

BPC-157 — Research Summary

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1. What It Is

BPC-157 (Body Protection Compound-157) is a synthetic pentadecapeptide (15 amino acids: GEPPPGKPADDAGLV, MW ~1,419 Da), derived from a partial sequence of a protein naturally present in human gastric juice. It is stable in gastric fluid for over 24 hours, unusual for a peptide, which has driven interest in its oral bioavailability alongside injectable use.

- **CAS-type identifier context:** Also referenced under the designations PL-14736, PL-10, and PLD-116 in earlier clinical development.
 - **Research focus areas:** gastroprotection and GI healing, angiogenesis, tendon/ligament and soft-tissue repair, and anti-inflammatory signaling.
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2. Reported Effects in Research Literature

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- **Gastrointestinal:** The largest and most consistent body of evidence is preclinical GI research — anti-ulcer activity, protection against NSAID- and alcohol-induced GI lesions, and effects across esophagus, stomach, duodenum, intestine, liver, and pancreas injury models.
- **Angiogenesis:** Reported activation of the VEGFR2 signaling pathway, supporting new blood vessel formation in soft-tissue repair models.
- **Musculoskeletal:** Frequently cited (largely preclinical) for tendon-to-bone healing, ligament repair, and muscle injury recovery models.
- **Mechanism:** Proposed mechanisms include nitric oxide signaling modulation, growth factor receptor modulation, and cytokine balance effects.

Human evidence — an important limitation: The vast majority of BPC-157's 100+ published studies originate from a single research group at the University of Zagreb, Croatia, limiting independent replication. Human data is unusually thin for how widely discussed this peptide is: - A Phase II trial for ulcerative colitis (PL-14736) was reported as showing efficacy with no toxicity, but full results were never published as a standalone peer-reviewed paper. - A 2015 Phase I safety trial (NCT02637284, 42 healthy volunteers) was registered but discontinued in 2016 with no published results. - A small 2025 IV pilot safety study (n=2) reported tolerability at doses up to 20mg with no serious adverse events. - As of 2026, no completed, published randomized controlled human efficacy trial exists for any indication. A 2025 systematic review screening 544 articles for orthopedic/sports-medicine applications found only one human clinical study meeting inclusion criteria. - A currently registered interventional trial (NCT07437547) is evaluating subcutaneous BPC-157 for acute hamstring strain repair — reflecting ongoing clinical interest, not yet completed data. - BPC-157 remains unapproved by the FDA and was subject to a 2026 FDA compounding-list advisory review; check current regulatory status before referencing it in customer-facing materials. - **PCAC update (July 23, 2026):** The FDA's Pharmacy Compounding Advisory Committee voted 8-6 (one abstention) to recommend BPC-157 for inclusion on the 503A Bulk Drug Substances List, overriding FDA staff's own recommendation against inclusion. This is a non-binding advisory recommendation only — it does not add BPC-157 to the list, does not authorize compounding, and does not change RUO sale status. A formal rulemaking process, expected to take 8-12 months, would be required before any actual change takes effect.

3. Clinical & Preclinical Study References

- Sikiric P, et al. "Stable gastric pentadecapeptide BPC 157: novel therapy in gastrointestinal tract." *Curr Pharm Des.* 2011;17(16):1612-32. PMID: [21548867](#)
 - Phase I safety trial registration (unpublished results): [NCT02637284](#)
 - Ongoing musculoskeletal trial: [NCT07437547 — BPC 157 for Acute Hamstring Muscle Strain Repair](#)
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4. Reconstitution Process

For research/laboratory handling purposes only.

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1. **Materials needed:** lyophilized (freeze-dried) BPC-157 powder, bacteriostatic water (preferred over sterile water for multi-use vials, due to the antimicrobial preservative), alcohol swabs, syringe with needle.
2. **Bring the vial to room temperature** before reconstitution to reduce peptide degradation from condensation/temperature shock.
3. **Sanitize** the rubber stopper of both vials with an alcohol swab.
4. **Draw the bacteriostatic water** into the syringe.
5. **Add the water slowly**, directing the needle stream down the *inside wall* of the vial rather than injecting it directly onto the powder — this reduces mechanical shear/foaming.
6. **Do not shake the vial.** Gently swirl or roll it between your palms until fully dissolved.
7. **Inspect the solution** — it should be clear and free of particulates. Discard if cloudy or discolored.
8. **Label the vial** with the reconstitution date and concentration.
9. **Storage:** refrigerate (2–8°C); avoid freeze-thaw cycles. BPC-157 is noted in the literature for unusual stability (including gastric-fluid stability), but still follow standard cold-chain handling.

Reference: Bacteriostatic Water Volume by Vial Size

Vial Size BAC Water Added Resulting Concentration

5 mg	1 mL	5 mg/mL
5 mg	2 mL	2.5 mg/mL
5 mg	5 mL	1 mg/mL
10 mg	1 mL	10 mg/mL
10 mg	2 mL	5 mg/mL
10 mg	4 mL	2.5 mg/mL
10 mg	5 mL	2 mg/mL
10 mg	10 mL	1 mg/mL

Notes: Higher water volume = more dilute solution (finer measurement increments on a 1 mL insulin syringe); lower volume = more concentrated. Follow supplier COA fill-line guidance where provided. Always use bacteriostatic water (0.9% benzyl alcohol) for multi-draw vials; sterile water without preservative should be discarded within 24 hours of reconstitution.

Document created: July 16, 2026. **Revision 1:** July 29, 2026. Regulatory status (FDA compounding lists, WADA lists) is actively shifting; re-verify against current sources before any customer-facing use.

This document is intended for research and internal reference use only. It does not constitute medical advice, dosing guidance, or an endorsement of human use. BPC-157 is not approved by the FDA for the diagnosis, treatment, cure, or prevention of any disease.