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May 27, 2015

BY ECF

The Honorable Katherine B. Forrest
United States District Judge
Southern District of New York
United States Courthouse
500 Pearl Street
New York, New York 10007

Re: *United States v. Ross Ulbricht,*
14 Cr. 68 (KBF)

Dear Judge Forrest:

This letter is submitted on behalf of defendant Ross Ulbricht, in response to the questions posed in the Court's May 20, 2015, Order (Dkt. #249), regarding the mitigation materials relevant to Mr. Ulbricht's upcoming sentencing this Friday, May 29, 2015. Those responses are as follows:

- 1. Can defendant provide the Court a complete copy of all of Dr. Caudevilla's communications with DPR (including, but not limited to, his weekly reports and private messages)? Defendant has attached two excerpts at Exs. 6 and 7 to the Lewis Declaration; the Court would like a complete set.***

Unfortunately, it is not possible to provide the Court with a complete set of Dr. Caudevilla's communications with DPR. These communications were not produced by the government in discovery, and after a thorough search, do not appear to have been formally preserved elsewhere either. Accordingly, all communications between DPR and Dr. Caudevilla submitted to the Court as Exhibits 6 and 7 to my May 20, 2015, Declaration were provided to us directly by Dr. Caudevilla, who had saved a select number of his communications with DPR prior to the October 2013 closure of the Silk Road web site.

Since our May 20, 2015, filing, and based on the Court's request for a complete copy of

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communications, Dr. Caudevilla has located a few additional weekly reports to DPR, which we have attached hereto as Exhibit 1, and has advised us that he does not have any additional communications in his possession. Thus, as of this letter, the Court has all preserved communications between DPR and Dr. Caudevilla of which the defense is aware.

2. ***In the Declaration of Tim Bingham, he states, “I did not encounter a single customer whose first drug purchase was on the Silk Road website.” (Bingham Decl. ¶ 6(f)). What is this based on? Was there a specific question posed in this regard? Please provide the Court the [form of] questionnaire.***

I have spoken with Tim Bingham and he has informed me that his statement that he “did not encounter a single customer whose first drug purchase was on the Silk Road website” was based on the responses he received to his “buyers questionnaire,” attached hereto as Exhibit 2, that he circulated while conducting his research on Silk Road.

Indeed, there were several questions in the “buyers questionnaire” which would have revealed first time users and/or confirmed prior drug purchases and use, including the following:

- “Length of Drug using History;”
- “Repertoire of Street Drugs Used;”
- “Patterns of Prior Use;”
- “Favourite Street Drugs;”
- “Favourite Settings for Street Drug Use;”
- “Year when commenced using Internet drug sourcing. Why?;”
- “When did you first starting using Silk Road? Why?;”
- “Why do you purchase drugs from Silk Road as opposed to a street dealer, or as opposed to other drug sites on the web?;”
- “Have you found drugs and bought on the site that would not be available in your area?;” and
- “Do you use any street drugs now? If yes, Why? If no, Why?”

See “Buyers Questionnaire (Exhibit 2).

—Similarly, what is Bingham’s conclusion in ¶ 6(j) based on? (See Bingham Dec. ¶ 6(j) (“I also did not encounter any Silk Road user who would have stopped purchasing drugs entirely if unable to do so on Silk Road.”). Please provide the Court the [form of] questionnaire.

Mr. Bingham informed me that his statement that he “did not encounter any Silk Road user who would have stopped purchasing drugs entirely if unable to do so on Silk Road” was also

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based on the responses he received to his “buyers questionnaire” (Exhibit 2), while conducting his research on Silk Road.

In addition to many of the questions bulleted **ante** in response to Question 2, answers to the following “buyers questionnaire” questions would also have revealed that a particular buyer would have continued to purchase drugs elsewhere if unable to do so on Silk Road:

- “Do you use any street drugs now? If yes, Why? If no, Why?;” and
- “What are your future intentions around purchasing and use of drugs on Silk Road?”

See “Buyers Questionnaire” (Exhibit 2).

—Relatedly, in footnote 2, Bingham states that certain drug users found that “Silk Road provided them the opportunity to try drugs they would otherwise not have known to try or had access to.” (Bingham Decl., at 4 n.2). Does Bingham’s conclusion in ¶ 6(j) take new/introductory usage into account? In other words, if a user had only tried 2C after learning of it on Silk Road, did that user indicated that he/ she would continue to purchase drugs elsewhere if unable to do so on Silk Road?

Based on evidence that emerged through the “buyers questionnaire” (Exhibit 2) and Mr. Bingham’s own interactions on the site, it is Mr. Bingham’s position that even if a user had only learned of and ultimately tried a drug as a result of Silk Road, they would nonetheless seek to purchase that drug elsewhere if unable to do so through Silk Road.

