TESAMORELIN PROTOCOL

Clinically Proven GH Stimulation

Stimulate your own growth hormone—precision over replacement.

What it is

Tesamorelin is a **GHRH analog**—it tells your pituitary to **release more of your own growth hormone**, mainly by **boosting** natural GH pulses (which then supports higher IGF-1 downstream).

Result: physiologic GH signaling that supports recovery, sleep quality, fat metabolism, and tissue repair —without suppression, shutdown, or replacement.

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

Classic endocrinology, clean execution.

Growth hormone—activated, not replaced. It's not HGH. It's a signal, not a sledgehammer.

Axis: Growht Hormone (GH) - GHRH analog

Vial Composition

Component	Amount
Sermorelin	10 mg
Total per vial	**10 mg**
Reconstitution: bacteriostatic water	1 mL
Final concentration: mg/mL (total peptide/ml)	10.0 mg/mL

Dosing Protocol

Parameter	Specification
Injection timing	Evening (PM)
Dose (total)	**2.0 mg**
Sermorelin	2.0 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:	12

Supply Calculation

Item	Quantity
Total peptide required	120 mg
Vials required	12 vials (10 mg each)
Insulin syringes	60
BAC water	12 mL (recommended 2-10 mL vials

TESAMORELIN PROTOCOL NOTES

Tesamorelin, Sermorelin, CJC-1295, and Ipamorelin all target the growth hormone axis—but they do so with very different mechanisms, strength, and strategic intent. Sermorelin is the original, short-acting GHRH analog. It nudges the pituitary to release GH but has a short half-life and relatively modest downstream IGF-1 impact. Think of it as entry-level GH signaling—useful, safe, but limited in ceiling and consistency.

Tesamorelin is the refined evolution of Sermorelin. It binds the same GHRH receptor but with greater stability, longer duration, and more predictable signaling. The result is stronger, more sustained physiologic GH pulses, particularly during deep sleep, and a more reliable increase in IGF-1. Clinically, this is why Tesamorelin stands apart for visceral fat reduction, recovery, and metabolic effects—it doesn't just stimulate GH, it restores the rhythm of the GH axis. Same pathway as Sermorelin, but executed at a higher level.

CJC-1295 (without DAC) is also a GHRH analog, similar in spirit to Tesamorelin, but it is often paired rather than run solo. On its own, CJC stimulates GH release; paired with Ipamorelin, it creates a push-pull effect. Ipamorelin is a ghrelin receptor agonist—it triggers GH release through a different pathway while avoiding cortisol and prolactin spikes seen with older GHRPs. Together, CJC + Ipamorelin create frequent, smooth GH pulses, excellent for recovery, sleep, and general anti-aging support.

Where Tesamorelin differs is focus and force. Tesamorelin is singular, heavier-hitting, and clinically validated for reducing visceral fat and improving metabolic parameters. CJC/Ipamorelin is more modular and flexible—great for stacking, cycling, and long-term lifestyle optimization. Sermorelin is foundational but limited. Ipamorelin is a clean amplifier, not a driver.

Bottom line:

Sermorelin = gentle, introductory GH signaling

CJC + Ipamorelin = balanced, rhythmic GH optimization

Tesamorelin = precision tool for restoring GH dynamics and driving measurable body composition change