HYDRIP WELLNESS | MESA, AZ + TELEHEALTH

Peptides, explained simply.

An introduction to peptides - what they are, what people use them for, and how to start safely with a nurse-led team guiding you.

Free beginner guide **No jargon** **Read in about 12 minutes**



From Hydrip Wellness - weight loss, IV therapy, bloodwork, and peptides. Nurse-led care with Jessica Kulina, RN. 250+ people helped, thousands of treatments delivered.

START HERE

You are curious. That is the right place to start.

You do not need a science degree to understand peptides. You need a clear explanation, honest safety information, and a team who will tell you if something is not right for you.

That is what this guide does. It will not give you a protocol to follow on your own - on purpose. Peptides are personal. The right choice depends on your goals, your labs, your health history, and the other medicines you take. This guide gives you the map. Your nurse and provider help you choose the route.



In this guide

1. The basics

What peptides are and how they work in plain language.

2. The options

How peptides are taken, and the main goal categories people explore.

3. Quality and safety

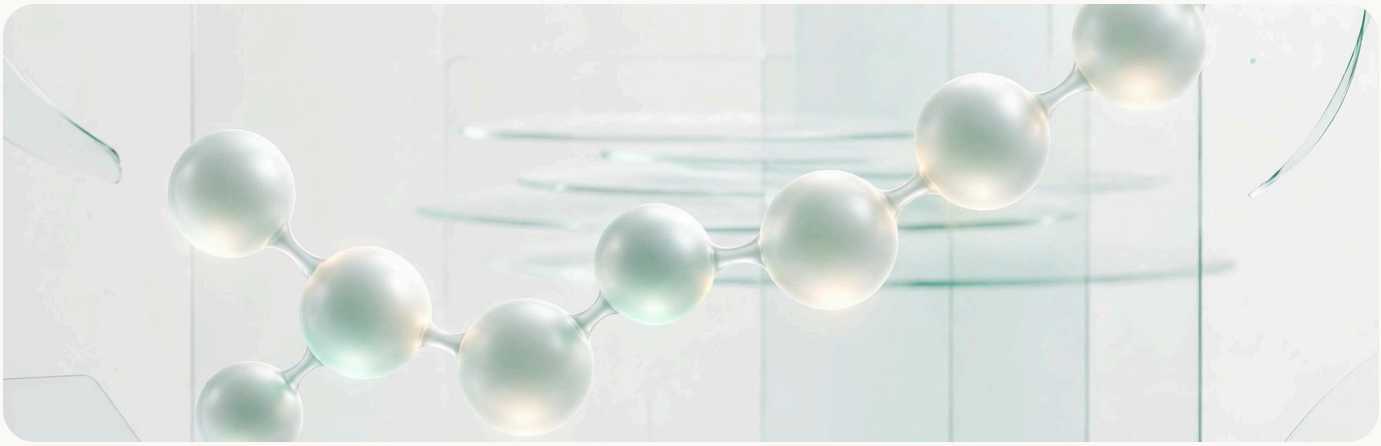
How to spot tested product, and why a licensed provider matters.

4. Your pathway

The exact steps to start with Hydrip - intake, labs, review, and support.

What peptides actually are

A peptide is a short chain of amino acids - the same building blocks that make up protein, just in a much shorter string.



Think of it this way. A protein is a long necklace. A peptide is a short strand from that necklace. Because it is short and specific, your body can use it as a **signal** - a short instruction that tells cells to do something they already know how to do.

A simple picture

Your body already makes peptides every day. They help coordinate things like hunger, sleep, repair after injury, and how you store and use energy. The peptides people talk about in wellness are designed to mimic or support signals like those.

Why the signal idea matters

A peptide does not force your body to do something foreign. It delivers a message. That is why matching matters so much - the right signal, for the right person, for the right goal, at the right time. The wrong signal, or the right signal for the wrong person, is not helpful.

Peptides are not all the same

Some peptides are prescription medicines. Some are used in research settings and are not approved as medicines. Some appear in skin care. The name alone tells you very little - what matters is the specific peptide, its quality, and whether a qualified provider has reviewed it for you.

How peptides are taken - and why the route matters

Peptides are fragile. Stomach acid and digestion can break many of them down before they can work. That is why the way a peptide is taken - its route - is part of the plan, not an afterthought.

