EXHIBIT 5

Date	Subject	Message Content
7-Apr-13	(No subject)	hi! IÂ´m not proffesional SR vendor but I have some 75 mg fentanyl patchs ratiopharm to trade with. I would send them from Spain. Expired date on Nov 12 but working perfectly. If interested write me at xvp1524@tormail.org and we see how can we do it. I can send you photos of the patchs.
22-Apr-13	Re: (No subject)	Hi, Bob...IÂ´m sorry, but I donÂ´t know if I have understood well your question. You are using subuxone (I suppose as treatment for opiate dependence) and you want to ask your doctor for benzo and adderall as you were diagnosed of ADD and depression before. But, do you need these medications now for treat your symptoms? I think the only way is explain to your doctor. Anyway, you should consider that, in a medical perspective, benzos and adderall are considered to have dependence potential, and their use should be clinically restricted in persons with dependence treatments.
22-Apr-13	Re: MDMA	Hi It is very difficult to give concrete advice without direct interviewing and without knowing exact diseases, but I give you general advice... In your case, letÂ´s suppose that blood pressure is well controlled with medication, you are young, no other diseases, and no other cardiovascular risk factors (diabetes, tobacco, high cholesterol, obesity...), and, that your doctor thinks the cause is stress and he hasnÂ´t prescribed you limitations for your normal life (you can do intense sport, for example. In this case, use of MDMA at the doses youÂ´ve said is probably sure and you are facing the same low risks as other person. In the case of your girlfriend IÂ´m not so sure. She has a kidney disease, irregular heart beat and anemia and some symptomps on MDMA that are not so common. I canÂ´t say that she is in a very high risk, but, in general, IÂ´m not so sure that the risk is so low as yours.
23-Apr-13	Re: MDMA	If you can give me more accurate data about her diagnosis and clinical reports maybe that could help
29-Apr-13	Re: Interview for Research Project	Hi! Of course...I will answer your questions, my profile here is public so if you need to use my real name (Dr. Fernando Caudevilla www.doctorcaudevilla.com, thatÂ´s no problem for me. These days I have a lot of work (outside, and here in SR,also...:)) so give me some days, but I will answer your questions in following days
29-Apr-13	Re: heart problems & stimulants	Hi Thank you very much for your donation, IÂ´m doing this for free but I am grateful for support, as now I spend some time everyday answering questions... I think there are two different issues in your question. I suppose yoy suffered a myocarditis, and in they found the Right Coronary Artery anomaly in the exploration tests. The RCA should be a congenital annomaly and I donÂ´t think there should be associated symptoms. The fact that you had used stimulants 30 hours before your myocarditis suggest some relation between drugs and the health problem. I canÂ´t say 100% sure that cocaine or amphetamine were the unique cause, but the use of these two substances has been linked to myocarditis. The fact that you have both holter and stress test normal are good news, and mean that you can tolerate "normal" stress. Stimulants should be the drugs less recommended for you. Cocaine, amphetamine, meth and MDMA (or derivatives) put cardiovascular system on stress and can be more harmful for you than for other people. Psychedelics cause less heart stress (in general) but, in the cause they cause psychological stress that can affect to cardiovascular system. Cannabis doesnÂ´t have a direct cardiovascular effect, but some strains can cause hypotension and then, tachicardia. If you use it you should be careful with dosage. Mild doses of depressors (alcohol, GHB) or even opiates donÂ´t cause many cardiovascular stress (although they can have their own problems). If you have any other question (or need more clarity) please drop me a line Thanks
29-Apr-13	Re: heart problems & stimulants	As there are so many problems today with connectivity because of the DDOS attack, please confirm me that you have received my previous message
30-Apr-13	Re: heart problems & stimulants	It is very difficult to give exact advices, to know what exactly caused your problem or to estimate what is the exact dose of a determined drug you can or canÂ´t use. As general orientation, stimulants and MDMA shouldnÂ´t be used (or at least, if they are used, should be in a very moderate way). Opiates and GHB would be less risky, but, of course, you should also consider frequency, dose and environment. Thank you Fernando

2-May-13	Re: Interview for Research Project	Do you believe Silk Road has the potential to solve some of the public health concerns around the black market of drugs? How is Silk Road better to street dealing? SR is a cleaner way to sell and buy drugs than traditional black markets. It avoids some of the problems of street dealing (delinquency, violence...). As buyers can give some feedback on quality of vendors, it helps to make better decisions and improves quality. It also has evident advantages for vendors (security) Do you believe governments could be doing more to protect the health of drug users? (in your country as well as other countries you might know about) Governments are not concerned about health of drug users, but for public order. Keeping substances illegal has not helped to reduce drug abuse and has caused much many problems than it solved. Harm reduction policies are not well funded in Europe and most preventive measures are only based on abstinence. Do you think current drug policy represents the science of drug research? Decissions on drugs politics have never been related to scientific research. Drug classification are not based on scientific criteria but in moral ones. What kind of drug policy do you envision that would best minimise the harms of drugs? Information and education based on scientific evidence and not in moral criteria. To realize that some things in drugs are really dangerous you should consider that other are not so. If you always consider that everything is ultra-dangerous (as actual information says) you canÂ´t distinguish real dangers. And, of course, all drugs should be legalized and submited to sanitary tests. Under current policy, have you ever felt limited as a medical professional in the advice or treatment that you can give to drug users? Does Silk Road help with this? Well, I personally dindÂ´t have problems with this issue. In Spain personal use of drugs is not criminalized. And I limit to give advice and information to drug users. Of course if i could treat heroine dependence with heroine things should be much easier. Virtual spaces like SR make easy contact with users. How do other medical professionals or colleagues see the Silk Road? Is it something positive or negative to the medical world? I have talked about this in two congresses and collegues were amazed (and "scared" about the drug-markets). In general it is seen as "negative", as people think that getting drugs is much easier. But when you explain it well, they understand it is not so bad...
3-May-13	Re: Interview for Research Project	Sure, IÂ´m willing to read your work. my mail is caudevilla@gmail.com, you can also contact in my web page www.doctorcaudevilla.com Thank you Fernando
5-May-13	Re: Extended Ephedra use	Hi Ephedra and caffeine have stimulant properties over cardiovascular health. Depending on dose, frequency, health status and personal susceptibility you should test your blood pressure and cardiac frecuency sometimes to be sure there are no problems. If you are using it only once a week it should not be problematic at all to take it off.
9-May-13	(No subject)	Thank you very much for donation and support ;)
12-May-13	Re: (No subject)	Hi, sorry for delay in answer but i have been very busy these days. Some of the neuroadaptative effects of bupropion last for 2-3 weeks. After then you will possibly note effects as before. Please take care, because stimulants as cocaine and amphetamines can have negative effects on your bipolar disorder.
12-May-13	Re: Vyvanse question	Hi, sorry for felay in answer but I have been working very hard these days. IÂ´m sorry I do not have an opinion about lisdexamfetamine. It is not a drug approved in Spain and I donÂ´t have any professional experience about it. It seems to be some kind of amphetamine with a linked aminoacid in order to diminish abuse potential. Clinical trials used to show efficacy on ADD/ADHD seem solid. The entry on wikipedia seems to give enough general information http://en.wikipedia.org/wiki/Lisdexamfetamine If you have any other concrete doubt, please tell me
15-May-13	Re: Thanks Doctor! Another question	Hi! You should use any of these numeric-false threads to get 50 posts :) Q1) It is unlikely that you had any drug with lasting effects. Authorized prescription drugs for children do not have these kind of effects. Even if you took an opiate in that time it would have no relation with using opiates now. Q2) Cocaine is not neurotoxic in the way MDMA is. High doses of cocaine can affect cerebral vessels but is not toxic for neurones. But methamphetamine can cause damage to dopaminergic neurons. This effect depends on dose and frequency, and it is probably not important in ocasional, recretative low dose, but more important in people who use regularly http://www.if-pan.krakow.pl/pjp/pdf/2009/6_966.pdf
16-May-13	Re: Question in relation to steroids and BP cholesterol	We would need to know what are your actual and previous levels of general cholesterol, fractions (LDL, VLDL, HDL...) and tryglicerids. Anyway, it seems to be probably related to trembolone and, as long as you are using it at that doses it is logic that values are altered. Medications can help but I think alterations will persist until you stop trembolone for a while
22-May-13	Re: Lamotrigine & Ketamine	IÂ´m out of office this week, i will answer next week
26-May-13	Re: Lamotrigine & Ketamine	Hi! In my opinion, you are focusing too much in pharmacological interactions. But I donÂ´t think that is the most important point. Lamotrigine only interacts with acetaminophen and some estheroids. The most important thing is to know the properties of recreational drugs (stimulants, deppresors, psychedelics...) and to think about what are your objectives and expectations to take drugs. You know there are some risks but I think they are more related to the possible psychological impact than a pharmacocinetic problem. I donÂ´t think you need to adjust ketamine doses, but I think it would be important to be sure that you are in a "good moment" to use it.
