

The Essential Peptide Guide

A Simple, Science-Backed Breakdown of 10 Popular Peptides

Created by Dr. Goins, PharmD

About This Guide

Peptides are short chains of amino acids that act as signaling molecules in the body — telling your cells to repair, regenerate, burn fat, build muscle, or produce hormones. Over the last several years, peptide therapy has become one of the most talked-about tools in the health, longevity, and performance space, but most of the information out there is either overly technical or completely misleading.

The goal of this guide is to cut through the noise. Inside, you'll find a clear breakdown of six of the most commonly used peptides, including what each one is, the key benefits, who it's typically used by, and a direct link to a peer-reviewed clinical study so you can verify the information for yourself. I've also included my own personal peptide stack and dosing schedule so you can see a real-world example of how someone might structure a protocol.

This guide is intended to educate — not to diagnose, prescribe, or replace medical advice. Always consult a licensed medical provider before starting any peptide protocol, and use this as a starting point to explore the science and ask better questions.

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Peptide Breakdowns

BPC-157 — The Healing Peptide

What it is: A synthetic peptide derived from a protein found in stomach acid, known for its regenerative properties.

Key Benefits: Accelerates tissue repair, reduces inflammation, supports gut health, promotes joint & tendon healing.

Common Use Cases: Injury recovery, gut issues, joint pain, post-surgery healing.

Source: Sikiric et al., *Curr Pharm Des*, 2018 (PubMed)

TB-500 — The Recovery Peptide

What it is: A synthetic version of Thymosin Beta-4, a naturally occurring peptide involved in cell repair and regeneration.

Key Benefits: Speeds recovery, reduces inflammation, improves flexibility, supports muscle & tendon healing.

Common Use Cases: Athletic recovery, chronic injuries, muscle repair.

Source: [Goldstein & Kleinman, Ann NY Acad Sci, 2012 \(PubMed\)](#)

Retatrutide — The Metabolic Game-Changer

What it is: A next-generation triple agonist peptide targeting GLP-1, GIP, and glucagon receptors for weight and metabolic support.

Key Benefits: Significant fat loss, improved insulin sensitivity, appetite regulation, metabolic optimization.

Common Use Cases: Weight loss, metabolic health, diabetes support.

Source: [Jastreboff et al., NEJM, 2023](#)

GHK-Cu — The Skin & Anti-Aging Peptide

What it is: A naturally occurring copper peptide with powerful regenerative and anti-aging properties.

Key Benefits: Boosts collagen, improves skin elasticity, reduces wrinkles, supports hair growth and wound healing.

Common Use Cases: Anti-aging, skin repair, hair restoration.

Source: [Pickart & Margolina, Biomed Res Int, 2015 \(PubMed\)](#)

Tesamorelin — The Lean Body Peptide

What it is: A growth hormone-releasing hormone (GHRH) analog that stimulates natural GH production through the pituitary gland.

Key Benefits: Reduces visceral fat, improves body composition, supports cognition and energy.

Common Use Cases: Fat loss (especially belly fat), anti-aging, metabolic support.

Source: [Falutz et al., J Clin Endocrinol Metab, 2010 \(PubMed\)](#)

Glutathione — The Master Antioxidant

What it is: The body's most powerful antioxidant, essential for detoxification and immune support.

Key Benefits: Detoxifies the liver, strengthens immunity, brightens skin, reduces oxidative stress.

Common Use Cases: Detox, immune support, skin health, anti-aging.

Source: [Pizzorno, Integr Med \(Encinitas\), 2014 \(PubMed\)](#)

NAD+ — The Cellular Energy Cofactor

What it is: A coenzyme present in every living cell, central to mitochondrial ATP production and sirtuin/PARP signaling. Not technically a peptide, but lives in the same longevity and biohacking stack.

Key Benefits: Cellular energy, mitochondrial function, cognitive performance, DNA-repair support, sirtuin activation.

Common Use Cases: Longevity protocols, fatigue, mental clarity, recovery support.

Source: [Rajman, Chwalek & Sinclair, Cell Metab, 2018 \(PubMed\)](#)

Ipamorelin — The Clean GH Releaser

What it is: A selective pentapeptide GHRP (ghrelin-receptor agonist) that stimulates pulsatile growth hormone release without spiking cortisol or prolactin.

