



A FREE GUIDE · REWIND ANTI-AGING OF MIAMI

TRT and Peptides Without the Hype

What works together, what to test, and what to ask
any clinic.



Who this is for

You have been reading about testosterone and peptides, probably for a while, and you have found two kinds of material: forum posts that promise everything, and medical pages that commit to nothing. This guide is the middle. It is what our clinical team tells men in a consultation, written down.

It does not give you a protocol to copy. Doses depend on your labs, your history and how you respond, and a dose from a PDF is a guess. What it gives you is enough to walk into any consultation, ours or anyone's, and know whether you are being looked after.

For informational purposes only; not medical advice, diagnosis or treatment. Treatment decisions are made with a licensed provider after an evaluation and labs. Full disclaimer on the back cover.

At a glance

1

Different jobs

TRT replaces a hormone.
Peptides send a signal. Neither does the other's job.

2

Peptides don't raise testosterone

Not directly. If testosterone is the goal, TRT, enclomiphene and hCG are the tools.

3

Labs before anything

Two morning testosterone draws, free T and SHBG, and LH and FSH, before a single prescription.

4

One change at a time

Start everything at once and nobody can tell what worked, or what went wrong.

5

Monitoring is the treatment

A first check 6–8 weeks after you start, then labs at least once a year (twice if you prefer): hematocrit, estradiol, PSA.

6

Ask seven questions

Any good clinic answers them without hesitating. Part 8 has a card to take with you.

Inside

PART 1 Two different jobs

PART 2 Does any peptide raise testosterone?

PART 3 The combinations with a reason

PART 4 The labs: checklist and schedule

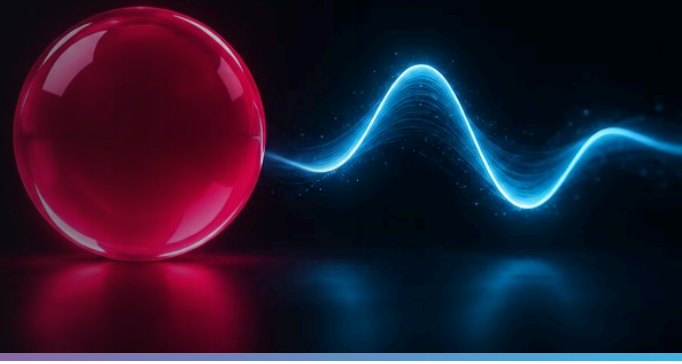
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PART 1

Two different jobs

TRT replaces a hormone

Testosterone replacement therapy restores testosterone to a healthy range in men whose bloodwork confirms it is low and who have the symptoms to match. At Rewind that most often means testosterone cypionate, injected once or twice a week, under the skin or into the muscle. Some men use a cream instead, though absorption varies more.

TRT is FDA-approved, it has decades of research behind it, and its results are predictable.

Peptides send a signal

Peptides are short chains of amino acids that act as signals. The ones men ask us about fall into two groups:

- **Growth hormone peptides** (sermorelin, CJC-1295, ipamorelin, tesamorelin) prompt the pituitary to release more of your own growth hormone, in pulses. The goals are sleep, recovery and body composition.
- **Repair peptides** (BPC-157, TB-500) are used for tendon, ligament, muscle and gut recovery.

KNOW THIS BEFORE YOU START TRT

Supplying testosterone from outside means **your own production slows down**. The brain sees enough testosterone and reduces the LH and FSH signals that tell the testes to make it. That is expected and manageable, and it is why fertility and testicular size belong in the first conversation, not the fifth (hCG, in Part 3, is the usual answer).

WHERE OUR PEPTIDES COME FROM

Every peptide Rewind prescribes comes from a licensed compounding pharmacy. Peptides sold online "for research use only" are not made for people, are not held to pharmaceutical standards, and come with nobody watching your labs. If a peptide stops being available through a licensed pharmacy, we tell you and discuss alternatives; we do not switch to a grey-market source.

**TRT replaces a hormone. Peptides send a signal.
Neither does the other's job.**

PART 2

Does any peptide **raise** testosterone?

