CLEAN PEPTIDES

Selank Dosage Guide

Anxiolytic nootropic peptide — intranasal and subcutaneous dosing, BDNF upregulation, stacking with Semax, cycling and safety.

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What Is Selank?

Selank (Thr-Lys-Pro-Arg-Pro-Gly-Pro) is a synthetic heptapeptide developed at the Institute of Molecular Genetics of the Russian Academy of Sciences — a stabilized analog of the immune-regulating tetrapeptide tuftsin. It is both anxiolytic and nootropic: it modulates GABA, serotonin, dopamine and norepinephrine, producing anti-anxiety effects comparable to low-dose benzodiazepines but without sedation, cognitive impairment, tolerance or addiction. It also enhances BDNF expression. Selank is an approved prescription anxiolytic in Russia (0.15% nasal spray).

Dosing derives from Russian clinical data, published research and community protocols.

Key Characteristics

- **Anxiolytic nootropic** — anxiety reduction without sedation or addiction.
- **Heptapeptide** — tuftsin analog with a Pro-Gly-Pro extension.
- **Multi-system modulation** — GABA, serotonin, dopamine, norepinephrine.
- **BDNF upregulation** — supports neuroplasticity and memory.
- **Immunomodulatory** — modulates IL-6 and interferon pathways.
- **No addiction or withdrawal** — unlike benzodiazepines.

How Dosage Is Determined

The approved Russian product delivers ~75 mcg per spray; standard regimen 2–3 sprays per nostril 3x daily (~900–1,350 mcg/day), 14-day courses. Preclinical anxiolytic effects at 100–500 mcg/kg; BDNF upregulation after 5–7 days of repeated dosing. **Strength of evidence: moderate to strong for a research peptide.**

Standard Dosage Ranges

Intranasal

Level	Dose	Frequency	Daily Total
Beginner	200–250 mcg	1–2x daily	200–500 mcg
Intermediate	250–500 mcg	2–3x daily	500–1,500 mcg

Level	Dose	Frequency	Daily Total
Advanced	500 mcg	3x daily	1,500 mcg

Subcutaneous

Level	Dose	Frequency	Daily Total
Beginner	100 mcg	1x daily	100 mcg
Intermediate	200 mcg	1–2x daily	200–400 mcg
Advanced	250–300 mcg	1–2x daily	250–600 mcg

Can be taken with or without food. Morning + early afternoon preferred; space doses 4–6 h. Diminishing returns above ~500 mcg intranasal.

Intranasal vs Subcutaneous

Parameter	Intranasal	Subcutaneous
Bioavailability	Moderate (nasal mucosa)	Higher (systemic)
CNS Access	Direct via olfactory path	Indirect (crosses BBB)
Onset	10–30 min	15–45 min
Typical Dose	250–500 mcg, 1–3x daily	100–300 mcg, 1–2x daily

Intranasal tips: clear nasal passages, tilt head slightly forward, aim at the outer nasal wall, avoid forceful sniffing, alternate nostrils.

Reconstitution & Dosing (with the supplied 3 ml)

Figures are for **subcutaneous** dosing. For intranasal use, reconstitute with the 3 ml and transfer to a metered spray bottle (~0.1 ml/spray).

Every Clean Peptides vial ships with **3 ml of bacteriostatic water** (0.9% benzyl alcohol). All figures below assume you reconstitute with the **full 3 ml**. On a standard U-100 insulin syringe, **100 units = 1 ml**.

Quick formula: concentration = vial strength ÷ 3 ml, and **units to draw = dose (mg) × 300 ÷ vial strength (mg)**.

How to reconstitute

1. **Wash your hands** and lay out the vial, the 3 ml bacteriostatic water, an insulin syringe and alcohol swabs on a clean surface.
2. **Flip off the caps** and swab both rubber stoppers with alcohol; let them air-dry 10–15 seconds.
3. **Draw the full 3 ml** of bacteriostatic water (in three 1 ml passes with an insulin syringe, or in one pass with a 3 ml syringe).
4. **Add the water slowly**, angling the needle so it runs down the inside glass wall — never squirt it directly onto the powder cake.
5. **Dissolve gently** — let the vial sit 1–2 minutes, then swirl or roll it between your palms until the solution is clear. Never shake.

6. **Label and refrigerate** at 2–8 °C. Resulting concentration: 5 mg → 1.67 mg/mL; 10 mg → 3.33 mg/mL.

