YOUTUBE RESEARCH REPORT · FOR @ATAREH

Peptides for Longevity & Anti-Aging

What the five most-watched experts on YouTube actually claim about peptides and aging — where they agree, where they clash, and how strong the evidence really is.

5	~5.0M	11
VIDEOS ANALYZED	COMBINED VIEWS	PEPTIDES ASSESSED

Compiled June 18, 2026 · Full transcripts via TranscriptAPI (`youtube-full` skill) · Research summary, not medical advice

Bottom line up front

Across the five most-watched expert videos, the strongest evidence-backed "longevity peptide" isn't a niche anti-aging compound — it's the **GLP-1 class** (semaglutide / tirzepatide / retatrutide), the only group with large human mortality data. The classic anti-aging names — **Epitalon, GHK-Cu, Thymosin-α1, MOTS-c, BPC-157, TB-500** — rest mostly on animal studies, mechanism, and clinician anecdote. A recurring counter-theme worth weighing: **growth-hormone–boosting peptides may be *pro*-aging and carry real tumor-growth risk.** Every credible speaker stresses physician supervision, clean sourcing, and how thin the human evidence base still is.

01 How this report was built

Using the `youtube-full` skill, I searched YouTube for *"longevity peptides,"* ranked the ~20 results by topical relevance and viewership, selected the top five, and pulled the **full transcript** of each.

Each transcript was then analyzed for the specific peptides discussed, the longevity mechanisms claimed, dosing, risks, evidence quality, and conflicts of interest. This is a synthesis of *what these creators say* — it is not medical advice, and much of the underlying science is preliminary.

02 The five videos

#	Video & speaker	Channel	Views	Length
1	**The Peptide Expert: What Do Peptides Actually Do?** Dr. Alex Tatem — broad explainer + FDA politics	The Diary Of A CEO	2.63M	1:29:49
2	**Benefits & Risks of Peptide Therapeutics** Andrew Huberman — mechanism-first, risk-forward	Huberman Lab	1.20M	1:26:42
3	**Peptide & Hormone Therapies for Health, Performance & Longevity** Dr. Craig Koniver — clinical "performance medicine"	Huberman Lab	613K	2:29:14
4	**Complete Guide to Peptides for Fat Loss, Muscle & Longevity** Dr. Kyle Gillett MD — by drug class; contrarian on GH	Thomas DeLauer	520K	37:58

#	Video & speaker	Channel	Views	Length
5	**Top 5 Peptides for Longevity — Evidence-Based Ranking** Quinn Stillson MD — scored vs. aging hallmarks	Quinn Stillson MD	55K	30:17

Views as of retrieval. Videos 1 & 5 are the most directly on-topic; videos 2–4 are higher-authority broad treatments with major longevity segments.

03 The peptides that matter

Every longevity-relevant peptide across all five videos, consolidated with its consensus mechanism, evidence tier, and main caution.

Evidence tier: HUMAN meaningful human data · ANIMAL / MECH mostly animal + mechanism · ANECDOTE mainly clinician / user reports

Peptide	Longevity rationale	Evidence	Key risk / caveat
GLP-1 agonists semaglutide, tirzepatide, retatrutide	Metabolic disease framed as the root of age-related decline; anti-inflammatory, neuroprotective, lowers all-cause mortality. Molecular effects mirror rapamycin in mice.	HUMAN	Muscle loss with rapid weight loss; rebound if stopped. Healthy normal-weight use still emerging.
Epitalon epithalon	Pineal tetrapeptide — telomere lengthening, melatonin/circadian restoration, antioxidant + epigenetic effects. Up to ~25–31% lifespan gains *in animals*.	ANIMAL / MECH	Almost no human data on epitalon itself; FDA-banned from compounding. Huberman & Tatem openly skeptical of lifespan claims.
Thymosin α-1	Counters immunosenescence; modulates the immune system up or down. Practical trigger marker: CD4:CD8 ratio below 1.	HUMAN	Human data is in *disease* groups (HIV, COVID, cancer), not healthy-aging prevention. Not FDA-approved (approved in 35+ countries).
GH secretagogues sermorelin, ipamorelin, tesamorelin, CJC-1295, MK-677	Restore age-related decline in growth hormone → recovery, sleep, skin, body composition. Tesamorelin targets visceral fat.	ANIMAL / MECH	**Tumor-growth risk** (GH/IGF-1 grow tissue indiscriminately). CJC-1295 had a trial death; hexarelin can desensitize receptors.
BPC-157	Healthspan via tissue repair — angiogenesis + fibroblast migration at injury sites; gut healing. Durability, not lifespan.	ANECDOTE	Raises VEGF → potential tumor growth. Few human trials. FDA-banned from compounding (2023) →

