

## PATIENT GUIDE

# BPC-157 *for recovery*

A clear look at where BPC-157 comes from, what three decades of animal research show about healing, and what is known so far in people.

| COMPOUND | CLASS           | RESEARCH      | HUMAN DATA     | SOURCES          |
|----------|-----------------|---------------|----------------|------------------|
| BPC-157  | Gastric peptide | Mostly animal | 3 small pilots | 29 · PMID linked |

### § 01

## Why we are talking about BPC-157

BPC-157 is one of the most talked about peptides in sports and recovery medicine, and the interest has a real scientific basis. It is a short protein fragment modeled on a substance found in human gastric juice, and for more than thirty years laboratories have studied how it affects healing in tendon, muscle, ligament, bone and the gut. The animal results have been consistently encouraging, which is why so many patients ask us about it.

This guide is written so you can weigh BPC-157 with clear eyes. It explains what the peptide is, how it appears to work, what has been shown in animals, what little has been studied in people so far, and how it can be given. The research behind every statement is listed at the end, with links so you can read it yourself.

**15 Amino acids long.** BPC-157 is a chain of 15 amino acids, a partial sequence of a protein first discovered in and isolated from human gastric juice. <sup>1</sup>

**30+ yrs Of laboratory research.** A 2026 review describes more than three decades of preclinical research showing consistent biological activity, mostly in rats and in cell studies. <sup>2</sup>

**3 Small human studies.** Only three pilot studies have examined BPC-157 in people: one in knee pain, one in interstitial cystitis, and one on the safety of an intravenous infusion. <sup>3</sup>

**11 of 12 Reported less knee pain.** In a retrospective review at one clinic, 11 of 12 patients given BPC-157 alone by injection into the knee reported significant improvement in pain. There was no comparison group. <sup>4</sup>

## What BPC-157 is

The letters BPC stand for Body Protection Compound. Researchers in Croatia identified a protein in human gastric juice that appeared to protect the lining of the stomach, and BPC-157 is a synthetic copy of a 15 amino acid section of that protein.<sup>1</sup> The same group reports that it is formed continuously in the stomach lining and, unusually for a peptide, stays stable in human gastric juice.<sup>7</sup>

That stomach origin explains the direction the research first took. Early studies looked at ulcers, inflammatory bowel disease and other injuries of the digestive tract, and an early pharmaceutical version, code named PL 14736, was taken into trials in inflammatory bowel disease.<sup>5</sup> Over time the work widened to tendon, muscle, ligament and bone, which is where most of today's interest comes from.<sup>6</sup>

Much of this literature comes from a small number of laboratories. A 2019 review noted that only a handful of research groups had studied the peptide in depth, and that most experiments were done in small rodents.<sup>6</sup>

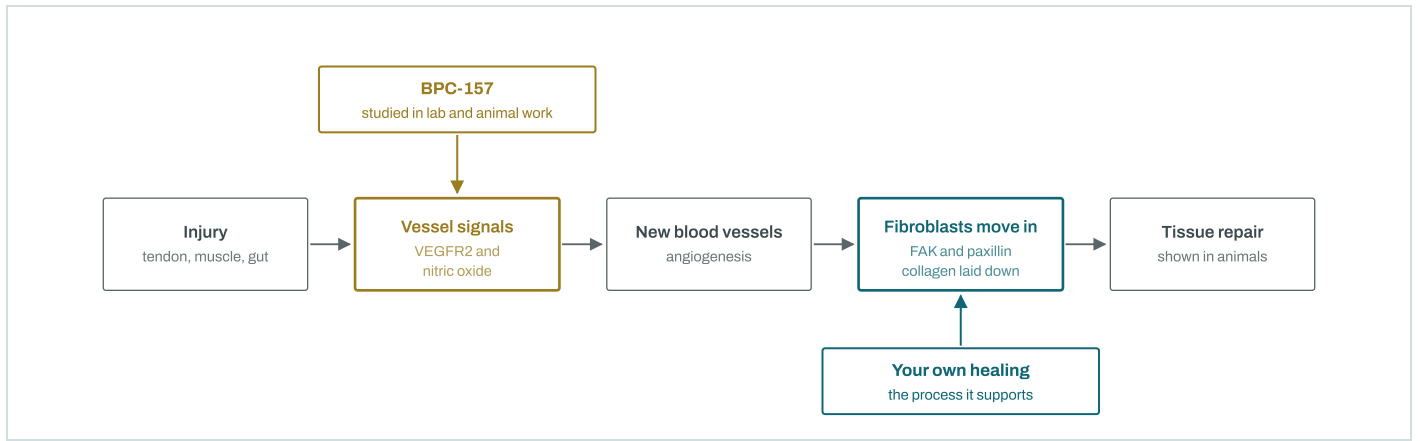
| BPC-157 AT A GLANCE    |                                                                                                                                                                                      |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>            | BPC-157                                                                                                                                                                              |
| <b>Also called</b>     | Body Protection Compound 157, pentadecapeptide BPC 157, PL 14736 <sup>5</sup>                                                                                                        |
| <b>Sequence</b>        | GEPPPGKPADDAGLV, 15 amino acids, molecular weight 1419 <sup>5</sup>                                                                                                                  |
| <b>Origin</b>          | Synthetic copy of part of a protein found in human gastric juice <sup>1</sup>                                                                                                        |
| <b>Class</b>           | Investigational peptide. Not an approved medicine in the United States <sup>27</sup>                                                                                                 |
| <b>How it is given</b> | In people: injection into a joint, into the bladder wall, or into a vein, in small studies. <sup>3</sup> In animals: injection, drinking water, or a cream on the skin <sup>22</sup> |

