

PRIMABOLAN®

Methenolone Acetate, Ph.Jpn.grade

Molecular Formula: C₂₂H₃₂O₃ (CAS-434-05-9, ATC-A14AA04)

Molecular Weight: 344.5 gm/mol

Active life: 4-6 hours

Detection time: 4-5 weeks

Anabolic/Androgenic ratio (range): 88:44-57

DESCRIPTION:

Primabolan®, brand of Methenolone acetate tablets, is an anabolic steroid, a synthetic derivative of testosterone. Each tablet contains 25 mg of Methenolone acetate, Ph.Jpn.grade. It is designated chemically as 17β-Hydroxy-1-methyl-5α-androst-1-en-3-one acetate.

Each tablet also contains lactose monohydrate, sodium starch glycolate, polyvidone 25,000, microcrystalline cellulose and magnesium stearate as excipients. No colouring agent.

CLINICAL PHARMACOLOGY:

In aplastic anemias of various origins - both the idiopathic forms and those with exogenously damaged bone marrow - high doses of Methenolone acetate may stimulate bone marrow function, particularly erythropoiesis.

INDICATIONS AND USAGE:

1. Aplastic anemias. The therapy may have to be continued for at least 3 months at a dosage of 2-3 mg per kg body weight per day or 4-6 tablets for a person weighing 50 kg.. Since some patients only respond after several months, treatment must not be stopped too soon. After improvement of the clinical picture treatment should, as a general rule, be continued for a further few weeks. Deterioration of the blood count after discontinuation of therapy may be reversed by renewed administration of Primabolan®.
2. Osteoporosis.
3. Progressive breast cancer

CONTRAINDICATIONS:

Primabolan-LA® Injection is contra-indicated in pregnancy as the Methenolone acetate contained in the preparation, like all anabolic agents, possesses some androgenic activity which may lead to signs of virilization in the female newborn.

Because of this androgenic activity, Primabolan-LA® Injection is also contra-indicated in patients with prostatic carcinoma, since such substances may aggravate the disease.

WARNINGS:

LIVER CELL TUMORS ARE REPORTED. MOST OFTEN THESE TUMORS ARE BENIGN AND ANDROGEN DEPENDENT, BUT FATAL MALIGNANT TUMORS HAVE BEEN REPORTED. WITH DRAWAL OF DRUG OFTEN RESULTS IN REGRESSION OR CESSATION OF PROGRESSION OF THE TUMOR. HOWEVER, HEPATIC TUMORS ASSOCIATED WITH ANDROGENS OR ANABOLIC STEROIDS ARE MUCH MORE VASCULAR THAN OTHER HEPATIC TUMORS AND MAY BE SILENT UNTIL LIFE-THREATENING INTRA-ABDOMINAL HEMORRHAGE DEVELOPS.

PELIOSIS HEPATIS, A CONDITION ALSO REPORTED IN WHICH LIVER AND SOMETIMES SPLENIC TISSUE IS REPLACED WITH BLOOD-FILLED CYSTS, HAS BEEN REPORTED IN PATIENTS RECEIVING ANDROGENIC ANABOLIC STEROID THERAPY. THESE CYSTS ARE SOMETIMES PRESENT WITH MINIMAL HEPATIC DYSFUNCTION, BUT AT OTHER TIMES THEY HAVE BEEN ASSOCIATED WITH LIVER FAILURE. THEY ARE OFTEN NOT RECOGNIZED UNTIL LIFE-THREATENING LIVER FAILURE OR INTRA-ABDOMINAL HEMORRHAGE DEVELOPS. WITHDRAWAL OF DRUG USUALLY RESULTS IN COMPLETE DISAPPEARANCE OF LESIONS.

BLOOD LIPID CHANGES THAT ARE KNOWN TO BE ASSOCIATED WITH INCREASED RISK OF ATHEROSCLEROSIS ARE SEEN IN PATIENTS TREATED WITH ANDROGENS AND ANABOLIC STEROIDS. THESE CHANGES INCLUDE DECREASED HIGH-DENSITY LIPOPROTEIN AND SOMETIMES INCREASED LOW-DENSITY LIPOPROTEIN. THE CHANGES MAY BE VERY MARKED AND COULD HAVE A SERIOUS IMPACT ON THE RISK OF ATHEROSCLEROSIS AND CORONARY ARTERY DISEASE.

