

3 Path Transition Guide



HELLO

I am Zarrakan Yue Carvin, a Post-Op Demi Transgender Woman who has been on Hormone Replacement Treatment (HRT) since 2019 6 22, had Gender Affirming Surgery (Penile Inversion Vaginoplasty) on 2021 2 17, breast augmentation surgery on 2021 12 6, and voice surgery on 2022 7 14. Ego imperium!

WHAT IS ORIENTATION'S SEPARATE IMPORTANCE TO TRANSGENDER PEOPLE?

Transgender is a medical condition, but transgender people have an Orientation separate from their medical condition of being Transgender, and it has little to do with sex just like everyone else. 95% of a daily intimate relationship is occupied by everything that is required for intimate relationships to continue flourishing (communication, memories made, responsibilities taken, etc.), and Sex occupies 5% at most. The disgustingly shallow preoccupation bigots have on the sexual aspects of intimate relationships reflects how meaningless their own intimate relationships are.

I AM DEMI. Demis are on the “still interested in having sex” end of the asexual spectrum, but do not experience physical attraction, or repulsion, and only experience attraction to people they have developed an emotional bond with. They tend to be self-isolating since they lack the compulsion to approach physically attractive people, and don't recognize courtship behaviors as they rarely use them.

HOW ARE THE MEDICAL CONDITIONS OF TRANSGENDER AND INTERSEX RELATED? Intersex is a general term used for a variety of conditions in which a person is born with biology that doesn't fit the typical definitions of female or male. All transgender people are intersex because their brain gender does not match their body gender, but not all intersex people are transgender because not all intersex people experience Dysphoria. Transgender people need Gender Affirming Treatment to alter their bodies to better reflect their brain gender to decrease Dysphoria, but Intersex people may not need any medical treatment if they have no complications arising from being Intersex.

I AM A TRANSGENDER WOMAN. Transgender is a medical condition that is literally “brain in wrong body,” or intersex brain, where a brain is in a body that does not match its gender. For a Transgender Woman like myself it means a female brain is in a male body, and with a Transgender Man it means a male brain is in a female body. Dysphoria is the painful result of this mismatch which varies in severity and can be a leading cause of co-morbid health issues also of varying severity. Being trapped in a body that is not yours can be extremely toxic to a person's wellbeing, and most transgender people will transition their bodies to the gender that matches their brains to decrease Dysphoria. Gender Affirming Treatment accomplishes this through dress, Hormone Replacement Treatment (HRT), and various surgeries to alter their bodies to better reflect their brain gender. Earliest treatment possible is needed for best outcome as being transgender is lifelong, has no cure, and can be fatal as it doubles a person's chance of attempting suicide compared to the cisgender population because it is a continuous inescapable traumatic event.

STATISTICS

1.4 million adults identify as transgender in the United States approximating 0.4% of its 332,403,650 population in 2022 (Williams Institute). The mean age of first general memory, or experience of, gender dysphoria is 4.5 to 6.7 Years for transgender women, and 4.7 to 6.2 years for transgender men. This highlights the importance of giving lifesaving Gender Affirming Treatment to transgender children for their lifelong, incurable, potentially fatal medical condition as soon as possible.

Concerns about de-transitioning are completely unfounded as it is more common in the pre-surgery stages of transitioning, is mostly caused by external negative factors (family, financial, or societal), and de-transitioners range from less than 1% to 5% of the transgender population. This means that transitioning has a 95% to 99% success rate in treating the medical condition of being transgender, and increases to 100% when external negative factors (family, financial, or societal) are eliminated. No other medical treatment has as high a success rate as Gender Affirming Treatment in treating a medical condition, preventing transgender people from getting it is murder by proxy, and the critics know it.

IT ALMOST KILLED ME

I was born on 1976 9 19, and I've tried to communicate I am a woman to those I trust since at least 8 years old, but would have difficulty as “Transgender” was not part of my vocabulary until my early 40s. I wrote a letter to my Mom when I was 12 to describe how I felt, but she was not supportive, and the counseling I was getting at the time was completely useless as my dysphoria was misdiagnosed as depression. I never got the treatment I needed, and rarely brought it up again as I was too scared to confide in anyone, but would continue to explore my true self in secret through escapism (dreams, literature, video games, etc.).



For all my cis people who have a hard time understanding what it's like to be trans, here is a great metaphor.



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I sank into despair once the body horror of an unwanted male puberty began, and my first suicide attempt involved an overdose of aspirin, Duravent, Seldane, and any other pills I could find while my parents were asleep. I went back to bed, and planned on never waking up again, but I survived despite being so severely dehydrated that skin was peeling off my face. I've had an odd immunity to a variety of medications since then that has greatly limited my options to recover from illness.

I became the "silent kid" due to my deepened dysphoric voice, facial hair made me hate my reflection, and body hair caused me to start cutting my flesh with my fingernails. I tried using a cheap home Electrolysis kit on my face, and when that didn't work, I resorted to pulling all the hairs out with tweezers. I loved the finished result, but it eventually grew back, and until recently I did my best with razors, and looking in mirrors as little as possible. I despised everything about how I looked, and began avoiding the creation of photos/videos of myself leading to decades of my life being undocumented.

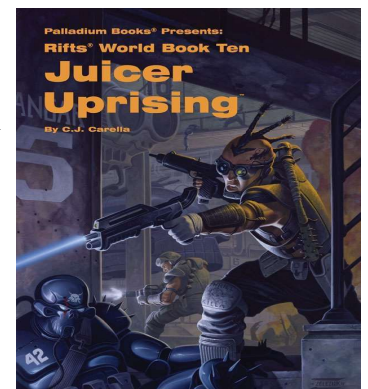
Male weight gain was also awful, and though I am 5 foot 5 inches, and was only 180 pounds at the time, I hated not being smaller, and thinner. I did what any desperate Transgender woman with no help would do; I starved myself, exercised fanatically, and was almost crippled by doing around 600 weighted sit-ups a day. My will power is the finest titanium steel once I have truly set my mind to a task, and I kept it up for a full year to become as small, and rock hard as I could while dropping down to 130 pounds. I was a sexy little girly person that everyone thought was gay, but was trying my best to feminize the body I was trapped in until my back blew out.

