



LVL UP RX · CLIENT EDUCATION SERIES

GH Optimization

CJC-1295 · Ipamorelin

Growth Hormone Secretagogues

Anti-Aging · Muscle · Fat Loss · Recovery · Sleep

A complete research guide to CJC-1295, Ipamorelin, and why their combination is the most widely used peptide stack in the world.

FOR RESEARCH PURPOSES ONLY

Everything you need to know about CJC-1295, Ipamorelin & the GH Optimization Blend

01	What Is CJC-1295?	Origins, mechanism & how it stimulates your own GH
02	CJC-1295 Key Benefits	Muscle, fat loss, sleep, anti-aging & bone density
03	What Is Ipamorelin?	The cleanest GH-releasing peptide — and why that matters
04	Ipamorelin Key Benefits	Selective GH pulse without cortisol or prolactin spikes
05	CJC-1295 vs Ipamorelin	How they differ — and why both are needed
06	The GH Optimization Blend	Why together they create the gold standard GH protocol
07	Who Is It For?	Ideal candidates, buyer profiles & use cases
08	Protocols & Delivery	Dosing timing, administration & cycling guidance
09	What to Expect	Timeline, realistic outcomes & side effect profile
10	Research Notes	Disclaimer, compliance & selected references

“CJC-1295 and Ipamorelin work on different but perfectly complementary receptors in the pituitary gland — one sustains elevated growth hormone levels, the other delivers clean amplified pulses. Together, they create a GH optimization protocol that no single compound can match alone.

Table of Contents

What's inside this guide

1

WHAT IS CJC-1295?

Growth Hormone Releasing Hormone Analog

What Is CJC-1295?

The peptide that tells your pituitary to produce more of its own GH

CJC-1295 is a synthetic analog of Growth Hormone Releasing Hormone (GHRH) — the naturally occurring hormone produced by the hypothalamus that signals the pituitary gland to release growth hormone. By mimicking and enhancing this signal, CJC-1295 stimulates the pituitary to produce and release more of the body's own growth hormone — rather than introducing synthetic GH from outside the body.

CJC-1295 is available in two forms. The standard version (without DAC) has a shorter active window of several hours, creating more natural GH release patterns. The DAC (Drug Affinity Complex) version binds to albumin in the bloodstream, dramatically extending its half-life to 6–8 days and allowing once-weekly dosing. Both are used in research, with the non-DAC version being more commonly paired with Ipamorelin for synergistic pulsing protocols.

GHRH

MIMICS
hypothalamic signal

~30m

HALF-LIFE
without DAC

6–8d

HALF-LIFE
with DAC version

15%

GH DECLINE
per decade after 30

The Science: How CJC-1295 Works

CJC-1295 binds to GHRH receptors on somatotroph cells in the anterior pituitary gland. This binding triggers a signaling cascade that:

- ◆ Increases intracellular cAMP, stimulating GH synthesis and release
- ◆ Amplifies the magnitude of natural GH pulses without disrupting their rhythm
- ◆ Sustains elevated GH release over an extended period (especially the DAC form)
- ◆ Upregulates IGF-1 production in the liver — the primary mediator of GH's anabolic effects
- ◆ Does not directly raise cortisol or prolactin at research-appropriate doses

KEY DISTINCTION: CJC-1295 does not replace your body's GH — it amplifies your pituitary's own production. This means the GH released is endogenous, pulsatile, and regulated by your body's own feedback systems — unlike exogenous HGH injections, which suppress natural production and bypass normal regulation.

CJC-1295 Key Benefits

Research-supported areas of effect

Muscle & Body Composition

Growth hormone is one of the most anabolic hormones in the body. Restoring youthful GH levels through CJC-1295 stimulation produces significant body composition changes:

- ◆ Increased lean muscle mass through GH-driven protein synthesis and IGF-1 elevation
- ◆ Enhanced fat burning (lipolysis) — GH directly mobilizes stored fat for energy
- ◆ Improved muscle-to-fat ratio even without changes in diet or training
- ◆ Increased nitrogen retention — supporting muscle preservation during caloric deficits
- ◆ Faster recovery from resistance training through accelerated tissue repair

