

Amisulpride — A Multipurpose Drug for ME/CFS



Hip

Senior Member

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I have been taking very low doses (12.5 mg daily) of the drug **amisulpride** for around a year now, and I have found this drug quite helpful for a number of mental and cognitive symptoms that arise in ME/CFS and its comorbid conditions like depression and anxiety disorder.

At very low doses, amisulpride is known to act as an:

Antidepressant treatment

Anti-anhedonia treatment

Anti-anxiety treatment

I have personally found that very low-dose amisulpride also:

Reduces ME/CFS **noise sensitivity** symptoms

Greatly reduces ME/CFS **irritability** symptoms

Improves **sociability**

Treats **anxiety psychosis** symptoms (anxiety psychosis from anxiety disorder)

Improves **attention deficit-hyperactivity disorder** (ADHD)

I have all the above conditions, and so I found amisulpride particularly useful.

[This small scale study](#) of the benefits of amisulpride for ME/CFS found that 25 mg of this drug taken twice daily reduced **fatigue** and somatic complaints, such as **pain**.

Amisulpride is not licensed in the US, but it can be obtained from the usual overseas suppliers. I believe the smallest available size of amisulpride tablets is 50 mg, so you will need to cut these 50 mg tablets in half or in quarters if you want to take the very lowest doses of 25 mg and 12.5 mg.

I find 12.5 mg is a good dose for me; if I go up to 25 mg, it seems to make me a bit torpid and unmotivated.

UPDATE: **Dopamine system stabilization** drugs (third-generation antipsychotics) such as amisulpride (Solian) aripiprazole (Abilify) have been shown to benefit ME/CFS when taken in combination with an antidepressant — see [this post](#). Amisulpride was the original third-generation antipsychotic. Ref: [1](#)

A dopamine system stabilizer acts as an agonist of the dopamine receptors at low dopamine concentrations, but acts as an antagonist at high dopamine concentrations. So it boosts the dopamine system when dopamine is low, but puts the breaks on the system when dopamine is high. Refs: [1](#) [2](#)

My theory as to why dopamine stabilizer drugs are helpful for ME/CFS [is here](#).

[This paper](#) indicates the two mechanisms of dopamine stabilization:

Partial agonists that display affinity for dopamine autoreceptors are potential stabilisers of dysregulated dopamine release in schizophrenia (Grunder et al, 2003).

However, it has been suggested that dopamine autoreceptor antagonists (sulpiride and amisulpride) also stabilise dopamine systems in schizophrenia by increasing dopamine release and selectively blocking D2 and D3 receptors in the limbic system (Kerwin, 2000).

Aripiprazole (Abilify) comes under the first mechanism, as it is a partial agonist with affinity for dopamine autoreceptors; and amisulpride comes under the second mechanism.

The response to amisulpride is also dose-level dependent:

At **low doses**, amisulpride blocks the dopamine autoreceptors. An autoreceptor is presynaptic regulatory feedback mechanism which controls how much of a neurotransmitter like dopamine is being released into the synapse (the junction between neurons). When you block the dopamine autoreceptors, it makes the neuron think there is not enough dopamine in the synapse, so more dopamine is released. In this way, blocking dopamine autoreceptors leads to more dopamine release.

But at **high doses** of amisulpride, then this drug starts to antagonize the postsynaptic dopamine receptor (the normal dopamine receptor), and at these higher doses the overall effect is dopamine antagonism. Refs: [1](#) [2](#)

[This study](#) says:

At low doses, amisulpride (100 mg/die or less) preferentially blocks presynaptic dopamine autoreceptors that control dopamine synthesis and release; whereas, at higher doses, it presents postsynaptic dopamine D2-receptor antagonism.

Aripiprazole behaves similarly at the presynaptic and postsynaptic dopamine receptors. [This paper](#) says:

There is evidence that aripiprazole functions as both a presynaptic D2 agonist and post synaptic D2 antagonist. Presynaptic D2 autoreceptors may play a vital role in the ability of aripiprazole to act as a DA system stabilizer, but at higher doses (such as the ones used to treat schizophrenia), aripiprazole also has a significant binding affinity at post synaptic D2 receptors.

Aripiprazole's dopamine stabilization is described [here](#):

At high dopamine concentrations, aripiprazole lowers dopamine neuronal firing, while at low concentrations it increases dopamine firing. At the time, this mechanism of action was called 'dopamine stabilization' because a single drug could increase or decrease neuronal firing as needed.

Note that amisulpride is not the only antipsychotic that may show benefit in ME/CFS: [quetiapine](#) (Seroquel) is also used in ME/CFS and fibromyalgia for treating pain and improving sleep (as well as helping depression).

There are serious side effects that can result from taking antipsychotics, such as extrapyramidal symptoms like tardive dyskinesia. And developing type 2 diabetes is a risk too. But on the low-dose protocols of amisulpride or Abilify, the risks of these side effects are very much less. Refs: [here](#) and [here](#).

BUYING AMISULPRIDE:

Amisulpride can be bought prescription-free from any of the following pharmacies:

[InHouse](#), [United Pharmacies](#), [United Pharmacies UK](#), [International Drug Mart](#), [GoldPharma](#), [4RNX](#), [4NRX UK](#), [Pharmacy Geoff](#), [Buy Pharma](#), [Freedom Pharmacy](#), [Pharmacy Express](#), [ClearSky Pharmacy](#), [Over-the-Counter](#).

Other prescription-free pharmacies where amisulpride can be bought listed in [this post](#).

Amisulpride can also be bought in powder form at [TrueLife Research](#).

Spoiler: More Info on the Unique Advantages of Amisulpride (Click Here)

Last edited: Aug 14, 2021

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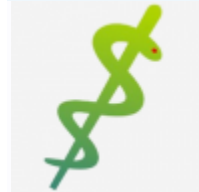
[#1](#)

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[Dec 18, 2012](#)

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Likes: [Thebirdman333](#), [Nuno](#), [Hufsamor](#) and 11 others



Hip

Senior Member

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Amisulpride, the Wonder Drug from France!

The following text was copied from [here](#).

Amisulpride is a new antipsychotic drug that was invented in France. It is so new, it is still in the USA's final testing stage for release here, but can still be obtained now legally from Europe.

Amisulpride is a very safe drug with few, if no side effects, and can be used for three different purposes.

NORMAL DOSE PROTOCOL:

In normal doses, 400mg-1200mg, it is used for symptoms that include and excess and/or disruption in cognition and emotional functions.

LOW DOSE PROTOCOL:

In lower doses, 50mg-200mg, it is used for symptoms that include a diminution or loss of normal cognitive and/or emotional functions.

VERY LOW DOSE PROTOCOL:

In even lower doses, 12.5mg-200mg, it is used for minor depression, attention-deficit/hyperactivity, and emotional imbalances.

It was discovered by accident that amisulpride, originally created as an antipsychotic drug for schizophrenia, has the antidepressant effect when taken in minuscule doses as compared to what was originally intended. The drug appears to have an opposite effect depending on if small or larger doses are taken.

Originally designed to be taken at 400mg to 800mg a day, when you take Amisulpride instead at just 12.5mg to 100mg a day combats LOW MOOD, CONSTANT NEGATIVE THOUGHTS, SOCIAL ANXIETY, ANHEDONIA (inability to experience pleasure), and FATIGUE. These are the symptoms of atypical depression or dysthymic disorder, which is a mild but continuous form of depression. The symptoms are characterized by blahness, lack of motivation, lack of interest, and social withdrawal. While combating these problems in an amazing way that no other drug seems to do, the low, low dose also makes amisulpride almost completely free of side effects, so it is tolerated by more people, more often than other anti-depressants.

In a day, or a week or two, depending on the person, on amisulpride one feels renewed interest, renewed motivation, social comfort, more confident, and less emotional anxiety. You'll notice a very strange blunting of ONLY the emotional triggers that seem to be the ones you'd want to get rid of. It's difficult to explain, but a strange yet wonderful experience!

It feels as if you've been freed of mental issues that have held you back from doing things you wish you would be doing.

Each person that has responded to the effect is immediately amazed. Others who see the transformation of their friends have been equally amazed.

Because amisulpride has an opposite effect at higher doses, for depressive treatment, you must prepare yourself to cut back on the dose if you feel any negative effects like sedation. Rather than immediately giving up, be aware that this is exactly what it's supposed to do, and it simply means that your body is so sensitive that a lower dose is the appropriate one for you.

Most drugs don't have the opposite effect the moment the dose is too high, so this unique

quality should be known before you start on your journey.

Every person is different and it takes a unique milligram dose for each person that could be anywhere between as little as 12.5mg to 100mg so you need to understand that it's not a bad thing if you don't feel the correct effect; you simply adjust the dose and continue to find the exact amount that is right for you. **DON'T GIVE UP!**

Specifically, at the low doses, Amisulpride is a "selective dopamine antagonist" which stimulates specific types of dopamine receptors (D2 and D3) on their presynaptic side. D2/D3 limbic system pathways are thought to be involved in regulating mood, anxiety and motivation. Unlike many other medications, it exclusively acts in the mesolimbic brain, which is unusual, because this is the site where emotional mood states and memory storage and retrieval takes place in your brain. This is great because it doesn't unnecessarily stimulate other dopaminergic receptors elsewhere in the brain, so locomotion and general attention/arousal systems are largely bypassed, eliminating sleep disturbances, anxiety exacerbations, the jitters, and scattered and/or hyper-attentiveness. For this specific purpose, it is used in very low doses (12.5-100mg/day).

Since it was designed to be used at much higher doses, there are few side effects at these low doses. Keep in mind it may take up to two weeks to feel any effects from amisulpride, so try it for at least 2 weeks! It seems to have a very unusual ability to tone down a person's unwanted emotional outbursts in a very precise clean way, while preserving the drive to accomplish important matters in their life. Strangely enough, it actually seems to shut down the part of the brain that spends time worrying about other people's problems or going in circles about personal emotional issues. The emotional spin cycle simply disappears!

It's such a wonderful feeling to have emotional baggage simply lifted from you within the course of 2 weeks without therapy!

At doses above 400mg, amisulpride stimulates the same dopamine receptors but on their postsynaptic side. At this dosage, amisulpride treats disorganized symptoms including thought disorder, confusion, disorientation, and memory problems.

This drug was invented in France, and is still in Phase III FDA testing here in the USA, therefore it is only available by mailorder from Europe. It is not a scheduled substance and is legal to import in personal use quantities. Amisulpride works in a novel way, it doesn't affect serotonin at all, it affects only dopamine, so it works when SSRI antidepressants don't. Specifically, it increases the dopamine in the synaptic cleft of the D2-D3 receptors in the limbic system and to a lesser extent the striatum. It improves mood, concentration, energy, and sense of pleasure while decreasing social anxieties.

More info

[Amisulpride: A Review of its Clinical Potential in Dysthymia](#)
[Amisulpride in medium-term treatment of dysthymia](#)

Amisulpride dosage

One half 50mg tablet (25mg) once a day (use a razor blade to cut pills in half).

The effect is generally seen in 7-14 days.

If you feel sedation, cut back to 12.5mg/day ¼ tablet.

Since amisulpride has the OPPOSITE effect at higher doses, you should realize a dose too high will cause an effect opposite of what is desired.

Alternatively, if you feel no effect at 25mg/day, you can raise the dosage by 25mg increments to 100mg day maximum to get the best effect for you.

Wait at least a week after each 25mg increment; keep in mind 12.5mg-50mg should be sufficient.

Not available in the USA.

