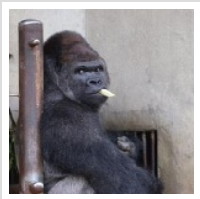




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Bone remodeling (research thread)

Thread Modes



Machiavellian
Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

07-07-2015, 06:22 PM (This post was last modified: 07-08-2015, 10:38 PM by Machiavellian.)

#1

I am trying to figure out ways to increase bone remodeling to safe levels. Bone remodeling is the process of osteoclast resorbing old bone tissue away and osteoblast forming new bone tissue in its place, and **osteocytes** for the lack of a better analogy responds to stress on the bone so you could say it sends the message to the bones to respond to mewing for example, osteocytes will recognize the pressure and communicate to the osteoclast and blast cells.

The body remodels 10% of bone tissue per year on average. That is 0.0274% of bone per day that is remodeled. As you can see mewing for noticeable results as an adult will take years, luckily remodeling would be accelerated in the area of focus due to the physical stress induced but it is not fast either way Expecting your ramus to grow and an adult and your gonial angle to improve will take years. Best solution I got is to speed up bone remodeling.

Remodeling can not happen without osteoclast, the boogeyman that everyone is trying to reduce to maintain bone mass in older age. You can raise osteoclast to extremes but you need to raise osteoblast to extremes as well to protect yourself from net bone less. Another thing is that without an appropriate amount of osteoblast to go with osteoclast, the bone remodeling is also stunted in that bone movement is brittle rather than pliable and flexible.

Here are the 4 easiest ways I know of to raise osteoclast

1. Inhibit estrogen. This is very effective at raising osteoclast to extremes, perhaps the most effective. Completely crushing estrogen to the ground is too strong though, not even heaps of testosterone for osteoblast and GH can level this perfectly. Also even if we could boost osteoblast enough to counter this we would potentially remodel towards other weak features. Check out this study for instance where an aromatase deficient male was producing 2,000 ng/dl test since puberty but had shit tier bone mass and features. [Click here](#)
2. GH. GH is the best method since it raises both osteoclast and blast together and at a rate where the osteoblast increase is greater for a net bone increase.
3. Cortisol..... I don't think anybody wants a cortisol face. Only method I would mess with for this myself is using GHRP2 or GHRP6 over Ipramorelin since either of those nets an increase in bone mass even with the rise in bone resorbing cortisol. (Found alternative ways to increasing osteoclast)
4. Prolactin.... nobody wants a lot of this either. Copy what I said about GHRP's from above, same story here. (found alternative ways to increase osteoclast)

5. Parathyroid hormone. This is a viable option as well but methods of raising PTH are not so easy. I have yet to find a good solution to this

6. Calcitonin. This might increase remodeling, I am finding mixed studies on this however. Salmon contains calcitonin.

Quote:

update new:

7. BMP2 increases resorption while also increasing formation and net bone increase

8. VEGF increases resorption while also increasing formation and net bone increase. This also has similar but more potent bone vascularizing functions to estrogen, might be able to remedy some side effects from too little estrogen.

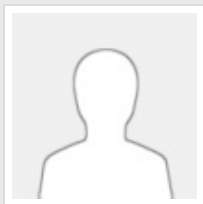
I am considering both BMP2 and VEGF as novel keys to this solution along with GH.

I have been looking into this subject, I am hoping some people here might want to research into this with me.

I am leaning on the idea of cycling high amounts of DHT to antagonize estrogen instead of using an AI since DHT will raise free T for T related effects while DHT in its own will have its own bone anabolic benefits and running GH. I have other ideas but this appears to be the most stable route for now.

Find

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driftwood
Member



Posts: 159
Threads: 24
Joined: Jul 2015
Reputation: **50**

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07-07-2015, 11:08 PM (This post was last modified: 07-07-2015, 11:08 PM by driftwood.)

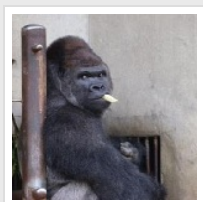
#2

From what i can remember from reading way back..

Bone morphogenic protein

and then the basics vit k2 phosphorous calcium magnesium and d3

Reply



Machiavellian
Senior Member



07-07-2015, 11:58 PM (This post was last modified: 07-08-2015, 12:01 AM by Machiavellian.)

#3

driftwood Wrote: →

(07-07-2015, 11:08 PM)

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BMP2 is relatively anabolic but I dont know if it holds back resorption

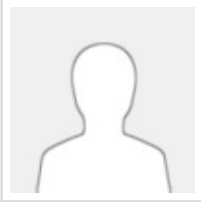
Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

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K2 harms bone resorption. K2 kills osteoclast cells and results in reduced bone resorption. Some fool just read an article and posted to SH about K2 increasing remodeling but it only helps the part involved with forming bone and harms the resorption which is the great bottleneck to remodeling in the first place.

