

Good day, Ash.

Here is my “resume” which aims to provide a summary of the lengths of my knowledge in regarding medicine, psychology and consciousness.

To be honest most of my personal experiences with various substances have led me to actually bear quite a vast and wise understanding of the illnesses or disorders, and also having knowing the theoretical knowledge on-top of this experience, this leads me to have very invaluable insight into the domains of research of medicine, and psychology. And well consciousness, is of course, a great interest of mine. And I wish to uncover what goes on there from my travels into the quantum world with quantum mechanics.

Okay, just to summarise I’ve actually induced various states within myself, sometimes not knowing what I was doing, or intentionally, or also as a matter of simple misunderstanding. Or mistake. Like my experience with taking 80-grams of phenibut (a Russian medication which they use for everything, over there. As-well as using on the ISS for the purposes of reducing the cosmonaut’s fatigue and diminishing the adversities of stress and anxiety. It is quite effective.

The treatment guide for this medication stated the recommended dosage to be taken as being set at between 250mg and 1500mg. So I had heard that this drug also affects and hits the GABA-a receptor at high enough doses, and so to be on the safer side (heh) I ingested initially 60-grams of this stuff. And then after having passed out for about a day and a half, I ingested a following 20-grams. Now this is a peculiar, and fascinating drug. Because actually it possesses both sedative and stimulating qualities.

I mean that on-top of being a quite a potent CNS depressant agent, it also works by increasing dopamine levels throughout the brain, from my understanding, in all of the dopamine pathways known. I am unsure of the exact mechanism through which it does this. Although I recall reading and having one psychiatrist agree with me on this one, that it elicits these effects through being an agonist at the GABA-b sites. Although I cannot validate this belief at this time, anymore. As I have tried to search for this in the past.

[Investigation]

I went through some research which I have managed to find. In fact you may find it here: <https://thedrugclassroom.com/video/phenibut/> that in Russian they use this for absolutely everything. Hell, they view it as a wonder drug. A cure-all, type.

The research which I have found to try to determine what exactly it is about it which causes this intense release of dopamine I am unable to pinpoint, although it does. As can be seen in the paper which I’ve attached titled ‘674-1051-1-PBEFFECT OF PHENIBUT ON THE CONTENT OF MONOAMINS AND THEIR METABOLITES, AND ALSO H.pdf’ which is also attached to this document, if you’re interested. To be honest, I enjoy joking that I am the reason that this drug is now a S9 medication. In-fact it happens to be that nobody knew about it, and it was almost as if I was the only person ordering a hundred gram bag every few days. But no, some young high-school kids actually had some and it caused a debacle. And as best as I can see it as it is, this is what called for the prohibition of this substance. But it remains one of my favourite substances.

Now, onto telling you what I learned from my 80-gram experience with this substance.

Well... I would classify the effects this produced in me to the best of my knowledge, I'm certain that it was dopamine excess psychosis. And I did myself really well on this occasion. Shit. I mean I had been led along the idea of that a separate sinister consciousness had developed inside of me, and which was in-fact determined to kill me. Now...

What led me to onto thinking that this malicious entity had been birthed inside of me was because I knew as much as there was to know at the time about this substance, phenibut. And actually it turns out that it causes an quite a significant increase in the HGH, or the human growth hormone. And so that knowledge coupled together with the INTENSE increases in dopamine, just kinda led me out of my mind. :-)

To elaborate, it was like that I was growing hair off my body at the pace of about 1cm each few seconds. And that this hair would eventually just reach a certain length and then fall off and vanish into like appeared to be white sparkles as it combusted into nothing... I noticed actually that cold air seemed to reverse the hair growth process and also the supernaturally quick ageing which I'd seemed to be undergoing. It was so rapid, I remember that there was a quote on IRC with one person who asked "whether you'd ever been so cooked that you looked older?" I can say that I have. And actually I remember staring at my face in the mirror and I had aged about five years, or so, quite noticeably in the time that I was sitting there staring at my own reflection. Cold air would reverse both of these dreadful things which were happening to me, so I had the A/C on at the lowest temperature and blowing directly onto myself. I felt relieved. So then I had to call my mum over to show her what had happened, she knew I was into the medications and things and just couldn't wait to see what I'd fucked up on this time. Haha. :-|

