



Midlife Clarity with Dr. Tracy Page

"Clarity Changes Everything"

Hosted by Dr. Tracy Page

Episode # 11 — BPC-157: The Body's Own Repair Code

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Hi, welcome to Midlife Clarity. I'm Dr. Tracy Page, and I'm so glad you're here. I think when you have clarity, everything is easier, at least in my world and in most of my patients' worlds. So it's my job to bring that insight to you and help you understand and feel clear about what's going on in the medical field, especially in functional medicine. So today, our topic — I've been doing a series on peptides, and we did an overview of peptides, and then I did Larazotide. So today I'm going to talk to you about BPC-157, the body's own repair code. So there is a pentadecapeptide that helps tendons, joints, and guts, and why oral and injection are two very different medicines, but with both amazing results. Now, if you listen to my first podcast on peptides, you'll understand there's a lot of stuff going on in the FDA around this, and we're going to get some really clear answers in July on the 20th — I think it's the 23rd or 24th, I think those two days. So BPC-157 is one of the peptides we weren't able to get compounded over the last few years because it was placed on the Category 2 list. But the ingredients to make BPC-157 have come off that list, and I am seeing it in licensed compounding pharmacies.

So I want to talk to you about it today. It's a very powerful peptide. Okay, so we're going to talk about Lisa. And remember, I don't use real patients' names, but I use patient cases because they're all relevant to the people listening to my podcast. So, 52 years old, three failed cortisone shots, two-year tennis elbow. So she's been struggling with tennis elbow and a chronic gut issue she didn't know was actually even connected. She came in for her elbow. We do see musculoskeletal patients all the time.

And we healed her gut. Her elbow healed too, thanks to BPC-157. It doesn't treat injuries directly — we're going to talk about that. It restores the conditions the body needs to heal injuries on its own. And the form you take determines which part of the body gets the message first. Okay? So BPC-157, it isn't a painkiller. It's not a steroid. It doesn't mask symptoms. It restores. It's the peptide your body already makes, just not enough of it after age 40. It's the same molecule we're reintroducing, and the body recognizes it as its own language and responds the way it was designed to respond by



healing what was waiting to be healed. So again, the peptide your body already makes is super important.

Okay, so Lisa, she's 52. She walked into my office with a folder — everyone has a folder or list full of MRI reports — and she wasn't really happy because she'd been told three times that nothing more could be done for her. Two years earlier, she had picked up tennis. She loved it, and I always tell patients, "Do the thing you love. There's no perfect exercise — it's the one that you love. She played about three times a week. She would do doubles with friends. And it was a kind of joy that midlife women have to fight for and protect, because so often we give up our hobbies or don't even have hobbies in midlife. And about six months in, she developed lateral epicondylitis, which is also called tennis elbow. She did everything right. She rested it. She iced it. She switched her grip. She saw an orthopedist. She did six weeks of physical therapy. She got a cortisone injection, and then she got a second one, and then she got a third one. Each cortisone shot worked for about three weeks — three weeks of bliss — then the pain would come back, a little worse than before each time. By the time Lisa came to me, she could not lift a coffee cup with her right hand without wincing. And I've seen this — they can't shake hands, they can't hold items, they can't write. It really is painful. She had stopped playing tennis. She had stopped lifting her grandchildren. She had stopped doing the small daily activities that made her feel like herself. Her orthopedist had told her that the next step was surgery. And I'm not against surgery, so please know that. But what her orthopedist had not asked about — no one had asked about — was the rest of her body.

And that's what medicine is really good at — really good at compartmentalizing certain areas of the body and becoming experts of them, so that we lose the thought that things are interconnected. But in functional medicine, that's what we do. We connect all the pieces. And here's what Lisa told me when I asked: she had also separately been diagnosed with mild ulcerative colitis 10 years earlier. It was, quote, "managed with medication," but she still had flares two or three times a year. She had occasional bloating. She had developed a sensitivity to spicy foods. Her last colonoscopy showed mild inflammation in the descending colon.



