

KLOW80

FOR RESEARCH PURPOSES ONLY — NOT FOR HUMAN USE. PurePepHub does not provide advice on dosages or usage. This document compiles product information from PurePepHub together with independent educational material from PeptideWiki (peptidewiki.co), for research reference only. It is not medical advice and does not represent recommendations, endorsements, or instructions from PurePepHub.

The KLOW Stack — the ultimate 4-peptide combination for anti-inflammation, tissue repair, and skin rejuvenation. Complete dosing protocols, timing, cycling, and safety for KPV, BPC-157, TB-500, and GHK-Cu together.

Product Features

Name: KLOW80

Total quantity: 80 mg lyophilisate

Composition per package: – GHK-Cu: ~50 mg – BPC-157: ~10 mg – TB-500: ~10 mg – KPV: ~10 mg

Purity: ≥ 99% according to HPLC

Form: Lyophilized (freeze-dried) powder

What is KLOW80

The KPV + BPC-157 + TB-500 + GHK-Cu combination — known as the “KLOW Stack” — is the most comprehensive peptide stack for simultaneously targeting chronic inflammation, tissue repair, and skin rejuvenation. It combines the proven GLOW Stack with KPV's potent molecular anti-inflammatory activity, creating a 4-peptide protocol that addresses healing from every angle: molecular inflammation control, localized tissue repair, systemic cell migration, and collagen matrix remodeling.

The four components and their mechanisms

Each of the four peptides in KLOW80 has been studied individually in the literature for a different aspect of tissue recovery. Below is the role of each component as described in available studies.

GHK-Cu — collagen and matrix

GHK-Cu is a natural copper tripeptide that in the literature is associated with increased collagen, elastin and glycosaminoglycans, as well as with extracellular matrix remodeling. It delivers copper in a biologically available form — a cofactor for collagen crosslinking — and is studied for antioxidant and anti-inflammatory effects, including modulation of gene expression toward a more „youthful“ profile.

KPV — anti-inflammatory axis

KPV is the C-terminal tripeptide of α -MSH. It is mainly studied for suppression of pro-inflammatory signaling via the NF- κ B pathway, without activating melanocortin receptors (i.e., without effects on pigmentation or appetite). This component distinguishes KLOW80 from standard GLOW blends — it adds an independent anti-inflammatory axis to the regenerative complex.

BPC-157 — angiogenesis and tissue regeneration

BPC-157 is a synthetic pentadecapeptide, derived from a partial sequence of a gastric protein. In preclinical models it is associated with pro-angiogenic activity (upregulation of VEGFR2 and the Akt-eNOS axis), fibroblast migration, collagen synthesis and recovery of tendons, muscles, bones and the gastrointestinal tract.

TB-500 — cellular migration

TB-500 is a synthetic analogue of the active region of Thymosin β -4. It binds G-actin and maintains a reserve for rapid cytoskeletal reorganization, driving cellular migration. Preclinical data also link it to VEGF-mediated angiogenesis and recruitment of stem/progenitor cells to repair sites.

Klow Dosage & Frequency Chart

Important: The information below describes schedules used in research on Klow 80. It is provided for scientific and informational purposes and does not constitute a recommendation for individual use, medical advice or administration instructions. The research-grade Klow 80 offered by PurePepHub is not a registered medicine.

Each KLOW dose is 1.6–4.8 mg per injection. An 80 mg KLOW vial reconstituted with 2.5 mL BAC water (32 mg/mL) results in a dose of 5–15 syringe units. The per injection dose stays constant throughout the 12-week protocol: daily in weeks 1–4, 5x per week in weeks 5–8, and 2-3x per week for maintenance in weeks 9–12.

The standard KLOW-80 vial contains four peptides in a fixed mass ratio: 50 mg GHK-Cu and 10 mg each of BPC-157, TB-500, and KPV.

KLOW Dosage

The per injection KLOW dosage of 1.6–4.8 mg contains 1–3 mg GHK-Cu and 200–600 mcg each of BPC-157, TB-500, and KPV.

Compound	Mass in vial	Per-injection dose
GHK-Cu	50 mg	1–3 mg
BPC-157	10 mg	200–600 mcg
TB-500	10 mg	200–600 mcg
KPV	10 mg	200–600 mcg

Note: A 1.6–4.8 mg KLOW dose contains 200–600 mcg TB-500 per injection — background tissue-organization signaling, not injury-grade migration dosing. KLOW was designed as an evolution of the GLOW skincare stack — not for injuries. For injury healing protocols, refer to the Injury Protocols guide.

KLOW Frequency

The per injection dose of 1.6–4.8 mg remains fixed while frequency decreases over the course of the 12-week protocol:

Phase	Weeks	Frequency	Dose per Injection
Activation	1–4	Daily	1.6–4.8 mg (5–15 units)
Remodeling	5–8	5x per week	1.6–4.8 mg (5–15 units)
Maintenance	9–12	2-3x per week	1.6–4.8 mg (5–15 units)

Phase	Weeks	Frequency	Dose per Injection
Activation	1–4	Daily	1.6–4.8 mg (5–15 units)
Remodeling	5–8	5x per week	1.6–4.8 mg (5–15 units)
Maintenance	9–12	2-3x per week	1.6–4.8 mg (5–15 units)

Take a 4–8-week break between KLOW cycles; none of the compounds have been studied for continuous use.

Where should KLOW be injected?

KLOW is injected subcutaneously in a rotated site. The abdomen, thigh, glute, and lateral hip all work; rotation reduces repeated local irritation. GHK-Cu's copper properties are the main culprit behind injection site irritation — stinging, itching, and welting.

Regulatory note

KLOW80 contains BPC-157, which in the US has been the subject of regulatory attention (FDA 503A list) due to insufficient safety data in humans. This underlines that the product is intended solely for laboratory/research purposes and not for consumption by humans or animals. When working with lyophilized peptides, standard laboratory safety practices are recommended.

Safety & Considerations

Active cancer or cancer history. KLOW is excluded during active cancer treatment. The blood-vessel signaling associated with GHK-Cu, BPC-157, and TB-500 creates a theoretical concern, not a measured human tumor risk.

Five years after treatment or remission is used as a conservative review window rather than a proven biological cutoff. Any use within that window requires explicit clearance and ongoing supervision from the clinician managing the cancer history; after five years, medical review still applies when recurrence risk or active surveillance remains relevant.

Wilson's disease or copper overload. GHK-Cu delivers 50 mg copper-bound peptide per vial; it is contraindicated in anyone with copper-handling disorders.

Pregnancy or breastfeeding. No safety data for any of the four peptides during pregnancy.

WADA-tested athletes. TB-500 is on the prohibited list; KLOW is not usable in competition.

Conventional approaches to reactive skin include topical metronidazole, azelaic acid, oral antibiotics, and post-procedure corticosteroids. These options have different evidence bases, mechanisms, and adverse-effect profiles from KLOW.

Storage

Keep cool & dry; after solution, if applicable, refrigeration required