

GHRP-6 Comprehensive Dosing Guide (5 mg & 10 mg Vial Formats)

I. Overview

GHRP-6 (Growth Hormone-Releasing Peptide-6) is a synthetic hexapeptide that acts as a potent growth hormone secretagogue by binding to the ghrelin receptor (GHS-R1a)[1][2]. It stimulates pulsatile growth hormone (GH) release from the pituitary gland while preserving physiological feedback control, thereby elevating IGF-1 levels and conferring potential anabolic benefits[3]. This guide covers dosing protocols for both 5 mg and 10 mg vial formats, utilizing three-times-daily subcutaneous injection with practical reconstitution ratios for precise measurement with insulin syringes.

Research Background: Refer to comprehensive reviews on GHRP-6 peptides for evidence regarding mechanisms of action, human and pre-clinical studies, limitations and safety profiles.

II. Dosing & Reconstitution Guidelines

2.1 5 mg Format

Reconstitution: Add 3.0 mL bacteriostatic water → resulting concentration approx. 1.67 mg/mL

Typical total daily dose range: 300-900 mcg (administered in three divided doses with gradual titration)

U-100 insulin syringe conversion: 1 unit = 0.01 mL ≈ 16.7 mcg

Shelf-life after reconstitution: Use within 7 days under refrigeration (2-8°C)[8]

Standard / Gradual Titration Protocol (Three Times Daily)

5 mg format (3 mL → ~1.67 mg/mL):

Phase	Week	Per-injection Dose (mcg)	Injection Volume (mL)	Units
Initiation	Weeks 1-2	100 mcg	0.06 mL	6 units
Escalation	Weeks 3-4	200 mcg	0.12 mL	12 units
Maintenance	Weeks 5-12	300 mcg	0.18 mL	18 units

2.2 10 mg Format

Reconstitution: Add 3.0 mL bacteriostatic water → resulting concentration approx. 3.33 mg/mL

Typical total daily dose range: 300-900 mcg (administered in three divided doses with gradual titration)

U-100 insulin syringe conversion: 1 unit = 0.01 mL ≈ 33.3 mcg

Shelf-life after reconstitution: Use within 7 days under refrigeration (2-8°C)

10 mg format (3 mL → ~3.33 mg/mL):

Phase	Week	Per-injection Dose (mcg)	Injection Volume (mL)	Units
Initiation	Weeks 1-2	100 mcg	0.03 mL	3 units
Escalation	Weeks 3-4	200 mcg	0.06 mL	6 units
Maintenance	Weeks 5-12	300 mcg	0.09 mL	9 units

Frequency: Subcutaneous injection three times daily, with a minimum 4-hour interval (morning, midday, before bedtime).

Fasting requirement: Administer each injection under fasting conditions (2-3 hours post-meal; wait 30 minutes after injection before eating) to maximize GH release[6].

Syringe recommendation: For doses ≤10 units (≤0.10 mL), 30-unit or 50-unit insulin syringes are recommended for improved reading accuracy.

III. General Reconstitution Procedure

1. Draw 3.0 mL bacteriostatic water using a sterile syringe.
2. Inject slowly along the inner vial wall to avoid foaming; do not shake vigorously.

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3. Gently swirl or roll the vial until powder dissolves completely.
4. Label the vial with date and concentration, store refrigerated at 2-8°C (35.6-46.4°F), protected from light.
5. Use within 7 days post-reconstitution to preserve optimal potency[8].

IV. Required Supplies

4.1 5 mg Format

Based on a 12-week protocol, three daily injections with gradual dose titration.

Peptide vials (GHRP-6, 5 mg per vial):

12-week cycle $\approx$ 13 vials (titrated up to 300 mcg $\times$ 3 times daily)

Insulin syringes (U-100):

Weekly: 21 syringes (3 per day $\times$ 7 days)

12-week total: 252 syringes (3 $\times$ 100-unit boxes recommended)

Bacteriostatic water (10 mL vials): $\sim$ 3.0 mL required for each vial reconstitution.

12-week (13 vials): 39 mL $\rightarrow$ 4 $\times$ 10 mL vials

Alcohol swabs: one for vial stopper, one for injection site per injection.

Weekly: 42 swabs (2 swabs per injection $\times$ 3 daily $\times$ 7 days)

12-week total: 504 swabs $\rightarrow$ 6 $\times$ 100-count boxes recommended

4.2 10 mg Format

Based on a 12-week protocol, three daily injections with gradual dose titration.

Peptide vials (GHRP-6, 10 mg per vial):

12-week cycle $\approx$ 7 vials (titrated up to 300 mcg $\times$ 3 times daily)

Insulin syringes (U-100):

Weekly: 21 syringes (3 per day $\times$ 7 days)

12-week total: 252 syringes (3 $\times$ 100-unit boxes recommended)

Bacteriostatic water (10 mL vials): $\sim$ 3.0 mL required for each vial reconstitution.

12-week (7 vials): 21 mL $\rightarrow$ 3 $\times$ 10 mL vials

Alcohol swabs: one for vial stopper, one for injection site per injection.

