

The Peptide Gold Rush: Inside Longevity's Hottest (and Most Controversial) Trend

12 MIN READ

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BY GREG PRESTO

Here's what's real and what's risky in the booming world of peptides for longevity.

In July, the FDA's **Pharmacy Compounding Advisory Committee** (PCAC) voted to change a law affecting a six-pack of peptides. If approved, these peptides would be legally allowed to be made by compounding pharmacies for human use.

This group includes some of the most popular peptides you may have heard influencers listing in their “peptide stack” in social media videos: A mitochondrial signaler called MOTS-C, as well as BPC-157 and TB-500, both parts of the famed “Wolverine Stack” that’s purported to help with healing and injury recovery.

These peptides have been on a three-year regulatory round trip. In 2023, the FDA placed them in “Category 2,” a designation for substances that may pose significant safety risks, which effectively barred compounding pharmacies from dispensing them. That restriction lifted in April, after the companies that originally nominated the peptides for the list withdrew their nominations. This past July’s vote was the next question: whether to affirmatively add them to the list of ingredients pharmacies are permitted to use. The committee said yes to six of seven, **against the written recommendation of FDA scientists**.

The vote doesn’t make these peptides FDA-approved. It also doesn’t make them legal to compound. The recommendation is advisory, and before anything changes the FDA has to accept it and complete a formal rulemaking process, which takes months and which the agency is under no obligation to start. What the vote signals is a possible future in which a licensed pharmacy sources ingredients from an FDA-registered manufacturer and fills a prescription from your doctor, instead of a website shipping vials from overseas.

That's what's changed. What hasn't: the volume of research on the safety and efficacy of peptides, and how sure we are in those findings.

there's been a sprinkling of new peptide research, though much of it is still in animals: a **2026 mouse study** found MOTS-c improved muscle mitochondrial efficiency, a meta-analysis re-affirmed that a growth hormone-releasing peptide reduces visceral fat in people with HIV-associated lipodystrophy, and a large observational study found GLP-1 drugs were associated with lower rates of **substance use disorders**. But for the most part, the published research is still in the same place as in 2025, which is to say in its infancy.

"There's a lot of promise, but not a lot of evidence right now," says Shawn Arent, PhD, CSCS, chair of the Department of Exercise Science at the University of South Carolina. Many peptides aren't approved for use by the general population, and may not even have human data backing up their supposed benefits.

The demand for peptides, even when people must pay hundreds of dollars per shot, has still exploded. Driven by endless influencer videos promising superhuman healing, rapid weight loss, and "exercise in a pill" effects, peptides have gone from fringe biohacking fodder to the mainstream. Regular gym-goers have tacked the phrase "peptide stack" into normal supplement conversations.

"It's almost where supplements were 10 years ago," says Mike Nelson, PhD, adjunct professor at the Carrick Institute and founder of **Extreme Human Performance**. As with supplements, many are convinced that peptides — even those they order online from shady sources — are the magic bullet that will give them their dream physique or optimal health. "And there's the fact that many of these are injectable, and people are now just fine with injecting themselves."

"I do not like that at all," says Shan Siddiqi, MD, Associate Medical Director at 10X Health, which offers peptides among its services. Organizations like 10X, he says, use pharmacies that have regulations around sterility and purity standards, which can make the injections expensive. "So if you go online and see you can get it for half the price, I get why people are doing it. I still don't think they should."

That's because there's no guarantee of safety, purity, dosing, or that you'll know how to inject yourself. Siddiqi believes people's growing comfort level with self-injection and gray market purchases is driven not just by price, but by patients' reliance on AI chatbots for medical and longevity advice: "People are asking AI how to do this, and they've become very comfortable. They trust it."

Instead of getting your peptide info from AI, or from an influencer with a promo code, we're giving the science of peptides the deep-dive it deserves. Here's the evidence that exists (and the evidence that *doesn't*), as well as how to navigate this space safely.

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In this article, we'll go over:

- ■ What are peptides?
- ■ What does the science really say about them?
- ■ Which peptides are FDA-approved?
- ■ Why are they now so much easier to acquire?
- ■ What are the main risks with peptides?
- ■ What questions should you ask your doctor if you're interested in trying them?

What Are Peptides, Anyway?

Peptides are molecules made up of amino acids — the same building blocks that make up proteins — bonded via a condensation reaction. But while proteins can have hundreds of amino acids (and are actually made up of multiple peptides), peptides can be made up of as few as two of these acids.