3. *Bingham references violence/ safety concerns expressed by respondents. Were these concerns expressed by users or sellers or both (e.g. safety at the wholesale or retail level)?*

Mr. Bingham has informed me that violence/ safety concerns were expressed primarily by users, not sellers. In this regard, he also included his “Vendors Questionnaire,” attached hereto as Exhibit 3.

4. *In reaching their conclusions as to Silk Road’s safety, did Bingham and Ralston consider DPR’s commission of murders-for-hire? Is that relevant to their conclusions in this regard?*

I have communicated with both Meghan Ralston and Tim Bingham regarding the bases for their conclusions as to Silk Road’s safety. In regard to the Court’s inquiry, Ms. Ralston responded,

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it is my understanding that [the murder-for-hire] allegations remain uncharged in the Southern District of New York and that Mr. Ulbricht has neither been tried nor convicted for any crimes outside of those of which he has already been found guilty. I therefore did not consider the allegations when assessing the harm reduction and safety aspects of the site for people who buy or sell drugs. My opinions about the harm reduction merits of the site are based on the function and workings of the site itself. Nonetheless, were Mr. Ulbricht to be convicted of additional crimes, it would not change my opinions about the harm reduction merits of the website itself.

Mr. Bingham, likewise, responded that his “observations were focused on the findings of [his] study which related to user experiences on the site and harm reduction and not to the facts of the case.”

Accordingly, the uncharged, unproven murder-for-hire allegations did not alter the conclusions reached by Mr. Bingham or Mr. Ralston regarding Silk Road’s safety. Nor did the allegations appear to be relevant to their particular analyses.

5. *Dr. Caudevilla states in ¶ 10 of his declaration that, during the seven months of providing advice on Silk Road, he never came across a single report of a Silk-Road related overdose. Did he consider whether the posts of a number of users describing symptoms could have related to non-fatal overdoses (e.g. oldcactushand’s post dated May 31, 2013)?*

In response to the Court’s inquiry as to whether Dr. Caudevilla had considered posts regarding non-fatal overdoses when he declared that he “never came across a single report of a Silk-Road related overdose,” Dr. Caudevilla provided the following answer:

[i]n the statement “I never came across even a single report of a Silk Road-related overdose” I meant “lethal, fatal overdose.” In any case, I do not remember [having] heard about SR related deaths in the forum and there [is] no data about this in DoctorX’s thread.

I have reviewed my thread[,] searching for non-fatal overdoses, or relevant acute toxicity cases . . . including the answers that I gave. [See relevant cases/ portions of DoctorX’s thread, attached hereto as Exhibit 4].

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While acknowledging that “information provided through an e-mail system is very limited and in many cases does not allow [for] definitive conclusions” Dr. Caudevilla provided the following commentary and analysis as to six of the nine potential (non-fatal) overdose cases indicated in his thread, and which are included in Exhibit 4 to this letter:

CASE 1 is a user who has been using new synthetic drugs “during two years.” Substances like 4-MMC, methyone, 4-FA, 4-EMC or MXE were easily available through the Internet, outside SR.

CASE 2 is an unusual reaction to LSD, as epileptic seizures are not a common LSD toxic effect. It is not clear if the episode was really a “seizure” or if it was related to drug use.

CASE 4 seems [to be] a psychiatric disorder that worsened after a single DMT experience, but there are symptoms before use of the substance.

CASE 5 refers [to] . . . respiratory-cardiovascular symptoms that could be (or not) related to illegal drug or nicotine use.

CASE 6 is a depressive acute episode after a high dosage of cocaine. It is the unique case in which the user refers [to having acquired the drug on Silk Road].

CASE 7 refers to an unavailable page of the forum[.] It seems [to be] an acute ketamine intoxication but I do not remember any data.

Dr. Caudevilla also noted that “the thread reviewed is the ‘public’ part of the forum but [he] also provided advice through private messages (around 100-150). These messages are unavailable (although topics covered are in the reports sent).” *See* Exhibit 1. Nonetheless, Dr. Caudevilla reported that he “do[es] not remember about any death or fatal overdose in these messages.”

He does, however, “remember once . . . assessing a person across instant messages whose girlfriend had suffered an acute reaction.” He does not “remember details of the story but it is described in [an article], which notes that “[o]ne Silk Road member, Trust In Us, wrote that his girlfriend had overdosed and contacted Caudevilla who happened to be online at the time: ‘He gave her the directions she followed and lived.’” *See* Eileen Ormsby, “Fernando Caudevilla: Spanish Doctor Advises Drug Users on the dark web’s Silk Road,” *The National* (October 20, 2014), available at

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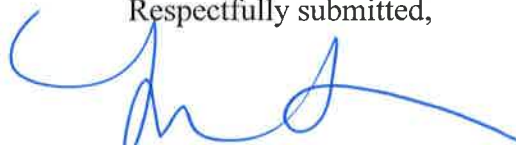
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<http://www.theage.com.au/national/fernando-caudevilla-spanish-doctor-advises-drug-users-on-the-dark-webs-silk-road-20141020-1181fi.html>.

