

General History

KLOW-80 is a research peptide blend pre-mixed in one 3 mL vial: 50 mg GHK-Cu (Glycyl-L-Histidyl-L-Lysine Copper) + 10 mg BPC-157 (Body Protection Compound-157) + 10 mg TB-500 (Thymosin Beta-4 fragment) + 10 mg KPV (Lysine-Proline-Valine tripeptide from alpha-MSH)—totaling 80 mg. Developed in the 2020s as an advanced recovery formulation (building on GLOW blends), it's for preclinical studies on tissue regeneration, anti-inflammation, and anti-aging. GHK-Cu from 1970s wound research; BPC-157 from 1993 gastric studies; TB-500 from 1960s thymosin work; KPV from 2010s anti-inflammatory explorations. Not FDA-approved for human use; sold as research chemical. Banned components (BPC-157/TB-500) by WADA since 2022/2016.

Use Cases

KLOW-80 targets complementary pathways in animal/in vitro models: GHK-Cu for collagen/skin repair, BPC-157/TB-500 for tissue/vascular healing, KPV for cytokine reduction. Common applications include:

- Wound/skin regeneration: GHK-Cu promotes collagen/elastin; TB-500 aids migration; for burns, scars, anti-aging.
- Musculoskeletal repair: BPC-157/TB-500 accelerate tendon/ligament/muscle recovery; reduce fibrosis in injuries/fractures.
- Anti-inflammatory/gut health: KPV inhibits NF-κB/cytokines; BPC-157 protects against ulcers/IBD.
- Neuroprotection/vascular support: TB-500/BPC-157 boost angiogenesis/nerve repair; GHK-Cu reduces oxidative stress.
- Immune modulation: KPV curbs overactive responses; overall for recovery, homeostasis.

Evidence from component synergies (e.g., enhanced VEGF/collagen in models); limited human data—experimental for blends.

Dose Protocol (Injectable)

3 mL vial contains 80 mg total (50 mg GHK-Cu + 10 mg BPC-157 + 10 mg TB-500 + 10 mg KPV)—all pre-mixed. Reconstituted with 3 mL bacteriostatic water (BAC) for subcutaneous (subQ) injection once daily; not FDA-regulated—consult a doctor.

- Reconstitution: Add 3 mL BAC water to 80 mg vial → 26.67 mg/mL solution (GHK-Cu at 16.67 mg/mL).
- General once-daily dose: 0.12 mL (120 µL) = 12 units on U-100 insulin syringe = 2 mg GHK-Cu + 1.2 mg total others.
- Per-peptide breakdown in one 12-unit shot:
 - GHK-Cu: 2 mg (2000 mcg)
 - BPC-157: 0.4 mg (400 mcg)
 - TB-500: 0.4 mg (400 mcg)
 - KPV: 0.4 mg (400 mcg)
- Injection: Draw to 12-unit mark on U-100 insulin syringe; inject subQ near injury or abdomen.
- Cycle: 4–8 weeks on, 4 weeks off.
- Storage: Refrigerate reconstituted vial; use within 30 days.

Start low (e.g., 6 units = 1 mg GHK-Cu) to assess tolerance. Source from labs with third-party testing (HPLC >99% purity each).

Pros and Cons

Efficacy

Pros: Multi-pathway synergy (regeneration, anti-inflam, repair); faster healing in models (e.g., 230% VEGF boost).

Cons: Limited blend-specific trials—mostly component data; variable translation.

Safety

Pros: Low toxicity per component (no organ damage in studies); mild sides (redness/flushing) resolve fast; non-hormonal.

Cons: Long-term blend unknown; angiogenesis risks (TB-500/BPC) in cancer-prone; sourcing contaminants.

Accessibility

Pros: Single-vial convenience; once-daily dosing; stable reconstituted.

Cons: Not FDA-approved—"research only"; WADA-banned elements; quality varies online.

Other

Pros: Broad benefits (skin/gut/immune/muscle); superior to singles in synergies.

Cons: Interactions possible (e.g., NSAIDs); bell-curve dosing; rare: fatigue/nausea.

