

# **MICRODOSING 101: WHAT TO KNOW BEFORE YOU START**

**EMBER INTEGRATION**





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# MICRODOSING 101: THE BASICS

Microdosing refers to the regular ingestion of very small, sub or slightly-perceptual doses of psychedelic substances, typically psilocybin (the active compound in 'magic mushrooms').

Unlike full doses, microdoses are not meant to cause strong changes in perception. Instead, the goal is to subtly enhance mental clarity, creativity, mood, or focus.

## RESEARCH ON MICRODOSING AND MENTAL HEALTH

Several peer-reviewed studies have begun to explore the reported benefits of psilocybin microdosing. [One such study by Polito & Stevenson \(2019\)](#) found that individuals who engaged in microdosing reported improvements in mood and attention, suggesting potential benefits for emotional regulation and focus.

Similarly, [Anderson et al. \(2019\)](#) observed that microdosers experienced reduced symptoms of anxiety and depression, pointing to possible applications for mental health support.

While these findings are based on self-reporting and more research is needed, they highlight a growing body of evidence worth considering for those seeking holistic wellness approaches.

## POTENTIAL BENEFITS & CAUTIONS

While many people report mood elevation, increased focus, and enhanced creativity, others may experience overstimulation, anxiety, or unease. Effects can vary depending on dose, set (mindset), and setting (environment).

It's important to note that research findings are mixed. While many self-reported improvements have been observed, some placebo-controlled studies suggest that

these effects may partly result from participants' expectations rather than the psilocybin itself.

Microdosing is not a cure-all, and may not be appropriate for everyone. It is not recommended for individuals with:

- A personal or family history of psychosis (including **schizophrenia or schizoaffective disorder**)
- **Bipolar I disorder**, particularly those prone to manic episodes
- **Epilepsy** or seizure disorders
- Current **use of MAOIs** or high-dose psychiatric medications
- History of serotonin syndrome
- **Significant cardiovascular conditions**, especially if using stimulatory stacks (e.g., with niacin or adaptogens)
- Pregnancy or breastfeeding
- **Interactions with SSRIs, SNRIs, or other antidepressants** *should be reviewed with a medical provider*, as psilocybin affects the serotonin system and may reduce or alter expected effects.

Some individuals also report increased anxiety, irritability, digestive discomfort, or sleep disturbances, especially early in a protocol or at doses that are slightly too high.



# HOW SSRIS INTERACT WITH PSILOCYBIN

## BASIC MECHANISM

Psilocybin works by activating serotonin 2A (5-HT<sub>2A</sub>) receptors, which helps create altered states of consciousness, emotional insight, and neuroplasticity.

SSRIs like Zoloft and Lexapro flood the brain with serotonin over time by blocking its reuptake—but in doing so, they downregulate (desensitize) or reduce the number of 5-HT<sub>2A</sub> receptors over time.

What this means is that psilocybin has fewer places to "land", which blunts its effects. Imagine psilocybin as a radio signal trying to reach a set of special satellite dishes on your brain (5-HT<sub>2A</sub> receptors).

SSRIs turn down the sensitivity of those dishes or even fold some of them away to avoid overload from the constant serotonin buzz. So when psilocybin tries to "broadcast" its signal, the reception is muffled or only partly received.

**DULLING EFFECT OF SSRIS ON PSILOCYBIN: WHAT THE RESEARCH SUGGESTS**

SSRI	Typical Daily Dose	Dulling of Psilocybin?	Estimated Effect
Zoloft	100 mg	Yes	40–70% reduction
Lexapro	10 mg	Yes (milder)	30–50% reduction

Zoloft (sertraline) has stronger serotonin transporter affinity and more 5-HT2A receptor downregulation over time.

Lexapro (escitalopram) is considered more selective and might have a slightly lighter dulling effect, but still significant.

Some microdosing users report "muted" effects, emotional flatness, or no noticeable benefit while on SSRIs.

Individual response varies. Some still benefit from sub-perceptual mood uplift, especially if tapering has begun.



