

IPAMORELIN PROTOCOL

Selective GH secretagogue that increases endogenous growth hormone pulse amplitude without raising cortisol or prolactin.
Clean GH signal. No endocrine noise.

What it is

Ipamorelin is a **selective growth hormone secretagogue** that stimulates endogenous GH release via the **ghrelin (GHS-R1a)** receptor—without activating cortisol, prolactin, or appetite pathways seen with older GHRPs.

This is not a driver peptide. It's a pulse amplifier.

Result: Clean amplification of endogenous growth hormone pulses, enhancing sleep-driven recovery and tissue repair without endocrine side effects.

Together: GH support without replacement

Endogenous growth hormone pulse amplitude

Axis: Growth Hormone (GH) axis — gh

Mechanism: Selective agonism of the ghrelin receptor (GHS-R1a) at the pituitary, triggering endogenous growth hormone release without activating cortisol or prolactin pathways.

Vial Composition

Component	Amount
Ipamorelin	10 mg
Total per vial	10 mg
Reconstitution: bacteriostatic water	2 mL
Final concentration: mg/mL (total peptide/ml)	5.0 mg/mL

Dosing Protocol

Parameter	Specification
Injection timing (PM for sleep AM Fasted for Fat Loss)	Evening (PM)
Dose (total) (2-3x/day)	0.5 mg
Ipamorelin	0.5 mg
Injection volume	0.1 mL (≈10 insulin units)
Frequency: days/week	5
Times/Day	2

Protocol Length

	Time Frame
Total duration: weeks	12
Active dosing days: days	60
Viials:	6

Supply Calculation

Item	Quantity
Total peptide required	60 mg
Viials required	6 viials (10 mg each)
Insulin syringes	60
BAC water	12 mL (recommended 2-10 mL viials)

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IPAMORELIN PROTOCOL NOTES

Ipamorelin is a selective growth hormone secretagogue designed to enhance endogenous GH release through targeted ghrelin receptor activation at the pituitary. Unlike earlier GHRPs, it was engineered for receptor specificity, allowing it to increase GH pulse amplitude without stimulating cortisol, prolactin, or appetite pathways. This makes it one of the cleanest tools available for physiologic GH-axis support.

Clinically, Ipamorelin improves sleep-associated GH output, enhances recovery kinetics, supports connective tissue repair, and preserves lean mass during caloric restriction or recomposition phases. Its effect is subtle when used alone but becomes strategically powerful when paired with GHRH analogs (e.g., Tesamorelin or CJC-1295 without DAC), where it sharpens pulse amplitude while the GHRH agent restores or extends signaling rhythm.

Ipamorelin does not replace growth hormone, suppress the axis, or disrupt feedback loops. Instead, it amplifies the body's native GH rhythm—making it well suited for long-term use, nightly protocols, and stacking in performance, longevity, and metabolic optimization programs. It is best viewed as a precision signal amplifier within the GH axis rather than a primary anabolic driver.