LVL UP RX · CLIENT EDUCATION SERIES

Tesamorelin

GHRH Analog · FDA-Approved Visceral Fat Reduction

Visceral Fat · GH Restoration · Metabolic Health · Cognition

A complete research guide to Tesamorelin — the only FDA-approved GHRH analog, clinically proven to reduce visceral fat through targeted pituitary GH stimulation.

FOR RESEARCH PURPOSES ONLY

LVL UP RX

Client Education Series

Everything you need to know about Tesamorelin

> *Tesamorelin is the only GHRH analog with FDA approval — earned through rigorous randomized controlled trials demonstrating significant, consistent reduction in visceral abdominal fat. It doesn't just raise growth hormone; it restores the physiological pulsatility of GH release while precisely targeting the fat depot most linked to cardiovascular and metabolic disease.*

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GHRH Analog — FDA-Approved Visceral Fat Reduction

What Is Tesamorelin?

The only FDA-approved GHRH analog with proven visceral fat reduction

Tesamorelin is a synthetic analog of Growth Hormone Releasing Hormone (GHRH) — the hypothalamic peptide that naturally stimulates the pituitary gland to produce and release growth hormone. It is the trans-3-hexenoic acid derivative of human GHRH(1-44), engineered for greater stability and longer half-life than the natural peptide, which degrades rapidly in plasma.

Tesamorelin is marketed under the brand name Egrifta and holds FDA approval for the treatment of excess abdominal fat (lipodystrophy) in HIV-infected patients on antiretroviral therapy. This FDA approval — earned through two Phase 3 randomized controlled trials — makes Tesamorelin unique in the GHRH class: it is the only compound in this category with both regulatory approval and rigorous human clinical data demonstrating significant visceral fat reduction.

In research contexts beyond its approved indication, Tesamorelin is studied for its broader metabolic effects: body composition improvement in non-HIV populations, cognitive enhancement in older adults, liver fat reduction, cardiovascular risk marker improvement, and as an alternative or complement to CJC-1295 for GH optimization protocols.

FDA	26%	GHRH	Once
APPROVED	**VISCERAL FAT**	**ANALOG**	**DAILY**
Egrifta — Theratechnologies	reduction in trials	pituitary stimulation	SubQ injection

How Tesamorelin Differs From Other GHRH Analogs

Tesamorelin occupies a distinct position in the GHRH analog class. While CJC-1295 and Sermorelin also stimulate GHRH receptors, Tesamorelin differs in several important ways:

FDA Approval

Tesamorelin is the only GHRH analog with FDA approval. This means it has undergone Phase 1, 2, and 3 clinical trials with rigorous safety and efficacy evaluation in humans — giving it a clinical evidence base that no other GHRH analog possesses.

Visceral Fat Specificity

While all GHRH analogs raise GH and IGF-1, Tesamorelin's clinical trials focused specifically on visceral adipose tissue (VAT) reduction — and the results are among the most significant ever documented for a non-surgical intervention. Its effect on visceral fat appears to be particularly pronounced relative to its modest IGF-1 elevation.

Preserved Pulsatility

Tesamorelin preserves the natural pulsatile pattern of GH release — stimulating the pituitary to release GH in the physiological pattern rather than creating a sustained flat elevation. This is considered more physiologically favorable than continuous GH elevation.

Tesamorelin

GHRH Analog — FDA-Approved

Cognitive Research

Beyond body composition, Tesamorelin has been studied in a large randomized controlled trial for cognitive function in older adults — showing significant improvement in executive function and processing speed. This cognitive dimension is largely absent from other GHRH analog research.