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Her gastroenterologist had told her to keep doing what she was doing. So she had two separate diagnoses, two separate specialists, two separate treatment plans — one for the elbow and one for the gut — and yet the same underlying problem. Lisa came to me for her elbow, and we started by healing her gut. Here is what nobody had told her: the same molecule the body uses to repair the lining of the intestine is the same molecule that repairs the tendon at the elbow. They're not separate problems. They are the same problem expressing itself in two different rooms of the same house, if you want to think about it that way. The peptide we're about to spend the next 30 minutes talking about is BPC-157. It's the only intervention I know that addresses both at the same time, because it is the body's own repair code, and by 52, Lisa wasn't making enough of it to help her, okay?

Today, we're going to talk about what BPC-157 actually is, the human and animal data behind it, why it works on so many different issues and tissues, and — critically — the difference between taking it orally and injecting it, because there is a difference. Those are not the same medicine. They go to different places. They do different things. And if you don't know which one you need, you can spend hundreds of dollars on the wrong delivery and conclude that the peptide doesn't work, when in reality you just sent it to the wrong floor of the building — the wrong place in the body.

By the end of this episode, you're going to understand exactly how Lisa got both her gut and her elbow back, and why so many midlife patients benefit from this peptide more than almost anything else in our toolkit. This is a great peptide, and it was pretty sad when it got taken away — but it's coming back.

Let me start with the name, because it tells you almost everything you need to know. BPC stands for Body Protection Compound. The 157 refers to its position in a longer protein found naturally in human gastric juice — your stomach acid. Your body makes this molecule every day in the protective lining of your stomach. It is part of the cytoprotective system that keeps your gastrointestinal tract intact under stress, acid exposure, and inflammation—under all the daily insults the gut absorbs. The synthetic version we use in functional medicine is a 15-amino-acid sequence, a pentadecapeptide, that mimics this naturally occurring fragment.



This is important – BPC-157 is not foreign to your body. It's not a steroid. It's not a stimulant. It is a molecule your own gastric mucosa produces — just not in adequate quantity once you cross into midlife.

The statistics on why you need it: tendon healing capacity declines roughly 15% per decade after age 30. By the time you're 50, your tendons take nearly twice as long to heal a micro-tear as they did at 25. Ligament healing follows a similar trajectory — slower fibroblast migration, slower collagen deposition, slower angiogenesis. Gut mucosal turnover — the rate at which your stomach and intestinal lining regenerates itself — also slows with aging. The healthy gut lining replaces itself every 3–5 days in a young adult. Isn't that crazy? Every 3–5 days your gut lining replaces itself.

By midlife, that turnover slows. Combine that with perimenopausal estrogen decline — we just discussed in the last episode how estrogen affects the gut — and you have a gut that's harder to keep sealed. And then there are the medications most adults are taking by 50: NSAIDs for joint pain, occasionally antibiotics and GERD medications, alcohol, and even chronic stress — all of those affect your gut barrier. So it's constantly being insulted while its repair capacity declines.

Lisa's ulcerative colitis is the visible end of that spectrum. But many of you listening may have a quieter version of the same biology. You might not have ulcerative colitis, but you could have something quieter and very similar — occasional bloating, low-grade inflammation on labs like a slight elevation in your CRP (C-reactive protein), food sensitivities you didn't have 10 years ago, and joints that ache for reasons your MRI can't explain. Achy joints are a real thing when you get older — I've had them, my husband's had them — and you don't always know where it comes from.

BPC-157 has several mechanisms that converge on tissue healing, and I want you to know them because they explain everything that follows.

First, it is angiogenic. It promotes new blood vessel formation in injured tissue. Damaged tendons, ligaments, and the gut lining are notoriously poorly vascularized — they don't



get a good blood supply, and you need a blood supply to heal something. That's why they heal so slowly, and BPC-157 changes that.

