

# GHRP-2 Comprehensive Dosage Guide

## (5 mg / 10 mg Vials)

### I. Overview

GHRP-2 (Growth Hormone-Releasing Peptide-2, also known as Pralmorelin) is a synthetic hexapeptide that stimulates potent, dose-dependent growth hormone (GH) release by activating ghrelin receptors. GHRP-2 has been used in clinical research as a diagnostic GH stimulant and in investigative treatment protocols for growth hormone deficiency.

This guide covers dosage protocols for **5 mg** and **10 mg** vials of GHRP-2, both based on once-daily subcutaneous administration, intended for educational and research purposes.

### II. Dosage and Reconstitution Guidelines

#### 2.1 5 mg Vial

**Reconstitution:** Add **3.0 mL** bacteriostatic water → Concentration ≈ **1.67 mg/mL**

**U-100 Insulin Syringe Conversion:** 1 unit = 0.01 mL ≈ **16.7 mcg**

**Shelf Life After Reconstitution:** **2–3 weeks** when refrigerated (2–8°C) for optimal integrity

**Standard/Gradual Protocol (Concentration 1.67 mg/mL):**

| Phase       | Weeks      | Daily Dose | Injection Volume (mL) | Units    |
|-------------|------------|------------|-----------------------|----------|
| Initial     | Weeks 1–2  | 100 mcg    | 0.06 mL               | 6 units  |
| Escalation  | Weeks 3–4  | 150 mcg    | 0.09 mL               | 9 units  |
| Maintenance | Weeks 5–16 | 200 mcg    | 0.12 mL               | 12 units |

**Injection Frequency:** Once daily subcutaneous injection. This once-daily schedule balances efficacy with receptor recovery time, avoiding the rapid attenuation seen with frequent dosing. Evening administration may capitalize on nocturnal GH rhythms.

**Cycle Length:** 8–16 weeks.

**Note:** For injection volumes ≤ 10 units (≤ 0.10 mL), using a **30- or 50-unit insulin syringe** is recommended for improved reading accuracy.

#### 2.2 10 mg Vial

**Reconstitution:** Add **3.0 mL** bacteriostatic water → Concentration ≈ **3.33 mg/mL**

**U-100 Insulin Syringe Conversion:** 1 unit ≈ **33.3 mcg**

**Shelf Life After Reconstitution:** Approximately **4 weeks** when refrigerated (2–8°C)

**Standard/Gradual Protocol (Concentration 3.33 mg/mL):**

| Phase | Weeks | Daily Dose | Injection Volume (mL) | Units |
|-------|-------|------------|-----------------------|-------|
|-------|-------|------------|-----------------------|-------|

| Phase               | Weeks      | Daily Dose  | Injection Volume (mL) | Units       |
|---------------------|------------|-------------|-----------------------|-------------|
| Initial             | Weeks 1–2  | 100 mcg     | 0.03 mL               | 3 units     |
| Escalation          | Weeks 3–4  | 150 mcg     | 0.045 mL              | 4.5 units   |
| Maintenance         | Weeks 5–8  | 200 mcg     | 0.06 mL               | 6 units     |
| Advanced (Optional) | Weeks 9–12 | 250–300 mcg | 0.075–0.09 mL         | 7.5–9 units |

**Injection Frequency:** Once daily subcutaneous injection, typically before sleep to coincide with natural GH pulsatility [4<sup>^</sup>].

**Cycle Length:** 8–12 weeks, extendable to 16 weeks if desired, with consideration for periodic breaks.

**Note:** For injection volumes  $\leq 10$  units ( $\leq 0.10$  mL), **using a 30- or 50-unit insulin syringe** is strongly recommended for improved small-volume accuracy.

### III. Reconstitution Steps (General)

1. Draw **3.0 mL** of bacteriostatic water into a sterile syringe.
2. Inject slowly down the vial wall to avoid foaming or a direct stream onto the lyophilized powder.
3. Gently swirl/roll until the powder is completely dissolved (do not shake vigorously).
4. Label with the reconstitution date and concentration. Store refrigerated (2–8°C / 35.6–46.4°F), protected from light.
5. Use within the shelf life after reconstitution; discard if turbidity or particulate matter is observed.

