

# Fitness Peptides

## Using peptides for bodybuilding fitness

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### Bodybuilding Peptides 101

#### Bodybuilding Peptides 101

##### **What types of Growth Hormone Releasing Hormones are there?**

Growth Hormone Releasing Hormones (GHRH) (amplifies the Growth Hormone Releasing Peptides (GHRP) initiated pulse):

- GRF(1-44) - half-life is less than 5-10 minutes
- GRF(1-29) Sermorelin - half-life is less than 5-10 minutes
- Modified GRF(1-29) or CJC-1295 w/o the DAC - Half-life at least 30 minutes
- CJC-1295 (with DAC) - Half-life measured in days

Growth Hormone Releasing Hormone (GHRH) pulses can only last less than 30 minutes before your body has used out the potential for a single growth hormone pulse. Since another pulse won't be generated for about 2.5 - 3 hours hormones that last more than 30 minutes up to 3 hours are not any more beneficial.

The administration of Growth Hormone Releasing Hormone (GHRH) creates a pulse of growth hormone release which will be small if administered during a natural growth hormone trough and higher if administered during a rising natural growth hormone wave.

##### **What types of Growth Hormone Releasing Peptides are there?**

Growth Hormone Releasing Peptides (GHRP) (Growth hormone pulse initiators):

- Ipamorelin is potent but the weakest growth hormone releaser. It does not increase cortisol or prolactin at any dose.
- GHRP-6 is very potent in effecting growth hormone release. It does not effect cortisol or prolactin up to a 100mcg dose, but does so minimally above 100mcg.
- GHRP-2 is a little bit more potent then GHRP-6. It also has a stronger effect on these hormones at all dosing levels rising to the high normal range for cortisol and prolactin.
- Hexarelin the strongest is a little more potent then GHRP-2. At all dosing levels it has the strongest impact on cortisol and prolactin with levels in the upper bounds of normalcy.

Growth Hormone Releasing Peptides (GHRP) can become desensitized with constant usage throughout the day. Ipamorelin and GHRP-6 do not desensitize as long as there are short breaks between doses minimal 2 hours. GHRP-2 does not desensitize in the lower dose ranges without short breaks. At high dose it is unclear, but some desensitization may occur. Hexarelin has been shown to desensitize without regard to dose and even with short breaks between doses. This effect shows up after 14 days of continuous use and may be avoided by either keeping doses low or taking a full day or two off every two weeks.

Growth Hormone Releasing Peptides (GHRP) are capable of creating a larger pulse of growth hormone on their own than Growth Hormone Releasing Hormone (GHRH) and they do this with much more consistency and predictability without regard to whether a natural wave or trough of growth hormone is currently taking place.

##### **How much Growth Hormone Releasing Hormone (GHRH) should be used?**

The saturation dose in most studies is defined as 100mcg or 1mcg/kg per growth hormone pulse.

##### **How long should Growth Hormone Releasing Hormone (GHRH) be used?**

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In most studies no adverse side effects were reported with use for 4-8 weeks (per the dosage limits in the above answer) followed by 4 weeks of non-use.

#### How much **Growth Hormone Releasing Peptides (GHRP)** should be used?

The saturation dose in most studies on Growth Hormone Releasing Peptides (GHRP) is defined as either 100mcg or 1mcg/kg. However that would assume a 100% pure peptide. Note: In general you it is recommended that your dose is rounded up to 150mcg unless the manufacturer advises otherwise.

This means that 100mcg will saturate the receptors fully, but if you add another 100mcg to that dose only 50% of that portion will be effective. If you add an additional 100mcg to that dose only about 25% will be effective. Perhaps a final 100mcg might add a little something to growth hormone release but that is it.

If 100mcg is the saturation dose, you could add more (up to 300-400mcg) and get a little more effect. A 500mcg dose will not be more effective than a 400mcg, perhaps not even more effective than 300mcg.

The additional problems with higher dosages are desensitization and cortisol/prolactin side-effects.

Ipamorelin and GHRP-6 at the saturation dose of 100mcg does not really increase prolactin & cortisol but may do so slightly at higher doses. This rise is still within the normal range. It can be used at saturation dose (100mcg) three or four times a day without risk of desensitization.

GHRP-2 is more effective than GHRP-6 at causing growth hormone release but at the saturation dose of a 100mcg or higher may produce a slight to moderate increase in prolactin & cortisol. This rise is still within the normal range although doses of 200 - 400mcg might make it the high end of the normal range. It can be used at saturation dose several times a day will not result in desensitization.

Hexarelin in general is the most effective at causing an increase in growth hormone release. However it has the highest potential to also increase cortisol & prolactin. This rise will occur even at the 100mcg saturation dose. This rise will reach the higher levels of what is defined as normal. It has been shown to bring about desensitization but in a long-term study the pituitary recovered its sensitivity so that there was not long-term loss of sensitivity at saturation dose. Even at 100mcg three times a day will likely lead to some down regulation within 14 days.

If desensitization were to ever occur for any of these Growth Hormone Releasing Peptides (GHRP) simply stop administering them for several days and this will remedy the effect.

#### How long should **Growth Hormone Releasing Peptides (GHRP)** be used?

In most studies no adverse side effects were reported with continuous use per the dosage limits in the above answer.

#### Does **Growth Hormone Releasing Hormone (GHRH)** and **Growth Hormone Releasing Peptides (GHRP)** work together better?

It is well documented and established that the concurrent administration of Growth Hormone Releasing Hormone (GHRH) and Growth Hormone Releasing Peptides (GHRP) results in synergistic release of growth hormone from pituitary.