They're important for all kinds of biological functions: Some peptides are neurotransmitters, delivering messages from the body to the brain. Others regulate hormone activity, repair tissue, aid in immunity, and control other functions such as digestion and inflammation.

Some hormones are peptides, including one you've heard of: Insulin. And like insulin, there are multiple peptides that can be synthesized in a lab, and used for medical purposes: semaglutide and tirzepatide, the active ingredients in Ozempic and Mounjaro, respectively, are both peptides.

But the online craze around peptides isn't just around these well-established drugs: It's hype for peptides that are believed to boost human growth hormone levels, speed up recovery, reduce levels of visceral fat, or perform a host of other longevity- and life-boosting benefits.

The Promise: Faster Recovery, Fat Loss, and Anti-Aging Claims

Can these peptides deliver on their promises? In the cases of insulin and Ozempic, research suggests a resounding yes. But for the myriad other peptide compounds exercisers and longevity-seekers can find online, we're not always sure of the benefits.

Peptide proponents emphasize that peptides are already made in the human body. Adding these compounds simply increases the signals our bodies already produce, they argue.

Anthony Castore, who calls himself "King of Peptides," is a strength coach, a fellow at the Seeds Scientific Research & Performance Institute, and the founder of AlchemIQ Labs, which formulates and sells peptide compounds. "You and I make thymosin beta-4," he says, referring to the peptide behind the injectable sold as TB-500. "We make all these peptides, and when we take peptides exogenously, we're boosting our peptide activity."

It's an intuitive argument, and some version of it underpins nearly every peptide pitch you'll encounter. It also runs into trouble with the specific compound Castore names.

We do make thymosin beta-4. It's a 43-amino-acid peptide present in nearly every cell in the body, with several distinct working regions: one that tamps down inflammation and fibrosis, one that keeps cells from dying, and one that binds actin and drives the cell migration involved in wound healing. TB-500, the injectable in the Wolverine Stack, is not that molecule. It's a synthetic copy of the third region only. Seven amino acids, about one-sixth the size, with an acetyl group added for stability. The anti-inflammatory and anti-apoptotic regions aren't in it.

Your body isn't producing TB-500, so the "we already make this" logic doesn't actually reach it. And most of the research cited for TB-500's benefits was run on the full-length peptide, not on the fragment people are injecting.

Chris Renna, DO, founder of **LifeSpan Medicine**, puts it more simply: There are processes in the body that require these peptides, which naturally occur in the body. But sometimes, the amount we've got on board isn't enough, or it falls with age. By taking them by nasal spray, injection, or orally, peptide users should provide more of these raw materials to complete the process and give users the end product they want — less inflammation, sharper attention, faster injury recovery, and other benefits.

One example Castore gives for his "signal" analogy: When you go for a walk, your body senses that your cells are using up energy, activating the AMPK signaling pathway. This signals to your muscle cells to increase the amount of glucose they take in from your blood so they can make more cellular energy. This process enhances the body's sensitivity to insulin.

Taking a peptide like **mitochondrial open frame terminal C (also called MOTS-c)** — which occurs naturally in our body, but decreases with age — should boost the signaling of AMPK, Castore says. This, he adds, could make the walk more productive.

The most popular peptides in biohackers' "stacks" tend to promise benefits in one of these categories:

- **Healing/Repair:** Two of the most commonly touted peptides, BPC-157 and TB-500, are supposed to help users heal better from injuries, and even recover better from workouts. They're often taken together in a combination called the "Wolverine Stack." But there's almost no human data on either. More on that below.

- **HGH Effects:** A class of peptides called human growth hormone (HGH) secretagogues are supposed to act as messengers, telling your body to make and/or release more HGH. This should increase lean body mass, reduce fat, increase bone density, and lower cholesterol. Some of these are even approved by the FDA, but not for healthy populations. Tesamorelin, approved 2010 for HIV-associated lipodystrophy, and macimorelin, approved December 2017 purely as a diagnostic for growth hormone deficiency.

- **Mitochondrial stimulation:** Mitochondria produce energy in your cells. In a study published in January, Danish scientists found that MOTS-c made mitochondria slightly more efficient, and reduced the release of reactive oxygen species. Both of those effects could reduce inflammation and slow aging.

- **Weight loss:** Most of the "GLP-1" medications fall into this category. Some are FDA approved, while others are still in the approval stages.

Weight Loss Peptides

These are the real stars of the peptide world: According to new data from Gallup, 11 percent of U.S. Adults are now taking a GLP-1 medication for weight loss.