30-May-13	Re: Vyvanse question	Sorry for delay...it is not unlikely that prescription disexamphetamine in the reccomended dosage will have harmful physical effects. The point is why are you using it. Disdexamphetamine does not have a noticiable psychological effect on healthy (non ADD/ADHD) people

4-Jun-13	Re: effexor and meth	I donÂ´t think stopping Effexor is a good idea. There are no clinical data showing that combination with meth decreases effects or enhances neurotoxicity. But it also would be important to consider what effects can have your pattern of use of meth in your depression. I think if you are using 100 mg of meth IV that can have an significative impact on your mental health. Of course IÂ´m not telling you what you have to do or not, but I just point this risk.
4-Jun-13	Re: Lamotrigine & Ketamine	Sorry if I am late, but my time is so limited, and questions are so many :)) I donÂ´t know of any significative interaction or contraindication between lamotrigine and GHB. Anyway, the mechanism of action of lamotrigine is not well stablished, so it would be wise to be prudent with GHB dosage
14-Jun-13	Re: HEALTH CONCERN	I canÂ´t give exact diagnosis only by internet. If you follow my thread you will see that I donÂ´t like to scare people about drugs. If you feel an oppresive pain in heart and left arm after smoking crack it is possible that it means some cardiac problem. It is not sure, it is only a possibility, but I honestly think that you should be concerned about it. It would be good to have some cardiac exams to verify your heart is rightly working
14-Jun-13	Re: A cure for depression?	Hi! In my opinion there is no pharmacological cure for depression. It is not an organic disease, but, as you say, caused in general by psychological distress. Antidepressives (both legal and illegal) can releive symptoms but will not cure definetly the disease. Medication can help to set you in a psychological situation where you will be able to deal with the situation, but should be used as a temporal help. In fact ketamine has antidepressive properties, but it is not a drug that I would use. Prescription antidepressives can be as effective as K with less adverse effects and dependence risk. But if you feel is useful to you I canÂ´t say that you donÂ´t use, although you should be aware of potential of dependence The best way to solution the problem is to seek for psychological advice. It doesnÂ´t matter if it is a psychiatrist or a clinical psychologist, but someone with good technical (universitary) formation and you feel comfortable with. It is very difficult to solve this situations by oneself, there are parts of oneself that must be seen from "outside", with the help of a good profesional. Sometimes this process is painful and long in time but is the most effective way to solve problems like yours.
15-Jun-13	(No subject)	Hi! I use to answer questions in order, but I think yours can be important enough to answer quickly. It is impossible to give diagnosis based in Internet information. But if you feel pain in your chest while running and it dissapears when you stop it will be important to rule out the possibility of a cardiac problem. IÂ´m not being alarmist and IÂ´m not trying to scare you, it is only a possibility but you should explain it to your doctor. A cardio-respiratory exercise test (stress test) is a simple test that will prove if you have a problem or not. In the meanwhile I suggest to stop exercise and drugs, if possible
15-Jun-13	Re: (No subject)	In general they can be, but it depends on concrete substance, dosage, frequency and personal factors. Cocaine and amphetamines long term use can trigger some cardiac or hypertensive problems. In your case I canÂ´t be sure that this is what it is happening, neither if your problem is related to drug use (maybe it is not the case). But from a medical point of view I think your symptoms deserve examination. I donÂ´t know what country are you; although it is always better to know all the clinical data, if you think talking about drugs with your doctor is embarrasing maybe it is not strictly neccesary; results from exams will tell if there is a problem or not. Please tell me when you have results
17-Jun-13	Re: (No subject)	Thank you very much for your help. As you see my English is not perfect and I appreciate any help ;) Thank you
24-Jun-13	(No subject)	Hi... IÂ´m answering questions one by one, in order...I have read yours' last one and I didnÂ´t understand this: "3) Cannabis research points to which recommendation for its pleasure seeking users:" Can you explain me in other words? And yes, "irremediably" was a bad traduction of a Spanish word that does not make any sense...I will explain it in public...sorry for my limited English
27-Jun-13	Re: (No subject)	OK...perfectly understood...would you mind posting it in the thread? So it will go up again and everybody can see it... By the way, I had a lot of fun this morning with the South Park episode
29-Jun-13	Re: (No subject)	OK...I will wait for them. I have so many things to do (work) and sometimes is difficult fo me to dedicate all the time I would want in this forum...thank you
2-Jul-13	Re: (No subject)	Hi Paul, I appreciate very much your help. Posting here sometimes is a big effort. My English is limited, and sometimes it is difficult to express myself. It is also a bit frustrating when you have a complex idea on mind but canÂ´t explain it properly. So I feel very grateful with your help. You can correct my English as you like. I advance you some about therapeutic use of MDMA. http://www.maps.org/research/mdma/ I also have some practical experience with this with some patients. Thx, Fernando
3-Jul-13	Re: (No subject)	Done and edited, I will try to be more careful with contractions :) I didnÂ´t find anything shared in my Drive. My mail is caudevilla@gmail.com... Thx again
3-Jul-13	Re: (No subject)	I used the link and I asked you for permission sharing the doc. I donÂ´t think you are giving me TMI, all help is wellcome. One of my motivations for doing this kind of things is to know and collaborate with nice people like you. But, as I said, I have a problem with assertiveness...it is very difficult to me to say "NO" if something interests me...and so I always have too many things to do. If the daytime was 30 hours instead of 24 I would feel more comfortable with my life...
5-Jul-13	Re: (No subject)	Misteriously my thread went back as it dissapeared. So back to work. I have edited the first message of my thread, to thank you your help 8)

8-Jul-13	Re: (No subject)	Hi, Christina: Sorry for delay in answering, but I have so many questions and so little time :) In general, it is very difficult to know what is the cause of an anxiety problem. Normally, mental health problems are not caused by an unique cause, but the addition of different factors (phisical, mental, social, personal...). In this sense, it is possible that MDMA has contributed to raise your problem. But iÂ´m sure it is not the only cause, and maybe it is not the most important. Maybe (it is only an hypothesis) MDMA "moved" some retained psychological material in your mind that is contributing to your stress. I mean, make you conscious of some things that were"hidden"in your mind. If this is the case, it would be useful to talk about this with your psychiatrist. It is difficult to handle stress and anxiety disorders/panic attacks are common and very unpleasant. But treatment is available. The best strategy is a mixture of pharmacological /psychological treatment
10-Jul-13	Re: Nardil and other drugs	Hi, I have read your mail with interest and I understand your reasons for not making public. Nardil (Phenelzine) is a very effective drug, but it belongs to a family of drugs (MAOI) with many pharmacological interactions (prescription drugs, illegal drugs and foods, as you know). It is particularly dangerous to mix with MDMA and, probably, amphetamine derivatives (meth, MDA...) http://www.ncbi.nlm.nih.gov/pubmed/2884326 http://www.ncbi.nlm.nih.gov/pubmed/1346952 It has been used for treatment of cocaine dependence, so probably interactions are not dangerous http://www.ncbi.nlm.nih.gov/pubmed/3235232 Interactions with benzos and weed are not notified, so they probably donÂ´t exist. According to pharmacological mechanisms it is possibly safe with opiates, GHB and, maybe, ketamine, although you should consider the problems of these drugs. My role here is not to tell people what to do or not to do,but let me give you my opinion. In your mail you say that most drugs you have tried have been uneffective and Nardil seems to work well on you. I think you should consider the risks of abandoning phenelzine 10-14 days to use high doses of MDMA. I think this can have a significant impact in your disease and you may lose everything you have won in this time. Of course the decission is yours, but I think I must consider this also. If you feel comfortable with your weed use and this does not have problems for you, I consider it could be the best and safest option in this moment. The best way to enjoy effects of drugs is when one is in the best psychological state. I would reccomend to wait until then to use drugs like MDMA. Anyway, if your decission is using it, I would strongly reccomend to quit phenelzine 14-21 days before.