Sleep Quality & Recovery

The majority of natural GH release occurs during deep (slow-wave) sleep. CJC-1295 amplifies this nocturnal GH pulse, producing measurable sleep improvements:

- ◆ Deeper, more restorative slow-wave sleep reported consistently by research subjects
- ◆ Improved morning recovery and reduced grogginess
- ◆ Enhanced overnight tissue repair and cellular regeneration
- ◆ Better cognitive function the following day through improved sleep architecture

Anti-Aging, Skin & Bone

- ◆ Improved skin thickness, elasticity, and texture through GH-driven collagen support
- ◆ Increased bone mineral density over sustained use — relevant for osteoporosis research
- ◆ Reduced appearance of fine lines and wrinkles over 8–12 weeks
- ◆ Improved immune function through GH's role in lymphocyte activity
- ◆ Enhanced wound healing and tissue repair capacity

Metabolic & Cardiovascular Health

- ◆ Improved lipid profile — reduced LDL and triglycerides in research subjects
- ◆ Enhanced insulin sensitivity at research-appropriate GH elevations
- ◆ Increased cardiac output and improved cardiovascular endurance
- ◆ Reduced visceral fat accumulation — a key marker of metabolic aging

BENEFIT AREA	MECHANISM	TIMEFRAME
Lean Muscle	IGF-1 elevation, protein synthesis	6–12 weeks
Fat Loss	GH-driven lipolysis	4–8 weeks
Sleep Quality	Amplified nocturnal GH pulse	1–2 weeks
Skin & Collagen	GH-driven fibroblast activity	8–12 weeks



CJC-1295

Key Benefits — What the Research Suggests

Bone Density	GH stimulation of osteoblasts	12+ weeks
Recovery Speed	Enhanced tissue repair via IGF-1	2–4 weeks

WHAT IS IPAMORELIN?

Selective Growth Hormone Secretagogue

What Is Ipamorelin?

The cleanest GH-releasing peptide — selective, targeted, precise

Ipamorelin is a selective Growth Hormone Secretagogue (GHS) and ghrelin mimetic — a pentapeptide that stimulates GH release from the pituitary through a completely different receptor pathway than CJC-1295. While CJC-1295 activates GHRH receptors, Ipamorelin activates the ghrelin receptor (GHS-R1a), creating a synergistic dual-pathway stimulation when used together.

What makes Ipamorelin stand out from all previous GH secretagogues is its selectivity. Older GH-releasing peptides (GHRP-2, GHRP-6) caused significant spikes in cortisol and prolactin alongside GH — unwanted effects that limit their usefulness and tolerability. Ipamorelin was specifically developed to deliver a clean, isolated GH pulse with minimal impact on any other hormonal pathway.

GHS-RRECEPTOR
ghrelin receptor**~2hr**HALF-LIFE
short, clean pulse**No**CORTISOL
spike unlike GHRP-6**No**PROLACTIN
spike — selective

The Science: How Ipamorelin Works

Ghrelin Receptor Agonism

Ipamorelin binds to the GHS-R1a (ghrelin) receptor in the pituitary, triggering a rapid, pronounced GH release pulse. This mechanism is completely independent of — and complementary to — the GHRH pathway activated by CJC-1295.

Selective GH Stimulation

Unlike older GHRPs, Ipamorelin stimulates only GH release without meaningfully affecting ACTH, cortisol, aldosterone, or prolactin at standard research doses. This selectivity makes it significantly more desirable for research protocols.

Pulsatile Release Pattern

Ipamorelin produces a sharp, short-duration GH pulse — mimicking the natural pulsatile nature of GH secretion. This pulse pattern is generally considered more physiologically favorable than a sustained flat elevation.

Synergistic GHRH Interaction

When administered alongside CJC-1295, Ipamorelin's ghrelin receptor activation synergizes with CJC-1295's GHRH receptor activation — producing a GH response significantly greater than either compound alone.

No Appetite Stimulation

Unlike GHRP-6 and other ghrelin mimetics, Ipamorelin does not significantly stimulate appetite — making it practical for body composition-focused research without unwanted hunger side effects.

