
Medicine Dictionary

Each entry covers what the medicine is, common brand names, the book's key claims with their labels, and the chapters where the sources are. A label applies only to the claim just before it. The dictionary gives no dosing schedules: your dose is your doctor's decision. Brand names and approvals differ between countries and are as of the date this book's evidence was reviewed.

Compounded medicine. Medicine made up by a pharmacy on prescription, in countries that allow it; usually supplied in vials that people draw up themselves with a syringe. That compounded medicine works as well and is as safe as the brand-name product (■■■ **Unproven**). The biggest risk is dosing errors. Chapter 9.

Counterfeit medicine. Made to look like the brand-name product and sold outside legal channels; it may contain no active ingredient, the wrong dose, or something else such as insulin. Medicine from unofficial sources carries a risk of being fake, with the wrong ingredients or the wrong dose (■■■ **Moderate evidence**). Chapter 9.

GLP-1 medicines (the whole group).

- The most common side effects are digestive: nausea, vomiting, diarrhea and constipation (■■■ **Strong evidence**).
- Weight loss on a GLP-1 medicine includes some loss of lean mass, not just fat (■■■ **Strong evidence**).
- GLP-1 medicines increase the risk of gallstones and gallbladder disease, more so at weight-loss doses and with longer use (■■■ **Strong evidence**).

- Taking them with insulin or a sulfonylurea increases the risk of low blood sugar (■■■ **Strong evidence**).
- People with a personal or family history of medullary thyroid cancer or MEN2 must not use GLP-1 medicines (■■■ **Strong evidence**).
- GLP-1 medicines increase thyroid cancer risk in humans (■■ **Debated**).
- GLP-1 medicines cause thoughts or acts of self-harm (■■ **Unproven**).
- GLP-1 medicines are safe in pregnancy (■■ **Unproven**).

Chapters 2, 3, 5, 10.

Liraglutide. A daily injected GLP-1 medicine, from the generation before semaglutide. Brand names: Saxenda (weight loss), Victoza (diabetes). The medicine in the Copenhagen trial: medicine plus exercise kept results best, and after stopping, people who exercised kept weight off better than people who only took the medicine (■■ **Moderate evidence**). Chapter 4.

“Microdosing.” Taking very small doses, usually by splitting doses from a pen or using compounded medicine, as promoted on social media. Helps you lose or keep off weight (■■ **Unproven**). Carries a risk of dosing errors. Chapter 7.

Newer medicines in the same family. Many new medicines acting on GLP-1 and other hormones are in trials. The book doesn’t cover them because there wasn’t enough data when the evidence was reviewed. See the updates page at yourbodydecoded.org.

Orforglipron. A daily tablet that acts on the GLP-1 receptor but isn’t built like the hormone; it can be taken without fasting. Brand name: Foundayo. Approved for weight loss in some countries from 2026. Switching from an injection to orforglipron tablets helps keep most of the lost weight off (■■ **Moderate evidence**). Chapters 1, 7.

“Research peptides.” Powders or vials sold online labeled “for research use only, not for human consumption.” Not made for people; very high risk. Chapter 9.

Semaglutide, generic. The same active ingredient, made by another company after the patent expires in a country and approved by that country’s regulator. Available in some countries from 2026. Safe as long as it’s bought on prescription, from a licensed pharmacy, in a country that has approved it. Chapters 7, 9.

Semaglutide, injected. A GLP-1 medicine injected once a week. Brand names: Wegovy (weight loss, reducing heart attacks and strokes), Ozempic (diabetes). Its half-life is about a week; it stays in the blood for several weeks after the last dose.

- Semaglutide reduces major cardiovascular events in people with heart disease and overweight or obesity, without diabetes **(■■■ Strong evidence)**.
- Sudden vision loss in one eye (NAION) is a very rare side effect of semaglutide **(■■■ Moderate evidence)**.
- With semaglutide, stop at least 2 months before trying to conceive **(■■■ Moderate evidence)**.
- People with diabetes and retinopathy need their eyes monitored when starting semaglutide **(■■■ Moderate evidence)**.

Chapters 1, 5, 6, 10.

Semaglutide, tablet. Semaglutide taken by mouth every day. Brand names: Rybelsus (diabetes), the Wegovy pill (weight loss, approved in some countries from late 2025). Take it exactly as the leaflet says about timing and how to swallow it. Chapter 1.

Tirzepatide. A once-weekly injection that acts on both the GLP-1 and GIP receptors. Brand names: Zepbound (weight loss), Mounjaro (diabetes, and weight loss in some countries).

- Tirzepatide can make birth control pills less effective for 4 weeks after starting and after each dose increase **(■■■ Moderate evidence)**.
- When semaglutide or tirzepatide stops, weight returns; most lost weight comes back within about a year to a year and a half **(■■■ Strong evidence)**. With these two medicines, weight comes back faster than with other weight-loss medicines.

Chapters 1, 5, 6, 7.