

Epitalon / Epithalon

What it is | Why the evidence is often misclassified | Human dose evidence | Animal-to-human translation

IMPORTANT SAFETY WARNING: HIGH-DOSE COMMUNITY PROTOCOLS

High-dose Epitalon protocols are widely circulated online and are sometimes presented as though they are supported by human Epitalon research. The Russian/Ukrainian human studies commonly cited in support of these regimens used Epithalamin, a different pineal peptide preparation, not synthetic Epitalon (AEDG). As the names were conflated, the same claim was repeated across forums, vendors, and protocol pages until repetition began to resemble independent confirmation. The cited human studies did not administer Epitalon.

HUMAN AEDG DOSE CONTEXT: The directly documented human regimen was 0.5 mg/day for 20 days. A 1 mg/day for 10 days schedule provides the same 10 mg cumulative amount, but that shorter schedule was not separately tested in the cited study. Human evidence does not establish 5-10 mg/day as a validated Epitalon dose.

START HERE

1. What Epitalon Is

Epitalon, also spelled Epithalon, is a synthetic tetrapeptide made of four amino acids: alanine, glutamic acid, aspartic acid, and glycine.

AEDG

Molecular identity

Ala-Glu-Asp-Gly. Common abbreviation: AEDG.

Epitalon emerged from a broader research program involving Epithalamin, a peptide preparation derived from animal pineal tissue. The two are historically connected and have similar names, but they are different substances and their evidence should not be treated as interchangeable.

THE MOST IMPORTANT DISTINCTION

2. Why Epithalamin and Epitalon Are Commonly Confused

Epitalon / Epithalon	A defined synthetic four-amino-acid peptide: AEDG.
Epithalamin	A complex pineal-gland peptide preparation containing multiple peptides.

Why this distinction matters

Many claims described online as “human Epitalon research” trace back to studies that used Epithalamin. Those studies remain relevant to the history of pineal-peptide research, but they are not direct human studies of synthetic AEDG Epitalon. FDA’s 2026 scientific evaluation also distinguishes synthetic Epitalon from the Epithalamin pineal-polypeptide preparation.

- A dose, route, cycle, or outcome reported for Epithalamin cannot automatically be applied to Epitalon.
- Findings involving longevity, mortality, melatonin, treatment cycles, or safety only describe the substance that was actually administered.
- When an Epithalamin study is presented as an Epitalon study, the evidence has already been misclassified before dosing is considered.

HUMAN DOSE EVIDENCE

3. Human Dose Evidence for Epitalon / AEDG

0.5 mg x 20 OR 1 mg x 10

Human dose framework

0.5 mg/day for 20 days is the regimen directly documented in controlled human AEDG research. A 1 mg/day for 10 days schedule provides the same cumulative 10 mg amount over a shorter period, but it was not separately tested in that study.

0.5 mg/day

20-day course

Directly documented human AEDG exposure in the controlled circadian / melatonin-biomarker study. Total course: 10 mg.

1 mg/day

10-day course

Same 10 mg cumulative amount delivered over 10 days. This shorter schedule was not separately established in the cited human study.

The key distinction is this: 0.5 mg/day for 20 days is the directly documented human AEDG regimen. A 1 mg/day for 10 days schedule provides the same total 10 mg exposure, but that shorter schedule was not independently tested in the cited human study.

What was directly studied in humans?

The controlled human study involved 75 women aged 40-50, primarily night-shift workers. Forty participants with reduced urinary 6-sulfatoxymelatonin were divided into placebo and sublingual AEDG groups. The AEDG group received 0.5 mg/day for 20 days.

- Urinary 6-sulfatoxymelatonin increased.
- Changes in clock-gene expression were reported.
- The study also reported broadly described subjective changes in physical and psycho-emotional condition.

What the study did not establish

- It did not establish a subcutaneous or injectable Epitalon dose.
- It was not designed as an insomnia-treatment trial.
- It did not directly establish improvements in sleep duration, sleep efficiency, sleep latency, sleep architecture, or insomnia severity.
- It did not establish clinical anti-aging efficacy or a human longevity benefit.

Route matters

The controlled human AEDG study used sublingual administration. It therefore does not establish that the same dose is validated when Epitalon is administered by subcutaneous injection.

4. Why 5-10 mg/day Is Commonly Seen Online

The Russian/Ukrainian human studies commonly cited in support of these protocols used Epithalamin, not synthetic Epitalon (AEDG). As the two names became conflated in secondary sources, Epithalamin findings were increasingly described as “Epitalon research.” Forums, vendors, and protocol pages then repeated the same claim, creating the appearance of broad agreement even though the evidence trail often leads back to studies that did not administer Epitalon.

