RESEARCH COMPOUND REFERENCE GUIDE

Educational Overview of Commonly Researched Peptides

For Research and Educational Purposes Only

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DISCLAIMER

This document is intended solely for educational and informational purposes related to laboratory and academic research. The compounds discussed in this guide are referenced for research use only and are not intended for human use, medical treatment, diagnosis, or prevention of disease. Any dosing references are presented strictly as commonly cited research ranges and do not constitute medical guidance.

TABLE OF CONTENTS

WHICH PEPTIDE SHOULD YOU START WITH?

Follow the flowchart to find your first peptide

WHAT'S YOUR #1 GOAL?

FAT LOSS

- **Retatrutide**
  Triple agonist - strongest appetite control
- **Semaglutide**
  Proven, FDA-approved option
- **MOTS-c**
  Metabolic optimizer, no appetite effects

Need appetite control? Retatrutide. Just m...

HEALING

- **BPC-157 + TB-500**
  The core duo for any injury
- **BPC-157 solo**
  Entry point - handles 80% of cases
- **+ GHK-Cu**
  Add for collagen/scar tissue issues

Construction crew: BPC repairs, TB-500 man...

PERFORMANCE

- **CJC-1295/Ipamorelin**
  GH optimization stack
- **Tesamorelin**
  FDA-approved GH releaser
- **Ipamorelin solo**
  Gentlest GH option

Sleep, recovery, body comp - GH peptides a...

SLEEP/MOOD

- **DSIP**
  Deep sleep architecture optimizer
- **Selank**
  Anxiolytic without sedation
- **Semax**
  Cognitive enhancement + focus

DSIP for sleep. Selank for anxiety. Semax ...

LONGEVITY

- **Epithalon**
  Telomere support, circadian reset
- **NAD+**
  Cellular energy currency
- **SS-31**
  Mitochondrial protection

The three biological failures: inflammatio...

PRO TIP

Start with ONE peptide for 8-12 weeks before adding stacks.
Learn how your body responds first.

BEGINNER MISTAKES TO AVOID

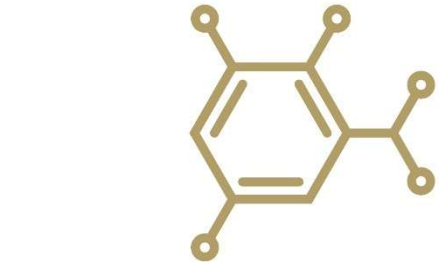
✗ Starting with 3+ peptides at once (can't identify what's working)
✗ Oral peptides for healing (they don't work - digestive breakdown)
✗ Expecting instant results (real healing takes 8-12 weeks)

BUDGET QUICK REFERENCE

$50-100/mo	BPC-157, Ipamorelin, or MOTS-c solo
$150-250/mo	Core healing stack (BPC + TB-500)
$300+/mo	Full protocol with multiple compounds

For research purposes only. Not medical advice. Consult healthcare provider.

r/Biohack_Blueprint



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RESEARCH COMPOUNDS

RETATRUTIDE

Primary Research Targets

- Fat mass reduction
- Energy expenditure
- Appetite and satiety signaling
- Insulin sensitivity

Retatrutide is a next-generation research compound studied for its effects on **metabolism, energy balance, and body-weight regulation**. What makes retatrutide unique in research is that it works across three major pathways involved in appetite control, blood sugar regulation, and energy use. Because of this, researchers are interested in it for more than appetite suppression alone.

In laboratory research, retatrutide is commonly evaluated for its ability to reduce body fat while helping preserve lean tissue. Studies often focus on changes in **visceral fat**, improvements in glucose control, and how efficiently the body uses fuel. Many researchers are especially interested in its potential to increase energy expenditure rather than simply reducing food intake.

Retatrutide is also studied for long-term metabolic adaptation. Because it influences multiple systems at once, research protocols usually introduce it slowly to observe digestive tolerance, metabolic response, and overall stability over time.

Frequently Asked Questions

What makes retatrutide different from other GLP-based compounds?
It affects three metabolic pathways instead of one or two, allowing broader metabolic research.

Is appetite suppression the main focus?
Not always. Many studies focus more on energy use and fat metabolism.

Why is it introduced slowly in research?
Gradual exposure helps researchers observe tolerance and response more accurately.

Research Dosing Context

In research settings, retatrutide is commonly introduced at a **standard starting range of 1–2 mg per week**. After an observation period, exposure is often increased gradually over several weeks. Many research models explore weekly amounts in the **4–6 mg range**, with some extended studies evaluating higher levels depending on research goals.

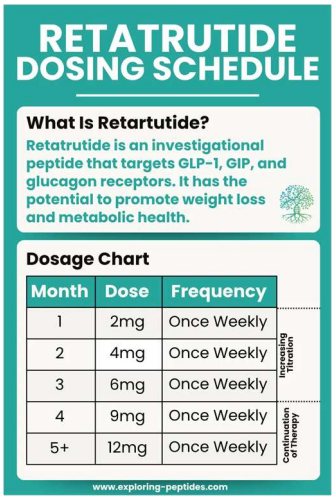
Common Research Stacks

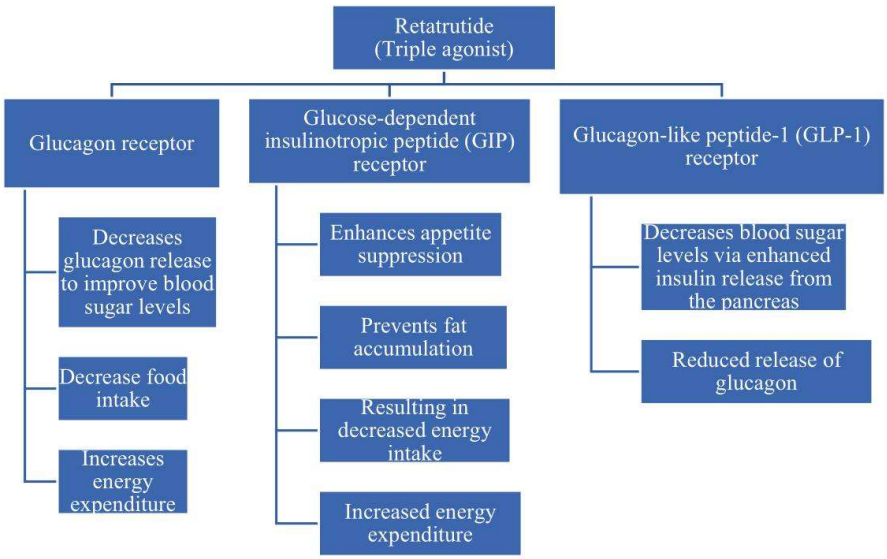
Cagrilintide

Used to explore appetite and satiety signaling together.

MOTS-C

Paired to study metabolic flexibility and energy utilization.





TIRZEPATIDE

Primary Research Targets

- Blood glucose regulation
- Insulin sensitivity
- Appetite and satiety signaling
- Body-fat reduction

Tirzepatide is a research compound studied for its role in **blood sugar control, insulin response, and appetite regulation**. It works through two major metabolic pathways, which makes it useful in research comparing single-pathway compounds to broader metabolic signaling approaches.

In laboratory research, tirzepatide is often evaluated for its ability to improve insulin sensitivity while also influencing appetite and food intake. Many studies focus on how smoothly it helps regulate blood sugar levels over time, rather than producing rapid or aggressive effects.

Tirzepatide is frequently included in long-term metabolic research because of its gradual and sustained impact. Researchers often study it in models focused on **metabolic stability and durability**, rather than short-term change.

Frequently Asked Questions

Is tirzepatide only researched for weight control?
No. Many studies focus primarily on glucose and insulin regulation.

How is it different from standard GLP-1 compounds?
It activates two metabolic pathways instead of one.

Is it commonly studied long-term?
Yes, extended research timelines are common.

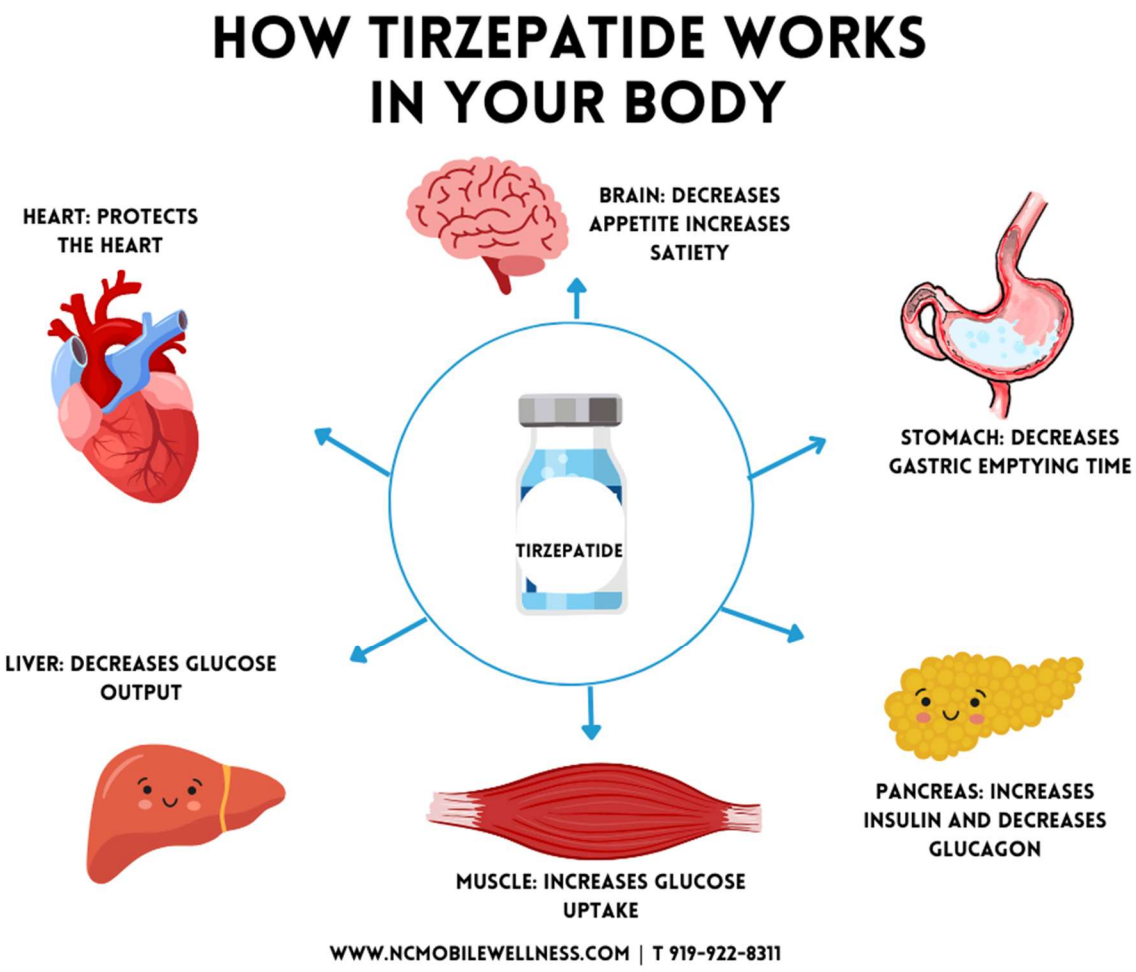
Research Dosing Context

In research settings, tirzepatide often begins at a **standard starting range of 1–2 mg per week**. Exposure is typically increased gradually in small steps over several weeks. Many research models explore weekly amounts in the **5–10 mg range**, depending on study design and objectives.

