

Comprehensive Guide to 5-Amino-1MQ Dosage Protocols

(10 mg / 50 mg Vials)

I. Overview

5-Amino-1MQ is a selective, cell-membrane-permeable inhibitor of NNMT (nicotinamide N-methyltransferase). In educational protocols, it is typically administered via subcutaneous injection at a daily dose of **2.5–5 mg**. By blocking NNMT, 5-Amino-1MQ may help restore cellular energy balance and activate SIRT1 pathways associated with metabolic efficiency. Its potential effects include supporting fat metabolism, preserving lean muscle mass, and elevating intracellular NAD⁺ levels.

This guide covers dosage protocols for both **10 mg** and **50 mg** vial sizes of 5-Amino-1MQ.

II. Reconstitution and Dosage Guidelines

2.1 10 mg Vial

Reconstitution: Add **2.0 mL** of bacteriostatic water → concentration approx. **5.0 mg/mL**

U-100 insulin syringe conversion: 1 unit = 0.01 mL ≈ **50 mcg (0.05 mg)**

Shelf life after reconstitution: Use within **2–4 weeks** when refrigerated (2–8°C)

Subcutaneous injection protocol (concentration 5 mg/mL):

Phase	Daily Dose	Volume per Injection	Units
Days 1–2 (tolerance)	2.5 mg (2500 mcg)	0.50 mL	50 units
From day 3 (standard)	5 mg (5000 mcg)	1.00 mL	100 units
Alternative (BID)	2.5 mg twice daily	0.50 mL × 2	50 units × 2

Injection frequency: Once daily or twice daily subcutaneous. Because the compound has a plasma half-life of approximately **3.8–6.9 hours**, twice-daily (BID) administration may provide more sustained NNMT inhibition.

Supplies estimate (at 5 mg/day): ~4 vials per week, ~7 vials for 2 weeks, ~14 vials for 4 weeks. A single 10 mg vial provides approximately **2–4 days** of use.

2.2 50 mg Vial

Reconstitution: Add **4.0 mL** of bacteriostatic water → concentration approx. **12.5 mg/mL**

U-100 insulin syringe conversion: 1 unit = 0.01 mL ≈ **0.125 mg (125 mcg)**

Shelf life after reconstitution: Use within **2–4 weeks** when refrigerated (2–8°C)

Subcutaneous injection protocol (concentration 12.5 mg/mL):

Phase	Daily Dose	Volume per Injection	Units
Days 1–2 (tolerance)	2.5 mg once daily	0.20 mL	20 units
From day 3 (standard)	5 mg once daily	0.40 mL	40 units

Phase	Daily Dose	Volume per Injection	Units
Alternative (BID)	2.5 mg twice daily	0.20 mL × 2	20 units × 2

Injection frequency: Once daily or twice daily subcutaneous. Because the compound has a plasma half-life of approximately **3.8–6.9 hours**, twice-daily (BID) administration may provide more sustained NNMT inhibition.

Supplies estimate (at 5 mg/day): ~1 vial per week, ~1 vial for 2 weeks, ~2 vials for 4 weeks. A single 50 mg vial provides approximately **10–20 days** of use.

III. Reconstitution Steps (General)

1. Remove the vial from frozen storage (-20°C / -4°F) and allow it to reach room temperature for **15–20 minutes**.
2. Using a sterile syringe, withdraw the appropriate volume of bacteriostatic water (for 10 mg vial: **2.0 mL**; for 50 mg vial: **4.0 mL**).
3. Inject slowly along the vial wall to avoid foaming.
4. Gently swirl or roll until completely dissolved – the solution should be clear (do **not** shake).
5. Label with the reconstitution date and store refrigerated ($2-8^{\circ}\text{C}$ / $35.6-46.4^{\circ}\text{F}$), protected from light.
6. Use within **2–4 weeks** after reconstitution.

