

FREE PERFORMANCE REPORT · PEPTIDE & HORMONE SERIES · FOUNDATION GUIDE

YOUR BODY'S --- MISSING SIGNALS

What Peptides and Hormones Are, Why Every High-Performing
Man Over 45 Is Talking About Them, and What Is Now Available
Through a Physician

*"The signals your body used to send automatically
are still available. You just need to restore them."*

StayInTheGamePerformance.com

This report is for informational purposes only and does not constitute medical advice.

Foundation Guide

The peptide and hormone landscape — explained.

- **Something Has Changed** — Why this conversation is happening now
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Something Has Changed

Why this conversation is happening now.

If you follow health and longevity content — podcasts, YouTube, men's health publications — you have noticed that one topic has taken over the conversation in the last two years.

Peptides. Hormone optimization. TRT. GLP-1s.

Men who used to talk about protein intake and training splits are now talking about Sermorelin and testosterone levels. Physicians who used to dismiss these conversations are now leading them. And a meaningful regulatory shift currently underway at the federal level is reshaping access to a category of compounds that millions of men have been quietly obtaining from unregulated sources.

This guide explains what all of it means. In plain English. Without the jargon. Without the hype. And without the judgment that has kept too many men from having this conversation with their doctor.

What Is a Peptide?

Plain English — no jargon required.

Start here because the word gets thrown around as if everyone already knows what it means. Most people don't.

A peptide is a short chain of amino acids. Amino acids are the building blocks of proteins. The difference between a peptide and a protein is essentially length — peptides are shorter chains, which makes them small enough to be absorbed efficiently by the body and targeted enough to perform very specific biological functions.

Your body already produces hundreds of peptides naturally. Insulin is a peptide. So is oxytocin. So are the signaling molecules that tell your pituitary gland to release growth hormone, the compounds that regulate inflammation after an injury, and the proteins that direct tissue repair in a healing tendon.

"The issue is not that peptides are foreign to the body. The issue is that the body produces fewer of them as you age. The signals get quieter. Peptide therapy restores those signals."

Why Now?

Science, culture, and a regulatory landscape in motion.

Three things converged at roughly the same time.

The Science Matured

Peptide research has been accelerating for two decades. What was once fringe science discussed in bodybuilding forums is now the subject of peer-reviewed clinical trials, longevity medicine conferences, and mainstream medical education. The research on compounds like BPC-157, Sermorelin, and the GLP-1 class has reached a level of evidence that serious physicians can no longer dismiss.

The Culture Shifted

A generation of high-performing men who refused to accept conventional aging — who kept training, kept competing, kept demanding more from their bodies — started sharing what was working. Podcasters, athletes, executives, and physicians began having public conversations about testosterone optimization, growth hormone, and peptide protocols that would have been considered fringe five years ago. The stigma evaporated.

The Regulatory Landscape Is Shifting

In 2023, the FDA placed nineteen widely used peptides on a restricted list, blocking compounding pharmacies from producing them. This drove millions of men toward unregulated gray-market sources — precisely the safety problem the FDA claimed to be addressing.

That position is now under formal review. Recent public statements from senior HHS leadership have signaled a course correction, and the FDA has moved several compounds out of the most restricted category. A formal Pharmacy Compounding Advisory Committee meeting is scheduled for July 2026 to review the future status of these compounds. The expectation across the field is that legal, physician-prescribed access through licensed compounding pharmacies will be meaningfully expanded as that process completes.

Until that formal review concludes, the regulatory status of several peptides discussed in this guide remains in transition. A licensed physician will know exactly what is legally available and appropriate for your situation at the time of your consultation.

GLP-1 Receptor Agonists

Metabolic health and body composition.

These are fully FDA-approved medications with the strongest evidence base of anything in this guide. Developed for type 2 diabetes and obesity, they are now widely used by men who want to optimize body composition and metabolic health.

Semaglutide (Ozempic / Wegovy)

Works by mimicking a hormone called GLP-1 that regulates blood sugar, appetite signaling, and gastric emptying. It tells your brain you are full sooner, reduces food noise, improves insulin sensitivity, and produces significant reductions in visceral fat in clinical trials. Injected once weekly. FDA approved.