## How BPC-157 works

Healing depends on two things arriving at an injury: a blood supply, and the repair cells that lay down new tissue. Tendons and ligaments heal slowly partly because they have so little of either.<sup>6</sup> The laboratory work on BPC-157 points to effects on both.

The first is blood vessel growth. In cultured human blood vessel cells, BPC-157 increased the amount of VEGFR2, the main receptor through which cells respond to blood vessel growth signals, and switched on the signalling chain that follows it. In rats with a blocked leg artery it sped up the return of blood flow and increased the number of vessels in the muscle.<sup>8</sup> A second study showed that it relaxes blood vessels by raising nitric oxide, a small signalling molecule the lining of blood vessels uses to widen them and to guide repair.<sup>9 7</sup>

The second is the repair cells themselves. When tendon tissue from rats was grown in the laboratory, BPC-157 helped tendon fibroblasts, the cells that make collagen, grow out of the tissue, survive stress and migrate. It did this by activating two proteins, FAK and paxillin, that cells use to grip their surroundings and pull themselves forward.<sup>1</sup> It also increased the number of growth hormone receptors on those cells, which made them respond more strongly to the body's own growth hormone.<sup>10</sup>



**BPC-157 appears to amplify steps the body already uses to heal.** In laboratory and animal studies it switched on blood vessel growth signals and helped tendon cells move into an injury.<sup>8 1</sup> Whether the same happens to a meaningful degree in people has not yet been tested in controlled trials.

What makes BPC-157 interesting to researchers is that it is a single small peptide that appears to touch several of these steps at once. Its discovering group has compared it directly with the classic growth factors used in healing research and argues that it works across stomach, tendon, ligament, muscle and bone models at the same doses.<sup>11</sup>

One piece of work has now used human tissue. In a 2026 laboratory study, segments of artery left over from heart bypass surgery in 12 patients relaxed when BPC-157 was added, mainly through the same nitric oxide pathway seen in rats.<sup>12</sup> This supports the mechanism in human cells, though it is a test in a dish rather than a treatment study.

#### WHY THIS IS USEFUL TO KNOW

BPC-157 does not appear to build tissue on its own. In the laboratory it did not directly make tendon cells multiply; it helped them move, survive and respond to signals the body already sends.<sup>1 10</sup> That is why it is best thought of as a possible support for your own healing, alongside the rest, loading and rehabilitation that healing still needs.

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## What the research shows

BPC-157 has an unusual evidence profile: a large and consistent body of animal research, and a very small amount of human research. Both deserve a clear description.

### What is well established

In animals, the results are strong and consistent. In rats with a cut Achilles tendon, daily BPC-157 improved the strength of the healing tendon, walking function and the formation of fibroblasts and collagen over 14 days.<sup>13</sup> In rats with a completely cut quadriceps muscle it improved strength, function and the microscopic appearance of the muscle over 72 days,<sup>14</sup> and in rats with a cut knee ligament it improved functional, mechanical and microscopic healing over 90 days, whether given by injection, in drinking water or as a cream.<sup>15</sup> Similar results have been reported across many models of stomach and bowel injury.<sup>5</sup>

