

DSIP — Research Summary

Research Use Only. Not for human consumption. For laboratory/research reference purposes only.

Part of the Prolific Peptides Research Library — a summary of published third-party research, provided for informational and research purposes only. This content is separate from product listings and does not constitute a claim about any Prolific Peptides product's effects.

1. What It Is

DSIP (Delta Sleep-Inducing Peptide) is a nonapeptide (Trp-Ala-Gly-Gly-Asp-Ala-Ser-Gly-Glu) originally isolated from rabbit cerebral venous blood in the 1970s and studied for over 40 years for effects on sleep regulation, stress response, and neuroendocrine signaling. It is reported to cross the blood-brain barrier.

2. Reported Effects in Research Literature

DSIP has an unusually long human research history compared to most compounds in this set, dating to intravenous human studies in the late 1970s and 1980s — though by modern standards, these were small trials without contemporary controls.

- Early human sleep studies (IV administration): Schneider-Helmert & Schoenenberger (1981) found acute IV synthetic DSIP (25 nmol/kg) in 6 chronic insomniacs produced longer sleep duration and higher sleep quality with fewer interruptions, without daytime sedation.
- A companion 1981 study in 6 normal volunteers (double-blind crossover) found DSIP infusion increased total sleep time by 59% within 130 minutes versus placebo, with no classic pharmacologic sedation on EEG/behavioral analysis.
- A double-blind, matched-pairs study in 16 chronic insomniac patients (parallel groups, IV DSIP vs. placebo) found higher objective sleep efficiency and shorter sleep latency with DSIP, though the authors concluded the effects were weak and short-term treatment was unlikely to be of major therapeutic benefit.
- An open study of 7 patients with severe insomnia treated with a series of 10 DSIP injections found sleep normalized in all but 1 case, with improved daytime mood and performance, for follow-up periods of 3–7 months.
- A case report described DSIP use in a patient with chronic delayed sleep phase insomnia and benzodiazepine dependence, resulting in a 5-hour advance of the main sleep phase and abrupt benzodiazepine withdrawal.
- Pain research: A pilot study in 7 patients with chronic pain (migraine, vasomotor headache, chronic tinnitus, psychogenic pain) found IV DSIP significantly lowered pain levels in 6 of 7 patients, with a simultaneous reduction in co-occurring depressive symptoms.
- Preclinical: A 2021 study found DSIP recovered motor function in rats after focal stroke.
- Research limitation: Nearly all human DSIP data predates modern trial-design standards (no large randomized, placebo-controlled, double-blind trials with contemporary statistical rigor); most published human work is 30–45 years old and originates from a small number of European/Russian research groups.

3. Clinical & Preclinical Study References

Schneider-Helmert D, Schoenenberger GA. "The influence of synthetic DSIP on disturbed human sleep." *Experientia*. 1981;37(9):913-7. PMID: 7028502

Schneider-Helmert D. "Acute and delayed effects of DSIP on human sleep behavior." PMID: 6895513

"Effects of delta sleep-inducing peptide on sleep of chronic insomniac patients. A double-blind study." PMID: 1299794

"A clinical trial with DSIP." PMID: 6391926

"Therapeutic effects of delta-sleep-inducing peptide (DSIP) in patients with chronic, pronounced pain episodes. A clinical pilot study." *Eur Neurol*. 1984;23(5):372-85. PMID: 6548970

Graf MV, Kastin AJ. "Delta-sleep-inducing peptide (DSIP): a review." *Neurosci Biobehav Rev*. 1984;8(1):83-93. PMID: 6145137

Tukhovskaya EA, et al. "Delta Sleep-Inducing Peptide Recovers Motor Function in SD Rats after Focal Stroke." *Molecules*. 2021. PMID: 34500605

Regulatory/Safety Note: DSIP is not approved by the FDA for any indication. It has not undergone the modern clinical trial process required for pharmaceutical regulatory approval in the United States.

This compound has not been evaluated by the FDA and is not intended to diagnose, treat, cure, or prevent any disease in humans or animals.
This document is for informational and research purposes only. It does not constitute medical advice, dosing guidance, or an endorsement of human or veterinary use.
For full terms governing research use, see our RUO Policy at [ProlificPeptides.com](https://prolificpeptides.com).
This summary may not be reproduced, excerpted, or used as product labeling or marketing copy without written permission from Prolific Peptides, LLC.
Regulatory and research-status information reflects publicly available sources as of September 7, 2026, and may change.