

BB10 BPC-157 5 mg + TB-500 5 mg

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BB10 is a research peptide blend that combines equal parts of BPC-157 and TB-500 to study tissue repair and injury recovery.

What Is BB10?

The BPC-157 + TB-500 combination – commonly called the “Wolverine Stack” – is the most widely used peptide stack for injury recovery, tissue repair, and healing acceleration. It pairs BPC-157's localized tissue repair and angiogenesis with TB-500's systemic anti-inflammatory and cell migration properties to address injuries from both local and systemic perspectives.

BPC-157 – repair and cytoprotection

In animal models, BPC-157 is linked with faster healing of tendons, ligaments and muscles, and with protection of the gastric and intestinal mucosa – mainly thanks to stimulating angiogenesis (VEGFR2) and fibroblast migration.

TB-500 – migration and connective tissue

TB-500 (a fragment of thymosin beta-4) regulates actin and accelerates the migration of repair cells, supporting soft-tissue healing, angiogenesis and the limitation of fibrosis.

The logic of the combination

In regeneration research, the BPC-157 + TB-500 pair is one of the most frequently combined pairings, because their mechanisms do not overlap but complement each other – one builds blood supply and protects cells, the other directs repair cells to the tissue.

Key Characteristics:

2-peptide stack – BPC-157 (Body Protection Compound-157) + TB-500 (Thymosin Beta-4 fragment)

Primary goal – accelerated injury recovery, tissue repair, and healing for tendons, ligaments, muscles, and joints

Complementary mechanisms – BPC-157 promotes local angiogenesis and growth factor expression; TB-500 drives systemic anti-inflammation and cell migration

Experience level – suitable for beginners with peptide experience; one of the most well-documented stacks in the community

Typical cycle – 6–8 weeks with TB-500 loading phase in the first 4–6 weeks

Administration – subcutaneous injection for both peptides; BPC-157 can also be taken orally for gut-related conditions

Research dosing protocols

Important: The information below describes schedules used in research on BB10. 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 BB10 offered by PurePepHub is not a registered medicine.(peptidedosages.com)

A 10 mg blend reconstituted with bacteriostatic water yields about 3.33 mg/mL. This information is for research and educational use only.

Standard / Gradual Approach (3 mL = ~3.33 mg/mL)

Phase / Week	Daily Dose	Each Peptide (mcg)	Units (mL)
Weeks 1–2 (Initial)	600 mcg	300 mcg BPC + 300 mcg TB-500	18 units (0.18 mL)

Weeks 3–4 (Loading)	800 mcg	400 mcg BPC + 400 mcg TB-500	24 units (0.24 mL)
Weeks 5–8 (Maintenance)	600 mcg	300 mcg BPC + 300 mcg TB-500	18 units (0.18 mL)

Frequency: Inject once daily subcutaneously. This schedule uses 3.0 mL dilution to keep per-injection volumes ≥ 18 units for accurate measurement. Rotate injection sites systematically.

Advanced / Aggressive Approach (Acute Injury Support)

For acute tissue injuries, some protocols suggest a higher initial loading phase. This approach uses higher daily doses during the first 4 weeks before tapering to maintenance. Use with caution; robust human dose-finding data remain limited.

Phase / Week	Daily Dose (Total Blend)	Each Peptide (mcg)	Units (mL)
Weeks 1–2 (Aggressive Load)	1000 mcg	500 mcg BPC + 500 mcg TB-500	30 units (0.30 mL)
Weeks 3–4 (High Load)	800 mcg	400 mcg BPC + 400 mcg TB-500	24 units (0.24 mL)
Weeks 5–8 (Maintenance)	600 mcg	300 mcg BPC + 300 mcg TB-500	18 units (0.18 mL)

Potential Benefits

Observations from preclinical and limited clinical literature.

- May support accelerated healing of tendons, ligaments, muscles, and soft tissue injuries.
- Preclinical evidence suggests gastroprotective and anti-inflammatory properties for BPC-157.
- TB-500 promotes wound healing and may reduce scarring through enhanced cell migration.
- Both peptides are generally well tolerated; occasional mild injection-site reactions (redness, itching) may occur with subcutaneous administration.
- No significant toxicity has been documented up to high doses in animal studies.

Side effects and safety

In research observations, the components of BB10 are described as well tolerated. Side effects are usually mild, local and transient. It should be remembered that the data come mainly from preclinical models.

Common (mild)

- Injection site redness, soreness, or minor swelling — the most common report
- Mild nausea — more common with BPC-157, usually resolves within days
- Transient fatigue or lethargy — occasionally reported
- Headache — may occur in the first few days of use
- Dizziness or lightheadedness — rare, typically mild and short-lived

Contraindications

Active cancer or history of cancer — Both peptides promote angiogenesis (BPC-157) and cell migration (TB-500), which could theoretically support tumor growth. Avoid use with active malignancies.

Pregnancy and breastfeeding — no safety data exists for BPC-157 during pregnancy or nursing. Avoid use entirely.

Active infections at the injection site — do not inject through infected, inflamed, or broken skin.

Anticoagulant therapy – BPC-157 may interact with the NO system and platelet function. Exercise caution if taking blood thinners and consult your healthcare provider.

Immunocompromised individuals – TB-500's immune modulatory effects are not well characterized in immunocompromised populations; consult a physician.