

CJC-1295 NODAC + Ipamorelin Available for Research Use Only

(200 mcg CJC-1295 NODAC + 200 mcg Ipamorelin, fasted, SC)

CJC-1295 (no DAC) + ipamorelin is a commonly used GH-secretagogue combination that likely enhances GH release, with plausible benefits for body composition and recovery. Cycling is a common, empirical practice. IGF-1 should be monitored. Avoid use with active malignancy; prior cancer or elevated cancer risk warrants individualized assessment because the combination's cancer risk remains uncertain.

CJC-1295 (no DAC), commonly called modified GRF(1–29), is a GHRH analog distinct from the long-acting, albumin-binding DAC compound. Its GHRH-receptor activity supports likely enhancement of pituitary GH release. [4,22] Ipamorelin is a selective ghrelin-receptor (GHSR-1a) agonist that stimulates GH release. Effects on cortisol and prolactin are likely limited, based on animal selectivity findings. [2,6] The combination likely enhances GH release synergistically through complementary GHRH and ghrelin-receptor signaling, informed by studies of other GHRH/GH-secretagogue pairings. [3,8]

 Probably safe

★ ★ Likely enhancement of GH release, with plausible benefits for body composition and recovery. [2–8,14]

C Plausible tumor-growth concern through GH/IGF-1 signaling. Avoid use with active cancer; prior cancer or elevated cancer risk warrants individualized assessment. [17,22]

 **Testing encouraged — monitor IGF-1 against the age-adjusted reference range; levels above that range warrant ed reassessment of use and dose. [16,22]**

Disclaimer: These notes are not authoritative and should not be interpreted as definitive scientific guidance. They are summaries, compilations and plausible extrapolations drawn from the most relevant research I was able to locate, and may omit nuances, conflicting data, or emerging evidence. The material reflects an attempt to organize and understand complex topics, not to provide clinical recommendations or expert interpretation.

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Safety assessment of CJC-1295 (no DAC) + ipamorelin is informed by studies of the DAC-form CJC-1295 and separately administered ipamorelin. GH/IGF-1 signaling provides a plausible tumor-growth concern. [5–7,17,22–24]

CJC-1295 (no DAC) + ipamorelin likely enhances GH release, with plausible downstream elevation of IGF-1. This assessment draws on human ipamorelin findings, GHRH-analog pharmacology, and complementary receptor signaling; individual response magnitude remains uncertain. [2–6,8,22]

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Body-composition benefits from CJC-1295 (no DAC) + ipamorelin remain plausible, informed by GH/IGF-1 biology and studies of related interventions. Fat-loss effects are uncertain. [11,15,22]

Dosage & Patterns

Practitioner and community use patterns include administration while fasted, before bedtime or after waking, once or twice daily. These timing and frequency choices remain empirical practices. [22]

- **150–200 mcg of each peptide per administration is an empirical practitioner/community use pattern.**

Human intravenous ipamorelin research demonstrated dose-dependent GH responses, but does not establish an optimal subcutaneous dose or a 200-mcg efficacy ceiling for this combination. [6,22]

Reported empirical cycling patterns include

- **8–12 weeks on with 4 weeks off, or 12–16 weeks on with 8 weeks off.**

Their ability to prevent adaptation or preserve response remains speculative. [22]

Benefits

- **Plausible improvement in sleep quality**, informed by GHRH-related sleep mechanisms. Community reports describe more restorative sleep, easier sleep onset, and vivid dreaming; responses may vary with sex and age. [19–22]
- **Plausible support for recovery from training** through GH/IGF-1-related tissue-repair signaling. Community reports describe reduced next-day soreness and faster return to baseline performance after heavy sessions. [14,21,22]
- **Plausible support for connective-tissue repair**, informed by increased tendon collagen synthesis in a human GH study. Community reports describe improved joint comfort, tendon resilience, and soft-tissue healing over several weeks. [14,21,22]
- **Likely increased bone mineral content with ipamorelin**, based on adult-female-rat studies showing greater bone size and mineral content. These findings provide a plausible rationale for skeletal support from the combination. [9,10]
- **Community reports describe improved workout quality and muscle fullness** when training and nutrition are consistent. These experiences do not establish increased muscle-fiber protein synthesis. [14,21,22]
- **Plausible support for body-composition changes** through GH/IGF-1-related signaling. Community reports describe easier maintenance of leanness, but fat-loss effects remain uncertain given mixed animal findings with ipamorelin. [11,15,21,22]
- **Community reports describe more stable mood, calmer evenings, and improved stress tolerance and emotional resilience.**

