



# Working as a Naturopathic Doctor with the Transgender Population

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Most people living in western societies believe there are two genders: male and female, whereas many other cultures have long recognized that there are more. At a North American lesbian, gay bi-sexual, and transgender (LGBT) health conference I attended 15 years ago one aboriginal speaker mentioned that in his culture nine genders are recognized.

Throughout human history there have been those who do not fit into the male/female dichotomy. The idea that one can identify as having a gender other than that which they were born is slowly becoming more acceptable in some North American communities. However, there is still a stigma attached to questioning the dominant gender paradigm.

Transgender is the term referring to any individual who expresses or identifies their gender differently from the gender assigned to them at birth. Although it is a small community it is quite diverse. It includes but is not limited to transsexuals, male to female (MTF or trans-woman) and female to male (FTM or trans-man), people who identify as gender queer, drag queens and kings, people who cross dress either fully or partially, and two spirit people.

People who identify as transsexual are not comfortable living as their birth gender. They will often state that they feel trapped in the wrong body. They may or may not fully or partially transition to their preferred gender. For many reasons people who identify as gender queer often do not want to fully transition. Few transsexual people will transition fully either, but are more likely to have some surgery and take appropriate hormones on a regular basis. Many FTM transsexuals will have their breasts removed. Building a functional penis is difficult. If the trans-man is heavyset it is virtually impossible. Many trans-women will have breast implants, fewer will have the testicles removed and fewer still have the entire surgery including vaginal implant done.

One aspect of hormonal transition is safety. All women who take oral forms of estrogen are at greater risk of blood clots and trans-women are no exception. I prefer using injectable forms of hormone both for my transsexual population and genetic women and men who need hormones, however, one of my patients who began to transition later in life had great difficulty injecting

herself so I have her on oral estrogen. This particular trans-woman comes to me every 2-3 months just to talk about things her other health care practitioners wouldn't understand. As an ND I have the time and training to listen.

One requirement for receiving hormones to transition from one gender to another is a letter from a therapist stating that the therapist has worked with the individual for a period of time and that this person is a candidate for gender reassignment therapy including hormones.

One of the youngest transsexual patients I have seen is 20 years-old. He came to me with his mother and her partner. Although his parents are divorced they are both supportive of his transition. He had been taking his father's Androgel but had stopped before seeing me. As he wanted to continue using Androgel I prescribed it for him, as he did present the letter from his therapist, but I also spent time going over the risks of transferring testosterone to other people and wrote out for him the precautions necessary to avoid that. A month later he decided to change to injectable testosterone. I have worked with him to optimize his dose and timing.

It is becoming more common for parents to be supportive of the gender transition of younger children. Although the younger a person is when they transition the more complete the transition will appear, most children who state that they are really members of the opposite gender later become quite comfortable living in the gender they were assigned at birth. There are some children who are fluid as to gender, neither wanting to always be male or female. There are medications called gonadotrophin-releasing hormone (GnRH) inhibitors that have been used for many years in North America to treat precocious puberty and in countries like the Netherlands to stop puberty in children who may be transsexual. They can be given to a child who thinks they are in the wrong body and may be truly transsexual. Growth will slow as will cognitive development triggered by adolescent hormones. There do not appear to be any side effects and within six months of discontinuation they will catch up with their peers. When the child decides for sure that they want to transition they can begin appropriate hormone treatment and discontinue the GnRH inhibitors.

I treat a trans-man and his wife, a genetic woman. Last time I saw him he mentioned that his libido was gone and that he had experienced spotting. When I asked him about his testosterone dosing he turned out to be taking a smaller dose than most trans-men take and he is a big guy. I told him to raise the dose. If his libido is still low or he is still spotting I may give him

an aromatase inhibitor as testosterone is metabolized to estradiol via aromatase. There are two plant derived aromatase inhibitors, Myomin, a combination of the herbs *Smilax glabra*, *Curcuma zedoria*, *Cyperus rotundus*, and *Aralia dasyphylla*; and Chrysin, a naturally occurring flavinoid extracted from blue passionflower.

