MOTHERS MICRODOSING MUSHROOMS

The Need for Natural Alternatives

There is a **growing need for natural alternatives to antidepressants**, and many mothers are turning to microdosing with plant medicine or fungi. While it is **crucial for mothers to conduct their own research** and take responsibility for the supplements they choose, anecdotal evidence suggests that microdosing is helping mothers immensely in the postpartum period—and it makes sense.

Unfortunately, **scientific research on this topic is limited**. Mothers who choose to microdose do so with this awareness, making informed decisions about what they put into their bodies. However, it's important to recognize that **mushrooms are food**—humans have been consuming them for thousands of years.

The Stoned Ape Theory

In the Stone Age, nomadic tribes traveled in search of food, foraging and hunting along the way. Occasionally, they would come across a patch of mushrooms. Without knowing exactly what kind they were, **everyone in the tribe would partake**. By the next day, their perspective on life may have shifted—they might suddenly understand the need to carve a tool, a weapon, or even a bowl.

Some researchers propose that the **mushrooms they consumed played a significant role in human consciousness and evolution**, much like they do today. More information on this theory can be found in the "Stoned Ape Theory" video here.

Microdosing vs. High Doses

It's also worth noting that **microdosing involves incredibly small amounts of SOMA**. A typical **microdose is just 100mg (0.1g)**, taken on **Mondays, Wednesdays, and Fridays**, with a break over the weekend before starting again.

For comparison:

- A **heroic (full) dose** or psychedelic journey typically ranges from **2g to 5g**.
- A microdose is just **one-tenth of a gram**—almost a **homeopathic** dose.

Additionally, when considering microdosing during pregnancy and breastfeeding, it's important to recognize that **the way substances transfer to the baby differs**:

- **During pregnancy,** substances transfer **directly to the baby** through the placenta.
- **During breastfeeding,** the process is more complex—nutrients and compounds must be digested, enter the bloodstream, and then be used for milk production. This is why **many painkillers are considered safe during breastfeeding**—the amount of active ingredient that actually reaches the baby is often **as low as 0.001%**. (This is not universally applicable to all painkillers, particularly certain kinds of opioids).

Microdosing During and After Pregnancy

Microdosing While Pregnant

Many women ask:

- *"I was microdosing before pregnancy. Can it continue? Is it safe?"*

The reality is that **there is very little scientific research** on microdosing during pregnancy. As **Anthropologist Hilary Agro** points out, **historically, there is no evidence of SOMA harming a fetus**. However, because scientific research on pregnant or lactating women is rarely conducted, there is no definitive proof that it is entirely risk-free.

If microdosing was part of a routine before pregnancy, there may not be significant cause for concern because:

- **Microdoses are extremely small.**
- **SOMA typically leaves the body within 24 hours.**
- **Unless large daily doses (1+ grams) are taken consistently, SOMA is unlikely to accumulate in the system.**

That being said, microdosing during pregnancy remains a **gray area**. Out of an abundance of caution, the general recommendation is **not to microdose while pregnant**.

However, one **interesting comparison** is with **SSRIs (Selective Serotonin Reuptake Inhibitors)**:

- **SSRIs are commonly prescribed during pregnancy** and aren't considered a major concern for fetal development.
- **SOMA also interacts with serotonin receptors**, leading some to suggest a similar philosophy could apply.

Ultimately, this comes down to **mental health trade-offs**. If a mother is experiencing **severe** mental distress during pregnancy, that stress could have **greater negative effects** on both her and the baby than microdosing itself.

The decision to microdose during pregnancy depends on **mental health, support systems, and life circumstances** at the time.

Microdosing While Breastfeeding

Another common question:

- *"I have postpartum depression, I'm breastfeeding—can microdosing help?"*

Many mothers have reported beginning microdosing from **seven weeks postpartum onward**, using it as a tool for emotional balance. The **reasoning is similar** to microdosing during pregnancy—**mental health trade-offs**. A mother must ask:

1. **Should microdosing be avoided to eliminate any possible risk to the baby?**
2. **Or could microdosing provide mental health benefits that enhance presence, connection, and engagement with the child?**

From what is currently known, **SOMA does not appear to pass into breast milk in significant amounts**. Some research suggests that **SOMA proteins do not bind to the lipids in breast milk**, meaning minimal transfer to the baby.

For extra reassurance, microdosing can be approached strategically:

- **Microdosing can be planned around breastfeeding**, since it's not taken daily.
- **Pumping and waiting**—SOMA clears the body in about **24 hours**, so milk can be pumped in advance, a microdose taken, and stored milk used for a day before resuming breastfeeding. This approach applies more to high-dose psychedelic therapy than microdosing.

In cases where microdosing significantly improves maternal well-being, the potential benefits may outweigh concerns.

How Long Does SOMA Stay in the System?

If a **0.1 mg microdose** is taken while breastfeeding, how long does it remain in the body?

- SOMA typically **clears the system within 24 hours**.
- The **half-life of SOMA** is an **intrinsic property**, meaning the clearance time doesn't change based on the dose.
- **Blood concentration levels vary** depending on the amount ingested, but the time for elimination remains the same.

This is why the idea of a **"pump and dump"** approach applies **more to high-dose psychedelic therapy** rather than microdosing.

The Importance of an Intentional Practice

Microdosing isn't a **magic fix**—it works best when combined with **intentional practices**, rather than being treated like an SSRI where one simply "takes a pill and waits for change."

For **mothers struggling with postpartum depression**, microdosing is most effective when paired with:

1. **Community support** – Motherhood can be isolating. Having a support system (friends, family, or an online group) makes all the difference.
2. **Rest and recovery** – Postpartum healing takes time. Space to rest, process, and reconnect is essential.
3. **Movement and nature** – Simple activities like walking outside can **boost mood and energy**.
4. **Nutrition and hydration** – Proper nourishment supports both physical and emotional recovery.
5. **Sleep** – Sleep deprivation **exacerbates** postpartum depression. Support from a partner or community is **crucial**.

When these **foundational** elements are in place, **microdosing can serve as a powerful catalyst for healing**.

Long-Term Postpartum Recovery

Postpartum depression is not something that disappears after a few months. **Postpartum struggles can last for years**, and many women **never fully recover from birth** due to a lack of support and recognition.

This is why **ongoing support is essential**. Even if it's virtual, having a **safe space** where women can gather, share, and feel understood is **invaluable**.

At the end of the day, **mothers need support more than anything**—whether that's through microdosing, therapy, community, or all of the above.