



Addendum: *Professor Günter Dörner*

1. **Pioneer of Developmental Neuro endocrinology:**

It was demonstrated that hormones, neurotransmitters and cytokines are pre- and early postnatal organizers of the brain and the neuro-endocrine-immune system (NEIS), which is responsible for the control of fundamental processes of life, such as reproduction, metabolism and growth, information processing and immune responsiveness.

2. **Founder of Functional Teratology, i.e. Teratophysiology and Teratopsychology:** Unphysiological concentrations of hormones, neurotransmitter and cytokines were recognized to be possible endogenous teratogenes during the critical organization period of the "NEIS, leading to malfunctions and important diseases in later life. Functional Teratology is considered as a most important part of Epigenomics and Functional Genomics for Preventive Medicine.

3. **Introduction of a Neuro-Endocrine-Immune Prophylaxis;**

A primary preventive therapy was recommended by optimizing the physicochemical, biological and social environment or correcting gene-conditioned unphysiological concentrations of hormones, neuro transmitters and cytokines during the organization of me NEIS.

4. **Former Editor-in-Chief:** Experimental and Clinical Endocrinology.

Member of Int. Soc. Neuroendocrinology; Member Int. Soc. Psychoneuroendocrinology; Member Worlds Association of Sexology; Honorary Member of German Society of Endocrinology; Honorary Member of Hungarian Society of Endocrinology; Honorary Member of Czech Society of Sexology; Honorary Member of Slovak Endocrinological Society; Honorary Editor of the Neuroendocrinology Letters; Honorary Editor of the Int. J. of Prenatal and Perinatal Psychology and Medicine.

**Proposal for Changing the Status of Homosexuality
Under the W.H.O.'s Classification of Diseases**

1. Bisexuality and homosexuality should be recognized as natural sexual variations. The individual manifestations of sexual orientation lay on a continuum.
2. Bisexuality and homosexuality are based on gene-and/or environment dependent neuroendocrine alterations of sexual brain organization.
3. A heterozygous form of steroid 21-hydroxylase deficiency was found to exist in homosexual females. Such genetic enzyme alteration gives rise to increased adrenal androgen production (particularly in the case of stressful events in both pre- and postnatal life) leading to a more male-type sexual brain organization (i.e. female homosexuality).
4. Findings obtained in identical and non-identical twins, as well as in families with an increased prevalence of homosexuality, suggest that heterozygous gene alterations and/or early environmental influences (e.g. prenatal stress) leading to androgen deficiency can predispose males to a more female-type sexual brain organization (i.e. male homosexuality).
5. In agreement with this theory, a more female type positive estrogen feedback effect on luteinizing hormone secretion could be evoked in most homosexual men, in contrast to heterosexual men.
6. In this context, it should be emphasized that heterozygous alterations of recessively active genes are a general attribute for healthy human beings. Consequently, homosexuality caused by such heterozygous gene alterations and/or early environmental influences can no longer be considered as an illness. This definition should be cancelled as soon as possible in the WHO classification of diseases, as there is not necessarily a need for therapy in homosexuals without specific complication, or their desire for such.
7. Millions of human beings could be liberated from needless pressure and suffering by such a measure. This liberates homosexuals from pathological labelling and other forms of discrimination.
8. For the tenth revision of the WHO classification of diseases the following statement is intended to be taken up under F66.1:
"Homosexuality *per se* is not regarded as a mental disorder"
This statement should be extended to:
"Homosexuality *per se* is neither regarded as a disease nor as a mental disorder".

This resolution, based on the proposal of Prof. Günter Dörner M.D. from the Humboldt University in Berlin, was approved by the participants of the 9th International Congress of the International Society of Prenatal and Perinatal Psychology and Medicine in Jerusalem, March 26–30 1989.