1,182

Likes

2,582

Interestingly, I found a lab that tests for blood levels of GDF11. It's from Lab4more, a German lab. I found it here: https://www.lab4more.com/wp-content/uploads/2018/06/UAI_A3_Englisch_ohne-Preis.pdf

	BIOMARKERS	4720
BIOLOGICAL AGE		
<input type="checkbox"/> E,S	Profile AgeCheck 24h	3590
	GDF11, α -Klotho, RTE, Stem cells	
<input type="checkbox"/> E,S	Profile Immunosenescence NEW	6552
	Immune status Alter, RTE, IL1 β , IL6, TNF α	
<input type="checkbox"/> S	GDF11	3591
<input type="checkbox"/> S	α-Klotho	3592
<input type="checkbox"/> E	Immune status Alter NEW	4075
	kl.BB, T-, B-, NK-Zellen, Ratio memory/naive, CD8 senescence	
<input type="checkbox"/> E	Stem cells 24h	4918
	CD34 ⁺ Stem cells in peripheral blood according to ISHAGE guidelines	
<input type="checkbox"/> E	Thymus activity 24h	2309
	Recent Thymic Emigrants (RTE) as marker of thymus function	
<input type="checkbox"/> S	Anti-Müller Hormone	552
OSTEOPOROSIS		

[#38](#)

[Like](#) [Quote](#) [Reply](#)

[May 3, 2020](#)

[Report](#)

Likes: [ChookityPop](#), [Hipsman](#), [Lieselotte](#) and 3 others

K

[kangaSue](#)

Senior Member

Messages

1,747

Likes

2,748

Location

[Brisbane, Australia](#)

[Hip said:](#)

[@kangaSue](#), you might be interested in the gut-fixing capabilities of LL-37 and BPC-157 in [this post](#).

Yes, I am interested thanks [@Hip](#) and I've been looking into orally stable BPC-157 after seeing it mentioned in another thread here. Don't recall seeing mention before of LL-37 so that's a new one to add to the research list.

[#39](#)

[Like](#) [Quote](#) [Reply](#)

[May 3, 2020](#)

[Report](#)

Likes:[Hip](#)

R

[ruben](#)

Senior Member

Messages

129

Likes

181

Location

[suffolk](#)

I was thinking about the lab in Germany quoted on this thread. I live in uk and was wondering if it would be worthwhile to have blood tests done over there. Might they spot things that are missed on the NHS in UK

Watch



Learner1

Senior Member

Messages

5,962

Likes

10,867

Location

Pacific Northwest

Er, would GDF promote cancer? Seems likely if could...could be risky for those over 40 or 50...

I've been on LL-37 for 6 weeks. Hasn't fine anything, good or bad. I have more faith in the thymosin alpha I'm also taking for protection against COVID.

I highly doubt any of these are a cure. I don't like any of your scales [@Hip](#) as I've never found the definitions apply to me well, but have improved from about 40% of normal function to about 95% doing a long list of other things. Repairing my mitochondria, treating infections and supporting my immune system have equally helped.

[#41](#)

[Like](#) [Quote](#) [Reply](#)

[May 4, 2020](#)

[Report](#)

Likes: [erentz](#), [ZeroGravitas](#), [Lieselotte](#) and 2 others



Hip

Senior Member

Messages

16,517

Likes

35,841

[Learner1 said:](#)

Er, would GDF promote cancer?

That was one of my thoughts when I first read about GDF11. There has not been enough research on GDF11 to determine what adverse effects it might have, and human trials have not yet taken place, so it's uncharted territory.

Table 1 of [this study](#) indicates that GDF11 suppresses tumor growth in the case of some cancers (like breast), but promotes tumor growth in the case of others (like colorectal).

[Learner1 said:](#)

I don't like any of your scales @Hip as I've never found the definitions apply to me well,

I've found ME/CFS patients don't seem to have trouble in relating to the mild, moderate, severe scale of ME/CFS, which is the one used by the ICC and medical authorities like the NHS.

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#42](#)

[Like](#) [Quote](#) [Reply](#)

[May 4, 2020](#)

[Report](#)

Likes: [ZeroGravitas](#), [Hipsman](#), [minimus](#) and [1 other person](#)



[Learner1](#)

Senior Member

Messages

5,962

Likes

10,867

Location

[Pacific Northwest](#)

The cancer risk sounds dangerous.

I was diagnosed with ME/CFS by a top specialist.

The issue with the scales is if you take the definitions for mild, moderate, it severe, they are not the same at all. There is also too much emphasis on very severe, severe, and moderate, then grouping mild into an extremely broad range of functionality.

And, they have nothing to do with the status of anyone's immune system, endocrine system, mitochondrial function of biochemistry.

It's like judging the quality of the contrail of a jet airplane, without any judgement of how well the engine is working.

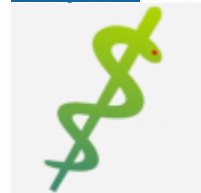
Last edited by a moderator: May 5, 2020

[#43](#)

[Like](#) [Quote](#) [Reply](#)

[May 4, 2020](#)

[Report](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[Learner1 said:](#)

The issue with the scales is if you take the definitions for mild, moderate, it severe, they are not the same at all. There is also too much emphasis on very severe, severe, and moderate, then grouping mild into an extremely broad range of functionality.

If you are interested in discussing the pros and cons of the various ME/CFS scales, I'd suggest starting a thread on it. As for the status of immune system, endocrine system and mitochondrial functioning, we know next to nothing about these in ME/CFS, so nothing can be reliably said.

[Learner1 said:](#)

I was diagnosed with ME/CFS by a top specialist.

I am just pointing out that with all the ME/CFS patients on this forum, when I ask them where they fit on the mild, moderate and severe scale, they have no trouble in telling me. Except in your case, where you say you do not fit into that scale.

Last edited by a moderator: May 5, 2020

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#44](#)

[Like](#) [Quote](#) [Reply](#)

[May 4, 2020](#)

[Report](#)

Likes:[godlovesatrier](#), [HABS93](#), [Hipsman](#) and 2 others



[Learner1](#)

Senior Member

Messages

5,962

Likes

10,867

Location

[Pacific Northwest](#)

[Hip said:](#)

If you are interested in discussing the pros and cons of the various ME/CFS scales, I'd suggest starting a thread on it.

I'm really not. They're pseudoscience.

[Hip said:](#)

As for the status of immune system, endocrine system and mitochondrial functioning, we know next to nothing about these in ME/CFS, so nothing can be reliably said.

Oh, actually, there is quite a lot of research on all of these areas in ME/CFS. We actually know quite a lot.

I can't say what happens with functional medicine there in the UK, but where I live, functional medicine MDs, ARNPs, NDs, DCs, and DOs use very standard national label tests as well as done well regarded specialty labs to determine what is wrong and to decide a treatment plan. In fact, I have provided you a good deal of scientific information about this.

This is an overview of functional medicine, which is systems-oriented personalized medicine as described here, which looks into identifying and treating root causes of chronic diseases, including ME/CFS:

<https://usermanual.wiki/Document/IFMWhitepaper21stCenturyMedicine.279979973>.

[Hip said:](#)

I am just pointing out that with all the ME/CFS patients on this forum, when I ask them where they fit on the mild, moderate and severe scale, they have no trouble in telling me.

These descriptions are not the same - they say the people may work, may not work or don't work, that they are independent, dependent, and housebound or not housebound., have reduced mobility, but can do chores, or not..

Those with moderate ME/CFS are generally not able to work, probably don't leave the house much, have to perform domestic chores slowly with breaks and rests, and may need 1 or 2 hour's naps in the middle of day.

People with moderate ME/CFS have reduced mobility and are restricted in all activities of daily living, although they may have peaks and troughs in their level of symptoms and ability to do activities. They have usually stopped work, school or college and need rest periods, often sleeping in the afternoon for 1 or 2 hours. Their sleep at night is generally poor quality and disturbed.

Moderate – you may have reduced mobility, and your symptoms can vary. You may also have disturbed sleep patterns, and sleep in the afternoon.

Moderate: the patient has reduced mobility and is restricted in all activities of daily living. They have usually stopped work or education. There is poor sleep quality and duration.

Moderate – the person is mostly housebound

70 — Independent; not able to work. Cares for self; Unable to carry on normal activity.

