VPN Peptide Research Field Guide

Compiled by Verified Peptides Network · Organized by research category · Dosing figures are general reference only — always confirm with a qualified physician.

VPN INNER CIRCLE

For Research Purposes Only

⚠ **Research Reference Only.** The compounds listed below are research chemicals. Many are not FDA-approved for the applications noted. Dosing ranges represent general community research data and are not personal medical recommendations. Do not begin, modify, or discontinue any compound without guidance from a licensed healthcare provider. This document is produced independently by Verified Peptides Network for informational purposes only.

METABOLIC & FAT LOSS

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
Semaglutide	0.25–2.4 mg (titrated)	Weekly SC	GLP-1 receptor agonist; researchers study it for appetite regulation, adipose reduction, and glycemic improvement	GI upset, constipation, gallbladder strain, potential lean mass reduction, gastroparesis risk	Tirzepatide (swap), BPC-157 (gut support), CJC/Ipa (muscle retention)	Other GLP-1 agonists; severe GI motility conditions
Tirzepatide	2.5–15 mg (titrated)	Weekly SC	Dual GLP-1 / GIP agonist; outperforms semaglutide in weight reduction trials; improves insulin receptor sensitivity	Nausea, fatigue, digestive distress, lean mass loss, rare pancreatitis reports	BPC-157, CJC/Ipamorelin, 5-Amino-1MQ	Concurrent GLP-1 agents; insulin without careful titration
Retatrutide	1–12 mg (titrated)	Weekly SC	Triple receptor agonist targeting GLP-1, GIP, and glucagon pathways; among the most aggressive fat reduction profiles in current trials	Nausea, fatigue, elevated resting HR, lipid shifts, lean mass loss	BPC-157, CJC/Ipamorelin, MOTS-c	Other GLP-1 compounds; cardiovascular disease (use caution)
AOD-9604	250–500 mcg	Daily SC (fasted AM)	Isolated GH fragment (aa 177–191); targets fat cell breakdown without triggering systemic GH effects or blood sugar disruption	Localized injection site reactions; generally well-tolerated	CJC/Ipamorelin, GLP-1 compounds	High-dose exogenous GH (overlapping mechanism)
5-Amino-1MQ	50–150 mg	Daily oral (AM)	NNMT enzyme inhibitor; research suggests fat reduction while preserving muscle tissue; supports NAD+ availability	Limited human safety data; possible mild GI upset	Tirzepatide/Semaglutide, MOTS-c, NAD+	Stimulants (caution); drug interactions poorly characterized

GROWTH HORMONE & MUSCLE SUPPORT

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
CJC-1295 No DAC (Mod GRF 1-29)	100 mcg	1–3x daily SC	Short-acting GHRH analog; mimics the body's natural GH pulsatile release; supports lean tissue, overnight recovery, and sleep quality	Facial flushing, head rush, mild fluid retention, headache	Ipamorelin (optimal pairing), GHK-Cu	CJC with DAC simultaneously; high-dose MK-677
CJC-1295 with DAC	1–2 mg	Weekly SC	Extended half-life GHRH via DAC technology; provides sustained elevation of GH and IGF-1 throughout the week	Tingling, numbness, water retention, bloating, prolonged IGF-1 activity	Ipamorelin, Hexarelin (short cycles)	CJC No DAC, Tesamorelin, Sermorelin (overlapping GHRH)
Ipamorelin	200–300 mcg	1–3x daily SC	Highly selective GHRP; stimulates GH release without raising cortisol or prolactin; supports lean muscle and recovery	Mild head rush, brief hunger spike, injection site discomfort	CJC-1295 (either form) — considered the gold-standard pairing	GHRP-6, Hexarelin (redundant ghrelin stimulation)