Weekly: 42 swabs (2 swabs per injection $\times$ 3 daily $\times$ 7 days)

12-week total: 504 swabs $\rightarrow$ 6 $\times$ 100-count boxes recommended

V. Protocol Summary

5 mg Format Brief Summary:

Goal: Stimulate pulsatile GH release to support muscle growth, fat loss and recovery[2][7].

Timing: Three subcutaneous injections daily for 8-12 weeks, minimum 4-hour interval between doses.

Dose range: 100-300 mcg per injection with gradual titration (total daily dose: 300-900 mcg).

Reconstitution: 3.0 mL diluent per 5 mg vial ($\sim$ 1.67 mg/mL) for precise volumetric dosing.

Storage: Lyophilized powder stored frozen; reconstituted solution refrigerated and used within 7 days.

10 mg Format Brief Summary:

Goal: Stimulate pulsatile GH release to support muscle growth, fat loss and recovery[2][7].

Timing: Three subcutaneous injections daily for 8-12 weeks, minimum 4-hour interval between doses.

Dose range: 100-300 mcg per injection with gradual titration (total daily dose: 300-900 mcg).

Reconstitution: 3.0 mL diluent per 10 mg vial ($\sim$ 3.33 mg/mL) for precise volumetric dosing.

Storage: Lyophilized powder stored frozen; reconstituted solution refrigerated and used within 7 days.

VI. Dosing Protocol (Applicable to Both Formats)

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Initiation dose: Weeks 1-2, 100 mcg per injection, three times daily (total daily dose: 300 mcg).

Escalation dose: Weeks 3-4, 200 mcg per injection, three times daily (total daily dose: 600 mcg).

Target maintenance dose: Weeks 5-12, 300 mcg per injection, three times daily (total daily dose: 900 mcg).

Injection timing: Administer while fasting; minimum 4-hour interval between injections; wait 30 minutes post-injection before eating.

Cycle duration: 8-12 weeks; rotate injection sites to prevent local tissue irritation.

VII. Storage Instructions

Proper storage preserves peptide quality and potency.

Lyophilized powder: Store under dry, dark conditions at -20°C (-4°F); desiccant is recommended where available[8].

Post-reconstitution: Store refrigerated at $2-8^{\circ}\text{C}$ ($35.6-46.4^{\circ}\text{F}$); use within 7 days[8].

Avoid freeze-thaw cycles: Do not refreeze reconstituted solution; aliquot and freeze only for extended-storage purposes.

Before use: Allow vial to reach room temperature to minimize condensation.

VIII. Important Considerations

Practical points for consistency and safety.

Use a new sterile insulin syringe for every injection; discard waste into a sharps container[9].

Systematically rotate injection sites (abdomen, thigh, upper-arm) to reduce lipohypertrophy and local irritation[10]. Inject slowly and wait several seconds before withdrawing the needle.

GHRP-6 may increase appetite in some users due to ghrelin-receptor agonism[11].

Keep records of daily dosage, injection time and site to maintain consistency throughout the cycle.

IX. Potential Benefits & Adverse Effects

Observations from clinical and pre-clinical literature.

Potential Benefits

Muscle anabolism & fat reduction: Elevated GH and IGF-1 levels support lean-mass gain and fat-mass loss over time[7][15].

Enhanced recovery: Improved sleep architecture (increased slow-wave sleep) and accelerated tissue repair[16].

Appetite stimulation: Increased hunger via ghrelin-receptor activation, beneficial for weight-gain objectives[11].

Tissue-protective effects: Pre-clinical data demonstrates cytoprotective properties including reduced scarring, cardioprotection and neuroprotection[2][14][17].

Joint & connective-tissue health: IGF-1 elevation may support collagen synthesis and connective-tissue repair[7].

Potential Adverse Effects

Transient mild elevation of cortisol and ACTH (generally clinically insignificant)[18].

Increased appetite and possible water retention.

Occasional local injection-site reactions (redness, pruritus, mild swelling).

Transient dizziness or flushing shortly after injection from rapid GH surge.

Generally well-tolerated in human studies at researched doses; no major safety events reported[19].

X. Injection Technique

General subcutaneous-injection guidance sourced from clinical best-practice references[20][21].

Preparation: Wipe vial rubber stopper and intended skin site with alcohol swab; allow to dry fully.

Draw-up dose: Use a brand-new sterile insulin syringe; draw calculated volume and inspect for air bubbles.

Site selection: Rotate among abdomen (≥ 2 inches away from umbilicus), outer thigh and upper-arm. Avoid repeated use of identical injection locations[10][22].

Technique: Pinch skin fold; insert needle into subcutaneous tissue at a $45-90^{\circ}$ angle (angle depends on needle length and body fat percentage)[20][21].

Administration: No aspiration is required for subcutaneous injection. Inject solution slowly and steadily; hold needle in place for several seconds before withdrawal[20].

Disposal: Immediately discard used syringes and needles into puncture-resistant sharps container. Never reuse needles.

Disclaimer: This document serves educational purposes only and does not constitute medical advice, diagnosis or treatment recommendation. GHRP- 6 is intended solely for research use. Consult a qualified healthcare professional prior to initiating any peptide regimen. Individual responses vary, and appropriate medical supervision is essential for safety and efficacy monitoring.