10-Jul-13	Re: Healthy Meth Use Thread Started	Thank you for your message. I have read your thread and I think it is very interesting. Oral meth can avoid some of the problems related to way of use, and it is pharmacologically the safest (although less pleasurable than other ways: iv or nasally "rush" is higher, and thatÂ´s why many users prefer it). Unfortunately, I have very limited time. I donÂ´t want to sound rude or disrepectful, but, in this moment, I have no more time free. I have 3-4 PM every day with different questions and I dedicate 1 hour more or less every day answering questions in forum. Please tell me, if you have a specific question or there is a problem with your thread, but I canÂ´t dedicate more free time to SR than IÂ´m using now. Anyway, I repeat, tell me if you need anything
11-Jul-13	Re: Healthy Meth Use Thread Started	Desoxyn is the brand name of FDA approved prescription methamphetamine. You can find some tips about safer use in the technical sheet: http://www.fda.gov/downloads/Drugs/DrugSafety/ucm088582.pdf http://www.nhtsa.gov/People/injury/research/job185drugs/methamphetamine.htm The fact that it is an approved medication does not mean that it can used without dangers. There is a dependence potential, adverse effects and toxicity, although it is less harmless than iv or snorted use.
15-Jul-13	Re: (No subject)	I strongly reccomend you to have a look on this guide. It is very long but provides very interesting information on intravenous use http://issuu.com/harmreduction/docs/getting_off_right/21?e=3225910/2673970
18-Jul-13	Re: Genes and Amphetamines	Sorry for delay in answer,too much work :(Amphetamines have been widely studied for over a century. They are old drugs, so we know almost everything about their characteristics and risks. Genetic changes or damage is not one of this risks, definetly. Millions of persons have used them (as prescription or illegal drugs) and there is no scientific communications about this problem. Considering that scientific research maximizes the risks of illegal drugs, we can say with no doubt that genetic changes in spermatic cells or ovules are not problems in this case. There is a risk of cardiovascular or facial malformations in children born of mothers who use amphetamines (who are currently using while they are pregnant, I mean), but thatÂ´s all. You can send a donation from your SR account ("withdraw bitcoins" in the account page). But my services are free and volunteer, so feel free to do what you consider.
19-Jul-13	Re: sick 23 year old unkown disease.	Hi, I understand your situation, and how you feel. In medicine, sometimes is difficult to know what has been the exact cause of a problem. Sometimes diagnosis delays some months and even years and I understand this is very distressing. The thing is that HGH is a hormonal product. In general, hormons are signals that keep balance in body. If your body is right it is possible to use safely some products to improve physical performance. But if you are suffering a problem (both physical and psychological) and we donÂ´t know the cause of it, it is possible that using a powerful hormone as HGH will cause more problems. IÂ´m not sure if this will happen or not, but, to be prudent, I think it should be better and safer to wait until doctors know what exactly happening to you.
29-Jul-13	Re: (No subject)	IÂ´m sorry but I canÂ´t see the composition of the product. It should be "gamma-butyrolactone 99,99%) to be sure that it is GBL

30-Jul-13	Re: Nardil and other drugs	important than the opinion of professional that know you personally. Medical treatments are not (or should not be) a question of symptoms/pills, it is important to know well the person to know what are the best strategies. Sometimes prescription drugs are important, in other cases (as yours) pharmacological intervention should go with psychological strategies to handle panic attacks. In fact, benzos are not the best presctipion drugs for panic attacks. They releive symptoms temporally but donÂ´t havve long time efficacy, have high dependence potential and, in some cases, can have a rebound effect causing more anxiety when the effect diminishes. Some SSRIs (paroxetine, sertraline, fluvoxamine) are more effective and have less problems. This is a general information, I think they should be selected and prescribed personally by a doctor in the context of a wider treatment strategy. [quote author=TheTjackers link=action=profile;u=47001 date=1375051928] Hello! Sorry for my late answer but i have been going "cold turkey" on Xanax even tho i have it on recipe since my resistance got so high so i had to use 20mg of fast working (dont know the english term but not slow releasing ones) to get me out of my panic attack last time. And since i have vacation now it was the only week i could do it since well as you might understand the mood you are isent the best and you arent the nicest guy to people so i have kinda isolated myself for a week and stayed of the Xanax to get my resistance down. Anyhow i really appriciate your honest and very good answer about my Nardil questions and i decided to keep on eating it and not take any stupid brakes to it just to try to get clean from Oxycontin and Amfetamine which i used quite alot before i finally got a good doctor that understood that i am not trying to get meds out from the pharmacy to have fun, sell it or anything and that really listening to me and my own thoughts. So thanks for your answer and i will keep on taking Nardil as i should and i will continue to take my SR Xanax 2x2mg each day and will talk to my doctor when he is back from his summer vacation that i need something else for my panic attacks that i havent built a resistance against. My panic are quite rare but one time each 2 months or so and that is when i really get dangerous for myself. I have tried 44 "happy pills" when counting with nardil and xanax. Which benzo (valium, sobril and the less strong ones dosent work on my panic attacks at all) you think would suit against panic attacks that isent xanax since i have them on SR each day as explained earlier. I know that there is one that is kinda like valium but more muscle relaxing that is supposed to be strong but cant remember the name right now.. Now you got a very little bit of my backround story but i have tried almost anything including ECT and so on and the only thing working on my is unfortanly the very strong stuff. Which other benzo you think would work and really make you in a "brain dead" state so i dont think at all almost like xanax used to before i started to eat it on SR aswell. Or is it so that when eating xanax sr 2x2 each day i build a resistance against every benzo? Sorry for my long message and all questions but this is quite complicated questions and not the easy ones to find answers on on the internet and especially would i be authing myself quite much if i wrote much in forums since my medecins and all my treatments i have got like ECT is quite rare.<br
4-Aug-13	Re: Dread Pirate Roberts	I donÂ´t mind at all,,thank you very much [quote author=cleansober link=action=profile;u=74386 date=1375583849] X, Hope you don't mind, I sent a request to Dread to make your thread pinned. Maybe he has his people looking at the thread to see if it is worthy? Whatever the cause the views are going up fast that's for sure. S [quote] Re: Drug Safety Â« Sent to: cleansober on: July 31, 2013, 03:56 pm Â» Â« You have forwarded or responded to this message. Â» Reply Quote Delete Quote from: cleansober on July 31, 2013, 12:46 pm Mr. Dread, In the drug safety forum Dr. Fernando Caudiville provides free medical advice to all. Any chance this thread can be made sticky? Thanks. Mr. Clean link please reading list: mises.org/books/newliberty.pdf, anarchism.net/newlibertarianmanifesto.htm [/quote] [/quote]
4-Aug-13	Re: Mdma/Alcohol	Mixing different substances enhance risks and after-effects. Low-medium doses of alcohol (as yours) does not have a significant impact in this way, but mixing mushrooms can enhance feelings of sadness and depression, common with MDMA. It is unlikely that this is a long-lasting problem. In most cases symptoms dissapear after a few weeks. Supplements of tryptophan help to regenerate serotonin and some people say they are good for recovering for after effects. In future ocassions, you should be careful with MDMA dosages and avoid mixing
5-Aug-13	Re: A question about hallucenogens and CEVs	I regret I do not have an answer to your question. Simply, some people reacts differently to effects of drugs. This is for all substances, both legal, illegal and psychedelics. Some people (by genetical, constitutional or psychological factors) are prone to some effects and other are not. Anyway, I make some suggestions. First of all, try "not to think about it". Sometimes thinking too much about an effect makes that it does not happen. You should try a different substance (trying to avoid legal highs, research chemicals and too new psychedelics of unknown long-time effects). Some people enhance CEV with music, I donÂ´t know if that could work for you
5-Aug-13	Re: a question :)	For general information about substances, I always reccomend Erowid, in my opinion it is the best source of information on drugs in the Internet. There you can find reliable information about effects and dangers: http://www.erowid.org/chemicals/cocaine/cocaine.shtml Regarding dosage, considering no tolerance and intranasal way, I wouldnÂ´t use more than 25-50 mg/line/hour and no more than 2-3 lines/session. Take in consideration that cocaine has more potential of addiction than other drugs and it is more easy than other drugs to lose control on it

6-Aug-13	Re: questions for the doc	Both opium and heroin are good drugs for pain. But they have their own problems (constipation, mental effects and a high potential of addiction). In fact it is extremely easy that people with pain problems become addicted to opioids when treating pain by themselves. Of course you are free to do what you consider, but I think it would be better for you if a doctor prescribed you medications for your pain, instead of using it by yourself.
