

Advanced MDMA (also useful for 6-APB, 5-APB, 4-MMC or Methylone)

Supplementation Protocol

Goal: Maximize safety, preserve neurotransmitter systems, and allow rapid functional recovery - neurochemically and systemically. Both pre and post consumption of 3,4-methylenedioxymethylamphetamine aka MDMA aka "Ecstasy"

Will go super deep into this compound in episode 4 of the series. Basically a 5HT releasing agent with some activity on DA due to obvious structural scaffold = methamphetamine

Curiosity: the epiphany with drugs, or my "call" to them (will clarify later, happened with MDMA in June 2006. That day is the center of gravity of my whole existence and the exact moment I felt the first rush and had first wave of goosebumps washing me with euphoria... I knew it. I then knew which direction my life would have gone: studying, testing and understanding of psychoactive structures of all classes and nature. The chapter was the first of a myriad of insane events which I promise I will all record them (this would be ideal in a podcast format, Brandon you very well remember how much I get into the zone when we talk freely for hours lol).

PRE-LOAD- (NOT as needed as much as the POST) -3 Days Before (and up to 12h Before Use)

- NAC - 600-1200 mg/day
 - > Glutathione precursor - lowers MDMA activity (!) and also indirect - induced oxidative damage.
- Alpha-Lipoic Acid - 300-600 mg/day
 - > Mitochondrial antioxidant - supports energy metabolism + ROS cleanup.
- Magnesium Bisglycinate - 300-400 mg/day
 - > Reduces muscle tension, protects against excitotoxicity.
- Vitamin C + E - C: 1000 mg / E: 400 IU
 - > Antioxidant stack - synergistic with NAC.
- Taurine - 1-2 g/day
 - > Glutamate modulator, neuroprotective.
- Omega-3 (EPA/DHA) - 1000-2000 mg/day
 - > Reduces neuroinflammation.
- L-Tyrosine - 500-1000 mg
 - > Precursor for dopamine/norepinephrine (pre-load)
- Agomelatine - 25 mg TBD with an expert (**Rx**)
 - > Melatonin receptor agonist + 5-HT_{2C} antagonist - neuroprotective, enhances circadian and mood stability.

now following:

Advanced MDMA (4-MMC, 5 or 6-APB; 5-Aminoindane or Methylone aka bk-MDMA) Protocol (Pre / During / Post) with Pharma Support

Goal: Maximize safety, preserve neurotransmitter systems, and allow rapid functional recovery—neurochemically and systemically.

PRE-LOAD — 10 to 3 Days Before (sometimes for particular things up to 12h Before Use)

compound	dose	status	rationale
NAC	600–1200 mg/day	OTC	GSH precursor – lowers MDMA indirectly induced oxidative via ROS damage.
Alpha-Lipoic Acid	300–600 mg/day	OTC	Mitochondrial antioxidant – supports energy metabolism + ROS cleanup.
Magnesium Bisglycinate	300–400 mg/day	OTC	Reduces muscle tension, protects against excitotoxicity.
Vitamin C + E	C: 1000 mg / E: 400 IU	OTC	Antioxidant stack and obv, synergistic with NAC.
Taurine	1–2 g/day	OTC	Glutamate modulator, neuroprotective.
Omega-3 (EPA/DHA)	1000–2000 mg/day	OTC	Reduces neuroinflammation.
L-Tyrosine	500–1000 mg	OTC	Precursor for dopamine/norepinephrine
5-HTP not closer than 24h before the roll!	200-300mg/day -10 to -3days pre-roll		Precursor for 5HT, caution, risk of serotonin syndrome if used together with MDMA or too close to it, always CYCLE IT (valvular fibrosis induction if hitting constantly for months/years 5HT2B--> Shulgin had heart valve changed at 65ish IIRC)
Agomelatine	25 mg tbd	Rx	Melatonin receptor agonist + 5-HT2C antagonist –

compound

dose

status

rationale

with expert

neuroprotective, enhances circadian and mood stability.

DURING — Day of Use (Timing is Key but I personally always prefer NOT TO USE anything during IF NOT NEEDED)

especially think twice before using hardcore drugs if you use mdma with the due respect towards the molecule and yourself: don't roll more than once every 45-50 days max, you should not NEED these usually... and it generally is useless to go over 3-3.5mg/Kg of good MDMA HCl in a session (redosing MDMA after the comeup can be pretty harsh on the overall “blue monday feelings” and not adding much in terms of good or likable drug effects; different story for 4-MMC, Methylone which are redosable with much more flexibility)

I must admit that using it twice per year I was having a very positive afterglow for few days after each use, I felt drained but not bad at all! Things can become VERY bad if you abuse this class of drugs the so called empathogens.

My personal dosing schedule for MDMA HCl was:

T0: 150mg in water (0.5L in 2 people)

**T+45min: 50-75mg in water (sometimes intranasally, but not worth imho)
no redose past that;**

also stomach content makes big difference in onset time be aware of this if you take it on NYE after a mega meal (as I did once...)

I will go into detail about why and everything in episode 4.

