CLEAN PEPTIDES

# CJC-1295 Dosage Guide

DAC vs no-DAC (Mod GRF 1-29) — dose ranges, reconstitution, Ipamorelin stacking, cycling and safety.

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## What Is CJC-1295?

CJC-1295 is a synthetic analog of Growth Hormone Releasing Hormone (GHRH) — the first 29 amino acids of GHRH with substitutions for enzymatic stability. It stimulates the pituitary to release endogenous GH. It exists in **two fundamentally different versions that are NOT interchangeable.**

| Feature | No-DAC (Mod GRF 1-29) | With DAC |
|---|---|---|
| Half-life | ~30 minutes | 6–8 days |
| GH Release | Sharp, pulsatile | Sustained "bleed" |
| Injection Frequency | 2–3x per day | 1–2x per week |
| Typical Dose | 100 mcg per injection | 2 mg per injection |
| Pairs with GHRPs | Yes (e.g. + Ipamorelin) | Not recommended |
| Fasting Required | Yes (2 h before, 30 min after) | Less critical |

*Dosing derives from clinical PK data, GH response studies and community experience.*

## How Dosage Is Determined

DAC studied by ConjuChem: 30–60 mcg/kg weekly produced sustained GH elevation, IGF-1 up 1.5–3×. No-DAC (Mod GRF 1-29) half-life ~30 min; 1–2 mcg/kg produces a sharp GH pulse; GHRH receptor saturates above ~150 mcg. Community standard: no-DAC 100 mcg 2–3x daily (with Ipamorelin); DAC 2 mg 1–2x weekly. **Strength of evidence: moderate.**

## No-DAC (Mod GRF 1-29) Dosage Ranges

| Level | Dose/Injection | Frequency | Daily Total | Notes |
|---|---|---|---|---|
| Beginner | 100 mcg | 2x/day | 200 mcg | Pre-bed + morning fasted |
| Intermediate | 100 mcg | 3x/day | 300 mcg | Morning, post-workout, pre-bed |
| Advanced | 100–150 mcg | 3x/day | 300–450 mcg | Diminishing returns above 100 |

Most users dose 100 mcg regardless of body weight (receptor saturation).

## DAC Dosage Ranges

| Level | Dose/Injection | Frequency | Weekly Total | Notes |
|---|---|---|---|---|
| Beginner | 2 mg | Once/week | 2 mg | Same day each week |
| Intermediate | 2 mg | Twice/week | 4 mg | e.g. Monday and Thursday |
| Advanced | 2–3 mg | Twice/week | 4–6 mg | Monitor blood work closely |

## Reconstitution & Dosing (with the supplied 3 ml)

At Clean Peptides, CJC-1295 (no DAC) is supplied in a **combination vial with Ipamorelin — 5 mg CJC-1295 + 5 mg Ipamorelin in one vial**. Both peptides share the vial, so a single draw delivers an equal amount of each. Reconstitute with the **full 3 ml** of bacteriostatic water supplied. On a U-100 insulin syringe, **100 units = 1 ml**.

After 3 ml the concentration is **1.67 mg/mL of *each* peptide** — about **16.7 mcg per insulin unit, of each**.

### How to reconstitute

1. **Wash your hands** and lay out the vial, the 3 ml bacteriostatic water, an insulin syringe and alcohol swabs.
2. **Flip off the caps** and swab both stoppers; air-dry 10–15 seconds.
3. **Draw the full 3 ml** of bacteriostatic water.
4. **Add it slowly** down the inside glass wall — never onto the powder cake.
5. **Dissolve gently** — let it sit 1–2 minutes, then swirl until clear. Never shake.
6. **Label and refrigerate** at 2–8 °C; use within 28–30 days.

### Draw volumes with 3 ml — Ipamorelin + CJC-1295 combo vial

Because both peptides sit at 1.67 mg/mL, each unit drawn delivers ~16.7 mcg of **both** at once:

| Units drawn | CJC-1295 (no DAC) | Ipamorelin | Notes |
|---|---|---|---|
| 6 u | 100 mcg | 100 mcg | Standard per-dose stack |
| 9 u | 150 mcg | 150 mcg | — |
| 12 u | 200 mcg | 200 mcg | Higher per-dose |
| 18 u | 300 mcg | 300 mcg | Upper range |

Typical protocol: **6 units (100 mcg + 100 mcg), 2–3× per day, fasted**. The combo vial provides roughly 50 such doses of each peptide.