I treat a trans-man for his asthma and allergies. Recently we taught him Buteyko Breathing. Many people are able to take lower doses of many medications when their breathing improves, so I told him that in a few months to a year he may need to reduce his dose of testosterone and other medications he uses.

There are many considerations a naturopathic doctor needs to be aware of when treating transsexual people. Because the liver metabolizes hormones, periodic liver function testing is imperative. Trans-men usually need regular PAPs and Pelvic exams. They often no longer have a uterus or ovaries but usually have a vagina and cervix. Trans-women need mammograms, even if they have breast implants as they are now taking estradiol. They also have the same health issues as everyone else. They just need a non-judgmental physician to work with, one who is aware of their whole self, not just one dimension. Trans-men need much higher doses of testosterone and trans-women need higher doses of estradiol than genetic people do, so bioidentical hormone replacement therapy (BHRT) is not often used. However, some trans people don't do well with hormone replacement and BHRT or some botanical therapies with plant versions of hormones may work better for them.

Many herbs and foods are thought to contain hormone analogue. Some actually contain small amounts of estrogens such as the estradiol in pomegranate, while others are converted by

some into estrogens; for example, soy isoflavones (although highly converted by Asian women, soy isoflavones are poorly converted by Caucasian women). Herbs including alfalfa and licorice are known to be estrogenic. Others, used for menopausal symptoms actually are not estrogenic, and operate via different mechanisms. Male enhancement herbs include tribulus which has several good studies and appears to enhance testosterone receptors in the brain. Another is tongkat, which has several good studies but is expensive and many companies (in the U.S.) sell an inferior product. Maca does not contain testosterone or estrogen, but it enhances natural production of these hormones. If a trans-male takes maca as a testosterone source, they might want to add Myosin as well to reduce the progression of testosterone to estrogens. However, the author has not used maca in this way.

Some transgender people, especially younger ones, will take black market hormones or their friend's hormones. Some gender queer people who are born female don't realize that some of the effects of testosterone are permanent. It is part of good naturopathic care to inform them of this and to let them know the dangers of taking unregulated substances that have such a powerful effect on our bodies.

Those who have decided to transition need counseling. As I mentioned above, they need counseling before they receive gender reassignment hormones. They need to be clear of the realities of gender transition, and be realistic about what they can expect from the process. One thing many transsexual people don't think about is STIs. Before transitioning they may not have wanted to be sexual in a body they could not identify with. Trans-men taking testosterone do find they have increased libidos. People who have transitioned need to be counseled about safe sex and STI testing. People choosing to transition in the 21st century are fortunate that there are many resources available to them. There are great websites and most large cities now have support groups for transsexual people. There is also an international conference for transgender people called Gender Odyssey (see sidebar). 🌸

## Resources for transgender care

Stephanie Brill, Rachel Pepper  
*The Transgender Child,*  
*A Handbook for Families and Professionals*  
Cleis Press 2008

<http://transhealth.vch.ca/resources/careguidelines>  
has current clinical guidelines

[www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)  
also has primary care transgender protocols

[www.firelily.com](http://www.firelily.com)  
Diane Wilson's gender transition website,  
including information from Gianna Israel a therapist  
and trans-woman

[www.genderodyssey.org](http://www.genderodyssey.org)  
Gender Odyssey Conference

[www.hrc.org/transgender/issues](http://www.hrc.org/transgender/issues)  
Human Rights Campaign

## About the Author

**Que Areste** graduated with her ND from Bastyr University when it was still known as Bastyr College, in 1993. She also got her MS in Acupuncture in 1992 from Bastyr University. She started her practice in a group office, New Health Medical Center, in Edmonds, WA and was able to move into her own office two and a half years later. She has had a small solo practice since then, treating a variety of people from newborn babies to those in their 90s. She works with students from Bastyr University as a preceptor most quarters. She has known a number of transgendered folks since she was in her 20s and has worked with that population since she began volunteering at a LGBT health entity called Verbena, which folded a few years ago.