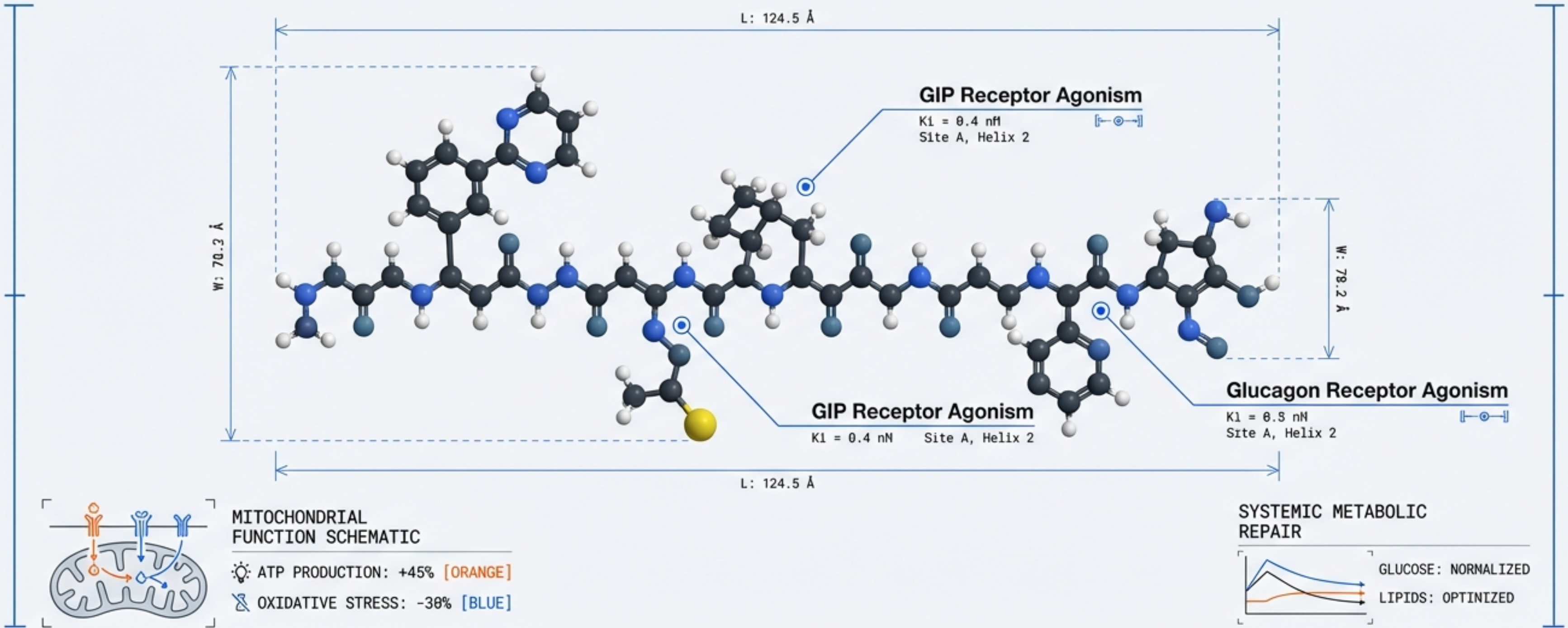
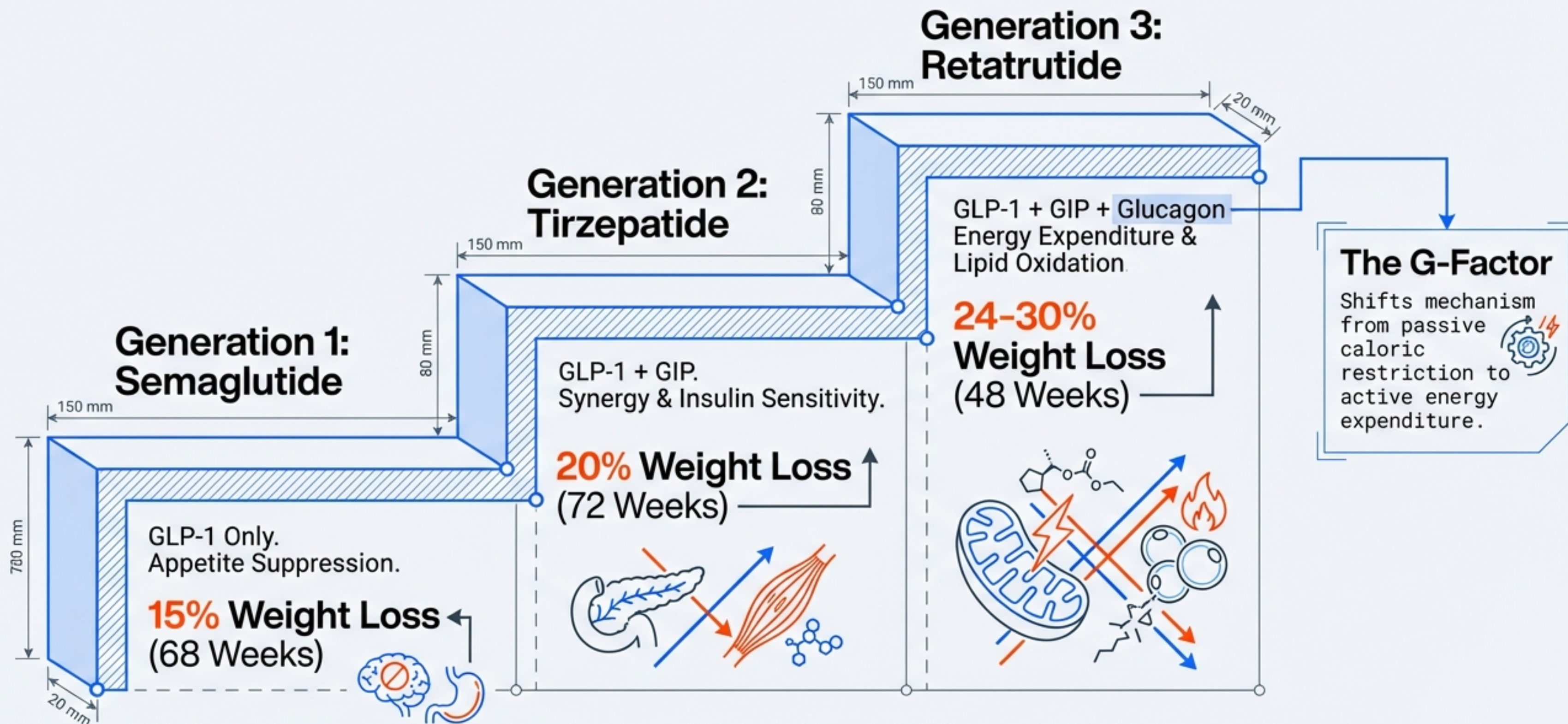


RETATRUTIDE: THE TRIPLE-AGONIST REVOLUTION

Beyond Weight Loss: Mitochondrial Restoration and Systemic Metabolic Repair.