## TAPERING STRATEGY

For illustrative purposes only – must be guided by a medical professional

Week	Zoloft Dosage	Microdosing Notes
1–2	100 mg → 75 mg	No psilocybin yet – observe mood, sleep, anxiety
3–4	75 mg → 50 mg	Begin microdosing every 3rd day
5–6	50 mg → 25 mg	Observe potential effects – microdose may start to feel stronger
7	25 mg → 0 mg	Only if stable, continue low-dose protocol, pause or adjust as needed

This would be a long, cautious taper—designed to reduce receptor desensitization gradually and minimize emotional instability. Some may pause SSRIs for weeks before microdosing begins. Others use bridging compounds like buspirone, but this is more advanced and experimental. Everyone is different.

SSRIs should never be abruptly stopped, as this can cause withdrawal symptoms, relapse, or serotonin discontinuation syndrome.

Tapering is highly individual and depends on medication, dosage, duration of use, and mental health history.

*Again this is not medical advice; consult your physician before adapting a tapering strategy*

## SSRI BOTTOM LINE: DON'T DIY CRITICAL TRANSITIONS

If you're thinking about reducing or stopping SSRIs in order to try microdosing, this should only be done under the guidance of a medical professional. Tapering these medications requires careful planning and support to avoid withdrawal symptoms or emotional destabilization.

SSRI withdrawal can cause serious symptoms — physical, emotional, and neurological. Microdosing is not a substitute for medication in acute mental health situations.

Instead, think of microdosing as a possible adjunct to a broader healing process — one that should be built on safety, trust, and expert support.

# TYPICAL MICRODOSE RANGES

The goal of a microdose is not to trip or hallucinate — it’s to create subtle shifts in mood, focus, and emotional awareness. Most people don’t “feel” the dose in a dramatic way, but notice changes in how they respond to their day.

Form	Typical Microdose	Notes
Dried Psilocybin Mushrooms	0.1 to 0.3 grams (mine are 0.2 grams)	Most common form. Effects vary by species, batch, and drying method. Start low.
Psilocybin Truffles (legal in NL)	0.2 to 0.5 grams	Less potent than dried mushrooms. Common in legal microdosing kits.
Psilocybin Extract / Capsules	100–250 mg (standardized)	More consistent. Often paired with Lion’s Mane or niacin in stacks.
Psilocybin Chocolates	1/10 of a full dose	Depends heavily on brand. Always check label.

## START LOW, OBSERVE, ADJUST

Beginners often start with 0.1 grams of dried mushrooms or 100 mg of extract-based capsules. The right dose shouldn't disrupt your day, cause visual changes or impede your ability to drive, work, and interact normally. If you feel “off,” anxious, or overstimulated, your dose may be too high for microdosing.



# PRACTICES TO MAXIMIZE BENEFITS

Microdosing tends to be most effective when paired with intentional, reflective behaviors that support integration, clarity, and emotional insight. These complementary practices help your system make the most of subtle shifts in perception, mood, and self-awareness.

## MEDITATION

Calms the nervous system, increases presence, and helps you observe subtle emotional or cognitive changes. Even 5–10 minutes of mindfulness, breathwork, or body scanning can increase your capacity to receive the microdose rather than rush past its effects.

## JOURNALING

Writing down your thoughts, mood, energy levels, or emotional triggers — especially on and after microdose days — creates a valuable log for tracking patterns and insights over time. Consider using a simple 1–10 scale or short sentence check-ins if full journaling feels overwhelming.

## TIME IN NATURE

Nature deepens grounding and often amplifies the emotional and sensory benefits of microdosing. Walks in green spaces or sitting quietly outdoors can enhance perspective, reduce stress, and reset your internal rhythm.

## **INTENTION SETTING**

Taking a moment before each dose to clarify what you're hoping for — even something simple like “patience,” “clarity,” or “openness” — helps shape the arc of the day.

Microdosing tends to magnify what's already present in your system, so conscious framing matters.

## **CREATIVE EXPRESSION**

Many people find that microdosing unlocks new forms of creative flow — whether through drawing, music, movement, or writing. These outlets can help integrate emotional experiences and transform insight into action.

## **SOMATIC AWARENESS**

Practices like yoga, tai chi, or even gentle stretching help you stay connected to your body. Psilocybin often increases sensitivity to physical cues, so body-based practices help release tension and integrate emotion.