You may thicken your facial bones and gain fWHR from K2 over time but you will never compress your midface and pull your maxilla forward when the bones are now slower to change.

Reply



driftwood
Member



Posts: 159
Threads: 24
Joined: Jul 2015
Reputation: **50**

07-08-2015, 12:43 AM (This post was last modified: 07-08-2015, 01:15 AM by driftwood.)

#4

Machiavellian Wrote: →

(07-07-2015, 11:58 PM)

driftwood Wrote: →

(07-07-2015, 11:08 PM)

From what i can remember from reading way back..

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You clearly know more about this than I do.

I just figured anything that was good for osteoporosis would help our efforts here.

There were some random old people on a forum claiming to grow taller and crap from k2.

The Ray Peat guy that the Nutrition forum on SH was based on claims to have widened his jaw by taking oral DHEA so much so that his wisdom teeth came through on its own.

Victory Wrote: →

(07-08-2015, 12:17 AM)

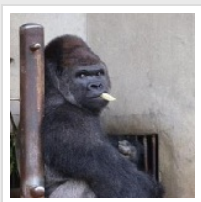
DHT will cause hair loss, aging and bad skin. GH is probably your best bet for this, however it is very expensive. I'm not so sure about those peptides or whatever.

There are GH analoges GLL has one on his site. Im too chicken shit to fuck with it.

I've even read bad stuff about oral d3 lately for bone health and artery calcification. :mU2qVMF:

Find

Reply



Machiavellian
Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40

07-08-2015, 01:24 AM (This post was last modified: 07-08-2015, 01:28 AM by Machiavellian.)

#5

VictoryDHT will cause hair loss, aging and bad skin. GH is probably your best bet for this, however it is very expensive. I'm not so sure about those peptides or whatever.

It's a price to pay

I guess I can post my alternative hair loss methods soon. I am getting thinning again since I haven't used any of it in a year. As for skin, DHT inhibits elastin but GH will boost it. If you in your early 20's I doubt a temporary decrease in elastin is going to make you look old. There is some evidence that DHT is not so damaging to hair and acne if you curb the estrogen and cortisol down since most people today have excess estrogen. I am one of those people that gets less acne with DHT but I also get joint dryness and reduced libido which are signs of estrogen being lower than ideal (not actually nuked, so it should work well for my goals of raising bone resorption without net bone loss after GH).

Alternatively an aromatase inhibitor can be used for those who fear DHT sides. Technically using an AI also raises DHT as a result of increased test flowing with less being aromatized, and more acting on 5ar. You could

run a very small dose of finasteride with the AI as long as the end result is estrogen is cut in half or 1/3rd of normal in the end. The increased test is still good for osteoblast but DHT is a bone anabolic agent in its own worth considering, although not essential for this goal.

Peptides can provide a substantial enough effect to make people sleep better, have more energy, less joint soreness, feel like your 20 when your actually 50, and all the stuff that people who need more of are looking for. Only advantage to raw HGH is to get bodybuilder mass which is more promising to maximize remodeling. I am personally going to do a GHRP with a GHRH in the spring. Probably GHRP2 or GHRP6 due to cost instead of ipamorelin. I am a bit concerned though with how my libido will be with GHRP2/6 raising a bit of prolactin and cortisol on me on top of DHT already reducing libido.

driftwood Wrote: →

(07-08-2015, 12:43 AM)

Machiavellian Wrote: →

(07-07-2015, 11:58 PM)

driftwood Wrote: →

(07-07-2015, 11:08 PM)

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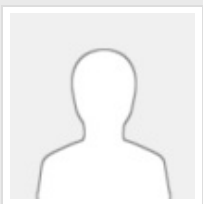
That idea that anything good for osteoporosis is probably why we lack mewing results after a year.

I will try and see what I find on DHEA. I am using it now to combat the joints I get on DHT. 25mg a day works with the joints for me, libido is slightly improved. Acne is increased to more than I get on nothing where as I get less acne with DHT due to the rebalancing of the T/E ratio.

DHEA is hard to study. It converts to quite a few hormones.

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driftwood ●
Member



Posts: 159
Threads: 24
Joined: Jul 2015
Reputation: **50**

07-08-2015, 03:44 AM

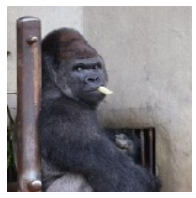
#6

I'd be interested in hearing how ipamorelin works if you consider that.

