

MAGNUS PHARMACEUTICALS

GHRP-2

GHRP-2 10mg (VIAL)

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

About

GHRP-2 is short for Growth Hormone Releasing Peptide 2, a growth hormone (GH) secretagogue. As its name suggests, this drug stimulates the release of growth hormone. GHRP-2 is presently available as a diagnostic drug for GH deficiency in some markets, where it is usually found under the generic name pralmorelin. GHRP-2 is a fairly potent stimulator of GH release. Though it only increases the body's own synthesis of this hormone, given proper dosing it can produce strong supraphysiological levels of GH on par with exogenous hGH (Human Growth Hormone) administration. It can also be significantly more cost effective in comparison. GHRP-2 is most commonly used in the fitness community for the purposes of fat loss and muscle gain, as well as an anti-aging therapy.

This drug belongs to the Growth Hormone Releasing Peptides (GHRP) class. These are all synthetic compounds that mimic, to some degree, the effects of ghrelin, an endogenous gastrointestinal peptide hormone. Ghrelin is secreted by the stomach at times of fasting (when unfed). This hormone stimulates receptors in various tissues including the hypothalamus, pituitary, and other regions of the brain, the sympathetic nervous system, the stomach, heart, pancreas, liver, and intestines, and even adipose tissue. Ghrelin is most generally involved in the regulation of food intake, body composition, and glucose metabolism. Among other things, it has been shown to stimulate appetite, influence taste, modulate sleep, stimulate gastric motility, emptying, and acid secretion, promote lean body mass retention, improve cardiac output, reduce inflammation, increase plasma glucose levels, and alter peripheral insulin sensitivity.

Ghrelin is an agonist of the growth hormone secretagogue receptor 1a (GHSR1a). As such, it has been shown to increase acute GH release and 24-hour pulsatile GH secretion from the anterior pituitary. This, in turn, may also support increases in IGF-1 (Insulin-like Growth Factor 1) production. Several other pituitary-secreted or linked hormones may also be stimulated in the elevated presence of ghrelin, including ACTH (adrenocorticotrophic hormone), cortisol, and prolactin. On the other hand, ghrelin may serve to lower insulin secretion and suppress LH (luteinizing hormone). Of course, depending on the therapeutic need, not all of this is desired. As a drug, ghrelin could produce spillover effects in other areas. This spillover tendency is reduced in many of the GHRP analogs, however, which are often more selective in their actions.

GHRP-2 does have a tendency to moderately increase ACTH, cortisol, and prolactin levels. These would be regarded as spillover effects on other systems. However, it does still seem to display some selectivity. It is estimated to be between 2-3 times more potent at stimulating GH release than its most direct predecessor, GHRP-6. At the same time, the appetite-stimulating properties are markedly lower. Some increase in appetite is still reported by a majority of users, however. This just occurs less commonly, and tends to be less profound and shorter lasting when it does. GHRP-2 is also regarded as less effective for injury healing in comparison. This might be linked to a lower level of spillover effect toward cortisol.

Warnings

GHRP-2 should be used with care in epileptic patients. Obesity, uncontrolled hypothyroidism, hyperglycemia, or elevated plasma fatty acids may impair the effectiveness of GHRP-2. This drug should never be used during pregnancy, with cancer, a history of cancer, diabetic retinopathy, sclerosing diseases of the liver or lungs, intracranial hypertension, or uncontrolled diabetes.

Side Effects

Common side effects to GHRP-2 therapy include flushing, sweating, sleepiness, increased GI motility, and increased appetite. Also frequently reported are adverse effects typically associated with other types of growth hormone therapy, such as water retention (edema), joint pain (arthralgias), carpal tunnel syndrome, and numbness or tingling in the extremities. Note that the incidence of side effects tends to be lower with GHRP therapy as compared to traditional hGH. This is because GH/IGF-1 release is subject to endogenous synthesis, and as such the drug is less amenable to overdosing.

The subcutaneous administration of this drug may cause redness, itching, pain, or lumps at the site of injection. Injection site redness and discomfort is sometimes reported with intramuscular injection as well.

GHRP-2 may reduce insulin sensitivity and raise blood sugar levels. This may occur in individuals without preexisting diabetes or impaired glucose tolerance.

Administration

GHRP-2 may be given orally, via intranasal administration, subcutaneous (SC) injection, or intramuscular (IM) injection. However, given its high cost and lower bioavailability via other routes, injection is used almost exclusively.

When used for physique- or performance-enhancing purposes, GHRP-2 is usually administered at a dosage of 0.1 to 0.3 mg (100-300 meg) per injection. This may be given 1 -3 times daily. If single episode dosing is preferred, this is taken before sleep. Day dose(s) are taken on an empty stomach, 30-60 minutes before feeding. This is to preserve optimal GH release, as elevated plasma fatty acids and/or glucose may blunt the GH elevating effects of GHRP-2. Total daily dosage generally does not exceed 900 meg.

It is common to taper up the dosage, beginning with 100 meg per injection. The dosage may then be increased in increments of 50 meg every 3-7 days, until a stable dosage is reached. Cycles of GHRP-2 usually last 3-4 months in length, though programs of 6 months or longer are not uncommon. Although desensitization to GHRPs may occur over time, this drug appears to maintain an acceptable level of effectiveness during longer cycles.