CJC-1295 PROTOCOL

Clinically Proven GH Stimulation

Classic endocrinology. Modern execution -- Growth hormone—signaled, not injected

What it is

CJC-1295 (No DAC) is a **GHRH analog** that binds the pituitary's growth hormone–releasing hormone receptor and stimulates endogenous GH release. It does not replace GH. It restores physiologic signaling by amplifying natural GH pulses—especially when paired with sleep or fasting.

Result: Restores physiologic GH pulsatility, improving sleep quality, recovery, tissue repair, and lean mass preservation —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: Growth Hormone Axis (GH → IGF-1)

Mechanism: GHRH receptor agonism (pituitary-level signaling)

Vial Composition

Component	Amount
CJC-1952	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**
CJC-1952	0.5 mg
Injection volume	0.1 mL (≈10 insulin units)
Frequency: days/week	5

Protocol Length

	Time Frame
Total duration: weeks	12
Active dosing days: days	60
Vials:	3

Supply Calculation

Item	Quantity
Total peptide required	30 mg
Vials required	3 vials (10 mg each)
Insulin syringes	60
BAC water	6 mL (recommended 1-10 mL vials

CJC-1295 PROTOCOL NOTES

CJC-1295 (No DAC) is a systems-level GH signaling peptide designed to restore physiology, not overpower it. Acting upstream at the pituitary via the GHRH receptor, it re-establishes the timing, amplitude, and frequency of natural GH pulses—critical because GH is meant to surge in coordinated waves tied to sleep, fasting, and recovery, not sit elevated all day. Clinically, this shows up as deeper sleep architecture, faster tissue and connective-tissue repair, lean mass preservation, improved skin quality, and subtle but durable metabolic efficiency. Because endogenous feedback loops remain intact, No-DAC protocols avoid suppression, receptor desensitization, and endocrine drift—making them suitable for longer cycles and foundational longevity work.

DAC vs No-DAC—tell it like it is:
DAC (Drug Affinity Complex) versions extend half-life dramatically, creating near-continuous GH signaling. That can look attractive on paper, but it blunts physiologic pulsatility, increases the risk of receptor fatigue, edema, and off-rhythm signaling, and is less aligned with long-term endocrine hygiene. No-DAC, by contrast, is intentionally short-acting—frequency over force—preserving natural rhythms and allowing precise timing around sleep and fasting. Bottom line: DAC chases levels; No-DAC restores cadence.