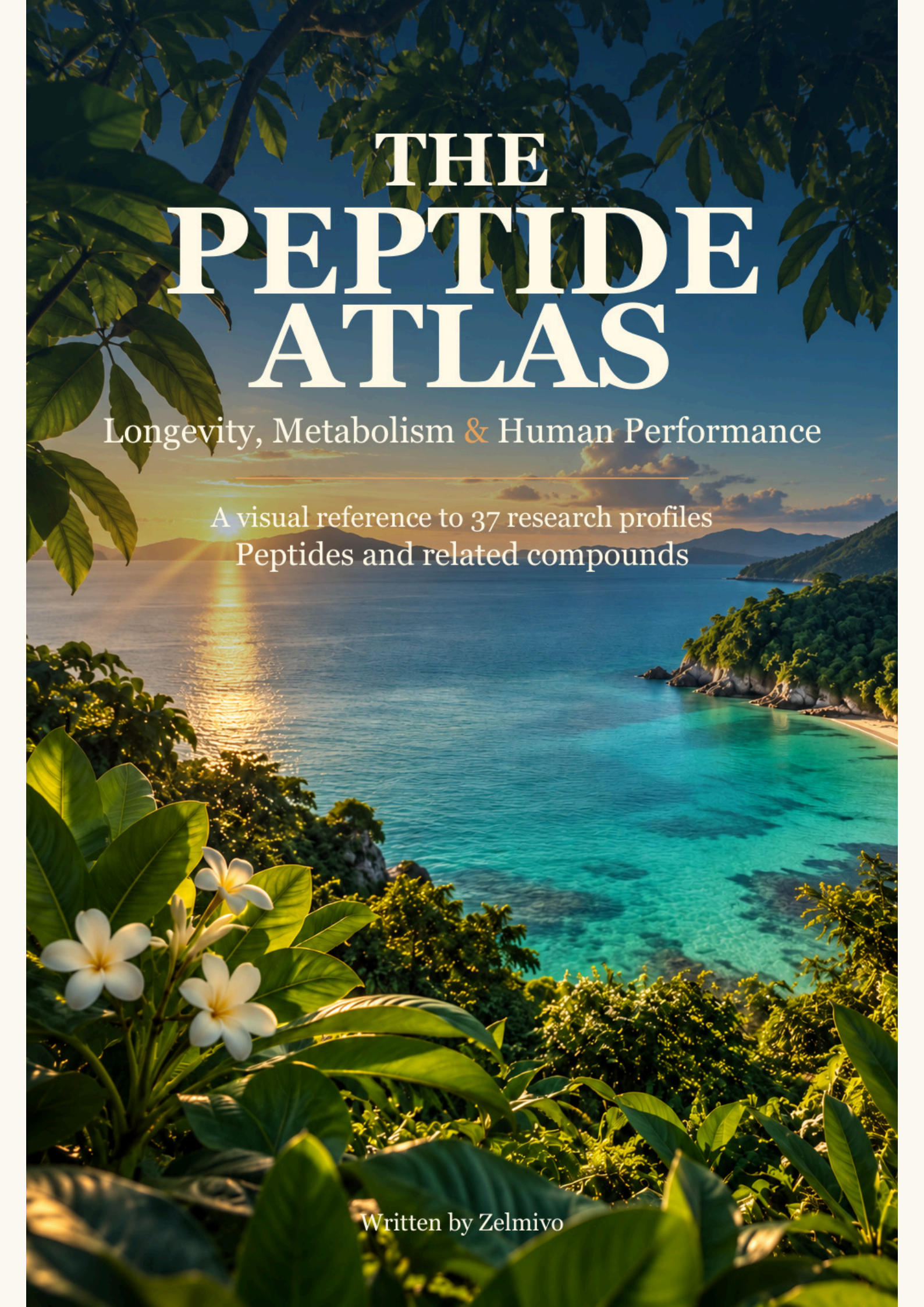


The background of the entire page is a vibrant tropical landscape. In the foreground, there are lush green leaves and several white frangipani flowers. The middle ground shows a clear, turquoise ocean with a sandy beach on the right. In the distance, there are green hills and a sunset sky with a golden glow reflecting on the water. The title 'THE PEPTIDE ATLAS' is centered in the upper half, with 'THE' in a smaller font above 'PEPTIDE' and 'ATLAS' below it. The subtitle 'Longevity, Metabolism & Human Performance' is centered below the title. A thin horizontal line separates the subtitle from the descriptive text. The author's name 'Written by Zelmivo' is at the bottom center.

THE PEPTIDE ATLAS

Longevity, Metabolism & Human Performance

A visual reference to 37 research profiles
Peptides and related compounds

Written by Zelmivo

Look inside the Atlas

A selection from the 258-page edition. These are genuine book pages, with their original page numbers. The full PDF and EPUB include 37 research profiles, nine categories, linked references and a 361-term glossary.

