Each ml contains: Tastosterone Propionate B.P. 30mg. Testosterone Phenylpropionate B.P. 60mg Testosterone Isocaproate B.P. 100mg. Testosterone Decanoate B.P. Oil Base a.s.

Indications and usage:
Sustanon is used to replace testosterone in the body to treat various male sexual problems, for example:
- after castration or a similar problem called eunuchoidism - impotence caused by hormonal disorders - decreased sex drive
- infertility caused by low sperm count
- bone loss caused by low hormone levels
- when the pituitary gland can not work as well as it should (hypopituitarism):

(hypopituitarism):
This can cause decreased sexual ability in males.
Sustanon may also be used as supportive therapy for female-to-male transsexuals.

Contraindications:

1. Known hypersensitivity to the drug.
2. Males with carcinoma of the breast.
3. Males with known or suspected carcinoma of the prostate gland.

4. Women who are or who may become pregnant.

5. Patients with serious cardiac, hepatic or renal disease.

Drug interactions:
Androgens may increase sensitivity to oral anticoagulants.
Dosage of the anticoagulant may require reduction in order to
maintain satisfactory therapeutic hypoprothrombinemia.
Concurrent administration of oxyphenbutazone and androgens
may result in elevated serum levels of oxyphenbutazone.
In diabetic patients, the metabolic effects of androgens may
decrease blood glucoos and therefore, insulin requirements.

**Overdosage:** There have been no reports of acute overdosage.

Precautions:
General: Patients with benign prostatic hypertrophy may develop acute urethral obstruction. Priapism or excessive sexual stimulation may develop. Oligospermia may occur after prolonged administration or excessive dosage. If any of these effects appear, the androgen should be stopped and if restarted, a lower dosage should be utilized. Sustanon is not for intravenous use. al lower dosage should be utilized. Sustanon is not for intravenous use. Information for patients: Patients should be instructed to report any of the following nausea, vomitting, changes in skin color, ankle swelling, too frequent or persistent reactions of the penis. Laboratory tests: Hemoglobin and hematocrit levels (to detect Laborator) tests: Hemoglobin and hematocrit levels (to detect receiving long-term androgen administration. Serum cholesterol may increase during androgen therapy. Drug/Laboratory test Interferences: Androgens may decrease levels of thyroxine-binding globulin, resulting in decreased total T4 serum levels and increased resin uptake of T3 and T4 Free thyroid hormone levels remain unchanged, however, and there is no clinical evidence of thyroid dysfunction.

Carcinogenesis:
There are rare reports of hepatocellular carcinoma in patients receiving long term therapy with androgens in high doses.
Withdrawal of the drugs did not lead to regression of the tumours in all cases. Geriatric patients treated with androgens may be at an increased risk of developing prostatic hypertrophy and prostatic carcinoma although conclusive evidence to support this concept is lacking.

Pregnancy: Teratognic Effects, Pregnancy Category X.

## **TESTOPLUS**

Dosage and adminstration:
Sustanon is for intramuscular use only. It should not be given intravenously, intramuscular injections should be given deep in the gluteal muscle. The suggested dosage for Sustanon varies depending on the age, sex, and diagnosis of the individual

depending on the age, sex, and diagnosis of the individual patient. Adults (male): The dose is too sen by your doctor. Usually one injection of 1 ml every three weeks is given. Adults(female-to-male transsexuals): Doses may vary from one injection of 1 ml Sustanon every two weeks to one injection of 1ml Sustanon every four weeks, depending on the individual. Elderly: Smaller and less frequent doses may be given to the Children: Smaller and less frequent doses may be given to the children:

Warnings:
Hypercalcemia may occur in immobilized patients, If this occurs, the drug should be discontinued. Prolonged use of high doses of and rogens, (principally the 17-delta alkyl-androgens) has been associated with development of hepatic adenomas, hepatocellular carcinoma, and peliosis hepatis-all potentially life-threatening complications.
Geriatric patients treated with androgens may be at an increased risk of developing prostatic hypertrophy and prostatic carcinoma although conclusive evidence to support this concept is lacking. Edema, with or without congestive heart failure, may be a serious complication in patients with pre-existing cardiac, renal or hepatic disease.