Independent reviewers agree on the direction of these findings. A 2025 systematic review from an orthopedic sports medicine group screened 544 records and included 36 studies. It concluded that in animal models BPC-157 improved functional, structural and mechanical outcomes in muscle, tendon, ligament and bone injuries. Of those 36 studies, 35 were preclinical and only one involved patients. <sup>16</sup>

What is still being defined

Whether these benefits carry over to people has not yet been tested in a controlled trial. Three small human studies have been published, all led by the same first author and none with a comparison group. <sup>3</sup> In the knee study, 16 patients who had received injections into the knee were contacted by phone, and 14 of them (87.5 percent) reported relief; no standard scoring tools were used. <sup>4</sup> In the interstitial cystitis study, 10 of 12 women whose symptoms had not responded to standard medication reported complete resolution after a single treatment. <sup>17</sup> The third study gave an intravenous infusion to two healthy adults to check safety. <sup>18</sup>

These are encouraging first steps, and they should be read as exactly that. Reviewers have pointed out that the knee study lacked controls and had methodological limits, and that the right indications, doses, frequency and length of treatment are still unknown. <sup>19</sup> A 2026 review found no validated dosing regimen and no completed Phase II trial, <sup>2</sup> and another noted that pain studies without a comparison group are especially open to the placebo effect. <sup>20</sup>

| THE HUMAN RESEARCH ON BPC-157 TO DATE Every published study in people, plus the key review. None was randomized or placebo controlled. |            |                                                                    |                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| STUDY                                                                                                                                  | N          | DESIGN                                                             | WHAT IT FOUND                                                                                                 |
| Lee and Padgett, 2021 <sup>4</sup>                                                                                                     | 16         | Retrospective chart review and phone survey, knee pain, one clinic | 11 of 12 given BPC-157 alone and 3 of 4 given BPC-157 with thymosin beta-4 reported significant improvement   |
| Lee, Walker and Ayadi, 2024 <sup>17</sup>                                                                                              | 12         | Uncontrolled pilot, women with interstitial cystitis               | 10 of 12 reported complete resolution and 2 of 12 reported 80 percent improvement; no adverse events reported |
| Lee and Burgess, 2025 <sup>18</sup>                                                                                                    | 2          | Intravenous safety pilot, healthy adults                           | No measurable change in heart, liver, kidney, thyroid or glucose markers; no side effects reported            |
| Yildirim et al., 2026 <sup>12</sup>                                                                                                    | 12         | Laboratory study of donated human artery tissue                    | Relaxed artery segments through nitric oxide; not a treatment study                                           |
| Vasireddi et al., 2025 <sup>16</sup>                                                                                                   | 36 studies | Systematic review, orthopedic sports medicine                      | <div>ANIMAL</div> 35 preclinical studies favorable; no clinical safety data found                             |

HOW WE WOULD SUMMARIZE IT

The animal research on BPC-157 is extensive, consistent and promising for tendon, muscle, ligament and gut healing. The human research is at its very beginning: three small, uncontrolled studies that reported benefit and no side effects, but that cannot yet tell us how well it works or for whom. We think it is reasonable to consider for the right patient, provided you start with a clear picture of how early the human evidence is.

## How BPC-157 is given

BPC-157 has been given in several ways in research, but only three routes have been used in published human studies. No regulator has set a dose for any route, so where no human study exists the dose is decided by your physician.<sup>2</sup> The table gives the overview, and each option is described below it.

| COMPARING THE OPTIONS    |                                                                  |                                                               |                                                     |                                                     |
|--------------------------|------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
|                          | UNDER THE SKIN                                                   | INTO A JOINT OR TISSUE                                        | IV INFUSION                                         | BY MOUTH                                            |
| <b>How it is given</b>   | Small injection                                                  | Procedure in clinic                                           | Through a vein, about one hour <sup>18</sup>        | Capsule or liquid                                   |
| <b>Human research</b>    | Not yet published                                                | <b>EARLY</b> Two small uncontrolled studies <sup>4 17</sup>   | <b>EARLY</b> Safety pilot in 2 adults <sup>18</sup> | Not yet published                                   |
| <b>Animal research</b>   | <b>EXTENSIVE</b> Daily injection in rat studies <sup>13 14</sup> | Local application studied <sup>11</sup>                       | Pharmacokinetics in rats and dogs <sup>21</sup>     | <b>SEVERAL</b> Drinking water studies <sup>15</sup> |
| <b>Dose</b>              | Set by your physician                                            | 10 mg total in the bladder study <sup>17</sup>                | 10 mg and 20 mg in the pilot <sup>18</sup>          | Set by your physician                               |
| <b>Common experience</b> | Possible tenderness where the needle went in                     | No adverse events reported in the bladder study <sup>17</sup> | No side effects reported <sup>18</sup>              | Not yet described in people                         |

