REFERENCEGUIDE·PERSONALRESEARCHUSE

Peptide & Peptide-Adjacent Compound Reference

A fact-checked, categorized guide to 89 peptides and related research compounds — what each is, what it's claimed to do, and how strong the actual evidence is.

Source: derived from a supplied supplier catalog. Descriptions and claims are catalog-derived; evidence statements and risk ratings were independently researched and, where checked against current sources, corrected against the original document.

Compiled: August 2026

Not medical advice. This is an evidence-literacy reference, not a dosing or safety guide. Regulatory status, purity and legality vary by jurisdiction and by vial.

SCIENCE · NATURE · YOU.

How to read this guide

Each entry separates three things that are often blurred together in supplier marketing: what the compound is, what it's claimed to do, and what the evidence actually shows. A compound can be heavily studied and still not have a "proven" benefit for the specific claim being sold — that distinction is the point of this guide.

Evidence tiers

None — no meaningful efficacy evidence.

Animal — preclinical/cellular evidence only.

Human — human clinical evidence exists, ranging from small studies to Phase 3 trials or full approval. A "Human" label does not mean the evidence is strong or that the compound is approved for the claim being sold.

Risk rating

Low — limited systemic risk in an appropriate route/dose.

Medium — meaningful pharmacologic risk or thin evidence.

High — substantial endocrine/oncologic/cardiovascular risk, investigational status, or major uncertainty.

Corrections made to the source catalog: The original document's retatrutide entry cited "28.3% mean weight loss at 12 mg over 80 weeks" for TRIUMPH-1. Lilly's actual May 2026 topline is 25.0% at 12 mg / 80 weeks (vs 3.9% placebo); the higher 30.3% figure comes from a separate two-year extension in a smaller subgroup with BMI ≥35, not the primary 80-week readout. That correction is reflected below. The cagrilintide REDEFINE 1 figure (11.8% at 68 weeks) checked out and is unchanged. Two malformed citation fragments in the source document were removed.

A note on grey-market sourcing. Everything above the "Proven benefits" line describes the molecule in the literature. It says nothing about what's actually in a given vial. Identity, purity, concentration, sterility and endotoxin status are separate questions that only third-party COA testing can answer — and even a clean COA only covers that batch.

Contents

01

Metabolic & Weight Management

GLP-1 / GIP / glucagon / amylin receptor agonists and related fat-loss compounds

Semaglutide

MEDIUM RISK

Long-acting GLP-1 receptor agonist.

CLAIMED BENEFITS

Weight loss, glycemic control, cardiovascular risk reduction in indicated populations.

EVIDENCE

Human — strong randomized-trial and regulatory evidence for diabetes/weight management and cardiovascular benefit in approved indications.

Tirzepatide

MEDIUM RISK

Dual GIP/GLP-1 receptor agonist.

CLAIMED BENEFITS

Weight loss, glycemic control and cardiometabolic improvement.

EVIDENCE

Human — strong Phase 3 evidence and approved clinical use for type 2 diabetes and chronic weight management.

Liraglutide

MEDIUM RISK

GLP-1 receptor agonist.

CLAIMED BENEFITS

Weight loss, glycemic control and cardiovascular/metabolic benefits in indicated populations.

EVIDENCE

Human — strong clinical and regulatory evidence for diabetes and chronic weight management.

Retatrutide

HIGH RISK

Triple GIP/GLP-1/glucagon receptor agonist.

CLAIMED BENEFITS

Major weight loss, glycemic improvement and cardiometabolic benefits.

EVIDENCE

Human — Phase 3 TRIUMPH-1 (May 2026 topline, 2,339 participants) showed 25.0% mean weight loss at 12 mg vs 3.9% placebo at 80 weeks; a smaller two- year extension in patients with BMI ≥35 reached 30.3%. Still investigational and unapproved as of Aug 2026; Lilly is targeting an NDA filing late 2026.

Cagrilintide

MEDIUM RISK

Long-acting amylin analogue.

CLAIMED BENEFITS

Appetite suppression, satiety and weight loss.

EVIDENCE

Human — Phase 3 REDEFINE 1 monotherapy sub-analysis: 11.8% mean weight loss at 68 weeks (2.4 mg) vs 2.3% placebo. Not yet FDA approved as of Aug 2026; a dedicated RENEW Phase 3 programme is underway.