Last edited: Aug 14, 2021

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[#2](#)

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Likes: [sb4](#), [pattismith](#), [bunk](#) and 2 others



[adreno](#)

PR activist

Messages

4,841

Likes

10,921

One problem with the drug is that prolactin levels often go through the roof. Did you experience this?

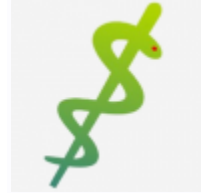
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Hip

Senior Member

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[adreno said:](#)

One problem with the drug is that prolactin levels often go through the roof. Did you experience this?

I haven't developed any "man boobs" (gynecomastia), which I believe is a symptom of high prolactin in men. Though I do notice my libido is significantly reduced on days when I take amisulpride — and reduced libido can result from high prolactin.

I usually take a very low 12.5 mg daily dose of amisulpride; and every week or two, I take a break from amisulpride for a couple of days. So at this very low dose, perhaps I am not raising my prolactin levels too much.

Even so, I wish I could find a workaround to prevent the low libido induced by amisulpride.

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adreno

PR activist

Messages

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Pantethine should be an inhibitor of prolactin, by the way. I use it with pregnenolone and DHEA. I haven't done any tests, but libido is good.

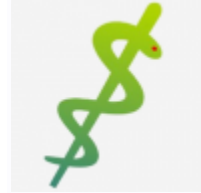
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Likes:[lenora](#), [sb4](#), [mabelark](#) and 1 other person



Hip

Senior Member

Messages

16,509

Likes

35,769

[adreno said:](#)

Pantethine should be an inhibitor of prolactin, by the way. I use it with pregnenolone and DHEA. I haven't done any tests, but libido is good.

I might try that. I read that pantethine may have some neuroprotective effects, plus it seems to treat fatty liver, which I have.

Vitamin B6, vitamin E and SAM-e are good prolactin inhibitors, according to [this article](#).

Last edited: Mar 2, 2016

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[#6](#)

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FunkOdyssey

Senior Member

Messages

144

Likes

15

Doesn't look like there is much hope for resolving sexual sides, aside from a switch to aripiprazole, which may or may not provide any of the same benefits:

[J Sex Marital Ther.](#) 2012;38(3):281-301. doi: 10.1080/0092623X.2011.606883.

Strategies for the treatment of antipsychotic-induced

sexual dysfunction and/or hyperprolactinemia among patients of the schizophrenia spectrum: a review.

[Nunes LV](#), [Moreira HC](#), [Razzouk D](#), [Nunes SO](#), [Mari Jde J](#).

Source

Department of Psychiatry, Universidade Estadual de Londrina, Paraná, Brazil.

Abstract

There is limited evidence for the management of sexual dysfunction and/or hyperprolactinemia resulting from use of antipsychotics in patients with schizophrenia and spectrum. The aim of this study was to review and describe the strategies for the treatment of antipsychotic-induced sexual dysfunctions and/or hyperprolactinemia. The research was carried out through Medline/PubMed, Cochrane, Lilacs, Embase, and PsycINFO, and it included open labels or randomized clinical trials. The authors found 31 studies: 25 open-label noncontrolled studies and 6 randomized controlled clinical trials. The randomized, double-blind controlled studies that were conducted with adjunctive treatment that showed improvement of sexual dysfunction and/or decrease of prolactin levels were sildenafil and aripiprazole. The medication selegiline and cyproheptadine did not improve sexual function. The switch to quetiapine was demonstrated in 2 randomized controlled studies: 1 showed improvement in the primary outcome and the other did not. This reviewed data have suggested that further well-designed randomized controlled trials are needed to provide evidence for the effects of different strategies to manage sexual dysfunction and/or hyperprolactinaemia resulting from antipsychotics. These trials are necessary in order to have a better compliance and reduce the distress among patients with schizophrenia.

PMID:

22533871

[#7](#)

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Likes:[bunk](#)



[FunkOdyssey](#)

Senior Member

Messages

144

Likes

15

Actually, it looks like maybe you can add aripiprazole to another antipsychotic and its partial d2 agonism is able to keep prolactin down. It isn't clear how that would affect the benefits of amisulpride though, seems to me if it can overpower the d2 antagonism of other antipsychotics at the pituitary, it would be able to do it throughout the brain:

[J Psychopharmacol](#). 2008 May;22(3):244-53. doi: 10.1177/0269881107082901.

Change in sexual dysfunction with aripiprazole: a switching or add-on study.

[Mir A](#), [Shivakumar K](#), [Williamson RJ](#), [McAllister V](#), [O'Keane V](#), [Aitchison KJ](#).

Source

COAST Team (Croydon Early Intervention in Psychosis Service), Westways Resource Centre, Croydon, UK.

Abstract

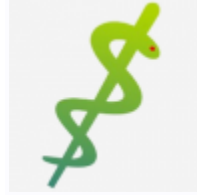
Sexual dysfunction and raised prolactin are common adverse effects of many anti-psychotics. Aripiprazole is an atypical anti-psychotic associated with a reduction in prolactin level in anti-psychotic-induced hyperprolactinemia. Our hypothesis was that switching from another anti-psychotic to aripiprazole would be associated with a reduction in sexual dysfunction. An open label switch to aripiprazole was offered to 27 subjects with inadequate therapeutic response or intolerance to another anti-psychotic, who were followed up for 26 weeks. Serial clinical ratings included the Anti-psychotic Non-Neurological Side-Effects Rating Scale (ANNSERS), and the Sexual Functioning Questionnaire. Our primary analysis point was week 12. In both sexes, there was a significant reduction in prolactin by week 12 ($P = 0.003$), accompanied by a significant improvement in libido ($P = 0.028$). In males, both erectile and ejaculatory difficulties were also significantly reduced ($P = 0.04$ and $P = 0.017$, respectively). In females, menstrual dysfunction was also significantly reduced at week 12 ($P = 0.04$). By week 26, the changes in all of the above remained significant, and were accompanied by a significant increase in satisfaction in overall sexual functioning ($P = 0.007$), despite the fact that 54.5% of subjects at were also taking their original antipsychotic. There was also a significant decrease in the total ANNSERS score ($P < 0.001$) and a significant improvement in all other measures of psychopathology (PANSS, CGI-S/I, GAF-S/D, and QoL). We conclude that switching to aripiprazole or **the addition of aripiprazole to another antipsychotic regime is associated with a reduction in sexual dysfunction.**

PMID:

18308789

[#8](#)
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Hip

Senior Member

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16,509

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[FunkOdyssey said:](#)

Actually, it looks like maybe you can add aripiprazole to another antipsychotic and its partial d2 agonism is able to keep prolactin down. It isn't clear how that would affect the benefits of amisulpride though, seems to me if it can overpower the d2 antagonism of other antipsychotics at the pituitary, it would be able to do it throughout the brain:

That is very interesting. So, if I understand correctly, the reason for excess prolactin release by amisulpride (and other anti-psychotic drugs) is because it blocks the dopamine D2 receptors in the pituitary gland.

And aripiprazole has the reverse effect, as it stimulates the pituitary dopamine D2 receptors.

One of the things I find the most useful with very low dose amisulpride is that this drug noticeably reduces my irritability and annoyance symptoms.

Irritability seems to be a fairly common symptom in ME/CFS (and in autism). On bad days, I find myself irritable with everything: people, places, opinions — anything that moves! Irritability is a very unpleasant symptom — especially because you always have the urge to express your irritability and annoyance to people; and yet you know that your irritability is generally not warranted; it's just a ME/CFS mental symptom that makes you that way; so you have to try to bite your lip and suppress expressing your irritability.

Interestingly, it seems that aripiprazole is good for treating irritability in autism, with doses of 2 mg and higher, so I wonder if aripiprazole may work for ME/CFS irritability too. Ref: [1](#).

EDIT: [looks like](#) aripiprazole does not reverse amisulpride-induced hyperprolactinaemia.

Last edited: Aug 14, 2021

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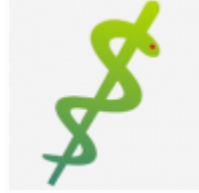
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Likes: [xraysex](#), [Skippa](#) and [taniaaust1](#)



Hip

Senior Member

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By the way, Funk, would you have any idea of how aripiprazole treats irritability, in terms of its actions at receptors. I would like to understand the neurochemistry of irritability.

Amisulpride not known for its ability to treat irritability (or at least I have not seen any literature on this), but I have personally found that amisulpride reduces irritability symptoms. It makes me a little more tolerant of things, and also makes me more tolerant of sound and noise.

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[#10](#)

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[heapsreal](#)

iherb 10% discount code OPA989,

Messages

9,464

Likes

9,257

Location

[australia \(brisbane\)](#)

[adreno](#) said:

Pantethine should be an inhibitor of prolactin, by the way. I use it with pregnenolone and DHEA. I haven't done any tests, but libido is good.

Sorry to go off topic but adreno have u found preg and dhea increase prolactin?

[#11](#)

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[Dec 20, 2012](#)

[Report](#)



[adreno](#)

PR activist

Messages

4,841

Likes

10,921

Pantethine is a precursor to cysteamine, which depletes prolactin:

[Prog Neuropsychopharmacol Biol Psychiatry](#). 1990;14(6):835-62.

Preclinical and clinical studies with cysteamine and pantethine related to the central nervous system.

[Vécsei L](#), [Widerlöv E](#).

Source

Department of Psychiatry and Neurochemistry, University of Lund, Sweden.

Abstract

1. Cysteamine is formed by degradation of coenzyme A (CoA) and causes somatostatin (SS), prolactin and noradrenaline depletion in the brain and peripheral tissues. 2. Cysteamine influences several behavioral processes, like active and passive avoidance behavior, open-field activity, kindled seizures, pain perception and SS-induced barrel rotation. 3. Cysteamine has several established (cystinosis, radioprotection, acetaminophen poisoning) and theoretical (Huntington's disease, prolactin-secreting adenomas) indications in clinical practice. 4. Pantethine is a naturally occurring compound which is metabolized to cysteamine. 5. Pantethine depletes SS, prolactin and noradrenaline with lower efficacy compared to that of cysteamine. 6. Pantethine is well tolerated by patients and has been suggested to treatment of atherosclerosis. The other possible clinical indications (alcoholism, Parkinson's disease, instead of cysteamine) are discussed.

PMID: 2277850

[#12](#)

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adreno

PR activist
Messages

4,841

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It works in rats:

[Pantethine, a cysteamine precursor, depletes immunoreactive somatostatin and prolactin in the rat.](#)

[The depletion of plasma prolactin by pantethine in oestrogen-primed hyperprolactinaemic rats.](#)

Whether this would reverse the effects of antipsychotics, I don't know.

[#13](#)

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adreno

PR activist
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4,841

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[heapsreal said:](#)

Sorry to go off topic but adreno have u found preg and dhea increase prolactin?

They do from the studies I have seen, IIRC. They also gave me tingling nipples in the beginning, but it went away (with pantethine, I presume)

[#14](#)

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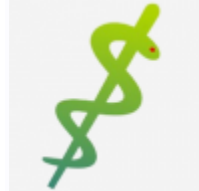
Pachequín Bombín

Just a daydreamer in all aspects.
Messages

1
Likes
0

Hi Hip. I'm also taking amisulpride for my ADHD, but I haven't seen any result that just somnolence since three weeks ago Does it help for concentration? I'm taking 50 mg now, but as you say, I must cut back to 25 mg. What is the best dosage? 25 or 12.5 mg? Does it depend on my weight? Thank you so much.

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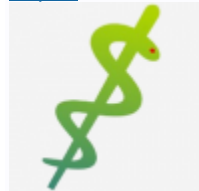
Hip
Senior Member
Messages
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[Pachequín Bombín said:](#)

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I usually take 12.5 mg daily. What I personally find is that taking 25 mg gives a stronger effect, but I get the impression this higher dose reduces my motivation and reduces my focus on doing things. So this is why I usually stick with 12.5 mg.