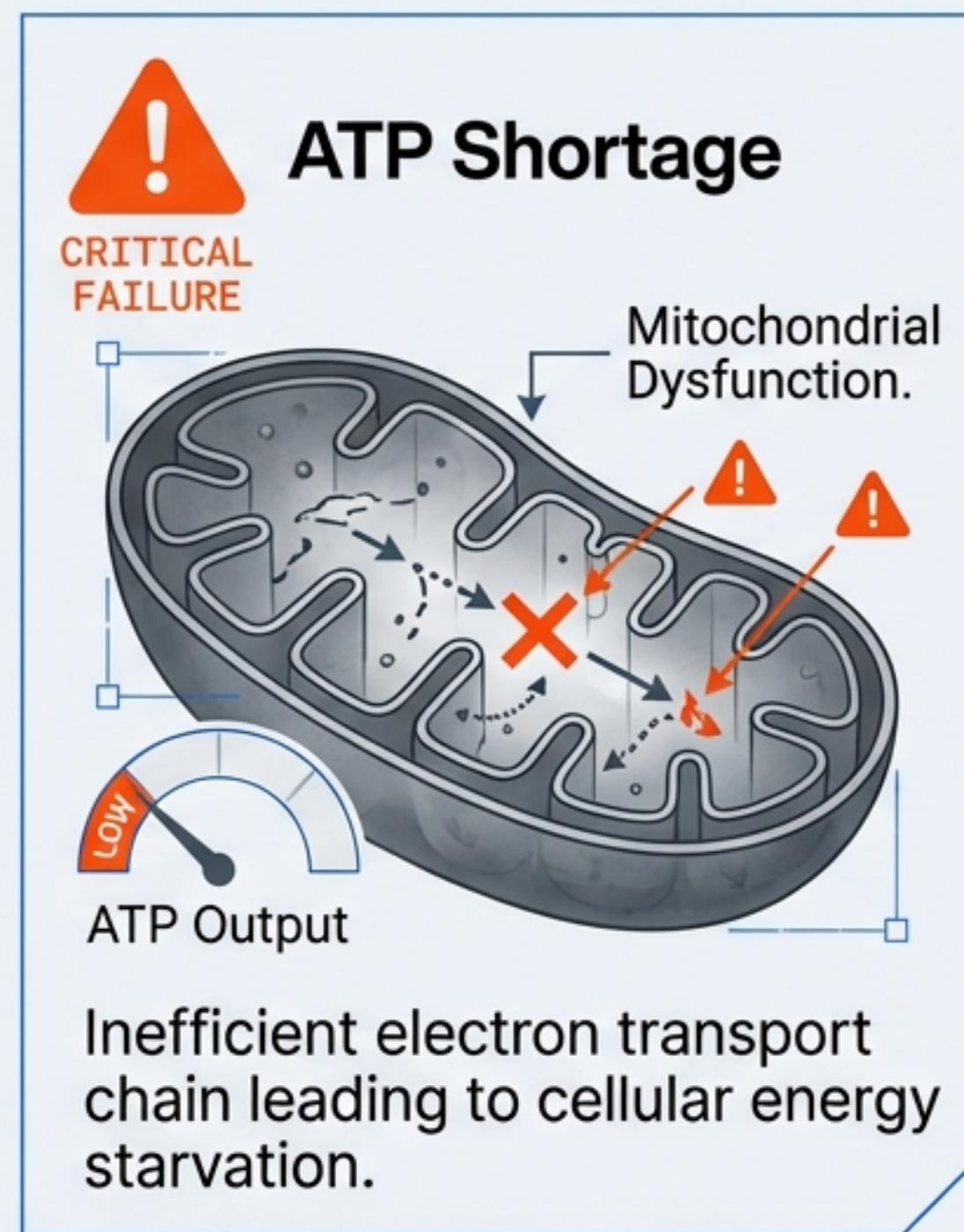
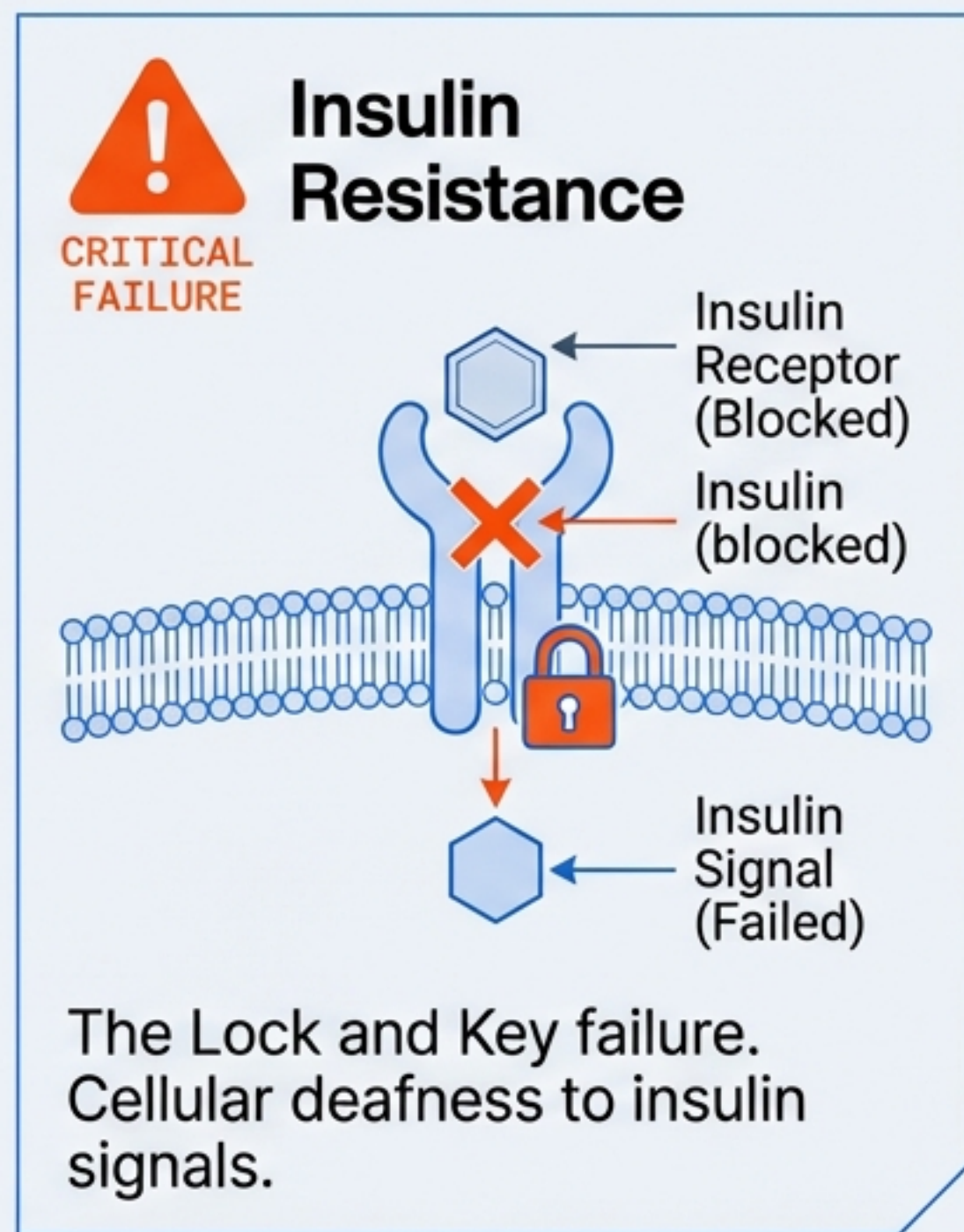
