JORGE TALKS PEPS

Tesa + Ipa Results Guide

What to track, what the research can say, and where the evidence stops.

BASELINE | 12 WEEK TRACKER | REALISTIC EXPECTATIONS



Jorge Abreu. Educational guide, not a protocol or a promise of results.

What this guide can help you judge

A repeatable way to record changes without treating one good week or a lower scale number as proof.

Different signals

Tesamorelin and ipamorelin act through different parts of growth hormone signaling. That explains why people discuss the pairing, not whether the combination is proven.

Tesa evidence

Human tesamorelin trials studied visceral fat in people with HIV associated abdominal fat accumulation. Those findings do not promise the same result for everyone.

Ipa evidence

Human ipamorelin work measured short term growth hormone response. It did not establish long term body composition outcomes.

The pairing

The sources cited here do not test the exact Tesa + Ipa combination in a long term body composition trial. A tracker cannot tell you which factor caused a change.

THE PRACTICAL TAKEAWAY

Use consistent measurements and note what else changed. If several variables move together, you cannot confidently assign the result to one compound.

A NOTE ON THE 12 WEEK CHECKPOINT

The calendar in this guide is an observation tool, not a claim that 12 weeks proves efficacy. Tesamorelin trials measured outcomes over 6 to 12 months.

Four signals worth recording

Choose measures you can repeat. Weekly trends are more useful than a single day.

Body weight trend

Use a 7 day average if you already track weight. One reading can shift with water, food, travel, and timing.

Waist measurement

Measure at the navel, once a week, in the same place and under similar conditions.

Progress photos

Front, side, and back. Keep room, lighting, distance, clothing, and time of day consistent.

Sleep and recovery

Rate sleep quality, morning readiness, soreness, and recovery from 1 to 10. Look for a pattern across weeks.

Training

Record strength, repetitions, workout quality, and whether you recovered as expected.

Context

Note changes in nutrition, steps, stress, sleep schedule, training, illness, travel, or medications and products.

KEEP THE TRACKING USEFUL

If measuring weight or taking photos creates stress, skip it and use other measures with your clinician. Consistency matters more than collecting every metric.

Compare like with like

Record a baseline, then review trends at planned checkpoints instead of reacting to day to day noise.

WINDOW	WHAT TO RECORD	WHAT NOT TO CONCLUDE
Baseline	7 day average weight if available, waist, consistent photos, sleep and recovery scores, training, and relevant labs already being monitored.	A starting point is not a prediction.
Weeks 1 to 2	Consistency, sleep, recovery, appetite, water retention, energy, and any response worth discussing with your clinician.	Two weeks is usually too early to judge body composition.
Weeks 3 to 6	Compare weekly average weight, waist, photos, training consistency, and recovery scores. Record changes in routine.	Do not change several variables at once and then guess what mattered.
Weeks 8 to 12	Compare baseline with current data under similar conditions. Review the full trend and any clinician monitored labs.	This is an interim review, not a substitute for longer term evidence or medical follow up.

BEFORE CHANGING ANYTHING

Check whether nutrition, sleep, stress, training, travel, or adherence changed. Discuss dose, continuation, and lab monitoring with your prescriber. Do not use this timeline to self adjust a treatment plan.

WHAT TESAMORELIN STUDIES MEASURED

Key trials assessed visceral adipose tissue over months in a specific HIV related population. That is different from a quick scale change or a guarantee of visible fat loss in another population.

One page per week

Use the same day and similar conditions each week. Bring this to your clinician if it helps the conversation.

Week of	_____
Average body weight	_____
Waist at navel	_____
Sleep quality, 1 to 10	_____
Morning energy, 1 to 10	_____
Workout recovery, 1 to 10	_____
Training performance	Better / Same / Worse
Appetite	Lower / Same / Higher
Visible changes noticed	_____
Other changes this week	_____

WEEKLY REVIEW

What improved consistently? What stayed the same? What else changed this week? What question should I bring to my clinician?

_____

_____

_____

Seven ways to misread progress

Fix the measurement before changing the conclusion.

1. Scale only

Body weight alone can miss changes in waist, photos, or training. Use more than one consistent signal.

2. Change everything

If food, training, sleep, and multiple products all change together, attribution gets blurry.

3. Inconsistent photos

Different lighting, distance, clothing, or time of day makes comparison unreliable.

4. Rush the timeline

One or two weeks is usually too early for a confident body composition judgment.

5. Ignore the basics

Nutrition, sleep, steps, resistance training, and routine all affect the picture.

6. Credit one variable

When several things changed, do not assume a single compound caused the outcome.

7. Skip clinician review

If a clinician is monitoring a growth hormone axis protocol, ask which markers and follow up schedule fit your situation.

A BETTER QUESTION

“What changed, what stayed consistent, and what can I support with repeatable data?”

What the cited studies do and do not show

Tesamorelin

Randomized human studies reported reductions in visceral adipose tissue in adults with HIV associated abdominal fat accumulation. A separate trial also reported reduced liver fat in that population. These studies do not establish identical results in other groups or for every body composition goal.

Falutz et al., 2010, 12 month randomized trial, PMID 20101189. Stanley et al., 2014, randomized clinical trial, PMID 25038357.

Ipamorelin

Preclinical pharmacology work described selective growth hormone release. A short term human pharmacokinetic and pharmacodynamic study in healthy male volunteers measured a growth hormone response. That is not evidence of long term fat loss, muscle gain, or recovery outcomes.

Raun et al., 1998, European Journal of Endocrinology, PMID 9849822. Gobburu et al., 1999, human volunteer PK/PD study, PMID 10496658.

The Tesa + Ipa pairing

The studies listed here examine the individual compounds or their mechanisms. They do not establish long term outcomes for the exact combination.

QUESTIONS FOR YOUR CLINICIAN

Which baseline measures matter for me? Would IGF 1, glucose or A1c, or lipids be appropriate to monitor? What result would count as meaningful? What should prompt a pause or reassessment? How long should I observe before making a decision?

PubMed 20101189 · PubMed 25038357 · PubMed 9849822 · PubMed 10496658

IMPORTANT

Educational information, not medical advice or a recommendation to use any compound. Discuss health decisions and appropriate monitoring with a qualified clinician. Research use only products are not medicines for personal use. Jorge Abreu is involved in Reign Peptide.

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"I share everything I do, the wins and the misses, so you do not have to guess."

JORGE ABREU



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