That's in large part because we're an obese nation, and these drugs are remarkably efficient in lowering body mass: In the first head-to-head trial of the two leading medications, people taking Wegovy (semaglutide) lost an average of 13.7 percent of their body weight over 72 weeks, while those taking Zepbound (tirzepatide) lost 20.2 percent.

The active ingredients in these drugs are peptides. GLP-1 stands for glucagon-like peptide-1, a hormone your gut releases when you eat. It tells the pancreas to release insulin when blood sugar rises, and, separately, it acts on the brain and slows the stomach's emptying, which is where the feeling of fullness comes from. The drugs are GLP-1 receptor agonists: lab-made peptides that mimic the natural hormone and amplify its signals. Tirzepatide isn't semaglutide with something added. It's a different peptide entirely, engineered so that a single molecule activates both the GLP-1 receptor and the receptor for a second gut hormone, glucose-dependent insulintropic polypeptide, or GIP. One molecule, two receptors: that's the "dual agonist" you'll hear doctors mention. a different type of receptor, but has a similar effect, making the drug a two-in-one.

Emerging research has shown that these medications don't just trigger weight loss, but may also be effective for other addictions. Scientists at Washington University in St. Louis found that military veterans who took GLP-1s for weight loss also had reduced suffering from drug and alcohol use disorders. It's thought that similarly to how these medications stop "food noise," they may also reduce mental "noise" attached to these addictive substances, according to the study's lead author, Ziyad Al-Aly, MD.

The pharmaceutical companies sold almost \$80 billion of these drugs last year, according to Morgan Stanley. And they're still developing more of them: Novo Nordisk is in trials with a medication combining semaglutide with cagrilintide to create a new combination drug, different from tirzepatide. And Eli Lilly is in clinical trials for retatrutide, a triple-ingredient "GLP-3" that has helped patients in previous trials keep more muscle while losing more weight than with the already-approved drugs.

"I tell my patients semaglutide, tirzepatide, reta, it's like iPhone 10, 11, 14," he says, in that the science continues to evolve. And just like the new iPhone, patients are clamoring for the latest. "The demand is crazy. People really want reta."

Unlike the other GLP drugs, though, retatrutide is not yet FDA approved. There is no legal version. But issues of legality and safety don't stop people from trying to

buy “reta” from online, gray market and black market pharmacies. And that, Shan says, gets to one of the main problems with buying compounded peptides online: You may not be getting what you ordered, or be aware that the difference exists at all.

“There’s a sterility issue. There’s a contamination issue, like heavy metals... and are you getting the peptide that it says on the bottle? Is the dose correct? Is it too low? Too high?” he says. “I cringe when people are getting their peptides online.”

Why You Should Question All of Those Ringing Endorsements

GLP-1 drugs exploded in popularity because of breakthrough science. But many of the other talked-about peptides populating people’s “stacks” haven’t proven themselves in the lab.

“Because social media influencers can sell you this stuff, they’re the ones who are blowing this up,” Siddiqi says. Even when those endorsements are based on experience (as opposed to being purely financially motivated), they’re often still anecdotal. There’s no telling if the influencer is getting results from the peptide, or from taking testosterone or other PEDs.

Even if you get them from a more medical setting, peptides may not strictly be “medical,” notes Arent. Because they’re not medicines and they’re not regulated, he points out, peptides can be recommended and “prescribed” by physical therapists, chiropractors, and others who are not qualified in pharmacology.

Even more concerning, some peptides that have become popular in longevity, fitness, and anti-aging circles have shown lots of promise in rat studies, but have no human data. And other peptides have almost no data behind them at all. That’s why U.S. sports authorities have banned several peptides.

Another important consideration: when using most peptides, you won’t be able to take tests to see the resulting levels, Renna says. The amino acids are too small to

determine if levels have increased, and testing protocols haven't been created to see if, for example, BPC-157 levels are up since you started injecting.

Instead, he says, the effectiveness of peptide therapy will be judged based on a person's clinical response: Are they feeling better and stronger? Healing faster from injury or recovering faster from heavy workouts than before the treatments? These subjective results are harder to quantify, track, and ultimately harder to evaluate.

How Peptides Are Currently Regulated

When it comes to research and approvals, peptides as therapeutics fall into a few categories:

FDA approved peptides, with on-label use:

- ■ Insulin fits here, of course, as do GLP-1 medications used for diabetes and weight loss. Ozempic and Wegovy have semaglutides as their active ingredient, while Mounjaro and Zepbound have tirzepatide.

