CLEAN PEPTIDES

Ipamorelin Dosage Guide

The most selective GHRP — subcutaneous dosing, reconstitution, timing, cycling, stacking with CJC-1295 no DAC, and safety.

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What Is Ipamorelin?

Ipamorelin is a synthetic pentapeptide growth hormone secretagogue (GHRP) acting on the ghrelin receptor (GHS-R1a). Unlike GHRP-6 and GHRP-2, it is highly selective — it triggers a robust GH pulse without significantly raising cortisol, prolactin or appetite. When stacked with CJC-1295 (no DAC / Mod GRF 1-29), the two produce a synergistic GH pulse larger than either alone.

Dosing derives from published research and community protocols.

Key Characteristics

- **Pentapeptide** — Aib-His-D-2-Nal-D-Phe-Lys-NH_2.
- **Ghrelin receptor agonist (GHS-R1a)** — dose-dependent GH pulse.
- **Highly selective** — no significant cortisol, prolactin, aldosterone or appetite increase.
- **Short half-life (~2 h)** — clean GH pulse peaking at 30–40 min.
- **Subcutaneous injection.**
- **Synergistic with GHRH analogs** — best stacked with CJC-1295 no DAC.

How Dosage Is Determined

Established by clinical PK studies (Raun et al. 1998) and 15+ years of community use. GH output plateaus above 300 mcg per injection. Standard protocol 200–300 mcg, 2–3x daily, bedtime dose most important. Fasting requirement supported by GH physiology. **Strength of evidence: moderate to strong.**

Standard Dosage Ranges

Level	Dose/Injection	Frequency	Daily Total	Notes
Beginner	100–200 mcg	1–2x daily	100–400 mcg	1 week to assess tolerance; bedtime priority
Intermediate	200–300 mcg	2–3x daily	400–900 mcg	Morning + bedtime minimum, add post-workout
Advanced	300 mcg	3x daily	900 mcg	Maximum; no benefit above 300 mcg/injection

Fasting is critical: inject 1–2 h after eating; do not eat for 20–30 min after. Food (carbs/fats) triggers insulin, which suppresses the GH pulse.

Weight-Based Reference

Body Weight	1 mcg/kg	2 mcg/kg	3 mcg/kg	Typical Flat
60 kg	60 mcg	120 mcg	180 mcg	200 mcg
75 kg	75 mcg	150 mcg	225 mcg	200–250 mcg
90 kg	90 mcg	180 mcg	270 mcg	250–300 mcg
105 kg	105 mcg	210 mcg	315 mcg	300 mcg

Reconstitution & Dosing (with the supplied 3 ml)

Every Clean Peptides vial ships with **3 ml of bacteriostatic water** (0.9% benzyl alcohol). All figures below assume you reconstitute with the **full 3 ml**. On a standard U-100 insulin syringe, **100 units = 1 ml**.

Quick formula: concentration = vial strength ÷ 3 ml, and **units to draw = dose (mg) × 300 ÷ vial strength (mg)**.

How to reconstitute

1. **Wash your hands** and lay out the vial, the 3 ml bacteriostatic water, an insulin syringe and alcohol swabs on a clean surface.
2. **Flip off the caps** and swab both rubber stoppers with alcohol; let them air-dry 10–15 seconds.
3. **Draw the full 3 ml** of bacteriostatic water (in three 1 ml passes with an insulin syringe, or in one pass with a 3 ml syringe).
4. **Add the water slowly**, angling the needle so it runs down the inside glass wall — never squirt it directly onto the powder cake.
5. **Dissolve gently** — let the vial sit 1–2 minutes, then swirl or roll it between your palms until the solution is clear. Never shake.
6. **Label and refrigerate** at 2–8 °C. Resulting concentration: 5 mg → 1.67 mg/mL.

Storage: unreconstituted powder refrigerated (2–8 °C); reconstituted solution refrigerated and used within 28–30 days; do not freeze; protect from light and heat.