60 — Disabled; dependent. Requires occasional assistance; cares for most needs

At my worst, I was totally brain fogged, slept 16 hours a day, had disturbed sleep at night, cooked dinner half the time, did no other housework, did a job from home or the doctors office on a computer 5 hours a week, and exercised in 1-2 minute increments, and needed significant help with moving and doing anything, and spent most of the time at home and a lot of time on the floor, pavement, grass, or whatever surface covered the ground, napping or resting wherever I happened to collapse. I had immunodeficiency, 7 infections, 4 autoimmune problems, adrenal insufficiency, thyroid and other hormone dysfunction, half of normal mito content, mito complex I operating at 31% of normal, and had significant arsenic and mold toxicity. I don't know which category above best fits, but I don't think it was mild.

And today, though I'm 95% better, none of your definitions for mild fit at all, even though I'm not cured, still have some pretty abnormal lab values, do an extraordinary amount to support my high level of function, and can still trigger PEM with a certain level of exertion.

So, I find those scales pretty darn useless.

Last edited by a moderator: May 5, 2020

[#45](#)

[Like](#) [Quote](#) [Reply](#)

[May 5, 2020](#)

[Report](#)



Lieselotte

Senior Member

Messages

199

Likes

432

Location

Orange County, CA

Hip said:

That's incredible! So would you say that after 3 months, the combo of BPC-157 and LL-37 has taken you from severe to mild, on the ME/CFS scale of: very severe, severe, moderate, mild, remission?

What actual doses of these products were you taking during the 3 month period? And do you find that you have to keep taking them to prevent the ME/CFS symptoms returning? Or has their beneficial effect been semi-permanent?

Would you happen to know which pathogens your ME/CFS is associated with (eg, coxsackievirus B, echovirus, Epstein-Barr virus, cytomegalovirus, HHV-6, etc)?

@beatsmyth I'd also like to know the dosing and how long you took the LL-37.

I've been eyeing it, but there are some folks on a peptide Facebook group that found it quite strong and they had bad reactions to it. I had no gut help from BPC-157 so still looking for

anything that might help with that.
So now you've got me back to looking into LL-37!

[#46](#)

[Like](#) [Quote](#) [Reply](#)

[May 5, 2020](#)

[Report](#)

Likes: [minimus](#), [Wayne](#) and [Hip](#)

A

andyguitar

Moderator

Messages

5,232

Likes

12,438

Location

[South east England](#)

[Learner1](#) said:

I can't say what happens with functional medicine there in the UK, but where I live, functional medicine MDs, ARNPs, NDs, DCs, and DOs use very standard national label tests as well as done well regarded specialty labs to determine what is wrong and to decide a treatment plan. In fact, I have provided you a good deal of scientific information about this

The problem in the UK [@Learner1](#) is that our NHS won't do much in the way of testing and most patients here can't afford private medicine. So they are a bit stuffed.

Good manners cost nothing.

[#47](#)

[Like](#) [Quote](#) [Reply](#)

[May 5, 2020](#)

[Report](#)

Likes: [godlovesatrier](#), [bertiedog](#), [Ijimbo423](#) and 1 other person



Learner1

Senior Member

Messages

5,962

Likes

10,867

Location

Pacific Northwest

andyguitar said:

The problem in the UK @Learner1 is that our NHS wont do much in the way of testing and most patients here can't afford private medicine. So they are a bit stuffed.

Right. Not much is free here. We pay for everything.

#48

Like Quote Reply

May 5, 2020

Report

Likes:Mary



minimus

Senior Member

Messages

122

Likes

351

Location

[New York, NY](#)

Does anyone worry about potential infection risk from injecting these peptides, where you cannot be 100% certain what's in the vial, let alone that it is sterile? Or are subcutaneous injections "reasonably" safe, at least compared to IV-administered injections/infusions? Does mixing BPC11 or any other peptide with bacteriostatic water prior to injection make the combined solution sterile?

One reason I ask is that Tailor Made Compounding, a pharmacy with an imprimatur of safety because it requires a prescription from a physician to dispense peptides, was the target of a warning letter on April 1st from the FDA. The FDA letter says that "investigators noted serious deficiencies in your practices for producing sterile drug products, which put patients at risk." (letter attached)

[Attachments](#)

- [U.S. Food and Drug Administration.pdf](#)

4.1 MBViews: 11

[#49](#)

[Like](#) [Quote](#) [Reply](#)

[May 7, 2020](#)

[Report](#)

Likes:[zaika11](#), [PatJ](#) and [andyguitar](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[minimus said:](#)

Does anyone worry about potential infection risk from injecting these peptides, where you cannot be 100% certain what's in the vial, let alone that it is sterile?

There are dozens of companies online which sell these peptides, proteins and hormones, and it is typically body-builders which use them most. I've not come across any stories of the products not being sterile. However, these products are always sold as not for human consumption, as that's the legal loophole which allows them to be sold.

[minimus said:](#)

Does mixing BPC11 or any other peptide with bacteriostatic water prior to injection make the combined solution sterile?

The peptides and bacteriostatic water solution are no longer fully sterile once you insert the hypodermic needle through the rubber stopper of the bottle, as this will introduce tiny amounts of bacteria present in the air.

However, because bacteriostatic water contains an antibacterial substance (benzyl alcohol) which reduces the growth of bacteria, a bottle of bacteriostatic water with some peptide or protein dissolved in it will be safe to inject for 28 days, according to the bacteriostatic water manufacturer, if it is kept in the fridge.

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#50](#)

[Like](#) [Quote](#) [Reply](#)

[May 7, 2020](#)

[Report](#)

Likes: [Mary](#), [PatJ](#), [minimus](#) and [1 other person](#)



[Learner1](#)

Senior Member

Messages

5,962

Likes

10,867

Location

[Pacific Northwest](#)

[minimus said:](#)

Does anyone worry about potential infection risk from injecting these peptides, where you cannot be 100% certain what's in the vial, let alone that it is sterile? Or are subcutaneous injections "reasonably" safe, at least compared to IV-administered injections/infusions? Does mixing BPC11 or any other peptide with bacteriostatic water prior to injection make the combined solution sterile?

One reason I ask is that Tailor Made Compounding, a pharmacy with an imprimatur of safety because it requires a prescription from a physician to dispense peptides, was the target of a warning letter on April 1st from the FDA. The FDA letter says that "investigators noted serious deficiencies in your practices for producing sterile drug products, which put patients at risk." (letter attached)

I actually had an order held up from Tailor Made because the FDA dropped by a couple days after my order went in. From what

I understand, there was some confusion as a veterinary compounder had been at that address, and they were the actual target of the FDA's concern. I was assured that the FDA came and went without a problem, and my order was shipped a couple days later as promised. As I've heard numerous horror stories of the FDA raiding pharmacies and doctor's offices and confiscating everything, it seems like there wasn't a big problem in this case. I have another shipment in the mail right now that went through promptly.

From what I've seen, there are risks of contamination from FDA approved drugs made in factories all over the world, from supplement manufacturers and compounding pharmacies alike. All have had specific episodes where people broke the laws. That's why, wherever possible, I try to buy from sources with high standards, ideally where my doctor or someone else I know has visited and verified that the standards advertised or designated by law are being adhered to, 100% of the time. And it's why I'm leery of buying from CutRate drugs in a country 12 time zones away, or El Cheapo bulk supplements, when I can't trust that the ranitidine my doctor prescribed isn't contaminated either.

With an injectable, the stakes are even higher. There is a risk for serious infection, sepsis, and even death. I would hope that anyone in the industry of compounding injectable substances would be exceedingly cautious about how they're producing them. But there are exceptions. I think it's good to alert people if there are issues but also not fan the flames of falsehoods. I have seen products that I know to be good ones, like intravenous curcumin and dichloroacetate, disappear from the market, while flawed and contaminated FDA drugs kill people everyday. Compounding is a difficult business and many of us depend on compounds and if products become unavailable, patients like us will lack solutions.

If anyone has more information on the scenario above I'd be be

very interested. In the meantime, having used the peptides in question and other products from this pharmacy, I have not experienced any problems with the products to date.

