

PATIENT GUIDE

CJC-1295 *and ipamorelin*

A clear look at two peptides that ask your pituitary gland to release more of its own growth hormone, what the studies in people show, and what is still being worked out.

PEPTIDES	CLASS	ROUTE	RESEARCH	SOURCES
Two, often paired	GH secretagogues	Injection under skin	Early human data	25 · PMID linked

§ 01

Why we are talking about CJC-1295 and ipamorelin

In adults, growth hormone helps maintain muscle and bone, influences how the body stores and burns fat, and drives the production of IGF-1, which carries many of its effects. The amount the pituitary gland releases falls steadily with age.¹⁴ CJC-1295 and ipamorelin are two peptides that ask the pituitary to release more of its own growth hormone. They use different receptors, which is why they are often prescribed together.

This guide explains how they work, what the studies in people have measured, and where the evidence is still thin, with every source listed at the end.

45% **Rise in IGF-1.** One week after a single injection of CJC-1295 in healthy young men, IGF-1 was 45 percent higher, and growth hormone was still released in its natural pulses.²

Up to 8 days **Half-life of CJC-1295.** The original form of CJC-1295 binds to a blood protein called albumin, which gave it an estimated half-life of 5.8 to 8.1 days in healthy adults.¹

About 2 hours **Half-life of ipamorelin.** In healthy men, ipamorelin produced a single burst of growth hormone that peaked about 40 minutes after the dose and then faded.⁷

2 **Separate receptors on the pituitary.** One responds to growth hormone releasing hormone and one to ghrelin. Each peptide uses a different one, explained in §03.^{11 12}

§ 02

What CJC-1295 and ipamorelin are

Both are short chains of amino acids made in a laboratory to resemble signals your body already uses. CJC-1295 is a modified version of growth hormone releasing hormone, the hypothalamus's natural signal to the pituitary. It uses the first 29 amino acids of that hormone with four substitutions that make it more resistant to breakdown.^{3 5} Two

different molecules are sold under this name.

- **CJC-1295 with DAC.** This is the original molecule, developed in 2005. DAC stands for drug affinity complex: a small chemical attachment at the end of the peptide that bonds to albumin in the blood, so the peptide circulates for days instead of minutes.³ Every published human study of CJC-1295 used this long acting form.^{1 2 5}
- **CJC-1295 without DAC.** This is the same modified 29 amino acid peptide without the albumin attachment, also called modified GRF (1-29). It first appeared in the scientific literature in 2010, when a product sold as CJC-1295 was analyzed and found to be this 29 amino acid peptide.^{4 23} A 2026 review found no controlled human studies of this form, so its effects are inferred from its relatives.⁵

Ipamorelin is a five amino acid peptide that copies the action of ghrelin, a hormone made in the stomach that is one of the body's natural triggers for growth hormone release.^{6 12} When it was first described in 1998, animal studies showed it released growth hormone without also raising stress hormones.⁶

