

COMPOUND GUIDE

BPC-157 — Body Protection Compound 157

15-AA synthetic peptide · SubQ or oral · Research use only

Quick Start



WHAT IT IS

BPC-157 is a 15-amino acid synthetic peptide derived from a protective protein found in human gastric juice. Researchers study it for its effects on tissue remodelling, angiogenesis, and gut integrity. "BPC" stands for Body Protection Compound; "157" is its sequence number.



ROUTE OF ADMINISTRATION

SubQ injection — most common in research protocols. Oral capsules also studied; BPC-157 is unusually stable in human gastric juice for over 24 hours, making oral bioavailability plausible for gut-focused research. Local SubQ near the area of interest is the most studied approach.



RESEARCH DOSING

250 mcg SubQ 1-2× daily is the most commonly reported research dose. Half-life in animal PK studies is under 30 minutes, which supports split dosing. Some protocols use a single 500 mcg morning dose. Oral: 250–500 mcg with food for gut-focused research.



CYCLE LENGTH

Typical research cycles run **4–12 weeks**, followed by 4 weeks off. Shorter 4-week acute cycles are used for injury-focused research; longer 12-week cycles are more common in systemic or gut-integrity protocols.



REGULATORY STATUS

Not FDA-approved. FDA removed BPC-157 acetate and free base from Category 2 compounding lists effective **April 22, 2026**; PCAC review scheduled July 23, 2026. WADA banned (S0) since 2022. Australia TGA scheduled as prescription drug April 2024; New Zealand Medsafe June 2025. For research purposes only.



Dosing Protocol

PHASE	DOSE	FREQUENCY	DURATION	NOTES
Standard	250 mcg	1–2× daily SubQ	4–12 weeks	Most commonly cited research dose
High-range	500 mcg	Once daily SubQ	4–8 weeks	Single AM dose; less evidence than split 250 mcg
Oral (gut)	250–500 mcg	1–2× daily with food	4–8 weeks	Stable in gastric juice; gut-integrity focus
Wash-out	—	—	4 weeks minimum	Allow sufficient off-cycle before resuming



SPLIT DOSING RATIONALE

Animal PK data places the plasma half-life of BPC-157 under 30 minutes. Twice-daily dosing (morning and evening) is used in many research protocols to maintain more consistent plasma levels throughout the day. For injury-focused protocols, local SubQ injection near the region of interest is common.



Supplies & Reconstitution

Injection Supplies

ITEM	SPECIFICATION	AVAILABLE AT LA LAB
BPC-157 vial	10 mg lyophilised powder	lalabpeptides.co.za
Bacteriostatic water	3.0 mL per 10 mg vial	lalabpeptides.co.za
Insulin syringes	U-100, 0.5 mL or 1 mL	lalabpeptides.co.za
Alcohol swabs	70% isopropyl	lalabpeptides.co.za

Reconstitution Math — 10 mg Vial (3 mL BAC)

TARGET DOSE	UNITS (U-100)	DOSES / VIAL
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250 mcg	7.5 units	40
500 mcg	15.0 units	20
750 mcg	22.5 units	13.3
1000 mcg	30.0 units	10

Reconstitute the 10 mg vial with **3.0 mL bacteriostatic water** → 3.33 mg/mL (3,333 mcg/mL). U-100 syringe = 100 units per mL. Swirl gently — do not shake. Refrigerate 2–8°C.

Vial Planning Guide

DAILY DOSE	INJECTIONS/DAY	DAYS PER 10 MG VIAL	VIALS FOR 4 WEEKS	VIALS FOR 8 WEEKS
250 mcg × 1	1	40 days	1 vial	1–2 vials
250 mcg × 2	2	20 days	2 vials	3–4 vials
500 mcg × 1	1	20 days	2 vials	3–4 vials

Reconstitution Steps

- 01

Gather supplies
Peptide vial, BAC water, U-100 syringes, alcohol swabs. Store peptide vial in freezer until needed.
- 02

Let vial warm
Remove from freezer and allow to reach room temperature (10–15 min). Do not warm with hands or heat.
- 03

Swab both tops
Wipe the rubber stopper on both the peptide vial and BAC water vial with a fresh alcohol swab. Allow to air-dry.
- 04

Draw BAC water
Draw the required volume of BAC water (e.g. 3.0 mL) into a syringe.
- 05

Inject slowly
Insert needle into peptide vial at an angle and allow BAC water to run down the inside wall of the vial. Do not jet it directly onto the powder cake — this degrades the peptide.
- 06

Gentle swirl — no shake
Gently swirl the vial in a slow circle until fully clear. Do not shake, vortex, or invert repeatedly.
- 07

Store correctly
Reconstituted vial: refrigerate at 2–8°C, use within 30 days. Lyophilised (powder): store in freezer up to 24 months. Protect all vials from light and heat.