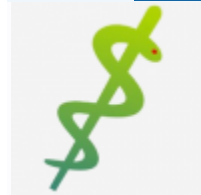
[#51](#)

[Like](#) [Quote](#) [Reply](#)

[May 7, 2020](#)

[Report](#)

Likes: [PatJ](#), [Hipsman](#) and [Wayne](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

I am starting to see a pattern in the effects of my GDF11 injections:

I've currently gone down to injecting just 20 picograms of GDF11, but this small dose seems to produce almost as much benefit as the higher 200 and 400 picogram doses I was using earlier.

What I find is that within hours of an injection, the benefits kick in. The positive benefits I notice are much better mood and optimism, more drive and motivation, increased mental focus, and increased energy.

The negatives are the agitation / anxiety / overstimulation / anger / irritability side effects of GDF11, which Steve Perry [reports](#) are not uncommon in people who take GDF11. But this side effect is much reduced by using the lower 20 picogram dose. I also found

this side effect can be countered to an extent with supplements which reduce testosterone and dihydrotestosterone, such as saw palmetto, zinc and peppermint oil (menthol).

Oddly, in spite of the better mood and increased drive, libido goes down dramatically on GDF11.

In terms of the magnitude of these effects, I am certainly nowhere near the full recovery that Hamsterman achieved with GDF11, but I would say that on the 3-level ME/CFS scale of mild, moderate and severe, GDF11 probably moves me up by perhaps an eighth of a level on that scale, or maybe a bit more. So nothing spectacular for me so far, but the benefits are definitely noticeable.

What I don't like about GDF11 is the agitation / overstimulation / anger side effect. It's hard to relax with this state of mind. Although I have noticed that the mental agitation / overstimulation tends to make me more productive, even though I don't like the feeling. But I suspect most other ME/CFS patients will not get this side effect.

The other thing I've noticed with GDF11 is a rebound effect after a few days, as the injection wears off.

When I inject 20 picograms, it starts working on the same day, and then for the following 2 or 3 days I feel the full effects of the GDF11. But then as it starts wearing off at around the 4th day after the injection, I get a couple of days where I actually feel more tired than normal, and a bit depressed. But then after these 2 rebound days, I return to normal baseline.

So that's a further slight negative of GDF11 I have noticed, which is when I stop, I get this mild rebound effect. However, if I keep taking GDF11 continuously, re-injecting before it wears off, then no rebound is noticed.

Last edited: May 8, 2020

New Patient? ► [ME/CFS — A Roadmap for Testing and](#)

[Treatment](#)

[#52](#)

[Like](#) [Quote](#) [Reply](#)

[May 8, 2020](#)

[Report](#)

Likes: [ScottTriGuy](#), [sebaaa](#), [Mary](#) and 10 others



[CaptainA](#)

Messages

89

Likes

185

Just want to mention real quick that I'm on my 4th injection and up to 220 picograms every other day. I'm keeping track of everything and will have a more detailed report in another week, but I will say that GDF11 is doing things in my body that almost make me feel normal again. The day after the first injection was amazing. The effects after each injection after that have been less. I may try to up the dose. Also, don't notice any change in mood as others have noticed.

[#53](#)

[Like](#) [Quote](#) [Reply](#)

[May 11, 2020](#)

[Report](#)

Likes: [ScottTriGuy](#), [Mary](#), [PatJ](#) and 5 others

L

[lateM98](#)

Messages

65

Likes

149

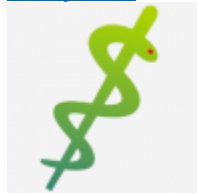
Seriously people, there is about ~1mg of GDF11 in your body at any single point in time, GDF11 has a half life of 12 hours. Few hundreds picograms per week or even every day will not even nudge the blood concentration. What most of you are probably experiencing is either a confounding factor, you are obtaining something else other than GDF11, or simply the euphoria of first time injecting yourself, which is often anecdotally reported, myself having experiencing it too.

[#54](#)

[Like](#) [Quote](#) [Reply](#)

[May 11, 2020](#)

[Report](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[lateM98](#) said:

Seriously people, there is about ~1mg of GDF11 in your body at any single point in time

Do you have a reference for that?

I experienced very clearcut and repeatable adverse effects from picogram dose injection, so we cannot call this a placebo effect. I had no idea beforehand that those specific adverse effects would appear, so it cannot be nocebo either.

And I have injected myself with lots of different substances over the years, so injection is not a novelty for me.

Note that some studies on GDF11 levels in the blood are flawed because early assays were non-specific and would detect both GDF11 and GDF8 (myostatin). Ref: [here](#)

Last edited: May 12, 2020

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#55](#)

[Like](#) [Quote](#) [Reply](#)

[May 12, 2020](#)

[Report](#)

Likes: [ScottTriGuy](#), [sebaaa](#), [Marelica](#) and 4 others



[CaptainA](#)

Messages

89

Likes

185

[lateM98](#) said:

Seriously people, there is about ~1mg of GDF11 in your body at any single point in time, GDF11 has a half life of 12 hours. Few

hundreds picograms per week or even every day will not even nudge the blood concentration. What most of you are probably experiencing is either a confounding factor, you are obtaining something else other than GDF11, or simply the euphoria of first time injecting yourself, which is often anecdotally reported, myself having experiencing it too.

I'm always very skeptical of new treatments and I almost always believe that they wont work. This was true with the Staph Vaccine I injected for months, and it was also true with the Cortene trial I was part of. I basically felt no effects of those two things. Even directly after injection. I can honest to god say that I've tried almost 100 different treatments and that this one actually feels like it is doing something. I will say however that after the first injection, each time I'm injecting, the effects of it seem to wear off faster. I'm hoping that I can see the same positive effects as the person that went into remission after feeling no effects for 2 months.

[#56](#)

[Like](#) [Quote](#) [Reply](#)

[May 12, 2020](#)

[Report](#)

Likes: [ScottTriGuy](#), [westofnever](#), [sb4](#) and 2 others

L

[lateM98](#)

Messages

65

Likes

149

[Hip said:](#)

Do you have a reference for that?

I have to admit that I made a mistake, also you are right, there seem to be a lot of inconsistency in reported GDF11 concentrations.

Here is a [study](#) published in nature using a fancy measurement assay to avoid confounding with GFD8. Average GDF11 concentration in Chinese menopausal women is estimated at 5.92 ng/ml which equals 5.92 mcg/l, assuming a volume of distribution of 10l which is about that for most of these large polypeptides and quite conservative too, so you get about 59.2 mcg. The study suggest that GDF11 concentration raises with age. So let's assume that the average adult 20-40 years has only 1/50 of that, which is what some [other studies](#) seem to suggest, that's about 1 mcg of total circulating GDF11. You still won't nudge the blood concentration injecting few hundreds picograms even if you did it everyday, because $100\text{pg} = 0.0001\text{mcg}$. Add to that the fact that subcutaneous absorption of these polypeptides is [not optimal](#). [Picogram](#) is just too low of a dose. Few hundreds [nanograms](#) is the lowest meaningful dose you can be injecting.

Again, the burden of the proof that what you are injecting is actual GDF11 falls on you. Where are you ordering the GDF11 from? Is it from a cited lab or manufacturer? Or some random website claiming to sell you GDF11? Why don't you take your GDF11 to a lab and test it? It may turn out that it's some random nootropic peptide with GDF11 label slapped on it.

[CaptainA said:](#)

I'm always very skeptical of new treatments and I almost always believe that they wont work. This was true with the Staph Vaccine I injected for months, and it was also true with the Cortene trial I was part of. I basically felt no effects of those two things. Even directly after injection. I can honest to god say that I've tried almost 100 different treatments and that this one actually feels like it is doing something. I will say however that after the first injection, each time I'm injecting, the effects of it seem to wear off faster. I'm hoping that I can see the same

Hip said:

That's incredible! So would you say that after 3 months, the combo of BPC-157 and LL-37 has taken you from severe to mild, on the ME/CFS scale of: very severe, severe, moderate, mild, remission?

What actual doses of these products were you taking during the 3 month period? And do you find that you have to keep taking them to prevent the ME/CFS symptoms returning? Or has their beneficial effect been semi-permanent?

Would you happen to know which pathogens your ME/CFS is associated with (eg, coxsackievirus B, echovirus, Epstein-Barr virus, cytomegalovirus, HHV-6, etc)?

