MDA & MDMA: C10H13NO2 & C11H15NO2

C10H13NO2 & C11H15NO2 Methylenedioxy-methylamphetamine.

3,4-Methylenedioxyamphetamine, an empathogen-entactogen, psychostimulant, and psychedelic drug.

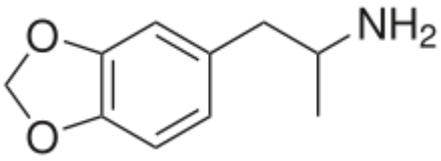
N-methyl-1-(3,4-methylenedioxyphenyl)propan-2-amine. 3,4-methylenedioxymethamphetamine or methylenedioxy-methylamfetamine.

You owe it to yourself to read the following excerpts that were selected from professional MD & research medical journals. These are not amateur opinions. They are facts stated by the medical authorities.

Don't stick your head in the sand. You would only be fooling yourself and heading the wrong way to addiction and destruction. Be big enough to read what you don't want to hear. Be big enough to make an educated decision for yourself, your future; not because your parents say no, and not influenced by peer pressure to fit in, thinking it's a 'cool' thing, thinking you can control it. You can't. It will only get worse and can get to the point of "too late." It's a losing battle in the end. No one is above chemistry. Don't play Russian roulette with your complex brain chemistry. This material I presented by a parent chemist, in a layman language. Please consider.

MDA and MDMA are close cousins.

Tenamfetamine, which is 3,4-Methylenedioxyamphetamine (MDA), also known as (INN), or colloquially as "Sally", "Sass", "Sass-a-frass" is a psychoactive drug of the substituted ethylenedioxyphenethylamine and substituted amphetamine classes of drugs that is consumed primarily for its entactogenic, psychedelic, and psychostimulant effects. Pharmacologically, MDA acts as an external inhibitor to increase serotonin-norepinephrine-dopamine levels in a ratio that conflicts with their interaction with other brain compounds. This chemical interference with the brain's hormonal chemistry results in several complications.



Possession of MDA is illegal in most countries.

MDA is a synthetic empathogen sometimes found in ecstasy tablets.

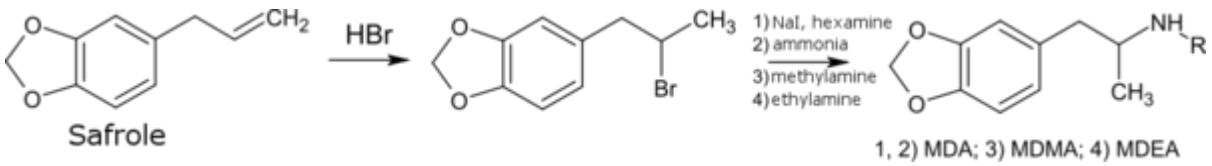
It is closely related to MDMA, both have serious psychedelic effects.

The recreational use of MDA predates its more widely used analog MDMA (ecstasy). The drug has severe negative side effects.

While MDA is generally similar to MDMA. The addiction danger of MDA and MDMA especially with youth goes far beyond their association with the enhancement of the experiences of dancing and sex. The chronic side effects are far more serious.

MDA's effects are very similar to the effects of MDMA

The drug is synthesized from essential oils such as safrole or piperonal.



Safrole

1, 2) MDA; 3) MDMA; 4) MDEA

Negative side effects of MDA group:

inappropriate and/or unintended temporary emotional bonding.

anxiety or paranoia.

depression leading to addiction.

irritability, lack of motivation, extreme moodiness, unexplained crying. Agitation.

erectile dysfunction and difficulty reaching orgasm.

tendency to say things you might feel uncomfortable about later.

