

## HERITAGE HAVENS

## NUTRITION &amp; PEPTIDE WELLNESS COHORT

# *Peptide Dosing Reference Sheet*

Educational overview of protocols, timing, and safety for cohort peptides

Nutrition & Peptide Wellness Cohort · Month 2

**IMPORTANT — Read Before Proceeding**

This document is strictly educational. It does not constitute a prescription, medical advice, or a recommendation to use any specific peptide. All peptide protocols must be individualized, prescribed, and supervised by a licensed healthcare provider. Doses listed reflect ranges commonly discussed in peer-reviewed literature and clinical practice — they are not instructions. Never self-prescribe or source peptides outside of licensed compounding pharmacies.

## CORE PRINCIPLES

## Peptide Dosing Fundamentals

Before reviewing any specific peptide, understand these universal principles. They apply across every protocol discussed in this cohort.

### Start Low, Go Slow

Always begin at the lowest effective dose. Titrate upward only under practitioner guidance. Peptides can produce strong physiological effects even at low doses.

### Cycling Is Non-Negotiable

Continuous use of most peptides leads to receptor desensitization — your body stops responding. Common cycles: 5 days on / 2 days off, or 3 months on / 1 month off depending on the peptide.

### Timing Drives Efficacy

When you take a peptide matters as much as how much you take. GH peptides before bed. BPC-157 with or between meals. GLP-1 analogs on a fixed weekly or daily schedule.

### Route Affects Bioavailability

Subcutaneous injection provides the most reliable bioavailability for most peptides. Oral, sublingual, and intranasal routes vary widely — route must match the peptide.

### Labs Before and During

Baseline bloodwork before starting any protocol. Follow-up labs at 6–8 weeks minimum. Your practitioner must monitor relevant markers (IGF-1, glucose, hormones) throughout.

### Compounding Pharmacy Only

Only source peptides from FDA-registered 503A or 503B compounding pharmacies. Unregulated online sources carry serious contamination and dosing accuracy risks.

## COHORT PEPTIDE REFERENCE

## Peptides Covered — Sessions 1 Through 6

The table below summarizes the peptides covered across all six sessions. Dosing ranges reflect commonly studied protocols in published literature — your provider will determine what is appropriate for you specifically.

Peptide	Category	Common Route	Studied Dose Range	Typical Timing	Cycle Pattern
BPC-157	Gut / Repair	SubQ or oral	200–500 mcg/day	AM + PM split	3 mo on / 1 mo off

Peptide	Category	Common Route	Studied Dose Range	Typical Timing	Cycle Pattern
<b>TB-500</b>	Tissue Repair	SubQ	<b>2–5 mg/week</b>	2–3x per week	<i>3 mo on / 1 mo off</i>
<b>CJC-1295</b>	GH Secretagogue	SubQ	<b>100–300 mcg/dose</b>	Before bed	<i>5 on / 2 off</i>
<b>Ipamorelin</b>	GH Secretagogue	SubQ	<b>100–300 mcg/dose</b>	Before bed (w/ CJC)	<i>5 on / 2 off</i>
<b>Tesamorelin</b>	GH Releasing	SubQ	<b>1–2 mg/day</b>	Before bed	<i>Per prescriber</i>
<b>Semaglutide</b>	GLP-1 Agonist	SubQ (weekly)	<b>0.25–2.4 mg/week</b>	Same day each week	<i>Ongoing per MD</i>
<b>Tirzepatide</b>	GIP + GLP-1	SubQ (weekly)	<b>2.5–15 mg/week</b>	Same day each week	<i>Ongoing per MD</i>
<b>AOD-9604</b>	Fat Metabolism	SubQ or oral	<b>300–500 mcg/day</b>	AM fasted	<i>3 mo on / 1 mo off</i>
<b>Frag 176-191</b>	Fat Metabolism	SubQ	<b>200–500 mcg/day</b>	AM fasted or pre-workout	<i>3 mo on / 1 mo off</i>
<b>Epithalon</b>	Longevity	SubQ or IV	<b>5–10 mg/course</b>	Nightly	<i>10–20 day course, 1–2x/yr</i>
<b>Semax</b>	Cognitive	Intranasal	<b>200–600 mcg/day</b>	AM (split if needed)	<i>2 mo on / 1 mo off</i>
<b>Selank</b>	Anxiolytic / Cogn.	Intranasal	<b>250–500 mcg/day</b>	AM	<i>2 mo on / 1 mo off</i>

