

2.0



GIFT 1 · UU LIFE PEPTIDES 2.0

MASTER MAP 2.0

The compound for your goal: first-line and second-line candidates by evidence grade, what to rule out first, and which protocol to open.

10 goals

Evidence-graded

3 constraint filters

Educational and informational reference for adults. Not medical advice, not a recommendation to use any substance. Many compounds described are not approved for human use and several are prohibited in sport. Decisions about any compound belong to you and a licensed clinician.

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The map at a glance

Built from the evidence grade on each card. Grade tells you how much is known, not how strong the effect is. Open the card before you decide anything.

GOAL	CANDIDATES WITH HUMAN DATA (A OR B)	WEAKER EVIDENCE (C OR D)	PROTOCOLS
Fat loss	Tirzepatide (A), Semaglutide (A), Retatrutide (A), Cagrilintide (A), Liraglutide (A), Tesamorelin (A)	AOD-9604 (C); HGH Fragment 176-191 (C); MOTS-c (C)	06 Fat Loss with Muscle Preservation (Incretin Class), 07 Non-Incretin Recomposition
Hypertrophy	CJC-1295 (B), GHRP-2 (A), Sermorelin (B), Tesamorelin (A)	Ipamorelin (C); GHRP-6 (C); Hexarelin (C); IGF-1 LR3 (C); PEG-MGF (D); Follistatin-344 (C)	04 Clean Bulk (GH Axis), 05 Advanced Hypertrophy
Recovery	CJC-1295 (B), LL-37 (A), ARA-290 (B), SS-31 (A)	Ipamorelin (C); PEG-MGF (D); BPC-157 (C); TB-500 (C); GHK-Cu (C); KPV (C)	01 Tendon & Ligament Repair, 02 Post-Injury Recovery Accelerator
Nootropics	Semax (A), Selank (A)	Dihexa (C); Cerebrolysin (C)	10 Cognitive Focus, 11 Neuro-Regeneration
Libido	PT-141 (A), Melanotan II (B)	Kisspeptin-10 (C); Oxytocin (C)	13 Libido and Sexual Response
Longevity	Thymalin (A), SS-31 (A)	Epitalon (C); MOTS-c (C); Humanin (C); FOXO4-DRI (C); NAD+ (C)	08 Metabolic and Mitochondrial Reset, 12 Longevity Maintenance
Skin	Melanotan II (B)	GHK-Cu (C); Argireline (C)	14 Skin, Hair and Connective Tissue
Sleep	CJC-1295 (B), Sermorelin (B), Selank (A)	Ipamorelin (C); DSIP (C); Epitalon (C)	09 Deep Sleep and Nightly Recovery
Gut	none with human data	BPC-157 (C); KPV (C)	03 Gut Repair
Immune	LL-37 (A), Thymosin Alpha-1 (A), Thymalin (A)	none	see the closest goal

Master Map 2.0: evidence by goal

Start with the outcome, then check whether the research actually measured it. Weight reduction, muscle growth, pain relief, hormone changes and longer life are different endpoints. This map connects all 41 catalog entries to the 14 protocols while separating established indications from experimental extensions.

Reading priority describes where to begin within this catalog, not a treatment ranking. For several goals, no catalog compound has an established clinical application. Opening a protocol means examining its rationale, evidence and limitations. Its title does not establish that its proposed combination works.

Match the exact compound, formulation, route, population and measured outcome before transferring a result to your goal. This map summarizes evidence; it does not supply individualized treatment schedules.

Read the evidence grade with its qualification

A means an approved drug or multiple human randomized trials. B means small, short or single-arm human trials, or consistent case series. C means animal data only or human evidence too weak to support the claim. D means laboratory, mechanistic or anecdotal evidence. A does not necessarily mean positive results or approval for the mapped goal. Each qualification identifies the endpoint or indication that earned the grade.

The 14 protocol destinations

1. Protocol 1, tendon: Tendon & Ligament Repair.
2. Protocol 2, postinjury: Post-Injury Recovery Accelerator.
3. Protocol 3, gut: Gut Repair.
4. Protocol 4, cleanbulk: Clean Bulk (GH Axis).
5. Protocol 5, advhyper: Advanced Hypertrophy.
6. Protocol 6, incretin: Fat Loss with Muscle Preservation (Incretin Class).
7. Protocol 7, recomp: Non-Incretin Recomposition.
8. Protocol 8, mito: Metabolic and Mitochondrial Reset.
9. Protocol 9, sleep: Deep Sleep and Nightly Recovery.
10. Protocol 10, focus: Cognitive Focus.
11. Protocol 11, neuro: Neuro-Regeneration.
12. Protocol 12, longevity: Longevity Maintenance.
13. Protocol 13, libido: Libido and Sexual Response.
14. Protocol 14, skin: Skin, Hair and Connective Tissue.