None of the communications indicate that the girlfriend of the person who contacted Dr. Caudevilla, and who suffered the overdose, obtained the drugs that caused the overdose from any vendor on the Silk Road site. Thus, it is just as likely that the resource provided by Silk Road via Dr. Caudevilla's expertise and guidance saved the life of a person whose drug crisis was not the result of purchases from a Silk Road vendor.

In addition, Dr. Caudevilla notes that he has "been involved in on-line assessing [of] drug users for 10 years and it is a bit difficult for [him] to remember every case."

Respectfully submitted,



Lindsay A. Lewis

LAL/
Encls.

cc: Serrin Turner
Timothy T. Howard
Assistant United States Attorneys

0613

Etizolam and GHB cross tolerance
Moclobemide and amphetamine interaction
Steroid selection and dosage
Phenelzine interactions with drugs
Candyflipping dosage questions
Adulteration of drugs
Phenibut adverse effects and dosage
Ketamine intoxication
Viagra adverse effects
LSD dosage and long-time risks

PM:

Cocaine risk of nasal septum problems
Hyoscine buthybromide and scopolamine differences
Auto-medication with amphetamines
Methylone general information
LSD and risk of seizure in a epileptic man

1319

Differences between 4-AcO-DMT and 5-MeO-DMT
Benzodiazepines and driving skills
MDMA and terbinafine interaction
MDMA and piracetam interaction
Long term effects of 2C-X-NBOMe
Neurobiological aspects of "rush"
Paranoid reaction to cocaine
Long term effects of 2C-X-NBOMe (II)
Spiritual use of psychedelics
Morphine detoxification using buprenorphine/naloxone
LSD microdosing
Drugs for lumbar pain
Oxycodone as antidepressant
Alpha-lipoic-acid as neuroprotective for MDMA
5-HTP and green tea extract for MDMA neuroprotection
Cannabis use and flu

PM:

Testosterone dosage
3-MMC toxicity
Oxycodone as antidepressant

1622

Effects of Growth hormone analogs
Damage of GHB use in night
Use of vaporizers (cannabis)
Dosage of Dextroamphetamine
Effects of melatonin and 5HTP
Dosage of DMT
DMT and psilocybin cross-tolerance
Carcinogenic potential of nicotine
Benzodiazepines withdrawal and anxiety
Cardiovascular training and cocaine
Effects of low dose weed
Cocaine and antihypertensives
Benzos and amphetamine interactions
Rick Simpson's Oil
Methylphenidate dosage
Cannabis and bipolar disease
Neurotoxicity of 4-fluoroamphetamine
Amphetamine and ADHD

PMS:

IV use of crushed OxyContin
Midazolam negative effects
Heroin and diabetes
Flunitrazepam dosage
Methamphetamine dependence potential
Irritable bowel syndrome and psychedelics

2330

Cocaine and cardiovascular risk
Drug use and risk in teenagers
Neurotoxicity of 2C-E and AMT
Drugs and anxiety
Emergency drugs for acute intoxication
Pre-treatment with antihypertensives before stimulant use
Lisdexamphetamine and cocaine combination risks
Clonazepam detoxification
Heroin withdrawal and kratom
Modafinil and mental health/neurocognitive effects of cannabis
Dependence potential of ketamine
LSD, DMT and psilocybin neurotoxicity
Heroin withdrawal and further use of heroin
LSD and major depressive disorder
Persisting nausea after high dose of MDMA
Psychedelics and vegeto-vascular dystonia
Physical effects from opiates

PMS:

ADHD and cannabis
Heroin tolerance
Flunitrazepam recreational use
Fluoxetine treatment and cannabis use
Steroids adverse effects (oxandrolone)
Cocaine and cardiovascular disease

3005

Cocaine as a cognitive drug enhancer
DMT and psychiatric disorder
2C-T-2 and 2C-T-7 neurotoxicity
Fentanyl detection in urine
Psychological discomfort on stimulants
Physical side effects of opiates
Time to inject after preparing syringe
Idiopathic intracranial hypertension and MDMA
Ketamine as antidepressant
Mortality rates from MDMA
Rectal administration of amphetamines
Mechanism of action of amphetamines and cocaine
Pupilar assimetry while on drugs
Candyflipping dosing and timing
Risks of aluminium foil

PMS:

Oxandrolone dosage for muscular gainings
Heroin and risk of seizure in epileptics.
Ephedrine for losing weight
Solubility and stability of cocaine in water
Lethal dose of pentobarbital

Buyers questions

Participant Details

Age

Gender

Employment

Type of Drug User (ie. Psychonaut)

Length of Drug using History

Repertoire of Street Drugs Used,

Patterns of Prior Use,

Favourite Street Drugs,

Favourite Settings for Street Drug Use

Year when commenced using Internet drug sourcing. Why?