*mcg = micrograms · mg = milligrams · SubQ = subcutaneous injection · IV = intravenous (clinical setting only) · All doses require prescriber authorization.*

## ADMINISTRATION GUIDE

# How Peptides Are Administered

### Subcutaneous (SubQ)

Most common route for therapeutic peptides. A small insulin syringe (typically 29–31 gauge, 0.5 inch needle) is used to inject into the subcutaneous fat layer — most commonly the abdomen, outer thigh, or flank. Rotate injection sites to prevent lipodystrophy.

- Always use a fresh sterile syringe for each injection

- Clean injection site with alcohol swab and allow to dry completely
- Pinch skin lightly, insert needle at 45-degree angle for leaner individuals
- Inject slowly and smoothly — no need to aspirate with SubQ injections
- Dispose of sharps immediately in an approved sharps container

### Intranasal

Used for peptides that need to cross the blood-brain barrier efficiently — most notably Semax and Selank. A nasal spray device delivers a measured dose directly to nasal mucosa.

- Blow nose gently before administering
- Tilt head slightly forward — not back
- Insert tip just inside nostril, spray while inhaling gently through nose
- Alternate nostrils if multiple doses per day
- Store nasal peptides per pharmacist instructions — most require refrigeration

### Oral / Sublingual

Some peptides (notably BPC-157 in certain forms) can be taken orally or dissolved under the tongue. Bioavailability is lower than SubQ but the route is non-invasive.

- Oral peptides are best taken on an empty stomach (30+ min before food)
- Sublingual: hold under tongue for 60–90 seconds before swallowing
- Do not mix with hot beverages — heat degrades peptide structure
- Not all peptides survive the digestive environment — confirm route with prescriber

## STORAGE & RECONSTITUTION

### *Handling Lyophilized Peptides*

Most therapeutic peptides arrive as a lyophilized (freeze-dried) white powder that must be reconstituted with bacteriostatic water (BW) before use. Proper handling preserves potency.

### Reconstitution Protocol

- Use only bacteriostatic water (BW) — never saline or sterile water for multi-dose vials
- Add BW slowly down the side of the vial — do not inject directly onto the powder
- Gently swirl to mix — never shake (shaking degrades the peptide structure)
- Common dilution: 1 mL BW per 5 mg peptide — confirm with your pharmacy
- Label each vial with date reconstituted and content

### Storage After Reconstitution

- Dry lyophilized powder: store at room temperature, away from light and heat
- Reconstituted peptides: refrigerate immediately at 36–46F (2–8C)
- Typical shelf life after reconstitution: 4–6 weeks refrigerated
- Do NOT freeze reconstituted peptides — ice crystals destroy the structure
- Discard if solution becomes cloudy, discolored, or develops particulates

## SAFETY

# *When to Stop and Contact Your Provider*

### Stop Immediately and Contact Your Prescriber If You Experience

- Unusual swelling, redness, warmth, or hardness at any injection site
- Rapid or irregular heartbeat, chest tightness, or shortness of breath
- Severe or persistent headache, visual changes, or confusion
- Signs of allergic reaction: hives, facial swelling, difficulty breathing
- Significant blood sugar changes (especially relevant for GLP-1 users)
- Any symptom that begins within hours or days of starting a new peptide protocol
- Persistent nausea, vomiting, or inability to maintain adequate nutrition