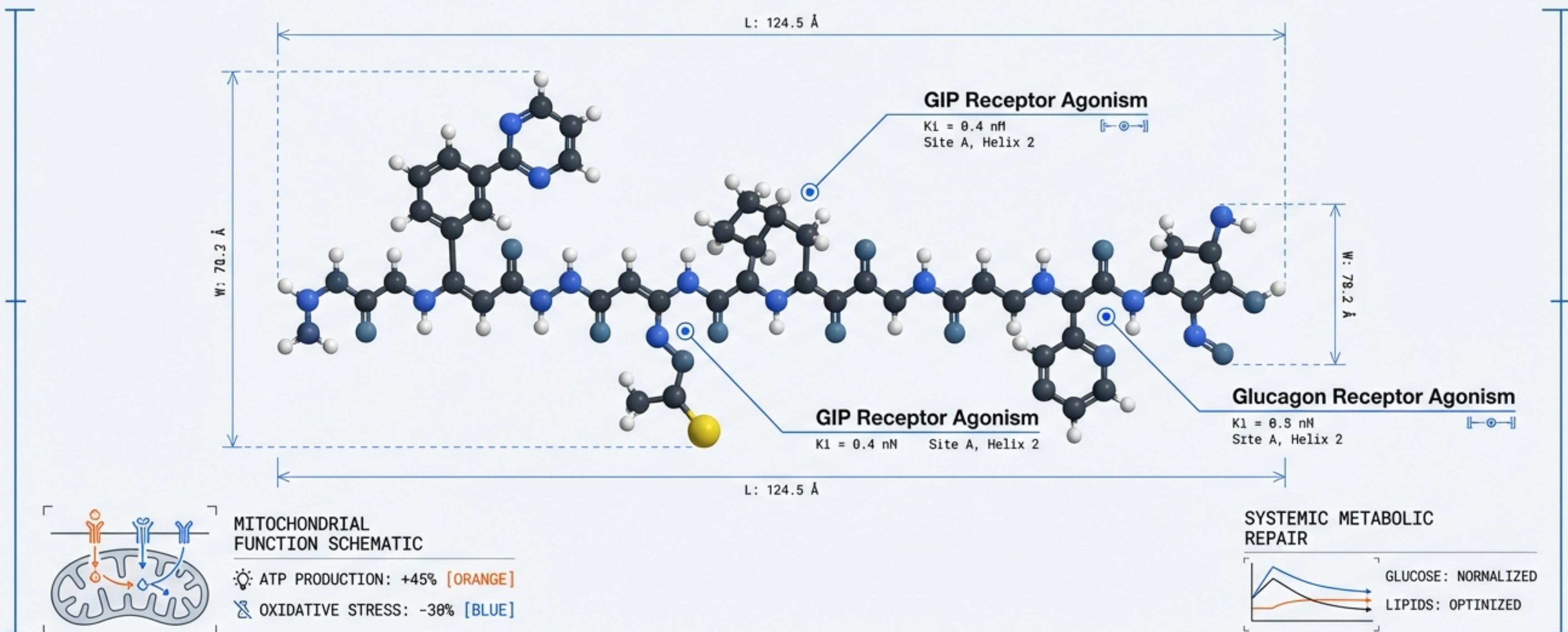


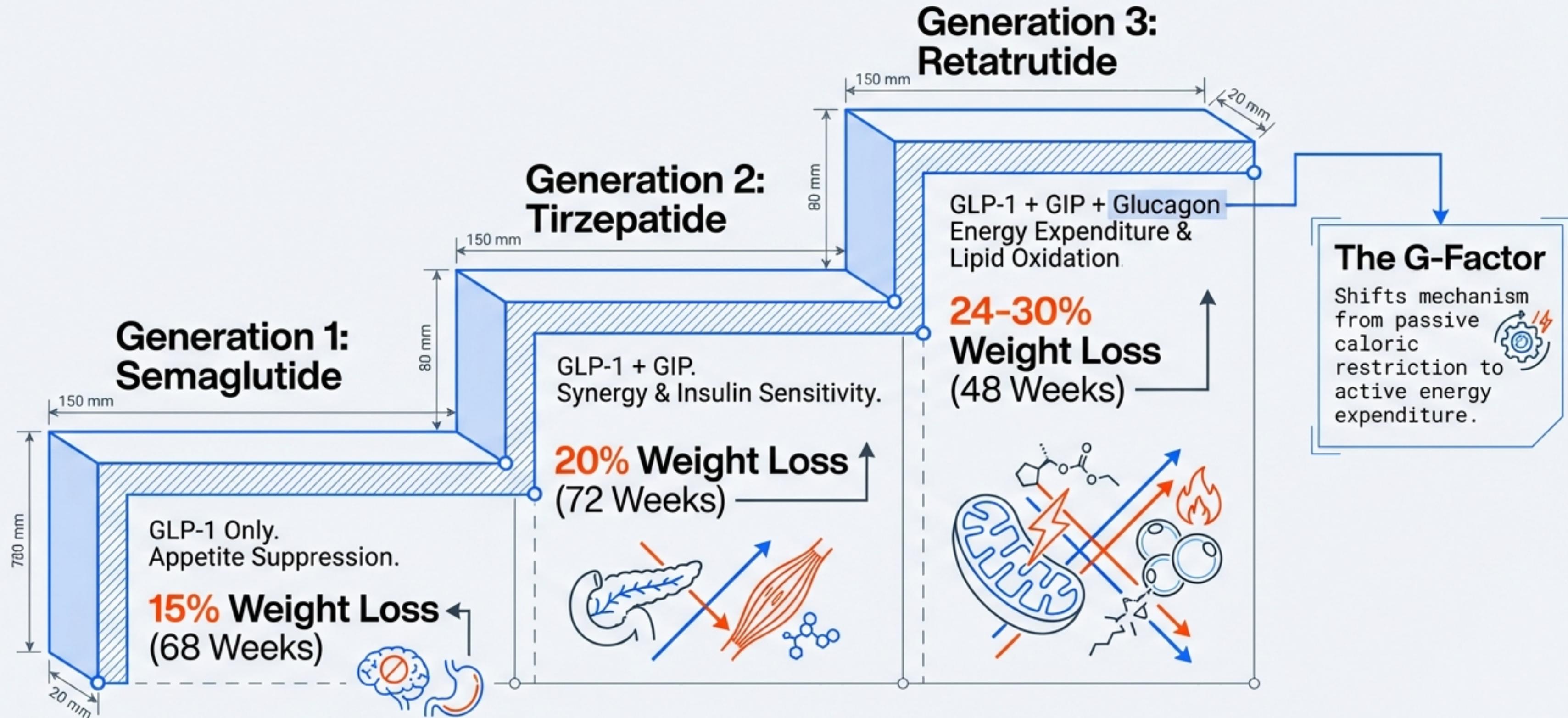
RETATRUTIDE: THE TRIPLE-AGONIST REVOLUTION

Beyond Weight Loss: Mitochondrial Restoration and Systemic Metabolic Repair.



