Post-Hair Regeneration Adjunct Protocol

Overview

This protocol provides a staged peptide framework designed as an adjunct to PRP, exosome therapy, and red-light photobiomodulation for post-procedural hair regeneration. It is intended exclusively for licensed healthcare professionals.

Clinical Scope

- Adjunct to PRP-based hair restoration
- Adjunct to exosome-based scalp therapy
- Adjunct to red-light therapy / photobiomodulation
- For patients showing delayed response or suboptimal recovery

Pre-Treatment Screening

Required Labs:

- Serum copper and ceruloplasmin (GHK-Cu baseline safety)
- Complete blood count
- Comprehensive metabolic panel

Exclusions:

- Active malignancy
- Pregnancy or nursing
- Uncontrolled autoimmune disease
- Wilson's disease

Documentation Required: Off-label use disclosure and baseline monitoring plan

Peptide Selection Strategy

Standard initiation combines GHK-Cu plus BPC-157 for synergistic repair signaling. TB-500 is reserved for poor responders only (objective improvement <15% by weeks 6–8).

Selection Logic:

- **GHK-Cu + BPC-157:** Standard for most cases
- **GHK-Cu alone:** Low-complexity cases or cost constraints
- **Add TB-500:** Only after weeks 6–8 if improvement <15%

GHK-Cu (First-Line Peptide)

Clinical action: Supports VEGF and TGF-β signaling, potentiates red-light mitochondrial effects, reduces inflammation while supporting angiogenesis.

Topical Application (Preferred Initial):

- **Formulation:** 0.5% to 1% pharmaceutical-grade cream
- **Application:** Pea-sized amount per treatment zone
- **Timing:** Evening application; massage 2–3 minutes
- **Sequencing:** Wait 45–60 minutes before red-light session
- **Titration:** Start 0.5%; increase to 1% at weeks 4–6 if improvement <15%

Injectable Administration (Add if topical insufficient by week 6):

- **Dose:** 0.5–1.0 mg subcutaneous
- **Frequency:** 3x weekly (Monday/Wednesday/Friday)
- **Technique:** 0.1 mL per site; 4–6 mm depth; rotate 8–10 mapped points
- **Titration:** Start 0.5 mg; increase to 1.0 mg if tolerated and response remains <15%

Clinical Disclaimer

Statements and therapies outlined have not been evaluated by the FDA. Products and protocols are not intended to diagnose, treat, cure, or prevent disease. Patient-specific medical history, concurrent medications, contraindications, and regulatory considerations must be evaluated prior to initiation. Clinical judgment and appropriate supervision are required.