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Hip
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I just found this thread on Phoenix Rising on using the above-mentioned atypical antipsychotic drug Abilify (aripiprazole) for treating ME/CFS:

[Abilify and energy](#)

I have just ordered some Abilify, and will compare its benefits to those of amisulpride.

I have a good opinion of atypical antipsychotics as a treatment for ME/CFS (based so far on my experience with amisulpride) and others might find these drugs useful.

General Note:

Don't be concerned about using an antipsychotic drug for ME/CFS. Atypical antipsychotics are not just used for psychosis and schizophrenia: atypical antipsychotics are also used off-label for many other conditions, such as: depression, ADHD, anxiety disorder, bipolar disorder, PTSD, OCD, dementia, etc (reference: [here](#)).

Atypical antipsychotic drugs alter levels of neurotransmitters in various part of the brain; the only thing that really matters is whether the changes these drugs make to neurotransmitter levels translates to a benefit for ME/CFS patients; it is of no importance at all that these drugs are labelled as antipsychotics — that is just part of their function.

In any case, the doses of these drugs used for ME/CFS treatment are much, much smaller than the dose used for psychosis and schizophrenia.

Last edited: Jan 9, 2019

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[#17](#)

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Likes

10,921

Even atypical antipsychotics potentially have some very nasty side effects (diabetes, tardive dyskinesia etc), so just be careful. Personally I won't touch them, not even Abilify. I also believe that modulating the glutamate/GABA balance is more effective than blocking dopamine.

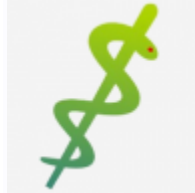
#18

[Like](#) [Quote](#) [Reply](#)

Jan 7, 2013

[Report](#)

Likes: [percyval577](#) and [adambeyoncelowe](#)



Hip

Senior Member

Messages

16,509

Likes

35,769

[adreno](#) said:

Even atypical antipsychotics potentially have some very nasty side effects (diabetes, tardive dyskinesia etc), so just be careful. Personally I won't touch them, not even Abilify. I also believe that modulating the glutamate/GABA balance is more effective than blocking dopamine.

Point taken. I would definitely say that to help minimize the possibility of side effects, take the lowest dose you feel is offering benefits. In my case, my daily dose of just 12.5 mg of amisulpride is very much lower than the 400 to 800 mg doses used for treating schizophrenia and psychosis. So I hope that this makes the risk of side effects much lower. I have been taking amisulpride for a year now, and have seen no real side effects.

Amisulpride Side Effects: Assessment of Risks

I cannot find any data on amisulpride, but found some info on a similar drug risperidone and clozapine, which are also from the atypical anti-psychotic drug class. Risperidone is used to treat ME/CFS (risperidone one of Dr Jay Goldstein's ME/CFS treatments that sometimes brings major remission from ME/CFS).

It says [here](#) that the risk of developing diabetes mellitus from the atypical anti-psychotic drug **risperidone** is 0.05% (= 1 in 2000 patients), and the risk from the atypical anti-psychotic drug **clozapine** is 2.03% (= 1 in 50 patients). Though these statistics I think apply to people taking the full dose of these drugs, not the very low dose regimen that I use.

In the case of the very low dose amisulpride that I am taking, my dose of 12.5 mg is almost *100 times smaller* than the highest 1200 mg dose of amisulpride used for schizophrenia, so presumably that very low dose significantly lowers the diabetes risk.

Also, in this very low dose protocol, amisulpride works in the *opposite way* to its full dose regimen. In the very low dose protocol, amisulpride actually *boosts* the dopaminergic system, whereas in the full dose regimen, amisulpride *inhibits* the dopaminergic system (which antipsychotics usually do). Amisulpride is in effect a different drug when used at the very low dose protocol.

It is the dopaminergic inhibition caused by anti-psychotics that is linked to triggering the extrapyramidal symptoms like tardive dyskinesia; so the fact that in my very low dose amisulpride protocol I get dopaminergic boosting rather than inhibition perhaps means that this very low dose protocol will not be less subject to the risks of extrapyramidal symptoms.

But even low-dose amisulpride can sometimes lead to tardive dyskinesia: see [this study](#) of a patient who was give low-dose amisulpride (100 mg daily) as an antidepressant.

Last edited: Dec 28, 2018

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

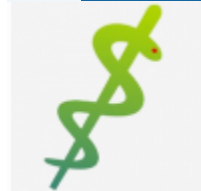
[#19](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 7, 2013](#)

[Report](#)

Likes: [sb4](#) and [Sancar](#)



Hip

Senior Member

Messages

16,509

Likes

35,769

One of my main reasons for taking amisulpride is because I find it increases my social motivations; that is to say, amisulpride increases my desires to engage in social activity.

I find that it is not just the fatigue of ME/CFS that draws you away from socializing; there seems to be an increased need for peace and solitude in ME/CFS, with too much social activity perturbing the mind. I sometimes feel my mind has been almost "mentally raped" after too much social activity. I think this feeling of being "mentally raped" is actually caused by a weakened "mental firewall" — that is to say, a weakness in the mind's sensory stimuli filter, which allows stimuli to enter into consciousness, when they really should have been filtered out. This weakened "mental firewall" I think is also the reason for noise sensitivity in ME/CFS.

I am pretty sure this "mental firewall" itself is located in the **reticular formation** of the brainstem. The reticular formation's functions are known to include filtering out irrelevant or repetitive stimuli, so that the rest of the mind is not overloaded with unnecessary information. So for example, for a normal healthy person, if they hear a car alarm go off in their street, at first this noise rouses their consciousness attention, but then they soon forget about it, and after a few minutes, it does not enter consciousness anymore. This filtering out is called **habituation**, and is the reticular formation's "firewall" springing into action, and blocking irrelevant, repetitive stimuli from reaching consciousness and thereby overloading the brain.

However, I find that in ME/CFS, repetitive noises such as car alarms are constantly aggravating, because you do not seem to habituate to the noise, and so the noise continually deeply penetrates into your conscious mind and becomes unpleasant; this repetitive noise is not properly filtered out by your "mental firewall".

I suspect a weakened reticular formation "firewall" is the norm in ME/CFS, and this leads to the feeling of being overwhelmed or "mentally raped" when exposed to too many stimuli, as you tend to get in hectic social situations. These stimuli are penetrating deep into the mind, whereas they should have been stopped by the "firewall", stopped by the brain's bouncer at the door: the reticular formation.

Anyway, what I have found is that amisulpride seems to make this "mental firewall" stronger, so that you are more able to cope with the maelstrom of social environments; and with amisulpride I find that sounds and other sensory stimuli are not so mentally intrusive.

Amisulpride — A Multipurpose Drug for ME/CFS



[Lotus97](#)

Senior Member

Messages

2,041

Likes

604

Location

[United States](#)

[Hip said:](#)

I haven't developed any "man boobs" (gynecomastia), which I believe is a symptom of high prolactin in men. Though I do notice my libido is significantly reduced on days when I take amisulpride — and reduced libido can result from high prolactin.

I usually take a very low 12.5 mg daily dose of amisulpride; and every week or two, I take a break from amisulpride for a couple of days. So at this very low dose, perhaps I am not raising my prolactin levels too much.

Even so, I wish I could find a workaround to prevent the low libido induced by amisulpride.

Yeah, when I was on Risperdal which also affects prolactin that killed my libido. It was great for treating anxiety and insomnia though, but I wouldn't recommend it since it also causes weight gain, high cholesterol, and high blood sugar.

"Overcome any bitterness that may have come because you were not up to the magnitude of pain that was entrusted to you. Like the mother of the world who carries the pain of the world in her heart, each one of us is part of her heart, and therefore endowed with a certain measure of cosmic pain. You are sharing in the totality of that pain. You are called upon to meet it in joy instead of self-pity."

+/+ COMT V158M, COMT H62H, VDR Bsm, MAO-A R297R, MTRR A66G, BHMT-02, BHMT-04, BHMT-08

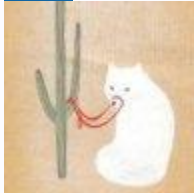
+/- MTHFR C677T, MTHFR 03 P39P, MTHFR A1298C, MTR A2756G, MTRR A664A, CBS A360A

[#21](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 7, 2013](#)

[Report](#)



[mabelark](#)

Messages

21

Likes

10

Location

[Sweden](#)

[adreno said:](#)

Pantethine should be an inhibitor of prolactin, by the way. I use it with pregnenolone and DHEA. I haven't done any tests, but libido is good.

May I ask what dosage of pantethine you are/were taking, adreno?

Has any else had success with countering amisulpride's prolactin effects by taking pantethine?

+/- COMT V158M, COMT H62H, MAO A R297R, BHMT-08

+/- VDR Bsm, VDR Taq, MTHFR C677T, MTHFR A1298C, MTRR H595Y, MTRR K350A, MTRR A664A, BHMT-02, BHMT-04, CBS C699T, CBS A360A, SHMT1 C1420T

[#22](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 27, 2014](#)

[Report](#)



[adreno](#)

PR activist

Messages

4,841

Likes

10,921

[mabelark said:](#)

May I ask what dosage of pantethine you are/were taking, adreno?

Has any else had suces with countering amisulpride's prolactin effects by taking pantethine?

Actually I am no longer sure it's effective. I read a study saying that it only works with IV pantethine, not oral. I haven't had any tests, so I can't say for sure. The following list of prolactin inhibitors are likely more effective:

[Prolactin Inhibitor Supplements Set](#)

[#23](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 27, 2014](#)

[Report](#)

Likes:[mabelark](#)



[mabelark](#)

Messages

21

Likes

10

Location

[Sweden](#)

[adreno said:](#)

Actually I am no longer sure it's effective. I read a study saying that it only works with IV pantethine, not oral. I haven't had any tests, so I can't say for sure. The following list of prolactin inhibitors are likely more effective:

[Prolactin Inhibitor Supplements Set](#)

Thanks for the update, adreno.

Seeing as I'm currently getting 400IU E, 30mg Zinc and 30mg B6, I will try and add 50 mg P5P.

+/- COMT V158M, COMT H62H, MAO A R297R, BHMT-08

+/- VDR Bsm, VDR Taq, MTHFR C677T, MTHFR A1298C, MTRR H595Y, MTRR K350A, MTRR A664A, BHMT-02, BHMT-04, CBS C699T, CBS A360A, SHMT1 C1420T

[#24](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 27, 2014](#)

[Report](#)



[alice111](#)

Senior Member

Messages

397

Likes

328

Location

[Canada](#)

[@Hip](#) you may have said this but I'm wondering can you take amisulpride on an as needed basis, or does it have to be taken daily? Thanks

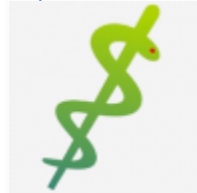
Age 24. Sick since 2009. housebound/bedridden; Hashimoto's, orthostatic intolerance, ME; COMT H262H+/-, COMT 61+/-, VDR Taq+/-, VDR Fok+/-, MTHFR C677T+/-, MTRR A66G+/-, MTRR 11+/-, BHMT2+/-, BHMT4+/-, BHMT8+/-, CBS A360A+/-, NOS D298E+/-; On Yasko protocol since November 2013

[#25](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 26, 2015](#)

[Report](#)



[Hip](#)

Senior Member

Messages

16,509
Likes
35,770

[alice111](#) said:

[@Hip](#) you may have said this but I'm wondering can you take amisulpride on an as needed basis, or does it have to be taken daily? Thanks

Yes, I think you should be able to take as and when you need it.

