

Pinealon

Patient Education Guide — What It Does, Why a Physician Would Prescribe It, and What the Evidence Says

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Important Disclaimer

This information is not medical advice and is provided only to help begin your research. All clinical and dosing decisions must be made with a licensed, experienced physician and a licensed, experienced compounding pharmacist, supported by published clinical studies. This material was compiled using Artificial Intelligence, statements from videos and websites by apparent qualified professionals, and available published research. Anyone starting a medication they have never taken before should take an extremely conservative approach. We are not affiliated with any of the doctors whose videos are referenced below.

Pinealon

Investigational

International

Also known as: EDR tripeptide (Glu-Asp-Arg)

Category: Cognitive & Neurological Support — Peptide Bioregulator

What it is. Pinealon is a synthetic tripeptide—glutamate-aspartate-arginine—developed by Professor Vladimir Khavinson's group at the St. Petersburg Institute of Bioregulation and Gerontology. It belongs to the family of short peptides that program terms "bioregulators," designed to target specific tissues; Pinealon is the analog aimed at pineal gland and brain cortex tissue. Its ultra-short structure is claimed to give it better stability and tissue penetration than the larger polypeptide preparations it was derived from.

The proposed mechanism, stated honestly. The Khavinson hypothesis is that tissue-specific short peptides can enter cells, interact with DNA sequences, and regulate gene expression—in Pinealon's case, activating expression of proteins associated with neuronal activity and reducing the intensity of neuronal cell death. Russian literature describes applications in cognitive support after brain injury, stroke, or neurosurgery, and in maintaining mental performance in older adults. It is worth stating plainly: the bioregulator hypothesis remains outside mainstream Western pharmacology, and the supporting literature comes overwhelmingly from one research ecosystem.

Where this belongs in a clinical conversation. Pinealon is not FDA-approved. Protocols vary between Russian sources and research vendors, and no standardized Western dosing exists. This is not an ordinary clinic-menu compound—it is best discussed with patients as an educational example of where the science is exploring, rather than as a routine therapy. Cautions include psychiatric instability, and grey-market sourcing is a genuine risk given the vendor landscape. Effects, if present, are described as subtle and gradual over weeks to months. Anyone with active neurological or psychiatric disease needs proper evaluation and referral first—that is the defensible and necessary step.

Published Evidence: Khavinson's 2010 review in *Biogerontology* summarizes more than three decades of the St. Petersburg program's work, proposing that tissue-specific short peptides regulate gene expression, extend lifespan in rodents, and suppress tumorigenesis. Pinealon-specific studies published in Russian journals report neuroprotective effects in models of prenatal hypoxia and improved cognitive indices in elderly cohorts. Independent Western replication is limited to absent.

Key Study: Khavinson VKh, Anisimov VN. "Peptide bioregulation of aging: results and prospects." *Biogerontology*. 2010;11(2):139-49.

Recommended Videos (educational, independent sources)

► **Peptides Explained Easy** — Pinealon Explained: The Brain Bioregulator Nobody Talks About
<https://www.youtube.com/watch?v=zUu5KAF9tdo>

► **Dr. Abud Bakri & Dr. Andrew Huberman — Huberman Lab Clips** — How Pinealon Might Improve Sleep & Cognitive Function
<https://www.youtube.com/watch?v=PFB00eiUf90>

► **Peptide Science Institute** — Pinealon: Russia's "Superhuman" Brain-Enhancing Peptide
<https://www.youtube.com/watch?v=R3dQWwIutDg>

