CJC-1295 NO DAC + IPAMORELIN

DUAL SECRETAGOGUE BLEND—EVIDENCE DOES NOT TRANSFER

Benefits, research claims, evidence boundaries, and safety context—in one page.

TWO-COMPONENT BLEND

NO FDA APPROVAL

WHAT THE EVIDENCE IS STUDYING

This marketed blend pairs a short-acting GHRH-pathway peptide described as “CJC-1295 no DAC” with the ghrelin-receptor agonist ipamorelin. Exact identity and formulation matter.

RESEARCH PROFILE

- **Claimed pathways**
  GHRH + GHSR
- **Exact-blend trials**
  Not established
- **Clinical status**
  Not FDA-approved

EVIDENCE REALITY CHECK

Published human CJC-1295 studies primarily evaluated a long-acting Drug Affinity Complex (DAC) form. Those findings do not validate “no DAC,” and separate ipamorelin studies do not prove the combined blend.

BEST WAY TO DESCRIBE IT

A mechanistically plausible but clinically unvalidated combination.

SCAN FOR THE LIVE GUIDE

Opens the current printable PDF at rippedtidebiolabs.com.

Permanent Education Center resource link.

1 COMPLEMENTARY THEORY

GHRH-pathway and ghrelin-receptor signaling can both influence pulsatile GH release. Mechanistic complementarity is not proof of superior benefit or safety.

2 CJC IDENTITY PROBLEM

CJC-1295 with DAC is long acting and has human data showing sustained GH/IGF-1 increases. “No DAC” products are different and often ambiguously named.

3 IPAMORELIN DATA

Small human studies document acute GH release and pharmacokinetics. They do not establish long-term outcomes or validate co-administration.

4 NO EXACT-BLEND TRIAL

No adequate clinical trial was identified for the exact CJC-1295 no-DAC/ipamorelin blend, dosing schedule, or marketed benefit claims.

IMPORTANT SAFETY + REGULATORY NOTE

Neither the blend nor its compounded ingredients are FDA-approved for these marketed uses. FDA materials note serious adverse events reported with CJC-1295, including increased heart rate and systemic vasodilatory reaction, plus immunogenicity/impurity concerns. GH/IGF-1 effects may affect glucose, fluid balance, joints, and underlying disease risk.

Sources: Teichman et al., J Clin Endocrinol Metab. 2006;91:799-805, PMID 16352683 (CJC-1295 with DAC); FDA PCAC briefing materials for CJC-1295 and ipamorelin (2024).