WELCOME

TINNITUS LABS FAQ

Welcome to the Tinnitus Labs FAQ! Here, we have painstakingly compiled both previous user questions and anticipated what else might need clarifying. So before you pose doubts or queries in the #ggd-hopium channel, make sure to READ THE FAQ first; chances are that you may already find your answer here! Also, as you read if you catch any glitches or have thoughtful suggestions for improvement, please share them with the FAQ team (contact info will be provided shortly).

For your convenience, shortcut links to the relevant tabs are available below.

Happy reading!
—Team FAQ 🙂

GENERAL

GENERAL

IMPORTANT

- **DO NOT PM Anthony to ask to be included in a batch before it's officially announced, to pressure him to work faster, or to ask when you will receive your device. Sending this kind of PM—especially if it's aggressive, demanding, or rude—can result in immediate removal (BAN) from the project, along with a refund if payment has already been made.**
- **Do not** send any device-payment funds (donations are ok, but don't forget to clarify with Anthony!) before you are approved for a batch.
- Using or building your own device excludes you from the trials. Anthony cannot risk his data being muddied.
- **Do not** share any details of your treatment before the treatment period is over

BATCHES

1. **Have I been selected to be part of the study? Will I receive a device?**
   - If you are reading this, the answer is "Yes!" to both questions.

2. **I have just been invited to be part of the study. What do I have to do to be included in the next batch? Do I need to submit any data?**
   - For now, you don't need to do anything. Read all the

FAQs and wait until the next batch selection is announced in the #ggd-hopium channel and #ggd-updates channel. Anthony will conduct polls and subsequently contact you directly.

- Data collection will be done for ACTIVE PARTICIPANTS. The questionnaire will be provided once you have the device in hand and start treatment.

3. **What's group zero (batch zero) that I see mentioned sometimes?**
   - It's a group of users on a separate server who built their own DIY project, unrelated to Anthony.

4. **Will the results of the first batch be announced to see how the participants did?**
   - Results will only be shared after the end of the 6-week protocol.

SHIPPING

5. **Do I need to contact Jo Ann about shipping?**
   - No. Don't bug Jo Ann or Anthony; Jo Ann will contact you when it's your turn, following Anthony's instructions. All information regarding shipping will be provided to you by Jo Ann (shipping cost, payment methods, etc.).

TINNITUS

6. **What is somatic tinnitus?**
   - Somatic tinnitus is tinnitus that can be changed in any way (tones, frequency, volume, etc.) via physical movement (head pressing, jaw clenching, yawning, neck bending, etc.).

7. **Is there a dangerous amount of AMPA**

receptor removal? Isn't it essential for other functions?

- It's kind of impossible to reach that level unless you sit in a quiet room using the device for like a year and for way after tinnitus suppression.
- If you still hear tinnitus, that means that hyperactivity is still there.

PAYMENT

- **Note: ALWAYS send a small test transaction first. NEVER send the entire amount immediately. If the funds are lost due to a mistake made by the participant, we do NOT carry any responsibility for this.**

8. **Is crypto the only way to pay for the device?**
   - Yes, it is generally the only way.
   - There is a step-by-step guide pinned in the #ggd-updates channel + CRYPTO GUIDE tab (click or go to the tab CRYPTO GUIDE, and you'll find a link that will take you to a PDF describing all the steps to follow on Coinbase). It is essential to read it.
   - Also read about Coinbase deposit limits here: Coinbase - Sign In.
   - Also, it is preferable to use a credit/debit card, as the currency will be added to your Coinbase account with no delays (check your account's limits!).
   - In a very limited number of cases, a PayPal option may be used, but only when crypto is totally blocked in your region. Do NOT ask to use PayPal just because you're too lazy to follow the crypto guide. We will be confirming that crypto is an impossible option before allowing this method to be used.

9. **Do I have to use Coinbase or can I use**

other exchanges/wallets/kiosks?

- You can use what you want as long as you can send USDC or USDT to the provided address.

10. I want to donate to support the project. How can I do that?

- Although donations are not asked for or necessary, your support is very much appreciated. You can send **USDT or USDC** to the following address on the **Ethereum network** (ERC20):

  0xFa512E09574175f5E72561B4768a0E7F54c1c58C

  This is the same address that is described in the crypto step-by-step guide.

Alternatively you can use the QR code below:

USDT ERC20

0xFa512E09574175f5E72561B4768a0E
7F54c1c58C

OTHER

11. I have a question. Can I PM Anthony?

- No, avoid bombing Anthony with requests. Ask Jo Ann first, or ask in the hopium channel.

- And what is absolutely forbidden is to PM Anthony demanding to know when the devices will be ready or urging him to work faster. If you do this, you will be banned from the server.

12. **What is categorically forbidden (i.e., what could warrant immediate exclusion from the trial)?**
    - Not answering the questionnaire.
    - Tampering with the device (trying to open it up, etc.).
    - Giving the device to someone else.

CRYPTO GUIDE

COINBASE/CRYPTO GUIDE FOR USDC/USDT (LINK TO PDF)

ITEMS TO BUY

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1. **What should I buy ahead of time, before getting the device?**

   You need to buy the following (go for high quality as much as possible and scroll down for additional recommendations):

   a. Monitor headphones/speakers for frequency testing
   b. In-ear headphones for treatment
   c. Volume controller (if not provided)
   d. A good power bank with 5v/0.5A+
   e. Electrodes
   f. Medical tape
   g. Optional: Electrode gel or spray
   h. Optional: Carrying case for device

2. **Is there anything we should be mindful of while making these purchases?**

   Definitely. Please read on!

   a. **Monitor headphones/speakers for frequency testing**

      Note: High quality monitor headphones/speakers for frequency testing help avoid audio distortion.

      Also Note: If you have noticeable hearing loss at your tinnitus frequency, wide-band sounds (like ssss/sssshhh, rather than pure tones) can become distorted.

      For example, if your tinnitus is a hiss at 8khz (with a width of, say, 1khz) and you have profound hearing loss above 8khz, this can make you perceive the sound generated by TinnFinder as *lower* in pitch than it actually is because you don't easily hear the portion between 8khz and 8.5khz.

In this case, you may need to turn up the volume of the monitor/speaker (and Tinnfinder) so you manage to hear the full width, but you also need to be ultra careful not to set the volume so high as to spike your tinnitus.

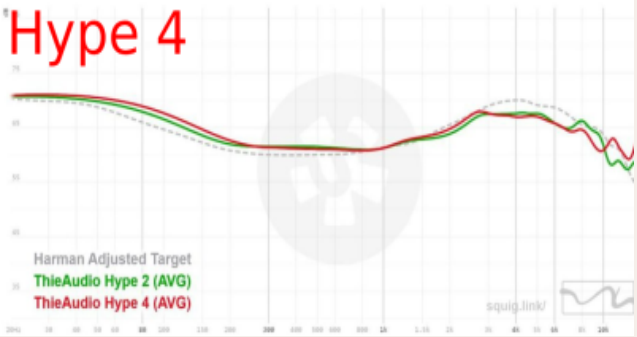
- The **Adam Audio T5V speaker/studio monitor** is the best (flattest frequency response). Its cost is about $200. Here's a link to the frequency response graph: https://www.audiosciencereview.com/forum/index.php?attachments/adam-t5v-measurements-studio-monitor-powered-speaker-spinorama-cea-2034-frequency-response-png.97306/.

