Get Stacked

Navigating the wellness world's "new" peptide obsession

By **Dr. Renee Young**

There's a bit of poetic irony in this medical moment.

A generation once sorted into jocks and nerds—as if you couldn't be both—is discovering that the split was a false dichotomy. We finally figured out that your biceps and your brain run on the same signals. It's as if Weird Science morphed into a hot new market: peptides.

But look past the buzzwords and the hype, and you'll find that this isn't a fad. It's a continuation.

What's touted as the next big thing has actually been on the scene for about 120 years. The first peptide, secretin, was discovered in 1901. Insulin—the original peptide therapeutic—has been saving lives since 1922. Peptides are short chains of amino acids that act as signaling molecules in the body, and they are anything but fringe: More than 11% of FDA-approved drugs from 2016 to 2024 were synthetic peptides. The science is old and established. What's new is the attention.

The peptide playbook

As a naturopathic doctor, I treat physical function and cognitive function as one system. I prescribed my first peptide in 2004, and my practice has run peptide protocols since the day we opened our doors. But first, a caveat: The research here is promising but still developing, and individual results are exactly that—individual.

These are the peptides in high rotation in my practice:

CJC-1295 and ipamorelin: Usually run as a pair, this combo works behind the scenes on the pituitary gland. A landmark 2006 study in the Journal of Endocrinology and Metabolism found that subcutaneous CJC-1295 was safe and effectively increased growth hormone and IGF-I levels. Ipamorelin is valued for its specificity, stimulating growth hormone without affecting other hormones. In practice, this stack is used for recovery and for deeper, more restorative sleep.

BPC-157: This is the "healing factor" peptide, taken for tendon and tissue repair and cognitive clarity. Preclinical safety evaluations found it well tolerated even at high doses, with no toxic or genotoxic effects—though preclinical is the operative word and human data is still maturing.

Tesamorelin: Differentiated by its dual action, it targets stubborn visceral fat while preserving muscle, with reported benefits for executive function and memory.

MOTS-c: This is a mitochondrial peptide—the cellular energy angle. It's studied for tuning metabolism, converting fat to fuel, and supporting both physical endurance and mental stamina.

Sermorelin: This works by helping the body produce its own growth hormone rather than replacing it. Patients pursue it for metabolic support and a renewed sense of focus and vitality.

Selank: This is the stress peptide, known for lowering cortisol and quieting mental noise; its effects are akin to clearing the channel so focus can actually happen.

Why your doctor hesitates and where the hesitation comes from

There's a tendency for American physicians to treat peptide therapy as territory not worth exploring, even as the research accumulates. For a naturopath, that can be frustrating. But the other side of that coin is the "never die" tech bros stackmaxxing in a way that's just not cool. These unbridled patient practices can give practitioners like me who have been working with peptides for years a genuinely bad name—and this doctor gives a damn about her reputation.

The gap between overzealous patients and cautious physicians will close only through better evidence, better practice, and better sourcing. Which brings me to the most important point.

FFS, stop buying vials off the internet!

If you retain one idea, make it this one: Do not buy compounds labeled "not for human consumption" from some site your personal trainer recommended.

Those products are made for laboratory research, not your body, and no one is verifying what's in them. If you pursue peptide therapy, the only defensible route is a prescription compounded by a 503A pharmacy—tested and made specifically for you. That single decision separates responsible medicine from a shot in the dark.

Precision or nothing

After more than two decades, here's what my experience has taught me: Peptides are not magic pills.

They are intelligent biological signals—and signals work only when you know what they're signaling. That means advanced diagnostics: comprehensive labs, VO2 max testing, a detective's approach to your own biology, and a stack customized to what the data actually shows about you. Taking peptides without knowing your labs isn't biohacking; it's amateur hour.

Treat your body like a rock star, not a roadie. Get the labs, be precise, and be serious about your own health data before you get stacked. GZR