Peptide	Longevity rationale	Evidence	Key risk / caveat
			gray-market contamination risk.
TB-500 thymosin β-4	Tissue repair, stem-cell proliferation, extracellular-matrix growth. Often stacked with BPC-157.	ANECDOTE	Repair, not growth. Off-label, never completed Phase 3. On the WADA banned list.
MOTS-c	Mitochondrial-derived; AMPK activation — "exercise in a vial." Targets the mitochondrial-dysfunction hallmark of aging.	ANIMAL / MECH	Very little human data (one analog study). Best suited to insulin resistance / metabolic syndrome.
GHK-Cu copper tripeptide	Declines with age; rebuilds collagen and elastin → visible skin anti-aging. Tatem's pick for the "skin super-peptide."	ANIMAL / MECH	Topical well-tolerated; not a procedure replacement. Injectable form is off-label.
FOXO4-DRI	Synthetic *senolytic* — frees p53 to trigger apoptosis of senescent cells. "Most exciting mechanism" for aging.	ANIMAL / MECH	Essentially no human in-vivo data. Highly experimental.
Pinealon	Bioregulator that sharply increases REM sleep (Huberman: roughly doubled) via pineal regeneration — sleep as a healthspan foundation.	ANECDOTE	Clinician reports no side effects, but anecdotal. Hard to source legitimately.
Pentadeca Arginate PDA	Near-identical to BPC-157 (one amino-acid swap); positioned as the *compoundable, legal replacement*.	ANECDOTE	Very early in clinical use; minimal data.

✓ Where everyone agrees

- **Source matters more than the molecule.** Prescription / compounding-pharmacy (LPS-cleaned) is fine; gray & black market is dangerous — contamination and mislabeling. Unanimous.
- **Peptides are pleiotropic** — each does many things, so "no side effects" is never true; risk scales with potency.
- **Human evidence is thin.** Even the enthusiasts repeatedly say "we need more data" and lean on animal studies plus clinical anecdote.
- **Tumor / cancer growth is the throughline risk** for anything that drives GH, IGF-1, VEGF, or angiogenesis.

⚠ Where they disagree

- **Is GH anti-aging or pro-aging?** Tatem & Koniver treat GH secretagogues as a healthspan lever; **Gillett flatly calls GH "a pro-aging molecule"** that accelerates cell turnover. A genuine scientific split.
- **Epitalon's lifespan claim.** Stillson ranks it #2 with detailed animal lifespan data; Tatem is "very skeptical it's the fountain of youth." Same molecule, opposite confidence.
- **Conviction vs. evidence.** Stillson is the most rigorous (grades evidence, flags non-significant results); the podcast guests lean on clinical observation from practices that *sell* these therapies.

04 Per-video deep dives

1 Dr. Alex Tatem — "The Peptide Expert"

The Diary Of A CEO · 2.63M views · board-certified urologist / men's-health specialist

Clinician-advocate | Prescribed peptides 2014–2023

Stance. Enthusiastic but hedged. Frames peptides as targeted "keys for locks," and spends much of the episode on the FDA's 2023 reclassification banning ~19 peptides and a "Big Pharma suppresses unpatentable peptides" narrative. The true centerpiece is metabolic health, not classic anti-aging.

Longevity highlights.

- **GHK-Cu** — his answer for skin anti-aging (collagen / elastin, declines with age).
- **Epitalon** — telomere lengthening; "fountain of youth" claims he is *skeptical* of.
- **GLP-1s (esp. retatrutide)** — his single most-exciting compound; metabolic disease as the root of age-related disease.
- **MOTS-c, GH secretagogues, BPC-157 / TB-500** — energy and repair.

> *"There are no real shortcuts... this isn't going to go to the gym for you."*

Caveats. Evidence is weak-to-moderate and self-aware (BPC-157's marquee data is rat studies). Conflict of interest: a clinician advocating to re-legalize peptides he wants to prescribe; personally takes tirzepatide. To his credit, he volunteers downsides and debunks methylene-blue and muscle-building hype.

2 Andrew Huberman — "Benefits & Risks of Peptide Therapeutics"

Huberman Lab · 1.20M views · Stanford professor of neurobiology & ophthalmology

High authority | No product to sell here

Stance. The most structured and risk-forward of the five. Organizes therapeutic peptides into four buckets (tissue repair, metabolism/growth, longevity, vitality) and three sourcing tiers (prescription / gray / black market), repeatedly stressing pleiotropic effects and tumor risk.

Longevity highlights.

- **Epitalon** is his designated longevity peptide — pineal-derived, telomere and anti-inflammatory effects — but flagged as experimental, no human lifespan trials.
- **Thymosin β-4 / TB-500** framed around why children heal faster (thymus peptides).
- Careful taxonomy of **GH secretagogues** ("Type 1" GHRH-mimics safer than "Type 2" ghrelin-based); personally *quit* sermorelin because it cut his REM sleep.

Caveats. Explicitly warns BPC-157 raises VEGF (the opposite of cancer drug Avastin) → tumor concern, and that all GH augmentation raises cancer risk. Treats "not a hormone, so it's safe" as a dangerous misconception.

3 Dr. Craig Koniver — "Peptide & Hormone Therapies… & Longevity"

Huberman Lab · 613K views · board-certified physician, ~25 yrs, "performance medicine"

Board-certified | Runs clinic selling these therapies

Stance. Peptides sit on a ladder between supplements and full hormone replacement; their edge is "nudging" the body's own pathways without negative-feedback shutdown. Pragmatic, conservative micro-dosing, "feel better first" to drive lasting lifestyle change.