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
Sermorelin	200–500 mcg	Daily SC (pre-bed)	GHRH analog with established safety profile; supports endogenous GH secretion, sleep depth, and general anti-aging markers	Flushing, injection site irritation, mild headache	Ipamorelin, GHK-Cu	CJC-1295, Tesamorelin (redundant GHRH pathways)
Tesamorelin	1–2 mg	Daily SC	GHRH analog with FDA approval for visceral fat in HIV-associated lipodystrophy; raises IGF-1 and reduces trunk adiposity	Joint aching, peripheral edema, IGF-1 spikes, insulin resistance risk	Ipamorelin (in cycles)	Sermorelin, CJC-1295 (overlapping mechanism)
MK-677 (Ibutamoren)	10–25 mg	Daily oral (PM)	Oral ghrelin mimetic; promotes GH/IGF-1 elevation, appetite stimulation, and measurable improvement in deep sleep architecture	Fluid retention, hunger, insulin resistance, lethargy, potential edema	BPC-157, GHK-Cu	GLP-1 compounds (opposing appetite signals); other GHRPs
Hexarelin	100–200 mcg	1–2x daily SC	Among the most potent GHRPs; studied for cardioprotective properties and rapid GH pulse stimulation	Cortisol and prolactin elevation; receptor downregulation with extended use	CJC No DAC (short-cycle use only)	Prolonged continuous use; stacking with other GHRPs
GHRP-6	100–300 mcg	2–3x daily SC	Ghrelin-pathway agonist; strong GH release stimulus and notable appetite increase; mild healing properties noted in research	Pronounced hunger, fluid retention, prolactin and cortisol increase	CJC No DAC (short cycles)	Ipamorelin (redundant), MK-677, GLP-1 compounds

🔬 TISSUE REPAIR & RECOVERY

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
BPC-157	250–500 mcg	1–2x daily SC or oral	Body-protective compound; extensively researched for gut lining repair, tendon and ligament healing, neuroprotection, and systemic anti-inflammatory action	Exceptionally well-tolerated; rare mild fatigue reported	TB-500 (synergistic pairing), KPV (gut), Thymosin Alpha-1	Active malignancy (theoretical angiogenesis stimulation)
TB-500 (Thymosin Beta-4)	2–2.5 mg	2x/week load ×4 wks, then weekly	Systemic tissue repair agent; promotes whole-body healing response, vascular regeneration, hair restoration, and anti-inflammatory signaling	Fatigue and lethargy during initial loading phase	BPC-157 (synergistic), GHK-Cu	Active malignancy (theoretical angiogenesis stimulation)

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
GHK-Cu	1–3 mg SC or topical	Daily SC or topical	Copper-binding tripeptide; promotes collagen synthesis, dermal regeneration, wound healing, hair follicle stimulation, and anti-aging signaling	Copper buildup with excess dosing; localized injection irritation	TB-500, BPC-157, Sermorelin	High-dose copper supplementation; Wilson's disease contraindicated
IGF-1 LR3	20–50 mcg	Daily post-workout SC	Long-acting IGF-1 analog; direct anabolic properties including muscle hyperplasia, accelerated recovery, and glucose uptake enhancement	Hypoglycemia risk, organ hypertrophy with prolonged use, joint pain, IGF-1 over-elevation	CJC/Ipamorelin post-workout, BPC-157	MK-677 (compounded IGF-1 load); active malignancy
Pentosan Polysulfate (PPS)	3 mg/kg	1–2x weekly IM	Researched for joint cartilage repair, osteoarthritis management, and interstitial cystitis relief	Bleeding risk, rare long-term retinal toxicity	BPC-157, TB-500	Anticoagulants, NSAIDs (compounded bleeding risk)

🧠 COGNITIVE & NEUROPROTECTIVE

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
Semax	200–600 mcg	1–3x daily intranasal	ACTH-derived nootropic; upregulates BDNF expression; research indicates improved focus, memory consolidation, neuroprotection, and post-stroke neurological support	Mild headache, irritability, insomnia when dosed late in day	Selank (complementary stack), Cerebrolysin	Stimulant compounds (additive); MAOIs
Selank	250–500 mcg	1–3x daily intranasal	Tuftsin-derived anxiolytic; reduces anxiety without sedation; studied for calm focus, stress resilience, and immune modulation	Minimal reported effects; generally very well-tolerated	Semax (complementary pairing)	Strong sedatives, benzodiazepines (additive CNS depression)
Cerebrolysin	5–30 mL	Daily IM in 10–30 day cycles	Multi-neurotrophic factor concentrate; researched extensively for stroke rehabilitation, dementia management, and general cognitive enhancement	Injection site reactions, dizziness, sweating during infusion	Semax, NAD+, Dihexa	MAOIs; antidepressants (use caution with serotonergic compounds)
Dihexa	8–45 mg	Daily oral or transdermal	HGF-related peptide; shown to be among the most potent neurogenic agents in preclinical research; promotes synaptogenesis and memory formation	Limited long-term human safety data; theoretical risks under investigation	Semax, Cerebrolysin	Active malignancy (HGF pathway concern); pregnancy

