

# Peptide Marketing Claims vs the Evidence

What 56 peptides are promoted for, beside the Inside Peptides Evidence Scale grade and what human trials found

---

## PUBLISHED

13 October 2026

## PEPTIDES COVERED

56 profiled · 24 not FDA approved

## GRADES

Inside Peptides Evidence Scale  
(IPES) v1.0

## LICENCE

CC BY 4.0: reuse with credit

# Peptide Marketing Claims vs the Evidence

What 56 peptides are sold or promoted for, side by side with our evidence grade and what the human research actually shows. Every row links to the sources on the peptide's profile.

56 peptides · 24 not FDA approved · 7 graded preclinical or insufficient. Updated 2026-10-13.

| PEPTIDE                                                                    | WHAT IT IS CLAIMED TO DO                                                                                                                           | EVIDENCE GRADE        | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SOURCES                                                                                                  |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <div>SNAP-8</div> <div>Skin &amp; Hair</div> <div>Unapproved</div>         | Marketed as a stronger 'Botox-like' ingredient that softens expression lines. These claims come mainly from the company that sells the ingredient. | Insufficient Evidence | <p>No published, independent trial has tested SNAP-8 on its own in people. Two small patch studies mixed it with several other active ingredients, so its own effect is unknown.</p> <p>There is not enough independent evidence to say whether SNAP-8 meaningfully reduces wrinkles.</p> <p><i>Common mix-up:</i> SNAP-8 and Argireline are related but different peptides. Evidence for one does not automatically apply to the other.</p>                                       | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <div>BPC-157</div> <div>Tissue repair research</div> <div>Unapproved</div> | Faster tendon or muscle healing, relief of joint pain, and gut repair. These are proposed benefits, not dependable treatment outcomes.             | Preclinical Evidence  | <p>Animal and cell experiments have reported repair-related effects. Small reports in people describe knee-pain or bladder-symptom improvement, but cannot establish that BPC-157 caused it or repaired tissue.</p> <p>Interesting early research; reliable healing benefits in people have not been established.</p> <p><i>Common mix-up:</i> Less pain does not necessarily mean a tendon has healed. A short report of no side effects does not establish long-term safety.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <div>Dihexa</div> <div>Neuropeptide</div> <div>Unapproved</div>            | Sharper memory, faster learning and brain repair. None of these has been tested in published human studies.                                        | Preclinical Evidence  | <p>Rats and mice given dihexa did better on some memory tests, but a rat study of a Huntington's-like illness found no benefit. A major paper explaining how it works was retracted in 2025.</p>                                                                                                                                                                                                                                                                                   | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |

| PEPTIDE                                      | WHAT IT IS CLAIMED TO DO                                                                                                          | EVIDENCE GRADE         | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                     | SOURCES                                                |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                              |                                                                                                                                   |                        | <p>An animal-only research compound with a retracted key paper; its benefits and risks in people are unknown.</p> <p><i>Common mix-up:</i> Fosgonimeton is a related but different drug that was tested in people with Alzheimer's and missed its main goal. Its results are not dihexa results.</p>                                                                                                                        |                                                        |
| <b>Epitalon</b><br>Longevity<br>• Unapproved | Longer life, younger cells, better sleep and slower aging. Human longevity benefits have not been demonstrated.                   | • Preclinical Evidence | <p>Laboratory studies report effects on telomeres, the protective ends of chromosomes. Changing a cell measurement does not show that people live longer or stay healthier.</p> <p>Aging-related cell findings are not proof of an anti-aging treatment in people.</p> <p><i>Common mix-up:</i> Epithalamin, an extract used in some older reports, is not the same as the defined synthetic peptide epitalon.</p>          | <a href="#">PubMed 1</a> <a href="#">All sources →</a> |
| <b>KPV</b><br>Immune<br>• Unapproved         | Gut inflammation, skin irritation and inflammatory conditions. These remain proposed uses rather than established treatments.     | • Preclinical Evidence | <p>Cell studies and mouse models of colitis found changes in inflammation. This does not establish relief of inflammatory bowel disease in patients.</p> <p>Evidence for gut-inflammation treatment is preclinical, not demonstrated patient benefit.</p> <p><i>Common mix-up:</i> A mouse model of colitis is not the same as treating Crohn's disease or ulcerative colitis in people.</p>                                | <a href="#">PubMed 1</a> <a href="#">All sources →</a> |
| <b>MOTS-c</b><br>Longevity<br>• Unapproved   | More energy, improved fitness, better blood-sugar control and slower aging. These treatment claims are not established in people. | • Preclinical Evidence | <p>Giving MOTS-c to mice affected metabolism and physical performance. Human exercise studies measured naturally occurring MOTS-c; they did not prove that taking it produces the same benefits.</p> <p>Exercise-related biology is promising research, not proof of an energy or anti-aging treatment.</p> <p><i>Common mix-up:</i> Trials of a modified drug candidate are not automatically trials of native MOTS-c.</p> | <a href="#">DOI 1</a> <a href="#">All sources →</a>    |