You could also go up the ladder and try pregnenalone or progesterone. I've tried both. Preg dissolved under the tongue gave me a very odd high which lasted for an hour or so, but was very intense.

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Machiavellian
Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

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07-08-2015, 04:34 AM

#7

driftwood Wrote: →

(07-08-2015, 03:44 AM)

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You could also go up the ladder and try pregnenalone or progesterone. I've tried both. Preg dissolved under the tongue gave me a very odd high which lasted for an hour or so, but was very intense.

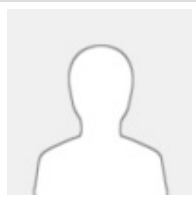
I've used pregnenolone in the past for nootropic reasons, pregnenolone has way too many factors to account for in this one since it converts to all hormones in the body. Progesterone I will look into a bit more, appears to raise osteoblast while leaving osteoclast unaffected.

I was looking into BMP and BMP2, I found this. Looks like BMP2 increases resorption but is still more anabolic than it is catabolic.

<http://www.ncbi.nlm.nih.gov/pubmed/8592944>

Icariin can up BMP2 but it increase a few other things as well. About to investigate into everything Icariin does now. Hopefully this is a one ingredient safe bone resorber.

Reply



driftwood
Member



Posts: 159
Threads: 24
Joined: Jul 2015
Reputation: **50**

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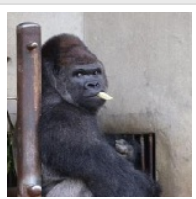
07-08-2015, 05:45 AM

#8

I had some purified Icariin years ago. It was expensive and maybe the single worst thing i ever put into my mouth.

Tell me what you find. This is broscience at it's best but I used to be addicted to pubmed scavenger hunting

Reply



Machiavellian
Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

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07-08-2015, 06:45 AM

#9

driftwood Wrote: →

(07-08-2015, 05:45 AM)

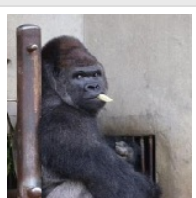
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Tell me what you find. This is broscience at it's best but I used to be addicted to pubmed scavenger hunting

Do you mean 99% Icariin, or Icaritin?

What were you trying to accomplish with that, were you by any chance trying to do LSJL while supplementing with that?

Reply



07-08-2015, 04:04 PM (This post was last modified: 07-08-2015, 04:07 PM by Machiavellian.)

#10

Victory Wrote: →

(07-08-2015, 11:25 AM)

So what would you say is the best stack?

Machiavellian

Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

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Removing vitamin k2
Taking gh peptides
supplementing DHT, fin and AI?

Seems very expensive

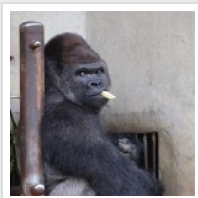
HGH for the rich, GH peptides for the moderate, Natty supplements for the poor
DHT ideally. AI's for the people more concerned about DHT sides. Fin on top of AI for the very scared.
Reduce supplemental K2, underdosing a multivitamin is OK to avoid becoming deficient.
Icariin as a way to raise BMP2 might be in, need to investigate further into icariin's other effects

Need to find an ideal way to raise PTH

I am still considering other approaches as well. This is more of a research thread than a method set in plan.

If someone plans to go 6 months or longer than alternating from DHT and AI's would be better to avoid shutdown. I am probably doing DHT 3 months straight and than 1 month on an AI as a PCT. That would be 4 months of accelerated bone remodeling. Not enough to do a full transformation but enough to boost progress.

Reply



Machiavellian

Senior Member



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Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

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07-08-2015, 10:16 PM (This post was last modified: 07-08-2015, 11:34 PM by Machiavellian.)

#11

Icariin is a no go, despite BMP2 elevation it raises a lot of different things and the end result is greatly reduced bone resorption

<http://www.ncbi.nlm.nih.gov/pubmed/23987492>

<http://www.ncbi.nlm.nih.gov/pubmed/20554188>

While at it I found this result where Icariin repaired root resorption induced by rapid palatal expansion. Someone on here will be interested in this one.

<http://www.ncbi.nlm.nih.gov/pubmed/22818561>

VEGF is great for both bone formation while increasing resorption

Example of how VEGF forms bones (seals growth plates) through vascularizing bone tissue which is exactly what estrogen does.