Trisma (mild to extreme jaw clenching), tongue and cheek chewing, and teeth grinding (bruxia)

difficulty concentrating & problems with activities requiring linear focus. Sporadic “brain-freeze.”

short-term memory scramble or loss & confusion

short periods of swooning, or disconnection from the external world during brief blasts of intense rushing while coming up.

muscle tension

insomnia, inability to fall asleep when physically tired

increase in body temperature, hyperthermia, dehydration

inability to focus on complex tasks, memory disruption, loss of concentration, and sometimes lingering visual distortions

hyponatremia

nausea and vomiting

headaches, dizziness, loss of balance, and vertigo

sadness on coming down, sense of loss or immediate nostalgia or spirituality

post-trip crash - unpleasantly harsh comedown from the peak effect

hangover the next day, lasting days to weeks

mild depression and fatigue after first use

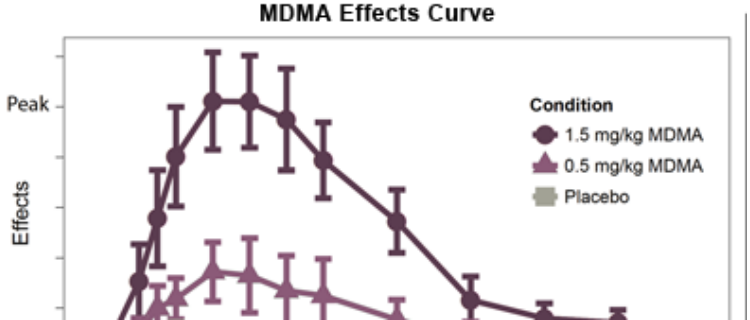
severe depression and/or fatigue with repeated use

strong urge to repeat the experience, though not physically addictive

psychological crisis requiring hospitalization (psychotic episodes, severe panic attacks, etc)

liver toxicity

seizures



neurotoxicity

risk of death that increases with dosage

Many users report feeling addicted

Irreversible and destructive addiction

drained the day after MDA-MDMA use. This 'day after' effect means for many MDA-MDMA users that they need to plan 2 days for the experience: one for the peak experience and one day to recover with very little to do. This is the work of addiction at its first stage.

Many users also experience post MDA-MDMA depression starting often on the second day after the experience and lasting for one to 5 days, although a small percentage of users report depressive symptoms for weeks afterwards. For some, the week-after depression starts immediately upon coming down. These depressive symptoms include irritability, lack of motivation, extreme moodiness, unexplained crying, inability to focus on complex tasks, memory disruption, and sometimes lingering visual distortions. Some users actually report feeling better than normal for a week or so after taking MDA-MDMA. The negative aftereffects of taking MDA-MDMA appear to be worse with higher frequencies of use, higher dosages, and perhaps total lifetime usage.

WARNINGS:

Seizures. MDA and MDMA users have reportedly had seizures after taking moderate amount of pure MDA or MDMA. See References Search: MDA-MDMA Seizure and Experience Search: MDA - MDMA & seizure.

Dangerous Interaction: MAOIs. Do not take MDA or MDMA if you are currently taking prescription MAOIs. MAOIs are most commonly found in the prescription anti-depressants Nardil (phenelzine), Parnate (tranylcypromine), Marplan (isocarboxazid), Eldepryl (l-deprenyl), and Aurorix / Manerix (moclobemide). Ayahuasca also contains MAOIs (harmine and harmaline). MDA-MDMA and MAOIs are a potentially dangerous combination.

Dangerous Interaction: Protease Inhibitors. Avoid taking MDM-MDA if you are currently using the protease inhibitor Ritonavir. This may be a life-threatening combination. See Case Report: Interaction between MDA-MDMA and Ritonavir (Norvir).

Dangerous overheating. MDMA and MDA use can lead to hyperthermia (overheating) especially in those who are exerting themselves for long periods. It is important for users to pay attention to their bodies and make sure they aren't overheating. Take breaks from dancing. Step outside for a moment if the temperature in the room is high. Make sure to drink enough, but not too much, water.

Individual sensitivity varies widely. A small percentage of users seem to react with extreme sensitivity to MDA and MDMA and experience overly strong effects at normal doses, including hyponatremia, unconsciousness, seizures, and other serious medical problems.

Stimulant combinations can be dangerous. Avoid other strong stimulants in combination with MDMA, which can increase heart rate, blood pressure, and body temperature risks.

Water Poisoning. Some ecstasy users overreact to the overheating and dehydration issue by obsessively over-drinking. When drinking large amounts of water it's important to mix in sports drinks or salty snacks to avoid the very real dangers of water poisoning and hyponatremia (low salt), which can cause serious health problems including death. MDA and MDMA can cause changes in the body's antidiuretic hormone, leading to much higher susceptibility to hyponatremia. Drink water, but don't drink too much.