| PEPTIDE                                                 | WHAT IT IS CLAIMED TO DO                                                                                                                                        | EVIDENCE GRADE         | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SOURCES                                                                                                  |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>TB-500</b><br>Tissue repair research<br>• Unapproved | Injury recovery, muscle repair, flexibility and reduced inflammation. Reliable benefits from TB-500 in people are not established.                              | • Preclinical Evidence | <p>Much of the cited wound-healing work concerns full-length thymosin beta-4, not the TB-500 fragment. Those results cannot automatically be transferred to TB-500.</p> <p>Studies of a related molecule do not prove that a TB-500 product heals injuries.</p> <p><i>Common mix-up:</i> Thymosin beta-4 and its short fragment are not interchangeable. Check which molecule a paper actually tested.</p>                                                                                   | <a href="#">FDA 1</a> <a href="#">All sources</a> →                                                      |
| <b>AOD-9604</b><br>Metabolic<br>• Unapproved            | Fat loss without the other effects of growth hormone, and sometimes joint repair. These are not established clinical benefits.                                  | • Early Human Evidence | <p>It has been investigated in human obesity studies, but the evidence has not established a dependable weight-loss treatment. Animal fat-metabolism findings are not enough.</p> <p>Human testing does not mean a fat-loss benefit has been demonstrated.</p> <p><i>Common mix-up:</i> A growth-hormone fragment is not interchangeable with growth hormone. "Research use" is not an approval.</p>                                                                                         | <a href="#">FDA 1</a> <a href="#">All sources</a> →                                                      |
| <b>Argireline</b><br>Skin & Hair<br>• Unapproved        | Called a 'Botox-like' or 'Botox in a jar' ingredient that softens frown lines and crow's feet. That comparison is marketing, not an established medical effect. | • Early Human Evidence | <p>In lab tests it partly blocked the machinery nerves use to send signals. Small skin-cream trials report modest wrinkle improvements, and an NIH eyelid-spasm pilot did not show a clear benefit.</p> <p>A cosmetic ingredient with small, modest studies; it is not a replacement for botulinum toxin treatment.</p> <p><i>Common mix-up:</i> Acetyl hexapeptide-3 and acetyl hexapeptide-8 are two names for the same ingredient. SNAP-8 is a related but different, longer peptide.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources</a> → |
| <b>CJC-1295</b><br>Growth Hormone Axis<br>• Unapproved  | Muscle gain, fat loss, better recovery and anti-aging effects. Raising hormone levels alone does not prove these benefits.                                      | • Early Human Evidence | <p>Short controlled studies in healthy adults found higher growth hormone and IGF-1 levels. They did not establish better strength, injury healing or a longer life.</p>                                                                                                                                                                                                                                                                                                                     | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources</a> →                          |

| PEPTIDE                                              | WHAT IT IS CLAIMED TO DO                                                                                                                  | EVIDENCE GRADE         | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SOURCES                                                                                                  |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                                      |                                                                                                                                           |                        | <p>It changes hormone measurements; that is different from proving a useful health outcome.</p> <p><i>Common mix-up:</i> CJC-1295 with DAC and products called "CJC-1295 without DAC" are not the same preparation.</p>                                                                                                                                                                                                                                                                                                               |                                                                                                          |
| <b>DSIP</b><br>Neuropeptide<br>• Unapproved          | Better, deeper sleep, less stress and help with withdrawal. These claims are not backed by reliable modern human research.                | • Early Human Evidence | <p>Some small 1980s studies reported better sleep, but later controlled trials found weak or clinically unimportant effects. Scientists still have not found its gene or receptor.</p> <p>An old sleep-peptide idea that never held up well in careful human trials.</p> <p><i>Common mix-up:</i> The name says 'sleep-inducing', but that label came from rabbit experiments, not from proof that it helps people sleep.</p>                                                                                                         | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>GHK-Cu</b><br>Skin & Hair<br>• Unapproved         | Smoother skin, fewer wrinkles, hair growth and wound repair. The strength of evidence differs by claim and by how the product is applied. | • Early Human Evidence | <p>Laboratory work examines skin repair and copper delivery. Limited cosmetic skin studies are different from evidence that injections heal injuries or regrow hair.</p> <p>Topical skin research does not establish the benefits or safety of GHK-Cu injections.</p> <p><i>Common mix-up:</i> A cosmetic cream and an injection expose the body differently. Cosmetic availability is not FDA drug approval.</p>                                                                                                                     | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a>                          |
| <b>GHRP-2</b><br>Growth Hormone Axis<br>• Unapproved | Sellers promote it for muscle growth, fat loss, recovery and appetite. Those uses have not been shown in reliable treatment trials.       | • Early Human Evidence | <p>Doctors in Japan use it as a one-off test: a healthy pituitary releases a lot of growth hormone after a dose, while a damaged one does not. Small treatment studies raised hormone levels but did not show clear health benefits.</p> <p>A legitimate hormone test in Japan, but not a proven or approved treatment anywhere for muscle, fat loss or anti-aging.</p> <p><i>Common mix-up:</i> Approval as a one-time diagnostic test in Japan is not approval to use it repeatedly as a body-building or anti-aging treatment.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |

| PEPTIDE                                                  | WHAT IT IS CLAIMED TO DO                                                                                                                                  | EVIDENCE GRADE         | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SOURCES                                                                                                  |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>GHRP-6</b><br>Growth Hormone Axis<br>• Unapproved     | Online sellers link it to muscle gain, fat loss, better recovery, injury healing and appetite. None of these has been shown in reliable treatment trials. | • Early Human Evidence | <p>In people it reliably causes a short rise in growth hormone and has been used in hormone tests. A large 2026 stroke trial of a combination product containing it did not meet its main goal.</p> <p>A useful tool in hormone research, but there is no reliable evidence it works as a treatment for anything.</p> <p><i>Common mix-up:</i> A spike in growth hormone after a dose is not the same as building muscle, burning fat or healing an injury.</p>                        | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>Hexarelin</b><br>Growth Hormone Axis<br>• Unapproved  | Sellers promote it for muscle growth, fat loss, recovery and heart health. These uses have not been proven in reliable treatment trials.                  | • Early Human Evidence | <p>In people it causes a strong, short rise in growth hormone and also raises stress hormones like cortisol. With repeated use for months, the growth hormone response got weaker.</p> <p>An interesting research tool for studying growth hormone and the heart, not a proven treatment.</p> <p><i>Common mix-up:</i> A short rise in heart pumping after one dose in a lab study is not the same as a treatment that helps people with heart disease live longer or feel better.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>Ipamorelin</b><br>Growth Hormone Axis<br>• Unapproved | More muscle, less fat, better sleep and recovery. These claims have not been established by dependable treatment trials.                                  | • Early Human Evidence | <p>Research examines growth-hormone release and gut movement after surgery. That does not demonstrate a useful fitness, sleep or anti-aging treatment.</p> <p>Limited human research does not validate the common recovery and body-composition claims.</p> <p><i>Common mix-up:</i> A combination with CJC-1295 needs its own evidence; results for either ingredient alone do not prove the combination works.</p>                                                                   | <a href="#">FDA 1</a> <a href="#">All sources →</a>                                                      |
| <b>Kisspeptin</b><br>Reproductive<br>• Investigational   | Boosting testosterone, libido or fertility, and improving IVF outcomes. Only the IVF use has been studied in proper clinical trials.                      | • Early Human Evidence | <p>Small studies at one London IVF clinic found an injection of kisspeptin-54 could trigger egg</p>                                                                                                                                                                                                                                                                                                                                                                                    | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |

