KPV

ANTI-INFLAMMATORY PEPTIDE FRAGMENT RESEARCH

Benefits, research claims, evidence boundaries, and safety context—in one page.

3 AMINO ACIDS

PRECLINICAL

WHAT THE EVIDENCE IS STUDYING

KPV (Lys-Pro-Val) is the C-terminal tripeptide of alpha-melanocyte-stimulating hormone. It is studied for anti-inflammatory signaling, especially in cell and animal GI models.

RESEARCH PROFILE

- **Sequence**
  Lys-Pro-Val
- **Research focus**
  Inflammation + GI models
- **Human efficacy**
  Not established

EVIDENCE REALITY CHECK

Mouse colitis and cell studies support an anti-inflammatory hypothesis. They do not establish effective human dosing, delivery, disease treatment, skin benefit, or long-term safety.

BEST WAY TO DESCRIBE IT

A small preclinical peptide—not a proven anti-inflammatory therapy.

SCAN FOR THE LIVE GUIDE

Opens the current printable PDF at rippedtidebiolabs.com.

Permanent Education Center resource link.

1 INFLAMMATORY SIGNALING

Laboratory studies report effects on NF-kB-related signaling and inflammatory mediators. Mechanistic findings do not equal clinical symptom improvement.

2 COLITIS MODELS

In mouse and intestinal-cell research, KPV reduced inflammatory signals and improved experimental colitis measures. Human therapeutic efficacy is unknown.

3 DELIVERY QUESTIONS

Research has explored intestinal transport through PepT1 and targeted delivery strategies. Stability, absorption, tissue exposure, and route remain major translational issues.

4 CLAIM BOUNDARY

Evidence does not establish KPV for inflammatory bowel disease, dermatitis, wound healing, systemic inflammation, pain, or immune disorders in people.

IMPORTANT SAFETY + REGULATORY NOTE

KPV is not FDA-approved. Human pharmacokinetics, effective dose, immune effects, interactions, pregnancy risk, and long-term safety are not established. Products marketed for injection or compounding also raise identity, purity, concentration, and sterility concerns. Educational only—not medical advice.

Sources: Dalmasso et al., J Immunol. 2008;181:4405-4414, PMID 18768899; Maaser et al., J Clin Invest. 2006;116:1543-1551, peptide transport research; FDA compounded-drug risk resources.