Longevity highlights.

- **NAD** (not a peptide, but his strongest longevity endorsement) — relieves the mitochondrial cytochrome-1 bottleneck; IV protocol.
- **Pinealon** — roughly doubles REM sleep (Huberman's self-report ~1.5h → 3h); sleep as healthspan foundation.
- **Epitalon** — "involved in DNA repair," animal data for retinal degeneration.
- **Pentadeca Arginate (PDA)** — legal compoundable stand-in for banned BPC-157; **Thymosin α-1** for immune modulation.

> *"NAD has been the most impactful from where I sit working with patients."*

Caveats. Almost entirely clinical / anecdotal ("thousands of patients"), not RCTs. Clear conflict of interest (IV NAD runs $500–$1,000+). Huberman's sermorelin self-experiment reportedly raised his PSA, reversibly — an n-of-1 caution.

4 Dr. Kyle Gillett — "Complete Guide to Peptides"

Thomas DeLauer · 520K views · board-certified obesity-medicine / hormonal-health physician

Board-certified | Sponsored creator segment

Stance. Think by drug *class*, not "anti-aging" hype — and the most **contrarian on longevity**: the old "GH = anti-aging" idea is wrong because GH accelerates cell turnover and is "kind of a pro-aging molecule."

Longevity highlights.

- **Keep IGF-1 in a "Goldilocks zone" (~100–250)** — high enough to avoid sarcopenia, low enough to avoid tumor growth and insulin resistance.
- Preferred play: **low-dose ghrelin agonist + low-dose GHRH analog** (synergy at lower risk); go-to is **tesamorelin**; he *avoids* CJC-1295 (trial death).
- **BPC-157 / TB-500 / GHK-Cu** for *targeted* repair without flooding the body with growth signal.

> *"[Growth hormone] literally does accelerate cell aging and cell turnover, so it's actually kind of a pro-aging molecule."*

Caveats. Regenerative-peptide support is anecdote-heavy (including his own injuries); flags MK-677's reversible "GHRP diabetes," the CJC-1295 death, and melanoma concern for melanotans. Recurring message: tumor screening is mandatory for longevity use.

5 Quinn Stillson MD — "Top 5 Peptides for Longevity"

55K views · longevity-medicine MD, peptide-therapy certified · the most rigorous of the five

Evidence-graded | No COI disclosed

Stance. The most analytically disciplined — scores each peptide on mechanism strength, evidence depth, effect size, and risk/benefit, mapping each to the "hallmarks of aging." His explicit ranking:

Rank	Peptide	Why it placed there
#1	GLP-1 agonists	Strongest human data by far — mortality meta-analyses up to 100k patients; 12% lower all-cause death in at-risk groups; molecular effects mirror rapamycin.
#2	Epitalon	Multi-mechanism + animal lifespan gains up to ~25–31%; held back only by near-zero human data on epitalon itself.
#3	Thymosin α-1	Best human evidence base (11,000+ patients, 35+ countries) — but in disease populations, not healthy-aging prevention.
#4	FOXO4-DRI	"Most exciting mechanism" (senolytic clearing senescent cells), but limited even-preclinical data.
#5	MOTS-c	Promising mitochondrial / AMPK longevity data; edges out SS-31 because it works "at any age."

Caveats. Transparently grades evidence and flags non-significant results and translational gaps (e.g., epithalamin data ≠ epitalon). Promotes his own related videos; no financial ties disclosed. Credentials not independently verifiable from the transcript.

05 What to actually take away

1. **If "longevity peptide" means best evidence:** the answer the data supports today is the **GLP-1 class**, primarily for overweight / metabolic individuals — every doctor here ranks or treats it at or near the top.
2. **The marquee "anti-aging" peptides** (Epitalon, GHK-Cu, MOTS-c, FOXO4-DRI) have compelling *mechanisms* and animal data, but are essentially unproven in humans for lifespan. Exciting, experimental, not established.
3. **Repair peptides** (BPC-157, TB-500, PDA) are about *healthspan / durability*, not lifespan — and carry tumor-growth caution plus a sourcing minefield after the 2023 FDA ban.
4. **Growth-hormone boosting is the most contested area** — some call it healthspan, a credible camp calls it pro-aging. Treat aggressive GH / IGF-1 elevation as high-risk, not a default longevity move.
5. **Non-negotiables every expert shares:** work with a board-certified physician, use clean (compounded / prescription) sources, screen for cancer, and never assume "peptide = safe."

> **Disclaimer**
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> This document summarizes claims made by YouTube creators for research and content purposes. It is not medical advice. Many peptides discussed are not FDA-approved for these uses, several are restricted, and the human evidence base is limited. Verify any specific claim against primary literature and a qualified physician before acting.

Generated via the `youtube-full` skill (TranscriptAPI) plus transcript analysis. Auto-generated captions garble peptide names; spellings were normalized to standard nomenclature (Ipamorelin, Tesamorelin, Sermorelin, BPC-157, TB-500, Retatrutide, MOTS-c, Epitalon).