Yes after 3 months, I went from severe to Mild, on BPC-157 and LL-37, but I still have to be careful with over exertion, and still have bad days (now its like 2 bad days a week, verses all bad days a week)

with the LL-37, I was taking daily a very minimal dosage into belly fat. Dont have my notes on me, but basically I halved the recommended dose. As far as benficial effects, Im off the LL-37 for several months now and my stomach is still all good, honestly never thought I would be able to fix my stomach issues, but this has been a Godsend. BPC-157 has also left some permanent results, less joint and less nerve pain, but also in general I found as long as I stay on the BPC, its much better than to be off of it overall

As far pathogen associations, Mycoplasma, HHV-6, and EBV. Massive improvement also once I went on low dose Potassium Iodide daily with selenium, and did an 8 month hard core multiple ABX therapy

[@Yuno](#) I get my Peptides from Canlabs, he works at the University and makes his Peptides there in the lab

Last edited: May 12, 2020

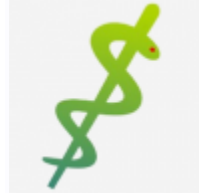
[#59](#)

[Like](#) [Quote](#) [Reply](#)

[May 12, 2020](#)

[Report](#)

Likes: [zaika11](#), [Yuno](#), [kangaSue](#) and 2 others



Hip

Senior Member

Messages

16,517

Likes

35,841

[lateM98 said:](#)

that's about 1 mcg of total circulating GDF11.

You still won't nudge the blood concentration injecting few hundreds picograms even if you did it everyday

I see your point, and I would agree that on first analysis, it does not make much sense that dose in the order of 100 to 500 picograms daily would substantially alter circulating GDF11 levels.

Yet I am pretty confident that the picogram doses I was injecting had a physiological effect, because of the strong mental agitation / anxiety / overstimulation / anger / irritability side effect I mentioned earlier.

The only possible explanation I can think of is something along the lines of plasma protein binding. As you may know, many substances in the blood bind to plasma proteins, and when they do so, they usually become inert and inactive. It is only the portion of the substance freely dissolved in the plasma which has an active physiological effect, but the protein bound portion is inactive (this is called the free drug principle). This applies both to drugs and supplements as well as endogenous substances like hormones.

When you measure the concentration of a substance in the blood, it usually includes the sum total of the free and protein-bound concentrations of the substance.

Now, I am not sure if GDF11 does bind to plasma proteins, but even if it does not, it says [here](#) that:

Signaling by GDF11 ... is regulated by extracellular binding proteins that are typically thought to function as antagonists.

Thus if I have understood correctly, GDF11 binds to proteins on cells and becomes inactive. So much of the GDF11 in circulation may be inactive.

So, I am thinking that when you inject picogram doses of GDF11, perhaps initially the injected GDF11 does not immediately bind to proteins, and therefore remains active. This could perhaps explain why such tiny doses have a strong effect. That's just a guess though.

[lateM98 said:](#)

Again, the burden of the proof that what you are injecting is actual GDF11 falls on you. Where are you ordering the GDF11

from? Is it from a cited lab or manufacturer? Or some random website claiming to sell you GDF11? Why don't you take your GDF11 to a lab and test it? It may turn out that it's some random nootropic peptide with GDF11 label slapped on it.

I have no desire to organize lab tests which demonstrate that my GDF11 is kosher. I bought my GDF11 from the same source as Hamsterman (buckylabs.com), so I am using the same substance that he found greatly helped his ME/CFS. My interest is in trying to replicate his results. Which so far I have failed to do, as my improvement in ME/CFS from GDF11 was only relatively small, about an upward movement of around one eighth of a level on the 3-level ME/CFS scale of [mild, moderate and severe](#)

Watch

L

[lateM98](#)

Messages

65

Likes

149

[Hip said:](#)

...

I totally believe you when you say that you experienced strong side effects. All what I am saying is it's possible that you are obtaining something else other than GDF11 from buckylabs or there are some impurities causing these side effects. GDF11 is not protein bound, same for most of polypeptides. The assay in the studies I linked measures serum concentration of GDF11 after centrifugation, so we are talking non-cell bound circulating GDF11. Also Hamsterman himself said that he started using NMN

around the time of starting to use GDF11.

Hope you find something that works for you man, we will all be happy for you, and keep us updated on your experiments.

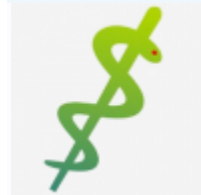
[#61](#)

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[May 12, 2020](#)

[Report](#)

Likes: [sebaaa](#), [Hipsman](#) and [Hip](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[beatsmyth said:](#)

with the LL-37, I was taking daily a very minimal dosage into belly fat. Dont have my notes on me, but basically I halved the recommended dose.

I'd be interested in the daily LL-37 dose you used, because I think I am going to try LL-37 next. I'd also like to know where you got your dosing info from, because I could not find any guidance for LL-37 dosing online.

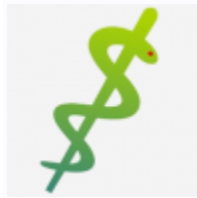
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[#62](#)

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[May 12, 2020](#)

[Report](#)



Hip

Senior Member
Messages

16,517

Likes

35,841

[lateM98 said:](#)

All what I am saying is it's possible that you are obtaining something else other than GDF11 from buckylabs or there are some impurities causing these side effects.

That's possible, but the same issues that you raised still applies, because whatever it was that I received from Buckylabs in the tiny 10 mcg speck of powder that was smaller than a sugar grain, I serially diluted that down (by about 5 orders of magnitude) so that I was giving myself picogram doses. Which is an astonishingly small amount, yet it appears to have an effect.

When I first saw this tiny speck of powder, my first thought was that this is never going to work, especially after diluting down so

much. But the unpleasant overstimulation / agitation / aggression effects I got after each injection, and lasting for around 4 days, indicated that something was happening.

Last edited: May 13, 2020

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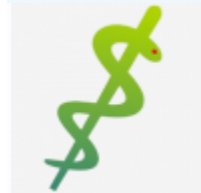
[#63](#)

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[May 12, 2020](#)

[Report](#)

Likes: [sebaaa](#) and [Hipsman](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[CaptainA said:](#)

I will say however that after the first injection, each time I'm injecting, the effects of it seem to wear off faster. I'm hoping that I can see the same positive effects as the person that went into remission after feeling no effects for 2 months.

The feeling I have is that GDF11 may be providing some of its benefits via a stimulant action on the brain, like say Ritalin which works on norepinephrine. I think this could explain the overstimulation / agitation I feel with GDF11.

So like any stimulant, perhaps there could be a tolerance build-up. Although myself I have not noticed any loss of effect over time.

Hamsterman told me yesterday that he also is now not getting the same benefits as he originally obtained with GDF11. He had around 3 or 4 weeks of feeling totally in remission (apart from some odd days of fever and malaise when he dosed the GDF11 too high). Before starting GDF11, he had moderate ME/CFS, but the GDF11 put him into remission.

He thinks he is now somewhere between mild and moderate ME/CFS, but perhaps closer to mild. However, he is also on a slightly lower dose, currently taking 60 picograms every 4 days. Whereas during his remission period, he was taking 100 picograms every 3 days.

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[#64](#)

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[May 12, 2020](#)

[Report](#)

Likes: [ScottTriGuy](#), [Marelica](#), [sebaaa](#) and 1 other person



[Marelica](#)

Senior Member

Messages

140

Likes

483

Location

[Croatia](#)

Dear Hip, thanks for posting the news about Hamsterman. This is quite a experiment

Can you ask Hamsterman why does he change the dose of GDF11 if there was a sign that he was doing better?

[#65](#)

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[May 13, 2020](#)

[Report](#)



[sb4](#)

Senior Member

Messages

1,538

Likes

2,692

Location

[United Kingdom](#)

[@lateM98](#) I don't really no anything about gdf11 but if, as you say, there is a 50x difference between menopause and youth then the levels seem quite variable. It's possible this disease uses up fast or produces significantly less gdf11. In this case small amounts might make a difference.

