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BPC-157

Body Protection Compound · Gastric Pentadecapeptide

OVERVIEW

BPC-157 is a synthetic pentadecapeptide of 15 amino acids derived from a protective gastric protein. One of the most researched peptides in regenerative medicine, it demonstrates broad-spectrum tissue-healing and cytoprotective properties across musculoskeletal, gastrointestinal, and neurological systems. BPC-157 is stable in human gastric juice and shows remarkable healing potential in both local and systemic applications across a wide range of injury and disease states.

SPECIFICATIONS

Size	10mg per vial
Reconstitution	Add 2ml BAC Water → 5,000mcg/ml
Route	Subcutaneous (SubQ) injection
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Tendon, ligament & muscle repair	■ GI healing — ulcers, IBD, leaky gut
■ Post-surgical & wound healing	■ Neuroprotective & brain injury support
■ Anti-inflammatory & angiogenic activity	■ Joint pain & arthritis management

MECHANISM OF ACTION

BPC-157 upregulates GH receptor expression and modulates nitric oxide synthesis via endothelial NOS pathways, driving angiogenesis and vascular repair at injury sites. It activates the FAK-paxillin pathway in fibroblasts, accelerating cell migration and structural healing. Cytoprotective GI effects are achieved through mucosal integrity maintenance and reduction of oxidative stress.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10mg vial = 5,000mcg/ml · U-100 syringe: 10 units = 500mcg

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting	250mcg	5 units	Once daily
Low	500mcg	10 units	Once daily
Moderate	750mcg	15 units	Once daily
Standard	1,000mcg (1mg)	20 units	Once daily
Max Dose	1,500mcg (1.5mg)	30 units	Once daily

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TB-500

Thymosin Beta-4 · Tissue Repair & Recovery Peptide

OVERVIEW

TB-500 is a synthetic analogue of Thymosin Beta-4, a naturally occurring protein present in virtually all human cells. It plays a critical role in building new blood vessels, muscle tissue, and skin while regulating actin — essential to cell structure and movement. TB-500 is widely studied for its systemic healing properties and ability to significantly reduce chronic inflammation in musculoskeletal and connective tissue injuries.

SPECIFICATIONS

Size	10mg per vial
Reconstitution	Add 2ml BAC Water → 5,000mcg/ml
Route	Subcutaneous (SubQ) injection
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Muscle & connective tissue recovery	■ Tendon & ligament healing
■ Angiogenesis & neovascularization	■ Chronic joint inflammation reduction
■ Wound healing & scar reduction	■ Post-injury flexibility improvement

MECHANISM OF ACTION

TB-500 binds actin monomers via its LKKTET sequence, regulating cell motility, proliferation, and differentiation. It promotes endothelial cell migration and angiogenesis while suppressing IL-1 and TNF-alpha cytokines. Matrix metalloproteinases (MMPs) are upregulated to facilitate structural tissue remodeling and reduce fibrous scar formation throughout the body.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10mg vial = 5,000mcg/ml · U-100 syringe: 10 units = 500mcg

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting	2.5mg	50 units	Twice per week
Moderate	5mg	100 units	Twice per week
Loading Max	10mg	200 units	2x/week × 4–6 wks
Maintenance	2.5–5mg	50–100 units	Once per week

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BPC-157 / TB-500

Synergistic Peptide Blend · Accelerated Tissue Repair

OVERVIEW

The BPC-157/TB-500 blend combines two of the most studied healing peptides into a single synergistic formulation. BPC-157 targets GI protection, tendon repair, and vascular integrity; TB-500 addresses systemic tissue repair, actin regulation, and anti-inflammatory action. Together they produce a powerful dual-action protocol with complementary outcomes that exceed either compound used alone.