Key Benefits: GH pulse without an appetite or cortisol bump, recovery, lean body composition, sleep support.

Common Use Cases: GH support (typically stacked with a GHRH analog), anti-aging, recovery.

Source: [Raun et al., Eur J Endocrinol, 1998 \(PubMed\)](#)

Sermorelin — The GH Pulse Restorer

What it is: A 29-amino-acid GHRH analog — the active fragment of natural growth-hormone-releasing hormone — that restores endogenous pulsatile GH release through the pituitary.

Key Benefits: Improved sleep, recovery, body composition, and a softer GH profile than Tesamorelin.

Common Use Cases: Anti-aging, sleep quality, GH support.

Source: Walker et al., Endocrinol Metab Clin North Am (PubMed)

CJC-1295 with DAC – The Long-Acting GHRH

What it is: A GHRH analog modified with a Drug Affinity Complex (DAC) that binds albumin, extending the half-life to 6–8 days and allowing weekly dosing. Distinct from CJC-1295 *no DAC* (mod-GRF 1-29), which is short-acting and dosed multiple times daily.

Key Benefits: Sustained GH and IGF-1 elevation, recovery, body composition, weekly-cadence convenience.

Common Use Cases: GH support, often paired with Ipamorelin.

Source: Teichman et al., J Clin Endocrinol Metab, 2006 (PubMed)

Reconstitution Primer

Most research peptides arrive as a freeze-dried (lyophilized) powder and must be reconstituted with bacteriostatic water (BAC water) before use. The ratio of BAC water to peptide mass directly determines the concentration of the vial — and the number of units you draw on a U-100 insulin syringe for any given dose. Get this step right and the rest of the protocol is simple math.

The Essentials

BAC water: 0.9% benzyl-alcohol sterile water that prevents bacterial growth in multi-dose vials.

U-100 insulin syringes: 100 units = 1 mL. The unit number on the syringe equals the percentage of 1 mL drawn (e.g. 50 units = 0.5 mL).

Technique: alcohol-swab the vial top, inject BAC slowly down the inner wall of the vial (not directly into the powder), swirl gently — never shake — let dissolve for 5–10 min, then refrigerate.

Concentration formula:

$$\text{Concentration (mg/mL)} = \text{vial size (mg)} \div \text{BAC water (mL)}$$
$$\text{Units to draw} = (\text{desired dose} \div \text{concentration}) \times 100$$

My Current Peptide Stack & Dosing

⚠ This is my personal regimen. Not medical advice. Not a recommendation. Dosing is individual — what works for me will not match what works for you. Body weight, training load, goals, blood work, age, and tolerance all change the math. **Start low, titrate slow, monitor your labs, and work with a licensed medical provider.**

Wolverine Stack — BPC-157 + TB-500 combined vial (10 mg + 10 mg)

Reconstitution: 2 mL BAC water added directly to the combined vial → **5,000 mcg/mL of EACH peptide** (10,000 mcg/mL total). Each unit on a U-100 syringe delivers **50 mcg BPC-157 + 50 mcg TB-500 simultaneously.**

Combined dose per injection: 10 units = 500 mcg of each · 15 units = 750 mcg of each · 20 units = 1 mg of each

Protocol (personal): 10 units subQ once daily — delivers 500 mcg BPC + 500 mcg TB-500 per day, every day

Loading option: Wk 1–2 at 15 units/day (boosts TB-500 weekly total to ~5.25 mg during loading) → Wk 3+ drop to 10 units/day for maintenance

Cycle: 6–8 weeks on, 4+ weeks off

Vial duration: ~20 days at 10 units daily · ~13 days at 15 units daily

Sites: SubQ abdomen, rotate sites each injection

Notes: Single injection delivers both peptides — daily dosing only (TB-500 is normally dosed 2× weekly when separate, but the combined-vial format requires daily). Both are pro-angiogenic — screen for active malignancy before starting. If your vendor's blend uses a different ratio (e.g. 5 mg BPC + 10 mg TB-500), recalculate concentrations using the formula in the Reconstitution Primer.

