thetrutides

MELANOTAN I

Afamelanotide — the melanocortin tanning peptide

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Melanotan I is the more selective of the two melanotan peptides and, unusually for this category, has an approved counterpart in clinical medicine. It also carries a specific safety consideration that deserves to be read before anything else.

In Plain English

Your body tans by making melanin, and it does that when a hormone called α-MSH activates a receptor on your pigment cells. Melanotan I mimics that hormone, so pigment production increases without requiring the UV exposure that normally triggers it. The important caveat is that the receptor being activated sits on all melanocytes, including any that are already abnormal.

What people use it for. Tanning with less sun exposure, and photoprotection for people who burn easily.

What to know before you buy. Read the safety box above properly, because this is not a generic disclaimer. This compound works by switching on your pigment cells, and it cannot tell a healthy pigment cell from an abnormal one. If you have had a melanoma, have unusual or numerous moles, or have significant sun damage, this is a conversation for a dermatologist before anything else. Anyone using it should have a baseline skin check and keep an eye on existing moles.

What It's Used For

GOAL	WHAT THAT RESTS ON
Tanning with less sun	MC1R activation stimulates melanin production independently of UV exposure
Photoprotection	Its approved counterpart, afamelanotide, is licensed for a rare light-sensitivity disorder
Fewer side effects than MT-II	More MC1R-selective, so minimal sexual, appetite and nausea effects

The left column lists goals people commonly pursue with this compound; the right column states what that rests on. These are described uses and research findings, not proven outcomes or treatment claims. Individual results vary and no outcome is promised.

Pricing & Sizes

PRICING

10mg vial	$36

Bulk pricing: 2-3 vials −5% | 4-6 vials −10% | 7-9 vials −15% | 10+ vials −20%

Ships sealed and lyophilized — stable for years at room temperature, reconstitute before use, or ask and it will be reconstituted free at the volume shown below. **Free shipping on every order, no minimum.** Third-party COA available for every batch — HPLC purity and mass spec verification.

Reconstitution — bacteriostatic water: 10mg vial at 2mL = 5mg/mL, so 10 units on a 100-unit syringe draws 0.5mg. Concentrations are arithmetic from vial content and diluent volume, not a dosing recommendation.

At a Glance

CLASS	Synthetic analogue of α-melanocyte stimulating hormone (α-MSH)
MECHANISM	MC1R agonist — stimulates melanin production in melanocytes, increasing pigmentation independently of UV exposure
APPROVED COUNTERPART	Afamelanotide is approved as Scenesse for erythropoietic protoporphyria, a rare light-sensitivity disorder
SELECTIVITY	More MC1R-selective than Melanotan II, which is why it lacks the pronounced sexual and appetite effects of MT-II
REGULATORY (US)	Research-grade material is not FDA-approved. **Not** on the July 2026 PCAC agenda
FORMAT	10mg vial

MC1R	Scenesse	Not reviewed	□-MSH
PRIMARY RECEPTOR	APPROVED COUNTERPART	JULY 2026 PCAC	PARENT HORMONE

IMPORTANT SAFETY CONSIDERATION — READ FIRST

MC1R activation stimulates melanocytes, and **it does not distinguish between normal and abnormal melanocytes.** Anyone with a personal or family history of melanoma, atypical or dysplastic naevi, or significant sun damage should regard this as a specific contraindication to discuss with a dermatologist before use — not a general caution. Melanotan use has also been associated in case reports with changes in existing moles. Baseline and periodic full-skin examination by a dermatologist is the appropriate standard for anyone considering this compound.

MT-I vs MT-II

	MELANOTAN I (AFAMELANOTIDE)	MELANOTAN II
Selectivity	More MC1R-selective	Broader melanocortin activity, including MC3R and MC4R
Sexual effects	Minimal	Pronounced, including reported spontaneous erections
Appetite	Minimal effect	Appetite suppression commonly reported
Nausea	Less commonly reported	Commonly reported, particularly on early doses
Clinical counterpart	Approved as Scenesse	None approved anywhere

MT-I's selectivity is the reason it is generally considered the more predictable of the two. Both share the melanocyte activation concern.

What the Evidence Supports

Afamelanotide's approval for erythropoietic protoporphyria rests on controlled trials in that specific rare disorder, where increased pigmentation provides genuine photoprotection. That is a real, regulator-reviewed evidence base — but it is a narrow one, and it does not extend to cosmetic tanning in healthy adults, which has not been studied to the same standard.

Long-term safety data for cosmetic use specifically does not exist at any meaningful scale. Given that the mechanism directly stimulates the cell type involved in melanoma, that absence is the material gap rather than an incidental one.

THE BOTTOM LINE

The more selective and predictable of the two melanotans, with a genuine approved counterpart in a rare disease indication. The melanocyte activation mechanism means skin history is not a footnote here — it is the primary screening question, and a dermatologist rather than a supplier is the right person to answer it.

Also in the Range

Compare with **Melanotan-II**, which is stronger but far less selective — broader effects and a wider side effect profile including priapism risk.