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THE SCIENCE

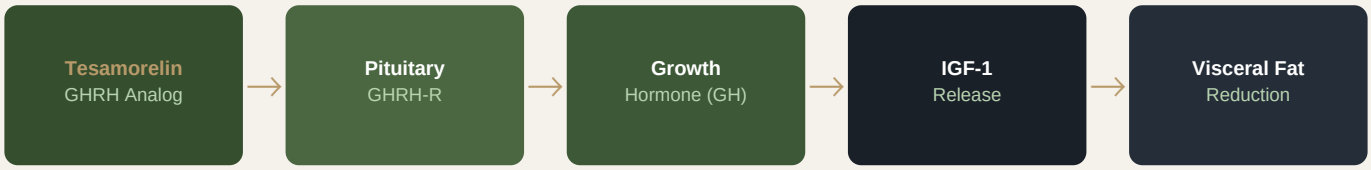
GHRH Receptor Activation, GH Pulsatility & IGF-1

The Science Behind Tesamorelin

How pituitary stimulation drives targeted visceral fat reduction

The GHRH → GH → IGF-1 Axis

Growth hormone secretion is regulated by a push-pull system in the hypothalamus: GHRH stimulates GH release from the pituitary while somatostatin inhibits it. The resulting pulsatile pattern — GH released in discrete pulses, primarily during sleep — drives the anabolic and metabolic effects attributed to GH. Tesamorelin amplifies the GHRH side of this equation:



GHRH Receptor Binding

Tesamorelin binds to GHRH receptors on pituitary somatotroph cells with high affinity. This binding activates adenylate cyclase through Gs coupling, increasing intracellular cAMP and triggering GH synthesis and release. Crucially, Tesamorelin acts on the GHRH receptor alone — it does not affect ghrelin receptors, cortisol, prolactin, or other pituitary hormones at clinical doses.

Preserved Pulsatile GH Release

Unlike exogenous HGH (which creates a sustained, non-physiological GH elevation) or some GHRH analogs with DAC (which create extended flat elevations), Tesamorelin preserves the natural pulsatile rhythm of GH secretion. It amplifies the magnitude of GH pulses while respecting the body's somatostatin feedback — a more physiologically sound approach that may explain its favorable safety profile.

IGF-1 Elevation

GH released in response to Tesamorelin stimulates the liver to produce IGF-1 (insulin-like growth factor 1) — the primary mediator of GH's anabolic and metabolic effects. Tesamorelin produces modest, clinically meaningful IGF-1 elevation — sufficient to drive metabolic benefits without the excessive IGF-1 levels associated with exogenous HGH or high-dose GH secretagogues.

Direct Lipolytic Effects on Visceral Fat

GH has a particularly pronounced lipolytic (fat-mobilizing) effect on visceral adipose tissue — the deep abdominal fat surrounding the organs. Visceral fat is highly sensitive to GH signaling because it expresses abundant GH receptors and responds robustly to GH-driven lipolysis. Tesamorelin's restoration of GH pulsatility specifically targets this depot, explaining the pronounced visceral fat reduction seen in clinical trials.

Tesamorelin

The Science — Mechanism of Action

Hepatic Fat Reduction

GH signaling reduces hepatic fat accumulation through multiple mechanisms — increased fatty acid oxidation in the liver, reduced de novo lipogenesis, and improved insulin sensitivity. Tesamorelin has shown significant reduction in liver fat (hepatic steatosis) in research, making it of interest for MASLD/NAFLD research contexts.

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VISCERAL FAT

Why It Matters — And Why GH Is the Answer

Visceral Fat — Why It Matters

The metabolic danger of deep abdominal fat

Not all body fat is equal. Subcutaneous fat — the fat you can pinch under your skin — is metabolically relatively benign. Visceral fat — the deep fat stored within the abdominal cavity surrounding the organs — is a fundamentally different tissue with profoundly different metabolic consequences.

Visceral fat is metabolically active in harmful ways: it secretes inflammatory cytokines (adipokines) that drive systemic inflammation, produces free fatty acids that flow directly to the liver via the portal vein (contributing to insulin resistance and fatty liver), and releases hormones that impair insulin signaling and promote atherosclerosis. High visceral fat is one of the strongest independent predictors of cardiovascular disease, type 2 diabetes, and metabolic syndrome.

VISCERAL FAT EFFECT	CONSEQUENCE	TESAMORELIN RELEVANCE
Inflammatory cytokine secretion	Systemic inflammation, insulin resistance	GH reduces VAT → reduces inflammation
Portal FFA release	Fatty liver, hepatic insulin resistance	Clinical trials show liver fat reduction
Adipokine dysregulation	Leptin resistance, metabolic dysfunction	Metabolic marker improvements documented
Cardiovascular risk	Atherosclerosis, elevated triglycerides	Lipid profile improvements in trials
GH resistance	Less visceral fat clearance	Tesamorelin restores GH → breaks cycle

The GH — Visceral Fat Connection

Growth hormone specifically targets visceral adipose tissue through a well-established mechanism: visceral fat expresses high levels of GH receptors and is exquisitely sensitive to GH-driven lipolysis. As GH declines with age — losing approximately 14% per decade after age 30 — visceral fat accumulation accelerates. This is not coincidental: the loss of GH signaling removes the primary hormonal brake on visceral fat deposition.

