Hormonaly ACADEMY

EVIDENCE MONOGRAPH · FOR LICENSED CLINICIANS

BPC-157

The Body Protection Compound — and the clinical questions around it

A grounded, evidence-graded reference: the molecule, what the data do and do not show, the regulatory map across countries, and the practical record — stated plainly, with testosterone and an endocrine work-up for context.

Second edition · 2026



15 residues

GEPPPGKPADDAGLV

Fady Hannah-Shmouni, MD FRCPC
Endocrinologist and biochemical geneticist

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An authoritative reference for licensed clinicians. Educational content only — not medical advice, and not a recommendation to use, prescribe, obtain, or sell any product.

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How to use this book

How the chapters are built, what the evidence grades mean, and the limits of this reference.

HOW EACH CHAPTER IS BUILT

- A one-line statement of the clinical idea, then focused prose with inline citations [1].
- Evidence chips mark the kind of data behind a claim: animal, in vitro, human, or regulatory.
- A letter grade (A to D) rates the strength of evidence for the specific use described — not the elegance of the biology.
- KEY POINT boxes carry the practical takeaway; a References list closes each chapter.

WHAT THE GRADES MEAN

GRADE	MEANING
A	Consistent randomized trials or meta-analyses for the stated indication.
B	Lower-quality trials or strong observational data.
C	Limited human data; mechanism plus small or uncontrolled studies.
D	Very low: preclinical, in vitro, or anecdotal only.

HOW TO USE THIS BOOK · CONTINUED

SCOPE AND A DISCLAIMER

BPC-157 is an investigational peptide. It is not approved for human use by any major regulator, and nothing in this book is a recommendation to use, prescribe, compound, obtain, or sell it. Dosing, stacking, and microdosing are described only as the documented research record and reported practice, with evidence and safety caveats — never as treatment protocols.

This is educational content for licensed clinicians and a reference for clinical reasoning. It is not medical advice for any individual, does not establish a clinician-patient relationship, and does not replace specialist input or formal guidelines. Regulatory status changes quickly and differs by country; statements here are dated to 2026. Verify current national sources, and confirm every citation against the primary literature, before acting.

BEFORE YOU START

A peptide is not a work-up. Fatigue, slow healing, and low mood deserve a diagnosis — not a research chemical. Part 04 covers the causes to assess first.

BPC-157 at a glance

The essentials in one view — identity, evidence, risk and status.

FIELD	SUMMARY
Sequence	GEPPPGKPADDAGLV (Gly- Glu- Pro- Pro- Pro- Gly- Lys- Pro- Ala- Asp- Asp- Ala- Gly- Leu- Val); 15 residues
Molecular weight	~1419 Da
Class	Synthetic pentadecapeptide ('stable gastric pentadecapeptide'); partial sequence related to a human gastric-juice protein; supplied as free base and acetate lyophilized powder
Approval status	Investigational; NOT approved for human use by FDA, EMA, MHRA, TGA or Health Canada — anywhere
Evidence grade	D (very low) for every human indication; human data = 3 uncontrolled pilot studies, <30 subjects total (Level IV–V)
Main reported uses	Musculoskeletal/tendon-ligament healing, gastrointestinal protection (incl. ulcerative colitis, interstitial cystitis); all preclinical or small pilot, none proven in humans
Key risks	Unverified product purity/identity and immunogenicity; unknown long-term and oncologic safety (angiogenic/NO effects); no human reproductive data; reported shortness of breath and skin/gum colour change; unit-conversion dosing errors
WADA status	Prohibited at all times — S0 Non-Approved Substances (Specified); listed since 2022; detectable in urine

BPC-157 AT A GLANCE · CONTINUED

FIELD	SUMMARY
US status (2026)	Not FDA-approved; removed from 503A Category 2 on 15 Apr 2026 (not Category 1); PCAC 8–6 advisory vote 23–24 Jul 2026 for ulcerative colitis; no lawful compounding; DoD prohibits
Australia status	Schedule 4 (Prescription Only Medicine) since 1 June 2024; first country to schedule it by name; no approved product exists

Source: spine facts — identity, evidence, safety, regulatory (Pharmaceutics 2025;18(5):625; Józwiak 2025; FDA PCAC Jul 2026; TGA 2024; WADA 2026). Educational summary; not medical advice.

G E P P P G K P A D D A G L V

PART 01

The molecule

What BPC-157 is, where it came from, and how it is proposed to act.

IN THIS PART

What BPC-157 is

Proposed mechanisms of action

01

1 CHAPTER 1

What BPC-157 is

A 15-residue synthetic peptide with no approved human use.

Animal In vitro Regulatory

IDENTITY AND CHEMISTRY

BPC-157 (Body Protection Compound-157), often called a stable gastric pentadecapeptide, is a synthetic peptide of 15 amino-acid residues with a molecular weight of approximately 1419 Da [1]. Its sequence is Gly-Glu-Pro-Pro-Pro-Gly-Lys-Pro-Ala-Asp-Asp-Ala-Gly-Leu-Val (GEPPPGKPADDAGLV) [1]. It is described as a partial sequence related to a protein identified in human gastric juice, but it is a laboratory construct rather than a native human secretion [1].

ATTRIBUTE	VALUE
Sequence	GEPPPGKPADDAGLV
Residues	15
Molecular weight	~1419 Da
Origin	Synthetic; partial sequence related to a human gastric-juice protein
Forms	Free base and acetate salt

WHAT BPC-157 IS · CONTINUED

FORMS AND SUPPLY

The peptide circulates in two chemical forms, the free base and the acetate salt, and is distributed almost exclusively as a lyophilized powder sold as a research chemical for reconstitution before use [1]. This supply route is not a pharmaceutical one: material labelled research use only carries no assurance of sterility, identity or purity, and such labelling provides no clinical or regulatory pathway for human administration [2].

Because there is no marketed, quality-controlled product anywhere, the free base and acetate forms are the units regulators themselves reference when they discuss the substance; the 2026 US compounding advisory vote, for instance, named both forms explicitly [3].

STABILITY AND PHARMACOKINETICS

The triple-proline motif in the sequence is frequently invoked to explain the molecule's claimed resistance to degradation, and the stable gastric label derives from preclinical gastrointestinal work rather than from validated human stability data [1]. Vendor stability claims should therefore be read against a sparse evidence base: human pharmacokinetic characterisation is minimal, oral bioavailability is unquantified, and formulation and translational reviews class the compound as investigational with substantial biopharmaceutical and manufacturing uncertainty [4][1].

KEY POINT

BPC-157 is a defined 15-residue synthetic peptide, but every unit a clinician might encounter is an unapproved research chemical of uncertain quality rather than a medicine.