

BPC-157 + TB-500

Stacked Protocol Overview

Localized and Systemic Regenerative Support | Physician Reference

The Case for Combination Therapy

BPC-157 and TB-500 represent two mechanistically distinct but complementary approaches to tissue repair and recovery. Their combined use addresses a limitation inherent to each individual peptide: BPC-157 is most active at or near the site of administration, while TB-500 acts systemically via circulation. Together, they provide coverage across both local and systemic dimensions of healing.

This combination framework has emerged from preclinical evidence and practitioner clinical experience as a structured approach for patients with complex or multi-site recovery needs, or those requiring both localized repair and broader musculoskeletal support.

Complementary Mechanisms at a Glance

BPC-157 (Localized)	Combined Protocol	TB-500 (Systemic)
Injured tendon or joint	Localized + systemic repair	Circulating tissue support
Local angiogenesis (VEGFR2)	Comprehensive vascular growth	Systemic vascular remodeling
Local cytokine suppression	Multi-layer anti-inflammatory	Systemic inflammatory reduction
Site-specific tissue repair	Broad musculoskeletal recovery	Cell migration and mobility
GI and organ cytoprotection	Systemic and local cytoprotection	Cardiac and skeletal muscle repair

Individual Mechanisms

BPC-157 (Body Protection Compound-157)

A 15-amino acid synthetic peptide derived from human gastric juice protein. It activates the VEGFR2 receptor pathway to drive angiogenesis and stimulates nitric oxide synthesis for tissue perfusion. BPC-157 also modulates ERK1/2, FAK, COX-2, IL-6, and TNF-alpha pathways, producing localized anti-inflammatory and cytoprotective effects. It is highly stable in the gastrointestinal tract and can be administered via subcutaneous injection, intraarticular injection, or oral formulation.

TB-500 (Thymosin Beta-4 Fragment, Ac-LKKTETQ)

A 7-amino acid synthetic peptide corresponding to the actin-binding domain of Thymosin Beta-4, a protein naturally present at high concentrations in wound fluid, platelets, and regenerating tissues. TB-500 promotes cell migration, stem cell maturation, vascular remodeling, and systemic anti-inflammatory activity. Its systemic distribution distinguishes it from site-specific peptides and makes it particularly relevant for multi-site injury, diffuse inflammation, and broad recovery protocols.

Protocol Indication Matrix

The table below summarizes which peptide plays a primary vs supporting role across common clinical goals. Primary indicates the peptide is the principal driver of the targeted effect. Supporting indicates meaningful contribution within a combination protocol.

Clinical Goal	BPC-157	TB-500
Tendon / ligament repair	Primary	Supporting
Muscle recovery (localized)	Primary	Primary
Systemic inflammation	Secondary	Primary
Vascular support and angiogenesis	Primary	Primary
Post-surgical orthopedic healing	Primary	Supporting
GI mucosal healing	Primary	Not indicated
Broad musculoskeletal recovery	Secondary	Primary
Cardiac / skeletal muscle repair	Supporting	Primary

Ideal Patient Candidate Profile

The combination protocol is most appropriate for consideration in patients presenting with two or more of the following:

- Multi-site musculoskeletal injury e.g., concurrent tendon and muscle involvement
- Systemic inflammatory burden alongside local tissue injury
- Suboptimal healing trajectory despite standard-of-care management
- Post-surgical orthopedic recovery where both localized repair and systemic vascular support are goals
- Active adults or athletes seeking to accelerate functional recovery within structured rehabilitation
- Patients in whom angiogenesis, cell migration, and anti-inflammatory modulation are all clinically relevant

Patients with oncologic history require careful risk-benefit evaluation given the broad cell growth-promoting activity of both peptides. Physician judgment and informed consent are essential for all candidates.

Clinical and Compounding Context

Both BPC-157 and TB-500 are available through licensed 503A compounding pharmacies under individual physician prescription. Neither is FDA-approved. Both are not DEA-scheduled substances,

meaning possession is not illegal; however, products marketed as dietary supplements or research chemicals carry significant quality, purity, and dosing risks.

- **Formulation** Compounded subcutaneous injection is the primary administration route for both peptides; oral BPC-157 formulations are available for GI-focused indications
- **Quality assurance** Physician should verify USP compliance and sterility testing at the sourcing compounding pharmacy
- **Informed consent** Recommended for all patients; documentation should reflect investigational status, absence of large-scale human trial data, and individual risk-benefit discussion
- **Monitoring** No established clinical monitoring protocol; practitioner discretion based on patient profile and treatment goals

Giovene Medical works with physicians to facilitate access to properly sourced, compounded peptide formulations and to support evidence-based protocol development.

For prescribing or physician partnership programs, contact the Giovene Medical clinical team.

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For individual peptide data, refer to the BPC-157 Physician Reference and TB-500 Physician Reference documents.