- While **speakers are safer to use**, here is a list of alternate headphones for your convenience:
  - **Audio-Technica ATH-M40x**
  - **Sony MDR-7506**
  - **Beyerdynamic DT 770 Pro (versión 80 o 250 ohm)**
  - **AKG K240 Studio**
  - **Sennheiser HD 280 Pro**
  - **Shure SRH840**
  - **Audio-Technica ATH-R70x**
  - **Focal Listen Professional**
  - **Mackie MC-350**
  - **KRK KNS 6400**
  - **AKG Pro Audio K92**

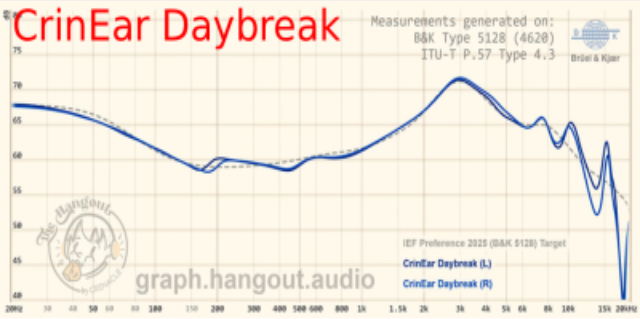
b. In-ear Headphones for Treatment

- After research by Saxylong and Jo, we have identified which IEMs can replace the IE4 if your tinnitus frequency is above ~6khz.
- In-ear headphones are listed below. You will need to purchase one of them for treatment AFTER you have identified your frequency (look at the frequency response graphs to see where your tinnitus frequency is, then decide whether you want to switch to other items):

- **THIEAUDIO Hype 4—the best possible option if money isn't an issue. Flat frequency response, perfect for every frequency. They cost ~$400.**
  - https://www.thieaudio.com/products/thieaudio-hype-4

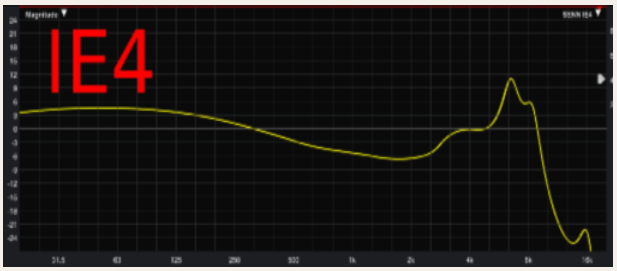


- **CrinEar Daybreak - Mid option for price vs performance. It's their first full production IEM, so we cannot vouch for quality. They cost ~$170**
  - https://crinear.com/daybreak



- **Sennheiser IE4 Earbuds: If you already own a pair, you can continue to use but bear in mind its limitations. As you can see on the graph below, the frequency response of the IE4 is inconsistent in the >8khz range (the most common tinnitus frequency). Use this link to identify the correct model:**
  - https://www.sennheiser.com/en-in/catalog/products/headphones/ie-4/ie-4-500432.

- **Keep in mind*:*** fake IE4 tends to have silver 3.5 mm jacks; real ones, gold.



c. Volume controller

Note: as of now, volume wire is included with every parcel; no need to buy. The accessory shown below enables fine-grained volume reductions beyond the device's minimum setting. As it is an analog solution, it introduces no latency:

- https://www.amazon.com/PChero-Extension-Adapter-Adjustment-Control/dp/B08T1YW1JK?th=1.

d. **A good power bank with 5v/0.5A+ (above 0.5A; 2.0A, 2.1-3A is common).**

   5V on output <u>ONLY</u>. Check the specifications of the powerbank <u>very carefully</u> (document or on the powerbank itself). Type C connector, <u>NO boost or fast charge (9V, 12V, etc).</u> It is **<u>very important</u>** that the power bank **is not a fast charging model.** Here are some available powerbank options:

   - **OPTION 1:** The preferred/recommended model chosen by Anthony is the **Anker PowerCore 5V 5,000mAh Portable Charger**. Please note that although the product description mentions "fast charging," this is not the case. **Anthony has carefully checked all the specifications of this power bank, and it is definitely not a fast charging model:**
     - https://www.amazon.com/gp/product/B01CU1EC6Y?ie=UTF8&th=1&linkCode=ll1&tag=chargingkick-20&linkId=994ac96b7227627ba0cb7dc7b704c9d5&language=en_US&ref_=as_li_ss_tl.

- **OPTION 2:** Here's another powerbank option as well: the **Charmast 26800mAh Slim Portable Charger**. Please note that **USB Output 1 should be used**:
  - https://www.amazon.com/dp/B07P5ZP943?ref=cm_sw_r_ud_dp_M61SEJEVAXYHF7QQHJEC_2&ref_=cm_sw_r_ud_dp_M61SEJEVAXYHF7QQHJEC_2&social_share=cm_sw_r_ud_dp_M61SEJEVAXYHF7QQHJEC_2&language=en-US&csmig=1&th=1

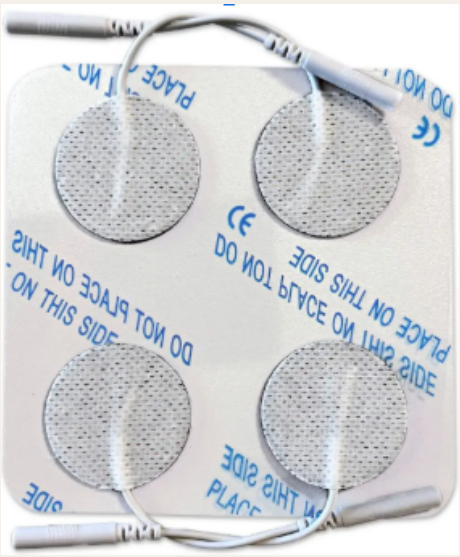
- **Keep in mind:** these links above may not be available in your country. However, you can usually find the same item on Amazon by visiting the local site for your region and searching for it there.
- You can purchase a different power bank model, but please make sure it **meets the specifications described above**. As a reminder, GuineaGuy clearly specified that the power bank must "**provide a minimum of 5V/0.5A+ without any boost or fast charging; if it provides more than 0.5A, that's totally fine.**"

e. Electrodes:

The best type of electrodes to use are "**ultra-sticky**" ones = **diameter of electrode pad should be 32mm or less**; with a **pin connector**, not button connector; and with a **2mm plugs/tongs/adapter**. **Smaller = better**, smaller electrodes lead to less chance of muscle twitching.

Illustration photo only; please search for the

electrodes that meet the required criteria:



f. **Medical tape**
   It is recommended to buy medical tape to keep electrodes in place/from falling off.

g. **Optional: Electrode gel or spray**
   to avoid adhesive degrading and having to constantly change electrodes as a result. It's best to **swap electrodes every 4-5 sessions**.

h. **Optional: Small case**
   For those who are interested, if you're looking for a **small case to carry your device**, here's one option (but you can choose any case you like): https://www.amazon.com/dp/B0B6HQH8TZ?ref=cm_sw_r_cso_cp_apin_dp_0JJQH1HPYHE3RWS9XVGW&ref_=cm_sw_r_cso_cp_apin_dp_0JJQH1HPYHE3RWS9XVGW&social_share=cm_sw_r_cso_cp_apin_dp_0JJQH1HPYHE3RWS9XVGW&titleSource=avft-a&previewDoh=1&th=1

- **Notes - Please read carefully:**
  - Always **wash your skin with warm water and** (preferably non-fragrant) **soap + dry**

(paper towel patting) before applying electrodes (alcohol wipes work well too).