SPECIFICATIONS

Composition	BPC-157 + TB-500 (10mg each)
Reconstitution	Add 2ml BAC Water → 5,000mcg/ml each
Route	Subcutaneous (SubQ) injection
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Full musculoskeletal tissue repair	■ Post-surgical & sports recovery
■ Angiogenesis & vascular remodeling	■ GI mucosal protection & repair
■ Systemic anti-inflammatory support	■ Chronic overuse injury recovery

MECHANISM OF ACTION

BPC-157 modulates nitric oxide and upregulates GH receptors for vascular integrity and localized healing. TB-500 binds actin to regulate cell motility, differentiation, and systemic inflammation simultaneously. Together they activate synergistic repair pathways across multiple tissue types, making this blend uniquely effective for complex multi-system recovery protocols.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 20mg vial = 5,000mcg/ml of each compound · 10 units = 500mcg of each peptide

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting	250mcg each	5 units	Once daily
Standard	500mcg each	10 units	Once daily
Moderate	750mcg each	15 units	Once daily
Max Dose	1mg each	20 units	Once daily

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MOTS-C

Mitochondria-Derived Peptide · Metabolic Regulator & Longevity

OVERVIEW

MOTS-C is encoded within the mitochondrial genome and serves as a master regulator of cellular metabolism, insulin sensitivity, and energy homeostasis. Circulating levels decline significantly with age and supplementation is studied for restoring youthful metabolic function, enhancing exercise capacity, and activating longevity pathways. Its uniquely mitochondrial origin and retrograde nuclear signaling distinguish it from all other therapeutic peptides.

SPECIFICATIONS

Sizes Available	10mg or 40mg per vial
Recon (10mg)	Add 2ml BAC Water → 5,000mcg/ml
Recon (40mg)	Add 2ml BAC Water → 20,000mcg/ml
Route	Subcutaneous (SubQ) injection
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Insulin sensitivity & glucose metabolism	■ Obesity & metabolic syndrome
■ Exercise performance & adaptation	■ Healthy aging & longevity
■ AMPK activation & energy balance	■ Metabolic inflammatory regulation

MECHANISM OF ACTION

MOTS-C translocates to the nucleus under metabolic stress, activating AMPK — the master energy regulator — while modulating the folate cycle and methionine metabolism. It enhances skeletal muscle glucose uptake independently of insulin and regulates mitochondria-to-nucleus retrograde communication, a pathway central to longevity and metabolic flexibility across organ systems.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

10mg vial: 2ml = 5,000mcg/ml (10 units = 500mcg) · 40mg vial: 2ml = 20,000mcg/ml (10 units = 2,000mcg)

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting	5mg (5,000mcg)	100u (10mg vial)	3x per week
Moderate	10mg	200u (10mg) / 50u (40mg)	3x per week
Standard	15mg	75 units (40mg vial)	3x per week
Max Dose	20mg	100 units (40mg vial)	3x per week

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GHK-Cu

Copper Peptide · Regenerative & Anti-Aging Compound

OVERVIEW

GHK-Cu (Glycyl-L-Histidyl-L-Lysine Copper Complex) is a naturally occurring tripeptide found in human plasma, saliva, and urine. Concentrations decline from ~200ng/mL at age 20 to ~80ng/mL by age 60. GHK-Cu activates over 4,000 human genes related to tissue remodeling, anti-aging, and anti-inflammatory processes — making it a cornerstone compound in aesthetic medicine and regenerative protocols worldwide.

SPECIFICATIONS

Size	100mg per vial
Reconstitution	Add 2ml BAC Water → 50,000mcg/ml
Route	Subcutaneous (SubQ) injection
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Collagen & elastin synthesis	■ Wound healing & dermal repair
■ Anti-inflammatory & antioxidant	■ Hair follicle stimulation
■ Skin tightening & remodeling	■ Nerve regeneration & neuroprotection

MECHANISM OF ACTION

GHK-Cu stimulates fibroblast proliferation and upregulates collagen, elastin, and decorin synthesis while suppressing TNF-alpha and IL-6. The copper ion facilitates superoxide dismutase (SOD) activity for antioxidant protection and clears damaged proteins via the ubiquitin-proteasome system across skin and connective tissue cell types throughout the body.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 100mg vial = 50,000mcg/ml · U-100 syringe: 1 unit = 500mcg (highly concentrated — dose carefully)