I find the beneficial effects of amisulpride kick in quickly, within an hour or two of taking it. And these beneficial effects last for a good 24 hours.

The beneficial effects for me are the very significant reduction in irritability symptoms (it almost eliminates my irritability), a substantial reduction in the ME/CFS noise sensitivity (although this is not entirely eliminated), and I find amisulpride improves sociability: it makes you enjoy being with people more.

So I think it should be possible to take amisulpride just on the days when you have say more sound sensitivity than normal, or more irritability than normal.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#26](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 27, 2015](#)

[Report](#)

Likes: [Sancar](#)



[alice111](#)

Senior Member

Messages

397

Likes

328

Location

[Canada](#)

[@Hip](#) ok thanks thats really helpful. its a prescription right? do you get it prescribed by your regular doc? cus it seems like (from wiki) that its a psych drug.. can my GP prescribe it.. I dont know if she will feel comfortable.

ps feel free to PM me if this too personal

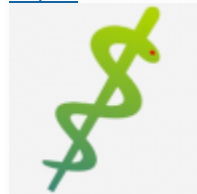
Age 24. Sick since 2009. housebound/bedridden; Hashimoto's, orthostatic intolerance, ME; COMT H262H+/-, COMT 61+/-, VDR Taq+/-, VDR Fok+/-, MTHFR C677T+/-, MTRR A66G+/-, MTRR 11+/-, BHMT2+/-, BHMT4+/-, BHMT8+/-, CBS A360A+/-, NOS D298E+/-; On Yasko protocol since November 2013

[#27](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 29, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

I buy amisulpride 50 mg tablets online from prescription-free pharmacies (and then break the tablet into quarters). There are links to some pharmacies that sell amisulpride in the first post of this thread.

I am not sure how readily your GP will prescribe it, but it cannot hurt to ask I guess. I should really ask my own GP if he will prescribe it, just to save money. But in fact amisulpride works out to be very economical when you only take 12.5 mg each day, because then one box of 100 x 50 mg tablets (which costs around \$50) will last over a year.

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#28](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 29, 2015](#)

[Report](#)

Likes: [Sancar](#)



Marco

Grrrrrr!

Messages

2,386

Likes

3,222

Location

[Near Cognac, France](#)

Hi [@Hip](#)

Are you still taking amisulpride?

This might be relevant to your 'mental firewall' comments :

Influence of Aripiprazole, Risperidone, and Amisulpride on Sensory and Sensorimotor Gating in Healthy 'Low and High Gating' Humans and Relation to Psychometry

<http://www.researchgate.net/profile...sychometry/links/54d5e2370cf25013d02c0233.pdf>

#29

[Like](#) [Quote](#) [Reply](#)

[Apr 26, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

@Marco

Yes, I have been taking amisulpride 12.5 mg daily for a few years now.

I was terribly irritable before I discovered amisulpride. I had irritability almost to autism levels. Amisulpride really helps this a lot. That is the main reason I take it. Any ME/CFS patient that often feels grumpy and irritable (irritability is a listed symptom of ME/CFS) might also find amisulpride alleviates this unpleasant mental state.

It does help with sound sensitivity (hyperacusis) as well, and also has antidepressant, energy-boosting and brain fog alleviating effects I find.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

#30

[Like](#) [Quote](#) [Reply](#)

[Apr 26, 2015](#)

[Report](#)

Likes: [stephano75](#), [Marco](#) and [merylg](#)



TheChosenOne

Senior Member

Messages

209

Likes

77

Are there natural supplements that have a similar effect?

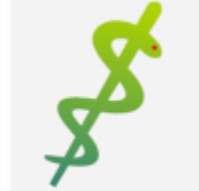
The illiterate of the 21st century will not be those who cannot read and write, but those who cannot unlearn the many lies they've been taught to believe.

[#31](#)

[Like](#) [Quote](#) [Reply](#)

[Aug 31, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[TheChosenOne](#) said:

Are there natural supplements that have a similar effect?

Not as far as I am aware, but you may want to research it.

Very low dose amisulpride in effect acts like an agonist of the dopamine D2 and D3 receptors (very low dose amisulpride works on the dopamine autoreceptors, which has the effect of stimulating the receptor).

So to simulate very low dose amisulpride's effects, you'd need one or more supplements that can do that.

D2 agonists listed [here](#); D3 agonists listed [here](#). As you can see, the only natural substance listed is salvinorin A, which is a partial D2 agonist. Salvinorin A is found in Salvia divinorum, a herb which is feasible to use in low doses, but at normal doses is a potent psychedelic / dissociative.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#32](#)

[Like](#) [Quote](#) [Reply](#)

[Aug 31, 2015](#)

[Report](#)

Likes: [TheChosenOne](#)



TheChosenOne

Senior Member

Messages

209

Likes

77

[Hip said:](#)

the only natural substance listed is salvinorin A

Isn't LSD natural as well? I know some people use it to relieve anxiety.

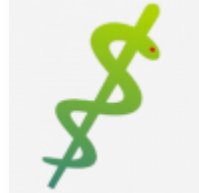
The illiterate of the 21st century will not be those who cannot read and write, but those who cannot unlearn the many lies they've been taught to believe.

[#33](#)

[Like](#) [Quote](#) [Reply](#)

[Aug 31, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[TheChosenOne said:](#)

Isn't LSD natural as well? I know some people use it to relieve anxiety.

LSD is semisynthetic, famously first synthesized by Albert Hofmann.

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#34](#)

[Like](#) [Quote](#) [Reply](#)

[Aug 31, 2015](#)

[Report](#)



ovideo1978

Messages

5

Likes

1

Hello hip, I have depression and I want tried Amisulpride, one time to 8 mg my depression was worse with sleep tendence after 30 minutes (although amisulpride doesnt sedate), another time to 20 mg I had nothing bad also even a increase libido after one hour, another time to 0.5 mg I was very irritable only.

Last night I tryed again 20 mg and no effects appeared, perhaps only my sleep went away, I want have the good mood and the increase. Libido from dopamine, what should I do ? To

take every day 20 or less ?

For. Example when I had good libido with 20 last year, next day I tok 12 mg and all was worse also libido down and mood too, also I stopped taking it, I understand nothing.

I didnt take more than one day because what was happened.

I am waiting for your answer.

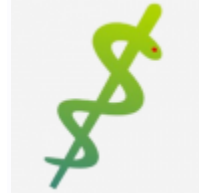
Last edited: Nov 1, 2015

[#35](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 1, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[@ovideo1978](#)

I take ¼ of a 50 mg tablet of amisulpride each morning, and the antidepressant effects appear in two hours.

If very low dose amisulpride does not work for you, you may want to try another antidepressant, such as an SSRI drug, or TCA drug. You can also try high dose inositol (15 grams daily), as this can be a good antidepressant.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#36](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 1, 2015](#)

[Report](#)



ovideo1978

Messages

5

Likes

1

I understood but the problem is that in 2012 worked 20 mg for a day, and in another day too in 2012 worked 100 mg better giving a comfortable feeling, how ?!

Also for 23 hours ago I tok 20 mg Amisulpride (also 01-11-2015 at 00 AM) , today morning also after 10 hours from intake I had a uncomfortable mood, I had before too but not so bad, is the dose to high ?

At 4:00 AM also after 5 hours, my plasma level of Amisulpride will be 5 mg.

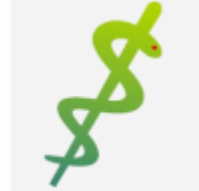
A 5 mg dose how it is ?

[#37](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 1, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[@ovideo1978](#)

I do not understand the question you are asking.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#38](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 1, 2015](#)

[Report](#)



ovideo1978

Messages

5

Likes

1

I said that after 20 mg Amisulpride, today I was felling some bad, also is the dose too much ?

5 mg cand be a good very low dose ?

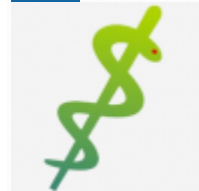
How worked in 2012 20 mg and 100, and now not ?!

[#39](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 1, 2015](#)

[Report](#)



Hip

Senior Member
Messages 16,509
Likes 35,770

[ovideo1978 said:](#)

How worked in 2012 20 mg and 100, and now not ?!

Difficult to say.

I found the effects of drugs can change over the years. For example, when I first took the drug pramipexole, it had an antidepressant effect. But a few years later, pramipexole stopped acting as an antidepressant for me.



[Naibaf](#)

Messages 7
Likes 2

Im living in Germany and searching for a few amisulpride samples (fast shipping from europe), my irritability is to the roof and only ritalin helps but only 3 hours.

Would, of course, pay for it.

Please write me.

[#41](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 18, 2015](#)

[Report](#)



[Valentijn](#)

Senior Member
Messages 15,786
Likes 45,665

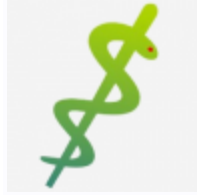
[@Naibaf](#) - It would be illegal for someone to provide you with a prescription drug which they have obtained.

[#42](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 18, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[Naibaf said:](#)

Im living in Germany and searching for a few amisulpride samples (fast shipping from europe), my irritability is to the roof and only ritalin helps but only 3 hours.

In the first post of this thread, there is a list of online pharmacies where you can buy amisulpride without needing a prescription.

For irritability symptoms, see also this thread: [List of Biochemical Causes for Irritability](#)

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#43](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 18, 2015](#)

[Report](#)

Likes: [Sancar](#) and [TheChosenOne](#)



ovideo1978

Messages

5

Likes

1

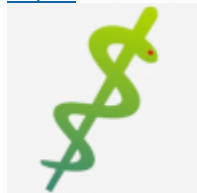
Is a farmacy from begin of this tread wo send from a Europe Country (EU) ? Because I am in a Europe country and if they send too from a EU country, i have not problems with custom office.

[#44](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 18, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[ovideo1978](#) said:

Is a pharmacy from begin of this tread wo send from a Europe Country (EU) ? Because I am in a Europe country and if they send too from a EU country, i have not problems with custom office.

You can try: <http://www.internationaldrugmart.eu/pharmacy/us/amisulpride.html>

But I don't know which country they ship drugs from. And they don't ship to Germany.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#45](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 18, 2015](#)

[Report](#)



ovideo1978

Messages

5

Likes

1

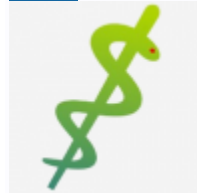
Thx, normal they must say from where they send because is very important for the receiver in Europa, when they doesn't send from a EU country, is problem for the receiver to custom office, when they send from a EU country, the receiver receive the packet home without problems.

[#46](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 18, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[@ovideo1978](#)

So why don't you write to them and ask if they can ship from Europe.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#47](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 18, 2015](#)

[Report](#)



ovideo1978

Messages

5

Likes

1

Yes, they send from India, i asked.

Have someone idea which prescriptionfree parhmacly sells Buprenorphine (Suboxone, Subutex) ? For me is very good in very low doses for depression.

Or Pentobarbital (Nembutal) 100 mg pills who sell.

[#48](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 18, 2015](#)

[Report](#)

Likes:[frozenborderline](#)



Joakim

Messages

4

Likes

2

I'm going to be starting on amisulpride very soon, i'm very excited after reading how effective it can be as an antidepressant. However, i've also read about the infamous "poop out". I'm wondering if anyone here has managed to stay on amisulpride for a long time without experiencing it pooping out. If so, how did you do it? Do you take it every day, every other day?

