HERITAGE HAVENS

HERITAGE HAVENS · CLINICAL SAFETY REFERENCE

Peptide Contraindications Reference

A clinical safety guide for practitioners and educated members — who should not use specific peptides, and why

Nutrition & Peptide Wellness Cohort · All Sessions

CRITICAL SAFETY NOTICE

This document is for educational purposes only and does not constitute medical advice, a prescription, or a recommendation to use or avoid any specific peptide. Contraindication profiles are drawn from published literature, known drug interaction data, and standard clinical practice guidelines. Individual health status, medications, and lab values may create contraindications not listed here. **All peptide protocols must be evaluated, prescribed, and monitored by a licensed healthcare provider who has reviewed your complete medical history.** Never self-diagnose a contraindication or clearance.

USING THIS DOCUMENT

How to Read This Reference

This reference is organized in two parts. Part 1 covers contraindications by peptide — what conditions, medications, or situations make each peptide potentially unsafe. Part 2 covers contraindications by condition — if you have a specific health condition, which peptides require caution or avoidance.

Contraindication Severity Levels

- **ABSOLUTE:** Do not use under any circumstances — risk outweighs benefit in all cases
- **STRONG:** Avoid unless compelling clinical reason and close monitoring in place
- **CAUTION:** Use with heightened monitoring, dose adjustment, or additional workup required
- **RELATIVE:** Risk exists but may be acceptable with informed consent and oversight

Symbols Used in This Document

- ✘ ABSOLUTE contraindication — do not use
- ■ STRONG contraindication — avoid unless exceptional circumstances
- ▲ CAUTION — use with additional monitoring and precaution
- ■ RELATIVE — discuss risk:benefit carefully with prescriber
- ✔ Generally considered safe in this population with standard monitoring

Before Any Peptide Protocol — Universal Checklist

- Complete fasting bloodwork: CMP, CBC, lipids, fasting glucose, insulin, HbA1c
- Thyroid panel: TSH, Free T3, Free T4
- Sex hormone panel: estradiol, progesterone, testosterone, DHEA-S, cortisol
- Inflammatory markers: hsCRP, homocysteine

- Cancer screening up to date for age and risk group
- Full medication and supplement list reviewed by prescribing provider
- Disclose all prior diagnoses including those considered 'resolved'
- Pregnancy test if applicable — most peptides are contraindicated in pregnancy

PART 1

Contraindications by Peptide

Each peptide section lists absolute contraindications, strong cautions, relative cautions, drug interactions, and any population-specific notes. Sections are color-coded by peptide category.

BPC-157

GUT / REPAIR

Body Protection Compound — 15 amino acid gastric peptide

✘ ABSOLUTE CONTRAINDICATIONS

- Active malignancy (any cancer currently under treatment or surveillance) — angiogenic properties may theoretically support tumor vascularization; risk is unproven but clinically unacceptable
- History of hormone-sensitive cancer (breast, prostate, ovarian, uterine) — angiogenic activity warrants avoidance until more safety data exists
- Pregnancy — no safety data; avoid all non-essential peptides during pregnancy
- Breastfeeding — insufficient safety data; avoid

■ STRONG CONTRAINDICATIONS

- Personal or strong family history of cancer — discuss risk:benefit with oncologist before considering
- Active systemic infection or sepsis — angiogenesis may theoretically promote bacterial dissemination
- Organ transplant recipients on immunosuppression — complex immunomodulatory interactions possible
- Uncontrolled autoimmune disease (active flare) — immune modulation without established safety data

▲ CAUTIONS — Use With Additional Monitoring

- Benign tumors or growths (fibroids, cysts, adenomas) — theoretical angiogenic stimulation; monitor
- History of stroke or TIA — NO modulation requires careful monitoring in cerebrovascular disease
- Severe liver disease (Child-Pugh B or C) — altered peptide metabolism and NO pathway sensitivity

• Bleeding disorders or anticoagulation therapy — may potentiate bleeding risk via NO/platelet pathway

• Diabetes with microvascular complications — angiogenesis effects require close monitoring

• Prior deep vein thrombosis (DVT) or pulmonary embolism — theoretical angiogenic clot risk

■ Drug & Supplement Interactions

• NSAIDs (ibuprofen, naproxen): BPC-157 counteracts NSAID-induced gut damage — actually protective, but monitor for unexpected GI effects if NSAIDs are being relied upon for pain management

• Anticoagulants (warfarin, heparin, apixaban, rivaroxaban): potential additive bleeding risk via nitric oxide pathway; monitor INR/PT and bleeding signs closely

• Blood pressure medications: NO modulation may potentiate hypotensive effects — monitor BP

• Corticosteroids: may reduce BPC-157 healing efficacy; discuss timing with prescriber

• Immunosuppressants (tacrolimus, cyclosporine, mycophenolate): complex interaction profile — avoid without transplant specialist input

■ *Practitioner Note: The primary theoretical concern with BPC-157 is its angiogenic activity. While no human cancer cases attributable to BPC-157 have been published, the principle of caution in any patient with active or recent cancer history is universally applied in clinical practice. This is not evidence of harm — it is evidence of appropriate precaution in the absence of human safety trial data.*