Gynecomastia may develop and occasionally persists in patients being treated for hypogonadism. Androgen therapy should be used caullously in healthy males with delayed puberty. The effect on bone maturation should be monitored by the control of t

Supplied / Storage: Sustanon is supplied in 10 x 1ml ampules. Ampules should be stored at controlled room temperatures below 30  $^{\rm C}$  and stored at controlled room temperatures below 30 C and protected from light. Parenteral drug products should be inspected visually for particulate matter and discolouration prior to administration, whenever solution and container permit. Warming and shaking the ampules should redissolve any crystals that may have formed during storage at temperature lower than recommended If it has expired or is damaged, return to your pharmacist.

> PLATINUM WWW.PLATINUM-GOLD.COM

#### Each ml contains: Testosterone Propionate USP 100mg. Indications and usage: Males:

Males: isetosterone Propionate is indicated for replacement therapy in conditions associated with a deficiency or absence of indogenous testosterone: endogenous testosterone:

A Primary hypogenadism (congenital or acquired)—testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, or orchidectomy.

B Hypogenadotropichypogenadism (Congenital or acquired)—idiopathic gonadotropin or LHRH deficiency, or pituitary-hypothalamic injury from tumours, trauma, or radiation.

Females:

Testosterone Propionate may be used secondarily in women with advancing in operable metastaliic (skeletal) mammary Testosterone Propionate may be used secondarily in women with advancing in operable metastatic (skeletal) mammary cancer who are 1 to 5 years postmenopausal.

Testosterone Propionate has been used for the management of postpartum breast pain and engorgement.

Contraindications:

1.Known hypersensitivity to the drugs.

2.Males with carcinoma of the breast.

3.Males with known or suspected carcinoma of the prostate

gland
4. Women who are or who may become pregnant.
9. Patients with serious cardiac, hepatic or renal disease.
Drug interactions:
1. Oxyphenbutazone-Concurrent administration of oxyphenbutazone and androgens may result in elevated serum levels of oxyphenbutazone.

2.Insulin-In diabetic patients, the metabolic effects of androgens may decrease blood glucose and insulin requirements. Overdosage:
There have been no reports of acute overdosage with the

anabolics.

Precautions:
General: Patients with benign prostatic hypertrophy may develop acute urethral obstruction. Priagism or excessive sexual stimulation may develop. Oligospermia may occur after prolonged administration or excessive dosage. If any of these effects appears, the androgen should be sufficed may occur after restarted, a lower dosage should be utilized. Testosterone Propionate should not be used interchangeably with testosterone cyplonate because of differences in duration of action.

Testosterone Propionate is not for intravenous use. Information.

erone Propionate is not for intravenous use. Information Testosterone Propionate is not for intravenous use. Information for patients: Patients should be instructed to report any of the following nausea, vomiting, changes in skin color, ankle swelling, too frequent or persistent erections of the penis. Laboratory tests: Hemoglobin and hematocrit levels (to detect polycythemia) should be check periodically in patients receiving long-term androgen administration. Serum cholesterol may increaseduring androgen therapy. Drug/Laboratory test interferences: Androgens may decrease levels of thyroxine-binding globulin, resulting in decreased total T4 serum levels and increased resin uptake of T3 and T4 Free thyroid hormone levels remain unchanged, however, and there is no clinical evidence of thyroid dysfunction. J Carcinogenesis:

is no clinical evidence of thyroid dysfunction. I Carcinogenesis:
There are rare reports of hepatocellular carcinoma in patients receiving long term therapy with androgens in high doses. Withdrawal of the drugs did not lead to regression of the tumours in all cases. Geriatric patients treated with androgens may be at an increased risk of developing prostatic hypertrophy and prostatic carcinoma although conclusive evidence to support this concept is lacking.

Pregenancy:Teratogenic Effects. Pregenancy Category X. Nursing mother:Testosterone Propionate is not recommended for used in nursing monthers.

## **TESTO P**

Each ml contains :

Water for Injection USP

Stanozolol USP 50 mg.
Benzyl Alcohol NF 0.9 % w/v.