### Injection under the skin

A small injection just under the skin, usually near the area of concern, is the way BPC-157 is most often discussed in clinics. It has not yet been studied in a published human trial.<sup>3</sup> The key tendon and muscle studies in rats gave it by injection into the abdomen once a day.<sup>13 14</sup> In rats and dogs given BPC-157 by injection, it was cleared from the blood quickly, with a half life of under 30 minutes, and was broken down into small fragments and single amino acids that the body handles like any other protein.<sup>21</sup> When injected into muscle, roughly 14 to 19 percent of the dose reached the circulation in rats and 45 to 51 percent in dogs; the figures for people are not yet known.<sup>21</sup>

### Injection into a joint or tissue

Two of the three human studies placed BPC-157 directly where the problem was. In the knee study it was injected into the joint, alone or with a second peptide, thymosin beta-4.<sup>4</sup> In the interstitial cystitis study, a total of 10 mg was injected around inflamed areas of the bladder wall during a single cystoscopy procedure.<sup>17</sup>

### Intravenous infusion

One pilot study gave BPC-157 through a vein to two healthy adults: 10 mg in 250 mL of saline over one hour on the first day, and 20 mg the same way on the second.<sup>18</sup> Blood tests of the heart, liver, kidneys, thyroid and blood sugar did not change, and neither participant reported side effects.

## By mouth

Most peptides are broken down in the stomach, which is why they are usually injected, but BPC-157 appears to be an exception. Its discovering group reports that it is stable in human gastric juice,<sup>7</sup> and in rats it was effective when given in drinking water for ligament healing and for several types of bowel injury.<sup>15 5</sup> Oral BPC-157 has not yet been studied in published human research, so how much reaches the body in people, and whether it helps, is still unknown.

## On the skin and in the nose

In animals, BPC-157 applied as a cream helped heal skin wounds, burns and ligament injuries.<sup>23 15</sup> Neither topical nor nasal use has been studied in published human research.<sup>3</sup>

Your physician will explain which route, if any, fits your situation, and why.

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## What to expect

We would rather set expectations carefully than promise a timeline the evidence cannot support. No study in people has measured how quickly BPC-157 works. In the knee study, most patients had their injection six months to a year before they were asked about it, so it tells us how they felt afterward rather than when they started to improve.<sup>4</sup>

The animal studies followed healing for 14 days in tendon, 72 days in muscle and 90 days in ligament.<sup>13 14 15</sup> Rats heal on a different timescale from people, so these periods show that benefit built up over weeks rather than overnight, not how long your own recovery will take. Tissue healing in people depends heavily on rest, loading and rehabilitation, and BPC-157, if used, would sit alongside those rather than replace them.

As for how it feels, the published human studies reported no side effects.<sup>17 18</sup> Any injection can cause brief stinging, tenderness or a small bruise where the needle went in.

### DURING YOUR VISIT

- Your physician will go over the goal of treatment, the route, and what would count as a good result, and will write these down with you.
- If injections at home are prescribed, you would be shown how to prepare and give them, how to store the vials, and how to dispose of needles safely.
- Tell us about any new or unexpected symptom straight away. We would always rather stop and check.

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## Safety

What has been published so far is reassuring, but it is limited. None of the three human studies reported adverse effects.<sup>3</sup> In the interstitial cystitis study, all 12 women completed the study and no adverse events were reported.<sup>17</sup> In the intravenous pilot, heart, liver, kidney, thyroid and blood sugar markers were unchanged in both participants after doses of 10 mg and 20 mg.<sup>18</sup> That is a total of about 30 people, which is far too few to detect uncommon side effects. The 2025 systematic review found no clinical safety data meeting its criteria.<sup>16</sup>

The animal safety work is more extensive. A formal preclinical safety program in mice, rats, rabbits and dogs found no serious toxicity, mild irritation at the injection site, and no genetic or embryo toxicity. The one change seen was a fall in creatinine in dogs at the highest dose, which returned to normal two weeks after stopping.<sup>24</sup> BPC-157 is cleared through the urine and bile.<sup>21</sup>

## Questions reviewers have raised

Because BPC-157 encourages new blood vessel growth, some reviewers have raised a theoretical concern that it could, in principle, also support the blood supply of an existing tumor.<sup>25</sup> The discovering group disputes this, pointing to animal and cell studies in which it appeared to control abnormal vessel growth and showed effects against tumors.<sup>26</sup> This question has not been studied in people, which is why we ask about any history of cancer before considering it. Reviewers have also noted that side effects are possible from poorly made or contaminated products,<sup>16</sup> which is why the source of the preparation matters (see §09).