IV. Required Supplies (Example for 10 mg vials at 5 mg/day)

5-Amino-1MQ vials (10 mg each):

- 1 week (5 mg/day = 35 mg total) → 4 vials
- 2 weeks (5 mg/day = 70 mg total) → 7 vials
- 4 weeks (5 mg/day = 140 mg total) → 14 vials

Insulin syringes (U-100, 1 mL):

- 1 week (once daily): 7 syringes
- 2 weeks (once daily): 14 syringes
- 4 weeks (once daily): 28 syringes

Bacteriostatic water (10 mL vials): Each 10 mg vial uses 2.0 mL for reconstitution.

- 1 week (4 vials × 2.0 mL = 8 mL) → 1 × 10 mL vial
- 2 weeks (7 vials × 2.0 mL = 14 mL) → 2 × 10 mL vials
- 4 weeks (14 vials × 2.0 mL = 28 mL) → 3 × 10 mL vials

Alcohol swabs: One for the vial stopper and one for the injection site per administration.

- 1 week (once daily): 14 swabs
- 2 weeks (once daily): 28 swabs
- 4 weeks (once daily): 56 swabs → recommend 1 box of 100

V. Protocol Summary

A concise summary of the subcutaneous treatment regimen:

Goal: Support metabolic efficiency via NNMT inhibition, potentially enhancing fatty acid oxidation and NAD^+ levels [1][2].

Schedule: Daily subcutaneous injection; each 10 mg vial provides 2–4 days of material.

Dose range: 2.5–5 mg once or twice daily.

Reconstitution: 2.0 mL per 10 mg vial (5 mg/mL) for accurate measurement.

Storage: Frozen at -20°C (-4°F); after reconstitution, refrigerate at $2-8^{\circ}\text{C}$ ($35.6-46.4^{\circ}\text{F}$).

VI. Dosage Protocol

Recommended for 10 mg vials

Starting dose: 2.5 mg once daily to assess tolerance.

Target dose: 5 mg once daily, or 2.5 mg twice daily (BID).

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It does not replace professional medical advice and is not for human consumption.

Frequency: Once or twice daily (subcutaneous).

Vial duration: A single 10 mg vial lasts 2–4 days at standard doses.

Timing: Morning administration is preferred; for BID, split doses into morning and evening.

VII. Storage Instructions

Proper storage maintains compound stability.

Lyophilised powder: Store at -20°C (-4°F) in a dry, dark environment; stable for up to 24 months [4].

Reconstituted solution: Refrigerate at $2-8^{\circ}\text{C}$ ($35.6-46.4^{\circ}\text{F}$); use within 2 to 4 weeks.

Allow vials to reach room temperature before reconstitution to prevent condensation and pressure issues.

Do **not** refreeze the reconstituted solution.

VIII. Important Notes

Practical considerations for consistency and safety:

Use a new sterile insulin syringe for each administration; dispose in a sharps container [6].

Rotate injection sites (abdomen, thigh, upper arm) to reduce local irritation [7].

Inject slowly; due to the quinoline structure, a mild stinging sensation may occur.

Keep a daily log of doses and site rotation to maintain consistency.

The 10 mg vial format requires multiple vials for extended protocols; plan supplies accordingly.

IX. Injection Technique

Subcutaneous injection guidance based on clinical best-practice resources [6]:

Clean the vial stopper and skin with alcohol; allow to dry.

Pinch a skin fold and insert the needle at a $45-90^{\circ}$ angle into the subcutaneous tissue [12][13].

Do **not** aspirate for subcutaneous injections; inject slowly and steadily [12].

Systematically rotate sites (abdomen, thigh, upper arm) to avoid lipohypertrophy [7].

Slow injection may reduce the stinging sensation associated with this compound.

Important Disclaimer: The content of this document is for educational and research purposes only and does not constitute medical advice, diagnosis, or treatment recommendations. 5-Amino-1MQ is an investigational compound and has not been approved by regulatory agencies for routine human use. Consult a qualified healthcare professional before use.