OCW WP 016 / V1.0 / 3 NOV 2026

PATIENT GUIDE

BPC 157 *for recovery*

BPC 157 is a short peptide studied for decades in animal models of healing. Only three small studies have tested it in people so far.

COMPOUND	CLASS	RESEARCH	HUMAN DATA	SOURCES
BPC 157	Gastric peptide	Mostly animal	3 small pilots	34 · PMID linked

§ 01

Overview

BPC 157 is one of the most talked about peptides in sports and recovery medicine. It is a short protein fragment modeled on a substance found in human gastric juice, and for more than thirty years laboratories have studied how it affects healing in tendon, muscle, ligament, bone and the gut. The animal results have been consistently encouraging, and many patients ask us about it.

This guide explains what the peptide is, how it appears to work, what has been shown in animals, what little has been studied in people, and how it can be given. The research behind every statement is listed at the end, with links so you can read it yourself.

15 **Amino acids long.** BPC 157 is a chain of 15 amino acids, a partial sequence of a protein first discovered in and isolated from human gastric juice.[1]

30+ yrs **Of laboratory research.** A 2026 review describes more than three decades of preclinical research showing consistent biological activity, mostly in rats and in cell studies.[2]

3 **Small human studies.** Only three pilot studies have examined BPC 157 in people: one in knee pain, one in interstitial cystitis, and one on the safety of an intravenous infusion.[3]

11 of 12 **Reported less knee pain.** In a retrospective review at one clinic, 11 of 12 patients given BPC 157 alone by injection into the knee reported significant improvement in pain. There was no comparison group.[4]

§ 02

What BPC 157 is

The letters BPC stand for Body Protection Compound. Researchers in Croatia identified a protein in human gastric juice that appeared to protect the lining of the stomach, and BPC 157 is a synthetic copy of a 15 amino acid section of that protein.[1] The same group reports that it is formed continuously in the stomach lining and, unusually for a peptide, stays stable in human gastric juice.[7]

That stomach origin explains the direction the research first took. Early studies looked at ulcers, inflammatory bowel disease and other injuries of the digestive tract, and an early pharmaceutical version, code named PL 14736, was taken into trials in inflammatory bowel disease.[5] Over time the work widened to tendon, muscle, ligament and bone, which is where most of today's interest comes from.[6]

Much of this literature comes from a small number of laboratories. A 2019 review noted that only a handful of research groups had studied the peptide in depth, and that most experiments were done in small rodents.[6]

BPC 157 AT A GLANCE	
Name	BPC 157
Also called	Body Protection Compound 157, pentadecapeptide BPC 157, PL 14736[5]
Sequence	GEPPPGKPADDAGLV, 15 amino acids, molecular weight 1419[5]
Origin	Synthetic copy of part of a protein found in human gastric juice[1]
Class	Investigational peptide. Not an approved medicine in the United States[27]
How it is given	In people: injection into a joint, into the bladder wall, or into a vein, in small studies.[3] In animals: injection, drinking water, or a cream on the skin[22]

