Ipamorelin

Limited human evidence.



Guide prepared November 13, 2026 · profile review dates retained

KEEP IN MIND Evidence applies to the studied formulation, route, population and outcome—not every product sharing a name.

01 What is it?

Ipamorelin is an experimental growth-hormone secretagogue that stimulates the ghrelin-receptor pathway. Its early reputation for selective hormone release should be distinguished from evidence about clinical benefit and long-term safety in people. [1]

02 Potential benefits

Early pharmacology established growth-hormone-releasing activity. Evidence does not establish broad anti-aging, muscle, recovery or body-composition benefits. [1]

03 Evidence & its limits

FDA cites serious adverse events, including death, in an intravenous gastric-motility study, while identifying insufficient safety information for certain other injectable routes. This does not prove the drug caused every reported event or quantify risk for other routes; it does show why selective signaling is not proof of safety. [1]

04 Risks & unknowns

FDA flags immune-response and peptide-quality concerns. An intravenous gastric-motility study reported serious adverse events, including death. This does not establish risk for every route, but underscores the incomplete safety record. Long-term safety for wellness use is not established. [1]

05 Status & scope

An experimental growth-hormone secretagogue. Hormone effects and a gastric-motility trial do not establish contemporary wellness benefits or long-term safety. [1]

06 The question to ask

Does the evidence match the exact product, route, condition and outcome being discussed? Check the full record and its review dates. This summary is selective; the product label and clinical assessment contain additional warnings and contraindications.

SOURCES / Tap a reference to open

[1] Full evidence record, references and review dates
[2] 1998 ipamorelin paper / PubMed
[3] FDA compounding safety assessment

Selective educational summary, not treatment or dosing advice. Existing profile review dates retained; no independent clinical review.