CagriSema

MEDIUM RISK

Fixed-dose combination of cagrilintide and semaglutide.

CLAIMED BENEFITS

Weight loss, glycemic and cardiometabolic improvements.

EVIDENCE

Human — Phase 3 REDEFINE 1 showed CagriSema outperformed either component alone, with roughly 60% of participants losing ≥20% body weight. Regulatory review is ongoing; not yet broadly approved.

Retatrutide + Cagrilintide

HIGH RISK

Experimental combination of a GLP-1/GIP/glucagon agonist with an amylin analogue.

CLAIMED BENEFITS

Potentially greater appetite suppression and weight loss than either alone.

EVIDENCE

None — no published human clinical evidence for this specific combination; both components are individually studied, the pairing is not.

Survodutide

HIGH RISK

Dual GLP-1/glucagon receptor agonist.

CLAIMED BENEFITS

Weight loss and metabolic/liver benefits.

EVIDENCE

Human — clinical trials demonstrate weight-loss/metabolic effects; investigational status varies and it is not broadly approved.

Mazdutide

HIGH RISK

Dual GLP-1/glucagon receptor agonist.

CLAIMED BENEFITS

Weight loss and glycemic/metabolic improvement.

EVIDENCE

Human — Phase 3 clinical evidence exists (approved in China for some indications); regulatory status varies by country.

Eloralintide

MEDIUM RISK

Long-acting amylin analogue under clinical development.

CLAIMED BENEFITS

Weight loss and appetite reduction.

EVIDENCE

Human — early/mid clinical evidence supports weight-loss activity; still investigational, no approval.

AOD9604

MEDIUM RISK

Fragment of human growth hormone investigated for metabolic/fat-loss effects.

CLAIMED BENEFITS

Fat loss and metabolic enhancement without full GH effects.

EVIDENCE

Human/Animal experimental — clinical studies exist but efficacy for meaningful weight loss is not established.

5-Amino-1MQ

MEDIUM RISK

Small-molecule NNMT inhibitor, peptide-adjacent research compound.

CLAIMED BENEFITS

Fat loss, metabolic improvement and increased NAD-related metabolism.

EVIDENCE

Animal — promising preclinical data; human efficacy/safety not established.

Adipotide

HIGH RISK

Experimental targeted pro-apoptotic peptide investigated for adipose-tissue reduction.

CLAIMED BENEFITS

Fat loss and appetite/weight reduction.

EVIDENCE

Human/Animal experimental — early human study and animal work exist, but it is not an established weight-loss therapy; safety concerns are significant.

02

Growth Hormone Axis

Secretagogues, GHRH analogues, and IGF-related compounds

HGH 191AA (Somatropin)

HIGH RISK

Recombinant human growth hormone (191 amino acids).

CLAIMED BENEFITS

Growth, body composition, recovery and treatment of growth-hormone deficiency.

EVIDENCE

Human — established pharmaceutical use for specific growth-hormone deficiency and other approved indications; not established as a general anti-aging or physique drug.

Sermorelin

MEDIUM RISK

GHRH analogue that stimulates endogenous GH release.

CLAIMED BENEFITS

GH/IGF-1 support, body composition and growth-hormone deficiency-related effects.

EVIDENCE

Human — established historical clinical use for GH stimulation/diagnostic contexts; broader anti-aging/bodybuilding use is not established.

CJC-1295 without DAC

HIGH RISK

GHRH analogue designed for shorter-acting GH stimulation.

CLAIMED BENEFITS

Increase GH/IGF-1, recovery and body composition.

EVIDENCE

Human — GH stimulation has been demonstrated experimentally; clinical outcome evidence for wellness/bodybuilding use is limited.

CJC-1295 with DAC

HIGH RISK

Long-acting GHRH analogue.

CLAIMED BENEFITS

Increase GH/IGF-1 and improve body composition/recovery.

EVIDENCE

Human — increases GH/IGF-1 in studies; long-term clinical benefit/safety for non- approved uses is not established.

Ipamorelin

MEDIUM RISK

Selective growth-hormone secretagogue.

CLAIMED BENEFITS

Increase GH with less effect on cortisol/prolactin; recovery/body composition.

EVIDENCE

Human — GH stimulation demonstrated; therapeutic benefits for general wellness/bodybuilding not established.