The pain I experienced is difficult to describe, but imagine being on fire from the inside out, and having no reprieve from it aside from eventually crying yourself to sleep. I recovered, but was no longer able to do sit-ups without risking further injury, and my Dysphoria worsened as male weight gain resumed. Combine that with an uncertain future after graduating High School, and I believed I had nothing to look forward to except a dubiously useful college education. It seemed like the only thing that made my family happy was getting good grades, and it was important to me to please them, but before succumbing to the numb routine of higher education I decided to attempt suicide again.

I went with some friends to a quarry lake, and jumped off a cliff into the lake. It sounds like a fun outing, but that was not at all what I intended. I'm not very athletic, I can't swim, and I'm not comfortable around great heights even in video games. I had thought that this would certainly be the end of me as the cliff was slanted backwards, and over 100 feet up. There was every chance I'd get mushed on the rock face on the way down, break my neck on the water upon impact, impale/smash myself on something in the water, or simply drown. None of that happened, but I did hit face first, and after lizard brain survival instincts took over, I somehow managed to find the water's surface, and splash my way to shore. I had a camera with me at the time, and told one of my friends take a picture as I jumped over the edge. They could show it to the cops as proof if I killed myself, or I would have a souvenir if I didn't, but I didn't walk away unscathed. This suicide attempt aggravated my prior back injury, would cause painful random full length spinal muscular seizures for the next 5 years, and permanently reduce my safe lifting capacity to 50 pounds.

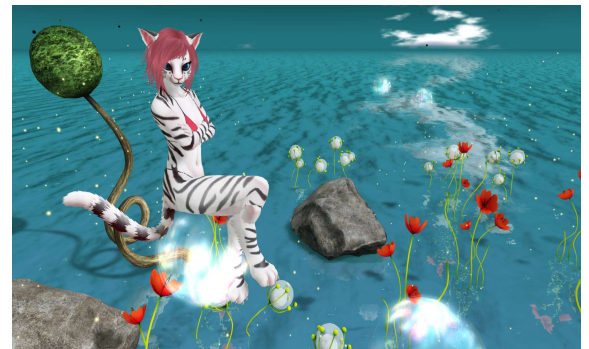


1995 to 2007 was a blur of full-time call center work, college, and too much caffeine. I was born with asthma, and as a result had been on stimulants to increase my breathing capacity almost since birth. If we're being honest, and using Role Playing Game metaphors, the closest representation of my relationship to caffeine would be Palladium Books Juicers who are super soldiers powered by drugs. It makes me harder, better, faster, stronger, and able to work it even when I don't feel like it. That was the most important aspect too since it's so much easier to cope with being Transgender when you don't feel anything because you're blasted out of your mind on crank.



For my entire college career I started my day with a 250mg caffeine Stacker 2 pill, and chased it with various other sources of caffeine throughout the day, every day, from 1995 to 2007 with my daily dosage somewhere between 600 to 1000+ mg. Funnily enough I got my masters degree in Counseling Psychology during that time, and cannot remember a single instance that "Transgender," or anything that sounded like it, was mentioned. I continued to suffer without hope of ever escaping the prison of my male body, but gained some solace in the virtual world Second Life.

Zarrakan Yue's rez day was 2006 12 27, has always been a female avatar, and has changed very little in appearance since then. You learn to disassociate to survive the pain of dysphoria, and I would spend 40+ hours a week living vicariously through her as my main means of coping with being a transgender woman. She is the ideal me, and I have experienced as much as I could with her as I would have in real life if I had the chance to be born in a female body, but I would never use my real voice with her. I hate my real voice, and having it come from her lips felt grotesque, and the silence brought on by puberty taking my voice away continued. This felt natural to me, the most "right" that I had ever felt, but returning to reality was painful as who and what I was began to sink in again as I and Second Life aged. I gave in to despair because if I can't be Zarrakan Yue, then I don't want to be, and I allowed my body to succumb to the slow death of overeating, until that fateful day on 2017 5 11 when I almost got my wish to die.



On 2017 5 11 I Checked into American Family Care Madison Street Commons with Congestive heart failure, a Blood Pressure of 250 over 120, and a weight of 368. I was in severe pain, lifting my arms above my head for more than a few minutes made me dizzy, and could barely walk more than a few feet before becoming winded. The X-Ray tech thankfully broke protocol, and let me know that I had fluid on the lungs instead of letting the “Doctor” advise me. The “Doctor” refused to treat me due to my high blood pressure, and referred me to the local emergency room as I was in danger of immediate heart attack.

This suicide attempt was working, and all I had to do was wait for death as I may have had only weeks, or days left to live in my current state, but my love for my wife pulled me back from the brink. I couldn’t bear the thought of what would happen to her after I was gone, and I decided to live for her at least for now, but I could not continue living a lie. I am a transgender woman, and I need to make a real effort to get treatment for my medical condition because no amount of escapism is going to fix it, but no one else is going to save me either. My wife and I went to Walgreens to pick up over the counter blood pressure medication, made an appointment for Peoples Clinic the following week, and I began working to become who I truly was.

My recovery was slow, and torturous, as this suicide attempt had done the most damage out of the three. I have heavy scarring from weeping edema that at one time put me at risk of needing to amputate my lower legs, was at risk of kidney failure, and was frequently in too much pain to move without using a creeper seat, or crutches. Sleeping was perilous as I was in danger of dying from aspirating undigested food into my lungs if I lied in a bed normally, and at first I could only sleep sitting on a bench with my head on a pillow on my desk. Gradually I would be able to shift to sleeping sitting on the couch, and then eventually back to my bed over the course of the next 60 days during which I bought a treadmill on 2017 6 8. At first I could barely manage 5 minutes at a time at 0.4 mph with no incline which is its lowest setting, but would gradually build up to 30 minutes at 4.0 mph with 1 inch incline daily over the next couple years.

Even with my renewed interest in living I still could have died from a heart attack during most of my recovery as the damage to my cardiovascular system is permanent, and has likely shortened my lifespan. I had a lot of time to think as I fought my way back to health, and realize what truly mattered to me. I may not know what the end of my rainbow will look like, or if anyone will be there with me, but I will no longer pretend to be a man to make others happy. On 2019 6 22, 31 long miserable years after trying to talk to Mom about being a woman, I began my journey to be myself by taking my first dose of Hormone Replacement Treatment (HRT), and told my Second Life ex-husband I was a Demi Transgender Woman. Ego imperium!