Draw volumes with 3 ml — Ipamorelin

Vial (Clean Peptides)	Concentration	200 mcg	250 mcg	300 mcg
5 mg	1.67 mg/mL	12 u	15 u	18 u

Dosage by Goal

- **Anti-aging & wellness:** 100–200 mcg, 1–2x daily (bedtime priority); 8–12 wk cycles. Often + CJC-1295 no DAC 100 mcg.
- **Fat loss:** 200–300 mcg, 3x daily (morning fasted, post-workout, bedtime) + CJC-1295 no DAC 100 mcg.
- **Muscle recovery:** 200–300 mcg, 2–3x daily (post-workout + bedtime) + CJC-1295; consider BPC-157.

- **Sleep quality:** 100–200 mcg, once daily 30–60 min before bed.
- **Injury recovery:** 200–300 mcg, 2–3x daily + CJC-1295 ± BPC-157/TB-500.

If you can only inject once daily, make it the bedtime dose.

Injection Guide

1. Wash hands thoroughly.
2. Swab the stopper; draw dose (29–31 g syringe).
3. Remove air bubbles.
4. Choose a site — abdomen (2 in from navel), thigh, or back of upper arm; rotate.
5. Clean the site; inject into a pinched fold at 45–90°; hold 5–10 s.
6. Dispose in a sharps container.

3x daily timing: morning (fasted), post-workout (within 30 min), bedtime (2+ h after last meal — most important). Always inject on an empty stomach.

Cycle Duration & Timing

Protocol	On Period	Off Period	Best For
Standard	8–12 weeks	4 weeks	General fat loss, recovery, anti-aging
Extended	12–16 weeks	4–6 weeks	Injury recovery, recomposition
5-on / 2-off weekly	5 days/wk	Weekends	Conservative approach
Maintenance	Ongoing (low dose)	Periodic 4-wk breaks	Anti-aging, 100–200 mcg bedtime

Priority order if dosing once: bedtime → morning fasted → post-workout. Cycling prevents pituitary desensitization.

Stacking Protocols

Ipamorelin + CJC-1295 no DAC ("Gold Standard"):

Compound	Dose	Frequency	Purpose
Ipamorelin	200–300 mcg	2–3x daily	GHRP — initiates GH pulse
CJC-1295 (no DAC)	100 mcg	2–3x daily (with each)	GHRH analog — amplifies pulse

Can be mixed in the same syringe. Other stacks: Ipamorelin + BPC-157 (recovery); Ipamorelin + MK-677 (oral + injectable GH — monitor glucose).

Safety, Side Effects & Contraindications

The safest and most selective GHRP; at 200–300 mcg it does not meaningfully raise cortisol, prolactin or aldosterone.

Common (mild, transient): head rush/headache, transient tingling/numbness, mild water retention, injection-site reactions, mild appetite increase. **Less common:** lightheadedness/flushing at higher doses, vivid dreams, joint stiffness.

Contraindications: active cancer or history of cancer (GH/IGF-1 promote proliferation); diabetes (GH antagonizes insulin); pituitary disorders; pregnancy/breastfeeding; children/adolescents.

Monitor: IGF-1, fasting glucose & HbA1c, fasting insulin, CBC, lipids, liver enzymes. Baseline before starting; recheck at 6–8 weeks.

Common Mistakes

- Injecting after a meal or eating immediately after.
- Only injecting once daily (short half-life).
- Not stacking with CJC-1295 no DAC.
- Confusing CJC-1295 with DAC vs without DAC.
- Skipping the bedtime dose.
- Starting at too high a dose.
- Not cycling off periodically.

Key Takeaways

- Most selective GHRP — GH release without cortisol/prolactin/appetite effects.
- Standard dose 200–300 mcg SubQ, 2–3x daily, on an empty stomach.
- Fasting is non-negotiable; bedtime dose most important.
- Best stacked with CJC-1295 no DAC at 100 mcg. Cycle 8–12 wk on / 4 wk off.
- Contraindicated in active cancer, uncontrolled diabetes and pregnancy.

References

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3. Gobburu JV, et al. "PK-PD modeling of ipamorelin in human volunteers." *Pharm Res.* 1999;16(9):1412-1416.
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5. Bowers CY. "Growth hormone-releasing peptide (GHRP)." *Cell Mol Life Sci.* 1998;54(12):1316-1329.