[#49](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 30, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[Joakim said:](#)

However, i've also read about the infamous "poop out". I'm wondering if anyone here has managed to stay on amisulpride for a long time without experiencing it pooping out.

I have used very low dose amisulpride daily for several years without any loss of effect.

Remember that **very low dose amisulpride** can almost be thought of as a different drug to **amisulpride**: the former *activates* dopamine D2 and D3 receptors, whereas the latter does the reverse and *inhibits* these same receptors.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#50](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 30, 2015](#)

[Report](#)



Joakim

Messages

4

Likes

2

[Hip said:](#)

I have used very low dose amisulpride daily for several years without any loss of effect.

Remember that **very low dose amisulpride** can almost be thought of as a different drug to **amisulpride**: the former *activates* dopamine D2 and D3 receptors, whereas the latter does the reverse and *inhibits* these same receptors.

Did you start amisulpride by taking 12,5 mg daily? Or did you taper down? From what i've read, a lot of people experience a massive improvement within the first few days on amisulpride. Which then fades, but comes back again after a couple of weeks. Did you experience this?

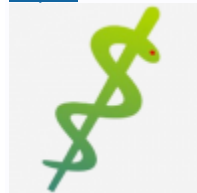
Last edited: Nov 30, 2015

[#51](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 30, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

I have only ever taken 12.5 mg, and I also experimented with 25 mg, but found that reduced motivation, and increased mental inertia.

When you refer to people's experiences of amisulpride, are you talking about the very low dose regimen, the lower dose regimen, or the normal dose regimen?

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#52](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 30, 2015](#)

[Report](#)



Joakim

Messages

4

Likes

2

[Hip said:](#)

I have only ever taken 12.5 mg, and I also experimented with 25 mg, but found that reduced motivation, and increased mental inertia.

When you refer to people's experiences of amisulpride, are you talking about the very low dose regimen, the lower dose regimen, or the normal dose regimen?

I don't know what dose they were taking exactly, i think between 12,5 mg and 50 mg. They said it takes like 3 or 4 weeks for the improvements to come back after it fades within the first days of starting it. This makes me wonder if i should stay on 12,5 mg for at least 6 weeks before i try a higher dose. When did amisulpride kick in for you?

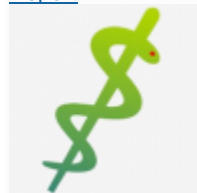
By the way, are the amisulpride pills easy to split? Or do you have to use some clipper of sort?

[#53](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 30, 2015](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

For me 12.5 mg of amisulpride kicks in quickly: I feel the antidepressant, etc, effects of this drug appear within 2 hours or so of taking it. These effects then last for a good 24 to 36 hours.

Thus I could if I wanted to just take this drug on the days I feel I need it. However, because I find this drug so beneficial, I end up taking it every day. It works as well for me now as it did the very first time I took it. Never notice any tolerance build-up.

Last edited: Dec 5, 2015

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[#54](#)

[Like](#) [Quote](#) [Reply](#)

[Nov 30, 2015](#)

[Report](#)



darkbarker

Messages

3

Likes

2

reecal interested in this stuff. thanks for mentioning it hip.

seems like it would cause similar mood-enhancing effects as dopaminergics w/o the habituation and down-regulation. sweet.

[#55](#)

[Like](#) [Quote](#) [Reply](#)

[Dec 5, 2015](#)

[Report](#)



Thomas

Senior Member

Messages

325

Likes

438

Location

[Canada](#)

I received some amisulpride in the mail this morning along with several other drugs I plan on experimenting with. Typically, before I try a drug, I add all the drugs I'm taking into an online drug interaction checker so I don't accidentally kill myself. But since this drug isn't available in Canada or the US yet, I can't find an interaction checker that recognizes the drug.

I suppose I could add another atypical antipsychotic, but I'm not sure if they behave the same way. So my question is, do you think this medication will interact negatively with Wellbutrin? Amisulpride is a dopamine antagonist and Wellbutrin plays with the dopamine system as well. I also take the occasional stimulant like Modafinil and very rarely a lick of amphetamine.

[@Hip](#) I assume you take this medication in the daytime?

[#56](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 19, 2016](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

I take it first thing in the morning, once daily, at a dose of 12.5 mg (a quarter of a 50 mg tablet).

Some of amisulpride's drug interactions are listed [here](#).

There is a drug interactions checker [here](#) that recognizes amisulpride.

There is a major drug interaction between [risperidone](#) (another atypical anti-psychotic) and bupropion. But could not find any interaction between bupropion and amisulpride.

Note also that 12.5 mg daily is a very low dose amisulpride protocol. The maximum dose of amisulpride is 1200 mg, so any interactions at 12.5 mg daily will likely be a lot less significant than at the max dose.

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[#57](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 19, 2016](#)

[Report](#)

Likes: [Thomas](#)



[Thomas](#)

Senior Member

Messages

325

Likes

438

Location

[Canada](#)

[Hip said:](#)

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Note also that 12.5 mg daily is a very low dose amisulpride protocol. The maximum dose of amisulpride is 1200 mg, so any interactions at 12.5 mg daily will likely be a lot less significant than at the max dose.

Cheers, thanks Hip. I'm going to save that interaction checker. I have a few Goldstein meds to try first, but should get around to the Amisulpride shortly. Thanks again.

[#58](#)

[Like](#) [Quote](#) [Reply](#)

[Jan 19, 2016](#)

[Report](#)



[Tabitha](#)

Messages

37

Likes

18

[Hip said:](#)

I take it first thing in the morning, once daily, at a dose of 12.5 mg (a quarter of a 50 mg tablet).

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There is a drug interactions checker [here](#) that recognizes amisulpride.

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Note also that 12.5 mg daily is a very low dose amisulpride protocol. The maximum dose of amisulpride is 1200 mg, so any interactions at 12.5 mg daily will likely be a lot less significant than at the max dose.

[#59](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 19, 2016](#)

[Report](#)



[Tabitha](#)

Messages

37

Likes

18

Any opinions whether amisulpride or ability works better for anxiety (accompanies other chronic fatigue symptoms)

I am using Abilify but wonder if amisulpride would work better.

Which online site did you purchase amisulpride from?



[JES](#)

Senior Member

Messages

1,166

Likes

2,716

I would recommend staying far away from anti-psychotics for treating anxiety, not least because these drugs have serious side effects. The way [@Hip](#) uses Amisulpride makes sense, as it acts as a dopamine agonist at low dosage. At a normal dosage, this drug will act completely different and most likely be counter-productive for treating any anxiety symptoms. Abilify, I'm not sure if it has this inverse dopamine receptor effect of Amisulpride, so even at low dosage it could be totally useless for anxiety.

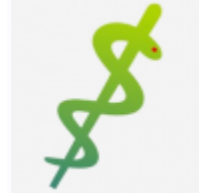
[#61](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 19, 2016](#)

[Report](#)

Likes:[Hipsman](#), [Stretched](#), [Rvanson](#) and 1 other person



Hip

Senior Member

Messages

16,509

Likes

35,770

[Tabitha said:](#)

I am using Abilify but wonder if amisulpride would work better.

I tried Abilify (aripiprazole), but found it over-stimulated me a bit, but other than that its effect were similar to very low dose amisulpride. However, I only tried one 1.25 mg tablet of Abilify, which due to the long half life of Abilify (75 hours), had effects that lasted for almost a week. So I don't have that much experience of Abilify, apart from this one test.

[Tabitha said:](#)

Which online site did you purchase amisulpride from?

See the pharmacies in the first post of this thread.

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

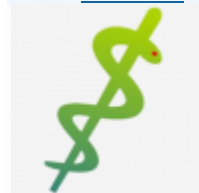
[#62](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 19, 2016](#)

[Report](#)

Likes:[Stretched](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[JES said:](#)

I would recommend staying far away from anti-psychotics for treating anxiety, not least because these drugs have serious side effects.

Generally speaking what [@JES](#) says is good advice. Because of serious side effects (like triggering diabetes), atypical anti-psychotics are only used to treat anxiety if other anti-anxiety medications have failed.

I use very low dose amisulpride because it helps treat the significant irritability symptoms I have, which actually are a very unpleasant symptom, and makes me more sociable (reduces the tendency to social withdrawal). Also, I also find very low dose amisulpride is one of the few antidepressants that work for me. And it does a good job in reducing the ME/CFS sound sensitivity symptom. So for me offers a number of very useful benefits.

The atypical anti-psychotics can be classified in relation to their risk of triggering diabetes. The ones with the highest risk of inducing diabetes are Clorazil (clozapine) and Zyprexa (olanzapine). Medium risk are Seroquel (quetiapine) and Risperdal (risperidone).

But Abilify (aripiprazole) and Geodon (ziprasidone) are low risk (they are not considered a diabetes risk). Ref: [here](#).

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#63](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 19, 2016](#)

[Report](#)

Likes:[Stretched](#)



Tabitha

Messages

37

Likes

18

My worst anxiety symptom is irritability. I'm not sure if that's actually anxiety, but it's a frustrating symptom nevertheless. And regular anxiety drugs, like the ssris, don't seem to improve it that much. And abilify at 2 mg is helping, but a lot of it is being cancelled out by the "overstimulation" effect that Hip mentioned. I feel kind of manic, although I'm not bipolar,

but I'm just guessing that's what it would feel like... I'm also concerned with sexual function. Abilify seems to be increasing the drive, but sexual function isn't better and might be worse. But abilify has worked better than any other med on one symptom that's rather annoying....obsessing over health problems. While it's important to find answers, it's counterproductive to actually finding them if you can't stop obsessing.

That's really interesting that abilify has that long of a half-life. That explains why when I ran out and had to skip a day or two I didn't feel much different for most of the time. That gives me an idea that I might try cycling the abilify or maybe the amisulpride if I decide to try that. The one thing that sounds more intriguing about amisulpride is that it helps you enjoy being around people more, and I don't notice much improvement with that on abilify. Being drained by people is depressing. The most useful things abilify's helped me with are overthinking and focus.

[#64](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 20, 2016](#)

[Report](#)



stephano75

Messages

37

Likes

38

Such an interesting thread! I've been convinced about the role of dopamine in me/cfs (at least my version) for many years, but unable to find a sustainable way to address it. Thanks for all the insights [@Hip](#)

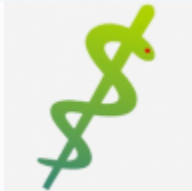
[#65](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 12, 2017](#)

[Report](#)

Likes: [Stretched and Hip](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[stephano75 said:](#)

I've been convinced about the role of dopamine in me/cfs (at least my version) for many years, but unable to find a sustainable way to address it.

Some other dopaminergic drugs are detailed in [this post](#).

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#66](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 12, 2017](#)

[Report](#)

Likes:[Stretched](#) and [stephano75](#)



[stephano75](#)

Messages

37

Likes

38

[Hip](#) said:

Some other dopaminergic drugs are detailed in [this post](#).

Thanks for that.

I'm about to try a low dose of selegiline...but if that's not useful I think amisulpride is another for me to try.

Cheers,

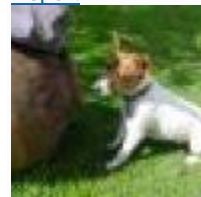
S.

[#67](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 15, 2017](#)

[Report](#)



[Jill](#)

Senior Member

Messages

209

Likes

715

Location

[Auckland, NZ](#)

Thank you for your insights [@Hip](#) . I describe my brain as being constipated when coming back from social interactions and it takes days to undo no matter how hard I've tried to let things flow over me. I completely 'get' what you are saying. I also find it easier to do things by myself for the same reason. It's like forced isolation is the only way of getting anything done and I hate it !! It bizzare . I'm glad to have stumbled onto this . Thanks again

#68

[Like](#) [Quote](#) [Reply](#)

[Feb 15, 2017](#)

[Report](#)

Likes: gm286, pattismith and xrayspex



flitza

Senior Member

Messages

144

Likes

213

[Hip said:](#)

Some other dopaminergic drugs are detailed in [this post](#).