Tesamorelin restores the GH signal specifically, targeting the physiological root of age-related and disease-related visceral fat accumulation. This mechanism explains why its clinical trial results for visceral fat reduction are so substantially larger than dietary interventions alone — it addresses the hormonal cause, not just the caloric equation.

CLINICAL EVIDENCE: In two Phase 3 randomized controlled trials, Tesamorelin produced approximately 15–26% reduction in visceral adipose tissue as measured by CT scan. This effect was maintained over 52 weeks of treatment, with visceral fat returning toward baseline after discontinuation — indicating the effect is treatment-dependent.

Visceral Fat

Why It Matters — And Why GH Is the Answer

Tx

TESAMORELIN

GHRH Analog · FDA-Approved Visceral Fat Reduction

Visceral Fat · Growth Hormone · Metabolic Health · Cognitive Function

Key Benefits of Tesamorelin

Clinically proven and research-supported areas of effect

Visceral Fat Reduction — Primary Effect

- 15–26% reduction in visceral adipose tissue (VAT) documented in Phase 3 RCTs
- Effect measured by CT scan — the gold standard for visceral fat quantification
- Maintained over 52 weeks of continuous treatment in clinical trials
- Visceral fat reduction is statistically significant vs. placebo from week 26
- Reduction in waist circumference consistently documented alongside VAT reduction
- Fat reduction is visceral-specific — subcutaneous fat reduction is less pronounced

Cognitive Function

- Randomized controlled trial in cognitively normal older adults showed significant improvement in executive function
- Improved verbal memory and processing speed documented vs. placebo
- GH/IGF-1 restoration is thought to support hippocampal and prefrontal cortex function
- Particularly relevant for the 45+ population where both GH and cognitive function decline together
- The cognitive benefit is independent of body composition changes — suggesting direct neurological effects

Metabolic & Cardiovascular Markers

- Significant reduction in triglycerides documented in clinical trials
- Improved total-to-HDL cholesterol ratio
- Reduced non-HDL cholesterol in some trial populations
- Improved insulin sensitivity markers in some research subjects
- Reduction in liver fat content (hepatic steatosis) — relevant to MASLD/NAFLD research
- Reduced C-reactive protein and other inflammatory markers alongside visceral fat loss

Body Composition & Physical Function

- Increased lean body mass alongside visceral fat reduction
- Improved trunk-to-limb fat ratio — body composition shifts toward more favorable distribution
- Improved physical function and exercise capacity reported in some research subjects
- Muscle preservation effects through IGF-1 elevation
- Sleep quality improvements through GH pulse restoration at night

BENEFIT	EVIDENCE LEVEL	KEY FINDING
Visceral fat reduction	Phase 3 RCTs (FDA approval)	15–26% VAT reduction vs placebo
Cognitive function	Phase 2 RCT (older adults)	Significant executive function improvement
Triglycerides	Clinical trials	Significant reduction documented

Tesamorelin

Key Benefits — Clinical & Research Evidence

Liver fat	Controlled research	Hepatic steatosis reduction
Lean body mass	Clinical trials	Modest increases alongside fat loss
Sleep quality	Research data	GH pulse restoration — improved deep sleep

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TESAMORELIN VS CJC-1295

Two GHRH Analogs — Different Goals

Tesamorelin vs CJC-1295 / Ipamorelin

Choosing the right GHRH protocol for the right goal

Both Tesamorelin and CJC-1295 (typically combined with Ipamorelin) activate GHRH receptors to stimulate GH release. But they have meaningfully different evidence bases, GH release profiles, and ideal use cases. Understanding the distinction is important for intelligent protocol design.

