

Ipamorelin Comprehensive Dosage Guide

(5 mg / 10 mg Vials)

I. Overview

Ipamorelin is a synthetic pentapeptide that acts as a selective growth hormone secretagogue by mimicking ghrelin at the GH secretagogue receptor (GHSR-1a) [1^][2^]. Its key advantage is high specificity for GH release without triggering ACTH or cortisol elevation, making it one of the safer GH secretagogues with minimal off-target hormonal effects [1^][3^].

This guide covers dosage protocols for **5 mg** and **10 mg** vials of Ipamorelin, 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: Approximately 4 weeks when refrigerated (2–8°C)

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
Escalation	Weeks 5–8	200 mcg	0.12 mL	12 units
Maintenance	Weeks 9–12	250 mcg	0.15 mL	15 units

Injection Frequency: Once daily subcutaneous injection, ideally 30–60 minutes before bedtime on an empty stomach to synergize with natural nocturnal GH secretion.

Cycle Length: 8–12 weeks, extendable to 16 weeks if desired, followed by a **2–4 week off-cycle** to resensitize receptors.

Note: For injection volumes ≤ 10 units (≤ 0.10 mL) – Weeks 1–4 – using a **30- or 50-unit insulin syringe** is recommended for improved readability.

2.2 10 mg Vial

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

U-100 Insulin Syringe Conversion: 1 unit = 0.01 mL ≈ 33.3 mcg

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

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

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	0.05 mL	5 units
Escalation	Weeks 5–8	200 mcg	0.06 mL	6 units
Maintenance	Weeks 9–12	250–300 mcg	0.075–0.09 mL	7.5–9 units

Injection Frequency: Once daily subcutaneous injection, ideally 30–60 minutes before bedtime on an empty stomach to synergize with natural nocturnal GH secretion .

Cycle Length: 8–12 weeks, extendable to 16 weeks if desired, followed by a **2–4 week off-cycle** to resensitize receptors.

Note: For injection volumes ≤ 10 units (≤ 0.10 mL) – all recommended doses – **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 approximately **4 weeks** of 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 (Ipamorelin, 5 mg each):

8 weeks: ≈ 2 vials

12 weeks: ≈ 4 vials

16 weeks: ≈ 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 ~ 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.

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

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

4.2 10 mg Vial

Peptide Vials (Ipamorelin, 10 mg each):

8 weeks: ≈2 vials

12 weeks: ≈2–3 vials

16 weeks: ≈3 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 ~3.0 mL per vial for reconstitution.

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

12 weeks (2–3 vials): 6–9 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

V. Protocol Overview

A concise summary of the once-daily regimen.

4.1 5 mg Vial

Goal: Stimulate endogenous growth hormone release to support anabolic processes related to muscle growth, fat metabolism, and tissue repair.

Schedule: Daily subcutaneous injections for 8–12 weeks (extend to 16 weeks if desired), followed by a 2–4 week pause to resensitize receptors.

Dose Range: 100–250 mcg daily with gradual titration; 200 mcg is a common middle-of-the-road dose.

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

Storage: Lyophilized refrigerated or frozen; reconstituted refrigerated; use within ~4 weeks.

4.2 10 mg Vial

Goal: Stimulate endogenous growth hormone release to support anabolic processes related to muscle growth, fat metabolism, and tissue repair.

Schedule: Daily subcutaneous injections for 8–12 weeks (extend to 16 weeks if desired), followed by a 2–4 week pause to resensitize receptors.

Dose Range: 100–300 mcg daily with gradual titration; 200 mcg is a common middle-of-the-road dose.

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

Storage: Lyophilized refrigerated or frozen; reconstituted refrigerated; use within ~4 weeks.

VI. Dosage Protocol

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Suggested daily titration approach (applies to both vial sizes, adjust volumes based on concentration).

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

Target: 200–250 mcg daily by Weeks 5–12 (5 mg vial) or 200–300 mcg (10 mg vial).

Frequency: Once per day (subcutaneous), ideally 30–60 minutes before bedtime.

Cycle Length: 8–12 weeks; optional extension to 16 weeks, followed by 2–4 week off-cycle.

Timing: Evening bedtime dosing preferred; rotate injection sites.

VII. Storage Instructions

Proper storage preserves peptide quality.

Lyophilized: Store at 2–8°C (35.6–46.4°F) for short-term or –20°C (–4°F) for long-term storage in dry, dark conditions.

Reconstituted: Refrigerate at 2–8°C (35.6–46.4°F); use within ~4 weeks with bacteriostatic water [12^]. For longer storage, freeze aliquots at –20°C (–4°F) and avoid repeated freeze–thaw cycles.

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

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.

Document daily dose and site rotation to maintain consistency.

Ipamorelin has a short half-life (~1.5–2.5 hours) ; consistent daily timing maximizes effects.

IX. Potential Benefits & Side Effects

Potential Benefits:

Body Composition: Supports increases in lean body mass and improvements in recovery through GH-mediated anabolic processes .

Fat Metabolism: Enhances fat metabolism and supports favorable body composition changes over time .

High Selectivity: High selectivity for GH release with minimal impact on other hormones (ACTH, cortisol, prolactin) .

Digestive Function: May support improved gastric motility and digestive function.

Common Side Effects:

Generally well tolerated with a low incidence of side effects at typical doses.

Occasional mild injection-site reactions (redness, swelling) may occur.

Very rare reports of water retention or increased hunger.

X. Injection Technique

General subcutaneous guidance from clinical best-practice resources .

Clean your hands and work on a clean surface.

Swab the vial's rubber stopper and injection site with alcohol; allow to dry.

Draw the calculated dose into the insulin syringe, eliminating air bubbles.

Suitable SC injection areas include the abdomen (2 inches from navel), outer thighs, upper outer arms, or flank/hip area.

Pinch a fold of skin between thumb and forefinger; insert the needle at 45–90° into subcutaneous tissue.

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Do not aspirate for subcutaneous injections; inject slowly and steadily.

After injection, release the pinched skin and withdraw the needle at the same angle.

Apply gentle pressure with a clean cotton or alcohol pad; do not rub vigorously.

Rotate sites systematically with each dose to prevent irritation or tissue damage.

Immediately dispose of the used syringe in a proper sharps container.

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

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