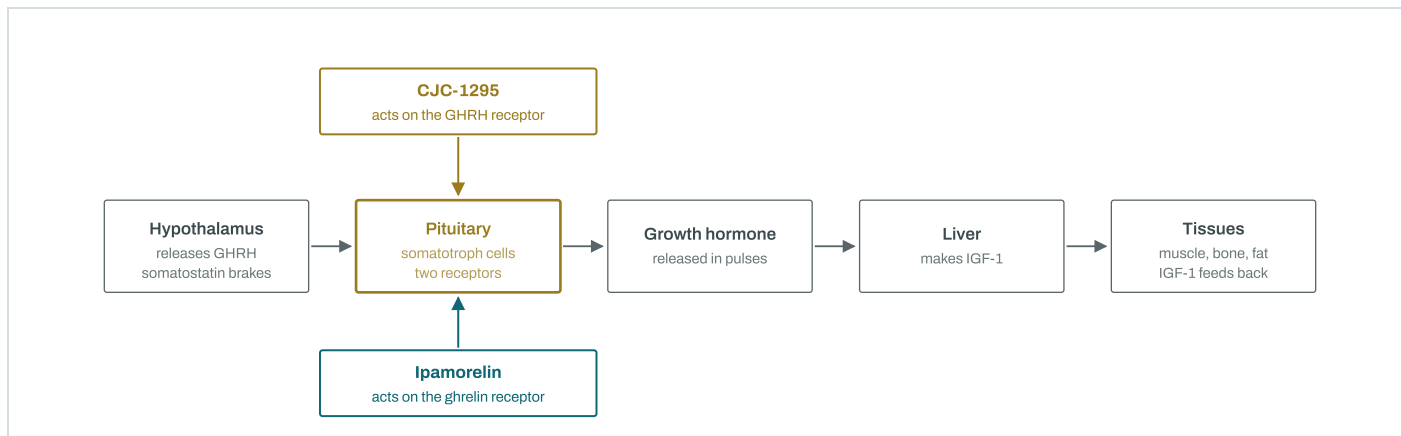
THE TWO PEPTIDES AT A GLANCE “CJC-1295” on a label can mean either of two molecules, so it is worth asking which one.		
	CJC-1295	IPAMORELIN
Also called	With DAC: CJC-1295 DAC. Without DAC: modified GRF (1-29), mod GRF 1-29 ⁵	NNC 26-0161 in early research ⁹
Structure	29 amino acids of GHRH with four substitutions; DAC form adds an albumin binding lysine ³	5 amino acids: Aib, His, D-2-Nal, D-Phe, Lys-NH ₂ ⁶
Class and origin	GHRH analog, identified in 2005 by the company ConjuChem ²³	Ghrelin receptor agonist, described in 1998 ⁶
Target	GHRH receptor on the pituitary	Ghrelin receptor (GHS-R1a), pituitary and hypothalamus ¹¹
How it is given	Injection under the skin ¹	Under the skin in practice; into a vein in the human studies ^{7 8}

§ 03

How CJC-1295 and ipamorelin work

Growth hormone is made by cells in the pituitary gland called somatotrophs. Their output is controlled from the hypothalamus just above them: growth hormone releasing hormone (GHRH) presses the accelerator, and somatostatin applies the brake. The hormone comes out in pulses rather than a steady stream.¹¹ Once in the blood, growth hormone travels to the liver, which responds by making IGF-1. IGF-1 in turn signals back to the hypothalamus and pituitary to slow further release, a feedback loop that keeps the system in balance.^{14 5}

In 1996 researchers found a second receptor on the pituitary and hypothalamus that also releases growth hormone,¹¹ and in 1999 they identified its natural hormone, ghrelin.¹² So the pituitary listens to two separate “go” signals. CJC-1295 speaks to the first, and ipamorelin to the second.



Both peptides work at the pituitary, through two different receptors. CJC-1295 copies the signal of growth hormone releasing hormone, while ipamorelin copies ghrelin, the body's second growth hormone signal. The growth hormone released prompts the liver to make IGF-1, which carries many of its effects and signals back to slow further release. ^{11 12 14}

Because the two signals use separate receptors, giving both together releases more growth hormone than either alone. This was shown in healthy men in 1990 using natural GHRH together with an earlier ghrelin receptor peptide, GHRP-6: at lower doses the combined response was greater than the two responses added together. ¹³ That is the reason CJC-1295 and ipamorelin are paired, although this particular pair has not been tested together in a published human study. ^{5 21}

WHY THIS IS USEFUL TO KNOW

These peptides do not replace growth hormone. They work through your own pituitary, so the body's feedback controls, including somatostatin and IGF-1, stay in the loop. ¹⁶ This also means they need a pituitary that can respond: people with complete growth hormone deficiency are not expected to respond to them, and FDA approved growth hormone treatments exist for that condition. ²³

§ 04

What the research shows today

The human research on these peptides is small and focused on hormone levels. It is encouraging on that question and silent on several others.