By 2022 7 14 I have accomplished everything I wanted to since my transition began on 2019 6 22. I went from 368 pounds to 177 for a total loss of 191 pounds, and I am now in the best physical health I have been since High School doing both Treadmill 30 minutes at 4.0 mph with 1 inch incline, and Fitlaya Fitness ab Machine at 100 repetitions daily. I have been successfully managing my Hormone Replacement Treatment (HRT) with Peoples Clinic’s help, and the mental and physical changes have been significantly positive. I had Gender Affirming Surgery (Penile Inversion Vaginoplasty) on 2021 2 17, and that helped to both stabilize my Hormone Replacement Treatment (HRT) by allowing me to discontinue my anti androgens (Dutasteride and Spironolactone), and eliminate a growing source of dysphoria (losing weight made my penis/testicles more visible). Breast augmentation surgery on 2021 12 6 has helped give me a more feminine figure, and reduced my body hair dysphoria so that I am no longer cutting myself with my fingernails. Voice surgery on 2022 7 14 has finally rid me of the dysphoric voice male puberty inflicted on me, and allows me to talk pain free. The Identity (Documents) path of my transition is complete as I am now “Zarrakan Yue Carvin,” and FEMALE across all identity documents. My caffeine consumption has been significantly reduced since 2021 6 15 with improved hormone blood test results, easier weight loss, and better sleep. I have proved that I AM POWER, and Ego Imperium is not just a slogan, but something I live by.

JOIN MY DISCORD ZARRAKAN PRODUCTIONS AT
<https://discord.gg/CgJpQgG>
TO TALK TO ME ABOUT ANYTHING.

NOT ALL TRANSGENDER PEOPLE ARE THE SAME. FOR ME, I AM AN OPEN BOOK. IT'S OK TO ASK ME ANYTHING YOU MAY WONDER ABOUT ME. HORMONES, SURGERIES, NAMES, PRONOUNS, PREFERENCES, CLOTHING, DATING, ETC. I WANT TO EDUCATE YOU WHENEVER I CAN, AND WOULD RATHER YOU ASK THAN TO DRAW A WRONG CONCLUSION IN YOUR MIND. ALL I ASK FOR IN RETURN IS TO BE TREATED WITH LOVE AND RESPECT; THE WAY YOU'D TREAT ANY OTHER HUMAN BEING.

GUIDE

I maintain this guide to help demystify the medical condition of being transgender, and help those affected by it to transition while also helping cisgender people understand how they can best offer support. It will be updated regularly to include the most recent information I have along with the accompanying Transgender Education Panel “3 paths Of Transitioning” which is based on this guide. Please check the date at the top of this guide’s pages to ensure you have the newest version as I make a new release monthly, and only trust copies through direct Zarrakan.com sources.

I have a Masters Degree in Counseling Psychology earned through Austin Peay State University, extensive knowledge of transgender topics from research, and Hormone Replacement Treatment (HRT) practice both through my own journey, and by helping other transgender women. This makes me a trustworthy expert on Hormone Replacement Treatment (HRT) as knowledge plus practice equals expertise, and following my guide will lead to a positive treatment outcome.

It is important to maintain a transition journal to help remember important events, and give you perspective about where you are on your three transition journey paths of Hormone Replacement Treatment (HRT), Surgery, and Identity. Medication, changes in medication, any side effects from the medication, your weight, surgeries, and who you have told about you being transgender, are all excellent information to include, but feel free to include more if you want.

Stay strong by finding a light in the darkness to hold onto so that even when things are at their worst you will still see the path ahead of you. Your light may be different from others, but that is ok because the only important thing is it that it helps you see tomorrow, and every day after that. The best “lights” are friends, and family, you can trust, and you should reach out to them as soon as possible for support in addition to becoming a part of the transgender community. Always remember that you are not alone as there are millions of transgender people who are going through the same experiences that you are.

Transition takes time, and thus it is possible to take Hormone Replacement Treatment (HRT) for a while even in a hostile environment without anyone knowing. It takes around 3 months of Hormone Replacement Treatment (HRT) before anything visible begins showing, and these will likely be things only visible to you. I would encourage you to take pictures of yourself for yourself every 30 days, and add them to your transition journal to maintain positive morale because we usually don’t notice very gradual changes.

Remember to maintain appropriate expectations during your journey, and be willing to forgive yourself if you do not achieve a perfect idealized you. Transitioning only reduces the dysphoria caused by the medical condition of being transgender, and any goals beyond that will need to be addressed separately on their own solution paths, but you will achieve greater contentment the further you go. Being your true self is the greatest self-love a person can ever know, and loving yourself is the first step towards loving others.




2018 4 30



2022 9 22

Gender Affirming Treatment Is Lifesaving

SEX CHROMOSOMES DO NOT DETERMINE GENDER		
	Bacteria 56% of the cells in your body are bacteria and are not human cells ¹ .	Who cares? Health Doctors may need to know what sex characteristics you have when diagnosing or treating an illness. Diseases can be affected by sex chromosomes, hormones and other factors. Sex cannot safely be treated as a binary or immutable for this. Human rights There is no reason why what sex chromosomes you have should affect your human rights, but lots of people claim they should for some reason!
	Red blood cells 37% of the cells in your body are red blood cells (84% of all the human cells in your body) ¹ . Red blood cells don't have a nucleus or sex chromosomes, their sexual dimorphism is controlled by hormones ² .	
	Other cells 6% of the cells in your body are cells with a nucleus and sex chromosomes ¹ . Sexual dimorphism in these cells is still largely controlled by hormones ³ .	

[1] Sender R, Fuchs S, Milo R. Revised Estimates for the Number of Human and Bacteria Cells in the Body. *PLoS Biol.* 2016;14(8):e1002533. Published 2016 Aug 19. doi:10.1371/journal.pbio.1002533

[2] Kanius T, Sindhur D, Osei-Hwedie D, Baust JJ, Jordan A, Zimring JC, Waterman HR, de Wolski KS, Acker JP, Gladwin MT. Testosterone-dependent sex differences in red blood cell hemolysis in storage, stress, and disease. *Transfusion.* 2016 Oct;56(10):2571-2583. doi: 10.1111/ptr.13745. Epub 2016 Aug 9. PMID: 27507802; PMCID: PMC5065383.

[3] C. Grossman, Possible underlying mechanisms of sexual dimorphism in the immune response. fact and hypothesis, *Journal of Steroid Biochemistry* Volume 34, Issues 1–6, 1989, Pages 241–251, ISSN 0022-4731, [https://doi.org/10.1016/0022-4731\(89\)90088-5](https://doi.org/10.1016/0022-4731(89)90088-5).

