

INTUITIVE LIFE WELLNESS

Plant Medicine Contraindications & Considerations

*A harm-reduction reference for psilocybin, San Pedro (mescaline),
and LSD*

How to use this guide: This resource is meant to help you understand which health conditions, medications, and life circumstances call for extra caution — or for sitting a particular medicine out altogether — before you engage with it. It is not a substitute for individualized guidance. If anything here raises a question about your own situation, that's exactly the kind of thing worth talking through together.

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Why Contraindications Matter

Psilocybin, San Pedro (mescaline), and LSD are all classic serotonergic psychedelics, so they share a lot of the same physiology — and a lot of the same cautions. But they aren't interchangeable. Dose intensity, duration, onset speed, and specific physiological effects differ enough that a consideration that's minor with one medicine can be a hard stop with another.

This guide is organized in two parts: the contraindications that overlap across all three medicines, and the considerations that are more specific to one. Use the color tags to see at a glance where each item applies.

This is educational content, not a medical clearance. It is not a substitute for a 1:1 screening conversation, a review of your personal and family health history, or your prescriber's input on your current medications. Please don't use this guide to self-clear for use — use it to get informed and to know what to bring to a real conversation.

ALL THREE

 shared across psilocybin, San Pedro, and LSD

PSILOCYBIN

SAN PEDRO

LSD

Shared Contraindications (All Three Medicines)

Consideration	Why it matters
Lithium	The single most important interaction across all classic psychedelics. Case reports and self-report data associate lithium combined with psilocybin or LSD with a markedly elevated seizure risk. Treated as a firm no-go in essentially every clinical and harm-reduction protocol.
MAOIs (prescription or natural, e.g. Syrian rue)	Can dangerously potentiate serotonergic effects and raise the risk of serotonin toxicity. Requires a supervised washout period, not a DIY decision.
Personal or family history of psychosis, schizophrenia, or bipolar I disorder	Classic psychedelics can precipitate or worsen manic or psychotic episodes in vulnerable individuals. This is a primary screening question in every clinical protocol.
Uncontrolled hypertension or significant cardiovascular disease	All three medicines raise heart rate and blood pressure during the acute experience. Well-managed conditions are often lower risk with clearance from a cardiologist or physician; uncontrolled conditions are a clear caution.
Pregnancy & breastfeeding	No classic psychedelic has adequate safety data in pregnancy or lactation. Not recommended under any circumstance.

Seizure disorders	Psychedelics are generally avoided in people with epilepsy or a seizure history, both due to threshold effects and interactions with anticonvulsant medications.
Active, unsupported suicidal ideation	An unstructured or unsupported psychedelic experience is not an appropriate intervention during acute crisis. This calls for a different kind of support first.
SSRIs / SNRIs	Not a hard stop, but these commonly blunt the subjective effects of all three medicines, which can tempt people toward higher doses than intended. Worth discussing rather than guessing around.
Stimulants, other cardiovascular-active substances, or alcohol	Combining any of these medicines with stimulants or alcohol compounds cardiovascular strain and impairs judgment during an already altered state.

A note on "well-controlled" conditions: Several of the shared cautions above (cardiovascular history, certain medications) aren't always absolute — they often depend on how well-managed the underlying condition is and what your prescriber says. This is exactly the nuance that's worth a real conversation rather than a guess.

Medicine-Specific Considerations

Psilocybin — Specific Considerations

PSILOCYBIN-SPECIFIC

- **Tramadol:** Serotonergic and lowers seizure threshold — a combination generally avoided with psilocybin.
- **Dextromethorphan (DXM):** Shared serotonergic and NMDA effects create a higher risk of serotonin syndrome and dissociation when combined.
- **Anticonvulsant mood stabilizers** (valproate, carbamazepine, lamotrigine): May blunt psilocybin's effects and complicate dosing decisions.
- **Duration & onset:** Shorter total experience window (roughly 4–6 hours) than LSD or San Pedro — relevant for anyone weighing time commitment or work/childcare logistics.

San Pedro (Mescaline) — Specific Considerations

SAN PEDRO-SPECIFIC

- **Extended duration:** Effects can last up to 12–18 hours — considerably longer than psilocybin or LSD. This is a significant logistical and physiological consideration, especially for anyone with cardiovascular sensitivity, GI issues, or limited time/support availability.

- **GI intensity:** San Pedro preparations are more commonly associated with nausea and vomiting during onset than psilocybin or LSD, which matters for anyone with GI conditions or on an empty stomach for extended periods.
- **Dose variability of plant material:** Mescaline content in San Pedro varies widely by plant, preparation, and source — a meaningfully higher "unknown dose" risk than a measured psilocybin or LSD dose. This makes sourcing and preparation knowledge especially important.
- **Cardiovascular history:** Because of the longer duration and prolonged elevated heart rate/blood pressure, existing cardiovascular conditions warrant extra caution here relative to the shorter-acting medicines.