The federal government, having declared MDA and MDMA to be drugs with high abuse potential, negative side effects, and no redeeming therapeutic value, has placed them in a category (Schedule I) that makes it not only illegal, but also unavailable for research grants.

Health Hazards

MDA-MDMA users encounter problems similar to those experienced by amphetamine and cocaine users, including addiction. MDA and MDMA damage brain serotonin neurons. Serotonin is thought to play a role in regulating mood, memory, sleep, and appetite. Research indicates frequent MDA and MDMA may cause persistent memory problems in humans; however, a 2012 study has reported cognitive decline in users of MDA and MDMA.

Psychological effects can include confusion, depression, sleep problems, anxiety, and paranoia, sometimes lasting for weeks after taking the drug. Physical effects can include muscle tension, involuntary teeth-clenching, nausea, blurred vision, faintness, tendency to hallucinate, accept conspiracy and radical social and religious theories, seizures, chills or sweating. Increases in heart rate and blood pressure are a special risk for people with circulatory or heart disease.

In addition, there is evidence that people who develop a rash that looks like acne after using MDMA may be risking severe side effects, including liver damage, if they continue to use the drug. Almost 60 percent of people who use Ecstasy report withdrawal symptoms, including fatigue, loss of appetite, depressed feelings, and trouble concentrating.

MDA-MDMA related fatalities at raves have been reported. The stimulant effects of the drug, which enable the user to dance for extended periods, combined with the hot, crowded conditions usually found at raves can lead to dehydration, hyperthermia (dangerous increase in body temperature), and heart or kidney failure.

Other drugs chemically similar to MDA such as Ecstasy (MDMA) share the side effects. MDA (methylenedioxyamphetamine) is the parent drug of Ecstasy and PMA (paramethoxyamphetamine. They are associated with fatalities in the U.S. and Australia, and they are all often sold as Ecstasy. These drugs can be neurotoxic or create additional health risks to the user.

Additionally, the illicit sale of the MDA and its associate drugs (including MDMA) make it prone to being “cut” with other illicit and potentially toxic or deadly chemicals. Ecstasy tablets may contain other substances in addition to MDMA, such as ephedrine (a stimulant); dextromethorphan (a cough suppressant that has PCP-like effects at high doses); ketamine (an anesthetic used mostly by veterinarians that also has PCP-like effects); caffeine; cocaine; and methamphetamine.

While the combination of Ecstasy with one or more of these drugs may be inherently dangerous, users combining them with substances such as marijuana and alcohol, put themselves at further physical risk.

MDA (and its branches, including MDMA) are a Schedule I drug in the US. It has no recognized medical application and is illegal to produce, distribute, or possess without a DEA license.

General Information

MDA is a psychedelic stimulant that is closely related to MDMA. It is often found in tablets purporting to be ecstasy with no indication or sign that the pills contain the different chemical MDA.

Its effects are very similar to MDMA, though they are described as more psychedelic, visual, or 'trippy.' It is an off-white powder but normally comes in pressed-pill form that is swallowed or crushed and snorted (insufflated), though the latter method can be quite painful. The differences between MDA and MDMA can be subtle and many people at parties, clubs, or raves will ingest MDA thinking it is ecstasy and be unable to tell a difference. Depression, seizure, brain chemistry damage, and addiction ae often masked in most users by the experience feelings of closeness with others, feelings of understanding, empathy, spirituality, and love.

Effects

The typical effects of MDA group include extreme mood lift, euphoria, bright and intense sensations and emotions, appreciation of one's environment and surroundings, greater enjoyment from music, and feelings of love and happiness for others (sometimes so strong that people feel urges to hug or kiss others). This all can be explained with brain chemistry manipulation. Physically users will experience visual distortions or hallucinations, decreased appetite, rapid involuntary eye movements, jaw clenching, teeth grinding, cheek chewing, restlessness, nervousness, increased heart rate, and increased body temperature. Many of these are typical side effects of MDMA as well as MDA.

