

Summary

The purpose of this document is to provide information on an experimental drug combination. This aim of this combo is to stop masculinization and provide slight feminization while avoiding breast growth and retaining genital function. Basically HRT-lite.

As of 9/16/2018, I have discontinued use of this combo, but I hope the information in this document is still of help. I have started regular HRT and apologize for my fall from grace.

Dosages

The current combo that I have been on for six months settled on is as follows:

- 12.5mg of cyproterone acetate (50mg Procur tablets from [inhousepharmacy](#) that I quarter with a pill splitter)
- 50mg of bicalutamide (Calutide from [alldaychemist](#))
- 60mg of raloxifene (Ralista from [alldaychemist](#))

Along with this, I have taken a daily Vitamin B12 supplement to mitigate possible depression from cyproterone acetate usage. I also take daily Biotin supplements for my skin and hair.

The previous combo that I was on for three months is as follows:

- 1mg of finasteride
- 50mg of bicalutamide
- 60mg of raloxifene

There is a good reason why I have left behind this combo which I will get into.

Analysis

The original idea behind this combo is that bicalutamide can block testosterone for bodily use without totally getting rid of it like cyproterone acetate would do. One would also not experience the mental effects of being deprived of sex hormones, since your brain would still recognize the presence of the T in your body. This would help with sex drive. Bicalutamide, in fact, raises total testosterone, as your body thinks it needs to make more since it can't get access to it. This results in a slight estrogen boost, as excess T is amortized to E. Many people get tits even on just bicalutamide monotherapy. This is mostly due to the lack of T being used by your body, though the smidgen of excess E that you get at high doses would also hypothetically increase

that. This, along with possible osteoporosis makes this an unfavorable choice for our purposes here.

So to prevent breast growth and osteoporosis, raloxifene is added, a drug used to treat osteoporosis primarily. Raloxifene is a SERM (Selective Estrogen Receptor Modulator) that selectively acts to block E binding in the chest area, meaning no tits. It is uncertain about how well it acts as an E agonist in other areas. My E levels did not see any sort of increase on raloxifene and remained in normal male ranges, but I wonder if it was helping the small amount of estrogen that my body did produce bind to certain places. Feminizing properties of raloxifene are debated and uncertain ultimately, however.

So what's the problem now then? We have bicalutamide blocking T and raloxifene taking care of unwanted side effects of just doing bicalutamide monotherapy, right? That's what I thought going into this the first 3 months. I even threw in finasteride to help take care of elevated DHT levels that could have resulted in balding. It turns out, however, that taking raloxifene and bicalutamide at the same time results in a drug interaction that severely raised my testosterone levels. After getting it tested, I had a T level of 1475 ng/dL as of 3/17/2018, roughly 3 months after starting my first combo.

I expected my T levels to be high, but not that high. This wouldn't be as much of a concern if my bioavailable T was low, because that would indicate it was getting blocked properly, but it was also high at 546 ng/dL. I even checked my PSA levels to see if they were sufficiently low, which they also weren't.

The solution to this was simple enough but also somewhat risky. I needed to lower my T enough to where bicalutamide can block it effectively, but also keep it high enough to have T being recognized by my brain and have some excess T to amortize into E. This is where I replaced my finasteride with low-dose cyproterone acetate, a powerful anti-androgen that destroys the production of T rather than blocking it.

After 3 months of cyproterone acetate, I got another T test, which revealed that my total T had nearly halved and was sitting at 776 ng/dL instead of 1475 ng/dL. This is still a high number for T, so I looked to the free and bioavailable T for indicators of how well things are being blocked. My bioavailable T changed from 546 ng/dL to 149 ng/dL, very low on the expected range. My free T changed from 1.51% (22.3 ng/dL) to 0.82% (6.37 ng/dL), which is well below the expected range.

As I write this document on 9/1/2018, roughly two months after I got the last T test, I can not be sure that these levels have not gone down further. I plan on getting another test soon that will also gauge my E levels, as I have not measured E once yet. It should be noted that I also took liver blood tests every time I took a T test. This was especially prevalent while on both cyproterone acetate and bicalutamide at the same time. Fortunately they have both come back claiming my liver was healthy, but I won't mark that as definitive proof that the risk isn't there.

As a final update, I will say that I have dropped this combo but have gotten my levels checked right before I stopped. My E levels were well within the male range and my total T levels were above average for a male with bioavailable and free T being well below average. My liver had some slight abnormalities, since my bilirubin levels were elevated. As of 9/16/2018, I started a regular HRT routine of 50mg of bicalutamide and 2mg of sublingual E (keep in mind this is a starting dose and that I plan to get on injections later). I will say to any interested that after getting off raloxifene, I have almost immediately started growing breasts, which is a testament to its effectiveness in my case.

Effects

- Softening of skin
 - This one is pretty clearly noticeable. I've actually gotten comments about this from my friends and girlfriend saying that it feels like a younger girl's skin.
- Clearing up of acne
 - I've been keeping up a pretty solid skincare routine these days, so it may not be totally correlated, but I feel it has helped.
- Some muscle atrophy
 - My neck has slimmed down a pretty noticeable amount. My shoulders/arms have also lessened a decent bit.
- Facial hair color + Reduced body hair regrowth speed
 - I have noticed more of an influx of white/blonde hairs growing in my facial area. Body hair such as hair on the arms, around the chest, or the belly grows back slower and seems to have thinned-out. I have noticed this to a lesser degree with my leg hair.
- Possible facial feature softening
 - While it may not be too noticeable, I've gotten comments about how young I look and how soft my facial features are. I won't say for sure if this is the work of fat redistribution or just more skin changes.
- Lack of breast growth
 - My breasts have not been sore or shown any signs of growth since starting.
- Lower sex drive

- After being on cyproterone acetate for a while, I'm starting to notice that I don't get random erections any more. I have no trouble getting it up around my girlfriend or anything, but my lust really isn't as strong as it used to be.
- Possible infertility
 - My semen is more clear than it used to be but not like pure water or anything. It also has a sort of yellowish tint to it.
- Lack of liver damage
 - While it doesn't prove anything for the long-run, I've been able to take both cyproterone acetate and bicalutamide and still get normal results back from the liver blood tests I've done. I even manage to drink with my friends about once a week without trouble, though I think this has made me even more of a light-weight than I was before.
- Lack of depression
 - I was afraid of possible depression with cyproterone acetate, but that hasn't occurred except in concentrated bouts that occurred for life reasons.

Keep in mind that exercise and skincare is also very important for a more fem look. I won't try to summarize all of skincare here, especially since needs vary based on the individual. As for exercise, I do a lot of cardio like running. Along with that, I do plenty of situps, squats, and other such leg and glute exercises. Diet won't really affect your hormones much, but is still important in keeping a more lithe figure.

Picture Timeline



[Full size link \(https://puu.sh/Bo7Le.jpg\)](https://puu.sh/Bo7Le.jpg)

TL;DR

Taking 12.5mg of cyproterone acetate + 50mg of bicalutamide + 60mg of raloxifene seems to stop masculinization and provides feminization in small ways. Stuff like softer skin, reduction in body hair growth, and the prevention of further masculinization. Don't expect a full replacement of HRT with this. It avoids side effects like breast growth for lesser feminization, which should be fine for guys going for a more fem look. Just taking bica + ralox could shoot your T up too high to get these effects. Keep in mind that liver function blood tests should be taken if you want to attempt this, since you're basically taking two AAs.