<http://www.ncbi.nlm.nih.gov/books/NBK6134/>

"VEGF-activated angiogenesis during bone regeneration" (Angiogenesis is a factor to vascularizing bone tissue, essential for formation)

<http://www.ncbi.nlm.nih.gov/pubmed/16122595>

VEGF increases osteoclast activity and bone resorption (still more anabolic than catabolic in the end)

<http://www.ncbi.nlm.nih.gov/pubmed/18640270>

More on VEGF and osteoclast

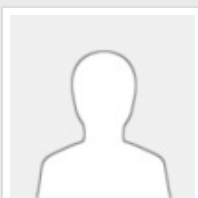
<http://www.sciencedirect.com/science/art...9300015209>

VEGF on osteoclast in teeth and tooth movement

<http://www.ncbi.nlm.nih.gov/pubmed/12598545>

Need to find out ways to raise BMP2 and VEGF without other growth factors which unfortunately ruined Icariin from being ideal for this goal.

Reply



07-09-2015, 02:46 AM

#12

I have a hard time believing something like Trenbolone combined with GH pep's wouldn't be the best carpet bombing approach out there.

Tren is a scary compound though so test + GH with whatever supplement stack is deemed the most effective will probably be the best way

driftwood ●

Member



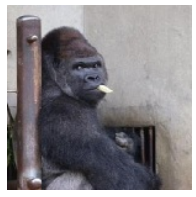
Posts: 159
Threads: 24
Joined: Jul 2015
Reputation: **50**

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07-09-2015, 02:56 AM

#13



Machiavellian ●

Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

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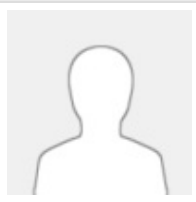
Tren as well as many steroids reduce bone resorption which I don't want reduced.

If Tren was relevant to bone remodeling I would have mentioned it long ago. People seriously over rate tren on bone mass, other steroids do more. Deca does more for bone mass than tren.

Reply

07-09-2015, 04:00 AM

#14



asapanon ●

Member



Posts: 88
Threads: 11
Joined: Jul 2015
Reputation: **3**

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Machiavellian Wrote: →

(07-09-2015, 02:56 AM)

driftwood Wrote: →

(07-09-2015, 02:46 AM)

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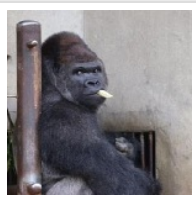
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Reply

07-09-2015, 04:12 AM

#15



Machiavellian ●

Senior Member



Posts: 671
Threads: 52

asapanon Wrote: →

(07-09-2015, 04:00 AM)

Machiavellian Wrote: →

(07-09-2015, 02:56 AM)

driftwood Wrote: →

(07-09-2015, 02:46 AM)

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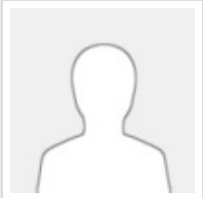
I am aware of excessive testosterone inhibiting height growth like freezing it still with or without estrogen. Not sure of the mechanism.

Nandrolone is very good for bone mass for sure, but is not good for the bone resorption part even with the increased VEGF it still reduces resorption. Oxandrolone came to mind a few times for this but I am not at all familiar with equipoise for bones, I never looked into that for anything other than knowing that GH15 approves of it.

It is looking like GH, BMP2 and VEGF are the best ones for the goal but GH and DHT are the most readily available and easy to manipulate. What's your familiarity with DHT?

Find

Reply



asapanon 
Member



Posts: 88
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Joined: Jul 2015
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07-09-2015, 04:22 AM

#16

Machiavellian Wrote: →

(07-09-2015, 04:12 AM)

asapanon Wrote: →

(07-09-2015, 04:00 AM)

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(07-09-2015, 02:56 AM)

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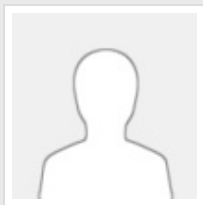
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Androgens exhibit a dual effect on epiphyseal plates. First of all, aromatizing compounds like testosterone aromatize in to estrogen, which directly causes the growth plates to seal. However, even non-aromatizing compounds that are heavily androgenic, like trenbolone or masteron, or to a lesser extent testosterone, cause growth plate fusion like you said. This is because androgens have a unique action in which they speed up bone metabolism and growth velocity, typically resulting in an abrupt height increase if in puberty followed by premature growth plate fusion. This typically results in a lower overall height if the androgenic/anabolic ratio of the compound leans on the androgenic side. However in non aromatizing compounds like oxandrolone (anavar) that are more anabolic, it will probably make you taller

I'm extremely familiar with DHT. All of this is my territory, really. I was on steroids for years and spent years on a steroid forum. I've read countless studies on this stuff and am very well educated in endocrinology



asapanon
Member



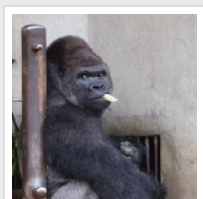
Posts: 88
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Joined: Jul 2015
Reputation: **3**

07-09-2015, 07:16 PM

#17

No.