| PEPTIDE                                         | WHAT IT IS CLAIMED TO DO                                                                                                                               | EVIDENCE GRADE         | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SOURCES                                                                                                  |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                                 |                                                                                                                                                        |                        | <p>maturation, including in women at high risk of a dangerous over-response to fertility drugs.</p> <p>A key fertility hormone with promising but small IVF studies; it is not a proven testosterone or libido booster.</p> <p><i>Common mix-up:</i> Kisspeptin-10 and kisspeptin-54 are different lengths of the same hormone family; most IVF studies used kisspeptin-54, not the kisspeptin-10 sold online.</p>                                                              |                                                                                                          |
| <b>Larazotide</b><br>Other<br>• Investigational | Treating celiac disease symptoms, fixing a 'leaky gut', and helping with post-COVID illness or other inflammatory conditions.                          | • Early Human Evidence | <p>In celiac trials, only the lowest dose helped symptoms in the biggest study, and higher doses did not. The phase 3 trial meant to confirm it was stopped early by its sponsor.</p> <p>A reasonable idea that has not been proven to work; people with celiac disease still need a strict gluten-free diet.</p> <p><i>Common mix-up:</i> The code AT1001 was also used for migalastat, an unrelated Fabry disease drug, so check which medicine a study or listing means.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>LL-37</b><br>Immune<br>• Unapproved          | Fighting infections, helping wounds heal and strengthening immunity. A lab antimicrobial effect does not prove an infection treatment works in people. | • Early Human Evidence | <p>Human trials have tested topical LL-37 on chronic wounds. The larger venous-ulcer trial did not show a significant overall healing benefit; exploratory subgroup findings need confirmation.</p> <p>Some human wound research exists, but LL-37 is not an established general infection or immune treatment.</p> <p><i>Common mix-up:</i> "Part of the immune system" does not mean that adding more is beneficial or safe.</p>                                              | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a>                          |
| <b>Matrixyl</b><br>Skin & Hair<br>• Unapproved  | Fewer wrinkles and firmer skin by encouraging skin to make more collagen. These are marketing claims for a cosmetic, not proven medical effects.       | • Early Human Evidence | <p>Cell experiments show the KTTKS fragment can boost collagen production. A few small skin-cream trials report modest wrinkle improvements, but the largest one was run by a skin-care company.</p>                                                                                                                                                                                                                                                                            | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |

| PEPTIDE                                              | WHAT IT IS CLAIMED TO DO                                                                                                       | EVIDENCE GRADE         | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SOURCES                                                                                                  |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                                      |                                                                                                                                |                        | <p>A plausible cosmetic ingredient with small, mostly industry-funded studies; expect modest effects at best.</p> <p><i>Common mix-up:</i> Matrixyl 3000 is a different blend of two other peptides. Results for one Matrixyl product do not apply to another.</p>                                                                                                                                                                                                                 |                                                                                                          |
| <b>Melanotan II</b><br>Skin & Hair<br>• Unapproved   | A tan without the sun, plus claims about libido, erections and appetite loss. None of these is an approved or proven safe use. | • Early Human Evidence | <p>In the 1990s, a three-person study showed skin darkening, and two ten-man studies showed it could trigger erections. It was never developed into a medicine.</p> <p>An unapproved tanning peptide with very little human research and a growing list of serious case reports.</p> <p><i>Common mix-up:</i> Melanotan II is not afamelanotide (the approved Scenesse implant) and not bremelanotide (the approved Vyleesi injection), even though the molecules are related.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>Pemvidutide</b><br>Metabolic<br>• Investigational | Treating fatty liver disease, including the inflamed form called MASH, and helping with weight loss.                           | • Early Human Evidence | <p>Mid-stage controlled trials found big drops in liver fat and more people with MASH cleared versus placebo. Liver scarring (fibrosis) did not improve significantly at 24 weeks.</p> <p>Early but encouraging human results for liver fat; not yet proven to reverse liver scarring and not approved.</p> <p><i>Common mix-up:</i> Lower liver fat on a scan is not the same as healing liver scarring. Pemvidutide is different from survodutide and mazdutide.</p>             | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a>                          |
| <b>Selank</b><br>Neuropeptide<br>• Unapproved        | Less anxiety, improved mood and better focus. These are not established FDA-approved uses.                                     | • Early Human Evidence | <p>A small human study reported anxiety-related improvements, alongside laboratory research. It does not establish comparative effectiveness or long-term outcomes in a broad patient population.</p> <p>Early anxiety research exists; a reliable treatment benefit is still uncertain.</p>                                                                                                                                                                                       | <a href="#">PubMed 1</a> <a href="#">All sources →</a>                                                   |