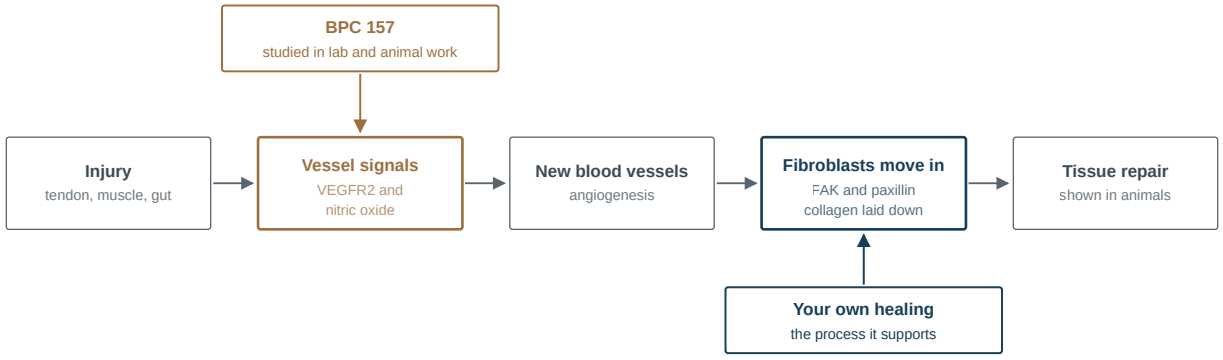
§ 03

How BPC 157 works

Healing needs two things to reach an injury, a blood supply and the repair cells that lay down new tissue. Tendons and ligaments heal slowly partly because they have so little of either.[6] The laboratory work on BPC 157 points to effects on both.

The first is blood vessel growth. In cultured human blood vessel cells, BPC 157 increased the amount of VEGFR2, the main receptor through which cells respond to blood vessel growth signals, and switched on the signalling chain that follows it. In rats with a blocked leg artery it sped up the return of blood flow and increased the number of vessels in the muscle.[8] A second study showed that it relaxes blood vessels by raising nitric oxide, a small signalling molecule the lining of blood vessels uses to widen them and to guide repair.[9][7]

The second is the repair cells themselves. When tendon tissue from rats was grown in the laboratory, BPC 157 helped tendon fibroblasts, the cells that make collagen, grow out of the tissue, survive stress and migrate. It did this by activating two proteins, FAK and paxillin, that cells use to grip their surroundings and pull themselves forward.[1] It also increased the number of growth hormone receptors on those cells, which made them respond more strongly to the body's own growth hormone.[10]



BPC 157 appears to amplify steps the body already uses to heal. In laboratory and animal studies it switched on blood vessel growth signals and helped tendon cells move into an injury.[8] [1] Whether the same happens to a meaningful degree in people has not yet been tested in controlled trials.

Researchers are interested in BPC 157 because it is a single small peptide that appears to touch several of these steps at once. Its discovering group has compared it directly with the classic growth factors used in healing research and argues that it works across stomach, tendon, ligament, muscle and bone models at the same doses.[11]

One piece of work has now used human tissue. In a 2026 laboratory study, segments of artery left over from heart bypass surgery in 12 patients relaxed when BPC 157 was added, mainly through the same nitric oxide pathway seen in rats.[12] This supports the mechanism in human cells, though it is a test in a dish rather than a treatment study.

KEY POINT

BPC 157 does not appear to build tissue on its own. In the laboratory it did not directly make tendon cells multiply; it helped them move, survive and respond to signals the body already sends.[1] [10] It is best thought of as a possible support for your own healing, alongside the rest, loading and rehabilitation that healing still needs.

§ 04

What the research shows

BPC 157 has an unusual evidence profile, with a large and consistent body of animal research and a very small amount of human research.

What the evidence supports

In animals, the results are strong and consistent. In rats with a cut Achilles tendon, daily BPC 157 improved the strength of the healing tendon, walking function and the formation of fibroblasts and collagen over 14 days.[13] In rats with a completely cut quadriceps muscle it improved strength, function and the microscopic appearance of the muscle over 72 days,[14] and in rats with a cut knee ligament it improved functional, mechanical and microscopic healing over 90 days, whether given by injection, in drinking water or as a cream.[15] Similar results have been reported across many models of stomach and bowel injury.[5]

Independent reviewers agree on the direction of these findings. A 2025 systematic review from an orthopedic sports medicine group screened 544 records and included 36 studies. It concluded that in animal models BPC 157 improved functional, structural and mechanical outcomes in muscle, tendon, ligament and bone injuries. Of those 36 studies, 35 were preclinical and only one involved patients.[16]

What is not yet known

Whether these benefits carry over to people has not yet been tested in a controlled trial. Three small human studies have been published, all led by the same first author and none with a comparison group.[3] In the knee study, 16 patients who had received injections into the knee were contacted by phone, and 14 of them (87.5 percent) reported relief; no standard scoring tools were used.[4] In the interstitial cystitis study, 10 of 12 women whose symptoms had not responded to standard medication reported complete resolution after a single treatment.[17] The third study gave an intravenous infusion to two healthy adults to check safety.[18]

Reviewers have pointed out that the knee study lacked controls and had methodological limits, and that the right indications, doses, frequency and length of treatment are still unknown.[19] A 2026 review found no validated dosing regimen and no completed Phase II trial,[2] and another noted that pain studies without a comparison group are especially open to the placebo effect.[20]

THE HUMAN RESEARCH ON BPC 157 TO DATE Every published study in people, plus the main systematic review. None was randomized or placebo controlled.