Second, it modulates nitric oxide. Nitric oxide is the molecule that controls blood vessel dilation, blood flow, and cellular signaling at sites of injury. BPC-157 helps optimize nitric oxide signaling at the exact tissues that need it most.

Third, it enhances growth hormone receptor expression. This is a remarkable mechanism. BPC-157 doesn't supply growth hormone — it makes your tissues more responsive to the growth hormone you already have. I said that twice on purpose. It turns up the receivers.

Fourth, it increases fibroblast migration and collagen synthesis. Fibroblasts are the cells that lay down the structural collagen of tendons, ligaments, skin, and gut lining. BPC-157 calls them to the injury site faster and helps them work more efficiently.

Fifth, it reduces inflammatory cytokines—the chemical signals that drive chronic inflammation—without suppressing the immune system. Steroids suppress the immune system, which is part of why BPC-157 works so differently and effectively.

Imagine the blood supply to Lisa's injured elbow tendon as a garden hose with several kinks. The water pressure is fine, the plant is willing to grow, but the kinks choke off the flow before it reaches the soil. BPC-157 doesn't add water to the hose — it straightens the kinks. Suddenly the soil that's been parched for two years gets the moisture it's been waiting for, and the plant — the tendon — finally heals because it can. That's what angiogenesis means in a midlife body: not new construction, but restored circulation.

And here's the most remarkable thing about BPC-157 — the property that has stunned researchers for over two decades: BPC-157 is an arrow that finds its own target. In animal studies, when the molecule is given systemically — by injection in the abdomen, by mouth in drinking water, or even as a topical cream — it preferentially accumulates at sites of injury. You don't have to inject it directly into the wound. The molecule travels to where the body needs repair.



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This is called tissue tropism, and it's why BPC-157 can be effective at treating an elbow tendon when injected into the belly, or healing a damaged gut when injected far from the abdomen. The body recognizes its own language and routes the message accordingly. That said, I do typically recommend my patients inject close to the injury site, but it is true that you can be effective injecting in the abdomen even for a shoulder injury.

Now, about the human data, because I want to be honest with you about what we know — and what we don't. Most BPC-157 research has been done in animal models, primarily rats. Those studies are extensive, consistent, and remarkably positive across tendon, ligament, muscle, bone, gut, skin, cornea, and even nerve injuries. Researchers have studied the molecule for over two decades. It has reached early-phase human trials for inflammatory bowel disease.

In one retrospective human series, 7 out of 12 patients with chronic knee pain reported relief lasting more than six months after a single intra-articular injection of BPC-157. I've seen this in my clinic — I've used it under a patient's informed consent, and I've seen amazing changes to joints that needed replacement.

Is the human data as robust as we'd like? Absolutely not. Is the safety profile across all our studies remarkably clean? Yes. Are clinicians around the country using it carefully — with monitoring, with informed consent — and seeing consistent results in their patients? Absolutely yes. This is the honest landscape. I won't oversell it, and I won't undersell it. I don't sell things. This is one of the most studied repair peptides we have, and the gap between what the lab knows and what the FDA has approved is, for now, a gap that functional medicine is positioned to bridge responsibly. I had used this peptide in my clinic before it was placed on Category 2, and I will use it now that it's off Category 2.

This is the part that determines whether BPC-157 works for you or it doesn't, so I want to spend the next several minutes here.



BPC-157 comes in two main forms in clinical practice: oral capsules or liquid, and subcutaneous injections. They are not interchangeable. In many ways, they're two different medicines that share a molecule.

Think of oral BPC-157 as a parking garage. You enter at the ground level — the gut — and you shop every store on that floor before you ever consider going upstairs. Most of the molecule does its work right there in the gastrointestinal tract, where it originated and where its effect is most direct. Some of it makes it to the upper floors of the building — the joints, the tendons, the ligaments — but you arrive late, with less product, and the elevator is slow.

