GHRP-6 — Basic Review Questions

1. What is GHRP-6, what type of peptide is it, and what is its regulatory status?

Answer: GHRP-6 is a synthetic hexapeptide growth hormone secretagogue and the first-generation, most ghrelin-like member of the GHRP family. Like the others it acts on the GHS-R1a (ghrelin) receptor. It is not FDA-approved (a research compound), and it is WADA-prohibited in sport; all clinical use is off-label and investigational.

2. How does GHRP-6 work?

Answer: It acts on two receptors. Through the ghrelin receptor (as a "super-agonist," even stronger than ghrelin itself) it stimulates pulsatile GH release, promotes the body's own GHRH, and lifts the somatostatin brake — raising IGF-1 while preserving pituitary feedback. Through the CD36 receptor it produces a second, GH-independent arm of effects (tissue protection and antifibrosis). So like the others it amplifies the body's own GH rather than replacing it.

3. What makes GHRP-6 distinctive among the GHRPs?

Answer: Two things. First, it is the strongest appetite stimulator of the class — a genuine benefit in cachexia, sarcopenia, and the appetite loss of aging (and a consideration to manage when appetite gain is unwanted). Second, it has a notably strong CD36 arm, giving it the broadest GH-independent profile: cardioprotection, multi-organ cytoprotection, antifibrosis (via PPAR-γ lowering TGF-β1), wound healing, and even prokinetic (gut-motility) effects.

4. How does GHRP-6 compare with the other GHRPs?

Answer: For raw GH release, GHRP-2 is strongest, hexarelin sits between GHRP-2 and GHRP-6, GHRP-6 is strong, and ipamorelin is moderate. For appetite, GHRP-6 is the strongest and ipamorelin essentially neutral. For CD36 / tissue protection, GHRP-6 and hexarelin are the strong binders, GHRP-2 is milder, and ipamorelin minimal. GHRP-6 also raises cortisol and prolactin more than GHRP-2 or ipamorelin.

5. How is GHRP-6 dosed, and why does the dose matter?

Answer: As with all the GHRPs, the key concern is receptor desensitization, so each injection is anchored around 100 mcg rather than pushed higher. Because GHRP-6 is a somewhat less potent GH releaser and desensitizes the receptor a bit less than GHRP-2, it is typically given two to three times daily (morning fasted, at night, and optionally after exercise), always with at least a 3-hour window between doses. It is dosed fasted (carbohydrate and fat blunt the response) and cycled to protect the receptor; pairing it with a GHRH analog is synergistic.

6. What are the main side effects and cautions?

Answer: The most notable is strong appetite stimulation, plus a transient cortisol and prolactin rise (greater than GHRP-2 or ipamorelin), occasional water retention (which can show up as nighttime wrist pain / carpal tunnel), and a small transient glucose rise from GH briefly opposing insulin. That glucose effect is expected rather than alarming, but uncontrolled diabetes should be corrected first, often with a GLP-1 drug. It is

contraindicated in active malignancy, active pituitary disease, and pregnancy, and prohibited for drug-tested athletes.