She came over and then she could see that I was fucking bonkers, anyway. I attempted to show her that the cold air was reversing the hair growth and whatever. But then it stopped happening in the way that it was happening before. Yes. So this is what led me to believe that this separate consciousness, as such which had developed within ... me! (from the increase in HGH production) well... On it realising that I was attempting to show my mum that I wasn't crazy, even though I was lit like a Christmas tree, I seemed to just identify this entity as malicious. Notwithstanding, that is the experience which has taught me one of the most important lessons I will almost ever learn on consciousness or, our interpretation of it, so more of the intense power of the neurological factors which embellish our experiencing of consciousness, and our perceived emotions within it, and whatever other factors are held to a physical kind of basis. I mean but then with the duality principle quantum mechanics poses, things get very interesting... That's besides the point.

Now that is one major experience which if it were not for whatever happened, to be honest, I cannot remember how I resolved it. But it must have just been time and sanity being regained or the falling into contact with a antidopaminergic antipsychotic. But I cannot recall seeking any medication. I can only remember raving on to my poor mother about the urgent need for an HGH specialist. Yes. It was a frightening experience, although it did as I mention teach me those important lessons, which I would not have if it were not for it. It drove me psychotic to the point of me wanting to kill myself. But yes. Actually it was this experience which led me to adopt the label of being a psychonaut. Haha. I mean ... I guess I have to be at that point. :-)

Other things which I have learned from my experiences with medications are that, say when I was consuming a little too much of the cyproheptadine agent, which is classified as an antiserotonergic, antihistamine, and mildly antidopaminergic drug. Actually it hits the D3 (Dopamine 3) receptor as an antagonist and thus blocks the flow of ions across that membranes there. I know from my subsequent learning about the dopamine system in far greater detail than I had at that stage way back then. I mean I now know that the D1 system is primarily involved in cognition, D2, in motivation, a D3 in locomotive effects, D4 is a peculiar one as up-regulating it or enhancing it, or otherwise increasing the expression of it is not beneficial to one's need... Well... Depending on their need, of course. Although it is that the D4 system is in-fact inhibitory, and actually more activity here will reduce glutaminergic neurotransmission which is the principle excitatory neurotransmitter within the brain. GABA (Gamma-amino Butyric Acid) being the primary inhibitory neurotransmitter. So increasing activity in the D4 system will cause fatigue and the effects will be be inhibitory in their nature. Because glutamine is required for any excitatory process to take place. If you'd ever tried a stimulant like methamphetamine while being concomitantly also on something like memantine or ketamine, then you would know what I mean. The effects would be incredibly diminished or almost even imperceptible. Okay, So I was mentioning about how I learned that the D3 system is the cause of RLS, or I was getting on-to that. RLS is Restless Leg Syndrome and actually I learned by taking too much cyproheptadine for way too long (you see, it helped with my mental illness while I suffered schizophrenia.) Well cyproheptadine is a potent D3 antagonist and would always produce for me RLS. :-|

And upon investigating it further online following my reasoning and attributing this restless leg syndrome to this receptor system, it didn't take too much to find supporting information throughout the medical knowledge base that corroborated that the D3 system is the primary target for the curing of RLS.

On-to another experience which I have had which had me running for the phone certain that I wouldn't make it and that I would be a dead man. Well I injected 180mg to tianeptine sulphate, and the tablets of this drug actually are supplied in 7.5mg strength tablets.

It is an unique medication this one, actually. And I am hoping to be able to score some more of it soon due to its highly revered health benefits. It seems to possess a completely unique pharmacological distribution in its targets where it exerts its actions. Actually it is know to positively modulate the NMDARs. It also works by having some influence on the levels of adenosine, I am unsure how but I know what all of these neurotransmitters do. It actually works as being a serotonin reuptake enhancer, and as-well as this, it is also a mu-opioid receptor agonist. This is the system through which drugs such as heroin, fentanyl, morphine, etc. Actually bring about their effects. And the strength by which it binds to the mu-opioid receptor is what makes it truly impressive. This medication is used to treat MDD (Major Depressive Disorder) and it was a truly great medication. I believe that it was largely not appreciated for use in pharmacy. Or perhaps it could be that the abuse potential of it working strongly on a system such as other opioids have prevented it from becoming a success. I am unsure, although it is legal in most of the world, it is just that it isn't being use. Actually if you combine this with selegiline then the benefits become compounded.