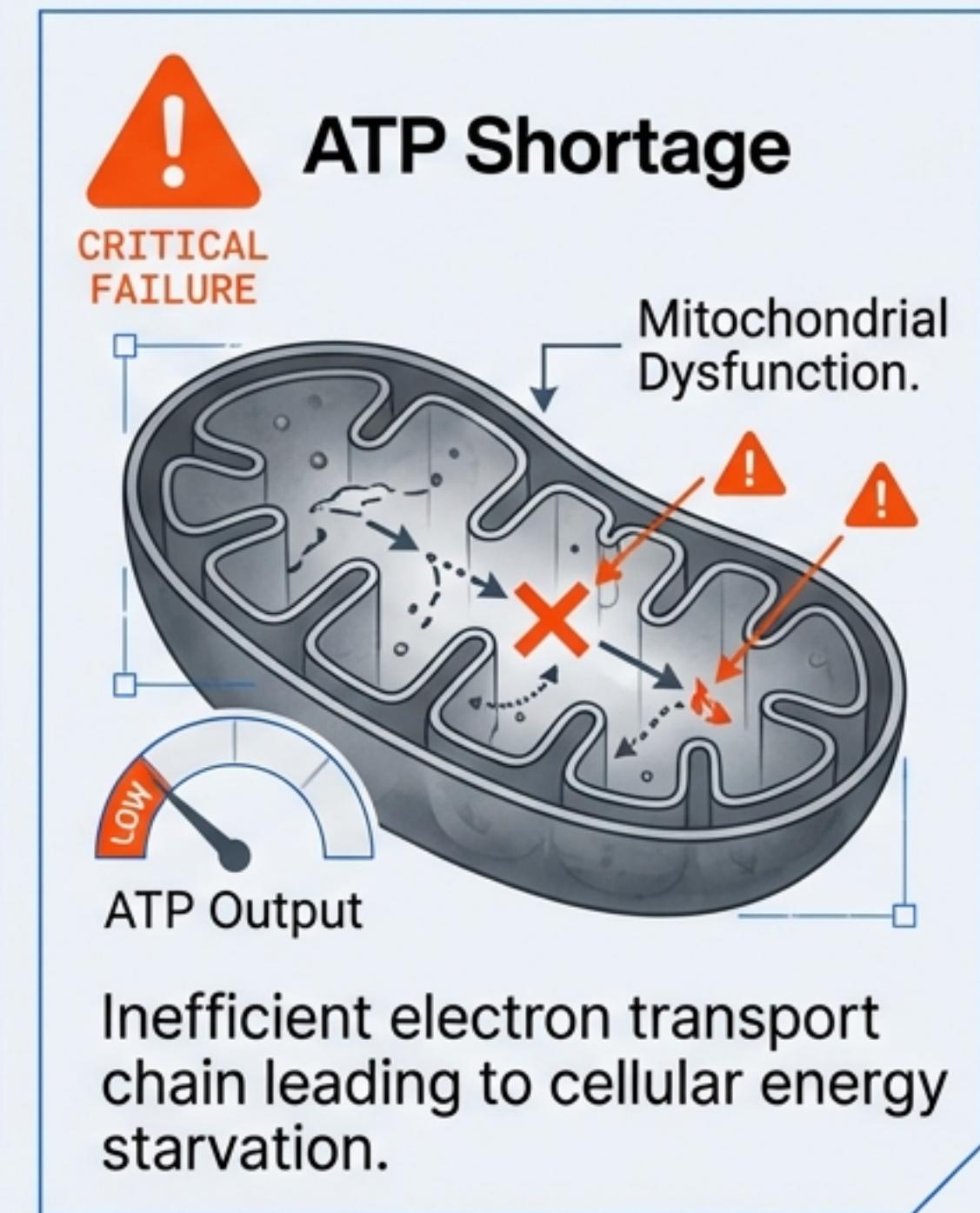
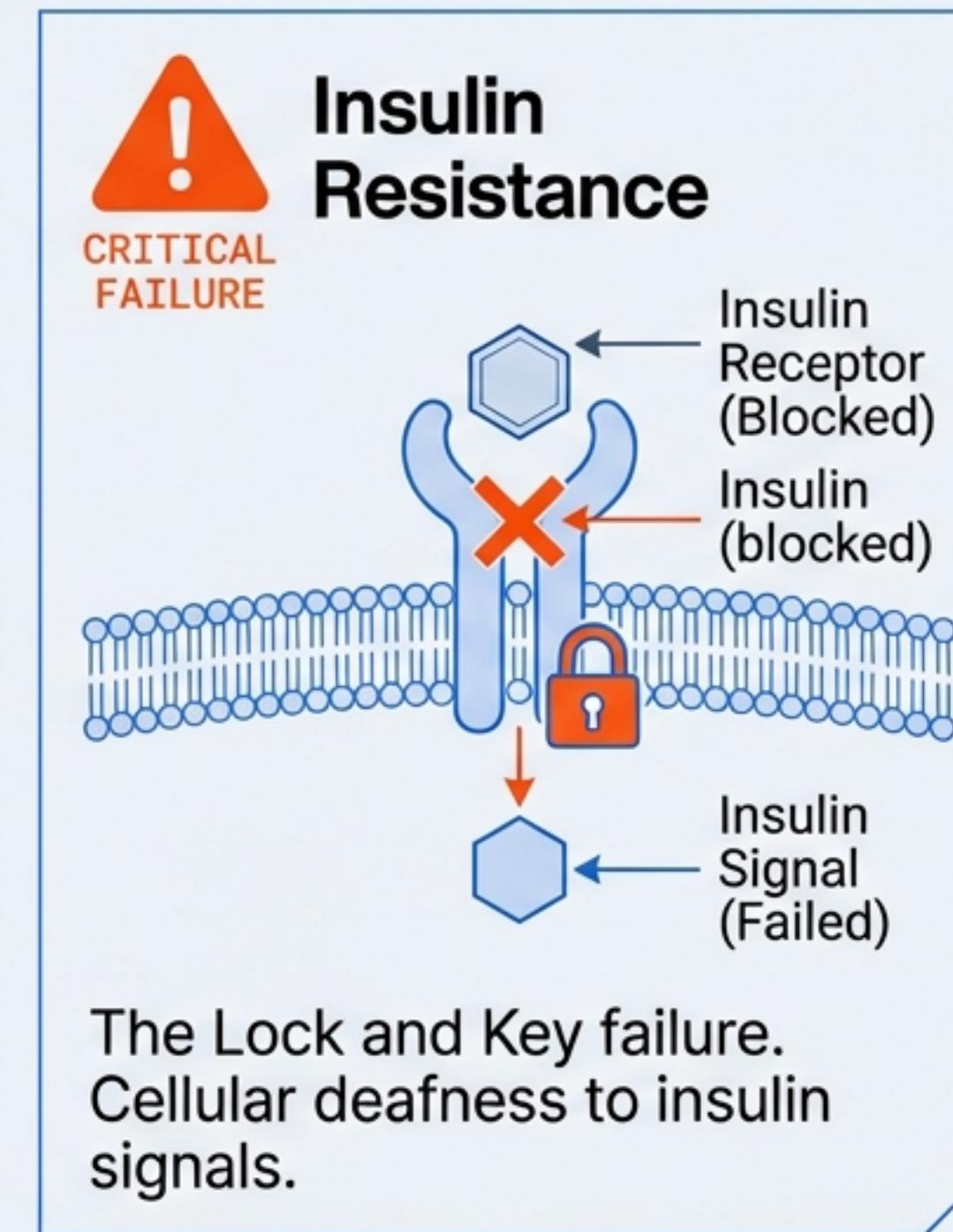
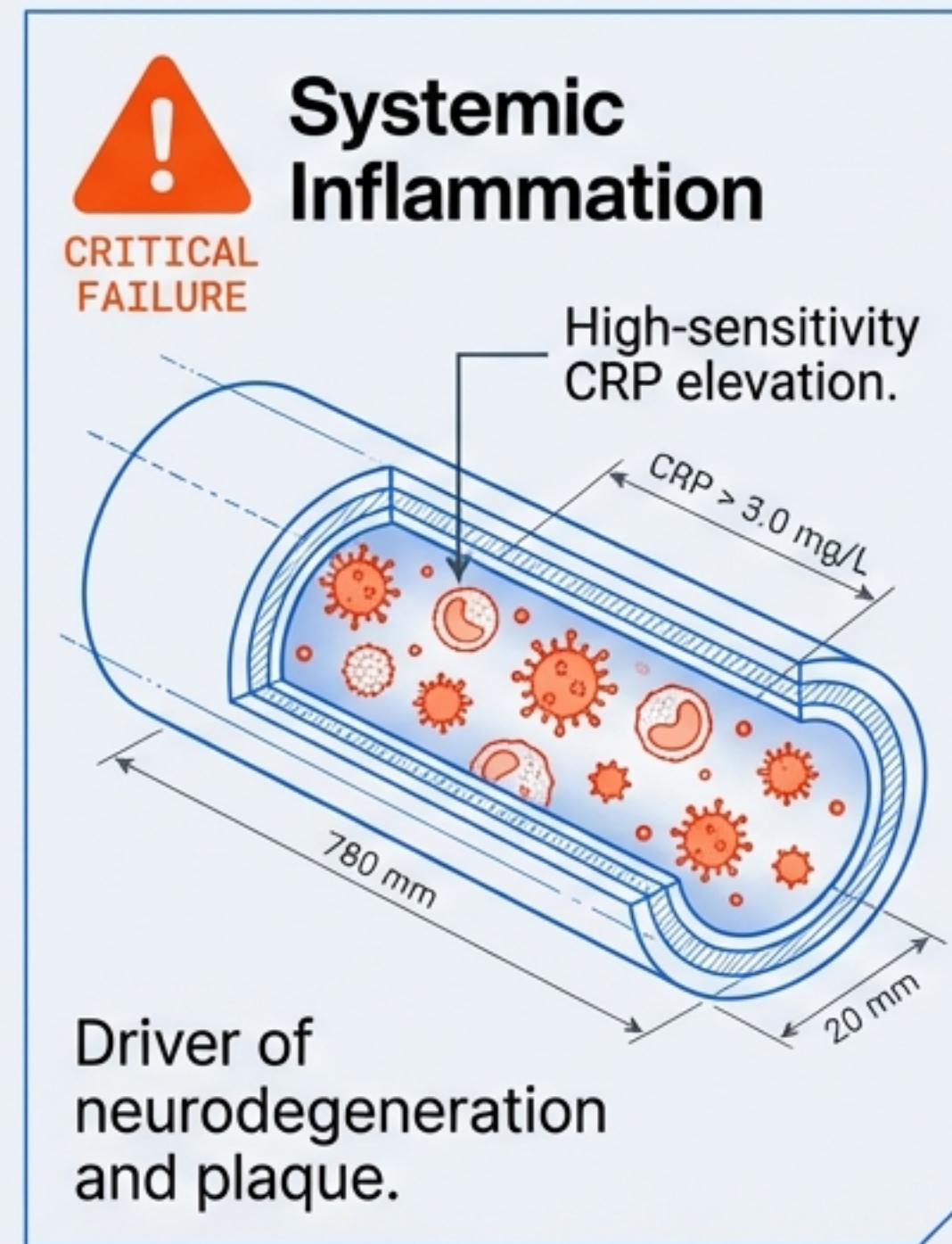
SYSTEM STATUS: **ACTIVE** // TARGETS: GIP / GLP-1 / GLUCAGON // THERAPEUTIC CLASS: INCRETIN MIMETIC **GEN-3**

