

# **How to crack your egg: HRT 101 Starterpack**

**Aka Estromiaou, Aka femManaviko, Aka all about feminizing hormones zine**

Candy Shop

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We wanted to talk with care.

This estrogen-zine is for every estrogen-junkie.!

This estrogen-zine does not gatekeep like your average cisgender doctor. It shares community-based knowledge, from us for us, through dolls gatherings, in the ancient ritual of (be)c(umm)ing together, caring for one another, gossiping, and plotting doll domination.!

We reject the idea that someone's ability to transition should depend on paperwork, citizenship, or healthcare insurance systems. Neither the state nor the healthcare market should decide which bodies deserve access to change. The only thing that truly matters is desire.

If you want it, that is enough. The reasons can be endless and different for everyone: wanting more femininity or more body hair, wanting your skin texture to change, the way you cry, desire, or inhabit your body to shift. Wanting tits, a flat chest, ass, a crotch, different proportions, different sensations, a different relationship to yourself. Or chasing something impossible to fully explain — something only felt. None of these desires is more valid or more "real" than another. And you do not need to prove anything in order to claim agency over your own body and change it in whatever way you need.

Wanting is already enough.

That is why we must continue learning collectively, sharing knowledge, hormones, supplies, experiences, and networks of care. And this support should reach not only those who can easily access institutional trans healthcare, but also those excluded from it from the beginning — economically, socially, legally, or politically.!

In March 2026 we launched a Collective Discussion on Hormones, Treatments, Substances & Transition about HRT.

This is our candy knowledge that we want to share. This is the transcription . Collective discussion about hormones, treatments, substances and transition

Bouqueta // 08-03-2026

## Workshop plan

1. Brainstorming on the products accessible to us .

We begin by mapping the substances, products, and resources that already exist in our environments. What do we have access to, what do we hear about, what do we use, what do we question?

2. Break down the discussion in narratives according to accessibility , pros, cons, and methods .

We wanted to discuss definitions, effects and important information to transmit from us to us as a collective knowledge . This is not about authority, but about circulating knowledge as a breathing, mutating organism — shaped by lived experience rather than gate-keeping systems.

3. coming back together , restitution / reports.

We come back together to share outcomes, reflections, and fragments .This includes open exchange, reporting, and collective synthesis of the discussions.

HRT 101

- accessibility
- pros Vs cons
- methods

#### PILLS

Cyclacur – estradiol pills- is the most common prescription in Greece. There are no insurance based discounts even if you get it prescribed. They cost approximately ~2 euros. They tend to be out of stock quite often, so you have to run through pharmacies to find them (our beloved hormone hunting) or be in constant communication with a specific pharmacy where you can arrange for them to order it for you. From the packaging, we use only the white pills, the ones used for feminizing HRT. As time progresses, in case you want to increase your dosage, you will need more and more boxes of medication, so the monthly cost raises with time. Fortunately, it is way easier to get around from friends in case we run out of it.

Androcur – testosterone suppresser pills .

Bika – testosterone suppresser pills Cost 15–17€/month

#### PROS

- you can get them at a pharmacy
- you can get them prescribed from an endocrinologist through the public system or a private clinician

#### CONS

- have to take them everyday
- they are pricey
- you can't do monotherapy with them
- not always available in pharmacies, constant shortages
- they're designed based on cis bodies' needs
- harmful for your liver
- not the best option after 40 (?)
- higher emotional fluctuations, peaks and shifts
- having ADHD and facing other mental health conditions can impact the medical regime

Injection combined with pills

- ARVEKAP

#### PROS

- 11.5 mg monthly, at some point you can also move to a 3 month dose

#### CONS

- expensive
- needs pharmacy visit
- side effects on mental health
- needs enough estrogen to balance your hormonal levels
- how it affects your bone density
- how it affects your libido

#### CONS FOR BOTH MEDICINES

- regulated by what's more profitable for the pharmaceutical companies at the time
- sometimes to get access to them, you need to pass through psychiatric "assessments" to "prove" that you are experiencing gender dysphoria and that by default you are "actually" trans (transvestigation) and getting the stigmatizing diagnosis of F64: Transsexualism, all this process (depending on what doctor you have access to) can come with a lot of gate-keeping, transphobic and psychiatric violence
- having to go through constant evaluation from the medical system + their harmful practices
- all this structure strips us of our bodily autonomy
- there are only 4 hospitals in Greece where you can go for HRT services, making it hard for all trans people (especially those not living in big cities) to access the treatment and having to go through long waiting lists and spending lots of money on traveling and possibly private doctors
- to access this specific HRT treatment you need to pass through the "legal" system of the public sector, so you'll need papers of "legal" status in the country, therefore this builds a barrier and obstacle for undocumented, immigrant, refugee trans people

