

INTUITIVE LIFE WELLNESS & COLORADO SISTERS IN PSYCHEDELICS

An Intro to Microdosing

Psilocybin, LSD & San Pedro (Huachuma) — a holistic foundation for beginners

PSILOCYBIN

LSD

SAN PEDRO / HUACHUMA

Contraindications

Safe Sourcing

Dosing Philosophy

Set & Setting

Intention & Ritual

Basic Science

Who this is for: Anyone — any gender, any background — considering microdosing for the first time and wanting one grounded place to compare all three classic psychedelics side by side. This guide blends practical harm-reduction basics with a whole-person lens: body, mind, and spirit as equally worth tending in this work.

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1 Welcome, and the Basic Science

Microdosing means taking a sub-perceptual amount of a classic psychedelic — small enough that you generally don't feel intoxicated or "high" — on a regular, structured schedule over weeks or months. It's a practice, not a single journey. That distinction matters, because it changes what you're tending to: not one profound experience, but a slow, cumulative relationship with a medicine over time.

Psilocybin, LSD, and San Pedro/Huachuma are often discussed together because they share a common mechanism, but they aren't interchangeable. Here's how they compare at a glance:

Medicine	Chemical Family	Primary Mechanism	Character & Duration
Psilocybin	Tryptamine (converts to psilocin)	5-HT2A receptor agonist	Shortest duration of the three; often described as clear and exploratory
LSD	Ergot-derived (semi-synthetic)	5-HT2A receptor agonist, plus affinity for other receptor sites	Longer duration than psilocybin; often described as energizing or activating
San Pedro / Huachuma	Phenethylamine (mescaline)	5-HT2A receptor agonist	Longest duration and gentlest onset of the three; often described as heart-centered or grounding

Across all three, researchers point to effects on the brain's **default mode network** — the network associated with rumination, habitual thinking, and the ego's "autopilot" narration — and on **neuroplasticity**, the brain's capacity to form new neural connections. This is part of the proposed mechanism behind reported shifts in rigid thought patterns, emotional reactivity, and creative thinking, common to all three medicines.

A note on lineage: "Huachuma" is the Quechua name for San Pedro cactus and its long history in Andean healing traditions, predating the colonial-era name "San Pedro" by centuries. Whichever medicine you're drawn to, approaching it with respect for where it comes from — its ecology, its history, and often its indigenous lineage — is part of doing this work well.

Mind, body, spirit lens: The science describes mechanism, not meaning. Two people can have the same receptor activity and a completely different experience, because the mind brings intention and the spirit brings meaning-making to what the body is doing. This guide holds all three as relevant.

2 Common Reasons People Microdose

Body & Mind

- Mood support and emotional resilience
- Reduced anxiety or rumination
- Improved focus and mental clarity
- Support through habit or pattern change (including substance tapering, under guidance)

Spirit & Creativity

- Creative flow and problem-solving
- A felt sense of connection — to self, others, nature, or something larger
- Support for meditation, breathwork, or other contemplative practice
- Working with grief, transitions, or seasons of change

Research on microdosing is still developing across all three medicines, and much of what's reported comes from observational and self-report data rather than large controlled trials. Curiosity and honest expectation-setting matter here as much as any specific outcome.

3 Contraindications: Who Should Pause or Skip This

This is a condensed summary. If any of these apply to you, please talk it through with a facilitator before beginning.

Factor	Why it matters
Lithium	Associated with a markedly elevated seizure risk when combined with any classic psychedelic. A firm no-go across all three.
MAOIs (prescription or natural)	Risk of dangerous serotonergic potentiation. Requires supervised planning, not self-management.
Personal/family history of psychosis, schizophrenia, or bipolar I	Can precipitate or worsen manic or psychotic episodes — a primary screening question for all three medicines.
Pregnancy & breastfeeding	No adequate safety data exists for any of the three. Not recommended.
Active, unsupported suicidal ideation	An unsupervised practice isn't an appropriate response to acute crisis — reach out for support first.
Uncontrolled hypertension or cardiovascular disease	All three raise cardiovascular load somewhat; regular, cumulative exposure warrants a physician conversation first — especially relevant to San Pedro given its longer duration.
Daily SSRIs/SNRIs	Not a hard stop, but effects are often blunted across all three — worth a conversation before adjusting anything yourself.

Psilocybin-specific

Tramadol and DXM both raise serotonin syndrome risk when combined.

LSD-specific

Rarely associated with peripheral vasoconstriction at high doses — a flag for circulatory conditions (e.g., Raynaud's). Also has the most documented HPPD association of the three, though this is typically discussed with higher-dose or frequent use.

San Pedro-specific

More commonly associated with mild GI effects (nausea) than the other two, even at sub-perceptual doses.

Emerging research to know about: Regular, repeated use of any of these three medicines activates the 5-HT2B receptor — the same pathway implicated in valve damage from other chronic-use serotonergic compounds. Long-term data on microdosing specifically is still limited across all three, which is exactly why structured breaks and defined practice periods (rather than continuous, indefinite use) are part of a thoughtful approach, and why personal or family valve history deserves its own conversation.

For the complete contraindications reference, see our full *Plant Medicine Contraindications & Considerations* guide, available at [intuitivelifewellness.com](https://www.intuitivelifewellness.com).

4 Safe Sourcing

What you're working with matters as much as how you work with it. Potency variability, unknown sources, and (for LSD) substitution risk are the biggest sourcing concerns across these three medicines — a trusted, consistent source solves most of this before you ever take a dose.