Had you used other internet information source sites prior to selecting Silk Road?

If yes, which ones?

If yes, what was your experience of the other drug information sites (ie erowid, bluelight etc)?

Which sites do you prefer and why?

Silk Road

When did you first starting using Silk Road? Why?

Why do you purchase drugs from Silk Road as opposed to a street dealer, or as opposed to other drug sites on the web?

Who introduced you to Silk Road?

Can you describe your experience of using Silk Road?

Can you describe how you purchase drugs off Silk Road

How do you make choices around which drugs to buy from Silk Road- for example is it influenced by Chat forums reporting favourably about a particular drug?

Have you interacted with other users on the Silk Road Forum?

From whom do you get advice and information around optimum dosing? Is this from other cyber users?

Have you found drugs and bought on the site that would not be available in your area ?

Have you had any negative experiences with drugs bought on Silk Road?

Do you feel part of a drug using web community?

Do you use drugs with others or alone? Why?

Does the purchasing of drugs on the Internet facilitate solitary use?

Do you feel safer buying from silk road ?

Can you describe any negative effects of drugs bought on the internet when you use them, and afterwards? Is this the same for drugs bought on Silk Road? (short and long-term effects)

What is your opinion on the rapid growth of designer drugs fuelled by web retailing?

Do you think it promotes drug consumerism?

Do you feel your experience as drug connoisseur helps you make your choices around purchase and use of Internet drugs?

Do you pay any attention to product labelling, and do any products you buy have health warnings on outer or inner packaging?

Has a packages ever been seized by customs and excise ?

Do you keep your internet drug use a secret from friends?

Do you use any street drugs now? If yes, Why? If no, Why?

What are your future intentions around purchasing and use of drugs on Silk Road?

What's your opinion on the security browser permitting access to Silk Road?

Vendor Questions

Gender

Age

18 – 25

25 – 30

30 – 35

35+

Employment (ie full time on SR or other employment)?

What drugs you sell ?

What year did you start selling on silk road ?

Who introduced you to Silk Road?

Were you selling drugs before Silk Road (example street seller or via another website) , if yes are the drugs your selling now different ?

How easy or difficult was it for you to get started with Silk Road

How do you ensure you maintain a customer base

Have you seen a growth in sellers on silk road

How do you compete with competition on silk road

Do you sell on the street as well as Silk Road ?

Do you use the same supplier ?

Have you ever had to change supplier ? if yes why ?

How do you ensure the quality of the drugs ?

What is your motivation to maintain quality, consistency and basic safety standards for your buyers ?

Do you interact with others on the forums ?

Had you used other internet information sites prior to selecting Silk Road?

Do you purchase off Silk Road ?

Whats your opinion on the BTC ? ie does the fluctuation in the valuation of the currency concern you

Would you sell to a person with under 5 previous transaction if no why ?

If you were allowed to sell without the fear of prosecution would prefer to sell other drugs? if so what would you prefer to sell ?

In your opinion has silk road made drug use safer ?

In your opinion would regulation of the 'drug market' make drug use safer ?

In your experience, what are the advantages and disadvantages of selling drugs using Silk Road compared with (a) other websites, (b) traditional drug markets?

CASE 1

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: jorgecassio on 15 May 2013, 02:47:34

I got a question, mainly about research chemicals and their long-term effects. I've dug up as much info as I can on it (online, bought a \$130 book on toxic pharmacology, etc.) but still have questions about persistent symptoms I'm having. I used to use 4-MMC, methylone, 4-FA, 4-EMC, and MXE with my use spread out over a 2 year period in small quantities. Apart from the 2-3 times I've gotten out of control with 4MMC, I was pretty good about using everything carefully and only tiny doses, only bought 8g total of any of this stuff, as I was broke back then and RC's were cheap and plentiful.

Anyways, currently I have permanent bruxism and problems with my vision. What made me quit was when I started seeing floaters and swirls of light in my vision 24/7 after a night of methylone, whether my eyes are opened or closed, I still see things. I tested 2 anti-psychotics out recently (seroquel and lamictal), and they make the swirls away, so I think I've been hallucinating for a long time now without realizing it :-\. I'd like to know if I should be concerned about any brain damage or possible mental health conditions down the road and how to mitigate any potential risks. I longer mess with RC's or any dodgy/illegal stuff but I do still drink beer from time to time. Thanks.