### IV. Required Supplies

Plan based on an 8 to 16-week daily protocol with gradual titration.

#### 4.1 5 mg Vial

**Peptide Vials (GHRP-2, 5 mg each):**

8 weeks:  $\approx 2$  vials

12 weeks:  $\approx 4$  vials

16 weeks:  $\approx 5$  vials

**Insulin Syringes (U-100):**

Per week: 7 syringes (1/day)

8 weeks: 56 syringes

12 weeks: 84 syringes

16 weeks: 112 syringes

**Bacteriostatic Water (10 mL vials):** Use  $\sim 3.0$  mL per vial for reconstitution.

8 weeks (2 vials): 6 mL  $\rightarrow 1 \times 10$  mL vial

12 weeks (4 vials): 12 mL  $\rightarrow 2 \times 10$  mL vials

16 weeks (5 vials): 15 mL  $\rightarrow 2 \times 10$  mL vials

**Alcohol Swabs:** One for the vial stopper + one for the injection site each day.

Per week: 14 swabs (2/day)

8 weeks: 112 swabs  $\rightarrow$  recommend  $2 \times 100$ -count boxes

12 weeks: 168 swabs  $\rightarrow$  recommend  $2 \times 100$ -count boxes

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It does not replace professional medical advice and is not for human consumption.

16 weeks: 224 swabs → recommend 3 × 100-count boxes

## 4.2 10 mg Vial

### Peptide Vials (GHRP-2, 10 mg each):

8 weeks: ≈1 vial (~9.1 mg used)

12 weeks: ≈2 vials (~15.4 mg used)

16 weeks: ≈3 vials (~22.4 mg used)

### Insulin Syringes (U-100, 30- or 50-unit recommended for precision):

Per week: 7 syringes (1/day)

8 weeks: 56 syringes

12 weeks: 84 syringes

16 weeks: 112 syringes

**Bacteriostatic Water (10 mL vials):** Use 3.0 mL per vial for reconstitution.

8 weeks (1 vial): 3 mL → 1 × 10 mL vial

12 weeks (2 vials): 6 mL → 1 × 10 mL vial

16 weeks (3 vials): 9 mL → 1 × 10 mL vial

**Alcohol Swabs:** One for the vial stopper + one for the injection site each day.

Per week: 14 swabs (2/day)

8 weeks: 112 swabs → recommend 2 × 100-count boxes

12 weeks: 168 swabs → recommend 2 × 100-count boxes

16 weeks: 224 swabs → recommend 3 × 100-count boxes

**Sharps Container:** 1-quart container holds ~100 syringes; 2-quart for 16-week protocols.

## V. Protocol Overview

A concise summary of the once-daily regimen.

### 4.1 5 mg Vial

**Goal:** Stimulate endogenous growth hormone secretion through ghrelin receptor activation.

**Schedule:** Daily subcutaneous injections for 8–12 weeks (extend to 16 weeks if desired).

**Dose Range:** 100–300 mcg daily with gradual titration; higher doses show dose-dependent responses but may offer limited added benefit with routine use.

**Reconstitution:** 3.0 mL per 5 mg vial (~1.67 mg/mL) for accurate unit measurements.

**Storage:** Lyophilized frozen; reconstituted refrigerated (use within 2–3 weeks for optimal integrity).

### 4.2 10 mg Vial

**Goal:** Stimulate pulsatile growth hormone release and elevate IGF-1 levels over time.

**Schedule:** Daily subcutaneous injections for 8–12 weeks (extend to 16 weeks if desired).

**Dose Range:** 100–300 mcg daily with gradual titration.

**Reconstitution:** 3.0 mL per 10 mg vial (~3.33 mg/mL) for accurate unit measurements.

**Storage:** Lyophilized frozen; reconstituted refrigerated; use within ~4 weeks after reconstitution.

## VI. Dosage Protocol

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Suggested daily titration approach.