Dangers and Long-Term Side Effects

Depression. Suicidal tendency. Hallucination. Nausea and vomiting, muscle tension or tremors, headache, and vertigo. Insomnia, nervousness, anxiety, and memory problems. Addiction results in severe organ damage and death.

Chronic use of MDA group can cause permanent depression due to damage to the brains neurotransmitters and receptors. Users report that the drug becomes less powerful over time with heavy use, since the brain is not given adequate time to recover for the experience. Heavy use can therefore cause brain damage and diminish the effects of the drug.

Warning:

Several internet sites minimize the negative side effects and its acute and chronic dangers. This is a schedule I drug. Consult with you physician about the serious side effects of schedule I drugs:

Heroin (diacetylmorphine)

LSD (Lysergic acid diethylamide)

Marijuana (cannabis, THC)

Mescaline (Peyote)

Tenamfetamine, which is 3,4-Methylenedioxyamphetamine (MDA)

MDMA (3,4-methylenedioxymethamphetamine or "ecstasy")

GHB (gamma-hydroxybutyric acid)

Psilocybin

Methaqualone (Quaalude)

Khat (Cathinone)

Bath Salts (3,4-methylenedioxypyrovalerone or MDPV)

While these drugs though may make the user feel good, they have serious negative side effects that can have severe influence of the youth's potential achievements in life and their future health. Education and awareness are vital especially with today's peer pressure and pushers' tactics who do their best to play down the drug's side effects.

Sample of recoded cases:

- Suicide following chronic depression. The drug thought to give you a happy state of mind, will create resentment toward loved ones, low tolerance, and depression.

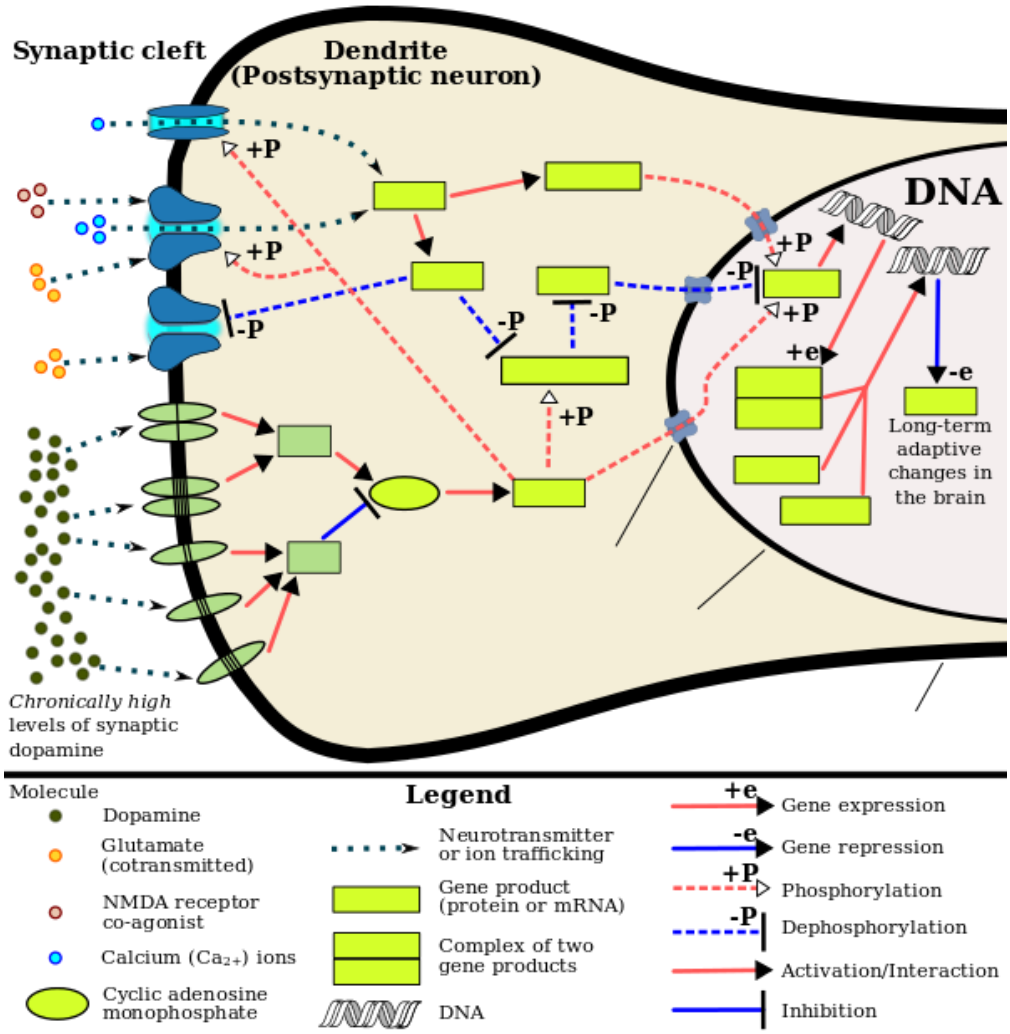
- MDA and MDMA "ecstasy" share most of the serious brain damage results. They both lead to the use of other drugs such as Meth "Methamphetamine" - contracted from N-methyl-alpha-methylphenethylamine). Methamphetamine exists as two enantiomers, dextrorotary and levorotary. Dextromethamphetamine is a stronger CNS stimulant than levomethamphetamine; however, both are neurotoxic, addictive and produce the same toxicity symptoms.