6-Aug-13	Re: Morphine	Advice from crushing tablets of morphine tries to avoid recreative, non medical, use. But I think using them as you say (crushing to a very fine podwer and exactly measuring) there would be no signifficant problems. It is possible that effects will appear much sooner or later, but there would be no signifficant risks or adverse effects different to normal. In your case, I would start each 8 hour, and then adjust dosing and timing according to potency of effects.
8-Aug-13	Re: Thread Featured on home page	Yes...and now IÂ´m having more than 10 private questions a day from people with less than 50 posts :o :o :o
12-Aug-13	Re: meth and propranolol(inderal) interaction	The information available about this question is inconclusive and conflicting. On the one hand, it seems clear that combination between cocaine and propanolol should be avoided. http://www.ncbi.nlm.nih.gov/pubmed/17956961 It would seem logical to think the same interaction could exist between meth and propanolol, as mechanisms of action is similar to cocaine (but not identic). I couldnÂ´t find data in PubMED or ToxBASE showing that combination of propanolol and meth is dangerous. Even in the technical sheet of Desoxyn (prescription form of meth) combination with propanolol is not shown as an interaction. http://www.nhtsa.gov/people/injury/research/job185drugs/methamphetamine.htm So the combination is, at least on theory, safe, or it has not been proved its toxicity.
12-Aug-13	Re: Stimulants and Anti depressive	There are not known negative interactions between citalopram and the drugs you say. In this sense, combination is probably safe, although you should also consider the effects on your problem of health, and general risks of these substances
14-Aug-13	DoctorX drugs and health thread in SR forum	/>hQEMAwIiQjtnt/olAQgAodsWzDE0dlyZm7Etzg7MbfSCQ26bA2+dPnwf/0EBcRKt Pe8/f+PNshgFyHW4SEfMJSOi20Pvid/ShEIHhJd9aZbX1MjMY5wtlRqvwNFa4DSd UOxkROexOouMotLZvuZbH9BVuSfq4UY57F9V73FtanS2rbzHF+Qb929/I0dHo8DZ hFAZYbNWjgcJ26s4+eT3MnurENi9DDhIklQq/rX/zQBj8+g79qOcQZwkCeaiYgfZ zQ640QO4A6Fe0VfBUOjphEjTM37RuP8sBuT8IeDqnrd/U92ZRDoVNovVBfhbn6MB QNy1I/4Kgko9RTachVutAploDUmqCxSIL+kwZ1ShlNLqAdumJPbT8dh4JmJHqBF5 IP3J69cB8uh+8gU2m6uEYKtmDZkJ51XMegKtO4+bd5yE8HvnGt+wQl8KNMIflnSP 63OAEOHm9fPboN7SArEAcmZqeIYjnhDI6AaBWfQ7XhDjDiqLUNeZu+0YRtN0UJ3u aXCzg8A+C/DvhB+6jEJg5y7i6i2skcM/OFLB2gjlDOvCXOnXqH1JLe+Gz5eSDy4q rkEDQSb2GaAT7D2a73gLQWe+QwydJKh/MSlWlC5ET8UB+Qn2yueNELyLIl34rBJp 35oNCSEwTqWCzZuzg9lFIiBvegdW3dROONMcNRNhApfM7X0SD0Y71obGN1hFn24M dEIcia9TVu6MUOais5Z0YwZtKL7la5qtOTEYihHPInr5Sq6GvSjQDKdWW7/Uj8Kd f79GDo6ScKOCkNvzauD3MCD1kVMhJiqe4eAAX3mS9HqYJ3DzFJt+KCJOVPAfZ/Gd mFhrzHN28r4JLSuOnZuHAFATsPpduDSyzzfdCa9YMQS3EkBFkk9mbkRRTdh6h7EN 6z8Uuo8mhEpfeDBmww/IVlQkCLSmNa92VRZKL/QQN4FeCfFANGIUJpzo61HlqIM+ OUTplmovF+VfhEYHmr37KdeowpkkCktgYMrL1EdIEXNy+bDzWShzbb3tRCNy/TJA yFzmubrMWTn568RpwaVq2Y6TvpxWai7qqCGEew4m/l8v8mIuTliA22r+VuKMiwjc wGgZM9auOZMsH5teHR8UzYyNsTDUw86lV8LDNiflCgKH+Zl0GZZJ9lRbwdIQTUoy 7S5xa+qlFDoLUhXtJRbNsSf/TgqGN3Ds3+0AEOWpbr3cxpQ1A+lWlfs+61AX8FRq XiPsYBaL1RPyswtq7pH+4689exWlZzD5UaKk5PG6orHj+g1W6rezaZzP27i1WbLe uBuTSd748dV61tCj4kEJIwGEgdxWFYbqoVC8X/DtbSjC73VtT8p+Tuq5XGP3mE+o Klz5RMcaown+4Vgzequc1zRxUMthrjffpgSGDG2BOkEly74n+qUhykZlfTMKiYt9 GXlvu0WHWbSxZSABO7Wg7fmUsM8VBH0+AcRu4eK3Ykpgu/skPEK/uU4kJEdDUFUK +yeapd2HMapUj+rqeMtRNuVWbIPQ/FTgguADk2b5Ivv8hDU9m3ZiS+IpDBXGil85 3dYfB2wVxcQyYQmWciOyPf6swTKffM8nE5HmZwU2iAXkPFP1LI8ExeAVTlJUosjz j+DMN3mulcZiaio6J6F9nxHsp5lWi4JVEjWf7lO2GMC+WLDSFdW4a6we0aWz9YTV zeuItpAICbjUjBYcReZ/MMJuXnQE2ediH/+DbtjFuZyqK0lEwopJXgofFTD2OHS7
14-Aug-13	Re: MDMA low-dose OD case?	Sorry for delay in answer but IÂ´m having 10 PM a day and I have no free time enough :(I have read your mail. We suppose the pill contained MDMA (you say it had been tested, and other people taking it experienced MDMA effects, I suposse). Then I can find no more explanation that she has suffered and adverse reaction motivated by a bad setting ("she was quite distressed before since she had persuaded herself that i was going to break up with her"). It is difficult to give exact diagnosis throuugh Internet, but, with the available information I think it is the option most reasonable. Panic attacks with MDMA are uncommon, but a high dose (females are far more sensitive than males to MDMA effects and she can have taken 100-120 mg maybe) and a negative mental setting can explain the problem. If she is trying MDMA again she should use lower doses, stay very comfortable and feel good with no problems and negative feelings. I canÂ´t say if this can repeat or not. Sometimes bad experiences are isolated, caused simply by bad settings but in other cases there are people more prone to this effects. So be careful

14-Aug-13	Re: 2C-P	Sorry for delay in answering but I have 10 PM a day and little time... It seems very unlikely. Strong experiences with high doses of psychedelics can leave lasting effects during weeks or months. The fact that one is worried about that it makes the symptoms stay longer. Sometimes is neccesary some medication but, in my experience, they dissapear. And 2C-P has not been linked to any cerebral disease as far as I know
16-Aug-13	Re: IV Oxy's how it is the best easiest and safest way	Sorry for delay in answering but I have so many PMs... Tablets of oxycontin are formulated with filters and binders to make they are sustainedly released in body, and also to avoid snorted and iv. use. I beleive crushing and filtering will make it no suitable for intravenous use, it is possible that intranasal use is more efficient
18-Aug-13	Re: Shorter questions	In general, "occasional" use of almost every drug is not likely to cause long-lasting negative effects, if you are cautious with dosages, precautions of use and safe contexts. In your case, is important to have close to you a glucometer, insuline and sugar when you are experimenting with a new drug. Start with very low dosages and see how your body reacts. If possible, never be alone and have someone close to you that can help if things go wrong
19-Aug-13	(No subject)	I answered that question yesterday (page 34). I donÂ´t know if you have read it or not, the structure of the forum is difficult to follow Yes, I understand life is sometimes complicated. In fact, I donÂ´t think I can help too much with your question, because it is impossible to give an advice without knowing exactly the case. Sometimes Internet is good for giving advice but in this case it should be neccesary a personal evaluation. Cocaine can trigger palpitations in sensible persons. As far as I know, ramipril or amlodipine in combination with cocaine should not give additional problems. But there is a important thing you should know. Mixture of cocaine and beta-blockers is not a good idea. It can trigger hypertensive or cardiac diseases. There is still some controversy in medicine on this topic, but there are enough data to strongly advise against this combination. http://www.ncbi.nlm.nih.gov/pubmed/16627850 http://www.ncbi.nlm.nih.gov/pubmed/18072171 http://www.ncbi.nlm.nih.gov/pubmed/20206876 http://www.ncbi.nlm.nih.gov/pubmed/21059982
