

Prostamax (KEDP) Available for Research Use Only

(200 mcg – 1 mg daily, SC, for 10 – 20 days, repeated once or twice annually)

Prostamax (KEDP; Lys-Glu-Asp-Pro) is a synthetic tetrapeptide investigated for prostate disorders. It belongs to the Khavinson short-peptide bioregulator research program. It is distinct from the bovine prostate extract Prostatilen, whose clinical use does not establish equivalent efficacy or safety for Prostamax. Direct rat studies support likely anti-inflammatory, antifibrotic, and antihyperplastic effects in the models tested. Human-cell experiments show chromatin changes, providing a plausible regulatory mechanism, but do not establish selective delivery to the prostate or rejuvenation of an intact human organ. [4–7] Translation to human symptom relief remains plausible. [1,2,8]

 Plausibly safe; continuous-use safety unresolved.

 Possible selected prostate effects in animal models; plausible human symptom relief. [1–3]

Disclaimer: These notes are not authoritative and should not be interpreted as definitive scientific guidance. They are summaries, compilations and plausible extrapolations drawn from the most relevant research I was able to locate, and may omit nuances, conflicting data, or emerging evidence. The material reflects an attempt to organize and understand complex topics, not to provide clinical recommendations or expert interpretation.



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Human safety is insufficiently characterized, especially for repeated or continuous use. Small historical observations and animal tolerability cannot establish a reliable adverse-event rate or long-term safety. [3]

The strongest direct efficacy evidence is preclinical. The two disease-model papers come from overlapping investigators; independent replication and well-controlled human trials are needed before assigning established clinical benefit. [1,2]

How Evidence Scope Was Applied in This Review

Evidence was evaluated here with an adjustment for source quality. Much of the Prostamax evidence comes from a single regional source, including small or methodologically limited studies that have not been independently replicated. When a claim depended primarily on this evidence, its evidence classification was reduced to reflect the additional uncertainty while still recognizing the evidence as informative.

Dosage & Patterns

No evidence-based human subcutaneous (SC) regimen exists.

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Historical human exposure describes up to 70 mcg - 7.5 mg daily, for 10–40 days. This unusually broad range does not identify an effective dose, or safety. [3] While the 2013 prostatitis experiment used 20 mcg/kg IM daily for 15 days. [1] A 2014 BPH paper reports 20 mg/kg IM daily for 60 days, 1,000 times the preceding study's mass-based dose, and contains other reporting inconsistencies. Treat that unit as unresolved, not as a human dosing basis. [2]

The **Speculative community-informed pattern** is

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Pattern Notes

A community practice discussed is stacking Prostamax with Epitalon or other bioregulator peptides. This community practice is not evidence of additive benefit.

Benefits

- **Possible reduction of prostate inflammation** (*animal evidence*) Rat disease models showed less inflammatory tissue change; human benefit remains a translation hypothesis. [1,2]
- **Plausible improvement in urinary symptoms and pelvic discomfort** (*preclinical rationale; preliminary patent-reported human observations*). The patent describes 35 treated chronic-prostatitis patients and 19 treated prostate-adenoma patients, with separate comparison groups of 14 and 17. It reports improved symptoms and uroflow measures. [3] (Randomization and blinding are not described, and the presented outcome tables emphasize before–after changes. These limitations prevent treating the reports as confirmatory clinical trials.)
- **Possible limitation of inflammation-associated fibrosis and epithelial atrophy** (*animal evidence*). In the sutured-prostate rat model, collagen accumulation fell and epithelial preservation improved. [1]
- **Possible attenuation of experimentally induced prostate enlargement** (*animal evidence*). In 40 rats assigned to four groups, KEDP reduced lateral-prostate mass by 24% and volume by 40% versus the sulpiride control. [2]
- **Plausible modulation of chromatin organization** (*human-cell laboratory evidence*). [4–6]

Applications

- **Chronic prostatitis** [1,9]
- **Benign prostatic hyperplasia** [2,3]
- **Preventive prostate anti-aging** remains an unvalidated proposed use [4–7]

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Cautions

- **Known or suspected prostate cancer:** Tumor promotion is a theoretical concern, not a demonstrated adverse effect.
- **Unexplained or worsening urinary symptoms:** Evaluate the cause before attributing symptoms to benign enlargement or attempting experimental treatment. [9]
- **Urgent symptoms:** Inability to urinate, fever with painful urinary symptoms, blood in urine, or severe lower-abdominal pain require prompt medical care. [9]
- **Concurrent medicines and hormones:** Document them during assessment so that symptom changes can be interpreted. A Prostamax-specific interaction with testosterone, DHT, or standard prostate medicines has not been established.

Diminished Response and Interpretation

Receptor downregulation, neutralizing antibodies, and compensatory adaptation have not been demonstrated.

