BRING THIS TO YOUR DOCTOR · GREY PEPTIDES

Asprosin

Also called: Asprosina; FBN1 C-terminal peptide

What it is

Asprosin is a fasting-induced protein hormone, the C-terminal cleavage product of profibrillin (FBN1), discovered in 2016. Released by white fat, it drives hepatic glucose release via the receptor OLFR734 (PMIDs 27087445, 31230984) and stimulates appetite by activating hypothalamic AgRP neurons (PMID 29106398). It is pathologically elevated in obesity and type 2 diabetes (PMID 36773601), so the therapeutic aim is to block it — anti-asprosin antibodies lowered appetite, weight and glucose in mice (PMID 33904407). It is a research hormone, not an approved medicine, and has never been given to people in a published trial.

Approval status

Research Chemical. Not a drug: Drugs@FDA and the openFDA label endpoint hold no record, and FDA GSRS and ChEMBL hold no substance record for asprosin (searched November 5, 2026). It is an endogenous protein hormone; there is no therapeutic development of asprosin itself, and no registered interventional trial of giving it. The therapeutic effort is to block asprosin with neutralizing antibodies, which remain preclinical.

Dosing, as printed in the page's Recommended Dosing box

No established human dose

Asprosin is an endogenous fasting hormone that has never been given to people as a treatment, and because it is elevated and harmful in metabolic disease, the therapeutic aim is to block it (with neutralizing antibodies in animal studies), not to administer it. Human studies only measured circulating asprosin.

Educational information, not medical advice. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The 1 human study carded on the page (6 study cards in all):

• **Circulating asprosin across the glucose spectrum** (Human, 2023). In 153 people spanning healthy, obese, prediabetic and newly diagnosed type 2 diabetic groups, serum asprosin was significantly higher in those with obesity and dysglycemia than in controls and correlated with anthropometric measures, liver enzymes, glucose and insulin, lipids and carotid intima-media thickness. The authors suggested circulating asprosin as a predictive marker for early carbohydrate disorders — an observational levels study. **PMID 36773601**

Interactions

A PubMed search for interaction studies of this compound with any drug (November 5, 2026, 0 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• No human adverse-event data exist: no published study has administered asprosin to people • Pathologically high asprosin is associated with obesity, insulin resistance and type 2 diabetes (PMIDs 27087445, 36773601) • Because high asprosin is harmful, therapeutic work aims to block it, not supplement it (PMID 33904407) • Material sold online as 'asprosin' is an unregulated research chemical of unverified content	• Not a medicine: no FDA application or label, and no approval anywhere • No human dosing, interaction, pregnancy or long-term safety data exist for administered asprosin • It is a laboratory research hormone, not a treatment — and raising it would be expected to worsen, not improve, blood sugar and appetite • Elevated levels in disease are associations and a drug target for blockade, not a reason to take it

Five questions to ask

1. Asprosin is listed here as "Research Chemical". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with Asprosin? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example no human adverse-event data exist: no published study has administered asprosin to people?
4. Do any of the cautions on this sheet apply to me, such as: Not a medicine: no FDA application or label, and no approval anywhere?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

Grey Peptides is a vendor-neutral encyclopedia: it sells nothing and names no seller. This sheet is educational, not medical advice, and is not a prescription.