| PEPTIDE                                                    | WHAT IT IS CLAIMED TO DO                                                                                                                                                                  | EVIDENCE GRADE         | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SOURCES                                                                                                  |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                                            |                                                                                                                                                                                           |                        | <i>Common mix-up:</i> A reassuring experience or small study does not show that it is safer than established anxiety treatments.                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |
| <b>Semax</b><br>Neuropeptide<br>• Unapproved               | Memory, focus and recovery after stroke.<br>Research in stroke patients does not prove a cognitive boost in healthy people.                                                               | • Early Human Evidence | Animal work and some human stroke reports explore biological changes and recovery. These findings do not establish a dependable treatment for everyday focus or memory problems.<br><br>Neurological research does not establish a proven focus or memory supplement.<br><br><i>Common mix-up:</i> This page describes U.S. approval; medical use in another country does not establish FDA approval.                                                                                          | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a>                          |
| <b>Afamelanotide</b><br>Skin & Hair<br>• Approved Medicine | Less pain from light for people with erythropoietic protoporphyria (EPP), a rare inherited disease. Some people also hope to use it for tanning or vitiligo, which are not approved uses. | • Moderate Evidence    | Two controlled trials found adults with EPP could spend more time in sunlight without pain and had better quality of life, though the gains were modest.<br><br>A specialist treatment for a rare light-sensitivity disease, not a tanning product.<br><br><i>Common mix-up:</i> Afamelanotide is not melanotan II. Melanotan II is a different, unapproved peptide sold online for tanning, with its own safety reports.                                                                      | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a>                          |
| <b>Cagrilintide</b><br>Metabolic<br>• Investigational      | Weight loss, especially when combined with semaglutide, and better blood-sugar control in type 2 diabetes.                                                                                | • Moderate Evidence    | Controlled trials found more weight loss than placebo with cagrilintide alone, and larger average weight loss when it was combined with semaglutide. Results vary from person to person.<br><br>Promising trial results, especially as CagriSema, but still an investigational drug that is not approved.<br><br><i>Common mix-up:</i> Cagrilintide is not pramlintide (an older approved amylin drug) and not semaglutide. CagriSema results are for the combination, not cagrilintide alone. | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |

| PEPTIDE                                             | WHAT IT IS CLAIMED TO DO                                                                                                                                                              | EVIDENCE GRADE      | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SOURCES                                                                                                  |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Elamipretide</b><br>Other<br>• Approved Medicine | Improving muscle strength in Barth syndrome is an approved use. Online claims about anti-aging, energy, eyesight or heart health go well beyond that.                                 | • Moderate Evidence | <p>Approval is based on knee-muscle strength gains during long-term open-label treatment in a tiny Barth syndrome study. Larger trials in other muscle diseases and heart failure did not show benefit.</p> <p>The first approved treatment for one rare disease, approved early on limited evidence; it is not an anti-aging drug.</p> <p><i>Common mix-up:</i> 'SS-31' sold online is not the FDA-approved Forzinity product, and Barth syndrome results do not show benefits for healthy people.</p>                                                     | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a>                          |
| <b>Gonadorelin</b><br>Reproductive<br>• Unapproved  | Help with fertility problems, restarting periods, and raising testosterone in men. Good evidence exists only for specific fertility uses, and none is an FDA-approved U.S. use today. | • Moderate Evidence | <p>When given in pulses that copy the body's natural rhythm, it reliably restores ovulation in women whose brain signal is switched off (hypothalamic amenorrhea). Results in polycystic ovary syndrome are unclear.</p> <p>A real hormone with proven fertility uses when given correctly in pulses, but no FDA-approved human product is on the U.S. market now.</p> <p><i>Common mix-up:</i> Pulses mimic the body's signal and switch the system on; constant exposure to GnRH-like drugs (such as leuprolide) does the opposite and shuts it down.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>Mazdutide</b><br>Metabolic<br>• Investigational  | Weight loss and better blood-sugar control in type 2 diabetes.                                                                                                                        | • Moderate Evidence | <p>Large controlled trials in Chinese adults found more weight loss than placebo and better blood sugar than placebo or another diabetes drug. A smaller U.S. trial also found weight loss.</p> <p>An approved medicine in China with solid trial results there, but still investigational in the U.S.</p> <p><i>Common mix-up:</i> Mazdutide is not survodutide, pemvidutide or semaglutide. Approval in one country does not carry over to another.</p>                                                                                                   | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>Peptide YY</b><br>Metabolic<br>• Investigational | Less hunger and weight loss. A short-term reduction in eating does not establish a sustainable obesity treatment.                                                                     | • Moderate Evidence | <p>Small human infusion studies found reduced food intake. A longer nasal-spray trial did not demonstrate meaningful weight loss and was</p>                                                                                                                                                                                                                                                                                                                                                                                                                | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |

| PEPTIDE                                                                                                | WHAT IT IS CLAIMED TO DO                                                                                                                                      | EVIDENCE GRADE                                                    | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SOURCES                                                                                                  |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                                                                                        |                                                                                                                                                               |                                                                   | <p>limited by nausea and vomiting. Hormone changes after bariatric surgery do not prove that giving PYY alone reproduces its benefits.</p> <p>A fullness signal with early human appetite findings, not an established weight-loss treatment.</p> <p><i>Common mix-up:</i> Different PYY forms and modified drug candidates should not be treated as the same intervention.</p>                                                                                                                                             |                                                                                                          |
| <b>Retatrutide</b><br>Metabolic<br><ul style="list-style-type: none"><li>Investigational</li></ul>     | Large weight loss, better blood-sugar control in type 2 diabetes, and help with weight-related problems such as knee pain and sleep apnea.                    | <ul style="list-style-type: none"><li>Moderate Evidence</li></ul> | <p>Large controlled trials in adults found much more average weight loss than placebo, and better blood sugar in people with type 2 diabetes. Average results do not predict what happens to one person.</p> <p>A promising investigational drug with strong trial results so far, but not an approved medicine and not proven safe outside trials.</p> <p><i>Common mix-up:</i> Retatrutide is not tirzepatide or semaglutide. Strong trial results do not mean a product sold online is safe or genuine.</p>              | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>Sermorelin</b><br>Growth Hormone Axis<br><ul style="list-style-type: none"><li>Unapproved</li></ul> | Clinics and websites promote it for anti-aging, muscle, fat loss, sleep and recovery. Those uses were never approved and have not been proven in good trials. | <ul style="list-style-type: none"><li>Moderate Evidence</li></ul> | <p>In the 1990s it helped some children with growth hormone deficiency grow faster, though less than growth hormone itself. In small studies of older men it raised hormone levels for a short time.</p> <p>Once a real but niche medicine for children; using it today as an anti-aging product goes beyond what the evidence shows.</p> <p><i>Common mix-up:</i> Past FDA approval for children with growth hormone deficiency does not mean it was ever approved or proven for adult anti-aging or bodybuilding use.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>Setmelanotide</b><br>Metabolic                                                                      | Weight loss and less constant hunger, but only in people whose obesity comes from specific                                                                    | <ul style="list-style-type: none"><li>Moderate Evidence</li></ul> | In small trials many people with these rare conditions lost at least a tenth of their body weight and felt less hungry. In a larger trial of                                                                                                                                                                                                                                                                                                                                                                                | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |