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: DoctorX on 16 May 2013, 11:27:13

We have discussed previously in this thread about the potential harms related to RCs. There is little experience with substances like 4-MMC, methylone, 4-FA, 4-EMC, and MXE. It is not clear if 4-FA is neurotoxic or not. MXE is clearly related with reversible cerebellar toxicity and cathinone derivatives are known to cause problems, although they are so new and experience is so small that it is impossible to know what are "safe" doses.

<http://www.ncbi.nlm.nih.gov/pubmed/22108839>

<http://www.ncbi.nlm.nih.gov/pubmed/22578175>

If your problems are persistent I think you should search for direct, personal and professional attention. We can't give advice through Internet about if you need exams or treatment, but if symptoms persist after weeks of abstinence I think it would be important to search for help.

CASE 2

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: oldcactushand on 29 May 2013, 13:43:11

This is really great work. Thanks a lot for this thread DoctorX.

I made a thread about my friend having a seizure after taking LSD, followed by a period of semi-consciousness and then an intense migraine and vomiting. I now believe it was a panic attack set off by a bad trip, but I know my friend would love to hear your opinion.

<http://dkn255hz262ypmii.onion/index.php?topic=165311.0>

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: DoctorX on 30 May 2013, 16:24:39

It is very difficult to know what can exactly have happened. It could be a panic attack. But it is very uncommon that a panic attack causes a complete lose of consciousness. The sequence (short time of complete lose of consciousness followed by a post critic state with symptoms) could correspond to a seizure (epileptic-like). I can't confirm it 100% but it sounds possible to the story, as I have read in your thread. If case she is taking LSD or stimulants, she should be careful with doses, stay with someone else and consult to a doctor if something strange happens

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: oldcactushand on 31 May 2013, 11:51:29

Thanks for taking the time to read my thread. My understanding of epilepsy is that everyone has some sort of seizure threshold, and potentially can have an epileptic fit. I know she was complaining of it all getting too much, she said everything was just rushing at her eyes and there was way too much to take in. This was when she said she couldn't see, and I believe it was getting too much even when her eyes were shut.

Is it possible then that the hallucinations she experienced were powerful enough to set off an epileptic seizure in someone with no history of epilepsy? If so, does this mean she will have a lower seizure threshold in future? I know she's not going to jump back in on the same dose of LSD straight away, but if she was to take a similar amount, is there a good chance the hallucinations would again become too overwhelming? I know you won't be able to answer such questions with any certainty, but I value your opinion.

My theory regarding her lack of consciousness (if it was a panic attack), is that she had a panic attack just as she experienced ego death, the experience of ego death rendering her seemingly un/semi-conscious. She was in the fetal position, and would move intermittently. She would make noise, and would be able to communicate with me but could not muster up the effort to say many actual words. There is no doubt she experienced ego death during this period.

I am certainly not trying to challenge your knowledge or opinion which is much more credible than my own, but is it actually possible that fear could trigger an epileptic seizure? She fell to the ground screaming, and this was preceded by a very definite increase in stress and fear and panic. I have never seen someone have their *first* epileptic seizure though... is it possible

that someone would get very scared as they began to experience the prelude to an epileptic seizure?

On a side note, there were no flashing lights and it was actually getting progressively darker at the time. If it was epileptic, do you think her not being able to see (except hallucinations) was an early symptom of the epileptic attack set off by an unknown cause, or is it more likely to be the cause itself?

I've probably repeated myself a bunch of times there, sorry. She is perfectly fine and happy now and had a wonderful experience, but out of my group of friends I'm "the one" who does the most research and who gets to know all of this stuff etc. so I still feel a certain responsibility about all of this, and I want to be able to offer sound advice where possible. Thanks a lot DoctorX, awesome work you're doing here!

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: DoctorX on 03 June 2013, 16:01:20

In general, panic attacks don't trigger an epileptic seizure. In fact, epileptic seizures are not a known complication of LSD use (at least in healthy, non-epileptic persons) although LSD use is contraindicated in epileptic persons. In medicine, it is sometimes very difficult to distinguish between a panic attack and an epileptic seizure. I can't be sure about what has happened with your friend. The story resembles more of seizure but it is not a sure diagnosis. In my professional experience, when someone has suffered a very unpleasant experience on LSD at his first experiences, there is more chances the bad experience will repeat with subsequent uses of the same substance. It is not always in 100% cases but I have seen it many times.

CASE 3

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: barbequehax on 28 May 2013, 20:15:53

Hello DoctorX,

First I would like that I really appreciate what you are doing for us guys here. It is often hard to get reliable information about drugs. Anyways I got a question about combining 25c-NBOMe and MDMA. A friend of mine dropped 800mg of the 25c and 150mg MDMA a 2 nights ago and still did not sleep yet. He is still dancing around in the room to the music and does totally ignore that he should sleep.

And another question, I am not sure if it was asked already, but do you know something about the long time harms of weekly usage of 25c-NBOMe?

Thanks in advance.