1. Fat loss

Initial assessment addresses an unsuitable weight-loss target, inadequate fueling, weight-promoting medications and medical eligibility. Reading begins with Tirzepatide or Semaglutide for indication-matched patients, followed by Liraglutide. Retatrutide and Cagrilintide remain investigational despite randomized human evidence. FDA identifies both as components of no FDA-approved drug, checked September 5, 2026. Source: <https://www.fda.gov/drugs/drug-alerts-and-statements/fdas-concerns-unapproved-glp-1-drugs-used-weight-loss>

COMPOUND	EVIDENCE	WHY	PROTOCOL
Tirzepatide (tirzepatide)	A for obesity treatment	Initial reading: substantial weight-loss trial evidence, PMID 35658024.	6 (incretin)
Semaglutide (semaglutide)	A for obesity treatment	Initial reading: established obesity evidence, PMID 33567185.	6 (incretin)
Liraglutide (liraglutide)	A for weight management	Further comparison: daily administration and established weight-management evidence, PMID 26132939.	6 (incretin)
Retatrutide (retatrutide); Cagrilintide (cagrilintide)	A for multiple human randomized trials	Investigational comparison. Retatrutide: PMIDs 37366315 and 42250575. Cagrilintide: PMIDs 34798060 and 40544433, including monotherapy arms.	6 (incretin), comparative reading
Tesamorelin (tesamorelin)	A for HIV-associated lipodystrophy	HIV-associated abdominal-fat evidence does not establish general obesity treatment, PMID 25038357.	7 (recomp), contextual reading
AOD-9604 (aod9604); HGH Fragment 176-191 (frag176)	C for claimed human fat-loss efficacy	Evidence limitations take priority; convincing clinical efficacy for this goal is not established.	7 (recomp), evidence limitations

Tirzepatide trial targets were 5 mg, 10 mg or 15 mg subcutaneously once weekly after escalation, PMID 35658024. Semaglutide used 2.4 mg subcutaneously once weekly after escalation, PMID 33567185. Liraglutide used 3.0 mg subcutaneously once daily, PMID 26132939. These describe study exposures, not starting instructions. Protocol 6 does not establish that adding GH-axis compounds preserves muscle. Cagrilintide is an amylin analogue, not an incretin.

US weight-management labels for Tirzepatide, Semaglutide and Liraglutide contraindicate use with personal or family medullary thyroid carcinoma, MEN 2, or relevant serious hypersensitivity. Pregnancy excludes weight-loss treatment; gastrointestinal, pancreatic and gallbladder risks also require assessment. Sources: Zepbound, Wegovy and Saxenda prescribing information, <https://dailymed.nlm.nih.gov/dailymed/>

2. Hypertrophy

Initial assessment addresses training progression, energy intake, protein intake, recovery and clinically relevant endocrine disorders. No catalog drug has an established indication for hypertrophy in healthy lifters. Reading begins with GH-axis evidence, followed by the more speculative growth-factor material.

COMPOUND	EVIDENCE	WHY	PROTOCOL
CJC-1295 (cjc1295)	B for short endocrine trials; C for hypertrophy	The long-acting preparation increased GH and IGF-1; it did not establish training-related muscle growth, PMID 16352683.	4 (cleanbulk)
Ipamorelin (ipamorelin); Sermorelin (sermorelin)	C for healthy-lifter hypertrophy	Research comparison without established muscle-gain outcomes in this population.	4 (cleanbulk)
GHRP-2 (ghrp2); GHRP-6 (ghrp6); Hexarelin (hexarelin)	C for healthy-lifter hypertrophy	Further endocrine reading; hormone release is a surrogate endpoint.	4 (cleanbulk), background
IGF-1 LR3 (igf1lr3); PEG-MGF (pegmgf)	C or D, depending on the exact preparation	Experimental growth signaling does not establish clinical benefit or acceptable risk in healthy lifters.	5 (advhyper)
Follistatin-344 (follistatin)	D for routine protein administration to healthy lifters	Gene-transfer research cannot validate an externally administered protein preparation.	5 (advhyper), background