| PEPTIDE                                                                                                                          | WHAT IT IS CLAIMED TO DO                                                                                                       | EVIDENCE GRADE                                                      | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                               | SOURCES                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Approved Medicine</li> </ul>                                                              | gene changes, Bardet-Biedl syndrome, or damage to the hypothalamus.                                                            |                                                                     | <p>hypothalamic obesity, BMI fell about 16% versus a rise with placebo.</p> <p>A precision medicine for rare, specific causes of severe obesity; it is not a general weight-loss peptide.</p> <p><i>Common mix-up:</i> Setmelanotide is not melanotan II or bremelanotide, even though all act on melanocortin receptors. It also differs from GLP-1 medicines such as semaglutide.</p>                                                                               |                                                                                                          |
| <p><b>Survodutide</b></p> <p>Metabolic</p> <ul style="list-style-type: none"> <li>Investigational</li> </ul>                     | Weight loss, better blood sugar in type 2 diabetes, and treatment of fatty liver disease with inflammation (MASH).             | <ul style="list-style-type: none"> <li>Moderate Evidence</li> </ul> | <p>Large controlled trials found more weight loss than placebo, and a smaller trial found more improvement in MASH on liver biopsy. Results vary between people.</p> <p>An investigational drug with encouraging trial results that is not approved and not proven safe outside trials.</p> <p><i>Common mix-up:</i> Survodutide is not semaglutide or tirzepatide, and it is different from mazdutide and pemvidutide even though they target similar receptors.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <p><b>Thymosin Alpha-1</b></p> <p>Immune</p> <ul style="list-style-type: none"> <li>Unapproved</li> </ul>                        | Stronger immunity, faster recovery from infections, help with hepatitis B, sepsis or cancer care, and general immune boosting. | <ul style="list-style-type: none"> <li>Moderate Evidence</li> </ul> | <p>The biggest and best-controlled sepsis trial found no survival benefit. A 2026 review of hepatitis B trials found possible benefits but rated the evidence very uncertain.</p> <p>A medicine in some countries, but the strongest recent trials did not show the big benefits often claimed online.</p> <p><i>Common mix-up:</i> Thymosin alpha-1 is not thymosin beta-4 or TB-500. They are different molecules with different evidence and different rules.</p>  | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <p><b>VIP (Vasoactive Intestinal Peptide)</b></p> <p>Other</p> <ul style="list-style-type: none"> <li>Investigational</li> </ul> | Healing damaged lungs, treating COVID-19, calming inflammation throughout the body and improving erections.                    | <ul style="list-style-type: none"> <li>Moderate Evidence</li> </ul> | <p>A large NIH-funded trial found that intravenous VIP (aviptadil) did not help people with severe COVID-19. A VIP-phentolamine injection did help erections in a placebo-controlled trial.</p>                                                                                                                                                                                                                                                                       | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |

| PEPTIDE                                                     | WHAT IT IS CLAIMED TO DO                                                                                                                                                    | EVIDENCE GRADE    | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                        | SOURCES                                                |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                             |                                                                                                                                                                             |                   | <p>A real body signal with interesting biology, but the big COVID-19 trial was a clear miss.</p> <p><i>Common mix-up:</i> VIP is not the same as PACAP or other peptides that share its receptors, and erectile-dysfunction results for the two-drug combination do not apply to VIP alone.</p>                                                                                                                                |                                                        |
| <b>Abaloparatide</b><br>Other<br>• Approved Medicine        | Reducing fracture risk or increasing bone density in high-risk osteoporosis are supported uses. It is not a routine fitness or injury-recovery supplement.                  | • Strong Evidence | <p>The ACTIVE human trial found fewer fractures in postmenopausal women with osteoporosis. Studies in men support increases in bone density; these are different outcome types.</p> <p>An established osteoporosis medicine; the exact expected benefit depends on the patient group.</p> <p><i>Common mix-up:</i> A study showing improved bone density should not be described as if it directly proved fewer fractures.</p> | <a href="#">PubMed 1</a> <a href="#">All sources →</a> |
| <b>Bremelanotide</b><br>Reproductive<br>• Approved Medicine | Improving distressing low sexual desire is an approved use for a specific group. Claims of a general libido boost or erectile-dysfunction treatment go beyond its approval. | • Strong Evidence | <p>Controlled trials found improvements in desire and related distress in selected premenopausal women with acquired, generalized hypoactive sexual desire disorder.</p> <p>A treatment for a specific diagnosis, rather than a universal sexual-performance peptide.</p> <p><i>Common mix-up:</i> Sexual desire and erectile function are different outcomes.</p>                                                             | <a href="#">Source 1</a> <a href="#">All sources →</a> |

