Peptide Perspectives™

THE PAIN & INFLAMMATION STACK

Peptides & Supplements Targeting Multiple Pain Pathways



MULTIPLE PATHWAYS DRIVE CHRONIC PAIN



INFLAMMATORY SIGNALING

- Pro-inflammatory cytokines (TNF-α, IL-1β, IL-6)
- Cellular stress pathways (NF-κB, MAPK)



SMALL-FIBER NERVE INJURY

- Nerve irritation and damage (neuropathic pain)
- Increased nerve excitability and pain signaling



NEUROIMMUNE SENSITIZATION

- Interaction between nerves and immune cells (glia)
- Can amplify and prolong pain signals (central and peripheral sensitization)



TISSUE REMODELING

- Tendon and ligament repair
- Extracellular matrix balance (collagen, angiogenesis)
- Response to mechanical loading and injury

KEY PEPTIDE STACKS & RESEARCH CONTEXT

ARA-290 + KPV

- **ARA-290:** limited small human studies in neuropathy (e.g., sarcoidosis, T1D neuropathy).
- **KPV:** preclinical evidence for inflammation and immune modulation.

DOSING STATUS: No validated human combination dose.

BPC-157 + KPV

- **BPC-157:** animal and low-certainty human signals for tissue repair and reduced inflammation.
- **KPV:** preclinical anti-inflammatory and immune-modulating effects.

DOSING STATUS: No validated human combination dose.

ARA-290 + VIP

- **ARA-290:** investigational for neuropathic and inflammatory pain.
- **VIP:** anti-inflammatory, immune-modulating, and vasodilatory effects (with blood-pressure considerations).

DOSING STATUS: No validated human combination dose.

BPC-157 + THYMOSIN BETA-4 (FULL LENGTH)

- **BPC-157:** potential repair and anti-inflammatory effects (animal and low-certainty human data).
- **Thymosin Beta-4 (TB4):** full-length 43 amino acid peptide with broader tissue-repair research.
- **Distinct from TB-500** (fragments of TB4).

DOSING STATUS: No validated human combination dose.

KPV + PEA

- **KPV:** preclinical evidence for inflammation and immune balance.
- **PEA:** human studies (some RCTs) showing pain reduction in selected conditions (e.g., neuropathic pain, endometriosis, OA).

DOSING STATUS: No validated combination dose.

ARA-290 + STANDARD NEUROPATHIC CARE

- Investigational trial design exploring ARA-290 added to standard neuropathic pain treatment (e.g., gabapentin or pregabalin).
- Aims to evaluate added benefit on pain, function, and nerve symptoms.

RESEARCH CONTEXT: Investigational trial design, not a dosing protocol.

STUDIED SUPPLEMENT DOSES (NOT STACK RECOMMENDATIONS)

PEA (Palmitoylethanolamide)



- 600 mg twice daily in some small pain studies (e.g., neuropathic pain, endometriosis).

Curcumin (Curcuma longa)



- 500 mg twice daily in selected knee osteoarthritis studies (often as a bioavailable form).

Omega-3s (EPA + DHA)



- > 2 g/day (combined EPA+DHA) in some inflammatory arthritis studies (e.g., rheumatoid arthritis).

Alpha-Lipoic Acid (ALA)



- 600 mg/day studied in neuropathy (e.g., diabetic neuropathy), but long-term benefit is unconvincing.

Vitamin D / Vitamin B12



- Correct deficiency only (e.g., Vitamin D to target sufficiency; B12 for low levels) when labs confirm a deficiency.

Magnesium



- Individualized dosing based on need and kidney function (e.g., 200–400 mg/day of a well-tolerated form).

Formulation, dose, and diagnosis matter. Results can vary by the condition being treated, product quality, and individual factors (e.g., absorption, other medications, and overall health).

BETTER-SUPPORTED FOUNDATIONS



- **Diagnosis-specific treatment** (e.g., neuropathic, inflammatory, or mechanical pain).
- **Physical therapy / graded activity** (restore function and reduce pain sensitivity).
- **Sleep and daily function** (sleep quality, stress, and activity tolerance influence pain).
- **Review drug interactions** (with your healthcare provider if using any peptides or supplements).

REAL OUTCOMES TO TRACK



- **Pain** (e.g., 0–10 pain scale, changes over time)
- **Mobility / function** (e.g., daily activities, exercise tolerance)
- **Sleep** (quality and duration)
- **Quality of life** (e.g., daily function, work, and activity)
- **Nerve measures** (e.g., numbness, tingling, burning)
- **Safety** (side effects, blood pressure, and medication interactions)

⚠ NO PEPTIDE COMBINATION HAS VALIDATED HUMAN CHRONIC-PAIN DOSING OR PROVEN SYNERGY. COMMUNITY DOSING IS NOT A RECOMMENDATION.

Educational research overview | November 2026 | Not medical advice