■ Monitor During Protocol: ● Symptom check every 2 weeks ● BP if on antihypertensives ● CBC if history of bleeding disorder

TB-500

TISSUE REPAIR

Thymosin Beta-4 synthetic analog — tissue repair and regeneration peptide

✘ ABSOLUTE CONTRAINDICATIONS

• Active malignancy — Thymosin Beta-4 promotes cell migration and angiogenesis; oncological use is explicitly contraindicated

• History of solid tumor malignancy within 5 years — discuss with oncologist; the 5-year window reflects recurrence risk period

• Pregnancy — no safety data available; avoid

• Breastfeeding — insufficient data; avoid

■ STRONG CONTRAINDICATIONS

• Hematological malignancies (leukemia, lymphoma, myeloma) — even in remission; cell proliferation mechanism is incompatible with hematological cancer history

• Myeloproliferative disorders — abnormal cell proliferation already present; TB-500 mechanism may worsen

• Active autoimmune disease with tissue involvement — immune modulation may exacerbate organ-specific inflammation

▲ CAUTIONS — Use With Additional Monitoring

• Pre-cancerous conditions (dysplasia, LCIS, PIN, Barrett's esophagus) — cell migration promotion requires caution; discuss with specialist

• Systemic inflammatory conditions (active RA, lupus, IBD flare) — immune effects are not fully characterized

• Keloid scarring tendency — angiogenesis and fibroblast promotion may worsen keloid formation

• Cardiovascular disease with ischemia — cardiac effects need monitoring in ischemic heart disease

• Renal impairment (eGFR < 45) — altered clearance; dose and monitoring adjustment needed

■ Drug & Supplement Interactions

• Immunosuppressants: complex and unpredictable interaction — avoid without specialist oversight

• Anticoagulants: monitor for bleeding; platelet and coagulation effects possible

• Growth factors (EPO, G-CSF, GM-CSF): additive cell proliferation stimulation — avoid stacking

• Corticosteroids: may blunt TB-500 regenerative efficacy

■ *Practitioner Note: TB-500 and BPC-157 share the cancer contraindication due to their shared mechanism of promoting angiogenesis and cell migration — both of which are hallmarks exploited by growing tumors. These contraindications are precautionary, not based on documented adverse events in humans.*

■ Monitor During Protocol: ● Symptom review at 4 weeks ● CBC if autoimmune history ● Imaging review if structural healing being tracked

CJC-1295

GH AXIS

Growth Hormone Releasing Hormone analog — GH secretagogue

✘ ABSOLUTE CONTRAINDICATIONS

• Active acromegaly or gigantism — GH-excess conditions are worsened by GH stimulation

• Active malignancy — IGF-1 elevation is a known tumor growth promoter; GH peptides are contraindicated with any active cancer

• Diabetic retinopathy (proliferative) — IGF-1 elevation worsens retinal vascular proliferation

• Pregnancy — GH axis stimulation is contraindicated during pregnancy

• Breastfeeding — insufficient safety data; avoid

• Prader-Willi syndrome — GH therapy associated with sudden death risk in this population

■ STRONG CONTRAINDICATIONS

• History of IGF-1-sensitive cancer (breast, colon, prostate) — IGF-1 is mitogenic; discuss with oncologist; generally avoid within 5 years of diagnosis

• Uncontrolled type 2 diabetes or insulin resistance — GH axis stimulation worsens insulin resistance and raises fasting glucose

• Carpal tunnel syndrome (active) — IGF-1 elevation is a primary cause; will worsen symptoms, often severely

• Intracranial hypertension (pseudotumor cerebri) — GH-related fluid retention can worsen elevated intracranial pressure

• Severe obesity (BMI > 40) — altered GH response; GH resistance common at high BMI

▲ CAUTIONS — Use With Additional Monitoring

• Pre-diabetes (fasting glucose 100–125 mg/dL or HbA1c 5.7–6.4%) — monitor glucose closely; may require dietary adjustments

• Hypothyroidism — GH stimulation can worsen hypothyroid symptoms; optimize thyroid before initiating GH peptides

• Edema or fluid retention history — GH causes sodium and water retention

• Joint pain or arthritis — IGF-1 elevation can temporarily worsen joint symptoms

• History of pituitary tumor or pituitary surgery — requires specialist input and imaging

• Sleep apnea (untreated) — GH elevation can worsen upper airway obstruction; treat apnea first

■ Drug & Supplement Interactions

• Insulin and oral hypoglycemics: GH stimulation raises blood glucose — doses of insulin or metformin may need adjustment

• Corticosteroids: blunt GH response; may reduce efficacy significantly

• Thyroid hormone replacement: GH may increase T4-to-T3 conversion; thyroid levels may need monitoring and dose adjustment

• Estrogen (oral): oral estrogen blunts GH response more than transdermal; route matters in women using HRT

• Glucocorticoids (prednisone, dexamethasone): antagonize GH action; concurrent use substantially reduces peptide efficacy

• Somatostatin analogs (octreotide, lanreotide): directly inhibit GH release — complete pharmacological antagonism; do not combine

■ *Practitioner Note: The key monitoring lab during CJC-1295 use is IGF-1. Keeping IGF-1 in the mid-normal range (rather than maxing it) is the clinical goal. Elevated IGF-1 is associated with increased cancer risk in epidemiological studies — this does not mean GH peptides cause cancer, but it supports the use of the lowest effective dose and regular monitoring.*

