

DXM's serotonergic & norepinephrine effects primarily involve overstimulation of the 5-HT 1A and 5-HT 2A serotonin receptors, which leads to the clinical symptoms of serotonin reuptake and can create a euphoric high while being very beneficial to the brain

The 5-HT1A receptor is primarily inhibitory, acting on stress and emotion, while the 5-HT2A receptor is primarily excitatory, promoting neuroplasticity, cognitive flexibility, and creativity. Together, these two major serotonin receptor subtypes form a crucial functional opposition, with 5-HT1A mediating passive responses to stress and 5-HT2A mediating active coping and adaptation.

5-HT1A Receptor Function

Anxiolytic & Anti-Aggression: 5-HT1A receptors are known for their role in promoting passive coping with stress, reducing anxiety, and decreasing aggression.

Presynaptic Inhibition: When activated presynaptically, 5-HT1A receptors inhibit the release of serotonin itself, which can lead to pro-cognitive effects.

Postsynaptic Inhibition: When activated postsynaptically, they hyperpolarize neurons, decreasing their firing rate and inhibiting emotional memory.

5-HT2A Receptor Function

Neuroplasticity: Activation of the 5-HT2A receptor stimulates neuroplasticity, including the growth of new connections in the brain and increased levels of neurotrophic factors.

Cognitive Flexibility: It plays a key role in cognitive flexibility and creative thinking, allowing for adaptation to new situations.

Excitatory Effects: The 5-HT2A receptor is a primary excitatory receptor among serotonin-responsive G protein-coupled receptors (GPCRs).

Psychedelic Target: The 5-HT_{2A} receptor is the primary target for classic psychedelic drugs like LSD and psilocybin, which activate it to produce altered states of consciousness.

dextromethorphan polistirex

Polistirex is a polymer resin complex used in certain medications, most notably in extended-release cough syrups like Delsym. By encapsulating an active ingredient, it allows the medication to be released slowly over a longer period, typically 12 hours. **Better slower longer safer**

Dextromethorphan Has multiple mechanisms of action. At therapeutic doses, it suppresses cough by acting on the brainstem. At high doses, it acts as an N-methyl-D-aspartate (NMDA) receptor antagonist and a non-selective serotonin reuptake inhibitor.

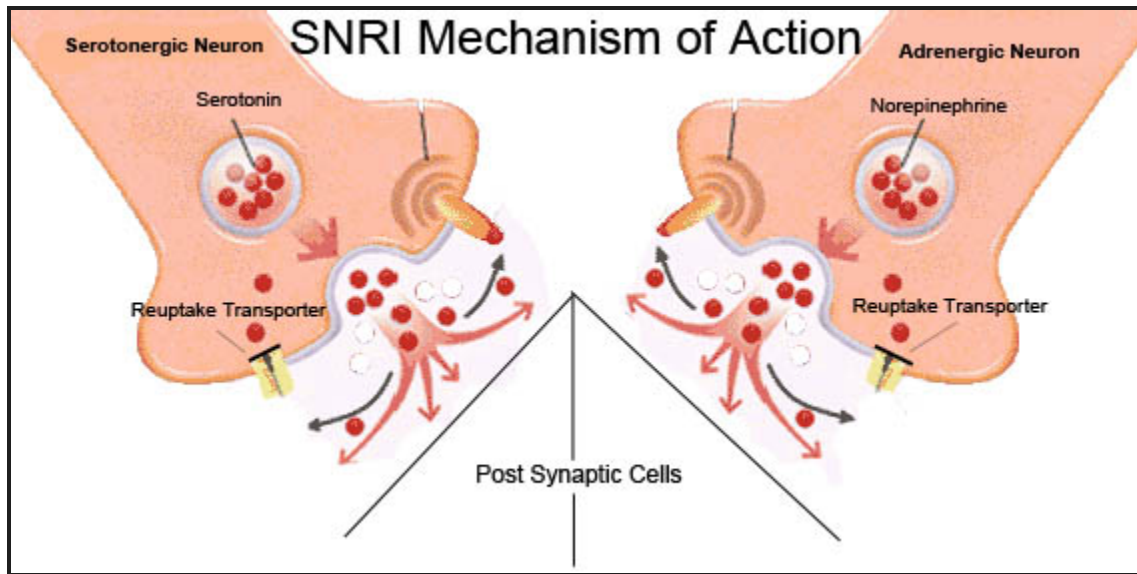
Non-selective serotonin reuptake inhibitors (NS-SSRIs) are a class of medications that increase the levels of both serotonin and norepinephrine in the brain. They differ from selective serotonin reuptake inhibitors (SSRIs), which only increase serotonin levels.