- Be prepared to **shave your face** (even if you are a woman) at the site of electrode placement (not every time, just every so often).
- **Smaller electrodes** => localized/precise stimulation => less aberrant signals.
- **Smaller/closer electrodes** => less skin resistance => less current adjustment necessary
- **Use medical tape** to prevent the electrodes from falling off.
- Electrodes must be thrown out/changed **every 4-5 sessions**. Earlier than that if the pads stop being sticky/they fall off. Electrodes have a short life, especially with constant current. **Do not use the same ones too long**.
- **Using regular headphones is prohibited**.

DEVICE

DEVICE

SELECTION, SHIPPING, AND COST

1. How does the selection process work?

- Everybody in the #ggd-hopium channel and #ggd-updates channel will get the device at some point. The selection process depends on Anthony's decisions (severity, time waiting, etc). Anthony will conduct polls and subsequently contact you directly.

2. How many devices will be sent out in each batch?

- About 30 devices will be sent out for batch 1 and about 30 for batch 2.

3. Who handles shipping and shipping payment?

- Shipping and shipping payment will be handled fully by Anthony's assistant/s (at this time, the contact person is Jo Ann), so if you have questions please DM Jo Ann.
- **Note: ALWAYS send a small test transaction first. NEVER send the entire amount immediately. If the funds are lost due to a mistake made by the participant, we do NOT carry any responsibility for this.**
- On no account should you spam or bother Anthony with questions about shipping. If he has specific questions related to your shipment, Anthony will communicate with you.

4. What if the device gets damaged during shipping?

- The device is a PCB. It will either work perfectly or not switch on at all. Jo Ann will send the device via

DHL Express and will use a ton of bubble wrap and padding to make sure it is not damaged.

5. How much will the device cost?

- Anthony will let you know; added shipping costs apply. Payment must be done up front. The device is currently being provided NON-PROFIT (check pinned message for cost breakdown).
- **Note: ALWAYS send a small test transaction first. NEVER send the entire amount immediately. If the funds are lost due to a mistake made by the participant, we do NOT carry any responsibility for this.**

VERSIONS AND FEATURES

6. What is an SSD?

- Sometimes you might see the device being referred to as "SSD," abbreviation for Susan Shore Device (which hearkens back to the version created by Susan Shore and her team).

7. What is the “Sergei” version of the device?

- There was an earlier version, “Sergei,” which was developed by Sergei, a Russian engineer. Approximately fifty units were produced by Sergei. Unfortunately, the collaboration with him did not succeed due to issues with device testing and with Sergei missing deadlines and posing communication challenges. Seeking a more reliable source to ensure the project's success, Anthony decided to work exclusively with GuineaGuy (GG), a European engineer with a track record of precision and reliability in device production. Currently, production is entirely focused on GG’s version, the GGD (GuineaGuy Device).

8. Tell me a little more about GGD and AGGD.

- **GGD (GuineaGuy Device)**: In addition to having the ability to fully customize the signal timing, GGD has technical improvements over “Sergei”: Hi-Fi quality components for audio, has constant current, 10 rotation potentiometers for extremely high precision settings, and jitter protection. The boards are manufactured in China, and the device is assembled and shipped from the EU. As of May 2025, this is the device that the participants will receive.
- **AGGD: (Anthony/GuineaGuy Device)**: it's the Anthony build of the above version (in the works as plan B).

9. How do I trust GuineaGuy's devices to be safe and effective?

- GG tests every single device rigorously. Anthony will test them, too. He will have GG send him the timing and outputs, and Jo Ann will further test them on-site, following Anthony's instructions.

10. Will I be able to upload a new audio file?

- Every single device has its own (unique) password, without which uploading audio to the device is impossible. Only Anthony will be aware of this password.

11. Can electromagnetic radiation interfere with the device?

- During treatment, maintain a distance of at least 30–40 cm between the device and any high-frequency sources such as phones, tablets, or Wi-Fi routers. The integrated Hi-Fi amplifier is sensitive and may be affected by nearby electronic interference. Although the interference is generally not severe, the precautionary measure is still advised. Additionally, stim and headphone cables should remain straight and untangled; avoid bundling or twisting them.

- The PCB layout is currently being revised by GuineaGuy to improve EMI resistance, and critical areas inside the enclosures will be lined with adhesive aluminum foil in the next production batch. These enhancements will be included in the upcoming cases.

12. Will there be a timer on the device to stop it at 30 minutes?

- Yes.

CONDITIONS, CONTRAINDICATIONS, AND WARNINGS

13. I am not somatic; will the device work for me?

- There is a good chance the device will work also for non somatic people. It might just take longer.

14. Is there any type of tinnitus where the device will not work?

- The device is unlikely to work if you have Meniere's or “pure” Eustachian Tube Dysfunction (ETD).

15. I feel the noise in my head/brain rather than the ears. Will the device work?

- The location of where you "hear" your tones doesn't matter.
- "Tinnitus is Tinnitus," as Susan Shore has said.

16. Are there any risks or side effects associated with using this device? Could my condition get worse?

- When properly set up with Anthony’s guidance, and if the protocol is strictly followed (see PROTOCOLS tab), the device does not pose a significant risk of making your condition worse.

- Tinnitus fluctuations during treatment are normal and expected. The only potential issue arises if the stimulation signals are too loud or the stimulation is too strong, which is why proper setup is essential.

17. **Can I keep the device after treatment? Can I give it to others? Can I open it?**
    - The device is yours to keep. However, giving the device to others is forbidden because of Anthony's inability to control/help with the setup.
    - Be aware that the device cannot operate without Anthony's authorization. **Attempts to pry the device open or tamper with it will be relayed to GuineaGuy, who will then inform Anthony, who can disable it remotely.**

18. **The incident that caused my tinnitus is recent (<6 months ago). After I use the device and obtain suppression, is my auditory system still in need of extra protection? If so, for how long in total?**
    - While reliably induced LTD is permanent (most of the time), and having fewer AMPA receptors will decrease your chance of spiking, we still urge you to use hearing protection when in very loud places; be mindful that LTP can be induced at any time. But yes, you can relax a bit as sounds that used to spike you won't anymore.

19. **Does the device treat hyperacusis?**
    - Yes, it does.

20. **What other ear conditions will the device treat? Hyperacusis? Middle Ear Myoclonus (MEM)? Tonic Tensor Tympani Syndrome (TTTS)? Distortions? Etc.**
    - The device has been shown to help dysacusis, loudness hyperacusis, ear thumping (MEM/TTS).

Its efficacy with noxacusis remains to be seen.

21. Can I use the device with Noxacusis?

- You have to follow the Middle Ear Inflammation Protocol (in PROTOCOLS tab).
- In short, if the trigeminal nerve is irritated due to conditions like TMD or muscle tension, it could "dirty" or modify the signal that travels to the dorsal cochlear nucleus (DCN). This could result in altered sensory perception or make it harder for the brain to interpret signals correctly. Even though the device sends a clean biphasic pulse, the signal traveling through the irritated nerve might be disrupted, leading to reduced effectiveness of the stimulation or increased sensitivity and discomfort.

22. Will the device be able to help thalamus people ?

- For thal pals / alien orgy / Japanese men singing / garbled mess tinnitus tone people (or people that have fried Ultra High Frequency (UHF) and lower frequency modulation) it seems that **targeting your somatosensory modulation frequency (sound that appears during physical movement)** is a viable solution.
- One thalpal participant saw fairly decent tinnitus suppression (with the inferior Sergei device, at that) at 10 min per day, targeting the frequency that only appears during a somatosensory modulation.