The Evolution of Incretin Mimetics



The Three Biological Failures

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

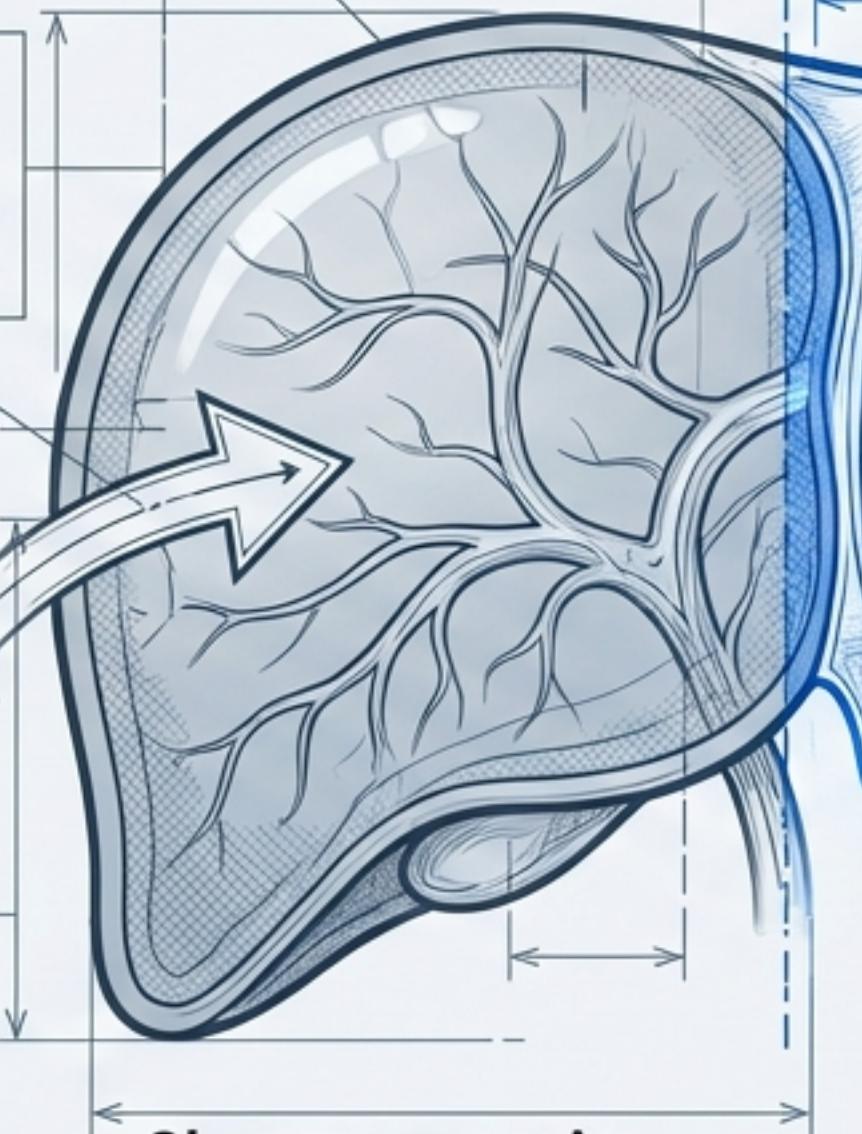
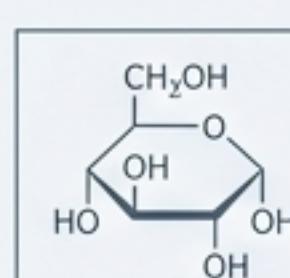


