

KLOW Peptide Blend Comprehensive Dosage Guide

(80 mg Vial)

I. Overview

The KLOW peptide blend consists of four repair peptides: GHK-Cu (50 mg) + BPC-157 (10 mg) + TB-500 (10 mg) + KPV (10 mg), for a total of 80 mg. In educational protocols, the dosage is 250 mcg–750 mcg daily via subcutaneous injection. An 80 mg blend reconstituted with bacteriostatic water yields a concentration of approximately 26.7 mg/mL. Cycles typically last 8–12 weeks, with optional extension to 16 weeks. This information is for research and educational use only.

The four peptides act synergistically through complementary mechanisms: TB-500 promotes cell migration and angiogenesis, BPC-157 supports local repair and anti-inflammation, KPV modulates NF-κB signaling for anti-inflammatory effects, and GHK-Cu promotes collagen synthesis and tissue regeneration.

II. Dosage and Reconstitution Guide

2.1 Specification Overview

Item	Content
Vial contents	80 mg total blend (50 mg GHK-Cu + 10 mg BPC-157 + 10 mg TB-500 + 10 mg KPV)
Reconstitution volume	3.0 mL
Total concentration	26.67 mg/mL
U-100 conversion	1 unit = 266.67 mcg (0.01 mL)
Shelf life (refrigerated)	14–28 days

2.2 Standard Protocol

Weekly dosage and injection schedule (common to 80 mg specification):

Phase	Weeks	Daily Dose (per component)	Injection Units
Initiation	Weeks 1–2	TB-500 250 mcg / BPC-157 250 mcg / KPV 250 mcg / GHK-Cu 1.25 mg	7.5 units (0.075 mL)
Escalation	Weeks 3–4	TB-500 500 mcg / BPC-157 500 mcg / KPV 500 mcg / GHK-Cu 2.5 mg	15 units (0.15 mL)
Intensification	Weeks 5–8	TB-500 750 mcg / BPC-157 750 mcg / KPV 750 mcg / GHK-Cu 3.75 mg	22.5 units (0.225 mL)

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

Phase	Weeks	Daily Dose (per component)	Injection Units
Maintenance	Weeks 9–12	TB-500 500 mcg / BPC-157 500 mcg / KPV 500 mcg / GHK-Cu 2.5 mg	15 units (0.15 mL)

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

Cycle length: 8–12 weeks of daily administration, with optional extension to 16 weeks.

Important note: This protocol uses a 3.0 mL dilution volume to maintain measurable injection volumes. For ≤ 10 -unit (≤ 0.10 mL)

administrations during the initial weeks, 30- or 50-unit insulin syringes are recommended for improved readability.

III. Reconstitution Steps (General)

1. Draw 30 mL bacteriostatic water with a sterile syringe.
2. Inject slowly down 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 with reconstitution date and concentration, refrigerate at 2–8°C (35.6–46.4°F), protected from light.
5. Use within 14–28 days after reconstitution; discard if cloudiness or particulates appear.

IV. Supplies Needed

Plan based on an 8–16 week daily protocol.

Supply	8-Week Quantity	12-Week Quantity	16-Week Quantity
KLOW blend vials (80 mg/vial)	3 vials	4 vials	5 vials
Insulin syringes (U-100)	56	84	112
Bacteriostatic water (10 mL bottles)	9 mL → 1 bottle	12 mL → 2 bottles	15 mL → 2 bottles
Alcohol swabs	112 → 2×100 boxes	168 → 2×100 boxes	224 → 3×100 boxes

V. Protocol Overview

Goal: Support comprehensive tissue repair through synergistic peptide mechanisms—cell migration and angiogenesis (TB-500), local repair and anti-inflammation (BPC-157), anti-inflammatory modulation (KPV), and collagen synthesis and tissue regeneration (GHK-Cu).

Schedule: Daily subcutaneous injections for 8–12 weeks, with optional extension to 16 weeks.

Dose range: Gradual titration from low to moderate doses, adjusted based on individual response.

Reconstitution: Add 3.0 mL bacteriostatic water per 80 mg vial (~26.7 mg/mL total concentration).

Storage: Lyophilized powder frozen; reconstituted refrigerated; avoid repeated freeze–thaw cycles.

VI. Dosing Protocol

Start: 7.5 units daily (0.075 mL) for the initial assessment period.

Increase: Progress to 15 units by Week 3, then 22.5 units by Week 5 as tolerated.

Maintenance: 15 units daily for extended protocols.

Frequency: Once daily subcutaneous injection at a fixed time.

Cycle length: 8–12 weeks of daily administration, with optional extension to 16 weeks.

Injection volume: Approximately 0.075–0.225 mL, well below the 1.0–1.5 mL comfort threshold for subcutaneous injection.

Needle recommendation: 0.3 mL (30-unit) insulin syringes are recommended for the initial low-volume phase for greater precision.

VII. Storage Instructions

Lyophilized powder: Store at -20°C (-4°F) or below for long-term storage (months to over a year). If no freezing is available, $2-8^{\circ}\text{C}$ refrigeration is suitable for short-term storage (weeks). Keep tightly sealed with desiccant to prevent moisture, protected from light.

After reconstitution: Always refrigerate at $2-8^{\circ}\text{C}$, do not freeze, use within 14–28 days, discard when expired.

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

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

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

VIII. Important Notes

Use a new sterile insulin syringe for each injection and dispose immediately in a sharps container.

Systematically rotate injection sites (abdomen, thighs, upper arms) with at least 1–2 inches spacing to reduce local irritation and lipohypertrophy.

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

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

Maintain aseptic technique throughout: use separate alcohol swabs for the vial stopper and skin, and allow to dry completely.

This multi-peptide blend may provide broader regenerative support than single-peptide protocols.

IX. Potential Benefits and Side Effects

Potential Benefits

Accelerated tissue repair and wound healing: Promotes injury repair through multiple complementary pathways. TB-500 promotes angiogenesis and cell migration; BPC-157 shows enhanced healing in tendon, ligament, and muscle; GHK-Cu promotes collagen synthesis and connective tissue support.

Anti-inflammation and analgesia: Reduces inflammation through NF- κ B inhibition and cytokine modulation. KPV inhibits NF- κ B signaling; GHK-Cu downregulates inflammation-related genes; BPC-157 significantly suppresses tissue inflammation.

Promotion of angiogenesis: Improves blood flow to healing tissues, supporting musculoskeletal recovery and joint health.

Enhanced collagen synthesis: Supports connective tissue and skin regeneration.

Possible Side Effects

Mild injection-site reactions (redness, irritation) may occur.

Occasional lightheadedness reported with some peptides due to vasodilatory effects.

Limited human clinical data; most safety observations derive from preclinical studies.

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 guidance based on clinical best practices.
2. Clean the vial stopper and injection site with separate alcohol swabs; allow to dry completely.
3. Draw the calculated dose with an insulin syringe (typically 29–31G, 5/16–1/2 inch needle).
4. Select a site with adequate subcutaneous tissue (lower abdomen, thigh, upper arm).
5. Pinch a skinfold; insert at approximately 45–90° into adipose tissue. With short needles and a pinched skinfold, 90° injection is also acceptable.
6. Inject slowly over 2–3 seconds; no aspiration needed for subcutaneous injections.
7. After withdrawal, apply gentle pressure with a clean cotton swab; do not rub.
8. Systematically rotate sites with at least 1–2 inches spacing to avoid lipohypertrophy.
9. Dispose immediately in a sharps container; never reuse needles.