

Sublingual enclomiphene + MODS MAX

A retrospective case series of 15 men. How TPrime365 works · ingredients · MODS mechanism

15

Patients enrolled

60 days

Observation window

+458Mean Δ total T (ng/dL)**100%**

Patients with increase

HOW TPRIME365 WORKS

Provider-directed sublingual administration

01

Evaluate

Licensed MD, DO, NP, or PA evaluates symptoms, history, labs, fertility goals, medications.

02

Prescribe

Patient-specific script sent to a licensed 503A compounding pharmacy.

03

Compound

Pharmacy prepares the sublingual formulation under applicable law.

04

Administer

Single 1 mL sublingual dose delivers active compounds through oral mucosa.

05

Follow up

Clinic tracks total testosterone, symptoms, safety, and tolerability.

INGREDIENTS AND ROLES

What is in each 1 mL sublingual dose

Enclomiphene citrate 25 mg	SERM. Proposed to support endogenous HPG signaling by reducing estrogen negative feedback at the hypothalamus and pituitary.
Boron 10 mg	Cofactor. Literature suggests possible SHBG and free testosterone effects. Independent contribution not determined here.
Vitamin C 10 mg	Antioxidant cofactor. Supportive role. Independent contribution not determined here.
Spermidine HCl 10 mg	Polyamine cofactor with autophagy and longevity biology literature. Independent contribution not determined here.
MODS MAX Delivery platform	Mineral oxide delivery system. Proposed mechanism. Not active ingredient. Compound-specific PK data required.

MODS MAX MECHANISM, IN BRIEF

Delivery platform, not active ingredient

- 1 Formula contacts oral mucosa under the tongue.
- 2 Mineral oxide platform is proposed to create a brief local signal.
- 3 That signal may temporarily support mucosal permeability and tight-junction modulation.
- 4 Active compounds have a better opportunity to reach the body in a usable form.
- 5 Independent contribution must be confirmed compound by compound with PK studies.

RESULTS IN ONE LINE

Mean total testosterone rose from 347.0 to 805.0 ng/dL over 60 days (mean change +458.0; 95% CI 326.4 to 589.6). Paired $t(14) = 7.46$, $p < 0.0001$. Wilcoxon $W = 0$, $p = 0.0001$. Cohen $d_z = 1.93$. All 15 patients increased. No serious adverse events documented during the 60-day observation period.

WHAT THE STUDY DOES NOT SHOW

Retrospective. Uncontrolled. $n = 15$. No LH or FSH measurement. No semen analysis. No validated symptom scale. No long-term safety data. No enclomiphene-only comparator. Independent contribution of MODS MAX cannot be determined. Prospective controlled studies are needed.

Bottom line. A retrospective 15-patient case series associated the compounded sublingual enclomiphene formulation with a clinically meaningful increase in mean total testosterone over 60 days. The data are hypothesis-generating. Prospective controlled studies, LH and FSH measurement, semen analysis, validated symptom tools, and compound-specific pharmacokinetic studies are needed to define the contribution of MODS MAX.