HORMONE REPLACEMENT TREATMENT (HRT)

ALL HUMANS HAVE ESTROGEN, PROGESTERONE, AND TESTOSTERONE

Hormone levels are what makes a person visually feminine, or masculine, and define their body's gender since hormones, not sex chromosomes, affect the cellular functioning of the 94% sexually dimorphic cells that make up the human body that do not have sex chromosomes in them. The remaining 6% human cells that have sex chromosomes are also sexually dimorphic, their function is controlled by hormones, and there are 6 common variations of sex chromosomes that don't result in fetal death (X, XX, XXY, XY, XYY, and XXXY) with an incidence of 1 in 500 to 1 in 5000. It is possible for your brain, your body, and your reproductive system to all have different genders if the combined contributions of fetal development, sex chromosomes, and hormones are out of synch with each other. The reason Hormone Replacement Treatment (HRT) is so effective at addressing the medical condition of being transgender is because it brings a person's body's gender into alignment with their brain's gender.

Female hormonal averages are Estrogen is 12.5 – 498 pg/mL, Progesterone 0.1 – 214 ng/mL, and Testosterone 4 – 50 ng/DL.

Male hormonal averages are Estrogen is 7.6 – 42.6 pg/mL, Progesterone 0.0 – 0.5 ng/mL, and Testosterone 246 – 916 ng/DL.

My 2022 5 11 blood test at around 8:00 AM measured my hormone levels at

Testosterone, < 3 ng/dL
Free Testosterone, 0.4 pg/ml
Estradiol, 241 pg/mL
Progesterone, 0.8 ng/dL

My testosterone has been < 3 ng/dL since 2020 12 1, but most cisgender women typically have 10 to 40 times more testosterone than I do, and that makes me factually more female than they are.

BASIC MATH SKILLS ARE ALL YOU NEED FOR HORMONE REPLACEMENT TREATMENT (HRT), AND IT IS IMPOSSIBLE TO OVERDOSE BECAUSE ANY HORMONES THAT DO NOT BIND TO CELLS ARE PISSED OUT

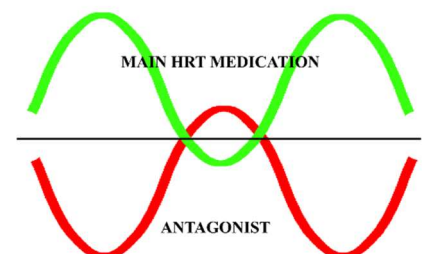
Administered involves working with medical professionals who have experience with the transgender community. You preferably want someone who uses the Informed Consent Model which allows transgender clients to access hormone treatments and surgical interventions without undergoing mental health evaluation, or referral from a mental health specialist. Search both your local area, and online to find service providers that are right for you.

Self-medicated is not generally recommended because chances are you are not a doctor, and even doctors do not recommend “self healing,” but it's better than nothing. You can get hormones, and hormone blockers, off the internet without prescription, and there are hormone self tests you can take to monitor your hormone levels, but be sure to test at different times for data analysis. This is the best option if Administered routes are not open to you, but it does require more effort on your part to become educated on whatever it is you are putting in your body.

Self-Advocacy is the best approach as it combines the lower prescription costs of **Administered**, and the knowledge of **Self-medicated** to fill in the “experts” knowledge gaps.

HORMONE REPLACEMENT TREATMENT (HRT) DOSE SCHEDULING

As your main Hormone Replacement Treatment (HRT) medication's half-life completes between doses the antagonist to it will strengthen due to Estrogen and Testosterone's antagonistic sine wave relationship, and de-transitioning starts if their sine waves cross. This will continue to be an issue until your incorrect gender gonads (ovaries or testicles) have been removed, but you can compensate for it by equally distributing your Hormone Replacement Treatment (HRT) dosages across a 24-hour time frame. This is easy to accomplish with pill-based Hormone Replacement Treatment (HRT) medications, but other dosage methods will require closer scrutiny. For example, a daily dose of 8mg Estradiol pills could be divided up into 4 separate 2mg doses at 6:00 AM, 12:00 PM, 6:00 PM, and 12:00AM to maintain continuous Hormone Replacement Treatment (HRT) medication effectiveness.



FEMINIZING HORMONE REPLACEMENT TREATMENT (HRT)

Monitoring Feminizing Hormone Replacement Treatment (HRT)

Get a blood test to obtain your base hormone levels prior to starting Feminizing Hormone Replacement Treatment (HRT), again 30 days after starting, and 30 days after making any alterations to your dosages to meet hormone level goals. You can switch to once every six months if hormone levels are within goals for two consecutive blood tests, and no further dosage alterations are required. The goals for Feminizing Hormone Replacement Treatment (HRT) for transgender women is to decrease testosterone levels to the normal female range (4–50 ng/dl with as low as possible being ideal) without supra-physiological levels of estradiol (100 to 500+ pg/mL with 217 to 272 pg/mL being ideal) by administering an antiandrogen, an estrogen, and a progesterone using bioidentical micronized hormones.

Physical Effect	Timeline	
	Onset	Max. Effect
Softening of skin/decreased oiliness	3-6 months	-
Decreased muscle mass/strength	3-6 months	1-2 years
Thinned/slowed growth of body/facial hair	6-12 months	3-5 years
Stop/Reverse Male pattern baldness	1-3 months	1-2 years
Body Fat Redistribution	3-6 months	3-5 years
Decreased testicular volume	3-6 months	2-3 years
Decreased libido	1-3 months	1-2 years
Decreased spontaneous erections	1-3 months	3-6 months
Decreased sperm production	Variable	
Erectile dysfunction	Variable	
Breast growth	3-6 months	2-3 years

Anti-androgens (testosterone blockers/inhibitors)

The choice of anti-androgen (testosterone blocker/inhibitor), and dosage, should be made individually based on your medical history, their side effects, and their interactions with other medication. Briefly reviewed here are Spironolactone, Cyproterone, and Dutasteride, but others are available, and should be researched/pursued if these are unsatisfactory.

Both **Spironolactone** and **Cyproterone** block the production of testosterone, but are potassium sparing, and can lead to toxic levels of potassium if left unmonitored. Starting, and max dosage can be 200mg daily Spironolactone pills (100mg every 12 hours), or 50mg daily Cyproterone pills (25mg every 12 hours), barring any concerning side effects/interactions. Spironolactone has traditionally been used as it is thought to have a superior safety profile, but it has been noted that adequate anti-androgen effects are achievable at lower doses of Cyproterone which has less adverse effects.