Now think of an injection as the express elevator. You skip the parking garage entirely. You arrive on the tissue floor — systemic circulation — with a full dose intact, ready to be routed by the body wherever the injury is calling. The same destination is reachable from both routes, but one floor gets the most of you, and the other gets the least.

Oral BPC-157: when and why? Oral is your first choice when the primary problem is gastrointestinal: inflammatory bowel disease, ulcerative colitis, Crohn's, leaky gut, gastric ulcers, anti-inflammatory-induced gut damage, post-antibiotic dysbiosis (when your gut microbiome is disrupted), and the kind of low-grade gut inflammation that drives so many midlife symptoms. It's also a reasonable first choice when a patient is needle-averse, when symptoms are mild to moderate, or when it's being used as maintenance therapy after a course of injections. The oral form is convenient, less expensive, and patient-friendly. Capsules are typically taken on an empty stomach two to three times daily for 8 to 12 weeks.

The trade-off is bioavailability. Peptides are fragile molecules. The acid environment of the stomach and the digestive enzymes of the small intestine break down a meaningful percentage of the peptide before it ever reaches systemic circulation. For a gut-targeted goal, this is actually a feature, not a bug — you want the peptide to act locally in the gut. But for a tendon injury in the elbow, that lower systemic absorption matters — it might not help as quickly or as much.



Injectable BPC-157, when and why? Injectable BPC-157 is administered subcutaneously, just underneath the skin, typically in the abdomen — much like how a diabetic patient injects insulin, or how semaglutide and tirzepatide injections are administered. It bypasses the digestive tract entirely. The full dose enters the bloodstream and is distributed systemically, where the molecule's tissue-seeking property routes it preferentially to the site of injury.

Use this form for tendon and ligament injuries, joint inflammation, post-surgical recovery, muscle tears, chronic injuries that haven't healed with conservative care, and any musculoskeletal complaint that is the primary driver of symptoms. Injectable BPC-157 would have helped Lisa's elbow most directly, and it's what I ultimately added to her protocol.

Injection sounds intimidating, I know — a lot of my patients say, "There's no way I can inject myself." But it's one of the easiest at-home injections in medicine. The needles are very small, typically 31-gauge insulin syringes. Most patients describe it as no more uncomfortable than a mosquito bite, if that. Patients self-administer at home once or twice daily, typically for four to eight weeks. I tell patients doing their abdomen or upper thigh to squeeze the tissue several times first, because the brain registers touch over pinprick — squeeze, squeeze, squeeze, pop it in, keep squeezing, and you barely feel it go in.

For patients with both gut issues and musculoskeletal issues — which is honestly most midlife patients — we often combine both routes: oral BPC-157 in the morning to act on the gut (you can take it without food), and injectable BPC-157 in the evening to drive systemic repair. This is exactly what we did with Lisa. Within four weeks, the frequency of her ulcerative colitis flares dropped. Within eight weeks, her elbow pain improved by 50%. Within 12 weeks, she was back on the tennis court. (This case was a few years ago, before peptides like this became harder to access.)

So here is a clinical pearl: where you buy BPC-157 matters as much as which form you take — I'm going to say this over and over throughout this series. The biggest reason patients try BPC-157 and conclude it doesn't work is that they bought it from a



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research-grade supplier online—a site that labels it "not for human use" and ships from an overseas warehouse with no quality control. The peptide may be half the labeled dose. It may be contaminated. It may be the wrong molecule entirely. Work only with a licensed compounding pharmacy and a pharmacist working from a physician's prescription, so you're getting a verified product at a verified dose. I personally use pharmacies I know have gone through peptide-specific training, because this is a different field of medicine — I did a full year of peptide training before I ever prescribed one. The molecule is only as good as the chain of custody behind it, and I'll say that many, many times.

Let me walk you through the systems where BPC-157 makes the biggest clinical difference, because the molecule's breadth is genuinely impressive.

