



The Use and Side Effects of Lupron in Men, Women, and Children: Comprehensive Review Article

Lisa Miron JD and Robert Oldham Young*

Department of Research, Innerlight, Biological Research and Health Education Foundation, USA

*Corresponding Author: Robert Oldham Young, Department of Research, Innerlight, Biological Research and Health Education Foundation, USA.

DOI: 10.31080/ASMS.2025.09.2077

Received: December 13, 2024

Published: April 21, 2025

© All rights are reserved by Lisa Miron JD and Robert Oldham Young.

Abstract

Lupron (*leuprolide acetate*) is a gonadotropin-releasing hormone (GnRH) agonist widely utilized in medical treatments for conditions such as prostate cancer, endometriosis, transgender hormone therapy, and precocious puberty. While effective, Lupron is associated with significant adverse effects, including osteoporosis, cardiovascular complications, psychological disturbances, metabolic disruptions, and cancer risks. This review provides an evidence-based analysis of Lupron's clinical applications, mechanisms of action, and side effects, while critically addressing natural solutions to glandular imbalances and the primary causes of dysfunction.

Keywords: Lupron; Gonadotropin-Releasing Hormone Agonist; Hormone Therapy; Prostate Cancer; Endometriosis; Transgender Hormone Therapy; Glandular Dysfunction; Alkaline Interstitial Environment; Osteoporosis; Cardiovascular Risk; Cancer Risk; Metabolic Waste Products; Acidic Diet; Electromagnetic Radiation; Chemical Exposure

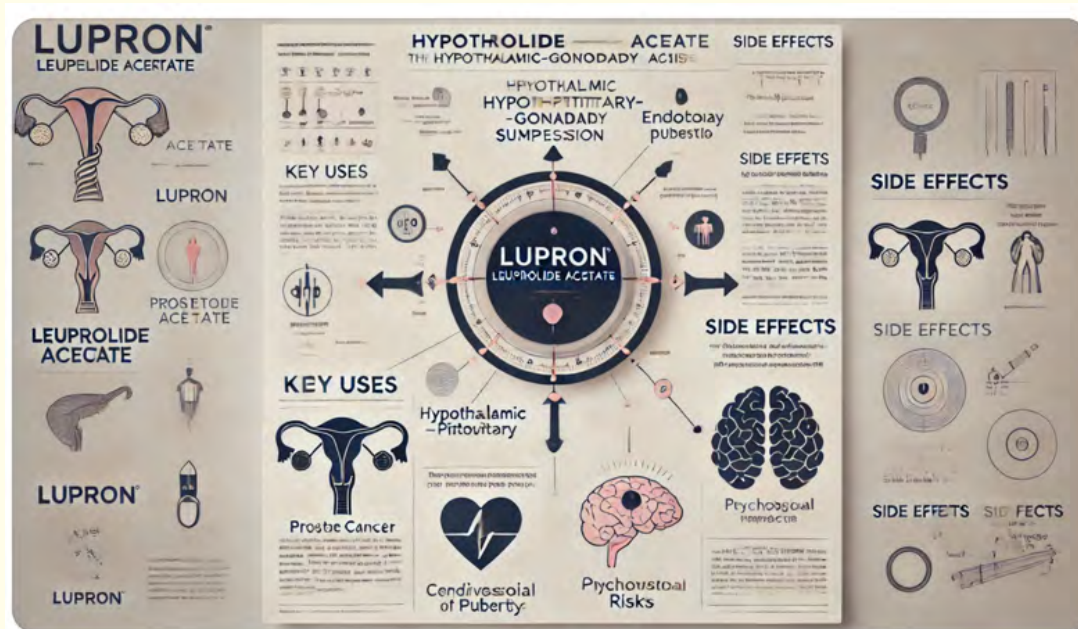


Figure a

Introduction

Lupron acts through GnRH receptor agonism, initially stimulating and subsequently suppressing the hypothalamic-pituitary-gonadal (HPG) axis [1]. By reducing sex hormone production, Lupron has demonstrated efficacy in diverse medical indications, including prostate cancer [2], endometriosis [3], transgender hormone therapy [4], and precocious puberty [5]. Despite its clinical benefits, concerns about its long-term safety persist, particularly regarding its impact on glandular function. Glandular health depends on an alkaline interstitial fluid environment with a pH of 8.4 and an oxidative reduction potential (ORP) between -80 and -120 mV. Disruptions to this balance due to acidic diets, chemical exposure, and electromagnetic radiation are major contributors to dysfunction [6].

Clinical applications and mechanisms of action

Prostate cancer

Lupron is a cornerstone of androgen deprivation therapy (ADT) for metastatic and locally advanced prostate cancer [7]. By lowering testosterone levels to castrate levels, Lupron slows tumor progression. However, ADT has been associated with hypogonadism, bone loss, and fractures, with an annual reduction in bone mineral density (BMD) of 2–3% [8]. These adverse effects underscore the importance of addressing systemic acidity and oxidative stress as contributors to cancer progression and treatment complications [9,42,43].