■ Monitor During Protocol: ● IGF-1 at 6–8 weeks ● Fasting glucose monthly ● HbA1c at 3 months ● BP (fluid retention) ● Symptom check: edema, joint pain, carpal tunnel

Ipamorelin

GH AXIS

Selective GH secretagogue receptor agonist — cleaner GH stimulator

✘ ABSOLUTE CONTRAINDICATIONS

- Active malignancy — same rationale as all GH axis peptides; IGF-1 is mitogenic
- Active acromegaly or GH excess states
- Pregnancy — avoid all GH axis peptides during pregnancy
- Breastfeeding — insufficient safety data

■ STRONG CONTRAINDICATIONS

- History of IGF-1-sensitive cancers — see CJC-1295 notes; same contraindication applies
- Uncontrolled diabetes — GH axis stimulation worsens insulin resistance
- Proliferative diabetic retinopathy — IGF-1 elevation worsens retinal vasculature
- Carpal tunnel syndrome (active or recurrent) — likely to worsen

▲ CAUTIONS — Use With Additional Monitoring

- Pre-diabetes — monitor fasting glucose; dietary carbohydrate management essential
- Hypothyroidism (untreated or undertreated) — optimize thyroid first
- Obstructive sleep apnea (untreated) — assess and treat before GH axis stimulation
- History of pituitary pathology — imaging and endocrinologist input required
- PCOS — GH axis manipulation may affect LH/FSH balance in PCOS; monitor cycle
- Edema or kidney disease — sodium/water retention effects; monitor

■ Drug & Supplement Interactions

- Insulin / oral hypoglycemics: same glucose-raising concern as CJC-1295
- Corticosteroids: blunt GH response

• Somatostatin analogs: complete pharmacological antagonism — never combine

• Thyroid hormone: monitor T3/T4 levels; conversion may shift

• NOTE: Ipamorelin does NOT significantly raise cortisol or prolactin — this is its key pharmacological advantage over GHRP-2 and GHRP-6

■ *Practitioner Note: Ipamorelin has a more favorable side effect profile than other GH secretagogues precisely because it does not stimulate cortisol or prolactin release. However, its GH/IGF-1-raising mechanism carries the same oncological and metabolic contraindications as all GH axis peptides.*

■ Monitor During Protocol: ● IGF-1 at 6–8 weeks ● Fasting glucose monthly ● Sleep quality self-report ● Symptom check: edema, joint aches

Semaglutide

GLP-1 AGONIST

GLP-1 receptor agonist — Ozempic / Wegovy (FDA-approved prescription medication)

✘ ABSOLUTE CONTRAINDICATIONS

• Personal or family history of medullary thyroid carcinoma (MTC) — GLP-1 receptor activation stimulates thyroid C-cell proliferation; FDA black box warning applies to all GLP-1 agonists

• Multiple Endocrine Neoplasia type 2 (MEN 2) — same mechanism; absolute contraindication

• History of serious hypersensitivity reaction to semaglutide or any component

• Pregnancy — associated with fetal harm in animal studies; stop at least 2 months before attempting conception

• Type 1 diabetes — not indicated; not a replacement for insulin therapy

■ STRONG CONTRAINDICATIONS

• History of pancreatitis — acute or chronic; GLP-1 agonists associated with pancreatitis cases; benefit:risk must be carefully evaluated

• Diabetic gastroparesis — GLP-1 agonists further slow gastric emptying, dramatically worsening gastroparesis symptoms

• Severe gastrointestinal disease (active Crohn's, severe IBD) — delayed gastric emptying compounds GI disease burden

• Severe renal impairment (eGFR < 15) or dialysis — limited data; use with caution

• Cholelithiasis (gallstones) or history of cholecystitis — GLP-1 agonists increase gallstone risk, especially with rapid weight loss

▲ CAUTIONS — Use With Additional Monitoring

• Pre-existing nausea, GERD, or acid reflux — GI side effects substantially worsen underlying upper GI conditions

• Moderate renal impairment (eGFR 15–29) — monitor renal function; dehydration from GI side effects can cause AKI

• Moderate hepatic impairment — limited pharmacokinetic data

• Heart rate elevation — semaglutide increases resting HR by ~1–3 bpm; monitor in patients with tachyarrhythmias

• Eating disorders (history or active) — profound appetite suppression may complicate recovery; psychiatric input required

• Low body weight or underweight BMI — not appropriate; malnutrition risk

• Concurrent sulfonylurea or insulin use — significant hypoglycemia risk; insulin/sulfonylurea dose reduction required at initiation

■ Drug & Supplement Interactions

• Insulin and sulfonylureas (glipizide, glyburide): hypoglycemia risk — reduce these medications at initiation; close glucose monitoring required

• Oral medications with narrow therapeutic windows (warfarin, levothyroxine, oral contraceptives): slowed gastric emptying changes absorption timing and peak levels; monitor more frequently

• Oral contraceptives: absorption may be delayed — use backup contraception or switch to non-oral form during titration

