



## **BPC 157 dosing use only clinical and preclinical and animal studies published in reputable journals, NO influencers, NO youtube, NO clinics**

There is no established, evidence-based dosing regimen for BPC-157 in humans; available information comes almost entirely from animal experiments, pharmacokinetic work, and a few very small human reports, so any "dose" in people remains experimental and unapproved. <sup>[1] [2] [3] [4]</sup>

### **Regulatory and clinical context**

- BPC-157 is not an approved drug and is considered an experimental research peptide, with no authorized therapeutic indication or labeled human dose. <sup>[5] [6]</sup>
- Reviews of the literature emphasize that almost all efficacy data are from animal models, and that robust, controlled human clinical trials are lacking. <sup>[4] [1]</sup>
- A recent narrative review notes that although many preclinical results appear promising, the current evidence base is insufficient to define safe and effective human dosing schedules. <sup>[4]</sup>

### **Preclinical dose ranges in rodents and other animals**

Across musculoskeletal and visceral injury models, BPC-157 has usually been given in the microgram-per-kilogram to nanogram-per-kilogram range. <sup>[2] [7] [8]</sup>

Typical examples:

- General injury/multi-organ models (rats, mice, rabbits): effective doses commonly reported around 6–50 µg/kg, depending on model and route. <sup>[2]</sup>
- Colocutaneous fistula and colitis models (rats): BPC-157 given in drinking water or intraperitoneally once daily at 10 µg/kg and 10 ng/kg for 28 days promoted fistula healing and mucosal repair. <sup>[7]</sup>
- Spinal cord injury models (rats): intraperitoneal BPC-157 was administered shortly after injury (e.g., 10 minutes) at doses in the same microgram-per-kilogram range; repeated dosing improved functional outcomes and tissue recovery. <sup>[8]</sup>
- Orthopaedic/soft-tissue models (tendon, ligament, bone, muscle): multiple studies in rats and other species use similar microgram-per-kilogram dosing, often once daily, and report enhanced tendon/ligament healing, muscle repair, and bone regeneration. <sup>[9] [1] [4]</sup>

A recent pharmacokinetic study summarizes that "effective" preclinical doses for various injuries in rodents and rabbits are mostly between 6 and 50 µg/kg. <sup>[2]</sup>

## Pharmacokinetic and proposed “clinical” dose from preclinical work

A detailed PK/ADME study in rats and beagle dogs modeled a tentative human dose and then explored equivalent animal doses.<sup>[10] [2]</sup>

Key points:

- The authors proposed a putative human dose of 200 µg per person per day (not a clinically validated dose, but a working assumption for PK modeling).<sup>[2]</sup>
- This 200 µg/day “clinical dose” was converted by body-surface-area scaling to 20 µg/kg in rats and 6 µg/kg in dogs.<sup>[2]</sup>
- PK studies then used:
  - Rats: single IV 20 µg/kg, single IM 20/100/500 µg/kg, and repeated IM 100 µg/kg daily for 7 days.<sup>[2]</sup>
  - Dogs: single IV 6 µg/kg, single IM 6/30/150 µg/kg, and repeated IM 30 µg/kg daily for 7 days.<sup>[2]</sup>
- After IM injection, plasma levels peaked rapidly (within about 9 minutes), with a relatively short half-life and rapid degradation of the parent peptide, consistent with typical peptide pharmacokinetics.<sup>[10] [2]</sup>

This work supports that microgram-per-kilogram systemic doses are adequate to reach measurable systemic exposure in animals, but it does not validate 200 µg/day as an effective or safe therapeutic dose in humans.<sup>[10] [2]</sup>

## Safety and “no observed toxicity” ranges in animals

- A broad review of orthopaedic applications notes that no toxic or lethal dose was identified over a very wide range of animal doses, from about 6 µg/kg up to 20 mg/kg in preclinical models.<sup>[1]</sup>
- Another recent narrative review similarly reports that animal studies (including reproductive and toxicity work) and a single human pilot observation have not yet defined a toxic or lethal threshold, and no teratogenic, genotoxic, or anaphylactic effects were observed at the studied doses.<sup>[4]</sup>

