

the
Briar Rose
 Co.

Tesamorelin / Ipamorelin Blend *Titration*

TES-IPA · 10 mg Tesa + 3 mg Ipa per vial · Daily subcutaneous injection · 12-week cycle with rest period

WHAT IT IS

A two-peptide blend that triggers your body's own growth hormone release through two pathways at once. Tesamorelin starts the GH pulse from the pituitary; Ipamorelin amplifies it through a separate receptor. Used in research for visceral fat reduction, deeper sleep, faster recovery, and lean-mass support during weight loss.

- ✓ Targets deep belly fat — the kind that wraps organs (visceral)
- ✓ Deeper sleep, faster overnight recovery
- ✓ Preserves lean mass during a weight-loss cut
- ✓ Works with your body's natural GH rhythm — not synthetic HGH

WHY THE BLEND (VS TESA ALONE)

Tesamorelin alone triggers a clean GH pulse. Ipamorelin on its own triggers a smaller, different pulse. Together, they produce a **bigger, cleaner release than either gives you separately** — and your body's natural feedback system stays intact, unlike injecting growth hormone directly. Choose this over plain Tesamorelin when you want the full GH spectrum (sleep, recovery, lean mass) instead of just the visceral-fat effect.

VIAL

TES-IPA

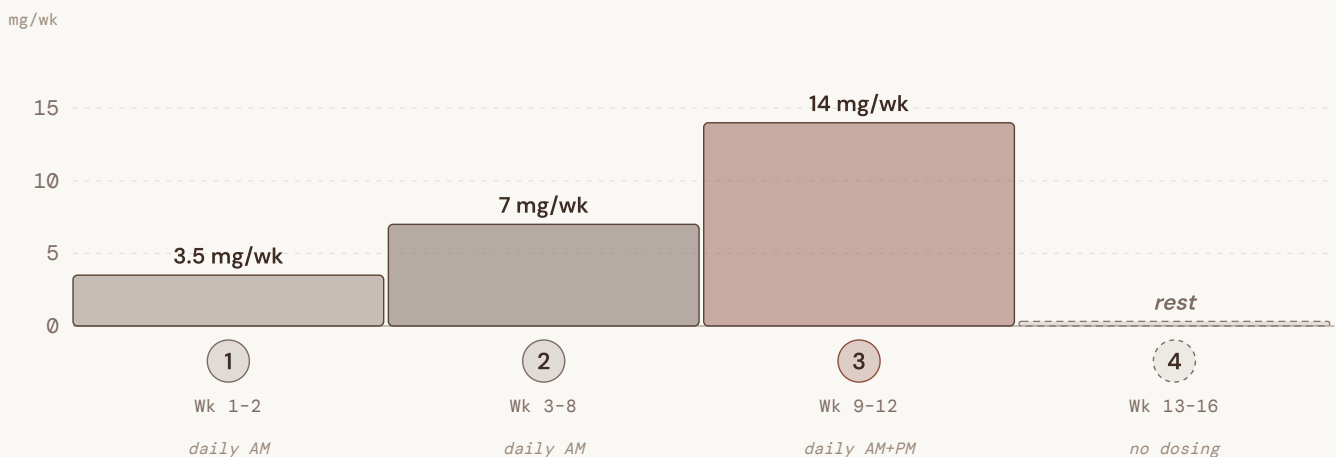
10 mg Tesa + 3 mg Ipa vial

Lyophilized · Single vial · Reconstitute with bacteriostatic water

One vial covers ~10 days of Standard dosing or ~5 days of the stronger AM+PM phase. A full 12-week active cycle uses about **9 vials** on the Standard path or about **13 vials** if you step up to AM+PM for weeks 9–12.

Reconstitute with 1 mL BAC water → 10 mg/mL Tesa · 3 mg/mL Ipa. On a U100 insulin syringe: 10 units = 1 mg Tesa + 0.3 mg Ipa. Store reconstituted vial refrigerated (2–8°C); use within 28 days.

