GHK-Cu

ACTIVE Glycyl-L-histidyl-L-lysine copper
FORM Injectable and 1.5% cream

01 / TREATMENT OVERVIEW

The clinical and commercial fit

Potential improvements in the appearance of fine lines, firmness, texture, and overall skin quality. A repair-oriented treatment story that may appeal to patients focused on skin renewal, scalp health, or post-procedure support. Topical formats can fit naturally into aesthetic, skin-quality, and healthy-aging programs.

WHY PRACTITIONERS CONSIDER IT

Potential improvements in the appearance of fine lines, firmness, texture, and overall skin quality.

Topical formats can fit naturally into aesthetic, skin-quality, and healthy-aging programs.

02 / TREATMENT FEATURES

01

Administration

- Catalog format: Injectable and 1.5% cream. The prescribing clinician and dispensing pharmacy confirm the exact preparation, concentration, handling, and administration technique.

02

Typical frequency

- Frequency is individualized around the exact formulation, patient goals, tolerability, and monitoring plan.

03

Expected duration

- If a topical trial is chosen, visible skin change would generally be assessed over at least 8 to 12 weeks. Long-term injected treatment has not been adequately studied.

04

Practical advantages

- Topical formats can fit naturally into aesthetic, skin-quality, and healthy-aging programs.

03 / PATIENT BENEFITS

Why suitable patients may consider it

POTENTIAL PATIENT BENEFITS

What suitable patients may value

- Potential improvements in the appearance of fine lines, firmness, texture, and overall skin quality.
- A repair-oriented treatment story that may appeal to patients focused on skin renewal, scalp health, or post-procedure support.
- Copper-peptide biology provides a plausible pathway for collagen signaling, tissue remodeling, and antioxidant support.

ADDITIONAL PATIENT VALUE

Experience and care goals

- Topical formats can fit naturally into aesthetic, skin-quality, and healthy-aging programs.
- May pair well with photography-based tracking and a broader clinician-directed skin-care plan.

Potential benefits are informed by small cosmetic studies and preclinical research and are not guaranteed. Results depend on formulation, route, concentration, and patient selection.

04 / IDEAL CLIENT PROFILE

Who is most likely to be a fit

BEST-FIT PATIENT

Qualification profile

- A carefully screened adult whose goals align with the potential benefits above and who understands that individual response varies.
- A patient willing to complete clinician-directed baseline review, monitoring, and an outcome-based follow-up plan.

CLINICAL CONTEXT

Qualification notes

- Topical formats can fit naturally into aesthetic, skin-quality, and healthy-aging programs.
- Strongest fit occurs when the exact formulation, route, source, contraindications, and measurable goals can be clearly documented.

05 / POTENTIAL SIDE EFFECTS

The safety information patients need

COMMON OR TEMPORARY

Expected tolerability issues

- Topical use may cause redness, stinging, dryness, rash, or contact irritation.
- Injection may cause pain, bruising, swelling, discoloration, or a local reaction. Reliable frequencies are not available.

SERIOUS OR IMPORTANT

Risks that change the decision

- Injection adds risks from contamination, infection, dosing error, hypersensitivity, and uncharacterized systemic copper exposure.
- Long-term injected safety, reproductive safety, drug interactions, and effects in cancer or copper-metabolism disorders are not established.

06 / CONTRAINDICATIONS

Who may not be a suitable candidate

AVOID OR USE SPECIALIST INPUT

Suitability limits

- Use on infected, severely inflamed, ulcerated, or undiagnosed skin without medical assessment.
- Routine injection during pregnancy or breastfeeding, in a copper-metabolism disorder, or when product identity and sterility cannot be verified.

Side effects and suitability notes are not exhaustive. The exact product, patient history, dosing, monitoring, and emergency guidance require review by an appropriately licensed clinician.

07 / SCREENING AND REFERRAL

What to check before treatment

BEFORE TREATMENT

Screening checklist

- Clarify the goal, route, complete ingredient list, allergy history, active dermatologic conditions, pregnancy status, and concurrent retinoids or irritating products.
- For topical use, consider a small-area patch test and standardized baseline photographs. For injection, require medical review of product source, copper exposure, and the absence of a validated regimen.

ESCALATION

When to refer

- Refer changing lesions, unexplained hair loss, chronic wounds, infection, severe dermatitis, or a systemic reaction to an appropriately qualified clinician.

Screening and referral decisions are patient-specific. This summary does not replace diagnosis, prescribing information, informed consent, or local clinical requirements.

08 / EVIDENCE AND REGULATORY STATUS

What the strongest public sources support

CURRENT STATUS

Not approved as a treatment for wrinkles, hair loss, systemic repair, or injury recovery. Topical cosmetic use is supported by limited clinical evidence; injectable use is investigational.

- A 2025 review found a notable absence of strong GHK-Cu clinical trials and insufficient published information on topical permeability and effectiveness. Most supportive work is laboratory, animal, review, or small cosmetic-study evidence.

KEY CLINICAL SOURCES

Primary or official source: Topical GHK anti-wrinkle evidence review, 2025

Primary or official source: Clinical review of unapproved injectable peptides, 2026

Evidence and regulatory status can change. Confirm the current label, formulation, route, dose, pharmacy source, jurisdiction, and intended use before offering treatment.

09 / EVIDENCE CONTEXT

How the research maps to this exact product

Human skin claims rest mostly on small, older, poorly reported cosmetic studies and mixed-ingredient products. A 2025 review found a surprising lack of strong GHK-Cu clinical trials. No controlled injectable benefit trial was found.

STUDY 01

Primary human finding

- Human topical evidence: small cosmetic studies and reviews report possible wrinkle, firmness, or wound benefits, but exact formulas, controls, and reporting are weak. A 2025 review said clinical studies of GHK-Cu itself are notably sparse.

STUDY 02

Supporting context

- Preclinical evidence: human skin cells and animal wounds show collagen and tissue signaling. This cannot prove visible benefit in people.

Research on a related ingredient, route, dose, or population may not predict the outcome of the exact product offered. Potential benefits remain patient-specific and are not guaranteed.

10 / REAL–WORLD CONTEXT

What people report and how the evidence matches

REAL–WORLD REPORTS

What people describe

- About eight topical and six injection accounts were sampled. Topical users often reported subtle skin texture change after 4-12 weeks; many saw no clear change. Injection users described stinging, blue-green residue, nausea, or no effect. Photos and concurrent skin care make attribution weak.

TIMING AND MATCH

When changes are reported

- Topical users usually describe 4-12 weeks. Injectable timelines are inconsistent.
- Cell studies and cosmetic mixtures do not directly validate this 1.5% cream or injection.

SOURCE NOTES

Direct links are included for verification. Public personal accounts are unverified and cannot show how common an outcome is. Evidence for one ingredient, route, or dose does not automatically validate a different compounded or blended product.

Product listing: Lennox catalog page; accessed Aug 26, 2026

Clinical evidence: GHK tissue-remodeling review, 2008

User-reported evidence: Injectable GHK-Cu discussion, Reddit 2026

PRACTICE NOTE

This report supports informed discussion; it does not tell anyone to start, stop, or dose a treatment. Verify the exact ingredients, concentration, route, dispensing source, storage, beyond-use date, contraindications, and monitoring plan.