

VIVA WELLNESS CO.

PEPTIDES · HORMONES · WEIGHT LOSS · LONGEVITY

AN EDUCATIONAL EBOOK · PEPTIDES & HRT/TRT

THE VIVA PROTOCOL EBOOK

Peptides and hormone therapy: how they work, what they support, and what the research actually shows.



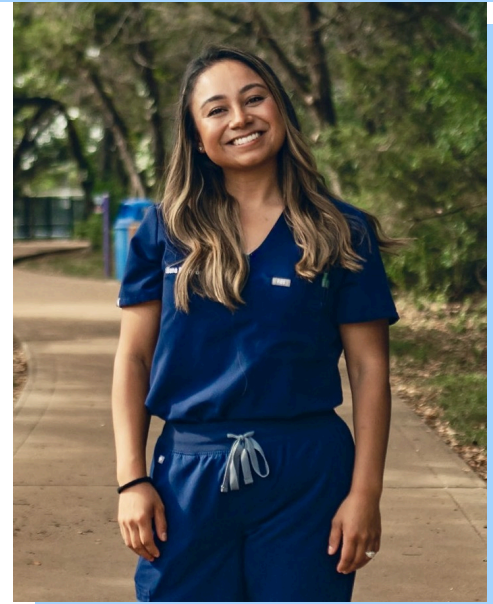
PRESENTED BY
LILIANA DAMRON, APRN, FNP-BC

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MEET YOUR PROVIDER

LILIANA DAMRON, APRN, FNP-BC

BOARD-CERTIFIED FAMILY NURSE PRACTITIONER
FOUNDER & PROVIDER, VIVA WELLNESS CO.



Lili is a board-certified family nurse practitioner with over 10 years of clinical experience. She earned a Bachelor of Science in Nursing and a Bachelor of Business Administration from Tarleton State University, and a Master of Science in Nursing from Texas State University. She is fluent in Spanish.

She began her career as a registered nurse within the St. David's HealthCare system in Austin, Texas. As a charge nurse on a step-down ICU and telemetry unit, she cared for cardiac patients recovering from procedures such as ablations for atrial fibrillation, as well as Dr. Elizabeth Potter's patients recovering from DIEP flap reconstruction.

After becoming a board-certified nurse practitioner, she spent more than six years as a geriatric specialist at Austin Geriatric Specialists, led by Dr. Liam Fry with supervising physician Dr. Matthew Brimberry. There she cared for patients with complex chronic conditions, including Alzheimer's disease and dementia, Parkinson's disease, congestive heart failure, diabetes, and more.



IN HER WORDS

My years in geriatric care gave me a front-row seat to aging, and changed the way I think about healthcare. I saw what happens when metabolic health, muscle, mobility, and chronic disease go unaddressed for years. I didn't want to only care for people once their health had declined. I wanted to help them earlier, while there was still time to change the trajectory.

THAT MISSION BECAME PERSONAL, TOO.

As a mom, wife, business owner, and woman navigating my own hormone changes, a growing career, and the very real struggle of maintaining a healthy weight while juggling a full life, I knew there had to be a better way to help adults take care of themselves now, not someday.

I'm especially passionate about helping women navigate perimenopause. So many women are told their symptoms are just stress or just aging, and are left to push through the exhaustion, the restless nights, the mood swings, and the weight that won't budge on their own. I know what that feels like. I want every woman to know there are answers, and that she doesn't have to wait until menopause to get help.

I founded Viva to help adults improve their health now, so they can age well, stay independent, and strengthen the health of the generations that follow. My approach is simple: meet you where you are, give you the right tools, and build on every bit of progress.

**BECAUSE THE GOAL ISN'T JUST TO LIVE LONGER.
IT'S TO STILL FEEL LIKE YOURSELF WHILE YOU'RE DOING IT.**

— LILI
LILIANA DAMRON, APRN, FNP-BC

WHAT'S INSIDE

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HOW TO USE THIS GUIDE

A plain-language education guide, not a prescription or medical advice. It explains how each therapy works and what it is used to support, and intentionally contains no dosing. Every Viva protocol is individualized after a provider visit and labs. Results vary.

EVIDENCE RATING		REGULATORY STATUS	
●●●●	FDA-approved for at least one use	FDA-APPROVED	Approved for a specific use; other uses are off-label
●●●●	Controlled human trials		
●●●●	Early or small human studies	PREVIOUSLY	Withdrawn by the maker, not for safety
●●●●	Mostly cell and animal research	NOT APPROVED	Not an FDA-approved drug

THE FOUNDATION

PEPTIDES 101

Your body already runs on peptides. Insulin, oxytocin, and GLP-1 are all peptides. Peptide therapy uses these same signaling tools, or close copies of them, to nudge specific systems back toward optimal function.

WHAT IS A PEPTIDE?

A short chain of amino acids, the same building blocks that make up proteins. Proteins are long chains, often hundreds of amino acids; peptides are usually 2 to 50. That small size lets them act as precise chemical messengers.

HOW DO PEPTIDES WORK?

Think of a peptide as a key and a receptor on a cell as its lock. When the right peptide binds its receptor, it starts a chain reaction inside the cell.

1 · SIGNAL

Travels to its target tissue.

2 · BIND

Fits a specific receptor, like a key in a lock.

3 · CASCADE

Messengers relay the signal inside the cell.

4 · RESPONSE

The cell acts: releases a hormone, builds collagen, calms inflammation.

FOUR TYPES YOU'LL SEE IN THIS GUIDE

ANALOGS

Modified versions of a natural peptide, engineered to last longer or bind more strongly.

Example: semaglutide

SECRETAGOGUES

Prompt your own glands to release more of a hormone, rather than replacing it.

Example: sermorelin

FRAGMENTS

The active piece of a larger natural protein, isolated to carry one effect.