23. Could central sensitization or pain signals interfere with stimulation?

- It is not necessarily the case that central sensitization will interfere with stimulation; it may be possible to select cranial sensory nerves that are less affected by pain pathways.
- The ventral cochlear nucleus (VCN) also receives input from the spinal trigeminal nucleus (SP5), which may contribute to further sensitization in

cases of noxacusis. This could explain why hyperacusis does not always improve over time when noxacusis is also present. A reduction in synaptic activity among the VCN, dorsal cochlear nucleus (DCN), and SP5 may have a positive ripple effect. If noxacusis worsens with sound exposure and symptoms persist afterward, weakening those synaptic connections could be a logical therapeutic approach.

- More details can be found here: Reddit – Hypothesized mechanism of noxacusis

24. What neuromodulators or neurotransmitters can mess with timing (afferent conduction delay, synaptic delay)?

- The following can affect timing:
  - Dopamine.
  - Serotonin (5-HT).
  - Norepinephrine (Noradrenaline).
  - Histamine.
  - Acetylcholine (ACh).
  - Endorphins.
  - Oxytocin.
  - Vasopressin.
  - Substance P.
  - Glutamate.
  - GABA (Gamma-aminobutyric acid).
  - Endocannabinoids (e.g., anandamide).
  - Adenosine.
  - Corticosteroids (e.g., cortisol).
  - Glycine.
  - Aspartate.
  - Epinephrine.
  - Enkephalins.
  - Dynorphins.
  - Vasopressin.

    - Neuropeptide Y.
    - Cholecystokinin (CCK).
    - Somatostatin.
    - ATP (Adenosine triphosphate).
    - Nitric Oxide (NO).
    - Carbon Monoxide (CO).
- Most of this is mitigated by the in vitro 5-10ms bimodal interval for LTD induction window, so don't lose your marbles.

TONES AND FREQUENCIES

25. Which software should I use to find my frequency?

- Anthony developed the TinnFinder software, which you must use to find your tinnitus frequency.
- There are two versions of the software:
    - for PC : TinnFinder for PC.
    - for Mac : TinnFinder for Mac.
- **Please keep in mind** that the software may not work properly and the sounds might not play. **To fix this issue**, you should first run the following video in the background on your PC or laptop (please note that when you play the video, **ads may appear**. It is recommended to use an **ad blocker** to avoid this inconvenience): Youtube video - 20 hours of silence. Then, you should open TinnFinder and the sounds will play.
- Also Note:
    - TinnFinder can be used with either headphones or speakers, whatever works best.
- Anthony made a YT video to help participants find their frequencies: How to find your tinnitus frequency.
- Here are some additional links to help you find your frequencies - **only if you have good sound tolerance**:
    - For tonal tinnitus:

https://www.checkhearing.org/tinnitusFreqFinder.php.
    - For non-tonal tinnitus: https://www.checkhearing.org/tinnitusmatching.php.
- You can also check the channel to follow all information related to TinnFinder: #tinnitus-frequency-finder.

26. What frequency should I target?

- You need to select a frequency spectrum and frequencies/tones that match your tinnitus as closely as possible. Efficacy does depend on how accurately you find your target frequencies. Anthony has a protocol for this and will help each user find their frequency. He will also assist users if they encounter any issues and personally set up the audio for more complex cases.
- Audio should be at a comfortable volume (not loud). But if you suffer from hyperacusis/noxacusis, the volume should be kept minimal. Be also careful not to raise the volume if your tinnitus is high frequency or if you have significant hearing loss!

27. I am afraid I will not be able to set up the right frequency; it is hard to pinpoint it. What happens if I get it wrong?

- Efficacy will just be slower, but it should still work. In your anxiety to find your tinnitus frequency, do not accidentally introduce/worsen hearing loss. Set the device tone as close as possible to your tinnitus, but without turning the volume up too high. Following the “pinpoint lowest and highest threshold” (finding frequency thresholds that are 100% lower and higher) can help pinpoint the frequency.
- Residual inhibition (temporary tinnitus decrease after listening to certain frequencies) might be a *great* way to find your hyper-synchronized

fusiform cell pathways.

28. What if my somatic tone is different from my constant tone?

- You still target the constant tone, even if your somatic maneuver creates new tones or changes it significantly. You can also try targeting the somatosensory modulation frequency in the future.

29. What if I have multi-tonal tinnitus ? Will the device affect the tones that aren't being specifically targeted?

- Per the Susan Shore's protocol, the constant tone that is most affected by maneuvers should be targeted. Anthony will help, via his protocol.
- While the device targets a specific tone, tinnitus often involves overlapping mechanisms, so improvements may be noticed across other tones, as well.

30. What do I do if I can't hear the frequency in my somatic tone?

- Typically you need to be able to hear the sound. It's possible to maybe treat nearby frequencies with some efficacy. If the sound can't be heard in the ear with tinnitus because of hearing loss but can be heard in the other ear, this can still be effective.
- Note:
    - Please also read the Susan Shore FAQ from ttalk, linked here: Dr. Susan Shore Answers Your Questions

31. Will people who have 2 very different tinnitus tones (a very low humming and a very high pitched tone, A to Z) be able to target both? Or will they have to only match the most somatic one?

- Since both frequencies are miles away from each other, It's difficult to imagine a middle ground for both.
- Matching the most somatic one would be best.

32. What if I have unstable tinnitus frequencies/frequencies that constantly change?

- In cases where tinnitus frequencies fluctuate frequently, two approaches may be considered:
  - Focus on the frequency range that appears most frequently.
  - Target the frequency range that emerges during somatosensory modulation.
- Fluctuations in frequency are most likely related to the dorsal cochlear nucleus (DCN).
- Fluctuations in volume are typically associated with higher auditory regions such as the inferior colliculus (IC), medial geniculate body (MGB), or auditory cortex (AC).
- The ventral cochlear nucleus (VCN) generally transmits volume-related information to the IC, while the DCN transmits pitch-related information. Dysfunction in either the DCN or VCN can cause irregularities in how the IC processes auditory signals. It is unlikely that the IC would show dysfunction without prior issues in the VCN or DCN, unless the dysfunction originates from higher-level auditory centers.

33. How wide should my audio frequency spectrum be for the noise stim?

- It is important to test multiple wide bands to see which one "matches" the tinnitus frequency the most (to be done with TinnFinder, BUT IS PREFERABLE TO NOT BE OVER 1/3rd AN OCTAVE IN WIDTH) and choosing the one that is the least width to not stimulate extra fusiform cell pathways unnecessarily (to learn more, you can watch Anthony's videos on his YouTube channel).

- Pure tone (single frequency) is too dangerous to use due to the high risk of missing the hyperactive fusiform cell pathways entirely.

34. Do we need a PC each time to connect to the device or is it necessary only once to download the audio?

- Of course not. A PC is only needed for initial set-up. Please read the device guide for further instructions.

35. What does the noise stim sound like?

- Brief millisecond noise pips 4-5 times a second.

OTHER

36. Will the improvements I get from the device be permanent?

- Yes. LTD, if induced and sustained correctly by protocol, is permanent.

37. Will there be a detailed guide on how to set up and use the device?

- Yes, a comprehensive user manual will be provided, along with assistance from Anthony for each user during the setup and usage process.

TREATMENT

DURING TREATMENT

DEVICE USE

1. **TIMEFRAME: What is the timeframe for use?**
    - At minimum, use the device for 30 minutes a day, over a period of 6 weeks.
    - Anthony has theorized that since synaptic homeostasis does occur a lot during REM sleep, it might be a good idea to use the device just before bedtime.
    - Note:
        - You are welcome to use the device for longer than six weeks!

2. **AUDIO: May I change the audio during treatment?**
    - No, you may not change the audio during a six week course of treatment.
    - 6 weeks of treatment must be completed with a single frequency (unless you are sure it was wrongly set up)
    - You may switch up the frequency later on, post the initial 6 weeks.

