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2022-06-09: Search is working again.

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☐ **So...where did that Deferoxamine fag go?**

**Anonymous** Sun Jun 12 01:07:15

2022 No.14563464 [\[Reply\]](#)

[\[Original\]](#) [\[archived.moe\]](#)

Quoted by: >>14563467 >>14564181

He claimed he cured aging by taking the iron chelating agent Deferoxamine but I haven't seen him post since

>> ☐ **Anonymous** Sun Jun 12 01:09:51 2022 No.14563467

Quoted by: >>14565198

[>>OP](#)

He died of an iron deficiency.


>> ☐ **Anonymous** Sun Jun 12 01:12:32 2022 No.14563472

Quoted by: >>14563495

These iron overload people find ONE fucking major factor in aging / bodily degeneration and think it's the only fucking factor.

@grimhood on twitter has looked a fair amount into iron among other things, worth digging into his tweets if you


care about that sort of thing.

>>  **Anonymous** Sun Jun 12 01:18:59 2022 No.14563495

Quoted by: >>14564374

[>>14563472](#)

Is he for Deferoxamine or does he suggest another way to get rid of iron

>>  **Pax** Sun Jun 12 07:28:40 2022 No.14564181

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Quoted by: >>14564205 >>14564351 >>14565967 >>14571464

[>>OP](#)

I'm alive anon. The past several weeks have been quite eventful. Quite a bit of steam has picked up around my theories

since I've first introduced myself to an anon that was scouting the science board looking for means to promote immortality. I'd made the notorious Aging would be cured in 5 years post and became introduced to an anon with some influence in the crypto space and knowledge base around marketing himself online. This was about 3 months ago. I'd introduced myself to his telegram group and the entire community had a large alt right leaning. I'd shared what I could with them which was quite a bit easily summarized from my understanding of years of self study in aging, nutrition, and ultimately my pursuit of neuroendocrinology. I'm not sure who I'd ended up pissing off that wanted to do what they could to undergo a organized stalking campaign of me by taking from my writeups from my community and sharing them here often without context. Then I began answering to these threads and I shared my experience with intranasal deferoxamine, intranasal insulin, and describing a small part of what I could easily share in multiple threads explaining the risks of intranasal deferoxamine, a large degree of pharmacology surrounding DFO, mitigation of iron dysbiosis within the brain, its connections to cognitive decline, and metabolic disorders. Intranasal deferoxamine became so large of a meme that more people found my community and described me as schizophrenic, attempted to gaslight me and promote my paranoia surrounding the work i've been doing. I'd gotten for the large part an overwhelmingly positive reception to

my presence and many questions. There's even an anon that'd asked me if they could cite my work in their PHD thesis and I agreed but I'd have to publish my metaanalysis of the literature and proposals for the application of intranasal DFO, intranasal insulin, and possibly intranasal EPO for the mitigation of brain aging, cognitive enhancement tbc

>>  **Pax** Sun Jun 12 07:49:30 2022 No.14564205

Quoted by: >>14564242 >>14564641 >>14571464

[>>14564181](#)


So one of my first priorities is finding that anon and getting ahold of them so I can get that meta-analysis published so they can cite my work in their PHD.

Second issue is since I'd attracted so much attention, much of it was because of others that wished to help get me recognition that's caused a lot of issues over the past week in particular. I'd taken time off work and had spent 3 days interacting with everyone in multiple spaces about DFO, and trying to get ahead of this trend to make sure people understand the risks. I was convinced that I've attracted the wrong kind of attention and a couple people I've formerly worked closely with had proceeded with a series of failures in trust and proper understanding or application of contingency plans when necessary to prevent further issues. One literally went out of his way to do the worst thing to possibly get the wrong kind of attention and I told him stop or you could kill someone or worse. The other person I was formerly close to was some kid in uni with good prospects in the noot space who had been hazing me and being antagonistic for a full year based on their personal arrogance and superiority complex. They didn't listen to me months ago or a year ago when I asked them to stop and so I made it my top priority to excel past them in every facet and out them for incompetence and for being a psychotic punk only out to protect and think for themselves. Both of these men had projects worth thousands in the works, one had a project that I paid them for that they'd been finding some excuse every time why it keeps being pushed back and I destroyed their reputation in less than an hour culminating in their worst possible nightmare come real.

We took the community down because of the incompetence of these two and failure to properly organize

a contingency plan to protect my personal privacy, and the privacy of others.

The people that had done everything to protect me did what was necessary tbc

>>  **Pax** Sun Jun 12 08:16:51 2022 No.14564242

Quoted by: >>14564636 >>14564641 >>14565198 >>14570020 >>14571464

>>14564205

I'm currently in our much better organized sister community for the mitigation of Long covid and similar pathologies of general intractable malaise.