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: DoctorX on 29 May 2013, 22:03:23

2C-C-NBOMe has no history of human use prior to 2010 when it first became available online. In fact there is only one published studied about its propreties and it is a investigation on pigs. There are no data about its mechanism of action in humans, adverse effects, short or long time toxicity. We can't say anything about short or long term effects because they are completely unknown. Compared with other substances (like MDMA, for example, with more than 6.000 studies in the last 40 years) people taking 25-NBOMe are behaving as guinea pigs.

I hope your friend has finished dancing :o

CASE 4:

Title: It's not Lupus

Post by: Sooperknot on 11 June 2013, 15:41:27

A mid-forties female has been suffering recurrent anxiety episodes that lead to respiratory distress with hyperventilation syndrome. Following a particularly serious attack of this type, a medical screening and detailed exam showed "no evidence of any type of acute emergency process at this time." BP at the time was mildly elevated -- enough to suggest ongoing treatment for hypertension.

The patient's subjective experience of the recent, particularly serious attack includes the following:

- A multitude of voices shouting in her head, mixed with an overwhelming clamour of noise in general
- "I felt like I was dying"
- Extreme confusion about her physical location. At different times during the episode, she clearly stated her location as two different places that are separated by 100 miles or more.

The patient has a history of "seizures" that have been recurring infrequently for more than 20 years. Information about the exact nature of these episodes is sparse, but some of the incidents did lead to ER visits and medical exams. At no time did any medical exams produce a diagnosis of any organic process causing these "seizures," and they have always been attributed to general anxiety. For much of this historical period she has been a very heavy smoker of cannabis. Light drinker, 1/4 pack per day cigarette smoker, no other drugs of abuse.

Physically the patient is very slender. Her measured body temperature tends to be lower than normal, yet her skin feels warm to the touch -- warmer than an average person. She states that she has had "thyroid problems" in the past but we have no specific information about those.

Two weeks prior to the most recent spate of anxiety attacks, the patient used DMT for the first time. This was her first genuine psychedelic experience of any kind. In the immediate aftermath of the trip she reported the usual feelings of wonder, awe, and amazement, expressing a desire to do it again as soon as possible and try a higher dose to achieve "breakthrough."

However in the two week period that followed, this already slender woman lost 10 lbs, became increasingly anxious and irritable, and finally began having the acute anxiety attacks that culminated in something resembling a psychotic break.

The patient believes that the DMT trip caused, or at least precipitated, her psychiatric symptoms.

Any thoughts?

Title: Re: It's not Lupus

Post by: DoctorX on 14 June 2013, 18:57:46

It is important to consider that it is not possible to give concrete diagnosis based on Internet information, although you have explained very well and detailed the situation. There is only one thing that sounds strange in the story. The fact that " a multitude of voices shouting in her head, mixed with an overwhelming clamour of noise in general" does not coincide with panic attacks. There are some rare diseases (like temporal epilepsy) that can curse with symptoms like that. I'm not stating that is the cause of the problem, I'm only pointing one possibility and the idea that, in general, auditive alucinations are not typical of panic or anxiety.

Of course DMT can trigger a psychotic problem. It is an uncommon situation but, in my experience this can happen more frequently with DMT than other drugs. In general, these episodies occur in pre-morbid, predisposed personalities. The symptoms you describe could indicate this (once more, it is only a possibility, I can't be 100% sure). Anyway, if she is experiencing psychotic symptoms I think she should search for professional help. DMT psychosis usually have an excelent response to antipsychotics and 2-3 months are enough for most patients. It is important also to avoid DMT and psychedelics in general.

Title: Re: It's not Lupus

Post by: Sooperknot on 29 August 2013, 12:02:05

This question is directed at both Doctor X, and also at all DMT users reading the thread.

For the past three months the woman described below has continued to experience a range of psychotic delusions, often of a paranoid nature. The psychiatric symptoms are not present constantly -- on some days she seems positive and perfectly normal, while other days I feel like she ought to be physically restrained to prevent harming herself and others; though I lack the medical authority to do so.

The patient continues to firmly believe that her one and only DMT experience, three-and-a-half months ago, was THE cause of all her psychological problems, and not merely one element in a complex of interacting psychological factors.

Of particular concern is a recent claim she made:

"I have been doing a lot of research and it seems that it is common knowledge among DMT users that you should NOT be sitting on a chair as we were, and that you should not attempt to talk to someone who is tripping, which both you and [another person present during her trip] did. Apparently, both are very dangerous."

I am not exactly naive about DMT, but I have NEVER heard of these items of "common knowledge" among users. If you're NOT supposed to do DMT while sitting on a chair, what IS the appropriate posture, and why? I could certainly see that some DMT users may not want to be spoken to during their trips; and if that's the case, they could make their wishes known. However I'm not aware that this is some kind of universal law. Has ANYBODY heard of something like these universal rules of doing DMT?