Common Research Stacks

Cagrilintide
Paired to explore appetite and satiety alongside glucose regulation.

NAD+
Used to study metabolic performance and cellular energy support.



CAGRILINTIDE

Primary Research Targets

- Appetite suppression
- Satiety signaling
- Caloric intake regulation
- Gastric emptying modulation

Cagrilintide is a long-acting research compound studied for its role in **appetite control and satiety signaling**. It works through pathways associated with amylin, a hormone involved in signaling fullness after eating. Because of this, cagrilintide is often researched for how it affects meal size, hunger perception, and overall food intake rather than direct metabolic stimulation.

In laboratory research, cagrilintide is commonly evaluated both as a standalone compound and alongside GLP-based compounds. Researchers are interested in how it influences eating behavior, how long satiety lasts, and whether appetite suppression remains consistent over time. Many studies focus on behavioral patterns rather than rapid physical changes.

Cagrilintide is generally approached conservatively in research models. Because it directly affects appetite signaling, protocols often emphasize slow introduction and careful observation of tolerance and response, especially when combined with other appetite-modulating compounds.

Frequently Asked Questions

Is cagrilintide a GLP compound?
No. It works through amylin-related pathways rather than GLP pathways.

Is it researched for fat loss directly?
Not directly. Most studies focus on appetite and caloric intake behavior.

Is it commonly combined with other compounds?
Yes, especially in appetite and satiety research models.

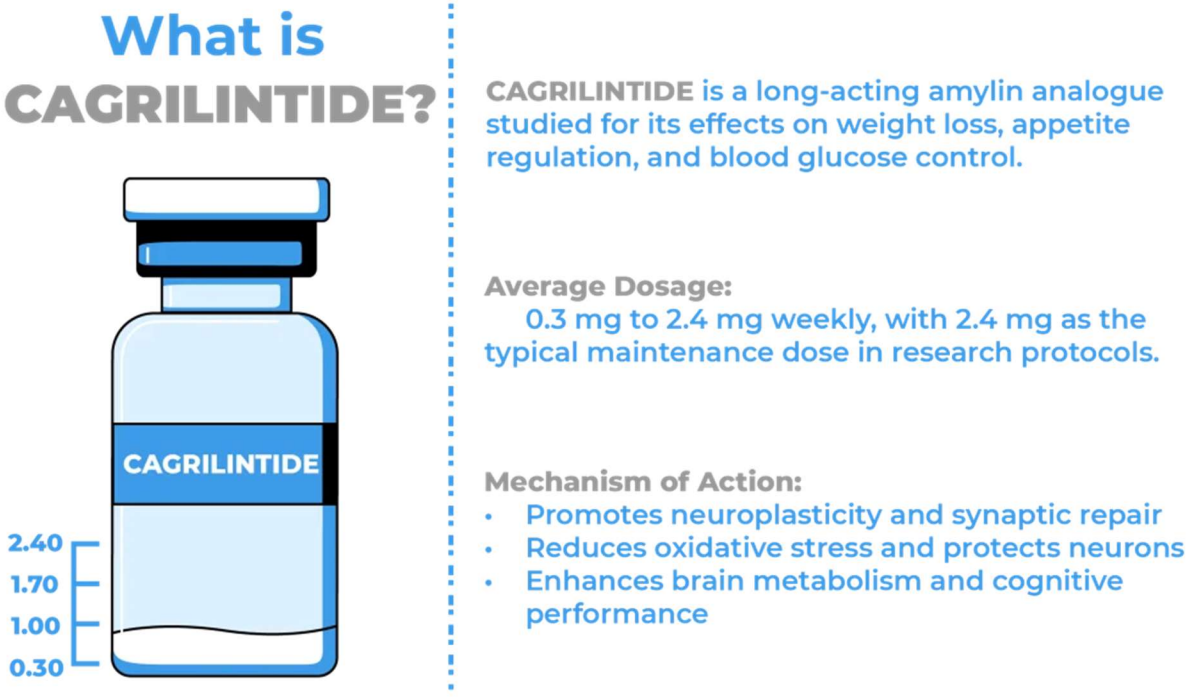
Research Dosing Context

In research settings, cagrilintide commonly begins at a **standard starting range of 300–600 mcg per week**. Exposure is often increased gradually over time, depending on tolerance and study goals. Conservative titration is emphasized due to its strong effects on appetite signaling.

Common Research Stacks

Retatrutide
Paired to study combined incretin and amylin appetite signaling.

Tirzepatide
Used to explore appetite regulation alongside glucose control.



BPC-157

Primary Research Targets

- Tendon and ligament repair
- Gastrointestinal integrity
- Inflammation modulation
- Tissue healing support

BPC-157 is a synthetic peptide derived from a fragment of a naturally occurring gastric protein. In research settings, it is widely studied for its role in **tissue repair and healing**, particularly involving tendons, ligaments, muscles, and the gastrointestinal system. Because of its origin, BPC-157 is also frequently researched for gut integrity and protective effects on the digestive tract.

Laboratory research commonly evaluates BPC-157 in injury and recovery models. Researchers study how it influences blood vessel formation, inflammatory response, and tissue regeneration. It is often examined for both **localized and systemic effects**, depending on the design of the research model.

BPC-157 is popular in repair-focused research because it is considered versatile and generally well-tolerated. Studies often focus on functional recovery, healing timelines, and tissue resilience rather than immediate performance outcomes.

Frequently Asked Questions

Is BPC-157 researched locally or systemically?
Both. It can be studied in site-specific or whole-body repair models.

Is it mainly for muscle repair?
No. It is commonly studied for tendons, ligaments, and gut health as well.

Is it fast-acting in research models?
Many studies observe gradual improvements over days to weeks.

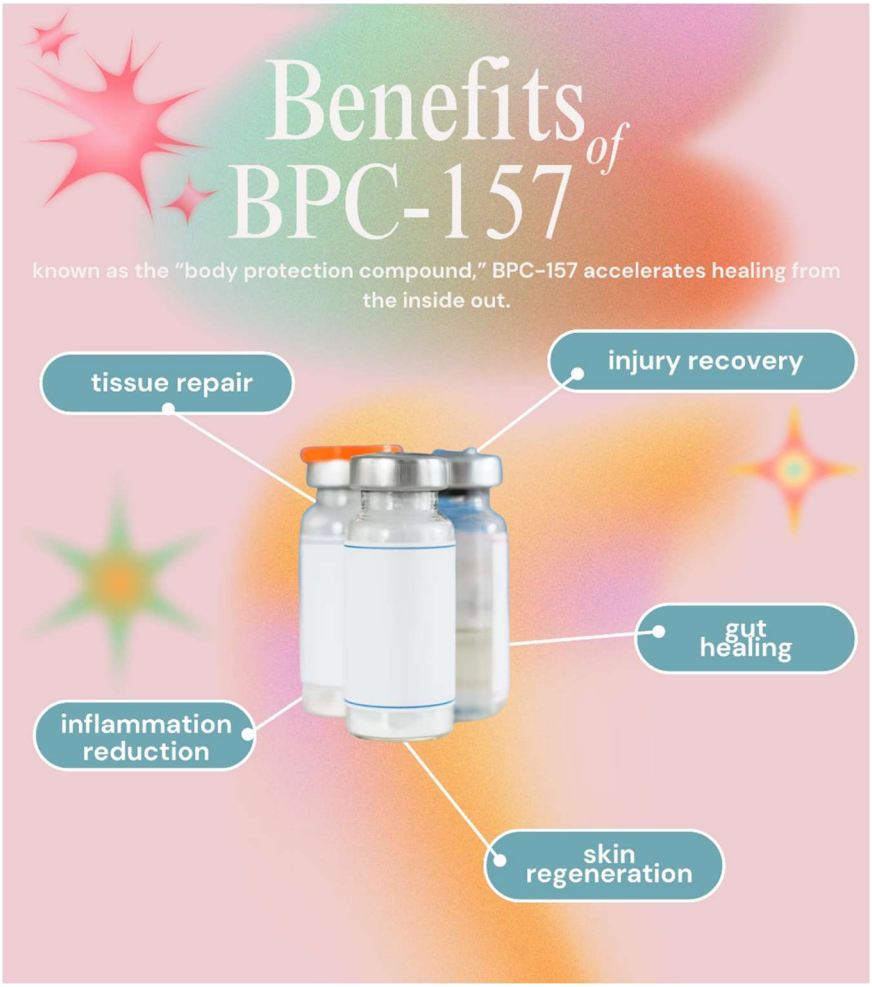
Research Dosing Context

In research environments, BPC-157 commonly starts at **200–500 mcg per day**, often divided into one or two daily exposures. Research durations vary depending on the injury or repair model being studied, with many protocols lasting several weeks.

Common Research Stacks

TB-500
Paired to combine localized repair with systemic recovery support.

GHK-Cu
Used to study tissue remodeling and connective tissue integrity.



TB-500

Primary Research Targets

- Muscle recovery
- Cellular regeneration
- Joint and connective tissue support
- Inflammation control

TB-500 is a synthetic fragment of thymosin beta-4 and is studied primarily for its role in **systemic tissue repair and recovery**. Unlike compounds that are researched mainly for localized healing, TB-500 is commonly evaluated for whole-body effects, including muscle recovery, joint health, and overall tissue resilience.

In research models, TB-500 is often examined for its influence on cell migration, angiogenesis, and inflammatory response. Researchers are interested in how it supports the healing environment throughout the body rather than targeting a single injury site. Because of this, TB-500 frequently appears in studies involving repetitive stress, prolonged physical strain, or recovery from widespread tissue damage.

TB-500 is commonly approached as a recovery-support compound rather than a performance enhancer. Research tends to focus on healing timelines, tissue durability, and functional recovery over longer observation periods.

Frequently Asked Questions

Is TB-500 studied for localized injuries?
It can be, but it is more often researched for systemic recovery effects.

Is TB-500 fast acting?
Most studies observe gradual improvements over time rather than immediate effects.

Is it commonly combined with other compounds?
Yes, particularly with tissue-repair and endocrine-support compounds.

Research Dosing Context

In research settings, TB-500 commonly begins with a **standard starting range of 2–4 mg per week**, often divided into multiple administrations. Some research models use an initial

higher exposure period followed by lower maintenance amounts, depending on study goals and duration.

Common Research Stacks

BPC-157
Paired to combine systemic recovery with localized tissue repair.

CJC-1295 (DAC)
Sometimes included to explore recovery alongside growth hormone signaling.

BPC-157 / TB-500 COMBINATION

Primary Research Targets

- Soft tissue repair
- Systemic recovery
- Inflammation reduction
- Healing environment support

The combination of BPC-157 and TB-500 is widely studied in **repair-focused research models** because the two compounds act through complementary pathways. BPC-157 is typically researched for localized tissue repair and gastrointestinal integrity, while TB-500 is studied for systemic regeneration and cellular migration.

In laboratory research, this combination is often evaluated in musculoskeletal injury models, rehabilitation research, and connective tissue stress studies. Researchers are interested in whether pairing localized repair support with whole-body recovery signaling improves overall healing timelines and tissue resilience.