Route	What it means, in general
Injection under the skin	A small injection just under the skin. This route is common for many peptides because it bypasses digestion. It should only be used when a provider has prescribed it for you and taught you what to do.
Nasal	Delivered through the nose. Some peptides are explored this way because the nasal lining absorbs quickly. Not every peptide is suited to it.
Oral	Taken by mouth as a capsule or tablet. Convenient, but absorption is the challenge - only certain peptides are formulated to survive digestion.
Topical	Applied to the skin, most often in skin care. This is local - it is aimed at the skin where it is applied, not the whole body.

Please do not self-experiment

This guide names routes so you understand the conversation - not so you can start on your own. If a provider has not reviewed a peptide for you, the safest step is a conversation, not an order from a website.

The takeaway: same word, "peptide," very different products and routes. A good provider explains why a route was chosen for you - and what to expect from it.

Who typically explores peptides

Most people do not start with a peptide name. They start with a feeling: "I am not recovering like I used to," or "I am doing the work and my body is not responding."

People commonly come to this conversation when they want support with:

- Weight and body composition that have stalled despite real effort
- Slow recovery from training, strain, or everyday wear and tear
- Sleep that is light, broken, or not restorative
- Focus, memory, and mental clarity that feel off
- Getting sick often, or bouncing back slowly
- Gut discomfort and ongoing inflammation
- Skin, energy, and healthy aging over time

Who should pause and talk to a provider first

Anyone who is pregnant or breastfeeding, managing a serious or complex condition, taking multiple prescription medicines, or considering a peptide for a child or teenager. Also anyone who has been offered a peptide with no health screening at all - that is a red flag, not a shortcut. A proper review protects you, even when the answer ends up being "not this one, not right now."

You are the hero of this story

Your goals, your labs, and your daily life set the direction. Hydrip's job is to be the guide - to translate the options, check them against your biology, and support you while you do the work. No plan should ever be copied from a friend, a forum, or a social media post.

The goal map, part 1

Use these categories to name your goal. The examples are named so you recognize them when you hear them - not as recommendations, and with no instructions for use.

Recovery and repair

For: Supporting the body's normal repair processes after training, strain, or injury, as part of a broader recovery plan.
Names you may hear: BPC-157, TB-500.
Good to know: Recovery still rests on sleep, nutrition, and appropriate training load. A peptide, if a provider recommends one, is one piece - not the whole plan.

Metabolic and body composition

For: Appetite, blood sugar, and weight-related goals, usually alongside nutrition, movement, and follow-up labs.
Names you may hear: GLP-1 medicines such as semaglutide and tirzepatide.
Good to know: These are prescription medicines with real side effects and screening requirements. They require provider oversight - this is not a do-it-yourself category.

Sleep

For: Falling asleep, staying asleep, and waking up feeling restored.
Names you may hear: Peptides discussed for sleep support vary - ask your provider what, if anything, fits your sleep pattern and labs.
Good to know: Sleep problems have many causes. Screening first prevents treating a symptom while missing the reason behind it.

Cognition

For: Focus, clarity, memory, and mental stamina during demanding days.
Names you may hear: Peptides discussed for cognitive support vary by goal and delivery route.
Good to know: Brain fog is often tied to sleep, hormones, nutrients, or stress. Labs help sort out what is actually driving it.

The goal map, part 2

Immune support

For: Supporting normal immune function, especially for people who feel they get sick often or recover slowly.
Good to know: Immune support starts with the basics - sleep, nutrition, vitamin and nutrient status, and stress. Labs can show where you actually stand before anything is added.

Gut and inflammation

For: Gut comfort and supporting a healthy inflammatory response.
Names you may hear: BPC-157 is also discussed in gut-related conversations.
Good to know: Ongoing gut symptoms deserve a proper workup. Do not use a peptide to mask symptoms that have not been evaluated.

Longevity and skin

For: Healthy aging, skin quality, and how you feel and function over time - energy, resilience, and appearance together.
Names you may hear: Topical peptides in skin care, and other peptides discussed for healthy aging.
Good to know: This is a long game. The strongest longevity plan is still built on labs, sleep, movement, nutrition, and consistent follow-up - with any peptide as a considered addition, not a foundation.