So tendons and ligaments. This is where BPC-157 has the deepest preclinical evidence. Animal studies of transected Achilles tendons show consistently faster healing, better collagen organization, a faster return of biomechanical strength, and improved function. Medial collateral ligament injuries in rats showed similar improvements across multiple delivery routes — intraperitoneal injection, oral in drinking water, even topical cream. In a small human series, BPC-157 injected into the knee provided more than six months of relief in 7 out of 12 patients with chronic knee pain. For tennis elbow, golfer's elbow, rotator cuff issues, plantar fasciitis, and chronic Achilles tendinopathy — this is one of the most useful molecules in our arsenal, so for all of you weakened warriors, this could be your best friend.

Joints. Beyond tendons, BPC-157 reduces inflammatory cytokines within the joint capsule, supports cartilage health, and improves the synovial environment. It does not regrow significant cartilage, and I want to say that "It does not regrow cartilage. Nothing reliably does in adults, so there's no way you can grow it in an adult person. But it can substantially reduce the inflammation that drives osteoarthritis pain and slows the progression of joint deterioration.

How does it affect the muscle? Number three. For muscle tears, post-workout recovery, and the slow healing of soft-tissue injuries that become more common after 40, BPC-157



accelerates fibroblast migration to the injury site, reduces inflammation, and improves angiogenesis. Athletes, including midlife athletes returning to a sport, are some of the most enthusiastic users for this reason — myself included, because it's still fun to be active, and soft-tissue injuries happen more as we get older.

The gut. This is where BPC-157 has both the longest clinical use and the strongest mechanistic rationale, because it's exactly the tissue the molecule originated in. It heals gastric ulcers. It improves mucosal integrity. It reduces inflammation in inflammatory bowel disease. It protects against NSAID-induced gut damage, especially for midlife patients who take ibuprofen regularly because their joints hurt. It pairs synergistically with Larazotide — Larazotide closes the door (the tight junctions), and BPC-157 repairs the door frame and the walls.

Think of it this way: the body has a finite number of repair workers — fibroblasts, immune cells, signaling molecules — and they get dispatched wherever the body is calling. When the gut is leaky, the entire crew is stuck patching one site 24 hours a day. Heal the gut, and suddenly the workers are free. They show up at the elbow, the knee, the shoulder, the rotator cuff. This is why patients like Lisa often see musculoskeletal improvements they weren't expecting once we address the gut. The contractor was working two job sites the whole time — free up the first one, and the second one gets all the attention.

Nerves. Animal models suggest BPC-157 supports recovery from peripheral nerve injuries. For midlife patients with sciatica, post-surgical nerve pain, or peripheral neuropathy, this is an emerging application that warrants careful clinical use.

And then there's the vascular and cardiac component. Preclinical studies show BPC-157 supports endothelial function and may protect against cardiovascular insults. This isn't yet a primary clinical indication, but it's part of why the safety profile is so favorable — the molecule appears supportive across multiple organ systems.

Okay, skin is the last one. Wound healing, chronic ulcers, post-surgical incision recovery, and even cosmetic indications. We've studied topical and systemic forms. Peptides like



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BPC-157 help explain why regenerative aesthetics protocols outperform conventional ones — we like to use it alongside our regenerative protocols. The same molecule that heals a tendon also helps recovery from microneedling-induced micro-injury or post-NeoGen recovery, so it actually can be very helpful in healing and response.

Okay? So, picture growth hormone signaling at midlife like a Wi-Fi router with weakening reception. The router still works. Your tendons, joints, and tissues still have receptors listening for the signal, but the connection is faint, and the message keeps timing out. We've all been there with our Wi-Fi. BPC-157 doesn't replace the router — that's not its job. It boosts the signal so the receptors in your distant tissues can finally connect, download the repair instructions, and execute them. That's one of the peptide's elegant secondary mechanisms: it makes your existing growth hormone work harder, which matters more as we age.

Again, this is education, not a prescription — treatment only happens within an actual doctor-patient relationship, which isn't what's happening on a podcast.