And I'm sorry to burst y'all's bubble, but HGH will almost certainly have a negative impact on your face. It doesn't "masculinize" the face. It's not an androgen, or male hormone. What it does it it promotes tissue growth quite randomly. Yeah, your jaw may grow. So might your nose. Or your ears, or the soft tissue on random parts of your face. Look at people with gigantism, which is characterized by high levels of HGH. they're ugly as fuck



Machiavellian
Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
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07-09-2015, 07:45 PM (This post was last modified: 07-09-2015, 07:46 PM by Machiavellian.)

#18

REM Wrote: →

(07-09-2015, 07:12 PM)

i don't have a tiny bit of clue what are you talking about, but I have a question for you; is there any substance from all this endless bro-chemistry that it actually worked and significantly improved one's facial bone structure (except HGH and it's effect on lower jaw)?

This thread isn't about taking the compound and having it work on its own. If that were the case I would have taken a different angle than bone resorption. People want to try mewing to drive the maxilla up and forward to hopefully get the benefits in adulthood, but it is a slow process for bone turnover. This is what I am trying to speed up. If you want to simply grow your mandible I already got a solution for that and proven.

Finding studies where any of this is used for the same goal is non existent cause right now nobody is trying to make their mandible remodel with a longer ramus and better gonial angle. Implants are the standard. Nobody is trying to move the maxilla forward and up besides the orthotropics crowd and the lefort people. All I got is just what is known about these growth factors and what it should do.

It may seem like a radical long shot on here but tell me this. If we rewind to a time before leg lengthening surgery existed and I told you of a plan to break someones bones and hook up a bunch of screws and rods through their legs to hold the bones 3-2 mm apart from connecting at all times always pulling them further apart as new bone fills in, would you have laughed at me? Probably.

asapanon Wrote: →

(07-09-2015, 07:16 PM)

No.

And I'm sorry to burst y'all's bubble, but HGH will almost certainly have a negative impact on your face. It doesn't "masculinize" the face. It's not an androgen, or male hormone. What it does it it promotes tissue growth quite randomly. Yeah, your jaw may grow. So might your nose. Or your ears, or the soft tissue on random parts of your face. Look at people with gigantism, which is characterized by high levels of HGH. they're ugly as fuck

I am unsure if your responding to the above or the whole thread. Repeating what I said to the other comment is that this is not about using GH to masculinize the face but to accelerate bone remodeling. As for acromegaly sufferers and pituitary giants they release GH in a bleed rather than a few strong surges which has been shown effect how the body reacts to GH.

To your other post a bit up I was intending to respond there, just needed a break from reading all of this growth factor stuff.

For whoever quotes me here, please break up the 2 post.

07-09-2015, 11:01 PM

#19



asapanon ●
Member

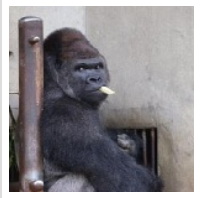


Posts: 88
Threads: 11
Joined: Jul 2015
Reputation: **3**

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I was just talking about the whole thread. HGH and any steroid will have a negative influence on the face. Steroids literally destroy your facial aesthetics through several known and several unknown methods srs

Reply



Machiavellian ●
Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

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07-09-2015, 11:28 PM (This post was last modified: 07-09-2015, 11:32 PM by Machiavellian.)

#20

merlin Wrote: →

(07-09-2015, 10:30 PM)

Machiavellian Wrote: →

(07-09-2015, 07:45 PM)

If you want to simply grow your mandible I already got a solution for that and proven.

What is your solution for growing the mandible?

<http://www.ncbi.nlm.nih.gov/pubmed/19705932>
Used on rats for the condylar



There is a study done on mandible mass but I am having trouble finding it. I was linked to it in email before but can't seem to find it. When I have all the needed studies on everything it can do, I'll make a mega post. Can easily order a simple machine and apply wherever you want to reap the benefits of your own natural stem cells.

Reply



Franktank ●
Super Poster



Posts: 1,825
Threads: 61
Joined: Jun 2015
Reputation: **20**

07-15-2015, 03:30 AM

#21

modified Wrote: →

(07-14-2015, 08:36 PM)

You guys are insane. You can't remodel your facial bone structure in any appreciable way without maxillofacial surgery/implants.

Taking heavy duty drugs to try and induce remodeling by increasing bone turnover is most likely to just lead to osteoporosis or complications like necrosis of the jaw.

I believe so. Tbh i highly doubt this approach will positively affect the maxillofacial growth. Might as well get surgery but this discussion is great nonetheless

The sub-8 law refers to systematic legal oppression of non-attractive men (more specifically, men rated below 8 in attractiveness).