Title: Re: It's not Lupus

Post by: DoctorX on 30 August 2013, 11:32:24

Discussions about causes of mental health problems and the role of psychedelics are theoretical. In a practical case, it is not really important if she believes that her problem has

been "caused", "triggered" or "exaggerated" by DMT use. The thing is, as you say, that a person is suffering from periodic symptoms that seems psychotic in their nature (disorientation, voices shouting in head, anxiety...). In this case a real face to face medical evaluation is important for obvious reasons. Some rare epilepsies look similar to this woman's symptoms. Maybe is the consequence of DMT use or maybe not, but it would be important to clarify the diagnosis and use a specific treatment in order to reduce her symptoms and avoid problems (for her and for other people). Some psychotropic drugs, used for weeks or maybe months, are extremely effective for these problems. We don't know what is the role of DMT in this case, but, as a preventive measure, she should avoid using psychedelics.

There is no logical reason not to stay sitting down while using DMT. In fact, to sit down or to lie down are the best way to avoid falls or accidents in a modified state of consciousness. The closer one's head is to the ground the better since falls are a common risk factor for most drugs. On psychedelics, some people prefer to concentrate in their inner world and avoid communication. For other people is different. But there is no "sacred rule" that prohibits oral communication and this should not trigger any psychotic problem.

CASE 5:

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: chil on 15 June 2013, 10:22:46

Hola Doc,

I am an occasional (2-3 a month) user of stimulants (coke, amphetamines, modafinil, mephedrone, nicotine). I've been running (jogging) outside 3-4 times a week for 3 months with no problems whatsoever.

I've used mephedrone last week and nicotine daily (electronic cigarette). Since then, whenever I go for a jog, I have to stop after 3 minutes because there is a strong pain in my heart. I don't feel breathless, I just have to stop because of the pain. Once I stop running, the pain disappears.

1) do stimulants have a long-term negative effect on your heart ?

2) does this pain could be related to mephedrone use or nicotine ?

Muchas Gracias !

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: DoctorX on 16 June 2013, 12:36:15

I can't say exactly what can be happening but data you provide are enough to recommend search medical assistance. It is not sure that you have a problem, even I don't know if this problem is or not related to drugs. But there are several respiratory and cardiac conditions with symptoms like yours. It should be important to have a RX and cardio-respiratory stress test to rule out the possibility of serious problems. In the meanwhile, I recommend you to stop jogging and using stimulants.

CASE 6:

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: bodizzle on 07 July 2013, 17:01:23

DoctorX: Thanks so much for offering your time and knowledge here.

I am currently rather concerned after an experience I have had and hoping maybe you could offer some insight:

Last tuesday and wednesday I did some pretty pure coke I bought from here on SR. Only 1 gram total for both days. I also had on hand, about 70-80 mgs of valium to help with the comedown and increased heartrate/nervousness. Besides having the valium on hand, having to do with history before taking the coke, I have also been taking 10 mg lexapro as well as 250mg Rhodiola Rosea 2x day for 2 years. Lexapro is an SSRI and rhodiola seems to be a dopamine/serotonin reuptake inhibitor as well (also read it could be a slight MAOI). But overall rhodiola has a very safe track record.

So on the 2 days I did the 1 gram coke, I had taken my regular dosages of 10 mg lexapro and 500 mg rhodiola. Alongside those, I also ended up taking all of my valium (maybe 80-90mgs) as I hate the jitteryness of coke (do it for the euphoria) and I hate the comedown.

The following days, starting thursday, up until now, I just feel so very very down, unable to feel back to my normal self and really unable to feel any sort of happiness. Just an overall feeling of shit basically. Like there was some overload of dopamine or serotonin maybe and some possible damage to synapses in my brain that are just not regenerating. I understand 1-2 days of rehab time is normal, but it is going on 4 days now and I still feel like shit. I have never felt like this after doing coke before in my life (but had not been on the lexapro/rhodiola combo) and I am feeling very very concerned that some kind of permanent damage might have taken place? Something to do with dopamine/serotonin reuptake inhibitors being maxed or damaged? OR could it just be I am still detoxing from all that valium? (4 days doesnt make sense though...)

Do you think my brain could regenerate from this? Any ideas on what is going on? Should I stop taking the lexapro and rhodiola for a couple days to try and initiate a reset of my brain chemistry?

Any feedback is massively appreciated.

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: DoctorX on 08 July 2013, 17:57:43

Sorry for delay, but I have too much work (here in SR and outside) and I have little time to answer all your questions in general forum and in PM. I usually answer questions one by one, but I understand you have some urgency. I have read your story. It is difficult to give advice only by Internet, without personal communication. But, in your case, I suspect what is happening can be a "normal" effect after high doses of cocaine. I don't know if you are a frequent user or if you have tolerance to the substance, but a gram of cocaine can cause your symptoms. Depressive episodes are common after a binge of coke. They are related to monoamine depletion, but they are normally reversible along time.

