#18 — Psychedelics and the Feminine: Healing Cycles, Hormones, and the Womb Transcript

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Podcast Return and Psychedelic Science Update

[music] Welcome to the trip lab kitchen table conversations about integrative medicine and psychedelics. [music] I'm your host and attending physician Dr. Mariela Wood.

Hi everyone, welcome back. It has been a while. I think my last episode was published in 2023 and a lot has happened for me personally since then. I completed my formal training in integrative medicine. I recently stepped into the role of medical director of the Osher Center for Integrative Medicine at Northwestern. And on that note, I do want to add that the views and opinions on this podcast are entirely my own and do not reflect the views and opinions of my employer. But even more importantly than all of that, I became a mother. I grew a beautiful soul in my body and now he is here and in the world. And he is truly the best thing that has ever entered my life. And this transition is what has sparked the topic for today, psychedelics and the feminine. But before we dive into today's topic, I want to start this new season with a quick pulse check on where things stand in the world of psychedelic science and medicine. It has been a busy year, not just in the research world, but also in how psychedelic medicine is being integrated into mainstream conversations about mental health and healing. Let's start with MDMA news. Back in early 2024, MAPS, now restructured as a nonprofit LIOS Therapeutics, submitted their phase 3 data to the FDA for approval of MDMA assisted therapy for PTSD. The results were promising. In their second phase 3 trial published in Nature Medicine, 71% of participants no longer met criteria for PTSD after only three MDMA sessions combined with therapy, compared to 48% in the placebo group. These are remarkable numbers, especially for such a difficult to treat condition. But in a surprising move, the FDA declined approval this spring, issuing what is called a complete response letter. The agency didn't dispute the efficacy outright. Instead, they raised concerns about trial design, functional unblinding, and long-term safety data.

In other words, participants could often tell whether they received MDMA or placebo, and the FDA felt that might have influenced outcomes. This raises a pertinent point about psychedelic research. I feel like it's obvious, but of course, they knew that's how these medicines work, unlike blood pressure drugs, which work more behind the scenes. The placebo response is another interesting point to bring up, but we will do a deep dive on that topic in another podcast. So, going back to the news, the FDA also cited issues with therapist training protocols and potential bias in how some therapists administered the treatment, likely influenced by the unfortunate sexual assault event that came out a few years back. So, this is a setback for MDMA, but not the end. LICOS is expected to resubmit data with adjustments, and this pause gives the field time to refine protocols, improve standardization, and continue making the case for this medicine safety and long-term impact.

Meanwhile, psilocybin research continues to gain momentum. Compass Pathways has moved into phase 3 trials for treatment resistant depression after their earlier phase 2B study showed that a single high dose of psilocybin significantly reduced depression scores for many participants. Additionally, institutions like Johns Hopkins and UCSF are expanding studies into psilocybin for everything from smoking sessation to anorexia nervosa.

Psychedelics and the Feminine Body

In Australia, as of July 2023, authorized psychiatrists can prescribe psilocybin and MDMA for treatment resistant mental health conditions, making it the first country to officially reschedule these medications for use. Access still remains limited, but it's a major regulatory milestone that other nations are watching closely.

Beyond just clinical trials, there's a shift happening in the field from proving that psychedelics work to asking how they work at a deeper level. Studies are exploring mechanisms like increased brain network connectivity, reduced default mode network activity, which we'll definitely talk more on later, and enhanced neuroplasticity. We are even seeing psychedelic effects not just on mood or trauma but also on inflammation, cognition, and even the gut brain access. There's also a growing awareness of the integration process that the medicine alone isn't the magic. It's

the container, the preparation, and the meaning making afterward that often determine whether the experience leads to lasting change. At the same time, the conversation is widening. Who gets access? How do we protect indigenous wisdom while navigating a biomedical system built on patents and protocols?

The psychedelic renaissance is still alive, but it's evolving. And with that comes more nuance, more responsibility, and more possibility. So, that is the landscape as we step back into the trip lab. Now, let's dive into today's topic.

We're going to explore the cycles of the feminine and how that relates to psychedelics. So let's begin with the body because for so long especially in western medicine the body has been treated like a machine to be diagnosed, managed or fixed. But what if the body particularly the female body is more like a landscape? One that holds memories, cycles, intuition and grief.

And what happens when psychedelics become a way of listening to that landscape more deeply? For many women, the body is not just a vessel, but a sight of trauma, medical, sexual, ancestral. And much of that trauma is stored in silence in the pelvis, the womb, the nervous system. And psychedelics often reopen access to those silent spaces, not just cognitively, but physically. Many women describe feeling deep sensation in their womb or chest during a psychedelic journey and only later realizing they were releasing something they hadn't been able to name previously.