- Drugs are a major cause of social, scholastic and career setbacks. They destroy lives and the drug user may not see the danger until it is too late.

- Drug pushers would claim safe use in moderation and even medical benefits. What they do not understand is that interfering with the brain chemistry balance is playing Russian roulette with your brain. Every substance is a chemical compound. Water is dihydrogen monoxide H2O. Two hydrogen and one oxygen. We cannot live without it. Oxygen is good for you. We cannot live without it. We breathe it in all day. We drink it in water. HOWEVER, adding one more "good" Oxygen to the water, turns H2O to H2O2 a bleach-like harmful peroxide. In chemistry, 'good' plus 'good' may not equal "good." This is how drugs such as marijuana are promoted. THC alters brain chemistry. The pushers' pitch that it's natural, grows out of soil, and has green leaves is as silly as saying poison ivory is good for you. Those who move farther into heavy drugs such as meth, ecstasy and others face a threat too difficult to avoid without help, and an early bold decision to stop.

  The answer is not in taking an illegal drug to feel better or to make someone like you. The potential danger is much greater. The threat is very real. It is hard to convince a user. He or she will look for any justification. Peer pressure is powerful. A quick social fix is tempting. It is very impractical to expect a drug user to shout I am born again and drugs are for losers. In reality, this doesn't happen. We need to address a complete picture if we are to save the future of the victims of drug use.

Effect of drugs on the brain:



Collective effort by parents, Science authorities, and politicians is a must. Unfortunately, despite the unanimous recommendations and reports by the medical authorities, politicians – as we saw in Canada, legalized the THC drug (Marijuana) and as a result, marijuana's use increased suddenly showing an alarming peak politicians didn't expect.

All brain-altering drugs must be fought tooth and nail for the good of our health, our future.

Two final notes for pre and post drug victims:

- The drug temptation is real. It's dangerous. And it's a lot harder to get out of it than to stay out of it. I have a policy: *if you don't want to do something, don't try it.* Trying it will end in one of two ways: you either didn't like it and you stopped. In this case you lost the bragging right of having the determination to have refused drugs. You didn't gain anything by trying it. Besides, some drugs, even the so-called lighter drugs e.g. marijuana, for some people, one single dose can leave its mark on their health. The second possibility is, you liked it. Now you have a problem. Now you are tempted to try it again. Now the process of self-deception and justification starts: I can stop any time. Just a few times and I'll stop. It is not so bad, some people on the internet said so, people used drugs throughout history…. All these

attempts to convince yourself it's Ok and addiction is not a threat. You're lying to yourself. These symptoms are indicative of addiction. Wouldn't it be easier to have not tried it at all? We'll, actually, it's harder, considering peer pressure. I understand. The point is obvious.

- The second point is, those who fell for the temptation, had the strength to get out, really get out, not just say it and still have a dose now and then (a typical addition route)… those who turned their backs to drugs, walked out with such strength and determination, are true heroes who deserve our respect, love, and support.

Dr. Paul Gouda, C.Chem., PRMD., Ph.D.