Example: TB-500

NATURAL PEPTIDES

Identical to ones your body makes, often supplemented because levels fall with age.

Example: GHK-Cu, glutathione

WHY MOST PEPTIDES ARE INJECTED

Digestion breaks peptides down, so most would be destroyed before reaching the bloodstream if swallowed. Most are given as small under-the-skin injections; a few work as nasal sprays, topicals, or specially designed oral forms.

QUICK REFERENCE

THERAPY INDEX A-Z

A		
AOD-9604	14	
B		
BPC-157	16	
Bremelanotide see PT-141	24	
C		
Cialis see Tadalafil	24	
CJC-1295 + Ipamorelin	11	
E		
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Elamipretide / Forzinity see SS-31	19	
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Epitalon	20	
Estradiol	9	
Estrogen see Estradiol	9	
G		
GHK-Cu	17	
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H		
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Mounjaro / Zepbound see Tirzepatide	13	
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Viagra see Sildenafil	24	
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Z		
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01

HORMONE OPTIMIZATION

Hormones are the foundation everything else is built on. Testosterone, estrogen, and progesterone decline with age in both men and women, and those declines drive many of the symptoms people blame on just getting older.

[Testosterone](#)[Enclomiphene](#)[Estradiol](#)[Progesterone](#)[Testosterone for women](#)

HOW YOUR SEX HORMONES ARE CONTROLLED

The brain constantly measures hormone levels and adjusts its signals up or down.

HYPOTHALAMUS

Sends GnRH to the pituitary.

PITUITARY

Releases LH and FSH.

TESTES / OVARIES

Make testosterone, estradiol, and progesterone.

TISSUES

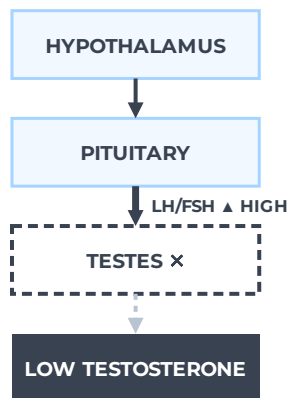
Brain, muscle, bone, heart, skin, and sexual health.

The feedback loop: when levels are high, the brain turns its signals down. That is why giving testosterone directly lowers the body's own production and sperm count, and why enclomiphene, which works on the brain side of the loop, can raise testosterone while preserving fertility.

LOW TESTOSTERONE IN MEN: PRIMARY VS. SECONDARY HYPOGONADISM

PRIMARY HYPOGONADISM

THE PROBLEM IS IN THE TESTES



WHAT'S HAPPENING

The brain sends a strong signal, but the testes can't respond.

COMMON CAUSES

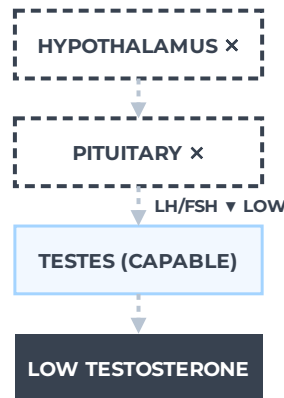
Injury or infection (mumps), genetic conditions, chemo, radiation, testicular aging

OPTIONS DISCUSSED

Testosterone replacement, since more brain signal won't help the testes.

SECONDARY HYPOGONADISM

THE PROBLEM IS IN THE BRAIN SIGNAL



WHAT'S HAPPENING

The testes work, but the brain's signal to them is too weak.

COMMON CAUSES

Excess weight, sleep apnea, opioids, past steroid use, pituitary conditions, stress

OPTIONS DISCUSSED

Testosterone replacement, or enclomiphene to restart own production and fertility

WHY LH AND FSH MATTER

Testosterone alone shows that levels are low. LH and FSH show where the problem starts: high points to the testes, low or inappropriately normal points to the brain. That difference shapes which options make sense, especially for fertility.

COMMON SIGNS IN MEN

Low energy, low libido, erectile changes, brain fog, poor sleep, weight gain, loss of muscle, low motivation.

COMMON SIGNS IN WOMEN

Hot flashes, night sweats, poor sleep, anxiety and mood changes, brain fog, weight gain, low libido, vaginal dryness, irregular cycles.

THE WOMEN'S HORMONE TIMELINE

STAGE	WHAT CHANGES
Late 20s – 30s	Progesterone declines first: lighter sleep, more anxiety, worse PMS.
Mid 30s – 40s	Testosterone drops: energy, libido, and muscle slip.
Late 30s – 40s • perimenopause	Estrogen swings: hot flashes, night sweats, mood swings, midsection weight gain.
Around 51 • menopause	All three at their lowest; bone, heart, and brain risks rise.

THE BLACK BOX IS GONE

In 2026 the FDA removed the boxed warning from menopausal hormone therapy. The Menopause Society, the Endocrine Society, and the British Menopause Society affirm that benefits outweigh risks for healthy women under 60 or within 10 years of menopause.

TESTOSTERONE

FDA-APPROVED

For men · Testosterone replacement therapy (TRT) · Injection, gel, or cream

●●●● FDA-APPROVED

HOW IT WORKS

Testosterone binds androgen receptors in muscle, bone, brain, and sexual tissues, switching on genes for muscle protein building, red blood cell production, bone strength, and libido. Part of it converts into DHT, which drives many sexual effects, and into estradiol, which men need for bone, brain, and heart health.

WHAT IT SUPPORTS

- Energy & drive
- Libido & sexual function
- Lean muscle & strength
- Bone density
- Mood
- Body composition

WHAT THE RESEARCH SHOWS FDA-approved for men with low testosterone. The Testosterone Trials showed improvements in sexual function, mood, and bone density in older men with low levels. The TRAVERSE trial found no increase in major cardiovascular events compared with placebo in men at elevated heart risk.