GHRP-2

HIGH RISK

Growth-hormone secretagogue acting at the ghrelin/GHS receptor.

CLAIMED BENEFITS

Increase GH, IGF-1, recovery, body composition.

EVIDENCE

Human — increases GH acutely; evidence does not establish general anti-aging or physique benefits, and it is not broadly approved for those uses.

GHRP-6

HIGH RISK

Growth-hormone secretagogue related to GHRP-2.

CLAIMED BENEFITS

Increase GH, appetite, recovery and body composition.

EVIDENCE

Human — pharmacologic GH stimulation is established; broader performance/anti-aging claims are not.

Hexarelin

HIGH RISK

Potent growth-hormone secretagogue.

CLAIMED BENEFITS

Increase GH, muscle growth, recovery and possibly cardiac effects.

EVIDENCE

Human/Animal experimental — GH stimulation established; broader clinical benefits are not established.

Tesamorelin

MEDIUM RISK

GHRH analogue that raises GH/IGF-1.

CLAIMED BENEFITS

Reduction of visceral abdominal fat in specific HIV-associated lipodystrophy; sometimes marketed for body composition.

EVIDENCE

Human — FDA-approved for reduction of excess abdominal fat in adults with HIV- associated lipodystrophy; other uses are not established.

Tesamorelin + Ipamorelin

HIGH RISK

Combination of GHRH analogue and GH secretagogue.

CLAIMED BENEFITS

Increase GH/IGF-1 and alter body composition.

EVIDENCE

Human — each component has human evidence for GH-axis effects; combination-specific outcome evidence is limited.

IGF-1 LR3

HIGH RISK

Long-acting IGF-1 analogue.

CLAIMED BENEFITS

Muscle growth, anabolic effects and recovery.

EVIDENCE

Animal/Human experimental — IGF-1 biology is established, but LR3 is not an approved bodybuilding treatment and has meaningful hypoglycemia/proliferation concerns.

MGF

HIGH RISK

Mechano growth factor, an IGF-1 splice variant/fragment studied in muscle biology.

CLAIMED BENEFITS

Muscle growth, repair and recovery.

EVIDENCE

Animal — preclinical evidence; no established human therapeutic efficacy.

PEG-MGF

HIGH RISK

PEGylated mechano growth factor research compound.

CLAIMED BENEFITS

Prolonged MGF activity, muscle growth and recovery.

EVIDENCE

Animal — preclinical rationale; human efficacy/safety not established.

ACE-031

HIGH RISK

Myostatin/activin-pathway inhibitor (ActRIIB-Fc biologic).

CLAIMED BENEFITS

Increase muscle mass and strength; counter muscle wasting.

EVIDENCE

Human — clinical trials demonstrated pharmacologic effects, but development was limited by safety concerns including vascular effects.

03

Tissue Repair & Recovery

Regenerative and wound-healing research peptides

BPC-157

HIGH RISK

Experimental peptide derived from a gastric protein sequence.

CLAIMED BENEFITS

Tissue repair, tendon/ligament healing, GI protection and inflammation reduction.

EVIDENCE

Animal — substantial preclinical research; human efficacy and safety remain inadequately established.

TB-500 (Thymosin β4-related)

HIGH RISK

Synthetic/fragment form marketed as a regenerative peptide.

CLAIMED BENEFITS

Wound healing, tissue repair, recovery and angiogenesis.

EVIDENCE

Animal — substantial mechanistic/preclinical research on thymosin β4; TB-500 as marketed has insufficient human clinical evidence.

BPC-157 + TB-500

HIGH RISK

Combination of two experimental repair/regeneration peptides.

CLAIMED BENEFITS

Wound/tissue repair, recovery, inflammation reduction.

EVIDENCE

Animal — claims are primarily extrapolated from separate preclinical research; no established human clinical efficacy for the combination.

TB-500 Fragment

HIGH RISK

Fragment marketed as TB-500.

CLAIMED BENEFITS

Tissue repair and recovery.

EVIDENCE

None/Animal — evidence is largely extrapolated from thymosin β4 research rather than robust clinical trials of this fragment.

GHK-Cu

MEDIUM RISK

Copper-binding tripeptide involved in extracellular-matrix signaling.

CLAIMED BENEFITS

Skin repair, collagen production, wound healing and hair/skin benefits.