The four pillars

Book p. 44

Longevity, biohacking, gym and human performance

A research profile

Book p. 109

Identity, mechanism and evidence context

Concentration and dosing references

Book p. 110

Mass, volume and U-100 arithmetic

Stacks and cycles

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Reported combinations and their limitations

Nutrition and supplements

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The wider context around compound claims

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Training, recovery and healthy ageing

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A practical visual inventory

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Refrigeration and protective storage context

Injection-site reactions

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Recognising symptoms and escalation signs

Educational and research reference only. Study and community-reported doses are not personal treatment instructions. Research-only materials are not intended for human use. No individual medical advice or supplier affiliations.

The four pillars

Four reader interests. A consistent way to compare the profiles.

Each profile now presents its four pillars in a dedicated table. These organise the reported applications from the supplied material; they are not ratings of effectiveness or promises of benefit. Read each table with the profile’s evidence note and primary sources.

Pillar	Reader interests	Questions to bring to a professional
01 / Longevity & anti-ageing	Long-term function, metabolic health and ageing research.	Does the evidence measure a clinical outcome, a biomarker or lifespan in an animal model?
02 / Biohacking	Focus, sleep, perceived energy and self-tracking.	Was the outcome measured objectively? Could sleep, food intake or expectations explain a change?
03 / Gym & bodybuilding	Strength, muscle size, body composition and recovery.	Were muscle and function measured, or only body weight and laboratory markers?
04 / Human performance	Endurance, everyday capacity and sustained physical or cognitive effort.	Was performance tested in humans, and was the improvement meaningful for the intended activity?

Gym and bodybuilding: separate the outcomes

Outcome	What it does not prove by itself
Body weight	Where tissue was lost or gained; whether muscle was preserved.
Lean mass	Muscle strength or performance. Lean-mass measures also include non-muscle tissue and water.
Strength	Muscle growth alone; technique and practice also affect performance.
Recovery / soreness	Completed tissue healing or readiness to return to heavy loading.
Hormone or biomarker changes	A better physique, a safer stack or an improved long-term outcome.

A useful discussion starts with a specific goal

Bring the actual goal—such as retaining function during weight loss, returning to activity after injury or improving training consistency—to a qualified healthcare professional. Explain the activity, current food intake and relevant treatment. The same source claim cannot establish suitability for a bodybuilder, a swimmer and a person starting daily walks.

BPC-157

The Master Healer

WHAT IT IS BPC-157 is a synthetic peptide discussed in gastrointestinal and tissue-injury research.	WHY IT INTERESTS READERS Tissue-repair research. Interest in tendon, ligament and gut recovery does not establish that an injectable commercial product heals those conditions in humans.
EVIDENCE SETTING Human translation remains uncertain	MAIN UNCERTAINTY Important unknowns include route-specific exposure, identity and long-term effects.

PROTOCOL REFERENCE / REPORTED EXCERPTS

Quoted passages preserve the supplied protocol narrative, edited for privacy and readability. They include unverified claims and proposed regimens. Personal clock times have been removed. Read the evidence notes alongside them; these are not validated instructions for use.

“BPC-157 is a stable, synthetic pentadecapeptide derived from a protective protein found in human gastric juice. It is arguably the most famous and widely researched healing peptide. It exerts profound systemic effects, accelerating the repair of tendons, ligaments, muscles, and the gut lining, primarily through the upregulation of growth hormone receptors and the promotion of angiogenesis (new blood vessel formation).”

Evidence note: Regulatory evaluation has raised questions about characterisation, impurities and available safety information. Committee consideration and compounding-policy changes must be distinguished from approval of a finished medicine or proof of a clinical indication. Important unknowns include route-specific exposure, identity and long-term effects. Products described as injury-repair stacks are not necessarily studied combinations. Neither exogenous testosterone nor another peptide resolves the need to diagnose an injury and evaluate load tolerance during recovery.

Molecular Target & Mechanism of Action

“Upregulates VEGF (Vascular Endothelial Growth Factor) and FGF (Fibroblast Growth Factor) receptors. It stimulates the formation of new blood vessels (angiogenesis) in avascular tissues (like tendons and ligaments) and modulates the NO (nitric oxide) system to improve blood flow and reduce inflammation at the injury site. It also profoundly heals the gut mucosal lining.”

REFERENCE 10 / CONCENTRATION & SCHEDULE

BPC-157 / protocol reference

Reconstitution & U-100 Math Matrix (10 mg Vial)

Arithmetic model from the supplied protocol. Values assume the stated amount is present and the stated volume is the final solution volume. Rounded results are approximate. The diluent and “reported rationale” column are source claims, not validated preparation instructions.

