

Soft Tissue and Orthopedic Recovery Protocol

Overview

This protocol addresses chronic musculoskeletal conditions including tendinopathies, ligamentous laxity, and fibrotic muscle tissue that hasn't responded to standard conservative care.

Core Peptide Agents

BPC-157

The foundational agent for soft tissue repair that upregulates VEGF receptors to induce angiogenesis and organize collagen fibers during remodeling.

TB-500 (Thymosin Beta-4 Fragment)

Promotes cell migration to injury sites and works synergistically with BPC-157 to improve tissue flexibility and reduce inflammation.

CJC-1295 with DAC

A GHRH analog that increases pulsatile growth hormone release, converting to IGF-1 for protein synthesis in connective tissue.

Ipamorelin

A selective Ghrelin receptor agonist stimulating growth hormone without significantly elevating cortisol or prolactin.

GHK-Cu (Tripeptide-1)

Modulates Matrix Metalloproteinases to break down calcification and fibrotic scar tissue while upregulating collagen and elastin.

ARA-290 (Cibinetide)

Targets the Innate Repair Receptor, indicated for neuropathic pain and nerve regeneration.

Oral Supplementation

- Hydrolyzed collagen peptides (Types I & III)
 - Vitamin C (ascorbic acid)
 - Zinc picolinate
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Dosing Schedule

BPC-157 & TB-500

- Weight-dependent: 100–600 mcg per 100 lbs daily
- Route: Subcutaneous
- Maximum 12 weeks with 4-week breaks

CJC-1295 with DAC

- 1 mg subcutaneously every 3–4 days
- Ongoing without cycling required

Ipamorelin

- Weight-dependent: 200 mcg per 100 lbs
- Up to 3 times daily
- Typically limited to 12 weeks

GHK-Cu

- Starting 0.5 mg daily
- Titrate by 0.5 mg every 4–7 days to maximum 2.0 mg daily

ARA-290

- 4 mg daily for 28 days if neuropathic pain present
- Limited to 5-week cycles maximum

Expected Outcomes

Subjective pain reduction is typically noted between weeks 2 and 3. Functional improvements are expected by weeks 4 to 6.

Ideal Candidates

Patients with chronic conditions (lateral epicondylitis, rotator cuff tendinopathy, Achilles tendonosis) lasting 3+ months who've plateaued with conventional therapies.

Key Contraindications

- Active malignancy (absolute contraindication)
- Known proliferative retinopathies
- History of carpal tunnel syndrome (relative caution with GH modulation)

Potential Side Effects

- Edema from CJC/Ipamorelin combination
- Injection site reactions from GHK-Cu
- Transient hypoglycemia/lightheadedness
- Allergic reactions requiring antihistamines

Clinical Disclaimer

These compounds and protocols are not intended to diagnose, treat, cure, or prevent any disease. This protocol is intended for informational and educational purposes for licensed healthcare professionals. Clinical evaluation and patient-specific judgment are required before implementation.