TESAMORELIN

Targeted & clinical

- FDA-approved compound
- Visceral fat — primary
- Once-daily SubQ
- Preserves pulsatile GH
- Strong clinical data

Best for: VISCERAL FAT & CLINICAL

VS

CJC-1295 / IPA

Broad GH optimization

- Research compound
- Full body composition
- Bedtime injection
- Amplifies GH pulses
- Extensive research use

Best for: FULL GH OPTIMIZATION

	TESAMORELIN	CJC-1295 + IPAMORELIN
Classification	FDA-approved pharmaceutical	Research compound
Primary GHRH action	GHRH receptor (pituitary)	GHRH receptor (pituitary)
Secondary action	None	Ghrelin receptor (Ipamorelin)
GH Release Pattern	Preserved pulsatile	Amplified pulsatile + sustained
IGF-1 Elevation	Modest (15–30%)	Significant (30–50%+)
Visceral Fat Data	Phase 3 RCTs — 15–26% VAT	Preclinical + observational
Cognitive Data	Phase 2 RCT — significant	Limited formal data
Best Use Case	Visceral fat, metabolic, cogn.	Full GH optimization, body comp.
Dosing	Once daily SubQ	2x daily SubQ (timing critical)
FDA Status	Approved (Egrifta)	Not approved

Can They Be Combined?

Tesamorelin and CJC-1295/Ipamorelin both activate GHRH receptors — using both simultaneously creates redundant pituitary stimulation and is generally not recommended. The choice between them should be guided by primary goal: Tesamorelin for visceral fat reduction and metabolic/cognitive outcomes; CJC-1295/Ipamorelin for broader GH optimization, muscle growth, sleep improvement, and anti-aging.

Tesamorelin can be cycled with CJC-1295/Ipamorelin — using one protocol for 12–16 weeks then switching — to achieve different goals across a longer annual protocol.

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WHO IS IT FOR?

Ideal Candidates & Use Cases

Who Is Tesamorelin For?

Ideal research candidates and use cases

Visceral Fat Priority (40–65)

Adults with significant abdominal adiposity — particularly the 'hard belly' that doesn't respond well to diet and exercise alone. Visceral fat is GH-sensitive, and its accumulation with age is directly tied to GH decline. Tesamorelin addresses this at the hormonal root. The clinical trial results — 15–26% VAT reduction — represent an outcome rarely achievable through lifestyle intervention alone.

Metabolic Syndrome & Cardiovascular Risk

Individuals with elevated triglycerides, unfavorable lipid ratios, high inflammatory markers, or borderline insulin resistance. Tesamorelin's documented improvements in all of these markers — through visceral fat reduction and direct GH metabolic effects — make it highly relevant for comprehensive metabolic risk reduction.

Cognitive Anti-Aging (50+)

Adults experiencing age-related cognitive decline — reduced processing speed, executive function, or verbal memory. The randomized controlled trial showing cognitive benefits of Tesamorelin in older adults is one of the most compelling pieces of clinical evidence for any GH-related research compound. The cognitive and metabolic benefits of Tesamorelin are a particularly powerful combination for the 50+ research subject.

Non-Alcoholic Fatty Liver Disease Research

Individuals with elevated liver enzymes or diagnosed hepatic steatosis who want a research protocol that addresses the GH-deficiency component of fatty liver disease. Tesamorelin's documented reduction in liver fat makes it one of the few research compounds with both mechanistic rationale and clinical evidence for this application.

HIV-Associated Lipodystrophy

Individuals on antiretroviral therapy experiencing fat redistribution — the approved indication for Egrifta. Tesamorelin was specifically developed for this population and has the strongest evidence base in this context. The principles apply more broadly to any GH-related fat redistribution.

Body Recomposition Focus (Fat Loss + Lean Mass)

Those seeking simultaneous visceral fat reduction and lean mass preservation. Tesamorelin's dual effect — visceral fat reduction alongside modest IGF-1-driven lean mass support — makes it a uniquely targeted body recomposition tool compared to most fat-loss compounds that compromise muscle.

Protocols & Delivery

How Tesamorelin is administered in research contexts

Tesamorelin is administered via subcutaneous (SubQ) injection once daily. This once-daily schedule is significantly more convenient than CJC-1295/Ipamorelin protocols (which require twice-daily fasted injections) and is one of the practical advantages of Tesamorelin for longer-term research protocols.

