Salusin-beta

Also called: salusin-β; salusin beta

What it is

Salusin-beta is a 20-residue peptide found in 2003 by a computer search of human transcripts (PMID 12910263). It raised cholesterol storage in human macrophages (PMID 18212280) and enlarged aortic plaques in mice (PMID 20684826), and serum levels were higher in coronary artery disease (PMID 25730454). In people it has only been measured, never given.

Approval status

Research Chemical. Not a medicine anywhere in the sources read: Drugs@FDA (openFDA) returns no record for salusin (November 3, 2026). In people it has only been measured in blood and urine (PMID 19660505).

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

No established human dose

Salusin-beta has never been given to people in any study read. The human evidence is measurement only: assays that confirm the intact peptide in plasma and urine, and observational comparisons of its blood level in coronary disease, diabetes, hypertension, dialysis, lupus, pancreatitis and other conditions.

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 first 3 of the 18 human studies carded on the page (32 study cards in all):

• **In coronary plaques, and it speeds foam-cell formation** (Human, 2008). Both salusins were stained in human coronary plaques, with salusin-beta the stronger signal in the smooth muscle cells and fibroblasts of the lesion. In macrophages grown from human blood monocytes, salusin-beta raised the amount of stored cholesterol ester and roughly doubled the cholesterol-storing enzyme ACAT-1, with the largest effect at a sub-nanomolar concentration. Salusin-alpha did the opposite. Blockers of G-protein, c-Src, protein kinase C and MEK signalling removed the effect, and neither peptide changed cholesterol uptake or export. **PMID 18212280**

• **First assay in human plasma and urine** (Human, 2009). Salusin-beta turned out to cling to the polypropylene and polystyrene of ordinary lab tubes, so a solution of it could lose most of its peptide before measurement. Working around that, the authors built a radioimmunoassay aimed at the peptide's C-terminal end, with almost no cross-reaction to salusin-alpha. Chromatography of extracted plasma and urine showed one main peak in the same place as synthetic salusin-beta, and urine from 10 healthy people held 0.23 to 2.22 nmol/L. This confirmed that the peptide circulates and is excreted intact, cut where the gene predicted. **PMID 19660505**

• **No difference in pre-eclampsia** (Human, 2012). In 48 women with pre-eclampsia and 21 with healthy pregnancies, serum salusin-beta and salusin-alpha were much the same in both groups and did not separate the mild and severe forms. Apelin, measured from the same samples, was the only one of the three peptides that was higher in pre-eclampsia. **PMID 22533552**

Interactions

A PubMed search for interaction studies of this compound with any drug (November 3, 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
• In the discovery study, an intravenous injection in rats caused a fast, steep fall in blood pressure and heart rate (PMID 12910263) • A week of infusion into the brain of male rats narrowed the seminiferous tubules of the testes (PMID 34015344) • No human safety data exist: every human study read only measured it (PMID 24098553)	• Not a medicine: there is no approved product and no treatment dose • A blood level is a research reading; no clinical test or reference range uses it • In animals it enlarged atherosclerotic plaques, so laboratory effects point to harm as well as benefit

Five questions to ask

1. Salusin-beta 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 Salusin-beta? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example in the discovery study?
4. Do any of the cautions on this sheet apply to me, such as: Not a medicine: there is no approved product and no treatment dose?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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