EVIDENCE

Human/Animal — some human cosmetic/dermatologic evidence plus substantial preclinical work; injectable systemic claims are less established.

LL-37

HIGH RISK

Human antimicrobial peptide involved in innate immunity and tissue repair.

CLAIMED BENEFITS

Antimicrobial effects, wound healing and immune modulation.

EVIDENCE

Human/Animal experimental — biologic activity is established, but therapeutic injectable use is not broadly established.

PE 22-28

HIGH RISK

Short experimental peptide associated with mitochondrial/neuroprotective research.

CLAIMED BENEFITS

Neuroprotection and mitochondrial support.

EVIDENCE

Animal/Preclinical — evidence is experimental and not sufficient for human efficacy.

04

Cognitive, Mood & CNS

Nootropic, anxiolytic and sleep-related peptides

DSIP

MEDIUM RISK

Delta sleep-inducing peptide; experimental neuropeptide.

CLAIMED BENEFITS

Sleep improvement, stress reduction, analgesia and other CNS effects.

EVIDENCE

Human — limited/old experimental evidence; no robust modern clinical evidence establishing these claims.

Selank

MEDIUM RISK

Synthetic peptide investigated for CNS/anxiolytic and immune effects.

CLAIMED BENEFITS

Anxiety reduction, cognition, stress resilience.

EVIDENCE

Human — limited clinical research, mostly Russian; not established as an approved therapy.

Semax

MEDIUM RISK

Synthetic peptide investigated as a neuroprotective/nootropic agent.

CLAIMED BENEFITS

Cognition, attention, neuroprotection and recovery after neurological injury.

EVIDENCE

Human — limited clinical studies, particularly from Russia/Eastern Europe; not broadly established or approved as a standard therapy.

Semax + Selank

MEDIUM RISK

Combination of two experimental CNS peptides.

CLAIMED BENEFITS

Cognition, anxiety/stress and neuroprotection.

EVIDENCE

Human — limited evidence for each component; combination-specific efficacy is not established.

NA-Semax Amidate

MEDIUM RISK

Modified Semax analogue.

CLAIMED BENEFITS

Cognition and neuroprotection.

EVIDENCE

None/Preclinical — insufficient robust human clinical evidence for the modified formulation.

NA-Selank Amidate

MEDIUM RISK

Modified Selank analogue.

CLAIMED BENEFITS

Anxiolytic/cognitive effects.

EVIDENCE

None/Preclinical — insufficient robust human clinical evidence for the modified formulation.

Pinealon

MEDIUM RISK

Short peptide investigated for neuroprotective/cellular-aging effects.

CLAIMED BENEFITS

Cognition, brain aging and neuroprotection.

EVIDENCE

Animal/Human experimental — limited studies; no robust evidence for human longevity benefit.

P21

HIGH RISK

Experimental peptide associated with neuroregenerative/cognitive research.

CLAIMED BENEFITS

Neuroprotection and cognition.

EVIDENCE

Animal/Preclinical — insufficient human clinical evidence.

Cerebrolysin

MEDIUM RISK

Mixture of low-molecular-weight peptides/amino acids derived from porcine brain tissue.

CLAIMED BENEFITS

Neuroprotection and recovery after neurological injury.

EVIDENCE

Human — studied clinically, particularly in stroke and neurocognitive conditions, but regulatory acceptance and evidence quality vary.

Humanin

MEDIUM RISK

Mitochondria-derived peptide involved in cell-survival/metabolic signaling.

CLAIMED BENEFITS

Neuroprotection, metabolic health and longevity.

EVIDENCE

Animal — substantial preclinical interest; human therapeutic efficacy is not established.

05

Sexual Health & Reproductive Axis

Melanocortin, gonadotropin and related hormone peptides

PT-141 (Bremelanotide)

MEDIUM RISK

Melanocortin receptor agonist that acts centrally on sexual desire/arousal pathways.

CLAIMED BENEFITS

Increased sexual desire/arousal; erectile effects have also been studied.

EVIDENCE

Human — FDA-approved bremelanotide (Vyleesi) for acquired, generalized HSDD in premenopausal women; other uses are not established approvals.

MT-1 (Melanotan I)

MEDIUM RISK

Melanocortin peptide related to α-MSH.

CLAIMED BENEFITS

Tanning/pigmentation; photoprotection-related effects.