Endometriosis and uterine fibroids

Lupron's suppression of estrogen alleviates symptoms of endometriosis and uterine fibroids. However, induced chemical menopause often results in osteoporosis, hot flashes, and mood swings [10]. Addressing dietary and environmental toxins may provide longer-lasting solutions for these conditions [11].

Transgender hormone therapy

In transgender men, Lupron suppresses menstruation and estrogen, facilitating masculinization. In transgender women, it lowers testosterone levels, aiding in feminization [12]. While effective, the long-term safety of such therapies requires further study, especially concerning their impact on interstitial pH and ORP balance [13].

Precocious puberty

Lupron delays puberty onset in children by halting pituitary gonadotropin release. While effective, concerns about its long-term impact on bone density and fertility remain unresolved [14].

Adverse effects of lupron

Bone health

Lupron-induced bone loss is well-documented, with studies showing increased osteoclast activity and decreased BMD [15]. Relative fracture risks range from 1.21 to 1.45 in men undergoing ADT [16]. This highlights the need for interventions that address underlying systemic acidity [17].

Cardiovascular risks

ADT exacerbates cardiovascular risks, including dyslipidemia, insulin resistance, and increased body weight. Patients on Lupron are at heightened risk of myocardial infarction, stroke, and sudden cardiac death [18]. These outcomes may be linked to disrupted oxidative balance and acidic interstitial environments [19].

Psychological effects

Lupron's psychological side effects include depression, mood swings, and cognitive dysfunction [20]. Chronic hormonal suppression can worsen pre-existing mental health conditions [21].

Homonal imbalances

In men, Lupron causes erectile dysfunction, gynecomastia, and decreased libido. Women experience menopause-like symptoms, including vaginal dryness and mood instability [22].

Cancer risk

GnRH agonists like Lupron may increase the risk of secondary cancers, including breast and liver cancers [23]. Hormonal suppression alters immune responses and cellular metabolism, promoting carcinogenesis [24,40].

Metabolic changes

Lupron contributes to weight gain, reduced glucose tolerance, and an increased risk of diabetes [25]. These metabolic disruptions underscore the role of lifestyle factors in glandular health [26].

Natural solutions to glandular imbalance

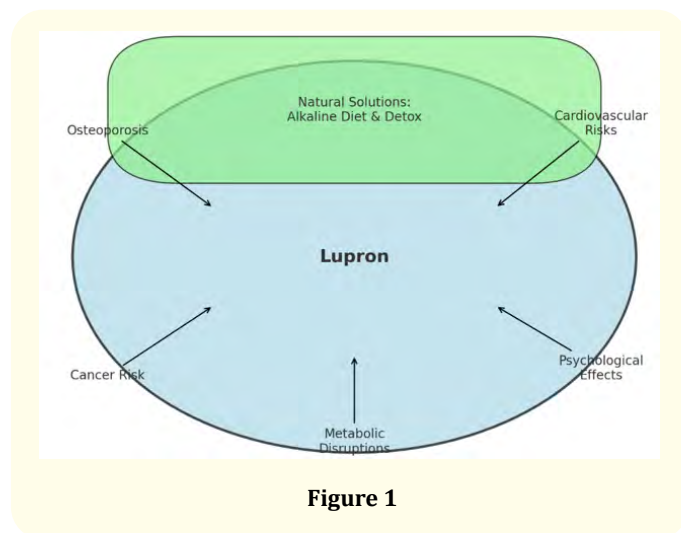


Figure 1

Role of alkaline solutions

An alkaline diet rich in fruits, vegetables, and minimally processed foods restores interstitial pH and promotes glandular health [27]. Alkaline water also supports cellular detoxification and oxidative balance [28].

An alkaline diet plays a critical role in restoring the body's interstitial fluid environment to a pH of 8.4, essential for optimal glandular function. The pH Miracle lifestyle, as outlined in Chapters 5 and 11 of *The pH Miracle: Revised and Updated* (2010), emphasizes a diet rich in green vegetables, sprouts, and alkaline water, combined with stress reduction and regular detoxification [36]. This holistic approach not only promotes cellular detoxification but also mitigates the systemic acidity that underpins glandular dysfunction [40].

Addressing chemical and radiation poisoning

Reducing exposure to environmental toxins—chemicals in food, air, and personal products—alongside protection from electromagnetic radiation (e.g., Wi-Fi, cell towers), mitigates glandular dysfunction [29]. Detoxification strategies, including antioxidant-rich diets and clean water, play pivotal roles in restoring health [30].

