

Delta sleep-inducing peptide — the one the committee turned down

DSIP is the only compound of the seven reviewed in July 2026 that the FDA advisory committee voted **against**. That outcome, and the reasoning behind it, is the most important thing to understand about this peptide.

● In Plain English

DSIP was found in the blood of sleeping rabbits in 1977, and the name reflects what researchers hoped it did. Interestingly, it does not appear to knock you out; the proposal is that it adjusts the structure of sleep — the balance of sleep stages — rather than causing it. The problem is that the research supporting that idea is small and old.

What people use it for. Sleep quality, and to a lesser extent recovery and stress. The name promises more than the evidence delivers.

What to know before you buy. Be aware of where this one stands. Of the seven peptides the FDA advisory committee reviewed in July 2026, this is the only one they voted against — and the reasons were specific: the supporting research is small and mostly predates 1992, it is unclear what molecule “DSIP” actually refers to, and there are approved sleep medications with proper evidence behind them. That is not a reason nobody can use it, but it is a reason to have accurate expectations.

● What It's Used For

GOAL	WHAT THAT RESTS ON
Sleep architecture	Proposed to adjust the balance of sleep stages rather than induce sleep directly
Historical research interest	Studied for opioid withdrawal, chronic insomnia and narcolepsy
Honest caveat	The supporting trials are small and none is more recent than 1992. The FDA advisory committee voted against it in July 2026

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.

● Pricing & Sizes

PRICING

5mg vial

\$40

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

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.

Reconstitution — bacteriostatic water: 5mg vial at 2mL = 2.5mg/mL, so 10 units on a 100-unit syringe draws 0.25mg. Concentrations are arithmetic from vial content and diluent volume, not a dosing recommendation.

● At a Glance

CLASS	Nonapeptide, also called emideltide
DISCOVERY	Isolated in 1977 from the cerebral venous blood of rabbits in slow-wave sleep
PROPOSED MECHANISM	Reported to regulate sleep architecture rather than induce sleep directly; also studied in opioid withdrawal
REVIEWED FOR	Opioid withdrawal, chronic insomnia and narcolepsy
HUMAN DATA	Small trials, the most recent dating to 1992
REGULATORY (US)	Not FDA-approved. PCAC voted against inclusion on the 503A list, 24 July 2026, by 6 in favour to 7 against with 1 abstention
FORMAT	5mg vial

6-7-1

PCAC VOTE — FAILED

1977

DISCOVERED

1992

MOST RECENT TRIAL

1 of 7

REJECTED IN JULY

REGULATORY STATUS — THE COMMITTEE VOTED NO

On 24 July 2026 the FDA Pharmacy Compounding Advisory Committee voted **6 in favour to 7 against, with 1 abstention**, declining to recommend Emideltide (DSIP) for the Section 503A bulk drug substances list. It was the only one of the seven peptides reviewed to be rejected. Dissenting members cited low-quality efficacy evidence, poor characterisation, the availability of approved therapies, and uncertainty in the dosing regimen. As with the recommended compounds, the vote is advisory and FDA has taken no formal action — but the committee's position here was negative rather than positive.

● Why the Committee Said No

The objections raised at the hearing were specific and are worth stating plainly rather than glossing:

- **Age of the evidence.** Public Citizen noted that the efficacy data comes from small trials with nothing more recent than 1992. Dr John Hertig of the Collaborative for Evidence-Based Medicines observed that the sole supporting study is over thirty years old
- **Identity.** The common name “DSIP” was said to cover different active molecules — the same characterisation problem FDA raised across the docket, but less resolved here
- **Immunogenicity.** Concerns tied to incomplete impurity data
- **Approved alternatives exist.** For insomnia and narcolepsy specifically, there are approved therapies with proper evidence behind them
- **Dosing uncertainty.** No clear consensus regimen

Proponents offered mechanism, history and anecdote, along with longevity and circadian framing. Former Puerto Rico Governor Ricardo Rosselló argued that waiting for perfect certainty is itself a consequential policy choice. The panel was not persuaded.

● How to Read This Outcome

One commentator asked whether DSIP was the “sacrificial lamb” of a meeting that otherwise approved everything in front of it — a panel demonstrating it was still applying a standard. That reading is speculative. What is not speculative is that on the evidence presented, DSIP had the oldest and thinnest supporting record of the seven, and it was the one that failed.

For a buyer, the practical implication is straightforward. Whatever pathway eventually opens for the six recommended peptides, DSIP is not currently on it, and the committee that reviewed it declined to put it there.

THE BOTTOM LINE

The only compound of the seven reviewed to be rejected, on grounds that were specific and substantive: evidence more than three decades old, unresolved identity, and approved alternatives already available for the indications proposed. Anyone selling or buying DSIP should know that this is where it stands.

● Also in the Range

Compare with **Epithalon**, which shares the sleep and circadian application and was recommended by the same panel that declined DSIP.

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