19-Aug-13	Re: Flunitrazepam dosage	Therapeutic dosage of flunitrazepam is 1-2 mg. In this sense, it can be considered physically safe. But you should also consider pattern of use, physical state, motivations of use, context...to determine if it is "safe" or not. If you can be more specific in your question maybe I can be more helpful
20-Aug-13	Re: Drug Question	It is very difficult to estimate risks without knowing the exact situation. On the one hand, it is true that meth is a highly addictive drug with potential to cause health problems, both physical and mental. It is a long-lasting stimulant with all the problems associated to this kind of substances. On the other hand, it is also true that media have exaggerated its problems, showing the most dramatic cases as usual. Pattern of use is very important: intranasal use is less risky than i.v. or smoked, it is important also to know if he/she has had previous problems with drugs, or if he/she has managed them without problems. If he/she starts using it more than he had planned it should be a sign of problems (dependence/addiction). This happens more easily with meth than other substances, although addiction is never "authomatic". He must be conscious that meth is dangerous, although many people can use it occasionaly without significant problems.
21-Aug-13	Re: (No subject)	Thank you very much for your message. Feel free to comment or critic or add what you want. I invite you to visit the page of the harm reduction NGO where I work (http://www.energycontrol.org). If you want anything from me you can contact directly in my mail caudevilla@gmail.com
21-Aug-13	Re: (No subject)	I donÂ´t know what can be the cause of your problem. Sometimes Internet is not enough to give advice, and it would be neccesary a personal meeting to evaluate the case. The only idea I think it is that is common that psychedelics amplify or modify some corporal sensations and auto-perceptions. If you have a irritable bowel syndrome it is possible that, under an modified state of consciousness induced by psychedelics you feel different (amplified) your pain. I canÂ´t think about a solution on this...maybe changing the psychedelic family you can handle it better
23-Aug-13	Re: Social Anxiety and Inattentive ADHD	As far as I know there is not too much specific scientific research about CBD and ADHD. There are some observational cases of people improving performance symptoms while cannabis use. The fact that many people diagnosed of ADHD use cannabis also can mean that there is a therapeutic effect, although I insist this is not well studied yet. In general, varieties of cannabis with a THC/CBD 1/1 ratio are the best for therapeutic use.
23-Aug-13	Re: Drug Tolerance issue	Tolerance develops during weeks or months and dissapears weeks or months after finishing substance use. So it is impossible from a pharmacological point of view that tolerance to a substance is manteined from the age of 4 to actuallity. There must be other factor to explain this. Most people feels effects of MDMA at a minimum dosage of 30-40 mg, some people needs higher dosages, but 100-125 mg is enough for almost everyone
23-Aug-13	Re: Flunitrazepam dosage	If you have never used benzos you should start even by a lower dosage (1 mg) as flunitrazepam is quite a strong substance

25-Aug-13	Re: (No subject)	[quote author=ds89 link=action=profile;u=21748 date=1377427420] Thank you so much for your answer, it has helped me a lot! I have now been subscribed fluoxetine and have taken 10 mg for a month and now I'm taking 20 mg and I have been in talking therapy for almost 3 months. I was just wondering if it would be okay to smoke marijuana while on fluoxetine? My doctor has told me to avoid alcohol and I have no problem with that, but I haven't been able to ask about marijuana, and I would really like to use it occasionally since it helps a lot with my PMS. I have googled already and have read that you should avoid using marijuana in the first 9 weeks or so of determining how many mg's you have to take. Also, how can I donate some bitcoins to you ? :) In theory, it should be better to wait until your medication is finished to use marijuana. It may help some symptoms, but it can also trigger anxiety. Pharmacologically, the combination of fluoxetine and cannabinoids is safe, at that level there is no problem. But from a psychological point of view there exist some risks, and its probability is difficult to measure. If you are using cannabis in these weeks, you should use little dosages (probably you have lost tolerance), and, if you have the chance, use varieties with high concentration of cannabidiol (CBD), that is more relaxant than THC (tetrahydrocannabinol). If you want to donate, you can do in this address: 1BZU7XjDbnWCncytg7kAbEWdtZMwwL5UyL Thank you and good luck
26-Aug-13	Re: Anabolic steroids	You canâ€™t post in the general forum because you have less than 50 posts in the newbie forum. Once you have reached that, you will be able to post normally. All anabolic androgenic steroids affect hypothalamic-pituitary axis and endogenous testosterone production. This effect is reversible and depending on dose and frequency of use, and the exact type of steroid. Low doses-low term use of testosterone enanthate (125-250 mg/week/6 weeks) or oxandrolone (20 mg v.o./6 weeks) produce moderate effects in strength and muscle, but have much less risks than other patterns of use of steroids recommended in Internet. Anyway, it should be important to have test bloods after and before cycle to minimize risks.
27-Aug-13	Re: Advice	In general, all stimulants or drugs with stimulant-like properties (cocaine, amphetamine and amphetamine derivatives, cathinones like mephedrone and derivatives) should be avoided in people who have suffered a heart attack. It is possible that low doses of alcohol, other depressors as GHB or selected strains of cannabis donâ€™t have a significant impact in this sense, although it should be necessary a personal evaluation. Tobacco is other drug to avoid. Anyway, you should wait several months, as 8 weeks seems a too short time.
29-Aug-13	Re: (No subject)	Undoubdetly it should be not an option, but a right and necessity. I think even opiate users should carry naloxone with themselves. Detractors say that it would facilitate risky behaviours, but I think this is the same kind of reasoning that comdom availability promotes sexual activity. In case of necessity naloxone is active even by intranasal route. In a clinical setting iv or im are routes of election, but in a extreme situation this can save lives: http://www.ncbi.nlm.nih.gov/pubmed/16183444 Feel free to contact whenever you want Cheers Fernando
30-Aug-13	Re: MDMA, Adderall, Methylone	Knowledge about methylone is much more limited than MDMA. In this sense, MDMA is much safer, although it is important to be careful with dosages and timing. There are personal different reactions to different persons, maybe your friend doesn't like the effects of Adderall or was expecting for anything different. It is also true that firsts experiences with drug are sometimes conditioned by fear and, as many other things in life, first experience is not always the best.