MY TRUSTED, RECOMMENDED SOURCE — ALL THREE MEDICINES

Golden Rule Mushrooms

Consistent, high-quality, and the source I personally partner with — covering psilocybin, LSD, and San Pedro in one trusted place. Use my code below for a discount as part of this community.

goldenrulemushrooms.com/coupon-code/jessicae10/shop/

Psilocybin

LSD

San Pedro / Huachuma

Psilocybin

Potency varies by species, growing conditions, and plant part used — a consistent source is what makes "start low and go slow" actually work.

LSD

Doses are measured in micrograms with no way to estimate strength by sight. Substitution risk is real — what's sold as LSD isn't always LSD, which is why sourcing from a trusted, verified supplier matters more here than almost anywhere else.

San Pedro / Huachuma

Mescaline content varies enormously from plant to plant and by preparation. Species identification and a trusted, consistent source matter more here than the ability to estimate potency by eye ever could.

5 Dosing Philosophy & Protocol Options

I'm intentionally not prescribing exact amounts or a specific schedule in a document like this one — for any of these three medicines, including San Pedro in powdered or measured form. The right dose and cadence is individual, and depends on your body, your goals, your sensitivity, and your source's true potency. What I can offer here is the shape a thoughtful protocol tends to take, and the major named approaches people choose between.

The general shape of a microdosing practice

- **Structured, not continuous.** Most established approaches use a defined pattern of dosing days and rest days, rather than daily use — this supports both tolerance management and clearer self-observation.
- **Defined practice periods.** A practice usually has a beginning and an end — commonly measured in weeks — followed by an integration break, rather than open-ended indefinite use.
- **Start low.** Whatever your medicine and starting point, the sub-perceptual threshold is the goal — you're looking for subtlety, not a "felt" experience. Working with a facilitator to find your own starting point, weighed and measured appropriately for your specific source, is the safest way to begin.
- **One variable at a time.** Avoid changing your dose, your schedule, and your other supplements or substances all at once — it makes it much harder to know what's actually working.

Protocol Options: Three Approaches People Choose Between

The Fadiman Protocol

Named for psychologist Dr. James Fadiman — the most conservative, most-referenced approach: a dosing day followed by more rest days than dosing days, over a period of weeks, then a longer break. Easiest structure to actually learn from.

The Stamets Stack

Proposed by mycologist Paul Stamets — pairs microdosing with supportive supplements (commonly lion's mane and niacin) on a neuroplasticity theory, with more consecutive dosing days relative to rest. The theory is interesting but not yet proven at microdose levels.

Individualized / Intuitive

Checking in with your body each day and deciding in the moment whether it's a dosing day, usually paired with tracking so intuition doesn't drift into guessing. Generally suits people with some tracking experience already, not a first practice.

Please don't self-titrate from internet numbers — including weight-based dosing for powdered San Pedro. Generic dosing charts and online weight conversions don't account for your specific source's true potency, your body, your medications, or your goals. This is the single most common way people either feel nothing or feel more than they meant to. A short consult can save you weeks of guessing, and is the right place for a real, individualized dosing plan.

6 Set & Setting

Even at sub-perceptual doses, your internal state and external environment shape the experience — true across all three medicines, though San Pedro's longer duration means setting matters over a longer window.

Set (your internal state)

- Notice your baseline mood and stress level before dosing
- Avoid starting on a day of major emotional upheaval
- Come in curious rather than expecting a specific outcome
- Consider your menstrual cycle phase if that's relevant to you

Setting (your environment)

- Dosing days are still "on" days — plan for normal function, not incapacitation
- A calm morning routine supports noticing subtle shifts
- Time in nature or sunlight is commonly reported as supportive
- Have your tracking log or journal within reach

7 Intentions & Ritual

This is where the "spirit" in mind-body-spirit gets tended. A microdosing practice doesn't require ceremony, but many people find that even a small ritual container turns a habit into a practice.

- **Set an intention before each practice period** — not a rigid goal, but a direction.
- **Anchor to something cyclical** — the lunar cycle, a menstrual cycle, or the change of a season — a natural container with a built-in beginning and end.
- **A small morning ritual on dosing days** — breathwork, a candle, a moment of gratitude — signals to your nervous system that this is intentional, not incidental.
- **Journal, even briefly.** The noticing is often where the value lives, not just the dose itself.
- **If working with San Pedro/Huachuma specifically, consider a gesture of reciprocity** (ayni) — acknowledging the Andean lineage this medicine comes from.

- **Integration matters as much as the dosing.** Build in time at the end of a practice period to reflect on what you noticed.

"The medicine opens a door. What you build in the room it opens into is up to your own intention, attention, and care."

8 Sample Tracking Log

Tracking turns a vague sense of "I think this is helping" into real, usable information. Copy this format into a notebook or spreadsheet, or use it as-is — works for any of the three medicines.

Date	Medicine	Dose Day? (Y/ N)	Mood Before (1–10)	Mood After (1–10)	Energy (1–10)	Focus/ Clarity (1–10)	Notes / Intentions / Observations

Tip: at the end of each practice period, re-read your notes start to finish before writing a short integration summary. Patterns often show up in hindsight that aren't visible day to day.

Ready to Build a Practice That's Actually Yours?

This guide is a starting point — the foundational shape of a thoughtful practice for any of these three medicines. Your specific dose, schedule, and considerations (including a real, measured dosing plan for whichever medicine you choose) deserve a real conversation, tailored to your body, your history, and your intentions.

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Sourcing: goldenrulemushrooms.com/coupon-code/jessicae10/shop/

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