

NAD+

ACTIVE Nicotinamide adenine dinucleotide
FORM Injectable; strength not listed



01 / TREATMENT OVERVIEW

The clinical and commercial fit

Potential short-term support for energy, mental clarity, recovery, and a refreshed sense of wellness. A direct metabolic-cofactor story that may appeal to patients focused on healthy aging, resilience, or post-stress recovery. Can anchor a premium, clinician-supervised wellness experience with hydration, rest, sleep, and recovery guidance.

WHY PRACTITIONERS CONSIDER IT

Potential short-term support for energy, mental clarity, recovery, and a refreshed sense of wellness.

Can anchor a premium, clinician-supervised wellness experience with hydration, rest, sleep, and recovery guidance.

02 / TREATMENT FEATURES

01 Administration Catalog format: Injectable; strength not listed. The prescribing clinician and dispensing pharmacy confirm the exact preparation, concentration, handling, and administration technique.	02 Typical frequency Frequency is individualized around the exact formulation, patient goals, tolerability, and monitoring plan.
03 Expected duration No randomized study defines a course, maintenance interval, lasting response, or stopping rule for energy, cognition, recovery, addiction, or aging.	04 Practical advantages Can anchor a premium, clinician-supervised wellness experience with hydration, rest, sleep, and recovery guidance.

03 / PATIENT BENEFITS

Why suitable patients may consider it

POTENTIAL PATIENT BENEFITS

What suitable patients may value

- Potential short-term support for energy, mental clarity, recovery, and a refreshed sense of wellness.
- A direct metabolic-cofactor story that may appeal to patients focused on healthy aging, resilience, or post-stress recovery.
- Some patients report feeling calmer, more alert, or more capable of returning to normal routines after treatment.

ADDITIONAL PATIENT VALUE

Experience and care goals

- Can anchor a premium, clinician-supervised wellness experience with hydration, rest, sleep, and recovery guidance.
- Offers an emerging option for patients interested in cellular-energy and longevity programs.

Potential benefits are based on biologic plausibility, small metabolism studies, clinic experience, and patient reports. Durable clinical outcomes are uncertain and not guaranteed.

04 / IDEAL CLIENT PROFILE

Who is most likely to be a fit

BEST-FIT PATIENT

Qualification profile

- A carefully screened adult whose goals align with the potential benefits above and who understands that individual response varies.
- A patient willing to complete clinician-directed baseline review, monitoring, and an outcome-based follow-up plan.

CLINICAL CONTEXT

Qualification notes

- Can anchor a premium, clinician-supervised wellness experience with hydration, rest, sleep, and recovery guidance.
- Strongest fit occurs when the exact formulation, route, source, contraindications, and measurable goals can be clearly documented.

05 / POTENTIAL SIDE EFFECTS

The safety information patients need

COMMON OR TEMPORARY

Expected tolerability issues

- During IV infusion, nausea, abdominal cramping, diarrhea, sweating, flushing, headache, increased heart rate, and chest pressure are repeatedly described; discomfort may be rate dependent.
- Injection-site pain, redness, or swelling is possible with non-IV delivery, but reliable frequencies are unavailable.

SERIOUS OR IMPORTANT

Risks that change the decision

- Chest symptoms, marked tachycardia, fainting, severe vomiting, electrolyte or volume problems, hypersensitivity, infection, and product-quality events require medical attention.
- Long-term cardiovascular, liver, kidney, cancer, pregnancy, and interaction safety are not established for repeated high-dose parenteral use.

06 / CONTRAINDICATIONS

Who may not be a suitable candidate

AVOID OR USE SPECIALIST INPUT

Suitability limits

- Unstable cardiovascular disease, unexplained chest pain or fainting, pregnancy or breastfeeding, severe uncontrolled illness, or an unverified injectable product.
- Use that delays evaluation of neurologic symptoms, severe fatigue, substance withdrawal, or another diagnosable condition.

Side effects and suitability notes are not exhaustive. The exact product, patient history, dosing, monitoring, and emergency guidance require review by an appropriately licensed clinician.

What to check before treatment

BEFORE TREATMENT

Screening checklist

- Clarify the symptom and target outcome; review cardiovascular history, blood pressure, medications, liver and kidney disease, pregnancy status, hydration, substance use and withdrawal risk, and prior infusion reactions.
- If research use proceeds, document baseline symptoms and vital signs, use conservative product-specific supervision, and define stop criteria for chest, heart-rate, blood-pressure, or gastrointestinal symptoms.

ESCALATION

When to refer

- Chest pain, fainting, new neurologic deficits, severe or persistent vomiting, dangerous withdrawal symptoms, suicidality, or unexplained functional decline requires urgent or specialist care.

Screening and referral decisions are patient-specific. This summary does not replace diagnosis, prescribing information, informed consent, or local clinical requirements.

What the strongest public sources support

CURRENT STATUS

Not approved as an injectable treatment for energy, cognition, recovery, addiction, or anti-aging; these uses are investigational.

- A 2019 pilot included eight NAD+ infusion participants and focused on metabolism. A 2026 retrospective commercial-clinic pilot found moderate-to-severe gastrointestinal symptoms, increased heart rate, and chest pressure during NAD+ infusions and did not establish clinical efficacy.

KEY CLINICAL SOURCES

Primary or official source: Human NAD+ infusion metabolism pilot, 2019

Primary or official source: Commercial IV NAD+ tolerability pilot, 2026

Evidence and regulatory status can change. Confirm the current label, formulation, route, dose, pharmacy source, jurisdiction, and intended use before offering treatment.

How the research maps to this exact product

Small studies describe where infused NAD+ goes and short-term tolerability. They do not prove more energy, clearer thinking, or slower aging.

STUDY 01

Primary human finding

- 2019 pilot metabolism study; eight participants received a 6-hour IV infusion at 3 micromol/min and three received saline. NAD+ was cleared from plasma early and metabolites rose later. It measured metabolism, not clinical benefit.

STUDY 02

Supporting context

- 2026 retrospective commercial-clinic pilot; four daily 500 mg IV infusions. NAD+ recipients often had moderate-to-severe GI symptoms, faster heart rate, and chest pressure during infusion; lab changes were small and short-term. Nonrandomized and IV route may not match catalog injection.

Research on a related ingredient, route, dose, or population may not predict the outcome of the exact product offered. Potential benefits remain patient-specific and are not guaranteed.

What people report and how the evidence matches

REAL-WORLD REPORTS

What people describe

- About 10 detailed injection/infusion accounts were sampled. Some reported brief energy or calm; others reported no benefit. Nausea, cramping, chest pressure, racing heart, faintness, sweating, and injection pain were recurring and sometimes severe.

TIMING AND MATCH

When changes are reported

- Effects and adverse reactions were often immediate to same-day; lasting benefit was inconsistent.
- IV research and clinic data do not establish safety or benefit for an unspecified injectable product.

SOURCE NOTES

Direct links are included for verification. Public personal accounts are unverified and cannot show how common an outcome is. Evidence for one ingredient, route, or dose does not automatically validate a different compounded or blended product.

Product listing: Lennox catalog page; accessed Aug 26, 2026

User-reported evidence: NAD+ injection adverse experience, Reddit 2022

PRACTICE NOTE

This report supports informed discussion; it does not tell anyone to start, stop, or dose a treatment. Verify the exact ingredients, concentration, route, dispensing source, storage, beyond-use date, contraindications, and monitoring plan.