FDA approved peptides, but used off-label:

- ■ These peptides have been approved for use in certain cases, like in patients with HIV or in children, but are being used by people outside those groups who assume they'll have similar effects.

Several of the HGH secretagogues fall into this category: One example is tesamorelin, a peptide approved for patients with HIV that can help reduce visceral fat. A **new meta-analysis of research on humans** re-confirmed its effectiveness in 2026, but only in HIV patients. Another is **sermorelin**, a peptide that is used to stimulate human growth hormone release in children with stunted growth, but hasn't been approved for adults.

Not FDA approved, but the peptide has limited human data:

- ■ The long-term outcomes of these are often unknown, or there are questions about other, downstream effects. MOTS-c and Elamipretide, a mitochondria-booster, fall into this category.
- ■ GHK-Cu, a copper peptide, may stimulate collagen production, and is used as a topical ingredient in skin products. There is not robust human data on this peptide as an injectable, though. **In rats, it's been shown to alleviate pain and anxiety**, but these effects have not been replicated in humans. GHK-Cu was one of the six peptides made eligible for compounding in the July FDA vote.

Not FDA approved, and the peptide only has animal data:

- ■ Emideltide, sometimes called the “Delta Sleep Inducing Peptide” (DISP), **only has data from rats and studies on cells outside of bodies**. When the FDA committee moved those six peptides back onto the list for recommendation to be researched further, DISP was not recommended. It remains a Category 2 “do not compound” substance.
- ■ BPC-157, one of the most popular peptides for its purported help in healing from injury, gets most of its clinical data from animal and cell models. While some studies suggest it's safe for humans, it hasn't been shown to be efficacious.
- ■ TB-500, another peptide touted as beneficial to injury recovery, also only has animal data.

Those last two — BPC-157 and TB-500 — are often combined into the “Wolverine Stack,” a peptide duo that's thought to help with injury and general recovery. While U.S. Health and Human Services secretary Robert F. Kennedy, Jr. has been vocal in **singing their praises and pushing for wider access**, there's no human data supporting those benefits.

Nelson emphasizes that promising data from animal studies can make these compounds *look* remarkable. The results may not transfer to humans, though.

“We have lots of examples in the supplement realm that work really well in animals, but don’t in humans,” he says. One example is **conjugated linoleic acid, or CLA**, a fatty acid found in dairy products. “It’s amazing if you’re a rat: You see body recomposition, you gain muscle, you see fat loss. But we’ve got multiple human trials now, and in humans, it hardly does anything.”

This could be the case, too, he says, for peptides being promoted on the basis of animal research. **A 2024 analysis** found that only 5 percent of medical therapeutics that work on animals wind up being approved for human use.

A lack of human study data doesn’t mean there is *no* data, Shiriqui says. But for now, there’s a distinct lack of rigorous study design, transparent reporting, and assurances of scientific validity.

“There are a lot of doctors using them. So I would say there are a lot of case studies on a lot of these peptides,” he says. Many medications start off-label use based on case studies, and grow to be studied in larger contexts. “It’s not as robust as a double-blind study. And it would be amazing if we had those.”

Other peptides, though, basically haven’t been researched basically at all.

“[With these, it’s] just like, ‘hey, we see this peptide show up in the body, and it apparently does [a certain function.] So we’re going to inject it, and it should do the same thing,’” Arent says with skepticism. It’s easy to see how that approach could lead to less-than-desirable results.

How the FDA Ruling Passed — and Why That Matters

In 2023, a slew of peptides, including BPC-157, GHK-Cu, TB-500, the HGH

secretagogue CJC-1295, ipamorelin, and others, were classified as “Category 2,” marking them as not safe for compounding pharmacies to produce.

In July of this year, **at a meeting of the FDA’s Pharmacy Compounding Advisory Committee**, scientists were assigned the review of seven peptides — including BPC-157, TB-500, and MOTS-c — using four criteria tied to safety:

- Is the substance well characterized, physically and chemically? (ie., do we really know what it is?)
- Has the substance been used historically in compounding?
- Available evidence or lack of effectiveness of drug products compounded with the substance.
- Are there concerns about the safety of the substance for use in compounding?

The FDA’s scientists unanimously concluded that all seven of the peptides failed this four-criteria test. But going against their judgement, the Advisory Committee voted to recommend six of the seven (Emideltide was the lone exception).

“Almost every researcher said, ‘we’re not recommending this,’” Nelson says. “Then the FDA panel voted that they shouldn’t necessarily be legal, but they should be allowed to be sourced by compounding pharmacies.”