EVIDENCE

Human — melanocortin analogues have clinical evidence (e.g. afamelanotide), but catalog MT-1 is not an approved formulation.

MT-2 (Melanotan II)

HIGH RISK

Synthetic melanocortin receptor agonist.

CLAIMED BENEFITS

Tanning, libido/erectile effects, appetite effects.

EVIDENCE

Human — human studies exist, but it is not an approved tanning medicine; safety/effectiveness depend on indication and formulation.

Gonadorelin Acetate

MEDIUM RISK

Synthetic GnRH (gonadotropin-releasing hormone).

CLAIMED BENEFITS

Stimulate LH/FSH; support reproductive-axis function in appropriate GnRH deficiency.

EVIDENCE

Human — established diagnostic and therapeutic GnRH physiology; pulsatile administration is important for replacement therapy.

Kisspeptin-10

MEDIUM RISK

Kisspeptin-derived peptide that stimulates GnRH release.

CLAIMED BENEFITS

Increase LH/FSH, reproductive-axis stimulation, fertility support.

EVIDENCE

Human — controlled human studies demonstrate reproductive-axis stimulation; clinical use remains specialized/investigational.

HCG

MEDIUM RISK

Human chorionic gonadotropin; LH-like gonadotropin.

CLAIMED BENEFITS

Stimulate endogenous testosterone, preserve testicular function, support fertility.

EVIDENCE

Human — established pharmaceutical use for selected hypogonadism/fertility indications; effects depend on underlying HPG-axis function.

HMG

HIGH RISK

Human menopausal gonadotropin containing FSH activity plus LH/hCG-like activity.

CLAIMED BENEFITS

Ovulation induction and fertility treatment.

EVIDENCE

Human — established fertility medicine under specialist care.

Oxytocin Acetate

MEDIUM RISK

Peptide hormone involved in social behavior, uterine contraction and lactation.

CLAIMED BENEFITS

Social bonding, anxiety/mood effects, sexual function and lactation-related effects.

EVIDENCE

Human — established physiological/obstetric uses; many psychiatric/social claims remain investigational and context-dependent.

Alprostadil

MEDIUM RISK

Prostaglandin E1 analogue.

CLAIMED BENEFITS

Erectile dysfunction; vasodilation and other specialized uses.

EVIDENCE

Human — established pharmaceutical treatment for erectile dysfunction and other indications.

Testagen

HIGH RISK

Experimental peptide marketed for testosterone-related support.

CLAIMED BENEFITS

Testosterone support and reproductive health.

EVIDENCE

None — insufficient robust human evidence for the marketed claims. 06 Longevity, Senescence & Mitochondrial Support

06

Longevity, Senescence & Mitochondrial Support

Anti-aging and cellular-health research compounds

Epithalon (Epitalon)

MEDIUM RISK

Tetrapeptide (AEDG) investigated for cellular aging, telomerase and circadian biology.

CLAIMED BENEFITS

Anti-aging, telomere maintenance, sleep/circadian support, longevity.

EVIDENCE

Animal/Human experimental — cellular and animal evidence exists; no rigorous evidence that it slows human aging or extends human lifespan.

N-Acetyl Epitalon Amidate

HIGH RISK

Modified Epitalon analogue.

CLAIMED BENEFITS

Longevity, telomere and anti-aging effects.

EVIDENCE

None/Preclinical — modified analogue has insufficient human clinical evidence; claims are extrapolated from Epitalon research.

SS-31 (Elamipretide)

MEDIUM RISK

Mitochondria-targeted tetrapeptide that binds cardiolipin.

CLAIMED BENEFITS

Mitochondrial function, energy production, muscle/organ protection and aging- related benefits.

EVIDENCE

Human — studied in multiple clinical trials; biologic activity is demonstrated, but broad anti-aging/mitochondrial-health claims remain unproven.

MOTS-c

MEDIUM RISK

Mitochondria-derived peptide involved in metabolic signaling.

CLAIMED BENEFITS

Metabolic health, insulin sensitivity, exercise adaptation and longevity.

EVIDENCE

Animal — strong mechanistic/preclinical interest; human clinical efficacy remains unestablished.

FOXO4-DRI

HIGH RISK

Experimental peptide designed to disrupt FOXO4-p53 interaction in senescent cells.