Pairs well with Tesamorelin · PT-141

ENCLOMIPHENE

NOT FDA-APPROVED AS A STANDALONE DRUG

For men · Selective estrogen receptor modulator · Oral

●●●● HUMAN CLINICAL DATA

HOW IT WORKS

It blocks estrogen receptors in the hypothalamus and pituitary. The brain reads this as low estrogen and sends more GnRH, LH, and FSH, which tells the testes to make more testosterone and sperm. Unlike TRT, it restarts the body's own production.

WHAT IT SUPPORTS

- Natural testosterone
- Fertility
- Energy, libido & mood
- Family planning

WHAT THE RESEARCH SHOWS In phase 3 trials, enclomiphene raised testosterone into the normal range while preserving sperm counts, unlike topical testosterone, which lowered them. It is one of the two components of clomiphene, an FDA-approved drug, but is not FDA-approved on its own.

Pairs well with PT-141

ESTRADIOL

For women · Bioidentical estrogen · HRT

FDA-APPROVED

●●●● FDA-APPROVED

HOW IT WORKS

It binds estrogen receptors throughout the body: in the brain's temperature center, which calms hot flashes; in bone, where it slows breakdown; and in blood vessels, skin, and the vaginal and urinary tissues, which depend on it to stay healthy.

WHAT IT SUPPORTS

- Hot flashes & night sweats
- Sleep, mood & brain fog
- Bone density
- Vaginal & urinary health
- Skin & collagen

WHAT THE RESEARCH SHOWS Backed by decades of trials and FDA-approved products. The Menopause Society affirms that for healthy women under 60 or within 10 years of menopause, benefits generally outweigh risks. In 2026 the FDA removed the boxed warning from menopausal hormone therapy.

Pairs well with Progesterone · Testosterone for women

PROGESTERONE

For women · Micronized bioidentical progesterone · HRT

FDA-APPROVED

●●●● FDA-APPROVED

HOW IT WORKS

It keeps the uterine lining thin, which is why it is prescribed with estrogen for any woman with a uterus. The body converts it into allopregnanolone, a calming compound that acts on the same GABA system as the brain's natural relaxation signals, which is why many women sleep better on it.

WHAT IT SUPPORTS

- Uterine protection
- Deeper sleep
- Calm & mood
- Cycle regulation

WHAT THE RESEARCH SHOWS FDA-approved micronized progesterone has a long safety record. Studies show improved sleep quality and time to fall asleep. It appears to carry a more favorable safety profile than the older synthetic progestins used in the 2002 WHI study.

Pairs well with Estradiol · Selank

TESTOSTERONE FOR WOMEN

Low-dose testosterone · Cream or other transdermal form

OFF-LABEL IN WOMEN

●●●● HUMAN CLINICAL DATA

HOW IT WORKS

At female doses, testosterone acts on androgen receptors in the brain's desire centers, muscle, and bone. It is prescribed at a fraction of male doses, with labs to keep levels in the normal female range.

WHAT IT SUPPORTS

- Desire & satisfaction
- Energy & motivation
- Muscle tone & strength
- Confidence & vitality

WHAT THE RESEARCH SHOWS A 2019 global consensus statement from major medical societies supports testosterone for postmenopausal women with low sexual desire, based on randomized trials. There is no FDA-approved testosterone product for women in the US, so use is off-label.

Pairs well with Estradiol · PT-141

HORMONES FIRST, THEN BUILD

Many people come in asking about peptides and discover that a hormone imbalance is the real driver. Getting the foundation right often makes every other therapy in this guide work better.

A man with a beard and tattoos is sitting in a squat rack in a gym. He is wearing a grey t-shirt and shorts. The rack has a red bar with 'ROGUE' written on it. There are blue and red exercise balls in the background.

02 GROWTH HORMONE SUPPORT

Growth hormone helps maintain muscle, bone, skin, and metabolism, and it drives much of the repair that happens during deep sleep. Output declines steadily with age. These peptides prompt your own pituitary gland to release more of it.

[Sermorelin](#)[CJC-1295 + Ipamorelin](#)[Tesamorelin](#)

HOW THE GROWTH HORMONE SYSTEM WORKS

HYPOTHALAMUS

GHRH (go) and somatostatin (stop).

PITUITARY

Releases GH in natural pulses.

LIVER

Responds by making IGF-1.

TISSUES

Muscle, fat, bone, skin, and sleep.

Why not synthetic HGH? These peptides work through your own pituitary, so natural pulses and feedback brakes stay in place. **Related:** MK-677 is an oral, non-peptide ghrelin mimic; not FDA-approved.

SERMORELIN

GHRH (1-29) · Growth hormone releasing hormone analog · Subcutaneous

PREVIOUSLY FDA-APPROVED

●●●● HUMAN CLINICAL DATA

HOW IT WORKS

Sermorelin is the first 29 amino acids of natural GHRH, the portion that carries its full activity. It binds GHRH receptors on the pituitary and signals it to make and release growth hormone. Because it is short-acting and the somatostatin brake stays intact, it mimics a natural pulse rather than forcing a constant level.

WHAT IT SUPPORTS

- Deeper sleep
- Recovery & energy
- Lean muscle & fat metabolism
- Skin with age

WHAT THE RESEARCH SHOWS FDA-approved in the 1990s (Geref) for children with growth hormone deficiency; discontinued by the manufacturer for business reasons, not safety. Small studies in older adults showed increases in growth hormone and IGF-1 with modest improvements in lean mass and skin. Effects are gradual.

