

CJC-1295/Ipamorelin Blend — Research Summary

Research Use Only. Not for human consumption. For laboratory/research reference purposes only.

Part of the Prolific Peptides Research Library — a summary of published third-party research, provided for informational and research purposes only. This content is separate from product listings and does not constitute a claim about any Prolific Peptides product's effects.

1. What It Is

This blend pairs CJC-1295 without DAC (a tetra-substituted GHRH(1-29) analog, ~30-minute half-life) with Ipamorelin, a pentapeptide selective agonist of the growth-hormone secretagogue receptor (GHS-R1a, the ghrelin receptor). The two act on distinct but converging pituitary signaling pathways — GHRH-receptor/Gs/cAMP and ghrelin-receptor pathways, respectively — which published mechanistic work describes as synergistic for GH release.

Ipamorelin was specifically characterized (Raun et al., 1998) as the first selective GH secretagogue — producing GH release comparable to GHRP-6 without the cortisol/prolactin/ACTH elevation associated with older, less-selective GHS peptides.

2. Reported Effects in Research Literature

Reminder: Research Use Only. Not for human consumption. The following is a summary of published research findings, not a therapeutic claim.

- Animal data: A 1999 rat study found chronic ipamorelin administration increased longitudinal bone growth and body weight gain, consistent with GH axis engagement.
- Animal data: A 2024 study (British Journal of Pharmacology) found ipamorelin activated GHS-R1a receptors in the hypothalamus and brainstem to counteract cisplatin-induced weight loss and appetite suppression in ferrets.
- Human/mechanistic data: A 1995 study in patients with hypothalamopituitary disconnection versus matched controls, given IV GHRH and GHRP-6 (a related, non-selective GHS) alone and combined, found the combined-therapy GH response was markedly blunted in disconnected patients — evidence the GHRH/GHS synergy mechanism is hypothalamically, not purely pituitary, mediated.
- Human data specific to the combined CJC-1295(no-DAC)/Ipamorelin blend as a single administered product was not identified; available human evidence covers the two mechanistic classes (GHRH analogs and selective GHS peptides) separately or in combination with related compounds.

3. Clinical & Preclinical Study References

Raun K, Hansen BS, Johansen NL, et al. Ipamorelin, the first selective growth hormone secretagogue. Eur J Endocrinol. 1998;139(5):552-561. PMID: 9849822

Johansen NL, et al. Chronic ipamorelin treatment in rats. Growth Horm IGF Res. 1999.

Popovic V, et al. GHRH/GHRP-6 combined stimulation in hypothalamopituitary disconnection. (1995 study, described in secondary literature.)

2024 study, ferret model, ipamorelin/GHS-R1a/cisplatin-induced cachexia. Br J Pharmacol. PMID: 39043357

Regulatory/Safety Note: No FDA-approved product exists for either component or the combination; no completed controlled human trials of the specific blend (as opposed to its individual mechanistic components) were identified.

This compound has not been evaluated by the FDA and is not intended to diagnose, treat, cure, or prevent any disease in humans or animals.

This document is for informational and research purposes only. It does not constitute medical advice, dosing guidance, or an endorsement of human or veterinary use. For full terms governing research use, see our RUO Policy at ProlificPeptides.com.

This summary may not be reproduced, excerpted, or used as product labeling or marketing copy without written permission from Prolific Peptides, LLC.

Regulatory and research-status information reflects publicly available sources as of September 7, 2026, and may change.