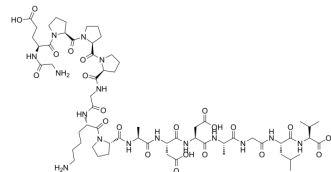


BPC 157

Cat. No.:	HY-105174
CAS No.:	137525-51-0
Molecular Formula:	C ₆₂ H ₉₈ N ₁₆ O ₂₂
Molecular Weight:	1419.54
Sequence Shortening:	GEPPPGKPADAGLV
Target:	Endogenous Metabolite
Pathway:	Metabolic Enzyme/Protease
Storage:	Sealed storage, away from moisture
	Powder -80°C 2 years
	-20°C 1 year



* In solvent : -80°C, 6 months; -20°C, 1 month (sealed storage, away from moisture)

SOLVENT & SOLUBILITY

In Vitro

H₂O : ≥ 100 mg/mL (70.45 mM)
 DMSO : 50 mg/mL (35.22 mM; Need ultrasonic)
 * "≥" means soluble, but saturation unknown.

	Solvent Concentration	Mass		
		1 mg	5 mg	10 mg
Preparing Stock Solutions	1 mM	0.7045 mL	3.5223 mL	7.0445 mL
	5 mM	0.1409 mL	0.7045 mL	1.4089 mL
	10 mM	0.0704 mL	0.3522 mL	0.7045 mL

Please refer to the solubility information to select the appropriate solvent.

In Vivo

- Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline
 Solubility: ≥ 2.5 mg/mL (1.76 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)
 Solubility: 2.5 mg/mL (1.76 mM); Clear solution; Need ultrasonic
- Add each solvent one by one: 10% DMSO >> 90% corn oil
 Solubility: ≥ 2.5 mg/mL (1.76 mM); Clear solution

BIOLOGICAL ACTIVITY

Description

BPC 157 is a stable gastric pentadecapeptide and a partial sequence of the human gastric juice protein BPC. BPC 157 is an anti-ulcer peptidergic agent with no reported toxicity. BPC 157 links inflammatory bowel disease and multiple sclerosis^{[1][2]}.

In Vivo

BPC 157 successfully heals the intestinal anastomosis, gastrocutaneous, duodenocutaneous and colocolocutaneous fistulas in

rats, as well as interacting with the NO-system^[1].

?BPC 157 (10 µg/kg, 10 ng/kg) is applied either intraperitoneally once time daily (first application immediately after surgery, last at 24 hours before sacrifice) or per-orally in drinking water (0.16 µg/ml/12 ml/day till the sacrifice). A multiple sclerosis suited toxic rat model, cuprizone (compared with standard, a several times higher regimen, 2.5% of diet regimen + 1 g/kg intragastrically/day) was combined with BPC 157 (in drinking water 0.16 µg or 0.16 ng/ml/12 ml/day/rat + 10 µg or 10 ng/kg intragastrically/day) till the sacrifice at day 4. In general, the controls could not heal cysteamine colitis and colon-colon anastomosis. BPC 157 induced an efficient healing of both at the same time^[2].

MCE has not independently confirmed the accuracy of these methods. They are for reference only.

REFERENCES

[1]. Sikiric P, et al. Stable gastric pentadecapeptide BPC 157: novel therapy in gastrointestinal tract. *Curr Pharm Des.* 2011;17(16):1612-1632.

[2]. Klicek R, et al. Stable gastric pentadecapeptide BPC 157 heals cysteamine-colitis and colon-colon-anastomosis and counteracts cuprizone brain injuries and motor disability. *J Physiol Pharmacol.* 2013;64(5):597-612.

Caution: Product has not been fully validated for medical applications. For research use only.

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