

Selank (5mg&10 mg Specification) Comprehensive Dosing Guide

I. Overview

Selank is a synthetic heptapeptide, a structural analogue of tuftsin, which has demonstrated anti-anxiety and anti-asthenic (energy-boosting) effects in human clinical trials [1][2]. Russian studies show that intranasal Selank produces anti-anxiety effects comparable to benzodiazepines, without sedation or addiction risk [1]. This educational protocol follows published trial data and provides a once-daily subcutaneous-injection regimen with practical dilution ratios for accurate measurement using insulin syringes. This guideline covers both 5 mg and 10 mg vial specifications.

Research Background: Refer to relevant Selank peptide reviews for evidence regarding mechanism of action, human and pre-clinical studies, limitations and safety.

II. Dosing & Reconstitution Guidelines

5 mg Specification

Reconstitution: Add 3.0mL bacteriostatic water → concentration approx. 1.67 mg/mL

U-100 insulin syringe conversion: 1 unit = 0.01 mL ≈ 16.7 mcg

Post-reconstitution shelf-life: Use within 4 weeks under refrigeration (2-8°C)

10 mg Specification

Reconstitution: Add 3.0mL bacteriostatic water → concentration approx. 3.33 mg/mL

U-100 insulin syringe conversion: 1 unit = 0.01 mL ≈ 33.3 mcg

Post-reconstitution shelf-life: Use within 4 weeks under refrigeration (2-8°C)

Standard / Progressive Protocol (Once-Daily, Subcutaneous Injection)

Weeks	Daily Dose (mcg)	5 mg Specification (1.67 mg/mL)	10 mg Specification (3.33 mg/mL)
Weeks 1-2	200 mcg	12 units (0.12 mL)	6 units (0.06 mL)
Weeks 3-4	300 mcg	18 units (0.18 mL)	9 units (0.09 mL)
Weeks 5-6	400 mcg	24 units (0.24 mL)	12 units (0.12 mL)
Weeks 7-8	500 mcg	30 units (0.30 mL)	15 units (0.15 mL)

Frequency: Once- daily subcutaneous injection.

Protocol Note: This titration protocol is intended for research purposes targeting pro-cognitive and anti-anxiety effects; maximum research dose is 500 mcg daily.

Common cycle pattern: 4-week dosing followed by 4-week rest, total cycle can reach 8-16 weeks.

III. Reconstitution Procedure

1. Allow the Selank lyophilized-powder vial to warm to room temperature.
2. Draw 3.0mL bacteriostatic water with a sterile syringe.
3. Inject slowly along the inner vial wall to avoid foam formation.
4. Gently swirl and roll the vial until fully dissolved. Do NOT shake vigorously.
5. Label with preparation date; store refrigerated at 2-8°C (35.6-46.4°F), protected from light.
6. Use completely within 4 weeks after reconstitution.

IV. Required Supplies

Use one complete set of measured and sterile research supplies for each prepared Selank 5 mg nasal bottle.

- Selank 5 mg research vial: One vial per prepared bottle, with lot-specific identity, purity, and assay documentation. The supplier card below links to the existing Selank 5 mg product page.
- Sterile research vehicle: Single-use sterile 0.9% sodium chloride for the worked saline example, or another validated sterile nasal research vehicle.
- Sterile nasal actuator bottle: One 5 mL or 10 mL bottle intended for single-user research.
- Metered pump: A compatible actuator documented or verified at 0.10 mL per complete spray.
- Calibrated transfer tools: Sterile syringes or pipettes that can measure the initial 3.0 mL and the exact 5.0 mL or 10.0 mL final volume.
- Sterile transfer needle: Required when the peptide vial uses a rubber septum.
- Clean handling supplies: Alcohol preparation pads, clean gloves, and a disinfected work surface.
- Label and research log: Record the peptide amount, final volume, concentration, pump output, preparation date, priming sprays, and actuation count.
- Storage materials: Light-protective, temperature-controlled storage appropriate to the validated formulation.
- Sharps container: Use when transfer needles are part of the preparation workflow.

One complete set of measuring and sterile research supplies per 10-mg Selank nasal vial.

- Selank 10 mg research vial: One vial per preparation, with batch-specific identity, purity and test documentation. Supplier links on product pages reference available Selank 10 mg product listings.
- Sterile research vehicle: Disposable sterile 0.9% sodium-chloride saline for working samples, or other validated sterile nasal-research vehicle.
- Sterile nasal-actuator bottle: One 5 mL or 10 mL single-user research bottle.
- Metering pump: Compatible actuator verified to deliver 0.10 mL per full spray actuation.
- Calibrated transfer tools: Sterile syringe or pipette capable of measuring initial 3.0 mL and final precise volumes of 5.0 mL or 10.0 mL.
- Sterile transfer needle: Required when peptide vials use rubber septa.
- Clean-processing supplies: Alcohol prep pads, clean gloves and disinfected work surface.
- Labels and research log: Record peptide quantity, final volume, concentration, pump output, preparation date, priming-spray count and actuation counts.
- Storage materials: Light-protected, temperature-controlled storage suitable for the validated formulation.
- Sharps container: For use when transfer needles are part of the preparation workflow.

