

BPC-157 Therapy

A patient guide to BPC-157 (Body Protection Compound-157) — subcutaneous injection or oral capsule

This guide is for patients who have been **prescribed BPC-157 by a Rebel Med NW physician** as part of an individualized care plan. It explains what BPC-157 is, what the research does and does not show, its potential benefits and risks, how it's commonly dosed, and how to take it safely. It does not replace your physician's instructions.

⚠ Read this first — important context

BPC-157 is **not an FDA-approved drug**, and its use for tissue, joint, or gut support is **investigational**. In July 2026, an FDA advisory committee voted to recommend adding BPC-157 to the list of substances pharmacies may compound — but **that was an advisory vote, not a drug approval or a final FDA decision**, and the regulatory status of compounded BPC-157 is still in transition. Compounded and research-grade peptides are **not reviewed by FDA for safety, effectiveness, or quality before marketing**. Use BPC-157 **only as prescribed to you, under our supervision** — do not share it, buy additional product from online "research" sellers, or change your dose on your own.

What Is BPC-157?

BPC-157 is a synthetic chain of 15 amino acids (a "pentadecapeptide"). Its sequence is based on a fragment of a protective protein found in human gastric juice — part of the stomach's own defense and repair system. Researchers created it to study whether that protective signal could support healing elsewhere in the body. It is used as a **subcutaneous (under-the-skin) injection** or an **oral capsule**, depending on the goal — injections are more common for musculoskeletal support, capsules for gut-focused support.

How It's Thought to Work

In laboratory and animal studies, BPC-157 appears to support tissue repair through several proposed mechanisms: promoting the formation of new small blood vessels (angiogenesis, via the VEGFR2 pathway), interacting with the body's nitric-oxide system (which regulates blood flow and healing), stimulating growth-factor and collagen activity in fibroblasts and tendon cells, and protecting the lining of the digestive tract. *These mechanisms come from animal and cell research — they have not been confirmed in human studies.*

What the Research Shows — Honestly

Evidence
type

What exists for BPC-157

Human clinical trials	Essentially none published. The only peer-reviewed human report is a small retrospective case series (16 patients, knee injections) reporting pain relief in most — with no control group, no randomization, and self-reported outcomes. Early European trials for inflammatory bowel disease were begun in the 2000s but complete results were never published.
Animal & lab studies	Extensive and consistently positive — tendon, ligament, muscle, bone, and gut healing models. Important caveat: most of this work comes from a single research group, and independent replication is limited.
Bottom line	BPC-157 is promising but unproven . Benefits in humans have not been established in controlled trials, and long-term human safety data do not exist.

Potential Benefits

Based on its proposed mechanisms and animal data, the hoped-for — *not guaranteed* — benefits include support for:

- **Tendon, ligament, and joint recovery** after injury or strain.
- **Muscle and soft-tissue healing.**
- **Gut lining integrity** — studied in animals for ulcers, inflammatory bowel conditions, and gut-protective effects.

Honest expectations: This is a **theory-driven, investigational therapy**. We use it thoughtfully as one part of a broader plan — alongside nutrition, graded loading or physical therapy, sleep, and the fundamentals that healing actually depends on. We'll reassess together based on how you respond, and stopping is always an option.

Who Should NOT Use BPC-157

Do not use BPC-157, and tell your provider, if any of these apply:

- **Active cancer, or a history of cancer** — BPC-157 promotes new blood-vessel growth in laboratory studies, and there is a theoretical (unproven) concern that this could support tumor growth. Discuss any cancer history with your physician before starting.
- **Pregnancy or breastfeeding** — there are no safety data; do not use.
- **Known allergy** to BPC-157 or any ingredient in the formulation.

Athletes & service members

BPC-157 is **prohibited at all times** by the World Anti-Doping Agency (category S0, non-approved substances) and is also **prohibited for U.S. military service members**. If you compete in tested sport at any level, or serve in the military, do not use BPC-157 — a positive test can carry serious consequences. Check **GlobalDRO.com** or ask us.

Also make sure we know your full medical history and **all medications and supplements** you take, so we can confirm BPC-157 is a reasonable option for you.

Possible Side Effects

Because controlled human studies haven't been done, the true side-effect profile is **not fully known**. Reported effects — largely from clinical experience and anecdote — include:

- **Injection-site reactions** — redness, swelling, itching, or mild pain (most common).
- Nausea or mild digestive upset, headache, fatigue, dizziness, or feeling flushed.
- Unknown long-term risks — including the theoretical growth-signaling concern above. Report anything unusual, even if it seems minor.