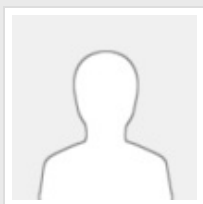


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07-15-2015, 03:35 AM (This post was last modified: 07-15-2015, 03:38 AM by PucciBoi.)

#22



PucciBoi
Newbie

Posts: 21
Threads: 6
Joined: Jul 2015
Reputation: 0

SCLEROSTIN I N H I B I T O R S 2017

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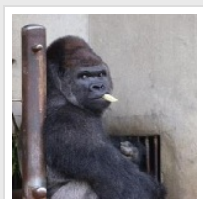
:domgandy:

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Reply

07-21-2015, 10:54 PM (This post was last modified: 07-21-2015, 11:08 PM by Machiavellian.)

#23



Machiavellian
Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: 240

asapanon Wrote: →

(07-09-2015, 11:01 PM)

I was just talking about the whole thread. HGH and any steroid will have a negative influence on the face. Steroids literally destroy your facial aesthetics through several known and several unknown methods srs

Since the time of that post, we went into the bone mass thing in this thread
<http://lookism.net/showthread.php?tid=2297>

I would appreciate it if we drop all discussion about steroids reducing bone mass in this thread, and engage it in there. I am unable to find a single study or piece of evidence about testosterone reducing bones. Only thing I know is it helps height growth when raised but shuts it down when too much. Height growth is different since it is about the hayline cartilage matrix in the epiphyseal line proliferating faster than it turns over to bone. Not

all steroids will reduce bone mass. Find me something on DHT reducing bone mass or consider this part of the discussion a dead end for both of us to waste time on. The discussion of what it does to the skin is also sidetracking this thread, cause it is a research thread and not a set method. There is a chance I may not even use the VEGF I am esteeming in this thread for other reasons, for now I am finding ways remodeling can improve.

To continue with this thread. I have had some chats in PM's and emails.

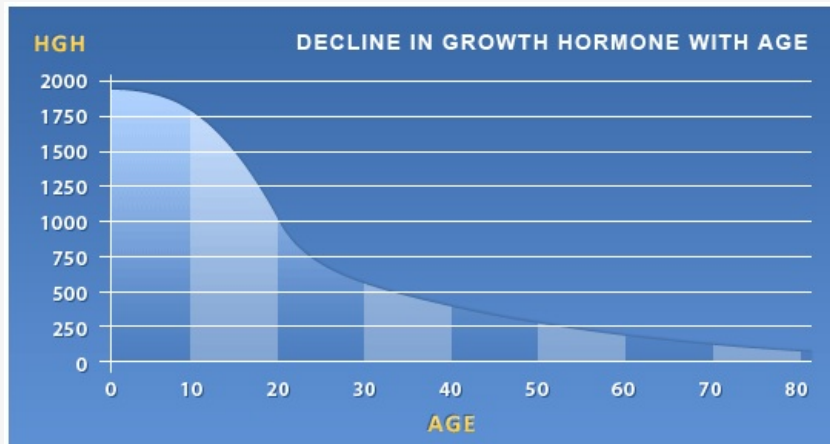
It would seem the most promising approach is to use NCR to release the cranialfacial sutures to allow movement between the bones. Remodeling is still needed since even with bone movement, there is alteration in shape and everything needs to refit again.

What is known about this is that Dr. Dean Howell who founded NCR claims doing this releases the sutures and is the source of the crackling noises that happens first few sessions. This is plausible in my own research on sutures. They are connected with Sharpey Fibers which is the only "mineralized ligament" found in the human body. I am disappointed that Dr. Dean Howell can't explain this stuff himself, and general lack of studies in NCR besides just his many case studies

An interesting idea brought to me was that we would want to find a way to reseal the sutures once an optimal point of remodeling has been achieved to prevent regression since many studies on face fulling have shown 50% regression. In both palatal expansion and facepulling progress is slow at first until the suture releases from the pressure, from which the progress is then able to accelerate for further work on releasing sutures, so until the suture reseals there is room for relapse in progress, although this is more to do with filling in new bone and less with remodeling which compressing the midface is pure remodeling.

Need to find this one, a money study with an appliance used to make 5 pounds of pressure 20 hours of the day produced fast results and midface shortening. Strengthening the jaw and tongue significantly would improve progress, and general boost in bone remodeling ability

I suggested part of Mew's results in younger children is to due with higher natural GH and less sex hormones since it is pre-puberty. Here is a GH chart by ages to support my case that GH would assist the remodeling process



It is possible that all we need to do is elevate GH to the level of a 9 year old and reduce estrogen so we can further increase osteoclast for bone resorption, all while avoiding a net loss of bone mass and BMD through the anabolism of GH and the fact that even with reduced estrogen we would all still have more hormones that a kid anyway. Even easier if your willing to take DHT, as per previous post provides a significant improvement in bone during the absence of estrogen compared to without, which we're not even shutting down estrogen anyway.