**Standalone or DAC versions:** the figures above are for the Clean Peptides combo vial. For any standalone vial, use the same rule — **units = dose (mg) × 300 ÷ vial strength (mg)** with the 3 ml. CJC-1295 **with DAC** is a different long-acting version dosed ~2 mg once or twice weekly (see the DAC ranges above), and is not mixed with a daily GHRP.

## Dosage by Goal

- **General GH optimization:** 100 mcg CJC no-DAC + 100 mcg Ipamorelin, 2–3x/day; 8–12 wk on, 4 wk off.
- **Fat loss:** 100 mcg + 100 mcg Ipamorelin, 3x/day (fasted); 12 wk on, 4 wk off.
- **Anti-aging & convenience (DAC):** 2 mg DAC 1–2x/week, alone (no daily GHRP).

- **Injury recovery (triple stack):** CJC no-DAC + Ipamorelin + BPC-157 250–500 mcg 2x/day near injury.
- **Muscle growth:** 100 mcg + 100 mcg Ipamorelin, 3x/day; 12 wk on, 4 wk off.

For most goals, CJC no-DAC + Ipamorelin is the recommended starting stack.

## Injection Guide

1. Wash hands; prepare a clean workspace.
2. Swab the vial stopper and injection site; air-dry.
3. Draw the peptide (combine with Ipamorelin in one syringe if stacking).
4. Remove air bubbles.
5. Pinch skin (abdomen or outer thigh); insert at 45–90°.
6. Inject slowly; wait 5 s; withdraw.
7. Dispose in a sharps container; rotate sites.

**Mixing no-DAC + Ipamorelin:** draw CJC first, then Ipamorelin into the same syringe at injection time. Do NOT pre-mix in a single vial. Do NOT mix DAC with Ipamorelin.

## Cycle Duration & Timing

**No-DAC:** 8–12 wk on, 4 wk off (standard); or 5-on/2-off weekly. **DAC:** 8–12 wk on, 4–8 wk off.

**No-DAC timing:** morning fasted, post-workout, pre-bed (2 h after last meal — highest priority). **DAC timing:** same day(s) each week; time of day less critical.

## Stacking Protocols

**CJC-1295 no-DAC + Ipamorelin ("The Gold Standard"):** 100 mcg each, 2–3x/day, fasted. Synergistic GH release 2–3× either alone with minimal side effects.

Other stacks: + BPC-157 (recovery); + Sermorelin 100–200 mcg pre-bed (enhanced GHRH — less validated).

## Safety, Side Effects & Contraindications

**Common (both versions):** mild flushing/warmth, headache, injection-site irritation, increased hunger, vivid dreams, mild water retention. **DAC-specific:** more pronounced water retention, joint stiffness, carpal-tunnel-like symptoms, greater insulin resistance.

**Contraindications:** active cancer or history of cancer; diabetic retinopathy; pregnancy/breastfeeding; active pituitary tumors; uncontrolled diabetes; under 25 years old.

**Monitor:** IGF-1, fasting glucose & HbA1c, comprehensive metabolic panel, TSH/Free T4. Baseline + 6–8 weeks. Not FDA-approved; WADA-banned.

## Common Mistakes

- Confusing DAC and no-DAC (different half-lives and protocols).
- Using DAC with daily Ipamorelin.
- Injecting no-DAC after eating.
- Overdosing no-DAC above 150 mcg (receptor saturation).
- Underdosing DAC below 1 mg/week.

- Using both DAC and no-DAC simultaneously.
- Not cycling; injecting no-DAC only once per day.

## Key Takeaways

- Two versions: no-DAC (~30 min half-life) and DAC (6–8 day half-life) — NOT interchangeable.
- No-DAC: 100 mcg SubQ 2–3x/day, fasted, almost always with Ipamorelin.
- DAC: 2 mg 1–2x/week, alone.
- Gold-standard stack: CJC no-DAC + Ipamorelin. Cycle 8–12 wk on / 4 wk off.
- Not FDA-approved; banned by WADA.

## References

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