"The patient isn't a non-responder; the patient is a monument to metabolic dysfunction." — Dr. Bachmeyer

The Glucagon Mechanism: Liver as Furnace

Historical View

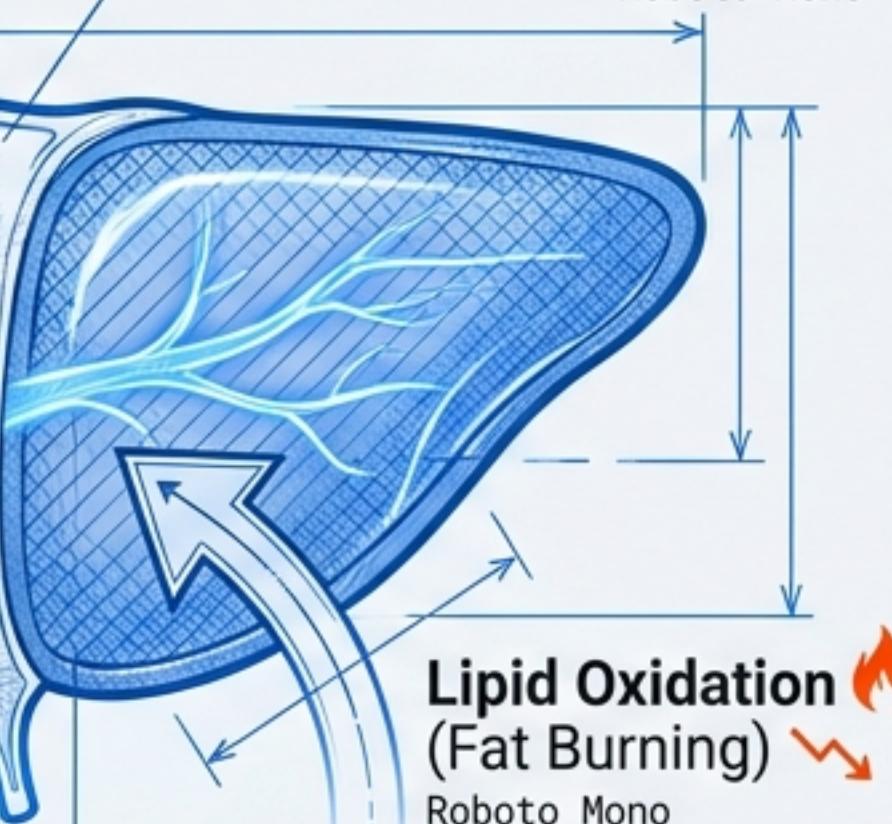
Roboto Mono



Roboto Mono

Retatrutide Mechanism

Roboto Mono



Roboto Mono

1. **Thermodynamics:**
Increases Basal
Metabolic Rate.



2. **Lipolysis:**
Activates Hormone
Sensitive Lipase.

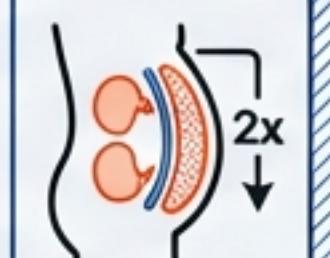


3. **De-novo Lipogenesis:**
Halts new fat creation.



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

Roboto Mono



Solving Energy Bankruptcy: The ATP Connection

THE PROBLEM:

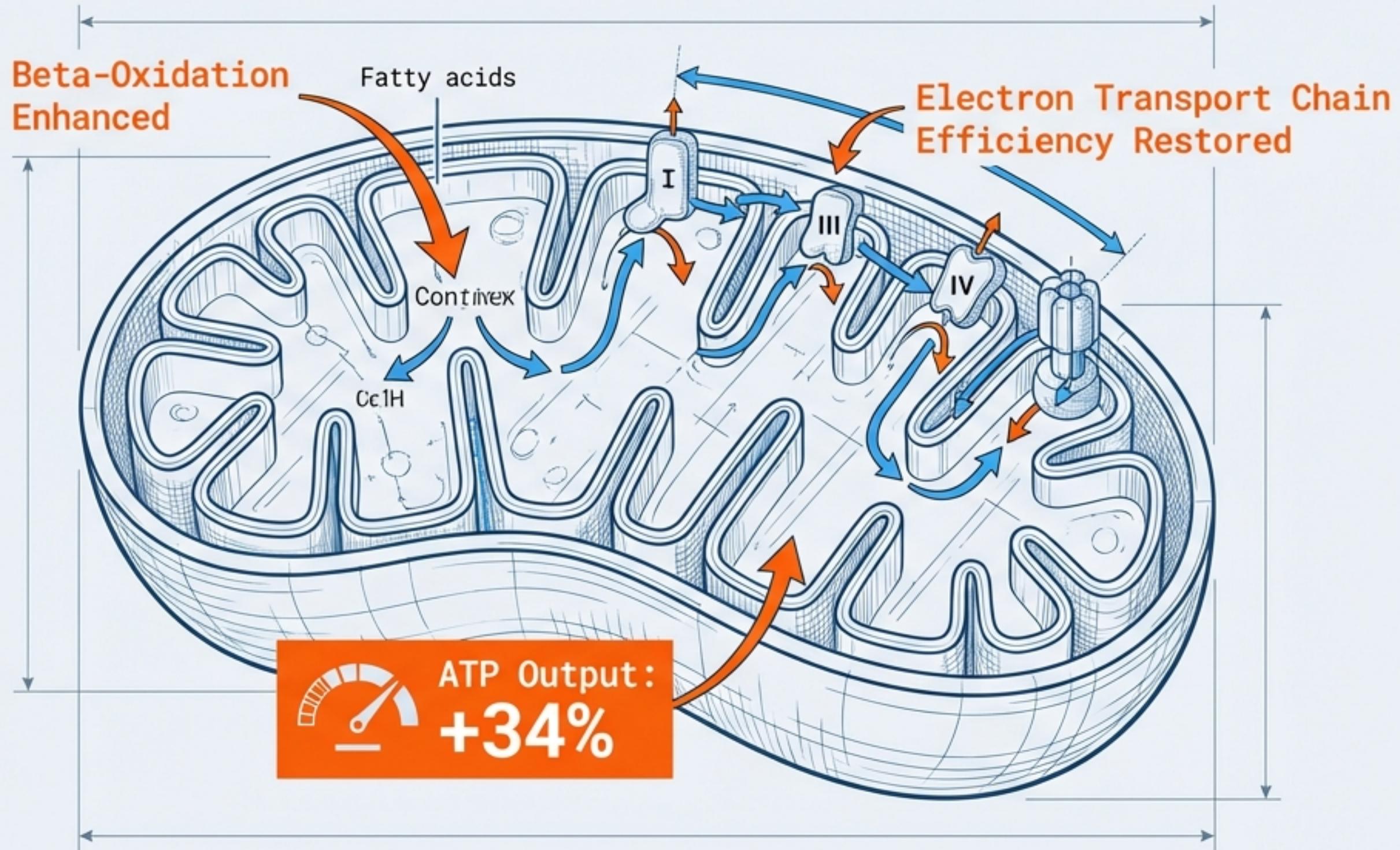
Oxidative stress damages the electron transport chain. Cells operate at ~60% efficiency.