Contraindications:
1.Known hypersensitivity to the drug.
2.Women who are or who may become pregnant.
3.Patients with serious cardiac, hepatic or renal disease.
4.Patients with prostrate or breast cancer.

4. Patients with prostrate or breast cancer.

Drug interactions:
The below medications are known to react with winstrol;
-anisindione
-Arava (leflunomide)
-Arava (leflunomide)
-Cougho (territumomide)
-Cougho (territumomide)
-Cougho (territumomide)
-Jantoven (warfarin)
-Juxtapid (lomitapide)
-Krynamro (mipomersen,
-teflunomide
-lomitapide
-mipomersen
-Miradon (anisindione)
-teriflunomide
-warfarin

Overdosage: There have been no reports of acute overdosage.

Side Effects:
Cardiovascular
Cardiovascular effects may be precipitated in patients adversely
affected by fluid retention. Edema, with and without congestive
heart failure, has occurred during anabolic steroid therapy

heart failure, has occurred during anabolic steroid therapy
Genitourinary;
Genito

Hepatic:

Life-threatening peliosis hepatis and hepatic abnormalities including hepatic neoplasms and hepatocellular carcinomas have occurred following prolonged therapy with high doses of anabolic steroids. Tumor regression did not occur all cases following medication withdrawal.

Cholestatic hepatitis, jaundice, and abnormal liver function tests occur at relatively low doses.

Musculoskeletal:
Androgenic activity associated with anabolic steroids is involved in termination of linear bone growth by closure of the epiphyseal growth centers. Appropriate monitoring of bone age is recommended during stancolol (the active ingredient contained in Winstrol) use in prepubertal patients.

Oncologic:
Oncologic effects following prolonged therapy with large doses of anabolic steroids have included hepatic neoplasms and hepatocellular carcinomas.

Hematologic: Hematologic effects occurring during anabolic steroid therapy include alteration in clotting factors ii, V, VII and X, prolonged prothrombin time (PT), and increased red cell production.

Indications and usage:
Winstrol is used in the treatment of hereditary angioedema, which
causes episodes of swelling of the face, extremities, genitals, bowel
wall, and throat. Winstrol may decrease the frequency and severity
of these attacks.

Dosage and administration:
Testosterone Propionate is administered by intramuscular injection. It must not be given intravenously. Intramuscular injections should be given deep in the gluteal muscle. The suggested dosage varies. Depending on the age, Sex, and diagnosis of the individual patient. súgested dosage váries. Depending on the age, Sex, and diagnosis of the individual patient. Replacement therapy in androgen deficient males should be in the range of 25-50mg 2 or 3 times a week. Dosages used in delayed puberty generally are in the lower ranges and are for a imitted duration, for examples, 4-6 months. Carcin of the Breast: In inoperable carcinoma of the breast. Temporary palliation may be obtained in some cases by therapy with androgens. A dosage of 50-100mg of Testosterone Propionate administered intramuscularly 3 times weekly in recommended. The above high dosage is likely to have masculinisingeffects, particularly in young women. There many be a disturbing increase in libido, for which sedation may be helpful. It should be remembered that acceleration of tumour growth may be encountered occasionally during androgen therapy, in which case immediate cessation of the hormone is indicated. In some of these cases, the use of estrogen at this point causes regression. Postpartum Engorgement of the Breasts: A dosage of 25-50mg of Testosterone Propionate daily for 3-4 days starting at the time of delivery should be adequate in most cases.

Warnings:
In patients with breast cancer, androgen therapy may cause hypercalcemia by st.mulating osteolysis, In this case, the drug should be discontinued.
Prolonged use of high doses of androgens has been associated with the development of peliosishepatic and hepatic neoplasms, including hepatocellular carcinoma hepatic can be a life-threatening or fatal complication.
Geriatric patients treated with androgens may be at an increased risk for the development of prostatic hypertrophy and prostatic carcinoma. Generatic patients related with antidogen in lay be at an increased risk for the development of prostatic hypertrophy and prostatic carcinoma. I Edema with or without congestive heart failure may be a serious complication in patients with preexisting cardiac, renal, or hepatic disease. In addition to discontinuation of the drug, diuretic therapy may be required. Gynecomastia frequently develops and occasionally persists in patients being treated for hypogonadism. Androgen therapy should be used cautiously in health males with deleyed puberty. The effect on bone maturation should be monitored by addressing bone age of the wrist and hand every 6 months. In children, androgen treatment may accelerate bone maturation without producing compensatory gain in linear growth, this adverse effect may result in compromised adult Stature. The younger the child, the greater the risk of compromising final mature height.