### 5 mg Vial:

**Start:** 100 mcg daily (Weeks 1–2); this starting dose provides strong GH pulse while allowing tolerance assessment.

**Mid-level:** 150 mcg daily (Weeks 3–4) to enhance GH response if well tolerated.

**Target:** 200 mcg daily (Weeks 5–16) for maximal effect in most research scenarios; advanced researchers may optionally increase to 250–300 mcg.

**Frequency:** Once per day (subcutaneous); evening administration may align with nocturnal GH rhythms.

**Cycle Length:** 8–16 weeks; some attenuation may occur in first 1–2 weeks but response stabilizes with continued dosing .

### 10 mg Vial:

**Start:** 100 mcg daily; increase by ~50 mcg every 1–2 weeks as tolerated .

**Target:** 200 mcg daily by Weeks 5–8; optional increase to 250–300 mcg in Weeks 9–12.

**Frequency:** Once per day (subcutaneous); advanced protocols may use 2–3× daily.

**Cycle Length:** 8–12 weeks; optional extension to 16 weeks with periodic breaks.

**Timing:** Typically before sleep or on an empty stomach; rotate injection sites.

## VII. Storage Instructions

Proper storage preserves peptide quality .

**Lyophilized:** Store at –20°C (–4°F) in dry, dark conditions; stable for 1+ years frozen.

**Reconstituted:** Refrigerate at 2–8°C (35.6–46.4°F); use within ~4 weeks; avoid freeze–thaw.

Allow vials to reach room temperature before opening to reduce condensation uptake.

Use bacteriostatic water (0.9% benzyl alcohol) for multi-dose reconstitution .

## VIII. Important Notes

Practical considerations for consistency and safety.

Use new sterile insulin syringes for each injection; dispose in a sharps container .

Rotate injection sites (abdomen, thighs, upper arms) to reduce local irritation .

Inject slowly; wait a few seconds before withdrawing the needle.

A **5-days-on/2-days-off** schedule may help maintain GH response sensitivity over long protocols .

Document daily dose and site rotation to maintain consistency.

**Regarding dosing frequency:** Very frequent dosing (e.g., every 2 hours) can cause progressive attenuation due to acute tachyphylaxis [4^]; once-daily administration avoids this issue. Multiple daily injections (2–3×) have been explored but require strict adherence and may offer limited added benefit.

Use bacteriostatic water (0.9% benzyl alcohol) for multi-dose reconstitution .

## IX. Potential Benefits & Side Effects

### Potential Benefits:

**GH Release:** Stimulates robust pulsatile GH release that may support favorable body composition changes and metabolic effects.

**IGF-1 Elevation:** In combination therapies (e.g., with GHRH analogs), can significantly increase IGF-1 levels with strict compliance .

**Clinical Application:** Used as a diagnostic tool for GH deficiency evaluation .

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**Safety:** Generally well tolerated with placebo-like safety profile.

**Common Side Effects:**

Increased appetite (ghrelin-mimetic action) — especially pronounced shortly after injection .

Transient flushing, warmth, or tingling at injection site.

Possible mild increases in cortisol and prolactin at higher doses .

Water retention or joint stiffness with prolonged high-dose use.

Response attenuation (tachyphylaxis) with continuous daily dosing .

## X. Injection Technique

General subcutaneous guidance from clinical best-practice resources.

Clean the vial stopper and skin with alcohol; allow to dry.

Pinch a skinfold; insert the needle at a **45–90° angle** into subcutaneous tissue .

For very lean individuals, use a 45° angle to avoid intramuscular injection .

Inject slowly and steadily; **do not aspirate** for subcutaneous injections.

Systematically rotate sites (abdomen at least 2 inches from navel, thighs, upper arms) to avoid lipohypertrophy .

Dispose of used syringes immediately in a sharps container; **never recap needles**.

**Important Disclaimer:** This document is for educational and research purposes only and does not constitute medical advice, diagnosis, or treatment. GHRP-2 is an investigational compound and is not approved by regulatory agencies for routine human therapy. Please consult a qualified healthcare professional before use.