THE FIX:

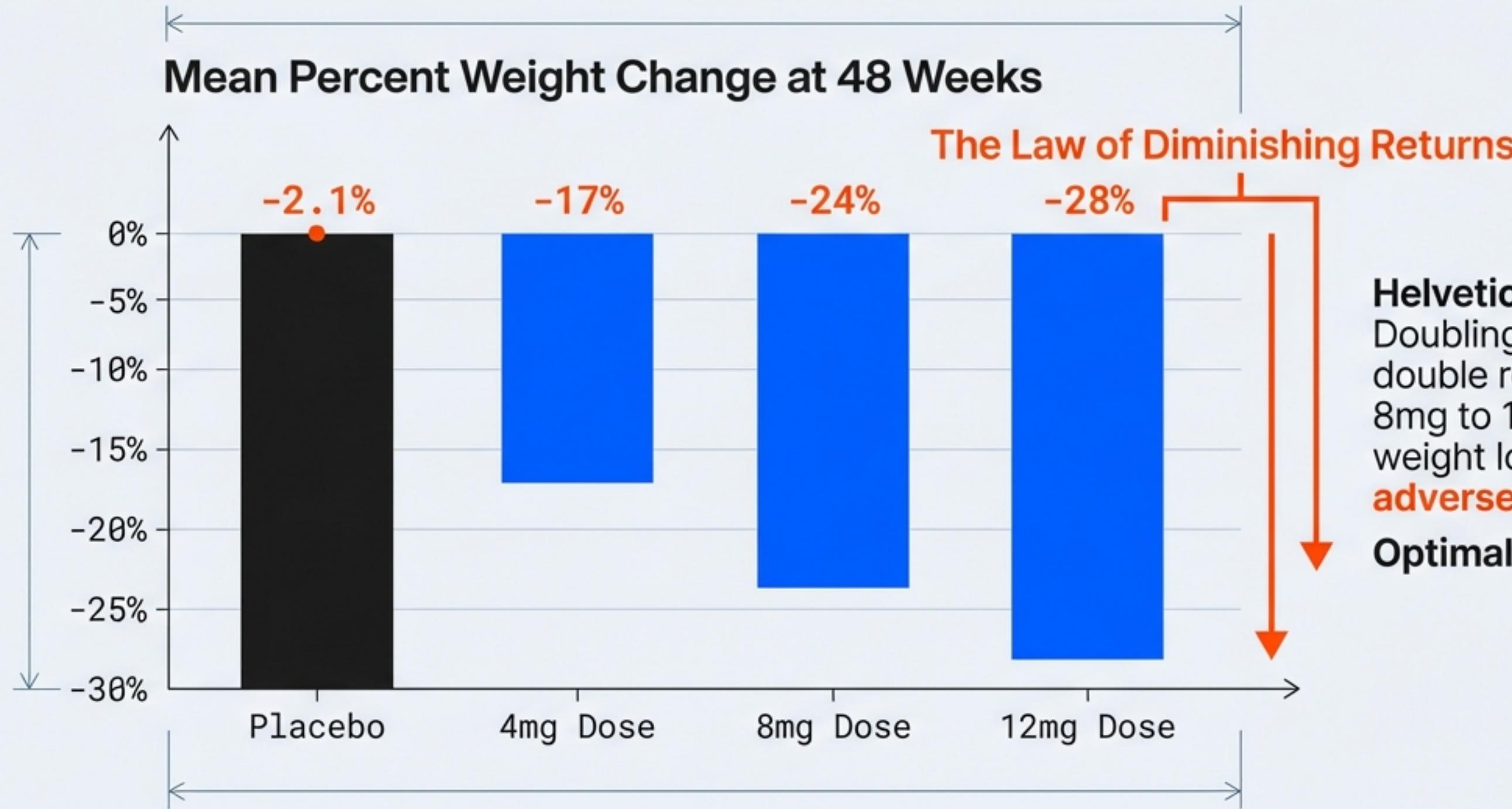
Retatrutide enhances Beta-Oxidation, refueling the cell.

SYNERGY:

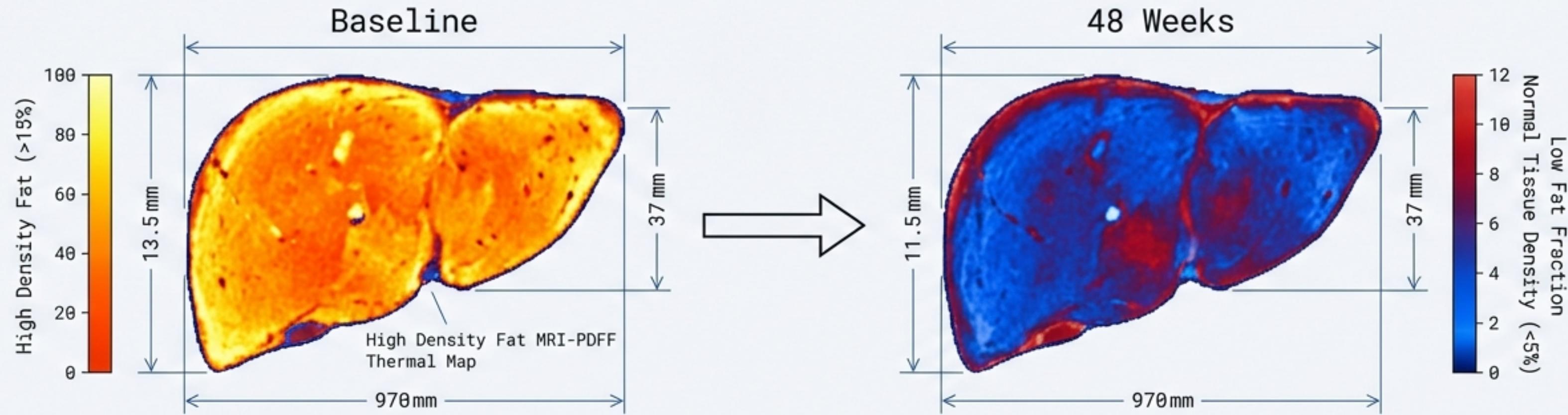
Retatrutide acts as the General; mitochondrial peptides (MOTS-c) act as the troops.



