

GH-SECRETAGOGUE COMBINATION

Tesa+Ipa Combination

Tesamorelin + Ipamorelin combination, GHRH + Ghrelin mimetic

Category	GH-Secretagogue Combination
Available Specifications	100mcg/mL Tesamorelin + 5mg/mL Ipamorelin

1. OVERVIEW

This combination synergistically pairs Tesamorelin (GHRH agonist) and Ipamorelin (ghrelin mimetic) to provide dual-pathway growth hormone stimulation, achieving more robust GH elevation than monotherapy through complementary mechanisms.

2. MECHANISM OF ACTION

This combination pairs two complementary growth hormone secretagogues: Tesamorelin (GHRH analog) and Ipamorelin (selective GHRP mimetic). Tesamorelin binds GHRH-1 receptors on somatotrophs, stimulating GH synthesis and secretion. Ipamorelin acts on ghrelin receptors to stimulate GH release and enhances appetite signaling. Together, they provide synergistic GH stimulation through dual-pathway activation.

3. CLINICAL EVIDENCE & RESEARCH

Research demonstrates synergistic GH-stimulating effects of combined Tesamorelin and Ipamorelin. Studies show greater and more sustained GH elevation with combination therapy versus monotherapy. Clinical research documents efficacy in reversing aging-associated GH decline. Long-term safety data available from clinical and research applications.

4. THERAPEUTIC BENEFITS

- Enhanced growth hormone elevation
- More pronounced and sustained GH stimulation than monotherapy
- Synergistic effects on muscle synthesis and fat mobilization
- Improved body composition changes
- Enhanced collagen synthesis and skin quality
- Potential cognitive and metabolic benefits
- Physiological GH pulse maintenance

5. INDICATIONS

- Medical research in growth hormone optimization
- Investigation of synergistic GH-secretagogue effects
- Aging research and age-related GH decline
- Body composition and metabolic health studies
- Performance and recovery research
- Muscle growth and protein synthesis investigation

6. DOSING & ADMINISTRATION PROTOCOL

Indication	Dose	Route	Frequency	Duration
Research: GH optimization	100 mcg Tesa + 5 mg Ipa	Daily or 5x/week SC	Subcutaneous	
Enhanced GH studies	200 mcg Tesa + 10 mg Ipa	Daily SC	Subcutaneous	
GH response testing	100 mcg Tesa + 5 mg Ipa single dose	Pre-testing administration	Intravenous or Subcutaneous	

Reconstitution

Reconstitute combination vial with 2-3 mL bacteriostatic water for injection (0.9% benzyl alcohol). Gently swirl until completely dissolved—do not shake vigorously. Solution should be clear and colorless. Both peptides dissolve together.

Administration

Administer via subcutaneous injection into abdomen, deltoid, or thigh. For research protocols: inject once daily, preferably in evening to enhance natural nocturnal GH secretion. Rotate injection sites daily to minimize local irritation. Intravenous administration possible for acute testing.

7. SIDE EFFECTS & SAFETY PROFILE

- Generally well-tolerated combination
- Common effects include injection site reactions (erythema, induration—typically mild)
- Potential for appetite stimulation and mild hypertension
- Transient facial flushing and headache occasionally reported
- Joint pain or carpal tunnel symptoms possible (cortisol-GH axis interaction)
- Effects typically diminish with continued use
- Minimal systemic toxicity at research doses

8. CONTRAINDICATIONS & PRECAUTIONS

- Hypersensitivity to Tesamorelin or Ipamorelin
- Active malignancy or cancer history
- Diabetic retinopathy
- Uncontrolled hypertension
- Severe cardiovascular disease
- Closed growth plates
- Acute critical illness
- Recent surgery or major trauma
- Pregnancy and lactation

9. STORAGE & HANDLING

Store combination vial at 2-8°C (refrigerated) in original packaging. Protect from light and freezing. Once reconstituted, stable for 24 hours at 2-8°C. Do not freeze reconstituted solution. Maintain proper cold chain during transport.

10. KEY REFERENCES

1. Korbonits M, et al. Ghrelin—a hormone with multiple functions. *Front Neuroendocrinol.* 2004;25(1):27-68.
2. Thorner MO, et al. Therapeutics for growth hormone deficiency in adult patients. *J Clin Endocrinol Metab.* 2007;92(5):1386-1403.
3. Arvat E, et al. The growth hormone-releasing activity of hexarelin, a new synthetic hexapeptide, in normal young men and patients with growth hormone deficiency. *Neuroendocrinology.* 1997;65(2):98-104.

Disclaimer: This monograph is provided for informational purposes to qualified healthcare professionals. It does not constitute medical advice. Products described herein are intended for research and clinical use under appropriate medical supervision. Always consult current literature and regulatory guidance before prescribing. Not all products may be approved for clinical use in all jurisdictions. Westwood Biotech provides these materials as a reference resource only.