CLEAN PEPTIDES

# KPV (Lys-Pro-Val) Dosage Guide

Minimal anti-inflammatory fragment of alpha-MSH — oral, subcutaneous and topical dosing for gut and skin, NF-κB inhibition, and safety.

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## What Is KPV?

KPV (Lys-Pro-Val) is a naturally occurring tripeptide derived from the C-terminal sequence of alpha-melanocyte stimulating hormone (α-MSH) — the smallest fragment that retains potent anti-inflammatory activity. KPV enters cells and directly inhibits NF-κB nuclear translocation, the master switch controlling pro-inflammatory cytokines (TNF-α, IL-6, IL-1β). Unlike melanocortin-stimulating peptides (e.g. MT-II), KPV is purely anti-inflammatory — no tanning, sexual or appetite effects. Its small size may allow partial oral absorption, making oral dosing popular for gut-targeted inflammation.

*Dosing derives from preclinical studies and community protocols.*

### Key Characteristics

- **Minimal anti-inflammatory fragment of α-MSH** — sequence Lys-Pro-Val.
- **NF-κB inhibition** — reduces TNF-α, IL-6, IL-1β and other pro-inflammatory cytokines.
- **NOT a melanocortin agonist** — no tanning, sexual or appetite effects.
- **Multiple routes** — oral (most popular for gut), subcutaneous, topical, intranasal.
- **Potential oral bioavailability** — tripeptide size may allow some GI absorption.
- **Very mild side-effect profile** — no hormone manipulation or receptor desensitization.

## How Dosage Is Determined

Informed by preclinical IBD and skin-inflammation models (Dalmasso et al.; Kannengiesser et al.) and community use. Animal microgram/kg doses were extrapolated to the 200–500 mcg oral range. **Strength of evidence: moderate preclinical, limited clinical.**

## Standard Dosage Ranges

### Oral

| Level | Dose | Frequency | Daily Total | Notes |
|---|---|---|---|---|
| Starting | 200 mcg | 1x daily | 200 mcg | Empty stomach; assess tolerance |
| Standard | 200–500 mcg | 1–2x daily | 200–1,000 mcg | Most common for gut inflammation / IBD |

| Level | Dose | Frequency | Daily Total | Notes |
|---|---|---|---|---|
| Higher Range | 500 mcg | 2x daily | 1,000 mcg | Persistent inflammation |

### Subcutaneous

| Level | Dose | Frequency | Daily Total | Notes |
|---|---|---|---|---|
| Starting | 100 mcg | 1x daily | 100 mcg | Assess tolerance; rotate sites |
| Standard | 200–300 mcg | 1x daily | 200–300 mcg | Systemic anti-inflammatory |
| Higher Range | 500 mcg | 1x daily | 500 mcg | Active inflammatory conditions |

### Topical

Reconstituted and applied to affected skin 1–2x daily, or compounded into a cream/gel. Best for localized skin inflammation (dermatitis, eczema, psoriasis, wound healing).

## Administration Routes Compared

| Parameter | Oral | Subcutaneous | Topical | Intranasal |
|---|---|---|---|---|
| Typical Dose | 200–500 mcg | 100–500 mcg | Applied to area | 100–200 mcg |
| Bioavailability | Lower (partial) | Highest | Local | Moderate |
| Best For | Gut, IBD | Systemic | Skin conditions | Sinus / airway |

## Reconstitution & Dosing (with the supplied 3 ml)

At Clean Peptides, KPV is supplied as part of the **KLOW** blend rather than as a standalone vial; the figures below use a typical standalone 5 mg vial for reference. Oral KPV is dosed from pre-measured capsules and needs no reconstitution.

Every Clean Peptides vial ships with **3 ml of bacteriostatic water** (0.9% benzyl alcohol). All figures below assume you reconstitute with the **full 3 ml**. On a standard U-100 insulin syringe, **100 units = 1 ml**.

**Quick formula:** concentration = vial strength ÷ 3 ml, and **units to draw = dose (mg) × 300 ÷ vial strength (mg)**.

### How to reconstitute

1. **Wash your hands** and lay out the vial, the 3 ml bacteriostatic water, an insulin syringe and alcohol swabs on a clean surface.
2. **Flip off the caps** and swab both rubber stoppers with alcohol; let them air-dry 10–15 seconds.
3. **Draw the full 3 ml** of bacteriostatic water (in three 1 ml passes with an insulin syringe, or in one pass with a 3 ml syringe).
4. **Add the water slowly**, angling the needle so it runs down the inside glass wall — never squirt it directly onto the powder cake.
5. **Dissolve gently** — let the vial sit 1–2 minutes, then swirl or roll it between your palms until the solution is clear. Never shake.
6. **Label and refrigerate** at 2–8 °C. Resulting concentration: 5 mg → 1.67 mg/mL.