Dutasteride is a 5-alpha-reductase inhibitor, a drug which can lead to a 90–95% reduction in serum dihydrotestosterone (DHT), the chemical which promotes male characteristics. A daily dose of Dutasteride 0.5mg is normal, and up to 40mg have been administered without significant safety concerns, but since its half-life is around 4 or 5 weeks, it is generally advisable to use lower doses as it will build up in your body. Potential side effects include decreased libido, erectile dysfunction, ejaculation disorders, and gynecomastia (enlargement of the breasts). However, when dutasteride treatment is compared with placebo, these side effects are only modestly elevated, and long-term use does not increase the chance of side effects. Dutasteride and spironolactone can be used simultaneously as they have no interactions.

Most transgender women will not require androgen suppression following orchiectomy (+/- vaginoplasty), and any current Anti-androgens can be discontinued over the course of 4-6 weeks.

Estrogen

Estrogen (Estradiol) acts directly on estrogen receptors to initiate feminization, is the main medication of Hormone Replacement Treatment (HRT) for transgender women, and Testosterone is its antagonist.

-Estrogen (Estradiol) Pills: These can be either used on their own, or combined with Estrogen (Estradiol) Patches to ensure a consistent high level of estrogen between pill dosages. Starting, and max dosage can be 8mg a day (2mg every 6 hours) taken sublingually (holding it under the tongue for 30 minutes) instead of orally to bypass the liver, and increase absorption into the bloodstream.

-Estrogen (Estradiol) Patches: These can be either used on their own, or combined with Estrogen (Estradiol) Pills to ensure a consistent high level of estrogen between pill dosages. Starting, and max dosage can be 0.1mg a day with application of a new patch twice a week at a different site, and is absorbed into the bloodstream through the skin.

-Estrogen (Estradiol) Valerate: Injection strength can be 5ml of 10, 20, or 40mg/ml, and is typically used on its own. Starting, and max dosage can be 5ml of 40mg/ml injected intramuscularly once a week at the prescribed amount, and then absorbed into the bloodstream through nearby blood vessels.

Progesterone

Progesterone is a part of breast growth, development of the milk ducts, is protective against breast cancer when used with Estrogen, and increases your sex drive. Starting, and max dosage can be 200mg, and should be taken rectally close to bedtime due to its soporific effect.

MASCULINIZING HORMONE REPLACEMENT TREATMENT (HRT)

Monitoring Masculinizing Hormone Replacement Treatment (HRT)

Get a blood test to obtain your base hormone levels prior to starting Masculinizing Hormone Replacement Treatment (HRT), again 30 days after starting, and 30 days after making any alterations to your dosages to meet hormone level goals. You can switch to once every six months if hormone levels are within goals for two consecutive blood tests, and no further dosage alterations are required. There is no need to block the production of estrogen when taking testosterone as it is a more biologically effective hormone, and will induce changes when taken on its own. The goals for Masculinizing Hormone Replacement Treatment (HRT) for transgender men is to increase testosterone levels to the normal male range (300–1000 ng/dl) by administering testosterone using bioidentical micronized hormones.

Physical Effect	Timeline	
	Onset	Max. Effect
Skin oiliness/acne	1-6 months	1-2 years
Body fat redistribution	3-6 months	1-5 years
Increased muscle mass/strength*	6-12 months	2-5 years
Cessation of menses	2-6 months	-
Vaginal atrophy	3-6 months	1-2 years
Facial/body hair growth	3-6 months	3-5 years
Scalp hair loss	Variable	
Deepened voice	3-12 months	1-2 years
Clitoral enlargement	3-6 months	1-2 years
Infertility	Variable	

*Significantly depends on amount of physical activity

Testosterone

- Testosterone acts directly on testosterone receptors to initiate masculinization, is the main medication of Hormone Replacement Treatment (HRT) for transgender men, and Estrogen is its antagonist.
- Testosterone Cypionate/Enanthate:** Injection strength can between 100mg/ml to 200mg/ml with 0.15 to 0.2 ml injected intramuscularly once a week at the prescribed amount, and then absorbed into the bloodstream through nearby blood vessels.
 - Testosterone Gel:** Dosage can be 25mg, 50mg, or 100mg with daily application of 25mg/5g to 50mg/5g packets, or with a - metered dose pump (12.5mg per pump actuation), and is absorbed into the bloodstream through the skin.
 - Testosterone Patches:** Dosage can be 2mg, 4mg, or 8mg with application of a new patch daily at a different site, and is absorbed into the bloodstream through the skin.

NEVER STOP HORMONE REPLACEMENT TREATMENT (HRT)

The human body starts dying if you are hormonally deficient because Hormones govern all your body’s functions including healing/recovery. You may be told to stop taking your Hormone Replacement Treatment (HRT) for surgery due to the outdated medical standards some doctors follow about potential blood clots, but those were only minimally relevant to older synthetic hormones that you are highly unlikely to be taking as most current Hormone Replacement Treatment (HRT) medications are bioidentical. They do not put cisgender people on hormone blockers for surgery, and it makes no sense for them to ask you to prepare for, and recover from, surgery while hormonally deficient.

HORMONES AFFECT EVERYONE

Hormone levels are not a singularly transgender issue as most medical problems can be directly traced to hormonal deficiency. Cisgender people must demand hormone levels every time they give blood, and should be immediately put on Hormone Augmentation Treatment (HAT) if they are hormonally deficient. This area of Medical Science is ignored to everyone's detriment, and eventual early demise. The reason why cisgender women's health declines so much after menopause is because menopause is not natural, but is hormonal deficiency during which cisgender women don't have enough estrogen to properly maintain health, and the testosterone their bodies produce is overwhelming what estrogen they have left. Post-Menopause cisgender women have problems with facial hair, male weight gain, and male pattern baldness because they are transitioning into men.



OTHER MEDICATION

Continue to take any medications you are currently prescribed beyond Hormone Replacement Treatment (HRT) with continued review for any intended effects, side effects, and interactions between medications, and adjust dosage accordingly.



Directions: Adults: One tablet daily, with food.