So from form selection, If the primary issue is gut — IBD, ulcerative colitis, Crohn's, leaky gut, ulcers, gastritis, immune problems — we start with oral capsules (liquid is also an option, but most of my patients take a capsule). If the primary issue is musculoskeletal — a tendinopathy, ligament injury, joint pain, post-surgical recovery — we start with a subcutaneous injection. If the patient has both, which is honestly most midlife patients unless they've been very diligent about their gut, we use both routes simultaneously: oral in the morning, injection in the evening.

Typical dosing: I'm not going to give you specific dosing on a podcast, like I said, because dosing requires clinical context: your weight, your other medications, your specific indication, if you're on other peptides. But the order of magnitude is in the hundreds of micrograms per dose. It's usually dosed twice daily for a course of about 4 to 12 weeks. This is in the milligram range, not the gram range, for peptides. Higher is also not always better. Targeted is best, okay? Duration. Most patients run a 4-8 week injection course for acute musculoskeletal injuries or an 8-12 week oral course for gut healing. After the course, we re-evaluate. Some patients cycle on and off; some use a



maintenance dose two to three times per week long-term. We don't generally recommend continuous high doses indefinitely — we want the body to internalize the healing rather than become dependent on an external signaling source. You shouldn't be dependent on your peptides. I was taught to cycle patients off, and it also gives the body a chance to do what it's supposed to.

Okay, foundations first. BPC-157 works dramatically better when the foundations are in place: adequate protein (at least one gram per pound of ideal body weight, which most midlife women fall short of); sleep, ideally 7–9 hours with a hard wind-down no later than 10 p.m.; strength training, because repair signals still need mechanical input to tell the body where to direct repair; and addressing upstream drivers like anti-inflammatory overuse, alcohol, and chronic stress, which create the damage in the first place.

All right, synergies. BPC-157 pairs powerfully with other peptides we'll cover in upcoming episodes. With Larazotide, you get the door closed plus the door frame rebuilt — gut healing accelerated by BPC-157. With TB-500 (also known as Thymosin Beta-4), you get a complementary musculoskeletal repair effect, often synergistic for serious injuries — I use TB-500 frequently for post-surgical patients and patients training hard for events with high volume load. With CJC-1295 and Ipamorelin ("CJC-Ipa"), you get the master growth hormone signal restored alongside the local repair effect. The right combination depends on the patient's foundations, clinical history, and workup.

Okay? Monitoring. BPC-157 has a remarkably clean safety profile across two decades of use. I'll say it again: remarkably clean safety profile across two decades of use. Most patients tolerate it without side effects. Occasional reports of mild fatigue, mild headache, or injection-site irritation occur, but they're typically self-limited. We don't generally need extensive lab monitoring during a BPC-157 course — unlike with growth hormone secretagogues, where we monitor IGF-1 carefully.

Okay, who should not use it? Because there's always the other side. BPC-157 is contraindicated in active malignancy — you'll hear that caveat with every peptide in this series. Peptides don't cause cancer, but because any pro-angiogenic molecule



could theoretically support tumor vascularization (that unkinked hose bringing blood supply to an area), we don't use it in patients with active or suspected malignancy. We don't have human cancer data confirming risk, but we're cautious. We're also cautious in pregnancy and breastfeeding due to lack of data, and we avoid it in patients with active untreated infections, since immune modulation could theoretically alter the infection's course. As always: prescribed by a trained physician or provider, sourced from a licensed compounding pharmacy, and monitored based on history, physical exam, and labs.

Think of BPC-157 like a dispatcher calling the right repair crew to the right address. The repair crew — fibroblasts, immune cells, endothelial cells, stem cells — is already on the payroll. They live in your body. They have the tools and the know-how. What's been missing is the dispatcher saying, "go to the elbow, now go to the colon, now go to the rotator cuff." BPC-157 is that dispatcher. The crew was always capable — they just needed someone to direct them.

Here's exactly what we did with Lisa, because sequence matters.