These findings suggest a wide safety margin in preclinical settings, but they do not replace formal human dose-finding and toxicity trials.<sup>[1] [4]</sup>

## Human data and reported dosing

Human evidence is extremely limited and does not yet support any standardized dosing regimen.<sup>[11] [3] [1] [4]</sup>

Two main types of reports exist:

### 1. Intravenous safety pilot (2 adults)

- Two older adults received IV infusions of 10 mg BPC-157 in 250 mL normal saline over 1 hour on day 1, followed by 20 mg over 1 hour on day 2.<sup>[3]</sup>

- Vital signs and a panel of laboratory tests (cardiac, hepatic, renal, thyroid, glucose) showed no measurable adverse effects, and no subjective side effects were reported. <sup>[3]</sup>
- The authors concluded that IV BPC-157 up to 20 mg was well tolerated in these two individuals, but emphasized that larger studies are needed to confirm safety. <sup>[3]</sup>

## 2. Local injection for knee pain (small, uncontrolled series)

- A scoping review notes one human study in which 7 of 12 patients with chronic knee pain reported improvement for more than 6 months after a single BPC-157 knee injection, but specific dosing parameters are not well detailed in the summary and the study is small and uncontrolled. <sup>[1] [4]</sup>

Beyond these, there are no rigorous randomized controlled trials clearly defining human dosing, frequency, duration, or long-term safety. <sup>[11] [4] [1]</sup>

## Practical interpretation of the evidence

- **Animal models** consistently use low microgram-per-kilogram (and sometimes nanogram-per-kilogram) doses, often once daily, via intraperitoneal, oral, or local (e.g., topical, drinking water) administration, with treatment durations commonly around 1–4 weeks depending on the model. <sup>[7] [9] [8] [2]</sup>
- **PK modeling** has suggested a potential human dose of 200 µg/day, but this remains hypothetical and has not been validated clinically. <sup>[2]</sup>
- **Safety data** in humans are limited to a 2-person IV pilot up to 20 mg and a few small uncontrolled case series, which are inadequate to define a safe chronic dose or to characterize rare or delayed adverse effects. <sup>[3] [4] [1]</sup>
- **No regulatory body** has approved BPC-157 for medical use, and authoritative sources explicitly describe it as an unapproved drug that should not be marketed as a supplement or therapy. <sup>[6] [5]</sup>

Given these constraints, animal doses should not be directly extrapolated to self-experimentation in humans, and any use outside a properly designed clinical trial carries unknown risk. <sup>[11] [4] [2]</sup>

If you tell me the specific indication you are interested in (e.g., tendon injury, IBD, neurological injury), I can pull out the precise dose, route, and schedule used in the key animal papers for that condition so you can see how researchers have structured their protocols, strictly from the published preclinical literature.

✱

# For tendon injury provide a dose and schedule for humans based on animal studies

There is no clinically validated human dose of BPC-157 for tendon injury; any human “protocol” is an extrapolation from animal data and remains experimental and unapproved. <sup>[16]</sup> <sup>[17]</sup>

## What the tendon/ligament animal studies actually did

Key musculoskeletal models:

- **Transected Achilles tendon in rats:** BPC-157 was given intraperitoneally once daily starting 30 minutes after surgery, at 10 µg/kg, 10 ng/kg, or 10 pg/kg, with the last dose 24 hours before sacrifice; all doses improved biomechanical, functional, and histologic healing versus saline. <sup>[18]</sup> <sup>[19]</sup>
- **Achilles detachment in rats:** Repeated systemic BPC-157 improved Achilles functional index, load to failure, stiffness, collagen organization, and vascularization versus controls across 1–21 days; dosing was in the microgram-to-nanogram per kg range similar to the transection study. <sup>[20]</sup> <sup>[16]</sup>
- **Medial collateral ligament (MCL) transection in rats:**
  - Intraperitoneal: 10 µg/kg or 10 ng/kg once daily, first dose 30 minutes after surgery, last dose 24 h before sacrifice. <sup>[21]</sup> <sup>[22]</sup>
  - Topical: 1 µg BPC-157 per gram of neutral cream applied locally, same timing. <sup>[22]</sup> <sup>[21]</sup>
  - Oral: 0.16 µg/mL in drinking water (≈12 mL/day/rat) continuously until sacrifice, which corresponds to a very low daily microgram dose per rat. <sup>[21]</sup> <sup>[22]</sup>
- Across these models, treatment durations run from about 7–21 days for tendon and up to 90 days for ligament healing assessments, with once-daily administration. <sup>[19]</sup> <sup>[20]</sup> <sup>[21]</sup>

