

What is in the vial

Two peptides that reach the pituitary by different doors. CJC-1295 mimics the hypothalamic signal for growth hormone release; ipamorelin mimics the stomach hormone ghrelin, which amplifies it. Both were abandoned as drugs, CJC-1295 in 2006 and ipamorelin in 2014.

CJC-1295	GHRH analog. "No DAC" (in blends) lasts under an hour; "with DAC" lasts a week
IPAMORELIN	Ghrelin-receptor agonist; spares cortisol and prolactin
STATUS	Neither approved anywhere. Both on FDA's do-not-compound list since 2023, unchanged by the 2026 updates
ANTI-DOPING	Both banned by WADA at all times

THE VERSION NOBODY STUDIED

Both human studies of CJC-1295 used the weekly DAC form. The no-DAC version in the blend vial has no published human trial under any name.

This pamphlet is for adults using or being offered the blend for recovery, sleep, body composition, or anti-aging. It is a summary of the published record, not medical advice.

Before using the blend, ask

- ☐ Is either peptide FDA-approved or compoundable? (No, and no.) Who made this vial?
- ☐ DAC or no DAC? Is the dose written per peptide or per blend?
- ☐ What is the concentration and ratio, and can I see the certificate of analysis?
- ☐ Have my IGF-1 and fasting glucose been checked?
- ☐ Am I subject to anti-doping rules?
- ☐ What is the plan if nothing changes in twelve weeks?

SOURCES

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This guide is an educational summary of published sources and is not medical advice. Neither CJC-1295 nor ipamorelin is an approved drug anywhere, and as of the edition date pharmacies may not compound either: neither is on FDA's list of substances they may use, and neither is under review for it. The small human studies described here measured hormone levels, not health outcomes, and none tested the combination. Status statements are current as of the edition date.

Newport Peptide Society

NEWPORTPEPTIDESOCIETY.COM/GUIDES/CJC-1295-IPAMORELIN

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CJC-1295 / Ipamorelin

A guide to the growth hormone stack: two abandoned drugs, one blend vial no study has tested, and a compounding ban that sellers ignore

CJC-1295 with ipamorelin is the best-selling growth hormone product in the peptide market, sold as a single blended vial and dosed at bedtime to push the pituitary into a larger nightly pulse of growth hormone. The physiology behind combining the two is real. What is missing is any study of the combination, any study of the "no DAC" CJC-1295 the vials actually contain, and any legal way for a pharmacy to make it. This guide explains what each half is, what the handful of human studies showed, how the blend is dosed as sold, and where the FDA stands.

How it works, and the human evidence

COMPONENT WHAT IT DOES	
CJC-1295	Opens the growth hormone release pathway (GHRH receptor)
Ipamorelin	Amplifies the pulse and suppresses somatostatin (ghrelin receptor)
Together	A larger nightly pulse than either alone, in hormone studies of the class

A larger pulse is a blood-test result. Whether it changes muscle, fat, or sleep in a healthy adult has never been tested for this pair.

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Human studies of CJC-1295, both the DAC form, both measuring hormones in healthy adults

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Controlled trial of ipamorelin: 114 surgical patients, failed its endpoint, program ended

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Studies of the two together, or of any outcome a buyer is paying for

WHAT WOULD COUNT

A randomized trial of the blend against placebo, measuring body composition or sleep over months, with IGF-1 and glucose monitored. None exists or is registered.

How it is used, and where the FDA stands

CLINIC PROTOCOL FOR A 5 MG + 5 MG VIAL + 2 ML WATER (5,000 MCG/ML OF BLEND). NONE VALIDATED. BEDTIME, 5 NIGHTS ON, 2 OFF.			
WEEKS	NIGHTLY DOSE	UNITS	PER 4 WK
1-4	200 mcg each (400 blend)	8	8 mg
5-12	300 mcg each (600 blend)	12	12 mg
After 12 Stop 4 weeks, reassess			

A 10 + 10 mg vial with 4 mL gives the same figures. Per-peptide and per-blend doses look identical on a syringe: convert before drawing.

2006	CJC-1295 trial halted after a participant's death; program ended
2014	Ipamorelin's controlled trial fails; development stopped
SEP 2023	FDA lists both as not to be compounded (Category 2); an advisory committee votes against ipamorelin in Oct 2024
APR-JUL 2026	Twelve other peptides removed and six recommended; these two untouched, none scheduled

FORBIDDEN FOR PHARMACIES, SOLD EVERYWHERE

A pharmacy making either peptide acts against an explicit FDA determination. Every blend vial comes from such a pharmacy or from a chemical supplier with no pharmacy at all.

Dose arithmetic, and safety

UNITS = (BLEND MCG ÷ MCG/ML) × 100

A 5 + 5 mg vial with 2 mL is 5,000 mcg/mL. 200 mcg of each is 400 mcg of blend: 0.08 mL, or 8 units. The common error is injecting a per-blend instruction as a per-peptide dose.

5 + 5 MG VIAL, ILLUSTRATION ONLY		
WATER	200 MCG EACH	300 MCG EACH
1 mL	4 units	6 units
2 mL	8 units	12 units
3 mL	12 units	18 units

- Reported: flushing, headache, water retention, tingling, hunger, injection-site reactions.
- Raises IGF-1 and blood glucose. Wrong candidate: anyone with diabetes, prediabetes, or a cancer history.
- One trial death in 2006, attributed to undiagnosed heart disease and never formally assessed.
- Research-chemical vials: unverified purity and ratio, impurities from two syntheses, no sterility certification.
- Athletes: banned at all times; detection methods exist for both.

WHAT DOES HAVE EVIDENCE

Resistance training and protein for body composition; sleep timing and light for sleep; growth hormone itself, from an endocrinologist, for a diagnosed deficiency.