Tirzepatide (Mounjaro / Zepbound)

Works on two receptors simultaneously — GLP-1 and GIP — making it the most effective FDA-approved metabolic compound currently available. Clinical trials have shown average body weight reductions of 20-22%. For men carrying stubborn abdominal fat and metabolic resistance, tirzepatide is increasingly used as a body composition optimization tool rather than a weight loss drug.

Liraglutide (Saxenda / Victoza)

An older GLP-1 with a similar mechanism, injected daily. A legitimate option though most physicians now favor semaglutide or tirzepatide for most patients.

Growth Hormone Peptides

Recovery, sleep, and body composition.

These compounds work by stimulating your pituitary gland to produce more of its own growth hormone — rather than introducing synthetic growth hormone directly. The result is a physiological elevation that mimics what your body did naturally at a younger age.

Sermorelin

The most established and longest-cleared compound in this category. Stimulates the pituitary to release growth hormone in a natural pulsatile pattern, critical for sleep quality, body composition, tissue repair, and sustained energy. Administered as a subcutaneous injection, typically at bedtime. Currently available through licensed compounding pharmacies with a physician's prescription.

CJC-1295

A longer-acting growth hormone releasing hormone analog that produces sustained elevation of growth hormone levels between doses. Currently in transition through the FDA review process; expected to be addressed at the formal advisory committee meeting in July 2026. Availability through licensed compounding pharmacies will be confirmed as that process completes.

Ipamorelin

A growth hormone secretagogue that stimulates release through a different receptor pathway than CJC-1295, making the two highly complementary when used together. Notable for producing clean growth hormone release without the cortisol or prolactin elevation associated with older compounds in this class. Also part of the FDA review process underway in 2026.

AOD-9604

A fragment of human growth hormone that specifically targets fat metabolism without affecting blood sugar or producing growth-stimulating effects. Studied specifically for abdominal fat reduction. Part of the regulatory review currently underway.

Recovery and Repair Peptides

Joints, tendons, and tissue.

This is the category that speaks most directly to the men reading the Stay In The Game guides. If you have been managing chronic joint pain, a nagging tendon issue, or the accumulated wear of decades of competitive sport, this is where peptide science gets most personal.

BPC-157 — Body Protection Compound 157

Derived from a protein found in gastric juice and studied extensively for its ability to accelerate tendon healing, ligament repair, muscle recovery, and gut health. Often called the most versatile healing peptide in the research literature. Its regulatory status is currently in transition — moving through the FDA review process with a formal advisory committee meeting scheduled for July 2026 that will determine forward compounding access.

TB-500 — Thymosin Beta-4 Fragment

Promotes cell migration and the formation of new blood vessels — a process called angiogenesis — critical for healing injured tissue. Used in clinical and veterinary settings for wound healing, soft tissue injury, and anti-inflammatory applications. Also in the July 2026 advisory committee review process.

Testosterone Replacement Therapy

The foundation of male performance.

Testosterone is not a peptide — it is a steroid hormone. But it belongs in this guide because it is the single most impactful intervention available to men over 45 whose hormonal decline is affecting their performance, body composition, cognitive function, mood, and quality of life.

Testosterone levels in men decline at approximately 1-2% per year beginning in the late 20s. By the mid-40s, many men are operating at testosterone levels that are technically within the normal reference range but significantly below what they had at their peak. The conventional medical response — your levels are normal for your age — misses the point entirely. Normal for your age is not the same as optimal for your performance.

Testosterone Cypionate and Enanthate

The most commonly prescribed forms for TRT. Both injectable, typically administered weekly or bi-weekly. FDA-approved with decades of safety data behind them.

Testosterone Pellets

Implanted subcutaneously by a physician and release testosterone steadily over three to six months, eliminating the need for weekly injections. Many men prefer this delivery method for its consistency and convenience.

Topical Testosterone

Gels and creams applied daily. A legitimate option though absorption varies significantly between individuals and transfer to partners is a consideration.

"A properly managed TRT protocol is an ongoing medical relationship. Not a set-it-and-forget-it prescription. This is exactly what physician-led telehealth was built for."