Tesamorelin — 10 mg vial

Reconstitution: 2 mL BAC water → 5 mg/mL

Dose: 1 mg = 20 units · 2 mg = 40 units

Starting dose: 1 mg subQ once daily

Titration: Wk 1–2 at 1 mg → Wk 3+ at 2 mg/day (FDA-approved dose for visceral fat reduction)

Maintenance: 1–2 mg/day

Frequency: Once daily, evening (preserves the morning GH pulse)

Cycle: 12 weeks on, 4 weeks off

Notes: Strongest GHRH analog for visceral fat. Do **not** stack with Sermorelin or CJC-1295 w/DAC — GHRH receptor competition (see Stacking Considerations below).

Ipamorelin — 10 mg vial

Reconstitution: 2 mL BAC water → 5,000 mcg/mL

Dose: 200 mcg = 4 units · 300 mcg = 6 units

Starting dose: 200 mcg subQ before bed

Titration: Wk 1 — 200 mcg once daily → Wk 2+ — 200–300 mcg, 2–3× daily (AM, post-training, bedtime)

Maintenance: 200–300 mcg per dose, 2–3× daily

Cycle: 8–12 weeks on, 4 weeks off (preserves GH pulsatility)

Notes: Ghrelin-receptor agonist — does **not** spike cortisol or prolactin. Pairs cleanly with one GHRH analog. Avoid carbs/fats 1 hr before or 30 min after dosing (insulin blunts GH release).

Sermorelin — 10 mg vial

Reconstitution: 2.5 mL BAC water → 4 mg/mL (4,000 mcg/mL)

Dose: 200 mcg = 5 units · 300 mcg = 7.5 units

Starting dose: 200 mcg subQ before bed

Titration: Wk 1 — 200 mcg nightly → Wk 2+ — 200–300 mcg nightly

Maintenance: 200–300 mcg/day

Cycle: 12 weeks on, 4 weeks off

Notes: Softer GH profile than Tesamorelin. Do **not** stack with Tesamorelin or CJC-1295 w/DAC — same receptor.

CJC-1295 with DAC — 2 mg vial

Reconstitution: 1 mL BAC water → 2 mg/mL (2,000 mcg/mL)

Dose: 1 mg = 50 units · 2 mg = 100 units (full syringe)

Starting dose: 1 mg subQ once weekly

Titration: Wk 1–2 at 1 mg/wk → Wk 3+ at 2 mg/wk

Maintenance: 1–2 mg once weekly

Cycle: 12 weeks on, 4 weeks off

Notes: The **with-DAC** version is long-acting (half-life 6–8 days). Distinct from CJC-1295 *no DAC*, which is short-acting and dosed multiple times daily. Pairs flagship with Ipamorelin.

GHK-Cu — 50 mg vial

Reconstitution: 2.5 mL BAC water → 20 mg/mL

Dose: 1 mg = 5 units · 1.5 mg = 7.5 units · 2 mg = 10 units

Starting dose: 1 mg subQ daily

Titration: Wk 1 — 1 mg/day → Wk 2+ — 1.5–2 mg/day

Maintenance: 1.5–2 mg/day

Cycle: 8–12 weeks on, 2–4 weeks off

Notes: Turquoise color from the copper is normal. Mild burn at the injection site. Pair with 15–30 mg zinc to maintain copper/zinc balance on longer runs.

Retatrutide — 10 mg vial

Reconstitution: 1 mL BAC water → 10 mg/mL (clean math: 10 units = 1 mg)

Dose: 0.5 mg = 5 units · 1 mg = 10 units · 2 mg = 20 units · 4 mg = 40 units

Starting dose: 0.5 mg subQ once weekly

Titration: +0.5 mg every 2–4 weeks, holding at any dose that triggers significant GI symptoms

Maintenance (personal): 2 mg once weekly

Cycle (personal): 12 weeks on, 4 weeks off — what I run

Cycle (clinical standard): Continuous weekly per TRIUMPH trials (48–80 wk); taper 50% every 2–4 wk to stop (4 mg → 2 mg → 1 mg → 0.5 mg → off) while locking in protein intake and resistance training

Notes: GI side effects (nausea, reflux) are worst in the first 2 wk of each new dose level. Monitor lean mass — losing weight too fast costs muscle.