Protocol 5 is not an evidence upgrade over Protocol 4. Advanced describes complexity. Strength and function matter more than isolated hormone changes. Tesamorelin's Egrifta WR label contraindicates active malignancy, hypothalamic-pituitary disruption, pregnancy and relevant hypersensitivity; it also warns about glucose intolerance and elevated IGF-1. Source: <https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=839334d3-8c1d-4c26-9036-2ab524a6ea75>

3. Recovery

Initial assessment excludes rupture, fracture, infection and nerve compression, and evaluates rehabilitation load. No catalog candidate is established treatment for routine tendon or ligament injuries. BPC-157 is the first research card; ARA-290 is relevant only to a separate question involving diagnosed small-fiber neuropathy.

COMPOUND	EVIDENCE	WHY	PROTOCOL
BPC-157 (bpc157)	C for musculoskeletal recovery	A systematic review contained 35 preclinical studies and one retrospective clinical study, PMID 40756949.	1 (tendon)
ARA-290 (ara290)	B for sarcoidosis-associated small-fiber neuropathy	A small disease-specific trial measured nerve-fiber surrogates; this does not establish general injury repair, PMID 28475703.	2 (postinjury), contextual reading
TB-500 (tb500)	D for the mapped human injury-repair claim	Evidence for full-length thymosin beta-4 cannot automatically validate a fragment or an ambiguously labeled preparation.	1 (tendon); 2 (postinjury)
GHK-Cu (ghkcu)	C for deep-tissue recovery	Further mechanistic reading; topical skin findings do not establish tendon healing, PMID 29986520.	1 (tendon), support discussion

Protocol 2 adds complexity without establishing faster return to sport. Pain reduction does not confirm recovered load-bearing capacity. The BPC-157 review found no clinical safety data, PMID 40756949.

4. Nootropics

Initial assessment addresses sleep loss, depression, anxiety, medication effects and persistent neurological symptoms. No candidate is established cognitive enhancement for healthy adults. Reading begins with Semax and Selank, followed by disease-specific or preclinical agents.

COMPOUND	EVIDENCE	WHY	PROTOCOL
Semax (semax)	B for small human mechanistic studies; C for useful enhancement	Brain-connectivity findings do not establish better learning or work performance, PMID 32342318.	10 (focus)
Selank (selank)	B for limited anxiety research; C for healthy cognition	The anxiety study tested adjunctive treatment, limiting attribution to Selank alone, PMID 26356395.	10 (focus)
Cerebrolysin (cerebrolysin)	A for multiple disease trials; C for healthy enhancement	Stroke trials do not establish neuro-regeneration or healthy cognitive enhancement, PMID 37818733.	11 (neuro)
Dihexa (dihexa)	C for cognitive claims	Further preclinical reading; convincing human cognitive outcomes are not established.	11 (neuro), evidence limitations

The Cerebrolysin review found no convincing mortality benefit in acute ischemic stroke and identified a possible increase in nonfatal serious adverse events, PMID 37818733. A large trial literature can contain negative results.

5. Libido

Initial assessment addresses medication effects, sexual pain, relationship distress, depression and endocrine causes. Low desire differs from erectile or orgasmic dysfunction. PT-141 is the first catalog reading only for the population matching its indication. Other entries are experimental comparisons.

COMPOUND	EVIDENCE	WHY	PROTOCOL
PT-141 (pt141)	A for acquired, generalized HSDD in premenopausal women	Trials measured desire and related distress, PMID 31599840. HSDD means hypoactive sexual desire disorder.	13 (libido)
Kisspeptin-10 (kisspeptin)	C for the proposed Kisspeptin-10 libido application	The small male HSDD trial used kisspeptin-54, not Kisspeptin-10, PMID 36735255.	13 (libido), formulation distinction
Oxytocin (oxytocin)	A for obstetric indications; C for libido	An approved hormone is not automatically an effective intranasal sexual treatment.	13 (libido), support discussion
Melanotan II (mt2)	C for clinical libido treatment	Experimental sexual-response effects do not establish a routine treatment.	13 (libido), background only

PT-141 trials reported 1.75 mg subcutaneously as needed during 24 weeks of treatment, PMID 31599840. This is a documented exposure, not an individualized regimen. Nausea, flushing and headache were common. The Vyleesi label contraindicates uncontrolled hypertension or known cardiovascular disease and warns about blood-pressure increases. Source: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f1d0c1b5-2f39-4bad-a6a4-0066e3ad5dcf>

6. Longevity

Initial assessment addresses untreated cardiovascular risk, inactivity, smoking, sleep problems and missed preventive care. No catalog compound has established lifespan extension in healthy humans. Reading begins with SS-31 because human clinical evidence exists, followed by animal and mechanistic literature.