3. **AUDIO: At what volume/intensity should I set the audio and the stim?**
    - Stimulation should be as gentle as possible and audio at a comfortable volume (CAREFUL IF YOU HAVE HEARING LOSS!) to minimize the occurrence of postsynaptic spikes.

4. **AUDIO: Should I turn up the volume if I don't hear the signal?**
    - No, that can cause permanent worsening. Even if a

sound is not consciously perceived due to hearing loss, it may still stimulate damaged or residual hair cells and auditory nerve fibers or lead to rapid calcium spikes, even if not full-blown action potentials (LTP). These residual signals can trigger excessive glutamate release at the synaptic junctions, leading to excitotoxicity.

- This phenomenon is supported by findings that low-level stimuli can activate auditory nerve fibers that remain functional after damage, causing overexcitation in some cases (Pujol & Puel, 1999).
- **Being careful with volume (i.e. making sure it's at a comfortable level by comparing hearing loss frequencies to non-hearing loss frequencies)** and making sure the frequency spectrum isn't too wide is enough for reliable treatment.
- Anthony will personally set up everyone with their audio files.

5. `EARBUD AND ELECTRODE PLACEMENT: What should I know about using and maintaining electrodes for the device?`
   - **Always wash your skin with warm water and** (preferably non-fragrant) **soap + dry** (paper towel patting) before applying electrodes.
   - Be prepared to **shave your face** (even if you are a woman) at the site of electrode placement (not every time, just every so often).
   - **Smaller electrodes** => localized/precise stimulation => less aberrant signals.
   - **Smaller/closer electrodes** => less skin resistance => less voltage necessary => less twitching.
   - **Use medical tape** to prevent the electrodes from falling off.
   - **Electrodes must be thrown out/changed every 3–4 sessions.** Earlier than that if the pads stop being sticky/they fall off. Electrodes have a short life, especially with constant current. **Do not use the same ones too long.**

6. **EARBUD AND ELECTRODE PLACEMENT: Which ear should I choose for the earbud?**
    - Only one earbud should be used, and it must be placed on the side where the tinnitus is experienced. The auditory stimulation frequency should match the tinnitus frequency perceived in that ear. The somatosensory (electrode) stimulation must also be applied on the same side. In short, **both auditory and somatosensory stimulation need to be on the same side**, **corresponding to the side of the tinnitus and to where somatosensory modulation is effective.**
    - Note:
        - If you have bilateral tinnitus, it does not matter which side you pick; just make sure to pick a side and commit to it for the duration.

6. **EARBUD AND ELECTRODE PLACEMENT: Should I plug the other ear while using the device?**
    - It depends.
    - If ear plugs irritate your canals, then no. If you aren't in a quiet environment, then yes.
    - Ideally you should use the device with minimal external noise.

7. **EARBUD AND ELECTRODE PLACEMENT: Should the ear bud be all the way in the ear?**
    - Ideally, yes. Unless you have very severe occlusion; then it's fine to use the smaller silicone bud attachment.
    - If the audio you use is low frequency or multi-tonal, you may use the smaller bud attachment on the IE4s so that it doesn't create a "seal" of your canals, so to speak.

8. **EARBUD AND ELECTRODE PLACEMENT: After what period of time should I change the placement of the electrodes if I'm not**

seeing results with my current one?

- Only under Anthony's direct supervision, also as long as you are using minimal subthreshold stim with minimal muscle twitching, you are stimulating the sensory neurons correctly.
- Another interesting thing: Electrode placement might dictate afferent conduction latencies. It's very important to let Anthony know *exactly* what your placement is so he may adjust the timing accordingly..

9. **EARBUD AND ELECTRODE PLACEMENT: How do I know exactly where the Buccal and Greater Auricular nerves are?**
   - Pressing down/poking sensory nerves is usually very unpleasant (as compared to poking other spots).
   - Pressing down on your cheek near the mandible (lower jaw, but not on it) while opening and closing your mouth is a good way to find the Buccal nerve.
   - Digging your finger behind your lower jaw and under the ear or pressing around the neck is a good way to find the Greater Auricular.
   - If the modulation alters tinnitus loudness or pitch, the position that causes reduction will be the position of choice.

10. **POSTURE: What is the best position during a session?**
    - The absolute best one, hands down, is lying on your bed with a cervical pillow. No other way the jaw and neck can be fully relaxed.
    - Sitting in almost any position puts stress on my neck, and when I tried relaxing my jaw it just hung down.
    - Make sure to sit/lie still and avoid having the wires rub against other surfaces (or each other) like clothes or objects, as it can generate sound & occlusion.

- DO NOT tangle the stim and audio wires. Have them untangled

11. What does the noise stim sound like?

- Brief millisecond noise pips 4-5 times a second.

DO'S AND DON'TS

12. What are some things to include/avoid during device usage?

- Electrode use and skin care:
  - Beard must be gone in the spots where the electrodes go. The hair will interfere with the electrodes sticking. If you have even a bit of hair where the electrodes go you need to shave it. THIS INCLUDES WOMEN.
  - Do not apply lotions or oils where electrodes are placed — skin must be clean and dry.
  - Use rubbing alcohol to clean skin (ONLY if very oily) and allow it to fully dry before applying electrodes.
  - Electrode gel or spray can be used but must not connect between electrodes (risk of short-circuiting or electric shock). It's best to just swap electrodes.
  - Avoid anything that irritates the skin.
- Medications and substances affecting the nervous system:
  - Benzodiazepines, antidepressants, stimulants, melatonin, and recreational drugs.
    - **Note: If you've been on meds for a very long time it's safer to stay on them rather than tapering for device efficacy. The timing will be adjusted if necessary (see question *12. Should I taper off my long-term (many months/years) medication before starting treatment with the device*?).**

    - Caffeine (tea, coffee, chocolate), alcohol, spicy food, cheese.
    - If you're a regular coffee drinker, either stop well before treatment or continue consistently to avoid withdrawal effects.
    - Preferably avoid sex/masturbation during treatment due to potential neurochemical effects.
- Supplements to avoid during treatment:
    - Taurine.
    - 5-HTP (5-Hydroxytryptophan).
    - L-Theanine.
    - PEA (Phenylethylamine).
    - L-Glutamine.
    - **Ashwagandha.**
    - **Lion's Mane.**
    - **Ginseng.**
    - **All adaptogens, including mushroom-based ones.**

      Note:
        - **If you have doubts** about the effect of a particular supplement on the nervous system, serotonin / dopamine / glutamate / GABA levels and neurotransmitters, **do not take it before treatment, during and also for several weeks after treatment.**
        - For **Ashwagandha, Lion's Mane, Ginseng, all adaptogens, including mushroom-based ones:** Due to the complex and variable effects of these substances on the nervous system, and the difficulty in predicting individual responses, there is no universally safe dose — especially during treatment. It is strongly recommended to avoid all adaptogens (including mushrooms) for the duration of the protocol.
- Somatic and physical stressors:

    - Teeth grinding, chewing gum, poor posture, crooked sleeping/sitting positions
    - Anything that strains the TMJ or cervical spine.
    - Completely avoid modulating your tinnitus through somatic maneuvers before, during, and after treatment.
    - Avoid chiropractors; instead, see a qualified physical therapist and follow cervical/TMJ relaxation exercises (see the posture and TMJ guide, and check the #cervical-issues and #temporomandibular-joint-disorder channels).
    - Don't overdo exercises or stretching. Engaging in sports or exercise is only permissible if it can be done in quiet settings.
- Environmental and lifestyle factors:
    - Loud or noisy environments — the quieter, the better.
    - Avoid using the device with parallel sound stimulation — must be used in silence.
    - Air conditioning or masking sounds should be avoided..
    - Avoid intense temperature changes like cold plunges and saunas.
    - Avoid activities involving chemical exposure (e.g., hair dye, harsh lotions).
    - Do not play video games during treatment!
- Diet and inflammation:
    - Follow a strict low-histamine diet to reduce inflammation if it's a significant factor (see Low Histamine Basics worksheet).
    - If you have allergies, this is especially important.
    - Stay hydrated, warm, and avoid excessive body fat (do not, however, go on extreme diets, as it might "shock" the nervous system.
- General guidance:
    - Don't use ANC headphones during treatment!
    - Aim for a stable, neutral nervous system state — not overstimulated, not sedated.