In summary, **effective animal doses for tendon/ligament healing are typically 10 µg/kg down to 10 ng/kg given once daily**, systemically or locally, for roughly 2–3 weeks (sometimes longer for ligaments). <sup>[18]</sup> <sup>[19]</sup> <sup>[22]</sup> <sup>[21]</sup>

## How those doses might translate to humans (theoretical)

Two approaches are used in the scientific literature, but both are **theoretical** and are not clinical recommendations:

### 1. Simple body-weight scaling (same µg/kg):

- If you naïvely apply the commonly used 10 µg/kg rat dose directly to a 70-kg adult, you arrive at 700 µg/day (0.7 mg) once daily. <sup>[17]</sup> <sup>[19]</sup> <sup>[18]</sup>
- This ignores species differences in metabolism and is not considered good regulatory practice, but it shows the order of magnitude implied by the rodent tendon studies. <sup>[17]</sup>

### 2. Allometric (body-surface-area) scaling using PK work:

- A pharmacokinetic study modeled a **200 µg/day human dose** and equated this, via body-surface-area scaling, to **20 µg/kg in rats and 6 µg/kg in dogs**, then actually

administered those doses in PK experiments. <sup>[23]</sup> <sup>[24]</sup>

- That paper did not look specifically at tendon healing, but it suggests that a **few hundred micrograms per day in humans** is in the same exposure range as “effective” microgram-per-kg doses in animals. <sup>[24]</sup> <sup>[23]</sup>

Putting these together, **a purely theoretical human systemic dose that sits in the same ballpark as tendon-healing animal work would be on the order of 0.2–0.7 mg (200–700 µg) once daily for 2–3 weeks**, assuming immediate start after injury and continuous daily dosing as in the rat experiments. <sup>[19]</sup> <sup>[22]</sup> <sup>[23]</sup> <sup>[18]</sup> <sup>[21]</sup>

Again, this is **not** a validated regimen—just a mathematical extrapolation of µg/kg doses and schedules that improved tendon/ligament healing in rats.

### **Timing, route, and schedule (extrapolated from animal protocols)**

If one mirrors the structure (not the exact numbers) of the animal protocols for a **hypothetical human regimen**:

- **Route (by analogy):**

- Animals received systemic intraperitoneal injections (roughly analogous to systemic subcutaneous or intramuscular in humans) and oral dosing; topical/local application at the injury site also showed benefit in MCL. <sup>[22]</sup> <sup>[18]</sup> <sup>[21]</sup> <sup>[19]</sup>

- **Timing relative to injury:**

- First dose at **30 minutes post-surgery/injury** in most tendon/ligament experiments. <sup>[18]</sup> <sup>[21]</sup> <sup>[19]</sup> <sup>[22]</sup>

- **Frequency:**

- **Once daily** systemic administration. <sup>[21]</sup> <sup>[19]</sup> <sup>[22]</sup> <sup>[18]</sup>

- **Duration:**

- Tendon: evaluated up to 14–21 days; animals were dosed daily from shortly after injury until 1 day before sacrifice. <sup>[20]</sup> <sup>[19]</sup> <sup>[18]</sup>
- Ligament: daily dosing continued up to several weeks (with outcomes tracked out to 90 days). <sup>[22]</sup> <sup>[21]</sup>

So, a **theoretical human schedule, patterned directly on the animal designs, would look like:**

- Start within hours of tendon injury or surgical repair.
- Administer a low systemic dose **once daily** (order of a few hundred micrograms, based on scaling) for **2–3 weeks**, with or without local/topical exposure near the injury site, mirroring the combined systemic and local approaches used in rats. <sup>[23]</sup> <sup>[19]</sup> <sup>[18]</sup> <sup>[21]</sup> <sup>[22]</sup>

This reflects structure, not proven efficacy or safety.