I would not recommend to abandon Lexapro, as it can help to mitigate symptoms. I have doubts on Rhodolia, as there is little information available about its mechanism of action. But,

probably, symptoms will improve in following days. It is important that you sleep well (as long as you need) during these days and try not to be stressed or make important decisions. I think you will improve during following days, if it is not the case I recommend for professional evaluation

CASE 7:

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: iamcanada on 11 September 2013, 05:09:12

Hey doctorX

if you have time to help me here I would appreciate it
<http://dkn255hz262ypmii.onion/index.php?topic=211153.0>

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: DoctorX on 11 September 2013, 09:06:19

I am sorry that through Internet is impossible to offer help of this kind. But your symptoms and antecedents (heavy use of ketamine) seem so important to recommend to seek for immediate medical evaluation, to rule out the possibility of severe problems.

CASE 8:

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: Davey Jones on 14 September 2013, 00:18:03

Hey Doc, I had a buddy of mine went on a binge doin coke, and in the middle of his party he swore he saw me and someone else he knew go into the hotel room next to his and he claimed he could hear us talking about him thru the wall so he goes and gets the manager and has him open the door and no one was there so he thinks we ran off and were messing with him. Seems like he was hallucinating and had a little break with reality. Is there anything that can stabilize him besides opiates? Benzos possibly?

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: DoctorX on 15 September 2013, 10:52:26

I think it sounds more like a paranoid reaction than hallucination. There is no real break with reality but a false belief that he could hear you talking about him in a bad way. Paranoid reactions are very typical of high dosages of stimulants (cocaine, amphetamines or methamphetamine). If this disappears in a few hours, nothing else is necessary to do. Anyway, some people are prone to this effect and he should know this and be very careful with stimulant dosages. He should think about this once the cocaine effects have passed, analyzing the situation again and realizing that this was not true.

If these unreal ideas persist hours or days after cocaine use or if the paranoid ideas are out of reality (for example, you and your friends are aliens that are laughing at him) it should be necessary medical-psychiatric evaluation and specific medication. It is not worthy to try benzos (or worse, opiates) without medical prescription. A paranoid person can be dangerous (for himself or others), as he feels fear. He could feel, for example, that he is going to be poisoned if he is offered medication. So, if the strange ideas do not disappear in a few hours I would recommend medical evaluation

CASE 9:

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: mrmr on 20 September 2013, 18:27:04

Dr. X,

Now that was interesting. Yesterday I had what I'd guess was a panic attack (high BP (up to 173/100 when I was able to measure), high HR, scared shitless, sweating, chest pain, and so on). I'm not sure what exactly caused it, but I guess it was dosing up amphetamine too fast in only a few days (a week or so) with Moclobemide being present, and maybe the (not related to both drugs) little sleep I had the last weeks.

Just to be specific: I was at 3x8mg d/l-amphetamine throughout the day, and I only had slightest if any changes in BP throughout the day, while also taking 600mg moclobemide as prescribed. The amphetamine worked wonders for my adhd even after the in that case undesired euphoria disappeared, and only in the afternoon I felt a bit "wired". The panic attack happened in the evening, probably three or four hours or so after the last dose.

Of course I stopped taking any amphetamine the next day and will probably only and carefully try it again when I get my hands on some dextroamphetamine, because without the l-amphetamin it should probably have less effect on noradrenaline and so cause less bp issues or anxiety, as far as I know.

So now my question is: If something like that happened again, could/should I take a benzo as it seems to be recommended for "general" amphetamine overdoses and/or rebound, or would the combination of moclobemide, amphetamine and a benzo do bad things? From what I know moclobemide only slows the breakdown of the benzos and one should take a smaller dose.

And if it would be the right option in a situation like that, is there any recommended benzo for that purpose? I might be able to get some sublingual lorazepam, would that be OK? And at which dose?

Thanks again for your work, by the way, I guess I should get some coin and send it to you asap. :)

Title: Re: Ask a Drug Expert Physician about Drugs & Health

Post by: DoctorX on 22 September 2013, 12:41:12

I am not sure that moclobemide and amphetamine combination is a good idea. Moclobemide is much safer than other MAOIs but combination with amphetamine should be done with caution. It is possible (but not sure) that combination of both substances has caused your problem. It is possible that d-amphetamine has fewer effects, but I do not recommend combining with moclobemide, anyway.

Combination of benzos with moclobemide and amphetamine is probably safe. Lorazepam 1 mg sublingual is useful for panic attacks. But we can't be sure that your problem was this. So if you are suffering again it should be prudent to confirm diagnosis before using benzos.