This is the single most searched question in this area. The short answer: **peptides do not directly raise testosterone**. Here is what the common candidates actually do.

- **CJC-1295 and ipamorelin** raise growth hormone and IGF-1, not testosterone. There is little evidence either raises testosterone on its own. Better sleep, less visceral fat and better recovery can support the conditions your own testosterone production depends on, but that is indirect and it is not a testosterone treatment.
- **BPC-157** does not raise testosterone, and there is no human evidence that it does. It is a recovery peptide.
- **Kisspeptin** acts on the brain's signal to the testes and raised LH and testosterone in research settings. It is investigational.

If testosterone itself is the goal

OPTION	HOW IT WORKS	WORTH KNOWING
TRT	Supplies testosterone directly	Fastest and most predictable; your own production and sperm count fall, which hCG addresses
Enclomiphene	An oral medication that tells the brain to send more LH and FSH, so the testes make more of their own	Used off-label; can preserve fertility and testicular function; needs testes that can respond
hCG	Mimics LH and acts on the testes directly	Mostly used <i>alongside</i> TRT; on its own it suits a specific group (younger men whose testes respond)

WHICH ONE FITS

It depends on how low you are, why you are low, and whether fertility matters to you now or later. That "why" is the LH and FSH result in Part 4: it separates a testis that cannot make testosterone from a brain that has stopped asking for it, and the two are treated differently.

The combinations with a reason behind them

TRT restores testosterone; a growth hormone peptide works on a separate axis; a repair peptide works on tissue. That reasoning is sound. The human evidence for most combinations is thinner than the marketing suggests, and much of it rests on how each part works rather than on trials of the combination.

IF, ON TRT, YOUR ISSUE IS...	WE DISCUSS	WHAT IT DOES	HOW STRONG THE EVIDENCE IS	WHAT GETS MONITORED
Sleep, recovery or a body-composition plateau	Sermorelin, or CJC-1295 + ipamorelin	Raises your own growth hormone through one pathway or two	Additive effects on body composition in research on older men; data on these peptides <i>with</i> TRT is limited	IGF-1, glucose and A1c, plus your usual TRT labs
Belly fat around the organs	Tesamorelin	The growth hormone peptide with the strongest data for visceral fat	About 15–18% less visceral fat over about six months in its approved HIV population; use outside that is off-label	IGF-1, glucose and A1c, waist measurement
A tendon, ligament or joint injury	BPC-157, sometimes with TB-500	Supports tissue repair; TB-500 body-wide, BPC-157 best near the injury	Mostly animal and laboratory research; availability varies with FDA's compounding review	Symptoms and function; general labs
Keeping fertility or testicular size	hCG, started with TRT	Keeps the testes producing locally while TRT quiets the brain's signal	Well established; starting it at the beginning is far easier than reversing suppression later	Testosterone, estradiol, hematocrit; semen analysis if fertility matters
Weight and blood sugar, with low T	Tirzepatide	Weight loss and better metabolic health, which can raise your own testosterone when low T is weight-related	Both are FDA-approved; the testosterone effect is mostly from weight-loss studies	Hormone and metabolic labs
Low desire that TRT has not fixed	First, check estradiol; then PT-141	Acts on desire in the brain, a different pathway from blood-flow drugs	Approved for women; off-label in men	Blood pressure, response

RUNNING ON MOMENTUM: WHAT WE STEER MEN AWAY FROM

- **Starting everything at once.** If you start TRT and three peptides in the same week and something feels wrong, nobody can tell which one did it.
- **Using a growth hormone peptide to fix low testosterone.** It is the wrong tool for that job (Part 2).
- **An aromatase inhibitor "just in case."** Estradiol supports bone, joints, lipids and libido in men. At Rewind an estrogen blocker is prescribed only when labs show estradiol is high and you have symptoms; lowering the testosterone or hCG dose is often the better first move.
- **Waiting on hCG.** It usually gets raised two years in, when plans change. It could have been a line on the first prescription.
- **Research-chemical peptides.** See Part 1.