Storage: unreconstituted powder refrigerated (2–8 °C); reconstituted solution refrigerated and used within 28–30 days; do not freeze; protect from light and heat.

Draw volumes with 3 ml — Selank

Vial (Clean Peptides)	Concentration	100 mcg	200 mcg	300 mcg
5 mg	1.67 mg/mL	6 u	12 u	18 u
10 mg	3.33 mg/mL	3 u	6 u	9 u

Dosage by Goal

- **Anxiety reduction:** 250–500 mcg intranasal or 150–250 mcg SubQ, 2–3x daily; 2–4 wk on, 1–2 wk off. Acute relief within 10–30 min.
- **Cognitive enhancement / BDNF:** 250–400 mcg intranasal or 150–200 mcg SubQ, 2x daily; 3–4 wk on, 1–2 wk off. Stack with Semax.
- **Immune modulation & recovery:** 250–500 mcg intranasal or 200–300 mcg SubQ, 1–2x daily; 2–3 wk on, 1 wk off.
- **Neuroprotection & brain health:** 200–300 mcg intranasal or 100–200 mcg SubQ, 1–2x daily; 4 wk on, 2 wk off.

Consistency matters more than peak dose — BDNF effects are cumulative over days to weeks.

Cycling Protocols

No reported tolerance, dependence or withdrawal; cycling recommended as best practice.

Protocol	On-Cycle	Off-Cycle
Russian Pharmaceutical	14 days	14 days off
Standard Research	3–4 weeks	1–2 weeks off
Extended	6–8 weeks	2–3 weeks off

No taper needed when stopping.

Stacking Protocols

Selank + Semax — the Russian nootropic stack (gold standard): Selank 250–500 mcg + Semax 200–600 mcg, intranasal 2–3x daily. Selank upregulates BDNF; Semax upregulates BDNF + NGF.

Other stacks: Selank + BPC-157 (neuro + gut axis); Selank + NA-Selank (rapid + extended coverage); Selank + Semax + BPC-157 (full neuropeptide stack).

Safety, Side Effects & Contraindications

One of the most favorable safety profiles of any research peptide; no tolerance, dependence or withdrawal.

Mild, infrequent: nasal irritation/burning (intranasal), mild fatigue at higher doses, occasional headache, mild taste/smell changes. **Rare:** injection-site irritation, mild dizziness, allergic reactions.

Contraindications: pregnancy and breastfeeding; known allergy to Selank/tuftsin; caution with autoimmune conditions; caution with strong GABAergic drugs; active nasal infection/severe polyps (intranasal route).

Approved in Russia; not FDA/EMA-approved; research peptide in most Western countries.

Common Mistakes

- Incorrect intranasal technique (spraying at the septum, sniffing hard, blowing nose after).
- Expecting immediate long-term cognitive effects (BDNF benefits build over 1–2 weeks).
- Storing reconstituted Selank at room temperature.
- Using excessively high doses (flat dose-response above ~500 mcg intranasal).
- Confusing Selank with NA-Selank dosing.
- Not maintaining consistent daily dosing.
- Neglecting nasal hygiene for intranasal use.

Key Takeaways

- Anxiolytic nootropic — anxiety relief without sedation or addiction.
- 250–500 mcg intranasal 1–3x daily, or 100–300 mcg SubQ.
- Intranasal preferred (rapid onset, direct CNS access).
- BDNF upregulation is cumulative over 1–2 weeks.
- Gold-standard stack: Selank + Semax. No tolerance/withdrawal; approved in Russia, not FDA-approved.

References

1. Seredenin SB, et al. “Anxiolytic effect of peptide preparation Selank.” *Bull Exp Biol Med.* 1998;126(1):643-645.
2. Kozlovskaya MM, et al. “Anxiolytic-like and nootropic effects of Selank.” *Vestn Ross Akad Med Nauk.* 2002;(8):36-40.
3. Zozulya AA, et al. “Inhibitory effect of Selank on enkephalin-degrading enzymes.” *Bull Exp Biol Med.* 2001;131(4):315-317.
4. Ershov FI, et al. “Antiviral activity of immunomodulatory peptide Selank.” *Bull Exp Biol Med.* 2009;148(3):426-429.
5. Volkova A, et al. “Selank affects genes involved in GABAergic neurotransmission.” *Front Pharmacol.* 2016;7:31.