    - A minimally stimulated lifestyle for 6 weeks creates ideal conditions for LTD.
    - Practice balance: be calm, steady — not too happy, not too sad.
    - Fasting and good sleep support LTD by promoting autophagy (AMPA cell dissolvement in lysosomes - making LTD permanent). The longer and more intense the fast, the more effective the autophagy. DO NOT, however, go to extremes, as it stresses the nervous system. The same applies to sleep, deeper and longer sleep enhances the process as well.
    - Best: use the device while fasting, right before bed.
    - But: avoid intense fasting if you're sensitive to stress or prone to elevated cortisol.
    - You can take all the food supplements that are included in the #rescue-protocol channel and Middle Ear Inflammation Protocol (in PROTOCOLS tab) . For any other supplement that is not listed there, please ask the bot if it affects the nervous system. If the answer is Yes, then avoid.
    - You can use earmuffs. But bear in mind that prolonged use of earmuffs can cause TMJ tension and irritate the somatosensory pathway. Ear muffs are good to have; just dont wear them all the time if you can help it.
- Note:
    - You don't have to do it forever. Continue until LTD is permanent, i.e., for a few weeks. A stable, minimally stimulated lifestyle for 6 weeks will create perfect conditions for LTD. Be Zen, be neutral.
    - For anything else that isn't dangerous, just have your normal daily dose (it's best to clarify what you are taking, i.e., if you've been taking vitamin supplements for a while, which is fine. What matters is stability.).

13. Should I taper off my long-term (many months/years) medication before starting treatment with the device?

- If you've been on long-term medication, it's generally safer to remain on your current regimen rather than tapering in anticipation of device treatment for efficacy. Adjustments to the timing can be made if needed.

14. Can I use sound therapy or hearing aids/maskers during treatment?

- Doing sound therapy or using hearing aids/maskers during treatment and the weeks coming up to it shouldn't be done

MAXIMIZING TREATMENT RESULTS

15. Do I need to focus on the treatment or can I do other things?

- There is growing evidence in rehabilitation fields (e.g., stroke or motor rehabilitation) that "active" participation yields stronger plastic gains than merely passive stimulation. So yes, focusing on the treatment and not distracting yourself with other things during the treatment might be beneficial. However, this should be clarified on a per-case basis with Anthony.
  https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2012.00030/full
  https://pubmed.ncbi.nlm.nih.gov/16469461/
- Neuromodulators like endocannabinoids, acetylcholine, or norepinephrine can be strongly influenced by an organism's behavioral state.
- LTD in Cartwheel Cells is partially induced by retrograde endocannabinoid signaling.
- Being distracted with something else isn't very good (for LTP in CWC, feed-forward inhibition), especially if it's dopamine-related stuff like Reddit or YouTube. Could mess up the balance.".

- Specific answer for Thalamus cofactor :
  - Thalamocortical dysrhythmia is like abnormal low frequency rhythms, so doing something like engaging in reading papers, problem solving, playing chess, sudoku, crossword puzzles, might promote rhythmical firing during treatment.
  - This is especially important for people with thalamic involvement (visual snow syndrome, atypical migraine, musical ear syndrome, etc.).
  - It depends on the case. You can try doing something engaging (non physical), focusing on treatment, or distracting with something. Different people will respond differently".
- Note:
  - A community member, Lux, recommended the above activities.

16. What should be our relationship with sound during the treatment? Should we strive for a lot of silence? What about air conditioner usage? What about masking sounds for sleep?

- A quiet environment is generally recommended during treatment and for a few weeks afterward. It's best to minimize exposure to artificial or unnecessary sounds, including TV, YouTube, and video games. If needed, these can be watched on mute with subtitles. Avoid using constant background noise like air conditioners or sound masking, unless it's essential for sleep, in which case it should be as gentle and natural as possible.

OUTCOMES TO LOOK OUT FOR

17. I am using the device and I spiked. I am scared.

- A temporary spike at the beginning of treatment is not uncommon. Several people who ultimately

achieved full suppression experienced an initial increase in tinnitus. Try to stay calm and continue with the treatment as instructed.

- If the spike persists or worsens, it may be due to incorrect audio settings. Make sure the sound levels are set just high enough to be clearly audible, but never loud or aggressive. Consult with Anthony
- If you have hearing loss, be especially careful:
  - Ensure that the tones within your good hearing range are not too loud.
  - Even if your tinnitus frequency is higher than what you can hear, do not compensate by blasting high-energy sound.
    If necessary, choose a tone close to your tinnitus frequency but within your audible range to avoid overstimulation.

18. How long before I see effects?

- It's very personal. Some people have seen effects after only 1 session; others didn't see effects for 6 weeks before suppression.
- Don't panic, change, or abandon the treatment if you don't see immediate effects.

19. I got full suppression! Whoa! What now?

- If you haven't completed the full 6 weeks of treatment, continue until the end.
- Both during treatment and after completing treatment, it's important to maintain a calm, stable lifestyle for a few additional weeks—avoid stimulants (including caffeine and loud sounds) and nervous system suppressants to help consolidate the results.
- Full suppression means enough AMPA receptors have been removed to prevent tinnitus signals from firing. But for this change to become permanent, those receptors must be broken down by lysosomes, a process that takes time.
- If you reintroduce stimulation too soon, those receptors can return to the cell surface, reversing

the effect. That's why it's essential to give your nervous system a stable, low-stimulation environment even after suppression is achieved

20. I had suppression, but then there was vodka/loud music/chocolate, and the tinnitus crept back. What should I do?

- You can repeat the treatment until you get suppression again, but after that avoid behaviors that can recycle AMPA receptors until they are fully dissolved.

OTHER

21. What do I do if I have catastrophically reactive tinnitus/noxacusis /hyperacusis?

- We can implement an increment-based approach. i.e., the first session is 1 minute, then the next day is 2 minutes, etc. Clarify with Anthony.

22. Can I be on Discord during treatment?

- Being on Discord is fine, but sharing details about treatment on tinnitus labs, on other servers, or to anyone over PM before the trial period is up is against the terms of participation and will result in a permanent ban from the project and future support for the device.

PROTOCOLS

PROTOCOLS

Are there any self-help videos for neck stiffness and TMJ?

Luca/other has found some of these follow-along videos helpful.

DISCLAIMER:

Please be warned that Luca/other is not a Physical Therapist, so we cannot make any guarantees as to the effectiveness of the routines; it is your responsibility to consider your personal condition and situation before attempting. Even if you do decide to try any of these exercises, it is essential to go gentle and never push hard.

NECK

Self Massage: Stiff neck

(Self massage for stiff neck)

- *Tip: I use a massage gel with arnica*

A 4 Minute Neck Drill That Will Change Your Life—Follow Al...

