

# Top Peptides — Quick Reference

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Grouped by primary usage. Dosing is general reference only — confirm specific protocols with your physician.

**Educational reference only.** Many peptides listed are research compounds and not FDA-approved for the uses shown. Use only under qualified medical supervision.

PEPTIDE	STANDARD DOSING	FREQUENCY	PRIMARY BENEFITS	KNOWN SIDE EFFECTS	PRIMARY PAIR WITH	DO NOT PAIR WITH
<b>FAT LOSS / METABOLIC</b>						
<b>Semaglutide (Ozempic / Wegovy)</b>	0.25 - 2.4 mg (titrated up)	Weekly, SC	GLP-1 agonist; significant weight loss, appetite suppression, glycemic control	Nausea, constipation, gallbladder issues, lean mass loss, possible gastroparesis	Tirzepatide (alt), BPC-157 (gut), Ipamorelin/CJC (muscle preservation)	Other GLP-1s simultaneously; severe GI motility issues
<b>Tirzepatide (Mounjaro / Zepbound)</b>	2.5 - 15 mg (titrated up)	Weekly, SC	Dual GLP-1 / GIP agonist; greater weight loss vs. semaglutide; insulin sensitivity	Nausea, fatigue, GI distress, lean mass loss, rare pancreatitis	BPC-157, Ipamorelin/CJC, 5-Amino-1MQ	Other GLP-1s simultaneously; insulin without dose adjustment
<b>Retatrutide</b>	1 - 12 mg (titrated up)	Weekly, SC	Triple agonist (GLP-1 / GIP / glucagon); most aggressive fat loss in trials	Nausea, fatigue, elevated heart rate, lipid changes, lean mass loss	BPC-157, Ipamorelin/CJC, MOTS-c	Other GLP-1s; caution with cardiovascular disease
<b>AOD-9604</b>	250 - 500 mcg	Daily, SC (AM, fasted)	GH fragment (177-191); targeted lipolysis without GH side effects	Mild injection site reactions; generally well-tolerated	CJC-1295 / Ipamorelin, Tesofensine, GLP-1s	High-dose exogenous GH (redundant)
<b>5-Amino-1MQ</b>	50 - 150 mg	Daily, oral (AM)	NNMT inhibitor; fat loss while preserving muscle, NAD+ sparing	Limited human data; possible mild GI upset	Tirzepatide / Semaglutide, MOTS-c, NAD+	Stimulants (caution); unknown drug interactions
<b>GROWTH HORMONE / MUSCLE</b>						
<b>CJC-1295 No DAC (Mod GRF 1-29)</b>	100 mcg	1 - 3x daily, SC	GHRH analog; restores natural GH pulse; lean muscle, recovery, sleep	Flushing, head rush, mild water retention, headache	Ipamorelin (gold-standard pair), GHK-Cu	CJC-1295 with DAC simultaneously; high-dose MK-677
<b>CJC-1295 with DAC</b>	1 - 2 mg	Weekly, SC	Long half-life GHRH; sustained GH/IGF-1 elevation	Numbness, tingling, water retention, bloating, prolonged IGF-1	Ipamorelin, Hexarelin (short cycles)	CJC No DAC, Tesamorelin, Sermorelin (redundant GHRH)
<b>Ipamorelin</b>	200 - 300 mcg	1 - 3x daily, SC	Selective GHRP; no cortisol/prolactin spike; lean muscle, recovery	Mild head rush, transient hunger, injection site	CJC-1295 (No DAC or DAC) — best pairing	GHRP-6, Hexarelin (redundant ghrelin agonism)
<b>Sermorelin</b>	200 - 500 mcg	Daily before bed, SC	GHRH analog; supports natural GH, sleep quality, anti-aging	Flushing, injection site reactions, mild headache	Ipamorelin, GHK-Cu	CJC-1295, Tesamorelin (redundant GHRH)
<b>Tesamorelin</b>	1 - 2 mg	Daily, SC	GHRH analog; FDA-approved for visceral fat (HIV lipodystrophy)	Joint pain, peripheral edema, IGF-1 spikes, insulin resistance	Ipamorelin (cycled)	Sermorelin, CJC-1295 (redundant GHRH)
<b>MK-677 (Ibutamoren)</b>	10 - 25 mg	Daily, oral (PM)	Oral ghrelin mimetic; appetite, sleep depth, GH/IGF-1 elevation	Water retention, hunger, insulin resistance, lethargy, edema	BPC-157, GHK-Cu	GLP-1s (opposing appetite); other GHRPs
<b>Hexarelin</b>	100 - 200 mcg	1 - 2x daily, SC	Strongest GHRP; cardioprotective effects; rapid GH release	Cortisol & prolactin elevation; receptor desensitization	CJC No DAC (short cycles only)	Long-term continuous use; other GHRPs simultaneously