Clinical Evidence: TRIUMPH Trials Data



Eradicating MASLD: The Hepatic Reset



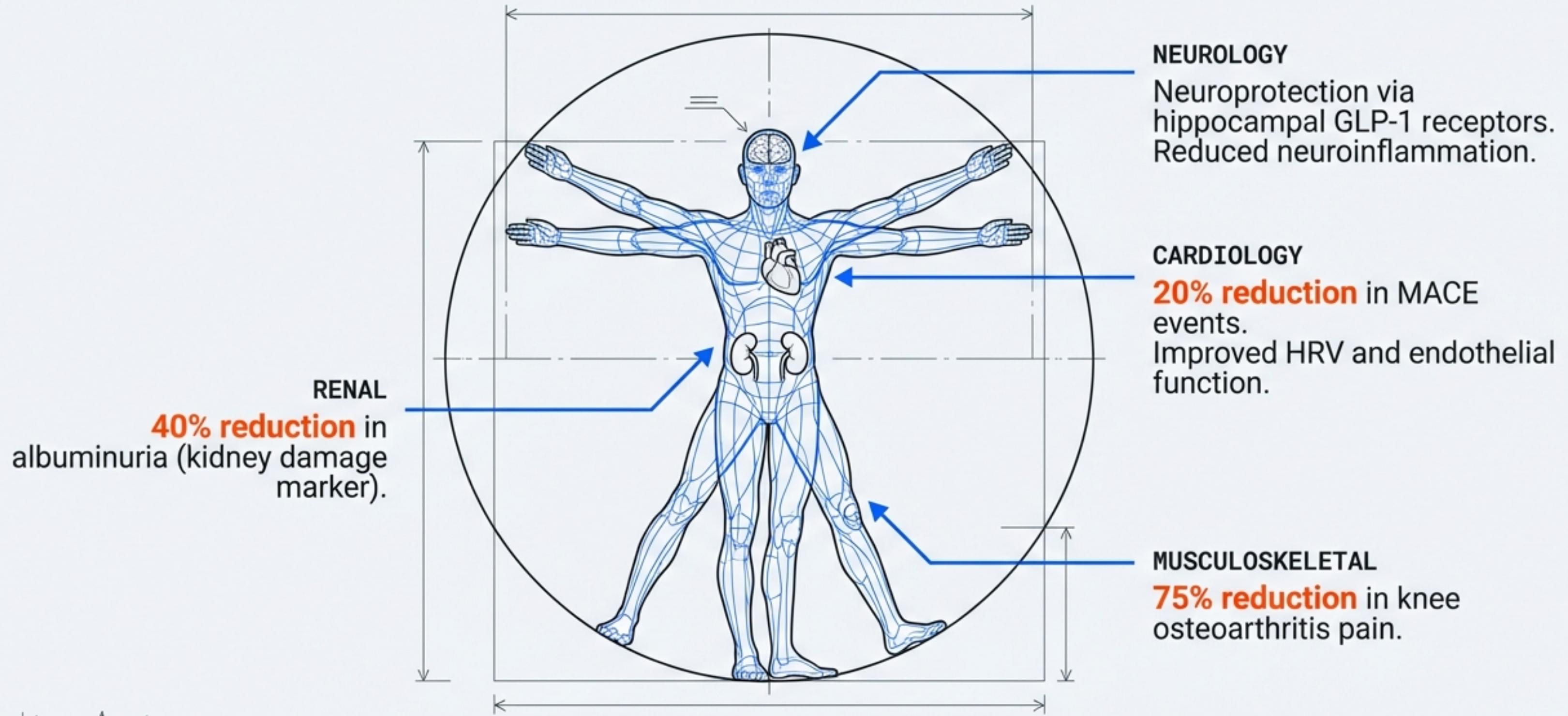
>85% of patients achieved resolution of steatosis (<5% liver fat).
-82.4% relative reduction in liver fat.

