

INTUITIVE LIFE WELLNESS & COLORADO SISTERS IN PSYCHEDELICS

Women's Starter Guide to Microdosing

A holistic, mind-body-spirit foundation for the cycles, seasons, and stages of a woman's life

Contraindications

Safe Sourcing

Cycle-Aware Dosing

Set & Setting

Intention & Ritual

Basic Science

Community

Who this is for: Women considering microdosing psilocybin for the first time — whatever season you're in, whether that's cycling, postpartum, perimenopause, or beyond. This guide blends practical harm-reduction basics with a whole-person lens: body, mind, and spirit as equally worth tending in this work, and a community that gets it.

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1 Welcome, and Why a Guide for Women

Microdosing means taking a sub-perceptual amount of psilocybin — 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 ceremony.

Women's bodies move through hormonal rhythms that most general microdosing guidance simply doesn't account for — a monthly cycle, and often bigger transitions like postpartum recovery or perimenopause. None of these are contraindications on their own, but they're context that deserves a place in the conversation, not an afterthought. This guide is written with that context built in from the start, not bolted on.

What's happening physiologically

Psilocybin converts in the body to psilocin, which acts primarily on the serotonin 2A (5-HT_{2A}) receptor — the same receptor family involved in mood, perception, and cognitive flexibility. At sub-perceptual doses, many people describe subtle effects on mood, focus, and a sense of openness, without the perceptual shifts of a full dose.

Researchers also point to effects on the brain's **default mode network** — associated with rumination and habitual thinking — and on **neuroplasticity**, the brain's capacity to form new neural connections. Interestingly, estrogen also influences neuroplasticity and serotonin receptor sensitivity, which is part of why some women notice their response to microdosing shift across different points in their cycle or across life stages — this isn't in your head, it's genuinely a more variable system to tune into.

Mind, body, spirit lens: The science describes mechanism, not meaning. Two women 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 Women Microdose

Body & Mind

- Cycle-related mood shifts and PMS/PMDD support
- Postpartum mood and identity transition
- Perimenopause and menopause-related mood or cognitive changes
- Reduced anxiety, rumination, or "mental load" overwhelm
- Support through habit or pattern change (including substance tapering, under guidance)

Spirit & Connection

- Creative flow, especially for women balancing caregiving with creative or professional work
- A felt sense of connection — to self, to other women, to a larger cycle or season
- Reclaiming intuition and self-trust, often after years of deferring to others
- Support through major life transitions — new motherhood, divorce, career pivots, grief
- Community — many women find the practice itself is more sustainable inside a shared container with others who understand it

Research on microdosing is still developing, and research specifically on women's hormonal cycles and psychedelics is even earlier-stage. 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 — not as a formality, but because these genuinely change the risk picture.

Factor	Why it matters
Lithium	Associated with a markedly elevated seizure risk when combined with classic psychedelics. A firm no-go.
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.
Pregnancy, trying to conceive, or breastfeeding	No adequate safety data exists for any of these. Not recommended — including during active fertility treatment or an unmonitored fertility window.
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	Regular, cumulative cardiovascular exposure warrants a physician conversation first.
Daily SSRIs/SNRIs	Not a hard stop, but effects are often blunted — worth a conversation before adjusting anything yourself.
Hormonal birth control or HRT	No known dangerous interaction, but research on hormonal medications alongside psilocybin is limited — worth mentioning to your prescriber rather than assuming it's a non-issue.

Emerging research to know about: Regular, repeated psilocybin use activates the 5-HT_{2B} receptor — the same pathway implicated in valve damage from other chronic-use serotonergic compounds. Long-term data on microdosing specifically is still limited, 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 across psilocybin, San Pedro, and LSD, see our full *Plant Medicine Contraindications & Considerations* guide, available at intuitivelifewellness.com.

4 Safe Sourcing

What you're working with matters as much as how you work with it. A thoughtful practice starts before the first dose — with where your medicine comes from, and trusting that source enough to not have to think about it again.

- **Know your source.** Whenever possible, work with a source you trust and who can speak to cultivation practices, species/strain, and consistency batch to batch.
- **Understand natural variability.** Potency varies by species, growing conditions, and even which part of the mushroom you use. This is precisely why "start low and go slow" isn't just a saying — it's a response to real variability.
- **Consistency supports a microdosing practice specifically.** Because you're taking repeated doses over time, inconsistent potency compounds in a way it wouldn't for a single occasional dose. A steady, known source matters more here than in ceremonial or one-time use.
- **Ask questions.** A trustworthy source welcomes questions about cultivation, testing, and preparation.

My go-to recommendation: Golden Rule Mushrooms. This is the source I personally partner with and feel comfortable pointing every woman in this community toward — consistent, high-quality, and easy to reorder from once you know what works for you, so you're not re-solving the sourcing question every single cycle. As a member of this community, you get a discount with the code below.

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

5 Cycle-Aware Dosing Philosophy

I'm intentionally not prescribing exact amounts or a specific schedule in a document like this one — the right dose and cadence is individual, and depends on your body, your goals, your sensitivity, and your source's potency. What I can offer here is the shape a thoughtful protocol tends to take, with your cycle held as part of the picture rather than ignored.