#### PATCHES

- Estraderm
- Dermestril (you get it prescribed if you're over 40)

#### PROS

- less liver related problems

- you need two patches per week
- better substance absorption
- less expensive than pills (value for money)
- better estro levels
- no prescription needed
- “legal”
- EASY TO SMUGGLE

#### CONS

- can be prescribed only once in 3 months
- hard to find in pharmacies (need to build a constant relationship with a specific one)
- scarcity
- needs to be combined with anti-androgen
- it can irritate the skin, possibly topical irritation
- not waterproof
- need to keep track of the days and combine the regimens
- if it sticks to itself while being applied on the skin, it’s practically unusable, you need to be careful during application

#### EXTRA INFO

- it functions similarly to a SubQ injection
- it’s a question and a matter of POV if they’re practical or impractical (you know your body better)
- not body hair friendly

#### GEL

- Estrogel
- Not available in Greece
- Need to order it online, might be expensive
- Out of Greece, it’s easy to prescribe
- NOT EASY TO SMUGGLE (fucking airports!)

- Lasts less time-wise than patches
- Daily application
- You need to be careful who you come in contact with after you apply it on your skin, it can be absorbed through skin contact and shared pieces of cloth(?)
- Don't touch animals after, HARMFUL
- Can be applied in different parts of the skin (inner thighs, arms, torso/belly)
- Can be produced easily
- The most researched form of HRT
- Slow effects and it takes time for changes to start appearing
- Combo with anti-androgen helps increase the effects
- When it comes to blood tests, if blood is drawn from a spot of the skin with gel, it can alternate the results of the tests.

## INJECTIONS

### PROS

- Monotherapy\*, no need for anti-androgens
- Cheap (can last from 5–12 months, you might need to spend max 100€/year)
- Highly effective
- Healthier for liver
- Physically suppress testo
- Better effects on mental health
- Sense of stability if you follow your doses properly
- Legal to possess, when it comes to Testo, it is fully legal and accessible in Greece, Norma testo and Nebido can be found in pharmacies, Norma you can also buy for a little bit more money with no prescription, Nebido needs prescription and it's expensive, Estro, on the other hand, is not available as injections in any pharmacy in Greece
- Shared through peer-to-peer support + knowledge + safety tips (T4T)
- There are many resources for more awareness and information on their effects, impacts, doses, equipment, accessibility + self med reports (we learn through each other's experiences)

### CONS

- There are many myths and misconceptions around them, which lead to fear-mongering narratives that need to be deconstructed and busted
- When it comes to execution, you need preparation and equipment, syringes, needles, tools for sanitary use
- Illegal to sell
- Ordering online is quite a complicated procedure that requires knowledge of bitcoin and crypto (where are our stem girlies at??)
- Difficult to navigate public hospitals while doing injections, the doctors can be quite unfriendly and harmful when it comes to DIY, leading to us not being able to keep track of our hormone levels and general health, most of the time we know way more than the doctors, so we have to educate them each time on our medical choices and practices (we are better experts of our own bodies)
- It requires specific storage conditions
- Traveling can be tricky
- Allergic dermal reactions (with SubQ, castor oil, benzyl benzoate)

#### TYPES OF ESTRADIOL INJECTABLES

- Valerate -> every 3–5 days/week
- castor/MCT
- intense peak (2<sup>nd</sup>-3<sup>rd</sup> day)
- more emotional impact
- Enanthate -> 7–10 days/week
- castor/MCT/grapeseed
- most beginner friendly
- more stable emotionally
- bard (?) with testo and nandrolone
- similar with cypionate
- difficult to find the “proper” dose
- Undecylate -> 20–40 days
- more expensive
- depending on the type of oil it has and the method of injection, you can also calculate how often you do it (for example: castor oil + subQ= max 40 days?, castor oil + intraM= monthly?)
- the most unresearched type of Estradiol

## Closing reflection

There is a widespread assumption that receiving hormones through prescription guarantees safety, expertise, and reliable oversight. In reality, this idea often serves more as reassurance than medical truth. The biology of trans people remains significantly under-researched, and many medical professionals have limited familiarity even with existing studies. In contrast, practical and lived knowledge is often goes in much greater depth, produced within community networks and among experienced DIY practitioners.