| PEPTIDE                                                                                                | WHAT IT IS CLAIMED TO DO                                                                                                                                                  | EVIDENCE GRADE                                                    | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SOURCES                                                                         |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Dulaglutide</b><br>Metabolic<br><ul style="list-style-type: none"> <li>Approved Medicine</li> </ul> | Better blood-sugar control in type 2 diabetes and a lower chance of heart attack or stroke in some people with type 2 diabetes. It is not approved as a weight-loss drug. | <ul style="list-style-type: none"> <li>Strong Evidence</li> </ul> | <p>Large trials found better blood-sugar control than placebo and an older GLP-1 drug. In REWIND, about 12 in 100 people on dulaglutide had a major heart event over five years, compared with about 13 in 100 on placebo.</p> <p>A well-studied diabetes medicine with a proven but modest heart benefit; it is not a general weight-loss or wellness peptide.</p> <p><i>Common mix-up:</i> Dulaglutide, semaglutide, liraglutide and tirzepatide are different medicines with different labels and trials. Results for one do not transfer to another.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a> |
| <b>Exenatide</b><br>Metabolic<br><ul style="list-style-type: none"> <li>Approved Medicine</li> </ul>   | Better type 2 diabetes control is an approved use. Weight changes may occur, but it is not an FDA-approved weight-management medicine.                                    | <ul style="list-style-type: none"> <li>Strong Evidence</li> </ul> | <p>Controlled trials demonstrate blood-sugar improvement in type 2 diabetes. The large EXSCEL trial established cardiovascular safety but did not demonstrate superiority for its primary cardiovascular outcome.</p> <p>Established diabetes treatment; other proposed uses need their own clinical evidence.</p> <p><i>Common mix-up:</i> Byetta and extended-release exenatide are not identical formulations.</p>                                                                                                                                        | <a href="#">PubMed 1</a> <a href="#">All sources →</a>                          |
| <b>Ghrelin</b><br>Metabolic<br><ul style="list-style-type: none"> <li>Investigational</li> </ul>       | Improved appetite, weight gain during illness and sometimes recovery or anti-aging. These proposed treatment goals need separate evidence.                                | <ul style="list-style-type: none"> <li>Strong Evidence</li> </ul> | <p>Small controlled human infusion studies found increased hunger and food intake. This does not establish lasting recovery from illness-related weight loss or an anti-aging benefit.</p> <p>Its effect on hunger has been demonstrated in people; that is not proof of a routine treatment for all appetite or recovery problems.</p> <p><i>Common mix-up:</i> A ghrelin-receptor drug is a different substance from native ghrelin.</p>                                                                                                                   | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a> |
| <b>GIP</b><br>Metabolic<br><ul style="list-style-type: none"> <li>Investigational</li> </ul>           | Better metabolic health and weight control. GIP biology helps inform drug development, but native GIP is not a proven standalone weight-loss treatment.                   | <ul style="list-style-type: none"> <li>Strong Evidence</li> </ul> | <p>Human experiments show that its effects on insulin and glucagon depend on blood-sugar levels and diabetes status. Those responses do not establish long-term weight or health benefits from taking GIP.</p>                                                                                                                                                                                                                                                                                                                                               | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a> |

| PEPTIDE                                                                                             | WHAT IT IS CLAIMED TO DO                                                                                                                             | EVIDENCE GRADE                                                    | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                | SOURCES                                                                         |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
|                                                                                                     |                                                                                                                                                      |                                                                   | <p>A natural metabolic signal, not an independently established weight-loss medicine.</p> <p><i>Common mix-up:</i> Tirzepatide acts on GIP and GLP-1 receptors; its benefits cannot be attributed to native GIP alone.</p>                                                                                                                                                                                                             |                                                                                 |
| <b>GLP-1</b><br>Metabolic<br><ul style="list-style-type: none"> <li>Investigational</li> </ul>      | Blood-sugar control and appetite reduction. These physiological effects helped inspire medicines, but native GLP-1 is not interchangeable with them. | <ul style="list-style-type: none"> <li>Strong Evidence</li> </ul> | <p>Human infusion studies demonstrate effects on blood sugar and food intake. Native GLP-1 breaks down quickly; longer-acting medicines were engineered to work differently.</p> <p>An important natural hormone; approved medicines that imitate it are separate treatments.</p> <p><i>Common mix-up:</i> GLP-1 is a hormone name and a medicine-class shorthand. Semaglutide is not native GLP-1.</p>                                | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a> |
| <b>Glucagon</b><br>Metabolic<br><ul style="list-style-type: none"> <li>Approved Medicine</li> </ul> | Emergency rescue from severe low blood sugar is an established medical use. That does not make it a general energy or weight-loss treatment.         | <ul style="list-style-type: none"> <li>Strong Evidence</li> </ul> | <p>Human studies support rescue products that raise blood sugar during severe hypoglycemia. Success depends partly on available liver glucose stores and the clinical cause.</p> <p>An emergency low-blood-sugar rescue medicine with a specific role.</p> <p><i>Common mix-up:</i> Glucagon raises blood sugar; insulin lowers it. They are not substitutes for one another.</p>                                                      | <a href="#">FDA 1</a> <a href="#">All sources →</a>                             |
| <b>Insulin</b><br>Metabolic<br><ul style="list-style-type: none"> <li>Approved Medicine</li> </ul>  | Blood-sugar control in diabetes is an established, often essential use. Bodybuilding claims do not make nonmedical use safe.                         | <ul style="list-style-type: none"> <li>Strong Evidence</li> </ul> | <p>Extensive human evidence supports diabetes treatment. Intensive glucose management reduced complications in type 1 diabetes, while also increasing low-blood-sugar risk in the landmark trial.</p> <p>Essential treatment for type 1 diabetes and useful in other diabetes settings, with careful glucose monitoring.</p> <p><i>Common mix-up:</i> Rapid-acting, long-acting and other insulins are not freely interchangeable.</p> | <a href="#">PubMed 1</a> <a href="#">All sources →</a>                          |