NAD+ — 500 mg vial

Reconstitution: 2.5 mL BAC water → 200 mg/mL

Dose: 50 mg = 25 units · 100 mg = 50 units · 200 mg = 100 units (full syringe)

Starting dose: 50 mg subQ (test sting tolerance first)

Titration: Wk 1 — 25–50 mg/day or EOD → Wk 2 — 50–75 mg/day → Wk 3 — 75–100 mg/day → Wk 4+ — 100–200 mg/day

Maintenance: 100–200 mg/day subQ

Frequency: Daily AM (evening dosing can disrupt sleep)

Cycle: Ongoing — NAD+ replenishes a depleted endogenous coenzyme, so there's no receptor downregulation

Notes: Stings hard subQ. Pre-ice the site, push slowly over 30–60 seconds, and rotate sites. The most expensive item in most longevity stacks.

Glutathione — 1500 mg vial

Reconstitution: 5 mL BAC water → 300 mg/mL

Dose: 300 mg = 100 units (one full syringe) · 600 mg = two 100-unit injections

Starting dose: 300 mg subQ or IM

Titration: Wk 1 — 300 mg per session → Wk 2+ — 600 mg per session

Maintenance: 300–600 mg, 2–3× weekly

Frequency: 2–3× weekly (not daily — large molecule, no need)

Cycle: Ongoing, or 8–12 wk blocks

Notes: IV is the most bioavailable route but clinic-only. SubQ/IM works for at-home use. Rotate injection sites.

Stacking Considerations — Don't Double Up on the Same Receptor.

Tesamorelin, Sermorelin, and CJC-1295 w/DAC are all **GHRH analogs** — they compete for the same pituitary receptor. Stacking two or three of them does *not* stack their effects; it splits the receptor pool and can lower peak GH output by 30-40% versus running one solo.

Cleanest GH stack: ONE GHRH analog (Tesamorelin, Sermorelin, *or* CJC-1295 w/DAC) + Ipamorelin. Ipamorelin acts on a different receptor (ghrelin), so the combination is genuinely additive.

The **Wolverine stack** (BPC-157 + TB-500) works on different mechanisms — local signaling plus systemic stem-cell mobilization — so those stack cleanly.

Supplies You'll Need

In addition to your peptide vial, you'll need **bacteriostatic water** for reconstitution, a **3 mL syringe** for drawing BAC water out of the bottle and injecting it into the peptide vial (so you're not burning through your sub-Q insulin syringes on reconstitution), **subcutaneous (sub-Q) insulin syringes** for administration, and **alcohol swabs** for sterilizing the injection site and vial top.

Bacteriostatic Water: You can purchase this directly from the [Orovia Wellness website](#) at the same time you order your peptides — just add it to your cart.

3 mL Reconstitution Syringe: Used *only* for drawing BAC water from the bottle and injecting it into the peptide vial — keep this separate from your daily-dose insulin syringes. <https://www.amazon.com/dp/B0DSBKMHVZ>

Sub-Q Insulin Needles (U-100): <https://www.amazon.com/dp/B0D8FLTLJ2>

Alcohol Prep Swabs: <https://a.co/d/09oOIAxY>

How to Obtain Peptides

1. Research Peptides

2. Compounding Pharmacies

Pros:

- More affordable
- Easy to access online
- Wide variety available

Cons:

- Quality and purity can vary — this is why it's so important to use a research peptide company that tests their peptides via **COA (Certificate of Analysis)** and also screens for **endotoxins**
- Limited regulation

Pros:

- Higher quality control
- Prescribed by a licensed provider
- More regulated and consistent

Cons:

- More expensive
- Requires a prescription
- Usually requires labs and bloodwork, which adds additional cost
- Less accessible

Where to Buy Peptides

Order directly through the link below — or message me and I'll place the order for you and you'll get a **20–25% discount** off website pricing.

[Shop Orovia Wellness →](#)

<https://oroviawellness.com/ref/25/>

Prefer the **compounding pharmacy route**? Reach out to me directly and I can connect you with a trusted licensed provider.

Full Catalog & Pricing

Every peptide currently available — at a glance · Compiled by Dr. Goins, PharmD

About this section

Now that you've covered the ten most-used peptides, here's the full current catalog of research peptides I can source for you — each with its available strengths, price range, category, and the most common research uses. Use it as a quick reference when you're deciding what to add to your next order.

Message me directly on Instagram — @EyesOnEli — and I'll place the order for you. You'll get a 20–25% discount off website pricing.

