thetrutides

KPV

A three-amino-acid anti-inflammatory peptide

UPDATED 4 AUGUST 2026

KPV is the smallest compound on the 2026 PCAC docket and one of the more mechanistically tidy ones: it is the active tail of a hormone the body already uses to switch inflammation down.

In Plain English

Your body makes a hormone called α-MSH that does two unrelated jobs: it darkens skin, and it calms inflammation. KPV is just the tail end of that hormone — the part that appears to carry the calming effect without the pigment effect. Being only three amino acids long makes it unusually small, stable and easy to characterise, which is a genuine advantage over most peptides in this category.

What people use it for. Inflammatory conditions — gut inflammation and skin conditions being the two most common — usually as part of the KLOW blend rather than alone.

What to know before you buy. KPV has one practical advantage over almost everything else in this category: at three amino acids, it is small enough that there is no real ambiguity about what you are getting. The identity problems that plague BPC-157 and TB-500 barely apply here. What it shares with them is the absence of completed human trials — the mechanism is well understood, the clinical proof is not.

What It's Used For

GOAL	WHAT THAT RESTS ON
Calming inflammation	Derived from α-MSH, a hormone your body already uses to switch inflammation down
Gut inflammation	Reduced inflammatory signalling in intestinal cells and improvement in rodent colitis models
Skin conditions	Wound-healing and dermatological models
Clean identity	At three amino acids, one of the few peptides here with no ambiguity about what is in the vial

The left column lists goals people commonly pursue with this compound; the right column states what that rests on. These are described uses and research findings, not proven outcomes or treatment claims. Individual results vary and no outcome is promised.

How to Buy It

AVAILABLE IN THESE BLENDS

KLOW 80mg — BPC-157 + TB-500 + KPV + GHK-Cu — $110

Bulk pricing: 2-3 vials −5% | 4-6 vials −10% | 7-9 vials −15% | 10+ vials −20%

This compound is supplied as part of the blends above rather than as a standalone vial. **Ships sealed and lyophilized** — stable for years at room temperature, reconstitute before use, or ask and it will be reconstituted free at the volume shown below. **Free shipping on every order, no minimum.** Third-party COA available for every batch — HPLC purity and mass spec verification.

At a Glance

CLASS	Tripeptide (lysine-proline-valine); the C-terminal fragment of α-MSH
MECHANISM	Retains the anti-inflammatory activity of α-MSH without its pigmentary effects; acts on intracellular inflammatory signalling including NF-κB
PRECLINICAL	Colitis, wound healing and dermatological models, largely rodent and in-vitro
HUMAN DATA	No completed randomised controlled trial
REVIEWED FOR	Wound healing and inflammatory conditions
REGULATORY (US)	Not FDA-approved. PCAC recommended for 503A listing 23 July 2026; no FDA action taken
FORMAT	Sold within the KLOW blend

3	8-6-1	□-MSH	0
AMINO ACIDS	PCAC VOTE	PARENT HORMONE	COMPLETED RCTS

REGULATORY STATUS — READ THIS FIRST

On 23 July 2026 the FDA Pharmacy Compounding Advisory Committee voted **8-6-1 to recommend** KPV (free base and acetate) for the Section 503A bulk drug substances list. That vote is **advisory only.** As of 4 August 2026 the FDA has taken no action on it, has not opened rulemaking, and has not moved the substance to the interim Category 1 list. FDA's own scientific reviewers had recommended *against* all seven peptides; the committee voted against staff on six consecutive votes, so the usual assumption that a PCAC recommendation predicts the agency's decision is weaker here than normal. Several outlets have reported this as the FDA "clearing", "approving" or "adding" these peptides to the bulks list. That is inaccurate. Nothing has been added and nothing is legally cleared.

What the Research Shows

KPV's preclinical literature clusters around inflammatory conditions of the gut and skin. Reported effects include reduced inflammatory signalling in intestinal epithelial cells, improvement in rodent colitis models, and accelerated closure in wound-healing models. Interest in topical and oral routes reflects the molecule's small size and stability.

What is missing is the same thing missing across this docket: controlled human trials. The mechanism is well-characterised and the parent hormone is well understood, but that is mechanistic plausibility, not demonstrated clinical benefit.

One genuine advantage

The identity problem FDA raised for BPC-157 and TB-500 applies far less here. A three-residue peptide has an unambiguous sequence and a straightforward molecular weight, so the vendor-to-vendor variability concern is materially smaller than for the longer, less settled compounds on the same agenda.

THE BOTTOM LINE

A clean mechanism, a well-understood parent hormone, easy characterisation and a plausible anti-inflammatory rationale — paired with no completed human trials. KPV is a reasonable candidate for the mechanism it claims; it is not a demonstrated treatment for anything.

Also in the Range

Sold within **KLOW**, which pairs it with BPC-157, TB-500 and GHK-Cu. KPV is the only anti-inflammatory component in that blend.

 Sources: FDA PCAC meeting materials and briefing documents, 23-24 July 2026; Hyman, Phelps & McNamara FDA Law Blog, 24 and 28 July 2026; Mintz, 29 July 2026; Polsinelli, 22 April 2026.