30-Aug-13	Re: Hi Doc	 Dosages and timing seems reasonable for person with wide experience in these substances. Before trying combos it is important to know well effects of each separate drug. Before trying triple combos you should try doubles (MDMA+2cb, (MDMA+LSDâ€¦). I think first combo will have less duration and less after effects than second, as LSD effects will last 8-10 hours. In my personal opinion LSD and 2c-b are too psychedelics to mix, but is only my personal impression.
1-Sep-13	Re: Anabolic steroids	All steroids affect endogenous testosterone production and can alter sperm count. With some of them this lowering is temporal, mild and easily reversible. With potent steroids, high dosages and/or long frequencies, this problem is more intense and long-lasting. Short cycles and moderate dosages produce less muscular gainings but have less risks in general. Intermitent cycles are no worthy, but I think oxandrolone 20 mg/day/6-7 weeks has a moderate potential of adverse effects with reasonably good effects in healthy persons, if this administration is controlled with analysis and complemented with an adequate exercise and diet.
1-Sep-13	Re: (i never tried heroin) could Heroin give seizures ?	Most stimulants (cocaine, amphetamine and amph derivatives) and alcohol lower the seizure threshold in people prone to seizures. Benzos and some strains of cannabis (rich in CBD) are the safest drugs in this sense. Some opioids (fentanyl, meperidine, pentazocine, propoxyphene...) are more risky but seizures are not a typical problem of morphine and heroin. They are possible, but not very common. By the way...if have not tried intranasal heroin and you donÂ´t have tolerance, please consider that "0.1 grams" is a very high dosage. You should start by 5-10 mg.
1-Sep-13	Re: (No subject)efedrina et speed whit buprenorfina	I do not recommend stimulants for losing weight (they can have severe adverse effects), but there are no known interactions or contraindications between buprenorphine and ephedrine. In this sense the combination is pharmacologically safe. If you are looking for pharmacological aid to lose weight I think orlistat can be a safer option
2-Sep-13	Re: Anabolic steroids	Hi, clinical studies about oxandrolone are based on daily administration. Intermitent use has not been studied as far as I know. Anyway I insist that, in moderate doses and time (10-20 mg/6-8 weeks) adverse effects are usually mild and reversible.
2-Sep-13	Re: (No subject)	Hi, In this link you can find reliable information on this issue. The dosage of pentobarbital indicated for physician-assisted suicide in Oregon, US is typically 10 g in liquid form http://www.medscape.com/viewarticle/742070_3

2-Sep-13	Re: RIck Simpson Hemp Oil	I regret that Rick Simpson story is only a big scam, that makes no sense from a scientific point of view. We discussed this some time ago: http://dkn255hz262ypmii.onion/index.php?topic=147607.msg1465103#msg1465103 Greetings
7-Sep-13	Re: Question about Frequent Cocaine Use	Intranasal use of most drugs can cause local problems. The degree is between little imperceptible wounds to massive destruction of bones and structure of nasal cavity. There are different factors to this: characteristics of the substance, purity, technique and frecuency of use... The presence of continuous nasals congestion, bad odour or green mucus or bleeding can indicate that there is a problem and use should be stopped or diminished. There are some tips to reduce this risks or avoid it: 1) To crush very well the substance before using it 2) Using a clean surface 3) To use both nostrils to snort, alternating 4) Using clean material. DonÂ´t use a bill to snort, use better a drinking snort or a clean paper. Several studies have shown a higher rate of Hepatitis C Virus in intranasal cocaine users. 5) Using preparated sea water or salted water with a syringe to clean noses after cocaine use http://www.ncbi.nlm.nih.gov/pubmed/15132748 http://www.ncbi.nlm.nih.gov/pubmed/22740714 http://www.ncbi.nlm.nih.gov/pubmed/17052278 It is unclear if sharing material to snort (straws) can be a route of infection, but you should use personal material to introduce in your nose and not sharing it, by general hygiene reasons. It is very difficult to estimate the exact amount or frequency of cocaine that will bring problems. In general, I think it is more important the hygiene measures. If we are not talking about extreme patterns of use, in general it is enough. Cocaine is soluble and stable on water, so it can be an option
9-Sep-13	Re: Scopolamine	Butylbrohmide and methybhromide scopolamine or hyoscine are commercial,medical forms of scopolamine that are used in medicine because they donÂ´t have effects on Central Nervous System and donÂ´t produce mental effects associated to scopolamine
9-Sep-13	Re: (No subject)	-----BEGIN PGP MESSAGE----- Version: GnuPG v1.4.12 (MingW32) hQEMAzHKA/xPlNQSAQf/aINnMBxQHdiFeFBjjyc+6QpJYz09XcVTa/IWtmjQyGXK qoXnOi5cAexyU2gyoESRMyPoXzd2E0hTKr6joh/JS504vashHBQtCrrSL53MhJja ZJE1KKOqe/boW3ia434uXCOh0lnp+i+tFgV/k5h638VgnhGSsx73JEE+ZYGU2FKE NdUJ9ZJquWOpYhJvXCDhtD4w4FyYcq+z/zIm6Cl7ncrXDLsrLVO7yiQ2l1GKgbLl j6iqkngXOMKp2cwrnkHPEqASPEGXNHpZUQsx1vF1MIWFMO4eCJRWE4b/gDMH2EP+ 7tjo/Kc0cXTbFyA/ttY731a918jAjch1TMYi3fpzLNLAjgHL5QO9HLFSCenAAGpJ Kb1xw5XlT7OKEIq/gOarqiBaluAZ6+fqW6I/EH9Yg/ZNNwXGtbENpFM1gBRfLhBN 8+l/T0LOl0SbsUb94JMLeTwTxhnzR/g9bbW36gph8hVFHbdRYdWINEhlSS5IaWJE /zhVWWC/e617qu9YNop42GRZRSHRq3rslpM2pNB0/7vnKmXmia1Hgo4n5cGSmBj8 HYg8PGf8gITKhvK8wPKVMSgyWxt3XpgZF758INtbqtCgzgHM5qt5rb0MPYFSAJvu RtUTtR6OxPPzzfkN39kkPQ55pC/iEa7uacMUTRxdNkTiN+lqmZip69iLN4H1PaFw YVXJrOsl1D+YUXNIuBzc+1KfzOouJ5t+LWbJEnFG/Sq+9faCGPU5c3ORCUinVDRc mnN//St1QoVgGKNnJGjSLr23aQOll3+v6r7I34+0+nc= =SwhJ -----END PGP MESSAGE-----
9-Sep-13	Re: Question about Frequent Cocaine Use	Thank you!
11-Sep-13	Re: Health Insurance	IÂ´m sorry but I donÂ´t understand what are you telling me... :o ::)
12-Sep-13	Re: stats	Well, I think vendors see the statistics of purchasers to estimate if they are trusteable. In my case I think this information is irrelevant. It is not going to modify my answers depending on the money they have spent. So I think I donÂ´t need this information. But thank you very much anyway for the interest and your help
12-Sep-13	Re: Methylone Use	Methylone can increase blood pressure and heart rate. I think an intranasal gram in two days is a heavy dosage and could cause some problems. You can find reliable information on methylone dosage, patterns of use and risks here: http://www.erowid.org/chemicals/methylone/methylone.shtml
12-Sep-13	Re: LSD & Epilepsy	Hi, I regret this is one of the most complicated questions I have been asked ::) In other cases there is enough information to give a recommendation or advise against a drug use in a determined condition. But there is a lack of information about LSD and epilepsy. I have been searching in several databases for this and I regret I canÂ´t give you an opinion based on science. Simply there is not enough information to answer if your risk is increased or not. For example, I searched on the medical protocol of LSD assisted psychotherapy in persons suffering from anxiety associated with advanced-stage life threatening diseases. There is not a word about "seizures" or "epilepsy" on it. In the exclusion criteria for the selection of patients, there is no explicit mention to epilepsy, but a general "Diagnosed with significant somatic problems, that in the clinical judgment of the investigators poses too great a potential for side effects." http://www.maps.org/research/lsd/swisslsd/LDA1010707.pdf There is little information about this issue in the US National Library of Medicine. I only found a report: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1502729 LSD associated seizures in non epileptic people are a very rare complication. But it is the only thing I can say. If you asked me about amphetamines or cocaine I would have enough arguments to explain that its use increases risk of seizures. But in this case I donÂ´t have enough information to give an advice...sorry!