How, then, did the motion pass? Roughly a month before the meeting, the FDA released its reconstituted advisory panel, which quickly drew criticism from the public. While these advisory boards are historically composed of bipartisan career researchers, the eight new members of the PCAC panel are more financially entangled in the peptide world, and openly aligned with Kennedy’s approach to deregulation. According to **PBS**, all but one have known financial ties to businesses that sell or administer peptides.

“The FDA’s new group includes more than a half-dozen panelists who run clinics, online businesses or pharmacies specializing in peptides, which are often given alongside other unapproved therapies, including vitamin infusions,” the outlet wrote in

June.

This matters, of course, because medical advice should *always* be fully independent of financial or political incentive — regardless of your specific political alignment. It *doesn't* mean that all peptides are dangerous. That remains to be seen. It *does* mean that you should proceed with extreme caution anytime money or politics could cloud a recommendation.

4 Peptide Safety Risks You Should Know

With all the people building peptide stacks, you might be thinking, “what’s the harm?” If you’ve got the cash to sink into peptide treatments and they don’t end up working, they’ll simply pass out of your body as expensive urine... right?

“It’s interesting how many people are approaching these as positive at best, and neutral at worst,” Arent says. But, especially when diving into the substances that aren’t FDA-approved, there are potential risks with peptide use.

Risk 1: Unexpected Ingredients

Since many peptides are sold on unregulated websites, you may not always know what you’re getting, Nelson says. The label may say it’s the peptide you’re after, but there’s no proof that the substance matches the label. In worst cases, you also don’t know the sterility of the facility in which it was packaged, or how the product was handled (including the temperatures it was subjected to) before reaching your door.

“People forget about sterility,” notes Nelson. “Hopefully the company that made the product made it sterile, because there are case reports of people injecting something that isn’t sterile and having all sorts of issues.”

In Castore’s case, he works with a compounding pharmacy to ensure that the peptides

he (and the physician he works with) recommends are real.

Renna says that's not far enough: The compounding pharmacy should be a "clinical" compounding pharmacy, not a "research" compounding pharmacy. This distinction means that the products are certified for human use, and the pharmacy will be legally liable if it turns out they're not. With a "research" pharmacy, you've got no such protections.

Risk 2: Unknown Side Effects

Because there haven't yet been large human trials, injecting these peptides may cause surprising side effects. And these could be exacerbated because of the delivery system, Nelson says.

"You're bypassing some of the body's safety mechanisms because you're injecting," he says. "You're not going to have much, or any, detoxification by the liver."

Risk 3: Potential Downstream Effects

This, Arent says, is the real worst-case scenario of dealing with substances that haven't been approved as safe for humans.

"Because we don't know dosing, timing, and other potential effects in humans, we can't necessarily say there couldn't be other downstream effects we aren't accounting for. We don't know, for example, about cellular growth. I'm not saying there could be cancer implications," but it's not impossible, he says. Tesamorelin, for example, encourages rapid cell growth, "Could there be an immune response that creates an autoimmune type of regulation that's trying to reject these 'foreign invaders'? We don't fully know, because we don't know how they're all manufactured from manufacturer to manufacturer."

That's not just scare-mongering: Some of the most popular peptides, including BPC-157 and CJC-1295, a peptide touted for increasing growth hormone, have been **flagged by the FDA for potential "immunogenicity,"** the type of immune

response Arent mentions here.

One potential upside of the FDA ruling? It may open the door for more clinical trials. Since many peptides naturally occur in the body, they can be tough to patent, and thus difficult to profit from for large drug companies. Siddiqi thinks compounding pharmacies could — and should — use this opportunity to pool their money and do trials themselves, proving (or disproving) the efficacy of these compounds.

Risk 4: The Blurred Line Between “Gray Market” and “Black Market”

It’s also worth noting that some so-called “gray market” pharmacies aren’t licensed at all, but still make these compounds. These operations are fully out of legal compliance, and would more accurately be described as “black market.” To meet even the newest FDA standards, the pharmacies *must* be approved.

Being aware that these options also exist online — and that they look distinctly similar to gray market options — can help you avoid a fully-unregulated, fraudulent, or counterfeit product.

3 Questions to Ask Your Doctor About Peptides

For some Super Agers, the risks and unknowns of peptides may seem worth it given the potential benefits. If you’re keen on trying these substances out for your own injury or workout recovery, or to boost cognition and memory, safety should be top priority, Renna says. That means safe dosing levels of peptides whose ingredients and packaging you can trust, all prescribed by a physician who is knowledgeable about them.