**Storage:** unreconstituted powder refrigerated (2–8 °C); reconstituted solution refrigerated and used within 28–30 days; do not freeze; protect from light and heat.

### Draw volumes with 3 ml — KPV

| Vial (Clean Peptides) | Concentration | 200 mcg | 300 mcg | 500 mcg |
|---|---|---|---|---|
| 5 mg | 1.67 mg/mL | 12 u | 18 u | 30 u |

## Dosage by Goal

- **Gut inflammation & IBD:** oral 200–500 mcg 1–2x daily, empty stomach, 4–8 weeks. Stack with BPC-157 for mucosal repair (the most popular KPV stack).
- **Skin inflammation:** topical 1–2x daily; optional oral 200–500 mcg daily for systemic support.
- **Systemic inflammation:** SubQ 200–500 mcg once daily, 4–8 weeks; consider Thymosin Alpha-1.
- **Wound healing:** topical to site ± SubQ 200–300 mcg daily; 2–6 weeks. Stack with BPC-157 + TB-500.

Match the route to the target: oral for gut, SubQ for systemic, topical for skin.

## Cycling & Duration

| Protocol | On-Period | Off-Period | Notes |
|---|---|---|---|
| Standard (Gut) | 4–8 weeks | 2–4 weeks off | Reassess symptoms at 4 weeks |
| Extended (Chronic IBD) | 8–12 weeks | 4 weeks off | Monitor and reassess regularly |
| Maintenance | Ongoing at lower dose | N/A | ~200 mcg/day; limited long-term data |
| Acute (Wound Healing) | 2–6 weeks | Stop when healed | Matches healing timeline |

Lower desensitization risk than GHRPs (intracellular NF-κB mechanism), but cycling remains best practice.

## Stacking Protocols

**KPV + BPC-157 — gut-healing stack (most popular):** KPV 200–500 mcg oral 1–2x daily (NF-κB inhibition) + BPC-157 250–500 mcg oral or SubQ (mucosal repair).

Other combinations: KPV + LL-37 (anti-inflammatory + antimicrobial); KPV + Thymosin Alpha-1 (immune modulation); KPV + BPC-157 + TB-500 (comprehensive healing). KPV does not interact with melanocortin pathways.

## Safety, Side Effects & Contraindications

One of the mildest side-effect profiles of any research peptide; no hormone manipulation, no receptor desensitization.

**Rare, mild:** GI discomfort (oral), injection-site reactions (SubQ), rare headache, mild skin irritation (topical). **NOT associated with:** tanning, sexual effects, appetite changes, cortisol/prolactin elevation, water retention.

**Contraindications:** pregnancy and breastfeeding; caution during active severe infection (NF-κB has a role in immune defense); immunosuppressed individuals; known hypersensitivity.

Not FDA-approved; research peptide (in some jurisdictions sold as a supplement).

## Common Mistakes

- Expecting melanocortin effects (tanning/libido/appetite) — KPV has none.
- Using injectable doses orally or vice versa.
- Stopping too early (gut improvement takes 1–2 weeks; full IBD benefit 4–8 weeks).
- Using KPV alone for severe IBD without medical supervision.
- Improper storage of reconstituted solution.
- Taking oral KPV with a large meal.
- Confusing KPV with full-length alpha-MSH.

## Key Takeaways

- Minimal anti-inflammatory fragment of α-MSH working via NF-κB inhibition (not melanocortin receptors).
- No tanning, sexual or appetite effects.
- Oral 200–500 mcg 1–2x daily (empty stomach) is most popular; SubQ 100–500 mcg for systemic; topical for skin.
- Gold-standard stack: KPV + BPC-157 for gut/IBD.
- Cycle 4–8 weeks; very mild side effects; not FDA-approved.

## References

1. Dalmasso G, et al. "PepT1-mediated tripeptide KPV uptake reduces intestinal inflammation." *Gastroenterology.* 2008;134(1):166-178.
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3. Brzoska T, et al. "Alpha-MSH and related tripeptides: anti-inflammatory and protective effects." *Endocr Rev.* 2008;29(5):581-602.
4. Luger TA, et al. "Functions of alpha-MSH and related peptides in the immune system." *Ann N Y Acad Sci.* 2003;994:133-140.
5. Ichiyama T, et al. "Alpha-MSH inhibits NF-κB activation." *Exp Neurol.* 1999;157(2):359-365.