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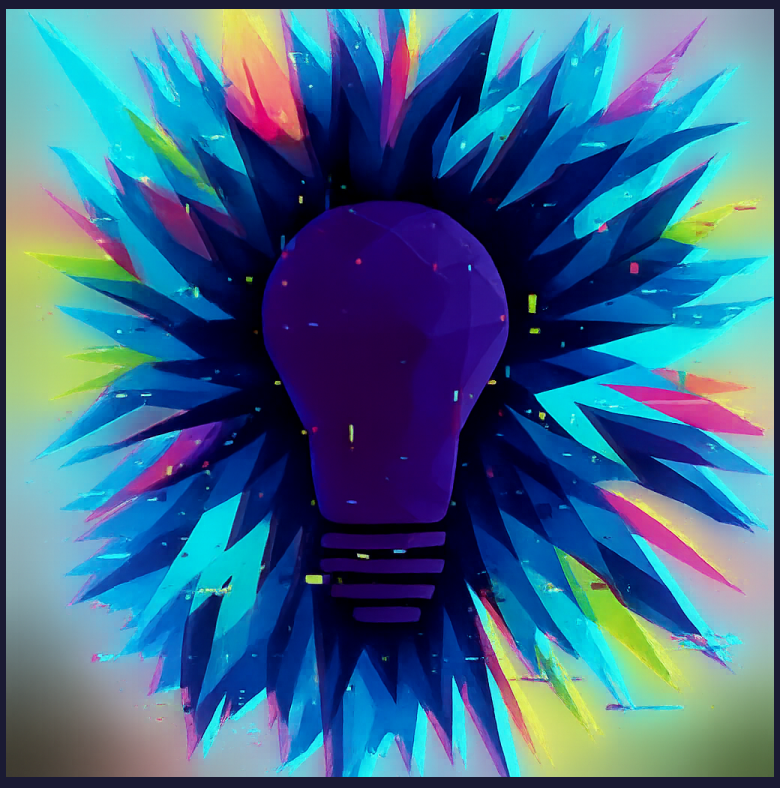
A Breakthrough by Cole EverDark



The Reality of Infinite Methylphenidate: A Personal Case Study

Cole Everdark, Founder of 1142,

Independent Researcher that is also the Subject

written 4/23/2025

This case study documents the outcomes of high-dose, unrestricted methylphenidate use following the abrupt cessation of a long-standing Concerta 90 mg prescription. In April 2024, under external administrative pressure, the subject's prescribing physician discontinued the prescription despite no medical cause for doing so. This decision followed a flood of unsolicited interference including emails, calls, and even reports to the Ontario Medical College. Left without access to a consistent stimulant regimen and facing severe functional deterioration, the subject—diagnosed with Down syndrome and autism—sought pharmaceutical alternatives through ergopathics.ca. Four vials of pharmaceutical-grade methylphenidate, each containing 10,000 mg, were obtained. This was not the subject's first experience with self-sourcing: prior microdosing alongside the prescription had yielded cognitive and physical improvements, encouraging further exploration.

At the center of this journey stands 1142—an independent research platform built to explore, document, and de-stigmatize neurodivergent experiences. As both the researcher and subject, the founder of 1142 used this framework to carefully document and analyze his own experience outside the limits of traditional medicine. Dosage was approximated based on empirical observations. Each 15 mL vial was estimated to contain 15 drops, each around 600 mg; smaller drops yielded ~200 mg, while medium drops delivered ~400 mg. The subject self-administered doses orally, often sublingually, adjusting based on real-time functional response, with previous experience on 90 mg/day serving as a personal benchmark.

Over the course of 12 months, the subject experienced profound benefits. Cognitive processing became faster and more efficient, with increased task accuracy, accelerated learning of complex skills, and the resolution of executive dysfunction. Physically, the subject noted sustained weight loss and visible changes in appearance, including healthier skin and signs of slowed aging. Emotionally, the subject reported improved mood, emotional stability, and a lack of anxiety or paranoia. Importantly, no symptoms of psychosis or mania—common concerns in stimulant overuse—were observed. Insomnia occurred, but instead of being debilitating, it extended the subject's functional day, enabling creative and financial productivity. The only noted maintenance requirements were increased hydration and caloric intake to match heightened metabolic demands.

Beyond personal health, this case revealed critical systemic implications. Freed from the constraints of traditional prescription systems, family interference, and gatekeeping institutions, the subject gained full pharmaceutical autonomy. This sovereignty was key to optimizing mental, physical, and financial outcomes. The medication's low cost—$7.98 per

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vial—made the treatment not only effective but highly affordable, challenging the narrative that high-functioning neurodivergence is prohibitively expensive to manage. The subject concurrently developed economic independence through crypto trading, earning $20–$40 daily. This productivity directly correlates with restored executive function, suggesting a powerful relationship between stimulant access and financial self-sufficiency.

Perhaps most importantly, this case demonstrates that even individuals with Down syndrome—often underestimated or excluded from flexible care models—can not only maintain but improve their lives with the right tools. It is deeply empowering to know that, no matter what interference arises from outdated policies or misunderstanding relatives, a person with Down syndrome can still have reliable access to the medication they need. The knowledge that autonomy and progress are still possible—even when traditional systems try to remove them—is, in itself, life-changing.

1142 continues to stand as a critical voice for individuals navigating complex cognitive conditions, providing open-access information, lived experiences, and frameworks for self-led healing. This study, as published under 1142, reinforces its core belief: that neurodivergent people are not broken, but misread. And when allowed to self-direct their care, they often discover answers that traditional systems refuse to even look for.

This case challenges outdated dosage caps and invites critical evaluation of risk-averse policies that limit access to transformative treatments. For neurodivergent individuals especially, traditional one-size-fits-all protocols often fall short. By contrast, this patient-led approach produced measurable success without adverse effects. After one year, the subject remains stable, healthier than before, and functionally optimized. This outcome implies that reimagining stimulant therapy from a patient-autonomy perspective may yield superior results. Further research is encouraged to evaluate long-term safety and to scale this approach responsibly across diverse neurodivergent populations.