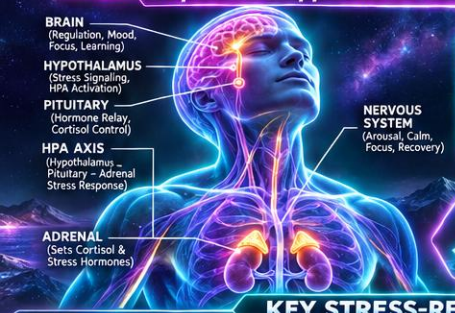
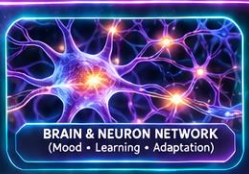
Peptide Perspectives

THE STRESS RESILIENCE STACK

Peptides & Supplements for Calm, Focus & Emotional Balance







CALM ≠ RESILIENCE

Stress reduction, focus, sleep, and social comfort are related but different goals.

KEY STRESS-RESILIENCE PATHWAYS

1. HPA AXIS / CORTISOL

- Regulates the stress response (e.g., cortisol).
- Helps turn the stress response on and off, supporting recovery and return to baseline.

2. SYMPATHETIC AROUSAL

- Drives vigilance and "fight-or-flight" readiness.
- Increases heart rate and breathing.
- Needs a balance between appropriate activation and recovery.

3. GABA / GLUTAMATE / MONOAMINES

- Inhibitory (GABA) and excitatory (glutamate) balance shapes stress reactivity.
- Monoamines (e.g., serotonin, dopamine, norepinephrine) influence mood, motivation, and attention.

4. NEUROPLASTICITY & THREAT LEARNING

- Involves the amygdala (threat detection and emotional reactivity).
- Involves the hippocampus (context, memory, and learning).
- Involves the prefrontal contex (top-down regulation and response control).

5. SLEEP & SOCIAL CONTEXT

- Sleep quality helps reset stress systems and emotional reactivity.
- Social context (e.g., safety, connection, support) can buffer stress and improve emotional resilience.

FOUR RESEARCH STACKS: EVIDENCE & COMMUNITY DOSING CONTEXT

1. SELANK + SEMAX



Rationale: Anxiety-related regulation plus. cognition / calm focus.

Evidence: No convincing controlled human combination trials.

Community dosing context:

- **Selank:** 250–500 mcg intranasal, 2–3x/day.
- **Semax:** 200–600 mcg intranasal, 1–2x/day, usually morning / early afternoon.

Cycle context: Often 10–14 days on, 1–2 weeks off.

Caution: Activation, fatigue, headaches, sleep changes, and product-quality uncertainty.

COMMUNITY-REPORTED / NOT VALIDATED

2. SELANK + OXYTOCIN



Rationale: Anxiety pathways plus social processing.

Evidence: No validated combination efficacy.

Community dosing context:

- **Selank:** 250–500 mcg intranasal, 1–2x/day.
- **Oxytocin:** 8–24 IU intranasal, often 30–45 min before social stressor or bedtime.

Context note: Effects may depend on situation and individual response.

Caution: Social effects are context-dependent; pregnancy, cardiovascular, and medication concerns.

COMMUNITY-REPORTED / NOT VALIDATED

3. SELANK + DSIP



Rationale: Daytime emotional regulation plus sleep-related recovery.

Evidence: No controlled combination evidence.

Community dosing context:

- **Selank:** 250–500 mcg intranasal, daytime.
- **DSIP:** 100–500 mcg subcutaneous, 30–60 min before bed.

Most common DSIP pattern: 250 mcg before bed is a common reported pattern.

Caution: Drowsiness, next-day fatigue, additive effects with alcohol, sedatives, or sleep aids.

COMMUNITY-REPORTED / NOT VALIDATED

4. SEMAX + DSIP



Rationale: Cognitive signaling plus nighttime recovery.

Evidence: Highly theoretical; no comonstrated human stack benefit.

Community dosing context:

- **Semax:** 200–600 mcg intranasal, morning / early afternoon.
- **DSIP:** 100–500 mcg subcutaneous before bed.

Timing note: Daytime activation may compete with nighttime sleep goals.

Caution: Unpredictable arousal vs sedation balance.

COMMUNITY-REPORTED / NOT VALIDATED

ADDITIONAL COMPARISON

SELANK + L-THEANINE



- **Selank:** 250–500 mcg intranasal.
- **L-theanine:** 200 mg once daily or 200 mg 30–60 min before stressful tasks.

Better human evidence exists for L-theanine alone than for peptide combinations.

SUPPLEMENT SUPPORT & DOSING CONTEXT

L-THEANINE

- **Dose:** 200 mg acute or 200 mg/day in short trials.
- **Note:** Attention support and modest stress reduction (e.g., lower perceived stress).

MAGNESIUM GLYCINATE

- **Dose:** Dose by elemental magnesium; often 100–200 mg elemental/day.
- **Note:** Possible adjunct for stress resilience and sleep, especially when dietary intake is low.

GLYCINE

- **Dose:** 3 g before bed.
- **Note:** May support sleep quality and next-day recovery (e.g., reduced sleep latency and improved subjective sleep).

ASHWAGANDHA

- **Dose:** 300–600 mg/day (standardized extract).
- **Note:** Research suggests short-term reductions in perceived stress.
- **Caution:** Can cause GI upset, drowsiness, or interactions with certain medications (e.g., thyroid, sedatives).

PHOSPHATIDYLSERINE

- **Dose:** 100–300 mg/day.
- **Note:** Preliminary research suggests support for healthy stress-biomarker responses (e.g., cortisol) and cognitive performance under stress.

MEASURE WHAT MATTERS

- **Perceived stress and anxiety scores** (e.g., validated questionnaires).
- **Sleep quality and next-day functioning** (e.g., sleep quality, morning alertness, energy).
- **Attention and work performance** (e.g., focus, productivity, error rate).
- **Emotional recovery after challenges** (e.g., how quickly you return to baseline).
- **Adverse effects, headaches, irritability, unusual dreams** (track frequency, intensity, and duration).
- **Context factors: therapy, exercise, sleep habits, social stressors** (identify what else may be influencing results).

SAFETY & KEY CONSIDERATIONS

- None of these four peptide stacks is a proven treatment for anxiety, insomnia, depression, or chronic stress.
- Community dosing is anecdotal and not clinical evidence.
- Avoid starting multiple neuroactive agents at the same time if trying to interpret effects.
- Stacking sedating compounds may worsen next-day alertness.
- Product identity, purity, and delivery quality are major concerns with unregulated products.
- Medication interactions require qualified clinician review.

REDUCING STRESS SIGNALS IS NOT THE SAME AS BUILDING RESILIENCE. COMMUNITY DOSING IS NOT CLINICAL EVIDENCE. UNVALIDATED STACKS ARE NOT TREATMENT PROTOCOLS.