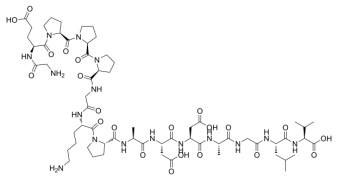
BPC 157



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: GEPPPGKPADDAGLV

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

H_2O : ≥ 100 mg/mL (70.45 mM)

DMSO : 50 mg/mL (35.22 mM; Need ultrasonic)

* "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Mass / Solvent / Concentration	1 mg	5 mg	10 mg
	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

1. 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
2. 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
3. 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 colocutaneous 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.

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