YOUR TITRATION JOURNEY — AT A GLANCE



DAILY DOSE LADDER — INSULIN SYRINGE, SUBCUTANEOUS

PHASE · WEEKS	PER SHOT	UNITS	WHEN	NOTES
1 Start gently · Wk 1–2	0.5 mg Tesa + 0.15 mg Ipa	5 u	AM fasted	<i>Tolerance check. Watch for water retention, hand tingling, or sleep changes. If clean, advance.</i>
2 Standard · Wk 3–8	1 mg Tesa + 0.3 mg Ipa	10 u	AM fasted	<i>Most people stay here. Deeper sleep by Wk 4, visible body-comp shifts by Wk 6–8.</i>
3 Stronger (optional) · Wk 9–12	1 mg Tesa + 0.3 mg Ipa twice	10 u × 2	AM fasted + PM bedtime	<i>For more aggressive lean-mass preservation. Adds GH-driven water; waist shrinks faster than scale weight.</i>
4 Rest period · Wk 13–16	– (no dosing)	–	–	<i>Pituitary receptors reset, natural GH pulses normalize. Skip this and the next cycle works less well.</i>

WHY DAILY?

Tesa and Ipa each trigger **one GH pulse per injection** — about a 2-hour window before the compound clears. The pituitary can't be “loaded” with a bigger weekly shot the way GLP-1s like Retatrutide can. Each daily shot is one pulse; skip the day and you skip the pulse. The cycle works on *pulse count*, not total weekly milligrams.

HOLD THE PHASE. STEP BACK IF YOU NEED TO.

Each phase is a **floor**, not a target. **Tolerating Phase 1 cleanly?** Move to Standard at week 3. **Mild water retention or hand tingling?** Stay at Phase 1 another week before advancing. **Significant side effects?** Step back to a lower dose, hold 1–2 weeks, then re-try. Pushing through significant side effects causes most people to quit early — going slower preserves the cycle.

HOW TO INJECT — INSULIN SYRINGE

1. Pull cap off a U100 insulin syringe (0.5 mL recommended)
2. Draw the dose: **5 u** for Phase 1, **10 u** for Standard/Stronger
3. Tap to clear bubbles; push out air
4. Wipe injection site with alcohol; let dry
5. Pinch skin; insert needle at 45° (leaner) to 90° (more body fat)
6. Inject slowly over 3–5 seconds
7. Hold needle in 5 seconds before withdrawing
8. Apply gentle pressure with cotton if needed

Heads-up: the reconstituted vial is good for 28 days refrigerated. Set a date on the cap when you mix it.

WHEN TO INJECT — TIMING MATTERS

AM fasted is the rule. On waking, before coffee or food. Insulin in your blood blunts the GH pulse by 40%.

PM dose (Phase 3 only): 10–15 min before lights-out, at least 2 hours after dinner.

Same time each day keeps your GH pulses on rhythm.

Rotate sites daily. Three primary zones: **abdomen** **upper outer arm**

front of thigh — never the same square inch within 2 weeks.

AFTER THE REST PERIOD

Recycle — restart at Phase 2 Standard. Skip Phase 1 if your last cycle was clean. Most people run 2–3 cycles per year.

Maintenance — 10 u (1 mg Tesa) three times a week instead of daily. Preserves a portion of body-comp gains at much lower GH exposure. Good for the long stretch between active cycles.

WHY THESE NUMBERS

The **1 mg Tesa standard dose** matches the FDA-approved Tesamorelin dose (Egrifta), backed by Phase 3 clinical trials running 26–52 weeks. The **0.3 mg Ipa per shot** sits at the receptor-saturation ceiling — going higher per shot adds nothing; only more frequent dosing increases total GH output. The **12-week active cycle + 4-week rest period** reflects community consensus on preserving pituitary GHRH-receptor sensitivity, even though clinical data shows continuous use at the FDA dose is well-tolerated through a full year.