

CJC-1295 + IPAMORELIN (5/5) BLEND PROTOCOL

Clinically Proven GH Stimulation

Optimize the signal. Let your body do the rest.

What it is

A **GH-axis amplifier**, not HGH itself.

CJC pushes **growth hormone release**, Ipamorelin smooths it out without cortisol or prolactin drama.

Together: steady GH pulses, better recovery, fat loss, sleep, and skin.

Old-school physiology, modern execution.

Growth hormone—without forcing the issue

Axis: Growth Hormone (GH)

Vial Composition

Component	Amount
CJC-1952	5 mg
Ipamorelin	5 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	Evening (PM)
Dose (total)	1.0 mg
CJC-1952	0.5 mg
Ipamorelin	0.5 mg
Injection volume	0.2 mL (≈20 insulin units)
Frequency: days/week	5

Protocol Length

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

Supply Calculation

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

For educational and research reference only. Not intended for diagnosis, treatment, or medical advice.

CJC-1295 + IPAMORELIN (5/5) BLEND PROTOCOLNOTES

CJC + IPA CJC-1295 and Ipamorelin work together as a physiologic growth hormone signaling system, not as hormone replacement. CJC-1295 (a GHRH analog) stimulates the pituitary to increase the frequency and amplitude of natural growth hormone pulses, while Ipamorelin (a selective GHRP) enhances GH release without activating cortisol, prolactin, or hunger pathways. The result is a smoother, more predictable GH curve that mirrors how the body is designed to function—amplified, not overridden.

This combination preserves endocrine integrity while delivering downstream benefits through increased IGF-1 signaling, improved sleep architecture, enhanced recovery, fat metabolism, connective tissue support, and skin quality. Unlike exogenous HGH—which replaces the hormone and can suppress native signaling—CJC-1295 and Ipamorelin keep the pituitary in control, making the stack well-suited for long-term use, cycling, or integration alongside TRT, fat-loss protocols, or mitochondrial optimization stacks. In short: it's classic endocrinology executed cleanly—growth hormone activated, not forced.