When to stop and call us

Stop and contact your provider (or seek urgent care for severe symptoms) for signs of an allergic reaction — **trouble breathing, swelling of the face/lips/throat, hives** — signs of infection at an injection site (spreading redness, warmth, pus, fever), or any reaction that worries you. **Call 911 for any emergency.**

Dosing

Your physician will prescribe your exact dose and duration. There is **no scientifically validated human dose** of BPC-157 — the ranges below reflect common clinical practice, not controlled trial data:

Route	Commonly used range	Notes
Subcutaneous injection	250–750 mcg once daily	Often injected near (not into) the injury area, though site may not matter. Courses commonly run 4–8 weeks, then reassess.
Oral capsule	500–1,000 mcg daily	Typically used for gut-focused goals; taken with or without food per your prescription.

Important — how much to draw up or click: Your dose is prescribed in **micrograms (mcg)**, but you'll measure it in **units on an insulin syringe or clicks on a dosing pen** — and that conversion depends entirely on the concentration your pharmacy prepared. **Use the exact number of units or clicks your provider or pharmacy gives you — do not estimate or copy numbers from the internet.** If you're unsure, call us before injecting.

How to Give a Subcutaneous Injection

BPC-157 injections go into the fatty layer just under the skin using a small **insulin syringe** or dosing pen. If your BPC-157 came as a powder, your provider will show you how to reconstitute it (mix it with bacteriostatic water) — follow those specific instructions.

You'll need

- Your BPC-157 vial or pen (refrigerated)
- A sterile insulin syringe (U-100) with a fine, short needle — or your pen needle
- Alcohol swabs and a sharps disposal container

Step by step

- 1 **Wash your hands** thoroughly with soap and water.
- 2 **Inspect the vial or pen.** The liquid should be clear. Don't use it if it's cloudy, discolored, has particles, or is past its discard date.
- 3 **Clean the vial top** (or pen septum) with an alcohol swab and let it dry.
- 4 **Draw up or dial your exact prescribed dose** (units or clicks, as instructed). For a syringe: push air into the vial, draw liquid to your prescribed mark, and tap out air bubbles.
- 5 **Choose and clean your site.** The abdomen is ideal — at least 2 inches from your belly button — or the front of the thigh. Wipe with an alcohol swab and let it dry. *Rotate sites* each time.
- 6 **Pinch a fold of skin** gently between your thumb and finger.
- 7 **Insert the needle** all the way at a 45–90° angle in one smooth motion.
- 8 **Inject slowly**, then release the pinch.
- 9 **Withdraw the needle** and apply gentle pressure with clean gauze (don't rub). A tiny bit of bleeding is normal.
- 10 **Dispose** of the syringe or pen needle immediately in your sharps container — never recap or reuse. Wash your hands.

Storage & sharps

- **Refrigerate** reconstituted BPC-157 (do not freeze), protect it from light, and use it within the timeframe your pharmacy specifies on the label.

- **Never reuse or share** needles, pens, or vials. Dispose of all needles in an approved **sharps container**.

Monitoring & Follow-Up

Because this is an investigational therapy, follow-up matters. We'll track your symptoms and function (pain, mobility, gut symptoms — whatever we're targeting), watch for side effects, and decide together whether to continue, adjust, or stop. Keep your scheduled visits, and call sooner if something concerns you.

Questions?

Your Rebel Med NW care team is here to help. If anything about your dose, schedule, or injections is unclear — or you're weighing whether this therapy is right for you — **call us before your next dose**.

Rebel Med NW · 5401 Leary Ave NW, Suite 202, Seattle, WA 98107 (Ballard) · Phone: **206-297-6013**

Medical disclaimer: This guide is educational, for patients prescribed BPC-157 by a Rebel Med NW physician; it is not medical advice for the general public and it does not recommend BPC-157 for any condition. **BPC-157 is not FDA-approved. Its benefits in humans are unproven, its long-term safety is unknown, and compounded peptides are not reviewed by FDA for safety, effectiveness, or quality.** The July 2026 FDA advisory committee recommendation was not an approval; regulatory status is evolving and current access rules remain unchanged until FDA acts. Benefits are not guaranteed and individual results vary. Always follow the specific instructions from your provider and pharmacy. Report suspected side effects to us, and — if you wish — to FDA MedWatch (1-800-FDA-1088 · [fda.gov/medwatch](https://www.fda.gov/medwatch)). In an emergency, call 911.

Key references: Lee E, Padgett B. Intra-articular BPC 157 for knee pain (retrospective case series). *Altern Ther Health Med*. 2021;27(4). PMID 34324435. · Chang CH, et al. BPC 157 and tendon healing. *J Appl Physiol*. 2011;110(3):774–80. PMID 21030672. · Hsieh MJ, et al. BPC 157 angiogenesis via VEGFR2. *J Mol Med*. 2017;95(3):323–33. PMID 27847966. · Seiwert S, et al. BPC 157 and wound healing (review). *Front Pharmacol*. 2021;12:627533. · FDA Pharmacy Compounding Advisory Committee meeting, July 23–24, 2026 ([fda.gov](https://www.fda.gov)). · USADA athlete advisory on BPC-157 ([usada.org](https://www.usada.org)). Educational summary only.