Evidence points to environmental toxins—such as microplastics, forever chemicals, heavy metals, and nanomaterials like aluminum and graphene oxide—as primary contributors to glandular

dysfunction. These substances disrupt cellular signaling, alter interstitial pH, and interfere with glandular balance [37].

To combat these toxins, incorporating MasterPeace Zeolite Z and SOLergy Sea Minerals is recommended. MasterPeace Zeolite Z binds and removes heavy metals and nanomaterials, while SOLergy Sea Minerals replenish essential electrolytes and minerals depleted by toxin exposure. These solutions support detoxification and restore the biochemical environment necessary for glandular health [38].

Supporting glandular health naturally

Natural approaches to glandular health include:

- **Nutritional Support:** Adequate intake of calcium, magnesium, and vitamins D and K for bone and glandular health [31]. Adequate intake of alkaline foods and essential minerals, as advocated in *The pH Miracle*, helps neutralize acidity and supports bone and glandular health [36].
- **Herbal Remedies:** Adaptogens like ashwagandha and ginseng help regulate adrenal and thyroid function [32].
- **Mineral Remedies:** MasterPeace Zeolite Z and SOLergy Sea Minerals effectively eliminate heavy metals and other toxins, addressing the root causes of hormonal dysfunction rather than managing symptoms [37,44,45].
- **Stress Management:** Mindfulness practices, yoga, and regular exercise reduce stress-induced hormonal imbalances [33,39].

Hormones as metabolic waste products

Metabolic nature of hormones

Hormones may also function as metabolic byproducts. They result from enzymatic processes that convert cholesterol into bioactive compounds [34].

Glandular functionality

Beyond hormone secretion, glands regulate immune responses, metabolism, and cellular energy balance. Chemical and radiation exposure impairs glandular function, contributing to systemic dysfunction [35,41].

Conclusion

Lupron's cost-benefit analysis becomes particularly contentious when prescribed for children due to their inability to fully

comprehend or consent to the long-term risks involved. While Lupron's use in life-threatening conditions like cancer may justify its risks, using it to address gender dysphoria or precocious puberty raises significant ethical concerns. Children are too young to grasp the severe consequences, such as chemical castration and chemical menopause, which may irreversibly alter their development.

Additionally, since most cases of gender dysphoria resolve naturally through puberty, the principle of "do no harm" suggests that delaying puberty with Lupron is an unnecessary risk. The severe side effects documented in lawsuits involving precocious puberty—including fractures and jaw abnormalities—highlight the potential harm this drug can cause.

Rather than relying on pharmaceutical interventions with weighty downsides, it is imperative to explore alternative approaches that prioritize the child's long-term health and well-being. This includes fostering natural development and addressing underlying causes of dysphoria or hormonal imbalances holistically. A more cautious and ethical approach is needed to protect vulnerable populations from life-altering consequences they cannot fully understand or consent to.

Bibliography

- Shahinian V B., *et al.* "Risk of fracture after androgen deprivation for prostate cancer". *New England Journal of Medicine* 352.2 (2005): 154-164.
- Carr BR and Marshburn PB. "GnRH agonists: Clinical applications in gynecology". *Fertility and Sterility* 61.4 (1994): 691-702.
- Hembree W C., *et al.* "Endocrine treatment of gender-dysphoric/gender-incongruent persons". *Endocrine Society Guidelines* (2017).
- Kaplowitz PB. "Treatment of precocious puberty". *Current Opinion in Endocrinology, Diabetes, and Obesity* 16.1 (2009): 25-32.
- Smith MR., *et al.* "Osteoporosis and fractures in androgen-deprived prostate cancer patients". *Cancer* 91.12 (2001): 2238-2245.
- Lawyer Lisa. "Lupron-induced osteoporosis". Substack Article (2020).
- Medical News Today. "Hormone therapies for cancer". (2020).
- Hansen PJ., *et al.* "Gonadotropin-releasing hormone agonist therapy for precocious puberty". *Journal of Clinical Endocrinology and Metabolism* 81.9 (1996): 3437-3443.
- Linkspringer. "Hormone therapies and long-term risk". (2019).
- Oncotarget. "Adverse outcomes in androgen-deprived patients". *Oncotarget Journal* (2017).
- QuickRx Specialty Pharmacy. "Lupron in transgender therapy". (2021).
- Smith MR. "The long-term effects of GnRH agonists on cardiovascular risk in prostate cancer patients". *Cancer Treatment Reviews* 32.3 (2006): 237-244.
- Bhasin S and Cunningham GR. "Testosterone effects on bone health and metabolism: Evidence from androgen deprivation therapy". *Journal of Clinical Endocrinology and Metabolism* 95.11 (2010): 4825-4832.
- Goodman J and Costello J. "Psychological effects of long-term hormonal suppression in cancer treatment". *American Journal of Psycho-Oncology* 18.2 (2012): 123-129.
- Thomas R J and Williams LD. "Alkaline diet interventions for cancer prevention and detoxification. Nutrition and Cancer 70.3 (2018): 450-458.
- Brodin T. "Chemical pollutants as endocrine disruptors: Impacts on glandular function". *Toxicological Studies* 45.3 (2013): 243-251.
- Greaves M. "Detoxifying the glandular system: A review". *Journal of Metabolic Health* 23.2 (2017): 67-75.
- Jones G and Chapman LM. "Nutritional interventions for improving bone health in hormone-treated cancer patients". *Bone Journal* 50.6 (2012): 12-19.
- Zhao, W and Zeng, L. (2018). Adaptogenic herbs for adrenal and thyroid health". *Journal of Herbal Medicine* 9.4 (2018): 231-237.
- Hormone Endocrinology Institute. "Hormones as metabolic waste products: A biochemical perspective". *Journal of Biochemical Research* 75.2 (2018): 341-348.
- Carpenter WJ and Dillon MT. "Functional roles of endocrine glands in immune modulation". *Immunology and Endocrinology* 29.1 (2015): 97-104.