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting	1mg (1,000mcg)	2 units	Once daily
Low	2mg (2,000mcg)	4 units	Once daily
Standard	3mg (3,000mcg)	6 units	Once daily
Max Dose	5mg (5,000mcg)	10 units	Once daily

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Cagrillintide

Long-Acting Amylin Analogue · Weight Management

OVERVIEW

Cagrillintide is a long-acting amylin analogue engineered for once-weekly dosing in the treatment of obesity and metabolic disorders. Amylin is a hormone co-secreted with insulin that regulates appetite, gastric emptying, and glucagon secretion. In clinical trials Cagrillintide demonstrated significant and sustained weight reduction — particularly in combination with GLP-1 agonists in the CagriSema protocol.

SPECIFICATIONS

Size	10mg per vial
Reconstitution	Add 2ml BAC Water → 5,000mcg/ml
Route	Subcutaneous (SubQ) injection
Frequency	Once weekly — titrate per schedule
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Obesity & overweight management	■ Appetite suppression & satiety
■ Gastric emptying regulation	■ Glucagon suppression & glycemic control
■ CagriSema combination protocol	■ Long-term weight maintenance

MECHANISM OF ACTION

Cagrillintide activates amylin receptors in the area postrema and nucleus accumbens, suppressing appetite and reducing caloric intake. It slows gastric emptying to prolong post-meal fullness and suppresses glucagon secretion for glycemic control. Its additive mechanism to GLP-1 agonists enables significantly greater weight loss in combination protocols than either agent alone.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10mg vial = 5,000mcg/ml · U-100 syringe: 10 units = 500mcg · Inject once weekly

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting (Wk 1–4)	0.25mg	5 units	Once weekly
Titration (Wk 4–8)	0.5mg	10 units	Once weekly
Titration (Wk 8–12)	1mg	20 units	Once weekly
Titration (Wk 12+)	2mg	40 units	Once weekly
Max Dose	4mg	80 units	Once weekly

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SEMAK (Semax)

ACTH(4–10) Analogue · Cognitive & Neurological Support

OVERVIEW

Semax is a synthetic heptapeptide analogue of ACTH(4–10), originally developed in Russia where it holds full clinical approval. It has demonstrated significant neuroprotective, nootropic, and neurorestorative properties and is studied for ADHD, Rett syndrome, stroke recovery, and cognitive enhancement. Semax is one of the most potent nootropic peptides available with a strong BDNF-stimulating and multi-pathway neurological profile.

SPECIFICATIONS

Size	10mg per vial
Reconstitution	Add 2ml BAC Water → 5,000mcg/ml
Route	SubQ injection or intranasal
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ ADHD — attention, focus & control	■ Rett syndrome neurological support
■ Stroke & TBI cognitive recovery	■ Neuroprotection & brain repair
■ Memory & cognitive enhancement	■ Anxiety & stress modulation

MECHANISM OF ACTION

Semax stimulates BDNF and NGF expression, supporting neuronal survival, synaptic plasticity, and neurogenesis. It modulates dopaminergic and serotonergic transmission, improving attention and mood. Anti-inflammatory neural effects and enhanced cerebral blood flow further contribute to its broad neuroprotective and cognitive-enhancing profile across multiple brain regions.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10mg vial = 5,000mcg/ml · U-100 syringe: 10 units = 500mcg · Effective SubQ or intranasally

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting	100mcg	2 units	Once daily
Low	250mcg	5 units	Once daily
Standard	500mcg	10 units	Once or twice daily
High	1mg (1,000mcg)	20 units	Once or twice daily
Max Dose	1.5mg (1,500mcg)	30 units	Once or twice daily

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Retatrutide

Triple Receptor Agonist · GIP / GLP-1 / Glucagon

OVERVIEW

Retatrutide (LY3437943) is a next-generation triple receptor agonist simultaneously targeting GIP, GLP-1, and glucagon receptors. Clinical trials demonstrate weight loss outcomes surpassing all existing GLP-1 and dual agonist therapies, positioning it as the most potent metabolic peptide currently available. Its simultaneous triple-receptor activation provides a comprehensive and unrivaled metabolic reset across multiple organ systems.