Pairs well with A great first step before CJC-1295 + Ipamorelin

CJC-1295 + IPAMORELIN

Always used together · GHRH analog + ghrelin receptor agonist · One nightly injection

NOT FDA-APPROVED

●●●● EARLY HUMAN DATA

HOW IT WORKS

CJC-1295 is a modified GHRH analog built to resist breakdown, so it keeps the 'go' signal active longer and makes each growth hormone pulse bigger. Ipamorelin activates the ghrelin receptor on the pituitary, a second, independent route to release, and does so selectively with little effect on cortisol or prolactin. Hitting both receptors at once produces a stronger, still-natural pulse than either alone, which is why Ipamorelin is always paired.

WHAT IT SUPPORTS

- Lean muscle growth
- Fat loss
- Deeper sleep
- Faster recovery
- Performance & work capacity
- Joints & connective tissue
- Skin, hair & nails
- Bone density & longevity

WHAT THE RESEARCH SHOWS Human studies of CJC-1295 showed sustained rises in growth hormone and IGF-1. Ipamorelin's selectivity is well documented in early research. Long-term outcome trials of the combination have not been done. Both are prohibited by WADA and most athletic governing bodies.

Pairs well with BPC-157 + TB-500 · GLP-1 protocols

TESAMORELIN

Stabilized GHRH analog · Brand name Egrifta · Subcutaneous

FDA-APPROVED

●●●● FDA-APPROVED

HOW IT WORKS

It is a full-length GHRH molecule with a small chemical modification that protects it from rapid breakdown. It stimulates the pituitary through the GHRH receptor, and the resulting rise in GH and IGF-1 has a notable effect on visceral fat.

WHAT IT SUPPORTS

- Visceral (belly) fat
- Liver fat
- Body composition
- GLP-1 companion

WHAT THE RESEARCH SHOWS FDA-approved to reduce excess abdominal fat in HIV-associated lipodystrophy. In randomized trials, visceral fat fell by about 15% over six months. Other uses are off-label.

Pairs well with Semaglutide · Tirzepatide

03

METABOLIC & WEIGHT

Weight is not a willpower problem. It is regulated by hormones from the gut, pancreas, and brain. The incretin medications in this chapter act on that biology directly and carry the strongest evidence in modern weight-loss medicine.

Semaglutide

Tirzepatide

Retatrutide

AOD-9604

HOW INCRETIN HORMONES WORK

When you eat, your gut releases GLP-1 and GIP. Natural GLP-1 breaks down in about two minutes; these medications are engineered to last about a week.

YOU EAT

Food reaches the gut.

GUT

Releases GLP-1 and GIP.

PANCREAS

More insulin, only when sugar is high.

STOMACH

Empties more slowly.

BRAIN

Fullness rises; food noise quiets.

~40%

of weight lost on semaglutide in STEP-1 was lean mass, which is why protein and strength training matter so much.

2/3

of weight lost returned within a year of stopping in the STEP-1 extension; SURMOUNT-4 showed the same pattern.

SEMAGLUTIDE

GLP-1 receptor agonist · Brand names Ozempic, Wegovy

FDA-APPROVED

●●●● FDA-APPROVED

HOW IT WORKS

A fatty-acid chain lets it bind albumin in the blood, stretching its action. It activates GLP-1 receptors in the pancreas to release insulin when glucose is high, in the stomach to slow emptying, and in the brain's appetite and reward centers to increase fullness and quiet cravings.

WHAT IT SUPPORTS

- Weight loss
- Food noise & cravings
- Blood sugar
- Heart health
- Inflammation & joints

WHAT THE RESEARCH SHOWS In the STEP-1 trial, average weight loss was about 15% over 68 weeks. The SELECT trial showed a 20% reduction in major cardiovascular events in adults with heart disease and overweight. About 40% of weight lost in STEP-1 was lean mass, which is why Viva builds protein and training into every plan.

Pairs well with Tesamorelin · CJC-1295 + Ipamorelin

TIRZEPATIDE

Dual GIP + GLP-1 receptor agonist · Brand names Mounjaro, Zepbound

FDA-APPROVED

●●●● FDA-APPROVED

HOW IT WORKS

Adding GIP brings in a second pathway involved in insulin release and in how fat tissue stores and handles energy. Together the two work on appetite, stomach emptying, blood sugar, and fat metabolism.

WHAT IT SUPPORTS

- Weight loss
- Blood sugar
- Sleep apnea
- Metabolic health

WHAT THE RESEARCH SHOWS In the SURMOUNT-1 trial, average weight loss reached about 21% over 72 weeks at the highest dose studied. FDA-approved for type 2 diabetes, chronic weight management, and obstructive sleep apnea with obesity.

Pairs well with Tesamorelin · CJC-1295 + Ipamorelin

RETATRUTIDE

Triple GIP + GLP-1 + glucagon receptor agonist · On the horizon

INVESTIGATIONAL · NOT FDA-APPROVED

●●●● HUMAN CLINICAL DATA

HOW IT WORKS

Its GLP-1 and GIP activity works like tirzepatide to reduce appetite and improve blood sugar. The third target, the glucagon receptor, raises energy expenditure and pushes the liver to burn stored fat. That combination works from both sides: eating less and burning more.

WHAT IT SUPPORTS

- Weight loss
- Liver fat
- Blood sugar & metabolic health

WHAT THE RESEARCH SHOWS In a phase 2 trial, average weight loss was about 24% at 48 weeks, the largest seen with any weight-loss medication to date. Phase 3 trials reported in 2026 were positive, and the manufacturer plans to apply for FDA approval.

AOD-9604

Modified fragment of human growth hormone (176-191) · Subcutaneous

NOT FDA-APPROVED

●●●● EARLY HUMAN DATA

HOW IT WORKS

In lab studies it stimulated fat breakdown and reduced new fat formation. Early research also explored cartilage support.

WHAT IT SUPPORTS

- Fat metabolism
- Body composition
- Cartilage

WHAT THE RESEARCH SHOWS Early human trials found it well tolerated, but it did not produce meaningful weight loss compared with placebo. It is best viewed as a supportive, not primary, option.

