

**METHENOLONE ENANTHATE 100mg MUSCLE
INJECTABLE OIL SOLUTION**

Intramuscular route

METHENOLONE ACETATE 25 mg MUSCLE

Intramuscular route

TABLETS

Orally

FORMULA:

Each 1 ml contains:

methenolone
Enantato.....100mg.
Excipients..... c.s.p.

Each tablet contains:

Methenolone Enanthate.....25mg.
Excipients..... c.s.p.

MECHANISM OF ACTION:

Anabolic androgens are steroids derived from testosterone that attempt to chemically decrease the androgenic and virilizing effects and increase the anabolic actions. According to their chemical structure and function they are divided into three groups. The second group is that of dihydrotestosterone (DHT) and derivatives, methenolone. Testosterone and androgens easily cross the cell membrane and bind to specific intracellular receptors. These receptors that have been purified are proteins with a molecular weight of approximately 120 kilo da tons. Its synthesis is genetically determined on the X chromosome. DHT binds at a receptor site near a carboxyl terminal group. The steroid receptor complex is activated and transported to the cell nucleus and binds to a DNA receptor site, increasing the activity of RNA polymerase and the formation of messenger RNA, stimulating the synthesis of cellular proteins ultimately responsible for physiopharmacological actions. By intramuscular route they are pharmacologically active. Testosterone is introduced by simple diffusion into target cells given its lipid solubility, in many target tissues it is enzymatically converted to DHT by the action of an enzyme called 5-alpha-reductase, it is more active than testosterone. Biotransformation occurs in the liver, the main metabolites are eliminated in the urine. The maximum concentrations are reached 6-11 days after the administered injection. The absolute bioavailability of methenolone enanthate is 100%. Regarding methenolone acetate, it is the oral form and is a derivative of DHT and has a mechanism similar to that of all anabolic androgenic steroids. It is metabolized in the liver and the elimination half-life is detected in the urine up to 5 days after administration, a single administration and the duration is approximately 24 hours.

MECHANISM OF ACTION

It is indicated in states that require increased protein synthesis to improve the general condition of the patient or prevent damage from catabolic processes such as wasting diseases, cachexia, advanced breast carcinoma or postmenopausal osteoporosis.

POSOLGY

or intramuscularly the dose is 100 mg every 1 to 2 weeks or 200 mg every 2-3 weeks. Orally 75-150mg daily taken for 6-8 weeks and if used with other steroids a slightly lower dose (50-100mg per day) is often required. In women the dose is 50-75 mg per day.

CONTRAINDICATIONS

Hypersensitivity to methenolone. Concomitant use with oral anticoagulants. It is contraindicated in patients with breast cancer (male), diagnosed or suspected prostate cancer or adenoma, severe heart, liver or kidney failure, in pre-pubertal individuals or in an aggressive state; in pregnancy, active hypercalcemia. In patients with hereditary intolerance to galactose, Lape's lactose insufficiency or malabsorption of glucose or galactose should not consume this medicine.

ADVERSE EFFECTS

The following reactions require medical monitoring: Virilization and menstrual irregularities in women, bladder irritability, gynecoma

tia, anaphylaxis, edema, erythrocytosis, gastrointestinal irritation, hypercalcemia or polycythemia, androgenic alopecia, seborrhea and acne in men and women. Carcinoma, prostatic hypertrophy and priapism, testicular atrophy, oligospermia, sexual impotence, decreased libido in women, hirsutism, acne, hoarseness of the voice, clitoral hypertrophy, breast and endometrial atrophy, dysmenorrhea, excitability, hypercholesterolemia, hypercalcemia, edema . Adverse reactions of rare incidence during long-term therapy or with high doses are: Hepatic necrosis, hepatic leukopenia purpura. Other adverse reactions are: constipation, nausea, diarrhea, infection, redness, pain or irritation at the injection site, changes in libido, stomach pain, difficulty sleeping, headaches, anxiety, depression, generalized paresthesia, skin rash.

INTERACTIONS

Oral anticoagulants: an increase in the anticoagulant effect is possible. In patients receiving treatment with oral anticoagulants, close monitoring is necessary, especially when starting and discontinuing treatment with androgens. Antidiabetics: The metabolic effects of androgens may decrease blood glucose concentration and therefore reduce insulin requirements. Ciclosporin: there are studies with methyltestosterone in which increased plasmatic concentrations of cyclosporine have been recorded, which may increase the risk of nephrotoxicity. Other androgens can produce the same effect. Oxyphenbutazone: Coadministration with androgens may result in elevated oxyphenbutazone serum concentrations.

PRECAUTIONS AND WARNINGS

In the palliative treatment of breast cancer, do not continue the therapy if after 3 months the disease continues again or if hypercalcemia was verified in any face of it. Serum and urinary calcium levels should be frequently determined in women with metastatic breast carcinoma under testosterone treatment. It is usually preferable to start treatment with full doses and adjust later to individual characteristics. Care should be taken in patients with heart failure, arterial hypertension, renal failure, epilepsy, migraine, diabetes, bone metastases, dysmenorrhea, dyslipidemia, coagulation disorders, porphyria. Oral methenolone acetate should be taken on an empty stomach because food may decrease absorption.

OVERDOSE

Las dosis frecuentes pueden desencadenar síntomas de remisión lenta, por tratarse de un medicamento de larga acción. Se recomienda suspender inmediatamente la medicación. En caso de sobredosis consultar con su médico.

PRESENTATION

Methenolone Enanthate 100 mg. Injectable.
Box containing 1 ampoule of 1mL.
Box containing 5 vials of 1mL.
Box containing 10 vials x 1mL.
Box containing 1 vial x 10mL.

Store at room temperature between 15°C - 30°C.
Protect from Light. Keep out of the reach of children.