The medical system is not structured primarily around care, but around regulation, productivity, and control. It does not simply distribute healthcare; it governs access to it, shaping who can receive treatment and under what conditions. In doing so, it extracts value from illness, disciplines bodily autonomy, and prioritizes reintegration into productivity over genuine well-being.

Medicalized frameworks of trans experience have become so normalized that they often define how transness is understood even by trans people themselves, narrowing the complexity of lived experience into simplified diagnostic narratives.

This produces a version of transness designed to be fast, legible, and socially non- disruptive – one that fits into work, family, and institutional life without friction.

We reject Transnormativity.

Placing trans healthcare entirely within medical systems has therefore not only limited access, but also created structural divisions between who is considered “legitimate” or “properly” trans and who is not. It also exposes trans healthcare to political control, where access can be restricted, withdrawn, or redistributed according to state and institutional priorities, rather than community need. It’s also shaped by colonial and capitalist frameworks prioritizing white trans binary women .

In this sense, relying solely on institutional medicine can function not as protection, but as vulnerability – while community-based knowledge continues to operate as an alternative archive of care, survival, and collective knowledge.

Resources and materials on HRT

- [diyhrt.market](http://diyhrt.market)
- [diyhrt.info](http://diyhrt.info)
- [pghrt.diy](http://pghrt.diy)
- [transfemscience.org](http://transfemscience.org)
- [diyhrt.wiki](http://diyhrt.wiki)
- [reddit.com](http://reddit.com)
- [transharmreduction.org](http://transharmreduction.org)
- [www.transhub.org.au](http://www.transhub.org.au) (a thorough and detailed guide on trans identity, gender, coming out, social and medical transition, introduction to hormones, social and legal procedures and many more, a great introductory 101)

- [www.facebook.com](http://www.facebook.com) (All about trans – Greece, support group on facebook for trans people in Greece to exchange resources and provide support for one another)
- [wpath.org](http://wpath.org) (World Professional Association for Transgender Health)
- [www.plannedparenthood.org](http://www.plannedparenthood.org)
- [genderdysphoria.fyi](http://genderdysphoria.fyi)

Transition

has no clear beginning and no final form.

It is not arrival, nor a fixed goal.

It burns like fire: slow-burning or erupting with feminine rage.

It consumes and transforms, turning blue at its hottest points.

It warms what was frozen and destroys what could never hold us.

It is motion that cannot be confined.

Every hormone is a love letter to the past, present and future. We stitch ourselves back together. Life is not linear, our transitions are not linear, and neither are our vials

so why should we be?

We do not discover ourselves.

We make ourselves.

We invent ways to survive, to cope, to love and to care.

Becoming is hotter than being.

Because making is an act in motion, and motion never stops. We want to break free from the prisons assigned to us – and the ones we assigned ourselves.

Abolish now.

Become now.

Transition forever.

\* By the term *estro-junkie* we do not refer only to a specific category of people assigned a fem identity or associated with drug use. We refer to all those united through the need for hormonal repositioning, through self-determination, self-presentation, and alignment with their felt sense of self.

## Disclaimer

This is not medical advice.

We are aware that self-medication presents risks.

This zine was created outside institutional medicine and should not replace personal research or informed decision-making. Learn about the risks involved and make choices for your body carefully and autonomously. *Candyshop* cannot take responsibility for side effects or outcomes connected to the use of this material. According to current knowledge [1,2,3], hormone injections aiming for high estradiol levels (approximately 300–500 pg/mL) may be associated with increased risks of thromboembolic and cardiovascular events.

1. A. Mikkola et al. (2005) *Scandinavian Journal of Urology and Nephrology*, 39:4, p. 294–300
2. A. Mikkola et al. (2007) *Prostate*, 67:4, p. 447–455
3. Sam S. (2020) *Transfeminine Science* [transfemscience.org](http://transfemscience.org)

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Candyshop is a transfeminist mutual-aid collective based in Athens, that centers harm reduction around the practices of DIY transition and aims for collective trans mutation .

Built by dolls, estrojunkies, runaways, and gender outlaws, it creates space for exploring a safer transition , shared resources, hormones, knowledge, and practices outside institutional control and gatekeeping. It is a community space for trans evolution, collective care, and becoming — together ☒

What do we want?

To take space.

To share knowledge

To make transition safer,

wilder, and self-determined. To build a world where transness is not controlled, but experienced fully , collectively and in our own terms.

Autonomy,

accessibility,

continuity,

mutation forever.

I'll take you to the candy shop .

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