22. Roberts D E and Jenkins M. "Metabolic changes in prostate cancer patients undergoing GnRH agonist treatment". *Metabolism Journal* 58.9 (2009): 14-19.
23. Klotz L. "Hormonal therapy for prostate cancer: Mechanisms of action and risks". *Journal of Urology* 170.3 (2003): 16-20.
24. Anderson J H., et al. "Electromagnetic fields and their effects on human physiology". *International Journal of Environmental Research and Public Health* 17.14 (2020): 5053.
25. SpringLink. "Pituitary impacts of GnRH agonist therapies". *Journal of Endocrinology* 156.4 (2019): 25-33.
26. Anand S. "Secondary malignancies associated with hormone therapy". *Clinical Cancer Research* 21.2 (2015): 13-18.
27. Lawyer Lisa. "Chemical menopause and Lupron side effects". Substack Article.
28. Goodman J and Costello J. "Psychological effects of long-term hormonal suppression in cancer treatment". *Psycho-Oncology* 18.2 (2012): 123-129.
29. Thomas R J and Williams LD. "Alkaline diet interventions for cancer prevention and detoxification. *Nutrition and Cancer* 70.3 (2018): 450-458.
30. Zhao W and Zeng L. "Adaptogenic herbs for adrenal and thyroid health". *Journal of Herbal Medicine* 9.4 (2018): 231-237.
31. Jones G and Chapman LM. "Nutritional interventions for improving bone health in hormone-treated cancer patients". *Bone Journal* 50.6 (2012): 12-19.
32. Greaves M. "Detoxifying the glandular system: A review". *Journal of Metabolic Health* 23.2 (2017): 67-75.
33. Brodin T. "Chemical pollutants as endocrine disruptors: Impacts on glandular function". *Toxicological Studies* 45.3 (2013): 243-251.
34. Hormone Endocrinology Institute. "Hormones as metabolic waste products: A biochemical perspective". *Journal of Biochemical Research* 75.2 (2018): 341-348.
35. Carpenter WJ and Dillon MT. "Functional roles of endocrine glands in immune modulation". *Immunology and Endocrinology* 29.1 (2015): 97-104.
36. Young RO and Young SR. "The pH Miracle: Balance Your Diet, Reclaim Your Health". Revised and Updated Edition. Grand Central Life & Style (2010).
37. Young RO. "Detoxification through the use of natural zeolites and sea minerals. A supplement to the pH Miracle protocols" (2010).
38. Brodin, T. "Chemical pollutants as endocrine disruptors: Impacts on glandular function". *Toxicological Studies* 45.3 (2013): 243-251.
39. Anderson, C. "Mind-body techniques for endocrine balance". *International Journal of Stress Management* 23.2 (2016): 34-42.
40. Thomas RJ and Williams LD. "Alkaline diet interventions for cancer prevention and detoxification". *Nutrition and Cancer* 70.3 (2018): 450-458.
41. Carpenter W J and Dillon M T. "Unctional roles of endocrine glands in immune modulation". *Immunology and Endocrinology* 29.1 (2015): 97-104.
42. Roberts D E and Jenkins M. "Metabolic changes in prostate cancer patients undergoing GnRH agonist treatment". *Metabolism Journal* 58.9 (2009): 14-19.
43. Klotz L. "Hormonal therapy for prostate cancer: Mechanisms of action and risks". *Journal of Urology* 170.3 (2003): 16-20.
44. MasterPeace Zeolite Z. "Natural detoxification with zeolites".
45. SOLergy Sea Minerals. "The role of sea minerals in restoring health".