PART 4

The labs: before you start, and while you are on it

A symptom questionnaire and one testosterone number is not a diagnosis, and everything built on it is built on sand. This is the checklist we use. Take it to any clinic, and fill it in as your results come back.

BASELINE TEST	WHY IT MATTERS	RESULT	DATE
TO DIAGNOSE LOW TESTOSTERONE			
☐ Total testosterone, twice, both in the morning	One low result is often normal on repeat		
☐ Free testosterone and SHBG	Total alone misleads when SHBG is high or low		
☐ LH and FSH	Shows <i>why</i> T is low; cannot be measured once TRT has suppressed them		
☐ Prolactin	A pituitary cause looks exactly like ordinary low T		
TO RULE OUT WHAT ELSE IT COULD BE			
☐ Thyroid: TSH, free T3, free T4	Thyroid problems produce the same symptoms		
☐ CBC and comprehensive metabolic panel	Kidney, liver, glucose, blood counts		
☐ Glucose and hemoglobin A1c	Insulin resistance lowers testosterone		
☐ Iron studies with ferritin	Too little or too much iron causes fatigue and low T		
☐ Vitamin D			
AS A STARTING POINT FOR MONITORING			
☐ Estradiol, on a sensitive assay			
☐ Hematocrit (part of the CBC)	The most common thing TRT changes		
☐ PSA if you are over 40	Recorded before therapy starts		
☐ Lipid panel			
☐ IGF-1 if a growth hormone peptide is on the table			

While you are on it

WHEN	WHAT	WHY
About 6–8 weeks after starting	Testosterone, estradiol, CBC (hematocrit), PSA	Your first dose is an informed estimate; this shows how your body is handling it
At least once a year	The baseline markers again; IGF-1 if on a growth hormone peptide	Hematocrit, estradiol and PSA drift slowly; most clients test once a year
Twice a year, if you prefer	The same panel, six months apart	Some clients like a closer look; the dose is adjusted to labs and to how you feel
If fertility matters	Semen analysis at baseline, then as needed	The only real measure of fertility

NUMBERS WORTH KNOWING

Quest's reference range for men is **250 to 1,100 ng/dL**: that is what your lab calls "normal". The American Urological Association defines low testosterone as below 300 ng/dL on two morning draws. A man at 310 is "normal" on paper and may feel terrible, which is why symptoms and free testosterone matter alongside the number.

ON TREATMENT

Rewind's target is about **1,000 ng/dL and up** total testosterone, where the top 10% of peak healthy young men sit. What matters most is that your symptoms resolve, so for you it may be higher or lower. Hematocrit above **54%** is the point at which therapy is adjusted, and sometimes blood is removed (therapeutic phlebotomy).

What we track, at every visit

Labs

More than 30 markers per draw: hormones, thyroid, heart and inflammation, blood sugar, blood counts.

Body composition

Weight, body fat, muscle and visceral fat, from InBody scans.

Symptoms

Fourteen ratings, from energy, sleep and libido to mood and recovery.

Treatment

What you were on at every scan and draw, so a change can be traced to its cause.

HOW REWIND TRACKS IT

Every number, on one timeline

A single lab result is a snapshot. Rewind built its own system so that every lab draw, body-composition scan, symptom rating and treatment change lands in one record, lined up by date. Your clinician reads the trend, not one number, and clients with portal access see the same picture on their phone.