STUDY	N	DESIGN	WHAT IT FOUND
Lee and Padgett, 2021[4]	16	Retrospective chart review and phone survey, knee pain, one clinic	11 of 12 given BPC 157 alone and 3 of 4 given BPC 157 with thymosin beta 4 reported significant improvement
Lee, Walker and Ayadi, 2024[17]	12	Uncontrolled pilot, women with interstitial cystitis	10 of 12 reported complete resolution and 2 of 12 reported 80 percent improvement; no adverse events reported
Lee and Burgess, 2025[18]	2	Intravenous safety pilot, healthy adults	No measurable change in heart, liver, kidney, thyroid or glucose markers; no side effects reported
Yildirim et al., 2026[12]	12	Laboratory study of donated human artery tissue	Relaxed artery segments through nitric oxide; not a treatment study
Vasireddi et al., 2025[16]	36 studies	Systematic review, orthopedic sports medicine	ANIMAL 35 preclinical studies favorable; no clinical safety data found

SUMMARY

The animal research on BPC 157 is extensive, consistent and promising for tendon, muscle, ligament and gut healing. The human research is at its very beginning, with three small, uncontrolled studies that reported benefit and no side effects. Those studies cannot yet tell us how well it works or for whom. We think it can be considered for the right patient who understands how early the human evidence is.

§ 05

How BPC 157 is given

BPC 157 has been given in several ways in research, but only three routes have been used in published human studies. No regulator has set a dose for any route, so where no human study exists the dose is decided by your physician.[2]

Injection under the skin

A small injection just under the skin, usually near the area of concern, is the way BPC 157 is most often discussed in clinics. It has not yet been studied in a published human trial.[3] The main tendon and muscle studies in rats gave it by injection into the abdomen once a day.[13][14] In rats and dogs given BPC 157 by injection, it was cleared from the blood quickly, with a half life

of under 30 minutes, and was broken down into small fragments and single amino acids that the body handles like any other protein. [21] When injected into muscle, roughly 14 to 19 percent of the dose reached the circulation in rats and 45 to 51 percent in dogs; the figures for people are not yet known. [21]

Injection into a joint or tissue

Two of the three human studies placed BPC 157 directly where the problem was. In the knee study it was injected into the joint, alone or with a second peptide, thymosin beta 4.[4] In the interstitial cystitis study, a total of 10 mg was injected around inflamed areas of the bladder wall during a single cystoscopy procedure. [17]

Intravenous infusion

One pilot study gave BPC 157 through a vein to two healthy adults: 10 mg in 250 mL of saline over one hour on the first day, and 20 mg the same way on the second.[18] Blood tests of the heart, liver, kidneys, thyroid and blood sugar did not change, and neither participant reported side effects.

By mouth

Most peptides are broken down in the stomach and so are usually injected, but BPC 157 appears to be an exception. Its discovering group reports that it is stable in human gastric juice,[7] and in rats it was effective when given in drinking water for ligament healing and for several types of bowel injury. [15] [5] Oral BPC 157 has not yet been studied in published human research, so how much reaches the body in people, and whether it helps, is still unknown.