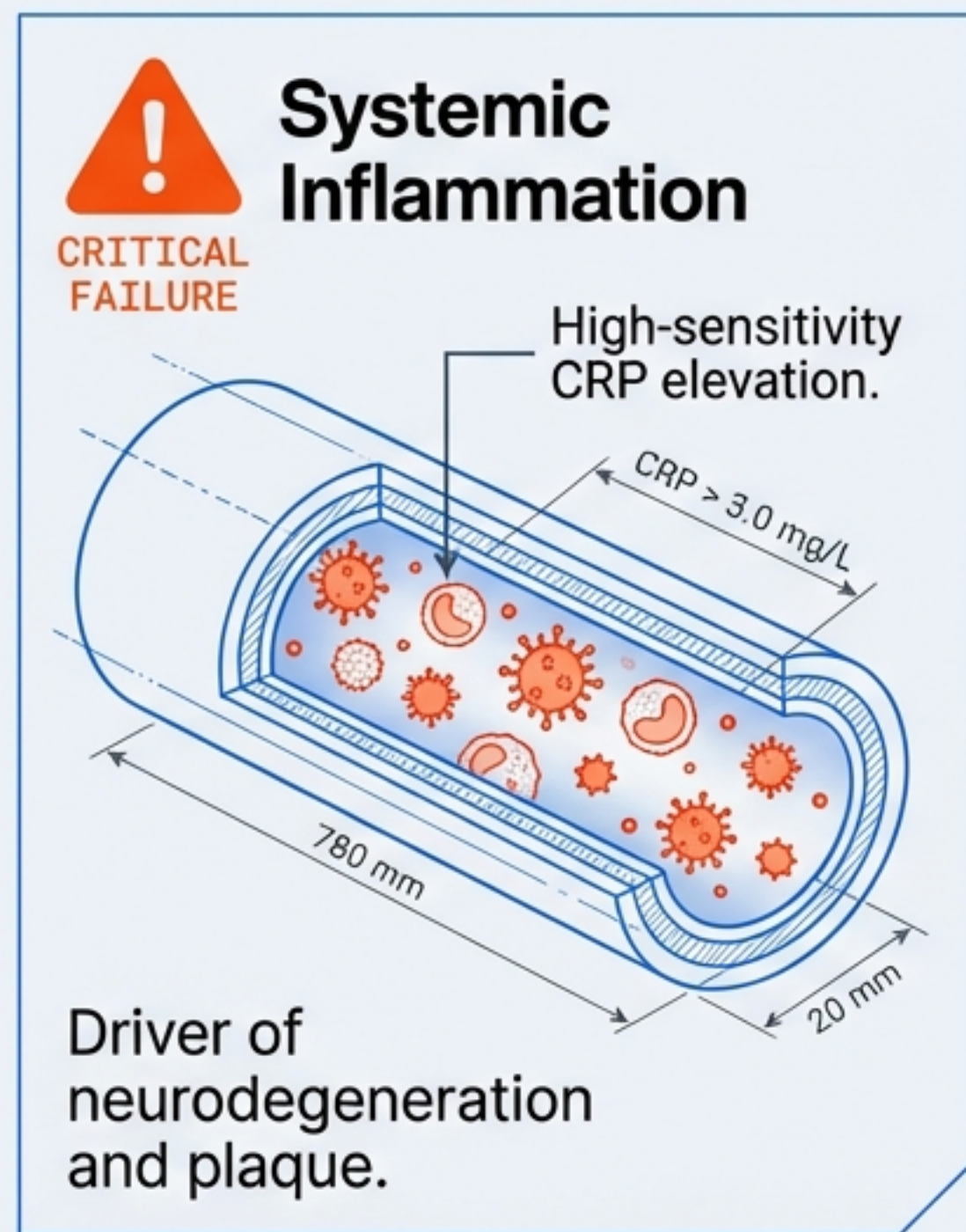