Are you still using the Amisulpride with good results?

#69

[Like](#) [Quote](#) [Reply](#)

[Feb 26, 2017](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[flitza said:](#)

Are you still using the Amisulpride with good results?

I use it every day, and it continues to work well.

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

#70

[Like](#) [Quote](#) [Reply](#)

[Feb 26, 2017](#)

[Report](#)

Likes: Stretched and flitza



flitza

Senior Member

Messages

144

Likes

213

I'll think about integrating it into my regimen. Just getting started with SMP, NAG (and the others recommended in your thread about anxiety) and trying not to start too many things at once.

Hate the anhedonia though.

[#71](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 26, 2017](#)

[Report](#)

Likes: [Stretched and Hip](#)



Harro

Messages

1

Likes

0

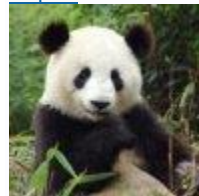
What's the difference between the mechanisms of amphetamine and amisulpride. I'm asking because amphetamine almost makes me more stress/depressed. Could be some sort of sensitivity to norepinephrine. Also, does amisulpride increase norepinephrine?

[#72](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 28, 2017](#)

[Report](#)



JES

Senior Member

Messages

1,166

Likes

2,716

[Harro said:](#)

What's the difference between the mechanisms of amphetamine and amisulpride. I'm asking because amphetamine almost makes me more stress/depressed. Could be some sort of sensitivity to norepinephrine. Also, does amisulpride increase norepinephrine?

Amphetamine is a stimulant and amisulpride an atypical antipsychotic, I don't think you can compare the two. Amisulpride primarily affects dopamine receptors, and in a different way depending on whether you use a low or a high dose. I'm not aware that it has any effect on norepinephrine.

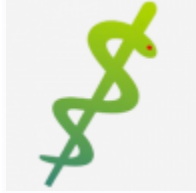
[#73](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 28, 2017](#)

[Report](#)

Likes: [Stretched](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[Harro said:](#)

Also, does amisulpride increase norepinephrine?

Amisulpride's receptor binding affinity profile is given [here](#) (smaller numbers mean stronger binding). As you can see, it does not really bind to norepinephrine receptors, and I don't think it alters norepinephrine levels very much either (it weakly increases norepinephrine; ref: [1](#)).

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[#74](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 28, 2017](#)

[Report](#)



flitza

Senior Member

Messages

144

Likes

213

[Hip said:](#)

I use it every day, and it continues to work well.

With respect to the NAG: I ordered some of the non-shellfish (I hope) from Swanson. Do you recommend starting with a whole capsule or trying to divide it up at first? I'm horribly sensitive to meds and supps and feeling so miserable with the anxiety that I'm nervous about trying anything new.

The cromolyn sodium helps a lot and quickly but doesn't last long. Couldn't tolerate the flaxseed oil (got diarrhea) and not sure if the turmeric is doing much.

[#75](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 28, 2017](#)

[Report](#)

Likes: [Stretched](#)



[Stretched](#)

Senior Member

Messages

665

Likes

802

Location

[U.S. South](#)

FWIW, I am an Amisulpride advocate, having followed [@Hip](#)'s analysis and having similar symptoms.

It does the same for me as above, but I use it in 50mg units once a day in am. (I mistakenly bought the only size this supplier had, 400mg, and 1/8's are the smallest 'slices' w/o powdering the pill, but divides fine with a standard, ubiquitous plastic pill slicer.)

With a favorable side effect, it allows me to walk away from Sertraline without titration (take it or leave it), and has a similar effect with clonazepam, which I have taken for 30 years, minimally. I do wonder if there is an inherent withdrawal potential w/Amis since it is has such noticeable efficacy? No need at present to withdraw - only if something 'non-redundant' falls off...

[#76](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 28, 2017](#)

[Report](#)



[Kenny Banya](#)

Senior Member

Messages

356

Likes

580

Location

[Australia](#)

[Hip said:](#)

I have been taking very low doses (12.5 to 25 mg daily) of the drug **amisulpride** for around a year now, and I have found this drug quite helpful for a number of mental and cognitive symptoms that arise in ME/CFS and its comorbid conditions like depression and anxiety disorder.

At very low doses, amisulpride is known to act as an:

Antidepressant treatment

Anti-anhedonia treatment

Anti-anxiety treatment

I have also found that very low dose amisulpride also:

Reduces ME/CFS **noise sensitivity** symptoms

Greatly reduces ME/CFS **irritability** symptoms

Improves **sociability**

Treats **anxiety psychosis** symptoms (anxiety psychosis from anxiety disorder)

Improves **attention deficit-hyperactivity disorder** (ADHD)

I have all the above conditions, and so I found amisulpride particularly useful.

[This small scale study](#) of the benefits of amisulpride for ME/CFS found that 25 mg of this drug taken twice daily reduced fatigue and somatic complaints.

Amisulpride is not licensed in the US, but it can be obtained from the usual overseas suppliers. I believe the smallest available size of amisulpride tablets is 50 mg, so you will need to cut these 50 mg tablets in half or in quarters if you want to take the very lowest doses of 25 mg and 12.5 mg.

BUYING AMISULPRIDE:

Amisulpride can be bought prescription-free from any of the following pharmacies:

[1](#) , [2](#) , [3](#) , [4](#) , [5](#) , [6](#) , [7](#) , [8](#) .

Amisulpride can also be bought in powder form at [TrueLife Research](#).

Spoiler: More Info on the Unique Advantages of Amisulpride ([Click Here](#))

I started taking 25mg, but only in the morning as agitation is a side effect

Day number 4

[#77](#)

[Like](#) [Quote](#) [Reply](#)

[Apr 1, 2017](#)

[Report](#)

Likes: [Marylib](#), [pattismith](#) and [Abha](#)



[Tunguska](#)

Senior Member

Messages

516

Likes

513

Hi [@Hip](#), do you know what kind of dose this represents if they say they test cells with "1 μ M"?

To test whether the observed Akt activation was specific to haloperidol, we tested 1 μ M amisulpride ([Fig. 1E](#)), an atypical antipsychotic drug with a different affinity profile, and found that this concentration of amisulpride also increased phosphorylated Akt and phosphorylated S6, indicating activation of the mTORC1 pathway. Thus, haloperidol and amisulpride activated the Akt-mTORC1 pathway and its downstream effectors of translation within 20 minutes, suggesting a role for the mTORC1 pathway in the acute mechanism of action of typical and atypical antipsychotics.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4063438/>

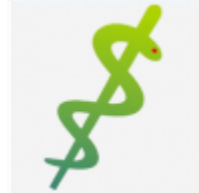
[#78](#)

[Like](#) [Quote](#) [Reply](#)

[May 6, 2017](#)

[Report](#)

Likes: [adreno](#) and [eljefe19](#)



[Hip](#)

Senior Member

Messages

16,509

Likes

35,770

[Tunguska said:](#)

Hi [@Hip](#), do you know what kind of dose this represents if they say they test cells with "1 μ M"?

There is no easy way to reliably convert from in vitro micromolar (μM) concentrations to an oral dose in grams. However, for a rough and ready way, you can use my own "home made" formula: Oral dose = $C \times M / (B \times 250)$, which is explained in the second part of [this post](#).

But to save you the trouble, by my calculation using that formula, 1 μM amisulpride works out to a human oral dose of around 30 mg.

However, one proviso is that the formula is only valid for water soluble drugs, and amisulpride has poor water solubility (0.293 mg/mL). The 30 mg figure is probably roughly correct, though, as a ballpark figure.

EDIT: the above formula is not quite right, as it does not account for plasma protein binding. A more correct one which does is oral dosage in milligrams = $400 \times C \times W / (B \times (100 - P))$. See [this post](#). Using that formula, a human oral dose of around 40 mg will achieve a free concentration of 1 μM amisulpride in the blood.

Last edited: Aug 14, 2021

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[#79](#)

[Like](#) [Quote](#) [Reply](#)

[May 6, 2017](#)

[Report](#)

Likes: [Tunguska](#)



[Tunguska](#)

Senior Member

Messages

516

Likes

513

Thanks very much, bad math can ruin a day and then I thought "I bet Hip already figured it out". Right on the money. I'll actually use that later.

I still need to actually try amisulpride (been putting it off for... at least 3 years... but now it's looking a lot better than herbs)



[Kenny Banya](#)

Senior Member

Messages

356

Likes

580

Location

[Australia](#)

Stopped taking it - no benefit whatsoever

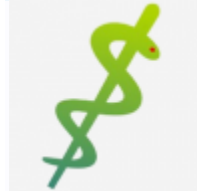
[#81](#)

[Like](#) [Quote](#) [Reply](#)

[May 7, 2017](#)

[Report](#)

Likes: [Marylib](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[Stretched said:](#)

Any thoughts on LDN vs Celebrex?

These are quite different. I don't think you can really compare them. Celebrex can cause serious side effects like stomach perforation.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#82](#)

[Like](#) [Quote](#) [Reply](#)

[May 7, 2017](#)

[Report](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[@Stretched](#) You'd have to check with a drugs interactions checker to see if there are any concerns mixing those drugs.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#83](#)

[Like](#) [Quote](#) [Reply](#)

[May 7, 2017](#)

[Report](#)



willg

Messages

15

Likes

6

[Hip said:](#)

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Anti-anhedonia treatment

Anti-anxiety treatment

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Improves **sociability**

Treats **anxiety psychosis** symptoms (anxiety psychosis from anxiety disorder)

Improves **attention deficit-hyperactivity disorder** (ADHD)

I have all the above conditions, and so I found amisulpride particularly useful.

[This small scale study](#) of the benefits of amisulpride for ME/CFS found that 25 mg of this drug taken twice daily reduced fatigue and somatic complaints.

Amisulpride is not licensed in the US, but it can be obtained from the usual overseas suppliers. I believe the smallest available size of amisulpride tablets is 50 mg, so you will need to cut these 50 mg tablets in half or in quarters if you want to take the very lowest doses of 25 mg and 12.5 mg.

I find 12.5 mg is a good dose for me; if I go up to 25 mg, it seems to make me a bit torpid and unmotivated.

UPDATE: **Dopamine system stabilization** drugs such as amisulpride and aripiprazole have been shown to benefit ME/CFS when taken in combination with an antidepressant — see [this post](#).

Note that amisulpride is not the only antipsychotic that may show benefit in ME/CFS: [quetiapine](#) (Seroquel) is also used in ME/CFS and fibromyalgia for treating pain and improving sleep (as well as helping depression).

BUYING AMISULPRIDE:

Amisulpride can be bought prescription-free from any of the following pharmacies:

[1](#) , [2](#) , [3](#) , [4](#) , [5](#) , [6](#) , [7](#) , [8](#) .

Amisulpride can also be bought in powder form at [TrueLife Research](#).

Spoiler: More Info on the Unique Advantages of Amisulpride (Click Here)

Click to expand...

Thanks. I can't see that (m)any primary ME-CFS symptoms are being redressed by this drug. Seems like it's better suited to treat other disorders.

[#84](#)
[Like](#) [Quote](#) [Reply](#)
[Feb 25, 2019](#)
[Report](#)



[Stretched](#)

Senior Member

Messages

665

Likes

802

Location

[U.S. South](#)

[Stretched said:](#)

FWIW, I am an Amisulpride advocate, having followed [@Hip](#)'s analysis and having similar symptoms.