Supplement Facts						
Serving Size: One tablet						
Amount Per Serving			% Daily Value	Amount Per Serving		
			% Daily Value			
Vitamin A (10% as beta-carotene)	700 mcg	78%	Vitamin B ₁₂	6 mcg	250%	
Vitamin C	84 mg	93%	Biotin	30 mcg	100%	
Vitamin D	25 mcg (1000 IU)	125%	Pantothenic Acid	5 mg	100%	
Vitamin E	7.5 mg	50%	Calcium	400 mg	31%	
Vitamin K	25 mcg	21%	Iron	18 mg	100%	
Thiamin (B ₁)	1.2 mg	100%	Iodine	150 mcg	100%	
Riboflavin (B ₂)	1.3 mg	100%	Zinc	8 mg	73%	
Niacin	16 mg	100%	Selenium	27.5 mcg	50%	
Vitamin B ₆	1.7 mg	100%	Copper	0.9 mg	100%	
Folate	665 mcg DFE	166%	Manganese	1.8 mg	78%	
(400 mcg folic acid)			Chromium	25 mcg	71%	

meet the demands of physical activity including sex, and helps regulate body temperature. Treadmilling for 30 minutes a day at the highest speed you can endure will ensure proper cardiovascular system health, and can be done from the comfort of home, but other exercises of similar exertive nature can take a treadmill's place.

HAIR CARE

Feminizing Hormone Replacement Treatment will help reverse male pattern baldness, but proper hair care is needed to maintain new growth. Alternate days for washing hair with moisturizing shampoo and conditioner to avoid wearing out its natural oils, allow it to air dry, and only use a detangler comb to preserve your hair's health.

BODY HAIR REMOVAL

Body hair growth will slow down significantly the longer you are on Feminizing Hormone Replacement Treatment, but there are several options to temporarily/permanently remove body hair.

-Shaving: Body hair is painlessly removed with a razor, but grows back at your current body hair growth rate as it only cuts the portion of a hair that's above the skin.

-Epilation: Body hair is removed from the root, results last 2 to 4 weeks, and prolonged use of epilation can result in thinning/permanent hair removal as micro scarring eventually damages hair follicles until they can no longer produce hair. Epilation starts painful, but becomes painless with continued use as damaged hair follicles offer less and less resistance to hair being removed.

-Laser: Body hair is removed by beaming highly concentrated light into the hair follicles, pigment in the follicles absorb the light, and continued laser treatments eventually destroy a hair follicle's ability to produce hair. Laser treatment pain does not subside over time, and is less painful than Electrolysis, but only produces best results with dark body hair.

-Electrolysis: Body hair is removed by galvanic, thermolysis, or a blend of the two to destroy a hair follicle's ability to produce hair. Electrolysis treatment pain does not subside over time, and is the most painful method of body hair removal, but can be used on any hair regardless of color.

HEALTHCARE

Hormone Replacement Treatment (HRT) effects can be obscured by weight, and you will want to eat LESS daily calories than you require until you are within your NORMAL WEIGHT Body Mass Index (BMI) range between 18.5 to 24.9. The formula for BMI is weight in kilograms divided by height in meters squared, and there are many online calculators that can quickly/accurately calculate your BMI.

NEVER EXERCISE TO LOSE WEIGHT FROM FOOD YOU SHOULDN'T HAVE EATEN, AND REMEMBER YOU CANNOT STARVE IF YOU HAVE FAT TO BURN, BUT YOU CAN BECOME MALNOURISHED.

Take a daily multi vitamin because even a healthy diet can be deficient in important nutrients, and drink eight 8-ounce glasses (2 liters or half gallon) a day to avoid dehydration, but increase water consumption relative to your level of activity.

It's important to maintain proper cardiovascular system health as it delivers all your body's hormones/nutrients/oxygen, removes metabolic waste products, protects your body from disease/infection/injury, helps your body



SURGERY

Surgeries that reduce dysphoria are all valid, and should be pursued, but it is important to prioritize surgeries according to your resources. Removing your incorrect gender gonads (ovaries or testicles) is the most important surgery for your transition because they will blunt the effects of Hormone Replacement Treatment (HRT), and potentially sabotage any progress you make, but also their removal may make additional surgeries unnecessary with increased Hormone Replacement Treatment (HRT) effectiveness. Transgender women also cannot continue taking anti androgens for the rest of their lives as they have side effects, interactions with other drugs, and you can potentially become immune to them as they are a foreign chemical.

FEMINIZING SURGERIES

MAKE REMOVING YOUR TESTICLES FIRST PRIORITY BY CHOOSING THE GENDER AFFIRMING SURGERY THAT IS RIGHT FOR YOU

Orchiectomy is a one-hour outpatient procedure that removes the testicles, but preserves the penis and scrotum for potential building material should you decide to get vaginoplasty later.

Vaginoplasty is a reconstructive procedure for transwomen that includes orchiectomy, penectomy, and creation of a sensate neoclitoris, labia minora and major, with vaginal canal variations depending on the type of vaginoplasty performed.

-Zero Depth: This vaginoplasty has the external appearance of a vagina but no vaginal canal, and does not require dilation maintenance.

-Peritoneal Pull-Through: This vaginoplasty has the external appearance of a vagina and creates a vaginal canal with the serous membrane that forms the lining of the abdominal cavity. It has a self-lubricating lining with some elasticity, more vaginal depth, and requires less pre-op hair removal, dilation, and douching than **Penile Inversion**, but the vaginal canal lacks sensation beyond pressure.

-Penile Inversion: This vaginoplasty has the external appearance of a vagina, and creates a vaginal canal with genital skin. This does require more pre-op hair removal, dilation, and douching than **Peritoneal Pull-Through**, but the vaginal canal has sensation.

MASCULINIZING SURGERIES

MAKE REMOVING YOUR OVARIES FIRST PRIORITY BY CHOOSING THE GENDER AFFIRMING SURGERY THAT IS RIGHT FOR YOU

Oophorectomy is a two-hour outpatient procedure that removes the ovaries, and preserves the uterus for potential future pregnancies.

Hysterectomy is the surgical removal of the uterus that may also involve removal of the cervix, fallopian tubes, ovaries, and other surrounding structures. Pregnancy is no longer possible, but this prevents uterine cancer, and it is commonly done in preparation for phalloplasty.

Offering, by Zarrakan Yue, 2020.

Life takes its pound of flesh,
For that is what it is due,
Give it willingly,
Or not.
It all depends on you.

I made my choice,
My sacrifice,
With bands,
And blades aplenty,
I am certain it will not suffice,
For life is ever hungry.

I take solace,
However small,
In little victories,
And the knowledge,
Those can never be taken from me.