16-Sep-13	Re: stats	If someone tells something that it is not true it is his problem, not mine. I am here to offer information, not to be a policeman. I am not that kind of doctor that thinks that drug users are liars. And if they are, it is their problem. (I hope I donÂ´t sound rude with my answer. This is what I think, but I hope I donÂ´t sound unpolite. My level of English is not enough to express irony or sense of humour, I hope you understand what I mean...) I followed South Park only until the 5th season. Then I got bored. But after seeing the chapter on cannabis legalization you recommended me some weeks ago I think I'm reconciled with the series. IÂ´m not interested in suppository through penis auchhhh....!!!
17-Sep-13	Re: question about a research chemical	Cannabis has been with mankind from the last ten thousand years. Cocaine was discovered at the end of XIX century and MDMA was syntethized in 1912. These drugs have been tried by millions of persons and there have been hundred of studies on them. We know perfectly their pharmacology, dosages and risks. Mephedrone has been only 4-5 years and has no studies on man. When mephedrone (4-MMC) was banned, dealers started to sell modifications that are less unknown. 3-MMC is one of this substances, that has never been studied on humans. So, people using these substances are acting as guinea pigs (I say this with irony and sense of humour, but it is true). If you take care of dosages and act in a responsible way, use of classical drugs (cannabis, cocaine, MDMA, LSD) is much less risky than these substances. I canÂ´t say if your kidney problem it is related to 3-MMC or not. Simply there are no human cases reported.
17-Sep-13	Re: PM re: Percocet post	[quote author=Druedude link=action=profile;u=70294 date=1379336937] Honestly, the Percocet is the only thing that has helped my pain from my stricture. My understanding is that there is really no way to repair it (according to GI doc) If the Percocet is fixing my pain, and my depression, anxiety, fibro, etc., why is it such a horrific thing? My husband is an internal medicine doctor.... Not a big fan of pain meds to say the least. We live in a small town so tomorrow (Tuesday the 18th) I have an early am appt at a pain clinic where I know none of his friends work. He is really good friends with my GI doc, so I don't want to say all of this to my GI doc (current subscriber). If I tell this to the pain clinic the way I've told you, are they going to give me Percocet, try to put me on subutex, or what? Also, if Percocet really is so awful, what is the safest opiate and how to dose it? Poppy tea? Laudanum? I truly appreciate your time. I would be happy to pay a consult fee. [/quote] As I have explained in the general thread, opiates in general and oxycodone in particular can be useful in some depressive disorders. I donÂ´t know if in your case is the most useful or unique option, but, in your experience oxycodone is working well and that should be considered. I don't know if this is the best option for you, there are other medications, and not every pacient has the same results and adverse effects. As Percocet contains acetaminophen it should be better a oxycontin/oxynorm presentation. If you need anything else feel free to contact My services here are free, as I only can offer a general advice and not a real medical service. If you want, you can donate BTC in this adress: 18RWvfBM4KeRBdsWr7kpSSCyJGDdYrCSCZ

18-Sep-13	(No subject)	/>hQILA3kgGYKSe7qRAQ/4zyaTY+UbUcR8xzZCElSXnQQgNfEV0s++9WZpq3bf5j2t bMzJ79xIswJsVD45GF22Iyw8bnrEEzsTEDpkyVKhDH5ONBqzV6SM6K2PhgBklxF3 dKQ/Oi7Y1bwThYUyLTeXL3Mxr6S0gBJOSqnkAougCJLJm4bFHKTXfu/WvorMKxNt vYufoXDGFeOl1nqQPp0BLu2L9vUY5qBCVUblXsxulzmILAvqN0CFVZODgg7uK7e0 uZifwgFsqeUMQdDA7lGtloSys16QMXPnz4i7QKWcQLAJU1qUJ/RbND+vH6af43cj qnNfD2vOqBxu8y1hDWApw9X9ost0FvBFZu6kL6ugWmdfqI8FWd7KCyQHCm657x8T wZ6Wm3/RFXPv8ZvT9TBCBvMsYpfZf/QKwYqOkbuGNd8syvQcGj2tPO6VlpphLo0u E0B1EMMni55iKF69+av9642B+3P1X4Qerw9qWDpnCSgK0rnnjbbfURyqESIVk5kH W7gl2vyxSCUV+xrT3LNz+18lyMN0RsUKHHo/Q/D5ixkqLnf4WInBUeXaZuzvo9p3 vbi4c7juKphE5qFLt6TgnAsdpzKEQ6yJrsO6QOYxN3ShuF5JFVhkPxFvqX3ApmIe 2QITOYZFBrfzarPS/TPXIohCkK9meM6mJo7YE9B4zrpo9obv84wug/HicyVjHdLp Ad3wgJMAmbi3qSOZAKWskDsDzkFz6V+EAROPqBT8e35x/01mRb9583lN/w12ggrL procwhChh9DMvEig+B18pwNRzJ9cXni4/BaQtH6ovgtAxRN4n9A07cLqUQz7uctC H7s9XOpanzUUssF1xWQ4vkavd6zHdZt14kiLCZyChNrrAl7Z6TyHugXlQEjIvKv9 zym2bxKhNJ6OJ2ZvIeDvjtU88IOGQ+c6Pc6CywPV2uLiAd4e0dWt8F5GsaJE5b39 gnA/jN4xhKJ+zhetCXCGgu8SUDEKwY2ZsTIXnFGDNGTeNT3GvaEveqNM2/lUpaGP IWf/PxivPW+wWGUNAebfZqqTonj3vUJn1D3419MXKtPqlyNxJKNGjGoiya1ssB23 ECE1J+TsWn71WQhcJiAmI3uOvo7LFlYzGQSur3iq+D2wzGog1QAvzdbmUIYOAK39 0tew57KdqPT2SjmK+vw08cp6llKHRODi+vwzsNLCb0RD2K4zKzJkKnjRvsSx75rk FFiZYjox289nqk05/Bm/SFW9Ux75zp8xQadfrt/fDHrDg0pro9maNGT2kpUJQX4q 91P4xvjxDB2Jn5IDuxyuK+Xqau//gY9ytjOFqKC59S/UTdYYdmVBWP7W3X+HEhBD R4ajXx+P7qCzGxoox+vzWPU1N141E+3tdk4HanJOx+/AvaKhwnK4XubZvXF8v2uF vF657PKdjIFaaRlA3XV/y13NBw61CGp8TWxC5u+k48DMAtSOW1w6eCqE/1+VUOmI dil7V6em6p8K9zrfLtK9XkQouY8GVNOkMb/LZXnjvWZW3uXvnHKJ7vHrKBwivHNf aesp+YfiNbmhXcLAz6nh/3wxjuMu/0ViJam4PA1TdyRanUREZCpvoy/FGZgd48F+ AnpEiko+7j+4MlQSJajSP2ALsvX4uPGCXcMQCQTFQVZ0BWP1GR819XknUaDW8fgk kVMpcuswiwnd71iX3aBy0n7ha7gTt1IrNRqPg3d0cld3RYbxAgF4nrDmtWRPEDb2
19-Sep-13	Re: stats	Blame on? Legal issues? I just offer information,I don't sell drugs... Anyway,I was thinking adding a "disclaimer": This information is orientated to risk reduction in drug users. This advice is not substituion of clinical medical evaluation. No responsabiity is assumed by misundertandig of general advice" Do you think is right so? Would you add anything else? Can you help me please with this particular. I would love an international tour, but this is no interest for medical and drug congresses. They prefer intoxicate rats
19-Sep-13	Re: 25i nbome question..	25i is very soluble in water. If you added 1 gr of 25 to 1 litre of water, you will have a solution of 1 mg/ml. With a 1 ml syringe you can calculate dosage (0.25 ml is 250 micrograms, 0.5 is500 mg and so on...). If you have a scale is much safer to weight 100 mg to 100 ml of water, and you will obtain the same proportion. Keep the bottle in a place where nobody else can use it , an intoxication could be deadly. And search carefully for info on 25i, as it a very new substance of unknown risks. You can find some info in my thread and here: http://www.erowid.org/chemicals/2ci_nbome/
20-Sep-13	Re: (No subject)	I just answered in general thread, cheers
22-Sep-13	Re: ? INDIA HYDROCODONE ?	Hi! Sorry for delay in answering, but I have too many questions and too little time. It is very difficult to know what has happened. According to your symptoms and your suspicion on fake medication, it is very likely that you didnÂ´t get hydrocodone and the effects where produced by other drug. It is almost impossible to know what could it be. If test for substances was negative that excludes the most common psychoactives (amphetamines or cocaine). It is also strange the quick onset of effects. Some laboratories can test your drug by analitical techniques but this expensive. In general, I advice against buying drugs on Internet if they are not official, sealed prescription drugs by an American or European laboratory.