+/+ = COMT V158M, COMT H62H, MAO-A R297R, BHMT-08
+/- = MTHFR C677T, MTHFR 03 P39P, MTHFR A1298C, VDR Bsm, VDR Taq, MTRR A66G, BHMT-02, AHCY-01, AHCY-19, CBS C699T, CBS A360A

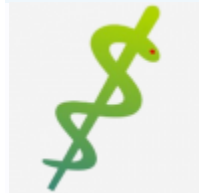
[#66](#)

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[May 13, 2020](#)

[Report](#)

Likes: [ScottTriGuy](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[Marelica said:](#)

Dear Hip, thanks for posting the news about Hamsterman. This is quite a experiment

Can you ask Hamsterman why does he change the dose of GDF11 if there was a sign that he was doing better?

I think he is still experimenting with dose level. He's tried many different dose levels already. For Hamsterman, when the dose was higher he would get these bouts of fever and malaise (flu-like feelings), which disappeared once he lowered the dose a bit.

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[#67](#)

[Like](#) [Quote](#) [Reply](#)

[May 13, 2020](#)

[Report](#)

Likes: [Hipsman and Marelica](#)



[CaptainA](#)

Messages

89

Likes

185

[lateM98 said:](#)

Wow! You were part of the Cortene trial? How did it go? Can you share some more?

I'm pretty sure I signed something saying that I'm not supposed to talk about it, so lets just say that I'm currently in the same condition now that I was 8 years ago.

[#68](#)

[Like](#) [Quote](#) [Reply](#)

[May 14, 2020](#)

[Report](#)

Likes: [Yuno, sb4, Hipsman and 4 others](#)



[CaptainA](#)

Messages

89

Likes

185

So just a quick update. I'm up to 330 picos/day now. I am for sure feeling the effects after injection but each time it is less and less. It is hard to explain the sensation you get. It is literally like a fog is being removed from you body. I will still have low energy and still have some issues with brain fog, but for the hours after injection it is like the extreme shittyness that my body feels at all times is suddenly gone. I wish it lasted more than a couple of hours. My hope is that I will start feeling an accumulative effect soon. I'm also hoping that I get the flu like symptoms like others have reported which could be a sign of fighting off an underlying

infection.

Going to keep it at 330 picograms a day for another week and move to 440 after that.

[#69](#)

[Like](#) [Quote](#) [Reply](#)

[May 18, 2020](#)

[Report](#)

Likes: [a](#) [a](#) [t](#), [borko2100](#), [PatJ](#) and 8 others



[Marelica](#)

Senior Member

Messages

140

Likes

483

Location

[Croatia](#)

[CaptainA said:](#)

So just a quick update. I'm up to 330 picos/day now. I am for sure feeling the effects after injection but each time it is less and less. It is hard to explain the sensation you get. It is literally like a fog is being removed from your body. I will still have low energy and still have some issues with brain fog, but for the hours after injection it is like the extreme shittyness that my body feels at all times is

suddenly gone. I wish it lasted more than a couple of hours. My hope is that I will start feeling an accumulative effect soon. I'm also hoping that I get the flu like symptoms like others have reported which could be a sign of fighting off an underlying infection.

Going to keep it at 330 picograms a day for another week and move to 440 after that.

Thank you for update! I wish you good result with your experiment.

[#70](#)

[Like](#) [Quote](#) [Reply](#)

[May 18, 2020](#)

[Report](#)

Likes: [Yuno and sb4](#)



[CaptainA](#)

Messages

89

Likes

185

[Marelica said:](#)

Thank you for update! I wish you good result with your experiment.

Absolutely. I'm keeping track of any effects one way or another. I really think that we are going to need more ME/CFS'rs to try this though to get an accurate sample.

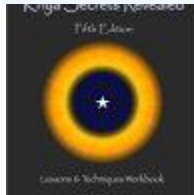
[#71](#)

[Like](#) [Quote](#) [Reply](#)

[May 18, 2020](#)

[Report](#)

Likes: [minimus](#), [Marelica](#) and [sb4](#)



[beatsmyth](#)

Messages

67

Likes

132

[CaptainA said:](#)

Absolutely. I'm keeping track of any effects one way or another. I really think that we are going to need more ME/CFS'rs to try this though to get an accurate sample.

I'll be starting in about 2 weeks, so I will give an update as well

[#72](#)

[Like](#) [Quote](#) [Reply](#)

[May 18, 2020](#)

[Report](#)

Likes: [Hip](#), [minimus](#), [Yuno](#) and 3 others



Hip

Senior Member

Messages

16,517

Likes

35,841

Two things to report:

(1) Two weeks ago I decided to try a GDF11 dose as low as 2 picograms, in the hope that this lower dose would not trigger the side effects of overstimulation / agitation / aggression.

But I found even 2 pg is enough to cause these unpleasant side effects in their full force. So GDF11 appears to be incredibly potent, even in the most minute doses. I have just ordered some more bacteriostatic water, and am now planning to try even smaller doses, like 0.1 pg or even 0.01 pg, to see if I can still get the benefits, but without the side effects.

(2) I've stopped taking GDF11 for two weeks now, just to have a break, and have gone back to my usual ME/CFS baseline health level. I've generally gone back to feeling my usual crappy self, and I only now realize how effective GDF11 was in removing the ever-present "crappy feeling" from ME/CFS.

So even though GDF11 did not greatly improve my ME/CFS in

terms of an upward movement on the ME/CFS scale of [mild, moderate and severe](#), GDF11 does seem to specifically target the "crappy feeling" element of ME/CFS; it definitely improves mood and makes you feel better and much less crappy, in both body and mind.

Last edited: May 25, 2020

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[#73](#)

[Like](#) [Quote](#) [Reply](#)

[May 25, 2020](#)

[Report](#)

Likes: [Judee](#), [zaika11](#), [Yuno](#) and 6 others



[CaptainA](#)

Messages

89

Likes

185

[Hip said:](#)

(1) Two weeks ago I decided to try a GDF11 dose as low as 2 picograms, in the hope that this lower dose would not trigger the side effects of overstimulation / agitation / aggression.

But I found even 2 pg is enough to cause these unpleasant side

effects in their full force. So GDF11 appears to be incredibly potent, even in the most minute doses. I have just ordered some more bacteriostatic water, and am now planning to try even smaller doses, like 0.1 pg or even 0.01 pg, to see if I can still get the benefits, but without the side effects.

This is interesting. I'm up to 330 Picograms a day now and it is barely moving the scale anymore. I do still feel something when injecting for about 2 hours but nothing like before. My hope that I get something from the cumulative effects. I planned on using the same bottle for 3 months but now I'm thinking of ordering a new bottle of the bacteriostatic water and doing one more mixture from the main bottle. I'm planning on doing a 6 month trial of GDF11 at 330 picograms a day. I might try to add the LL-37 in next month.

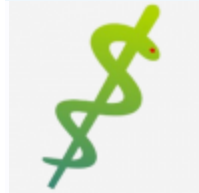
[#74](#)

[Like](#) [Quote](#) [Reply](#)

[May 25, 2020](#)

[Report](#)

Likes: [Marelica](#), [sb4](#), [Hip](#) and [1 other person](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[CaptainA said:](#)

This is interesting. I'm up to 330 Picograms a day now and it is barely moving the scale anymore. I do still feel something when injecting for about 2 hours but nothing like before.

Have you considered giving it a break for say 5 days, and then restarting, to see if you get the same benefits you had when you first started?

A break is also useful to check whether you may have slowly improved, but just got used to the improvement and so no longer noticed it.

It was not until I gave myself a 2-week break from GDF11 did I fully become aware the benefits it was providing while I was on it, such as its ability to reduce the "crappy feeling" of ME/CFS.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#75](#)

[Like](#) [Quote](#) [Reply](#)

[May 25, 2020](#)

[Report](#)

Likes: [godlovesatrier](#), [Marelica](#), [Hipsman](#) and [1 other person](#)



[CaptainA](#)

Messages

89

Likes

185

[Hip said:](#)

Have you considered giving it a break for say 5 days, and then restarting, to see if you get the same benefits you had when you first started?

Thats an interesting idea. I'm going to give a try!

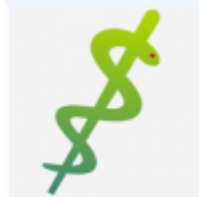
[#76](#)

[Like](#) [Quote](#) [Reply](#)

[May 25, 2020](#)

[Report](#)

Likes:[godlovesatrier](#) and [Hip](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[CaptainA said:](#)

I'm planning on doing a 6 month trial of GDF11 at 330 picograms a day.