I have yet to find ways at raising BMP2 and VEGF besides ordering research chems, and VEGF is a tricky one to mess with anyway, may not ever use it myself. Already posted enough on what it can do for research.

Find

Reply



07-22-2015, 10:14 PM

#24

one thing: what is meant with "bone loss"? isnt it just the short version of "bone density loss"? because bone loss per se sounds horrible, but actual loss of bone density isnt actually going to make a difference looks wise.

The German Dream

Legend



Posts: 1,523
Threads: 18
Joined: Jul 2015
Reputation: **140**

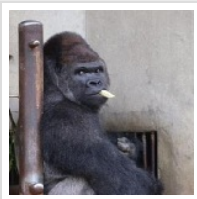
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Decay

*Is there dignity in living life as an entity?
Born into ruin, we feel withdrawal
Subhumanity is poison
And we are lost without a cure
We are not fit to walk amongst them
Eventually this is something we must accept
The world moves on without us
And only the grave welcomes us with open arms
So pray for your rebirth
Pray for another chance to bloom
While the rats will feed off of our failure
We wither away rotted from the core
Welcome to your new home*



Reply



Machiavellian
Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

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07-22-2015, 11:00 PM (This post was last modified: 07-22-2015, 11:03 PM by Machiavellian.)

#25

Trying to find a simple way to keep GH elevated without HGH or peptides. Niacin is fine, doesn't inhibit osteoclast significantly through nitric oxide mediated pathways. Can't use it every day without it losing effectiveness. Looking into arginine but only found an abstract telling me what I already know, that HGH ups osteoblast, N.O. downs osteoclast.

<http://www.ncbi.nlm.nih.gov/pubmed/7877530>

Found a potential study on what Arginine and or Taurine does for bone resorption but the abstract does not give me the result on resorption, and my university doesn't have this study in their database for me to go into the full text.

http://link.springer.com/chapter/10.1007...-6093-0_31

Taurine is a dead end either way

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2788169/>

Unless I can get into that study, I am at a dead end with arginine for bone remodeling much like I am for ways to raise BMP2 and VEGF that don't also inhibit osteoclast through other paths.

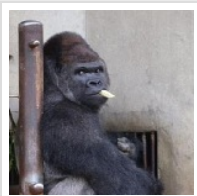
The German Dream Wrote: →

(07-22-2015, 10:14 PM)

one thing: what is meant with "bone loss"? isn't it just the short version of "bone density loss"? because bone loss per se sounds horrible, but actual loss of bone density isn't actually going to make a difference looks wise.

Typically BMD is measured, so this bone loss wouldn't necessarily lead to thinner zygo's and frail face. The thing however is that your more likely to get osteoporosis and brittle bones don't remodel efficiently, they remodel as well as any brittle material you can crackle in your hand with a lack of flexibility. This is why it is important to make sure osteoblast activity is sufficient.

Reply



07-23-2015, 12:11 AM

#26

Was trying to figure what Lysine might do as a GH booster, if it had any alternate methods to activate osteoclast which is possible based on what I read in here but not implied. Finding GH boosters that are great for remodeling isn't proving to be simple. But this page understands bone remodeling way more than I do. Got some interesting points on parathyroid hormone.

Also, here is a quote suggesting why remodeling is more well accomplished during night time when I noticed a

Machiavellian

Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
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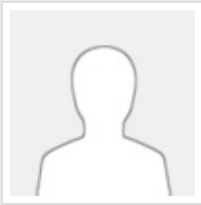
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mention of leptin. This should emphasize an importance to developing greater tongue and masseter/temporalis strength to keep oral posture automatic during sleep.

"The leptin effect on bone metabolism, too, is mediated by the autonomic nervous system. Leptin-induced hypothalamic impulses are conveyed to the bone via sympathetic neurons, directly affecting osteoblasts by stimulating their β 2-adrenergic receptors with norepinephrine. In the osteoblast, these signals are modulated by the cellular molecular clock mechanism. Depending on the phase of this clock, incoming signals either accelerate or delay osteoblast cell division and function. Osteoclast function, too, is affected by this adrenergic pathway. This mechanism explains a fact that has been known for a long time: markers of bone metabolism, like plasma osteocalcin, follow a circadian rhythm. It seems plausible, for example, that bone remodeling is easier to accomplish during nighttime."

