Peptide Perspectives™

THE SLEEP OPTIMIZATION STACK

Peptides & Supplements for Deeper, More Restorative Sleep



THREE DIFFERENT SLEEP GOALS

SLEEP ONSET
Time to fall asleep (sleep latency).

DURATION & CONTINUITY
Total sleep time and fewer awakenings (WASO).

DEEP SLEEP
EEG-defined N3 (restorative, tissue repair, metabolic benefits) — not the same as a smartwatck estimate.

SLEEP STAGES & BRAIN RHYTHMS

N1 Light transition → **N2** Stable sleep → **N3** Deep sleep (restorative) → **REM** Brain active (memory, learning)

KEY RESEARCH INSIGHTS

- **Circadian Timing:** Regulates when you feel sleepy and when your body is alert (e.g., melatonin, light exposure).
- **Nighttime Stress / Hyperarousal:** Elevated stress signaling can delay sleep and fragment sleep.
- **Sleep Pressure:** Builds the longer you are awake, helping drive sleep onset and depth.

SIX COMMUNITY-DISCUSSED STACKS & DOSING CONTEXT

DSIP + PINEALON — UNVALIDATED

- DSIP: 100–250 mcg at night (community-reported).
- **Pinealon:** 1–2.5 mg/day in short community courses.
- No combination trial or validated sleep outcome.

DSIP + SELANK — UNVALIDATED

- DSIP: 100–250 mcg at night (community-reported).
- **Selank:** 300–600 mcg intranasal per use (community-reported).
- No validated sleep benefit or combination study.

EPITALON + PINEALON — UNVALIDATED

- **Epitalon:** 5–10 mg/day in community short courses.
- **Pinealon:** 1–2.5 mg/day (community-reported).
- No proven sleep outcome or combination trial.

DSIP + EPITALON — UNVALIDATED

- **DSIP:** 100–250 mcg at night (community-reported).
- **Epitalon:** 5–10 mg/day in (community courses.
- No validated efficacy for sleep or synergistic benefit.

DSIP + MELATONIN — UNVALIDATED

- **DSIP:** 100–250 mcg at night (community-reported).
- **Melatonin:** Typically 0.5–3 mg (individualized for circadian indications).
- No evidence the combination improves sleep architecture (e.g., N3/REM).

SELANK + L-THEANINE — UNVALIDATED

- **Selank:** 300–600 mcg intranasal (community-reported).
- **L-theanine:** 100–200 mg/day (studied for relaxation and stress).
- No demonstrated combination synergy for sleep.

SUPPLEMENTS & STUDIED AMOUNTS

Compound	Evidence / Typical Amount
Glycine	3 g near bedtime in small human studies (sleep quality).
L-theanine	100–200 mg/day in human studies (relaxation, stress).
Magnesium glycinate	Elemental magnesium (e.g., 200–400 mg/day) if deficient; not a proven insomnia treatment.
Melatonin	Typically 0.5–3 mg for circadian timing (e.g., jet lag, shift work); timing matters; not a routine chronic-insomnia therapy.
Apigenin	No established therapeutic sleep dose (early research).
Chamomile	Studied as an herbal extract for mild sleep support; not equivalent to a peptide.

STRONGER CLINICAL SUPPORT: Morning light exposure and **CBT-I** (cognitive behavioral therapy for insomnia) have the best evidence for lasting improvement.

MEASURE THE RIGHT OUTCOMES

- **Sleep onset latency** (time to fall asleep)
- **Total sleep time** (overall duration)
- **WASO** (awakenings after sleep onset)
- **Laboratory N3 sleep** (EEG-measured deep sleep)
- **Daytime alertness** (energy, focus, mood)
- **Adverse events** (drowsiness, next-day impairment, other side effects)

WHAT THE EVIDENCE SAYS

- None of these six stacks has validated human insomnia dosing, proven improvement in N3 sleep, or proven synergy.
- **DSIP:** older human results are mixed, with inconsistent findings.
- **Pinealon/Epitalon:** mostly preclinical or biomarker research; limited human data.
- **Selank:** small human studies for anxiety and stress; not proven as a sleep treatment.

KEY CONSIDERATIONS & RISKS
Additive sedation, next-day impairment, unknown quality or interactions; use caution with alcohol, sedatives, or other sleep medications.

CBT-I is first-line for chronic insomnia; screen for sleep apnea when indicated.

COMMUNITY-REPORTED DOSING IS NOT A RECOMMENDATION. NO PEPTIDE STACK HERE IS FDA-APPROVED FOR INSOMNIA.

Educational overview | November 2026 | Not medical advice