

## IGF

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### [IGF 1](#)

#### [Insulin](#) Like Growth Factor 1 - Somatomedin C

IGF1 is a polypeptide hormone about the same size as [Insulin](#), or 70 amino acids; it 's a member of the "super family." No, this is not the same family Clark Kent belongs to, but rather it 's a family of substances identified as growth factors. It 's a highly anabolic hormone released primarily in the liver (but also in peripheral tissues) with the stimulus of Growth Hormone (GH). It is responsible for much of the anabolic activity of GH, including nitrogen retention and protein synthesis (12) as well as muscle cell hyperplasia (increase in number of muscle cells), as well as mitogenesis (the growth of new muscle fibers). It can also induce skeletal muscle hypertrophy by activating the phosphatidylinositol 3-kinase (PI3K)-Akt pathway(9). In fact, [IGF-1](#) acts on several different tissues to enhance growth via several mechanisms. It 's also important to note that GH and [IGF-1](#) are interrelated, they produce a host of divergent effects (5). As you may already know, GH and [IGF](#) levels are both elevated dramatically following exercise, and this may be a primary factor in the anabolic effects of weight training. In fact, [IGF-1](#) may be possibly used as an anabolic substitute for GH (2) in many instances. [IGF-1](#) is, therefore, necessary as well as sufficient in muscle growth (anabolic)(1) and has been shown to also be highly anti-catabolic agent as well (2)(3). As with all anabolic substances, [IGF-1](#) 's anabolic effects are still limited only by the protein (amino acid) supply within muscle cells (6) (7). Thus, as you may expect, [IGF](#) works much better when you are eating enough protein.

IGF1 may be of particular interests to athletes, as it may improve their ability to learn new skills and techniques relevant to their sport. You see, [IGF](#) is a known neuroprotector and neuropromotor(13)(14)(15), which means new skills could be learned more quickly with [IGF](#) use, and for the elderly, some of the cognitive effects of aging could be staved off or possibly halted entirely with administration of IGF1. This also has exciting implications for the medical community studying Alzheimer 's and other such diseases. This is because there are [IGF](#) receptors within the brain (16) and in motor neurons (17).

Also of note, and of special interest to both athletes and bodybuilders who are rehabbing an injury is that [IGF](#) is vital to the proper production of connective tissue, and exogenous [IGF](#) administration may improve collagen formation and aid in the repair of cartilage. (19)(18). [IGF](#) is also vital to proper bone density and bone density regulation (20).

[IGF](#) administration may be highly useful for rehabilitation of any kind of joint injury experienced by athletes and bodybuilders, and would greatly decrease recovery time as well as increase the strength of the recovered area.

So now we have a basic idea of what [IGF](#) does and how it works, so I think we can start looking at how well it works, and what kind of results we can expect from it. While I was (exhaustively) researching this compound, I found a study which provided just the type of answers we are looking for. This study examined the injection of a compound which was responsible for directing over expression of [Insulin](#)-like growth factor I ([IGF-I](#)) in differentiated muscle fibers. The researchers concluded that [IGF-I](#) expression promotes an average increase of 15% in muscle mass and a 14% increase in strength in young adult mice. It 's nice to be able to put some numbers on this compound, huh? But those effects are not all that the researchers have found. [IGF](#) also seems to prevent aging-related muscle changes in old adult mice! These old mice experienced a 27% increase in strength as compared with uninjected old muscles. Muscle mass and fiber type distributions were maintained at levels similar to those in young adults. The researchers have speculated that these effects are primarily due to stimulation of muscle regeneration via the activation of satellite cells by [IGF-I](#) (8). Regardless of the mechanism of

action, the results from this study are pretty exciting. A 15% increase in muscle mass, and a 14% increase in strength are no small increases. Consider this, if you are a typical 100kg (220lb) bodybuilder, you would be a 115kg (250lb) bodybuilder after those kinds of results from [IGF-1](#)! If you were a powerlifter who's best bench press effort was previously 200kgs (440lbs), then you could expect to be able to bench press 500lbs after using IGF1! Ok, so you can't exactly use that study on mice to justify those numbers, but you get the idea [IGF-1](#) works and it works very well. Even if we could realistically expect 7% gains in muscle mass and strength (half of the gains experienced in the study), then this drug would be able to blast many bodybuilders and athletes through the plateaus that experienced trainers often endure.

So how can we use this stuff? Well first let's talk about creating an ideal environment for IGF1 to function. See, as you've already read, there is a very great interdependence and synergy between [IGF](#), [Insulin](#), and GH. It has been clearly observed in studies that when GH and IGF1 are used together, you'll get greater results in the accumulation of Lean Body Mass than you would by using either of them alone (10). In addition, there is a very strong probability that testosterone would be synergistic to GH (4), and would also increase [IGF](#) levels in muscle (11).

Let's take a look at a chart showing what happens when you use [IGF-1](#), [IGF-1+GH](#), or GH alone:

Changes in body weight, lean body mass, and fat mass 6 and 12 weeks after therapy. Values are the mean changes and 95% CIs. \* = significant differences compared with baseline (P < 0.01). The following are the numbers of patients in each treatment group at weeks 6 and 12: recombinant [Human Growth Hormone](#) plus [Insulin](#)-like growth factor 1 (rhGH + rhIGF-1), 13 and 9, respectively; rhGH, 12 and 11, respectively; [IGF-1](#), 1D and 4, respectively; placebo, 14 and 11, respectively(10).

As that chart clearly shows, you will lose more fat and gain more muscle when you combine GH and [IGF-1](#) than you would using either alone. The subjects in this study, over 12 weeks gained around 3kgs of lean mass, and lost around 2kgs of fat. Clearly, when we use [IGF](#), we are going to want to use it with GH. And we know that GH functions best when used in conjunction with testosterone. And since we know that GH increases [Insulin](#) sensitivity, we can throw in some [Insulin](#) with that GH, and if we are using [Insulin](#) and don't want to get fat; I'd be most comfortable if I could add in a fat burner like T3 with it.

So there we have a laundry list of items essential to get the most out of our [IGF](#) use but lets be honest, if you have the money to use [IGF](#) (and [IGF](#) is expensive stuff), then you should really be including these other items to maximize it's effects.

Buy [IGF](#)

So how much [IGF](#) do we use? What kind do we buy? How much will it cost? Well, the most popular type available on the Black Market right now is Lr3igf-1 (Long R3 [Insulin](#)-like Growth Factor-I or Long R3IGF-I) which is an 83 amino acid analog of human [IGF-I](#) comprising the complete human [IGF-I](#) sequence with the substitution of an Arg for the Glu at position 3 (hence R3, clever name, right?), as well as a 13 amino acid extension peptide at the N-terminus. Huh? Well, that all adds up to make Long R3IGF-I significantly more potent (2-3x) than [IGF-I](#) in studies, because it has a lower affinity to be rendered inactive by [IGF](#) binding proteins (22) (23). Yeah, everything you've read about [IGF-1](#) still holds true for this version, but it's just a bit more active in the body, and hence more potent. Also, it's basically the only type you can get your hands on at this time, nobody carries the "lesser" versions of it anymore. SO, you'll pay around \$150.00 for 1mg (1000mcgs/mg).

And how much do you use? From the people I've spoken to, I've noticed that the magic happens between 60mcgs and 120mcgs per day, in divided doses. In general, people who have used less, and even up to 50mcg/day have had mediocre results. People who have used more have suffered headaches and nausea, and generally not much more in the way of results.