The Evolution of Incretin Mimetics



The Three Biological Failures

Metabolic disease is a hardware failure, not a willpower deficit.

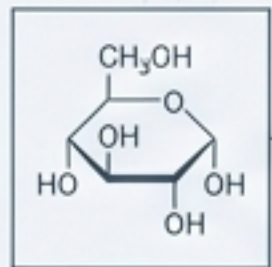
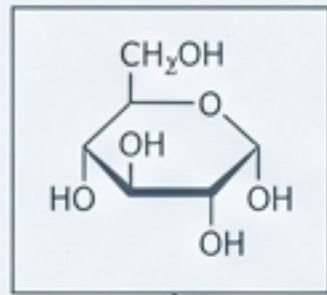


"The patient isn't a non-responder; the patient is a monument to metabolic dysfunction." — Dr. Bachmeyer

The Glucagon Mechanism: Liver as Furnace

Historical View

Roboto Mono

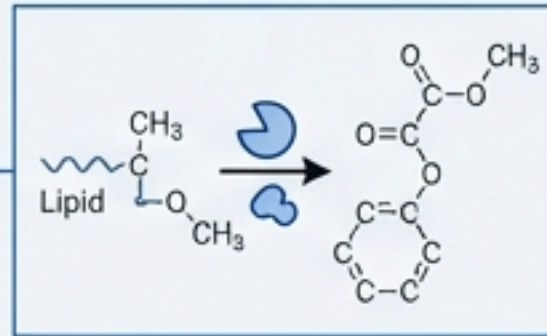


Gluconeogenesis
(Blood Sugar Increase) ↗
Roboto Mono

Retatrutide Mechanism

Roboto Mono

Lipid Oxidation 🔥
(Fat Burning) ↘
Roboto Mono



1. Thermodynamics:
Increases Basal
Metabolic Rate.



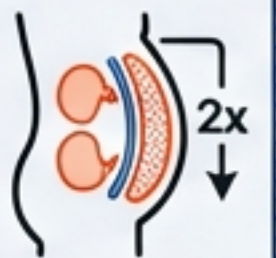
2. Lipolysis:
Activates Hormone
Sensitive Lipase.



3. De-novo Lipogenesis:
Halts new fat creation.



**42-50% Reduction
in Visceral Fat**
(2x rate of subcutaneous loss)



Roboto Mono

Solving Energy Bankruptcy: The ATP Connection

THE PROBLEM:

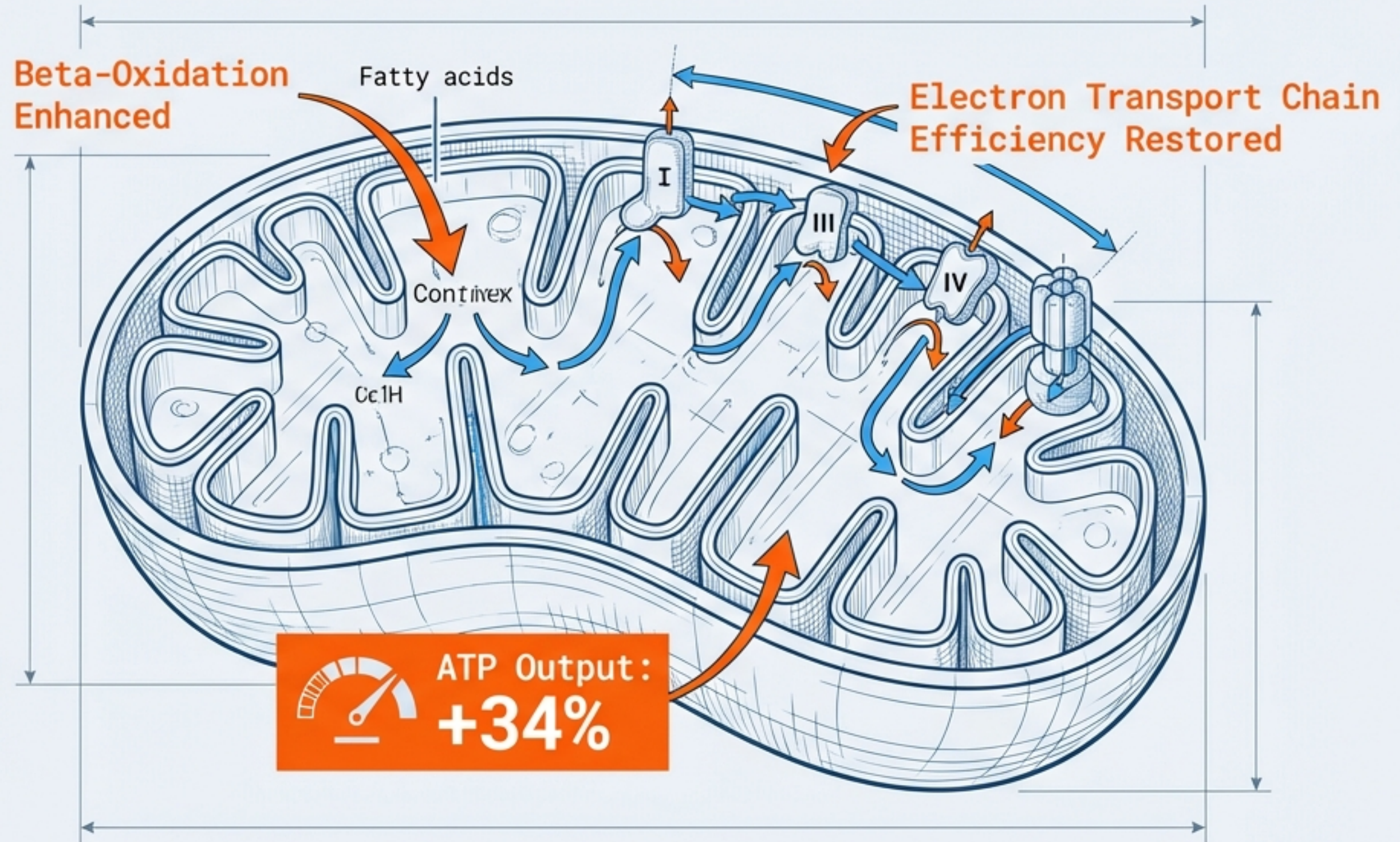
Oxidative stress damages the electron transport chain. Cells operate at ~60% efficiency.