Because both compounds are commonly included in recovery-oriented research, the combination is usually introduced after baseline tolerance to each compound has been observed individually. Studies often focus on functional recovery rather than rapid structural change.

Frequently Asked Questions

Why are BPC-157 and TB-500 often combined?
They support different aspects of the repair process, making them complementary.

Is this combination used for acute injuries only?
No. It is also studied in chronic stress and long-term recovery models.

Do researchers introduce both at the same time?
Often one is introduced first, followed by the second after tolerance is observed.

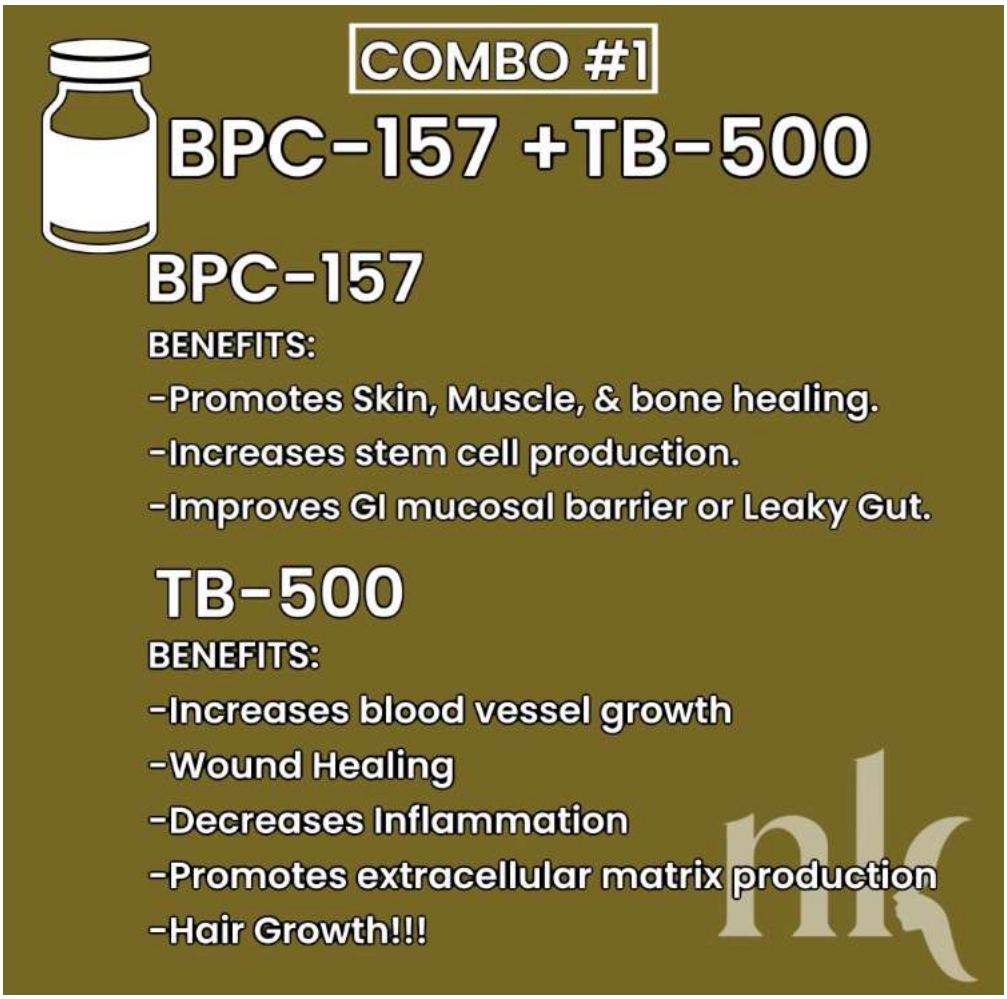
Research Dosing Context

In research settings, BPC-157 is commonly studied at **200–500 mcg per day**, while TB-500 often begins at **2–4 mg per week**. Protocols vary, but many studies explore staggered or divided exposure to evaluate synergy and tolerance over several weeks.

Common Research Stacks

CJC-1295 (DAC)
Included to study recovery alongside endocrine signaling.

Ipamorelin
Sometimes paired to evaluate recovery and growth-hormone-related adaptation.



CJC-1295 (WithDAC)

Primary Research Targets

- Growth hormone signaling
- IGF-1 elevation
- Recovery and tissue repair
- Body composition support

CJC-1295 with DAC is a long-acting research compound studied for its ability to **stimulate growth hormone release over an extended period of time**. The DAC component allows the compound to remain active longer in the body, making it useful in research models that examine sustained endocrine signaling rather than short, pulsatile effects.

In laboratory research, CJC-1295 is often evaluated for its influence on growth hormone and IGF-1 levels, which play a role in recovery, tissue repair, and metabolic health. Researchers commonly study it in models focused on long-term adaptation, body composition, and recovery rather than immediate or acute outcomes.

Because of its extended activity, CJC-1295 is typically researched with less frequent exposure compared to short-acting growth hormone secretagogues. This makes it useful in studies where consistent baseline signaling is preferred over rapid hormonal spikes.

Frequently Asked Questions

What does the DAC do?
DAC extends the duration of the compound, allowing longer-lasting activity.

Is this compound fast acting?
No. It is studied for sustained effects over time.

Is it commonly researched alone or combined?
Both, but it is frequently paired with short-acting GH compounds.

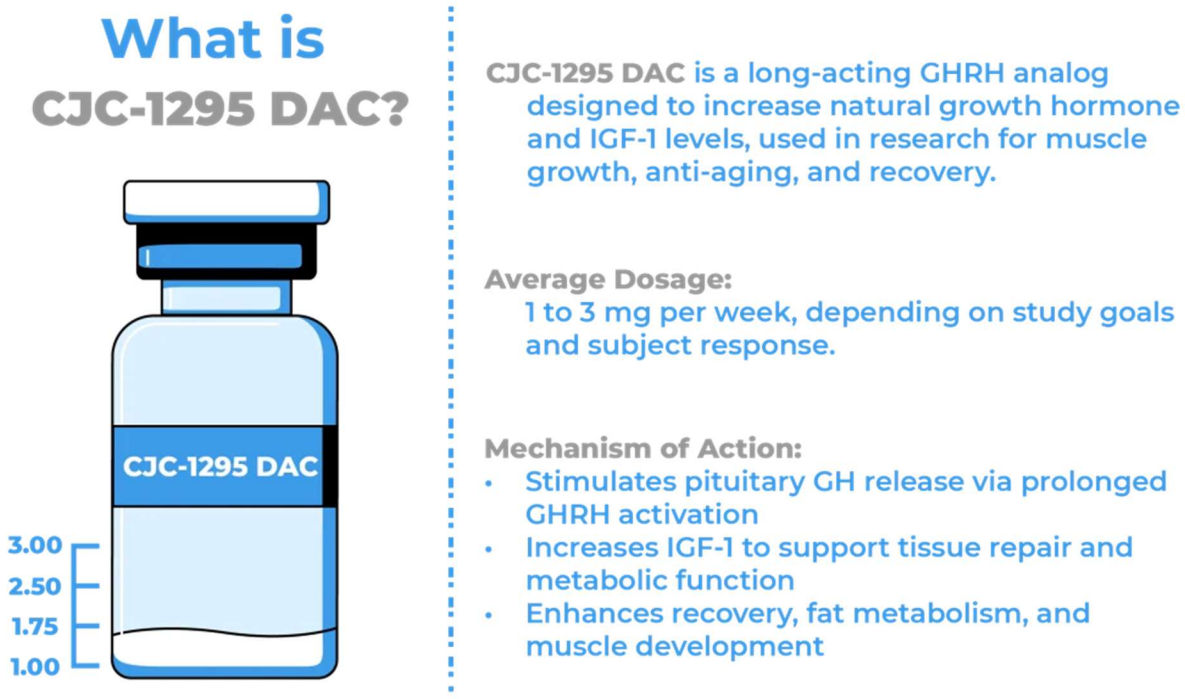
Research Dosing Context

In research settings, CJC-1295 with DAC commonly begins at a **standard starting range of 500–1,000 mcg per week**. Because of its long duration, exposure is often limited to once weekly or less frequent administration. Many research models evaluate it over multi-week or multi-month periods.

Common Research Stacks

Ipamorelin
Paired to combine sustained and pulsatile growth hormone signaling.

BPC-157 / TB-500
Sometimes included to explore recovery alongside endocrine support.



IPAMORELIN

Primary Research Targets

- Pulsatile growth hormone release
- Recovery support
- Sleep quality
- Minimal stress hormone impact

Ipamorelin is a selective growth hormone secretagogue studied for its ability to **stimulate natural, pulsatile growth hormone release**. Unlike older GH-related compounds, ipamorelin is researched for its relatively clean signaling profile, with minimal impact on cortisol or prolactin levels.

In research models, ipamorelin is commonly evaluated for its role in recovery, sleep quality, and tissue repair. Because it mimics natural growth hormone pulses, it is often included in studies focused on long-term adaptation and recovery rather than aggressive hormonal manipulation.

Ipamorelin is frequently researched as part of combination models to complement longer-acting GH compounds. Its short duration makes it useful for studying timing-based GH release patterns.

Frequently Asked Questions

Does ipamorelin increase cortisol?
Research suggests it has minimal impact compared to other GH secretagogues.

Is it researched for performance?
More often for recovery and sleep-related outcomes.

Is it fast acting?
Yes, its effects are short-lived and pulsatile.

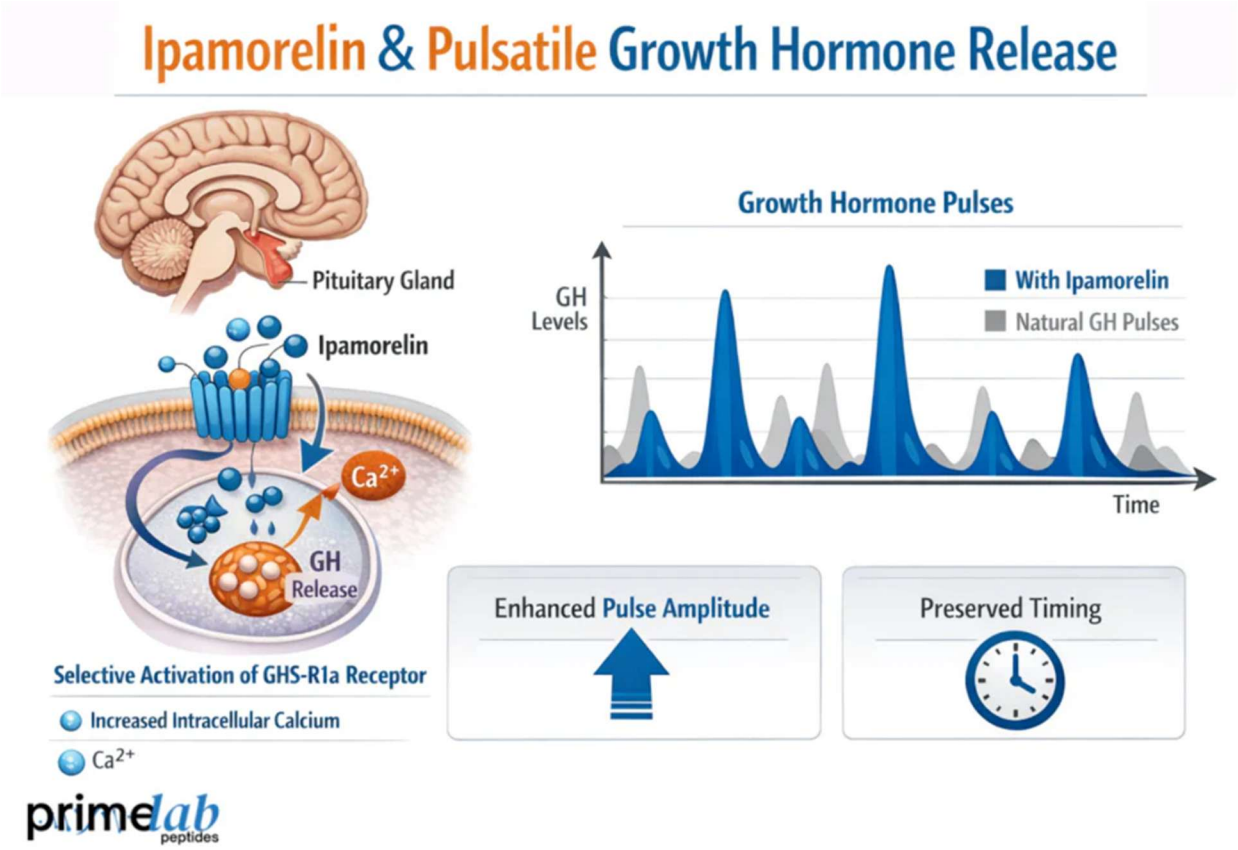
Research Dosing Context

In research environments, ipamorelin commonly begins at **100–300 mcg per day**, often divided into one or two daily exposures. Many studies explore evening administration to align with natural growth hormone release patterns.