Secondary Biomarker Data

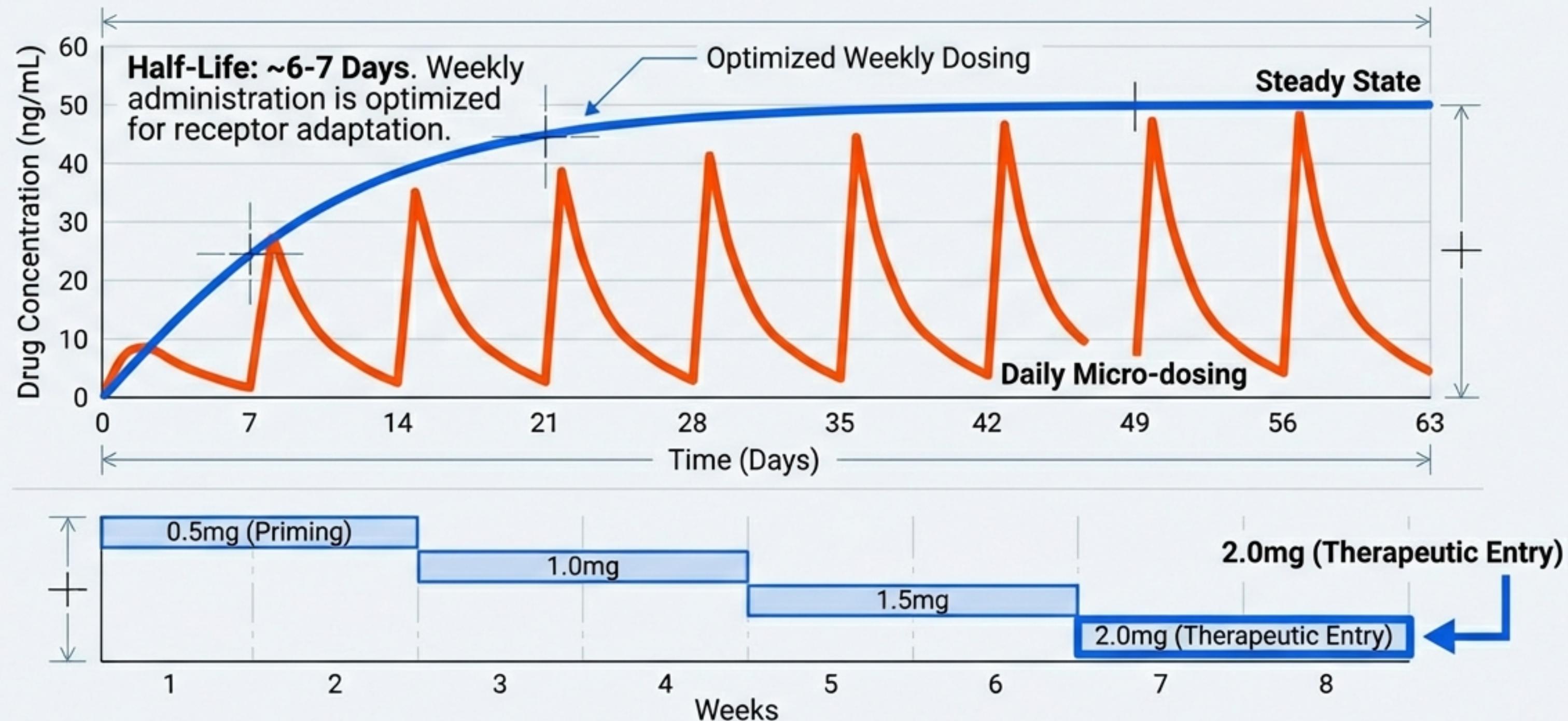
K-18 (Cell Death): -50%

Pro-C3 (Fibrosis): Significant reduction in fibrogenic drive.

Systemic Impact: The 'Everything' Therapeutic



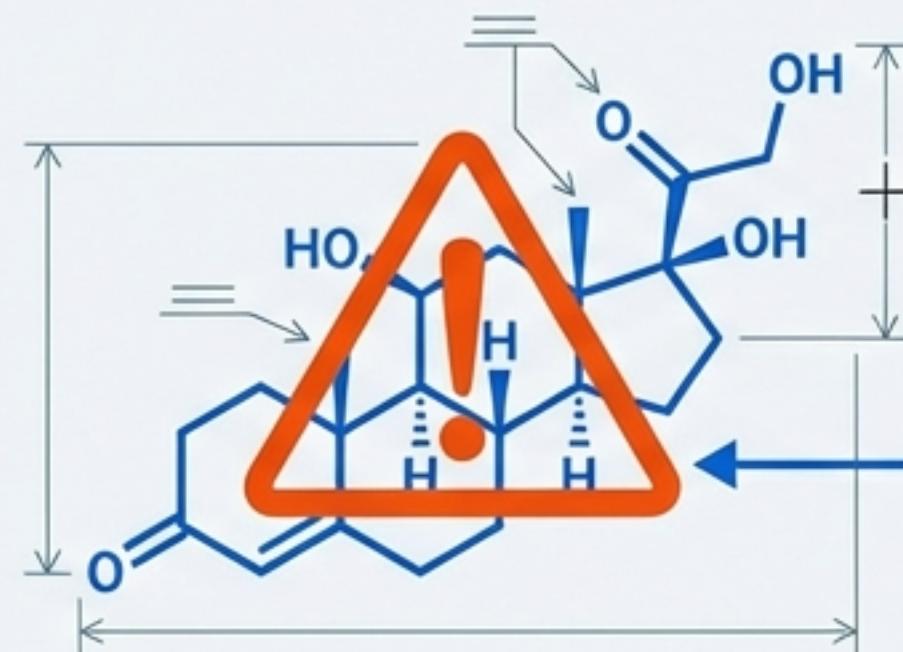
The Protocol: Pharmacokinetics & Titration



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

System Antagonists: Why The Protocol Fails

CORTICOSTEROIDS



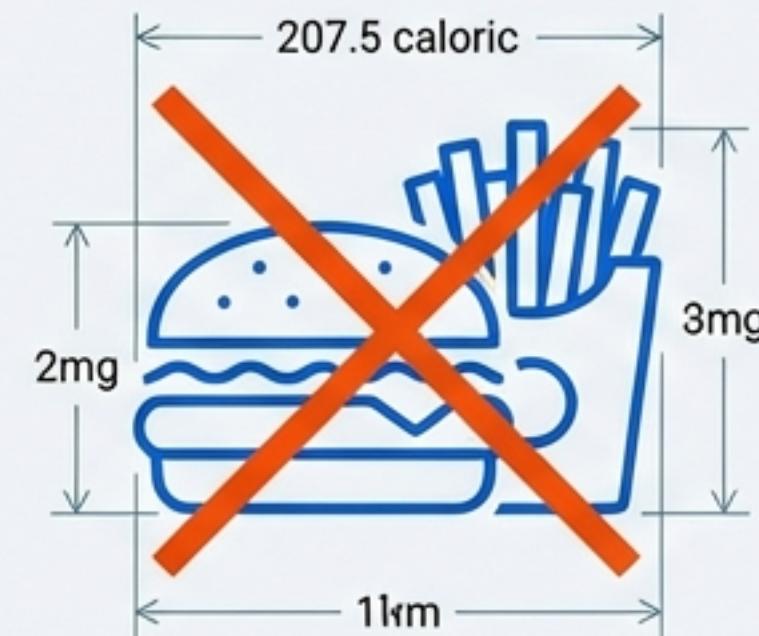
The Metabolic Grenade.
Induces severe insulin resistance and hepatic glucose dumping.

ORAL ESTROGEN



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

ULTRA-PROCESSED FOODS

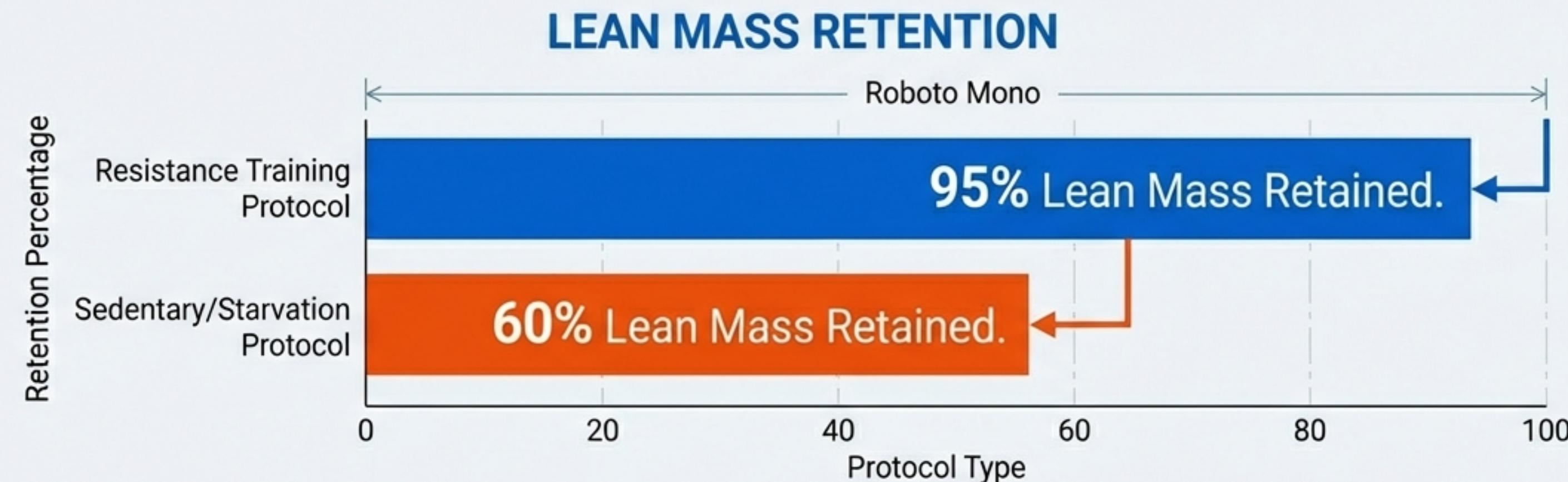


Thermodynamic Violation.
Caloric density overcomes appetite suppression.

