

BPC-157 + TB-500 Peptide Blend Comprehensive Dosing Guide

(10 mg Specification)

I. Overview

The BPC-157 + TB-500 peptide blend consists of two repair peptides: BPC-157 (5 mg) + TB-500 (5 mg), with a total weight of 10 mg and a 1:1 ratio. In educational protocols, a common daily dose is 600–1000 mcg of the total blend, administered subcutaneously. After reconstitution of the 10 mg blend with bacteriostatic water, the concentration is approximately 3.33 mg/mL. Cycles are typically 8–12 weeks and may be extended to 16 weeks as needed. This information is for research and educational purposes only.

BPC-157 supports local repair and anti-inflammation, while TB-500 promotes cell migration and angiogenesis. The two act synergistically through complementary mechanisms.

II. Dosing and Reconstitution Guide

2.1 Specification Overview

Item	Content
Vial contents	10 mg total blend (5 mg BPC-157 + 5 mg TB-500)
Reconstitution water volume	3.0 mL
Total concentration	3.33 mg/mL
U-100 conversion	1 unit = 33.3 mcg (0.01 mL)
Shelf life (refrigerated)	Approximately 28 days

2.2 Standard Protocol

Daily dose and injection protocol (general for the 10 mg specification):

Phase	Weeks	Daily dose (total blend)	Dose of each component	Injection units
Initiation phase	Weeks 1–2	600 mcg	BPC-157 300 mcg + TB-500 300 mcg	18 units (0.18 mL)
Escalation phase	Weeks 3–4	800 mcg	BPC-157 400 mcg + TB-500 400 mcg	24 units (0.24 mL)
Maintenance phase	Weeks 5–8	600 mcg	BPC-157 300 mcg + TB-500 300 mcg	18 units (0.18 mL)

Injection frequency: Once daily by subcutaneous injection, at a fixed time.

Cycle length: 8–12 weeks of daily administration, optionally extended to 16 weeks.

Important note: This protocol uses a 3.0 mL dilution volume to keep each dose at ≥ 18 units for accurate reading with a U-100 syringe. The blended vial has a fixed 1:1 ratio, so each draw maintains equal amounts of BPC-157 and TB-500.

III. Reconstitution Steps (General)

1. Use a sterile syringe to draw 3.0 mL of bacteriostatic water.
2. Slowly inject along the vial wall to reduce foaming or direct impact on the lyophilized powder.
3. Gently swirl/roll until completely dissolved (do not shake vigorously).
4. Label the reconstitution date and concentration, and store refrigerated (2–8°C / 35.6–46.4°F), protected from light.
5. Use within approximately 28 days after reconstitution; discard if cloudiness or particles appear.

IV. Required Supplies

Plan based on an 8–16 week daily dosing protocol.

Supply	8-week quantity	12-week quantity	16-week quantity
Blend vials (10 mg/vial)	Approximately 4 vials	Approximately 6 vials	Approximately 8 vials
Insulin syringes (U-100)	56	84	112
Bacteriostatic water (10 mL bottle)	12 mL → 2 bottles	18 mL → 2 bottles	24 mL → 3 bottles
Alcohol swabs	112 → 1–2 boxes	168 → 2 boxes	224 → 3 boxes

V. Protocol Overview

Objective: To support tissue repair through synergistic peptide mechanisms—local repair and anti-inflammation (BPC-157), cell migration and angiogenesis (TB-500).

Schedule: Daily subcutaneous injection for 8–12 weeks, optionally extended to 16 weeks.

Dose range: 600–1000 mcg total blend daily (300–500 mcg of each component).

Reconstitution: Add 3.0 mL bacteriostatic water per 10 mg vial (approximately 3.33 mg/mL total concentration).

Storage: Lyophilized powder frozen; refrigerated after reconstitution; avoid repeated freeze-thaw cycles.

VI. Dosing Protocol

Initiation: 600 mcg total blend daily (300 mcg of each component), 18 units.

Increase: From week 3, may increase to 800 mcg total blend (400 mcg of each component), 24 units.

Maintenance: From week 5, maintain 600 mcg daily, 18 units.

Frequency: Once daily subcutaneous injection, at a fixed time.

Cycle length: 8–12 weeks of daily administration, optionally extended to 16 weeks.

Injection volume: Approximately 0.18–0.24 mL, well below the 1.0–1.5 mL comfort threshold for subcutaneous injection.

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It does not replace professional medical advice and is not for human consumption.

VII. Storage Instructions

Lyophilized powder: Store long-term at -20°C (-4°F) or below, in dry, light-protected conditions, minimizing moisture exposure.

After reconstitution: Always refrigerate at $2-8^{\circ}\text{C}$, do not freeze, use within approximately 28 days, discard after expiration.

Allow frozen vials to return to room temperature before opening to prevent condensation.

Avoid repeated freeze-thaw cycles; freezing may cause peptide denaturation.

VIII. Important Notes

Use a new sterile insulin needle for each injection and dispose of it immediately in a sharps container.

Systematically rotate injection sites (abdomen, thigh, upper arm) to reduce local irritation and lipohypertrophy.

Inject slowly and wait a few seconds before withdrawing the needle to ensure complete administration.

Record daily dose, injection site, and observations to maintain consistency.

Regulatory note: BPC-157 and TB-500 are both prohibited by WADA for athletes and are not FDA-approved for human use. Compounding eligibility does not equal approval.

IX. Potential Benefits and Side Effects

Potential Benefits

Soft tissue and injury repair: Both peptides have been studied in animal models of tendon, ligament, and muscle healing.

Inflammation modulation: Effects on inflammatory pathways surrounding tissue injury have been explored in preclinical studies; animal data only, not clinically validated.

Intestinal and gastrointestinal protection: BPC-157 has been explored in rodent studies of intestinal lining and ulcer healing; investigational, with no approved human indication.

Angiogenesis and recovery: New blood vessel formation has been studied in animal models and is thought to support recovery; preclinical evidence only.

Possible Side Effects

Occasional mild injection site reactions.

Limited human clinical data; the combination has not been clinically validated. The only human combination data come from a small, low-quality intra-articular case series using higher doses and a different route, which cannot validate this subcutaneous protocol.

Note: The above benefits are based on emerging research and still require large-scale human clinical trials to confirm efficacy and safety for specific indications.

X. Injection Technique

1. General subcutaneous injection guidance based on clinical best practices.
2. Clean the vial stopper and injection site with separate alcohol pads and allow to dry completely.
3. Draw the calculated dose with an insulin needle.

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4. Choose a site with adequate subcutaneous tissue (abdomen, thigh, upper arm).
5. Pinch a skin fold and insert at a 45–90° angle into the fatty tissue.
6. Inject slowly; aspiration is not necessary for subcutaneous injection.
7. After withdrawing the needle, apply gentle pressure with a clean cotton swab; do not rub.
8. Systematically rotate sites to avoid lipohypertrophy.
9. Dispose of immediately in a sharps container; never reuse needles.

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