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- **Plausible support for skin quality** through GH/IGF-1-related collagen and tissue-remodeling signaling. Community reports describe improved hydration, elasticity, and overall tone. [14,21,22]
- **Community reports describe higher morning energy**, sometimes characterized as ‘clean’ or ‘youthful.’
- **Community reports describe steadier fasting windows and reduced late-night hunger.** Glucose responses may vary; GH stimulation can impair insulin sensitivity and plausibly increase dysglycemia risk. [15,22]
- **Community reports describe greater training readiness and reduced cumulative fatigue across the week.**

Practitioner and Community Uses

- Recovery from training.
- Body recomposition.
- Reported use aimed at age-related declines in GH secretion (age-related decline is distinct from clinically diagnosed GH deficiency). [16,21,22]

Cautions

- Active malignancy.
- Uncontrolled diabetes.

Side Effects

- Potential water retention. [15,22]
- Potential joint discomfort. [15,22]

Drivers of Diminished Response and Mitigation Strategies

Receptor desensitization plausibly contributes to diminished response during repeated stimulation of GHRH and ghrelin receptors. [3,9,12] Immunogenicity is a potential concern. [23,24] **IGF-1-mediated negative feedback on the hypothalamic-pituitary axis is established physiology and plausibly limits the GH response.** [3,16]

Intermittent dosing and planned breaks are empirical practices whose ability to preserve response remains speculative. Periodic IGF-1 monitoring can help assess biochemical response and guide reassessment. [16,22]

CJC-1295 NODAC + Ipamorelin and Cancer Risk

There’s no evidence that CJC-1295 NODAC + Ipamorelin causes cancer in humans, but there are real, mechanistically plausible reasons for caution, especially in people with active or prior malignancy, or strong risk factors. The concern isn’t unique to CJC-1295 NODAC +

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Ipamorelin; it's applies to all interventions that chronically raises GH and IGF1, because the GH/IGF-1 axis is pro-growth and anti-apoptotic, and many tumors exploit those signals. [17,22]

- Acromegaly is associated with increased incidence of certain cancers, particularly colorectal and thyroid cancers. These observational findings **support concern about prolonged GH/IGF-1 excess but do not distinguish tumor initiation from promotion** or quantify risk from this combination. [18]
- In adults treated with pharmacologic GH (e.g., for deficiency), large cohorts show mixed but generally reassuring data: no clear spike in de novo cancer, but ongoing caution in those with prior malignancy or strong familial risk. [17]
- Endogenous GH stimulation plausibly retains physiological feedback regulation. This does not establish lower cancer risk than administered GH; comparative cancer safety remains uncertain, and increased IGF-1 may still support tumor-growth signaling. [3,17,22]

The mechanistic concern is **if a microtumor or residual disease is present, extra GH/IGF-1 could provide a growth advantage, especially in IGF-1-sensitive cancers (breast, prostate, colon, some sarcomas)**. [17,22]

In a person with active cancer, recent cancer, strong family history, or known IGF-1-sensitive tumors, CJC-1295 (no DAC) + Ipamorelin is best treated as potentially tumor-supportive and generally should be avoided unless a specialist explicitly signs off. [17,22]

In people without known cancer, the combination's cancer risk remains uncertain. The magnitude and duration of GH/IGF-1 elevation plausibly influence tumor-growth signaling, but do not provide a validated estimate of individual risk. [17,22]

Biological Mechanism

CJC-1295 NODAC acts through the GHRH receptor, while ipamorelin acts through the ghrelin receptor (GHSR-1a). The combination likely enhances GH release, with plausible synergy through complementary receptor signaling and plausible downstream elevation of IGF-1. Ipamorelin's effect on cortisol and prolactin are likely limited based. [3,14–16,22]

Conclusions

CJC-1295 (no DAC) + ipamorelin likely enhances GH release, with plausible benefits for sleep, recovery, connective-tissue support, and body composition. Fat-loss effects and increased muscle-fiber protein synthesis remain plausible. Fasting, bedtime administration, and intermittent schedules are empirical practices. Long-term human safety and adverse-effect frequencies remain uncertain. Avoid use with active malignancy; prior cancer or elevated cancer risk warrants individualized specialist assessment. Monitor IGF-1 against the age-adjusted reference range, with reassessment if levels exceed that range. [2–8,11,14–17,19–24]

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References

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