CELLULAR HEALTH

How to Read a Peptide Advert: Approved Drugs, 'Research Use Only' Labels, Claims and a Coach's Checklist

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Short answer: Peptide adverts on social media often mix real science with claims no regulator has accepted. A coach's job is to help clients read the claim, check whether the product is an approved medicine, and send any decision about using it to a licensed clinician. Coaches never recommend, source, dose or sell peptides. This page is education only, not medical advice.

Why this matters now

Clients see short videos promising faster healing, fat loss or "anti-ageing" from injectable peptides, often sold as "research use only". Some peptides are approved medicines with labels, trials and a prescriber. Many products in adverts are not. The difference matters for safety, quality and the law, and it is exactly the kind of question clients bring to a coach first.

Step 1: is it an approved drug?

Search the product or active ingredient in [Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf/). If it is approved, the label on [DailyMed](https://dailymed.nlm.nih.gov/dailymed/) lists the approved uses, dosing set by the prescriber, warnings and side effects. GLP-1 medicines such as semaglutide and tirzepatide are peptide-based approved drugs, for the indications on their labels. If a product is not there, the advert is not describing an FDA-approved medicine.

Step 2: what exactly is being claimed?

Write the claim down in one line. "Heals tendons", "melts fat", "reverses ageing" and "boosts growth hormone naturally" are health claims. The FTC expects health claims to be backed by competent and reliable scientific evidence ([FTC Health Products Compliance Guidance](https://www.ftc.gov/business-guidance/resources/health-products-compliance-guidance)). Ask: is the evidence in humans, or only in cells or animals? How many people? Compared with what? Published where?

Step 3: check the "research use only" label

"Research use only" or "not for human consumption" on a product sold to consumers is a warning sign, not a loophole. It usually means the seller is not claiming the product is a medicine, so there is no approved label, no assurance of purity or dose, and no prescriber oversight. Coaches should treat any request to source or use these products as a firm refusal.

Step 4: approved versus compounded

Compounded medicines are made by pharmacies for individual patients under specific legal conditions, and are not FDA-approved. FDA has clarified its compounding policies for GLP-1 medicines as national supply has begun to stabilise ([FDA statement](https://www.fda.gov/drugs/drug-alerts-and-statements/fda-clarifies-policies-compounders-national-glp-1-supply-b The rules are detailed and change over time, so coaches explain the difference at a high level and send product choices back to the prescriber and pharmacist.

Step 5: look for fraud signals

FDA's [health fraud page](https://www.fda.gov/consumers/health-fraud-scams) lists warning signs: one product that treats many unrelated conditions, "miracle" or "secret" language, personal testimonials in place of evidence, pressure to buy now, and "no side effects". Peptide adverts often tick several boxes at once.

A coach's six-question checklist

1. Is it listed in Drugs@FDA, and for what use? 2. What is the one-line claim? 3. Is the evidence in humans, and how strong is it? 4. Who prescribes it, and who monitors the client? 5. Is it labelled "research use only"? 6. Does the advert show fraud signals? If the answers are "not listed", "research use only" or "no prescriber", the coaching answer is simple: don't use it, and talk to a licensed clinician.

Scripts that keep you in scope

- *"Can you tell me how much to inject?"* "No. Dosing any medicine or peptide is outside my scope. A licensed clinician has to make that call." - *"My gym sells it, so it must be fine."* "Being sold locally doesn't make it approved or safe. Let's check Drugs@FDA together, and then you can ask your doctor." - *"It's only for research, so it's legal."* "That label means no one is promising what's in the vial or that it's safe for people. I won't help source it." - *"Can you just read the study for me?"* "I can explain how strong the evidence looks in general terms. Whether it fits you is your clinician's decision."

If a client has already used a product

Don't lecture. Ask them to tell their clinician exactly what they used, where it came from and any symptoms. Side effects from medicines and products can be reported to FDA through [MedWatch](https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program). Anything urgent, such as a severe reaction, injection-site infection, chest pain or trouble breathing, is an emergency.

Reading "before and after" content

Before-and-after photos, influencer stories and clinic testimonials are not evidence. They show the people the seller chose to show, often alongside diet changes, training or approved medicines that the post doesn't mention. When a client shares one, ask what else changed, how many people tried it, and what happened to those who stopped. Then return to the checklist and the one-line claim. A story is a reason to ask questions, not a reason to buy.

Where the coach adds value

Coaches can do something advert-sellers can't: help clients build the habits with the strongest evidence. Strength training, walking, sleep and protein-first meals have far better support than any unapproved injectable. When a client asks for a shortcut, the honest answer is a plan they can keep, plus a referral for anything

medical.

Write it into your scope

Add one line to your written scope: "I do not recommend, source, dose, sell or administer peptides or prescription medicines." Link to the [NBHWC scope of practice](https://nbhwc.org/scope-of-practice/). Clients who keep asking are easier to redirect when the boundary is already in writing.

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Safety note

Education only. Coaches educate and refer; they never prescribe, dose, source or sell medicines.

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