

Comprehensive Guide to BPC- 157 Dosage Protocols

(5 mg / 10 mg Vials)

I. Overview

BPC- 157 (Body Protection Compound-157) is a synthetic 15-amino acid peptide derived from a protein sequence found in human gastric juice, with tissue-healing and cytoprotective properties. Preclinical models have shown accelerated wound repair and anti-inflammatory activity, but human clinical data remain limited to early-stage safety trials and small case reports.

In educational protocols, BPC- 157 is typically administered via subcutaneous injection at a daily dose of **200–600 mcg**.

This guide covers dosage protocols for both **5 mg** and **10 mg** vial sizes of BPC-157.

II. Reconstitution and Dosage Guidelines

2.1 5 mg Vial

Reconstitution: Add **3.0 mL** of bacteriostatic water → concentration approx. **1.67 mg/mL**

U- 100 insulin syringe conversion: 1 unit = 0.01 mL ≈ **16.7 mcg**

Shelf life after reconstitution: Use when refrigerated (2–8°C); avoid repeated freeze-thaw cycles

Standard/Titration Protocol (concentration 1.67 mg/mL):

Phase	Weeks	Daily Dose	Volume per Injection	Units
Initial	Weeks 1–2	200 mcg (0.2 mg)	0.12 mL	12 units
Titration	Weeks 3–4	400 mcg (0.4 mg)	0.24 mL	24 units
Maintenance	Weeks 5–8+	600 mcg (0.6 mg)	0.36 mL	36 units

Injection frequency: Once daily subcutaneous.

Cycle length: 8–12 weeks; may be extended to 16 weeks.

Note: This protocol uses the maximum practical dilution of 3.0 mL to keep injection volumes well above 10 units for improved measurement precision.

2.2 10 mg Vial

Reconstitution: Add **3.0 mL** of bacteriostatic water → concentration approx. **3.33 mg/mL**

U- 100 insulin syringe conversion: 1 unit = 0.01 mL ≈ **33.3 mcg**

Shelf life after reconstitution: Use when refrigerated (2–8°C); avoid repeated freeze-thaw cycles

Standard/Titration Protocol (concentration 3.33 mg/mL):

Phase	Weeks	Daily Dose	Volume per Injection	Units
Initial	Weeks 1–2	200 mcg (0.2 mg)	0.06 mL	6 units
Titration	Weeks 3–4	400 mcg (0.4 mg)	0.12 mL	12 units
Maintenance	Weeks 5–8+	600 mcg (0.6 mg)	0.18 mL	18 units

Injection frequency: Once daily subcutaneous.

This dosage reference is for informational and research purposes only.
It does not replace professional medical advice and is not for human consumption.

Cycle length: 8–12 weeks; may be extended to 16 weeks.

Note: This protocol uses the maximum practical dilution of 3.0 mL to keep injection volumes well above 5 units for improved measurement precision.

III. Reconstitution Steps (General)

1. Using a sterile syringe, withdraw **3.0 mL** of bacteriostatic water.
2. Inject slowly along the vial wall to avoid foaming.
3. Gently swirl or roll until the powder is completely dissolved (do **not** shake vigorously).
4. Label with the reconstitution date and store refrigerated (2–8°C / 35.6–46.4°F), protected from light.
5. Use as soon as possible after reconstitution; avoid repeated freeze-thaw cycles.

IV. Required Supplies

Based on an 8–16 week daily titration protocol (200 mcg weeks 1–2 → 400 mcg weeks 3–4 → 600 mcg from week 5 onward):

5.1 5 mg Vial

Peptide vials (BPC-157, 5 mg each):

8 weeks → approximately **6 vials** (using 25.2 mg)

12 weeks → approximately **9 vials** (using 42 mg)

16 weeks → approximately **12 vials** (using 58.8 mg)

Insulin syringes (U-100):

Per week: 7 syringes (1 daily)

8 weeks: 56 syringes

12 weeks: 84 syringes

16 weeks: 112 syringes

Bacteriostatic water (10 mL vials): Each peptide vial requires approximately 3.0 mL for reconstitution.

8 weeks (6 vials) → 18 mL → 2 × 10 mL vials

12 weeks (9 vials) → 27 mL → 3 × 10 mL vials

16 weeks (12 vials) → 36 mL → 4 × 10 mL vials

Alcohol swabs: One for the vial stopper and one for the injection site per administration.

