CJC-1295

Purity: >98% (HPLC on request) | Molecular Formula: C165H269N47046
Molecular Weight: 3647.15 | Sequence: Tyr-D-Ala-Asp-Ala-Ile-Phe-Thr-Gln-Ser-Tyr-Arg-Lys-Val-Leu-Ala-Gln- Leu-Ser-Ala-Arg-Lys-Leu-Leu-Gln-Asp-Ile-Leu-Ser-Arg-NH2

DESCRIPTION:

CJC 1295 stimulates growth hormone release via binding to the pituitary. This peptide directly mimics the endogenous Growth Hormone Releasing Hormone (GHRH) typically secreted by the hypothalamus. CJC 1295 comes in 2 chemical forms. One includes a binding group called DAC, or Drug Activity Complex. The DAC bind to serum albumin and significantly increases half life. However, for many reasons, this is not the preferred product for many patients clinically.
Instead, the tetrasubstituted 29 amino acid modified growth releasing factor often called Mod-GRF is the version of CJC most use clinically. This version of the CJC 1295 outperforms the older and outdated GHRHs such as Sermorelin. The half-life of Sermorelin ranges from 8-12 minutes, whereas the half-life of CJC 1295 extends to 30 minutes.
As a result of better stimulation and release you see many clinical results including fat loss, increases lean muscle mass, better lipid profiles, better deep wave sleep and increased repair and recovery. Use in combination with Ipamorelin, the CJC is one of the most widely prescribed products.

PROTOCOL:

Content & Potency: Provided as a 5mg lyophilized vial
Vial reconstitution: 2ml sterile water for injection
Suggested dosage: Inject 100-200mcg (0.04-0.08ml or 4-8units) subcutaneously 5 out of 7 days per week fasting 2- 3 hours prior to injection

***We suggest using the CJC 1295 in combination with Ipamorelin as it provides a synergistic effect, generating five times the benefits of using the CJC 1295 or Ipamorelin alone. The combination allows for a maximized release of GH because CJC 1295 and Ipamorelin have different mechanisms of action and work on different receptors (GHRH-R & Ghrelin-R).

CLINICAL RESEARCH:

Factor I Secretion by CJC 1295, a Long-Acting Analog of GB-Releasing Hormone, in Healthy Adults

Context: Therapeutic use of GHRH to enhance GH secretion is limited by its short duration of action.
Objective: The objective of this study was to examine the pharmacokinetic profile, pharmacodynamic effects, and safety of CJC 1295, a long-acting GHRH analog.
Design: The study design was two randomized, placebo-controlled, double blind, ascending dose trials with durations of 28 and 49 d.
Setting: The study was performed at two investigational sites. **Participants**: Healthy subjects, ages 21-61 yr, were studied. **Interventions**: CJC 1295 or placebo was administered sc in one of four ascendings single doses in the first study and in two or three weekly or biweekly doses in the second study.
Main Outcome Measures: The main outcome measures were peak concentrations and area under the curve of GH and IGF-1; standard pharmacokinetic parameters were used for CJC 1295.
Results: After a single injection of CJC 1295, there were dose dependent increase in mean plasma GH concentrations by 2- to 10-fold for 6 d or more and in mean plasma IGF-1 concentrations by 1.5- to 3-fold for 9-11 d. The estimated half-life ofCJC 1295 was 5.8-8.1 d. After multiple CJC 1295 doses, mean IGF-1 levels remained above baseline for up to 28 d. No serious adverse reactions were reported.
Conclusions: Subcutaneous administration of CJC 1295 resulted in sustained, dose-dependent increases in GH and IGF-1 levels in healthy adults and was safe and relatively well tolerated, particularly at doses of 30 or 60 ug/kg . There was evidence of a cumulative effect after multiple doses. These data support the potential utility of CJC 1295 as a therapeutic agent.

Sam L. Teichman, Ann Neale, Berry Lawrence, Catherine Gagnon, Jean-Paul Casraigne, Lawrence A. Frohman, Prolonged Stimulation of Growth Hormone (GH) and Insulin-Like Growth Factor I Secretion by CJC-1295, a Long-Acting Analog of GH-Releasing Hormone, in Health y Adults, The Journal of Clinical Endocrinology & Metabolism, Volume 91, Issue 3, 1 March 2006, Pages 799-805, hrrps://doi.org/10.1210/jc.2005-1536