



TESAMORELIN PRODUCT INFORMATION & FAQ's

What is Tesamorelin?

Tesamorelin is a synthetic peptide that mimics a naturally occurring hormone in the body called Growth Hormone Releasing Hormone (GHRH). Instead of being growth hormone itself, it signals the pituitary gland to release your own natural growth hormone.

It is being studied for its effects on body composition, visceral fat, metabolism, and healthy ageing.

How does Tesamorelin work?

Think of Tesamorelin as a messenger.

Rather than supplying growth hormone directly, it tells your brain's pituitary gland to produce more of your own natural growth hormone. This then leads to an increase in another hormone called IGF-1, which plays an important role in how the body grows, repairs tissues, and regulates metabolism.

Because it works by stimulating your body's own hormone release, it follows many of the body's normal feedback systems.

How is it different from growth hormone? Is Tesamorelin a Steroid?

No. Tesamorelin is **not** growth hormone (HGH), and it is **not** a steroid.

Growth hormone is the actual hormone your body naturally produces. When HGH is used, it replaces that hormone by introducing it directly into the body.

Tesamorelin works differently. It is a synthetic version of Growth Hormone Releasing Hormone (GHRH), which acts as a signal to the pituitary gland to release more of your body's own natural growth hormone. In other words, Tesamorelin doesn't contain growth hormone—it encourages your body to produce more of its own.

Tesamorelin is also **not an anabolic steroid**. Steroids are synthetic versions of testosterone that work through a completely different hormone system. Tesamorelin is a peptide and works through an entirely different biological pathway.

In simple terms:

- **Growth hormone (HGH):** Replaces growth hormone directly.
- **Tesamorelin:** Signals your body to release more of its own growth hormone.
- **Anabolic steroids:** Testosterone-like compounds that work in a completely different way.

What are the potential benefits that have been studied?

- Reduction of visceral (deep abdominal) fat
- Changes in overall body composition
- Metabolic health
- Preservation of lean body mass
- Healthy ageing
- Recovery and tissue repair
- Cognitive health and brain function

Not every person has found the same results, and individual responses can vary.

What are the potential side effects?

Some individuals may experience mild side effects. The following are commonly reported possibilities, although not everyone will experience them:

- Sleep problems (insomnia)
- Night sweats
- Mild rash or itching
- Muscle spasms
- nausea, vomiting, upset stomach
- Pain, redness, itching, swelling, bruising, bleeding, or other irritation where the injection was given.
- Mild water retention or joint achiness can show up early and usually settles.

More serious side effects, that you should stop using Tesamorelin are:

- Swelling in your hands, ankles, or feet;
- Pain or stiffness in your muscles or joints;
- Pain in your arms or legs;
- Wrist pain or numbness;
- Numbness or tingling in your hands or fingers;
- Pounding heartbeats or fluttering in your chest;
- High blood sugar (increased thirst, increased urination, hunger, dry mouth, fruity breath odor, drowsiness, dry skin, blurred vision, weight loss)

Does Tesamorelin affect body composition?

Tesamorelin is known to influence body composition by reducing visceral fat while helping preserve lean body mass.

Body composition refers to the proportion of fat, muscle, bone, and water in the body—not simply body weight. This means someone could experience changes in body composition without seeing a large change on the scales.

How long does it take to see results?

Results with Tesamorelin don't happen overnight. Because it works by encouraging your body to release more of its own natural growth hormone, any changes tend to develop gradually over time.

In clinical studies, measurable changes in visceral (deep abdominal) fat have generally been seen after several weeks, with more noticeable improvements often occurring over **3 to 6 months** of consistent treatment. Individual results can vary depending on factors such as age, overall health, diet, exercise, and how someone responds to the medication.

Some people report feeling subtle changes—such as improvements in energy or recovery—within the first few weeks, while changes in body composition typically take longer to notice.

It's also important to remember that Tesamorelin is not a quick fix. Maintaining a balanced diet, regular exercise, quality sleep, and other healthy lifestyle habits can all play an important role in achieving the best possible outcomes.

What is the recommended reconstitution guidelines and dosage guidelines?

Typical Dose: 1 mg daily - best at night time (2-3 hours after your last meal for the day).

Suggested Schedule: 5 days on, followed by 2 days off. However, please conduct your own research to determine what protocol is best suited to you.

Reconstitution: Mix a 5 mg vial with 1 mL of bacteriostatic water.
At this concentration, 0.2 mL (20 units) = 1 mg. 0.1ml (10 units) = 0.5mg.

Vial duration: One 5 mg vial provides five 1 mg doses, so it lasts one week on a 5-days-on/2-days-off schedule.

Starting lower: If easing into the cycle, begin at 0.5 mg and titrate up to 1 mg.

Max dose per day: 2mg.

How is it administered?

SLUPP-332 is administered via **subcutaneous injection**, typically once weekly, due to its long half-life. This means “under the skin” – NOT in to the muscle.

To administer:

- Pinch the skin, an inch or so to the left or right of your belly button, or any other area with fatty tissue - ie inner thigh.
- Inject the needle parallel to your body, directly in to the fat.

What was Tesamorelin's original intended use?

Tesamorelin was originally developed to treat excess visceral fat (fat stored deep around the abdominal organs) in adults living with HIV-associated lipodystrophy. This condition can cause an abnormal build-up of fat around the abdomen as a result of HIV infection and some HIV treatments.

Researchers found that Tesamorelin could help reduce this deep abdominal fat by stimulating the body's natural release of growth hormone.

Who should not use Tesamorelin?