(Neck mobility drill)

Self Massage: Neck and Shoulders (Follow Along)

(Self massage neck and shoulders)

- *Tip: I use a massage gel with arnica*

3 Minute Neck Mobility Drills - Part 2

(Neck mobility drill, part 2)

ROUTINE CERVICALE: riduci l'infiammazione in soli 10 minuti

(10 minute neck drill to reduce inflammation - Italian)

Ultimate Relaxation: Self Facial/Head Massage
(Self face massage for relaxation)

- *Tip: I use a massage gel with coconut*

Let's Relax Self Ear Massage - Sinuses, Tinnitus, Stress Relie...
(Self ear massage follow along)

TMJ

TMJ Exercises #1 --- Jaw Pain Help --- Teeth Grinding

TMJ Exercises #2 --- Jaw Pain Help. --- Teeth Grinding

TMJ #3 Massage and Stretches for Jaw Pain - Intra Oral Tr...

MINDFULNESS

Body Scan Meditation Session | Piedmont Healthcare

10-min Body Scan (Lying Down) Mindfulness Practice | Angi...

Daily Calm | 10 Minute Mindfulness Meditation | Be Present

15 Minute Guided Mindfulness Meditation for Anxiety

Mindfulness Meditation in 20 Minutes (Guided Meditation T...

10 Minute Body Scan Meditation

4-7-8 Calm Breathing Exercise | 20 Minutes Maximum Relax...

LOW HISTAMINE DIET

- To obtain information about foods in histamine, you can consult this website link below. It's a database that makes it easy to identify which foods to include or avoid as part of a low-histamine diet:
  - https://www.histaminefoodlist.com/

- **Eat fresh foods: histamine levels increase as food ages or is stored, so freshly-prepared foods are ideal.**

- These foods are often safe to eat:
  - fresh meat and freshly caught fish (consumed soon after preparation).
  - eggs.
  - gluten-free grains: rice, quinoa, and oats.
  - most fresh vegetables: with a few exceptions, like tomatoes and spinach.
  - low-histamine fruits: apples, pears, and watermelons (avoid if sensitive to fructose).

- Here are **some cooking and storage tips:**
  - cook fresh: consume foods right after cooking to prevent histamine buildup.
  - freeze leftovers quickly: if you need to store food, freeze it immediately rather than refrigerating it for days.

- And here is an antihistamine protocol (provided by Jo) of supplements to include:
  - DAO enzyme before each meal to help metabolize histamine and break it down.

- Vitamin C (500–1500 mg/day) with bioflavonoids—stabilizes mast cells.
- Quercetin (same amount as above)—a powerful antioxidant with antihistamine and potent anti-inflammatory effects
  - *Keep in mind:* people with MTHFR mutation, start with small doses for a long time and watch the body's reactions).
- Luteolin (100–200 mg/day)—a very important bioflavonoid with antihistamine and neuroprotective effects, inhibits mast cell and microglia activation, supports parts of the brain sensitive to strong stressors
  - *Keep in mind:* thal pals - pay attention!.
- Zinc and copper (taken together in one supplement!, best form of zinc is picolinate, the best form of copper is gluconate; zinc, up to 30–50 mg/day)—support for proper histamine breakdown and metabolism.
- Sodium butyrate (on empty stomach in the morning, doses not strictly defined)—gut lining support, improves intestinal myoelectric complex, supports proliferation of good bacterial flora, supports serotonin production.
  - *Keep in mind:* Appropriate for people with associated digestive problems like IBS/SIBO/SIFO, Candida overgrowth and other bacterial infections; supports mast cell breakdown and histamine conversion.
- Probiotics and good fungi: Saccharomyces boulardii, L. rhamnosus GG, B. infantis—support intestinal barrier integrity, reduce endogenous histamine production
- ADEK (5000–7000 IU vit D a day, up to even 10k; the best form: drops in coconut oil/safflower)—a key steroid hormone for the proper functioning of the nervous system and intestines.

        - *Keep in mind:* The functional level in the blood should reach 80–100 ng/ml
    - Magnesium. The best forms are threonate and diglycinate taken orally; magnesium chloride, transdermally (the so-called “magnesium oil/magnesium chloride full body baths/feet baths”).
        - *Keep in mind:* For the versions taken orally, try 600 mg per day divided into two doses (for example, 300 mg in the morning and 300 mg in the evening.
    - Omega-3 acids (1–2g/day)—acts as an anti-inflammatory immunostimulant, improves mitochondrial function, supports ATP, and reduces histamine release.
        - *Keep in mind:* people who are sensitive to Omega-3 acids should be very careful when buying supplements and start supplementation with low doses by observing the body and immediately after taking, do not expose yourself to the sun.
        - *Keep in mind:* Do not buy fish oils (cod liver oil and other fish oils are FORBIDDEN). Choose supplements that have been filtered, have been created from small sea organisms, and have been thoroughly tested for purity from heavy metals (called TOTOX scale).
        - *Keep in mind:* Vegans and turbo-sensitive people can choose Omega-3 from seaweed (I recommend the Norsan company—the Vegan version in white and green packaging).
    - Lysine (30–35 mg per kg of body weight/day)—arginine antagonist, tones down inflammation in the body, inhibits mast cell activation, good for people struggling with autoimmune diseases.
        - *Keep in mind:* for people infected with

Herpes family viruses: deactivates herpes and herpes zoster viruses, helps with persistent EBV and cytomegalovirus infections.

- Move your body, because histamine tends to stagnate in a sluggish liver and especially in the lymphatic system. Unlike blood, which has the heart as a pump, lymph relies entirely on your movement. You are the pump for your lymph — so move to prevent histamine buildup in your tissues!
- Best ways to relieve lymphatic congestion: Qi Gong exercises, lymph node massages, dry body brushing, dry needling, cold showers/sauna, visceral therapy, vagus nerve stimulation, acupressure.

- Other ressource: https://www.instagram.com/lowhistaminekitchen/?utm_source=ig_web_button_share_sheet

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MIDDLE EAR INFLAMMATION PROTOCOL

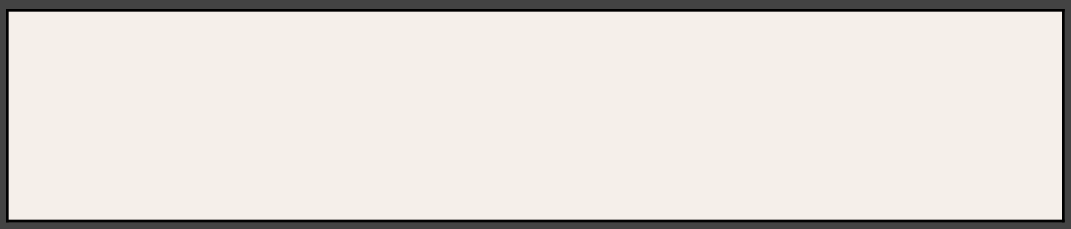
1. **THE PROTOCOL: What conditions/symptoms is the middle ear inflammation protocol for?**
   - The middle ear inflammation protocol absolutely must be done if you have TTTS/MEM (ear thumping), aural fullness, noxacusis, barotrauma, or anything middle-ear-related.
   - **Note:**
     - The protocol must be followed consistently over a period of time. Do not expect immediate results.