How to read the catalog

Strength / Amount shows what's on the vial or tablet; where multiple sizes exist, the price range spans single-unit to largest bundle. **Category** groups similar peptides (GH secretagogues, metabolic, tissue repair, etc.). **Common research uses** summarizes the most widely documented directions — not medical claims.

COA, HPLC & Mass-Spec documentation

Every product is backed by a batch **Certificate of Analysis** with HPLC purity ($\geq 98-99\%$) and mass-spec verification for each manufactured lot.

The Full Peptide Catalog

67 products, sorted alphabetically. Prices reflect website list pricing — your 20–25% discount applies on orders placed through me.

| Peptide | Strength / Amount | Price | Category | Common research uses |
|-----------------------------------|---|----------------------|-------------------------------------|---|
| 5-Amino-1MQ | 50 mg vial · 150 mg (30mg × 5) tabs | \$70 – \$450 | Metabolic / Fat Loss | Inhibits NNMT enzyme; studied for fat loss, metabolic health, and muscle quality. |
| Adamax | 10 mg | \$70 | Cognitive / Nootropic | Cognitive enhancement and mood support; derivative of Semax/Selank family. |
| AHK-Cu | 50 mg | \$200 | Dermal / Hair | Copper-tripeptide studied for hair follicle stimulation and scalp support. |
| AOD-9604 | 5 mg | \$70 | Metabolic / Fat Loss | Fragment of hGH (176-191); researched for lipolysis and fat metabolism. |
| ARA-290 | 16 mg | \$85 | Neuropathic / Anti- inflammatory | Erythropoietin-derived; investigated for neuropathic pain and tissue protection. |
| Bacteriostatic Water (BAC) | 30 mL | \$10 – \$15 | Reconstitution Supply | Sterile 0.9% benzyl-alcohol water for reconstituting lyophilized peptides. |
| Body Recomp Bundle | Multi-vial bundle | \$620 | Bundle / Body Comp | Body recomposition stack (GH secretagogues + metabolic peptides). |
| BPC-157 | 10 mg vial | \$90 | Tissue Repair / GI | Pentadecapeptide studied for tendon/ligament healing, gut repair, and angiogenesis. |
| BPC-157 Tablets (Oral) | 500 mcg tablets (60 ct) | \$250 | Tissue Repair / GI | Oral BPC-157 research form targeting GI lining and systemic repair. |
| Cagrilintide | 10 mg | \$160 – \$325 | Metabolic / Appetite | Long-acting amylin analog for appetite suppression and weight management. |
| Cartalax | 20 mg | \$70 | Joint / Cartilage | Short bioregulator peptide studied for cartilage repair and joint support. |
| Cerebrolysin | 215 mg / 5 mL amp | \$65 | Neuroprotection | Porcine-derived neuropeptide mix; cognition, stroke recovery, neuroprotection. |

| Peptide | Strength / Amount | Price | Category | Common research uses |
|----------------------------------|----------------------|----------------------|------------------------|--|
| CJC-1295 (No DAC) | 2 mg / 5 mg | \$65 – \$90 | GH Secretagogue | GHRH analog; pulsatile GH release, lean mass and recovery research. |
| CJC-1295 + Ipamorelin | 5 mg / 5 mg | \$80 | GH Secretagogue | Combined GHRH + ghrelin-mimetic; synergistic GH pulse studies. |
| Cognitive Function Bundle | Multi-vial bundle | \$870 | Bundle / Cognitive | Curated stack of nootropic peptides for cognitive research. |
| Dihexa Tablets | 8 mg tablets | \$500 | Cognitive / Nootropic | Angiotensin IV derivative; synaptogenesis and memory research. |
| DSIP | 5 mg / 10 mg | \$50 – \$80 | Sleep / Stress | Delta Sleep-Inducing Peptide; sleep architecture and stress modulation. |
| Epithalon (Epitalon) | 20 mg | \$50 | Longevity | Tetrapeptide bioregulator; telomerase induction and circadian research. |
| FOXO4-DRI | 5 mg | \$300 | Senolytic / Longevity | Selectively induces apoptosis in senescent cells; longevity research. |
| GHK-Cu (Cosmetic) | 5 mg | \$120 | Dermal / Cosmetic | Topical skin research: collagen remodeling, wound healing, anti-aging. |
| GHK-Cu Copper Peptide | 50 mg / 100 mg | \$55 – \$105 | Tissue Repair / Dermal | Copper-tripeptide-1; collagen synthesis, wound healing, anti-inflammatory. |
| GHRP-2 | 5 mg | \$50 | GH Secretagogue | Ghrelin mimetic; stimulates GH release in research models. |
| GHRP-6 | 5 mg | \$50 | GH Secretagogue | Ghrelin mimetic with appetite stimulation; GH release research. |
| GLOW Stack | Multi-peptide bundle | \$180 | Bundle / Skin & Repair | Skin, hair and tissue repair stack (GHK-Cu / BPC-157 / TB-500). |
| Glutathione | 600 mg vial | \$85 | Antioxidant | Master antioxidant; detoxification, oxidative stress, skin research. |
| GLYCON-X | Proprietary blend | \$150 – \$500 | Metabolic / Glucose | In-house glucose and metabolic pathway research blend. |
| Hexarelin | 5 mg | \$60 | GH Secretagogue | Potent GHRP analog; GH release and cardiac tissue research. |
| IGF-1 LR3 | 1 mg / 5 mg | \$40 – \$90 | Anabolic / Growth | Long-R3 analog of IGF-1; satellite cell activation, hypertrophy research. |