One goal at a time

If everything on these two pages sounds appealing, pick the one goal that matters most right now. Starting with one clear goal makes it possible to tell what is actually helping - and keeps a plan simple enough to follow.

Educational note: Naming a peptide here does not mean it is approved, appropriate, or available for you. Availability and prescription status vary, and your provider makes that call after reviewing your intake and labs.

What changed this week

You may see headlines about six peptides this week. Here is what actually changed - in plain English, without the hype.

A draft policy, not an approval

On October 30, 2026, the U.S. Department of Health and Human Services (HHS) published a **draft** enforcement-discretion policy in the Federal Register (91 FR 68526). A draft policy is not a law, not a final rule, and not FDA approval. It is nonbinding, and HHS can revisit it - in whole or in part - if a safety signal or quality problem arises.

Under the draft policy, HHS says it does not intend to take enforcement action against a state-licensed pharmacy compounding the six peptides in this section when **all** of these conditions are met:

- **One patient at a time.** A valid, patient-specific prescription - no batches made for general sale.
- **One active ingredient per product.** No blends and no stacks under this policy.
- **Tested starting material.** The bulk substance must come from an FDA-registered manufacturer, with a Certificate of Analysis testing identity, purity, potency, endotoxins, heavy metals, and microbial contamination.
- **Clear labeling.** The label must state that this is a compounded drug product and is not for resale.
- **Safety reporting.** Serious adverse events and product-quality problems are reported to FDA MedWatch and to the state.
- **All other 503A rules still apply** for licensed compounding pharmacies (503A/503B).

What this does not mean

None of the six peptides in this section is FDA-approved, and none is on the FDA 503A bulks list. FDA's own reviewers recommended against listing them, and the evidence for each one is still early. Public comments on the draft policy are open until about **November 13, 2026**. Until a final rule is made, think of this as a door opened a crack under strict conditions - not a free-for-all, and not a guarantee that any peptide is right for you.

Source: Federal Register, 91 FR 68526, Docket HHS-OASH-2026-0496. This summary is education only and is not legal or medical advice.

Meet the six, part 1

Names only, in plain English - what each one is, why people ask about it, what the evidence honestly shows, and the routes the draft policy permits. No doses, no protocols, and no promises. Whether any of these fits you is a provider decision after intake and labs.

BPC-157

What it is: A peptide first studied in connection with the gut, now widely discussed for tissue repair.
Why people ask about it: Recovery, gut comfort, and support for the body's normal repair processes after strain or injury.
Evidence, honestly: Most of the research so far is in animals, with limited human studies. Promising is not the same as proven.
Routes the policy permits: Subcutaneous, intramuscular, oral, or topical - the broadest list of the six. Your provider decides if any route is appropriate for you.

TB-500

What it is: A fragment of thymosin beta-4, a protein your body makes that is involved in cell movement and repair.
Why people ask about it: Recovery and soft-tissue support as part of a broader plan.
Evidence, honestly: Early and mostly preclinical. Human evidence is limited, and this is not a proven treatment for injury.
Routes the policy permits: Injection only - subcutaneous or intramuscular.

MOTS-c

What it is: A small peptide made from mitochondrial DNA - the part of the cell involved in energy.
Why people ask about it: Exercise capacity, energy, and metabolic health.
Evidence, honestly: Early human data exists, but studies are small and the picture is incomplete. It is an area of active research, not settled science.
Routes the policy permits: Injection only - subcutaneous or intramuscular.

Meet the six, part 2

Three more - each one is different, and the permitted route is different too. That route limit is part of the policy, not a preference.

KPV

What it is: A short fragment of a hormone involved in inflammation and skin and gut lining.
Why people ask about it: Gut and skin inflammation, and supporting a healthy inflammatory response.
Evidence, honestly: Mostly preclinical research so far. Human evidence is very limited.
Routes the policy permits: Oral or topical only - notably, not injectable under this policy.

Semax

What it is: A peptide developed and used in Russia, delivered through the nose.
Why people ask about it: Focus, clarity, and cognition.
Evidence, honestly: Most research comes from Russian studies, and it is not approved as a medicine in the United States. Evidence outside that research is limited.
Routes the policy permits: Intranasal only.