| PEPTIDE                                                         | WHAT IT IS CLAIMED TO DO                                                                                                                                                  | EVIDENCE GRADE    | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SOURCES                                                                                                  |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Lanreotide</b><br>Growth Hormone Axis<br>• Approved Medicine | Acromegaly control, treatment of selected neuroendocrine tumors and carcinoid-syndrome symptom control are supported uses for specific products.                          | • Strong Evidence | <p>Human trials support hormone control in acromegaly. CLARINET found delayed progression in selected gastrointestinal and pancreatic neuroendocrine tumors; that is not a cure or evidence for all cancers.</p> <p>Human evidence supports specific endocrine and tumor-related uses.</p> <p><i>Common mix-up:</i> Neuroendocrine tumors are a particular cancer group; these findings do not apply to every cancer.</p>                                                                                                                                 | <a href="#">PubMed 1</a> <a href="#">All sources →</a>                                                   |
| <b>Liraglutide</b><br>Metabolic<br>• Approved Medicine          | Diabetes control and weight management are supported for different prescription products. Claims of benefit for everyone who wants to lose a little weight are too broad. | • Strong Evidence | <p>Human trials found better blood-sugar control, weight loss in eligible groups, and fewer major cardiovascular events in a particular high-risk diabetes population.</p> <p>A clinically studied medicine for defined diabetes or weight-management needs.</p> <p><i>Common mix-up:</i> Results from one liraglutide product or population should not be applied to every use.</p>                                                                                                                                                                      | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">All sources →</a>                          |
| <b>Lixisenatide</b><br>Metabolic<br>• Approved Medicine         | Better blood-sugar control in adults with type 2 diabetes. It has also been tested for Parkinson's disease, but that is still experimental.                               | • Strong Evidence | <p>Trials showed lower blood sugar than placebo, especially after meals. A large heart study (ELIXA) found it did not raise or lower the risk of heart attacks and strokes.</p> <p>A proven diabetes medicine with no heart benefit shown; in the U.S. it is now used mainly as part of an insulin combination pen.</p> <p><i>Common mix-up:</i> Soliqua is not the same as lixisenatide alone, because it also contains insulin. Lixisenatide is also a different medicine from exenatide, even though most of their amino-acid chains are the same.</p> | <a href="#">PubMed 1</a> <a href="#">PubMed 2</a> <a href="#">PubMed 3</a> <a href="#">All sources →</a> |
| <b>Octreotide</b><br>Growth Hormone Axis                        | Control of excess growth hormone and certain hormone-related diarrhea or flushing are established uses. It is not a general inflammation or longevity treatment.          | • Strong Evidence | Clinical evidence supports hormone and symptom control in specific endocrine disorders. Studies in selected neuroendocrine                                                                                                                                                                                                                                                                                                                                                                                                                                | <a href="#">PubMed 1</a> <a href="#">All sources →</a>                                                   |

| PEPTIDE                                                             | WHAT IT IS CLAIMED TO DO                                                                                                                                                             | EVIDENCE GRADE         | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SOURCES                                                                                |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <p>Approved Medicine</p>                                            |                                                                                                                                                                                      |                        | <p>tumors also investigate disease control; findings depend on the tumor and formulation.</p> <p>A specialist medicine for particular hormone disorders and tumor-related symptoms.</p> <p><i>Common mix-up:</i> Controlling a tumor's hormone symptoms is not the same as curing the tumor.</p>                                                                                                                                                                                      |                                                                                        |
| <p><b>Oxytocin</b></p> <p>Reproductive</p> <p>Approved Medicine</p> | <p>Labor management and postpartum bleeding control are medical uses. Claims about trust, bonding, mood or autism treatment are separate and do not follow from those approvals.</p> | <p>Strong Evidence</p> | <p>Established clinical use supports specified obstetric applications. A large controlled trial of nasal oxytocin in children and adolescents with autism did not show a significant improvement on its main social-function measure.</p> <p>A useful obstetric medicine; the “bonding hormone” nickname does not establish a social or mental-health treatment.</p> <p><i>Common mix-up:</i> A naturally occurring hormone can still cause harm when administered as a medicine.</p> | <p><a href="#">PubMed 1</a> <a href="#">Source 2</a> <a href="#">All sources →</a></p> |
| <p><b>Pramlintide</b></p> <p>Metabolic</p> <p>Approved Medicine</p> | <p>Better after-meal blood-sugar control in insulin-treated diabetes is a supported use. It is not a general weight-loss treatment.</p>                                              | <p>Strong Evidence</p> | <p>Human trials show improved glucose control when added to mealtime insulin in selected people with type 1 or type 2 diabetes. It supplements insulin rather than replacing it.</p> <p>An additional diabetes medicine with a significant insulin-related low-blood-sugar risk.</p> <p><i>Common mix-up:</i> Amylin replacement does not replace the body's need for insulin.</p>                                                                                                    | <p><a href="#">Source 1</a> <a href="#">All sources →</a></p>                          |
| <p><b>Semaglutide</b></p> <p>Metabolic</p> <p>Approved Medicine</p> | <p>Better blood-sugar control and weight management have clinical support in appropriate patients. Broader wellness and anti-aging claims need separate evidence.</p>                | <p>Strong Evidence</p> | <p>Large human trials found improved blood-sugar control and substantial average weight loss in defined patient groups. Outcomes differ between people and depend on the product, treatment and condition.</p> <p>Proven medical benefits for defined conditions; suitability depends on your health and the exact product.</p> <p><i>Common mix-up:</i> Native GLP-1, semaglutide and other GLP-1 medicines are not interchangeable.</p>                                             | <p><a href="#">PubMed 1</a> <a href="#">All sources →</a></p>                          |

| PEPTIDE                                                          | WHAT IT IS CLAIMED TO DO                                                                                                                                                  | EVIDENCE GRADE    | WHAT THE RESEARCH SHOWS                                                                                                                                                                                                                                                                                                                                                                                                 | SOURCES                                                |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>Teriparatide</b><br>Other<br>• Approved Medicine              | Reducing fracture risk in high-risk osteoporosis is supported. Claims about routine sports-injury recovery or general stronger bones go beyond that indication.           | • Strong Evidence | <p>Controlled trials in osteoporosis found increased bone density and fewer fractures. The benefit applies to studied osteoporosis populations, not every bone injury.</p> <p>A bone-building medicine for high-risk osteoporosis, with demonstrated fracture benefits.</p> <p><i>Common mix-up:</i> More bone density is one measurement; fracture reduction is a separate, more direct patient outcome.</p>           | <a href="#">PubMed 1</a> <a href="#">All sources →</a> |
| <b>Tesamorelin</b><br>Growth Hormone Axis<br>• Approved Medicine | Reducing deep abdominal fat in people with HIV-related lipodystrophy is an approved use. General weight loss, bodybuilding and anti-aging claims go beyond that use.      | • Strong Evidence | <p>Controlled studies in people with HIV and excess abdominal fat found less visceral fat, the fat around internal organs. This is not the same as a general weight-loss treatment.</p> <p>A proven use in a specific HIV-related condition; it is not a general fat-loss medicine.</p> <p><i>Common mix-up:</i> Visceral-fat reduction does not necessarily mean substantial weight loss on the scale.</p>             | <a href="#">PubMed 1</a> <a href="#">All sources →</a> |
| <b>Tirzepatide</b><br>Metabolic<br>• Approved Medicine           | Blood-sugar control and weight management are supported medical uses. Claims about general rejuvenation or benefits for every metabolic condition need separate evidence. | • Strong Evidence | <p>Large controlled human trials demonstrated improvements in blood sugar and substantial average weight loss in selected groups. An average trial result is not a promise for an individual.</p> <p>Strong human evidence for defined uses, with real side effects and product-specific eligibility.</p> <p><i>Common mix-up:</i> It activates two hormone receptors but is not a mixture of native GLP-1 and GIP.</p> | <a href="#">PubMed 1</a> <a href="#">All sources →</a> |
| <b>Vasopressin</b><br>Metabolic<br>• Approved Medicine           | Supporting dangerously low blood pressure in certain forms of shock is a medical use. Memory, bonding or general wellness claims are different questions.                 | • Strong Evidence | <p>Human shock trials examine blood-pressure support and patient outcomes. Better blood pressure does not automatically mean improved survival; results depend on the clinical situation.</p> <p>A critical-care medicine, not a peptide for everyday self-improvement.</p>                                                                                                                                             | <a href="#">PubMed 1</a> <a href="#">All sources →</a> |

