PeptideStacks.ca

COMMUNITY-REPORTED RESEARCH SUMMARY

# DSIP

## 10 MG and 15 MG

Preparation examples, syringe conversion, community-reported sleep patterns and evidence limitations.

PRODUCT SCOPE

**Live PeptideStacks variants: 10 MG and 15 MG**

Prepared 21 August 2026 | Sources reviewed 2026-08-21

# DSIP - preparation and dose math

These are calculation examples only. The concentration assumptions below are explicit so syringe units are never separated from vial strength and diluent volume.

### 10 MG vial example

**Add 2.0 mL bacteriostatic water**

Concentration: 5 mg/mL

Each U-100 unit = 50 mcg

### 15 MG vial example

**Add 3.0 mL bacteriostatic water**

Concentration: 5 mg/mL

Each U-100 unit = 50 mcg

## Conversion table

| Reported amount | 10 MG setup | 15 MG setup |
|---|---|---|
| 100 mcg | 2 units | 2 units |
| 200 mcg | 4 units | 4 units |
| 300 mcg | 6 units | 6 units |
| 500 mcg | 10 units | 10 units |

**CALCULATION CHECK**

Always recalculate from the actual vial strength and diluent volume. A U-100 unit is 0.01 mL; it is not a dose by itself.

# DSIP - community-reported patterns

Anecdotal summary of the cited community discussions. These observations are descriptive, not a recommendation or evidence of safety or efficacy.

| Recurring report | Frequency seen | Context in reports |
|---|---|---|
| 100 mcg | Before bedtime | Lower-start reports |
| 200-300 mcg | Before bedtime | Most recurring range |
| 500 mcg | Before bedtime in some reports | Higher experimental use |

## What recurred across reports

- Community discussions most often centered on sleep onset, sleep quality and stress-related goals.
- Reported amounts generally clustered around 100-300 mcg before bedtime, with 500 mcg appearing less consistently.
- Responses varied substantially, including reports of sedation, no effect and paradoxical wakefulness.

## Important limitations

- DSIP evidence is limited and inconsistent, and no validated human dosing standard exists for these community patterns.
- Sedation, paradoxical wakefulness and interactions with alcohol, sleep medication or other substances remain unresolved.

# Important Medical Disclaimer

### EDUCATIONAL INFORMATION ONLY

This document summarizes calculation examples and community discussion about DSIP. It is not medical advice, a prescription, a diagnosis, a treatment plan, or a recommendation to use, inject, purchase, compound, or administer any product.

### COMMUNITY REPORTS ARE NOT CLINICAL EVIDENCE

Online community posts are self-reported, uncontrolled, may be inaccurate, and cannot establish identity, purity, dosing accuracy, safety, efficacy, or causation. The ranges shown describe what was reported; they do not define an appropriate dose.

### PROFESSIONAL DIRECTIONS PREVAIL

Use only under the direction of a licensed healthcare professional and qualified dispensing pharmacy. Follow the supplied concentration, diluent, storage, beyond-use date, injection technique, monitoring and individualized directions.

### RECONSTITUTION AND INJECTION RISK

Incorrect concentration, syringe selection, unit conversion, handling, storage or sterile technique can cause unintended dosing, contamination, infection, abscess, tissue injury or allergic reaction.

### WHEN TO SEEK URGENT CARE

Stop and seek urgent medical attention for trouble breathing, facial or throat swelling, fainting, chest pain, severe confusion, persistent vomiting, or signs of a serious injection-site infection.

### SOURCE BASIS

**PubMed literature search: delta sleep-inducing peptide** - https://pubmed.ncbi.nlm.nih.gov/?term=delta+sleep-inducing+peptide - retrieved 2026-08-21