Thermodynamics & Muscle Preservation

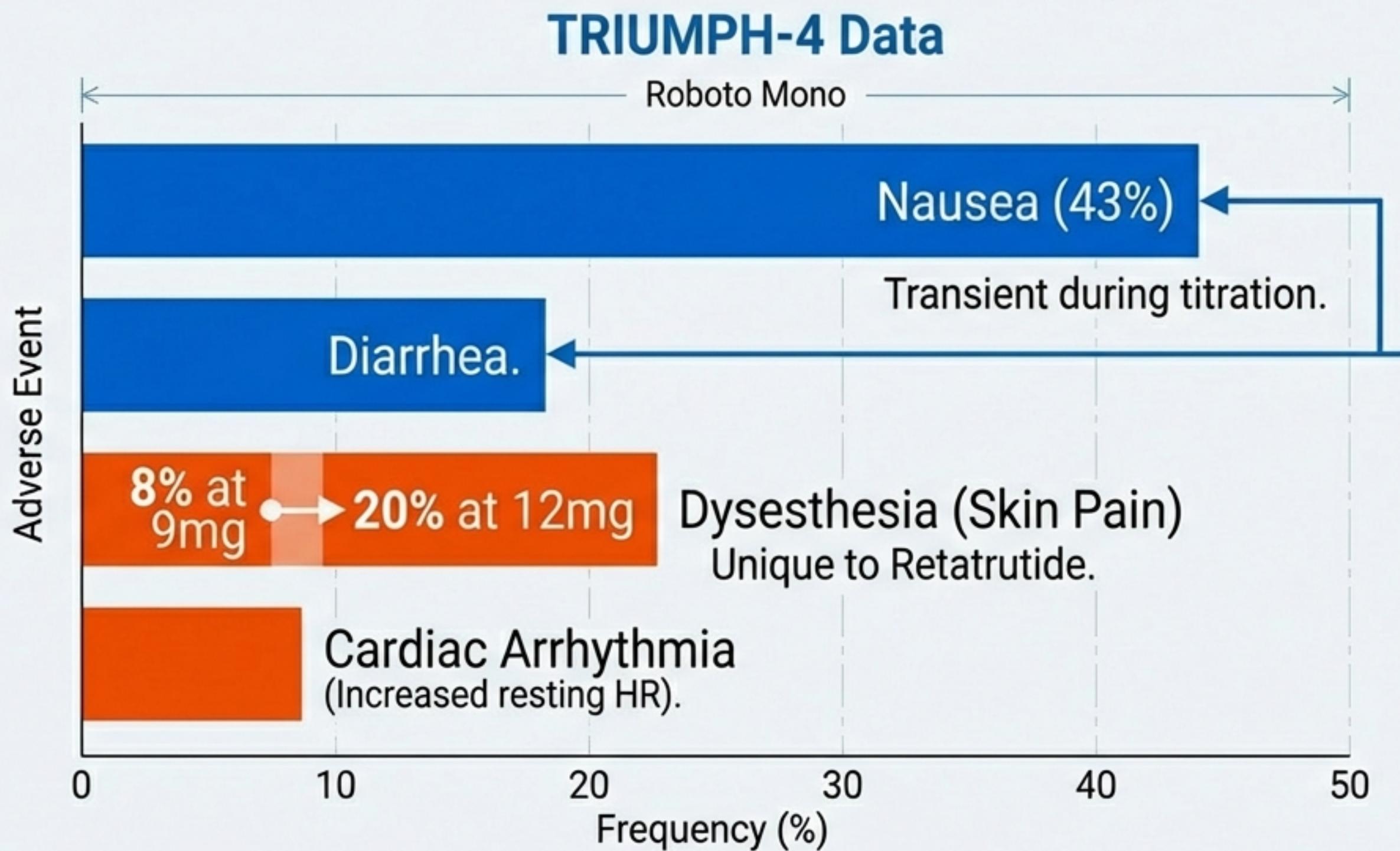
RETATRUTIDE + PROTEIN + RESISTANCE TRAINING = RECOMPOSITION

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



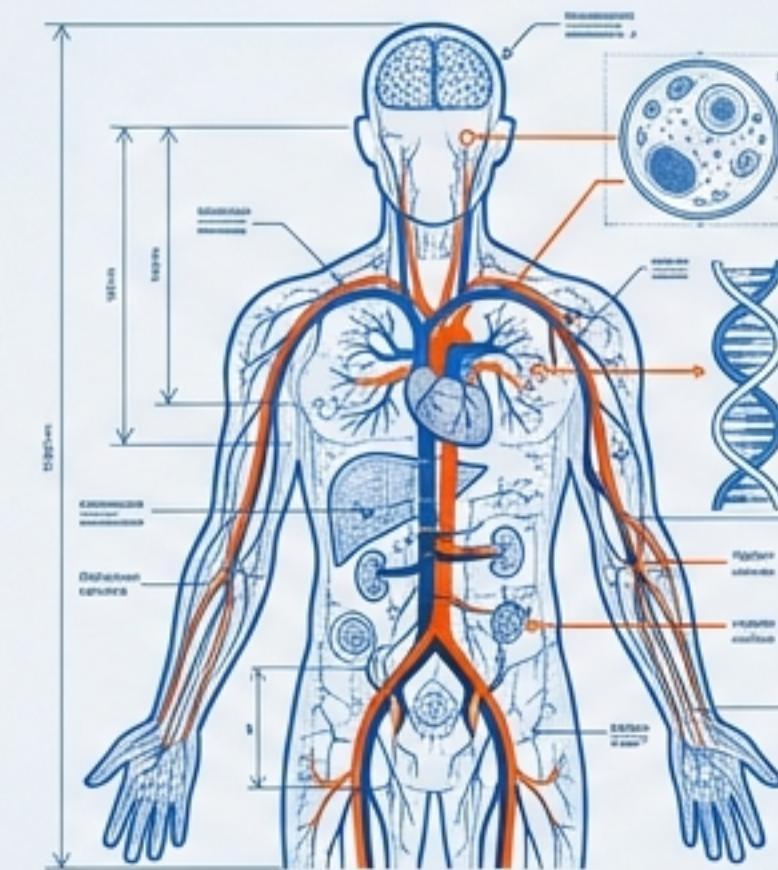
- Unknown Purity
- Heavy Metal Risk
- Potential Endotoxins

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)• Dyesthesia• 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