I've taken some time to relax, and I'm continuing to write reviews of literature on my specialty for the mitigation of these disorders, general health, and cognitive enhancement.

I'm doing everything I can surrounded by well educated scholars specializing in this spectrum of disorders where I'm respected as one of the most talented researchers of our space. I'm much more humbled by the presence of these scientists which can fully understand my research unlike the other community so I feel more grounded. I spent today dealing with family issues, enjoying a DN autograph signing stream, and presenting a new writeup on intranasal insulin for my community for the treatment of a large proportion of neurological disorders and the functional challenges to mitigate to improve the efficacy which DFO will work quite well. We're doing medical research on ourselves because many of us have disorders which current established medicine from the medical industry is woefully ineffective and several fold more expensive than what we're exploring. Usually if you find yourself in my space its because you've been lucky or unfortunate enough to either be around to learn about cognitive enhancement or suffer from serious cognitive problems that need to be addressed. I'd went into a overwhelming manic episode that driven me off adrenaline for the past several weeks and enjoyed the greatest highs and cognition that I'd ever experienced culminating in me living my greatest fantasies. This had been a lot of fun. I appreciated the support and recognition. I'm going to get that paper to the phd anon if I can when the time comes. In the meantime I'm going to figure out how to possibly set up a XMPP address or try to put together a high value neuroscience course that I can apply my talent as a

revenue stream.I'll be around.

>> ☐ **Anonymous** Sun Jun 12 09:18:23 2022 No.14564351

>>14564181

holy shit it's you

i like your strange words magic man, keep it up

>> ☐ **Anonymous** Sun Jun 12 09:29:39 2022 No.14564374

Quoted by: >>14565696

>>14563495

Alpha Lipoic acid may also chelate iron. Generally, unless these drugs remove iron from the brain and nothing else will, you can remove substantial iron by donating blood, plus you can save lives.

>> ☐ **Anonymous** Sun Jun 12 12:15:25 2022 No.14564636

>>14564242

<https://blackgnu.net/xmpp-introduction.html>

Get started with XMPP from here

>> ☐ **Anonymous** Sun Jun 12 12:19:07 2022 No.14564641

Quoted by: >>14565696

>>14564205

>>14564242

if the fungus can be prevented with anti fungal medication snorting, then it's not that big a deal, or i'm not getting something here..

>> ☐ **Anonymous** Sun Jun 12 18:40:36 2022 No.14565198

Quoted by: >>14565696

>>14563467

He wouldn't get systemic iron deficiency as he is snorting deferoxamine. He needs a smaller dose as the intranasal route of administration has much greater efficacy in the brain.

>>14564242

>In the meantime I'm going to figure out how to possibly set up a XMPP address or try to put together a high value neuroscience course that I can apply my talent as a revenue stream

Install Gajim. You can get an account and open a channel using any XMPP service. Many public servers are listed here: <https://list.jabber.at/>  
I recommend <https://api.movim.eu/register> , which doesn't require email registration.

So all you need to do.

1. Open an account on a server of your wish.
2. Install Gajim
3. (optional) Install OMEMO encryption add on
4. Log in and create room. That's fucking it.

>> ☐ **Pax** Sun Jun 12 21:05:27 2022 No.14565696

Quoted by: >>14565909 >>14566223 >>14566350

[>>14564374](#)

Yeah that'd be very significant but I'm currently reviewing the literature on intranasal DFO but dha-curcumin microemulsions and mimosine capped gold nanoparticles may also be used to mitigate iron dysbiosis within the brain targeted through the intranasal ROA

<https://pubmed.ncbi.nlm.nih.gov/28156175/>  
<https://www.sciencedirect.com/science/article/pii/S2452199X21001985>

[>>14564641](#)

Snorting antifungals is definitely something that has to be reviewed through the body of literature to discern safety and efficacy. You'd possibly promote some neurotoxicity and severe side effects if you did that. I'd used rapamycin because that's one of my favorite drugs

[>>14565198](#)

Thanks anon. I was fairly busy earlier making a metaanalysis of central iron accumulation within the brain and cerebral erythropoietin resistance and it's connections to increased erythropoietin levels in AD within the brain and its overlap with chronic fatigue syndrome and how this can be mitigated with intranasal deferoxamine, intranasal insulin, and intranasal epo/epo derivatives.

>> ☐ **Anonymous** Sun Jun 12 21:54:14 2022 No.14565909

Quoted by: >>14567436

[>>14565696](#)

>Thanks anon

np pax.

I ordered some DFO. I have started doing some literature

readings but I would still want to touch base with you before snorting.