That conversation can be somewhat delicate, Renna acknowledges: “It’s important because, as a patient, you want to know the extent of the physician’s experience and

expertise with peptides. At the same time, you don't want to alienate the physician by challenging them about their credentials," he says. Doctors have spent years training, and the white coat is hard-earned. Giving a doctor the third degree is simply going to turn them off, rather than helping you get the information you're after.

To help you navigate the situation gently, Renna suggests asking the following three questions, and says these are the answers you should listen for:

• **Question 1: "Peptides are new to me, and I wonder how new they are to you. How long have you been using peptides in your practice?"**

The answer you're hoping for: This question introduces the conversation as something you're interested in, and helps move towards asking about training. Renna says you'll want to hear that the physician has been using peptides for several years, and uses them as complementary treatments.

• **Question 2: "I'm so interested in this. Where does a doctor like you learn about peptides?"**

The answer you're hoping for: "What you want the doctor to say is there are courses that we take after graduating from medical school and being in practice for a few years, and they teach us about these innovative methods," he says. The doctor may list specific peptide-related courses they've taken, or where. Hearing this, Renna says, will help you get the reassurance that the doctor has done their homework.

• **Question 3: "I know peptides are still being developed and are utilized in a lot of research programs. I'd be more comfortable getting my peptides from a clinical pharmacy as opposed to a research pharmacy. What would you recommend?"**

The answer you're looking for: For starters, Renna says, you'll want the doctor to tell you they're using a clinical pharmacy. This means the peptides are certified for human use. Peptides from a research compounding pharmacy can be much cheaper, but they'll be affixed with a sticker that says "not for human use." This means you don't know if the peptides are safe, and if they aren't, you won't have legal recourse.

Going further, it's a good idea to ask if the pharmacy the doctor uses is "CGMP" certified. This certification means that the pharmacy is not just clinical, but follows **specific regulations governed by the U.S. Food and Drug Administration for safety**. These are the pharmacies that the FDA's recommendation list refers to.

"This means the FDA has gone in and looked at the amino acids being sold, to be put into a buffered solution that you can put in your refrigerator for a month without it growing bacteria," Renna says. This way, when using the same vial for multiple injections, you'll be safe.

Finally, the CGMP (or GMP) pharmacy should use **USP-certified sources for its ingredients**. USP is an independent, non-profit organization that independently verifies that ingredients in medicines, supplements, and substances like peptides.

Build the Right Habits Before You Build a Stack

As regulations relax despite stagnating studies, the world of peptides has become the Wild West. Working with peptides that don't have much human data requires making a lot of assumptions, Arent says — about dosing amounts and timing, how the substances will be absorbed in human blood, and even about safety.

"We're treating a lot of unknowns as if they're knowns," he says. For those with encouraging animal results, he says he'd like to see some human clinical data.

But with such encouraging animal data and no human trials, the lack of forward movement by pharmaceutical companies — not known for giving up when billions of dollars could potentially be made — is a red flag. "I know there are some where trials were started, and nothing came of them. Why did those trials stop?" Arent muses.

While Renna's three-question system above is crucial for safety if you're thinking of taking compounded peptides, the experts note that it's not the first thing you should try to improve health. Siddiqi prescribes peptides to patients, but it's not the primary

line of attack for living longer, he says.

“You have to have this baseline health. You have to do the basics: Eating properly, getting good sleep,” he says. Then, he’ll do a battery of tests, try other therapies. “There has to be nothing better or more effective that will help you achieve your goal.”

Even Castore, the “King of Peptides,” thinks peptides should not be considered standalone magic bullets for health and longevity.

“We need to think about it like a pyramid,” he says. The base levels of the pyramid are diet, exercise, recovery, rest, and the other basics of healthy longevity. And on the top? “Once we have all those things in place, that’s where peptides really work their magic.”

For now, the peak of that pyramid is cloudy: There’s so much we don’t know about these substances, their efficacy, or their safety for humans. Peptides, Nelson says, are a massive unknown.

“If you’d have come to me 10 years ago and said we’ll have a drug that’s so effective that people will stop eating so much, they’ll start losing body mass, I would have said you were out of your tree,” he says. The peptides behind these weight loss drugs *do* exist, and their documented benefits for other areas of health are astounding.

But for trendier peptides that have no human data, safety and efficacy are still a gamble. That could spell serious danger, even as these drugs become more widely promoted and easier to acquire.

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WRITTEN BY:



Greg Presto