There's Nothing Fake About the Dangers of Transgender Medications

A terrifying story about drugs for transgender children has been making the rounds in the past few days. Originating in LifeSiteNews, it claimed that Lupron, a puberty-blocking drug used in treating transgender children, has been associated with 6,000 deaths.

It spread like wildfire across conservative sites. However, it was quickly debunked as "a viral fake news story" on NBCNews.

The source of the story was a database at the US Food and Drug Administration (FDA) which lists "adverse events" associated with drugs. The database does indeed link Lupron (or Leuprorelin) with deaths, nearly all of adults. But the problem is that Lupron is also used in the last phases of treating prostate cancer. It's not surprising that the number of deaths is so high.

So a well-meaning alarm bell rung to signal the dangers of transgender medicine ended up being trashed as fake news from the "Christian-right anti-transgender disinformation ecosystem".

This is unfortunate, as there are plenty of alarm bells which should be ringing about the transgender pharmacopoeia.

One of the most insightful observers of medical intervention for childhood gender dysphoria is an Australian pediatrician, Professor John Whitehall, of Western Sydney University Medical School. In a series of articles in the journal *Quadrant*, he has rattled the new orthodoxy about treating transgender kids.

As he pointed out last year,

> *The newly released 'Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents' publicly declare they are not based on the usual standards that justify Western medical therapy, including biological plausibility, proof of effect and absence of complications in bench studies, animal experiments and human trials. Rather, they are based on 'clinical consensus … and a limited number of non-randomized clinical guidelines and observational studies': in other words, on the 'expert' opinion of the doctors running the clinics.*

He suggests that doctors take a harder look at the role of Gonadotropin releasing hormone (GnRH), whose role only started to become clear in the late 70s. It plays an important part in regulating sexual behavior in animals.

GnRH modulators can completely shut down gonadal sex hormone production and decrease testosterone levels in men and transgender women by about 95 percent. They plan an important role in treating adolescents who wish to transition to the other sex.

However, their role – and even their location – are poorly understood. At first, it was believed that GnRH was secreted by brain cells near the pituitary gland. But now it appears that it is also present in cerebro-spinal fluid, the cardiovascular and intestinal systems and the gonads.

What is important to understand, writes Professor Whitehall, is that GnRH is involved in a wide range of functions, ranging from sexuality to cognition and memory to emotion and to executive function.

About ten years ago, veterinary scientists began to study the effect of administering GnRH blockers to sheep. Professor Whitehall summarized the results as follows:

Effects beyond the pituitary were confirmed. In universities in Glasgow and Oslo, administration of blockers to sheep was proven to result in lasting damage to the amygdala component of the limbic system to which branches of the cells that produce GnRH had been proven to reach. The limbic system integrates cognition, memory and emotions and leads to appropriate "executive function". On blockers, the amygdala hypertrophied, and the function of many of its component genes was shown to be altered. The affected sheep demonstrated sustained reduction in memory and an increase in emotional lability.

In short, it messed mightily with the brains of the sheep. Which, for Professor Whitehall, is enough "to challenge its experimental administration to the growing brains of children."

Puberty blockers are given to adolescents so that they will have enough time and serenity to make up their minds about which path to take. Or so transgender doctors say. Professor Whitehall retorts, with great common sense,

> *And how can the child be expected to 'think straight' when denied the sustaining effect of, in particular, GnRH on various parts of the brain that integrate memory, cognition and emotion into rational action? …*
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> *What effect can be expected from administration of cross-sex hormones on the growing brain? There are no relevant studies, but imaging of brains of adult transgenders has revealed shrinkage of male brains exposed to oestrogens at a rate ten times faster than aging, and has revealed hypertrophy of female brains exposed to testosterone. Neuronal death has been noted on bench studies.*

Nearly all teenagers are bundles of unfamiliar hormonal activity which provoke increased risk-taking, heightened anxiety, romantic interests, mood swings, and new friends.

What transgender medical treatment may do is scramble these on top of suppressing pubertal changes.

That Lupron could be a death sentence may be fake news. But there is nothing fake about the dangers of sailing vulnerable teenagers through uncharted waters of transgender transition. Not only are doctors disabling their sexuality, they could be disabling their brains as well.

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