On the skin and in the nose

In animals, BPC 157 applied as a cream helped heal skin wounds, burns and ligament injuries.[23] [15] Neither topical nor nasal use has been studied in published human research. [3]

COMPARING THE OPTIONS

	UNDER THE SKIN	INTO A JOINT OR TISSUE	IV INFUSION	BY MOUTH
How it is given	Small injection	Procedure in clinic	Through a vein, about one hour[18]	Capsule or liquid
Human research	Not yet published	EARLY Two small uncontrolled studies[4] [17]	EARLY Safety pilot in 2 adults[18]	Not yet published
Animal research	EXTENSIVE Daily injection in rat studies[13] [14]	Local application studied[11]	Pharmacokinetics in rats and dogs[21]	SEVERAL Drinking water studies[15]
Dose	Set by your physician	10 mg total in the bladder study[17]	10 mg and 20 mg in the pilot[18]	Set by your physician
Common experience	Possible tenderness where the needle went in	No adverse events reported in the bladder study[17]	No side effects reported[18]	Not yet described in people

Your physician will explain which route, if any, fits your situation, and why.

§ 06

What to expect

No study in people has measured how quickly BPC 157 works. In the knee study, most patients had their injection six months to a year before they were asked about it, so it tells us how they felt afterward rather than when they started to improve.[4]

The animal studies followed healing for 14 days in tendon, 72 days in muscle and 90 days in ligament.[13] [14] [15] Rats heal on a different timescale from people, so these periods show only that benefit built up over weeks. They do not tell us how long your own recovery will take. Tissue healing in people depends heavily on rest, loading and rehabilitation, and BPC 157, if used, would be an addition to that care.

The published human studies reported no side effects.[17] [18] Any injection can cause brief stinging, tenderness or a small bruise where the needle went in.

DURING YOUR VISIT

- Your physician will go over the goal of treatment, the route, and what would count as a good result, and will write these down with you.
- If injections at home are prescribed, you would be shown how to prepare and give them, how to store the vials, and how to dispose of needles safely.
- Tell us about any new or unexpected symptom straight away. We would always rather stop and check.

§ 07

Safety

What has been published so far is reassuring, but it is limited. None of the three human studies reported adverse effects.[3] In the interstitial cystitis study, all 12 women completed the study and no adverse events were reported. [17] In the intravenous pilot, heart, liver, kidney, thyroid and blood sugar markers were unchanged in both participants after doses of 10 mg and 20 mg. [18] Together these studies included about 30 people, far too few to detect uncommon side effects. The 2025 systematic review found no clinical safety data meeting its criteria. [16]

The animal safety work is more extensive. A formal preclinical safety program in mice, rats, rabbits and dogs found no serious toxicity, mild irritation at the injection site, and no genetic or embryo toxicity. The one change seen was a fall in creatinine in dogs at the highest dose, which returned to normal two weeks after stopping.[24] BPC 157 is cleared through the urine and bile. [21]

Questions reviewers have raised

Because BPC 157 encourages new blood vessel growth, some reviewers have raised a theoretical concern that it could, in principle, also support the blood supply of an existing tumor.[25] The discovering group disputes this, pointing to animal and cell studies in which it appeared to control abnormal vessel growth and showed effects against tumors. [26] This question has not been studied in people, so we ask about any history of cancer before considering it. Reviewers have also noted that side effects are possible from poorly made or contaminated products, [16] so the source of the preparation matters.

TELL YOUR PHYSICIAN BEFORE STARTING IF ANY OF THESE APPLY

- You have a current or past cancer diagnosis, or you are under surveillance for one.
- You are pregnant, trying to conceive, or breastfeeding.
- You have a bleeding or clotting disorder, or you take a blood thinner.
- You have significant kidney or liver disease.
- You compete in a sport that tests for banned substances.
- You take any prescription medication, over the counter product or supplement. Please bring the full list.

Long term safety data in people do not yet exist. The longest human follow up was a phone survey months after a single knee injection,[4] and no study has followed repeated courses over months or years. For that reason we plan a defined course with a review point.

§ 08

Is this right for you

BPC 157 may suit some patients who have a clear injury or recovery goal and understand how early the human evidence is. It is not the right first step for everyone. The purpose of your consultation is to work out which group you are in.

Before we begin

- [ ] A review of your medical history, current medications and supplements
- [ ] Relevant vital signs, including blood pressure and heart rate
- [ ] Baseline bloodwork, so that anything we see later can be compared against a starting point
- [ ] A written note of your goals, so we can tell together whether treatment helped

If an injury has not been properly diagnosed, we will make sure it is. A torn tendon, an unstable joint or a problem that needs imaging, physical therapy or a specialist opinion should be identified and treated on its own terms first, and BPC 157 is never a substitute for that care.