Do not give Testosterone Propionate to elderly asthenic males who may react adversely to overstimulation by androgens.

Supplied/ Storage: Testosterone Propionate is supplied in 10 x 1ml ampules. Testosterone Propionate is supplied in 10 x 1ml ampules. Ampules should be stored at controlled room temperatures below 30 C and protected from light.Parenteral drug products should be inspected visually for particulate matter and discolouration prior to administration, whenever solution and container permit. Warming and shaking the ampules should redissolve any crystals that may have formed during storage at temperature lower than recommended. If it has expired or is damaged, return to your pharmacist.



#### **STANAPURE**

Endocrine:
During exogenous administration of anabolic steroids, endogenous testosterone release is inhibited through feedback inhibition of pitularly tilenizing hormone (LH). Large doese of exogenous anabolic steroids may suppress spermatogenesis through inhibition of pitularly tilenicle stimulating hormone (FSH).
Decreased glucose tolerance requiring adjustments in hyperglycemic control has occurred in diabetic patients during anabolic steroid therapy.

anabolic steroid therapy.

Metabolic:
Metabolic effects occurring Guring anabolic steroid therapy in immobilized patients or those with metastatic breast disease include osteolytic-induced hypercalcemia.
Anabolic steroids effect electrolyte balance, nitrogen retention, and urinary calcium excretion. Edema, with and without congestive heart failure, has occurred during anabolic steroid therapy. The androgenic activity of anabolic steroids may decrease levels of thyroxin-binding globulin, resulting in decreased total T4 serum levels and increased resin uptake of T3 and T4. Free thyroid hormone levels remain unchanged, however, and there is no clinical evidence of thyroid dysfunction.
Significant increases in low density lipoproteins (LDL) and decreases in high density lipoproteins (HDL) have occurred.

Gastrointestinal: Gastrointestinal effects occurring during stanozolol (the active incredient contained in Winstrol) therapy include nausea and

Dosage and administration:
Winstrol is for intramuscular use only. It should not be given intravenously. Intramuscular injections should be given deep into the gluteal muscle. The suggested doseage for Winstrol varies depending on age. sex and diagnosis of individual patient.
Typical dosage for an adult male is 100mg three to four times

weekly.

Supplied / Storage:
Winstrol is supplied in 10 x 1mt ampules. Ampules should be stored at controlled room temperatures below 30C and protected from light.

Parenteral drug products should be inspected visually for particulate matter and discolouration prior to administration, whenever solution and container permit. Warming and shaking the ampules should redisolve any crystals that may have formed during storage at temperature lower than recommended. If it has expired or is damaged, return to your pharmacist. Keep out of the reach and sight of children.



#### **MASTER PRO**

Each ml contains : Drostanolone Propionate USP 100mg.

one year but less than five years postmenopausal

3. Males with known or suspected carcinoma of the prostate gland.
4 Women who are or who may become pregnant.

hypoprothrombinemia.

Concurrent administration of oxyphenbutazone and androgens may result in elevated serum levels of

may decrease blood glucose and therefore, Insulin requirements.

In diabetic patients, the metabolic effects of androgens

Overdosage:
Chronic ingestion of high doses of anabolic steroids can cause elevations in blood pressure ,left ventricular hypertrophy and premature coronary artery disease.

Women develop signs of virilism, with increased facial hair, male pattern baldness, acne, deepening of the voice, irregular menses and clitoral enlargement. Changes in the larynx in women caused by anabolic

Sterious can result in a noarse, deep voice.
The changes are irreversible!
Sodium and water retention can occur, and result in oedema;hypercalcaemia ts also reported.
Androgen ingestion by a pregnant mother can cause virilization of a female fetus.