Pairs well with GLP-1 protocols

A man with tattoos and a headband is running in front of the Texas State Capitol dome. The man is shirtless, wearing a black headband and a black watch. He has a large cross tattoo on his chest and various other tattoos on his arms and torso. The background is a blurred image of the Texas State Capitol dome and surrounding trees.

04

REPAIR, RECOVERY & SKIN

Healing happens in stages, and different peptides are studied for different stages. This chapter covers the peptides most discussed for tendons, ligaments, muscle, skin, the gut lining, and recovery after surgery.

BPC-157

TB-500

GHK-Cu

KPV

Skin, lash & hair

THE REPAIR CASCADE

After an injury or surgery, the body moves through overlapping phases. Here is where each peptide is thought to act.

1 • CALM

KPV helps keep inflammation in balance.

2 • MIGRATE

TB-500 supports repair-cell movement.

3 • CIRCULATE

BPC-157 supports new blood vessels.

4 • REMODEL

GHK-Cu supports collagen and scars.

Post-op patients: recovery protocols are coordinated with your surgeon, timed around their instructions, and never replace surgical aftercare.

BPC-157

Body Protection Compound · 15-amino-acid peptide · Subcutaneous or oral

NOT FDA-APPROVED

●●●● MOSTLY PRECLINICAL

HOW IT WORKS

In animal studies it promotes new blood vessel growth into injured tissue through the VEGF pathway, influences the nitric oxide system that regulates blood flow, and helps fibroblasts, the cells that rebuild tendons and ligaments, migrate and survive. It is unusually stable in stomach acid, which is why oral forms are studied for the gut.

WHAT IT SUPPORTS

- Tendon & ligament repair
- Circulation to healing tissue
- Muscle recovery
- Gut lining
- Localized inflammation

WHAT THE RESEARCH SHOWS A large body of animal research, much of it from a single research group. Human data are limited to small studies. Recommended by an FDA advisory committee in July 2026 for the compounding list; formal FDA action is pending.

Pairs well with TB-500 · GHK-Cu

TB-500

Synthetic fragment of Thymosin Beta-4 · Subcutaneous

NOT FDA-APPROVED

●●●● MOSTLY PRECLINICAL

HOW IT WORKS

Thymosin beta-4 regulates actin, part of the cell's internal skeleton, which allows repair cells to move into damaged tissue. It also supports new blood vessel growth, helps calm inflammation, and is associated with reduced scarring and fibrosis in research models.

WHAT IT SUPPORTS

- Soft tissue & muscle recovery
- Flexibility & mobility
- Wound healing
- Reduced scarring

WHAT THE RESEARCH SHOWS Full-length thymosin beta-4 has been tested in human trials for wound and eye healing. The TB-500 fragment itself is studied mostly in the lab. Recommended in July 2026 for the compounding list; FDA action pending.

Pairs well with BPC-157 · KPV

GHK-CU

Copper peptide · Glycyl-histidyl-lysine · Injection or topical

NOT FDA-APPROVED AS A DRUG

EARLY HUMAN DATA

HOW IT WORKS

GHK-Cu signals skin cells to build collagen, elastin, and glycosaminoglycans, attracts repair cells to wounds, and influences the activity of many genes involved in tissue remodeling.

WHAT IT SUPPORTS

- Skin firmness & fine lines
- Scar remodeling
- Wound healing
- Hair, lash & brow
- Glow

WHAT THE RESEARCH SHOWS Topical GHK-Cu has been used in skin products for decades, with small human studies showing improved skin density and wrinkle appearance. Evidence for injected GHK-Cu is mostly preclinical.

Pairs well with BPC-157 · TB-500 · Glutathione

KPV

Lysine-proline-valine · Fragment of alpha-MSH · Oral, injection, or topical

NOT FDA-APPROVED

MOSTLY PRECLINICAL

HOW IT WORKS

It enters cells, including gut-lining cells through a transporter called PepT₁, and dampens NF-κB, a master switch for inflammatory signaling. Unlike full alpha-MSH, it does not affect skin pigmentation.

