Peptide Perspectives™

# THE JOINT RECOVERY STACK

## Peptides, Supplements & the Science of Mobility



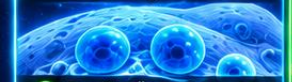


### KEY TAKEAWAY

- Supports tissue repair and joint function.
- Targets cartilage, connective tissue and inflammation.
- Best results come from a multi-factor approach (peptides, training, nutrition).

## THE BIOLOGY OF JOINT RECOVERY

### Cartilage Matrix



- Type II collagen & aggrecan
- Avascular (slow healing)
- Goal: support matrix maintenance and repair

### Tendon & Ligament Remodeling



- Primarily type I collagen
- Adapts to progressive load
- Goal: improve strength, resilience and healing

### Synovial Inflammation



- Immune and inflammatory signaling (e.g., IL-1β, TNF-α)
- Goal: regulate inflammation and protect joint tissues

### Muscle & Rehabilitation



- Muscle support and neuromuscular control
- Key for joint stability and long-term mobility

## FIVE EXPERIMENTAL STACKS + COMMUNITY DOSING CONTEXT (NOT VALIDATED)

### BPC-157 + Thymosin Beta-4 (Full-Length)



**BPC-157**
- 250–500 mcg per administration, often daily (community)

**Tβ4 (Full-Length)**
- 2–5 mg twice weekly (community; borrowed from TB-500 conventions)

Full-length Tβ4 is NOT the same as the seven-amino-acid TB-500 fragment.

### GHK-Cu + BPC-157



**GHK-Cu**
- 1–2 mg daily (community injectable, unvalidated)

**BPC-157**
- 250–500 mcg daily (community)

### Cartalax + GHK-Cu



**Cartalax**
- Reports vary widely:
  - 200 mcg daily for 10 days (one community guide)
  - Other unvalidated sources: 2–5 mg daily
  - No human dose established

**GHK-Cu**
- 1–2 mg daily (community)

### BPC-157 + KPV



**BPC-157**
- 250–500 mcg daily (community)

**KPV**
- 200–500 mcg daily (subcutaneous in community reports)
- No joint-specific human evidence

### GHK-Cu + Thymosin Beta-4 (Full-Length)



**GHK-Cu**
- 1–2 mg daily (community)

**Tβ4 (Full-Length)**
- 2–5 mg twice weekly (informal reports)
- No verified combination evidence

**Community dose ≠ established safe or effective regimen; none of these five combinations has controlled human efficacy or dosing trials.**

## SUPPORTING SUPPLEMENTS (ORAL)



- **Collagen Peptides:** 10 g/day (used in selected OA trials, symptom signals not regrowth).
- **Creatine:** 3–5 g/day (supports resistance training and muscle function).
- **Glucosamine:** 1,500 mg/day & **Chondroitin:** 800–1,200 mg/day (mixed evidence).
- **Omega-3s & Curcumin:** Study/formulation specific, no universal dose; monitor interactions.
- **Vitamin C & D:** Ensure adequate levels (correct deficiency, not megadose).

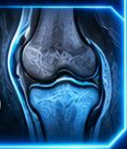
## BETTER-PROVEN FOUNDATION

- Accurate diagnosis and joint assessment
- Progressive strength training (builds joint support)
- Physical therapy and mobility work
- Activity adaptation and load management
- Nutrition, sleep and overall recovery



## STUDY ENDPOINTS (WHAT RESEARCH MEASURES)

- **Pain** (e.g., WOMAC, VAS)
- **Function** (daily activities, joint scores)
- **Walking performance** (e.g., 6-minute walk)
- **Range of motion** (joint flexibility)
- **MRI cartilage measures** (structure and thickness)
- Adverse effects and safety



**LESS PAIN IS NOT PROOF OF CARTILAGE REGROWTH. EXPERIMENTAL STACKS ARE NOT FDA-APPROVED JOINT THERAPIES.**

*Educational research overview | November 2026 | Not medical advice*