



Tesamorelin

GHRH Analogue · Growth Hormone Releasing Hormone

OVERVIEW

Tesamorelin is a synthetic GHRH analogue that stimulates pituitary GH secretion in a physiologically natural pulsatile pattern. The only FDA-approved GHRH analogue (indicated for HIV-associated lipodystrophy), it is broadly studied for visceral fat reduction, lean body composition improvement, and cognitive support in aging adults. Its mechanism preserves the natural GH/IGF-1 feedback axis — significantly safer than direct GH injection.

SPECIFICATIONS

Size	10mg per vial
Reconstitution	Add 2ml BAC Water → 5,000mcg/ml
Route	Subcutaneous (SubQ) injection
Best Time	Before bed on an empty stomach
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Visceral / belly fat reduction	■ Adult GH deficiency
■ Lean body composition	■ HIV lipodystrophy (FDA-approved)
■ Cognitive function & memory	■ Metabolic health & insulin sensitivity

MECHANISM OF ACTION

Tesamorelin binds GHRH receptors on anterior pituitary somatotrophs, stimulating pulsatile GH synthesis while preserving GH/IGF-1 negative feedback — avoiding supraphysiological spikes of direct GH. Elevated GH and IGF-1 stimulate selective lipolysis in visceral adipose tissue, enhance muscle protein synthesis, and support broad metabolic function and tissue quality throughout the body.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10mg vial = 5,000mcg/ml · U-100 syringe: 10 units = 500mcg · Inject before bed for optimal GH pulse

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting Dose	1mg (1,000mcg)	20 units	Once daily (before bed)
Standard / Max	2mg (2,000mcg)	40 units	Once daily (FDA max)