Others describe feeling their body speak to them either in sensation or an image in a metaphor as if it had been waiting all along for a moment to be heard. And there actually is science to support this. So we know that the classic psychedelics like psilocybin and LSD act primarily on the serotonin 2a receptor.

And interestingly those receptors aren't just in the brain. They're also found in the gut, in the uterus, and in our immune cells. So when we say these substances affect the mind and the body, we actually are speaking literally. The entire system gets involved. And that system is cyclical. The hormonal rhythm of a menrating person shapes not only mood and energy but also sensitivity to psychedelics. Estrogen actually increases the serotonin 2a receptor expression which may explain why some people feel more sensitive to psychedelics during the days before ovulation when estrogen is peing. And we do have animal studies to support this with female rodents showing stronger responses to psilocybin during estrus which is their version of ovulation. And the science just continues to catch up to what many women already know intuitively. Psychedelic facilitators describe how the phase of the cycle shapes the flavor of the medicine. Ovulation for some brings expansive clarity, a connection to something archetypally creative, even divine. Premenstrually, the medicine often feels deeper or raar. This is the phase where shadow work emerges. Grief, rage, body image, inherited pain. Some call this the descent, the underworld part of the cycle where it truth surfaces whether you're ready or not.

Hormonal Cycles, Pregnancy, and Postpartum

There's even a theory shared in retreats and healing spaces that psychedelics amplify the body's innate wisdom during ministration. That the veil is thinner, the womb becomes more of a psychic channel and ancestral voices are more easily heard. Whether metaphor or memory, the experiences reported during this time are often intense, sacred, and transformative. Pregnancy too has long been seen as a heightened energetic state in ancient traditions, particularly in Aruveda, where it's believed that a woman becomes more porous, more attuned to subtle energy, and more spiritually open. I actually felt this firsthand when I was pregnant.

When treating patients with OMT, which is the hands-on osteopathic manipulative treatments, I have an episode on this one, too. I could feel shifts in energy that I did not notice pre-reg. It's as if the boundary between the physical and the subtle became thinner. I imagine this is probably similar to what a Raiki healer might notice. And while this isn't something we can measure in the lab, many women describe a similar deepening of perception and intuition during this time. Now, to be clear, I am not recommending the use of psychedelics during pregnancy. We don't have safety data, and it's not something supported in clinical practice right now. But it's worth acknowledging that in some indigenous traditions, plant medicine was and in some cases still is used ceremonally by pregnant women under the guidance of experienced elders.

These aren't recreational experiences. They're spiritual, relational, and rooted in a worldview where pregnancy was

not a pathology to be managed, but a sacred right of passage. The postpartum and pmenopause realm brings another dimension. These are hormonal gateways, periods of radical change in identity, neurochemistry, and embodiment. And while clinical research hasn't yet explored these phases, stories from mothers and midlife women are starting to shape a new narrative. One woman recently described her postpartum journey as meeting herself outside the roles of mother or wife, just her soul, raw and alone. Another said a psilocybin experience during perry menopause helped her forgive her body for aging and recognize the wisdom in its changes.

So all of this calls us to widen the lens in psychedelic medicine. We do talk a lot about set and setting mindset environment preparation. But what about timing? What about the body's internal seasons, its hormonal weather, its cyclical invitations? Maybe it's not just about finding the right dose or the right setting. But maybe healing is also about choosing the right moment. A moment when the body is ready, the heart is open, and the veil is thin. The more we honor these rhythms, the more personal, powerful, and embodied our psychedelic healing can become. That was a little bit of an overview of the hormonal shifts and the possibility that these can play on a psychedelic experience. Now, I want to dive a little bit deeper into this journey and what is actually happening in the body with the hormonal fluctuations. And because I've recently experienced this, I want to dive in deeper into the postpartum portal. One of the most profound hormonal and spiritual transitions a human body can endure. After you give birth, your body goes through a hormonal crash that is honestly incomprehensible.

Within 48 hours of delivery, estrogen and progesterone levels, which have been steadily climbing for 9 to 10 months, plummet by over 95%. And in fact, this drop in estrogen after delivery is often compared to suddenly stopping 100 birth control pills a day all at once. It is the most abrupt hormonal shift a person can experience outside of surgical menopause or trauma.

But it's not just a chemical change, it's also a psychic one. You are grieving the loss of your old life and identity while simultaneously being asked to fall in love with this tiny human that you grew for nearly a year.

And really, 40 weeks is closer to 10 months when you track it through lunar cycles, which also feels symbolically important. Throughout history, women have been connected to the moon, not just metaphorically, but biologically.

