

Chronic Musculoskeletal Pain Protocol

Overview

A long-duration regenerative framework designed to address chronic musculoskeletal pain and degenerative soft tissue conditions. The protocol emphasizes sustained anti-inflammatory modulation, connective tissue remodeling, and sleep-optimized recovery over an extended treatment window.

Clinical Scope

- Chronic low back pain
- Fibromyalgia
- Myofascial pain syndrome
- Chronic tendinopathy
- Degenerative musculoskeletal conditions

Expected Outcomes

- Gradual reduction in persistent pain
- Improved soft tissue resilience
- Enhanced functional capacity
- Reduction in inflammatory flare frequency
- Improved sleep-driven recovery

Core Chronic Pain Stack

Peptide	Route	Dose	Frequency	Duration
BPC-157	SubQ + Oral	250 mcg SubQ + 250 mcg Oral	Twice daily	12–16 weeks
TB-500 (Thymosin β 4)	SubQ	1.0–1.5 mg	Once weekly	12 weeks
KPV	Oral	500 mcg	Daily	8–12 weeks
CJC-1295 / Ipamorelin	SubQ	100 mcg / 100 mcg	Once daily (evening)	16 weeks
DSIP	SubQ	100–200 mcg	Nightly	4–8 weeks (front-loaded)

Phase Structure

Phase 1: Stabilization (Weeks 1–4)

- Initiate BPC-157 oral + SubQ split dosing
- Begin TB-500 weekly
- Start KPV oral anti-inflammatory support
- Initiate CJC-1295 / Ipamorelin nightly
- Use DSIP nightly to improve sleep architecture

Phase 2: Sustained Remodeling (Weeks 5–12)

- Maintain BPC-157 dual-route dosing
- Continue TB-500 weekly
- Continue GH secretagogues nightly
- Taper DSIP once sleep stabilizes
- Reassess pain trend and functional capacity

Phase 3: Long-Term Consolidation (Weeks 13–16)

- Continue CJC-1295 / Ipamorelin
- Taper BPC-157 to maintenance dosing if improved
- Discontinue TB-500 at Week 12
- Discontinue KPV after 8–12 weeks

Rationale

The protocol employs a slower, sustained approach compared to acute interventions. The dual-route BPC-157 strategy provides systemic modulation through the gut-brain axis while supporting localized tissue repair. TB-500 enhances cellular migration and structural remodeling. KPV offers controlled inflammatory regulation. CJC-1295/Ipamorelin maintain continuous tissue remodeling via growth hormone and IGF-1 signaling throughout the full duration. DSIP is front-loaded to disrupt the pain–poor sleep cycle and optimize recovery during early treatment phases.

Monitoring Parameters

- VAS pain scoring
- Functional movement assessment
- Sleep quality tracking
- Inflammatory markers when clinically indicated
- IGF-1 monitoring during GH secretagogue use

Contraindications

- Active malignancy
- Pregnancy or breastfeeding
- Uncontrolled endocrine disorders
- Active systemic infection
- Known hypersensitivity to any compound

Clinical Disclaimer

This protocol is provided for informational and educational purposes for licensed healthcare professionals only and does not diagnose, treat, cure, or prevent disease.