23-Sep-13	Re: a bit tricky on this one.	Sorry for delay but I have a lot of PMs :P Urine drug test are, in general, specific. There can be false positive or negative but molecular structure of heroin is different to oxicodone or hydrocodone. So if you are taking some h you will probably test positive for heroin. Depending on the accuracy of the test, it will take between 3-14 days to negativize urine, so that would be the time to be sure to test negative.

23-Sep-13	Re: Tolerance, stimulants, conditions	I made a commentary on auto-medication today [quote]I can`t be sure if in your case it is better to treat depression/anxiety with drugs or not. But I don`t think that auto-medicate psychological symptoms with psychoactives is a good idea, regardless if they are legal or not. In fact I don`t think auto-medication is good, except if you have a flu or something like that. On the one hand, there is the knowledge factor. Drug prescription is much more than choosing a drug depending on symptoms. But, most important, a person can`t be objective with himself. I`m a doctor but, when I have a health problem I search for an independent, unbiased opinion. If we are talking about psychological problems and psychoactive drugs I think this is particularly important[/quote] I think it is not adequate that you decide if you have an ADHD or not. I think that diagnosis should be made by a person with enough experience on the field, because other diseases can have similar symptoms and specific treatments. I think it should be important also to study your "visual snow" if it has not been studied by a neurologist. Cheers DrX
23-Sep-13	Re: taking psychodelics after a 10day course of antibiotics	There are no known interactions between the psychedelics and the antibiotics you are talking about. It is important to be OK physically to enjoy psychedelics and diminish probability of bad experiences, so it is important that the infectious problem has completely dissapeared. But pharmacollogically the combination is safe
27-Sep-13	Re: Your personal site #'s	I use Google Analytics....some visits from far away...
1-Oct-13	Re: substituted amphetamine	Wellâ€¦â€ all psychedelicsâ€ is a very big issue ;) In general â€œclassicalâ€ tryptamines (LSD, psilocybin and most tryptamines described by Shulgin in TIHKAL) are not neurotoxic at common dosages and frequencies of use. Some tryptamines are neurotoxic (4,5-Dihydroxytryptamine, 5,6-Dihydroxytryptamine and 5,7-Dihydroxytryptamine) but are not used in humans. Methamphetamine, MDA and MDMA can produce neurotoxic effects. But this depend largely in dose and frequency of use. There is no evidence that occasional/sporadic use of these substances at moderate dosages cause long-lasting cerebral changes that cause clinical effects. Heavy dosages and/or frequencies of use can produce this effect. There is no evidence that DOM produces neurotoxic effects, neither in animals or humans. Anyway, there are only a few scientific studies on this substance and effects and risks are not investigated. There are several communications of organic and psychiatric toxicity induced by DOM. In a risk reduction perspective, classical psychedelics as LSD or psilocybin are much safer.
1-Oct-13	Re: (No subject)	It is difficult to be sure about your problem without a physical examination. It is possible that impurities or an irritative effect causes changes (inflammation) in your nose wall. To avoid or minimize problems it is important to alternate both nostrils to inhalate, to pulverize very well the substance, be careful with dosages and timing and cleaning your nostrils with saline water using a syringe after session of use.
1-Oct-13	Re: cocaine advices of prudent taking	First of all, cocaine is not a good antidepressant. It generates tolerance, and can cause many physical and psychological problems if used regularly. So I would not recommend you to use it in that way. Anyway, common recreational dosages of â€œpureâ€ cocaine should not be higher than 30-50 mg. Cocaine is not approved as antidepresive, so I canÂ´t recommend you a safe way of use. It is not that I donÂ´t want you to give that information, it is that there are not enough scientific data to suggest a safe regular use as an antidepressant. Even in recreative use the main recommendation is sporadic use to avoid problems.
1-Oct-13	Re: Dexedrine	According to your data, it is very unlikely that a single use of 5 mg of Dexedrine has a significant impact on your health. All drugs (prescription and illegal) can cause adverse or toxic effects, but 5 mg of Dexedrine seems pharmacologically safe as it is in the prescription rank. So if you are not suffering a cardiac or cerebrovascular acute condition and you have tolerated well other stimulants I think risks are possible but very unlikely.
3-Oct-13	Re: lsd and some uncomfortable things with it	Hi...changes in corporal perception are normal under LSD. The only thing I can suggest is try to forget and focus your attention in other thing. And donÂ´t drink too much water. Maybe it would be interesting to have an urine test to rule out a sub-clinic infection only noticeable under a modified state of consciousness, although I think this is unlikely. There are some medications for this symptom, but I think they could interfere with LSD or cause important adverse effects, so I donÂ´t think they are adequate
3-Oct-13	Re: Dexedrine	;)
3-Oct-13	(No subject)	Hi, Cornelius...thanks for your message. These days IÂ´m out of office. IÂ´m on holidays in Costa Rica with low connectivity to Internet, but enough to follow the events of these days. I will be interested in following my work in BMR forums although I will not be at full time until October 15th. Would you please tell this message to BMR? And also, if possible, tell me the url of BMR forums (Internet here works very badly). I will try to register these days. Thank you very much. You (or BMR) can contact me here or in my private mail (caudevilla@gmail.com). Thanks again
5-Oct-13	Re: lsd and some uncomfortable things with it	I think it will probably be a personal sensitivity. Nevertheless, a simple urine test will rule out important problems (you donÂ´t even need to say to your doctor that what happens to you is related to drugs, just tell your symptoms). Antimuscarinic drugs (tolterodine, solifenacine) or SSRI (duloxetine) could be used in theory but I donÂ´t think they are necessary and adverse effects are probably more important than possitive effects.
9-Oct-13	Re: (No subject)	Thank you very much. IÂ´m out of office until October 15th. Do you have a private PGP key? I will write you next week and join the party
11-Oct-13	Re: lsd and some uncomfortable things with it	I think omeprazol 20 mg can be useful for that problem (taken a few hours after using LSD) and no adverse effects should be noticeable. IÂ´m using this forum no more, so I see you in the other one ;)
11-Oct-13	Re: lsd and some uncomfortable things with it	If you are pissing only under psychedelics it is extremely unlikely that the problem is related to prostate. By the way, feel free to donate or not what and when you want, but my address attached to my signature is 100% sure and no clearnet located

13-Oct-13	Re: lsd and some uncomfortable things with it	Yes, I suggest visiting a doctor. It is not necessary that you talk about drugs, just tell your symptoms. Buying omeprazol it is much or less easy depending on the country you live. In most countries of Western Europe it is not neccesary a medical prescription but I donÂ´t know if in your county you can or not.
25-Oct-13	Re: (No subject)	IÃ´m not using this thread anymore, IÃ´m in the new SR forum...but tell me...