

# AOD-9604

Patient Education Guide — What It Does, Why a Physician Would Prescribe It, and What the Evidence Says

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## Important Disclaimer

This information is not medical advice and is provided only to help begin your research. All clinical and dosing decisions must be made with a licensed, experienced physician and a licensed, experienced compounding pharmacist, supported by published clinical studies. This material was compiled using Artificial Intelligence, statements from videos and websites by apparent qualified professionals, and available published research. Anyone starting a medication they have never taken before should take an extremely conservative approach. We are not affiliated with any of the doctors whose videos are referenced below.

## AOD-9604 Compounded

**Category:** Fat Metabolism

**How it works.** AOD-9604 is a synthetic fragment derived from the C-terminal region of human growth hormone, specifically amino acids 176–191. It was designed to preserve the lipolytic (fat-metabolizing) effects of growth hormone without the full growth-promoting, water-retaining, or diabetogenic effects that make GH therapy problematic for many patients. Importantly, AOD-9604 does not meaningfully activate the GH axis or raise IGF-1 the way GH secretagogues do. That is both its theoretical advantage and its practical limitation.

**Why a physician might discuss it—and what to expect.** AOD-9604 is most defensibly positioned as a modest adjunct: for selected patients who cannot tolerate GLP-1 receptor agonists, who want a low-burden fat-metabolism support agent, or who are combining it with a serious lifestyle modification program. It is not a substitute for semaglutide or tirzepatide if a patient needs significant weight loss. Patients usually do not feel much: no strong appetite suppression, no GLP-1 nausea, no stimulant energy. If it helps, the changes are gradual—modest waist circumference improvement, small body-composition shifts, or lipid marker changes over weeks to months. Expectation management is everything.

**Regulatory status.** AOD-9604 is not FDA-approved. Its development as an obesity drug did not demonstrate sufficient efficacy to justify approval, despite a relatively clean short-term safety profile from a human trial program of approximately 900 participants. It received GRAS (Generally Recognized as Safe) self-affirmation for some food and cosmetic uses in Australia in 2014, but that is not drug approval. It is prohibited for WADA-tested athletes.

**Published Evidence:** Preclinical studies (Heffernan et al., *Endocrinology* 2001) demonstrated that AOD-9604 induces weight loss and increases lipolytic sensitivity in obese mice through interaction with the beta-adrenergic pathway. Both hGH and AOD-9604 increased beta(3)-adrenergic receptor RNA expression in fat cells. Notably, AOD-9604 was able to increase energy expenditure and fat oxidation even in beta(3)-AR knockout mice, suggesting additional mechanisms beyond that receptor alone. Human trial efficacy for weight loss was modest.

**Key Study:** Heffernan M, et al. "The effects of human GH and its lipolytic fragment (AOD9604) on lipid metabolism." *Endocrinology*. 2001;142(12):5182-9.

## Recommended Videos (educational, independent sources)

► **Dr. William Seeds — The Genius Life** — The Ultimate Peptide Stack To Burn Fat & Build Muscle

[https://www.youtube.com/watch?v=QdRdO\\_WnqYA](https://www.youtube.com/watch?v=QdRdO_WnqYA)

► **Dr. Jones, DC** — Doctor Reveals The Fat Burning Peptide That No One is Talking About (AOD-9604)

<https://www.youtube.com/watch?v=Na15XssGIpY>

► **Dr. Adam Sewell, MD** — AOD-9604: The Ultimate Guide to Fat Loss, Tissue Repair, and Metabolic Health

<https://www.youtube.com/watch?v=x4d99Xtz0SU>