| Peptide | Strength / Amount | Price | Category | Common research uses |
|--------------------------------------|----------------------|--------------------------|---------------------------|---|
| Ipamorelin | 5 mg | \$80 | GH Secretagogue | Selective ghrelin agonist; clean GH pulse without cortisol/prolactin spike. |
| Kisspeptin-10 | 5 mg | \$100 | Hormonal / Reproductive | Stimulates GnRH release; fertility and hormonal-axis research. |
| KLOW Stack | Multi-peptide bundle | \$200 | Bundle / Skin & Repair | Dermal rejuvenation and tissue repair research stack. |
| KPV | 5 mg | \$85 | Anti-inflammatory / GI | Alpha-MSH tripeptide fragment; anti-inflammatory and gut-healing research. |
| LIPO-C | 10 mL multi-dose | \$60 | Metabolic / Fat Loss | Methionine/Inositol/Choline lipotropic blend for fat metabolism. |
| LL-37 | 5 mg | \$80 | Antimicrobial / Immune | Cathelicidin peptide; antimicrobial, antiviral, immune modulation. |
| Mazdutide | 10 mg | \$160 | Metabolic / GLP-1 | GLP-1 / glucagon dual agonist; weight and glucose metabolism research. |
| Melanotan-1 | 10 mg | \$60 | Pigmentation | Selective alpha-MSH analog; photoprotection and pigmentation. |
| Melanotan-2 (MT-2) | 10 mg | \$50 | Pigmentation / Libido | Melanocortin agonist; tanning and sexual-function research. |
| Metabolic Research Bundle | Multi-vial bundle | \$324 (reg \$405) | Bundle / Metabolic | Fat-loss + metabolic-health research stack. |
| Mitochondrial Research Bundle | Multi-vial bundle | \$368 (reg \$460) | Bundle / Mitochondrial | Energy, fatigue and mitochondrial function stack (SS-31, MOTS-c, etc.). |
| MK-677 (Ibutamoren) | 25 mg / 60 tabs | \$150 | GH Secretagogue (oral) | Non-peptide ghrelin agonist; sustained GH / IGF-1 elevation. |
| MOTS-c | 10 mg | \$85 | Mitochondrial / Metabolic | Mitochondrial-derived peptide; metabolic regulation, exercise mimetic. |
| Musculoskeletal Bundle | Multi-vial bundle | \$300 (reg \$375) | Bundle / Recovery | BPC-157 + TB-500 + GHK-Cu style stack for muscle/tendon recovery. |
| NAD+ | 100 mg / 500 mg | \$125 – \$240 | Longevity / Energy | Nicotinamide adenine dinucleotide; cellular energy and longevity. |
| Orforglipron Tablets | Oral tablets | \$500 | Metabolic / GLP-1 | Oral non-peptide GLP-1 agonist; weight and glucose research. |