Okay so I injected 180mg of pure powder and in my opinion the effects which I felt were primarily the reduction of serotonin, and the increase in excitatory glutaminergic neurotransmission. Well this had me in a state of panic, I was wide awake, as soon as the rush hit me, and yes. My intention was to actually

feel the opioid activity of this substance, in-fact... At lower doses this is workable. But at the greater doses the reduced serotonin and NMDA signalling just kind of override it.

Serotonin is actually a quite a misunderstood system. It happens to be that it is involved heavily in sensory perception, a greater abundance of a seems to, for some, and I can see it how it may be, that it causes a numbing or blunting effect on mood and emotions. It is ubiquitously, and entirely incorrectly, conveyed as being one of the 'feel good neurotransmitters.' Or chemicals, or hormones, in-fact it is not a hormone. It is a monoamine neurotransmitter.

And if you've ever been prescribed an SSRI or some serotonin enhancing drug in your past then you would know that its effects are actually incredibly inhibitory. I mean it is my personal opinion that the government are simply doing this to people to work them into a position where they're unable to revolt. And to rebel against the establishment of "order". In-fact excess serotonin binding will actually cause this type of 'serotonin fatigue' as I've come to name it, and it is a pronounced drowsiness which results from when you've got more serotonergic activity.

It is a common misconception that actually MDMA is a serotonergic medication, and it is, in the same essence of it that LSD is a serotonergic drug. Serotonin itself doesn't bind to the receptors to elicit the effects of the drug, actually, in the case of MDMA, it is the MDMA itself which binds and produces these effects. And in the case of LSD, the LSD itself is mediating the effects bound tightly to the serotonin receptor. Yes, actually the particular chemical which is activating a receptor will determine the psychoactivity and physiological activity of the substance.

Of course, each of the serotonin receptors are different and I know the functions of most of these, also. But this is an incredibly complex system. For example I know that certain agents, such as agomelatine, actually are referred to as being dopamine/norepinephrine disinhibitors, because they actually bind to and antagonise the 5-HT<sub>2C</sub> receptor to which when an energetic potential is applied and a flux created, it reduces the firing of dopamine and norepinephrine. and There are some fascinating antidepressants which have been developed, actually, and most of them by my favourite pharmaceutical company, Servier laboratories. Which is a private pharmaceutical company based in France. They are the one's who deserve the gratitude for bringing into this world amineptine, agomelatine, tianeptine (mentioned above.) And many others. In-fact they have not produced a single SSRI or any other type ridiculous medication of the sort, they have however introduced a few which have seen withdrawal from sale due to abuse potential and in some cases for causing hepatotoxicity. Although one of these such agents is the amineptine which I cannot (I haven't in any great detail, yet, but thus far) I have not been able to find any actual verification that the drug is in-fact hepatotoxic. But it was a VERY effective antidepressant, actually mediating its effects by working as a dopamine reuptake inhibitor. But it fell liable to abuse and since was taken off the market.

Now... I should also mention that I am quite well versed in knowing how how different medications affects sleep and its perceived quality in terms of added restfulness you feel upon awakening. I know that ethanol is quite useless and poor for inducing sleep as it is eliminated from the body at a constant rate of one standard drink per hour and thus is incredibly short-lived in the body. So one has the tendency to awaken a couple of hours following falling asleep. I know that benzodiazepines actually decrease or entirely inhibit REM phase sleep. I know that quetiapine is actually quite great for sleep in that it increases the deep-relaxation phase of sleep and provides for a more restful sleeping experience where one awakens feeling quite more vigorously so refreshed than they usually would. Actually I am

interested in research baclofen and GHB for sleep, because these may be able to immensely reduce our duration required to be spent asleep. I am not a fan of sleep myself as I actually never do anything productive during it.

