Peptide Perspectives™

STACKING SATIETY SIGNALS

Peptides & Supplements That Influence Hunger and Cravings



HUNGER ≠ FULLNESS ≠ CRAVINGS

Appetite is controlled by a network of hormones and brain signals that influence hunger, fullness (satiety), food reward, and long-term energy balance.

KEY SATIETY PATHWAYS & THEIR ROLES

GLP-1

- Increases fullness
- Slows stomach emptying
- Reduces food intake

GIP

- Supports metabolic health
- Works with GLP-1 on appetite and insulin

AMYLIN

- Enhances satiety
- Reduces cravings
- Slows gastric emptying

GLUCAGON

- Increases energy use (energy expenditure)
- Supports fat metabolism
- May reduce overall intake

MOTS-C

(Mitochondrial)

- Supports cellular energy (mitochondria)
- May improve metabolic flexibility
- Investigational for weight and appetite

FOUR PEPTIDE STACKS: EVIDENCE & DOSING CONTEXT

1. SEMAGLUTIDE + CAGRILINTIDE (CagriSema)

- Phase 3 human research studied for weight loss (CagriSema).
- Studied target dose: semaglutide 2.4 mg + cagrilintide 2.4 mg, subcutaneous once weekly.
- Doses were reached using a gradual dose escalation in clinical trials.

IMPORTANT CONTEXT:
Not FDA-approved as a combined product as of November 14, 2026. Studied regimen only, not a recommendation to self-mix.

2. TIRZEPATIDE + CAGRILINTIDE

- No validated combined human dosing.
- No established combination efficacy or safety.
- Tirzepatide (FDA-approved independently) dosing label:
  - Start 2.5 mg once weekly for 4 weeks,
  - Then 5 mg once weekly.
  - Adjust in ≥4 week intervals (as directed by a prescriber).

IMPORTANT:
DO NOT apply the approved tirzepatide schedule to this experimental stack.

3. RETATRUTIDE + CAGRILINTIDE

- Combination research limited to a 2026 obese male rat study only.
- No human trials or validated human combination dose.
- Theoretical rationale for additive effects on appetite and metabolism.

IMPORTANT:
NO VALIDATED HUMAN COMBINATION DOSE.
Risk of overlapping GI effects (e.g., nausea, vomiting, diarrhea) and potential for malnutrition (e.g., inadequate calorie or nutrient intake).

4. TIRZEPATIDE + MOTS-C

- Tirzepatide is FDA-approved independently for defined indications (type 2 diabetes and chronic weight management).
- MOTS-C is experimental (with early human research) for mitochondrial and metabolic support.
- No validated human MOTS-C dose or combination dose with tirzepatide.

IMPORTANT:
NO VALIDATED HUMAN COMBINATION DOSE.

KEY COMPARISONS

SEMAGLUTIDE + NUTRITION (Not a peptide stack)

- Evidence-based approach.
- Combines GLP-1 therapy with high-protein, fiber-rich nutrition and lifestyle.
- Supports weight loss and lean mass preservation.

TIRZEPATIDE + ADDITIONAL GLP-1 AGONIS (NOT RECOMMENDED)

- Combining multiple GLP-1 agonists (e.g., semaglutide + tirzepatide) is not recommended.
- Increases risk of gastrointestinal side effects.
- No established added benefit and limited safety data.

SUPPLEMENT SUPPORT & DOSING CONTEXT

Creatine Monohydrate

- 3–5 g/day
  Supports muscle preservation and strength during weight loss.

Psyllium Husk (Soluble Fiber)

- Use label-directed amount with water; titrate gradually to tolerance.
  Supports fullness, regularity, and metabolic health.

Protein

- Individualized daily goals
  (e.g., ~1.2–1.6 g/kg/day depending on goals, activity, and lean mass).
  Supports satiety and preserves muscle.

Prebiotic Fiber (e.g., inulin, FOS, GOS)

- Start low and increase gradually (e.g., 2–5 g/day), individualized to tolerance.
  Supports a healthy gut microbiome.

Glucomanan

- Follow product label (e.g., ~1–3 g/day, usually before meals).
  ⚠ Choking or obstruction risk without adequate water intake.

Electrolytes (sodium, potassium, magnesium, etc.)

- Replace actual losses (e.g., with exrascise, heat, or low intake).
  Not appetite suppressants, but support hydration, energy, and

MEASURE WHAT MATTERS

- Appetite, fullness, and cravings (e.g., 1–10 ratings).
- Body composition and strength (e.g., weight, lean mass, performance).
- Blood glucose and metabolic markers (e.g., fasting glucose, A1c, if relevant).
- Diet quality and protein intake (consistency and adequacy).
- Hydration and gastrointestinal tolerance (e.g., nausea, constipation, diarrhea).
- Adverse events and overall well-being (energy, mood, sleep).

SAFETY & KEY CONSIDERATIONS



- ⚠ Common side effects: nausea, constipation, vomiting, bloating, and reduced appetite.
- ⚠ Risk of dehydration: maintain adequate fluids and electrolytes.
- ⚠ Nutrition insufficiency: monitor protein, calories, and essential nutrients (e.g., vitamins, minerals).
- ⚠ Gallbladder risk: GLP-1–based therapies can increase the risk of gallstones in some individuals.
- ⚠ Pancreatitis: seek medical care for persistent, severe abdominal pain (with or without vomiting).
- ⚠ Medication interactions: review all medications with a qualified healthcare provider (e.g., diabetes, blood pressure).

⚠ MORE SATIETY IS NOT ALWAYS BETTER. COMMUNITY DOSING IS NOT CLINICAL EVIDENCE. UNVALIDATED STACKS ARE NOT TREATMENT PROTOCOLS.

Educational research overview | November 2026 | Not medical advice