Peptide Perspectives™

THE SEXUAL WELLNESS STACK

Peptides & Supplements for Desire, Arousal and Sexual Function



FOUR DISTINCT OUTCOMES (DIFFERENT BIOLOGY, DIFFERENT TARGETS)

DESIRE (LIBIDO)
Sexual interest, motivation, and mental drive.

AROUSAL
The mind-body response that leads to physical readiness.

ERECTILE FUNCTION
Healthy blood flow (NO–cGMP) and tissue response (primarily in men).

SATISFACTION
Pleasure, orgasm, comfort, and emotional connection.



KEY BIOLOGICAL PATHWAYS INVOLVED

Melanocortin (PT-141)
Activates MC3R/MC4R pathways linked to sexual desive and arousal.

Kisspeptin / GnRH
Stimulates GnRH, driving LH/FSH and sex hormone production (testosterone, estrogen).

Oxytocin
Influences bonding, trust, and sexual arousal through social-neurobiological pathways.

NO – cGMP (Vascular)
Nitric oxide (NO) signaling increases blood flow and tissue responsiveness (important for erectile function).

Stress / Sleep / Context
Cortisol, sleep quality, mental health, and relationship context all influence sexual function and satisfaction.

FOUR EXPERIMENTAL STACKS: COMMUNITY DOSING CONTEXT (NOT VALIDATED)

PT-141 + OXYTOCIN

- **PT-141** 0.5 – 2 mg per occasion (community use; research use; varies)
- **Oxytocin** 8 – 24 IU intranasal (community / experimental discussion)

⚠ NO VALIDATED COMBINED DOSE OR CLINICAL TRIAL FOR THIS STACK.

KISSPEPTIN + OXYTOCIN

- **Kisspeptin-10** ~100 – 300 mcg (community claims; NOT interchangeble with kisspeptin-54 infusion used in sstudies)
- **Oxytocin** 8 – 24 IU intranasal (community / experimental discussion)

⚠ NO VALIDATED COMBINED DOSE OR CLINICAL TRIAL FOR THIS STACK.

PT-141 + KISSPEPTIN

- **PT-141** 0.5 – 2 mg per occasion (community use; research use; varies)
- **Kisspeptin-10** ~100 – 300 mcg (community claims)

⚠ NO VALIDATED COMBINED DOSE OR CLINICAL TRIAL FOR THIS STACK.

OXYTOCIN + SELANK

- **Oxytocin** 8 – 24 IU intranasal (community use)
- **Selank** 250 – 500 mcg intranasal (community use)

⚠ NO ESTABLISHED SEXUAL HEALTH OUTCOME FOR THIS COMBINATION.

APPROVED COMPARATOR: VYLEESI® (BREMELANOTIDE)



- FDA-labeled dose: 1.75 mg subcutaneous (SC) at least 45 minutes before sexual activity.
- No more than once in 24 hours and no more than 8 times per month.
- ONLY for acquired, generalized HSDD (hypoactive sexual desire disorder) in premenopaosal women.
- Not approved for men or erectile dysfunction (ED).
- Contraindicated in uncontrolled hypertension or known cardiovascular disease.

VASCULAR COMPARATOR (PHOSPHODIESTERASE-5 INHIBITORS)



- **Sildenafil (Viagra®)** or **Tadalafil (Cialis®)** are established therapies for diagnosed erectile dysfunction (ED).
- Improve erections by increasing blood flow via the NO–cGMP pathway.
- These are **NOT** desire (libido) drugs.
- Avoid use with nitrates (e.g., nitroglycerin) due to risk of a dangerous drop in blood pressure.

SUPPORTIVE SUPPLEMENTS & LIFESTYLE (RESEARCH & COMMON USE)

L-Citrulline	**1.5 g/day** (used in one small ED study).
L-Arginine	**1.5 – 5 g/day** (varied studies; may cause GI upset and can lower blood pressure).
Maca	**1.5 – 3 g/day** (small trials suggest potential benefits for libido and sexual function).
Panax Ginseng	**1 – 3 g/day** (varies by extract; some evidence for erectile function and sexual performance).
Zinc	**15 – 30 mg/day** (use when deficient; important for hormone production).
Vitamin D	**1,000 – 4,000 IU/day** (use when deficient; low levels are linked to lower testosterone and libido).

ALSO IMPORTANT

- **Regular exercise** (improves hormones, vascular health, and libido)
- **Quality sleep** (aim for 7 – 9 hours).
- **Relationship communication** (emotional connection and reduced stress).
- **Stress management** (lowering chronic cortisol supports sexual function)

KEY SAFETY CONSIDERATIONS

- Bremelanotide (Vyleesi): common side effects include nausea, flushing, and transient increased blood pressure.
- Avoid during pregnancy or when trying to conceive (insufficient safety data).
- Combined peptide stacks have unknown safety, interactions, and long-term effects.
- Supplements (e.g., arginine, citrulline, ginseng) may lower blood pressure and interact with medications.

WHAT STUDIES SHOULD MEASURE

- Sexual desire (libido)
- Arousal (subjective and physiological)
- Erectile function (when applicable)
- Sexual satisfaction and pleasure
- Sexual distress (e.g., HSDD scores)
- Patient safety (side effects, blood pressure, hormones)

⚠ COMMUNITY DOSES ARE ANECDOTAL, NOT CLINICALLY VALIDATED STACK PROTOCOLS. MORE SIGNALING DOES NOT GUARANTEE BETTER SEXUAL HEALTH.

Educational / research overview / November 2026 / Not medical advice