Peptide Perspectives®

THE WOMEN'S HORMONAL WELLNESS STACK

Peptides & Nutritional Support Across Life Stages

HORMONAL GOALS CHANGE ACROSS LIFE STAGES

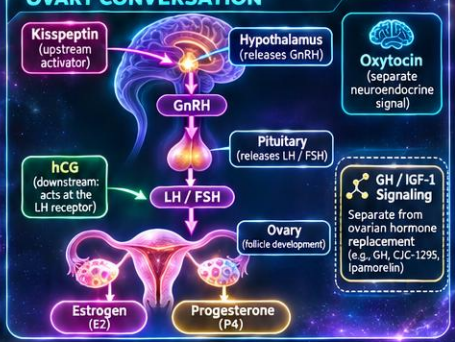
REPRODUCTIVE YEARS
- Ovulation and cycle balance
- Fertility goals
- PCOS / metabolic context

PREGNANCY / POSTPARTUM
- Obstetric supervision matters
- Peptide self-stacking is not appropriate

PERIMENOPAUSE
- Changing cycles
- Sleep and mood changes
- Vasomotor symptoms (e.g., hot flashes)

MENOPAUSE / LATER LIFE
- Symptom relief (e.g., hot flashes, sleep)
- Bone health
- Cardiovascular health
- Muscle preservation

THE BIOLOGY: BRAIN–PITUITARY–OVARY CONVERSATION



KEY TAKEAWAY: *One hormonal stack cannot fit every life stage.*

FIVE STACKS / RESEARCH APPROACHES & COMMUNITY DOSING CONTEXT

A GnRH ANALOGS + hCG

Most clinically grounded, but protocol-specific fertility medicine.



- Timed egg maturation.
- Used in selected assisted-reproduction protocols (e.g., IVF).
- Not a universal wellness stack.

COMMUNITY / RESEARCH CONTEXT

hCG: 250–500 IU 2–3x/week in some community fertility/hormone discussions; fertility trigger protocols may use much larger specialist-supervised doses such as 5,000–10,000 IU once. **GnRH** analog dosing depends on the specific drug and protocol—no universal community dose.

⚠ *OHSS risk and timing dependence.*

B KISSPEPTIN + hCG

Upstream + downstream reproductive-axis signaling.



- Promising mechanistic rationale.
- Human kisspeptin egg-maturation research exists.
- Combination efficacy not established.

COMMUNITY / RESEARCH CONTEXT

Kisspeptin: commonly discussed around 100–300 mcg per administration; **hCG:** 250–500 IU 2–3x/week in community contexts. No validated combination dose.

⚠ Specific peptide form matters.

C KISSPEPTIN + OXYTOCIN

Reproductive signaling + neuroendocrine signaling.



- Theoretical mood/intimacy/reproductive crosstalk.
- Not a validated treatment for infertility, libido, or menopause symptoms.

COMMUNITY / RESEARCH CONTEXT

Kisspeptin: ~100–300 mcg per administration in community discussions; **Oxytocin:** often discussed at 12–24 IU intranasal per use. No validated stack dose.

⚠ *Use extra caution around pregnancy and uterine risks.*

D CJC-1295 + IPAMORELIN

GH-pathway stimulation is not ovarian hormone replacement.



- Influences GH/IGF-1 pathways.
- Discussed for recovery/body composition.
- No established female hormonal-wellness or menopause benefit.

COMMUNITY / RESEARCH CONTEXT

CJC-1295 (no DAC): 100–300 mcg 1–3x/day; **CJC-1295 DAC:** about 1–2 mg weekly in community use; **Ipamorelin:** 100–300 mcg 1–3x/day. No validated women's hormonal-wellness dose.

⚠ *Watch glucose, fluid, and quality concerns.*

E BETTER CLINICAL COMPARATORS



Kisspeptin-based IVF trigger research
- Research focus on egg maturation and OHSS profile.
- Not broad wellness care.



Menopause hormone therapy + nutrition support
- Stronger evidence for selected hot-flash / menopause symptom management than experimental peptide stacks.

PROTOCOL CONTEXT

This is evidence-grounded comparison context, not a community peptide stack.

⚠ **IMPORTANT: THESE ARE NOT VALIDATED WELLNESS PROTOCOLS.**

SUPPORTIVE NUTRITION

Vitamin D	1,000–2,000 IU/day when needed.
Calcium	Total intake goal often about 1,000–1,200 mg/day.
Magnesium	200–400 mg/day.
Omega-3s	1–2 g/day combined EPA + DHA in general support discussions.
Iron	Only when deficient / clinically indicated.
Myo-inositol	2–4 g/day often discussed in PCOS research contexts.
Folate / Folic acid	400–800 mcg/day preconception context.
Vitamin B12	As needed for deficiency or low intake.
Protein	Adequate daily intake supports muscle and healthy aging.
Creatine	3–5 g/day for performance/strength support, not hormone replacement.

✓ *Correcting deficiency is often more evidence-based than taking extra amounts.*



WHAT GOOD OUTCOMES SHOULD MEASURE

- ☑ Ovulation and egg maturation
- ☑ Live birth / pregnancy outcomes
- ☑ Hot-flash and sleep symptom relief
- ☑ Bone density / fracture outcomes
- ☑ Metabolic health / quality of life
- ☑ Safety: OHSS, cysts, blood pressure, glucose, thrombosis, pregnancy outcomes

Hormone levels alone are not enough.

EXPERIMENTAL STACKS DO NOT EQUAL GENERAL HORMONAL BALANCE. COMMUNITY DOSING IS ANECDOTAL AND NOT A SAFE TREATMENT PROTOCOL. FERTILITY, PREGNANCY, AND MENOPAUSE CARE REQUIRE INDIVIDUALIZED MEDICAL SUPERVISION.