THE FREE PEPTUNE GUIDE

The Honest Peptide Guide

How to tell what works, what doesn't, and what's just well-marketed.

For recovery, midlife, and beyond.

No hype. No fear-mongering. Just the evidence — and what it does and doesn't support.

peptune.

START HERE

Why this guide exists

The peptide conversation has two settings, and neither one helps you.

The first is the hype: confident clinics and influencers promising that the right peptide will fix your recovery, your metabolism, your skin, your energy — usually the one they happen to sell. Everything is a breakthrough. Nothing has a caveat. The marketing runs about ten years ahead of the evidence.

The second is the flat dismissal — the reflexive “it’s all snake oil,” which lumps genuinely well-studied compounds in with ones that have almost no human data, and leaves you nowhere to stand.

The truth lives in the uncomfortable middle. Some of these compounds have real evidence. Most don’t. A few are FDA-approved medications hiding in plain sight. Others are promising in mice and unstudied in humans.

This guide is not a list of compounds to buy. It is a framework for evaluating any peptide claim you will ever encounter — including ones that don’t exist yet. Compounds come and go. The questions don’t.

What’s inside

- The one idea that reframes everything — why “peptide” tells you almost nothing.
- The order that matters more than which compound you pick.
- An honest evidence scorecard — what actually has human data, and what doesn’t.
- A section for midlife, where the marketing is loudest and the guidance is thinnest.
- Six questions to ask before you spend a dollar on any of it.

PART ONE

“Peptide” is not a safety category

A peptide is simply a short chain of amino acids — the same building blocks that make up proteins, only smaller. Your body makes thousands of them. They act as signals, telling cells what to do.

That’s the whole category. Which is exactly why the word tells you so little: it describes a structure, not a safety level and not an effect. Insulin is a peptide. So is a vial from an unregulated website.

TIER 1	TIER 2	TIER 3
Proven & regulated	**Legal but unproven**	**Unregulated**
FDA-approved drugs with large human trials. Known safety, known effect.	May be compoundable, but thin or absent human evidence. Legal to make is not proof.	Gray-market “research” products. Often untested for purity or dose.
e.g. GLP-1s (semaglutide)	e.g. BPC-157, TB-500	e.g. Melanotan II

These three things share a word and almost nothing else. One is among the most rigorously studied drug classes of the decade. One may be legal for a pharmacy to prepare without ever having been shown to work. One is sold with no verification of what’s in the bottle.

“Available at a pharmacy” is a legal status. “Proven to work” is a scientific one.

Those two move independently. In July 2026, an FDA advisory committee voted 8–6 to recommend BPC-157 and KPV for pharmacy compounding — over the objection of the FDA’s own staff scientists, who had opposed all seven peptides under review. No new trial was published that week. The rules moved; the evidence didn’t. When you see “FDA panel approved” in an advertisement, that is the distinction being blurred.

PART TWO

The order matters more than the molecule

If you take one practical thing from this guide, make it this: peptides are something you layer on top of a foundation that already works — not a shortcut past it.

1. The foundation
   Sleep, protein, strength training, stress, alcohol. Unglamorous, free, and the highest-leverage thing you can do. No peptide compensates for a missing foundation.

2. The layer beneath the symptom
   In midlife, that usually means hormones — addressed with a clinician. In recovery, it means load management, rehab, and actual healing time. Fix the system before reaching for a signal.

3. Then peptides — the ones with evidence
   Only once the first two are handled does a targeted compound make sense, and only the ones with real human data behind them.

Think of it as lighting a room. Hormones — or whatever the underlying system is in your case — are the floodlight: broad, foundational, they bring the whole room up to a workable level. Peptides are the spotlight: narrow and targeted, useful for the corner that still needs attention. You don't aim a spotlight at a dark room and expect it to work.

Get this order backwards and even a well-evidenced peptide is money and risk spent on the wrong thing. Most marketing skips straight to the molecule, because the molecule is what's for sale.

PART THREE

The evidence scorecard

Current as of July 2026. This is the honest state of play — not a recommendation, and not a shopping list.

Where the evidence stands	Compound	Honest read
Strong	GLP-1s (semaglutide, tirzepatide)	FDA-approved. Large randomized trials. Real effects, real side effects.
Good, with limits	Topical GHK-Cu	Measurable skin benefits in studies. Injectable forms far less established.
Modest but real	Collagen peptides	Some bone-density and skin evidence. Results not uniform. A reasonable add-on.
Not yet proven	BPC-157, TB-500, MOTS-c, KPV, Epitalon, Semax, DSIP	Little or no human efficacy data. Popular is not the same as proven.

Two things worth noticing about that bottom row. First, it contains the most talked-about peptides in the world — popularity and evidence are not the same axis. Second, when the FDA's own reviewers assessed these compounds in 2026, they found no human clinical evidence at all for several of them, and small or poorly-controlled studies for the rest.

"Not proven" is not the same as "disproven." Some of these may turn out to work. The honest position today is that nobody knows yet — and anyone telling you otherwise is ahead of the data.

PART FOUR

If you’re navigating midlife

This is where peptide marketing is loudest and honest guidance is hardest to find — so it gets its own section.

Hormones come before peptides

For many women in perimenopause and menopause, the layer that changes most is hormonal. Hormone therapy is a genuinely powerful, well-studied tool, and the research points to a timing pattern: benefits tend to be greatest when started earlier, within roughly ten years of menopause.

But it is never too late. Starting later is still protective, and more protective than not starting at all. The “window” is a gradient, not a door that slams shut. If you’ve been told or assumed you’ve missed your chance, that deserves an individualized conversation with a clinician — not a foregone “too late.”

If you’re on a GLP-1, protect your muscle and bone

Up to roughly 40% of weight lost on the newer GLP-1 medications can be lean mass rather than fat, and menopause already accelerates bone loss. That’s a real signal — and it isn’t a reason to avoid the drug. It’s a reason to pair it with resistance training and adequate protein, which meaningfully blunt the loss. The medication isn’t the whole story; what you do alongside it is.

Where peptides actually fit

Topical GHK-Cu has real evidence for skin. Collagen peptides are a reasonable, modest add-on for skin and bone. The injectable compounds generating the loudest headlines are, as of today, the least proven for you. That inversion — loudest and least evidenced — is worth remembering every time a new one trends.

PART FIVE

Six questions before you buy anything

Print this, screenshot it, or just remember it. It works on any compound, in any category, at any point in the future.

1. Which tier is this?
   FDA-approved, compoundable-but-unproven, or gray market? The answer changes everything that follows.

2. Where is the human evidence?
   Not mice. Not mechanism. Not testimonials. Ask for trials in people — and notice if the answer changes the subject.

3. Who is telling me this, and what do they gain?
   A clinic that sells the compound is not a neutral source. Neither is an influencer with a discount code.

4. Where does the product actually come from?
   Independent testing has repeatedly found gray-market peptides that fail purity checks. Unverified source means unverified everything.

5. What am I not doing that would help more?
   If sleep, protein, or strength training are missing, a peptide is the least efficient fix available.

6. Have I run this past a clinician who knows my history?
   Interactions and contraindications are individual. Nothing in this guide replaces that conversation.

The bottom line

The peptide conversation isn't going to get quieter. New compounds will trend, regulations will shift, and the marketing will keep running ahead of the evidence. What protects you isn't knowing today's answers — it's knowing which questions to ask.

When something is sold to you as "a peptide," that word is the beginning of the questions, not the answer.

Keep the honest read coming.

The Peptune Brief is our free weekly — regulatory news, new research, and what it actually means for you, with the hype filtered out. Subscribe at getpeptune.com.