Cognitive Performance

Cellular energy and neuroprotection.

NAD⁺ — Nicotinamide Adenine Dinucleotide

A coenzyme found in every cell in the body, essential to energy metabolism and DNA repair. NAD⁺ levels decline significantly with age — falling an estimated 50% between age 40 and 60. Supplementing NAD⁺ has been studied for cognitive function, cellular energy, and longevity signaling through sirtuins — proteins associated with healthy aging.

Semax

A synthetic peptide originally developed for stroke recovery and since studied for cognitive enhancement, neuroprotection, and mood regulation. Works through BDNF — brain-derived neurotrophic factor — the compound responsible for neuronal growth and protection. Currently part of the FDA review process underway in 2026.

Immune Function and Longevity

The compounds working on the longest timeline.

Thymosin Alpha-1

Supports immune function and has been used clinically in other countries for decades for immune modulation, anti-inflammatory applications, and antiviral support. Part of the regulatory review process currently underway.

Epitalon

A tetrapeptide studied for its effect on telomere length, sleep regulation, and longevity signaling. It regulates the production of telomerase — the enzyme that maintains telomere length — making it one of the few compounds with direct research relevance to biological aging mechanisms.

KPV

A tripeptide with potent anti-inflammatory properties, particularly studied for gut inflammation and skin conditions. Also part of the formal FDA review process.

Why Physician Oversight *Changes Everything*

Every compound listed in this guide requires a physician's prescription and should be obtained through a licensed, compliant compounding pharmacy — not an online research chemical supplier, not a gray-market website, not a gym contact.

The reason this matters is not regulatory compliance for its own sake. It is quality and safety. When you obtain a peptide from an unregulated source, you have no way of knowing the actual concentration, purity, or sterility of what you are injecting. FDA analyses have repeatedly documented that products sold through research chemical vendors frequently contain inaccurate dosing, contamination, or degraded compounds.

Working with a physician-led telehealth practice means your protocol is built around your specific labs, health history, and goals. Your compounds come from pharmacies that test every batch. And you have ongoing medical oversight as your protocol evolves.

"This is the difference between optimization and experimentation. One has a physician in your corner. The other does not."

Five Deep-Dive Reports

Available free.

Each guide below goes deep on one specific category — the science, what the research shows, what a protocol looks like, and what it can realistically do for a high-performing man over 45. All are free. All require a simple opt-in at StayInTheGamePerformance.com.

→ **Recovery and Joint Health**

BPC-157 and TB-500 for tendon repair, joint healing, and keeping you in the game after decades of competitive sport.

→ **Growth Hormone Optimization**

Sermorelin, CJC-1295, Ipamorelin, and AOD-9604 — sleep, body composition, recovery, and the growth hormone decline no one talks about.

→ **Testosterone Replacement Therapy**

The truth about TRT for men over 45 — what it does, what it does not do, how it is managed, and why normal for your age is not good enough.

→ **Metabolic Health and GLP-1 Therapy**

Semaglutide and tirzepatide framed for performance and body composition — not weight loss.

→ **Cognitive Performance and Cellular Energy**

NAD+, Semax, and the science of keeping your brain as sharp as your body.

Request any specialty guide at:

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IMPORTANT DISCLAIMERS

Before You Begin

Not medical advice. This report is for informational and educational purposes only. It does not constitute medical advice, diagnosis, or treatment recommendations for any individual. Always consult a licensed physician before beginning any new health protocol.

Prescription required. Every compound described in this guide requires a valid prescription from a licensed physician and should be dispensed only through a licensed, compliant pharmacy.

Regulatory status is evolving. The legal and compounding status of several peptides described in this guide is currently in transition through the FDA review process. The information in this guide reflects publicly available information as of the date of publication. A licensed physician will know the current legal availability of any specific compound at the time of your consultation.

Not FDA-approved drugs. Most compounded peptides are not FDA-approved drug products. Compounded medications are prepared by licensed pharmacies for individual patients pursuant to a physician's prescription and operate under a different regulatory framework than approved drugs.

Individual results vary. Outcomes from any health protocol depend on individual factors including baseline health, genetics, lifestyle, and adherence. No specific outcome is guaranteed.

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