• Alcohol: compounds nausea and hypoglycemia risk

• Orlistat: both reduce fat absorption; additive GI side effects

• ACE inhibitors / ARBs: dehydration from GI side effects can cause acute kidney injury when combined with renally-cleared medications

■ *Practitioner Note: Semaglutide is FDA-approved, meaning it has the most robust safety dataset of any peptide in this cohort. The thyroid C-cell concern comes from rodent studies — it has not been confirmed in humans at therapeutic doses. However, the FDA black box warning stands and must be observed. The greatest clinical concern in this cohort is inadequate protein intake and muscle loss — not the medication itself.*

■ Monitor During Protocol: ● Thyroid palpation + TSH annually ● Lipase if abdominal pain ● eGFR if renal risk ● HR monthly ● Protein intake tracking (non-negotiable) ● Body composition at 3 and 6 months

Tirzepatide

DUAL INCRETIN

Dual GIP + GLP-1 receptor agonist — Mounjaro / Zepbound (FDA-approved)

✘ ABSOLUTE CONTRAINDICATIONS

• Personal or family history of medullary thyroid carcinoma — same as semaglutide; FDA black box warning applies

• Multiple Endocrine Neoplasia type 2 (MEN 2)

• Known hypersensitivity to tirzepatide

• Pregnancy — discontinue at least 2 months before planned conception

• Type 1 diabetes — not indicated; not an insulin replacement

■ STRONG CONTRAINDICATIONS

• History of pancreatitis — same concern as semaglutide; evaluate carefully

• Diabetic gastroparesis — dramatically worsened by dual incretin slowing of GI motility

• Severe GI disease — Crohn's, severe IBD, intestinal dysmotility

• Severe renal impairment (eGFR < 15) — limited clinical data

• Gallbladder disease (active cholecystitis, cholelithiasis) — increased risk with rapid weight loss and GLP-1 activity

▲ CAUTIONS — Use With Additional Monitoring

• History of pancreatitis — lower threshold for caution vs semaglutide due to dual incretin potency

• Moderate to severe GERD or gastroparesis-like symptoms

• Prior eating disorder — same concerns as semaglutide

• Concurrent insulin or sulfonylurea therapy — hypoglycemia risk is significant

• Tachyarrhythmias or resting heart rate > 100 bpm — monitor HR

• Low BMI or already lean individuals — not appropriate for this population

■ Drug & Supplement Interactions

• All interactions from semaglutide list apply equally

• Insulin: dose reduction 20–30% at tirzepatide initiation recommended

• Oral medications — gastric emptying delay is more pronounced than semaglutide at higher doses; oral drug absorption timing more significantly affected

• Warfarin: INR monitoring more frequent during titration

■ *Practitioner Note: Tirzepatide produces greater weight loss than semaglutide (SURMOUNT-1: 20.9% vs ~15% for Wegovy) and may have a more favorable GI side effect profile due to the GIP component. The dual mechanism does not add new contraindications — it shares all contraindications with semaglutide class. Muscle loss risk is even more pronounced given greater total weight loss — protein and resistance training protocols are absolutely non-negotiable.*

■ Monitor During Protocol: ● Same monitoring as semaglutide ● Body composition — higher weight loss = higher muscle loss risk ● Protein intake daily tracking ● Gallbladder ultrasound if RUQ symptoms develop

AOD-9604 / Frag 176-191

FAT METABOLISM

HGH fragment — fat metabolism peptide without full GH activity

✘ ABSOLUTE CONTRAINDICATIONS

• Active malignancy — any lipolytic/metabolic peptide with structural homology to HGH warrants caution; no direct evidence of harm but oncological contraindication applies

• Pregnancy — avoid all non-essential peptides during pregnancy

• Breastfeeding — insufficient safety data

■ STRONG CONTRAINDICATIONS

• History of IGF-1-sensitive cancers — AOD-9604 does not raise IGF-1, which is its key advantage, but caution in cancer survivors is warranted

• Severe hypoglycemia tendency — lipolytic activity shifts fuel preference; monitor blood sugar in insulin-dependent diabetics

▲ CAUTIONS — Use With Additional Monitoring

• Type 1 diabetes on insulin — glucose monitoring essential; fuel shift from glucose to fat may alter insulin requirements

• Severe cardiovascular disease — metabolic shift monitoring advised

• Severe hepatic impairment — altered metabolism; dose adjustment may be needed

• Concurrent GH peptide use (stacking) — additive metabolic effects require monitoring

• Thyroid disease (hyper or hypo) — metabolic rate effects may compound thyroid dysfunction

■ Drug & Supplement Interactions

• Insulin and hypoglycemics: monitor glucose — lipolysis shifts fuel preference

• GH peptides (CJC-1295, Ipamorelin): additive metabolic effects; not contraindicated but requires monitoring

• Thyroid medications: metabolic rate effects may require dose adjustment

■ *Practitioner Note: AOD-9604 was specifically designed to separate the fat metabolism activity of HGH from its growth-promoting and IGF-1-raising activity. It received GRAS status in certain food contexts. It does not raise IGF-1 or blood glucose — this is its primary safety advantage over HGH and some GH secretagogues. Nonetheless, it is not FDA-approved for clinical use.*

■ Monitor During Protocol: ● Fasting glucose at baseline and monthly ● Thyroid function if symptomatic ● Body composition at 8 weeks