With long-term use of relatively high doses of GDF11, it might be worth looking at the heart rate variability (HRV) monitor that Steve Perry recommends in this document: [Biomarker Guidelines and](#)

[Procuring GDF11.](#)

Perry **says**:

Excess GDF11 can cause arrhythmia, which you sure as hell don't want. Arrhythmia usually pretty easy to spot with HRV trending.

I am not sure if a HRV monitor is actually effective in detecting arrhythmia; I could not find much literature on HRV monitors and arrhythmias.

But certainly arrhythmia seems to be the biggest potential risk of GDF11 that Perry mentions. Most sudden cardiac deaths are caused by arrhythmias.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#77](#)

[Like](#) [Quote](#) [Reply](#)

[May 26, 2020](#)

[Report](#)

Likes: [Marelisa and sb4](#)



[CaptainA](#)

Messages

89

Likes

[Hip said:](#)

I am not sure if a HRV monitor is actually effective in detecting arrhythmia; I could not find much literature on HRV monitors and arrhythmias.

But certainly arrhythmia seems to be the biggest potential risk of GDF11 that Perry mentions. Most sudden cardiac deaths are caused by arrhythmias.

Thats a good point. I'm going to take some days off between injections now anyways to see if I can get the same effect as I did before.

[#78](#)[Like](#) [Quote](#) [Reply](#)[May 26, 2020](#)[Report](#)Likes:[Marelisa](#) and [sb4](#)[CaptainA](#)

Messages

89

Likes

185

So I recently moved and I believe that the GDF-11 got a little warm during the move because I took 3 days off and tried an

injection with basically no effect at all. Now I'm wondering if I should get another batch.

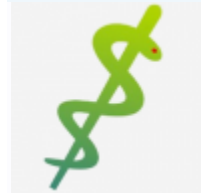
[#79](#)

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[May 31, 2020](#)

[Report](#)

Likes:[sb4](#)



Hip

Senior Member

Messages

16,517

Likes

35,841

[CaptainA said:](#)

So I recently moved and I believe that the GDF-11 got a little warm during the move because I took 3 days off and tried an injection with basically no effect at all. Now I'm wondering if I should get another batch.

I would not have thought a bit of heat would affect this protein; after all, it's designed to operate in a body whose temperature is 37°C

[Jun 18, 2020](#)

[Report](#)



[CaptainA](#)

Messages

89

Likes

185

[mitoMAN said:](#)

Any update [@CaptainA](#) [@beatsmyth](#)

In about 2 weeks I will be coming up on 2 months doing 330 picograms every other day. When I inject I do get some benefit but its minimal for sure now. Hoping that I get more of the long term benefits.

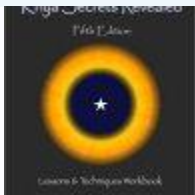
[#83](#)

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[Jun 20, 2020](#)

[Report](#)

Likes:[mitoMAN](#), [Hipsman](#) and [sb4](#)



[beatsmyth](#)

Messages

67

Likes

132

[CaptainA said:](#)

In about 2 weeks I will be coming up on 2 months doing 330 picograms every other day. When I inject I do get some benefit but its minimal for sure now. Hoping that I get more of the long term benefits.

so far so good, definitely a boost in energy, only take it every other day as the benefit lasts the next day as well. Not good if i take more than 300-330 picograms, then am too wired. but overall plenty of benefits and will be sticking with it long term. Havent it the 1 month mark yet

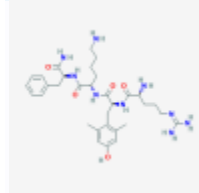
[#84](#)

[Like](#) [Quote](#) [Reply](#)

[Jun 21, 2020](#)

[Report](#)

Likes: [zaika11](#), [Hipsman](#), [mitoMAN](#) and 1 other person



[mitoMAN](#)

Senior Member

Messages

507

Likes

893

Location

[Germany/Austria](#)

Did anyone find a retailer that ships GDF-11 to EUROPE from inside the EU or UK?

Sadly German customs are very very aggressive and strict, and I heard of people having legal problems with importing peptides from the US already.

I am stuck in Germany during Corona and might give it a try once I move back to Austria. Customs there are less strict.

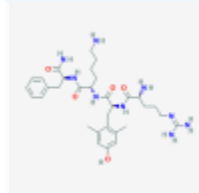
[#85](#)

[Like](#) [Quote](#) [Reply](#)

[Jun 21, 2020](#)

[Report](#)

Likes: [stefanosstef](#)



[mitoMAN](#)

Senior Member

Messages

507

Likes

893

Location

[Germany/Austria](#)

It will start TB-500 and LL-37 shortly in addition to my ongoing BPC-157 and keep you guys updated.

Still no GDF-11 found in Europe but as [@beatsmyth](#) had some good success with LL-37 - I will keep you guys updated on my journey

[#86](#)

[Like](#) [Quote](#) [Reply](#)

[Jun 22, 2020](#)

[Report](#)

Likes:[foggyfroggy](#), [sb4](#) and [stefanosstef](#)



[stefanosstef](#)

Senior Member
Messages

528

Likes

1,302

Please do update us. Immunoregulating peptides are a very interesting experiment in our situation.

[#87](#)

[Like](#) [Quote](#) [Reply](#)

[Jun 23, 2020](#)

[Report](#)



[ChookityPop](#)

Senior Member

Messages

477

Likes

585

[Hip said:](#)

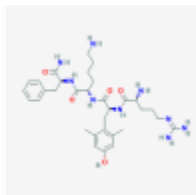
Interesting! Have you tried it a second time yet? How does it go?

[#88](#)

[Like](#) [Quote](#) [Reply](#)

[Jun 29, 2020](#)

[Report](#)



[mitoMAN](#)

Senior Member

Messages

507

Likes

893

Location

[Germany/Austria](#)

I am waiting for my TH1/TH2 balance test at IMD-Berlin and will probably start my Thymosin Alpha-1 at the end of the month. I want to do prior and after lab tests to see if it changed anything on immune markers.

[#89](#)

[Like](#) [Quote](#) [Reply](#)

[Jul 6, 2020](#)

[Report](#)



[Lieselotte](#)

Senior Member

Messages

199

Likes

432

Location

[Orange County, CA](#)

[Lieselotte said:](#)

[@beatsmyth](#) I'd also like to know the dosing and how long you took the LL-37.

I've been eyeing it, but there are some folks on a peptide

Facebook group that found it quite strong and they had bad reactions to it. I had no gut help from BPC-157 so still looking for anything that might help with that.

So now you've got me back to looking into LL-37!

An update on LL-37, mentioned earlier in this thread, which I just finished.

I did 100mcg/day for 6 weeks. This is the standard protocol according to some folks on a Facebook peptide group. A cycle is 6 weeks, and you can do another cycle after a 2 week break. I only did one cycle. I got the peptide from CanLabs.

I did not feel any affects from this peptide, good or bad. I was hoping it would help with my gut, or with a possible candida problem based on borderline OATS test results. But, it did nothing. On to the next one!

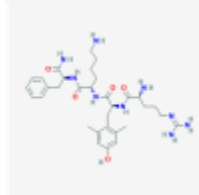
[#90](#)

[Like](#) [Quote](#) [Reply](#)

[Jul 13, 2020](#)

[Report](#)

Likes: [stefanosstef](#), [zaika11](#) and [sb4](#)



[mitoMAN](#)

Senior Member

Messages

507

Likes

893

Location

[Germany/Austria](#)

[@Lieselotte](#) did you try taking antibiotics for a full gut rebuild? That's what I am doing right now, and from what I understand LL-37 has similar functions to gut antibiotics. So you would want to start with a good diet and taking pre/probiotics after your LL-37 intake?

I'm keeping the LL-37 aside as of now and waiting to see how my antibiotics and gut rebuilding trial goes along.

[#91](#)

[Like](#) [Quote](#) [Reply](#)

[Jul 13, 2020](#)

[Report](#)



[Lieselotte](#)

Senior Member

Messages

199

Likes

432

Location

[Orange County, CA](#)

[@mitoMAN](#) I did not do an antibiotic napalm. According to stool and other tests, my bacteria levels/types aren't that bad. However there was a possible candida issue (which antibiotics wouldn't help). I was doing some herbal anti-candida supplements at the time of doing the peptide. But haven't noticed a huge difference. But again it was only a possible candida problem. I guess I could try Rx antifungals with the LL-37 in the future if I wanted to.