What is well established

CJC-1295 with DAC raises growth hormone and IGF-1 in healthy adults for days after a single injection under the skin. In two randomized, placebo controlled trials in adults aged 21 to 61, average growth hormone rose 2 to 10 fold for 6 days or more and IGF-1 1.5 to 3 fold for 9 to 11 days, depending on the dose, and with repeated doses IGF-1 stayed above baseline for up to 28 days. ¹ A study that sampled blood every 20 minutes overnight found the natural pulses as frequent and as large as before, with the baseline between them 7.5 fold higher. ²

Ipamorelin reliably releases growth hormone in people, with a single peak about 40 minutes after each dose and a half-life of 2 hours. ⁷ In animal studies it did so without raising the stress hormones ACTH and cortisol, even at more than 200 times the effective dose, ⁶ and a 2026 review describes it as notably sparing of cortisol and prolactin compared with older peptides of its class. ⁵

What is still being defined

No published human study of either peptide has measured the outcomes most patients care about, such as body composition, strength, recovery, sleep or how people feel. The human CJC-1295 studies measured hormone levels, not these endpoints.²³ The only completed clinical trial of ipamorelin tested a different use, speeding the return of bowel function after abdominal surgery. In 114 patients it was well tolerated, and the median time to tolerating a solid meal was 25.3 hours with ipamorelin against 32.6 hours with placebo, a difference that was not statistically significant.⁸ The combination has been studied only in mice, where it improved muscle strength during steroid induced muscle loss.²¹ And the form of CJC-1295 most often prescribed with ipamorelin, the version without DAC, has no published human studies at all.⁵

The effects of growth hormone itself are better understood. In healthy older adults, randomized trials of growth hormone found about 2.1 kg less fat and 2.1 kg more lean mass on average, with no change in weight, but also more side effects, discussed in §07.¹⁵ A review of this work found no clear case for growth hormone in healthy aging,¹⁴ and whether stimulating your own release gives a better balance has not yet been tested in outcome trials.¹⁶ The only later stage trial of CJC-1295 was stopped early, as described in §07,²³ and neither peptide has been approved for any use.⁵

PUBLISHED HUMAN STUDIES All CJC-1295 studies used the long acting DAC form. N is the number of participants.			
STUDY	N	DESIGN	MAIN FINDING
Teichman 2006 ¹ CJC-1295	42 and 24 ²³	Two randomized, placebo controlled, ascending dose trials, healthy adults	Growth hormone up 2 to 10 fold for 6 days or more; IGF-1 up 1.5 to 3 fold for 9 to 11 days; half-life 5.8 to 8.1 days; no serious adverse reactions
Ionescu 2006 ² CJC-1295	12 ²³	Healthy men, overnight sampling before and a week after one dose	Pulsing pattern preserved; baseline growth hormone up 7.5 fold; mean growth hormone up 46 percent; IGF-1 up 45 percent
ConjuChem Phase 2 ²³ CJC-1295	192	Randomized trial in HIV associated lipodystrophy, weekly injections	Stopped in 2006 after a participant died; results never published
Gobburu 1999 ⁷ Ipamorelin	8 per dose	Healthy men, five infusion doses into a vein	Single growth hormone peak at about 40 minutes at every dose; half-life 2 hours
Beck 2014 ⁸ Ipamorelin	114	Phase 2 randomized, placebo controlled, after bowel surgery	Well tolerated; no significant difference from placebo in return of bowel function

HOW WE WOULD SUMMARIZE IT

The biology is sound and the effect on hormone levels is well documented: CJC-1295 raises growth hormone and IGF-1 for days while keeping the natural pulses, and ipamorelin produces a clean, short burst of growth hormone. What has not yet been shown in people is that these changes translate into better body composition, performance or wellbeing, or how the usual pairing with the non DAC form behaves. We will give you our recommendation based on your own goals and health.

How CJC-1295 and ipamorelin are given

In practice both peptides are given by injection. Here is what is known about each route, including the ones that have not been studied.

COMPARING THE THREE MOLECULES			
	CJC-1295 WITH DAC	CJC-1295 WITHOUT DAC	IPAMORELIN
Receptor	GHRH receptor	GHRH receptor	Ghrelin receptor
How long it lasts	Half-life 5.8 to 8.1 days ¹	Not measured in people	Half-life about 2 hours ⁷
Growth hormone pattern	Baseline raised for days, pulses kept ²	Not measured in people	One burst per dose ⁷
Route in human studies	Under the skin ¹	None published ⁵	Into a vein ^{7 8}
Human research	SMALL TRIALS, HORMONE LEVELS	NONE PUBLISHED	SMALL TRIALS

Injection under the skin

This is how both peptides are prescribed in practice: a fine needle places the dose into the fatty layer under the skin of the abdomen or thigh, and it can be given at home once you have been shown how. **CJC-1295 with DAC** was given this way in every human study. In the research trials, healthy adults received single injections of 30, 60, 125 or 250 micrograms per kilogram of body weight, or two to three injections of 20 to 60 micrograms per kilogram spaced one or two weeks apart. ^{1 23} The authors considered 30 and 60 micrograms per kilogram the best tolerated, ¹ and at 250 micrograms per kilogram IGF-1 rose above the normal range. ²³ These are research doses, not a regimen that any regulator has approved.