LSD — Specific Considerations

LSD-SPECIFIC

- **Peripheral vasoconstriction:** LSD is ergot-derived, and at high doses has rarely been associated with significant peripheral vasoconstriction. This is a relevant flag for anyone with circulatory conditions (e.g., Raynaud's, peripheral vascular disease).
- **Long duration:** Typically 8–12 hours — longer than psilocybin, shorter than San Pedro on average, but still a substantial time and support commitment.
- **HPPD (Hallucinogen Persisting Perception Disorder):** While rare, LSD has the most documented association with HPPD of the three medicines discussed here — worth knowing about, especially for anyone with a history of visual migraines or significant anxiety around perceptual change.
- **Potency/dosing precision:** Because effective doses are measured in micrograms, sourcing and verified testing matter enormously — far more room for accidental overdose from an unknown source than with psilocybin.

Quick Overlap Reference

Item	Applies To	Note
Lithium	ALL THREE	Firm contraindication
MAOIs	ALL THREE	Firm contraindication
Psychosis / bipolar I history	ALL THREE	Screening priority
Uncontrolled cardiovascular disease	ALL THREE	Severity-dependent
Pregnancy / breastfeeding	ALL THREE	Not recommended
Seizure disorder	ALL THREE	Caution + med interactions
Tramadol / DXM interaction	PSILOCYBIN	Serotonin syndrome risk

Extended duration (12–18 hrs)	SAN PEDRO	Logistics + GI + cardiac load
Variable plant-material dosing	SAN PEDRO	Sourcing matters most here
Peripheral vasoconstriction risk	LSD	Circulatory conditions
HPPD association	LSD	Most documented of the three

Microdosing vs. Macro dosing: What Changes

Most of what's above applies whether you're talking about a full ceremonial dose or a regular microdosing practice — the underlying pharmacology doesn't change. But a few things shift meaningfully once dosing becomes *sub-perceptual and repeated* rather than occasional and full-strength.

Factor	Macro dosing (occasional, full dose)	Micro dosing (regular, sub-perceptual)
Cardiac risk profile	Acute cardiovascular strain (elevated heart rate/BP) during a single session — relevant mainly for uncontrolled hypertension or cardiovascular disease.	Emerging research flags a different concern: repeated 5-HT2B receptor activation over weeks/months is structurally similar to other chronic-use compounds linked to cardiac valvulopathy. Long-term data is still limited, but this makes personal/family valve history and open-ended, indefinite use worth extra caution.
SSRIs/SNRIs	Typically blunts a single session's effects — mostly an efficacy consideration, not a safety one.	Same blunting effect, but the temptation to compensate by creeping the dose up happens gradually and easily unnoticed over weeks of regular use — worth periodic check-ins rather than a one-time note.
Tolerance	Not generally a factor in a single, occasional session.	5-HT2A receptor tolerance builds with regular use, which is why structured on/off schedules (rather than continuous daily use) are considered standard practice.
Source/dose consistency	Matters for a single session, but a one-time variability is a one-time risk.	Matters more over time — inconsistent potency compounds across many doses, especially relevant for San Pedro given its wide natural variability.

**Psychiatric screening
(psychosis/bipolar
history)**

A single session carries a single window of destabilization risk.

Repeated dosing means repeated exposure to that risk — this is a reason for more frequent check-ins over a microdosing period, not a one-time screen.

The bottom line: Microdosing isn't inherently "safer" just because the per-dose amount is smaller — some risks shift from acute/one-time to cumulative/long-term. Both dosing styles deserve their own conversation rather than assuming one is automatically the lower-risk choice.

Harm Reduction Resources: Medication Interactions

These are tools I point people toward for a deeper, individualized look at medication interactions — helpful for coming into a consultation informed, but not a substitute for one:

Resource	What it offers
The Magic Mushroom Interaction Checker psychedelicinteraction.com	An online tool developed by a pharmacist that generates an individualized report on how psilocybin mushrooms may interact with specific medications and health conditions. Covers a broader range of medications than most facilitator-training checklists, including non-psychiatric drugs.
Spirit Pharmacist — Ben Malcolm, PharmD spiritpharmacist.com	A board-certified psychiatric pharmacist specializing in psychedelic drug interactions. His free downloadable guide on antidepressant and psychedelic drug interactions and tapering planning is a well-regarded resource for understanding SSRI/SNRI and psychedelic overlap specifically.

Sources synthesized from published clinical and harm-reduction literature on psilocybin, mescaline/San Pedro, and LSD, including peer-reviewed pharmacology reviews and established harm-reduction organizations. This guide reflects general patterns in the literature and is not exhaustive or individualized.

Have a question about your specific situation?

This guide covers general patterns — but your health history, medications, and life circumstances are specific to you. If something here raised a question, or you want a real screening conversation before moving forward with any plant medicine work, I'd love to talk it through with you.

Reach out any time — Jessica Eden, LCSW, LAC, ADS | Intuitive Life Wellness