Timing

- Evening administration (before bed) is preferred — aligns with the natural nocturnal GH pulse and maximizes overnight lipolytic effects
- Morning administration is an alternative if evening is impractical — effects on visceral fat are consistent regardless of timing
- Fasted state is not as critical for Tesamorelin as for Ipamorelin-based protocols, though post-meal insulin elevation can mildly blunt GH response
- Consistent daily dosing — do not skip days once a protocol is established

Cycling

- Tesamorelin's visceral fat effects are treatment-dependent — fat returns toward baseline after discontinuation in clinical trials
- Long-term continuous use is the approach used in approved clinical settings (6–12+ months)
- Research protocols typically use 12–26 week cycles with 4–8 week breaks
- Metabolic and cognitive benefits may persist somewhat after discontinuation; visceral fat effects are less persistent
- Cycling with CJC-1295/Ipamorelin between Tesamorelin cycles provides continued GH optimization with different emphasis

ASPECT	DETAILS
Delivery	Subcutaneous (SubQ) injection — insulin syringe
Frequency	Once daily — more convenient than twice-daily GH secretagogue protocols
Best Timing	Evening before bed — maximizes nocturnal GH pulse
Reconstitution	Add bacteriostatic water slowly; swirl gently; do not shake
Storage	Refrigerate after reconstitution; use within 20–28 days; never freeze
Typical Cycle	12–26 weeks on; 4–8 weeks off; or continuous as in approved clinical use
IGF-1 Monitoring	Recommended at baseline and 8–12 weeks; discuss with healthcare provider

IGF-1 monitoring is recommended for extended protocols. Tesamorelin produces modest IGF-1 elevation, but baseline assessment and periodic monitoring allows for protocol optimization and safety assurance. Discuss with a qualified healthcare provider.

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STACKING TESAMORELIN

Synergistic Combinations for Comprehensive Outcomes

Stacking Tesamorelin

Strategic combinations for enhanced metabolic and cognitive outcomes

Tesamorelin's visceral fat focus and metabolic specificity pair well with compounds that address complementary dimensions of body composition, energy, and longevity.

— The Metabolic Longevity Stack

Tesamorelin + NAD+

NAD+ supports cellular energy production, DNA repair, and mitochondrial function — the molecular infrastructure that makes fat oxidation efficient. Tesamorelin drives visceral fat mobilization through GH-mediated lipolysis. Together they address metabolic health from two distinct but synergistic angles: GH restoration (Tesamorelin) and cellular energy optimization (NAD+). The cognitive benefits of both compounds are also additive — making this a particularly powerful 40+ protocol.

BEST FOR: *Visceral fat · Metabolic health · Cognitive anti-aging · 45+ consumers*

— The Total Abdominal Fat Stack

Tesamorelin + Retatrutide

Retatrutide drives broad fat loss through GLP-1/GIP/Glucagon triple agonism — reducing total body fat and appetite. Tesamorelin specifically targets visceral fat through GH restoration. These two mechanisms are non-redundant and potentially synergistic: Retatrutide reduces the caloric substrate for fat storage while Tesamorelin specifically mobilizes the visceral depot. Together they represent the most targeted available approach to abdominal fat reduction — both subcutaneous and visceral.

BEST FOR: *Total abdominal fat loss · Visceral + subcutaneous · Metabolic syndrome · Premium transformation*

— The Gut-Metabolic Health Stack

Tesamorelin + BPC-157

BPC-157's gut lining repair and anti-inflammatory properties complement Tesamorelin's metabolic improvements. Visceral fat is closely linked to gut permeability and systemic inflammation — addressing both simultaneously through BPC-157's gut healing and Tesamorelin's visceral fat reduction creates a comprehensive metabolic inflammation protocol.

BEST FOR: *Metabolic inflammation · Gut-metabolic axis · Visceral fat + gut health*

— The GH-Mitochondrial Stack

Tesamorelin + MOTS-c

MOTS-c activates AMPK and drives mitochondrial biogenesis — increasing the cellular machinery for fat oxidation. Tesamorelin provides the GH signal that mobilizes visceral fat. These two compounds work upstream and downstream of each other: Tesamorelin releases fat from storage; MOTS-c enhances the mitochondrial capacity to burn it. A mechanistically elegant body composition protocol.