Common Research Stacks

CJC-1295 (DAC)
Paired to combine sustained and pulsatile GH signaling.

DSIP
Sometimes included to study sleep quality and recovery together.



IPAMORELIN / CJC-1295 COMBINATION

Primary Research Targets

- Growth hormone output
- Endocrine balance
- Recovery and adaptation
- Body composition support

The combination of ipamorelin and CJC-1295 is studied to better replicate **natural growth hormone secretion patterns**. Ipamorelin provides short, pulsatile GH release, while CJC-1295 supplies sustained baseline stimulation. Together, they allow researchers to evaluate both immediate and long-term endocrine signaling.

In laboratory research, this combination is often used in recovery-focused and body composition studies. Researchers are interested in whether pairing these two signaling styles leads to improved recovery outcomes, tissue repair, and metabolic adaptation compared to either compound alone.

Because this stack affects endocrine pathways, research protocols typically introduce compounds gradually and monitor response carefully. Studies often emphasize consistency and long-term observation rather than rapid changes.

Frequently Asked Questions

Why combine ipamorelin and CJC-1295?
They complement each other by providing both pulsatile and sustained GH signaling.

Is this combination studied short-term or long-term?
Most research focuses on long-term adaptation.

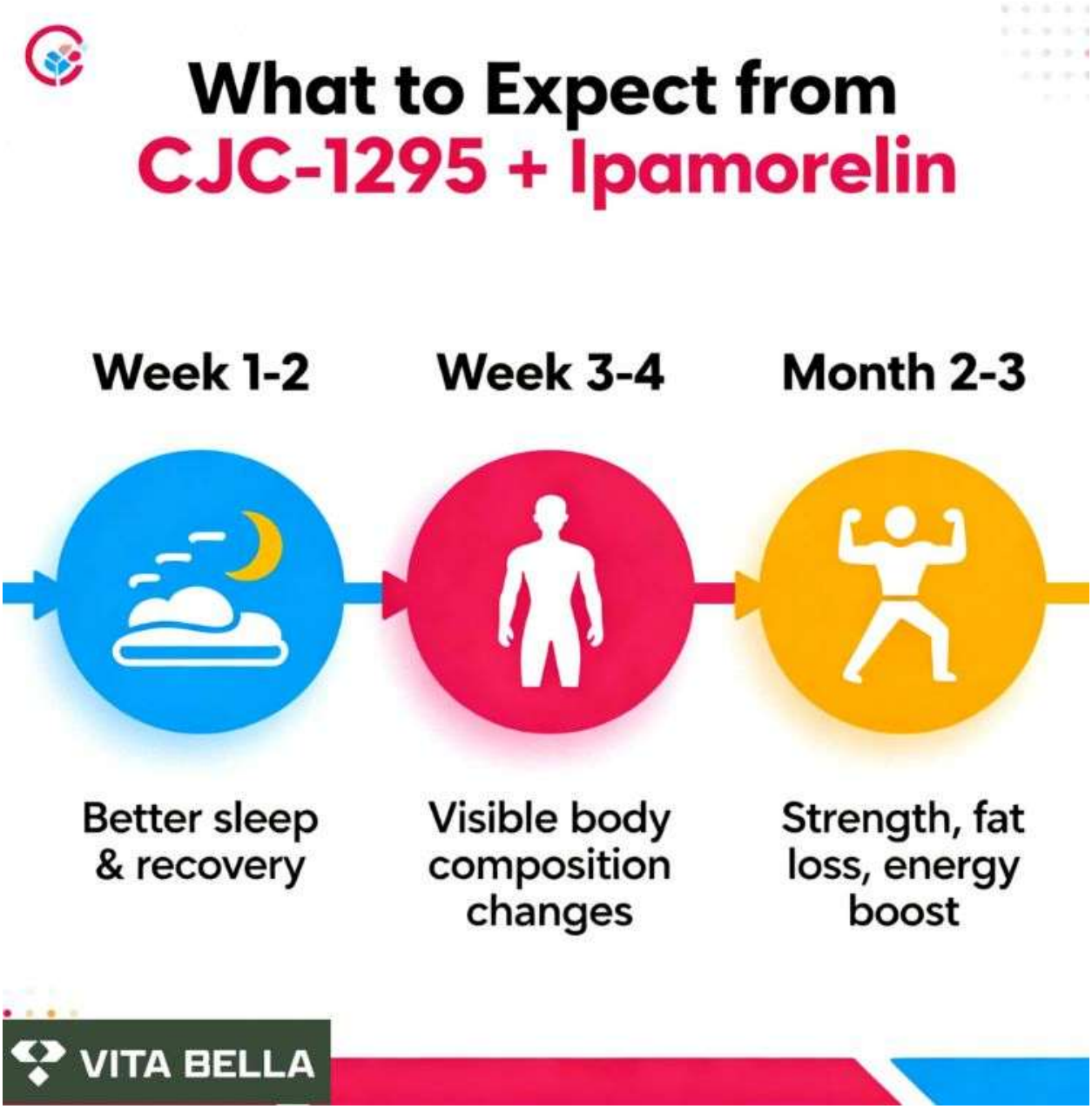
Is timing important in research models?
Yes, consistency and alignment with GH rhythms are often emphasized.

Research Dosing Context

In research settings, ipamorelin commonly starts at **100–300 mcg per day**, while CJC-1295 (DAC) often begins at **500–1,000 mcg per week**. Research models typically evaluate this combination over extended periods to observe endocrine adaptation and recovery outcomes.

Common Research Stacks

BPC-157 / TB-500
Sometimes included to study recovery alongside endocrine signaling.



TESAMORELIN

Primary Research Targets

- Visceral fat reduction
- Growth hormone stimulation
- Metabolic health
- Body composition support

Tesamorelin is a research compound studied primarily for its effects on **visceral fat and metabolic health**. It works by stimulating the body's natural release of growth hormone, rather than supplying growth hormone directly. Because of this, researchers are interested in how tesamorelin influences fat distribution, particularly fat stored around internal organs.

In laboratory research, tesamorelin is commonly evaluated for its ability to reduce visceral adipose tissue while minimizing changes to overall body weight. Studies often focus on how it affects metabolic markers, insulin sensitivity, and long-term body composition rather than short-term weight loss.

Tesamorelin is typically studied in longer research models, as changes in fat distribution and metabolic health tend to occur gradually. Researchers often emphasize consistency and duration when evaluating outcomes.

Frequently Asked Questions

Is tesamorelin researched for general weight loss?
No. Most studies focus specifically on visceral fat rather than total body weight.

Does it work directly like growth hormone?
No. It stimulates the body's own growth hormone release.

Is it usually studied long-term?
Yes, extended research timelines are common.

Research Dosing Context

In research settings, tesamorelin commonly begins at a **standard starting dose of 1–2 mg per day**. Studies often maintain consistent daily exposure over several weeks or months to evaluate changes in fat distribution and metabolic markers.

Common Research Stacks

NAD+

Sometimes paired to explore metabolic efficiency and cellular energy support.

Glutathione

Used in research examining metabolic health and recovery environments.

GHK-Cu

Primary Research Targets

- Collagen synthesis
- Skin and connective tissue regeneration
- Tissue remodeling
- Wound healing support

GHK-Cu is a copper-binding peptide studied for its role in **tissue repair, collagen production, and skin health**. In research settings, it is commonly evaluated for how it influences cellular regeneration, connective tissue integrity, and wound healing processes.

Laboratory studies often focus on GHK-Cu's ability to support collagen synthesis and tissue remodeling. Because of its copper content, it is frequently researched in dermatological and connective tissue models rather than metabolic or endocrine studies.

Injection site stinging is commonly reported in research involving GHK-Cu and is considered normal. This sensation may last several hours and often diminishes with continued exposure or dilution strategies.

Frequently Asked Questions

Is injection site stinging normal?
Yes. Temporary stinging is commonly reported and expected.

What research areas use GHK-Cu most often?
Skin health, wound healing, and connective tissue studies.