It does the same for me as above, but I use it in 50mg units once a day in am. (I mistakenly bought the only size this supplier had, 400mg, and 1/8's are the smallest 'slices' w/o powdering the pill, but divides fine with a standard, ubiquitous plastic pill slicer.)

With a favorable side effect, it allows me to walk away from Sertraline without titration (take it or leave it), and has a similar effect with clonazepam, which I have taken for 30 years, minimally. I do wonder if there is an inherent withdrawal potential w/Amis since it is has such noticeable efficacy? No need at present to withdraw - only if something 'non-redundant' falls off...

In all candor I have to report stopping Amisulpride. This past Christmas, 2018, I picked up a case of tremors, as in hands shaking. In reviewing meds it showed this as a possible side effect of antipsychotics. Coincidentally, in the same time frame my peripheral neuropathy in my feet flared into severe pain. I don't know if any of this is connected to the underlying neurological nature of MECFS, casual or causal. I immediately stopped Amisulpride and am scheduled to see a neurologist soon for further evaluation.

[#85](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 25, 2019](#)

[Report](#)

Likes: [Marylib and Hip](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[willg said:](#)

I can't see that (m)any primary ME-CFS symptoms are being redressed by this drug.

The study showed very low dose amisulpride substantially reduced ME/CFS **fatigue** and somatic complaints like **pain** (I've altered the first post to make this clearer).

I also found it reduced the ME/CFS **sound sensitivity** of ME/CFS, which is a common

symptom. And it helped with **anxiety** and **depression**, which around 1 in 3 ME/CFS patients suffer from as a comorbid condition. And I found it worked wonders for **irritability**, which is a listed ME/CFS symptom in some ME/CFS classifications (this is not surprising, as the irritability of autism is treated with antipsychotics).

But even at very low doses, this is still an antipsychotic drug, so you would want to familiarize yourself with the major side effects of antipsychotics can cause before considering this drug.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#86](#)

[Like](#) [Quote](#) [Reply](#)

[Feb 25, 2019](#)

[Report](#)

Likes:[Stretched](#) and [Abha](#)



[stefanosstef](#)

Senior Member

Messages

528

Likes

1,299

[Stretched said:](#)

In all candor I have to report stopping Amisulpride. This past Christmas, 2018, I picked up a case of tremors, as in hands shaking. In reviewing meds it showed this as a possible side effect of antipsychotics. Coincidentally, in the same time frame my peripheral neuropathy in my feet flared into severe pain. I don't know if any of this is connected to the underlying neurological nature of MECFS, casual or causal. I immediately stopped Amisulpride and am scheduled to see a neurologist soon for further evaluation.

Would you mind sharing what happened eventually? Was your case of tremors caused by amisulpride?

[#87](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 16, 2019](#)

[Report](#)

Likes:[Marylib](#)



[Stretched](#)

Senior Member

Messages

665

Likes

802

Location

[U.S. South](#)

[stefanosstef](#) said:

Would you mind sharing what happened eventually? Was your case of tremors caused by amisulpride?

I've been seeing a neurologist since then as Peripheral Neuropathy in my feet began about that time. I was worried about Parkinsons Disease but he said likely not PD after some testing. It looked to him like 'Essential tremors,' one of about 10 common types (see Google). Further, he opined that they were most often caused by ingestion of other medicines. Since they still come and go with emotional stress I'm not sure he's correct. He didn't seem too concerned with narrowing down specific rx's. FWIW, my ongoing rx's include Ambien, Zoloft, and several heart medications. IMO, the cause could be Ambien, Or another cause altogether, related to the neurology of MECFS, with which he is familiar. IAE, I never went back to Amisulpride since it is known to have tremors as a side effect. It's worrisome and uncomfortable, especially when flared! I hope this helps.

[#88](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 16, 2019](#)

[Report](#)

Likes: [Marylib](#), [percyval577](#) and [stefanosstef](#)



[stefanosstef](#)

Senior Member

Messages

528

Likes

1,299

[Stretched](#) said:

I've been seeing a neurologist since then as Peripheral Neuropathy in my feet began about that time. I was worried about Parkinsons Disease but he said likely not PD after some testing. It looked to him like 'Essential tremors,' one of about 10 common types (see Google). Further, he opined that they were most often caused by ingestion of other medicines. Since they still come and go with emotional stress I'm not sure he's correct. He didn't seem too concerned with narrowing down specific rx's. FWIW, my ongoing rx's include Ambien, Zoloft, and several heart medications. IMO, the cause could be Ambien,

Or another cause altogether, related to the neurology of MECFS, with which he is familiar. IAE, I never went back to Amisulpride since it is known to have tremors as a side effect. It's worrisome and uncomfortable, especially when flared! I hope this helps.

So the tremors started while you were taking amisulpride and you still have them today, so it is quite possible that they were caused by it. the positive side of this possibility is that you reacted quickly and stopped this from progressing.

[#89](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 17, 2019](#)

[Report](#)

Likes: [Marylib](#)



[Stretched](#)

Senior Member

Messages

665

Likes

802

Location

[U.S. South](#)

[stefanosstef said:](#)

So the tremors started while you were taking amisulpride and you still have them today, so it is quite possible that they were caused by it. the positive side of this possibility is that you reacted quickly and stopped this from progressing.

Possibly, but a key point in my mind is they will cycle without Amisulpride again entering the loop. Actually, they seem to emerge at times of increased stress or anxiety. Some of the time minimal, towards unnoticeable. Do I

think Amisulpride is the etiology? A couple of years using it might have been a catalyst and opened the gate,

so to speak on the peripheral neuropathy? Or, vice versa It's not tested.

Last edited: Oct 17, 2019

[#90](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 17, 2019](#)

[Report](#)

Likes: [Marylib](#) and [stefanosstef](#)



[crowtor](#)

Messages

27

Likes

49

I noticed no one mentioned this before but if something like a 'tremor' develops from taking a drug classified as antipsychotic, it is not a 'tremor' unfortunately, it's something called 'tardive dyskinesia' . It's permanent. Good thing you stopped taking it fast. If you search videos on youtube you'll see, it could have been much worse then a tremor, had you not stopped taking it.

It's the reason I stay away from any and all 'antipsychotics'.

[#91](#)

[Like](#) [Quote](#) [Reply](#)

[Sep 4, 2020](#)

[Report](#)

Likes: [Rvanson](#) and [Stretched](#)



[Stretched](#)

Senior Member

Messages

665

Likes

802

Location

[U.S. South](#)

Geez, TD looks awful! Some shakiness still comes and goes, re above. I'm wondering if taking Zoloft for 30+ years has contributed? I've read over the years that its efficacy is questionable, maybe not worth taking. However, stopping its use completely is difficult. The residual feelings make it just not worth withdrawing.

[#92](#)

[Like](#) [Quote](#) [Reply](#)

[Sep 4, 2020](#)

[Report](#)

Likes: [Marylib](#)



[choochoo](#)

Senior Member

Messages

130

Likes

192

[Stretched](#) said:

In all candor I have to report stopping Amisulpride. This past Christmas, 2018, I picked up a case of tremors, as in hands shaking. In reviewing meds it showed this as a possible side effect of antipsychotics. Coincidentally, in the same time frame my peripheral neuropathy in my feet flared into severe pain. I don't know if any of this is connected to the underlying neurological nature of MECFS, casual or causal. I immediately stopped Amisulpride and am scheduled to see a neurologist soon for further evaluation.

Hi, may I ask, did your level of health change positive or negative after ceasing Amisulpride?

[#93](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 4, 2020](#)

[Report](#)



[Rvanson](#)

Senior Member

Messages

224

Likes

394

Location

[USA](#)

[Stretched said:](#)

Geez, TD looks awful! Some shakiness still comes and goes, re above. I'm wondering if taking Zoloft for 30+ years has contributed? I've read over the years that its efficacy is questionable, maybe not worth taking. However, stopping its use completely is difficult. The residual feelings make it just not worth withdrawing.

Zoloft is an SSRI antidepressant. I've found that most of the SSRI medications simply numb one out, or other such things. The MAOI antidepressants seem to work much better and without side effects like post SSRI loss of libido, which can be permanent like TD with the anti-psychotics. They are not used much anymore, as the young psychiatrists are scared of the so-called "Cheese Effect" they read about and trust in the newer drugs.

[#94](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 5, 2020](#)

[Report](#)

Likes: [Marylib](#)



[choochoo](#)

Senior Member

Messages

130

Likes

192

[Stretched said:](#)

In all candor I have to report stopping Amisulpride. This past Christmas, 2018, I picked up a case of tremors, as in hands shaking. In reviewing meds it showed this as a possible side effect of antipsychotics. Coincidentally, in the same time frame my peripheral neuropathy in my feet flared into severe pain. I don't know if any of this is connected to the underlying neurological nature of MECFS, casual or causal. I immediately stopped Amisulpride and am scheduled to see a neurologist soon for further evaluation.

Hi if you don't mind me asking, did you ever reduce your dose from the 50mg of amisulpride?

[#95](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 10, 2020](#)

[Report](#)



[crowtor](#)

Messages

27

Likes

49

[Rvanson said:](#)

Zoloft is an SSRI antidepressant. I've found that most of the SSRI medications simply numb one out, or other such things. The MAOI antidepressants seem to work much better and without side effects like post SSRI loss of libido, which can be permanent like TD with the anti-psychotics. They are not used much anymore, as the young psychiatrists are scared of the so-called "Cheese Effect" they read about and trust in the newer drugs.

Those are just excuses, older drug manufactures don't get paid anymore as the patent expired and generic forms became available. \$\$ is only in drugs that still have a valid patent, hence the doctors also get a % from newer drugs vs no % from the older ones.

If one had a great doctor, such doctor would even prescribe drugs that aren't manufactured anymore, with such a prescription you'd go to a specialized lab that synthesize these, made to order.

[#96](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 13, 2020](#)

[Report](#)

Likes: [Hipsman](#) and [Pyrrhus](#)



[choochoo](#)

Senior Member

Messages

130

Likes

192

[@Hip](#)

Can you let us know how amisulpride helps with PEM?

I notice you extol the mental benefefits but you mention very little about PEM?

Do you find it improves PEM? If yes, in what way and by what degree?

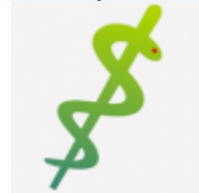
[#97](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 13, 2020](#)

[Report](#)

Likes:[Pyrrhus](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[choochoo said:](#)

Can you let us know how amisulpride helps with PEM?

I have not noticed any benefits that amisulpride might have for PEM.

[New Patient?](#) ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#98](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 13, 2020](#)

[Report](#)

Likes:[Marylib](#) and [Pyrrhus](#)



[choochoo](#)

Senior Member

Messages

130

Likes

192

Thanks for prompt reply?

This is a surprise. Because most people ive communicated with who seem to be improving claim more energy and shorter PEM.

Have you got more energy and stamina or are things just the same?

Whilst on this subject are you aware of anybody (or have you?) who has tried L-dopa ?

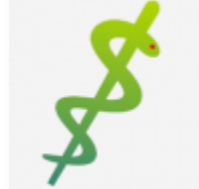
[#99](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 13, 2020](#)

[Report](#)

Likes:[Pyrrhus](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[choochoo said:](#)

Have you got more energy and stamina or are things just the same?

My symptoms which amisulpride improved are listed in the first post. This drug worked quite well for sound sensitivity and irritability, I found.

I did not notice any effects on energy or stamina, though a study found amisulpride may improve these (see 1st post).