2. **SUPPLEMENTS: What are the most helpful supplements to take?**

- NAC.
    - **Note**: people with sensitivity to this substance should replace it with **Acetyl-L-Carnitine**, as it has almost the same effect and at the same time is not so burdensome for the body.
- Luteolin - low doses, 30-50 mg, daily.
- Ambroxol.
- Ginger (tea, powder, oil).
- Vitamin D (with vitamin K).
- Omega 3.
- Liquid magnesium chloride (Mega Mag is good); magnesium glycinate is not absorbed as well.
- Curcumin (can be added to your food) (curcumin as a supplement is bad for VSS; it is safer to take curcumin via diet or to take other natural anti-inflammatory supplements).
- Beetroot Juice Extract.

3. **DIET: What is the ideal diet for the protocol?**
    - A very strict low histamine diet is essential.
    - **Note:**
        - Histamine blockers will not work the same way as a low-histamine diet. Additionally, intermittent fasting (controversial, but has been scientifically proven to lower inflammation and promote autophagy) might be beneficial.

4. **FUTURE TREATMENTS: Are there any supplements or drugs being developed that will help middle ear inflammation?**
    - Yes, HPN-07/NHPN-1010 God-tier otoprotective anti-inflammatory drug, unavailable on the market due to greed; and Ebselen (SPI-1005) God-tier antioxidant/anti-inflammatory. Very neuroprotective. Hopefully these will be on the market soon.



TLAB VOCAB!

TLAB VOCAB

1. **AMPA Receptors**
   - The expansion of AMPA, if you're curious, is Alpha-amino-3-hydroxy-5-Methyl-4-isoxazolePropionic Acid. AMPA receptors are receptors in your DCN that generate the tinnitus sound. The device dissolves them reducing/suppressing the tinnitus.

2. **DCN**
   - Dorsal Cochlear Nucleus: this is the part of your brainstem that processes sounds.

3. **LTD/LTP**
   - Long Term Potentiation: this refers to when your body makes tinnitus louder.
   - Long Term Depression: this refers to when your body makes tinnitus quieter. This is the mechanism induced by the device.
   - For detailed info watch: Neuromod Lenire Doesn't Work, Susan Shore Device does. Here's Why (Scientific Explanation) #tinnitus and related videos.

4. **Somatic**
   - If your tinnitus sound changes in any way with any type of movement, then you are somatic. Doesn't matter if it's just 1 tone, or if it's by moving head/neck/jaw/nose/whatever or if it's just 1 ear or 2 or 3. If it changes in ANY way, you're somatic.

5. **HATSU**
   - Hyperacusis And Tinnitus Sufferers United: Old name of the community, now Tinnitus Labs Server.

6. **MEM/TTS**
   - Middle Ear Myoclonus/Tensor Tympani Syndrome. This is a condition where tiny muscles inside your ear twitch or flutter involuntarily. This is a type of objective

tinnitus, where the sound can be heard by both patient and examiner.

7. **ODC**
   - One Day Closer (to the release of the DIY device)

   .
8. **STDP**
   - Spike Timing Dependent Plasticity. The mechanism induced by the device, through which the brain's auditory pathways are retrained to reduce or eliminate the perception of tinnitus.

9. **Pulling a SAHM**
   - SAHM was a user who got better and disappeared. SAHM is now our term for people leaving the community after improving.

STATUS

STATUS

UPDATES

Please note that this tab only includes major updates. We invite you to carefully read the #ggd-updates channel directly, where all updates are detailed.

April 20, 2025

GuineaGuy has let Anthony know that a constant stream of GuineaGuy Devices (GGD) will start being assembled from next week. Batch 2 should officially start relatively soon. GuineaGuy also says that 20-30 a day should be possible when he gets the hang of it. Currently, his capacity is 20-30 a week. But it should increase very soon.

April 26, 2025

First 10 GGD have been assembled. Just waiting for the cases to be mounted. Then they will be shipped.

May 19, 2025

The first 10 GGD were shipped via DHL to Italy, where Luca is set to receive them. Anthony plans to travel to Italy to train Luca on how to test the devices. Once both Anthony and Luca have completed testing and verified the quality of these initial units, the devices will be sent to Batch 1 participants by Luca via DHL. In parallel, Anthony will place an order with GuineaGuy for additional components to begin full-scale production.

May 23, 2025

The first 10 GGD units have arrived in Italy and have been successfully received by Luca. Anthony will arrive in Italy on May 28th to teach Luca how to test the devices. As a reminder, Anthony is traveling to Italy only for the first 10 GGD. Future GGD will be tested by Luca alone & possibly other helpers (under Anthony's remote supervision), and Luca will be responsible for sending all devices to the participants.

In parallel, GuineaGuy has received the 50 updated PCBs, designed to enhance EMI resistance. He has already begun the pre-assembly process by soldering the basic components onto the boards, while awaiting the arrival of the remaining parts needed to complete them. These additional components will be ordered once Anthony has validated the performance and quality of the first 10 GGD units. Once GuineaGuy receives the necessary parts, he will finalize the assembly of the pre-prepared boards, allowing the next batch of 50 devices to be shipped to Italy promptly.

May 28, 2025

FAQ was updated!

May 28, 2025

Anthony has arrived safely in Italy, where he was welcomed by Luca. They are currently testing the first 10 GGD units.

May 30, 2025

GG has ordered the parts for 50 devices! He has pre-assembled (minor/cheap parts) onto ALL the boards. As soon as he receives all the parts (~5-7 days) he will start sending the 50 devices at 10-20 units per day (if Luca can handle the load).

He can assemble & test 15-20 in a day.,

These newer devices will have full EMI protection & slightly different potentiometers (HW) and SW volume settings. Note: this does not mean the first 10 are "bad", just further minor adjustments.,

B1 and B2 will likely be fully delivered in 2 weeks (3 if something goes unexpectedly, hopefully not). We're still getting a hang of the process.

⚠️ If you are a part of B1 or B2, check your PMs and the server updates channel FREQUENTLY over the next couple weeks. If you do not reply fast enough (24 hours AT MOST), your spot will be given to another participant of B1/B2 and you will be pushed back.

⚠️ If Jo Ann messages you about payment for shipping you MUST reply ASAP or you will be pushed back.

June 04, 2025

All components for the next 50 devices (covering B1 and B2) have been ordered and shipped — most have already arrived in the country. As for Batch 3 and beyond, additional PCBs and cases (60 units) have been pre-ordered and are currently being shipped from the supplier. Two out of six of these shipments are already on the way. By pre-assembling the PCBs with readily available components, the overall production timeline is being significantly accelerated.

June 17, 2025

11 devices have been sent to Luca by GG. Next 10 will follow soon. These are the upgraded EMI-immune (& other minor features/improvements) devices.

June 18, 2025

10 devices have been sent to Luca by GG.

June 23, 2025

The 11 devices have arrived in Italy and were received by Luca. Under Anthony's remote supervision, Luca tested all 11 devices, and everything was working properly. He then packaged and prepared them for shipment via DHL Express to participants.
In parallel, GG sent 10 additional devices to Luca.
In total, 41 devices have been shipped by GG to date.

June 25, 2025

- 10 devices have been shipped by Luca to participants.
- 10 devices have been received by Luca from GG. Under Anthony's remote supervision, Luca tested all 10 devices. He then packaged and prepared them for shipment via DHL Express to participants.

June 26, 2025

- The 10 devices have been shipped to participants by Luca.
- 10 devices have been sent to Luca by GG.

June 30, 2025

10 devices have been received by Luca from GG. Under Anthony's remote supervision, Luca tested all 10 devices. He then packaged and prepared them for shipment via DHL Express to participants.

July 02, 2025
10 devices have been shipped by Luca to participants.

July 08, 2025
9 devices have been shipped by Luca to participants.

July 09, 2025
10 devices have been sent to Luca by GG.