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<b>GHRP-6</b>	100 - 300 mcg	2 - 3x daily, SC	Ghrelin agonist; strong hunger stimulation, GH release, mild healing	Pronounced hunger, water retention, prolactin & cortisol	CJC No DAC (cycled)	Ipamorelin (redundant), MK-677, GLP-1s
<b>HEALING &amp; RECOVERY</b>						
<b>BPC-157</b>	250 - 500 mcg	1 - 2x daily, SC or oral	Gut healing, tendon/ligament repair, neuroprotection, anti-inflammatory	Generally very well-tolerated; mild fatigue rare	TB-500 (gold synergy), KPV (gut), Thymosin Alpha-1	Active cancer (theoretical angiogenesis concern)
<b>TB-500 (Thymosin Beta-4)</b>	2 - 2.5 mg	2x weekly load x 4 wks, then weekly	Systemic tissue repair, hair growth, anti-inflammatory, vascular healing	Fatigue and lethargy during loading phase	BPC-157 (gold synergy), GHK-Cu	Active cancer (theoretical angiogenesis concern)
<b>GHK-Cu</b>	1 - 3 mg (SC) or topical	Daily, SC or topical	Skin regeneration, hair growth, wound healing, anti-aging, copper transport	Copper accumulation if overdosed; injection site irritation	TB-500, BPC-157, Sermorelin	High-dose copper supplements; Wilson's disease
<b>IGF-1 LR3</b>	20 - 50 mcg	Daily post-workout, SC	Direct anabolic; muscle hyperplasia, recovery, glucose uptake	Hypoglycemia, organ hypertrophy, joint pain, IGF-1 over-elevation	CJC/Ipa post-workout, BPC-157	MK-677 (compounded IGF-1); active malignancy
<b>Pentosan Polysulfate (PPS)</b>	3 mg/kg	1 - 2x weekly, IM	Joint repair (OA), interstitial cystitis, cartilage protection	Bleeding risk, rare retinal toxicity (long-term)	BPC-157, TB-500	Anticoagulants, NSAIDs (bleeding risk)
<b>COGNITIVE / NOOTROPIC</b>						
<b>Semax</b>	200 - 600 mcg	1 - 3x daily, intranasal	Increases BDNF; focus, memory, neuroprotection, post-stroke recovery	Mild headache, irritability, insomnia if dosed late	Selank (synergistic), Cerebrolysin	Stimulants (additive); MAOIs
<b>Selank</b>	250 - 500 mcg	1 - 3x daily, intranasal	Anxiolytic without sedation; calm focus, immune modulation	Minimal — generally very well-tolerated	Semax (gold synergy)	Strong sedatives, benzodiazepines (additive CNS)
<b>Cerebrolysin</b>	5 - 30 mL	Daily IM in 10 - 30 day cycles	Neurotrophic factor mix; stroke recovery, dementia, cognition	Injection site reactions, dizziness, sweating	Semax, NAD+, Dihexa	MAOIs, antidepressants (use caution)
<b>Dihexa</b>	8 - 45 mg	Daily, oral or transdermal	Potent neurogenesis & synaptogenesis; memory, cognition (HGF-related)	Limited safety data; theoretical long-term concerns	Semax, Cerebrolysin	Active cancer (HGF pathway); pregnancy
<b>IMMUNE / ANTI-INFLAMMATORY</b>						
<b>Thymosin Alpha-1 (Tα1)</b>	1.6 mg	2x weekly, SC	Immune modulation; T-cell function; antiviral; chronic infections	Injection site reactions; mild flu-like symptoms	LL-37, BPC-157, KPV	Strong immunosuppressants; transplant patients
<b>KPV</b>	250 - 500 mcg	Daily, SC or oral	Anti-inflammatory α-MSH fragment; gut healing, mast cell stabilization	Generally very well-tolerated	BPC-157 (gut), LL-37	No significant contraindications
<b>LL-37</b>	100 - 500 mcg	Daily, SC	Antimicrobial peptide; biofilm disruption, immune modulation	Injection site reactions; theoretical autoimmune flare risk	Thymosin Alpha-1, KPV	Active autoimmune flares; psoriasis caution
<b>VIP (Vasoactive Intestinal Peptide)</b>	50 mcg	1 - 4x daily, intranasal	Anti-inflammatory; CIRS protocol, lung/sinus, mold illness	Flushing, blood pressure changes, headache	Thymosin Alpha-1, BPC-157	Hypotensive medications; active mold exposure