I have not tried L-dopa.



[choochoo](#)

Senior Member

Messages

130

Likes

192

[Hip said:](#)

My symptoms which amisulpride improved are listed in the first post. This drug worked quite well for sound sensitivity and irritability, I found.

I did not notice any effects on energy or stamina, though a study found amisulpride may improve these (see 1st post).

I have not tried L-dopa.

Thanks for the info.

[#101](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 13, 2020](#)

[Report](#)

Likes: [Pyrrhus](#)



[Martink](#)

Senior Member

Messages

310

Likes

470

Hi [@Hip](#) I found this old article what I search informations about Abilify.

Note that amisulpride is not the only antipsychotic that may show benefit in ME/CFS: [quetiapine](#) (Seroquel) is also used in ME/CFS and fibromyalgia for treating pain and improving sleep (as well as helping depression).

You also tried quetiapine and compared with Amisulpride? Or its different drugs and cannot be compared?

I ask because I can provide some experience with **Quetiapine**...from 20 mg to 100 mg. I had it for a long time **combined with Mirtazapine** for my sleep disorders in last 2 years. I know that a larger dose of Quetiapine caused me hot flashes and a feeling of fainting when I got up at night and went to the toilet. But this is only experience what I have! No other results that would improve or worsen my condition...

In addition, I think what improved my sleep the most anyway is DNRS training...Im really calm now.

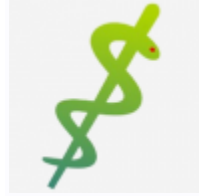
[#102](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 29, 2020](#)

[Report](#)

Likes: [Marylib](#) and [Rvanson](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[MartinK](#) said:

You also tried quetiapine and compared with Amisulpride?

I have not really tried quetiapine; I bought some, but only tested a half of a 50 mg tablet a few times, and I realized it makes me drowsy, and slightly lightheaded, so I did not continue with it. I guess the drowsiness might be useful for insomnia, if taken before bed.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#103](#)

[Like](#) [Quote](#) [Reply](#)

[Oct 29, 2020](#)

[Report](#)

Likes: [Marylib](#)



Hipsman

Senior Member

Messages

481

Likes

1,304

Location

[Ukraine](#)

[@Hip](#) how long do you think this is worth trialing for to see if there's any benefits?

[Hip](#) said:

[This small scale study](#) of the benefits of amisulpride for ME/CFS found that 25 mg of this drug taken twice daily reduced **fatigue** and somatic complaints, such as **pain**.

So the study used 12.5mg twice daily in the morning and evening, correct? If this is the case, you might want to make this more clear.

Experimental treatments Any% speedrun!

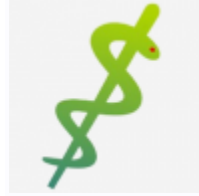
[#104](#)

[Like](#) [Quote](#) [Reply](#)

[Dec 18, 2020](#)

[Report](#)

Likes: [Rvanson](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[Hipsman said:](#)

@Hip how long do you think this is worth trialing for to see if there's any benefits?

I noticed the benefits immediately, within hours.

The half life of amisulpride is 12 hours, so you can get away with a single daily dose, especially if like me you are only awake for 14 hours a day, and asleep for 10.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#105](#)

[Like](#) [Quote](#) [Reply](#)

[Dec 18, 2020](#)

[Report](#)



Hipsman

Senior Member

Messages

481

Likes

1,304

Location

[Ukraine](#)

[Hip said:](#)

I noticed the benefits immediately, within hours.

I'm interested to see if I can get any overall improvements in energy/fatigue from Amisulpride, like in the study.

From [study](#):

primary outcome measure of this efficacy study was symptom alleviation after twelve weeks of treatment

So I'm wondering if taking it for a few weeks might be required to see if any benefits manifest.

Experimental treatments Any% speedrun!

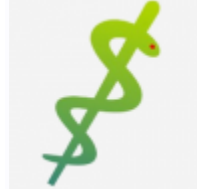
[#106](#)

[Like](#) [Quote](#) [Reply](#)

[Dec 18, 2020](#)

[Report](#)

Likes:[pattismith](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[Hipsman said:](#)

So I'm wondering if taking it for a few weeks might be required to see if any benefits manifest.

That's possible. I did not notice much effect for energy and fatigue, for me it helped things like sound sensitivity, irritability and depression. It has immediate effects on those, I find.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#107](#)

[Like](#) [Quote](#) [Reply](#)

[Dec 18, 2020](#)

[Report](#)

Likes:[Hipsman](#)



Hipsman

Senior Member

Messages

481

Likes

1,304

Location

[Ukraine](#)

I have already tried 12.5mg, 25mg and 50mg a day (one day each) - no effect. Will trial 25mg daily for a week or two before giving up.

Experimental treatments Any% speedrun!

[#108](#)

[Like](#) [Quote](#) [Reply](#)

[Dec 18, 2020](#)

[Report](#)

Likes: [mitoMAN](#)



[Marylib](#)

Senior Member

Messages

843

Likes

858

[Kenny Banya said:](#)

I started taking 25mg, but only in the morning as agitation is a side effect
Day number 4

@KennyBanya - it looks like the True Life Research people are offering ariprazole (Abilify) these days rather than amisulpride.

[#109](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 15, 2021](#)

[Report](#)



[Wendi](#)

Messages

41

Likes

44

have people found amisulpride as beneficial as abilify. And is so how long did the amisulpride take effect

[#110](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 18, 2021](#)

[Report](#)

Likes: [stefanosstef](#)



[Rvanson](#)

Senior Member

Messages

224

Likes

394

Location

[USA](#)

Abilify in small doses can increase dopamine, but at the risk of Tardive Dskensia. I don't understand wh6y th6e FDA has never approved Moclobemide. It is a reversible Monoamine Oxidase Inhibitor which tends to work on MAO A and very little of MAO B. When I ordered it over the internet, I noticed a fast increase in less depression and I felt like I could lift things much more easily. The downside was extreme insomnia. Canada, UK and Australia have it but not in the US.

[#111](#)

[Like](#) [Quote](#) [Reply](#)

[Mar 19, 2021](#)

[Report](#)

Likes:[Sancar and Hip](#)



[lenora](#)

Senior Member

Messages

3,064

Likes

5,004

[Hip said:](#)

I haven't developed any "man boobs" (gynecomastia), which I believe is a symptom of high prolactin in men. Though I do notice my libido is significantly reduced on days when I take amisulpride — and reduced libido can result from high prolactin.

I usually take a very low 12.5 mg daily dose of amisulpride; and every week or two, I take a break from amisulpride for a couple of days. So at this very low dose, perhaps I am not raising my prolactin levels too much.

Even so, I wish I could find a workaround to prevent the low libido induced by amisulpride.

Hello Hip & others who may be involved:

So then it may not be the best drug for a person who had a pituitary tumor about 40 years ago? (That was treated with the drug, bromocriptine)?

Also, Hip, what about someone who is on things like lexapro, lyrica and xanax. I'm assuming these should be gradually stopped, is that right? Were you ever on them? My neurologist is ultra-helpful, so will ask him....but the overseas ordering is a problem. Right now, I'm fairly well stabilized, can't complain...well, I can, but what's the use?

All advice would be appreciated. 2012 is a long time ago....things may have changed with all of you since then.

As far as ability goes, my understanding that low doses work and shouldn't be used too often or the effects wear off. I would only use it if I was totally bedridden and a real hardcore case. Better slow than destroy all effectiveness of any drug. Thanks@ Yours, Lenora.

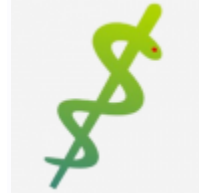
[#112](#)

[Like](#) [Quote](#) [Reply](#)

[May 28, 2021](#)

[Report](#)

Likes:[Rufous McKinney](#)



Hip

Senior Member

Messages

16,509

Likes

35,770

[lenora said:](#)

So then it may not be the best drug for a person who had a pituitary tumor about 40 years ago? (That was treated with the drug, bromocriptine)?

I don't really know, you would have to ask a doctor about that.

[lenora said:](#)

Also, Hip, what about someone who is on things like lexapro, lyrica and xanax. I'm assuming these should be gradually stopped, is that right? Were you ever on them?

I take a few low-dose antidepressant drugs along with the very low-dose amisulpride, in order to treat depression (the drugs I list in [this post](#)). But drug compatibility and interaction are something your doctor should be able to help with.

I still take very low dose amisulpride every day, which helps for some ME/CFS symptoms, but also helps with the very mild psychosis-type symptoms I get.

New Patient? ► [ME/CFS — A Roadmap for Testing and Treatment](#)

[#113](#)

[Like](#) [Quote](#) [Reply](#)

[May 28, 2021](#)

[Report](#)

Likes:[sb4](#)



[lenora](#)

Senior Member

Messages

3,064

Likes

5,004

[Hip said:](#)

I don't really know, you would have to ask a doctor about that.

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I still take very low dose amisulpride every day, which helps for some ME/CFS symptoms, but also helps with the very mild psychosis-type symptoms I get.

Hi [@Hip](#). It's actually good to hear you tell people to check with their doctors as so many don't. To be honest, many of these drugs have helped save my life and restore some measure of sanity to it.

True, I would rather (& am in some cases) on natural healing methods, but there are times when we need help and help is available if we look for it. I'm not saying it's easy....certainly not, but there are now at least 100% more centers than we had available at the beginning of this.

One problem we'll see more of in the future is one I've already been through: The mechanical problems associated with this illness. More and more will be found, but I would like to stress that it won't always mean the eradication of ME/CFS/FM from our lives. The earlier these problems (such as CCI & Chiari) are found, the better. The lesser amount of damage caused. That's why it's mandatory to find good MRI techs, plenty of doctors to read the results and have the necessary knowledge to recognize and deal with them. Surgery isn't always the only answer...listen to what you're being told, and listen carefully. Yours, Lenora.

[#114](#)

[Like](#) [Quote](#) [Reply](#)

[May 29, 2021](#)

[Report](#)

Likes: [Rvanson](#) and [Hip](#)



[happymachines](#)

Messages

8

Likes

36

[@Hip](#) First off, as a new member I just want to thank you for all the contributions you've made on these forums. I've been going through a lot of old posts and you seem to be everywhere with lots of good information.

I was wondering if Amisulpride is still working for you, and if you knew of any other ME/CFS sufferers who have had the success with it that you have (besides the ones who talk about it in this thread)? I know the big issues people are usually focused on fixing are fatigue and PEM, so I can kind of understand why it hasn't become more widespread, but I am still surprised that I don't see it talked about more. It feels like Amisulpride hits a ton of related quality of life issues (many of which my wife experiences).

She's basically restarting from zero on her meds, just taking a few supplements at the moment, and given the low cost and how quickly you saw results Amisulpride seems like an easy thing to trial before we start adding other meds that might complicate things.

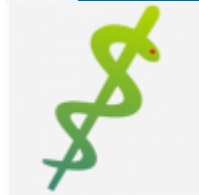
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[Hip](#)

Senior Member

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[happymachines](#) said:

I was wondering if Amisulpride is still working for you, and if you knew of any other ME/CFS sufferers who have had the success with it that you have

I am still taking 12.5 mg daily, and it still helps certain symptoms. I don't know many ME/CFS patients who have tried very low dose amisulpride.

Many will be wary of taking antipsychotics, because of the serious side effects they can trigger (discussed in this thread). However, with these very low doses, the risk of developing these has been shown in studies (mentioned in the first post) to be very much less.

There is an entire [Facebook group devoted to Abilify for ME/CFS](#), and many are experimenting with that; but I don't think many are trying amisulpride.