🛡 IMMUNE REGULATION & ANTI-INFLAMMATORY

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
Thymosin Alpha-1	1.6 mg	2x weekly SC	Thymic peptide; modulates T-cell differentiation and immune response; studied for antiviral defense, chronic infection management, and immune system restoration	Injection site reactions; mild transient flu-like response	LL-37, BPC-157, KPV	Potent immunosuppressants; transplant recipients
KPV	250–500 mcg	Daily SC or oral	Alpha-MSH-derived tripeptide; potent anti-inflammatory action; studied for gut lining repair and mast cell regulation	Exceptionally well-tolerated in current research	BPC-157 (gut synergy), LL-37	No significant contraindications identified
LL-37	100–500 mcg	Daily SC	Host-defense peptide; antimicrobial activity, biofilm disruption, and innate immune modulation studied in both infection and wound-healing contexts	Injection site reactions; theoretical autoimmune flare risk in susceptible individuals	Thymosin Alpha-1, KPV	Active autoimmune flares; caution in psoriasis
VIP (Vasoactive Intestinal Peptide)	50 mcg	1–4x daily intranasal	Endogenous neuropeptide; studied in CIRS protocols, lung and sinus inflammation, and mold-illness recovery programs	Flushing, blood pressure fluctuation, headache	Thymosin Alpha-1, BPC-157	Hypotensive medications; active ongoing mold exposure

♥ SEXUAL HEALTH & HORMONAL SUPPORT

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
PT-141 (Bremelanotide)	0.5–2 mg	As needed, 1–2 hr pre-activity SC	Melanocortin receptor agonist; acts centrally on libido pathways; FDA-approved for hypoactive sexual desire disorder in women; effective across both sexes	Nausea, facial flushing, transient BP elevation, temporary hyperpigmentation	Best used as a standalone compound for clearest response	Cardiovascular medications; Melanotan II (additive MC4R agonism)
Melanotan II	250–500 mcg	Daily load, then 1–2x weekly	Non-selective melanocortin agonist; studied for UV-independent tanning, libido enhancement, and mild appetite suppression	Nausea, mole darkening, BP fluctuation, freckle formation, melanoma concern with existing moles	Best used standalone	PT-141 (additive receptor stimulation); atypical moles; melanoma history
Kisspeptin-10	50–100 mcg	Daily SC	Hypothalamic signaling peptide; stimulates LH and FSH release; researched for fertility support, libido, and HPG axis restoration	Generally well-tolerated; mild flushing possible	Standalone or alongside HCG fertility protocols	Hormone-sensitive cancers (prostate, breast)

⏳ LONGEVITY & ANTI-AGING

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
Epitalon (Epithalon)	0.5–1 mg	Daily SC ×10–20 days, 1–2x/year	Pineal tetrapeptide; activates telomerase; studied for telomere lengthening, melatonin restoration, sleep improvement, and broad anti-aging biomarker effects	Exceptionally well-tolerated; no significant adverse events widely reported	NAD+, MOTS-c, GHK-Cu	No significant contraindications identified
SS-31 (Elamipretide)	1–3 mg	Daily SC	Mitochondria-targeting peptide; stabilizes cardiolipin in the inner mitochondrial membrane; studied for cellular energy production and cardiac protection	Injection site reactions; generally well-tolerated	MOTS-c, NAD+, Humanin	No significant contraindications identified
MOTS-c	5–10 mg	2–3x weekly SC	Mitochondrial-derived peptide; improves metabolic flexibility, insulin sensitivity, and exercise capacity — termed an "exercise mimetic" in preclinical studies	Generally very well-tolerated	SS-31, NAD+, 5-Amino-1MQ	No significant contraindications identified
Humanin	250 mcg	Daily SC	Mitochondria-encoded peptide; researched for neuroprotection, metabolic regulation, and longevity-associated pathways	Limited human safety data available	MOTS-c, SS-31	Interaction data limited — exercise caution with concurrent compounds
NAD+	100–500 mg	Daily SC or weekly IV	Essential coenzyme; supports mitochondrial energy production, DNA damage repair, and sirtuin longevity pathway activation	Flushing, nausea, chest pressure (rate-dependent with IV administration)	MOTS-c, SS-31, Epitalon	Active malignancy (theoretical concern with accelerated cell metabolism)
FOXO4-DRI	5 mg/kg	3-day cycles monthly	Senolytic peptide; disrupts the FOXO4-p53 interaction in senescent cells, triggering their clearance; one of the most experimental anti-aging approaches in current research	Limited human data; theoretical immune modulation effects	Epitalon (cycled separately)	Active autoimmune conditions; immunosuppression therapy