I will be taking some time to figure out if leptin supplementation can help with this goal and come to think of it what if ghrelin helps also independent of its GH increasing effects since GHRP-2 is a ghrelin agonist, possible ways to activating PTH as well.

Reply



PucciBoi

Newbie

Posts: 21
Threads: 6
Joined: Jul 2015
Reputation: **0**

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07-23-2015, 01:04 AM

#27

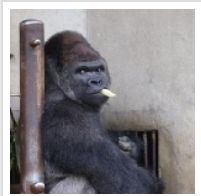
Machiavellian Wrote: →

(07-23-2015, 12:11 AM)

Also, here is a quote suggesting why remodeling is more well accomplished during night time when I noticed a mention of leptin. This should emphasize an importance to developing greater tongue and masseter/temporalis strength to keep oral posture automatic during sleep.

i know putting anything between your teeth will force the face to lengthen, but since the goal of this thread is the move the midface up, what do you think of lining your teeth at night with a thin foam material and wrapping your jaw shut tightly? this way at night when it counts you'll have your best most constant maxillary support - for 8 whole hours. is it a bad idea because of the possibility of midfacial lengthening?

Reply



Machiavellian

Senior Member



Posts: 671
Threads: 52
Joined: Jun 2015
Reputation: **240**
Tinder Matches: 40
Dates: 5
Kisses: 50
Slay Count: 3

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07-23-2015, 01:23 AM

#28

PucciBoi Wrote: →

(07-23-2015, 01:04 AM)

Machiavellian Wrote: →

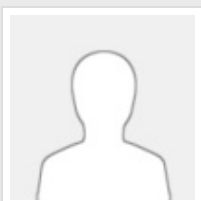
(07-23-2015, 12:11 AM)

Also, here is a quote suggesting why remodeling is more well accomplished during night time when I noticed a mention of leptin. This should emphasize an importance to developing greater tongue and masseter/temporalis strength to keep oral posture automatic during sleep.

i know putting anything between your teeth will force the face to lengthen, but since the goal of this thread is the move the midface up, what do you think of lining your teeth at night with a thin foam material and wrapping your jaw shut tightly? this way at night when it counts you'll have your best most constant maxillary support - for 8 whole hours. is it a bad idea because of the possibility of midfacial lengthening?

That was something you was told by Mew, but that was in relation to a much larger appliance. In the end, if your mouth is more shut this was than before it is beneficial.

Reply



PucciBoi

Newbie

07-23-2015, 01:29 AM

#29

Machiavellian Wrote: →

(07-23-2015, 01:23 AM)

PucciBoi Wrote: →

(07-23-2015, 01:04 AM)

i know putting anything between your teeth will force the face to lengthen, but since the goal of this thread is the move the midface up, what do you think of lining your teeth at night with a thin foam material and wrapping your jaw shut tightly? this way at night when it counts you'll have your best most

Posts: 21
Threads: 6
Joined: Jul 2015
Reputation: 0

constant maxillary support - for 8 whole hours. is it a bad idea because of the possibility of midfacial lengthening?

That was something you was told by Mew, but that was in relation to a much larger appliance. In the end, if your mouth is more shut this was than before it is beneficial.

but i just realized clenching will recess your maxilla and shift your jaw forward... this happens to adults with bruxism. so what do you think of also packing A LOT of some mold material in your palate so your maxilla gets more support? i don't trust that my tongue can stay stuck to the palate at night.

how often did you say to use melatonin, niacin, and other supplements? and how much per day? and are there any other supplements that can be used for remodeling in between niacin to to preserve it's surge of GH?

<http://www.ncbi.nlm.nih.gov/pubmed/12122085> i think leptin helps GH, so maybe supplementing it will be like getting the nighttime benefits during the day.

Find

Reply



Iono
Banned

Posts: 2,643
Threads: 46
Joined: Jul 2015

07-23-2015, 02:17 AM

#30

PucciBoi Wrote: →

(07-23-2015, 01:04 AM)

Machiavellian Wrote: →

(07-23-2015, 12:11 AM)

Also, here is a quote suggesting why remodeling is more well accomplished during night time when I noticed a mention of leptin. This should emphasize an importance to developing greater tongue and masseter/temporalis strength to keep oral posture automatic during sleep.

i know putting anything between your teeth will force the face to lengthen, but since the goal of this thread is the move the midface up, what do you think of lining your teeth at night with a thin foam material and wrapping your jaw shut tightly? this way at night when it counts you'll have your best most constant maxillary support - for 8 whole hours. is it a bad idea because of the possibility of midfacial lengthening?

You should have your mouth closed with your front teeth touching automatically using your jaw muscles not your wrap. Your jaw muscles act like a box compressor so using something to wrap your jaw closed will not do anything

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