Insulin resistance with a fall in: Glucose tolerance and hypercholesterolaemia with a fall in high density lipoprotein cholesterol have been

steroids can result in a hoarse, deep voice.

5. Patients with serious cardiac, hepatic or renal disease

. Known hypersensitivity to the drug.

2.Males with carcinoma of the breast.

Indications and usage:

Precautions/Warnings:

reported, wee ne

Dosage and administration: For use in females, for palliation of androgenresponsive recurrent mammary cancer in women who are more than every hard first than five years postmenopausal.

Intramuscular injection only usually 1.4mg/kg of body weight, Three times a week.

Supplied / Storage:
Masteron is supplied in 10 x 1ml ampules. Ampules should be stored at controlled room temperatures below 30 and protected from light. Parenteral drug products should be inspected visually for

particulate matter and discolouration prior to administration, whenever solution and container permit.
Warming and shaking the ampules should redissolve any crystals that may have formed during storage at temperature lower than recommended. If it has expired or Drug interactions:

Androgens may increase Sensitivity to oral anticoagulants. Dosage of the anticoagulant may require reduction in order to maintain satisfactory therapeutic

Keep out of the reach and sight of children.

PLATINUM WWW.PLATINUM-GOLD.COM

#### Each ml contains : Testosterone Cypionate USP 250mg. Oil Base q.s.

Indications and usage:

Testosterone Cypionate is indicated for replacement therapy in males with conditions associated with symptoms of deficiency or absence of endogenous testosterone.

1. Primary hypogonadism (congenital or acquired) testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, or orchidectomy.

2. Hypogoaddropic hypogonadism (congenital or acquired) idiopathic gonadotropin or LHRH deficiency, or pituitary-hypothalamic injury from tumours, trauma or radiation

Contraindications: 1.Known hypersensitivity to the drug.

Males with carcinoma of the breast. 3.Males with known or suspected carcinoma of the prostate

gland.
4.Women who are or who may become pregnant.
5.Patients with serious cardiac, hepatic or renal disease. Drug interactions:
Androgens may increase sensitivity to oral anticoagulants.
Dosage of the anticoagulant may require reduction in order to maintain satisfactory therapeutic hypogrothrombinemia.
Concurrent administration of oxyphenbutazone and androgens may result in elevated serum levels of oxyphenbutazone.
In diabetic patients, the metabolic effects of androgens may decrease blood glucose and therefore, insulin requirements.

Overdosage: There have been no reports of acute overdosage.

Precautions:
General: Patients with benign prostatic hypertrophy may develop acute urethral obstruction. Priapism or excessive sexual stimulation may develop. Oligospermia may occur after prolonged administration or excessive dosage. If any of these effects appear, the androgen should be stopped and if restarted, should not be used interchangeably with testosterone propionate because of differences in the duration of the action. sterone Cypionate is not for intravenous use. Informatio for patients; Patients should be instructed to report any of the following, nausea, vomiting, changes in skin colour, ankle swelling, too frequent or persistent erections of the penis. swelling, too frequent or persistent erections of the penis. Laboratory tests: Haemoglobin and haemator: It levels (to detect polycythemia) should be checked periodically in patients receiving long term androgen administration. Serum cholesterol may increase during androgen therapy. Drug / Laboratory Test Interferences: Androgens may decrease levels of thyroxine-binding jolobulin, resulting in decreased total T4 serum levels and increased resin uptake of T3 and 14 Free thyroid hormone levels remain unchanged, however there is no clinical evidence of thyroid dysfunction.

Carcinogenesis:
There are rare reports of hepatocellular carcinoma in patients There are rare reports of hepatocellular carcinoma in patients receiving long term therapy with androgens in high doses. Withdrawal of the drugs did not lead to regression of the tumours in all cases. Geriatric patients treated with androgens may be at increased risk of developing prostatic hypertrophy and prostatic carcinoma although conclusive evidence to support this concept is lacking.

# **TESTO C**

**Dosage and administration:**Testosterone Cypionate is for intramuscular use only. It should Testosterone Cypionate is for intramuscular use only. It should not be given intravenously. Intramuscular injections should be given deep into the gluteal muscle. The suggested doseage for lestosterone Cypionate varies depending on age, sex and diagnosis of individual patient.