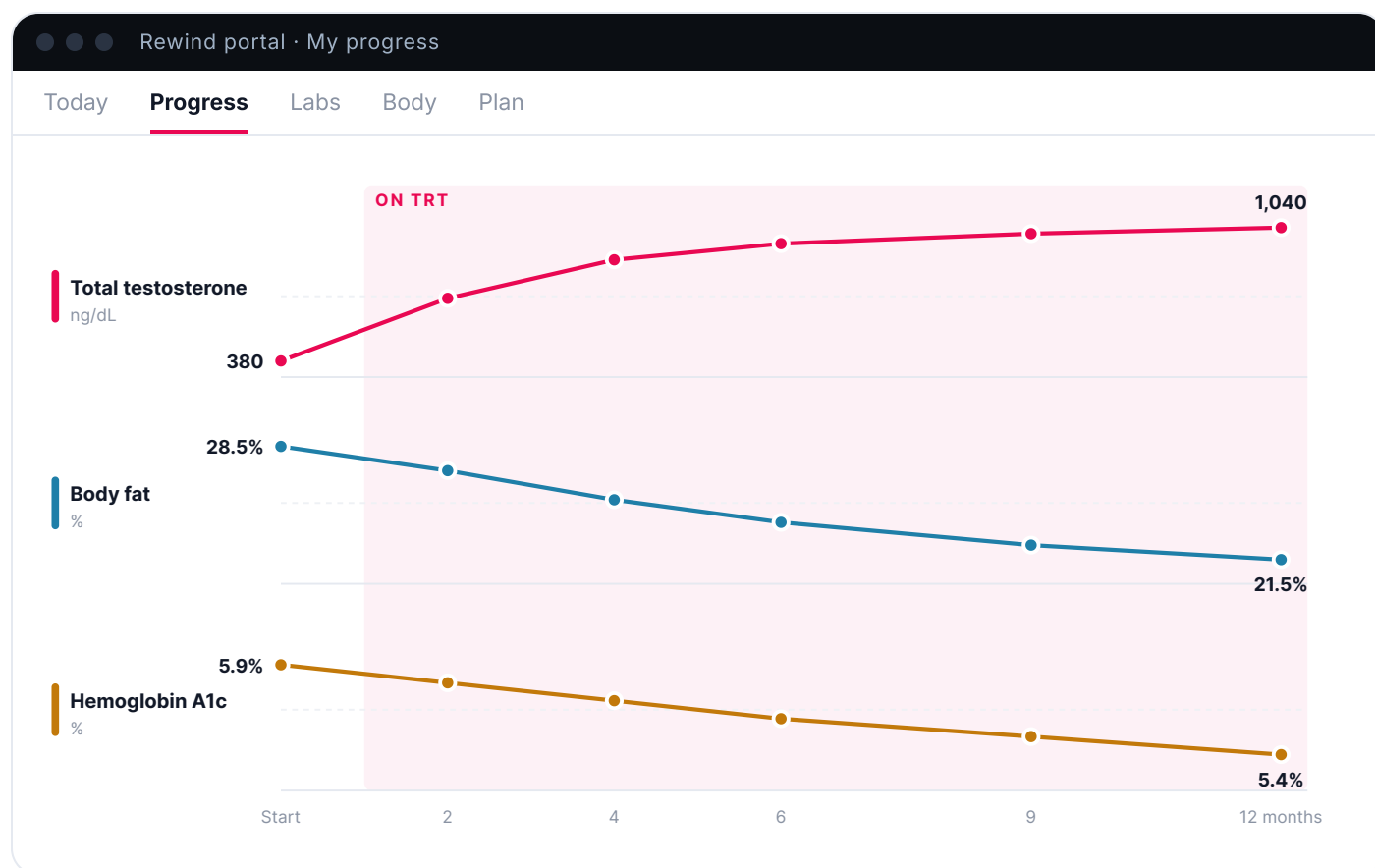


Illustration of the Progress screen, with made-up numbers; not a real patient. Individual results vary.

1

Everything in one record

Each lab draw and InBody scan is added to your record by date, beside the symptoms you report and the treatment you were on.

2

Your clinician reads the trend

Each update assessment compares your latest draw with the ones before it, up to five draws side by side in your Bio Matrix.

3

You see it too

With portal access you see your labs, body composition, symptom trends and current protocol on your phone, and log a weekly check-in.

WHEREVER YOU LIVE

Get your labs done **near you**



You do not need to be in Miami to start with data. Order a panel from us online and have blood drawn near you: at Quest in Florida, or at LabCorp in other states.

Testosterone Labs + Assessment

\$200

Total and free testosterone, SHBG, estradiol, LH and FSH, PSA, and a CBC including hematocrit, plus your Rewind assessment.

Executive Hormone Panel

\$400

Everything in the \$200 panel, plus a metabolic panel, lipids, A1c, thyroid (TSH, free T3, free T4), prolactin, DHEA-S, IGF-1, morning cortisol, vitamin D, B12, folate and hs-CRP, with a one-hour results review.

