

SERMORELIN PROTOCOL

Clinically Proven GH Stimulation

Stimulate your own growth hormone—precision over replacement.

What it is

Sermorelin signals the pituitary to release your own growth hormone, working upstream and preserving natural feedback loops.

Result: physiologic GH pulses that support recovery, sleep quality, fat metabolism, and tissue repair—without shutting anything

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

Classic endocrinology, clean execution.

Growth hormone—activated, not replaced.

Axis: Growth Hormone (GH)

Vial Composition

Component	Amount
Sermorelin	5 mg
Total per vial	5 mg
Reconstitution: bacteriostatic water	2 mL
Final concentration: mg/mL (total peptide/mL)	2.5 mg/mL

Dosing Protocol

Parameter	Specification
Injection timing	Evening (PM)
Dose (total)	0.5 mg
Sermorelin	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	30 mg
Vials required	6 vials (5 mg each)
Insulin syringes	60
BAC water	12 mL (recommended 2-10 mL vials)

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SERMORELIN PROTOCOL NOTES

Sermorelin is a synthetic analog of growth hormone–releasing hormone (GHRH) that works by stimulating the pituitary gland to release your own endogenous growth hormone, rather than supplying GH directly. In practical terms, it nudges the body to do what it's already designed to do—just more efficiently. Because it relies on intact pituitary function, Sermorelin preserves normal feedback loops and avoids the blunt-force endocrine disruption associated with exogenous HGH. This makes it a conservative, physiology-first tool rather than a shortcut.

Clinically and practically, Sermorelin is most often used to improve sleep quality, recovery, and body composition over time. Its strongest effects tend to show up in deeper slow-wave sleep, which then cascades into better tissue repair, improved training recovery, and modest fat loss through the GH → IGF-1 pathway. Results are gradual and cumulative, not dramatic overnight changes, but they're also more sustainable. Think long-duration compounding, not instant gratification.

From a protocol standpoint, Sermorelin is typically dosed at night in a fasted state, when natural growth hormone pulses are already highest. This timing maximizes signal efficiency and minimizes insulin interference. Many users enhance results by pairing it with a ghrelin agonist like ipamorelin, creating a more robust and physiologically aligned GH pulse without pushing IGF-1 into risky territory.

Bottom line: Sermorelin is the low-drama, high-compliance option in the GH space. It's well-tolerated, scalable, and plays nicely with TRT, longevity stacks, and performance protocols. It won't replace HGH in extreme cases—but for most adults looking to restore sleep, recovery, and metabolic efficiency, it's the smarter, cleaner lever to pull.