

IGF-1 LR3

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.

IGF-1 LR3

Investigational

Compounded

Category: Insulin-Like Growth Factor-1 — Muscle & Recovery

How it works. IGF-1 LR3 is a synthetic long-acting analog of insulin-like growth factor-1. Unlike sermorelin, tesamorelin, or CJC-1295/ipamorelin, it does not stimulate the pituitary to produce a controlled downstream signal. It delivers an IGF-1-like anabolic signal directly to tissues, with reduced binding to IGF-binding proteins and a dramatically longer systemic half-life. That means the body's normal regulatory brakes are bypassed—there is no feedback shutoff, no pulsatility, and sustained direct anabolic signaling at the tissue level. That is why bodybuilders love it, and it is exactly why responsible physicians think carefully before prescribing it.

Regulatory status. IGF-1 LR3 is not FDA-approved. The only FDA-approved IGF-1-class therapy is mecasermin, which is unmodified recombinant IGF-1 approved for narrow pediatric indications of severe primary IGF-1 deficiency.

Why to be cautious. Because IGF-1 shares structural homology with insulin, hypoglycemia is a real risk. Because there is no pituitary feedback brake, IGF-1 elevation can be sustained—and sustained IGF-1 elevation is epidemiologically associated with increased risk of several cancers. Insulin resistance can develop with chronic exposure. Acromegalic soft-tissue effects—joint pain, edema, organomegaly, and facial bone changes—can occur at high exposure. WADA-tested athletes will fail drug testing. There are no completed human RCTs. If a physician does prescribe it, expect exhaustive documentation, cancer screening, glucose monitoring, and strict cycling protocols.

Monitoring Required: IGF-1 LR3 requires regular monitoring of blood glucose and IGF-1 levels due to its potent, sustained anabolic effects. Do not stack with insulin, growth hormone, or insulin secretagogues. Stop immediately for hypoglycemia, headache, visual changes, persistent joint or muscle pain, new masses, or pituitary/thyroid disturbances.

Recommended Videos (educational, independent sources)

► **Dr. Jay Campbell — Tiger Fitness** — IGF-1 LR3: The Ultimate Peptide for Muscle Growth & Fat Loss

<https://www.youtube.com/watch?v=nlxsea1yEFU>

► **Dr. Dwayne Jackson — IFBB AMA** — IGF-1 LR3 vs GH Peptides — The Battle Between Performance & Risk

<https://www.youtube.com/watch?v=cG-Wlf33aTA>

► **Dr. Greg Jones** — IGF-1 LR3: What Happens to Your BODY When You Use It?

<https://www.youtube.com/watch?v=uXOya65ACuQ>