BEST FOR: *Body recomposition · Fat oxidation · Metabolic efficiency · Athletic performance*

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WHAT TO EXPECT

Timeline, Results & Realistic Outcomes

What to Expect

A realistic, evidence-grounded timeline for Tesamorelin

Tesamorelin's timeline is well-characterized from clinical trials. Metabolic marker improvements emerge relatively quickly; visible and measurable body composition changes require 8–16 weeks; cognitive benefits develop over weeks to months of consistent use.

TIMEFRAME	BODY COMPOSITION	METABOLIC MARKERS	COGNITIVE EFFECTS
Week 1–4	No visible change; GH pulse restoration beginning	GH and IGF-1 elevation; early metabolic activity	Sleep quality improving; early mental clarity gains
Week 4–8	Subtle waist circumference reduction in responders	Triglyceride reduction beginning; lipids improving	Improved processing speed; focus enhancement
Week 8–16	Measurable visceral fat reduction (CT confirmable); trunk fat reducing	Significant lipid and metabolic improvements	Meaningful cognitive gains vs baseline
Week 16–26	Clinically significant VAT reduction; lean mass preserved	Full metabolic marker improvement established	Executive function and memory improvements peak
Week 26+	Continued VAT reduction with sustained use	Maintained metabolic benefits	Sustained cognitive benefits with continued use
Post-cycle	Visceral fat gradually returns over 12–16 weeks	Metabolic improvements partially maintained	Some cognitive benefit may persist post-cycle

CLINICAL CONTEXT: *In the Phase 3 trials, significant visceral fat reduction vs. placebo was first detectable at week 26. Week-8 timepoints show early metabolic improvements. The full body composition effect of Tesamorelin requires patient, consistent use — it is not a rapid-response compound.*

Side Effect Profile

Tesamorelin's side effect profile is well-characterized from clinical trials:

- Injection site reactions: redness, swelling, or pain — the most common side effect; typically mild and transient
- Fluid retention: mild peripheral edema possible, particularly early in the protocol — usually resolves
- Joint or muscle discomfort: reported in some subjects; consistent with GH-related fluid shifts
- Nausea: occasionally reported; usually mild and early
- Glucose metabolism: GH can cause mild insulin resistance — monitoring blood glucose is advisable for those with pre-diabetes
- IGF-1 elevation: typically modest; periodic monitoring recommended for extended protocols
- No documented suppression of endogenous GHRH or GH production at research-appropriate doses

Tesamorelin should not be used by individuals with active malignancy, disruption of the hypothalamic-pituitary axis from prior surgery or radiation, or known hypersensitivity to GHRH analogs. Those with diabetes or pre-diabetes should monitor glucose closely and consult their healthcare provider.

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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. Tesamorelin (brand name Egrifta) is an FDA-approved drug for HIV-associated lipodystrophy — however, LVL UP RX sells Tesamorelin as a research compound for investigational use only, not as the FDA-approved pharmaceutical product. Our compound is not the same as the branded pharmaceutical and is not sold for the approved indication.

The Research Landscape

Tesamorelin has one of the strongest clinical evidence bases of any compound in the GH secretagogue class. Two Phase 3 randomized double-blind placebo-controlled trials support its FDA approval for visceral fat reduction. A Phase 2 randomized controlled trial documents cognitive benefits in older adults. Multiple additional studies document metabolic and liver fat effects. This guide presents findings accurately, consistent with the published clinical literature.

What We Will Never Claim

- That our research compound is equivalent to or the same as FDA-approved Egrifta
- That Tesamorelin treats, cures, or prevents any disease or medical condition outside approved research
- That results are guaranteed — individual responses vary significantly
- That Tesamorelin is appropriate for individuals with active malignancy or pituitary disruption
- That Tesamorelin replaces medical treatment or professional healthcare guidance

Selected Research References

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> *"Tesamorelin stands alone in the GHRH class — the only compound with FDA-grade clinical evidence for visceral fat reduction. At LVL UP RX, we believe that clinical evidence matters, and we're committed to providing the most credible compounds alongside the research context to understand them.*

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