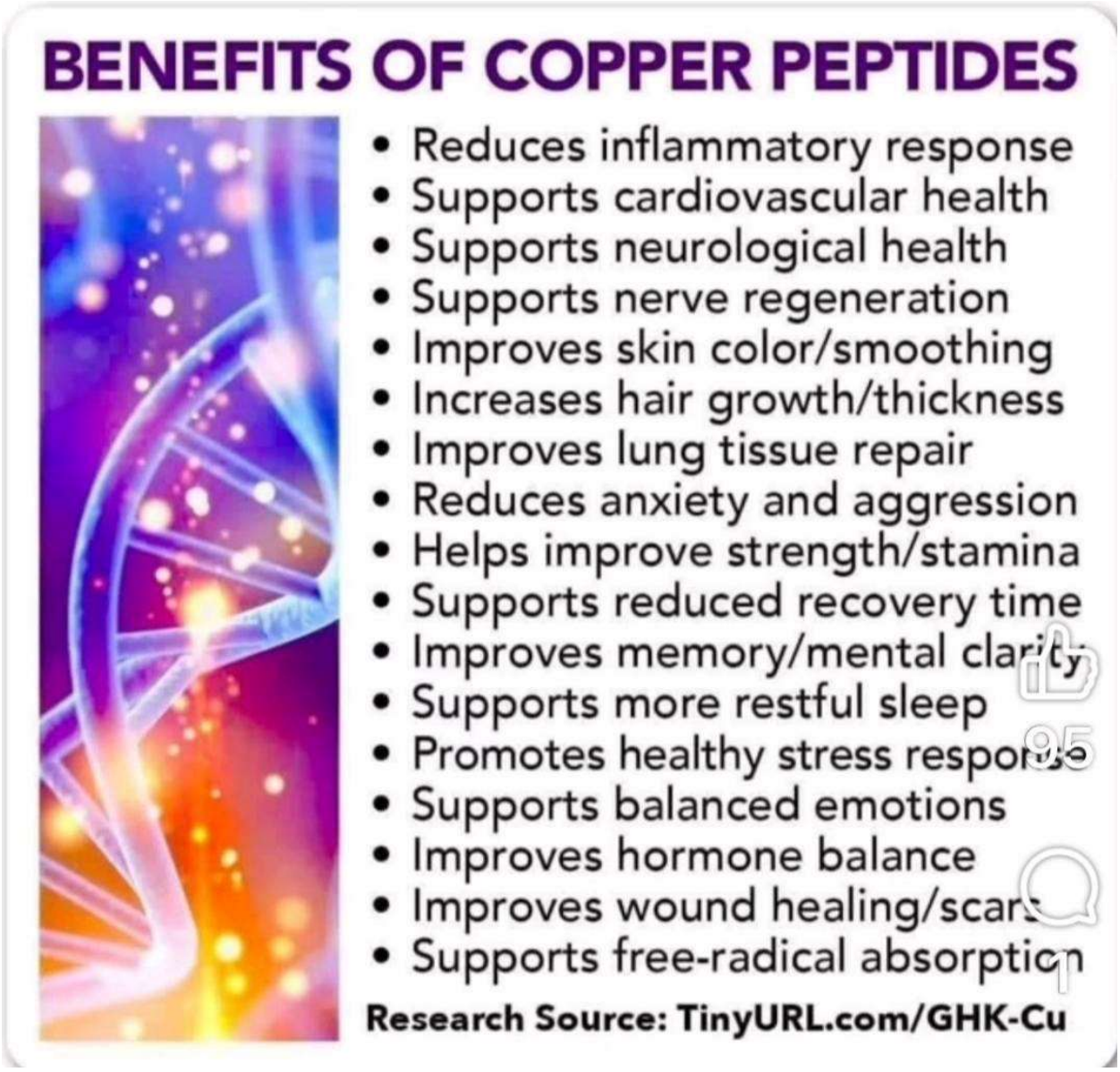
Is it typically studied alone or combined?
Often combined with tissue repair compounds.

Research Dosing Context

In research environments, GHK-Cu commonly begins at **100–300 mcg per day**, depending on study design. Researchers frequently explore dilution adjustments to improve comfort and consistency during longer studies.

Common Research Stacks

BPC-157
Paired to explore connective tissue repair and remodeling together.



NAD+

Primary Research Targets

- Cellular energy production
- Mitochondrial function
- Neuroprotection
- Metabolic resilience

NAD+ is a naturally occurring coenzyme that plays a critical role in **cellular energy production and metabolic function**. In research settings, it is studied for how it supports mitochondrial activity, cellular repair processes, and overall metabolic resilience.

Laboratory research often evaluates NAD+ in models focused on aging, neurological health, and metabolic efficiency. Researchers are particularly interested in how NAD+ levels influence energy availability at the cellular level and how this impacts tissue and organ function over time.

NAD+ is commonly studied as a foundational compound because of its broad role across multiple biological systems. Rather than producing immediate visible changes, research often focuses on long-term cellular support and resilience.

Frequently Asked Questions

Is NAD+ studied for energy only?
No. It is also researched for neuroprotection and metabolic health.

Does it act quickly?
Research often focuses on gradual, cumulative effects.

Is it commonly stacked?
Yes, especially in metabolic and recovery-focused research.

Research Dosing Context

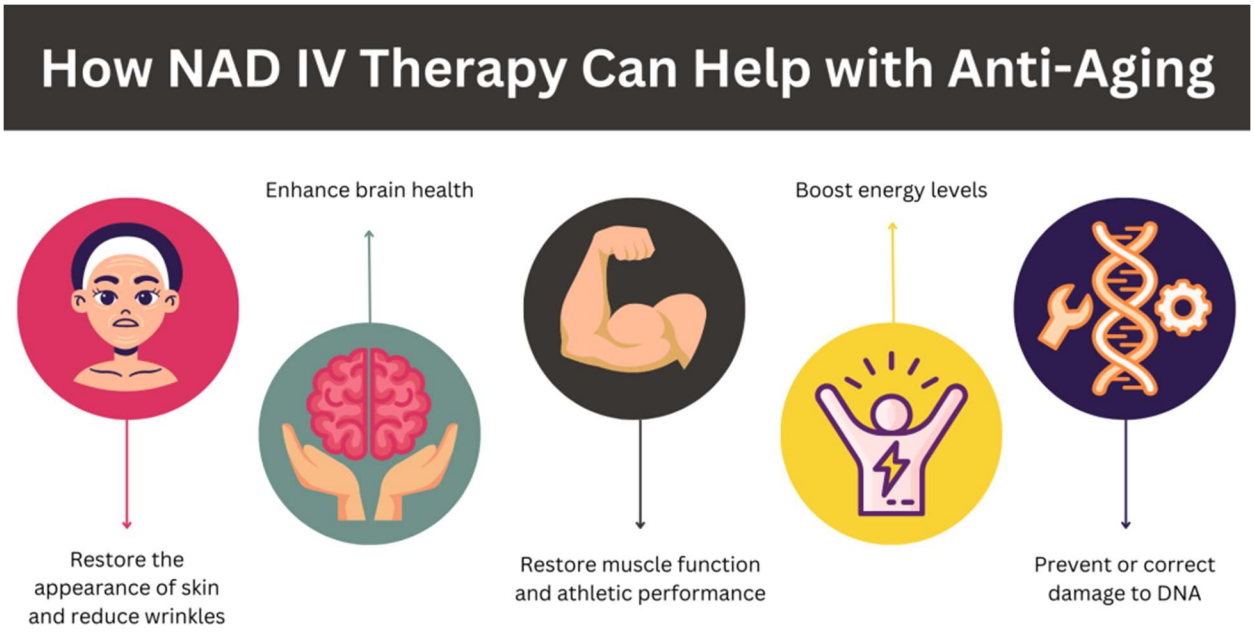
In research settings, NAD+ commonly begins at **50–250 mg per week**, depending on delivery method and study goals. Exposure is often adjusted based on duration and metabolic response being evaluated.

Common Research Stacks

Glutathione
Paired to explore cellular protection and oxidative stress reduction.

MOTS-C
Used in metabolic research focused on energy efficiency.

Tirzepatide
Sometimes combined to study metabolic signaling and cellular energy together.



MOTS-C

Primary Research Targets

- Metabolic flexibility
- Mitochondrial efficiency
- Insulin sensitivity
- Energy utilization

MOTS-C is a mitochondrial-derived peptide studied for its role in **energy regulation and metabolic efficiency**. Unlike many peptides that originate from the endocrine system, MOTS-C is encoded within mitochondrial DNA, which has made it of particular interest in research focused on cellular energy use and metabolic signaling.

In laboratory research, MOTS-C is commonly evaluated for how it affects insulin sensitivity and the body's ability to switch between fuel sources. Researchers study its impact on glucose uptake, fat utilization, and overall metabolic adaptability, especially in models related to metabolic stress or aging.

MOTS-C is often studied in short research cycles rather than continuous exposure. Research tends to focus on signaling effects and metabolic response rather than long-term accumulation, making it a unique compound in metabolic research.

Frequently Asked Questions

Is MOTS-C a fat-loss compound?
Not directly. Most research focuses on metabolic efficiency and energy use.

Why is it considered unique?
It originates from mitochondrial DNA rather than traditional peptide pathways.

Is it commonly studied alone or stacked?
Both, though it is frequently included in metabolic research stacks.

Research Dosing Context

In research settings, MOTS-C commonly begins at **5–10 mg per week**, often divided into multiple exposures over the week. Many studies use short-duration protocols to evaluate metabolic signaling and adaptation.

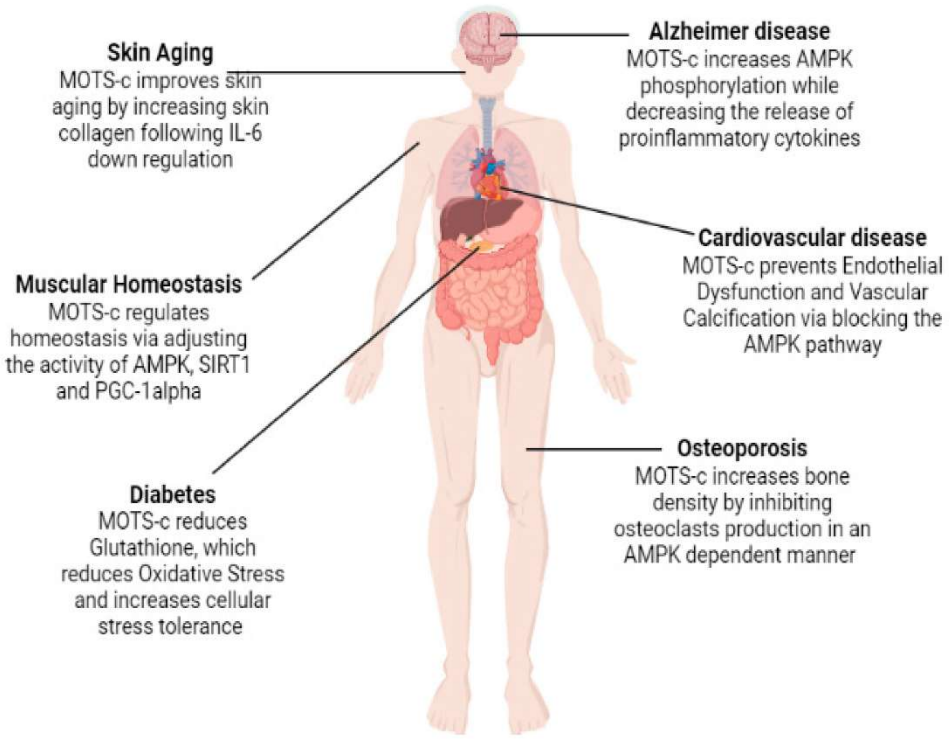
Common Research Stacks

NAD+

Paired to study mitochondrial function and cellular energy together.

Retatrutide

Used to explore metabolic signaling and fuel utilization.



GLUTATHIONE

Primary Research Targets

- Oxidative stress reduction
- Cellular protection
- Detoxification pathways
- Immune support

Glutathione is one of the body's primary antioxidants and is widely studied for its role in **cellular protection and oxidative balance**. In research settings, it is evaluated for how it neutralizes free radicals and supports detoxification processes within cells.

Laboratory research commonly focuses on glutathione's impact on liver function, immune response, and cellular resilience. Researchers study how maintaining adequate glutathione levels may influence recovery from oxidative stress, environmental exposure, and metabolic strain.

Because glutathione is involved in many protective pathways, it is often included as a supportive compound rather than a primary intervention. Research models frequently examine long-term cellular health rather than immediate or visible changes.

Frequently Asked Questions

Is glutathione studied mainly for detox?
Detoxification is one focus, but cellular protection is broader.

Does it act quickly?
Research typically examines cumulative effects over time.

Is it commonly stacked?
Yes, especially with metabolic and recovery compounds.

