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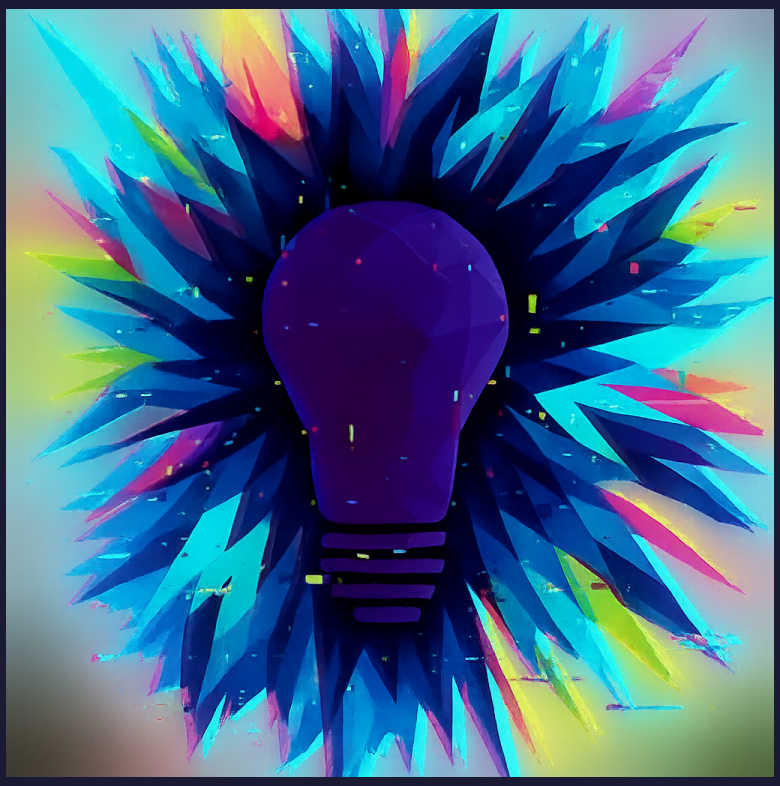
A Breakthrough by Cole EverDark



SURGING BRAIN

By : Cole chenard Written : 11/11/2024

In 2019, I began researching how high doses of stimulants and psychedelics might promote neurological changes in individuals with autism and Down syndrome. At the time, I decided to keep this work private, as I recognized the societal limitations in understanding autism, Down syndrome, and mental health more broadly. I chose to wait, hoping that a time would come when people would have a deeper understanding of these conditions and would be more open to unconventional ideas in mental health treatment. Now, as perspectives on mental health and neurodiversity continue to evolve, it feels like a better moment to revisit this work and share the insights I gathered.

This approach, which I refer to as "mega-dosing and power surging," involves taking high doses of stimulants and psychedelics, exploring how they might encourage adaptive changes in the brain. Mega-dosing, in this context, means consuming larger-than-typical doses of amphetamines and other stimulants to create a “surge” powerful enough to potentially alter brain structure and function. My hypothesis was that this surge could help bridge neurological gaps in individuals with autism, fostering connections between parts of the brain that might otherwise remain unconnected. For those with autism, I believed that these high doses could force the body and mind into new realms of cognitive and sensory processing, allowing neurons to form and strengthen pathways and possibly triggering a kind of neurological “healing.” By promoting connectivity, this method could make it easier for active brain regions to communicate, thus enhancing cognitive function.

I identified specific substances, such as Biphentin (a type of stimulant), LSD, psilocybin (magic mushrooms), cannabis, and nicotine, that seemed to have unique effects in promoting brain connectivity. In past research, it has been observed that electric stimulation can help heal damaged tissue and improve neurological function, so my hypothesis extended this idea to the possibility that certain drugs could have similarly restorative effects on the brain. Through my experimentation, these substances seemed to bring about meaningful neurological changes and, over time, their cumulative effects became clear. They did not merely produce temporary changes but had a lasting impact on my cognitive functions and how I interacted with the world.

