

WOLVERINE BPC-157 / TB500 (5/5) BLEND PROTOCOL

Purpose: Accelerated tissue repair, injury recovery, inflammation control, and systemic healing

Precision Repair. Systemic Recovery

What it is

BPC-157 drives localized repair at the injury site—tendons, ligaments, muscle, and gut—while TB-500 coordinates whole-body healing by improving cell migration, reducing fibrosis, and optimizing the recovery environment. Together, they complete the repair cycle instead of stalling halfway

Repair + Regeneration

Axis: Repair

Vial Composition

Component	Amount
BPC-157	5 mg
TB500	5 mg
Total per vial	10 mg
Reconstitution: bacteriostatic water	2 mL
Final concentration: mg/mL (total peptide/ml)	5.0 mg/mL

Dosing Protocol

Parameter	Specification
Injection timing	Morning (Fasted)
Dose (total)	2.00 mg
BPC-157	1.00 mg
TB500	1.00 mg
Injection volume	0.4 mL (≈40 insulin units)
Frequency: days/week	7

Protocol Length

	Time Frame
Total duration: weeks	12
Active dosing days: days	84
Vials:	16.8

Supply Calculation

Item	Quantity
Total peptide required	168 mg
Vials required	17 vials (10 mg each)
Insulin syringes	84
BAC water	34 mL (recommended 4-10 mL vials)

For educational and research reference only. Not intended for diagnosis, treatment, or medical advice.

WOLVERINE BPC-157 / TB500 (5/5) BLEND PROTOCOL NOTES

Wolverine (BPC/TB500) is best understood as a repair infrastructure peptide, not a symptomatic intervention. It does not primarily reduce pain, suppress inflammation, or artificially accelerate recovery — it restores the conditions required for tissue to heal correctly and repeatedly. Clinically, this makes Wolverine most valuable when recovery is the bottleneck rather than effort, compliance, or stimulus.

This blend should be deployed early in any protocol involving injury, surgery, chronic overuse, connective tissue fragility, or repeated breakdown under load. In these cases, downstream interventions (training, GH-axis stimulation, mitochondrial enhancers) often fail not because they are ineffective, but because the structural substrate cannot tolerate or respond to them. Wolverine solves that problem by stabilizing tissue environments and coordinating repair execution.

Wolverine is also a multiplier. When layered underneath GH-axis peptides, regenerative compounds, or performance protocols, it improves signal translation — meaning the same upstream signal produces better outcomes with less collateral strain. This is why it pairs so cleanly with Tesamorelin, CJC/Ipamorelin, or mitochondrial stacks in recomposition, longevity, or performance-focused patients.

Clinically, Wolverine is not a “blast-and-stop” peptide. It is repeatable, durable, and well-tolerated, making it suitable for cycling, reintroduction, or background use during high-load phases. If a patient repeatedly “heals but breaks again,” Wolverine is usually the missing layer. (is best understood as a repair infrastructure peptide, not a symptomatic intervention. It does not primarily reduce pain, suppress inflammation, or artificially accelerate recovery — it restores the conditions required for tissue to heal correctly and repeatedly. Clinically, this makes Wolverine most valuable when recovery is the bottleneck rather than effort, compliance, or stimulus.

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