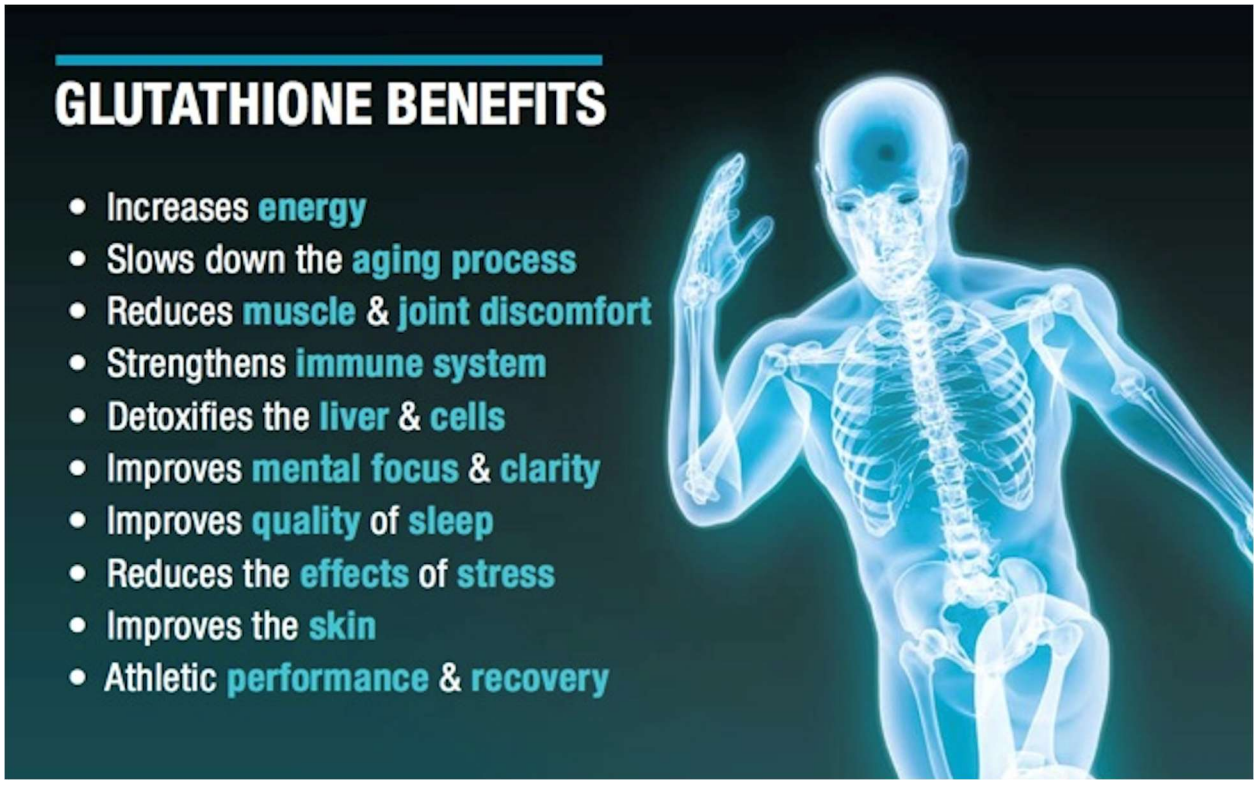
Research Dosing Context

In research environments, glutathione commonly begins at **200–600 mg per week**, depending on study design and duration. Exposure may be adjusted based on oxidative stress markers and cellular response.

Common Research Stacks

NAD+
Paired to explore cellular energy and antioxidant protection.

Tesamorelin
Used in metabolic health and recovery research.



VITAMIN B12

Primary Research Targets

- Nervous system function
- Red blood cell production
- Energy metabolism
- Cognitive support

Vitamin B12 is an essential nutrient studied for its role in **neurological health, energy metabolism, and blood formation**. In research settings, it is evaluated for how it supports nerve signaling, cognitive function, and overall cellular energy processes.

Laboratory research often examines B12 in models related to fatigue, neurological stress, and metabolic efficiency. Researchers are particularly interested in its involvement in DNA synthesis and red blood cell development, which are critical for oxygen delivery and energy production.

Vitamin B12 is commonly included as a foundational compound in research because of its broad role across multiple systems. It is often studied as a supportive agent rather than a standalone intervention.

Frequently Asked Questions

Is B12 studied for energy enhancement?
Yes, particularly in relation to cellular energy and fatigue.

Does it affect cognition?
Research suggests it supports nerve health and cognitive function.

Is it usually stacked with other compounds?
Very commonly, especially in metabolic and recovery research.

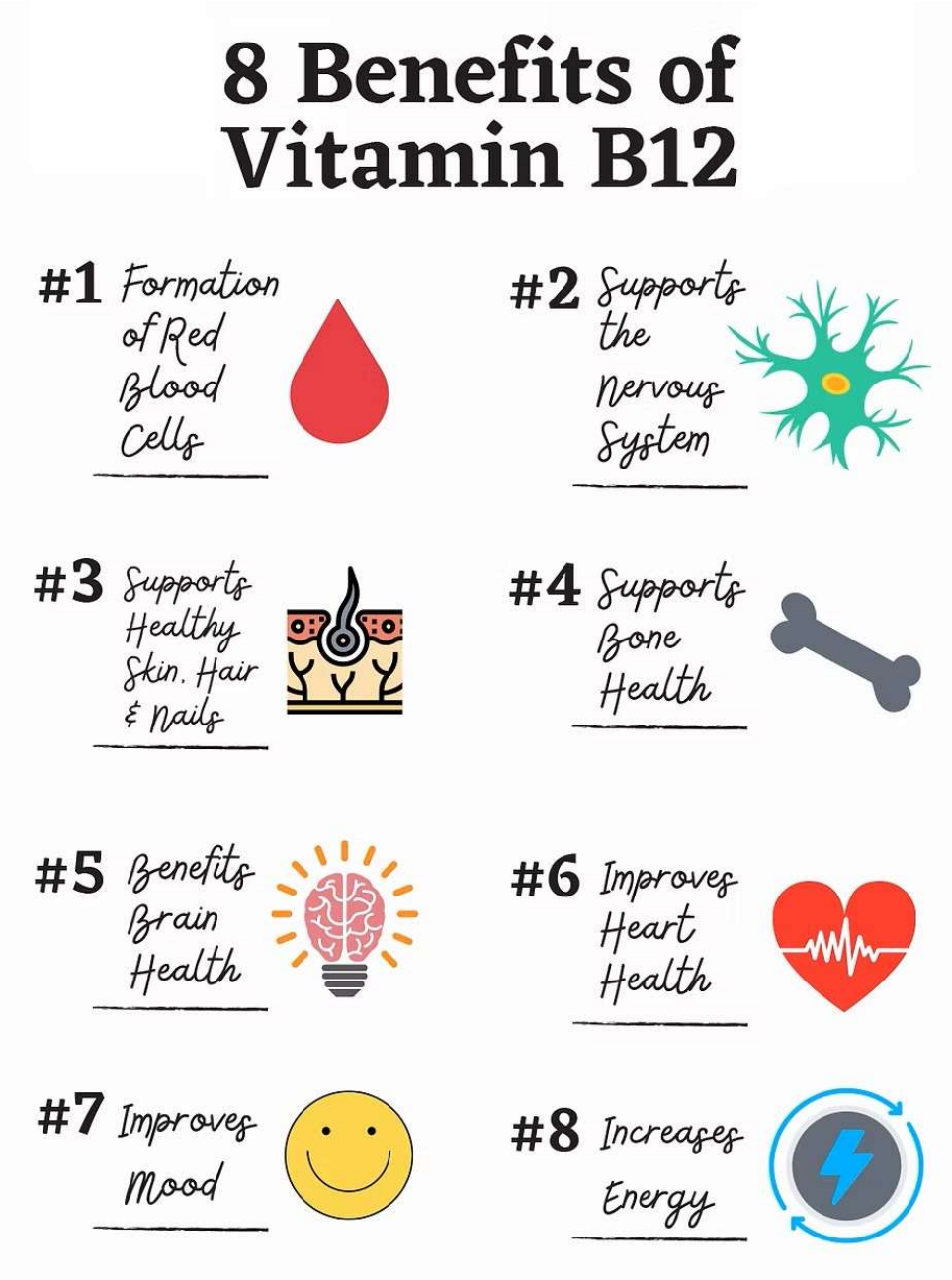
Research Dosing Context

In research settings, vitamin B12 commonly begins at **500–1,000 mcg per week**, depending on the research model and objectives. Exposure is often maintained consistently over time.

Common Research Stacks

NAD+
Paired to explore energy metabolism and neurological support.

Glutathione
Used to study cellular protection and recovery.



GLOW

Primary Research Targets

- Skin quality and appearance
- Collagen and connective tissue support
- Tissue repair signaling
- Cellular regeneration

GLOW is a blended research formulation that combines multiple peptides commonly studied for **skin health, connective tissue repair, and cellular regeneration**. Rather than targeting a single pathway, GLOW is researched for its broad support of tissue quality, making it of interest in models focused on skin integrity, wound healing, and cosmetic-related outcomes.

In laboratory research, GLOW is often evaluated for how its combined components influence collagen synthesis, tissue remodeling, and overall skin resilience. Researchers may study changes in texture, elasticity, and recovery following stress or damage. Because it contains multiple active components, studies often focus on synergy rather than isolating one specific effect.

GLOW is typically researched as a **standalone compound**, rather than as part of larger stacks. This allows researchers to better evaluate the combined formulation's effects without introducing additional variables.

Injection site stinging is commonly reported in research involving GLOW and is considered normal. This sensation may last several hours and often diminishes with dilution adjustments, slower administration, or site rotation such as upper glutes or love handle areas.

Frequently Asked Questions

Is GLOW meant for metabolic or hormonal research?
No. It is primarily researched for tissue and skin-related outcomes.

Is injection site discomfort normal?
Yes. Temporary stinging is common and expected.

Is GLOW usually stacked with other compounds?
No. It is most often researched on its own.

Research Dosing Context

In research settings, GLOW commonly begins at **200–500 mcg per administration**, with frequency depending on study design. Researchers often adjust dilution volume to improve comfort and consistency during longer research periods.

Common Research Stacks

GLOW is typically researched **as a standalone compound** rather than stacked.

DSIP (Delta Sleep–Inducing Peptide)

Primary Research Targets

- Sleep quality
- Circadian rhythm regulation
- Stress recovery
- Nervous system balance

DSIP is a naturally occurring peptide studied for its role in **sleep regulation and nervous system recovery**. In research settings, it is primarily evaluated for how it influences sleep depth, sleep duration, and overall circadian rhythm stability.

Laboratory research often focuses on DSIP's interaction with stress hormones and its potential role in promoting restorative sleep states. Researchers study its effects in models involving sleep disruption, fatigue, and nervous system stress rather than direct sedation.

DSIP is frequently researched in evening-focused protocols due to its relationship with sleep cycles. Many studies emphasize consistency and timing rather than dose escalation.

Frequently Asked Questions

Is DSIP a sedative?
No. It is studied for sleep regulation, not sedation.

Is it researched for stress?
Yes, particularly for recovery from nervous system strain.

Is DSIP fast acting?
Research suggests effects are subtle and cumulative.

Research Dosing Context

In research environments, DSIP commonly begins at **100–300 mcg per day**, often administered in the evening to align with natural sleep cycles. Studies typically evaluate effects over multiple nights or weeks.

Common Research Stacks

Semax
Paired to study cognitive performance with improved sleep recovery.

Selank
Used to explore anxiety reduction alongside sleep regulation.