For instance, with each dose of LSD, I experienced an enhanced ability to form associations between my memories and present experiences. This allowed me to engage more fully with the world around me and comprehend the nuances of social interactions that had previously been inaccessible. I found myself able to interpret social cues more naturally and understand others’ intentions, which had often felt confusing in the past. This newfound clarity stayed with me even after the drug's effects had faded, marking a permanent shift in my ability to connect with others. This experience suggested that LSD, when used thoughtfully, could be more than just a temporary tool—it could foster enduring neurological changes that improve quality of life for those with autism and other cognitive conditions.

In addition to fostering connections within the brain, I believe LSD may have the potential to correct abnormal brain patterns that often underlie conditions like autism and Down syndrome. These patterns, which can manifest as irregular connectivity or

miscommunication between different brain regions, are sometimes the root cause of cognitive and social challenges. LSD, through its impact on neurotransmitter systems, particularly serotonin, seems capable of creating a “reset” effect in the brain, temporarily disrupting established neural pathways and allowing for new, healthier patterns to form.

When someone takes LSD, the drug increases communication between regions that might not normally interact and enhances the flexibility of neural circuits. This period of heightened connectivity could be particularly beneficial for those with abnormal brain patterns because it provides a unique window where the brain is “unlearning” restrictive patterns and exploring more optimal ways of processing information. For example, in autism, where the brain often exhibits hyperconnectivity in some areas and underconnectivity in others, LSD could help to balance these connections by opening up pathways that support a more harmonious flow of information. This redistribution of activity allows the brain to step out of rigid, entrenched modes of processing and explore a state where more natural, balanced patterns can emerge.

Furthermore, LSD’s effects on neuroplasticity—the brain's ability to reorganize itself by forming new neural connections—are essential here. By enhancing neuroplasticity, LSD may encourage the brain to adopt healthier communication patterns long after the acute effects have worn off. In my own experience, for instance, after a session with LSD, I found that my mind could make connections more fluidly, interpret social cues more accurately, and engage in a richer understanding of others' intentions. These changes did not vanish with the drug’s effects; instead, they seemed to establish new patterns in my brain that persisted, suggesting a permanent shift toward healthier cognitive and emotional functioning.

From these observations, I began to question traditional treatments, especially those that rely heavily on sedatives. Many therapies for autism use sedative medications to manage symptoms, but I worry that such treatments may suppress essential cognitive functions, potentially doing more harm than good. For individuals with autism and Down syndrome, who already have unique neurological challenges, sedatives could further impair brain function, reinforcing cognitive limitations instead of enabling growth. I argue that we should reconsider the way we approach these treatments and explore therapies that encourage active brain engagement, resilience, and cognitive improvement, rather than simply attempting to manage symptoms through sedation.

In light of these findings, I believe that this approach could mark the end of traditional behavioral therapies for autism and Down syndrome. Behavioral therapies, though widely used, often focus on managing or modifying outward behaviors rather than addressing the underlying neurological patterns that contribute to cognitive and social challenges. By encouraging more direct neural adaptation and connectivity, a treatment approach using psychedelics and stimulants could address the root causes of these conditions rather than just their symptoms. With enhanced brain connectivity, individuals might no longer need repetitive conditioning to develop social skills or control certain behaviors because their minds would be more naturally equipped to understand social cues, self-regulate, and form adaptive responses. This approach could potentially replace behavioral therapy with something far more effective, as it targets the neurological basis of the behaviors themselves, enabling a more authentic form of social and cognitive engagement.

The culmination of these experiences and insights led me to believe that psychedelic-assisted therapy could represent a meaningful shift in how we treat developmental conditions. Integrating psychedelics like LSD into autism and Down syndrome

treatment models could unlock opportunities for neurological healing and personal growth that conventional methods overlook. I think it's time to move away from treatments focused on sedation and embrace approaches that foster real connectivity within the brain, promoting engagement, understanding, and a fuller range of cognitive abilities.