WHAT IT SUPPORTS

- Swelling after surgery
- Gut inflammation
- Skin inflammation
- Immune balance

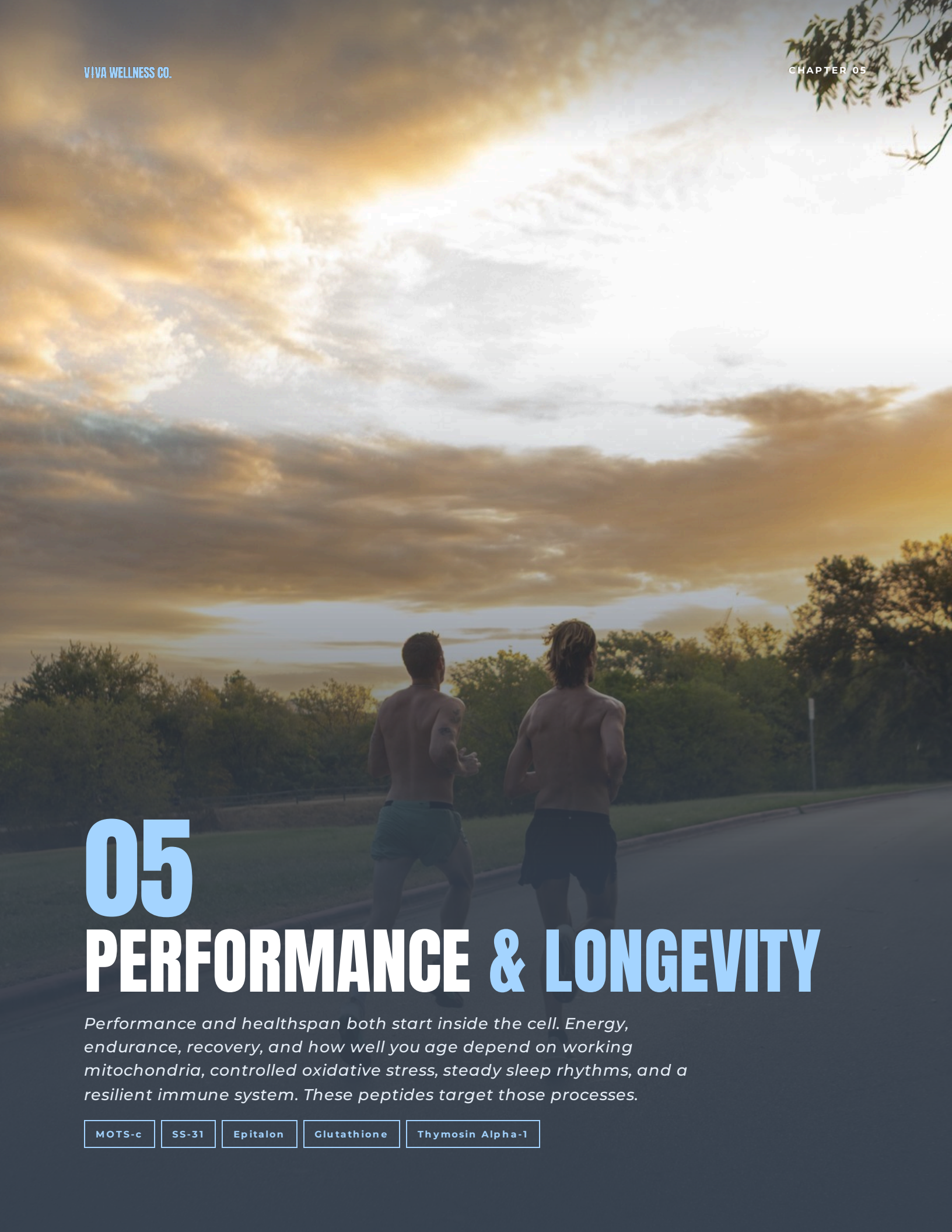
WHAT THE RESEARCH SHOWS Studied mainly in animal models of colitis and skin inflammation, with encouraging results. Human trials are lacking. Recommended in July 2026 for the compounding list; FDA action pending.

Pairs well with BPC-157 · TB-500

BEYOND RECOVERY: SKIN, LASH & HAIR

GOAL	PRESCRIPTION OPTIONS OFTEN USED
Acne & breakouts	Tretinoin, azelaic acid, clindamycin, niacinamide; spironolactone* for hormonal acne
Melasma & dark spots	Hydroquinone, tretinoin, tranexamic acid, azelaic acid, vitamin C
Glow & firmness	GHK-Cu, NAD ⁺ , hyaluronic acid, estriol (women)
Lashes, brows & hair	Bimatoprost (Latisse), latanoprost, minoxidil, finasteride (men), GHK-Cu

Custom compounded topicals can combine several actives in one formula, and skin prep can be planned around lasers, peels, and injectables. *Oral options are prescribed only after screening.

A full-page background image showing two shirtless men running away from the camera on a paved path. The sky is filled with dramatic, golden-hued clouds from a setting or rising sun. Trees line the path, and the overall atmosphere is one of fitness and natural beauty.

05 PERFORMANCE & LONGEVITY

Performance and healthspan both start inside the cell. Energy, endurance, recovery, and how well you age depend on working mitochondria, controlled oxidative stress, steady sleep rhythms, and a resilient immune system. These peptides target those processes.

MOTS-c

SS-31

Epitalon

Glutathione

Thymosin Alpha-1

MITOCHONDRIA

The cell's power plants. Output declines with age and inactivity.

MOTS-c · SS-31 · NAD+

OXIDATIVE STRESS

Free radicals damage cells faster than they can be repaired.

Glutathione

CIRCADIAN RHYTHM

Sleep-wake timing and melatonin output drift with age.

Epitalon

IMMUNE RESILIENCE

The immune system becomes slower and less balanced.

Thymosin Alpha-1

MOTS-C

Mitochondrial-derived peptide · 16 amino acids · Subcutaneous

●●●●● MOSTLY PRECLINICAL

HOW IT WORKS

Under metabolic stress such as exercise, it travels to the nucleus and switches on genes that help the cell adapt. It activates AMPK, the cell's energy sensor, which improves how muscle takes up and uses glucose.

WHAT IT SUPPORTS

- Insulin sensitivity
- Metabolic flexibility
- Endurance
- Healthy weight

WHAT THE RESEARCH SHOWS

In mice, MOTS-c acts like an exercise mimetic and protects against diet-induced insulin resistance. Human data are early. Recommended in July 2026 for the compounding list; FDA action pending.

Pairs well with

SS-31 · GLP-1 protocols

SS-31

Elamipretide · Mitochondria-targeting tetrapeptide · Brand name Forzinity

●●●●● FDA-APPROVED

HOW IT WORKS

It binds cardiolipin, a fat that holds the inner mitochondrial membrane in its folded shape. Cardiolipin is easily damaged by oxidative stress. By protecting it, SS-31 helps the electron transport chain run efficiently, so cells make more energy with less free-radical leakage, and it helps prevent stressed mitochondria from breaking down.

WHAT IT SUPPORTS

- Cellular energy
- Muscle strength & endurance
- Mitochondrial health
- Oxidative stress

WHAT THE RESEARCH SHOWS

In September 2025 it became the first mitochondria-targeted drug approved by the FDA, as Forzinity, to improve muscle strength in Barth syndrome. Trials in more common conditions, including mitochondrial myopathy and heart failure, did not meet their main goals. Use for energy and healthy aging is off-label and based largely on mechanism and animal research.