[#92](#)

[Like](#) [Quote](#) [Reply](#)

[Jul 14, 2020](#)

[Report](#)



[zaika11](#)

Messages

83

Likes

74

[QUOTE = "Lieselotte, post: 2284772, member: 37038"] [USER = 40195] [@mitoMAN](#) [/ USER] I did not do napalm with antibiotics. According to stool and other tests, my bacteria levels / types are not so bad. However, there was a possible Candida problem (which antibiotics will not help). I made some herbal anti-candida supplements while using the peptide. But I did not notice a huge difference. But then again, it was only a possible problem with the candida. I think that I could try the antifungal drugs Rx with LL-37 in the future if I wanted to. [/ QUOTE]

I did not find the benefits of LL-37 (Tailor) for my fungal infection.

Use voriconazole again. But maybe check back later with a second bottle. What do you think safer if not Tailor (they are discontinued) - Peptide Science or Canlab?

[#93](#)

[Like](#) [Quote](#) [Reply](#)

[Jul 18, 2020](#)

[Report](#)



[Lieselotte](#)

Senior Member

Messages

199

Likes

432

Location

[Orange County, CA](#)

[@zaika11](#) I think CanLabs and Peptide Sciences are both good. I got my BPC and Epitalon from PS, and LL-37 and TA-1 from CanLab.

Interesting to see you didn't have any effects with LL-37 either. Yes, maybe I'll try again at a later point.

[#94](#)

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Report

Likes:[zaika11](#)



[zaika11](#)

Messages

83

Likes

74

[Lieselotte said:](#)

[@zaika11](#) I think CanLabs and Peptide Sciences are both good. I got my BPC and Epitalon from PS, and LL-37 and TA-1 from CanLab.

Interesting to see you didn't have any effects with LL-37 either. Yes, maybe I'll try again at a later point.

Thank you!

I can't say that LL-37 was not effective for me, I can't know for sure in this point. I used it when I had a serious infection, it's hard to say if there was an antibacterial/antiviral effect, such bad situation was in general. But I didn't notice the antifungal effect (but I will double-check again).

It seems in my case, LL-37 turns into the autoimmune component - I got real weakness, and strong pain in my knee joints (I didn't have it never), it was even painful to walk. Only TB-500 recovered it(I such in love this this staff!). But as I said, I still would like to check it one more time. I only afraid of possible bacterial resistance for LL-37 when I will stop to use it- I saw this article in

Pubmed. This is that really scary me, not autoimmune even (because it seems its just for period when you use it)

[#95](#)

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[Jul 19, 2020](#)

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[zaika11](#)

Messages

83

Likes

74

Also I noticed TB-500 worth to try for MSAC (not TA)

[#96](#)

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[Jul 19, 2020](#)

[Report](#)

Likes: [mitoMAN](#)



[Momentum](#)

Messages

58

Likes

62

[@Hip](#)

I'm a newbie here, well an off and off reader, but newer poster. I actually popped over here today looking at "stem cell" and "peptide" threads.

This morning I was spending some time on MTHFR and listening to Lynch. What I find fascinating/frustrating is the MTHFR situation (under/over methylating, getting it 'just right') along with the interplay of all B vitamins and their effect and function of one another.

As a side note, your adverse side effects sound somewhat familiar with those who get too much methylation or maybe more properly too much methylfolate - for which one of Lynch's cures is niacin.

The main point I am trying to make is that I'm wondering if your adverse affects may be due to a possible deficiency (or abundance) in another nutrient? Can the GDF11, or maybe more properly asked, is the GDF11 dependent on something else for it to work properly? This could be vitamin, mineral or another peptide. Maybe the GDF11 is either using something up that you have in short supply, or you simply don't have enough of a supporting molecule? Or possibly the opposite, the GDF11 is producing too much of something which seems to be your hypothesis since you are dramatically decreasing your dose - but the diminishing return is not optimal.

I'm thinking of situations in which we need correct B9 before correcting B12. IIRC, or those who are mega dosing B1 they should take it apart from B12(?) because they compete for receptors. Or if you get too much methylfolate and have adverse

effects - why is Lynch's solution to take niacin? Is the adverse effect too much folate or that the folate uses niacin and if in niacine is in short supply you'll have adverse affects - not from the methylfolate but from deficient niacin? - thus the niacin alleviates symptoms.

Just trying to think outside the box Rather than GDF11 being the problem, maybe you have a deficiency. ??

[#97](#)

[Like](#) [Quote](#) [Reply](#)

[Jul 20, 2020](#)

[Report](#)

Likes: [Learner1](#)



[zaika11](#)

Messages

83

Likes

74

[beatsmyth said:](#)

Yes after 3 months, I went from severe to Mild, on BPC-157 and LL-37, but I still have to be careful with over exertion, and still have bad days (now its like 2 bad days a week, verses all bad days a week)

with the LL-37, I was taking daily a very minimal dosage into belly

fat. Dont have my notes on me, but basically I halved the recommended dose. As far as beneficial effects, Im off the LL-37 for several months now and my stomach is still all good, honestly never thought I would be able to fix my stomach issues, but this has been a Godsend. BPC-157 has also left some permanent results, less joint and less nerve pain, but also in general I found as long as I stay on the BPC, its much better than to be off of it overall

As far pathogen associations, Mycoplasma, HHV-6, and EBV. Massive improvement also once I went on low dose Potassium Iodide daily with selenium, and did an 8 month hard core multiple ABX therapy

[@Yuno](#) I get my Peptides from Canlabs, he works at the University and makes his Peptides there in the lab

Did you ever try an oral form BPC-157? I just ordered it. Very interesting to know a difference if someone tried both forms

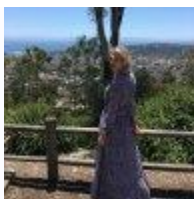
Last edited: Jul 20, 2020

[#98](#)

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[Jul 20, 2020](#)

[Report](#)



[zaika11](#)

Messages

83

Likes

74

interesting

Recently, a work by Anon-Hidalgo et al. ([73](#)) reported a convincing study associating the circulating levels of GDF11 with thyroid-stimulating hormone (TSH) in humans. The study showed subjects with high or normal levels of TSH present high level contents of GDF11, compared with patients with low levels of TSH. This finding could be due to the fact that other members of the family, such as GDF8 and GDF15, are regulators of the energy homeostasis ([74](#), [75](#)). Anon-Hidalgo team states that it could be related to a regulation of TSH by GDF11, or GDF11 could be positively regulated by TSH or any other thyroid hormones ([73](#)

Did I read that right? LL-37 can cause bacteria to become resistant to immune/anti biotics and take over?

Diagnosed with ME in 2016.

Positive blood work from Armin for Coxsackie A, EBV latent replication Sept 2018. Positive for ebv EBNA IGG+ // VCA IGG+// VCA IGM- 2021 (reactivated). Acute mono June 2020. Currently on the [Herpes Viridae protocol](#) (Up from 60% Hummingbird Scale to 70%-80%)

[#101](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 4, 2021](#)

[Report](#)



[beatsmyth](#)

Messages

67

Likes

132

[mitoMAN said:](#)

Any news from our GDF-11 guys?

[@beatsmyth](#) [@CaptainA](#)

Been doing great on GDF-11. If I ever feel low on energy, I take a small tiny does of this and it gives me 3 days worth of rebound energy. Its definitely a keeper and part of my regimen now and I'm up to 4 Miles running 2-3 times a week specifically on the days after injecting this

[#102](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 4, 2021](#)

[Report](#)

Likes: [GlassCannonLife](#), [MartinK](#), [Mary](#) and 5 others



[godlovesatrier](#)

Senior Member

Messages

1,573

Likes

3,578

Location

[United Kingdom](#)

What is your full regime like each day/week now [@beatsmyth](#)

I'm going to start alpha-1 to begin with and then probably will add bpc in. But would be interested to know what your protocol looks like with dosages at this point.

Diagnosed with ME in 2016.