CJC-1295 without DAC and ipamorelin. Without the albumin attachment, CJC-1295 is expected to act for a much shorter time, closer to natural GHRH. No human study has tested this form, ⁵ and the human studies of ipamorelin gave it into a vein, ^{7 8} so no regulator has set a dose for this route and the dose is set by your physician.

Infusion into a vein

Both published human studies of ipamorelin gave it into a vein. Healthy men received 15 minute infusions ranging from 4.21 to 140.45 nanomoles per kilogram, ⁷ and surgical patients received 0.03 mg per kilogram twice daily for up to seven days in hospital. ⁸ This route belongs to hospital research, not to growth hormone support.

Nasal spray

Ipamorelin can cross the lining of the nose: in rats, about 20 percent of a nasal dose reached the bloodstream. ⁹ The only published nasal use in people was one volunteer in a study developing sports drug tests, which found ipamorelin and its breakdown products in urine afterward. ¹⁰ Its effect on growth hormone by this route has not been studied in people, and we are not aware of any study of nasal CJC-1295.

Tablets, troches, creams and muscle injection

The FDA's 2024 review found CJC-1295 marketed online as tablets and troches (lozenges that dissolve in the mouth) but identified no studies of these or any other compounded preparation.²³ We are not aware of human studies of either peptide by mouth, on the skin, or into muscle.

§ 06

What to expect

The hormone changes begin quickly: in the infusion studies, growth hormone peaked within the hour of an ipamorelin dose,⁷ and after CJC-1295 with DAC it stays higher for days.¹ How those changes feel is less certain, because the human studies did not measure it. Better sleep, recovery or body composition are reasonable things to watch for, but they have not been shown in trials of these peptides, and we would rather say so than promise a result. In studies of growth hormone itself, body composition changes were measured over months: the trials in older adults lasted 27 weeks on average.¹⁵

The most common thing people notice early is a reaction where the needle went in. In the CJC-1295 trials, injection site reactions were the most frequent effect, and some participants felt a brief wave of warmth or flushing, a headache, or a faster heartbeat after a dose.²³ Please tell us about swelling of the hands or feet, joint aches, or tingling in the fingers, which can be signs of too much growth hormone effect,¹⁵ and about a racing heartbeat, lightheadedness or chest discomfort of any kind. We would always rather stop and check.

§ 07

Safety

The safety data come from small, short studies. There are two parts: the effects of the peptides themselves, and the known effects of raising growth hormone and IGF-1.

What the studies of these peptides found

In the first CJC-1295 trial, 94 percent of participants who received the peptide reported at least one side effect, compared with 29 percent on placebo, and most effects became more common at higher doses. They included injection site reactions and brief rashes, headache, diarrhea, and short episodes of flushing and warmth with a temporary drop in blood pressure. In the repeated dose trial, every participant on CJC-1295 had an injection site reaction; others reported flushing, headache, nausea, brief involuntary leg muscle contractions, and passing dizziness.²³ No serious adverse reactions were reported in these trials,¹ and a separate study found a dose related rise in heart rate.²³

In 2006 a Phase 2 trial of CJC-1295 in 192 people with HIV associated lipodystrophy was stopped after one participant had a heart attack about two hours after an eleventh weekly dose and died. The attending physician attributed the event to coronary artery disease that had not previously caused symptoms. The trial was ended and its results were never published.²³ We share this because it is part of the record, and it is one reason we ask carefully about heart health.