SEMAX

Primary Research Targets

- Cognitive performance
- Focus and mental clarity
- Stress resilience
- Neuroprotection

Semax is a synthetic peptide studied for its effects on **cognitive function and stress response**. In research settings, it is evaluated for how it influences focus, memory, learning, and mental endurance without traditional stimulant activity.

Laboratory research often examines Semax in models related to neurological stress, cognitive fatigue, and performance under pressure. Researchers are particularly interested in its neuroprotective properties and its influence on brain-derived signaling pathways involved in learning and adaptation.

Semax is commonly researched during daytime hours due to its cognitive-supportive nature. Studies typically focus on clarity, task performance, and resilience rather than stimulation or energy spikes.

Frequently Asked Questions

Is Semax a stimulant?
No. It does not act like caffeine or amphetamines.

Is it researched for anxiety?
Indirectly. It is more focused on cognition and resilience.

Is it used short-term or long-term in research?
Both, depending on the research goal.

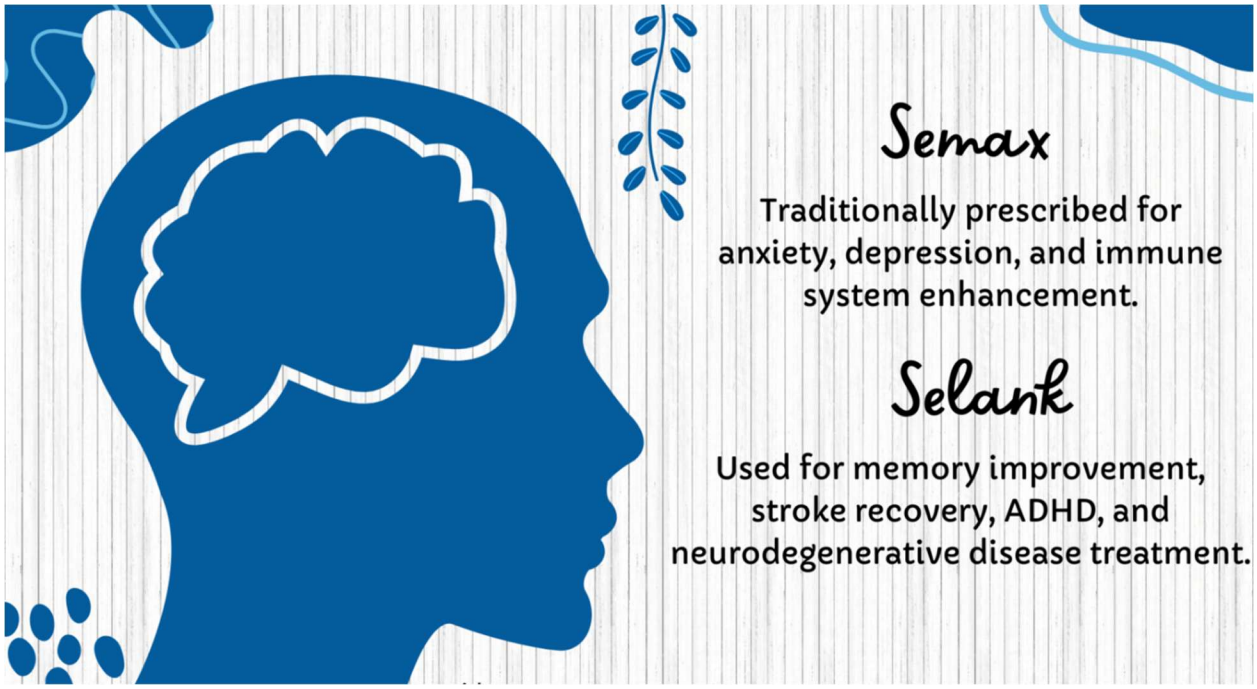
Research Dosing Context

In research settings, Semax commonly begins at **300–600 mcg per day**, often divided into one or two administrations earlier in the day. Researchers emphasize consistency rather than rapid titration.

Common Research Stacks

Selank
Paired to study balanced cognition with emotional regulation.

DSIP
Used to examine cognitive performance alongside sleep quality.



SELANK

Primary Research Targets

- Anxiety and stress modulation
- Emotional regulation
- Cognitive balance
- Nervous system stability

Selank is a synthetic peptide studied primarily for its effects on **anxiety, emotional regulation, and nervous system balance**. In research settings, it is often evaluated for how it influences stress response without causing sedation or cognitive dulling. Unlike compounds designed to stimulate cognition, Selank is researched for its calming and stabilizing properties.

Laboratory research frequently examines Selank in models related to anxiety, stress exposure, and emotional resilience. Researchers are interested in how it affects neurotransmitter systems associated with calmness and focus, as well as its potential to reduce stress-related behavioral responses.

Selank is commonly researched during daytime or early evening hours. Studies often emphasize consistency and subtle modulation rather than strong or immediate effects, making it a popular compound in nervous-system-focused research.

Frequently Asked Questions

Is Selank sedating?
No. It is studied for calming effects without sedation.

Does it affect cognition?
Research suggests it supports emotional balance without impairing focus.

Is Selank fast acting?
Effects are typically subtle and cumulative over time.

Research Dosing Context

In research environments, Selank commonly begins at **250–500 mcg per day**, often divided into one or two administrations. Many studies observe effects over multiple days or weeks rather than immediate changes.

Common Research Stacks

Semax
Paired to balance cognitive performance with emotional regulation.

DSIP
Used to study anxiety reduction alongside sleep quality

MELANOTAN I

Primary Research Targets

- Skin pigmentation
- UV response
- Melanin production
- Skin resilience

Melanotan I is a research compound studied for its role in **melanin production and skin pigmentation**. In research settings, it is evaluated for how it stimulates melanocortin receptors involved in skin darkening and UV response. Because of this, it is commonly studied in dermatological and pigmentation research models.

Laboratory research often focuses on Melanotan I's ability to increase melanin levels gradually, leading to changes in skin tone over time. Researchers may study how it affects UV tolerance, skin response to sunlight, and pigmentation consistency.

Melanotan I is generally researched for controlled and gradual effects rather than rapid changes. Studies often emphasize slow exposure and careful observation of skin response.

Frequently Asked Questions

Is Melanotan I researched for tanning only?
Primarily yes, though skin resilience is also studied.

Does it act quickly?
Research suggests changes occur gradually over time.

Is it commonly stacked?
It is usually studied as a standalone compound.

Research Dosing Context

In research settings, Melanotan I commonly begins at **250–500 mcg per day**, with gradual increases depending on study design. Researchers often emphasize conservative introduction to observe pigmentation response.

Common Research Stacks

Melanotan I is typically researched **as a standalone compound** rather than stacked.

Melanotan 1

Description:
Provides UV protection, increases tanning and provides a more uniform tan. Boosts theta waves in the brain. Helps with many skin conditions.

Benefits:
Gives a darker yet more uniform skin tan. Added UV protection means you are less likely to burn while using Melanotan 1. Significant tanning of the forehead, arms, and neck was noted following the tanning dose. This effect peaked at 1 week following administration but was still present 3 weeks after
completing the regimen. Melanotan 1 can dramatically expand conscious awareness, enhance theta waves and help with meditation or prayer. May be effective for treating vitiligo, autoimmune conditions, Erythropoietic Protoporphyria (EPP), acne, Hailey-Hailey disease, solar urticaria, and neuroinflammation (i.e. chronic inflammation in the brain). Currently under investigation for regenerating DNA of skin exposed to ultraviolet (UV) damage.

Dosing:
UV Resistance, Enhancing Consciousness:
1-2x week, safe year-round (40 doses in a vial). Share with a friend!
Immunity and help with Autoimmune Conditions:
Daily for 6-8 weeks (40 doses in a vial).
Tanning:
2x day for 1 week starting 10 days before a winter vacation
(18 doses in a vial).

Potential Side Effects:
Generally minor. Skin darkening, moles, freckles, nausea, vomiting, flushing, yawning (effects fade after stopping use), possible nausea and diarrhea at higher doses. Do not use if there is a personal or family history of melanoma or non-melanoma skin cancer. Melanocortin's may increase blood pressure. It is NOT recommended to use a melanocortin agonist concurrently with a PDE5 inhibitor in men due to risk of priapism. A positive side effect of sexual stimulation can be seen, especially at higher doses, although this effect is more apparent with Melanotan 2 peptide.

Want to learn more?
Research Study: Effects of a superpotent melanotropic peptide in combination with solar UV radiation on tanning of the skin in human volunteers

MELANOTAN II

Primary Research Targets

- Skin pigmentation
- Melanin synthesis
- Appetite signaling
- Sexual function research

Melanotan II is a research compound studied for its effects on **melanin production and melanocortin receptor activity**. Compared to Melanotan I, it interacts with a broader range of receptors, which has made it of interest in additional research areas beyond pigmentation.

In laboratory research, Melanotan II is evaluated for how it influences skin darkening, appetite signaling, and other melanocortin-related pathways. Researchers often study its effects on behavior and physiological response due to its broader receptor interaction.

Because Melanotan II affects multiple systems, research protocols usually emphasize conservative dosing and careful observation. Studies often focus on understanding receptor sensitivity and response patterns rather than rapid pigmentation changes.

Frequently Asked Questions

How is Melanotan II different from Melanotan I?
It interacts with more receptors, leading to broader effects.

Is pigmentation its only research use?
No. Appetite and behavioral pathways are also studied.

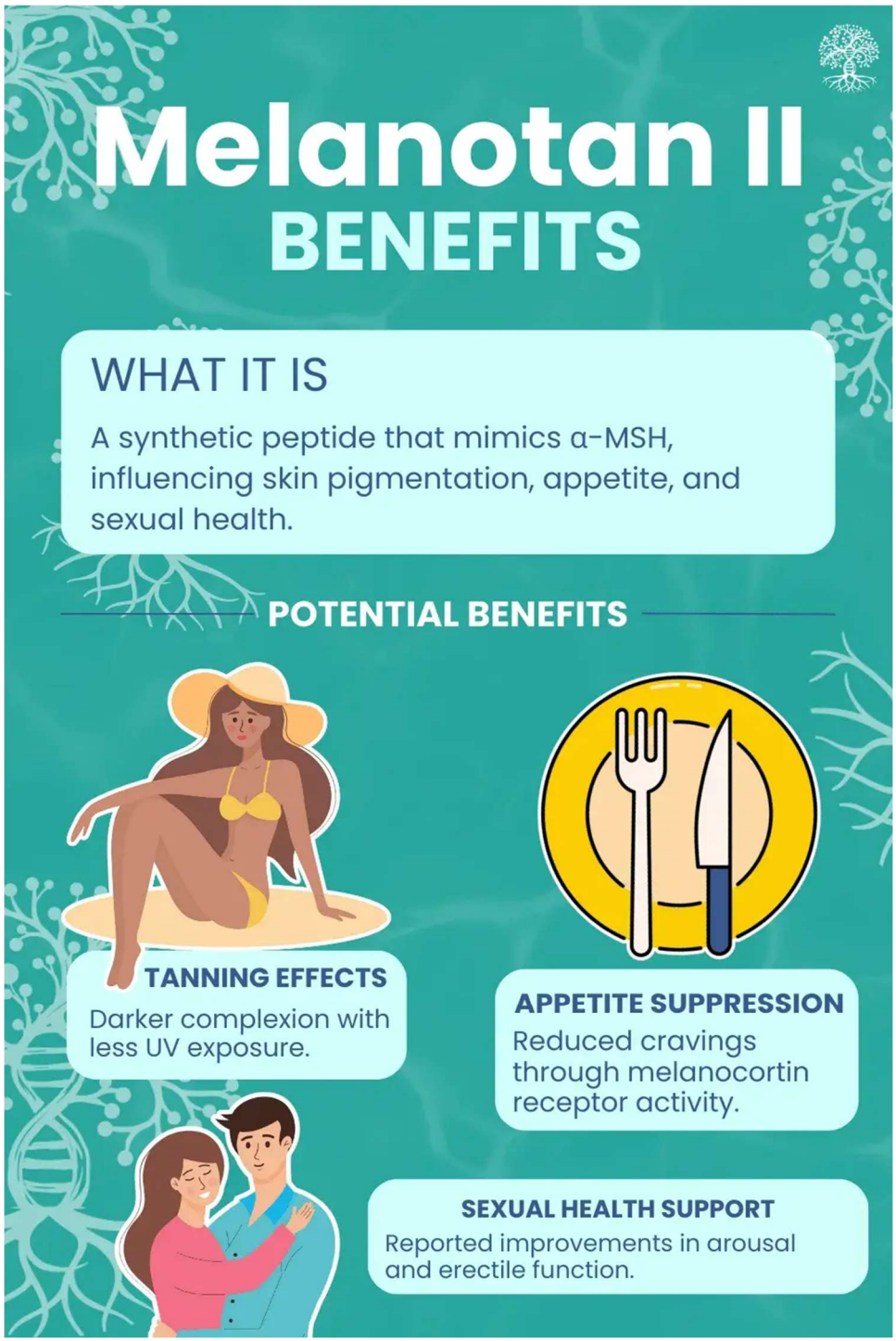
Is it stronger than Melanotan I?
Research suggests it is more potent and broader acting.