>> ☐ **Anonymous** Sun Jun 12 22:02:45 2022 No.14565967

Quoted by: >>14567436

[>>14564181](#)

godspeed anon, keep posting dont sleep off

>> ☐ **Anonymous** Sun Jun 12 23:14:06 2022 No.14566223

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[\[saucenao\]](#) [\[google\]](#)



Quoted by: >>14567436

[>>14565696](#)

How much rapamycin do you actually need to snort, first as a preventative measure? I'm familiar with its intranasal usage. Should you maybe swab the nose with it and take it throughout the day?

>> ☐ **Anonymous** Sun Jun 12 23:54:10 2022 No.14566350

Quoted by: >>14567436

[>>14565696](#)

>Yeah that'd be very significant

Remember, one of the dogmas of "medical science" is that bloodletting is "quackery." This is also something where men and women have a sex-based difference, men tend to accumulate far more iron than women due to lack of menstruation.

>> ☐ **Pax** Mon Jun 13 08:13:31 2022 No.14567436

Quoted by: >>14568533 >>14571389

[>>14565909](#)

ofc

[>>14565967](#)

I've wanted this opportunity for years, it's taken me 8 years to understand the body of literature as well as I have and I don't understand how it was possible for me to understand possibly everything but Insulin, rapamycin, skq1, nicotine, and a few other compounds made if possible for me to move past old plateaus. I've met many amazing neuroscientists and neuropharmacologists in the time that

I've been active in the nootropics community. Studying around these individuals have helped change who I was. I've changed many lives, some said that I kept them from committing suicide. Nothing brings me greater accomplishment in life than the direct effect of my understanding of the literature on peoples lives. I believe that we can have a world without diseases of despair, or chronic drug addictions, or even metabolic disorder or cognitive dysfunction. I know deferoxamine will change the world. It's already transformed the entire nootropics community and we're a short time from seeing the effects that it'd have on everyone. I think the world can't continue like this with people being unable to take charge of their own destiny. We will be remembered for the impact we are going to make on humanity. People can live their best lives. There's a DeathNote musical. It's probably the best interpretation of the franchise. That's been a huge influence on me in the past year. You should check it out.

<https://www.youtube.com/watch?v=rboLrCFVmBM>  
>>14566223

I used 150mg, I was perfectly fine and no signs of adverse side effects at all. It'd be good to combine it with cbd.

<https://pubmed.ncbi.nlm.nih.gov/33672633/>  
>>14566350

Yeah the case of iron accumulation in various organs is promoted by inflammation much like it is within the brain and mitigating neuroinflammation we can mitigate metabolic disorders and inflammation that would promote organ failure.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4922827/>  
Hepcidin expression within the periphery is beneficial

>> ☐ **Anonymous** Mon Jun 13 18:20:08 2022 No.14568533

Quoted by: >>14569086

[>>14567436](#)

>I used 150mg, I was perfectly fine and no signs of adverse side effects at all. It'd be good to combine it with cbd.  
Total?? Or at once? Who has that kind of stash man

>> ☐ **Pax** Mon Jun 13 21:20:29 2022 No.14569086

[>>14568533](#)

In total over the course of a day.  
> who has that kind of stash man



I do. I would.

> The sinister face of heme oxygenase-1 in brain aging and disease

<https://pubmed.ncbi.nlm.nih.gov/30009872/>

> Aberrant Cerebral Iron Trafficking Co-morbid With Chronic Inflammation: Molecular Mechanisms and Pharmacologic Intervention

<https://pubmed.ncbi.nlm.nih.gov/35370907/>

> Inflammation alters the expression of DMT1, FPN1 and hepcidin, and it causes iron accumulation in central nervous system cells

<https://pubmed.ncbi.nlm.nih.gov/23506423/>

>> ☐ **Anonymous** Tue Jun 14 00:46:53 2022 No.14570020

[>>14564242](#)

this is amazing, thank you! I myself suffer from long covid (I think it's ME/CFS, though, since I have post-exertional malaise and it's been 8 months at this point) and have only found not too promising stuff so far.  
Doing god's work, keep it up!

>> ☐ **Anonymous** Tue Jun 14 11:35:22 2022 No.14571389

[>>14567436](#)

my DFO will expire in 2024. I hope by then we've established a safe protocol for it.

>> ☐ **Anonymous** Tue Jun 14 12:40:42 2022 No.14571464

Quoted by: >>14571503 >>14571862

[>>14564181](#)

[>>14564205](#)

[>>14564242](#)

You are not me. Who the fuck are you? (the real Iron poisoning/heavy metal deficiencies guy here)

>> ☐ **Anonymous** Tue Jun 14 13:10:24 2022 No.14571503

[>>14571464](#)

will you start snorting deferoxamine now too?

☐ **Anonymous** Tue Jun 14 17:49:27 2022 No.14571862

>>14571464

He's someone with an actual brain, who isn't retarded enough to insufflate genuine carcinogens like cobalt all while noticing the effects iron has on the brain

>>

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