Pairs well with

MOTS-c

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EPITALON

Epithalon · Synthetic tetrapeptide (Ala-Glu-Asp-Gly)

NOT FDA-APPROVED

●●●● EARLY HUMAN DATA

HOW IT WORKS

In cell studies it activated telomerase, the enzyme that maintains telomeres, the protective caps on chromosomes that shorten as cells age. It also appears to support normal melatonin rhythms and antioxidant defenses.

WHAT IT SUPPORTS

- Sleep & circadian rhythm
- Healthy cellular aging
- Antioxidant support

WHAT THE RESEARCH SHOWS Most research comes from Russian laboratories and small human studies, and has not been widely replicated. Recommended in July 2026 for the compounding list; FDA action pending.

Pairs well with Progesterone · Thymosin Alpha-1

GLUTATHIONE

Tripeptide · Glutamate, cysteine, glycine

NOT FDA-APPROVED AS A DRUG

●●●● HUMAN CLINICAL DATA

HOW IT WORKS

It neutralizes free radicals, recycles vitamins C and E, and is essential to the liver's detoxification process, where it binds toxins so they can be cleared. Oral absorption is limited, so injection and sublingual forms are often used.

WHAT IT SUPPORTS

- Antioxidant defense
- Liver support
- Immune function
- Skin tone & brightness

WHAT THE RESEARCH SHOWS Human studies show it can raise body glutathione levels, with mixed evidence for specific outcomes. Generally well tolerated.

Pairs well with GHK-Cu · Thymosin Alpha-1

THYMOSIN ALPHA-1

Thymic peptide · 28 amino acids · Zadaxin

APPROVED OUTSIDE THE US

●●●● HUMAN CLINICAL DATA

HOW IT WORKS

It activates receptors on dendritic cells, the immune system's scouts, and supports T-cell maturation, helping the immune response become both stronger and better balanced.

WHAT IT SUPPORTS

- Immune resilience
- Recovery during illness
- Healthy immune aging

WHAT THE RESEARCH SHOWS Approved in more than 30 countries as Zadaxin for hepatitis B and C and as an immune adjunct. It is not FDA-approved in the US.

Pairs well with Glutathione · Epitalon

RELATED, BUT NOT PEPTIDES

NAD+ is a coenzyme that fuels mitochondrial energy production and powers DNA-repair and sirtuin enzymes. Levels decline with age.

SLU-PP-332 is an experimental small molecule that activates exercise-related genes. Studied only in animals. Not FDA-approved.

06 FOCUS & MOOD

Two intranasal peptides developed in Russia have drawn interest for focus, stress resilience, and calm. Both are approved medicines in Russia and are not FDA-approved in the US.

Semax

Selank

SEMAX

Synthetic ACTH (4-7) analog · Intranasal

NOT FDA-APPROVED

●●●● EARLY HUMAN DATA

HOW IT WORKS

Semax increases BDNF, a growth factor that supports learning, memory, and the health of brain cells, and it influences dopamine and serotonin signaling.

WHAT IT SUPPORTS

- Focus & mental clarity
- Memory & learning
- Stress recovery
- Brain resilience

WHAT THE RESEARCH SHOWS Used clinically in Russia, including after stroke; supporting studies are mostly Russian and small. Recommended in July 2026 for the compounding list; FDA action pending.

Pairs well with Selank

SELANK

Synthetic tuftsin analog · Intranasal

NOT FDA-APPROVED

●●●● EARLY HUMAN DATA

HOW IT WORKS

It enhances the calming effect of GABA, the brain's main 'slow down' messenger, slows the breakdown of enkephalins, the body's natural mood-regulating peptides, and influences serotonin.

WHAT IT SUPPORTS

- Calm & stress resilience
- Anxiety support
- Focus under pressure

WHAT THE RESEARCH SHOWS Approved in Russia for anxiety. Evidence outside Russia is limited.

Pairs well with Semax · Progesterone

07 SEXUAL HEALTH

Sexual health has two sides: desire, which begins in the brain, and blood flow. PT-141 works on the brain's desire pathways, for both men and women. Tadalafil and sildenafil support the blood flow side of erections. Hormones are often the foundation underneath both.

PT-141

Tadalafil

Sildenafil

PT-141

Bremelanotide · Melanocortin receptor agonist · Brand name Vyleesi

FDA-APPROVED

●●●● FDA-APPROVED

HOW IT WORKS

PT-141 is a synthetic analog of alpha-MSH. It activates melanocortin receptors, especially MC4R, in the hypothalamus, which triggers dopamine release in regions that govern desire and arousal. Because it acts centrally rather than on blood vessels, it works independently of hormone levels and can be layered on hormone optimization.

WHAT IT SUPPORTS

- Desire & arousal
- Women with low desire
- Men, off-label

WHAT THE RESEARCH SHOWS FDA-approved in 2019 for acquired low sexual desire in premenopausal women, based on the RECONNECT trials. Use in men is off-label.

Pairs well with Tadalafil or Sildenafil · Testosterone

TADALAFIL

PDE5 inhibitor · Brand name Cialis · Oral

FDA-APPROVED

●●●● FDA-APPROVED

HOW IT WORKS

With arousal, nerves release nitric oxide, which relaxes the smooth muscle in penile blood vessels so blood can flow in. An enzyme called PDE5 normally shuts that signal off. Tadalafil blocks PDE5, so the signal lasts longer and blood flow is easier to reach and maintain. It does not create desire on its own; arousal is still needed. Its long half-life gives a window of up to about 36 hours, and a low daily option exists.