Epithalon

LONGEVITY

Synthetic tetrapeptide — telomerase activator and longevity peptide

✘ ABSOLUTE CONTRAINDICATIONS

• Active malignancy — telomerase activation in the context of existing cancer is theoretically highly problematic; cancer cells exploit telomerase for immortality

• Pregnancy — avoid

• Breastfeeding — avoid

■ STRONG CONTRAINDICATIONS

• History of any cancer within 10 years — the telomerase activation mechanism is directly relevant to cancer biology; longer surveillance window than other peptides is warranted

• Hereditary cancer syndromes (BRCA1/2, Lynch syndrome, Li-Fraumeni) — pre-existing elevated cancer risk; telomerase activation is higher risk

• Hematological malignancies (leukemia, lymphoma) — even in remission; telomerase is particularly active in blood cancers

▲ CAUTIONS — Use With Additional Monitoring

• Strong family history of cancer (first-degree relative) — discuss with oncologist

• Immunosuppression — immune-modulatory effects may interact unpredictably

• Hypotension or vasodilatory conditions — pineal/melatonin effects may lower BP

• Autoimmune disease — immune system modulation without full characterization

• History of benign tumors — theoretical growth promotion concern

■ Drug & Supplement Interactions

• Melatonin supplements: Epithalon normalizes pineal melatonin production — external melatonin supplementation may be redundant or lead to excess

• Immunosuppressants: unknown interaction profile; use with extreme caution

• Anticoagulants: pineal and antioxidant effects may interact; monitor

• Chemotherapy agents: do not use concurrently — never use during active cancer treatment

■ *Practitioner Note: Epithalon's telomerase activation mechanism is both its most compelling longevity feature and its primary theoretical risk. Telomerase is the enzyme that cancer cells exploit to become immortal — adding telomeres indefinitely. In normal aging cells, activating telomerase via Epithalon may extend healthy cellular lifespan. In a body harboring cancer cells — even subclinical ones — this mechanism carries real theoretical risk. The 40+ years of Khavinson's research shows reduced cancer incidence in Epithalon-treated animals, but human clinical data in cancer survivors does not yet exist.*

■ Monitor During Protocol: ● Annual cancer screening appropriate for age/risk ● CBC and comprehensive metabolic panel every 6 months ● Melatonin levels if sleep disruption occurs ● BP monitoring in first course

Semax

COGNITIVE

ACTH 4-10 analog — cognitive and neuroprotective peptide

✘ ABSOLUTE CONTRAINDICATIONS

• Pregnancy — avoid; ACTH analog effects on fetal development not established

• Breastfeeding — insufficient data; avoid

• Severe hypertension (BP > 180/110 uncontrolled) — BDNF and cerebral blood flow effects require stable blood pressure baseline

• Active psychosis or schizophrenia — dopaminergic modulation may exacerbate psychotic symptoms

■ STRONG CONTRAINDICATIONS

• Bipolar disorder (manic phase or history of mania) — dopaminergic/serotonergic stimulation may precipitate manic episode; psychiatric consultation required

• Seizure disorder (active or recent) — BDNF effects on neuronal excitability; anticonvulsant levels and seizure threshold may be affected

• History of stroke or cerebrovascular accident within 3 months — paradoxically, clinical use in Russia is for stroke — but timing and medical supervision are critical; self-administration contraindicated in acute post-stroke period

• Severe anxiety disorder with panic attacks — dopaminergic stimulation may worsen anxiety and autonomic arousal in susceptible individuals

▲ CAUTIONS — Use With Additional Monitoring

• ADHD or stimulant use — additive dopaminergic stimulation; monitor for overstimulation, insomnia, elevated HR

• History of depression — BDNF upregulation is generally beneficial but dopaminergic effects can be unpredictable; monitor mood closely

• Mild-moderate hypertension (controlled) — monitor BP during first 2–4 weeks

• Liver disease — peptide metabolism may be altered

• Thyroid disease — BDNF-thyroid interactions; monitor thyroid labs

• Intranasal use with active sinus infection or nasal polyps — absorption is impaired and local irritation may increase

■ Drug & Supplement Interactions

• MAO inhibitors (phenelzine, tranylcypromine, selegiline): dangerous interaction — serotonergic and dopaminergic augmentation; do not combine

• SSRIs and SNRIs: additive serotonergic effects — serotonin syndrome risk; use with caution and lower Semax doses if combination necessary

• Stimulant medications (Adderall, Ritalin, modafinil): additive CNS stimulation; monitor for overstimulation, insomnia, anxiety, elevated HR

• Anticonvulsants (levetiracetam, lamotrigine, etc.): BDNF effects may alter seizure threshold; neurologist oversight required

• Antipsychotics: dopaminergic modulation may reduce antipsychotic efficacy

• Benzodiazepines: Semax anxiolytic effects may be additive; monitor for sedation

■ *Practitioner Note: Semax is clinically registered in Russia for neurological use, which gives it a stronger real-world safety profile than most peptides in this document. The psychiatric cautions reflect its mechanisms — dopaminergic and serotonergic modulation are powerful tools that require psychiatric screening before use.*

■ Monitor During Protocol: ● BP at baseline and 2 weeks ● Mood and sleep self-report weekly for first month ● HR if concurrent stimulant use ● Neurological symptom review at each session