Reviewing your progress

We will reassess against your written starting point after a set period. If you are improving, we will discuss whether to continue and for how long. If you are not, we will say so and look at other options. You are welcome to stop at any time.

> **QUESTIONS TO ASK YOUR PHYSICIAN**
>
> What result would you hope to see, and by when? How will we measure it? Which route would you recommend for me, and why? What would make you advise stopping? How does this fit with my rehabilitation?

§ 09

Regulatory status

BPC 157 is not approved by the U.S. Food and Drug Administration for any indication, and there is no FDA approved BPC 157 product. Since 30 October 2026, a federal enforcement discretion policy from the U.S. Department of Health and Human Services allows licensed pharmacies to compound BPC 157 under strict conditions.[28] The conditions that matter most to you are these:

- The preparation is made on a prescription written for you personally, by a state licensed pharmacy or physician.[28]
- It contains BPC 157 as its only active ingredient. Blends that combine it with other peptides are outside the policy.[28]
- It is given only by the routes the policy names: under the skin, into the muscle, by mouth, or on the skin. Injection into a joint, into the bladder wall or into a vein, the routes used in the published human studies, are not among them. A form taken by mouth also needs evidence that enough is absorbed in people.[29] [28]
- The ingredient comes from an FDA registered manufacturer that meets federal manufacturing quality standards, with a valid certificate of analysis.[28]
- Serious side effects and quality problems are reported to the FDA and to the state.[28]

The policy is temporary. It applies until the FDA addresses BPC 157 in a final rule on the list of substances pharmacies may use for compounding, and HHS may revisit it before then. It is also not an approval. The policy itself states that compounded drugs are not FDA approved, and that the FDA does not review their safety, effectiveness or quality before they are sold.[28] Prescribing a compounded preparation is lawful and common in American medicine, and it is a decision your physician makes with you. It does mean no regulator has reviewed this preparation for your condition, and you should know that before you consent.

The policy follows a review that ran through 2026. BPC 157 was withdrawn from the FDA's list of bulk substances that may present significant safety risks, which was last updated in April 2026.[27] In July 2026 the FDA's Pharmacy Compounding Advisory Committee voted 8 to 6, with one abstention, to recommend that BPC 157 be added to the list of substances pharmacies may use for compounding. The committee's vote is advisory. The FDA must still make its own decision and complete rulemaking, and BPC 157 is not yet on the final list. [30]

If you are a competitive athlete, BPC 157 is named on the World Anti Doping Agency's 2026 Prohibited List under section S0, non approved substances, and it is prohibited at all times, both in and out of competition.[31] The federal compounding policy does not change this. If you are subject to drug testing, please tell us before starting, and check your own organization's rules.

If you would like details about the preparation used in your treatment, please ask.

§ 10

Common questions

Is it safe to try, and what side effects should I expect?

The three published human studies reported no adverse effects, and in the intravenous pilot, heart, liver, kidney, thyroid and blood sugar markers did not change.[3] [18] Those studies included about 30 people in total, which is far too few to detect uncommon side effects, and long term data in people do not yet exist. The most likely experience is brief stinging, tenderness or a small bruise where the needle went in.

How soon will I notice a difference?

No study in people has measured how quickly BPC 157 works.[4] The animal studies followed healing for 14 days in tendon, 72 days in muscle and 90 days in ligament, and benefit built up over weeks. [13] [14] [15] Rats heal on a different timescale from people, though, and your own recovery will depend heavily on rest, loading and rehabilitation.

How is it given, and for how long?

The published human studies injected BPC 157 into a joint, into the bladder wall or into a vein; injection under the skin and capsules by mouth have not yet been studied in people.[3] The federal policy allows pharmacies to compound it for use under the skin, into the muscle, by mouth or on the skin. [29] No regulator has set a dose and no validated dosing regimen exists, so your physician sets the dose and the length of the course. [2] We plan a defined course with a review point.