MDMA hydrochloride:

back then body weight was 65Kg,

age 16 to 22,

2 to 3 times per year sessions, on NYE and in magic IBIZA in july

MDMA HCl purity was mostly around 88-89% (w/w);

back then safrole was a very rare item (SEE CAMBODIA BIGGEST SAFROLE SEIZURE, we will talk about this major event in drug modern history which lead to a big impact in the availability of MDMA for few years in the whole world, in ep4) so i cant be sure on the synth route apart from the times I was directly involved, will probably talk about my role in the dutch matters synth on commission in the Netherland. (hypothetical)

Keep hydration at a good constant level, but do not overhydrate, depending on

the setting and environment you should decide how much water intake sustain; some individual find urinating extremely difficult while on the 3h of plateau aka full effects of MDMA thus consider to empty your bladder before the rush starts :)

(MY God I got goosebumps while thinking about my first times rolling with this molecule)

compound	dose	status	rationale
Magnesium	300 mg	OTC	Anti-bruxism, muscle relaxant.
NAC	600 mg (≥ 4 h before only)	OTC	Antioxidant defense (avoid closer to onset to preserve entactogenic effects).
Mirtazapine (low-dose)	3–7.5 mg (night only)	Rx	For rebound insomnia, 5-HT _{2A} blockade, may reduce neurotoxicity risk. DO NOT take during peak.
Domperidone or Ondansetron, not a fan tbh	10 mg	Rx	Anti-nausea, if MDMA causes GI upset (5-HT ₃ antagonist).
L-Dopa + Carbidopa (for dopaminergic support only if extreme)	100/25 mg	Rx	Used only in specific microdosing or prolonged use regimens – not for typical single-dose sessions.

POST-LOAD — 1 to 7 Days After (Neurotoxic metabolites like 3,4-dihydroxylated-catechols, and 3 OR 4 hydroxyl-catechols (ROS) clearing Phase)

compound	dose	status	rationale
NAC	600 mg \times 2/day	OTC	Continued oxidative stress control.
Magnesium + Zinc	Mag: 300 mg Zn: 15–30 mg	OTC	CNS and endocrine recovery.
Ashwagandha KSM66 or Showden	300–600 mg	OTC	Cortisol modulator.
Omega-3 (EPA/DHA)	1000–2000 mg	OTC	Anti-inflammatory, supports BDNF.
L-Tryptophan or 5-HTP (start only 48h later)	Trp: 500–1000 mg 5-HTP: 100 mg	OTC	Restores serotonin pool – post-use only.

compound	dose	status	rationale
P5P (active B6)	10–25 mg	OTC	Cofactor for 5-HT and GABA synthesis.
Melatonin	0.5–2 mg/night	OTC	Normalize circadian rhythm.
Tianeptine Sodium (Rx in some countries)	12.5 mg 3×/day BE CAREFUL	Rx/RC	Mood enhancer, glutamatergic neuroplasticity booster (for heavy comedown) KEEP IN MIND THE MU AGONISM.. to me is kinda overdoing it but I used to love opi too much (A lot on that coming soon... 10x80mg OC 80 per day... cough cough)
Selank	300–600 mcg intranasal 1–2×/day	RC Peptide	Neurorestorative nootropic peptides. post-roll support.
Modafinil / Armodafinil	50–100 mg (if brain fog is insane, aka probably not the best MDMA or worse “tab” ever huh?)	Rx	Wakefulness promoting agent - only IF NEEDED – after 48h , not post-roll.
Agomelatine (continued but ideally under supervision of veteran or expert in the field)	25 mg	Rx	Melatonergic stabilization + BDNF boost, potentially ideal for serotonin system recalibration.

BONUS:

THE “**Festival Recovery Stack**” — designed for **sporadic MDMA use**, like a single-day or weekend roll at a festival or rave. Focus: **neurorepair, sleep, mood, and immune defense** in the days after. This isn’t about optimization — it’s about bouncing back fast and clean.

POST-MDMA (4-MMC or Methylone) (Festival-Type Use) Protocol

Timing: 0 to 7 days post-session

Immediately After (0–12h post)

compound	dose	expected
Magnesium Bisglycinate	300–400 mg	Eases jaw tension, muscle soreness.
L-Theanine	200 mg	Calms CNS without sedation.
CBD (optional)	10–30 mg	Reduces anxiety rebound & helps with sleep.
Hydration Mix (electrolytes)	500–750 ml	Replenish sodium, potassium, magnesium.
Melatonin	0.5–2 mg	Helps initiate sleep cycle if disrupted.
Zolpidem / Mirtazapine (<i>Rx</i>)	5–15 mg	Landing-gear material. One-time rescue use.

Days 1–3 Post-Roll

Compound	Dose	Purpose
NAC	600 mg 2×/day	Mitigates lingering ROS, supports detox.
Omega-3 (EPA/DHA)	1000–2000 mg	Reduces neuroinflammation.
Ashwagandha	300–600 mg	Cortisol control, balances mood.
Vitamin C + E	C: 1000 mg / E: 400 IU	Antioxidant combo for CNS support.
Rhodiola Rosea (<i>AM only</i>)	200–400 mg	Mood + stamina during recovery dip.
Lion's Mane (<i>optional</i>)	1000 mg	Supports neurogenesis, mental clarity.
Ibuprofen (if needed)	200–400 mg	Brain fog + inflammation control. Don't use if liver strained.

Days 4–7: Serotonin Recovery Phase

compound	ddse	purpose
5-HTP (<i>start no earlier than 36–48h post-roll</i>)	200 mg at night	Rebuilds serotonin levels safely.

compound	ddse	purpose
P5P (active B6)	10–25 mg	Cofactor for serotonin synthesis.
Magnesium + Zinc	Mag: 300 mg Zn: 15–30 mg	Restores mineral depletion + endocrine recovery.
<i>Agomelatine (Rx)</i>	<i>25 mg at bedtime</i>	<i>Dual circadian + mood stabilizer.</i>
Light cardio / sun exposure	20–30 min	Boosts BDNF, improves sleep and mood regulation.

What to avoid Post-roll

- **Alcohol** – worsens oxidative load + liver stress + it sucks
- **Cannabis (heavy use)** – may worsen anxiety rebound in some
- **5-HTP too early** – increases serotonin toxicity risk if MDMA is still in your system
- **Paracetamol** – can be hepatotoxic after MDMA/alcohol mix, rare if NAC stock are full