Selank

COGNITIVE / ANXIOLYTIC

Tuftsin analog — anxiolytic and cognitive peptide without sedation

✗ ABSOLUTE CONTRAINDICATIONS

• Pregnancy — avoid

• Breastfeeding — avoid

• Severe depression with suicidal ideation — GABAergic modulation without psychiatric supervision is contraindicated

■ STRONG CONTRAINDICATIONS

• Bipolar disorder — GABAergic and enkephalinase-inhibiting mechanisms may destabilize mood cycling; psychiatric consultation required before use

• History of alcohol or benzodiazepine dependence — GABAergic mechanism may have cross-tolerance or reactivation risk; addictions specialist input required

• Active psychosis — immune modulation and GABAergic effects are unpredictable in psychotic disorders

▲ CAUTIONS — Use With Additional Monitoring

• Mild-moderate depression (currently medicated) — enkephalin modulation may interact with antidepressant mechanisms; monitor mood carefully

• Anxiety disorder currently medicated — Selank may be additive with anxiolytics; dose reduction of existing medications may be needed

• Severe PTSD — reprocessing of traumatic material may be facilitated or complicated by anxiolytic/GABAergic effects

• Autoimmune disease — IL-6 and cytokine modulation without full characterization

• Intranasal: active nasal polyps, deviated septum, or chronic sinusitis — impaired absorption; consider SubQ route

■ Drug & Supplement Interactions

• Benzodiazepines (Xanax, Valium, Klonopin): additive GABAergic sedation — serious CNS depression risk; do not combine without medical supervision

• Alcohol: additive CNS depression via GABAergic pathways — avoid alcohol during use

• Z-drugs (Ambien, Lunesta): same mechanism concern as benzodiazepines

• Opioids: enkephalinase inhibition may potentiate opioid effects — caution

• Antidepressants (SSRIs, SNRIs, TCAs): generally considered combinable but mood monitoring is essential

• Antihistamines (first-generation): additive sedation possible

■ *Practitioner Note: Selank is notable for having no dependence, addiction, or withdrawal potential in published studies — a significant advantage over benzodiazepines for anxiety. However, its GABAergic and enkephalinase-inhibiting mechanisms require care in patients with substance use history and in anyone taking CNS depressants.*

■ Monitor During Protocol: ● Mood assessment weekly for first month ● Sedation scale if combined with other CNS agents ● Anxiety symptom rating at 2, 4, and 8 weeks

PART 2

Contraindications by Health Condition

If you have a specific health condition, use this section to identify which peptides require particular caution or discussion with your provider. This section is a starting-point checklist — not a final clinical determination.

Active Cancer (Any Type)

✘ Avoid or Strongly Caution

- BPC-157 — angiogenic mechanism
- TB-500 — cell migration promotion
- CJC-1295 / Ipamorelin — IGF-1 elevation
- Epithalon — telomerase activation
- AOD-9604 / Frag 176-191 — metabolic peptides; avoid during treatment
- All GH axis peptides — IGF-1 is a tumor growth promoter
- Semaglutide / Tirzepatide — generally not indicated during active cancer treatment

■ *No peptide covered in this cohort should be used during active cancer treatment without explicit oncologist approval. The risk:benefit calculus belongs to the treating oncologist.*

Cancer Survivor (In Remission)

✘ Avoid or Strongly Caution

- Epithalon — telomerase activation warrants avoidance for ≥10 years post-remission in most cases
- BPC-157 + TB-500 — 5-year caution window minimum; discuss with oncologist

▲ Use With Caution & Monitoring

- CJC-1295 / Ipamorelin — after 5+ years remission, oncologist input required; IGF-1 monitoring essential
- Semaglutide / Tirzepatide — generally acceptable; FDA-approved; physician oversight
- Semax / Selank — no direct cancer mechanism; lower risk; physician oversight

✔ Generally Considered Safer Options

- Semaglutide / Tirzepatide (for metabolic health in stable remission)
- Semax / Selank (cognitive/anxiety support — no direct oncological mechanism)

■ *Each cancer type, treatment history, and remission duration creates a unique risk profile. This table provides general guidance only.*

Type 2 Diabetes / Insulin Resistance

✘ Avoid or Strongly Caution

• Uncontrolled T2DM (HbA1c > 9%): CJC-1295 / Ipamorelin — GH stimulation worsens insulin resistance significantly

▲ Use With Caution & Monitoring

• CJC-1295 / Ipamorelin — acceptable with controlled T2DM but requires glucose monitoring and possible medication adjustment

• AOD-9604 — monitor glucose; lipolysis shifts fuel preference

• BPC-157 / TB-500 — no direct glucose effect; lower risk; standard monitoring

• Semaglutide / Tirzepatide — FDA-approved for T2DM; first-line options

✔ Generally Considered Safer Options

• Semaglutide — FDA-approved T2DM treatment

• Tirzepatide — FDA-approved T2DM treatment; superior HbA1c reduction

• Semax / Selank — no significant glucose effects; lower metabolic risk

■ *GLP-1 agonists (Semaglutide, Tirzepatide) are actually therapeutic for T2DM. GH axis peptides require blood sugar optimization first.*

