

CJC-1295 (No DAC) / Ipamorelin

GHRH Analog + GH Secretagogue Blend · Investigational Research Compound ·
Combination GH-Axis Stack



A plain-language guide to what the CJC-1295 (No DAC) / Ipamorelin blend is, how its combined growth-hormone signaling is designed to work, and what published peptide research on each component has found so far — written for newcomers to peptide science, not just specialists.

COMPOSITION

CJC-1295 (No DAC) 5mg
Ipamorelin 5mg

STRUCTURE

30-aa modified GHRH fragment
+ 5-aa selective GH
secretagogue

STUDIED HALF-LIFE

CJC-1295 (No DAC): ~30 min;
Ipamorelin: ~2 hours

1 What Is CJC-1295 (No DAC) / Ipamorelin?

This blend pairs two peptides that act on growth hormone release through separate receptors. CJC-1295 (No DAC) is a modified 30-amino-acid fragment of GHRH engineered for improved stability over native GHRH, without the Drug Affinity Complex (DAC) modification that would otherwise extend its half-life to several days — the "No DAC" version is studied specifically for its short-acting, pulsatile profile. Ipamorelin is a 5-amino-acid synthetic peptide that acts as a selective agonist of the ghrelin receptor, prompting GH release through an entirely separate pathway from GHRH analogs.

Because the two peptides act on distinct receptors that converge on the same pituitary somatotroph cells, researchers combining them are typically investigating whether dual-receptor stimulation produces a larger or more reliable GH pulse than either compound given alone.

NEW TO THIS? KEY TERMS

GHRH — Growth Hormone-Releasing Hormone, the hypothalamic signal that tells the pituitary to release GH.

Ghrelin receptor (GHS-R) — a separate pituitary receptor that also triggers GH release when activated.

DAC — Drug Affinity Complex, a modification that extends a peptide's half-life; "No DAC" means this extension is absent.

Selective secretagogue — a compound (like Ipamorelin) that triggers GH release without significantly affecting cortisol or prolactin.

2 How It's Designed to Work

The blend's research profile rests on two parallel receptor pathways converging on a shared pituitary signal — GHRH-receptor activation and ghrelin-receptor activation, studied together for an amplified GH pulse:

CJC-1295 (NO DAC) PATHWAY GHRH RECEPTOR ACTIVATION Binds the GHRH receptor on pituitary somatotrophs with improved stability over native GHRH, studied as producing a short, pulsatile GH release signal.	IPAMORELIN PATHWAY GHRELIN RECEPTOR ACTIVATION Selectively activates the ghrelin receptor (GHS-R) on the pituitary, studied as stimulating GH release with minimal effect on cortisol, prolactin, or appetite hormones.	COMBINED CASCADE SYNERGISTIC GH / IGF-1 RELEASE Dual-receptor stimulation is studied as producing a synergistic increase in GH pulse amplitude compared to either single agent, with downstream effects on IGF-1 production.
--	--	---

Each peptide is studied independently; there is limited dedicated combined-compound clinical trial data on CJC-1295 (No DAC) and Ipamorelin given together as a single stack.

FOR RESEARCH USE ONLY. This document is an educational research summary.

3 What the Research Shows

Research on both components spans early-phase human pharmacokinetic studies and preclinical work, with no completed controlled trials on the combination itself. Below is a plain-language summary of frequently cited findings for each component.

CJC-1295 GH Elevation Study Teichman et al., *Journal of Clinical Endocrinology & Metabolism*, 2006

A study of healthy adults reported single and multiple doses of CJC-1295 significantly increased GH and IGF-1 levels, establishing the parent compound's activity on the GHRH receptor.

Ipamorelin Selectivity Study Raun et al., *European Journal of Endocrinology*, 1998

Preclinical research characterizing Ipamorelin reported it stimulated GH release as effectively as other secretagogues while showing minimal effect on cortisol, aldosterone, or prolactin, distinguishing it as a highly selective GH secretagogue.

Combined GHRH + Secretagogue Synergy Raun et al., *European Journal of Endocrinology*, 1998 (mechanism review)

Studies of GHRH analogs paired with ghrelin-receptor agonists reported synergistic increases in GH release beyond either class alone, providing the mechanistic rationale researchers cite for combining CJC-1295 and Ipamorelin.

FOR RESEARCH USE ONLY. This document is an educational research summary.

4 Effects Observed in Research

Across the studies above, three effects recur most often. These are findings from controlled research settings on the individual peptides, not guarantees or claims about any individual outcome from the combined stack.

Growth Hormone & IGF-1 Elevation

Significant increases in GH and IGF-1 levels reported for both CJC-1295 and Ipamorelin individually across human and preclinical studies.

Selective, Pulsatile Release

Short-acting GH pulses reported for CJC-1295 (No DAC), preserving the body's natural pulsatile release pattern.

Minimal Off-Target Hormone Effects

Ipamorelin studies reported minimal impact on cortisol and prolactin, a selectivity attributed to its ghrelin-receptor specificity.

5 Storage & Reconstitution Guide

CJC-1295 (No DAC) / Ipamorelin is supplied as a lyophilized (freeze-dried) blend that must be reconstituted before use in the lab. The steps below reflect standard peptide-handling practice — always defer to the certificate of analysis (COA) that ships with each vial.

BEFORE RECONSTITUTION

Keep the lyophilized vial refrigerated (2–8°C) for short-term storage, or frozen (–20°C) for longer-term storage, protected from light at all times. The unreconstituted powder is stable for the longest window — reconstitute only what will be used in the near term.

RECONSTITUTING WITH BACTERIOSTATIC WATER

Bring the vial to room temperature. Using a sterile syringe, draw bacteriostatic water and inject it slowly down the inside wall of the vial — not directly onto the powder — to avoid agitating and denaturing the peptides. Gently swirl to dissolve; never shake.

RESULTING CONCENTRATION FOR A 5MG / 5MG VIAL

Bacteriostatic Water Added	Resulting Concentration (each peptide)
1 mL	5 mg/mL
2 mL	2.5 mg/mL
3 mL	1.7 mg/mL
5 mL	1 mg/mL

AFTER RECONSTITUTION

Store the reconstituted solution refrigerated at 2–8°C and protected from light. Reconstituted peptide solutions are generally most stable when used within a few weeks — check the COA for the exact window for each lot. Avoid repeated freeze–thaw cycles, label vials with the reconstitution date, and discard any solution that appears cloudy, discolored, or has been left at room temperature for an extended period.

SOURCES

Teichman, S.L. et al. Prolonged stimulation of growth hormone and insulin-like growth factor I secretion by CJC-1295 · Journal of Clinical Endocrinology & Metabolism, 2006 · Raun, K. et al. Ipamorelin, the first selective growth hormone secretagogue · European Journal of Endocrinology, 1998.

FOR RESEARCH USE ONLY — NOT FOR HUMAN CONSUMPTION