

IPA/CJC

History and Background

IPA/CJC is a popular peptide combination that pairs Ipamorelin (a growth hormone-releasing peptide, GHRP) with CJC-1295 (a growth hormone-releasing hormone analogue, GHRH). This synergistic stack was developed based on research showing that combining GHRP and GHRH peptides produces significantly greater GH release than either alone. Ipamorelin was created in the late 1990s as a selective ghrelin receptor agonist, while CJC-1295 (with or without DAC) was developed in the early 2000s. Together, they create potent, pulsatile GH release mimicking natural physiological patterns.

Primary Uses

IPA/CJC is used for enhanced muscle growth and strength, accelerated fat loss and improved body composition, anti-aging and skin rejuvenation, improved sleep quality and recovery, increased bone density, enhanced immune function, injury recovery and tissue repair, improved cognitive function and mood, athletic performance optimization, and overall vitality and wellness.

How It Works

This combination works through complementary mechanisms. Ipamorelin acts as a ghrelin mimetic, binding to ghrelin receptors in the pituitary to stimulate GH release without elevating cortisol or prolactin. CJC-1295 binds to GHRH receptors, amplifying the GH pulse. When used together, they create a synergistic "push-pull" effect—CJC primes the pituitary while ipamorelin triggers the release. This produces GH spikes 3-10x higher than either peptide alone, leading to increased IGF-1 and all downstream anabolic effects while maintaining more natural pulsatile patterns than exogenous GH.

Standard Protocol

Dosing: Standard stack: 200-300mcg ipamorelin + 100-200mcg CJC-1295 per injection. Typical: 2-3x daily. Conservative: Once daily before bed. Aggressive: 3x daily.

Administration: Subcutaneous injection. Mix both peptides in same syringe. Comes as lyophilized powder requiring reconstitution with bacteriostatic water.

Timing: Best times: Morning (fasted), post-workout, before bed. Avoid food 1-2 hours before and 30-60 minutes after injection for optimal GH release. Bedtime dose most important for recovery.

Titration Schedule:

Ipamorelin: 200-300mcg per dose

CJC-1295 (no DAC): 100-200mcg per dose

Frequency: 1-3x daily (typically morning, post-workout, bedtime)

Duration: 12-16 weeks, then 4 week break

Duration: Typical cycles: 12-16 weeks on, 4 weeks off to maintain receptor sensitivity. Some run continuously at lower frequency. Long-term use common.

What to Expect

Positive Effects (Week 1-2)

Significant muscle growth and strength gains. Enhanced fat loss, especially abdominal fat. Improved skin quality, elasticity, and reduced wrinkles. Much deeper, more restorative sleep. Faster injury recovery and healing. Increased energy and vitality. Better mood and cognitive function. Enhanced exercise performance and recovery. Elevated IGF-1 levels.

Timeline to Results

Initial effects: 1-2 weeks (better sleep, recovery). Noticeable changes: 4-6 weeks (body composition, skin). Significant results: 8-12 weeks (muscle gain, fat loss). Optimal effects: 4-6 months with proper diet and training.

Dose Response

Higher doses and frequency (3x daily) produce faster results but cost more and may increase side effects. 2x daily (morning and bedtime) is the sweet spot for most. Synergy means lower individual doses effective.

Pros

Synergistic effects—more potent than either alone
Significant body composition and anti-aging benefits
Dramatically improves sleep quality and recovery
More natural GH release pattern than exogenous GH
Ipamorelin is very clean (no cortisol/prolactin spike)
Well-researched and widely used combination
Flexible dosing schedule (1-3x daily)
Less expensive than HGH
Well-tolerated with minimal side effects
Can be mixed in same syringe for convenience

Cons

Requires multiple daily injections for best results
More expensive than single peptides
Requires cycling to prevent desensitization
Both peptides require refrigeration
Not FDA-approved
Individual response varies
Requires proper timing around meals
Quality varies between suppliers
May increase appetite (ghrelin effect)

Limited long-term human safety data

Who Should Consider It

Athletes and bodybuilders seeking muscle growth and recovery, individuals wanting anti-aging and body composition benefits, those with poor sleep quality, people seeking GH benefits without daily commitment of 3x dosing (can dose 1-2x), users willing to commit to injection protocols, individuals with declining GH/IGF-1 due to age, those seeking research-backed peptide stacks.

Who Should Avoid It

Pregnant or breastfeeding women, individuals with active cancer or tumor history, people with uncontrolled diabetes, those with pituitary disorders, individuals seeking immediate results without effort, people unwilling to inject multiple times daily, those on tight budgets, individuals who cannot cycle properly.

IPA/CJC combination is not FDA-approved. For research purposes only. Should be used under medical supervision with IGF-1 monitoring. Proper cycling essential to maintain effectiveness. Individual results vary with diet, training, and genetics. This information is for educational purposes only.