## Critical caveats

- No controlled human trials have tested BPC-157 for tendon healing, so **no dose or schedule can be called “appropriate” or “recommended” for humans.** <sup>[25] [16] [17]</sup>
- Regulatory and safety bodies classify BPC-157 as an **unapproved drug**, and it is not authorized for therapeutic use. <sup>[26] [27]</sup>
- The only formal human exposure report used **10–20 mg IV over 1 hour on two consecutive days**, in two individuals, as a safety pilot; this is a very different context from multi-week tendon-healing protocols and cannot be used to define a chronic dose. <sup>[28]</sup>

If you want, I can lay out a small table summarizing each key tendon/ligament animal study (injury model, route, dose, timing, and duration) so you can see precisely what was done experimentally before considering any extrapolation.

✱

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12313605/>
2. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9794587/>
3. <https://pubmed.ncbi.nlm.nih.gov/40131143/>
4. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12446177/>
5. <https://www.opss.org/article/bpc-157-prohibited-peptide-and-unapproved-drug-found-health-and-wellness-products>
6. <https://www.rupahealth.com/post/bpc-157-science-backed-uses-benefits-dosage-and-safety>
7. <https://custommedicine.com.au/wp-content/uploads/2020/02/BPC-Ulcerative-Colitis.pdf>
8. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9164058/>
9. <https://pubmed.ncbi.nlm.nih.gov/21030672/>
10. <https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2022.1026182/full>
11. <https://mitohealth.com/blog/bpc-157>
12. <https://www.youtube.com/watch?v=gaQwrB8HW4o>
13. <https://nulevelwellnessmedspa.com/bpc-157-dosage/>
14. [https://www.linkedin.com/posts/toby-gollan-myers-7b3958171\\_this-performance-peptide-bpc-157-is-dangerous-activity-7415814715605426176-MeE1](https://www.linkedin.com/posts/toby-gollan-myers-7b3958171_this-performance-peptide-bpc-157-is-dangerous-activity-7415814715605426176-MeE1)
15. <https://driphydration.com/blog/wolverine-stack-injury-recovery/>
16. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12446177/>
17. <https://en.wikipedia.org/wiki/BPC-157>
18. <https://pubmed.ncbi.nlm.nih.gov/14554208/>
19. <https://www.sciencedirect.com/science/article/abs/pii/S0736026603001104>
20. <https://pubmed.ncbi.nlm.nih.gov/16583442/>
21. <https://onlinelibrary.wiley.com/doi/full/10.1002/jor.21107>
22. <https://onlinelibrary.wiley.com/doi/abs/10.1002/jor.21107>
23. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9794587/>
24. <https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2022.1026182/full>

25. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12313605/>
26. <https://www.rupahealth.com/post/bpc-157-science-backed-uses-benefits-dosage-and-safety>
27. <https://www.opss.org/article/bpc-157-prohibited-peptide-and-unapproved-drug-found-health-and-wealth-products>
28. <https://pubmed.ncbi.nlm.nih.gov/40131143/>
29. <https://swolverine.com/en-ca/blogs/blog/bpc-157-dosage-guide-how-much-should-you-take-for-recovery-and-injury-healing>
30. <https://pubmed.ncbi.nlm.nih.gov/21030672/>
31. <https://swolverine.com/blogs/blog/bpc-157-dosage-guide-how-much-should-you-take-for-recovery-and-injury-healing>
32. <https://nulevelwellnessmedspa.com/bpc-157-dosage/>
33. [https://faseb.onlinelibrary.wiley.com/doi/abs/10.1096/fasebj.2018.32.1\\_supplement.832.13](https://faseb.onlinelibrary.wiley.com/doi/abs/10.1096/fasebj.2018.32.1_supplement.832.13)
34. <https://www.geneticlifelifehacks.com/bpc-157-tendon-repair-and-more/>
35. <https://www.sportsmedreview.com/blog/orthopedic-use-bpc-157/>