BAC Water Added	Final Concentration	10 Units (0.10 mL) =	5 Units (0.05 mL) =	Reported rationale
2.0 mL	5.0 mg/mL	500 mcg	250 mcg	Example protocol: 5 U-100 units draw
2.5 mL	4.0 mg/mL	400 mcg	200 mcg	Example rationale: Easier to draw small volumes
3.0 mL	3.33 mg/mL	333 mcg	167 mcg	Fine-tuned micro-adjustments

Precise Dosing Protocol (Subcutaneous)

- “Standard: 250 mcg – 500 mcg per day.”
- “Mid-range example: 500 mcg per day, split as 250 mcg (5 U-100 units) + 250 mcg (5 U-100 units). Administered six days per week.”
- “High (Acute Injury): 500 mcg, 2–3× per day.”
- “Timing: Morning and evening. Systemic effect, so injection site does not need to be local to the injury, though abdominal SubQ is standard.”

Evidence note: No established self-directed human regimen. The selected evidence does not establish a clinically validated BPC-157 dose, injection site, frequency or injury-recovery cycle. A laboratory repair mechanism does not supply return-to-training clearance.

BPC-157 / the four pillars

REPORTED APPLICATIONS / READ WITH THE EVIDENCE NOTE

The four rows preserve the source’s reported applications. They are not established medical benefits or recommendations.

Pillar	Reported source application
01 / Longevity & anti-ageing	“Interest centres on cumulative joint and gastrointestinal health. No human outcome evidence establishes prevention of age-related decline from this intervention.”
02 / Biohacking	“Rapid recovery from any physical stressor. “Bounce-back” ability is significantly enhanced, allowing for higher training frequency.”
03 / Gym & bodybuilding	“The ultimate joint and tendon armour. Heals tendinopathies, muscle tears, and ligament sprains that would otherwise sideline a lifter for months. Also heals GLP-1-induced gut sluggishness.”
04 / Human performance	“Enables a reader to train with high volume and intensity consistently, as the connective tissue recovery rate matches or exceeds the muscular adaptation rate.”

Evidence note: Interest in tendon, ligament and gut recovery does not establish that an injectable commercial product heals those conditions in humans. Pain reduction, a tissue marker and return to unrestricted activity are different endpoints, each requiring appropriate measurement and follow-up. Claims of guaranteed organ repair, exclusively visceral-fat loss, longer lifespan or extraordinary performance are not established by a mechanism alone.

Four-pillar overview and gym/bodybuilding interpretation

Stack Affiliation & Protocol Context

Stack element	Reported source text
Primary Stack	“Wolverine / Repair Stack”
Example schedule	“Split dose (5 U-100 units + 5 U-100 units) six days per week.”
Role in the Stack	“The ‘acute responder.’ BPC-157 initiates the inflammatory-to-proliferative healing cascade, while TB-500 handles the cellular migration and GHK-Cu handles the final collagen remodelling.”

Cycle Length & Responsiveness

Cycle element	Reported source text
On	“7.5 weeks.”
Off	“4 weeks minimum. Continuous use can theoretically lead to receptor downregulation or excessive, unregulated angiogenesis (though rare at this dose).”

Evidence note: The supplied on/off schedule is an unvalidated protocol example. It does not establish receptor resetting, long-term safety or an optimal repeat interval.

Nutrition & supplements by research context

Food adequacy comes first. A supplement is an option to assess, not an automatic companion to a peptide.

The supportive-nutrition paragraphs in the numbered profiles preserve claims from the supplied protocol. Some call a product “mandatory” or suggest that it counteracts a drug effect. Those statements are reported claims, not requirements. This cross-reference distinguishes ordinary nutrition from a proposed supplement pairing.

Research context	Food and diet questions	Supplement decision
Incretin / weight management	Is appetite reduction limiting sufficient food, protein, fluid or dietary fibre? Are persistent gastrointestinal symptoms being assessed?	Assess actual intake and any deficiency. A protein drink can be convenient, but no fixed 150 g floor, probiotic or antioxidant stack applies to everyone.
Training / tissue recovery	Is total energy intake sufficient for the activity and is dietary protein adequate?	Food or a protein supplement may help meet a measured need. Collagen, glutamine, vitamin C and zinc are not validated companions to BPC-157, TB-500 or GHK-Cu.
Cognition / sleep	Are sleep opportunity, regular meals and relevant deficiencies being addressed?	NMN, high-dose B12, magnesium blends and “neuro-lipid” stacks have not been shown here to make experimental peptides effective.
Fertility / sexual health	Is there a diagnosed cause, a fertility goal, and an appropriate dietary assessment?	Zinc, boron, herbal “boosters” and antioxidant combinations should not be labelled essential to hCG, hMG or kisspeptin. Assess deficiencies and interactions individually.
Menopause / hormone therapy	Is the person meeting ordinary nutrition needs, including bone-health considerations?	Calcium or vitamin D may be relevant where intake, exposure, bone health or local guidance indicates. They do not replace a clinical HRT decision.
Testosterone / anabolic context	Is the diet suitable for the individual’s health and training goals?	Omega-3, CoQ10, zinc or botanicals do not cancel testosterone-related blood-pressure, red-cell, lipid or fertility risks.