Epitalon

What it is: A very short peptide studied in connection with sleep rhythm and cellular aging.
Why people ask about it: Sleep, healthy aging, and longevity conversations.
Evidence, honestly: The thinnest evidence of the six. Interest is running well ahead of human data, and we will say that plainly.
Routes the policy permits: Injection only - subcutaneous or intramuscular - and only in intermittent courses, not continuous use.

One ingredient, one goal, one review

Under this draft policy there are no blends or stacks of these six. If a seller offers you a combined vial, a guaranteed result, or any of these with no prescription and no screening, that is outside the pathway described here - walk away and ask a licensed provider instead.

Why sourcing matters - and how to read a COA

Two vials can look identical and be completely different inside. Quality is not a label claim. It is paperwork you can check.

A **Certificate of Analysis (COA)** is a lab report for a specific batch of product. If a seller cannot show you one, or gets vague when you ask, walk away.

Check these four things on any COA

1. **Identity and purity were tested.** Look for testing methods such as HPLC and mass spectrometry. Together, they help confirm the product is what it claims to be, and how pure it is.
2. **The lot or batch number matches.** The number on the COA should match the number on your product. A report for a different batch tells you nothing about yours.
3. **The test date is recent.** Old reports may not reflect current product. Look for a clear, recent date and the name of the lab that did the testing.
4. **The result is specific, not a slogan.** "Third-party tested" is marketing. A real COA shows actual results, methods, and batch details you can read.

Other sourcing red flags

No prescription or screening when one should be required. Prices that seem too good to be true. Claims of guaranteed results. Products labeled "for research only" being sold for personal use. Pressure to buy a large supply before anyone has reviewed your health.

Working through a licensed provider shifts this burden off you. Verifying sourcing and quality is part of their job - it should never be guesswork you do alone at midnight.

Safety first - please read this page

This guide is education, not medical advice

Nothing in this guide is a diagnosis, a prescription, or a recommendation for you personally. Only a licensed provider who has reviewed your health history and labs can do that. If anything here raises a question about your health, bring it to Hydrip's nurse or provider - or to your own clinician.

- **Many peptides are prescription-only.** If it requires a prescription, it requires a real clinical review first.
- **Some peptides are not FDA-approved** as medicines, and research on many is still developing. Anyone who presents them as proven and risk-free is not being straight with you.
- **Side effects and contraindications exist.** A peptide can interact with your conditions or medicines, or simply be the wrong fit. That is exactly what screening is for.
- **Results vary.** Two people with the same goal can respond differently. No honest provider guarantees a result.
- **Stop and seek care for concerning symptoms.** If you ever use a prescribed therapy and something feels wrong, contact your provider promptly - or urgent care if it feels urgent.

Why working with a licensed provider matters

A licensed provider reviews your history, orders and reads your labs, checks for interactions, chooses quality-sourced product, and follows up with you. That follow-up is not a formality - it is how a plan gets adjusted, paused, or stopped when your body says it should be.

At Hydrip, care is nurse-led. Jessica Kulina, RN, is the nurse face of the team - the person who helps turn a confusing list of options into a plan built around your biology, and who stays in your corner while you follow it.

How starting with Hydrip works

You have done step one by reading this guide. The rest is simple, and you do not do it alone.

1. **Read this guide - done**

   You now know the basics, the categories, and the safety questions to ask anyone.

2. **Fill out the intake form**

   It takes a few minutes and tells the team your goals and health background, so your review is personal from the start.

3. **Get your bloodwork done**

   Labs replace guessing. They show where you stand on the markers that matter for your goal.

4. **Nurse and provider review**

   Your intake and labs are reviewed together, and a plan is built around your biology - including whether a peptide fits at all, and which category makes sense if it does.

5. **Start with ongoing support**

   You follow the plan with the team checking in - not a one-time purchase and silence. Questions get answers, and the plan adjusts as you respond.

Ready when you are

Start your intake here:
https://tally.so/r/3jRy6J

Prefer to talk first? DM us on Instagram at **@hydripwellness** or call / text **480-480-3747**. Hydrip Wellness - Mesa, AZ + telehealth / at-home. Weight loss, IV therapy, bloodwork, and peptides.

This guide is for general education only and is not medical advice. Peptide availability, prescription status, and suitability are determined by a licensed provider after review. Results vary and are not guaranteed.