| Peptide | Strength / Amount | Price | Category | Common research uses |
|---------------------------------|----------------------|--------------------------|-----------------------------|---|
| Oxytocin | 10 mg | \$70 | Hormonal / Behavioral | Bonding, social behavior and stress-response research. |
| P21 | 5 mg | \$100 | Cognitive / Neurogenic | CNTF-derived peptide; neurogenesis and cognitive research. |
| PE-22-28 | 8 mg | \$55 | Mood / Depression | TREK-1 channel derivative; antidepressant research. |
| Pinealon | 20 mg | \$50 | Longevity / Cognitive | Tripeptide bioregulator; neuroprotection, sleep and anti-aging. |
| PT-141 (Bremelanotide) | 10 mg | \$65 | Libido / Sexual Function | Melanocortin agonist; sexual arousal and libido research. |
| Regenerative Bundle | Multi-vial bundle | \$288 (reg \$360) | Bundle / Recovery | Total-recovery stack for tissue, joint and GI repair. |
| Selank (Amidate) | 10 mg | \$60 | Anxiolytic / Cognitive | Russian heptapeptide; anxiolytic and cognitive research. |
| Semax (Amidate) | 10 mg | \$60 | Cognitive / Neuroprotective | ACTH(4-10) analog; BDNF/NGF elevation, cognitive and stroke research. |
| Sermorelin | 2 mg / 5 mg | \$60 – \$80 | GH Secretagogue | GHRH analog; endogenous GH stimulation research. |
| Sleep Stack | Multi-peptide bundle | \$280 | Bundle / Sleep | Sleep architecture and circadian rhythm research stack. |
| SLU-PP-332 (SLOOP) | Oral capsules | \$150 | Exercise Mimetic | ERR agonist; exercise-mimetic and mitochondrial biogenesis. |
| SNAP-8 | 10 mg | \$80 | Dermal / Cosmetic | Acetyl octapeptide-3; topical wrinkle-reduction research. |
| SS-31 (Elamipretide) | 10 / 50 / 100 mg | \$60 – \$270 | Mitochondrial | Cardiolipin-binding peptide; mitochondrial and cardiomyopathy research. |
| Survodutide | 10 mg / 20 mg | \$140 – \$240 | Metabolic / GLP-1 | GLP-1 / glucagon dual agonist; fat-loss and metabolic research. |
| TB-500 (Thymosin Beta-4) | 5 mg | \$100 | Tissue Repair | Actin-binding peptide; cell migration, wound healing, soft-tissue repair. |
| Tesamorelin | 10 mg | \$95 | GH Secretagogue | Stabilized GHRH analog; visceral-fat and body-composition research. |

| Peptide | Strength / Amount | Price | Category | Common research uses |
|---------------------------------|------------------------|----------------------|-----------------------|---|
| Tesamorelin + Ipamorelin | 10 mg / 5 mg | \$90 – \$95 | GH Secretagogue | Tesamorelin GHRH + selective ghrelin agonist blend. |
| Tesofensine Tablets | Oral tablets | \$500 | Metabolic / Fat Loss | Triple monoamine reuptake inhibitor; appetite suppression research. |
| Thymalin | 20 mg | \$60 | Immune / Longevity | Thymus bioregulator; immune restoration and longevity research. |
| Thymosin Alpha-1 | 10 mg | \$115 | Immune | Immune modulation, antiviral and anti-tumor research. |
| Trinity-X (GLP-3RT) | Proprietary blend | \$180 – \$350 | Metabolic / GLP-1 | In-house tri-agonist-style metabolic research blend. |
| VIP | 2 mg | \$65 | Immune / Inflammatory | Vasoactive Intestinal Peptide; CIRS, inflammation, bronchodilation. |
| Wolverine Peptide Stack | BPC-157 + TB-500 blend | \$85 – \$120 | Bundle / Recovery | Accelerated tissue / injury recovery research blend. |

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Disclaimer: Research-use-only products. Information compiled from the vendor's current public product listing and from well-documented peptide research literature. Prices and availability change frequently — message me on Instagram [@EyesOnEli](#) to confirm availability and lock in your discount.

Final Thoughts

The goal of this guide is simple: to educate in a clear, practical way — giving you both a basic understanding of these peptides and the tools to explore deeper. Always consult a licensed medical provider before starting any peptide protocol.

This guide was researched, written, and designed in its entirety by **Dr. Goins, PharmD.**

This document is for educational purposes only and does not constitute medical advice. Consult your physician before beginning any new therapy.

Sources cited are peer-reviewed publications available via PubMed and NEJM.