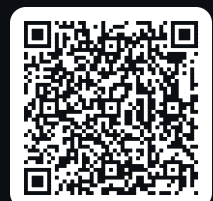
ONE DRAW IS A START, NOT A DIAGNOSIS

The \$200 panel is a single draw. If your total testosterone comes back low, it needs repeating on a second morning before anyone should call it a diagnosis (Part 4).

Order your panel

Choose a panel online, then have blood drawn near you.

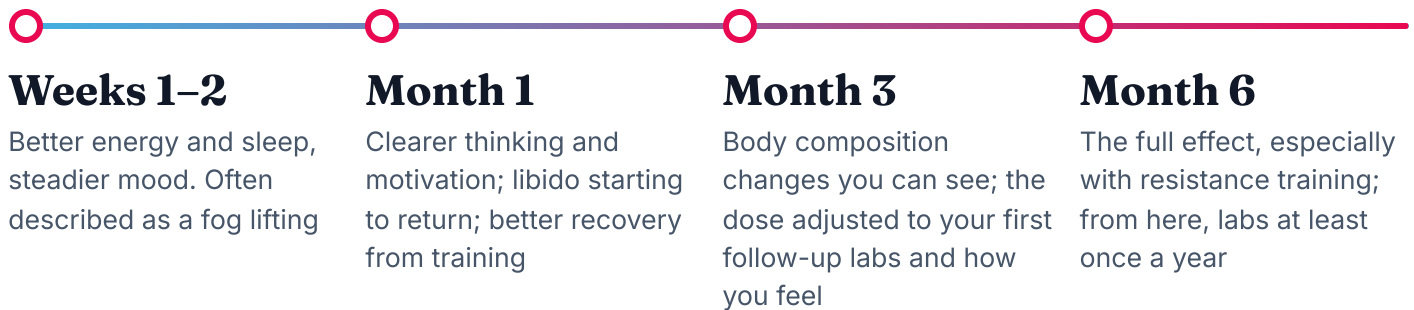
rewindantiagingmiami.com/labs



PART 5

What to expect, and when

Hormone work is slow and then obvious. Knowing the usual order helps you tell a slow start from a wrong plan.



ADDING A GROWTH HORMONE PEPTIDE

Usually shows first in **sleep, within 2–4 weeks**, with body-composition changes over **2–3 months**. BPC-157 for an injury can show improvement within one to two weeks.

WHAT THE FIRST MONTH WILL NOT BRING

Noticeable muscle gain (that takes three to six months of training with optimized levels) or visible fat loss (usually eight to twelve weeks).

IF NOTHING HAS IMPROVED

If nothing has improved by the time your testosterone is in range on the labs, the next step is to look for the other cause, not to raise the dose. Sleep apnea, thyroid, iron, alcohol and stress all produce the same symptoms.

PART 6

Side effects, and **who should not start**

Most side effects depend on the dose and are caught early by monitoring. Knowing them means you know what to report.

TRT

- **Higher hematocrit (thicker blood).** The most common one, and the reason the CBC is on every panel.
- **Higher estradiol.** Water retention, mood swings or breast tenderness; managed with the labs.
- **Acne or oily skin,** usually mild and early.
- **Smaller testes and lower sperm count.** hCG maintains both; discuss fertility before starting.
- **PSA.** Testosterone does not cause prostate cancer. It can speed one already there and undiagnosed, which is why PSA is checked at the start and at follow-ups.

Growth hormone peptides

- Redness or itching where you inject; mild headache or flushing early on.
- Temporary water retention; tingling in the hands (usually settles when the dose is adjusted).
- Changes in appetite with some growth hormone peptides.
- Growth hormone can affect blood sugar, so glucose and A1c are watched.

WHO SHOULD NOT START, OR SHOULD START ONLY AFTER MORE WORKUP

- Prostate or breast cancer, active or untreated; PSA above 4 ng/mL without a urologist's clearance.
- Hematocrit already above 54%.
- Uncontrolled heart failure, uncontrolled cardiovascular disease, or a recent blood clot.
- Untreated severe sleep apnea.
- Trying to conceive now (enclomiphene or hCG alone are usually considered first).
- For growth hormone peptides: active cancer or a history of cancer, and uncontrolled diabetes.