MY CURRENT TREATMENT REGIMINE

HORMONE REPLACEMENT TREATMENT (HRT)

Estradiol 2mg: 6:00 AM, 12:00 PM, 6:00 PM, and 12:00AM
(4 a day 2mg each)
Progesterone 200mg: 1 at 12:00 AM (1 a day 200mg each)

OTHER MEDICATION

Hydrochlorothiazide 6:00 AM (2 a day 25mg each).
Around 100mg caffeine a day before 6:00 PM.

HEALTHCARE

Nutrition: I eat less than 500 calories a day divided between two “doses” at 6:00 AM, and 6:00 PM.

Exercise: I use a Treadmill 30 minutes at 4.0 mph with 1 inch incline, and a Fitlaya Fitness ab Machine at 100 repetitions daily.

Vitamins: I take 1 One A Day Women's 50+, and 1 Biotin 10000mcg capsule at 6:00 AM daily.

HAIR CARE

I alternate days for washing hair with moisturizing shampoo and conditioner to avoid wearing out its natural oils.

BODY HAIR REMOVAL

I shave facial and Brazilian areas as needed prior to laser hair removal treatment, and I remove other body hair with a Braun Silk 9 9-720 Epilator every Wednesday and Sunday.

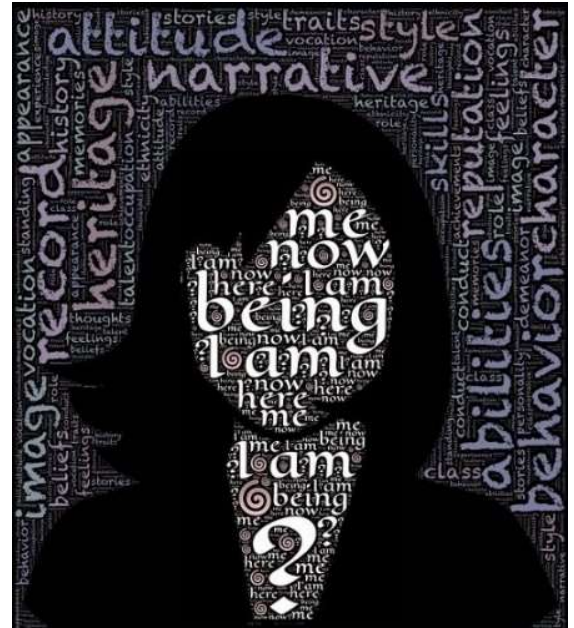
IDENTITY

We spend so much of our lives in denial of our true selves to make others happy that it's a struggle to discover who we really are, but it begins with the acquisition of new identity documents that reflect the true you.

- Name Change
- Driver's License
- Social Security Card
- Birth Certificate

It's recommended that you get these in that order as each one makes it easier to get the next by including copies of the prior ones to obtain the one you are currently working on, and how you do so varies depending on where you live, but they are all you need to legally change everything to "true name" and "female." Internet searches will tell you what you need to know about this process, but the most difficult part of your transition lies ahead of you.

The Hormone Replacement Treatment (HRT), Surgery, and Identity (Documents) paths all have easy instructions to follow, but the self-discovery part of the Identity path will take the most time as it involves unravelling the tangled web of who you were to make others happy, who you really are, and who you wish to be. Your transition journal will become especially important during self-reflection as it helps to record your thoughts to review them later, and it will help to talk to others about how you feel during this process.



“It’s important to acknowledge transgender people have a medical condition, and recognize the pain they go through to be their true selves. Our stories should inspire others to do the same regardless of gender.”

-Zarrakan Yue

7 POINT

People discriminate against, abuse, hurt, and kill Transgender people for many reasons at rates higher than cisgender people. It is something that can happen to you, and you should be prepared for that possibility by remaining aware of your surroundings, avoiding hostile encounters, or try to escape them as quickly as possible, but avoidance and escape are not always options.

The goal of any self-defense situation is to end it as quickly as possible by neutralizing your attacker(s), and/or making it possible to flee from them with a minimum of harm to yourself. This is best accomplished with joint break attacks because beating someone into submission is both not practical, or advisable, in hostile encounters that as yet have no predictable end. By destroying a body's ability to mechanically function you can quickly eliminate any physical advantage attacker(s) may have, and neutralize them.

7 Point is a primarily non-lethal martial art based on anatomical knowledge of the human body, and named after the 7 main points you will want to attack to destroy a human body's ability to mechanically function by breaking joints. Being struck by these techniques can lead to lifelong crippling injuries, and makes it inappropriate for use outside self-defense, but will immediately end a hostile encounter in most cases.



TRAIN FOR SPEED

You do not have to be strong to use 7 Point effectively as you only need to exert 3 to 5 pounds of force to break most joints, but being able to move quickly helps. Treadmilling for 30 minutes a day at the highest speed you can endure will ensure proper cardiovascular system health, and can be done from the comfort of home, but other exercises of similar exertive nature can take a treadmill's place in developing speed.

KEEP MOVING

Being constantly in motion makes you harder to attack, and may present new opportunities to escape, but ensure you never lose awareness of your attacker(s). Use circling maneuvers to keep your attacker(s) both in sight, and continually having to readjust their attacks making them far less effective.

Most attackers will be right-handed, and will attack with their right side. They will be thrown off balance, and open themselves to joint breaks if you continuously dodge/move to the left, or reverse this if your attacker(s) are left-handed. It is important to recognize patterns of attack as even ambidextrous attacker(s) will still favor 1 side over another.

ALWAYS ATTACK THE KNEES

Knees are the easiest joint to break, and the most rapid way to end a hostile encounter no matter how strong your attacker(s) are, or what protection they may be wearing. A solid punch, or kick, to the front or side of a knee will break it like a twig.

BREAK ELBOWS TO CRIPPLE ARMS

Most attackers will attack with their hands, or with something they are holding, and breaking an arm's elbow will stop that. Catch an attacker's arm with one hand, or an armpit, hyper extend the arm by pulling towards you, and punch upward with your other hand into their elbow for best effect.

BREAK FINGERS, AND WRISTS TO CRIPPLE HANDS

Fingers snap like celery, and wrists do not offer much more resistance, making these joint breaks perfect for escaping a grapples. Grab fingers/wrists, pull them backwards to break them, and keep doing it until attackers have nothing left to hold onto you with.