Dosage is adjusted according to the patients responses and appearance of adverse reactions. Various dosage regiments have been used to induce pubertal changes in hypogonadal males: some experts have advocated lower dosages initially, gradually increasing the dose as puberty progresses with or without a decrease to maintenance levels. Other experts emphasize that higher dosages are required to induce pubertal changes and lower dosages can be used for maintenance after puberty. The chronological and skeletal ages must be taken into consideration, both in determining the initials doses and in the adjusting the dose.

Warnings:
Hypercalcemia may occur in immobilised patients. If this occurs, the drug should be discontinued. Prolonged use of high doses of androgens (principally the 17-delta alkyl-androgens) has been associated with development of hepatic adenomas, hepatocellular carcinoma and peliosis hepatitis- all potentiall life threatening complications.
Geriatric patients treated with androgens may be at an increased risk of developing prostatic carrinoma although Geriatric patients treated with androgens may be at an increased risk of developing prostatic carcinoma although conclusive evidence to support this is lacking. Edema, with or without congestive heart failure may be a serious complication in patients with pre-existing cardiac, renal or hepatic disease. Synecomastia may develop and occasionally persist in patients being treated for hypogonadism. Androgen therapy should be used cautiously in healthy males with delayed puberty. The effect on bone maturation should be monitored by assessing bone age of the wrist and hand every 6 months. In children, androgen treatment may accelerate bone maturation without

adjusting the dose.

For replacement in the hypogonadal male 50-400mg should be administered every two to four weeks.

The younger the child the greater the risk of compromising final mature height. Supplied / Storage:
Testosterone Cypionate is supplied in 10 x 1m! ampules.
Ampules should be stored at controlled room temperatures below 30 C and protected from light.

Parenteral drug products should be inspected visually for particulate matter and discolouration orior to administration, whenever solution and container permit. Warming and shaking the ampules should rediscolve any crystals that may have formed during storage at temperature lower than recommended. If it has expired or is damaged, return to your pharmacist.

producing compensatory gain in linear growth.
This adverse effect may result in compromised adult stature.



### **BOLDENIUM**

Fach ml contains : Boldenone Undecylenate 250mg. Oil Base

Indications and usage:
Long acting anabolic steroid for animals. As an aid for treating debilitated horse when an improvement in weight, hair coat, or general physical condition is desired.

EQUIPOSE can be used in horses to improve appetite, we ght gain, energy levels and muscle mass primarily in horses recovering from illness, surgery, overwork, or other major sl ass.

Drug interactions:

EQUIPOSE should be used with caution in animals with heart liver,or kidney Problems. EQUIPOSE should not be used: in animals with breast cancer, or prostate cancer.

in pregnant animals due to masculinization of the foetuses.

in young animals because it can cause serious disturbances such as premature closure of growth plates, and abnormal sexual development.
in either stallions or non-pregnant mares intended for reproduction.

Dosage and administration: 1mg/kg body weight by intramuscular Injection,repeated at 3 week intervals.

Sodium and water retention, virilization, and hepatotoxicity.

**Warnings:** EQUIPOSE should not be administered to horses intended for food purposes.

EQUIPOSE is supplied in 10 x 1ml ampules. Ampules should be stored at controlled room temperatures below 30 C and protected from light.

Parenteral drug products should be inspected visually for particulate matter and discolouration prior to administration, whenever solution and container permit. Warming and shaking the ampules should redissolve any crystals that may have formed during storage at temperature lower than recommended. If it has expired or is damaaed return to voir



## **PRIMIUM**

Each ml contains : Methenolone Enanthate 100mg Oil Base

Ull Base q.s.
Indications and usage:
Diseases and conditions requiring high protein production to improve general condition of the patient.
Recovery period.
Postoperative treatment.
Cachexia.
Radiolherapy and cytostatic therapy.
Advanced breast cancer and genital cancers in women.
Hematopoiesis disorders.
Long term corticoid treatment.
Osteoporosis.

Osteoporosis.

Protein deficiency in old age and chronic liver diseases to support the

Contraindications:
Previous or present liver tumours, hyper sensitivity to active substance or its components.