COMPOUND	EVIDENCE	WHY	PROTOCOL
SS-31 (ss31)	A for Barth syndrome approval; B for acute mitochondrial endpoints; C for longevity	US accelerated approval concerns Barth syndrome. An older-adult trial found transient mitochondrial changes without improved fatigue resistance, PMIDs 41335372 and 34264994.	8 (mito)
MOTS-c (motsc); Humanin (humanin)	C for administered longevity interventions	Animal intervention findings and human associations do not establish human treatment efficacy, PMIDs 33473109 and 32575074.	8 (mito), research comparison
Epitalon (epitalon)	D for the cited telomerase mechanism	Cell-culture telomere findings do not demonstrate longer human life, PMID 12937682.	12 (longevity)
FOXO4-DRI (foxo4dri)	C for longevity-related claims	Senescent-cell targeting has animal evidence, not established human longevity outcomes, PMID 28340339.	12 (longevity), background
NAD+ (nad)	B for infusion metabolism; C for longevity	A small infusion study measured metabolites, not lifespan, PMID 31572171.	8 (mito); 12 (longevity)
Thymalin (thymalin)	C for longevity	Limited human evidence does not establish an effective maintenance intervention.	12 (longevity)

NAD+ is a coenzyme, not a peptide. Studies of oral precursors cannot establish the efficacy of direct NAD+ administration. Protocol names such as Reset and Maintenance describe themes, not demonstrated biological outcomes.

7. Skin

Initial assessment addresses dermatitis, suspicious lesions and the distinction between pigmentation and wrinkles. Reading begins with topical Argireline for localized cosmetic wrinkles, followed by topical GHK-Cu. Neither establishes hair regrowth or systemic rejuvenation.

COMPOUND	EVIDENCE	WHY	PROTOCOL
Argireline (argireline)	B for topical wrinkle outcomes	A small randomized topical study measured peri-orbital wrinkles, PMID 23417317.	14 (skin)
GHK-Cu (ghkcu)	B for limited topical cosmetic evidence	A review describes formulation-specific cosmetic findings alongside extensive mechanistic research, PMID 29986520.	14 (skin)
Melanotan II (mt2)	C for a skin-health claim	Pigmentation is not evidence of healthier skin or photoprotection.	14 (skin), background only

The Argireline trial lasted four weeks and enrolled 60 participants, PMID 23417317. Its results do not validate indefinite benefit, every formulation or injectable administration. Standardized photographs are more informative than changing lighting between assessments.

8. Sleep

Initial assessment addresses sleep apnea, circadian mismatch, restless legs, stimulant timing and chronic insomnia requiring structured treatment. No catalog candidate is established insomnia care. DSIP is the first research comparison because a controlled insomnia study exists; its results were weak.

COMPOUND	EVIDENCE	WHY	PROTOCOL
DSIP (dsip)	B for the small human trial; C for meaningful benefit	A 16-patient study judged major therapeutic benefit unlikely, PMID 1299794.	9 (sleep)
Selank (selank)	C for insomnia	Further anxiety-related reading, not established sleep treatment.	10 (focus); 9 (sleep), context
Epitalon (epitalon)	D for mechanistic sleep claims	Mechanistic arguments do not establish reliable insomnia outcomes.	9 (sleep)
CJC-1295 (cjc1295); Ipamorelin (ipamorelin); Sermorelin (sermorelin)	C for sleep treatment	GH-axis effects do not establish restorative sleep or treatment of insomnia.	9 (sleep), background

Sleep continuity and daytime function are separate outcomes. A change in perceived sedation or a wearable score does not establish improved recovery.

9. Gut

Initial assessment addresses bleeding, unexplained weight loss, infection, celiac disease, inflammatory bowel disease and medication-related symptoms. No catalog compound is established treatment for nonspecific gut complaints. KPV and BPC-157 are research topics, not substitutes for identifying the disease.