| PEPTIDE | WHAT IT IS CLAIMED TO DO | EVIDENCE GRADE | WHAT THE RESEARCH SHOWS                                                                                            | SOURCES |
|---------|--------------------------|----------------|--------------------------------------------------------------------------------------------------------------------|---------|
|         |                          |                | <i>Common mix-up:</i> Vasopressin and desmopressin are related but different medicines with different indications. |         |

## Phrases to read twice

The same wording appears across peptide marketing whatever the compound. Each phrase below is paired with the question that tests it.

### "Clinically proven" or "scientifically proven"

Proven in whom? If the studies were in cells or animals, nothing has been proven in people. Look for a randomized human trial and its primary result.

### "Increases growth hormone by X%"

A hormone level is a measurement, not a benefit. Ask whether any trial measured muscle, strength, fat or recovery, and what it found.

### "Heals tendons / ligaments in days"

Healing claims for BPC-157 and TB-500 rest on animal studies. No controlled human trial has shown faster tendon or ligament healing.

### "Research-grade" or "99% purity"

Purity on a certificate describes one sample and says nothing about identity, sterility, endotoxins or benefit. Research-use labels are not a safety standard.

### "Same as the prescription drug"

An approved medicine is a specific product, formulation and dose from a regulated manufacturer. A product sold under the same name is not that medicine.

### "No side effects"

Absence of reported side effects usually means absence of study. Check whether anyone has looked, and for how long.

**"Used by athletes / biohackers"**

Popularity is not evidence. Many of these peptides are banned in sport precisely because they are unapproved.

**"Approved" without saying where or for what**

Approval applies to a product, a use and a jurisdiction. A peptide approved abroad, or in the past, or for a rare disease, is not approved for the marketed use.

## How this matrix is built

- **Claims** are the benefits each peptide is most often promoted for, described as types. We do not name sellers, clinics or unapproved products.
- **Evidence grades** follow the [Inside Peptides Evidence Scale \(IPES\)](#), a published, versioned five-grade scale. A grade covers the main uses studied, not every marketing claim.
- **"What the research shows"** is the plain-language summary from each profile's "Start here" section, where every statement links to PubMed, FDA or registry sources, and where the study setting (laboratory, animal or human) is described. The source links here are the first of those.
- **Approved medicines are included** because they are also marketed for uses beyond their approval. For them, the claim column separates the approved use from the rest.
- **Not medical advice.** The matrix says what the evidence shows; it does not say what anyone should take. Take questions to a licensed clinician.

For the figures behind the grades, see the [State of Peptide Research 2026](#) report. To test a single claim, try the [claim checker](#).

## Cite or link to this page

### REFERENCE

Inside  
Peptide  
s.  
(2026,  
October  
13).  
Peptide  
Marketi  
ng  
Claims  
vs the  
Evidenc  
e.  
[https://  
/inside  
peptide  
s.org/t  
ools/pe  
ptide-  
claim-  
matrix/](https://insidepeptides.org/tools/peptide-claim-matrix/)

### HTML LINK

```
<a  
href="h  
ttps://  
insidep  
eptides  
.org/to  
ols/pep  
tide-  
claim-  
matrix/  
>Pepti  
de  
Marketi  
ng
```

Claims  
vs the  
Evidence  
(Inside  
Peptides)



## About this document

This PDF is generated from the live page at <https://insidepeptides.org/tools/peptide-claim-matrix/> and carries the same figures and sources. The web page is the version of record and is updated when the data changes; check it for the latest edition and the corrections log.

## Sources

Each row's source links point to PubMed, FDA or ClinicalTrials.gov records; the full source list for every peptide is on its profile at <https://insidepeptides.org/peptides/>.

## How to cite

Inside Peptides. (2026, October 13). Peptide Marketing Claims vs the Evidence.  
<https://insidepeptides.org/tools/peptide-claim-matrix/>

## Licence and reuse

Text, tables and data in this document are published by Inside Peptides under the Creative Commons Attribution 4.0 licence (<https://creativecommons.org/licenses/by/4.0/>). You may reuse them, including commercially, if you credit Inside Peptides and link to the source page. Third-party sources cited in the document remain under their own terms.

## Independence and limits

Inside Peptides does not sell or recommend products, carries no affiliate links and gives no dosing information. Evidence grades follow the Inside Peptides Evidence Scale (IPES) version 1.0, published at <https://insidepeptides.org/evidence/evidence-levels/>; they are editorial judgements that describe research, not advice. Nothing here replaces advice from a licensed clinician.

## Contact

Corrections, media enquiries and data questions: [contact@insidepeptides.org](mailto:contact@insidepeptides.org). Corrections policy: <https://insidepeptides.org/corrections-policy/>.

---

Inside Peptides · [insidepeptides.org](https://insidepeptides.org) · Generated 13 October 2026