SIDE EFFECTS AND SPECIAL PRECAUTIONS:

Side effects with Primabolan® are minimal and manifest themselves only rarely and in persons who are extremely sensitive. Due to the androgenic residual effect, side effects include light acne, deep voice or increased hair growth. Primabolan® has even less influence on the liver function than the oral form so that an increase of the liver toxicity values is extremely unlikely. The blood pressure, cholesterol level, HDL and LDL values, as with Primabolan®, usually remain unaffected. Primabolan® is generally the safe steroid.

In female patients, signs of virilisation (acne, hirsutism, hoarseness, possibly irreversible deepening of the voice) must be reckoned with; in sexually mature women menstrual irregularities may occur.

In adult males, spermatogenesis may be inhibited, in boys there may be signs of premature puberty.

Non-adult patients should be monitored for accelerated bone maturation by X-ray. Impairment of liver function is less frequent than with a 17α-alkylated anabolic steroid.

In men, regular examinations of the prostate should be carried out prophylactically to exclude a malignant tumour.

ADVERSE REACTIONS:

The following adverse reactions in the male have occurred with some androgens:

Endocrine and urogenital: Gynecomastia and excessive frequency and duration of penile erection. Oligospermia may occur at high dosages.

Skin and appendages: Hirsutism, male pattern of baldness, seborrhea, and acne.

Fluid and electrolyte disturbances: Retention of sodium, chloride, water, potassium, calcium, and inorganic phosphates.

Gastrointestinal: Nausea, cholestatic jaundice, alterations in liver function tests, rarely hepatocellular neoplasms and peliosis hepatic (see WARNINGS).

Hematologic: Suppression of clotting factors II, V, VII, and X, bleeding in patients on concomitant anticoagulant therapy, and polycythemia.

Nervous system: Increased or decreased libido, headache, anxiety, depression, and generalized paresthesia.

Allergic: Hypersensitivity, including skin manifestations and anaphylactic reactions.

Miscellaneous: Inflammation and pain at the site of intramuscular injection.

OVERDOSAGE:

There have been no reports of acute overdosage with the androgens.

DOSAGE AND ADMINISTRATION:

Aplastic anemia: The therapy may have to be continued for at least 3 months at a dosage of 200-300 mg per week.

Osteoporosis: The suggested dosage is 100 mg every 2 weeks, reducing to once every 3 to 4 weeks after an initial response.

Progressive breast cancer: 100 mg every 1 to 2 weeks, or 200 mg every 2 to 3 weeks.

Body Building: effectively oral dose: male 50-100 mg per day and female 10-25 mg per day

Special comment: Women normally prefer the 25 mg tablets but there are several female athletes who inject 100-200 mg or more Primabolan® per week. 100 mg Primabolan® per week, combined with 50 mg Stanozolol® per week, is usually an effective stack for many women and is tolerated well so that virilization symptoms are rarely observed. To avoid an undesired accumulation of androgens in the body women should pay attention that there are three to four days in between the relative injections. For competing female athletes this stack, however, is too weak. Primabolan® is often used in a dose of 100 mg per week to bridge over steroid breaks which, in our opinion, is not a good idea: The non-stop use of anabolic steroids has a strong negative influence on the body's own testosterone production and prevents the body from normalizing its functions. Dosages as low as 100 mg Primabolan® per week or 50 mg DecaDolone® per week (also often used for bridging) are non-toxic and mostly have no side effects. However, the effectiveness of such an intake must be strongly doubted since both compounds in this dosage are much too weak in order to effectively counter affect the catabolic phase, which begins in the steroid phases. Better results can usually be obtained with Clenbuterol® without influencing the hormone system. Those who believe that in the "steroid free time" they must still take some "stuff" to bridge the usages should inject the long acting Testosterone Enanthate (e.g. Testoviron® 250 mg per ml) every two to three weeks.

HOW SUPPLIED

Primabolan® is supplied in bottles of 30 white tablets.

For shelf-life please refer to the imprint on the pack.

Keep out of reach of children.

Should be at controlled room temperatures 15-30°C (59-86°F)

Protect from sun light

This drug has not been shown to be safe and effective for the enhancement of athletic performance!

Manufactured and Distributed by: LA Pharma S.r.l.

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