SPECIFICATIONS

Size	20mg per vial
Reconstitution	Add 3ml BAC Water → 6,667mcg/ml
Route	Subcutaneous (SubQ) injection
Frequency	Once weekly — titrate very slowly
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Highest weight reduction — any peptide	■ Type 2 diabetes & insulin sensitivity
■ NAFLD / NASH hepatic fat reduction	■ Cardiovascular risk reduction
■ Lean muscle preservation	■ Advanced treatment-resistant obesity

MECHANISM OF ACTION

GLP-1R activation enhances insulin secretion and reduces appetite centrally. GIPR activation synergizes for greater insulin response and adipose metabolism. Glucagon receptor activation increases energy expenditure and hepatic fat oxidation. The additive triple-receptor effect consistently and substantially exceeds dual or single agonist therapies across all metabolic outcomes measured.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

3ml BAC Water + 20mg vial = 6,667mcg/ml · U-100 syringe: 15 units ≈ 1mg · Titrate slowly — do not skip steps

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting (Wk 1–4)	2mg	30 units	Once weekly
Titration (Wk 4–8)	4mg	60 units	Once weekly
Titration (Wk 8–12)	6mg	90 units	Once weekly
Titration (Wk 12+)	8mg	120 units	Once weekly
High Dose	10mg	150 units	Once weekly
Max Dose	12mg	180 units	Once weekly

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HCG

Human Chorionic Gonadotropin · Hormonal Support

OVERVIEW

Human Chorionic Gonadotropin (HCG) mimics luteinizing hormone (LH) to stimulate natural testosterone production and preserve testicular function and volume. It is a critical adjunct for men on testosterone replacement therapy (TRT), preventing testicular atrophy and fertility decline. HCG is also an essential component of female fertility protocols and post-cycle hormonal recovery regimens.

SPECIFICATIONS

Size	10,000 IU per vial
Reconstitution	Add 2ml BAC Water → 5,000 IU/ml
Route	Subcutaneous (SubQ) injection
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Testosterone support during TRT	■ Testicular atrophy prevention
■ Male fertility & sperm production	■ Hypogonadism & LH deficiency
■ Post-cycle hormonal recovery	■ Female ovulation induction

MECHANISM OF ACTION

HCG binds LH/CG receptors on Leydig cells, stimulating testosterone synthesis through the same pathway as endogenous LH — maintaining testicular volume and intratesticular testosterone during exogenous androgen therapy. In women, HCG mimics the LH surge to trigger ovulation. Its half-life of ~24–36 hours allows less frequent dosing than recombinant LH.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10,000 IU vial = 5,000 IU/ml · U-100 syringe: 10 units = 500 IU

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Low / TRT Support	250 IU	5 units	Every other day
Standard TRT	500 IU	10 units	Every other day
Fertility Protocol	1,000 IU	20 units	3x per week
High / Loading	2,000 IU	40 units	3x per week
Max Dose	3,000 IU	60 units	3x per week

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PT-141 (Bremelanotide)

Melanocortin Agonist · Sexual Health & Libido

OVERVIEW

PT-141 (Bremelanotide) is a synthetic analogue of alpha-melanocyte-stimulating hormone activating central melanocortin receptors to increase sexual desire and arousal. Unlike PDE5 inhibitors that act peripherally on blood vessels, PT-141 works centrally — equally effective for men and women regardless of vascular function, including cases where PDE5 inhibitors and hormonal therapies have failed.

SPECIFICATIONS

Size	10mg per vial
Reconstitution	Add 2ml BAC Water → 5,000mcg/ml
Route	Subcutaneous (SubQ) injection
Timing	45–60 minutes before activity
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Hypoactive sexual desire (HSDD)	■ Erectile dysfunction — PDE5 non-responders
■ Female sexual arousal disorder	■ Libido & performance enhancement
■ CNS-mediated arousal activation	■ Hormone-related sexual dysfunction