First, comprehensive testing. A complete inflammatory panel (high-sensitivity CRP, sedimentation rate, ferritin, among others). Sex hormones — her estradiol was low, her progesterone was very low, her DHEA was at the bottom of the range. A comprehensive stool analysis confirmed dysbiosis with reduced beneficial bacteria. Her IGF-1 was below target, and her vitamin D was 28.

Second, foundations. Protein at every meal, targeting 100 grams per day. A strict 10 p.m. screen cutoff. Two strength-training sessions per week with a trainer experienced with midlife women and muscle preservation. Vitamin D supplementation. Magnesium glycinate at night. Alcohol removed entirely for the first eight weeks. We replaced her daily anti-inflammatory with curcumin and tart cherry juice, taken after a meal so it wouldn't raise her blood sugar.

Third, the targeted protocol. We started oral BPC-157, two capsules twice daily on an empty stomach, paired with Larazotide 15 minutes before meals. Two weeks later, we



added subcutaneous BPC-157 injections in the evening for systemic repair (oral in the morning, injection at night—not twice daily). At week six, we added a topical compound for direct application near her elbow tendon. We supported her hormones with low-dose bioidentical progesterone and a transdermal estradiol patch.

Twelve weeks in, here's where Lisa was: her ulcerative colitis flares had stopped. Her inflammatory markers had dropped by half. Her elbow pain was approximately 70% improved. She had returned to tennis — modified, doubles instead of singles, two days a week instead of three, with rest and stretching built in — and she was lifting her grandchildren and holding a coffee cup without wincing. Her high-sensitivity CRP, chronically elevated before, was now in the optimal range (under 1.0) for the first time.

Even before seeing a physician or provider who could evaluate you for a peptide protocol:

- Eliminate or dramatically reduce anti-inflammatories like ibuprofen, naproxen, and aspirin — they damage the gut lining and counteract the very repair process BPC-157 supports.
- Try curcumin, tart cherry juice, omega-3s (I recommend two to four grams a day), and movement as reasonable starting points for mild musculoskeletal pain.
- Increase protein to at least 30 grams per meal — tendons, ligaments, and gut lining are protein-built, and no signaling molecule can repair them without raw materials.
- Add magnesium glycinate before bed to support muscle recovery, deep sleep, and nervous system regulation.
- If you have a chronic injury that hasn't responded to conservative care, ask your physician about peptide therapy specifically — many primary care doctors don't know it's an option, so a functional medicine clinician may be the path, though you never know until you ask.
- Track one specific measure of recovery — morning pain on a 1–10 scale, range of motion in degrees, or a functional task like lifting a coffee mug — so you have an objective baseline before starting any protocol.



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If you recognize Lisa in yourself — an injury that hasn't healed in months or years, a gut that's been quietly inflamed longer than you can remember, a body that's stopped bouncing back — your body hasn't forgotten how to heal. It's run low on the molecule that tells it where to start.

BPC-157 is the body's own repair code, written into your gastric mucosa from the day you were born, just produced in smaller quantities as we age. Reintroducing it isn't pharmacology — it's restoration. And the form matters: if your story is gut, oral is your starting point. If your story is musculoskeletal with a healthy gut, injection could be your starting point. If your story is both — and most midlife stories are — the combination outperforms either alone.

Don't order it off a research website. Don't guess at dosing. Work with a physician or provider who knows what they're doing. Source it from a licensed compounding pharmacy that meets regulatory protocols. And give your body the message it's been waiting to hear.

In our next episode, we're going to dive into Thymosin Alpha-1, the peptide that rebuilds the immune system after 40. If BPC-157 is the body's repair code, think of Thymosin Alpha-1 as the body's defense code. Both decline together. Both are restorative together.

If today's episode resonated with you, or you know someone who's been told nothing more can be done for a chronic injury, or whose gut has been quietly hurting for years — share it with them. Tell them there's a name for what they're experiencing, a peptide behind it, and a path forward.

Thanks for listening. I'm Dr. Tracy, and with clarity, everything is better.