# CHOOSING A MICRODOSING PROTOCOL: WHAT FITS YOU BEST?

## WHAT IS A MICRODOSING PROTOCOL?

A microdosing protocol is a structured plan that tells you when to take your microdose and when to take breaks. It's not just about taking a tiny dose — it's about how you space it out over time so your body and brain respond well.

Most common protocols recommend taking a microdose every 2–3 days, not every day. These “off days” are just as important as the dosing days.

## WHY ARE “OFF DAYS” IMPORTANT?

Psilocybin and other psychedelics work by activating serotonin receptors in your brain, especially something called the 5-HT<sub>2A</sub> receptor. But here's the catch: If you take psychedelics too often, these receptors become less responsive. This is called tolerance and it happens quickly with psychedelics — even after one dose, your brain becomes temporarily less sensitive to them.

This means that if you use psychedelics every day, your body quickly builds tolerance — so the same dose will feel weaker over time or may stop working altogether.

**So when you follow a protocol that includes breaks, you:**

- Prevent tolerance from building up
- Let your nervous system integrate the subtle effects
- Get more consistent, long-term benefits without needing to increase your dose

A good microdosing protocol:

- Respects your brain's natural rhythm
- Keeps you from “chasing” effects
- Encourages awareness and reflection

## **MICRODOSING PROTOCOLS: CHOOSING THE RIGHT RHYTHM FOR YOUR MIND AND GOALS**

Below are some of the most widely used microdosing approaches — each with its own rhythm, purpose, and ideal fit.

### **THE FADIMAN PROTOCOL (THE CLASSIC ONE)**

**Schedule:** One Day On, Two Days Off

- Day 1: Microdose
- Day 2: Rest (observe effects)
- Day 3: Rest (baseline)
- Repeat

#### **Cycle Length**

Often done for 4–6 weeks, followed by a break of 2–4 weeks for reflection and

#### **Best For Those New to Microdosing**

Emphasizes self-awareness and journaling. Helps distinguish between real effects and placebo.

## **THE STAMETS STACK (THE BIOHACKER'S BLEND)**

**Schedule:** 4 days on, 3 days off

(e.g., Monday–Thursday dose, Friday–Sunday off)

**Includes:**

- Psilocybin microdose
- Lion's Mane mushroom extract (supports neurogenesis; included in my microdoses)
- Niacin (vitamin B3) (believed to support brain circulation; not included in my microdoses but can be supplemented with 100–200 mg non-flush or flush niacin)

**Cycle Length:**

Usually practiced for 4–5 weeks before taking a break.

**Best For:**

People focused on neuroplasticity, memory, and mental enhancement. Often used in entrepreneurial or wellness circles.

## **EVERY OTHER DAY PROTOCOL (CONSISTENT RHYTHM)**

**Schedule:**

Dose every 48 hours (e.g., Monday, Wednesday, Friday...)

**Cycle Length:**

Often continued for 3–6 weeks depending on the goal.

**Best For:**

People seeking ongoing mood support, such as for:

- Mild to moderate anxiety
- Persistent low mood or emotional numbness
- Focus and energy regulation during stressful periods
- Users who want structure but not as rigid as daily tracking protocols
- Suitable for those balancing microdosing with work, family, or therapy

# **THE INTUITIVE PROTOCOL (SELF-GUIDED)**

## **Schedule:**

No fixed schedule—dose only when you feel it's needed and conditions are right (e.g., days of reflection, creativity, therapy, or retreat)

## **Cycle Length:**

Highly individual; can range from once per week to once per month.

## **Best For**

Often practiced by those operating in therapeutic, ceremonial, or spiritual contexts.

Emphasizes deep internal listening.



# LONG-TERM EFFECTS: WHAT WE KNOW AND WHAT WE DON'T

Because psilocybin microdosing is a relatively new and evolving practice, especially outside clinical trials, the long-term effects are not yet fully understood. While many users report ongoing benefits — such as improved mood, greater creativity, and emotional resilience — these outcomes are based primarily on anecdotal reports and self-selected surveys, not long-term randomized studies.

