

GLOW Peptide Blend Comprehensive Dosage Guide

(70 mg Vial)

I. Overview

The GLOW peptide blend consists of three repair peptides: **GHK-Cu (50 mg) + BPC-157 (10 mg) + TB-500 (10 mg)**, totaling 70 mg. In educational protocols, approximately 2.33 mg is administered subcutaneously daily. A 70 mg blend reconstituted with bacteriostatic water yields a concentration of approximately 23.3 mg/mL. Cycles typically run 4–8 weeks. **This information is for research and educational use only.**

The three peptides act synergistically through complementary mechanisms: GHK-Cu promotes collagen synthesis, TB-500 promotes cell migration and angiogenesis, and BPC-157 supports localized repair and anti-inflammation.

II. Dosage and Reconstitution Guide

2.1 Specification Overview

Item	Content
Vial contents	70 mg total blend (50 mg GHK-Cu + 10 mg BPC-157 + 10 mg TB-500)
Reconstitution volume	3.0 mL
Total concentration	23.33 mg/mL
U-100 conversion	1 unit = 233.33 mcg (0.01 mL)
Shelf life (refrigerated)	4 weeks (28 days)

2.2 Standard Protocol

Weekly dose and injection schedule (common to 70 mg specification):

Phase	Weeks	Daily Dose	Injection Units
Standard phase	Weeks 1–4	2,330 mcg	10 units (0.10 mL)

Injection frequency: Once daily subcutaneously, at a fixed time.

Cycle length: 4 weeks of daily dosing, followed by a 2–4 week rest period to assess progress before considering the next cycle.

Important notes: Each injection contains approximately 1.7 mg GHK-Cu, 0.33 mg TB-500, and 0.33 mg BPC-157.

For administrations of ≤10 units (≤0.10 mL), 30- or 50-unit insulin syringes are recommended for improved readability.

This once-daily regimen aligns with common research protocols for BPC-157 and similar repair peptides.

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

III. Reconstitution Steps (General)

- 1、 Draw 3.0 mL bacteriostatic water with a sterile syringe.
- 2、 Inject slowly down the vial wall to minimize foaming or direct impact on the lyophilized powder.
- 3、 Gently swirl/roll until fully dissolved (**do not shake vigorously**).
- 4、 Label with reconstitution date and concentration, refrigerate (2–8°C / 35.6–46.4°F), and protect from light.
- 5、 Use within 4 weeks after reconstitution; discard if cloudy or contains particulates.

IV. Supplies Needed

Plan based on a 4-week daily dosing protocol.

Supply	4-Week Quantity
GLOW blend vial (70 mg/vial)	1 vial (28 days)
Insulin syringes (U-100, preferably 0.3 mL / 30-unit)	28 syringes (1 per day)
Bacteriostatic water (10 mL bottle)	3.0 mL per vial → 1 bottle
Alcohol swabs	56 swabs (2 per day) → recommend 1 × 100-count box

V. Protocol Overview

Goal: Support comprehensive tissue repair through synergistic peptide mechanisms—collagen synthesis (GHK-Cu), cell migration and angiogenesis (TB-500), and localized repair with anti-inflammatory effects (BPC-157).

Schedule: Daily subcutaneous injections for 4 weeks, followed by a 2–4 week rest period to assess progress.

Dose range: 2,330 mcg (2.33 mg) total blend daily.

Reconstitution: Add 3.0 mL bacteriostatic water per 70 mg vial (23.3 mg/mL).

Storage: Lyophilized powder frozen; reconstituted solution refrigerated; use within 4 weeks.

VI. Dosing Protocol

Daily dose: 2,330 mcg (10 units / 0.10 mL), maintained throughout the 4-week cycle.

Frequency: Once daily subcutaneously, at a fixed time.

Cycle length: 4 weeks of daily dosing, followed by 2–4 weeks off to evaluate progress and allow receptor resetting.

Injection volume: Approximately 0.1 mL, well below the 1.0–1.5 mL comfort threshold for subcutaneous administration.

Syringe recommendation: 0.3 mL (30-unit) insulin syringes for greater precision at low volumes.

VII. Storage Instructions

Lyophilized powder: Store at –20°C (–4°F) or below for long-term stability (months to over a year). If freezer unavailable, refrigeration at 2–8°C is acceptable for shorter durations (weeks). Store in a sealed container with desiccant if possible to prevent moisture absorption.

Reconstituted: Always refrigerate at 2–8°C, **do not freeze**, use within 4 weeks (28 days); discard after this period.

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

Protect reconstituted solution from light (store in amber vial or wrap in foil).

Inspect before each use; discard if discolored, cloudy, or contains precipitate.

VIII. Important Notes

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

Use a new sterile insulin syringe for each injection; dispose in a sharps container immediately after use.

Systematically rotate injection sites (abdomen, thighs, upper arms) at least 1–2 inches apart to reduce local irritation and prevent lipo-hypertrophy.

Inject slowly over 2–3 seconds and wait a few seconds before withdrawing the needle to ensure complete delivery.

Document daily dose, injection site, and any observations to maintain consistency and track progress.

Practice aseptic technique throughout: clean vial stopper and skin with separate alcohol swabs, allow to air-dry completely.

IX. Potential Benefits and Side Effects

Accelerated wound healing: All three components have shown the ability to speed up injury repair. Thymosin β 4 significantly improved chronic skin wound closure rates in clinical trials; BPC-157 demonstrated enhanced healing in tendon ruptures, muscle tears, bone fractures, and stomach ulcers; GHK-Cu promotes skin wound contraction and epithelialization.

Anti-inflammatory and analgesic: Each peptide has inherent anti-inflammatory effects. GHK-Cu downregulates inflammation-related genes; TB-500 suppresses key inflammatory cytokines such as IL-6 and TNF- α ; BPC-157 markedly dampens tissue inflammation, reducing edema and discomfort.

Improved tissue quality and reduced fibrosis: TB-500 decreases myofibroblast accumulation, reducing scarring; BPC-157 promotes organized collagen deposition; GHK-Cu promotes proper collagen and extracellular matrix production.

Multi-tissue regeneration: Applicable to orthopedic injuries (tendon, ligament, muscle, fractures), dermatologic uses (skin rejuvenation, wound care), and potentially gastrointestinal repair.

Tolerability: Generally well tolerated based on existing research. Occasional mild injection-site reactions (redness, itching) may occur. Component peptides have demonstrated wide safety margins in preclinical and early clinical studies.

Note: These benefits are based on emerging research. Large-scale human clinical trials are still needed to confirm efficacy and safety for specific indications.

X. Injection Technique

General subcutaneous injection guidance based on clinical best practices.

1. Clean the vial stopper and injection site with separate alcohol swabs; allow both to air-dry completely.
2. Using an insulin syringe (typically 29–31G, 5/16–1/2 inch needle), draw up the calculated dose (10 units = 0.1 mL).
3. Select a site with adequate subcutaneous tissue (lower abdomen, thigh, or upper arm).
4. Pinch a fold of skin; insert the needle at approximately a 45° angle into the fatty subcutaneous tissue[7]. With short insulin needles, a 90° angle can also be used when injecting into a pinched skin fold.
5. Inject slowly over 2–3 seconds; do not aspirate for subcutaneous injections.
6. Withdraw the needle and apply gentle pressure with a clean cotton swab; do not rub the injection site.
7. Systematically rotate sites, maintaining at least 1–2 inches spacing between sites.
8. Dispose of used needles immediately in a sharps container; **never reuse needles.**

Important Statement: This content is intended for therapeutic educational purposes only and does not constitute medical advice, diagnosis, or treatment.