Ipamorelin

Selective Growth Hormone Secretagogue

4

IPAMORELIN KEY BENEFITS

What the Research Suggests

Ipamorelin Key Benefits

Clean GH pulse, anti-aging & recovery without hormonal disruption

Body Composition & Performance

- ◆ Accelerated fat loss through GH-stimulated lipolysis — particularly visceral fat
- ◆ Increased lean muscle mass and strength when combined with resistance training
- ◆ Enhanced exercise performance and aerobic capacity through GH-driven adaptations
- ◆ Improved post-workout recovery — reduced soreness and faster return to baseline
- ◆ Muscle preservation during caloric restriction — one of its most valuable attributes

Sleep & Deep Recovery

- ◆ Significantly improved slow-wave (deep) sleep — where most GH is naturally secreted
- ◆ More vivid, restorative sleep reported within the first 1–2 weeks of use
- ◆ Enhanced overnight cellular repair and immune regeneration
- ◆ Reduced time to fall asleep in some research subjects

Anti-Aging & Skin

- ◆ Improved skin quality, elasticity, and thickness over sustained use
- ◆ Reduced fine lines and improved overall skin tone through GH-driven collagen support
- ◆ Joint health improvements — GH supports cartilage integrity and synovial fluid production
- ◆ Enhanced hair and nail quality noted in extended research protocols

Why Ipamorelin Over Older GHRPs

COMPARISON	IPAMORELIN	GHRP-2	GHRP-6
GH Release	Strong, selective	Strong	Strong
Cortisol Spike	Minimal	Moderate-High	Moderate
Prolactin Spike	Minimal	Moderate	Low-Moderate
Appetite Stimulation	Minimal	Moderate	High
Selectivity	High	Low	Low
Preferred For Research	Yes — gold standard	Limited	Limited

Ipamorelin

Key Benefits — What the Research Suggests

5

CJC-1295 VS IPAMORELIN

How They Differ — Why Both Are Needed

CJC-1295 vs Ipamorelin

Two different pathways — one complete GH protocol

CJC-1295 and Ipamorelin are not interchangeable — they work on entirely different receptor systems and produce different patterns of GH release. Understanding the distinction explains exactly why their combination is so effective.

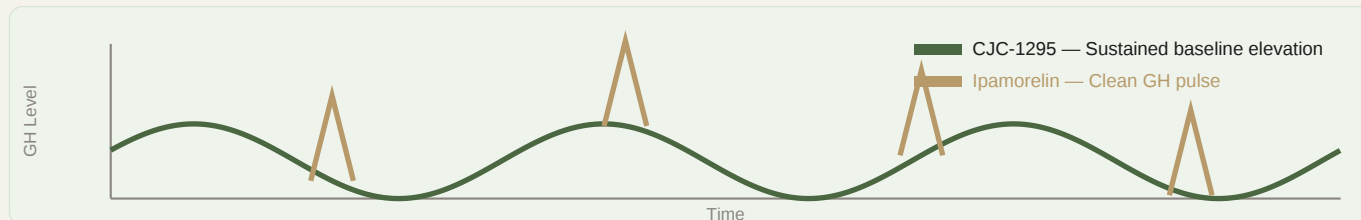
	CJC-1295	IPAMORELIN
Receptor	GHRH receptor (pituitary)	Ghrelin receptor (GHS-R1a)
Mechanism	Amplifies GH synthesis & release	Triggers GH pulse via ghrelin pathway
GH Release Pattern	Sustained elevated baseline	Sharp, short-duration pulse
Half-Life	~30 min (no DAC); 6–8 days (DAC)	~2 hours
Cortisol Effect	None	None (unlike older GHRPs)
Appetite Effect	None	None (unlike GHRP-6)
IGF-1 Elevation	Significant	Moderate — enhanced by CJC
Used Alone	Yes — but incomplete	Yes — but incomplete
Optimal Use	Always paired with Ipamorelin	Always paired with CJC-1295

The Two-Pathway Advantage

The pituitary gland has two separate receptor systems for GH release. CJC-1295 activates one (GHRH receptors), Ipamorelin activates the other (ghrelin receptors). When both are stimulated simultaneously:

- ◆ The GH response is significantly amplified beyond either compound alone
- ◆ CJC-1295 provides sustained background elevation while Ipamorelin adds a pronounced pulse
- ◆ The combined effect more closely mimics a youthful, physiologically optimal GH pattern
- ◆ Neither compound's effects are blunted by the other — they are purely additive to synergistic

GH Release Pattern — CJC-1295 + Ipamorelin



The green line shows CJC-1295's sustained GH baseline elevation. The gold spikes show Ipamorelin's clean pulsatile GH release. Together they create an optimized GH environment that neither compound can produce independently.