THE FIX:

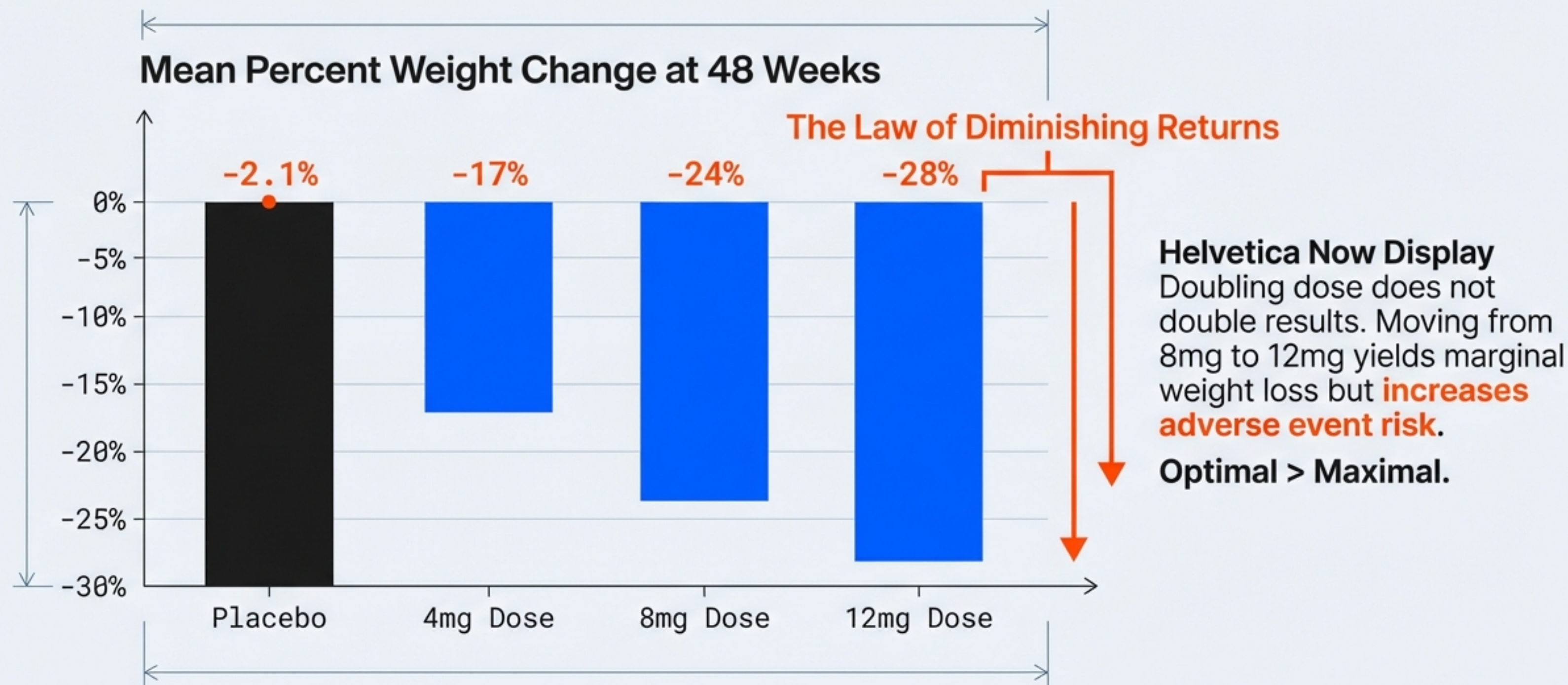
Retatrutide enhances Beta-Oxidation, refueling the cell.

SYNERGY:

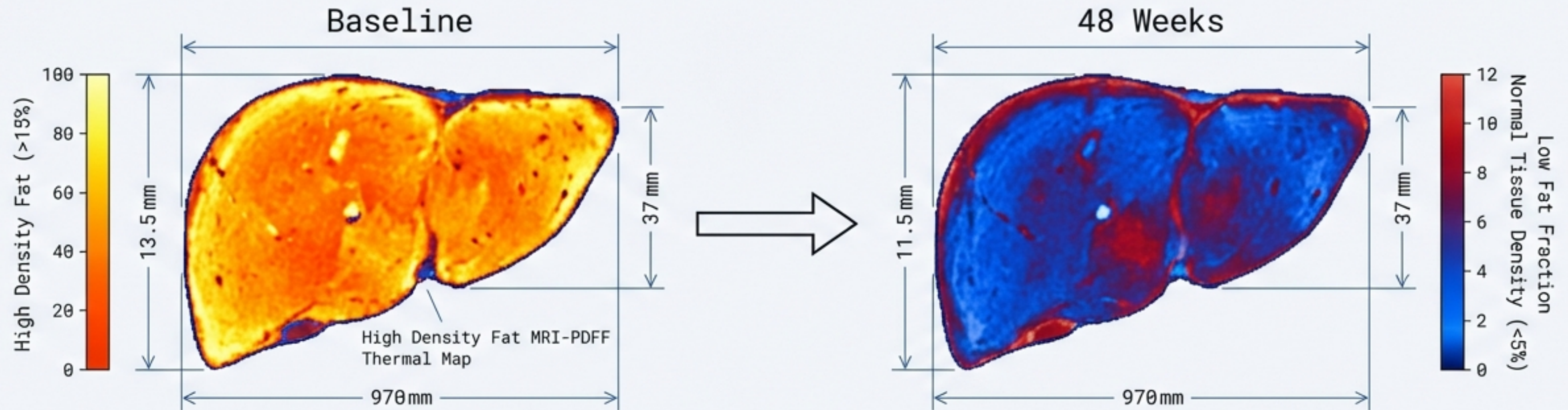
Retatrutide acts as the General; mitochondrial peptides (MOTS-c) act as the troops.