### TELL YOUR PHYSICIAN BEFORE STARTING IF ANY OF THESE APPLY

- You have a current or past cancer diagnosis, or you are under surveillance for one.
- You are pregnant, trying to conceive, or breastfeeding.
- You have a bleeding or clotting disorder, or you take a blood thinner.
- You have significant kidney or liver disease.
- You compete in a sport that tests for banned substances (see §09).
- You take any prescription medication, over the counter product or supplement. Please bring the full list.

Long term safety data in people do not yet exist. The longest human follow up was a phone survey months after a single knee injection,<sup>4</sup> and no study has followed repeated courses over months or years. That is one reason we plan a defined course with a review point rather than open ended use.

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## Is this right for you

BPC-157 may suit some patients who have a clear injury or recovery goal and understand how early the human evidence is. It is not the right first step for everyone. The purpose of your consultation is to work out which group you are in.

## Before we begin

- |                          |                                                                                            |
|--------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | A review of your medical history, current medications and supplements                      |
| <input type="checkbox"/> | Relevant vital signs, including blood pressure and heart rate                              |
| <input type="checkbox"/> | Baseline bloodwork, so that anything we see later can be compared against a starting point |
| <input type="checkbox"/> | A written note of your goals, so we can tell together whether treatment helped             |

If an injury has not been properly diagnosed, we will make sure it is. A torn tendon, an unstable joint or a problem that needs imaging, physical therapy or a specialist opinion should be identified and treated on its own terms first, and BPC-157 is never a substitute for that care.

## Reviewing your progress

We will reassess against your written starting point after a defined period rather than continuing indefinitely. If you are improving, we will discuss whether to continue and for how long. If you are not, we will say so and look at other options. You are welcome to stop at any time.

### QUESTIONS WORTH ASKING US

What result would you hope to see, and by when? How will we measure it? Which route would you recommend for me, and why? What would make you advise stopping? How does this fit with my rehabilitation? We are glad to answer all of these, and a good clinic should welcome them.

§ 09

## Regulatory status, stated plainly

BPC-157 is not approved by the U.S. Food and Drug Administration for any indication, and there is no FDA approved BPC-157 product. When it is prescribed, it is prepared by a licensed compounding pharmacy on a physician's prescription. Prescribing a compounded preparation is lawful and common in American medicine, and it is a decision your physician makes with you. It does mean no regulator has reviewed this preparation for your condition, and you should know that before you consent.

The FDA's review of BPC-157's compounding status is ongoing. BPC-157 was withdrawn from the FDA's list of bulk substances that may present significant safety risks, which was last updated in April 2026.<sup>27</sup> In July 2026 the FDA's Pharmacy Compounding Advisory Committee voted 8 to 6, with one abstention, to recommend that BPC-157 be added to the list of substances pharmacies may use for compounding. The committee's vote is advisory: the FDA must still make its own decision and complete rulemaking, and BPC-157 is not yet on the final list.<sup>28</sup>

If you are a competitive athlete, BPC-157 is named on the World Anti-Doping Agency's 2026 Prohibited List under section S0, non approved substances, and it is prohibited at all times, both in and out of competition.<sup>29</sup> If you are subject to drug testing, please tell us before starting, and check your own organization's rules.

If you would like details about the preparation used in your treatment, please ask.

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#### IMPORTANT NOTICE

This document is patient education prepared by Regen Therapy MD. It is not medical advice, not a prescription, and not a promise of any clinical outcome. **BPC-157 is not approved by the U.S. Food and Drug Administration for any indication, and there is no FDA approved BPC-157 product.** Statements in this document have not been evaluated by the FDA, and this therapy is not intended to diagnose, treat, cure or prevent any disease. Individual results vary, and no outcome can be predicted from the studies cited here.

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PATIENT SIGNATURE

DATE

REVIEWING PHYSICIAN

RTMD-WP-016 · Version 1.0 · 26 September 2026 · Next scheduled literature review: March 2027 · Prepared with sources indexed in PubMed and FDA public records.