1	Russian/Ukrainian studies used Epithalamin	The cited human studies used a complex pineal preparation, not synthetic AEDG Epitalon.
2	The names became conflated	Secondary sources increasingly described Epithalamin research as “Epitalon research.”
3	The claim was repeated	Forums, vendors, and protocol pages copied the same interpretation.
4	Repetition resembled validation	Several apparent sources may ultimately trace back to the same misidentified evidence.
5	Animal studies were added later	Microgram animal data became a second rationale for multi-milligram human protocols.

5-10 mg/day

Why this is a community protocol, not a human evidence anchor

A 5-10 mg/day SC regimen for roughly 10-20 days is widely repeated online. Repetition does not independently validate the dose. Much of the human evidence cited in support of it used Epithalamin rather than Epitalon, and controlled human AEDG research has not established 5-10 mg/day as a validated human dose.

WHAT ANIMAL RESEARCH CAN - AND CANNOT - ESTABLISH

5. How Animal-to-Human Dose Translation Works

Animal studies can help researchers understand Epitalon biology and estimate exposure ranges for future human research. They do not, by themselves, establish an effective or appropriate human dose.

Incorrect approach	Take a rat or mouse dose and simply multiply it by human body weight.
Typical research approach	Normalize the animal exposure relative to body size, then use an appropriate interspecies method such as body-surface-area scaling to estimate a human-equivalent exposure.
What the estimate cannot establish	The result remains a research estimate. It does not establish efficacy, safety, injection frequency, route, or cycle length in humans.

MICROGRAM ANIMAL EXPOSURES DO NOT EQUAL MILLIGRAM HUMAN PROTOCOLS

6. Why the Animal Data Do Not Establish 5-10 mg/day

The animal exposures summarized here are small and are measured in micrograms. Examples include:

1 µg per rat SC	1 µg/day per mouse SC	2 µg/kg/day rhesus monkey IM
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How the conversion process works

- Begin with the actual animal exposure. A fixed dose such as 1 µg per rat is not the same as a weight-based dose expressed in mg/kg.
- To compare exposure across species, the animal dose must first be normalized relative to body size.
- Researchers may then use an interspecies method such as body-surface-area scaling to estimate a human-equivalent dose. That result is a translational estimate used to guide further study, not proof of a human dose.
- The estimate still requires human testing. Dose-ranging, safety, pharmacokinetic, and efficacy data are needed before a human regimen can be considered established.

Key principle

A calculated human-equivalent dose is not automatically “the human dose.” It is an estimate used to help design the next stage of research.

Why the jump to 5-10 mg/day requires scrutiny

The animal examples above are measured in micrograms. For context, 5 mg equals 5,000 µg and 10 mg equals 10,000 µg. Raw doses cannot be compared directly across species, but the scale difference shows why a 5-10 mg/day human protocol does not follow automatically from these animal studies. Additional assumptions are required, and those assumptions are not a substitute for human dose-finding research.

WHY THIS EVIDENCE DISTINCTION MATTERS

7. Two Distinct Evidence Errors

Error 1

Identity error

Epithalamin -> Epitalon. A study administers a complex pineal preparation, but later sources describe it as though participants received synthetic AEDG.

Error 2

Translation error

Animal Epitalon -> human multi-milligram protocol. A microgram-scale animal exposure is extrapolated and then presented as if it clinically validated a human regimen.

HOW STRONG IS THE EVIDENCE?

8. Evidence at a Glance

Direct human AEDG	Very limited. The directly documented regimen summarized here is 0.5 mg/day sublingually for 20 days. A 1 mg/day for 10 days schedule provides the same 10 mg cumulative amount but was not separately tested in that human study.
Human injectable AEDG	Extremely limited. The sublingual study does not establish an injectable dose.
Human Epithalamin	Considerably more historical human research exists, but it involves a different preparation and should not be treated as direct Epitalon evidence.
Animal Epitalon	Meaningful but limited. Published examples include microgram-scale SC and IM exposures.
Cell / mechanism research	Useful for biological plausibility and mechanism, but it cannot establish a human treatment protocol.
Human longevity	Not established for synthetic Epitalon.
Human telomere effects	Not established in living humans.
FDA approval	No. Epitalon is not an FDA-approved drug.

KEY TAKEAWAYS

9. Key Takeaways

What Epitalon is

Epitalon, also called Epithalon, is the synthetic AEDG tetrapeptide. It is historically connected to Epithalamin research, but it is not the same substance.

Human dose evidence

The clearest directly documented human AEDG regimen is 0.5 mg/day sublingually for 20 days, totaling 10 mg. A 1 mg/day for 10 days schedule provides the same cumulative 10 mg amount but was not separately established in the cited human study.

Why higher doses appear online

A 5-10 mg/day regimen for 10-20 days is commonly repeated online. A major source of the confusion is that Russian/Ukrainian Epithalamin studies were later described as though they were Epitalon studies, allowing a misclassified evidence trail to spread across community sources.

What the animal studies show

Microgram-scale animal studies can inform future research, but animal-to-human scaling produces only an estimated human-equivalent exposure. It does not establish efficacy, the optimal dose, route, frequency, or cycle duration in humans.