Sermorelin & GHRP2 Administration & Dosage

Reconstitute vial of 9mg Sermorelin & 5.4 mg of GHRP2 with 9ml of bacteriostatic water.

Administer subcutaneous .3 ml with insulin syringe in belly fat before bed daily (DAILY DOSE: 300mcg Sermorelin & 180mcg GHRP2)

Do not eat 2 hours before or after administration. If redness or nervousness should occur; cut dose in half for two days or until the symptoms resolve.

Growth Hormone Releasing Peptide (we prescribe GHRP2) and Growth Hormone Releasing Hormone (we prescribe sermorelin), administered together can greatly increase your natural production of Growth Hormone and give you an increased quality of life.

What to Expect from Sermorelin GHRP2 therapy
If you follow the guidelines set out by our Doctor and exercise regularly with a clean diet, you can expect to see these dramatic changes from your increased HGH levels in 3-6 months from beginning your therapy.

- Benefits to the Immune System
- HGH Benefits Lean Muscle Growth
- HGH Benefits Your Endurance Levels
- Improved Skin Elasticity
- Improved Finger and Toenail growth
- Improved Hair Growth
- Improvements in Sex Drive
- Improved Brain Function

Side Effects: A large proportion of patients develop anti-GRF antibodies at least once during treatment with Sermorelin and GHRP2. The significance of these antibodies is not clear and often a positive test at one growth assessment will become negative by the next assessment. The presence of antibodies does not appear to affect growth or appear to be related to a specific adverse reaction profile. No generalized allergic reactions to Sermorelin and/or GHRP2 have been reported.

The most common treatment-related adverse event (occurring in about 1 patient in 6) is local injection reaction characterized by pain, swelling or redness. Of 350 patients exposed to Sermorelin in clinical trials, three discontinued therapy due to injection reactions. Adverse events occurred in less than 1% of patients and include: headache, flushing, dysphagia, dizziness, hyperactivity, somnolence and urticaria.

The following adverse reactions have been noted: flushing of the face, injection site pain, redness and/or swelling, nausea, headache, vomiting, dysgeusia, pallor and tightness in the chest. As with the administration of any peptide, local or systemic allergic reactions may occur. Prompt medical attention should be sought if allergic reactions occur.

Other side effects not listed may also occur in some patients. If you notice any other effects, check with your healthcare professional.

Preparation of Medication: To prevent possible contamination, wipe the rubber vial stopper with an antiseptic solution before puncturing it with the needle. To reconstitute Sermorelin and GHRP2, inject the diluent into the vial of Sermorelin and GHRP2 aiming the liquid against the glass vial wall. Swirl the vial with a GENTLE rotary motion until contents are dissolved completely. Do not administer Sermorelin and GHRP2 if particles are visible in the reconstituted solution or if the reconstituted solution is cloudy.

Laboratory Tests: Serum levels of inorganic phosphorus, alkaline phosphatase, GH and IGF-1 may increase.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term animal studies for carcinogenicity and impairment of fertility have not been performed with Sermorelin. There has been no evidence from studies to date of Sermorelin-induced genetic toxicity.

Pregnancy: Pregnancy Category C. During teratology studies Sermorelin produced minor variations in fetuses of rats and rabbits. There are no adequate and well controlled studies in pregnant women

Nursing Women: It is not known whether Sermorelin or GHRP2 is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when administered to nursing women.

Use of corticosteroids / glucocorticoid medications or untreated hypothyroidism may limit the effectiveness of treatment.