CJC-1295 vs Ipamorelin

Understanding the Difference

GH

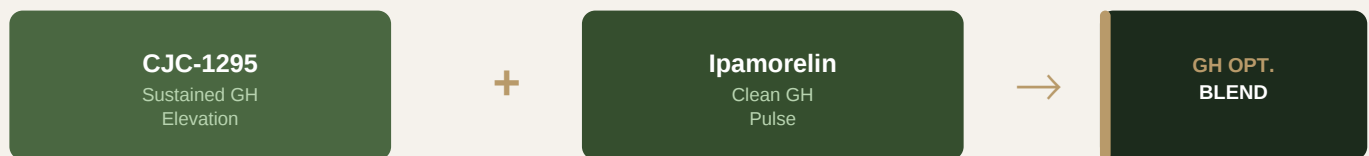
THE GH OPTIMIZATION BLEND

CJC-1295 + Ipamorelin · The Most Popular Peptide Stack in the World

The GH Optimization Blend

Why CJC-1295 + Ipamorelin is the world's most used peptide stack

The GH Optimization Blend — CJC-1295 combined with Ipamorelin — is the most widely researched and most commonly used peptide stack in the fitness, anti-aging, and biohacker communities. Its popularity is not coincidence: the combination produces results that neither compound can achieve independently, through a mechanism that is both scientifically sound and practically superior to exogenous HGH.



The Synergy Explained

Dual-Receptor Amplification

CJC-1295 saturates the GHRH receptor pathway, sustaining elevated GH synthesis. Ipamorelin simultaneously activates the ghrelin receptor pathway, adding a sharp amplifying pulse. Research demonstrates that combined GHRH + ghrelin receptor stimulation produces a synergistically greater GH response than the sum of each alone.

Sustained Elevation + Clean Pulsing

CJC-1295 raises the GH baseline and maintains it. Ipamorelin then amplifies this with clean, cortisol-free pulses at the timing of injection. The result is an optimized 24-hour GH environment — elevated throughout the day and significantly spiked at key times (pre-sleep, post-workout).

Superior Safety Profile vs HGH

Exogenous HGH suppresses the body's natural production and bypasses pituitary regulation. The GH Optimization Blend works with the body — the GH released is still endogenous, still regulated by somatostatin feedback, and still responsive to the body's needs. This makes shutdown and receptor desensitization significantly less of a concern.

Cost Effectiveness vs HGH Clinics

HGH therapy at a clinic typically costs \$500–\$1,500 per month. The GH Optimization Blend produces similar or greater real-world outcomes for a fraction of that cost — making it the most practical GH optimization strategy available for research purposes.

Stacking Versatility

The GH Optimization Blend is one of the most stackable compounds in the LVL UP RX catalog. It pairs naturally with NAD+ for comprehensive anti-aging, BPC-157/TB-500 for injury recovery, and Retatrutide for body recomposition — making it a foundation protocol for multiple goals.

The GH Optimization Blend

CJC-1295 + Ipamorelin — The Gold Standard

7

WHO IS IT FOR?

Ideal Candidates & Use Cases

Who Is the GH Optimization Blend For?

Ideal candidates and research use cases

Fitness Athletes & Bodybuilders

The most common research audience for CJC-1295/Ipamorelin. Athletes use it for enhanced muscle growth, accelerated fat loss, faster recovery between sessions, and improved sleep quality. The clean hormonal profile compared to anabolic steroids makes it attractive to those wanting serious results without significant hormonal disruption.

Anti-Aging Consumers (35–65)

After age 30, GH declines approximately 15% per decade. By 50, most adults have lost 40–50% of their peak GH output — contributing directly to increased body fat, reduced muscle mass, poorer sleep, declining skin quality, and slower recovery. The GH Optimization Blend directly addresses these changes at their hormonal root.