Can I take BPC 157 together with other peptides?

The federal policy covers BPC 157 only as a single ingredient, so blends that combine it with another peptide fall outside it.[28] In the knee study, 4 patients received BPC 157 together with thymosin beta 4 and 3 of them reported significant improvement, with no comparison group. [4] No randomized or placebo controlled study has tested BPC 157 with any other peptide. [3]

Is there anyone who should avoid it?

A current or past cancer diagnosis needs careful discussion first, because BPC 157 encourages new blood vessel growth and its effect on an existing tumor has not been studied in people.[25] [26] Your physician also needs to know if you are pregnant, trying to conceive or breastfeeding, if you have a bleeding or clotting disorder or take a blood thinner, and if you have significant kidney or liver disease. These are weighed with you before any decision is made.

What happens if I stop?

No study in people has followed patients after a course of BPC 157 ends. The longest human follow up was a phone survey months after a single knee injection.[4] You are welcome to stop at any time, and if anything new or unexpected comes up, please tell us straight away.

How will we know if it is working?

Before you start, your physician will write down with you the goal of treatment and what would count as a good result. After a defined period we reassess against that written starting point. If you are improving, we will discuss whether to continue and for how long, and if you are not, we will say so and look at other options.

Where is a compounded medicine made, and who oversees it?

Federal law sets out two kinds of compounding. Under section 503A, a state licensed pharmacy or physician prepares a medicine for one patient against that patient's own prescription, and the state board of pharmacy carries the day to day oversight while the FDA inspects for cause and on surveillance.[32] Under section 503B, an outsourcing facility registers with the FDA, works to federal manufacturing quality standards, reports adverse events and the products it makes to the agency, and is inspected by the FDA on a risk based schedule; it may also supply a clinic directly rather than for one named patient.[33] We use both kinds, and which one prepares your medicine depends on the preparation. For BPC 157 the October 2026 federal policy applies to section 503A compounding only.[28]

Is a compounded medicine the same as an FDA approved one?

No, and the difference matters. A compounded preparation is not FDA approved, and the agency does not check its safety, effectiveness or quality before it is sold, which is why an approved product is the first choice whenever one fits your situation.[32] What a prescription from a licensed pharmacy or a registered outsourcing facility does give you is a named prescriber, a facility answerable to a state board or to the FDA, ingredients that meet federal requirements, and a route for reporting a problem. A vial bought online and labelled for research use only has none of that: the FDA treats those products as unapproved new drugs when they are meant for people, and has written to the companies selling them.[34] Please do not use one.

References

Sources cited in this guide

1 **Chang CH, et al.** The promoting effect of pentadecapeptide BPC 157 on tendon healing involves tendon outgrowth, cell survival, and cell migration.
J Appl Physiol (1985). 2011;110(3):774 to 780. PMID 21030672

2 **Mateescu DM, et al.** BPC 157 as an investigational peptide therapeutic: biopharmaceutical challenges, formulation strategies, and translational development barriers.
Pharmaceutics. 2026;18(5):625. PMID 42198317

3 **McGuire FP, et al.** Regeneration or risk? A narrative review of BPC 157 for musculoskeletal healing.
Curr Rev Musculoskelet Med. 2025;18(12):611 to 619. PMID 40789979

4 **Lee E, Padgett B.** Intra articular injection of BPC 157 for multiple types of knee pain.
Altern Ther Health Med. 2021;27(4):8 to 13. PMID 34324435

5 **Sikiric P, et al.** Stable gastric pentadecapeptide BPC 157: novel therapy in gastrointestinal tract.
Curr Pharm Des. 2011;17(16):1612 to 1632. PMID 21548867 · animal studies and review

6 **Gwyer D, Wragg NM, Wilson SL.** Gastric pentadecapeptide body protection compound BPC 157 and its role in accelerating musculoskeletal soft tissue healing.
Cell Tissue Res. 2019;377(2):153 to 159. PMID 30915550