CLAIMED BENEFITS

Senolysis, removal of senescent cells, rejuvenation/longevity.

EVIDENCE

Animal — notable mouse/cell evidence; no established human efficacy or safety.

NAD

MEDIUM RISK

Nicotinamide adenine dinucleotide, a central cellular redox/cofactor molecule.

CLAIMED BENEFITS

Energy, mitochondrial function, aging and metabolic support.

EVIDENCE

Human/Animal — NAD biology is well established, but clinical benefit from direct NAD administration for anti-aging is not established.

PNC27

HIGH RISK

Experimental p53-related peptide designed to target cancer cells.

CLAIMED BENEFITS

Anticancer activity.

EVIDENCE

Animal/Cell — preclinical anticancer findings; no established human clinical efficacy.

07

Immune & Thymic Function

Immune-modulating peptides

Thymosin Alpha-1

MEDIUM RISK

Immune-modulating thymic peptide.

CLAIMED BENEFITS

Immune support, infection response and vaccine/adjuvant effects.

EVIDENCE

Human — substantial clinical research and use in some countries; regulatory status and approved indications vary by jurisdiction.

Thymalin

MEDIUM RISK

Peptide preparation associated with thymic/immune function research.

CLAIMED BENEFITS

Immune modulation, aging and recovery.

EVIDENCE

Animal/Human experimental — limited evidence; no robust modern evidence establishing longevity benefits.

Vilon

MEDIUM RISK

Short thymic peptide investigated for immune/cellular aging effects.

CLAIMED BENEFITS

Immune modulation and aging support.

EVIDENCE

Animal/Human experimental — limited evidence; no established clinical longevity benefit.

08

Khavinson-Style Bioregulator Peptides

Organ-targeted short-chain peptide preparations of Russian/Eastern European origin — evidence base is thin across this entire family

Bronchogen

MEDIUM RISK

Experimental organ-specific bioregulatory peptide preparation.

CLAIMED BENEFITS

Respiratory/bronchial tissue support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Cardiogen

HIGH RISK

Experimental organ-specific bioregulatory peptide preparation.

CLAIMED BENEFITS

Cardiac tissue support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Cortagen

MEDIUM RISK

Experimental organ-specific bioregulatory peptide preparation.

CLAIMED BENEFITS

Brain/cognitive or age-related support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Livagen

MEDIUM RISK

Experimental liver-targeted bioregulatory peptide preparation.

CLAIMED BENEFITS

Liver function and regeneration.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Pancragen

HIGH RISK

Experimental pancreas-targeted bioregulatory peptide preparation.

CLAIMED BENEFITS

Pancreatic function and metabolic support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Prostamax

MEDIUM RISK

Experimental prostate-targeted bioregulatory peptide preparation.

CLAIMED BENEFITS

Prostate support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Cartalax

MEDIUM RISK

Experimental cartilage-targeted bioregulatory peptide preparation.

CLAIMED BENEFITS

Cartilage/joint support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Chonluten

MEDIUM RISK

Experimental respiratory/bronchial bioregulatory peptide preparation.

CLAIMED BENEFITS

Respiratory tissue support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Crystagen

MEDIUM RISK

Experimental crystalline-lens/eye-targeted bioregulatory peptide preparation.

CLAIMED BENEFITS

Eye/lens support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Ovagen

HIGH RISK

Experimental ovarian-targeted bioregulatory peptide preparation.

CLAIMED BENEFITS

Ovarian/reproductive support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

Vesugen

MEDIUM RISK

Experimental vascular/endothelial bioregulatory peptide preparation.

CLAIMED BENEFITS

Vascular support.

EVIDENCE

None/Preclinical — insufficient robust human evidence.

09

Cosmetic & Topical

Skin, joint and connective-tissue support compounds

Matrixyl

LOW RISK

Cosmetic peptide family used in topical skin products.

CLAIMED BENEFITS

Collagen support and wrinkle reduction.

EVIDENCE

Human — some topical cosmetic evidence; evidence does not support systemic injectable anti-aging claims.

Snap-8

LOW RISK

Cosmetic peptide fragment marketed for expression-line reduction.

CLAIMED BENEFITS

Reduce appearance of wrinkles.

EVIDENCE

Human/Animal — limited cosmetic evidence; injectable systemic claims are not established.