Sleep-Optimization Seekers

One of the most consistently reported effects of CJC-1295/Ipamorelin is dramatically improved sleep quality — particularly deeper slow-wave sleep. For individuals whose primary complaint is poor recovery, fatigue, or sleep quality, this blend is among the most targeted research interventions available.

Biohackers & Longevity Researchers

The GH axis is one of the primary targets in longevity research — GH/IGF-1 dysregulation is implicated in multiple aspects of biological aging. CJC-1295/Ipamorelin is one of the most elegant tools for modulating this axis without the side effects of exogenous hormones.

Body Recomposition Focus

Individuals wanting to simultaneously build lean muscle and lose body fat — a process that GH is uniquely suited to support. Unlike anabolic steroids which primarily drive muscle growth, GH optimization affects both sides of the body composition equation equally.

Post-Injury & Surgical Recovery

GH plays a critical role in tissue repair. Elevated GH output through the blend accelerates wound healing, supports cartilage maintenance, and speeds recovery from both training and surgical procedures. Often stacked with BPC-157/TB-500 for comprehensive recovery.

Who Is It For?

Ideal Candidates & Use Cases

8

PROTOCOLS & DELIVERY

Administration Methods & General Guidance

Protocols & Delivery

How the GH Optimization Blend is used in research contexts

Both CJC-1295 and Ipamorelin are administered via subcutaneous (SubQ) injection. They are commonly drawn into the same syringe and injected together — one of the practical advantages of this combination.

Timing — Why It Matters for GH

Growth hormone release is highly time-dependent. To maximize the benefit of CJC-1295 and Ipamorelin, timing of administration is important:

- Pre-sleep injection (30–60 min before bed): most recommended — amplifies the natural nocturnal GH pulse that occurs during slow-wave sleep. Produces the most pronounced recovery, body composition, and sleep quality effects
- Post-workout injection (30–60 min after training, fasted): amplifies the exercise-induced GH pulse. Particularly relevant for athletes focused on muscle growth and fat loss
- Fasted state preferred: insulin blunts GH release — injecting after a meal reduces effectiveness. Aim for at least 2 hours after eating for optimal response
- Both timing windows can be used: some research protocols use pre-sleep + one daytime injection for maximum effect

COMPOUND	DELIVERY	TIMING	CYCLING	NOTES
CJC-1295 (no DAC)	SubQ	Pre-sleep or post-workout	5 days on 2 days off	Draw into same syringe as Ipamorelin
Ipamorelin	SubQ	Pre-sleep or post-workout	5 days on 2 days off	Always paired with CJC-1295
GH Opt. Blend	SubQ combined	30–60 min before bed	8–12 weeks on 4 weeks off	Fasted state maximizes response

Reconstitution: Add bacteriostatic water slowly to lyophilized powder. Swirl gently — do not shake. Refrigerate after reconstitution. Use within 30–60 days. Never freeze reconstituted peptides. Both CJC-1295 and Ipamorelin can be combined in the same syringe.

Protocols & Delivery

Administration Methods & General Guidance

9

WHAT TO EXPECT

Timeline, Results & Realistic Outcomes

What to Expect

A realistic, research-grounded timeline for the GH Optimization Blend

Sleep quality improvement is typically the first and most consistently reported effect — often noticed within the first 1–2 weeks. Body composition changes develop more gradually, with meaningful differences typically visible at 6–8 weeks. Anti-aging and bone density effects require sustained use of 12+ weeks.

TIMEFRAME	CJC-1295	IPAMORELIN	COMBINED BLEND
Week 1–2	GH levels rising; IGF-1 beginning to elevate	Sleep quality improving; more vivid, deeper sleep	Sleep transformation typically the first noticeable effect
Week 3–4	Improved recovery; reduced muscle soreness	Body fat beginning to shift; energy levels rising	Recovery dramatically faster; first body composition changes
Week 6–8	Lean muscle gains becoming visible	Significant fat loss; particularly visceral fat	Clear body recomposition; improved skin quality begins
Week 10–12	Pronounced anti-aging effects; skin thickness & quality	Full GH optimization; bone density improving	Comprehensive transformation; most users report peak results
Ongoing	Sustained GH support; maintain with cycling	Continued lean body maintenance	Cycle off 4 weeks; then resume protocol

WHAT TO EXPECT FIRST: Sleep quality is the fastest and most reliable early indicator that the blend is working. If sleep doesn't noticeably improve within 2 weeks, reassess timing, fasting window, and dosing before adjusting the protocol.