WHAT IT SUPPORTS

- Erectile function
- More spontaneity
- Urinary symptoms of an enlarged prostate (BPH)

WHAT THE RESEARCH SHOWS FDA-approved for erectile dysfunction in 2003 and later for BPH symptoms. Common side effects include headache, flushing, nasal congestion, indigestion, and back or muscle aches. It is not used with nitrate medications or riociguat, and caution is needed with alpha-blockers and certain heart conditions.

Pairs well with PT-141 · Testosterone

SILDENAFIL

PDE5 inhibitor · Brand name Viagra · Oral

FDA-APPROVED

●●●● FDA-APPROVED

HOW IT WORKS

Sildenafil works the same way as tadalafil, by blocking PDE5 so the nitric oxide signal that relaxes penile blood vessels lasts longer during arousal. It is shorter-acting, typically working for about 4 to 6 hours, and is taken as needed. A heavy, high-fat meal can delay how quickly it takes effect.

WHAT IT SUPPORTS

- Erectile function
- As-needed use
- A shorter window of action

WHAT THE RESEARCH SHOWS FDA-approved for erectile dysfunction in 1998, the first medication of its kind. Common side effects include headache, flushing, nasal congestion, indigestion, and occasionally a temporary blue tint to vision. It is not used with nitrate medications or riociguat, and caution is needed with alpha-blockers and certain heart conditions.

Pairs well with PT-141 · Testosterone

HORMONES ARE THE FOUNDATION

Low testosterone in men and women, and low estrogen around menopause, are among the most common drivers of low desire and sexual changes. A hormone evaluation is usually the first step, and these therapies can be layered on top when additional support is needed.

READY WHEN YOU ARE

NEXT STEPS

Every protocol at Viva Wellness Co. begins the same way: objective data, an honest conversation, and a plan that fits you. No generic protocols. No guessing. No pressure.

1 • DISCOVERY CALL

Free, no commitment.

2 • LABS & PLAN

Targeted labs, then a protocol built for you.

3 • ADJUST

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THE FINE PRINT

IMPORTANT DISCLOSURES

Education only. This eBook is for general education. It does not constitute medical advice, diagnosis, or a treatment plan, and it does not contain dosing. All therapies described require a clinical consultation, health history review, lab evaluation, and explicit provider approval. Do not start, stop, or change any medication based on this guide.

FDA status. Testosterone is FDA-approved for men with low testosterone; use in women is off-label. Estradiol and micronized progesterone are available as FDA-approved products; compounded bioidentical formulations are not FDA-approved. Enclomiphene is not FDA-approved as a standalone drug. Semaglutide, tirzepatide, tesamorelin, tadalafil, sildenafil, bremelanotide (PT-141), and elamipretide (SS-31, approved for Barth syndrome) are FDA-approved for specific indications; other uses are off-label. Sermorelin was previously FDA-approved and was discontinued by its manufacturer. BPC-157, TB-500, KPV, GHK-Cu (injectable), MOTS-c, Epitalon, Semax, Selank, Thymosin Alpha-1, CJC-1295, Ipamorelin, AOD-9604, MK-677, and SLU-PP-332 are not FDA-approved drugs for human therapeutic use. Retatrutide is investigational, not FDA-approved, and is described here for education only. Regulatory status reflects publicly available information as of September 2026 and may change.

Compounded medications are prepared by licensed, FDA-regulated 503A pharmacies and are not FDA-approved. Off-label prescribing is a legal and common medical practice.

Evidence. Evidence ratings are general summaries. Much of the research on non-approved peptides comes from animal or cell studies, which do not always translate to people. Trial outcomes reflect specific study populations. **Results vary.** No outcome is guaranteed. Peptides do not replace surgical aftercare.

Athletes. Many peptides are prohibited by the World Anti-Doping Agency and other sporting bodies. **HSA/FSA** eligibility is determined by your plan administrator. **Emergency:** this guide is not a substitute for emergency care; call 911.

SELECTED REFERENCES

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|---|--|
| Snyder PJ et al. The Testosterone Trials. NEJM 2016. | Falutz J et al. Tesamorelin. NEJM 2007. |
| Lincoff AM et al. TRAVERSE. NEJM 2023. | Teichman SL et al. CJC-1295 in healthy adults. JCEM 2006. |
| Kim ED et al. Oral enclomiphene vs topical testosterone. BJU Int 2016. | Raun K et al. Ipamorelin. Eur J Endocrinol 1998. |
| The Menopause Society. 2022 hormone therapy position statement. Menopause 2022. | Khorram O et al. GHRH analog in age-advanced adults. JCEM 1997. |
| Davis SR et al. Global consensus on testosterone for women. JCEM 2019. | Kingsberg SA et al. RECONNECT. Obstet Gynecol 2019. |
| Wilding JPH et al. STEP 1. NEJM 2021. | Lee C et al. MOTS-c. Cell Metab 2015. |
| Wilding JPH et al. STEP 1 extension. Diabetes Obes Metab 2022. | Szeto HH. Cardiolipin-protective SS-31. Br J Pharmacol 2014. |
| Lincoff AM et al. SELECT. NEJM 2023. | US FDA. Accelerated approval of Forzinity. Sept 2025. |
| Jastreboff AM et al. SURMOUNT-1. NEJM 2022. | Pickart L, Margolina A. GHK-Cu. Int J Mol Sci 2018. |
| Aronne LJ et al. SURMOUNT-4. JAMA 2024. | Dalmaso G et al. KPV. Gastroenterology 2008. |
| Jastreboff AM et al. Retatrutide phase 2. NEJM 2023. | Goldstein AL et al. Thymosin beta-4. Expert Opin Biol Ther 2012. |
| Eli Lilly. Retatrutide phase 3 TRIUMPH results (press release). July 2026. | Józwia M et al. BPC 157. Pharmaceuticals 2025. |
| | US FDA. Pharmacy Compounding Advisory Committee, July 23–24, 2026. |

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