Biological Mechanism

Prostamax is a defined synthetic four-amino-acid sequence. Human SC bioavailability, distribution, and elimination half-life are not established. [1–3] As is the case for other bioregulators, **there are no clear descriptions or hypothesis of the underlying mechanistic biology of Prostamax's actions at a cellular level. Instead, laboratory observations form the basis for its justification.**

Laboratory Observations

Prostamax altered chromatin organization in cultured human blood cells, including cells from older donors. Reported effects include decondensation of densely packed chromatin and altered ribosomal-gene activity. [4,6] Microcalorimetry also found shifts in chromatin melting behavior, interpreted as structural relaxation. This supports a plausible chromatin-level action, but does not identify a prostate-specific receptor or a validated therapeutic gene program. [5,7]

Effects on prostate epithelial and stromal cells appear model-dependent: epithelial preservation during inflammatory injury contrasts with reduced epithelial expansion in induced hyperplasia. A blanket claim that Prostamax stimulates prostate-cell proliferation misrepresents this distinction. [1,2]

Prostomax's antifibrotic hypothesis rests on the prostatitis experiment. Reduced congestion may accompany less inflammation, but restored human microcirculation, improved secretion, and bladder emptying require separate evidence. [1]

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Chromatin findings in lymphocytes show that laboratory effects are not confined to prostate cells. They do not establish improved immunity, reduced systemic inflammation, or longer healthy lifespan after administration. [4–7]

Cell regulation can have different consequences in healthy, inflamed, hyperplastic, and malignant tissue. The current data do not resolve cancer safety. It would be unjustified to infer either cancer promotion or cancer protection from the proposed chromatin mechanism alone. [4–7]

Prostamax vs Prostatilen

Prostatilen is an animal-prostate extract containing a mixture of peptides. Russian product information lists chronic prostatitis and postoperative prostate conditions among its uses.

Prostamax is the defined synthetic KEDP sequence; **equivalence to the extract or its complete biological activity has not been demonstrated.** [3,8]

Human-cell experiments on Prostamax are mechanistic studies. Patent clinical examples are preliminary observations. [3–6]

Russian registration and prescribing information for Prostatilen apply to that product. They do not establish clinical approval or a standard-of-care role for Prostamax. [8] A multicomponent extract and a single synthetic peptide may differ in targets, exposure, efficacy, and safety. Evidence cannot be transferred solely because both are described as prostate bioregulators. Prostatilen has product-specific IM and rectal formulations and dosing instructions. Those milligram doses and schedules cannot be converted into an equivalent Prostamax regimen. [8]

Conclusions

Prostamax has direct preclinical support for selected prostate effects and a plausible chromatin-related mechanism. Human symptom relief remains preliminary, while dose, repeat-course safety, and long-term outcomes remain unresolved. **It is most accurately described as an investigational peptide with a biological rationale, not an established prostate treatment.** [1–7]

References

1. Borovskaya TG, Pakhomova AV, Vychuzhanina AV, et al. Experimental studying of the drug efficiency Prostamax in the therapy of chronic aseptic prostatitis and its complications. *Modern Research in Inflammation*. 2013;2(3):54–58. Rat study. [doi:10.4236/mri.2013.23007](https://doi.org/10.4236/mri.2013.23007)
2. Borovskaya TG, Fomina TI, Shchemerova JA, et al. Experimental Study of Efficiency of Terteptide Lysil-Glutamyl-Aspartyl-Proline Using the Model of Benign Prostatic Hyperplasia. *Modern Research in Inflammation*. 2014;3:108–112. Rat study; title spelling and reported dose retained as published. [doi:10.4236/mri.2014.33013](https://doi.org/10.4236/mri.2014.33013)

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3. Khavinson VKh, Malinin VV, Grigoriev EI. Tetrapeptide regulating prostate functions and its compositions and uses. European patent EP1353939B1. Published August 25, 2004. Examples 4–7 include animal and patient observations; not a peer-reviewed clinical trial. [Source](#)
4. Khavinson VKh, Lezhava TA, Malinin VV. Effects of short peptides on lymphocyte chromatin in senile subjects. *Bull Exp Biol Med*. 2004;137(1):78–81. Human-cell laboratory study. [doi:10.1023/B:BEBM.0000024393.40560.05](https://doi.org/10.1023/B:BEBM.0000024393.40560.05)
5. Meskhi T, Khachidze D, Barbakadze Sh, et al. The influence of the peptide bioregulator prostamax on heterochromatin of human lymphocytes in situ. *Biofizika*. 2004;49(6):1091–1093. Russian-language article; PMID:15612551. Publisher English abstract: [Source](#)
6. Dzhokhadze TA, Buadze TZh, Gaiozishvili MN, Baratashvili NA, Lezhava TA. Deheterochromatinization of the chromatin in old age induced by oligopeptide bioregulator (Lys-Glu-Asp-Pro). *Georgian Med News*. 2012;(212):76–82. Russian-language human-cell laboratory study; PMID:23221144. [Source](#)
7. Khavinson VK, Popovich IG, Linkova NS, Mironova ES, Ilina AR. Peptide regulation of gene expression: a systematic review. *Molecules*. 2021;26(22):7053. General mechanistic context; not proof of clinical KEDP efficacy. [doi:10.3390/molecules26227053](https://doi.org/10.3390/molecules26227053)
8. Cytomed. Prostatilen: Russian prescribing information and patient leaflets. Manufacturer-hosted product information for prostate-extract formulations. Accessed October 7, 2026. [Source](#)
9. National Institute of Diabetes and Digestive and Kidney Diseases. Prostatitis: inflammation of the prostate. Clinical background and symptoms requiring assessment. Accessed October 7, 2026. [Source](#)