Positive blood work from Armin for Coxsackie A, EBV latent replication Sept 2018. Positive for ebv EBNA IGG+ // VCA IGG+// VCA IGM- 2021 (reactivated). Acute mono June 2020. Currently on the [Herpes Viridae protocol](#) (Up from 60% Hummingbird Scale to 70%-80%)

[#103](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 4, 2021](#)

[Report](#)

M

[Momentum](#)

Messages

58

Likes

62

[zaika11 said:](#)

Also I noticed TB-500 worth to try for MSAC (not TA)

After months of tests and research I believe my main issue is MCAS (not sure of the cause - other than genetic collagen issues and genetic B12/methymalonic acid issues). I've got to get these mast cells stabilized.

Have you tried TB-500 for MCAS? So far, nothing I've done helps much.

[#104](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 4, 2021](#)

[Report](#)



[Judee](#)

Senior Member

Messages

2,488

Likes

6,896

Location

[Great Lakes](#)

[zaika11 said:](#)

It seems in my case, LL-37... - I got real weakness, and strong pain in my knee joints (I didn't have it never), it was even painful to walk.

The same thing happened to me when I started abx (antibiotics) for possibly Lyme co-infections. Are you sure it wasn't targeting some type of bacteria that had settled into your joints?

I think Lyme especially likes to settle into the leg joints. The bacteria like to feed on our soft tissues. I have never had that severity of leg joint pain before that I could remember. Continuing on the abx resolved it though after about a week.

Maybe the peptides were working in the same way and helping to clear up some infection in you?

<< The tree fell but continues to reach to the sky and survive.
That's us.

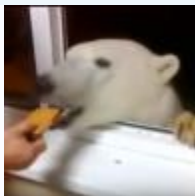
[#105](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 4, 2021](#)

[Report](#)

Likes: [Abha](#)



[gbells](#)

Improved ME from 2 to 6

Messages

1,433

Likes

1,768

Location

[Eastern NC USA](#)

Given the existing research I don't see a basis for it as a ME treatment

Here's an article on the [legal implications of self experimentation](#).
Mainly the FDA can take your stuff.

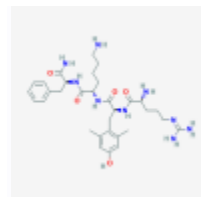
Last edited by a moderator: Mar 17, 2021

[#106](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 4, 2021](#)

[Report](#)



[mitoMAN](#)

Senior Member

Messages

507

Likes

893

Location

[Germany/Austria](#)

T

[Momentum said:](#)

After months of tests and research I believe my main issue is MCAS (not sure of the cause - other than genetic collagen issues and genetic B12/methymalonic acid issues). I've got to get these mast cells stabilized.

Have you tried TB-500 for MCAS? So far, nothing I've done helps much.

TB-500 will worsen MCAS a lot. It's a mast cell degranulator

[#107](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 5, 2021](#)

[Report](#)



[zaika11](#)

Messages

83

Likes

74

[mitoMAN said:](#)

T

TB-500 will worsen MCAS a lot. It's a mast cell degranulator

Idk why, but in fact, it helps me with my mcas a lot. TB balances a immune response very much. When I have a reaction TB eliminate it

Last edited: Mar 12, 2021

[#108](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 12, 2021](#)

[Report](#)

M

[Momentum](#)

Messages

58

Likes

62

[zaika11 said:](#)

Also I noticed TB-500 worth to try for MSAC (not TA)

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Have you tried TB-500 for MCAS? So far, nothing I've done helps much.

[#109](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 15, 2021](#)

[Report](#)

Likes: [Wayne](#)



[bensmith](#)

Senior Member

Messages

1,485

Likes

3,169

Tb-500 is bad for mcas

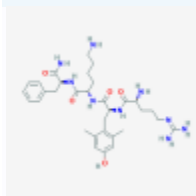
[#110](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 16, 2021](#)

[Report](#)

Likes: [mitoMAN](#)



[mitoMAN](#)

Senior Member

Messages

507

Likes

893

Location

[Germany/Austria](#)

yep TB-500 degranulates mast cells.
Ketotifen helped me so far.

[#111](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 16, 2021](#)

[Report](#)

Likes: [godlovesatrier](#) and [Wayne](#)



[Wayne](#)

Senior Member

Messages

3,919

Likes

6,092

Location

[Ashland, Oregon](#)

[Momentum said:](#)

After months of tests and research I believe my main issue is
MCAS

Hi [@Momentum](#) -- I was wondering if you by any chance have tinnitus, or have very sensitive hearing (hyperacusis). I recently read from a tinnitus forum member that he tracked his tinnitus down to having MCAS. After doing various things to address it, he's experienced his tinnitus improving significantly (I think he may have said 90%). -- *Best...*

["When you sing HU, you may notice a feeling of peace, warmth, and comfort as it fills your world with love" - \[3-min. video\]](#)

[#112](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 16, 2021](#)

[Report](#)



[MartinK](#)

Senior Member

Messages

310

Likes

470

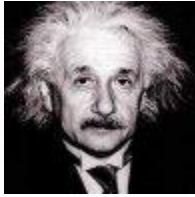
Anyone handle buying GDF11 in Europe countries?

[#113](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 28, 2021](#)

[Report](#)



[vortex](#)

Senior Member

Messages

162

Likes

90

GDF11 dosing is tricky and unusual. If you watch one of many steve perry youtube videos he will tell you how to do it. You take the dose daily and then all of a sudden at about 2-3 months you will hit a wall and you have to stop taking it.

He calls it downregulation but your body essentially gets repleted and when that happens, taking more will give you opposite results and you will start to have negative effects. Which is why he suggests you monitor your biomarkers daily so you will be able to detect it. Once you hit the wall, you back off the dose and take tiny tiny doses like 20pg a month or so. Your biomarkers will guide you on what the maintenance dose should be.

So for everyone who say "it stopped working" after a while etc. This explains why this is happening. I am kind of shocked no one here that is taking gdf11 hasnt mentioned it or watched a steve perry video on it.

677T

[#114](#)

[Like](#) [Quote](#) [Reply](#)

[Sep 3, 2021](#)

[Report](#)

Likes:[junkcrap50](#)



[Learner1](#)

Senior Member

Messages

5,962

Likes

10,867

Location

[Pacific Northwest](#)

[vortex said:](#)

GDF11 dosing is tricky and unusual. If you watch one of many steve perry youtube videos he will tell you how to do it. You take the dose daily and then all of a sudden at about 2-3 months you will hit a wall and you have to stop taking it.

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This explains why this is happening. I am kind of shocked no one here that is taking gdf11 hasnt mentioned it or watched a steve perry video on it.

This guy? I'm confused...

https://en.m.wikipedia.org/wiki/Steve_Perry

[#115](#)

[Like](#) [Quote](#) [Reply](#)

[Sep 3, 2021](#)

[Report](#)



[Lieselotte](#)

Senior Member

Messages

199

Likes

432

Location

[Orange County, CA](#)

[Learner1 said:](#)

This guy? I'm confused...

https://en.m.wikipedia.org/wiki/Steve_Perry

LOL, I was wondering the same thing
I didn't know he was on the CFS "Journey".... haha

[#116](#)

[Like](#) [Quote](#) [Reply](#)

[Sep 14, 2021](#)

[Report](#)

Likes: [Learner1](#)



[SWAlexander](#)

Senior Member

Messages

699

Likes

1,768

This sentence caught my attention

"fever may be the immune system kicking into gear and fighting off the underlying infections."

I never had a real fever in my life, (normal temp. 36,5) not even when I had sepsis, (very rare growth: bacteremia: Staph epidermidis and Peptostreptococcus, Peptostreptococcus, one colony Staph caprae, Corynebacterium species,") after a botched L4-L5 surgery.

My normal blood pressure is always about 110 but with the sepsis, it stayed for weeks at 195 - but the fever never went

higher than 38.5 C.

Something else and very strange has happened. After being for 6 weeks on Amoxicillin (IV) I had no bodily odor for one year.

In the last few weeks **something remarkable has happened I never experienced before**; at the night, I have a low-grade fever with sweats. The next day I have a tiny bit more energy.

Maybe, "fever may be the immune system kicking into gear and fighting off the underlying infections."

Here are my thoughts:

Maybe Fluoroquinolone and Amoxicillin killed my immune system?

There are some studies about it; if you can relate or like to read:

Fluoroquinolone Trouble Untangled (oxidative damage)

<https://www.science.org/content/blog-post/fluoroquinolone-trouble-untangled>

When antibiotics turn

toxic: <https://www.nature.com/articles/d41586-018-03267-5>