Research Dosing Context

In research environments, Melanotan II commonly begins at **100–250 mcg per day**, with gradual increases based on tolerance and research goals. Conservative introduction is emphasized due to its broader receptor activity.

Common Research Stacks

Melanotan II is typically researched **as a standalone compound**.



Reconstitution Tables and Examples

RECONSTITUTION REFERENCE TABLE

Common Vial Sizes and Concentrations

Vial Size	BAC Water Added	Total Volume	Amount per 10 Units (0.1 mL)
5 mg	1.0 mL	1.0 mL	0.5 mg (500 mcg)
5 mg	2.0 mL	2.0 mL	0.25 mg (250 mcg)
10 mg	1.0 mL	1.0 mL	1.0 mg
10 mg	2.0 mL	2.0 mL	0.5 mg (500 mcg)
10 mg	4.0 mL	4.0 mL	0.25 mg (250 mcg)
15 mg	3.0 mL	3.0 mL	0.5 mg (500 mcg)
20 mg	2.0 mL	2.0 mL	1.0 mg
20 mg	4.0 mL	4.0 mL	0.5 mg (500 mcg)
30 mg	3.0 mL	3.0 mL	1.0 mg
30 mg	6.0 mL	6.0 mL	0.5 mg (500 mcg)
40 mg	4.0 mL	4.0 mL	1.0 mg
50 mg	5.0 mL	5.0 mL	1.0 mg
50 mg	10.0 mL	10.0 mL	0.5 mg (500 mcg)
500 mg	10.0 mL	10.0 mL	5 mg
1500 mg	15.0 mL	15.0 mL	10 mg

How to Read This Table (Beginner Friendly)

- **BAC Water Added = how much bacteriostatic water is injected into the vial**
- **Total Volume = final liquid amount in the vial**
- **Each 10 Units = how much compound is in 10 units on an insulin syringe**

Example:
If a 10 mg vial is mixed with 2 mL of BAC water:

• 10 units = 0.5 mg (500 mcg)
• 20 units = 1.0 mg

Notes for Research Use

- **Adding more BAC water makes dosing more precise and often reduces injection site discomfort**
- **Higher dilution is commonly preferred for mcg-based compounds**
- **Always label vials after reconstitution**

RECONSTITUTION – QUICK & SIMPLE

This explains how to turn a powder vial into liquid and understand what the numbers mean.

WHAT YOU START WITH

- **The vial label (example: 10 mg) is the total amount in the vial**
- **BAC water is just the liquid used to mix it**

The amount of compound never changes.
Only how strong the liquid becomes changes.

BASIC RULES (THIS IS ALL YOU NEED)

- **1 mL = 100 units**
- **10 units = 0.1 mL**

HOW TO RECONSTITUTE

1. **Add BAC water to the vial**
2. **Let the powder dissolve**
3. **Gently swirl (don't shake)**

That's it.

THE ONLY MATH THAT MATTERS

Total mg ÷ Total mL = mg per mL

Example:
10 mg vial + 2 mL BAC water
→ 5 mg per mL

WHAT 10 UNITS MEANS

Since:

- **10 units = 0.1 mL**

You just move the decimal:

5 mg per mL → 0.5 mg per 10 units

FULL EXAMPLE

10 mg vial + 2 mL BAC water

- **10 units = 0.5 mg**
- **20 units = 1.0 mg**
- **30 units = 1.5 mg**

You're just pulling more liquid from the same vial.

WHY PEOPLE ADD MORE OR LESS BAC WATER

- **More water = weaker per unit, easier to measure**
- **Less water = stronger per unit, smaller volume**

EASY WAY TO REMEMBER

- **Vial label = total amount**
- **BAC water = how spread out it is**
- **Units = how much you pull**

DOSING CHART
PEPTIDEBASICS.COM

PeptideBasics

1ML OF WATER	100MCG	250MCG	300MCG	400MCG	500MCG	600MCG	700MCG	800MCG
2MG VIAL	5 UNITS	12.5 UNITS	15 UNITS	20 UNITS	25 UNITS	30 UNITS	35 UNITS	40 UNITS

2ML OF WATER	250MCG	300MCG	500MCG	750MCG	1MG	1.5MG	2MG	2.5MG
5MG VIAL	10 UNITS	12 UNITS	20 UNITS	30 UNITS	40 UNITS	60 UNITS	80 UNITS	100 UNITS

3ML OF WATER	300MCG	400MCG	500MCG	800MCG	1MG	2MG	2.5MG	3MG
10MG VIAL	9 UNITS	12 UNITS	15 UNITS	24 UNITS	30 UNITS	60 UNITS	75 UNITS	90 UNITS

3ML OF WATER	500MCG	1MG	1.5MG	2MG	2.5MG	3MG	4MG	5MG
15MG VIAL	10 UNITS	20 UNITS	30 UNITS	40 UNITS	50 UNITS	60 UNITS	80 UNITS	100 UNITS

GYM-HUB
FEEL THE DIFFERENCE

PEPTIDE CALCULATOR

Calculator to help you measure the dose for testing

Note: 1 MG = 1000 MCG

Syringe capacity:

Number of units per syringe: _____ dashes (ui)

Amount of peptide in the vial: _____ MG

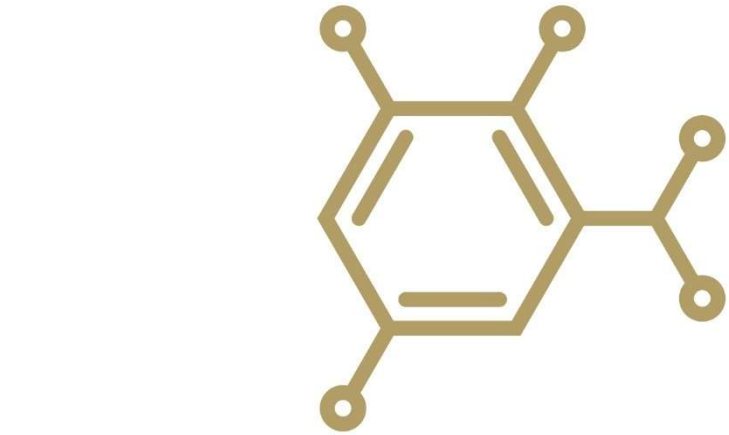
Amount of liquid (water/salt) added to

the vial of peptide: _____ ML

Expected dose of peptide per serving: _____ MCG

RESULT

The recommended dose for use is 250mcg or 5 dashes on a syringe



cheappeptide
.com

Peptide Stacks

COMMON PEPTIDE STACKS

Beginner & Advanced Research Combinations

In research environments, compounds are often evaluated not only individually but also in **combination models**, commonly referred to as "stacks." Stacking allows researchers to observe how compounds interact across complementary biological pathways, such as recovery, metabolism, stress response, cognition, and tissue repair.

Stacking in research does not imply higher exposure. Instead, most research models emphasize conservative individual dosing, staggered introduction, and careful observation to evaluate tolerance, synergy, and pathway interaction.

Beginner Research Stacks

Beginner stacks typically involve simpler pathway overlap and are often used after individual compound response is understood.

Semax + Selank
Cognitive resilience, stress modulation, emotional balance

BPC-157 + TB-500
Localized and systemic tissue repair, recovery support

NAD+ + Glutathione
Cellular energy, oxidative stress reduction

CJC-1295 (DAC) + Ipamorelin
Sustained and pulsatile growth hormone signaling

Semax + DSIP
Mental performance with sleep recovery support

Selank + DSIP
Anxiety modulation and sleep stability

BPC-157 + GHK-Cu
Tissue repair with connective tissue remodeling

Advanced Research Stacks

Advanced stacks involve broader systemic signaling and are typically evaluated after baseline tolerance is established.

Retatrutide + Cagrilintide
Incretin signaling combined with amylin-mediated satiety

Tirzepatide + Cagrilintide
Glucose regulation paired with appetite suppression

MOTS-C + NAD+
Metabolic flexibility and mitochondrial efficiency

Retatrutide + MOTS-C
Broad metabolic signaling and fuel utilization

Tirzepatide + NAD+
Metabolic regulation with cellular energy support

BPC-157 + TB-500 + CJC-1295 (DAC)
Comprehensive recovery with endocrine support

APPENDIX

STORAGE & HANDLING QUICK GUIDE

- Unmixed (dry) vials are typically stored in a **cool, dry environment**
- Once reconstituted, many research compounds are kept **refrigerated**
- Avoid exposure to heat, light, and repeated temperature changes
- Do not shake reconstituted vials; **gentle swirling** is preferred

Proper storage and handling help maintain compound stability and consistency for research purposes.

COMFORT & DILUTION CONSIDERATIONS

(Research Handling Context)

- Higher dilution volumes are often used in research to improve measurement accuracy
- Increased dilution may reduce localized irritation observed during handling
- Gradual adjustments to dilution ratios are commonly explored in research protocols
- Cooling the vial briefly before handling may improve consistency

These considerations are commonly discussed in laboratory and research settings and are not specific to any individual application.

COMMON BEGINNER MISTAKES

- Assuming the vial label represents a single dose (it represents the **total amount in the vial**)
- Forgetting that **100 units = 1 mL** on a standard insulin syringe
- Shaking a vial instead of gently swirling after reconstitution
- Using very low BAC water volumes for mcg-based compounds, making measurement difficult

- Changing multiple variables at once in a research protocol

Avoiding these mistakes helps improve clarity, repeatability, and data consistency.

FINAL NOTE

This appendix is intended to provide **general handling and preparation context** commonly referenced in research discussions. All information is educational and does not imply or suggest any specific application.