7 **Sikiric P, et al.** Stable gastric pentadecapeptide BPC 157 NO system relation.
Curr Pharm Des. 2014;20(7):1126 to 1135. PMID 23755725

8 **Hsieh MJ, et al.** Therapeutic potential of pro angiogenic BPC157 is associated with VEGFR2 activation and up regulation.
J Mol Med (Berl). 2017;95(3):323 to 333. PMID 27847966 · cell and rat studies

9 **Hsieh MJ, et al.** Modulatory effects of BPC 157 on vasomotor tone and the activation of Src Caveolin 1 endothelial nitric oxide synthase pathway.
Sci Rep. 2020;10(1):17078. PMID 33051481 · rat tissue and cell studies

10 **Chang CH, et al.** Pentadecapeptide BPC 157 enhances the growth hormone receptor expression in tendon fibroblasts.
Molecules. 2014;19(11):19066 to 19077. PMID 25415472 · rat cells

11 **Seiwerth S, et al.** BPC 157 and standard angiogenic growth factors. Gastrointestinal tract healing, lessons from tendon, ligament, muscle and bone healing.
Curr Pharm Des. 2018;24(18):1972 to 1989. PMID 29998800

12 **Yildirim AK, et al.** Endothelium dependent nitric oxide mediated vasorelaxant effects of BPC 157 in human internal mammary artery.
J Clin Med. 2026;15(9):3488. PMID 42123221 · laboratory study of donated tissue

13 **Staresinic M, et al.** Gastric pentadecapeptide BPC 157 accelerates healing of transected rat Achilles tendon and in vitro stimulates tendocytes growth.
J Orthop Res. 2003;21(6):976 to 983. PMID 14554208 · rat study

14 **Staresinic M, et al.** Effective therapy of transected quadriceps muscle in rat: gastric pentadecapeptide BPC 157.
J Orthop Res. 2006;24(5):1109 to 1117. PMID 16609979 · rat study

15 **Cerovecki T, et al.** Pentadecapeptide BPC 157 (PL 14736) improves ligament healing in the rat.
J Orthop Res. 2010;28(9):1155 to 1161. PMID 20225319 · rat study

16 **Vasireddi N, et al.** Emerging use of BPC 157 in orthopaedic sports medicine: a systematic review.
HSS J. 2025;21(4):485 to 495. PMID 40756949

17 **Lee E, Walker C, Ayadi B.** Effect of BPC 157 on symptoms in patients with interstitial cystitis: a pilot study.
Altern Ther Health Med. 2024;30(10):12 to 17. PMID 39325560

18 **Lee E, Burgess K.** Safety of intravenous infusion of BPC157 in humans: a pilot study.
Altern Ther Health Med. 2025;31(5):20 to 24. PMID 40131143

19 **Mayfield CK, et al.** Injectable peptide therapy: a primer for orthopaedic and sports medicine physicians.
Am J Sports Med. 2026;54(1):223 to 229. PMID 41476424

20 **Mendias CL, Awan TM.** Safety and efficacy of approved and unapproved peptide therapies for musculoskeletal injuries and athletic performance.
Sports Med. 2026;56(8):1921 to 1935. PMID 41966639

21 **He L, et al.** Pharmacokinetics, distribution, metabolism, and excretion of body protective compound 157, a potential drug for treating various wounds, in rats and dogs.
Front Pharmacol. 2022;13:1026182. PMID 36588717 · animal study

22 **Staresinic M, et al.** Stable gastric pentadecapeptide BPC 157 and striated, smooth, and heart muscle.
Biomedicines. 2022;10(12):3221. PMID 36551977

23 **Seiwerth S, et al.** Stable gastric pentadecapeptide BPC 157 and wound healing.
Front Pharmacol. 2021;12:627533. PMID 34267654

24 **Xu C, et al.** Preclinical safety evaluation of body protective compound 157, a potential drug for treating various wounds.
Regul Toxicol Pharmacol. 2020;114:104665. PMID 32334036 · animal study

25 **Moiz A, O'Keefe EL, O'Keefe JH.** Dangers of injectable peptides and other unregulated “biohacking” drugs.
Mo Med. 2026;123(4):337 to 343. PMID 42757290

26 **Sikiric P, et al.** Stable gastric pentadecapeptide BPC 157 as a therapy and safety key: a special beneficial pleiotropic effect controlling and modulating angiogenesis and the NO system.
Pharmaceuticals (Basel). 2025;18(6):928. PMID 40573323

27 **U.S. Food and Drug Administration.** Certain bulk drug substances for use in compounding that may present significant safety risks.
Last updated 22 April 2026. BPC 157 is listed among substances nominated but withdrawn from Category 2. fda.gov, accessed 26 September 2026.