In other words if Growth Hormone Releasing Hormone (GHRH) contributes a growth hormone amount quantified as the number 2 and Growth Hormone Releasing Peptides (GHRP) contributed a growth hormone amount quantified as the number 4 the total growth hormone release is not additive (i.e.  $2 + 4 = 6$ ). Rather the whole is greater than the sum of the parts such that  $2 + 4 = 12$ .

#### Can **Growth Hormone Releasing Hormone (GHRH CJC-1295)** be used alone?

The problem with using only Growth Hormone Releasing Hormone (GHRH) (even the stronger analogs) is that they are only effective when Somatostatin is low (the growth hormone inhibiting hormone). So if you administer it in a trough (or when a growth hormone pulse is not naturally occurring) you will add very little growth hormone release. If however you administer it during a rising wave or growth hormone pulse (Somatostatin will not be active at this point) you will add to growth hormone release.

#### Can **Growth Hormone Releasing Peptides (GHRP)** be used alone?

Yes. They are capable of creating a larger pulse of growth hormone on their own than Growth Hormone Releasing Hormone (GHRH) and they do this with much more consistency and predictability without regard to whether a natural wave or trough of growth hormone is currently taking place.

#### What is a typical protocol for **Growth Hormone Releasing Hormone (GHRH)** and **Growth Hormone Releasing Peptides (GHRP)**?

Studies have suggested the following:

A typical conservation protocol would be:

100-200mcg of Growth Hormone Releasing Peptides (GHRP)  
Approximately 5-7 days a week - subcutaneous injections

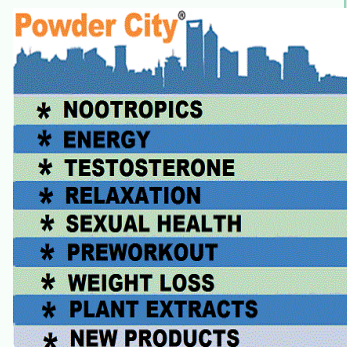
This can be used once, twice, three or four times a day to make it more effective.  
When dosing multiple times a day at least 3 hours should separate the administrations.

A more aggressive protocol would be:

100-200mcg of Growth Hormone Releasing Peptides (GHRP) plus  
100-300mcg of Growth Hormone Releasing Hormone (GHRH).



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Approximately 5-7 days a week - subcutaneous injections

This can be used once, twice, three or four times a day to make it more effective.  
When dosing multiple times a day at least 3 hours should separate the administrations.

Studies suggest that a once a day dosing pre-bed will give a restorative amount of growth hormone while multiple dosing and/or higher levels will give higher growth hormone & IGF-1 levels which will lead to muscle gain, fatloss and/or injury repair.

Should food be consumed before or after the injection of Growth Hormone Releasing Hormone (GHRH) and/or Growth Hormone Releasing Peptides (GHRP)?

Studies have shown that administration should ideally be done on either an empty stomach or with only **protein** in the stomach. Fats and carbohydrates blunt growth hormone release. After administering the peptides wait about 20 minutes (no more than 30 but no less than 15 minutes) to eat. At that point the growth hormone pulse has reached its peak and you can eat what you want.

## Synthetic Growth Hormone

### *What is Human Growth Hormone (HGH) Fragment 176-191?*

The HGH Fragment is a modified form of amino acids 176-191 at the C-terminal region of the human growth hormone (HGH). Studies have shown that it works by mimicking the way natural HGH regulates fat metabolism but without the adverse effects on insulin sensitivity (blood sugar) or cell proliferation (muscle growth) that is seen with unmodified HGH. Like unmodified GH, the HGH fragment 176-191 stimulates lipolysis (breaking down of fat) and inhibits lipogenesis (the formation of fatty acids and other lipids in the body).

HGH fragment 176-191 is meant to be 12.5 times stronger than human growth hormone (HGH) for weight loss than standard human growth hormone (HGH).

Of particular note is that in studies HGH fragment 176-191 had the ability to increase IGF-1 levels which translates into the fragments ability to give anti-aging effects.

### *How much Human Growth Hormone (HGH) Fragment 176-191 should be used?*

In most studies favorable results have been shown with dosages between 500-1000mcg or 5-10mcg/kg split into multiple dosages per day.

### *How long should Human Growth Hormone (HGH) Fragment 176-191 be used?*

In most studies no adverse side effects were reported with continuous use per the dosage limits in the above answer.

### *What is a typical protocol for Human Growth Hormone (HGH) Fragment 176-191?*

Studies have suggested the following:

A typical conservation protocol would be:

250mcg in the morning plus

250mcg pre lunch plus

250mcg in the evening (pre-bed).

Approximately 5-7 days a week - subcutaneous injections

A more aggressive protocol would be:

350mcg in the morning plus

350mcg 30 minutes prior to training

350mcg in the evening (pre-bed).

Approximately 5-7 days a week - subcutaneous injections

When dosing multiple times a day at least 3 hours should separate the administrations.

Should food be consumed before or after the injection of Human Growth Hormone (HGH) Fragment 176-191? Studies have shown that administration should ideally be done on either an empty stomach or with only protein in the stomach. Fats and carbohydrates blunt growth hormone release. After administering the peptides wait about 20 minutes (no more than 30 but no less than 15 minutes) to eat. At that point the growth hormone pulse has reached its peak and you can eat what you want

by: **GeauxDATY**

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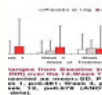
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