Clinical Evidence: TRIUMPH Trials Data



Eradicating MASLD: The Hepatic Reset



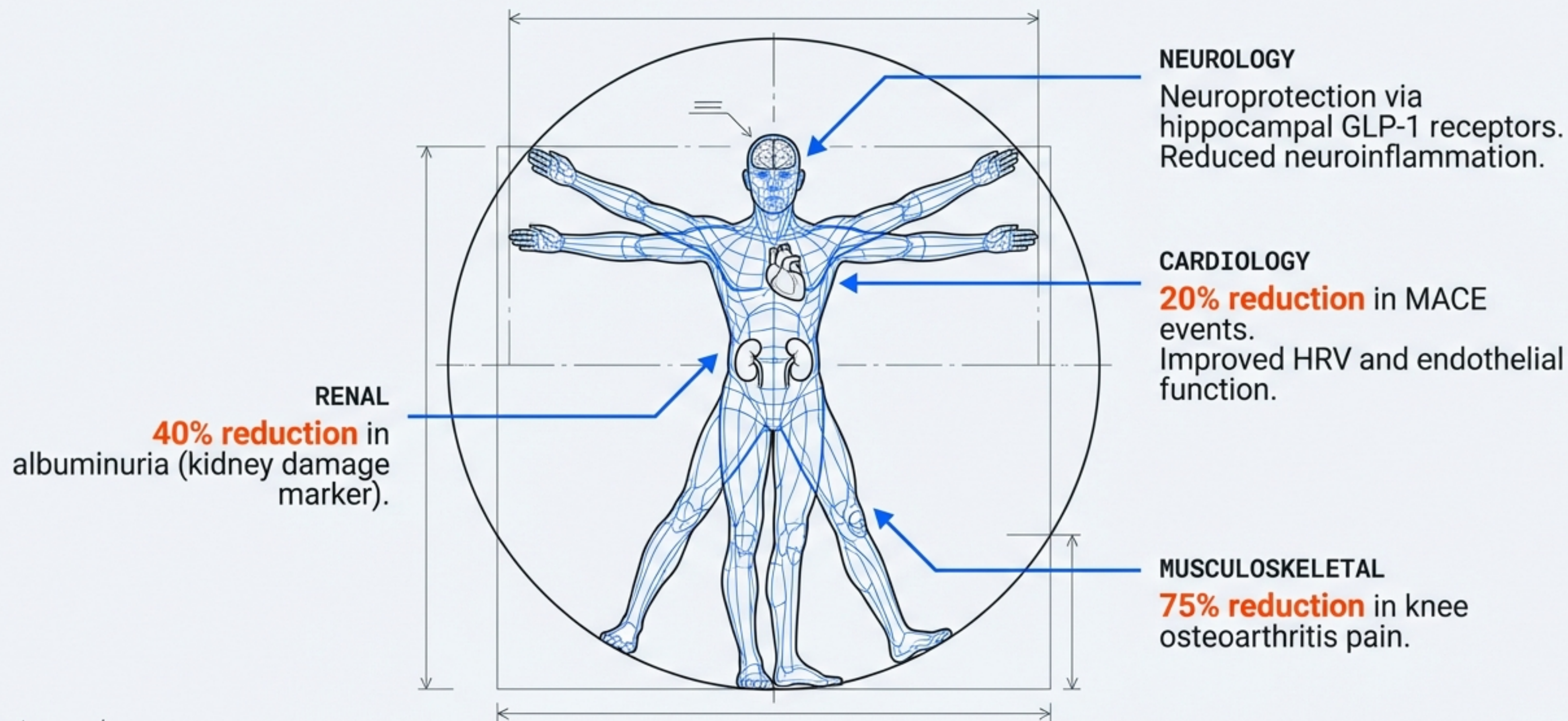
>85% of patients achieved resolution of steatosis (<5% liver fat).

-82.4% relative reduction in liver fat.

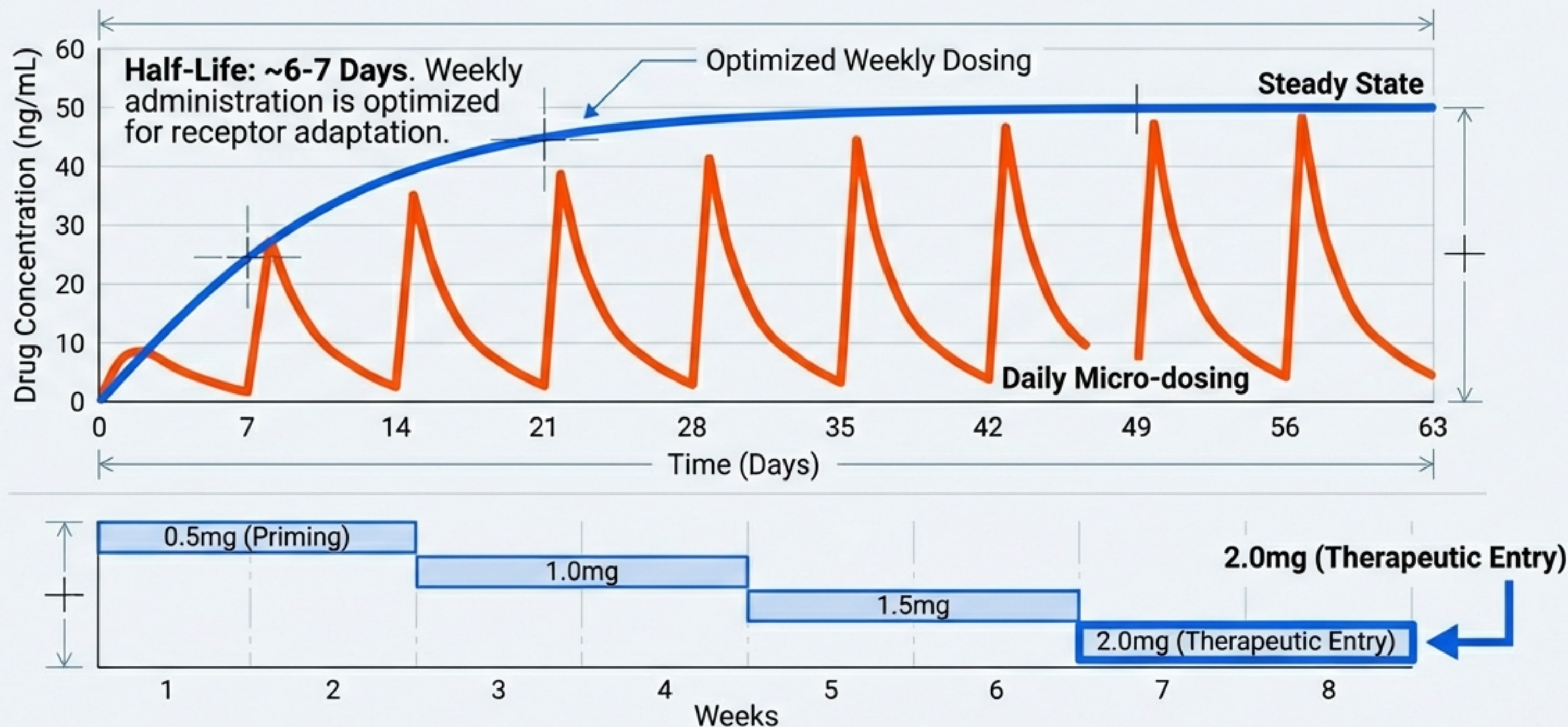
Secondary Biomarker Data

K-18 (Cell Death): -50% **Pro-C3 (Fibrosis): Significant reduction in fibrogenic drive.**