28 **U.S. Department of Health and Human Services.** Enforcement discretion policy regarding 503A compounding using certain peptide bulk drug substances.
Filed with the Federal Register 28 October 2026 and published 30 October 2026 (FR Doc. 2026 22192; Docket HHS OASH 2026 0496). hhs.gov, accessed 3 November 2026.

29 **U.S. Department of Health and Human Services.** Enforcement discretion policy regarding 503A compounding using certain peptide bulk drug substances, Appendix B.
Lists BPC 157 acetate for use under the skin, into the muscle, by mouth and on the skin. hhs.gov, accessed 3 November 2026.

30 **U.S. Food and Drug Administration.** July 23 to 24, 2026: meeting of the Pharmacy Compounding Advisory Committee.
BPC 157 (free base and acetate) reviewed for the 503A bulks list on 23 July 2026. fda.gov, accessed 26 September 2026.

31 **World Anti Doping Agency.** World Anti Doping Code International Standard: Prohibited List 2026, in effect 1 January 2026.
Section S0, non approved substances, names BPC 157; prohibited at all times. WADA, accessed 26 September 2026.

32 **U.S. Food and Drug Administration.** Compounding and the FDA: questions and answers.
States that compounded drugs are not FDA approved and that the FDA does not verify their safety, effectiveness or quality before they are marketed; describes state board and FDA oversight. Page current as of 16 September 2025. fda.gov, accessed 4 November 2026.

33 **U.S. Food and Drug Administration.** Compounding laws and policies.
Describes the conditions of sections 503A and 503B, including patient specific prescriptions, current good manufacturing practice requirements for outsourcing facilities, adverse event and product reporting, and risk based inspection. Page current as of 17 December 2024. fda.gov, accessed 4 November 2026.

34 **U.S. Food and Drug Administration.** Warning letter to Royal Peptides LLC.
Center for Drug Evaluation and Research, 24 August 2026. States that products marketed for research use only are intended to be drugs for human use and are unapproved new drugs under section 505(a) of the Federal Food, Drug, and Cosmetic Act. fda.gov, accessed 4 November 2026.

OC WELLNESS
NEWPORT BEACH

IMPORTANT NOTICE

This document is patient education prepared by OC Wellness. It is not medical advice, not a prescription, and not a promise of any clinical outcome. **BPC 157 is not approved by the U.S. Food and Drug Administration for any use; since 30 October 2026 a temporary federal enforcement discretion policy allows licensed pharmacies to compound it, as a single ingredient on a patient specific prescription, under strict conditions.** Statements in this document have not been evaluated by the FDA, and this therapy is not intended to diagnose, treat, cure or prevent any disease. Individual results vary, and no outcome can be predicted from the studies cited here.

Clinical services at OC Wellness are provided by licensed physicians and clinicians through the supervising professional medical corporation. Family MSO Holdings LLC provides management and administrative services only. It does not practice medicine, employ physicians in the practice of medicine, or influence clinical judgment. All treatment decisions are made solely by your licensed treating physician.

Do not begin, stop, or change any medication or supplement based on this document. Discuss it with your physician, and disclose every prescription drug, over the counter product, and supplement you take.

PATIENT SIGNATURE | DATE | REVIEWING PHYSICIAN

OCW WP 016 · Version 1.0 · 3 November 2026 · Next scheduled literature review: May 2027 · Prepared with sources indexed in PubMed and federal public records. OC Wellness · Newport Beach, California · ocwellness.com · (949) 222 0232