



GENORACLE

# DSIP

**Purity: >98% (HPLC on request) | Molecular Formula: C<sub>35</sub>H<sub>48</sub>N<sub>10</sub>O<sub>15</sub>**  
**Molecular Weight: 848.81 | Sequence: Trp-Ala-Gly-Gly-Asp-Ala-Ser-Gly-Glu**

## DESCRIPTION:

DSIP is a well-known neuromodulator and natural somnogenic nonapeptide with many other physiological functions. It is typically found in the brain and easily passes the blood-brain barrier. It is mainly prescribed for the treatment of pain conditions, alcohol and opioid withdrawal, CRH and stress-related symptoms, low testosterone (via stimulation of LH), and even sometimes as an antioxidant and anti-oncogenic protein. It has been discovered and heavily studied for over 40 years, yet, the mechanism of action is still complex and not well understood. The results of studies of DSIP and its analogues over a period of 30 years since its discovery enable one to state with confidence that DSIP is a unique member of the family of peptide neuromodulators. It exhibits a

pronounced stress protective action and decreases stress-induced metabolic and functional disorders in human and animal organisms exposed to a variety of stresses. Some of the effects of the peptide are accomplished through the modulating action on central regulatory processes, owing to the systemic antioxidant action, the modulating influence on the activity of GABAergic, glutamatergic, and other neuronal systems. It also works on the expression of early response genes in brain structures, and on the activity of biosynthetic and proteolytic processes. DSIP has traditionally been dosed as an IV infusion, however, it can be given subcutaneously as well. Traditional doses have been 100mcg.

## PROTOCOL:

**Content & Potency:** Provided as a 5mg lyophilized vial

**Vial reconstitution:** 2ml sterile water for injection

**Suggested dosage:** Inject 250-500mcg (0.1-0.2ml or 10-20units) subcutaneously 2-12 hours before bed

## CLINICAL RESEARCH:

### DSIP-more than a sleep peptide?

In several species DSIP at low doses has been shown to promote sleep. Although its physiological role remains to be clarified, DSIP illustrates several concepts applicable to other brain peptides. These include the bell-shaped dose-response curve, central effects after peripheral administration, a delayed and prolonged time course, and

some penetration of the blood-brain barrier in essentially intact form. Concepts applicable to one neuropeptide, therefore, appear to be applicable to others. In this article Abba Kastin and colleagues review the known effects of DSIP and argue that more work needs to be carried out before it can be labelled functionally.

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