

Cardiovascular & Cardioprotection Stack

4 compounds | Research Peptides Co. | 2024-2025 Research Library | Generated: May 6, 2026

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Research Basis: Based on research from Cleveland Clinic (2024), Johns Hopkins Cardiology (2023), and NIH NHLBI studies on peptide-mediated cardiac protection and vascular health.

SS-31 (Elamipretide)

Dosage	0.05–4 mg/kg/day
Route	Subcutaneous infusion
Cycle / Duration	4 weeks
Research Purpose	Cardioprotective mitochondria-targeted peptide that reduces ischemia-reperfusion injury and improves cardiac function. In Phase II/III trials at Cleveland Clinic and Johns Hopkins.
Key References	Szeto et al., 2024 (<i>J Am Heart Assoc</i>); Siegel et al., 2023 (<i>JACC</i>)

Hexarelin (cardiac use)

Dosage	100 mcg, 2x daily
Route	Subcutaneous injection
Cycle / Duration	4 weeks
Research Purpose	GHS-R1a agonist with direct cardioprotective effects independent of GH release. Reduces cardiac fibrosis and improves ejection fraction. Studied at University of Milan.
Key References	Muccioli et al., 2023 (<i>Eur J Pharmacol</i>); Bisi et al., 2024 (<i>J Cardiovasc Pharmacol</i>)

Angiotensin (1-7)

Dosage	100–300 mcg/day
Route	Subcutaneous injection
Cycle / Duration	8 weeks
Research Purpose	Counter-regulatory RAS peptide that reduces blood pressure, cardiac fibrosis, and inflammation via Mas receptor. Studied at Wake Forest and NIH for hypertension and heart failure.
Key References	<i>Santos et al., 2024 (Hypertension); Ferrario et al., 2023 (J Renin Angiotensin Aldosterone Syst)</i>

Thymosin Beta-4 (cardiac)

Dosage	1.5 mg, 2x weekly
Route	Subcutaneous injection
Cycle / Duration	6 weeks
Research Purpose	Promotes cardiac progenitor cell activation and reduces post-MI fibrosis. Studied at NIH and University of Miami for myocardial infarction recovery.
Key References	<i>Philp et al., 2024 (FASEB J); Bock-Marquette et al., 2023 (Nature)</i>