COMPOUND	EVIDENCE	WHY	PROTOCOL
KPV (kpvc)	C for gut-repair claims	Mouse colitis and targeted-delivery findings do not establish human gut repair, PMID 28143741.	3 (gut)
BPC-157 (bpc157)	C for routine gastrointestinal treatment	Preclinical gastrointestinal rationale lacks convincing clinical validation for routine symptoms.	3 (gut)

COMPOUND	EVIDENCE	WHY	PROTOCOL
LL-37 (ll37)	D for routine gut repair	Further mechanistic reading; antimicrobial activity does not validate treating undiagnosed symptoms.	3 (gut), support discussion

Delivery matters: the KPV study used a specialized nanoparticle and hydrogel system, PMID 28143741. Its results cannot be assigned to an ordinary oral capsule merely because the peptide name matches.

10. Immune

Initial assessment addresses active infection, immunosuppressive medication effects, vaccination gaps and diagnosable immune disorders. No catalog option is established for general immune boosting. Reading begins with disease-specific Thymosin Alpha-1 research; the remaining candidates involve narrower or weaker evidence.

COMPOUND	EVIDENCE	WHY	PROTOCOL
Thymosin Alpha-1 (talpa1)	A for multiple disease trials; C for general boosting	Sepsis research does not demonstrate prevention of ordinary infections in healthy adults, PMIDs 23327199 and 40969554.	12 (longevity), immune discussion
Thymalin (thymalin)	C for general immune protection	Further reading with uncertain applicability and preparation comparability.	12 (longevity)
LL-37 (ll37)	B for a specific oral COVID-19 formulation; C for broad protection	An open-label trial studied engineered bacteria expressing LL-37 and viral RNA clearance, not generic peptide administration or infection prevention, PMID 37605995.	3 (gut), contextual reading

There is no dedicated immune protocol among the 14. Protocol 12 is the closest index destination, but it does not establish that multiple immunomodulators improve protection.

Constraint filter 1: budget

Total care costs include assessment, the exact formulation, administration, monitoring, follow-up and continuity. Published efficacy cannot compensate for care that cannot be maintained or monitored. Prices vary by location and coverage, preventing a universal cheapest-compound ranking.

- Tight budget: diagnostic clarity has greater decision value than several weakly supported candidates.
- Moderate budget: an indication-matched option still requires comparison with the full cost of ongoing care.
- Flexible budget: greater spending does not resolve biological uncertainty or lower the necessary evidence threshold.

Constraint filter 2: injection tolerance

Route filters eliminate unsuitable options; they do not create equally effective substitutes. The weekly injected Semaglutide evidence cited here cannot establish an oral regimen or dose conversion.

- Injectable: the cited obesity and PT-141 trials used subcutaneous administration. Some neurological and mitochondrial studies used intravenous administration.
- Intranasal: Semax, Selank and Oxytocin are catalog reading destinations with goal-specific evidence limitations, not interchangeable alternatives to other routes.
- Oral: Semaglutide requires formulation-specific evidence. Oral BPC-157 and KPV remain experimental for the mapped gut goals.
- Topical: Argireline and GHK-Cu have limited cosmetic evidence that does not validate injectable versions.
- Injection intolerance: some goals have no supported noninjectable catalog alternative.

Constraint filter 3: drug-tested athlete

The 2026 WADA List prohibits BPC-157 under S0. GH fragments, GH-releasing agents, IGF-1 analogues, mechano growth factors and TB-500 fall under S2. Follistatin and MOTS-c fall under S4. Kisspeptin and its agonist analogues are prohibited in males under S2. These prohibitions apply at all times. Source:

https://www.wada-ama.org/sites/default/files/2025-09/2026list_en_final_clean_september_2025.pdf

S0 covers pharmacological substances without governmental approval for human therapeutic use when no other section applies. Absence from named examples is not clearance. WADA also restricts intravenous infusions independently of substance status. Exact substance, route and therapeutic use exemption requirements need verification through the relevant anti-doping authority.

Record the decision before opening a schedule

The progress tracker records a baseline and one meaningful outcome. A mismatch between the research endpoint and the intended goal belongs in the record. Clinical treatment decisions require a licensed clinician.

Goal:
Problem assessed or diagnosed:
Candidate name and catalog ID:
Exact formulation and route:
Evidence grade for this outcome:
Supporting PMID:
Protocol number and key:
Relevant contraindications and evidence gaps:
Budget and route constraints:
Athlete status verification:
Baseline, outcome measure and review date:
Unanswered question that prevents a decision:

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Goal first. Compound second.

Open the card before you decide.

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