Systemic Impact: The 'Everything' Therapeutic



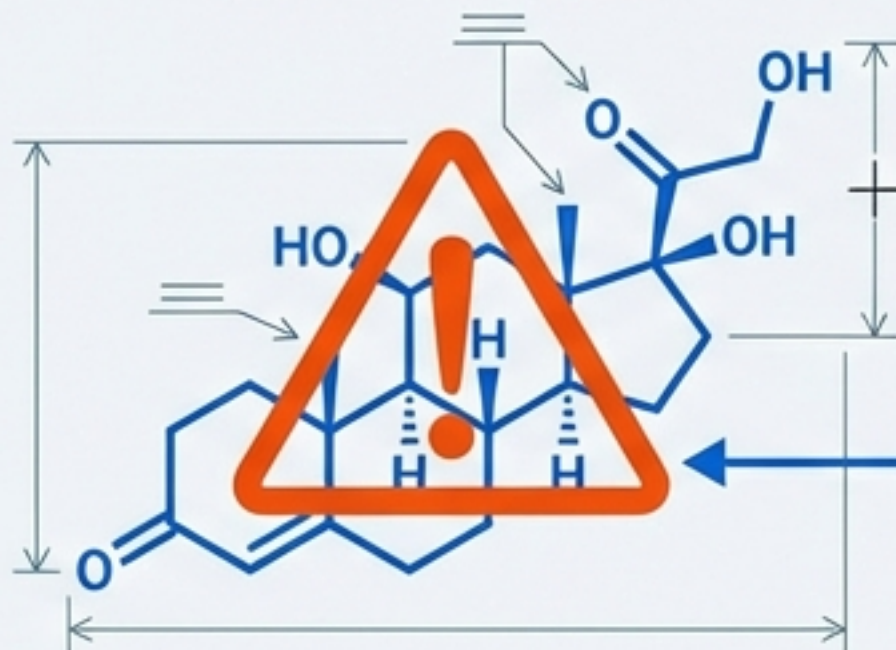
The Protocol: Pharmacokinetics & Titration



WARNING: Rushing titration increases GI side effects by **>100%**.

System Antagonists: Why The Protocol Fails

CORTICOSTEROIDS



The **Metabolic Grenade**. Induces severe insulin resistance and hepatic glucose dumping.

ORAL ESTROGEN



Increases SHBG and liver resistance via first-pass metabolism. Solution: Transdermal application.

ULTRA-PROCESSED FOODS

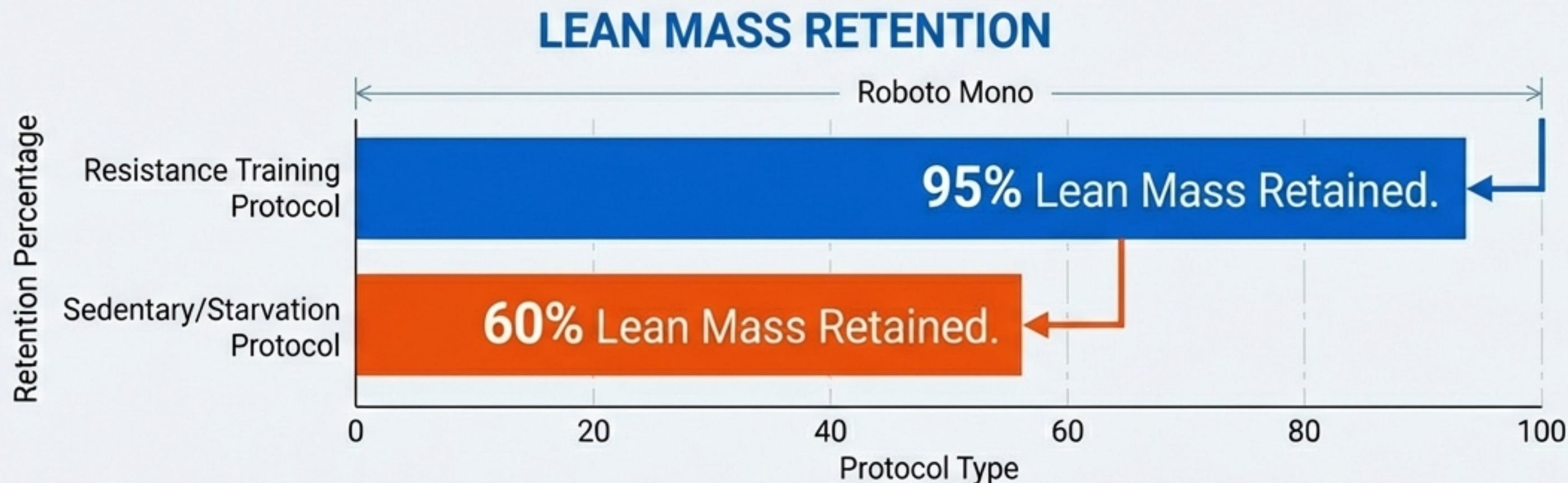


Thermodynamic Violation. Caloric density overcomes appetite suppression.