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<b>SEXUAL HEALTH</b>						
<b>PT-141 (Bremelanotide)</b>	0.5 – 2 mg	As needed, 1-2 hr pre, SC	Centrally-acting libido; works for both sexes; FDA-approved (women)	Nausea, flushing, transient BP elevation, transient hyperpigmentation	Standalone (best used alone for clarity)	Cardiovascular meds; Melanotan II (additive MC4R)
<b>Melanotan II</b>	250 – 500 mcg	Daily load, then 1 – 2x weekly	Tanning, libido, mild appetite suppression	Nausea, darkening of moles, BP changes, melanoma concern, freckling	Standalone	PT-141 (additive); atypical moles; melanoma history
<b>Kisspeptin-10</b>	50 – 100 mcg	Daily, SC	Stimulates LH/FSH release; fertility, libido, HPG axis support	Generally well-tolerated; mild flushing	Standalone or with HCG protocols	Hormone-sensitive cancers (prostate, breast)
<b>LONGEVITY / ANTI-AGING</b>						
<b>Epitalon (Epithalon)</b>	0.5 – 1 mg	Daily SC × 10-20 day cycles, 1-2x year	Telomerase activation; sleep, melatonin, anti-aging markers	Generally very well-tolerated	NAD+, MOTS-c, GHK-Cu	No significant contraindications
<b>SS-31 (Elamipretide)</b>	1 – 3 mg	Daily, SC	Mitochondrial cardiolipin stabilization; energy, cardiac function	Injection site reactions	MOTS-c, NAD+, Humanin	No significant contraindications
<b>MOTS-c</b>	5 – 10 mg	2 – 3x weekly, SC	Mitochondrial-derived; metabolic flexibility, exercise mimetic	Generally very well-tolerated	SS-31, NAD+, 5-Amino-1MQ	No significant contraindications
<b>Humanin</b>	250 mcg	Daily, SC	Mitochondrial peptide; neuroprotective, metabolic, longevity	Limited human data	MOTS-c, SS-31	Limited interaction data — use caution
<b>NAD+</b>	100 – 500 mg	Daily SC or weekly IV	NAD+ precursor; mitochondrial energy, DNA repair, sirtuin activation	Flushing, nausea, chest pressure (rate-dependent)	MOTS-c, SS-31, Epitalon	Active malignancy (theoretical concern)
<b>FOXO4-DRI</b>	5 mg/kg	3-day cycles, monthly	Senolytic; clears senescent cells; experimental anti-aging	Limited human data; theoretical immune effects	Epitalon (cycled separately)	Active autoimmune disease; immunosuppression
<b>SLEEP</b>						
<b>DSIP (Delta Sleep Inducing Peptide)</b>	100 – 750 mcg	Daily 30-60 min pre-bed, SC	Increases delta-wave (deep) sleep; reduces sleep latency; normalizes sleep architecture; mild anti-stress effect	Generally minimal; rare mild headache or vivid dreams	Epitalon, Selank, Sermorelin	Strong sedatives, benzodiazepines (additive CNS)
<b>Pinealon</b>	1 – 5 mg	Daily SC × 10-20 day cycles	Pineal-derived tripeptide; supports melatonin synthesis, regulates circadian rhythm, jet lag recovery, neuroprotective	Generally very well-tolerated	Epitalon (gold synergy), DSIP	No significant contraindications
<b>Epitalon (Epithalon)</b>	0.5 – 1 mg	Daily SC × 10-20 day cycles, 1-2x year	Sleep-specific: stimulates endogenous melatonin synthesis, regulates circadian rhythm, helps jet lag recovery, improves sleep depth	Generally very well-tolerated	Pinealon, DSIP, MOTS-c	No significant contraindications
<b>CJC-1295 No DAC (Mod GRF 1-29)</b>	100 mcg	1x daily before bed, SC	Sleep-specific: pre-bed GH pulse deepens slow-wave (stage 3) sleep; improves overnight recovery	Flushing, mild water retention, head rush	Ipamorelin (gold pair for sleep stack)	CJC-1295 with DAC simultaneously; high-dose MK-677

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<b>Ipamorelin</b>	200 - 300 mcg	1x daily before bed, SC	Sleep-specific: paired with CJC No DAC at bedtime; enhances deep sleep without cortisol or prolactin elevation	Mild head rush, transient hunger	CJC-1295 No DAC (gold pair for sleep)	GHRP-6, Hexarelin, MK-677 (redundant)
<b>Sermorelin</b>	200 - 500 mcg	Daily before bed, SC	Sleep-specific: bedtime dosing supports natural overnight GH release; improves sleep quality, depth, anti-aging during sleep	Flushing, injection site reactions, mild headache	Ipamorelin, GHK-Cu	CJC-1295, Tesamorelin (redundant GHRH)
<b>MK-677 (Ibutamoren)</b>	10 - 25 mg	Daily before bed, oral	Sleep-specific: significantly increases REM and slow-wave sleep duration; one of the best-documented sleep-deepening compounds	Water retention, strong hunger, insulin resistance, lethargy on waking	BPC-157, GHK-Cu	GLP-1s, other GHRPs simultaneously
<b>Selank</b>	250 - 500 mcg	Evening dose for sleep, intranasal	Sleep-specific: anxiolytic without sedation; reduces stress-related sleep onset issues; calm focus by day, calm relaxation at night	Minimal — generally very well-tolerated	Semax, DSIP	Strong sedatives, benzodiazepines (additive CNS)

43 peptides · 8 categories (some duplicated across categories)

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