

Pentadeca Arginate (PDA)

BPC-157 arginate salt · 2 mg/mL injectable · Tissue repair / regenerative

SubQ Injection

Daily / BID

2 mg/mL

Investigational

COMMON INDICATIONS (INVESTIGATIONAL)

- ▶ Tendon / ligament injury
- ▶ Muscle strain recovery
- ▶ Post-surgical healing
- ▶ Joint pain / inflammation
- ▶ GI inflammation / IBD
- ▶ Leaky gut syndrome
- ▶ Soft tissue recovery
- ▶ Athletic recovery
- ▶ Wound healing adjunct

STANDARD DOSING PROTOCOL (2 MG/ML CONCENTRATION)

SYSTEMIC DAILY

250 mcg

= 0.125 mL SubQ

ACUTE INJURY

500 mcg BID

= 0.25 mL × 2

CYCLE LENGTH

4–8 wks

Acute recovery

OFF CYCLE

2–4 wks

Then reassess

DOSING NOTES

PDA is the arginate salt of BPC-157 — same active sequence with improved stability. Most clinical use draws on BPC-157 dosing protocols. SubQ injection near the injury site (perilesional) is preferred when feasible; otherwise SubQ in abdomen for systemic effect. Half-life is short (~30 min) — BID dosing during acute injury is common. **Investigational compound:** human clinical trial data are limited; use within a defined treatment plan with reassessment.

VOLUME REFERENCE (2 MG/ML = 2,000 MCG/ML)

TARGET DOSE	VOLUME TO DRAW	U-100 SYRINGE	NOTES
200 mcg	0.10 mL	10 units	Lower-end systemic
250 mcg	0.125 mL	~13 units	Standard systemic daily
500 mcg	0.25 mL	25 units	Acute injury daily / BID
750 mcg	0.375 mL	~38 units	Higher-dose acute use
1000 mcg (1 mg)	0.50 mL	50 units	Maximum daily, severe injury

STORAGE & COUNSELING

STORAGE

- ▶ Refrigerate at 36–46°F (2–8°C)
- ▶ Do not freeze
- ▶ Protect from light
- ▶ BUD per pharmacy label after first puncture

CAUTIONS & COUNSELING

- ▶ Local SubQ injection near injury site improves localized effect
- ▶ Use 28–31G insulin syringe; rotate sites
- ▶ Avoid in active malignancy (pro-angiogenic concern)
- ▶ Pregnancy/lactation — not recommended; limited data