PART 7

The everyday things that **decide** your results

THE BIGGEST ONE

Alcohol

Light, occasional drinking does not usually cancel the benefits for an otherwise healthy man. Heavy drinking (more than four drinks at a time, or more than 14 a week) works against therapy: more conversion of testosterone to estradiol, worse sleep, more strain on the liver. One or two drinks, two or three times a week, is a reasonable ceiling. Stop three to four hours before bed. Liver enzymes on your labs will show whether it is interfering.

OVERNIGHT

Sleep

Most testosterone is produced during deep sleep. Growth hormone peptides help sleep, but they cannot fix untreated sleep apnea, which also raises hematocrit on TRT.

THE OTHER HALF

Strength training

TRT supports muscle; training is what builds it. The month-six results in Part 5 assume it.

AROUND THE MIDDLE

Weight

Body fat, visceral fat above all, carries aromatase, the enzyme that converts testosterone to estradiol. More fat means more conversion: less testosterone and more estradiol. Losing it often improves the labs on its own.

How to choose a clinic, online or in person

Online and in-person TRT prescribe the same medication under the same guidelines. Where they differ is what can be done in the room: a physical exam, measuring body composition, teaching an injection the first time, removing blood when hematocrit runs high, and seeing you quickly when something goes wrong. For most men the best arrangement is a mix: in person for the first workup and for problems, by video for routine reviews.

TAKE THIS TO ANY CONSULTATION, INCLUDING OURS

Seven questions to ask before you sign up

- 1** **How many testosterone measurements before you diagnose me, and at what time of day?**
Two, both morning.
- 2** **What else is on the first panel?**
Compare it to the checklist in Part 4.
- 3** **What is the monitoring schedule?**
Defined dates for hematocrit, estradiol, PSA and symptoms, not "as needed".
- 4** **What happens if my hematocrit rises?**
A specific plan, including where blood is drawn off.
- 5** **Will I see the same clinician each time?**
Continuity is what makes a trend readable.
- 6** **What is your plan if fertility matters?**
It should involve hCG and a semen analysis.
- 7** **Where do your peptides come from?**
A licensed 503A or 503B pharmacy, named without hesitation.

RED FLAGS

- A prescription without labs, or from a questionnaire and one number.
- Peptides sold without a prescription, or labeled "for research use only".
- A compounded peptide described as "FDA-approved".
- No follow-up labs after you start.
- Nobody can tell you which pharmacy fills your prescription.

A clinic that answers all seven questions clearly is worth considering, with or without a waiting room. One that cannot is not.

PART 9

How Rewind does it, and **your next step**

Rewind Anti-Aging of Miami is a medical clinic in Wynwood, Miami. We do not accept insurance; we accept HSA and FSA cards, and we go through all costs before any treatment starts.

Every plan starts with data: labs and a consultation before any prescription, and labs at defined points after it. We add one thing at a time and tell you which parts of a plan are FDA-approved, which are off-label, and why each is there.

Book a free consultation

In our Wynwood office or by video. Most of our patients are in Florida, and many split the year or visit Miami. If you live somewhere else, book anyway: the consultation is where we tell you what we can do for you.



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Start with labs

From anywhere in the US. Order a panel online and have blood drawn near you (page 9).



rewindantiagingmiami.com/labs

Not sure what fits?

The two-minute quiz points you to the right program.



rewindantiagingmiami.com/quiz

Or call (305) 922-9622, Monday to Friday, 10 AM to 6 PM.



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Medical disclaimer. This guide is for informational and educational purposes only and does not constitute medical advice, diagnosis, or treatment. Reading it does not create a patient relationship. All treatments at Rewind Anti-Aging of Miami are performed under the supervision of licensed medical professionals, after an evaluation and labs. Individual results may vary. Many peptides described here are compounded and used off-label. Consult your physician before beginning any new treatment protocol.

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