The general shape of a microdosing practice

- **Structured, not continuous.** Most established approaches (including protocols popularized by researchers like Dr. James Fadiman) use a defined pattern of dosing days and rest days, rather than daily use — this supports both tolerance management and clearer self-observation.
- **Let your cycle be part of the container, if you have one.** Some women choose to align a dosing period with a particular cycle phase — for example, resting fully during menstruation and observing more closely around ovulation — rather than dosing identically straight through. There's no single "correct" way to do this; it's about noticing your own pattern, not following a universal rule.
- **Defined practice periods.** A practice usually has a beginning and an end — commonly measured in weeks or cycles — followed by an integration break, rather than open-ended indefinite use.
- **Start low.** Whatever your source 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 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, especially with a cycle already introducing its own natural variability.

Protocol Options: The Three Approaches Most Women Choose Between

You'll hear these names often in the microdosing world. None is objectively "best" — each suits a different personality and goal. I'm describing the philosophy and shape of each, not exact schedules or amounts; that part is worth building with a facilitator, based on which approach fits you.

The Fadiman Protocol

Named for psychologist Dr. James Fadiman, this is the most conservative and most-referenced approach: a dosing day followed by more rest days than dosing days, repeated over a period of weeks, then a longer integration break. It's built around giving you lots of "baseline" days to compare against, which makes it the easiest structure to actually learn from. Often the best starting point if you're new to tracking your own response.

Individualized / Intuitive Microdosing

Rather than following a fixed calendar, this approach means checking in with your body and your cycle each day and deciding in the moment whether it's a dosing day — often paired closely with tracking so intuition doesn't drift into guessing. Many women find this style fits especially well once they already have a season or two of structured tracking behind them, since it takes real self-awareness to do well. It's generally not the best starting point for someone brand new to microdosing.

The Stamets Stack

Proposed by mycologist Paul Stamets, this approach pairs microdosing with supportive supplements — commonly lion's mane and niacin — on the theory that the combination may support neuroplasticity more than a microdose alone. It generally involves more consecutive dosing days relative to rest days than Fadiman's approach. The neuroplasticity theory behind it is genuinely interesting but isn't yet proven at microdose levels — worth knowing as you weigh whether the added complexity is right for you.

Which one is right for you?

If you're just starting out, a more structured approach (like Fadiman's) tends to give you the clearest, most readable information about how your body responds. As you build experience — and especially once you understand your own cycle-related patterns — you may find yourself naturally shifting toward a more individualized rhythm. This is exactly the kind of decision worth working through together rather than guessing at alone.

Please don't self-titrate from internet numbers. Generic dosing charts don't account for your source's potency, your body, your hormonal rhythm, 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.

6 Set & Setting

Even at sub-perceptual doses, your internal state and external environment shape the experience.

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 — many people find certain phases feel more supportive to start in

Setting (your environment)

- Dosing days are still "on" days — plan for normal function, not incapacitation, but build in a little grace
- A calm morning routine supports noticing subtle shifts, even a short one squeezed in before kids wake up
- Time in nature or sunlight is commonly reported as supportive
- Have your tracking log or journal within reach
- If you're caregiving, plan dosing days when you have at least a little backup or lower-demand hours, especially early on

7 Intentions & Ritual

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

- **Set an intention before each practice period** — not a rigid goal, but a direction. "I'm curious about my relationship to creative work" is an intention; "I will finish my novel" is a demand.
- **Anchor to something cyclical.** Some women align a practice period with their menstrual cycle, the lunar cycle, or the change of a season — a natural container with a built-in beginning and end, and one that echoes rhythms your body already knows.
- **A small morning ritual on dosing days** — a few minutes of 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.
- **Consider doing this alongside other women.** A shared practice period — even just checking in with one other woman doing the same thing — tends to make the noticing and the accountability easier to sustain.
- **Integration matters as much as the dosing.** Build in time — even five minutes — at the end of a practice period to reflect on what you noticed before starting the next chapter.

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

You don't have to do this alone. Colorado Sisters in Psychedelics (CO-SIP) is a community of women navigating this work together — sharing what's working, what isn't, and holding each other's practice periods with real understanding. Find us at cosistersinpsychedelics.org.

8 Sample Tracking Log

Tracking turns a vague sense of "I think this is helping" into real, usable information — for you and for anyone supporting you. Copy this format into a notebook or spreadsheet, or use it as-is.

Date	Cycle Day / Phase	Dose Day? (Y/N)	Mood Before (1–10)	Mood After (1–10)	Energy (1–10)	Focus/ Clarity (1–10)	Sleep Quality (prior night)	Notes / Intentions / Observations

Tip: at the end of each practice period, re-read your notes start to finish before writing a short integration summary. If you track your cycle, look back for patterns tied to phase, not just to the dose itself — that's often where the most useful information lives.

Ready to Build a Practice That's Actually Yours?

This guide is a starting point — the foundational shape of a thoughtful practice. Your specific dose, schedule, and considerations deserve a real conversation, tailored to your body, your cycle, your history, and your intentions. If you'd rather not figure this out alone, that's exactly what our women's group programs are for.

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