



thetrutides

CJC-1295

A growth hormone releasing hormone analogue

CJC-1295 is a modified GHRH analogue designed to extend the natural growth hormone signal. It is most often used alongside a ghrelin-receptor agonist such as Ipamorelin, because the two act on different receptors.

● In Plain English

Rather than injecting growth hormone, CJC-1295 asks your pituitary to release more of its own. That distinction matters: the body's existing feedback controls stay in the loop, so release still follows a pulsatile pattern rather than the flat elevation that exogenous GH produces. The DAC version stays active for days; the non-DAC version produces a shorter, more natural pulse.

What people use it for. Raising growth hormone for body composition, recovery and sleep quality. It is almost always used with Ipamorelin rather than alone.

What to know before you buy. Make sure you know which version you are getting. The DAC version stays in your system for days and produces a sustained elevation; the non-DAC version clears in about half an hour and produces a pulse closer to what your body does naturally. Most current practice favours the non-DAC form, and that is what the blend uses. It reliably raises growth hormone; whether that translates into the results people want has not been demonstrated in proper trials.

● What It's Used For

GOAL	WHAT THAT RESTS ON
Growth hormone support	Early-phase human pharmacokinetic studies confirm it raises GH and IGF-1
Recovery and sleep quality	Commonly reported; consistent with GH's known physiological roles
Body composition	The reason most people use it, though outcome trials in healthy adults do not exist
Works with your own system	Prompts your pituitary rather than supplying GH directly, so natural feedback stays intact

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.



● How to Buy It

AVAILABLE IN THESE BLENDS

CJC-1295 + Ipamorelin 5mg + 5mg

\$75

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

This compound is supplied as part of the blends above rather than as a standalone vial. **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.

● At a Glance

CLASS	Synthetic analogue of growth hormone releasing hormone (GHRH 1-29)
TWO VERSIONS	With DAC — drug affinity complex extends half-life to several days. Without DAC (mod GRF 1-29) — short-acting, produces a pulse closer to natural release
MECHANISM	Binds pituitary GHRH receptors, increasing endogenous growth hormone release rather than supplying GH directly
HUMAN DATA	Early-phase pharmacokinetic and dose-escalation studies exist; no approved indication and no large outcome trials
REGULATORY (US)	Not FDA-approved. Not on the July 2026 PCAC agenda
FORMAT	Sold in a 5+5mg blend with Ipamorelin

GHRH RECEPTOR TARGET	Not reviewed JULY 2026 PCAC	Endogenous GH RELEASE, NOT EXOGENOUS GH
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REGULATORY STATUS

This compound was **not** on the July 2026 PCAC agenda. Its regulatory status is unchanged by that hearing, and reports about peptides being “cleared” in July 2026 do not apply to it. Treat its status as independent. CJC-1295 remains not FDA-approved and is not on the 503A bulks list.

● DAC vs No DAC

	CJC-1295 WITH DAC	CJC-1295 NO DAC (MOD GRF 1-29)
Half-life	Approximately 6-8 days	Approximately 30 minutes
GH pattern	Sustained elevation, or “bleed”	Sharp pulse, closer to physiological release

	CJC-1295 WITH DAC	CJC-1295 NO DAC (MOD GRF 1-29)
Typical use	Less frequent administration	Timed dosing, commonly at night
Main critique	Continuous elevation departs from natural pulsatility	Requires more frequent administration

The non-DAC form is the more common choice in current practice and is what the CJC-1295 + Ipamorelin blend uses, on the reasoning that preserving pulsatility better reflects normal physiology.

● Evidence Position

CJC-1295 has genuine early-phase human pharmacokinetic data showing it raises GH and IGF-1 — more than most compounds in this range can claim. What it does not have is outcome data: no large controlled trials demonstrating that the resulting GH elevation produces meaningful changes in body composition, recovery or healthspan in healthy adults.

The distinction between a demonstrated biomarker change and a demonstrated clinical benefit is the central caveat for this entire compound class.

THE BOTTOM LINE

A well-characterised mechanism with real pharmacokinetic data behind it, and no outcome trials. Untouched by the July 2026 hearing, so its regulatory position is unchanged and independent of that process.

● Also in the Range

Sold within the **CJC-1295 + Ipamorelin** blend, which is how it is almost always used — the two act on separate receptors and are more effective paired than alone.

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