Per week: 14 swabs (2 daily)

8 weeks: 112 swabs → recommend 2 × 100-count boxes

12 weeks: 168 swabs → recommend 2 × 100-count boxes

16 weeks: 224 swabs → recommend 3 × 100-count boxes

5.2 10 mg Vial

Peptide vials (BPC-157, 10 mg each):

8 weeks → approximately **3 vials** (using 25.2 mg)

12 weeks → approximately **5 vials** (using 42 mg)

16 weeks → approximately **6 vials** (using 58.8 mg)

Insulin syringes (U-100):

Per week: 7 syringes (1 daily)

8 weeks: 56 syringes

12 weeks: 84 syringes

16 weeks: 112 syringes

Bacteriostatic water (10 mL vials): Each peptide vial requires approximately 3.0 mL for reconstitution.

8 weeks (3 vials) → 9 mL → 1 × 10 mL vial

12 weeks (5 vials) → 15 mL → 2 × 10 mL vials

16 weeks (6 vials) → 18 mL → 2 × 10 mL vials

Alcohol swabs: One for the vial stopper and one for the injection site per administration.

Per week: 14 swabs (2 daily)

8 weeks: 112 swabs → recommend 2 × 100-count boxes

12 weeks: 168 swabs → recommend 2 × 100-count boxes

16 weeks: 224 swabs → recommend 3 × 100-count boxes

V. Protocol Summary

A concise summary of the daily subcutaneous treatment regimen:

Goal: Support tissue healing and recovery processes based on preclinical evidence.

Schedule: Daily subcutaneous injection for 8–12 weeks (may be extended to 16 weeks if desired).

Dose range: 200–600 mcg/day, titrated gradually.

Reconstitution: 3.0 mL per vial (5 mg: ≈1.67 mg/mL; 10 mg: ≈3.33 mg/mL) for accurate unit measurement.

Storage: Lyophilised powder stored frozen; refrigerate after reconstitution; avoid repeated freeze-thaw cycles.

VI. Dosage Protocol

Recommended daily titration approach:

Starting dose: 200 mcg/day for weeks 1–2.

Titration: Increase by approximately 200 mcg every two weeks as tolerated.

Target dose: 400–600 mcg/day by weeks 5–8+.

Frequency: Once daily (subcutaneous).

Cycle length: 8–12 weeks; optional extension to 16 weeks.

Timing: Any fixed time each day; rotate injection sites.

VII. Storage Instructions

Proper storage maintains peptide quality:

Lyophilised powder: Store at –20°C (–4°F) in a dry, dark environment; minimise moisture exposure.

Reconstituted solution: Refrigerate at 2–8°C (35.6–46.4°F); if aliquoting is needed, avoid freeze-thaw cycles.

Allow the vial to reach room temperature before reconstitution to minimise condensation.

VIII. Important Notes

Practical considerations for consistency and safety:

Use a new sterile insulin syringe for each administration; dispose in a sharps container.

Rotate injection sites (abdomen, thigh, upper arm) to reduce local irritation.

Inject slowly; wait a few seconds before withdrawing the needle.

Keep a daily log of doses and site rotations to maintain consistency.

Human data for BPC-157 are preliminary; clinical decisions should involve a qualified healthcare provider.

X. Potential Benefits and Side Effects

Potential Benefits:

Tissue repair: Preclinical studies show accelerated healing of tendons, ligaments, muscle, and soft tissue.

Anti-inflammatory effects: Possesses anti-inflammatory activity that may help reduce local inflammation.

Gastroprotective properties: Derived from a gastric protein sequence, it exhibits gastric protective effects.

Safety and Side Effects:

Generally well tolerated in preclinical studies.

Mild injection site reactions (redness, itching) may occur with subcutaneous administration.

This dosage reference is for informational and research purposes only.
It does not replace professional medical advice and is not for human consumption.

Human clinical data are limited to early-stage safety trials and small case reports.

Long-term human safety data are limited.

XI. Injection Technique

General subcutaneous injection guidance based on clinical best-practice resources:

Clean the vial stopper and skin with alcohol; allow to dry completely.

Pinch a skin fold; insert the needle at a 45–90° angle into the subcutaneous tissue.

Do **not** aspirate for subcutaneous injections; inject slowly and steadily.

Systematically rotate sites (abdomen, thigh, upper arm) to avoid lipohypertrophy.

Used syringes should be immediately discarded in a sharps container per WHO guidelines.

Important Disclaimer: The content of this document is for educational and research purposes only and does not constitute medical advice, diagnosis, or treatment recommendations. BPC-157 is an investigational compound and has not been approved by regulatory agencies for routine human use. It may be prohibited in competitive sport. Consult a qualified healthcare professional before use.