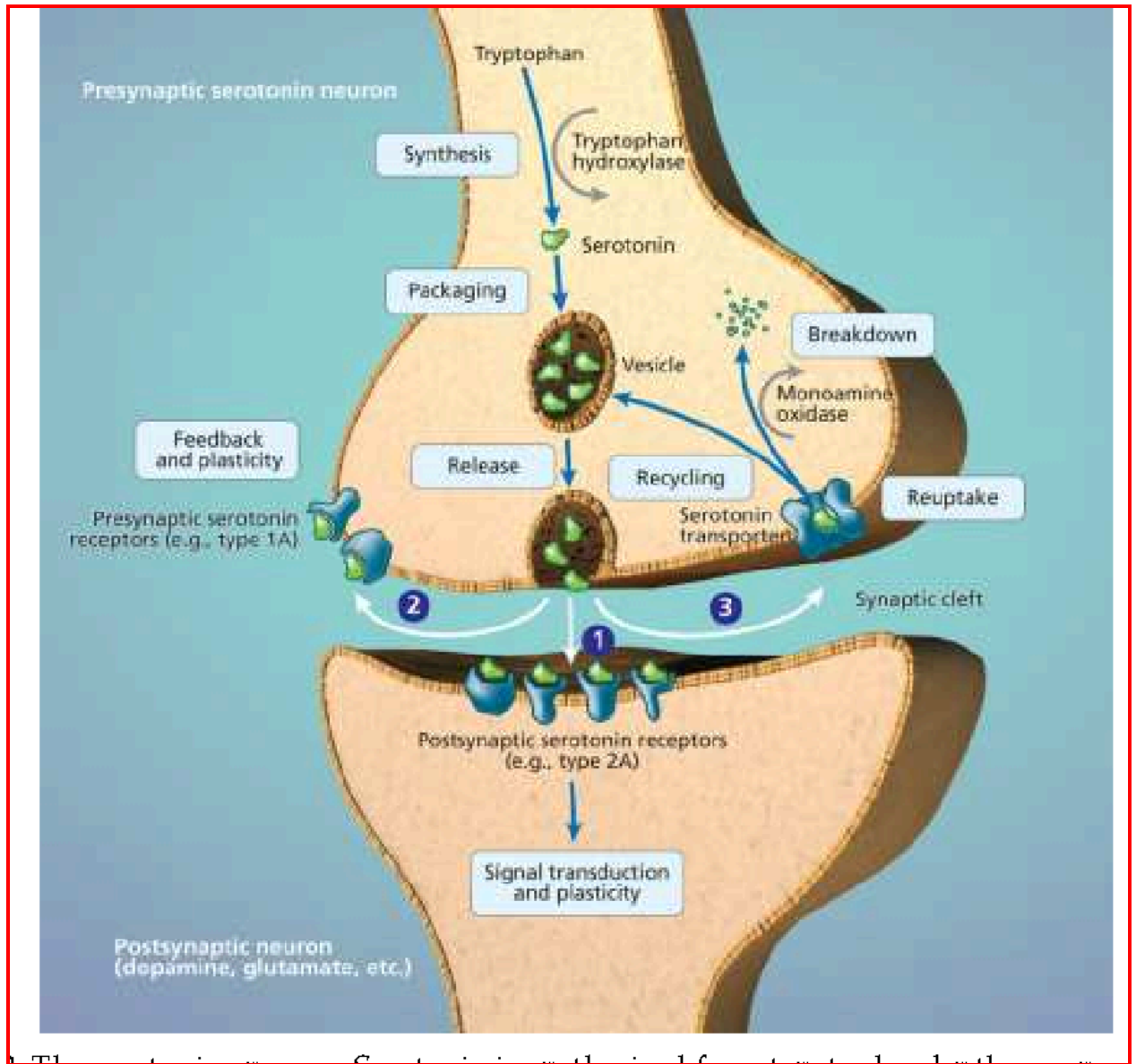
Treatment of ADHD: Medications like [Ritalin](#) and [Adderall](#), which increase norepinephrine levels, are used to treat attention-deficit hyperactivity disorder (ADHD) by improving focus and attention but still work for focus with patients without ADHD.

Epinephrine and norepinephrine are very similar neurotransmitters and hormones. While epinephrine has slightly more of an effect on your heart, norepinephrine has more of an effect on your blood vessels. Both play a role in your body's natural fight-or-flight response to stress and have important medical uses as well.

Mechanism of Action:

SNRIs inhibit the reuptake of serotonin and norepinephrine from the synaptic cleft, allowing these neurotransmitters to remain active for longer periods. This increases their availability in the brain, leading to improved mood and reduced symptoms of depression.





How they work

- **Neurotransmitter Binding:** A specific neurotransmitter binds to an active site on the extracellular portion of the receptor.
- **Conformational Change:** This binding causes a rapid change in the receptor's shape.
- **Channel Opening:** The change in shape directly opens the ion channel within the receptor.

- **Ion Flow:** Specific ions (like Na⁺, K⁺, Cl⁻, or Ca²⁺) can then flow through the opened channel into or out of the cell.
- **Cellular Response:** This ion flow alters the electrical potential across the cell membrane, triggering a fast response such as excitation or inhibition.
- **Production:** Serotonin is made from the amino acid tryptophan.
- Your brain is responsible for a small but crucial percentage of the body's total serotonin, with the vast majority (around 90-95%) being produced in the [gastrointestinal tract](#). The serotonin made in the brain acts as a [neurotransmitter](#), carrying signals between nerve cells to regulate functions like mood, sleep, appetite, and cognitive processes.

Why it matters

Blood-Brain Barrier: Serotonin cannot cross the blood-brain barrier from the gut, so the brain must produce its own supply independently.

Gut-Brain Axis: The brain and gut are linked by the gut-brain axis, a communication line where serotonin plays a key role in the interaction between the central and intestinal nervous systems.

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- **Chronic use of 5-HT_{2A} antagonists:** While paradoxical, some 5-HT_{2A} receptor antagonists (blockers) can lead to the upregulation of 5-HT_{2A} receptors over time, essentially causing the brain to create more receptors to compensate for the blockade.

90 30 mg pills aka: 1700mg of dextromethorphan in a day is the limit before the drug becomes none therapeutic per dose in my own opinuion im 210 pounds right now and am biologically male.

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Sweet spot 25 30 mg pills per dose equal to on delsym bottle

High Risk factors

Serotonin syndrome aka: serotonin overdose/ toxicity High levels of high norepinephrine levels = can trigger fight or flight

Fatal serotonin syndrome is rare but can occur, though specific overall mortality rates are not precisely known. One study of 56 fatal cases found that approximately half of the patients died within 24 hours of symptom onset, and common causes of death include high-grade fever, seizures, and high creatine kinase (CK) activity. Estimates suggest that with proper medical intervention, the risk of death from serotonin syndrome is less than 1%

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