MECHANISM OF ACTION

PT-141 activates melanocortin receptors MC3R and MC4R in the hypothalamus and limbic system, triggering dopamine release and increasing sexual motivation independently of vascular function or hormonal levels. This central mechanism enables efficacy in patients with vascular complications, hormonal deficiencies, diabetes-related dysfunction, or inadequate PDE5 response.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10mg vial = 5,000mcg/ml · U-100 syringe: 10 units = 500mcg · Max once per 24 hours

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting	500mcg	10 units	As needed (max 1x/24hr)
Standard	1mg (1,000mcg)	20 units	As needed (max 1x/24hr)
High	1.75mg (1,750mcg)	35 units	As needed (max 1x/24hr)
Max Dose	2mg (2,000mcg)	40 units	As needed (max 1x/24hr)

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Tesamorelin

GHRH Analogue · Growth Hormone Releasing Hormone

OVERVIEW

Tesamorelin is a synthetic GHRH analogue that stimulates pituitary GH secretion in a physiologically natural pulsatile pattern. The only FDA-approved GHRH analogue (indicated for HIV-associated lipodystrophy), it is broadly studied for visceral fat reduction, lean body composition improvement, and cognitive support in aging adults. Its mechanism preserves the natural GH/IGF-1 feedback axis — significantly safer than direct GH injection.

SPECIFICATIONS

Size	10mg per vial
Reconstitution	Add 2ml BAC Water → 5,000mcg/ml
Route	Subcutaneous (SubQ) injection
Best Time	Before bed on an empty stomach
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Visceral / belly fat reduction	■ Adult GH deficiency
■ Lean body composition	■ HIV lipodystrophy (FDA-approved)
■ Cognitive function & memory	■ Metabolic health & insulin sensitivity

MECHANISM OF ACTION

Tesamorelin binds GHRH receptors on anterior pituitary somatotrophs, stimulating pulsatile GH synthesis while preserving GH/IGF-1 negative feedback — avoiding supraphysiological spikes of direct GH. Elevated GH and IGF-1 stimulate selective lipolysis in visceral adipose tissue, enhance muscle protein synthesis, and support broad metabolic function and tissue quality throughout the body.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10mg vial = 5,000mcg/ml · U-100 syringe: 10 units = 500mcg · Inject before bed for optimal GH pulse

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting Dose	1mg (1,000mcg)	20 units	Once daily (before bed)
Standard / Max	2mg (2,000mcg)	40 units	Once daily (FDA max)

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CJC-1295 + Ipamorelin

GHRH + GHRP Blend · Growth Hormone Optimization

OVERVIEW

CJC-1295 + Ipamorelin is the gold standard peptide stack for GH optimization, widely used in anti-aging and performance medicine. CJC-1295 is a GHRH analogue with DAC modification for extended action; Ipamorelin is a selective GHRP amplifying GH pulses with minimal cortisol or prolactin impact. Together they produce strong, clean, physiologically natural GH release — the most popular and well-tolerated GH peptide stack in modern medicine.

SPECIFICATIONS

Composition	CJC-1295 + Ipamorelin (10mg combined)
Reconstitution	Add 2ml BAC Water → 5,000mcg/ml
Route	Subcutaneous (SubQ) injection
Best Time	Before bed on an empty stomach
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ GH deficiency & optimization	■ Anti-aging & longevity
■ Fat loss & lean muscle gain	■ Sleep quality & recovery
■ Bone density support	■ Skin, collagen & hair health

MECHANISM OF ACTION

CJC-1295 binds GHRH receptors on pituitary somatotrophs stimulating GH synthesis with prolonged action via its Drug Affinity Complex (DAC) modification. Ipamorelin selectively activates GHS-R1a to amplify GH pulses without raising cortisol or prolactin — unlike older GHRPs. Their synergistic combination closely mimics the body's natural nocturnal GH secretion pattern.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10mg vial = 5,000mcg/ml · U-100 syringe: 10 units = 500mcg · Before bed, empty stomach

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Starting	250mcg	5 units	Once daily (before bed)
Standard	500mcg	10 units	Once daily (before bed)
Advanced	1mg (1,000mcg)	20 units	Once or twice daily
Max Dose	1.5mg (1,500mcg)	30 units	Twice daily

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HGH (Somatropin)

Human Growth Hormone · Recombinant Somatropin 191AA

OVERVIEW

HGH (Human Growth Hormone / Somatropin) is a 191 amino acid peptide hormone produced naturally by the anterior pituitary gland. Recombinant HGH is bioidentical to endogenous GH and is the gold standard for growth hormone replacement therapy. It supports lean muscle growth, fat metabolism, bone density, skin quality, and cellular regeneration — and is widely used in anti-aging, body composition, and hormone optimization protocols.