Ipamorelin was well tolerated in its surgical trial, where side effects were reported by 87.5 percent of patients on ipamorelin and 94.8 percent on placebo, so no excess was seen with the drug.⁸

Effects of raising growth hormone and IGF-1

KNOWN EFFECTS OF HIGHER GROWTH HORMONE From trials of growth hormone itself in healthy older adults, and reviews of the secretagogue class.	
EFFECT	WHAT THE EVIDENCE SHOWS
Fluid retention	Soft tissue swelling was more common with growth hormone treatment ¹⁵
Joint pain and carpal tunnel	Joint aches and carpal tunnel syndrome were more common ¹⁵
Blood sugar	New diabetes and impaired fasting glucose were somewhat more likely with growth hormone; ¹⁵ secretagogues can raise blood glucose by reducing insulin sensitivity ¹⁶
Breast tissue in men	Gynecomastia was more common ¹⁵
Cancer risk	Theoretical, discussed below ^{17 20}

Working through the body's own feedback loop, secretagogues are thought less likely than growth hormone injections to push levels too high, ¹⁶ though at the highest research dose of CJC-1295, IGF-1 did rise above the normal range. ²³

Cancer deserves a calm, clear answer. IGF-1 encourages cells to grow, and people whose natural IGF-1 runs higher have a modestly higher risk of some cancers, including prostate and premenopausal breast cancer, ¹⁷ and large UK Biobank studies, supported by genetic analyses, suggest the link may be causal for breast and prostate cancer. ^{18 19} Reassuringly, long term follow up of adults on growth hormone replacement for deficiency has not shown more cancer or deaths. ²⁰ No study has examined cancer risk with CJC-1295 or ipamorelin, and in mice a long acting GHRH analog caused DNA damage in pituitary cells. ^{22 23}

Long term data do not yet exist: the CJC-1295 studies lasted up to 49 days and the ipamorelin studies only days. ^{1 8} The FDA has noted that long term safety in people is unknown and that injected peptides like these may provoke immune reactions, ^{23 24} which is one reason we review how you are doing at set points.

TELL YOUR PHYSICIAN BEFORE STARTING IF ANY OF THESE APPLY

- You have a current or past cancer, or a strong family history of cancer.
- You have diabetes or prediabetes.
- You have heart disease, chest symptoms, an irregular heartbeat, or uncontrolled blood pressure.
- You have a pituitary condition, carpal tunnel syndrome, or leg swelling.
- You are pregnant, trying to conceive, or breastfeeding.
- You compete in a tested sport (see §09).
- You take any medication or supplement, particularly diabetes medicines, steroids, thyroid medicine or testosterone. Please bring the full list.

Is this right for you

These peptides suit some patients and not others. Your consultation is how we find out which group you are in.

Before we begin

- ☐ A review of your medical history, current medications and supplements
- ☐ Blood pressure, heart rate, weight and a cardiovascular history
- ☐ Baseline bloodwork, so that anything we see later can be compared against a starting point
- ☐ A clear note of what you are hoping to change, written down, so we can tell together whether it worked

If your history or bloodwork points to a treatable cause for low energy, poor sleep, or changes in muscle and fat, we will treat that first. True growth hormone deficiency is a medical diagnosis with FDA approved treatments, and secretagogues are not a substitute for them.²³

Reviewing your progress

We will reassess against your documented starting point after a defined period rather than leaving treatment open ended. If you are doing well, we will plan how to continue; if not, we will say so and look at other options. You are welcome to stop at any time.

QUESTIONS WORTH ASKING US

Which form of CJC-1295 are you prescribing, and why? What would you expect me to notice, and by when? How will we measure whether this is working? What would make you recommend stopping? We are glad to answer all of these, and a good clinic should welcome them.

Regulatory status, stated plainly

Neither CJC-1295 nor ipamorelin is approved by the U.S. Food and Drug Administration for any indication.⁵ When prescribed, they are prepared by a licensed compounding pharmacy on a physician's prescription. That is lawful and common, but it means no regulator has reviewed these preparations for your use. If you would like details about the preparation used in your treatment, please ask.

The FDA's review of compounding status is ongoing: in December 2024 an FDA advisory committee voted against adding CJC-1295 to the list pharmacies may use under section 503A.²³ On the FDA's list of substances that may present significant safety risks, updated 22 April 2026, CJC-1295 is now among those withdrawn, while ipamorelin acetate remains listed for outsourcing facilities (503B).²⁴

Both peptides are prohibited in sport by the World Anti-Doping Agency at all times: section S2 of the 2026 Prohibited List names CJC-1295 and ipamorelin,²⁵ and laboratories can detect them.¹⁰

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