Tesamorelin isn't suitable for everyone. Before starting treatment, it's important to tell your healthcare provider about your medical history, especially if you:

- Are pregnant, planning to become pregnant, or breastfeeding
- Have heart disease or high blood pressure
- Have diabetes or problems with blood sugar
- Have kidney disease
- Have epilepsy
- Have asthma or severe allergies
- Experience migraines
- Have an adrenal gland disorder
- Have a history of cancer or tumours
- Have previously undergone open-heart surgery

Having one of these conditions doesn't automatically mean you can't use Tesamorelin. It simply means your Healthcare Provider should carefully assess whether it's appropriate for you and determine if any additional monitoring is needed.

Can Tesamorelin affect blood sugar?

Yes. Growth hormone can influence how the body manages glucose, and clinical studies have shown Tesamorelin may affect blood sugar levels in some people.

This is why blood glucose may need to be monitored during use, particularly in people with diabetes or pre-diabetes.

Is Tesamorelin the same as CJC-1295 or Ipamorelin?

Tesamorelin, CJC-1295 and Ipamorelin all support the body's natural growth hormone system, but they work in slightly different ways. Tesamorelin and CJC-1295 are GHRH-based peptides, meaning they signal the pituitary gland to release more of the body's own growth hormone. Ipamorelin works through a different pathway, activating the ghrelin receptor to encourage a growth hormone pulse. Although all three can increase growth hormone and IGF-1 activity, they are not the same peptide. CJC-1295 and Ipamorelin are often discussed together because they stimulate growth hormone through two complementary pathways, while Tesamorelin is particularly well known for its research around body composition and visceral abdominal fat.

Does Tesamorelin affect visceral fat?

Tesamorelin has been shown in clinical trials to reduce visceral adipose tissue (VAT) — the deeper abdominal fat that surrounds internal organs. In one randomized study, six months of Tesamorelin significantly reduced visceral fat compared with placebo, and a recent meta-analysis of randomized trials also found a significant overall reduction in visceral adipose tissue.

That's actually one of the main things that makes tesamorelin different from simply describing it as a generic "GH peptide." Its effects have been studied specifically in relation to visceral abdominal fat, while reductions in subcutaneous fat (the softer fat directly under the skin) have not been as consistently demonstrated.

Does it burn fat or just change where fat is stored?

Tesamorelin has been shown to reduce visceral fat rather than simply redistribute it. Its effects appear to be more targeted toward the deeper abdominal fat surrounding the organs, with less consistent effects on subcutaneous fat under the skin. For this reason, it is generally associated more with changes in body composition and visceral fat than overall weight loss.

How does it compare with GLP-1 medications?

Tesamorelin and GLP-1–based medications work through completely different pathways. GLP-1 medications primarily support weight loss by reducing appetite, increasing feelings of fullness, slowing stomach emptying and helping regulate blood sugar. Tesamorelin works through the growth hormone pathway, stimulating the body's own GH production and increasing IGF-1, with research particularly focused on reducing visceral abdominal fat and improving body composition.

Unlike GLP-1 medications, Tesamorelin is not considered an appetite suppressant and does not typically reduce hunger as part of its primary mechanism. Its effects on fat are driven by changes in growth-hormone signalling and metabolism rather than by causing someone to eat less.

In simple terms: GLP-1s mainly help reduce overall body weight and appetite, while Tesamorelin is more specifically associated with visceral fat reduction and body-composition changes.

Does tesamorelin improve recovery?

Tesamorelin may support recovery indirectly through the growth hormone and IGF-1 pathways, which are involved in tissue repair, muscle maintenance and body composition. Research has also shown improvements in lean body mass in some populations.

However, Tesamorelin has not been well established as a direct workout-recovery treatment, so claims that it reliably reduces soreness or dramatically speeds recovery would go beyond the current evidence. Research is continuing into its potential effects on muscle health and physical function.

In simple terms: it may support the biological processes involved in recovery, but it should not be viewed as a dedicated recovery peptide.

Does it affect muscle growth?

Tesamorelin may support the maintenance and development of lean body mass by increasing the body's natural growth hormone and IGF-1 signalling. Clinical studies have reported increases in lean body mass, and some research has also found improvements in measures of muscle area and muscle quality.

However, Tesamorelin should not be considered a direct muscle-building treatment. Its effects are better described as supporting body composition and lean tissue, particularly when combined with adequate protein intake and resistance training. In simple terms, it may help create a more favourable environment for maintaining or developing lean muscle, but training and nutrition remain the main drivers of muscle growth.

How to maximise results?

For the cleanest GH response, Tesamorelin is often taken away from food, commonly around 2–3 hours after the last meal. This does not mean it must be used in the morning; many people choose nighttime dosing to better align with the body's natural growth-hormone rhythm, which peaks during early deep sleep.

The main reason to separate it from meals is that higher glucose and insulin levels, particularly after carbohydrate-heavy meals, may blunt a growth-hormone pulse. Bedtime use is therefore more about matching normal GH physiology than avoiding stimulation or sleep disruption.

Tesamorelin is typically used once daily, and its effects on body composition develop gradually over time. Consistency is more important than finding a “perfect” dosing time. Because Tesamorelin can increase IGF-1 and affect glucose regulation, use should follow prescriber guidance and include appropriate medical monitoring.

How should it be stored?

DRY POWDER (Lyophilised)

- Store in a cool, dry place away from heat and sunlight.
- Ideal storage is refrigerated to maintain maximum stability.
- Keep the vial sealed and upright until you are ready to mix.
- Avoid moisture and temperature fluctuations.

LIQUID SOLUTION (Reconstituted)

- Must be kept in the refrigerator at all times.
- Store upright and protected from light.
- Do not freeze once mixed.
- Keep the rubber seal on at all times.