V. Protocol Summary

Brief Summary:

Objective: Investigate Selank effects for stress-anxiety relief and cognitive-function support [1][2].

Timing: Daily subcutaneous injection for 8 weeks, extendable to 12 weeks as needed.

Dose Range: 200-500 mcg daily with gradual titration.

Reconstitution: Add 3.0 mL bacteriostatic water to 10 mg vial to achieve 3.33 mg/mL concentration for measurement with insulin syringes.

Storage: Lyophilized powder stored frozen at -20°C ; reconstituted solution refrigerated at $2-8^{\circ}\text{C}$, use within 4 weeks.

VI. Dosing Protocol

Starting Dose: 200 mcg daily for Weeks 1-2 to assess individual tolerability.

Dose Escalation: Increase by 100 mcg every two weeks according to tolerability.

Target Dose: May reach 500 mcg daily by Weeks 7-8 (upper limit for this research protocol).

Frequency: Once-daily subcutaneous injection; rotate injection sites.

Cycle Duration: Standard 8 weeks; 4-week-on / 4-week-off cycle is recommended, maximum up to 16 weeks.

Injection Time: Morning or mid-day fixed administration time is recommended.

VII. Storage Instructions

Proper storage preserves peptide quality.

Lyophilized Powder: Store at -20°C (-4°F) or lower under dry, dark conditions.

Post-Reconstitution: Refrigerate at $2-8^{\circ}\text{C}$; use within 4 weeks and protect from light.

Before Use: Allow vial to reach room temperature to minimise condensation moisture.

Extended Storage: Reconstituted solution may be sterilely aliquoted and frozen at -20°C ; thaw each aliquot only once. Repeated freeze-thaw cycles are prohibited.

VIII. Important Considerations

This dosage reference is for informational and research purposes only.
It does not replace professional medical advice and is not for human consumption.

Practical points for consistency and safety.

Use a new sterile insulin syringe for every injection; dispose into sharps container.

Rotate injection sites (abdomen, thighs, upper arms) to reduce local irritation and lipohypertrophy.

Inject slowly; wait several seconds before withdrawing the needle.

Use aseptic technique when drawing solution to prevent contamination.

Discard solution if it becomes cloudy, discoloured or contains particulate matter.

Document daily dose and injection site, and track tolerability.

Gradual titration reduces risks of headache and transient mood fluctuations.

IX. Potential Benefits & Adverse-Effect Profile**Observations from published human trials.****Potential Benefits**

Anti-anxiety Effects: Human studies demonstrate anti-anxiety properties; some trials show effects comparable to benzodiazepines without sedation or addiction risk [1].

Anti-asthenic / Energy Support: Studies observe relief of neurasthenia and improvement in mental fatigue [1].

Cognitive Modulation: Animal and human exploratory trials suggest modulatory effects on cognitive status under stress conditions.

Adverse Effects

Most adverse reactions are mild and transient.

Most Common: Mild nasal irritation (nasal-spray formulation); local injection-site redness, mild pruritus for subcutaneous administration.

Occasional: Transient headache.

Rare: Transient blood-pressure fluctuations.

Concurrent use with MAO-inhibitors is not recommended.

X. Injection Technique**Clinical best-practice guidance for subcutaneous injection.**

Supplies: U-100 insulin syringe (1 mL), fine-gauge needles, alcohol swabs, sharps-disposal container.

Site Selection: Prefer abdomen; followed by outer thighs and upper arms; rotate injection locations.

Injection Procedure: Wipe vial stopper and skin with alcohol and allow to air-dry fully. Pinch up skin fold between thumb and index finger; insert needle into subcutaneous tissue at 45-90° angle. Aspiration is not required for subcutaneous injection. Inject slowly and steadily. Withdraw needle at identical angle once dosing is complete. Apply light pressure for bleeding; do not rub the skin. Immediately place used syringes and needles into sharps container.

Important Disclaimer: This document serves educational- research purposes only and does not constitute medical advice, diagnosis or treatment. Selank is for research- use only and is not intended for human clinical use. Consult a qualified healthcare professional before commencing any peptide- based research protocol. Individual responses may vary; appropriate medical supervision is essential for safety- and- efficacy monitoring.