🌙 SLEEP OPTIMIZATION

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
DSIP (Delta Sleep-Inducing Peptide)	100–750 mcg	Daily SC, 30–60 min pre-bed	Endogenous neuropeptide; increases delta-wave slow sleep duration, shortens sleep onset latency, normalizes overall sleep architecture, and demonstrates mild anti-stress properties	Generally minimal; rare mild headache or vivid dreams reported	Epitalon, Selank, Sermorelin	Strong sedatives, benzodiazepines (additive CNS depression)

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
Pinealon	1–5 mg	Daily SC ×10–20 day cycles	Pineal gland-derived tripeptide; supports melatonin biosynthesis, regulates circadian rhythm entrainment, and demonstrates neuroprotective effects in aging models	Generally very well-tolerated	Epitalon (synergistic pair), DSIP	No significant contraindications identified
Epitalon (sleep application)	0.5–1 mg	Daily SC ×10–20 days, 1–2x/year	Sleep-specific application: restores pineal melatonin production capacity, stabilizes circadian rhythm, assists jet lag recovery, and deepens overnight sleep quality	Exceptionally well-tolerated	Pinealon, DSIP, MOTS-c	No significant contraindications identified
CJC-1295 No DAC (sleep stack)	100 mcg	1x daily SC pre-bed	Pre-bedtime GH pulse application; deepens slow-wave (Stage 3) sleep; enhances overnight tissue repair and recovery through nocturnal GH secretion	Flushing, mild fluid retention, brief head rush	Ipamorelin (gold-standard sleep stack combination)	CJC with DAC simultaneously; high-dose MK-677
Ipamorelin (sleep stack)	200–300 mcg	1x daily SC pre-bed	Bedtime application paired with CJC No DAC; enhances deep sleep quality without cortisol or prolactin disruption — cleanest GHRP option for overnight use	Mild head rush, brief transient hunger	CJC-1295 No DAC (gold-standard sleep pairing)	GHRP-6, Hexarelin, MK-677 (redundant receptor stimulation)
Sermorelin (sleep stack)	200–500 mcg	Daily SC pre-bed	Bedtime dosing amplifies the natural overnight GH surge; improves sleep depth and architecture; noted for anti-aging effects occurring during the nocturnal repair window	Facial flushing, injection site irritation, mild headache	Ipamorelin, GHK-Cu	CJC-1295, Tesamorelin (redundant GHRH pathways)

COMPOUND	TYPICAL DOSE	SCHEDULE	RESEARCH HIGHLIGHTS	REPORTED SIDE EFFECTS	WORKS WELL WITH	AVOID COMBINING
MK-677 (sleep application)	10–25 mg	Daily oral pre-bed	Among the most well-documented sleep-modifying compounds; markedly increases REM and slow-wave sleep duration through sustained ghrelin receptor agonism	Fluid retention, strong hunger on waking, insulin resistance, morning lethargy	BPC-157, GHK-Cu	GLP-1 compounds; other GHRPs simultaneously
Selank (sleep application)	250–500 mcg	Evening intranasal	Evening dosing addresses stress-driven sleep onset disruption; provides anxiolytic relaxation without sedation — calm focus by day transitions to calm relaxation at night	Minimal — exceptionally well-tolerated	Semax (daytime), DSIP (sleep stack)	Strong sedatives, benzodiazepines (additive CNS depression)

44 compounds · 8 research categories · Always consult a physician before use