Actually okay so in terms of psychology, I've been through mental illness, schizophrenia, all of the disorders which the ASDs (Anxiety Spectrum Disorders) may be able to provide to me as I am within myself, I say this because each individual is unique and is of course recipient of different presentations of whatever disorder, or illness. To be honest I suffered thought-broadcasting disorder which is a schizoaffective illness, where you are beneath the resolute knowing that everybody in the entire world can hear your thoughts at all times. This period of my life lasted me for from between mid-2013, until early-2017. And it brought me great distress. BUT; having been through it and witnessing the psychiatric system from inside and out, sane and insane, well... It has provided me with absolutely clear vision as to what is truly occurring within the psychiatric industrial complex. :-|

But I know things like that if one is perceiving the rate of the passage of time to be passing by excruciatingly slowly, then that this is quite heavily reliant on the acetylcholinergic system. Now, of course, everything is related to produce to functioning sentient form which we each are, but this happens to be true. Also things like that if shadows appear to one to be quite accentuated then this is also related to an acetylcholine dysfunction.

It is actually that the brain is an incredibly fascinating thing! :-D

As-well as the two experiences which I have listed and described above, I have also induced serotonin deficiency, which has led me to understand that lower than usual amounts of serotonin actually cause a marked irritable mood. Or extreme levels of irritability. Like somebody will speak to you and you just feel like tearing their heads off, or something. I have also experienced dopamine deficient psychosis. The dopamine excess psychosis which I mentioned above. The strange effect which occurred when I injected the 180mg of tianeptine, which was brought about by glutamate and also reduced serotonin. I have also mentioned the functions of certain types of receptor but it is like that I could go on with this sort of thing for ... forever. I really do enjoy learning it and thus I like to think that I also know it quite well... One of the primary issues in the world today is that nobody has passion for what they are doing anymore. I mean that most students in medical school are there simply to satisfy their parents desires or hopes of them to becoming the people that they've always wanted their children to be, or like I swear that some people are in medicine simply to gain the status is being able to use the title Dr. and also for a hefty wages promised in the line of work... :-/

The issue with them is that they appear to study the knowledge presented to them inside the school curriculum and never step outside of that. They do not ever, in my past knowledge and from what I have seen, there have been VERY few exceptions to this unfortunate case, actually – that they will reach out the investigate the recent findings in say a psychiatric medical journal. Or something. They lack passion. I mean... In all of my time of doctor shopping, I have genuinely met one doctor who I that was quite good. Perhaps there may be another one or two but I did not know them well enough. Actually this one doctor who I mention that I really liked, well his eyes would light up as he would ramble on to me on the pharmacology of the medications which he happened to be using in completely unheard of ways to treat disease and whatever by entirely off-label uses for whatever agents, and successfully, at that. :-)

Back onto psychiatry for a moment, I just wanted to say that; If you look through psychiatric medicine nowadays, we have got the 5-HT hypothesis of schizophrenia, the cannabinoid hypothesis, the muscarinic hypothesis, the nicotine hypothesis, and whatever else. But there is one type of medication available to treat this condition. Which is the classic antidopaminergic agent. It is horrible. The amount of people actually suffering schizophrenia due to an abundance of dopamine would be SO low. From what I've seen and know from as I was saying, having been inside the system both sane and insane, and from what I have known from the patients and doctors and other treating team members. It's a total shit show.

But yes, I've experienced a WIDE range of psychological phenomenon that I could within myself, and having known the theoretical concepts which aim to identify and describe its reason for manifesting, I am quite well experienced in this field of psychology, medicine, and consciousness.

Thanks for reading Ash!!!

I hope it wasn't too long and that I explained what you wanted me to in this article. It is just that there is so much for me to say... Like I didn't want to make it too long and tried to keep it as concise as I possibly could.

Thanks again, and let me know how I may get this outreach worker accreditation please, I was actually excitedly telling people on IRC at some point about how awesome it would be once I get this outreach worker title so that I may legally blare wicked fucking tracks throughout the Melbourne CBD attracting crowds of ravers, legally, just so long as we are handing out clean syringes. Rofl. :-D