## WHAT EMERGING RESEARCH SUGGESTS

- **Mood and Mental Health:** Some longitudinal surveys have found reductions in depression, anxiety, and stress over time in people who microdose consistently — but without control groups, it's unclear whether this is due to the microdose or related lifestyle changes.
- **Cognitive Function:** Limited studies suggest potential improvements in attention, mindfulness, and divergent thinking, though there is no strong evidence yet for long-term cognitive enhancement.
- **Neuroplasticity Support:** Animal studies and in-vitro research indicate that psychedelics may promote neural growth and synaptic plasticity — but it's not yet clear how this translates to humans at microdose levels.
- **Tolerance and Diminishing Returns:** Regular microdosing without breaks may lead to tolerance or diminished benefits over time. Most protocols recommend periodic pauses to reset the nervous system and maintain effectiveness

## WHAT WE DON'T YET KNOW

- **Cumulative Effects:** There is currently no comprehensive data on how months or years of microdosing might affect the brain, hormone levels, or psychological patterns.
- **Dependency Risk:** While psychedelics are not considered physically addictive, there is concern that some users may become psychologically dependent on the routine, using it as a crutch rather than addressing underlying needs.
- **Heart Health & Niacin Stacking:** Some biohacking stacks (e.g., the Stamets Stack with niacin) involve repeated use of stimulatory compounds, which may not be advisable for those with cardiovascular sensitivity over long periods.
- **Interactions with Medications:** Chronic microdosing while on psychiatric medications remains largely unstudied. The long-term interaction effects with SSRIs, SNRIs, and mood stabilizers are unknown.

## BOTTOM LINE

Long-term microdosing appears safe for many people in short cycles, especially when paired with reflective practices and rest periods. But the science is still catching up. Until larger, well-controlled studies are completed, it's wise to approach long-term use with curiosity, caution, and regular check-ins with your health and mental state.

# RESEARCH FOR FURTHER CONSIDERATION

## 1. Attenuation of Psilocybin Effects by SSRIs

- **Study:** "Attenuation of psilocybin mushroom effects during and after SSRI/SNRI antidepressant use"

**Findings:** This study observed that psilocybin's effects may be diminished by serotonergic antidepressants both during concurrent use and even after a medication washout period.

**Link:** [PubMed](#)[Johns Hopkins University](#)+1[ResearchGate](#)+1

## 2. 5-HT<sub>2A</sub> Receptor Downregulation by Chronic SSRI Use

- **Study:** "Regulation of central 5-HT<sub>2A</sub> receptors: a review of in vivo studies"

**Findings:** Chronic administration of SSRIs leads to downregulation of 5-HT<sub>2A</sub> receptors, which could interfere with the antidepressant action of SSRIs and potentially impact the efficacy of psilocybin.

**Link:** [PubMed](#)

### 3. Acute Effects of Psilocybin After Escitalopram Pretreatment

- **Study:** "Acute Effects of Psilocybin After Escitalopram or Placebo Pretreatment in a Randomized, Double-Blind, Placebo-Controlled, Crossover Study in Healthy Subjects"

**Findings:** The study found that psilocybin's subjective effects were not significantly altered by escitalopram pretreatment, but there was a reduction in anxiety and ego dissolution, suggesting a potential dampening of certain psychedelic experiences.

Link: [PubMed](#)

### 4. Effects of Discontinuation of SSRIs Prior to Psilocybin Therapy

- **Study:** "Effects of discontinuation of serotonergic antidepressants prior to psilocybin therapy"

**Findings:** Discontinuation of SSRIs before psilocybin therapy might diminish response to treatment; however, no effects of discontinuation on measures of the acute psychedelic experience were found.

Link: [PubMed](#)

## 5. User Reports on SSRI and Psilocybin Coadministration

- **Study:** "Content analysis of Reddit posts about coadministration of selective serotonin reuptake inhibitors and psilocybin"

**Findings:** Among user reports, 54% described reduced intensity of the acute psilocybin experience when coadministered with SSRIs, while 39% reported unchanged intensity.

**Link:** [PubMed](#)

## 6. Chronic 5-HT<sub>2A</sub> Agonist Use and BDNF System

- **Study:** "The Chronic Treatment With 5-HT<sub>2A</sub> Receptor Agonists Affects the BDNF System"

**Findings:** Chronic activation of the 5-HT<sub>2A</sub> receptor with agonists affects the BDNF system at multiple levels, suggesting possible suppression in BDNF-TrkB signaling under chronic treatment.

**Link:** [PubMed](#)