How to read each profile’s supportive-nutrition text

Treat named products and amounts as historical examples from the supplied material. A biological role for a nutrient does not demonstrate that adding more improves a peptide outcome. “Mandatory”, “critical”, “non-negotiable” and “counterbalances” are source language, not editorial recommendations. Discuss diet, any supplement, medicines and symptoms with an appropriately qualified healthcare professional.

Primary nutrition references are linked in Sources & further reading.

MIDLIFE / LATER LIFE / CAPACITY

Strength & longevity after 50

After 50, the ambition may still be to lift, build muscle, swim or improve a physique. It may also be to carry shopping comfortably, travel confidently or enjoy a long walk. The starting point is the person's goals and capacity.



Editorial illustration; not a study participant or a treatment outcome.

A broad view of strength

This reading path welcomes experienced bodybuilders and people who prefer home exercise, yoga, walking or the pool. It brings strength, everyday function, metabolic research and hormone context into the same conversation without assuming that age determines a treatment.

Consumables & a clean workspace

A designated clean bench for prescribed-medicine supplies



Illustrative supplies only. Packaging text and scale marks in the photograph are not instructions.

The essentials to discuss with the healthcare team

Appropriate sealed sterile single-use equipment; alcohol swabs where instructed; gauze; hand-hygiene supplies; and an approved sharps container. A prescribed diluent is product-specific—BAC water is not a universal choice.

Clean does not mean sterile

Use a designated cleaned preparation surface away from sinks, food and used equipment. Keep supplies protected until needed. A tidy room, gloves or an alcohol wipe cannot establish that a research vial is sterile.

CDC: injection safety and preparation

EDUCATIONAL SAFETY REFERENCE / NOT MEDICAL ADVICE

Research-only products are not authorised for human use by this guide. Consult a qualified healthcare professional. These precautions cannot make an unverified product safe to inject.

Refrigerated storage & organisers

An illustration for products whose labels require refrigeration



Lids open and labels omitted to illustrate the organisers. Close lids for storage; retain original product labels and packaging. The 4°C display is illustrative; follow each product's storage instructions.

Protect the label as well as the vial

Keep original labels and required packaging. A protective organiser can hold vials upright, but it must suit the product and leave identification readable. Amber colour alone does not prove light protection. Follow the exact temperature instructions; avoid freezing and direct contact with cooling surfaces when the label prohibits freezing.

What the 28-day rule actually means

CDC guidance gives opened multidose medicine vials a 28-day discard limit unless the manufacturer specifies another period. This is not a universal reconstitution window or a chemical expiry clock for every peptide. Potency and contamination risk are separate questions; product-specific limits can be shorter.

CDC: injection safety and preparation

Storage by product and formulation

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Injection-site reactions: when to act

Recognise the pattern; do not diagnose from a photograph

What is noticed	What to do
Mild, local discomfort or itching	Some prescribed injections can cause local soreness, redness or swelling. Follow the product advice. A clean cool compress may ease mild irritation. Contact the healthcare team if symptoms persist, recur or cause concern.
Increasing pain, heat or swelling; spreading redness; pus; fever or feeling unwell	Seek prompt same-day medical assessment. These may indicate infection or another complication. Redness can be less visible on darker skin; warmth, swelling and pain still matter.
Breathing difficulty; swelling of lips, tongue or throat; collapse or severe faintness	Call local emergency services immediately. These may be signs of anaphylaxis. Follow any prescribed emergency allergy plan. Do not wait for a rash.

Avoid masking a developing problem

Do not squeeze or attempt to drain a lump, inject through inflamed skin, or use another substance to “neutralise” a reaction. Ask a clinician or pharmacist before treating it with additional medicines. A cool compress is not treatment for an infection or anaphylaxis.

Useful information for the clinician

Record the product name, batch if available, time of exposure, symptoms and their progression. Bring packaging or clear photographs of the label. Explain any other medicines or compounds used. Do not bring an exposed needle.

A precaution is not a guarantee

This section helps readers recognise hazards. It does not establish the safety of grey-market peptides, validate their preparation or provide a home treatment plan for a complication.

NHS: local injection-site reactions

NHS: cellulitis warning signs

NHS: anaphylaxis

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