Side Effect Profile

CJC-1295 and Ipamorelin are considered among the safest and best-tolerated research peptides:

- Injection site: mild temporary redness or swelling; resolves quickly
- Water retention: mild fluid retention possible in early weeks — typically resolves
- Tingling or numbness: mild carpal tunnel-like tingling reported by some at higher doses
- Hunger: minimal with Ipamorelin (unlike GHRP-6); may notice slight appetite shift early on
- Fatigue: occasional mild lethargy reported in early protocol — related to deeper sleep adjustment
- No documented suppression of natural GH production at research-appropriate doses
- No documented effect on cortisol, prolactin, testosterone, or estrogen at standard doses

Cycling is recommended to prevent potential receptor desensitization. Common protocols: 5 days on / 2 days off weekly, with an 8–12 week on / 4 week off longer cycle. Consulting a qualified healthcare provider before beginning any protocol is strongly advised.

What to Expect

Timeline, Results & Realistic Outcomes

10

RESEARCH NOTES

Important Information & Compliance

Research Notes & Disclaimer

Please read carefully.

All products offered by LVL UP RX are sold strictly as research compounds for investigational use only. They are not intended for human consumption and are not approved by the FDA or any equivalent regulatory authority for therapeutic, preventive, or diagnostic use in humans.

The Research Landscape

CJC-1295 and Ipamorelin both have well-established research profiles. CJC-1295 has been studied in multiple human clinical trials demonstrating significant GH and IGF-1 elevation with a favorable safety profile. Ipamorelin has an extensive preclinical base with strong mechanistic data supporting its selective GH-releasing properties. Neither is FDA-approved for therapeutic human use. This guide presents findings accurately and without exaggeration.

What We Will Never Claim

- That CJC-1295 or Ipamorelin treats, cures, or prevents any disease or medical condition
- That these products are FDA approved or safe for human use as medicine
- That these compounds are equivalent to or a substitute for prescription HGH therapy
- That results are guaranteed — individual responses vary significantly
- That the GH Optimization Blend replaces medical treatment or professional healthcare guidance

Selected Research References

- Ionescu, M. & Frohman, L.A. (2006). Pulsatile secretion of growth hormone (GH) persists during continuous stimulation by CJC-1295, a long-acting GH-releasing hormone analog. *Journal of Clinical Endocrinology & Metabolism*.
- Teichman, S.L. et al. (2006). Prolonged stimulation of growth hormone (GH) and insulin-like growth factor I secretion by CJC-1295, a long-acting analog of GH-releasing hormone. *Journal of Clinical Endocrinology & Metabolism*.
- Raun, K. et al. (1998). Ipamorelin, the first selective growth hormone secretagogue. *European Journal of Endocrinology*.
- Gobburu, J.V. et al. (1999). Pharmacokinetic-pharmacodynamic modeling of ipamorelin, a growth hormone releasing peptide, in human volunteers. *Pharmaceutical Research*.
- Bowers, C.Y. (2012). History of the development of GHS and GH secretagogues. *Endocrine Development*.
- Svensson, J. et al. (2000). Two-month treatment of obese subjects with the oral growth hormone secretagogue MK-677 increases IGF-I levels. *Journal of Clinical Endocrinology & Metabolism*.
- Nass, R. et al. (2008). Effects of an oral ghrelin mimetic on body composition and clinical outcomes in healthy older adults. *Annals of Internal Medicine*.

“

CJC-1295 and Ipamorelin represent the most elegant and well-researched approach to GH optimization available — working with your body's own systems rather than replacing them. At LVL UP RX, we're committed to giving you both the compounds and the knowledge to use them well.

LVL UP RX · PEPTIDES · SCIENCE-BACKED. RESULTS-DRIVEN.

For research use only. Not for human consumption. Consult a qualified healthcare professional.



Research Notes

Important Information & Compliance

LVL UP[®]