Cardiovascular Disease (Diagnosed)

✘ Avoid or Strongly Caution

• Uncontrolled hypertension (>180/110): all GH peptides — fluid retention and BP effects

• Severe heart failure (EF < 30%): GH axis peptides — sodium/water retention worsens fluid overload

• Recent MI or stroke (within 3 months): avoid all non-essential peptides during acute recovery

▲ Use With Caution & Monitoring

• CJC-1295 / Ipamorelin — use after cardiovascular stabilization; monitor BP and fluid retention

• Semaglutide — cardioprotective in trials (SELECT trial showed 20% MACE reduction) but GI effects require monitoring

• BPC-157 — NO modulation; monitor BP

• Semax — cerebral blood flow effects; monitor BP carefully

✔ Generally Considered Safer Options

• Semaglutide — has cardiovascular outcome data supporting its use in high-risk patients

• Tirzepatide — similar cardiovascular benefits expected

■ *Semaglutide and tirzepatide have the strongest cardiovascular evidence base of all peptides in this cohort.*

Autoimmune Disease (Lupus, RA, MS, Hashimoto's, etc.)

✘ Avoid or Strongly Caution

• Active disease flare: avoid all immunomodulatory peptides (TB-500, Thymosin Alpha-1, Epithalon) during flare

• On biologic immunosuppressants (Humira, Enbrel, Rituximab): avoid BPC-157, TB-500, Epithalon without rheumatologist input

▲ Use With Caution & Monitoring

• BPC-157 — gut healing effects may benefit autoimmune gut manifestations; caution in active flare

• Semax / Selank — cytokine modulation; monitor disease activity

• GH axis peptides — IGF-1 has complex immune effects; monitor ANA, anti-dsDNA if lupus

• Semaglutide / Tirzepatide — no direct autoimmune contraindication; GI effects may complicate IBD

✔ Generally Considered Safer Options

• Semaglutide / Tirzepatide — generally acceptable if metabolic indication exists

• Semax / Selank — neurological and anxiety support with manageable immune profile

■ *Autoimmune thyroid disease (Hashimoto's) specifically: optimize thyroid BEFORE GH axis peptides; GH stimulation can worsen undertreated hypothyroid.*

Kidney Disease (CKD)

✘ Avoid or Strongly Caution

• eGFR < 15 or on dialysis: semaglutide, tirzepatide — limited data; avoid or use with extreme caution

• eGFR < 30: most peptides — altered clearance; all dose adjustments require nephrology input

▲ Use With Caution & Monitoring

• eGFR 30–60: semaglutide/tirzepatide — acceptable with monitoring; GI dehydration a real risk

• TB-500 / BPC-157 — reduced dose with eGFR < 45; monitor renal function

• GH axis peptides — sodium/water retention worsens edema and may raise BP; monitor closely

✔ Generally Considered Safer Options

• Semax / Selank — intranasal route bypasses renal clearance concerns at standard doses

■ *Dehydration from GLP-1 GI side effects (nausea, vomiting) combined with ACE inhibitors/ARBs is a real AKI risk in CKD patients. Aggressive hydration and dose titration are essential.*

Liver Disease (Hepatic Impairment)

✘ Avoid or Strongly Caution

• Child-Pugh C (severe): all peptides — profoundly altered metabolism; avoid without hepatologist clearance

• Active viral hepatitis: BPC-157 / TB-500 — angiogenic effects in inflamed liver require specialist input

▲ Use With Caution & Monitoring

• Child-Pugh B (moderate): all peptides require dose reduction and closer monitoring

• Fatty liver disease (NAFLD/NASH): semaglutide / tirzepatide — may actually be beneficial for liver fat; monitor LFTs

• BPC-157 — hepatoprotective effects reported in some animal studies; caution in severe disease

• GH axis peptides — IGF-1 is primarily liver-derived; impaired liver = unpredictable IGF-1 response

✔ Generally Considered Safer Options

• Semaglutide / Tirzepatide — emerging evidence for NAFLD benefit; generally safe in mild-moderate disease

• Semax / Selank — lower hepatic metabolism burden at intranasal doses

■ *Elevated liver enzymes (ALT/AST > 3x upper limit normal): pause all non-essential peptides and investigate before resuming.*

Thyroid Disease

✘ Avoid or Strongly Caution

• Medullary thyroid carcinoma (MTC) history: semaglutide / tirzepatide — absolute contraindication (black box)

• Untreated / significantly undertreated hypothyroidism: GH axis peptides — GH stimulation is contraindicated until thyroid is adequately replaced

▲ Use With Caution & Monitoring

• Hashimoto's (stable, treated): GH axis peptides — optimize TSH/fT3/fT4 before initiating; monitor quarterly

• Graves' disease (active hyperthyroidism): all stimulatory peptides — metabolic stimulation contraindicated

• Thyroid nodules: GH axis peptides — IGF-1 can stimulate nodule growth; baseline ultrasound recommended

✔ Generally Considered Safer Options

- Semaglutide / Tirzepatide — acceptable with thyroid monitoring; monitor TSH periodically
- BPC-157 / TB-500 — no direct thyroid mechanism
- Semax / Selank — no significant thyroid interaction at standard doses