Males: Prostrate or breast carcinoma. Other hormone-dependant carcinoma. .

Druginteractions:
Primobolan may enhance effects of antitidiabetics, cyclosporin,
levothyroxine, warfarin. Resistance to the effects of neuromuscular
blockers may occur.

Overdosage:
There have been no reports of acute overdosage.
Side Effects / Adverse reactions:
Fluid and electrolyte retention,
Psychiatric effects,
'Hypercal ceamia,
Impaired glucose tolerance,
Increased bone growth and skeletal weight.
Impolence, priapism, azoospermia, prostatic hypertrophy;
gynaecomastia, hirsultism, male pattern baldness, acne see oedema, cholestatic jaundice.

**Women:**Virilisation, amenormoea, menstrual irregularities, suppressed lactation increased libido.

remature closure of epiphyses, stops linear growth, virilisation

Precautions /Warnings:
Incase Primobolan is applied during the first days of cycle, menstruation date may delay in women having irregular cycle.

Treatment should be ceased in case of hypercalcemia during hormone administration in women with progressive breast and genital carcinomas. Administration of Primoboland during pregnancy is contraindicated.

Transition of methenolone and its metabolites to breast milk is not researched.

researched.
Liver function tests should be clinically monitored regularly.
Clinically significant increase in liver function parameters or cholestatic requires Primobolan usage to be ceased.
Regular prostate controls are recommended as a precaution.
Treatment should be applied by intervals having reasonable gaps between, in order to avoid virilisation symptoms and early development of bones in patients who have not completed growth yet.

## Dosage and administration:

Primobolan is administered by intramuscular injection. It must not be given intravenously. Intramuscular injections should be given deep into the gluteal muscle.

Postmenopausal Osteoporosis Intramuscular- 100mg every 2 weeks, then reduce to once every 3-4 weeks after the initial response.

Progressive breast cancer

Intramuscular- 100mg every 1-2 weeks or 200mg every 2-3 weeks.

Supplied/Storage:

Primobolan is supplied in 10 x 1ml ampules. Ampules should be stored at controlled room temperatures below 30 C and protected from light. Parenteral drug products should be inspected visually for particulate matter and discolouration prior to administration, whenever solution and container permit. Warming and shaking the ampules should redisolve any crystals that may have formed during storage at temperature lower than recommended. If it has expired or is damaged, return to your oharmacist.

Keep out of the reach and sight of children



# TREN EN

Each ml contains : Trenbolone Enanthate USP 200mg.

Indications and usage:
Long acting anabolic steroid for animals with strong androgenic and anabolic activity.
For increased rate of weight gain and improved feed efficiency.

**Drug interactions:**No known drug interactions.

Frenbolne Enanthate should be used with caution in animals with heart, liver, or kidney problems.

Frenbolne Enanthate should not be used:

in animals with breast cancer,or prostate cancer, in representations with breast cancer, or prostate cancer, in region animals with breast cancer, or prostate cancer, in region and the region of the foetuses. In young animals because it can cause serious disturbances such as premature closure of growth plates, and abnormal sexual development, In either stallions or non-pregnant mares intended for reproduction.

**Dosage and administration:** 7-14 day 100-200mg.

Prolonged usage or overdosage may cause androgenic related side-effects like hepatotoxicity,aggressively

Warnings:

Not to be used in animals intended for subsequent breading, or in dairy animals.

Not to be used in animals intended for subsequent breading, or in dairy animals. A withdrawal period has not been established for this product in pre-ruminating calves, Do not use in calves to be processed for veal.

Supplied / Storage:

Trenbolone Enanthate is supplied in 10 x 1ml ampules. Ampules should be stored at controlled room temperature below 30 C and protected from light.

Parenteral drug products should be inspected visually for particulate matter and discolouration prior to administration whenever solution and container permit. Warming and shaking the ampules should redissolve any crystals that may have formed during storage at temperature lower than recommended. If it has expired or is damaged, return to your



Nandrolone Decanoate USP 250mg. Indications and usage:
Deca Durabolin is indicated for the management of the anaemia of renal insufficiency and has been shown to increase haemoglobin and red cell mass.