Thermodynamics & Muscle Preservation

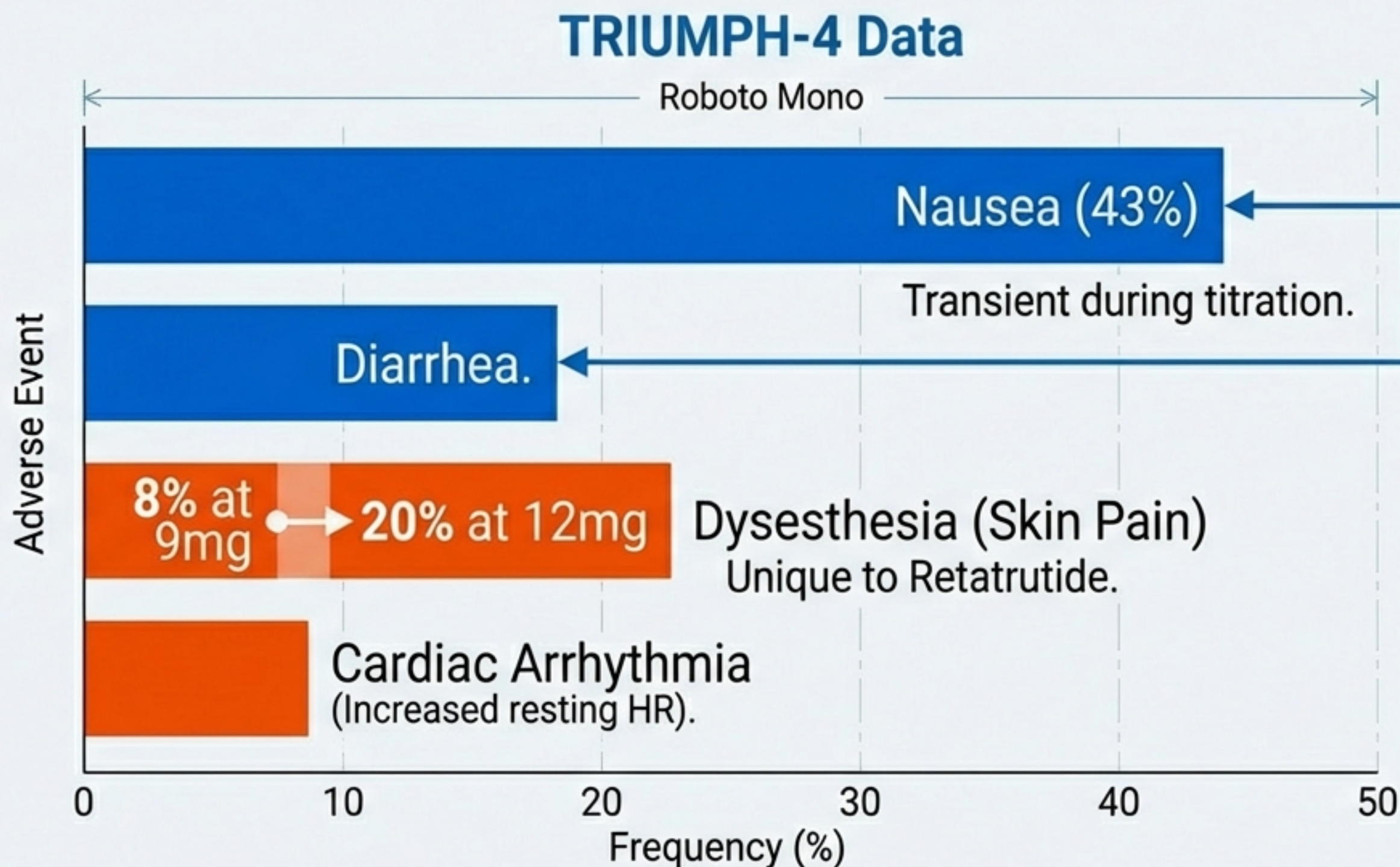
RETATRUTIDE + PROTEIN + RESISTANCE TRAINING = RECOMPOSITION

RETATRUTIDE + STARVATION = SKINNY FAT



PROTOCOL REQUIREMENT: 0.8g - 1g protein per lb of body weight.

The Adverse Event Profile



Management Strategy

Slow titration resolves the majority of GI issues. Dysesthesia is dose-dependent.

Supply Chain Integrity

PHARMA GRADE



- Purity >99%
- Sterility Guaranteed
- Exact Dosage

RESEARCH CHEMICAL



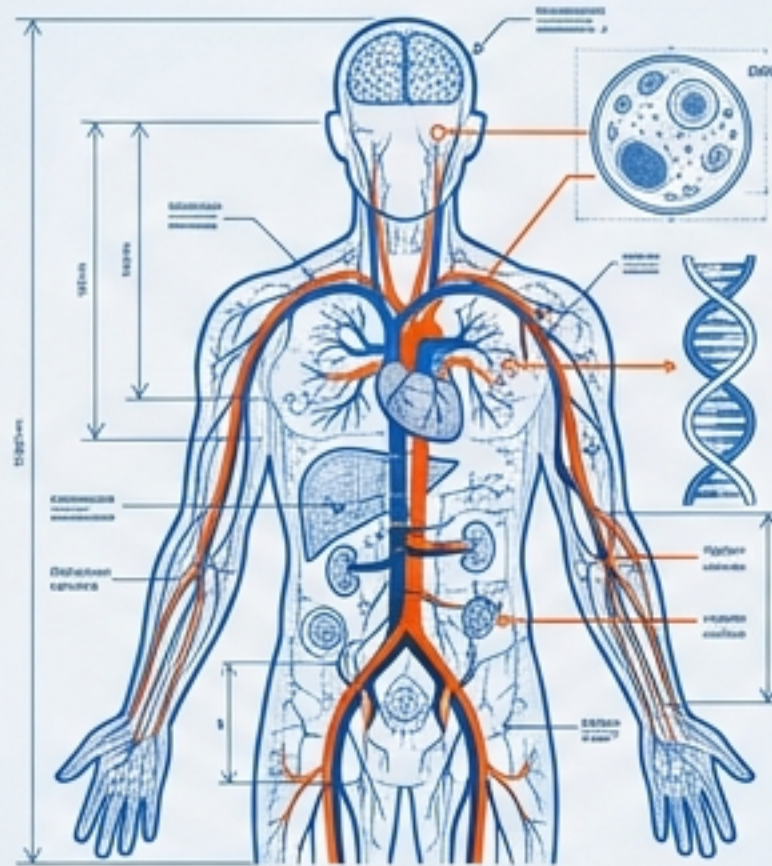
- Unknown Purity
- Heavy Metal Risk
- Potential Endotoxins

SAFETY WARNING: The Grey Market lacks traceability and sterility oversight.

Strategic Analysis: Risk vs. Reward

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Unmatched weight loss (24-30%)• Liver fat eradication (>85%)• Metabolic repair.	<ul style="list-style-type: none">• High cost• Injection-based• Strict titration required
OPPORTUNITIES	THREATS
<ul style="list-style-type: none">• Neuroprotection (Alzheimer's)• Cardio risk reduction• MASLD Gold Standard	<ul style="list-style-type: none">• Muscle loss (sedentary users)• Dysesthesia• Sourcing impurities

The Final Variable



Retatrutide is a firmware update for a broken metabolic system. But a firmware update **cannot fix** broken hardware if the user continues to damage the machine.

“The variable isn’t the peptide. It’s the patient.” — Dr. Bachmeyer