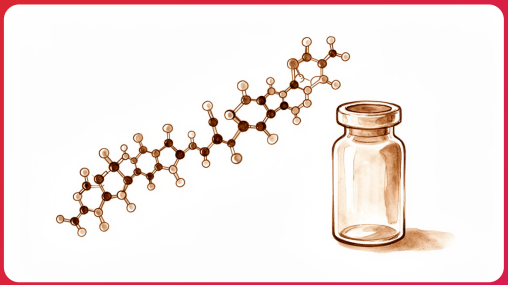
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Peptide Therapy in Musculoskeletal Medicine



Peptide therapies are heavily marketed for healing and recovery; the evidence for musculoskeletal use is limited.

What it is

Injectable peptide therapy uses small protein fragments to help your body heal injured tissues. These peptides are designed to interact with your cells to encourage repair. They are currently being explored for use in orthopaedic and sports medicine conditions. This includes issues like tendon tears, cartilage damage, and soft tissue pain.

The science is still developing. There is not enough evidence yet to support their routine clinical use in these fields. For example, while some animal studies show promise for healing tendons or cartilage, there are no randomized controlled trials in humans for certain peptides like BPC-157. Because of this lack of human data, experts do not recommend using BPC-157 for sports performance or recovery. The overall safety and effectiveness for general sports enhancement remain unclear.

However, some specific treatments show early signs of benefit. One therapy called EGYFIL appears safe for treating pain and stiffness in soft tissues. Patients often feel relief in pain and stiffness within just 3 hours of the first application. This relief continues during a standard 3-day treatment period. Other approaches, such as using self-assembling peptide scaffolds, are being studied to improve healing after procedures like microfracture. These methods aim to create a supportive environment for your body's natural repair processes. Your doctor can discuss whether these emerging options are appropriate for your specific situation.

Does it work?

The short answer is that we do not yet have enough high-quality human trials to say these treatments work for most conditions. Most current evidence comes from animal studies or small lab tests. This means your doctor cannot promise specific results for injectable peptide therapies. There are no randomized controlled trials in humans for BPC-157. The science is not strong enough to determine if it is safe or effective for sports recovery. For this reason, we do not recommend using BPC-157 to boost athletic performance or speed up healing.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Some specific treatments show promise in early research. For example, a topical lotion containing hyaluronic acid and peptides has been tested for soft tissue pain. It appears safe and can reduce pain and stiffness. You may notice this relief as soon as three hours after the first application. The benefits continue over the three days of treatment. Other experiments in animals show that certain peptides can help tendons heal stronger or protect nerve fibers. However, these results have not been proven to work the same way in people yet.

It is important to be realistic about what these therapies can do right now. While some animal studies show improved healing or reduced inflammation, others show no functional recovery at all. We must distinguish between laboratory success and clinical benefit. Until larger, rigorous human studies are completed, these options remain experimental for many orthopaedic conditions. Your doctor will discuss whether any specific peptide therapy is appropriate for your unique case, but please understand that the evidence base is still growing and not yet definitive for general use.

Is it right for you?

Peptide therapy is not yet a standard treatment for most orthopaedic or sports injuries. Current evidence does not support its routine clinical use. Most findings come from animal studies, such as rats or horses, rather than people. For example, while some peptides improved healing in rat tendons or horse cartilage, there are no randomized controlled trials testing BPC-157 in humans. Scientists cannot yet confirm if it is safe or effective for sports enhancement. Your doctor does not recommend using BPC-157 for performance or recovery.

However, some specific options show promise for symptom relief. EGYFIL, for instance, is safe for treating pain and stiffness in soft tissues. It can reduce your discomfort as quickly as three hours after the first application. This relief continues throughout the three days of treatment. Other approaches, like self-assembling peptide hydrogels, are being studied to help cartilage heal after microfracture surgery. These methods may improve symptoms in joint defects, though the exact reasons for improvement vary.

You should view this as a shared decision with your doctor. Ask your doctor about the lack of long-term human data. Be aware that some experimental treatments may not deliver functional recovery, even if they preserve nerve structures in lab settings. Costs and availability vary widely because these therapies are often not fully established. Ensure you understand what is proven and what remains experimental before proceeding.

The bottom line

Injectable peptide therapies currently lack strong human evidence to support their use in orthopaedics. While some topical lotions like EGYFIL reduce pain and stiffness within 3 hours, most promising results come from animal studies that do not yet translate to human care. You should not expect these treatments to reliably improve sports performance or recovery. Your doctor will rely on proven methods rather than unproven injectable peptides for your healing.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au