

KPV

Patient Education Guide — What It Does, Why a Physician Would Prescribe It, and What the Evidence Says

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Important Disclaimer

This information is not medical advice and is provided only to help begin your research. All clinical and dosing decisions must be made with a licensed, experienced physician and a licensed, experienced compounding pharmacist, supported by published clinical studies. This material was compiled using Artificial Intelligence, statements from videos and websites by apparent qualified professionals, and available published research. Anyone starting a medication they have never taken before should take an extremely conservative approach. We are not affiliated with any of the doctors whose videos are referenced below.

KPV

Investigational

Compounded

Also known as: Lysine-Proline-Valine (alpha-MSH fragment 11-13)

Category: Tissue Repair & Recovery — Anti-Inflammatory / Gut & Skin Barrier

How it works. KPV is a tripeptide—just three amino acids—that is the C-terminal fragment of alpha-melanocyte-stimulating hormone (alpha-MSH), a natural hormone with well-documented anti-inflammatory activity. KPV keeps the anti-inflammatory portion of the parent molecule without the pigment-producing action. Research shows it enters intestinal cells through the PepT1 transporter and downregulates inflammatory signaling, including the NF-kB pathway, reducing production of inflammatory cytokines such as TNF-alpha, IL-6, and IL-8. It has also demonstrated antimicrobial activity against organisms including *Candida albicans* and *Staphylococcus aureus* in laboratory work.

Why a physician might discuss it. KPV is most commonly discussed for gut-lining support in inflammatory gut conditions, for skin barrier and wound-healing support, and as a component of recovery stacks alongside BPC-157 and TB-500 (which is exactly how it appears in several of our blended formulations). The route matches the goal: oral formulations are typically matched with gut targets, topical with skin, and injectable with systemic inflammation goals. Because it is a tiny fragment of a hormone the body already makes, it is generally described as well tolerated.

Where the evidence actually is. The KPV literature is dominated by cell-culture and animal work—mouse colitis models, wound models, and mechanistic studies. Those results are consistent and encouraging, but controlled human efficacy trials have not been completed, and there is no standardized human dose across routes. That is the honest state of the science: strong mechanistic rationale, reproducible preclinical results, and a human evidence gap. Patients with inflammatory bowel symptoms—chronic diarrhea, abdominal pain, blood in the stool—need proper diagnostic workup first; KPV is never a substitute for a colonoscopy or a GI referral when those are indicated.

Published Evidence: Dalmasso et al. (*Gastroenterology*, 2008) demonstrated that KPV is transported into intestinal epithelial cells via the PepT1 transporter and reduces inflammatory signaling, and that oral KPV reduced inflammation in two mouse colitis models. Subsequent nanoparticle-delivery studies confirmed targeted colonic anti-inflammatory effects at very low doses. Broader alpha-MSH fragment research documents anti-inflammatory and antimicrobial activity across skin and mucosal models.

Key Study: Dalmasso G, et al. "PepT1-mediated tripeptide KPV uptake reduces intestinal inflammation." *Gastroenterology*. 2008;134(1):166-78.

Recommended Videos (educational, independent sources)

► **Thomas DeLauer** — The Best Peptide for Inflammation, Gut Health, and Visceral Fat Loss (KPV Peptide)

<https://www.youtube.com/watch?v=wdCjXXmRoEw>

► **Dr. Kristi Sawicki, Ph.D.** — KPV: The Barrier Repair Peptide (Gut, Skin & Chronic Inflammation)

<https://www.youtube.com/watch?v=XE0k4AW0uag>

► **Dr. Alex Tatem, MD** — This Peptide "Fixes" Your Gut... But There's a Catch

<https://www.youtube.com/watch?v=spOpffLj9Oo>

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njweightloss.us/Peptide-Guide-Dosing.html