Vasostatin (Chromogranin A)

Also called: Vasostatin-1; Vasostatin-2; Vasostatin-I; Vasostatin-II; VS-1; CgA1-76; CgA1-113

What it is

Vasostatin refers to the chromogranin-A N-terminal peptides vasostatin-1 (CgA1-76) and vasostatin-2 (CgA1-113) — the first chromogranin-A fragments shown to be bioactive, named for lowering vascular tension. With catestatin they are cardio-suppressive: anti-adrenergic negative inotropes and vasodilators acting through a receptor-independent, PI3K-dependent endothelial nitric-oxide pathway (PMIDs 22834796, 15028525); they protect the heart and endothelium (PMID 23956006) and are anti-atherogenic (PMIDs 30401690, 26721428). This CgA vasostatin is distinct from the unrelated calreticulin vasostatin. It is a research peptide, not an approved medicine, and has never been given to people as a treatment.

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 chromogranin-A vasostatin (searched November 6, 2026). It is an endogenous human peptide; there is no therapeutic development of vasostatin itself, and no registered interventional trial of giving it to people. It is studied as a chromogranin-A-derived cardioprotective and anti-atherogenic peptide, which remains preclinical.

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

No established human dose

Chromogranin-A vasostatin is an endogenous human peptide that has never been given to people as a treatment. The work is in animals, isolated organs and cells, where vasostatin-1 and vasostatin-2 are applied or over-expressed at experimental amounts that do not carry over to people; in humans the peptides are measured, not administered.

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

No human study is carded on the page; its 6 study cards are reviews, animal or cell work. The first 2:

• **Vasostatin-I and catestatin as cardiovascular regulators** (Review, 2010). A review linking high circulating chromogranin A in inflammatory conditions to cardiovascular dysfunction, and positioning the CgA peptides vasostatin-I and catestatin as protective regulators. Both carry membrane-penetrating properties and act through pertussis-toxin-sensitive, receptor-independent signalling via Gi/o proteins to produce inhibitory effects on vascular and cardiac responses — supporting vasostatin-I as a regulatory peptide that alleviates cardiovascular dysfunction. **PMID 19640932**

• **Endothelium-dependent cardiovascular effects of vasostatin-1** (Review, 2012). A review of the signalling of vasostatin-1 and catestatin behind their negative inotropic and vasodilator, cardioprotective actions. Both act as vasoactive peptides indirectly on cardiomyocytes through a calcium-independent, PI3-kinase-dependent nitric-oxide release from endothelial cells, triggered by interaction with the plasma membrane and notably without a specific membrane receptor — a receptor-independent eNOS activation. **PMID 22834796**

Interactions

A PubMed search for interaction studies of this compound with any drug (November 6, 2026, 2 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 vasostatin to people • Vasostatin-1 is a negative inotrope and vasodilator in animal hearts (PMIDs 15028525, 22834796), so cardiovascular effects would be expected if administered • The vasostatins are reduced in atherosclerosis and act protectively (PMIDs 30401690, 26721428) — an association and a research target, not an effect of taking them • Material sold online as 'vasostatin' is an unregulated research chemical, and may be the unrelated calreticulin vasostatin rather than the chromogranin-A peptide	• 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 vasostatin • It is a laboratory research peptide, not a treatment • It is easily confused with the unrelated calreticulin-derived vasostatin — a different molecule

Five questions to ask

1. Vasostatin (Chromogranin A) 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 Vasostatin (Chromogranin A)? 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 vasostatin 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.