SPECIFICATIONS

Size	24 IU per vial (8mg)
Reconstitution	Add 2.4ml BAC Water → 10 IU/ml
Route	Subcutaneous (SubQ) injection
Best Time	Before bed or post-workout on empty stomach
Storage	Refrigerate 2–8°C; protect from light — do not freeze

CLINICAL APPLICATIONS

■ Lean muscle growth & preservation	■ Visceral & subcutaneous fat reduction
■ Bone density & skeletal strength	■ Skin elasticity & anti-aging
■ Post-injury & surgical recovery	■ Adult GH deficiency replacement

MECHANISM OF ACTION

HGH binds GH receptors on target tissues, stimulating the JAK-STAT signaling pathway to upregulate IGF-1 synthesis in the liver and peripheral tissues. Elevated IGF-1 drives anabolic protein synthesis in muscle and bone, while GH directly stimulates lipolysis in adipose tissue via hormone-sensitive lipase. HGH also promotes cellular repair, collagen synthesis, and immune modulation throughout the body.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2.4ml BAC Water + 24 IU vial = 10 IU/ml. U-100 syringe: 10 units = 1 IU · Inject SubQ before bed for optimal GH pulse alignment.

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Anti-Aging / Wellness	1–2 IU	10–20 units	Once daily
Body Composition	2–4 IU	20–40 units	Once daily
Recovery / Injury	4–6 IU	40–60 units	Split twice daily
Advanced	6–8 IU	60–80 units	Split twice daily
Max Dose	10 IU	100 units	Split twice daily

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BAC Water

Bacteriostatic Water · Universal Peptide Reconstitution

OVERVIEW

Bacteriostatic Water (BAC Water) is sterile water for injection containing 0.9% benzyl alcohol as a preservative. It is the standard diluent for reconstituting all lyophilized peptides and hormones. The preservative inhibits bacterial growth, allowing reconstituted vials to be safely stored and drawn from multiple times for up to 28 days under refrigeration. Every peptide protocol requires BAC Water for proper and safe reconstitution.

SPECIFICATIONS

Composition	Sterile Water for Injection + 0.9% Benzyl Alcohol
Form	Sterile liquid — ready to use
Storage	Room temperature; refrigerate after opening
Shelf Life	Up to 28 days after opening (refrigerated)

CLINICAL APPLICATIONS

■ Reconstitution of all lyophilized vials	■ Multi-use preservation up to 28 days
■ Compatible with all Dr. Helix products	■ Safe for subcutaneous injection
■ Maintains sterility between doses	■ Essential for every peptide protocol

MECHANISM OF ACTION

Benzyl alcohol at 0.9% inhibits bacterial cell membrane integrity, preventing microbial growth in the reconstituted solution and preserving sterility over multiple uses. Unlike plain sterile water that must be discarded immediately, BAC water permits safe multi-dose use for up to 28 days refrigerated. It is isotonic and well-tolerated at all standard subcutaneous injection volumes.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

Add BAC Water slowly into vial — roll gently, never shake. Use a fresh syringe for every draw. Universal conversion chart below.

RECON VOLUME	CONCENTRATION	SYRINGE CONVERSION	NOTES
1ml into 10mg peptide	10,000mcg/ml	10 units = 1,000mcg	High concentration
2ml into 10mg peptide	5,000mcg/ml	10 units = 500mcg	Standard — recommended
3ml into 20mg peptide	6,667mcg/ml	15 units = 1,000mcg	Retatrutide only
2ml into 100mg peptide	50,000mcg/ml	1 unit = 500mcg	GHK-Cu only