■ *Rule: Always optimize thyroid function before initiating GH axis peptides. Low fT3 impairs GH receptor sensitivity — you get less effect and more side effects.*

Mental Health Conditions (Depression, Anxiety, Bipolar, PTSD)

✘ Avoid or Strongly Caution

- Active psychosis or schizophrenia: Semax — dopaminergic stimulation contraindicated
- Active mania (bipolar): Semax — dopaminergic stimulation may precipitate mania
- Current MAO inhibitor use: Semax — dangerous serotonergic/dopaminergic interaction

▲ Use With Caution & Monitoring

- SSRI / SNRI use with Semax: additive serotonergic effects — serotonin syndrome risk at high doses; lower Semax dose
- Bipolar (stable, medicated): Semax / Selank — psychiatric consultation required; may be usable with mood monitoring
- Benzodiazepine use with Selank: additive CNS depression — reduce benzo dose or avoid combination
- Stimulant use (ADHD meds) with Semax: additive stimulation — monitor HR, sleep, anxiety

✔ Generally Considered Safer Options

- Selank — specifically studied for anxiety; may reduce benzodiazepine requirement; psychiatric oversight
- BPC-157 / TB-500 — no direct psychiatric mechanism; gut-brain axis benefits possible
- Semaglutide / Tirzepatide — monitor for mood effects; some patients report mood improvement with weight loss

■ *Mental health screening before Semax or Selank use is strongly recommended. A PHQ-9 and GAD-7 at baseline provide useful documentation.*

Pregnancy & Breastfeeding

✘ Avoid or Strongly Caution

• ALL peptides in this cohort: AVOID during pregnancy — insufficient safety data

• GLP-1 agonists (semaglutide, tirzepatide): associated with fetal harm in animal studies; stop ≥2 months before attempting conception

• ALL peptides: AVOID during breastfeeding — transfer into breast milk not established

■ *There are no exceptions to the pregnancy contraindication for any peptide in this cohort. Women of childbearing age must use reliable contraception and report planned pregnancy immediately so protocols can be discontinued with adequate washout time.*

Pediatric Patients (Under 18)

✘ Avoid or Strongly Caution

• ALL peptides in this cohort: contraindicated unless under direct pediatric endocrinologist supervision

• GH axis peptides: open growth plates are a hard contraindication without specialist management

• GLP-1 agonists: not established for use in pediatric patients outside clinical trial settings

■ *Pediatric physiology is fundamentally different. Growth plate considerations, hormonal development, and metabolic differences create risks not covered by adult-population data.*

QUICK REFERENCE

Contraindication Matrix — At a Glance

Use this matrix for a rapid overview. A = Absolute contraindication / Avoid S = Strong caution C = Caution with monitoring OK = Generally acceptable RX = FDA-approved therapeutic indication.

	Active Cancer	Cancer Survivor (>5 yr)	Type 2 Diabetes	Cardiovascular Disease	Autoimmune Disease	Kidney Disease (CKD)	Thyroid Disease	Pregnancy/ Breastfeeding	Psychiatric Conditions	Liver Disease
BPC-157	A	S	OK	C	C	C	OK	A	OK	OK
TB-500	A	S	OK	C	C	C	OK	A	OK	OK
CJC-1295	A	C	S	C	C	C	S	A	OK	OK
Ipamorelin	A	C	S	C	C	C	S	A	OK	OK
Semaglutide	A	OK	RX	OK	OK	C	OK	A	C	OK

	Active Cancer	Cancer Survivor (>5 yr)	Type 2 Diabetes	Cardiovascular Disease	Autoimmune Disease	Kidney Disease (CKD)	Thyroid Disease	Pregnancy/ Breastfeeding	Psychiatric Conditions	Liver Disease
Tirzepatide	A	OK	RX	OK	OK	C	OK	A	C	OK
AOD-9604	A	C	C	C	OK	C	C	A	OK	OK
Epithalon	A	S	OK	OK	C	OK	OK	A	OK	C
Semax	OK	OK	OK	C	C	OK	C	A	S	OK
Selank	OK	OK	OK	OK	C	OK	OK	A	S	OK

A	ABSOLUTE — Do not use
S	STRONG — Avoid unless exceptional
C	CAUTION — Use with monitoring
OK	Generally acceptable
RX	FDA-approved therapeutic indication

FINAL NOTE

This Reference Is a Starting Point — Not a Final Answer

Contraindication profiles evolve as new research is published. This document reflects evidence available through mid-2025. Your individual health picture — including genetics, microbiome, medication burden, lab values, and medical history — creates a contraindication profile that no general reference can fully capture.

The most important thing you can do with this document is bring it to your healthcare provider and have a real conversation. You now have the education to ask the right questions — and this reference gives your provider a starting framework for the answers.

Bring to Your Provider

- A complete current medication and supplement list
- Your most recent bloodwork results (within 3 months)
- Your personal and family health history (first-degree relatives)
- This contraindications document — marked with any conditions that apply to you
- Your 6-month cohort wellness blueprint with your protocol questions
- A list of the peptides you are interested in discussing — one at a time

Your safety is the non-negotiable foundation of everything we teach at Heritage Havens. Knowledge empowers you to ask better questions — your licensed practitioner empowers you to answer them safely.