ⓘ Mechanism of Action

BPC-157 is studied for its multi-pathway activity. Key mechanisms identified in preclinical research include:

ANGIOGENESIS

Activates VEGFR2/Akt-eNOS signalling pathway, promoting formation of new blood vessels into damaged tissue. This is proposed as the primary mechanism behind its observed tissue-repair effects in animal studies.

CELL MIGRATION

Activates FAK-paxillin pathway, promoting migration of fibroblasts and other repair cells to injury sites. Studied in tendon, ligament, and muscle repair models.

GROWTH FACTOR SIGNALLING

Activates JAK-2 and ERK1/2 signalling cascades. These pathways are involved in cell proliferation and survival, relevant to gut epithelial repair and systemic tissue remodelling.

GASTRIC STABILITY

Stable in human gastric juice for more than 24 hours — unusual for peptides. This property makes oral administration plausible for gut-focused research, unlike most injectable peptides.

👤 Human Evidence & Research Status

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LIMITED HUMAN DATA
As of mid-2026, human clinical evidence for BPC-157 consists of approximately 3 small pilot studies involving ~30 total patients. A 2025 systematic review (Vasireddi et al.) concluded the current evidence is "insufficient for clinical recommendations." The extensive preclinical literature is in animal models only.

Preclinical Research (Animal Models)

AREA	MODEL	FINDING
Tendon repair	Rat Achilles tendon transection	Accelerated healing, improved tensile strength at 4 weeks
Gut integrity	NSAID-induced rat gastric lesion	Reduced mucosal damage; enhanced mucosal blood flow
Muscle repair	Rat crush injury model	Reduced necrosis; improved functional recovery
Bone repair	Rat femur fracture model	Enhanced callus formation and mineralisation
Neurological	Rat TBI and stroke models	Reduced lesion size; improved motor recovery

All findings above are from animal models. Extrapolation to humans is not established.

Regulatory Timeline

DATE	EVENT
April 22, 2026	FDA removed BPC-157 acetate and free base from 503A/503B Category 2 bulk substance list
July 23, 2026	PCAC scheduled review (peptide use in compounding pharmacies)
April 2024	Australia TGA scheduled BPC-157 as prescription medicine
June 2025	New Zealand Medsafe controlled scheduling effective
2022–present	WADA banned under S0 (non-approved substances) for competitive athletes

🧑‍🔬 Wolverine Stack — BPC-157 + TB-500

BPC-157 and TB-500 (the 7-AA Thymosin Beta-4 fragment) are frequently studied together in what researchers call the "Wolverine Stack." The rationale is complementary mechanisms:

BPC-157 — LOCAL REPAIR
VEGFR2 / FAK-paxillin
Drives angiogenesis and fibroblast migration at the injury site. Works locally — often injected SubQ near the affected area.

TB-500 — SYSTEMIC ACTIN
G-actin sequestration / β4 thymosin
Promotes systemic cell migration and reduces inflammation via actin regulation. Works systemically — injected SubQ anywhere.

 **STACK DOSING PATTERN**

Commonly studied as: BPC-157 250 mcg 1–2× daily SubQ near injury + TB-500 2–2.5 mg SubQ twice weekly (loading phase, 4–6 weeks), then 2–2.5 mg once weekly (maintenance). Both compounds available at lalabpeptides.co.za.

📦 Storage

STATE	TEMPERATURE	DURATION	NOTES
Lyophilised (powder)	–20°C (freezer)	Up to 24 months	Standard storage; protect from light and humidity
Reconstituted (liquid)	2–8°C (refrigerator)	Up to 30 days	Keep upright; do not freeze after reconstitution
Short-term (travel)	Room temp (<25°C)	Up to 72 hours	Avoid heat sources and direct sunlight

 **DISCLAIMER**

This document is an educational research reference only. It is not medical advice, not a treatment plan, and not a recommendation to use BPC-157 outside of a qualified research or clinical context. Human clinical evidence for BPC-157 is limited. By purchasing from LA LAB you confirm you are 18+ and that products are for research purposes only.