



thetrutides

CJC-1295 + IPAMORELIN

The paired growth hormone protocol

The most established pairing in the growth hormone category. Two compounds acting on two different receptors, chosen because their mechanisms are complementary rather than redundant. Neither was part of the July 2026 FDA review.

● In Plain English

Your pituitary has two separate switches for releasing growth hormone. CJC-1295 presses one, Ipamorelin presses the other. Pressing both produces a larger release than pressing either alone — and because you are prompting your own gland rather than injecting growth hormone directly, the body's normal feedback controls stay in place.

What people use it for. Recovery, sleep quality, body composition and general wellbeing. It is the standard entry point into the growth hormone category and the most widely used blend of its type.

What to know before you buy. Dose it at night, away from food. The reasoning is straightforward: your biggest natural growth hormone pulse happens in early deep sleep, so the goal is to amplify that rather than fight against it, and food raises insulin, which blunts the release. If you want an objective read on whether it is doing anything, IGF-1 on a blood panel is the marker — it reflects growth hormone exposure over time far better than a single growth hormone reading.

● What It's Used For

GOAL	WHAT THAT RESTS ON
Recovery and repair	Two separate GH pathways engaged together; the best mechanistic rationale of any blend here
Sleep quality	Dosed at night to amplify your largest natural GH pulse in early deep sleep
Body composition	The most common reason people start; reliably raises GH and IGF-1
Measurable	IGF-1 on a standard blood panel tells you objectively whether it is working

The left column lists goals people commonly pursue with this compound; the right column states what that rests on. These are described uses and research findings, not proven outcomes or treatment claims. Individual results vary and no outcome is promised.



● Pricing & Sizes

PRICING

5mg + 5mg vial

\$75

Bulk pricing: 2-3 vials -5% | 4-6 vials -10% | 7-9 vials -15% | 10+ vials -20%

Ships sealed and lyophilized — stable for years at room temperature, reconstitute before use, or ask and it will be reconstituted free at the volume shown below. **Free shipping on every order, no minimum.** Third-party COA available for every batch — HPLC purity and mass spec verification.

Reconstitution — bacteriostatic water: 5mg + 5mg vial at 2mL = 5mg/mL, so 10 units on a 100-unit syringe draws 0.5mg. Concentrations are arithmetic from vial content and diluent volume, not a dosing recommendation.

Most vendors sell these as two separate SKUs and charge for both — commonly **\$117 to \$146** for the pair, plus two reconstitutions. This is one vial at **\$75**.

● At a Glance

COMPONENTS	CJC-1295 without DAC (mod GRF 1-29) and Ipamorelin, typically 5mg + 5mg
RATIONALE	CJC-1295 acts on the GHRH receptor; Ipamorelin acts on the ghrelin receptor. Separate pathways, additive signal
WHY NO DAC	The short-acting form preserves pulsatile release rather than producing sustained elevation
TYPICAL TIMING	Commonly dosed at night, to align with the body's largest natural GH pulse during early deep sleep
REGULATORY (US)	Neither component is FDA-approved. Neither was on the July 2026 PCAC agenda
FORMAT	5+5mg vial

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RECEPTOR PATHWAYS

Not reviewed

JULY 2026 PCAC

Nightly

TYPICAL TIMING

REGULATORY STATUS

Neither CJC-1295 nor Ipamorelin was on the July 2026 PCAC agenda. Their regulatory status is **unchanged** by that hearing and should not be conflated with the six peptides that were recommended. Neither is FDA-approved and neither is on the 503A bulks list.

● How the Components Compare

Each component brings something the others do not — and each has gaps the others fill. This is what is actually in the vial, stated plainly:



COMPONENT	WHAT IT ADDS	WHAT IT DOES NOT DO
CJC-1295 (no DAC)	Acts on the GHRH receptor. Extends the amplitude of the growth hormone pulse	Does not touch the ghrelin pathway, so alone it leaves half the available signal unused
Ipamorelin	Acts on the ghrelin receptor — a genuinely separate pathway, which is why the two add rather than overlap. Selective, so minimal cortisol or prolactin effect	Does not engage the GHRH receptor. Alone it produces a smaller release than the pair

● Why the Combination Makes Sense

This is one of the few blends in the range where the combination rationale rests on established receptor pharmacology rather than inference. GHRH receptor agonism and ghrelin receptor agonism are genuinely distinct mechanisms, and their combined effect on GH release is well described in the pharmacological literature.

Night dosing is the common convention because the largest natural GH pulse occurs during early deep sleep, and the intent is to amplify that existing pulse rather than create an unnatural one. Dosing away from food is conventional practice, on the reasoning that elevated insulin and blood glucose blunt GH release.

● What Is Not Established

The combination reliably raises growth hormone and IGF-1. It has not been shown in controlled outcome trials to produce meaningful improvements in body composition, recovery, sleep quality or healthspan in healthy adults. That gap between biomarker change and clinical benefit is the honest framing for this category.

IGF-1 is the practical monitoring marker if you want an objective read on whether a protocol is doing anything measurable, since it integrates GH exposure over time far better than a spot GH measurement can.

THE BOTTOM LINE

The best mechanistic rationale of any blend in this range, built on two well-characterised and genuinely separate receptor pathways. Demonstrated effect on GH and IGF-1; no demonstrated outcome benefit. Its regulatory status is independent of the July 2026 hearing.

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