BREAK SHOULDERS TO CRIPPLE ARMS

I would recommend breaking elbows to cripple arms as the force needed is substantially less than that for breaking a shoulder, but a broken shoulder has the same effect in crippling the arm it is attached to. Grapple the arm connected to the shoulder you want to break, and pull it backwards until it snaps.

BREAK THE BASE OF THE SPINE

Breaking the base of the spine can paralyze your attacker(s) from the waist down, disabling both of their legs simultaneously, and likely put them in a wheelchair for the rest of their life. Throw your weight into a punch, or kick, downward into the base of a spine to break it.

BREAK THE NECK TO KILL

Do not use this joint break unless you have no other choice because hostile encounters are best resolved without death as there are always legal consequences for everyone involved. Grapple the attacker(s) head, and quickly pull/twist it backwards, or to the side, to break the neck.

LINKS

These are helpful links that I have gathered from my own research, but I encourage you to find your own in addition to these, and please contact me via discord <https://discord.gg/CgJpQgG> if you want me to review/add links to this document.

COUNSELING

<https://www.jacksonsgarnerlcs.com/>
<https://www.pridecounseling.com/>
<https://www.psychologytoday.com/us/therapists/transgender/t/clarksville>
<https://www.thetrevorproject.org/>
https://www.tnep.org/counseling_unconditionally

EDUCATIONAL

2019 5 13 Healthcare of the Transgender Patient
<https://www.youtube.com/watch?v=fefu33e8O-0>
<https://talesoftimesforgotten.com/2020/08/21/transgender-and-intersex-people-in-the-ancient-world/>
<https://www.transgendermap.com/>

GENDER AFFIRMING SURGERY (GAS)

101 Things To Expect From Vaginoplasty
<https://www.youtube.com/watch?v=TD0tejYWAU>
<http://www.transhealthcare.org/mtf-orchietomy-usa/>
<http://www.transhealthcare.org/usa/>
<https://cosmeticconciernemd.com/>
https://www.bcbst.com/mpmanual/!ssl/webhelp/Gender_Reassignment.htm
<https://www.facebook.com/interplastplasticsurgeryclinic>
<https://www.interplastclinic.com/>
<https://www.mtfsurgery.net/mtf-vaginoplasty.htm>

GENDER AFFIRMING SURGERY (GAS) FUNDING

<https://jimcollinsfoundation.org/apply/>
<https://pointofpride.org>
<https://transcendlegal.org/>
<https://www.gofundme.com/c/blog/gender-confirmation-surgery>
<https://www.transgenderpulse.com/>
<https://www.translifeline.org/microgrants>
<https://www.vanderbilthealth.com/transgenderhealth/>

GENDER MARKER CHANGE

https://www.health.ny.gov/vital_records/gender_designation_corrections.htm
<https://transgenderlawcenter.org/resources/id/state-by-state-overview-changing-gender-markers-on-birth-certificates>

HAIR REMOVAL DEVICES

<https://www.amazon.com/gp/product/B07ZH4WVV>
https://www.amazon.com/s?k=epilator&ref=nb_sb_noss_1

HAIR REMOVAL SERVICES

<https://milanlasernashville.com/>

HORMONE INFORMATION

<http://tripproject.ca/self-medding-hormone-replacement-therapy-hrt/>
<https://diyhrt.wiki/index>

HORMONE SOURCES

<http://big-pharmacy.com/>
<http://www.easysshopping4health.com/>
<https://costplusdrugs.com/medications/>
<https://doxy.me/>
<https://getplume.co/>
<https://hrt.cafe/>
<https://powersfamilymedicine.com/>
<https://queerdoc.com/>
<https://transcare.manicsquirrel.dev/>
<https://trueuclinic.com/>
<https://www.circlemedical.com/>
<https://www.folxhealth.com/>
<https://www.gendergp.com/>
<https://www.goodrx.com/>
<https://www.google.com/maps/d/u/1/viewer?mid=1DxyOTw8d18n96BHFF2JVUMK7bXsRKtzA&ll=26.19982757169328%2C-113.38234069999999&z=3>
<https://www.inhousepharmacy.vu/c-88-transgender.aspx>
<https://www.plannedparenthood.org/health-center/tennessee/nashville/37203/nashville-health-center-2716-91550/lgbtq>
<https://www.queermed.com>

HORMONE TESTING

<https://bloodtestscanada.com/>
<https://healthconfirm.us/>
<https://medichecks.com/>
<https://werlabs.se/>
<https://www.bloedwaardentest.nl/>
<https://www.labcorp.com/>
<https://www.labsmd.com/>
<https://www.pathlab.co.nz/patient-requested/>
<https://www.privatemd.com/>
<https://www.walkinlab.com/>

NAME CHANGE

<https://eforms.com/name-change/tn/#AdultNameChange>

SUPPORT ORGANIZATIONS

<http://pflagnashville.org/>
<http://www.tvals.org/>
<https://cathyduffyreviews.com/homeschool-extras/online-schools-and-courses/online-schools-with-complete-programs-and-courses-secular>
<https://pflag.org/>
<https://transsafespace.network/threads/psa-trans-lifeline-micro-grant-program-help-with-legal-name-change-etc.184/>
<https://www.lambdalegal.org/>
<https://www.qchatspace.org/>

VOICE FEMINIZATION SURGERY

<http://www.chet-plasticsurgery.com/feminizing-voice-surgery/>
<https://professionalvoice.org/feminization.aspx>
<https://www.drspiegel.com/facial-feminization-surgery-boston/voice-feminization/>
<https://www.mountsinai.org/locations/grabscheid-voice-swallowing-center/our-services/transgender-voice-feminization>
<https://www.transgendermap.com/medical/surgery/voice/feminization/>
<https://www.transhealthcare.org/voice-feminization-surgery/>
https://www.youtube.com/watch?v=1rCNn_1U41s
<https://www.youtube.com/watch?v=M0VY0BLQ1KI>

VOICE FEMINIZATION TRAINING

https://www.reddit.com/r/transvoice/comments/d3clhe/ls_voice_training_guide_level_1_for_mtf/
https://www.reddit.com/r/transvoice/comments/d3cp1w/ls_voice_training_guide_level_2_for_mtf/
https://www.reddit.com/r/transvoice/comments/d3cq5l/ls_voice_training_guide_level_3_for_mtf/
https://www.reddit.com/r/transvoice/comments/d3cqmq/ls_voice_training_guide_level_4_for_mtf/
<https://www.evaf.app/>
<https://www.tgvoicetherapy.com/>