Glutathione

MEDIUM RISK

Major endogenous antioxidant tripeptide.

CLAIMED BENEFITS

Antioxidant support, detoxification and skin-lightening claims.

EVIDENCE

Human — established biological role; clinical benefits of injectable supplementation vary by indication and are not established for general anti- aging.

Hyaluronic Acid

LOW RISK

Glycosaminoglycan used in tissue hydration and structural support.

CLAIMED BENEFITS

Skin hydration, joint effects and tissue repair.

EVIDENCE

Human — strong evidence for certain local/topical/intra-articular uses; injectable product claims depend on formulation and route.

10

Performance, Endurance & Miscellaneous Metabolic

AICAR

HIGH RISK

AMPK activator and metabolic research compound.

CLAIMED BENEFITS

Exercise mimetic effects, metabolic enhancement, endurance and fat oxidation.

EVIDENCE

Animal — strong mechanistic/preclinical evidence; human evidence for performance/weight-loss use is insufficient.

EPO

HIGH RISK

Erythropoietin, a hormone stimulating red-blood-cell production.

CLAIMED BENEFITS

Treat anemia; increased oxygen-carrying capacity/performance claims.

EVIDENCE

Human — established medical use for specified anemias; nonmedical performance enhancement carries substantial thrombotic/cardiovascular risk. Banned in competitive sport.

Teriparatide

MEDIUM RISK

PTH(1-34) anabolic bone peptide.

CLAIMED BENEFITS

Increase bone formation and treat osteoporosis/high fracture risk.

EVIDENCE

Human — established pharmaceutical treatment for osteoporosis in indicated patients.

11

Analgesic, Anti-inflammatory & Other Signaling Peptides

Dermorphin

HIGH RISK

Potent μ-opioid receptor agonist peptide originally isolated from frog skin.

CLAIMED BENEFITS

Analgesia and opioid pharmacology research.

EVIDENCE

Human/Animal experimental — opioid activity is established; not an approved general analgesic and carries opioid-type risks including dependence and respiratory depression.

VIP

MEDIUM RISK

Vasoactive intestinal peptide with vasodilatory, secretory and immunomodulatory roles.

CLAIMED BENEFITS

Respiratory, vascular, GI and immune effects.

EVIDENCE

Human/Animal experimental — physiological effects are established, but broad therapeutic claims are not established.

KPV

MEDIUM RISK

C-terminal tripeptide fragment of α-MSH.

CLAIMED BENEFITS

Anti-inflammatory and skin/GI effects.

EVIDENCE

Animal — mainly preclinical evidence; human efficacy is not established.

ARA-290

MEDIUM RISK

Erythropoietin-derived tissue-protective peptide without erythropoietic activity.

CLAIMED BENEFITS

Neuropathic pain, inflammation and tissue protection.

EVIDENCE

Human/Animal experimental — early human trials exist, but broad therapeutic efficacy is not established.

12

Unverified / Ambiguous Catalog Entries

Identity or formulation could not be confirmed from the source catalog — treat with particular caution

Adamax

HIGH RISK

Catalog-listed adamantane-related small molecule/peptide-adjacent compound; exact identity should be verified before any use.

CLAIMED BENEFITS

No reliable benefit can be assigned from the catalog alone.

EVIDENCE

None — insufficient source information to establish clinical evidence.

CJC

HIGH RISK

Catalog-listed “CJC” peptide with ambiguous formulation — could denote CJC- 1295 with or without DAC; confirm before ordering or dosing.

CLAIMED BENEFITS

Likely GH-axis stimulation depending on formulation.

EVIDENCE

None — exact identity/formulation needs verification.

PTD-DBM

HIGH RISK

Experimental peptide/protein-interaction research compound; catalog identity alone is insufficient to define clinical use.

CLAIMED BENEFITS

No reliable clinical benefit can be assigned from the catalog alone.

EVIDENCE

None — insufficient evidence to establish a clinical benefit. Compiled and fact-checked August 2026. Evidence summaries reflect publicly available clinical and preclinical literature as of this date and are necessarily simplified — treat every entry as a starting point for further reading, not a final word.

N■TURA

Compiled and fact-checked August 2026. Evidence summaries reflect publicly available clinical and preclinical literature as of this date and are necessarily simplified — treat every entry as a starting point for further reading, not a final word.