The menstrual cycle, the gestational cycle, the tides of moon and energy, they all move with the moon. So when that cycle completes, when birth happens, it's not just physical. It's part of historical mythology. I do want to take a step back here and be completely honest. My postpartum experience was very difficult, especially when you throw breastfeeding into the mix, which I struggled with basically the entire time. And to be very brutally honest, this period of my life was darker and harder than going through general surgery residency. And for those of you that have, you know how that feels. But through the darkness, I do feel like I joined the sacred circle of mothers that no one truly understands until they've also joined the club. This made me think back to all of the babies I delivered and the mothers that I took care of, all my co-residents that went through this during residency of all times and all of the mothers that I pass on the street that have also experienced is incredibly sacred but soul destruction and rebuilding that comes with motherhood. All that being said, having my baby is by far the best thing that has ever happened to me, but it was a journey and it continues to be. So, going back to our episode here, I really want to dive deeper into the neuroscience of this expansive experience and how it overlaps so much with a psychedelic trip.

Postpartum Brain Changes and Psychedelic Overlap

So both the postpartum shift, the postpartum portal and a psychedelic trip involve massive shifts in the architecture of the brain especially in regions related to identity, emotion regulation, attachment and self other boundaries. So in the postpartum area, the maternal brain underos measurable changes in volume and activity. We actually have functional MRI studies that show increases in the size and responsiveness of the amygdala, the anterior singulate cortex, and the prefrontal cortex. All areas that influence vigilance, empathy, and emotional sensitivity. This is the science of why many mothers report feeling more tuned into their baby's emotions, but also more easily overwhelmed, reactive, or existentially fragile. The lack of sleep probably also contributes to that, too. But in psychedelic states, something similar happens. Brain imaging studies show that under psilocybin or LSD, activity in the default mode network, the DMN, which is the hub of self-referential thinking, significantly decreases. This is often called ego dissolution. When the boundary between me and not me temporarily softens or disappears, people report feeling interconnected, porous, deeply moved by love, grief or awe and in some cases completely unmed.

Interestingly, the default mode network is also highly active in rumination and narrative identity, which is the part of us that says, "I am this person with this history and these expectations." So when this quiets down, a kind of psychic rebirth becomes possible. And this is where the overlap gets really interesting because postpartum is in many ways its own form of ego death.

[snorts] The identity that you knew, your routines, your freedom, your sense of control literally dissolves overnight. You don't sleep. You don't eat on your own schedule or unfortunately for me, you don't eat at all. It's definitely not the best. You don't know who you are. You're flooded with love one moment and then grief the next.

Both psychedelic journeys and early motherhood drop you into what anthropologists call a liinal state, a threshold between who you were and who you are becoming. These are actually neuroplastic windows, too, where the brain is reconfiguring itself in real time. And in both cases, synaptic connections shift, new patterns are formed, and old identities are loosened.

There's an interesting study that I'll link in the show notes that showed that psychedelics, particularly psilocybin, increase dendritic spine growth. And dendrites are those tiny protrusions on neurons that help us form new connections, particularly in regions like the prefrontal cortex.

Another study found that postpartum women also show enhanced connectivity in these same networks, particularly in response to infant cues. So the brain is literally rewiring to prioritize connection, emotional meaning and responsiveness to life. [snorts] So both experiences, whether brought on by birth or compound, can make you feel cracked open, vulnerable, and profoundly alive. Of course, one difference is that postpartum arrives whether you are ready or not. It's a biological initiation. Psychedelics, on the other hand, can offer a chosen encounter with these same themes, a way to consciously engage with identity, grief, and transformation, but the emotional terrain can be strikingly similar. So, with all that, a little bit of a different episode here, maybe the invitation isn't just to study psychedelics more. Maybe it's to listen more closely to the body, to ask better questions. What if menstrual cycles, pregnancy, postpartum, and menopause aren't obstacles to research, but maps, revealing how consciousness changes when the body transforms?

What if these transitional states hold keys to understanding not just healing, but rebirth as well? We are just beginning to scratch the surface. There's so much that we don't know yet. Like, how does cycle phase influence integration? Could certain windows in the hormonal rhythm be optimal for trauma release or creative insight? And how might postpartum and pmenopause be honored as psychedelic in their own right neurochemically, spiritually, and mythologically? So, as the research moves forward, I hope we start asking these questions. I hope we begin to center women's bodies not just as variables for control, but as sources of wisdom in their own right. Maybe psychedelics don't just show us something new. Maybe they help us remember what the body already knows.

That [clears throat] healing is cyclical. That endings are beginnings. That transformation often feels like unraveling until we realize that we are being rewoven. Thanks for listening to the Trip Lab. If you liked this episode, please subscribe and share so we can get the conversation started about integrative medicine and psychedelics to destigmatize it and fully explore what this could mean in the world. [music]