Contraindications:

1.Known hypersensitivity to the drug.
2.Male patients with carcinoma of the breast or with known or suspected carcinoma of the prostate.
3.Carcinoma of the breast in females with hypercalcemia 4.Pregnancy because of masculinisation of the foetus.
5.Nephrosis or the nephrotic phase of nephritis.
6.Patients with serious cardiac, hapatic or renal disease.

Each ml contains:

Oil Base

**Drug interactions:**Anticoagulants. Anabolic steroids may increase sensitivity to oral anticoagulants. Dosage of the anticoagulant may have to be decreased in order to maintain the prothrombin time at the desired therapeutic level. Patients receiving oral anticoagulant therapy require close monitoring, especially when anabolic steroids are started or stopped Anabolic steroids any decrease levels of thyroxine-binding globulin, resulting in decreased total T4 serum levels and Increased resin uptake of T3 and T4. Free thyroid hormon levels remain unchanged.

Overdosage:
There have been no reports of acute overdosage with the Adverse reactions:
Hepatic: Cholestatic jaundice with, rarely hepatic necrosis and death. Hepatocellular neoplasms and peliosis hepatitis

have been reported in association with long-term use of androgenic anabolic steroids, particularly those that that are 17-alpha-alkylated. **Genitourinary System:** In men: Prepubertal: Phallic enlargement and increased frequency of erections. Postpubertal: Inhibition of testicular function, testicular atrophy and oligospermia impotence, chronic priapism, epididymitis and bladder irritability. In women: Clitoral enlargement, menstrual irregularities.

and bladder Irritability.

In women: Ciltoral enlargement, menstrual irregularities.

In both sexes: Increased or decreased libido.

CNS: Habituation, excitation, insomnia, depression.
Gastrointestinal: Nausea, vomiting, diarrhea.

Hematologic: bleeding in patients on concomitant anticoagulant therapy (see Precaution, Drug Interactions).

Breast: Gynecomastia.

Laryns: Deepening of the voice in women.

Hair:Hirsuitism and male pattern baldness in women.

Skin: Acne (especially in women and prepubertal boys).

Skeletal: Premature closure of epiphyses in children (see Precaution, Pediatric Use).

Fluid and electrolytes: Edema, retention of serum electrolytes (sodium chloride, potassium phosphate, calcium).

Metabolic/endocrine: Decreased glucose tolerance, increased serum levels of low-density lipoproteins and deceased levels of high-density lipoproteins, increased creatine and creatinine excretion, increased serum levels of or creatine phosphokinase.

Some virilizing changes in woman are irreversible even after prompt discontinuance of therapy and are not prevented by concomitant use of estrogens.

## **NANOPURE**

Precautions:

Deca Durabolin should be used with caution in patients with any disease, expecially cancer of the prostate or breast, liver, heart. Kidney disease, allegry, enlarged prostate. High dosage, long term use of androgens has been related to liver cancer. This drug should not be used during pregnancy or lactation. Females should be monitored for sings of virilization, such as deepening of the voice, facial hair, acne, menstrual irregularity or citioral enlargement, consult the doctor promptly if any of these symptoms occur. Use in children should not be recommended due to the possibility this drug may have undesirable effects related to the growth of the child. It should be used with extreme caution in geriatric men because they are at higher risk for developing enlarged prostates or prostate cancer when using this medication.

Dosage and administration:

Deca Durabolin is intended only for deep intramuscular injection preferably into the gluteal muscle. Dosage should be based on therapeutic response and consideration of the benefit/risk ratio. Duration of therapy will depend on the response of the condition and the appearance of adverse reactions. It possible, therapy should be intermittent. Deca Durabolin should be regarded as adjunctive therapy and adequate quantities of nutrients should be consumed in order to obtain maximal therapeutic effects.

Anaemia of renal disease:

A dose of 50-100 mg per week Deca Durabolin is recommended for woman and 100-200 mg per week for men. Drug therapy should be discontinued if no hematologic Improvement is seen within the first six months. When used in the treatment of renal insufficiency adequate iron intake is required for maximal response For children from 2 to 13 years of age, the average dose is 25-50 mg every 3 to 4 weeks.

Warnings:
Peliosis hepatitis, a condition in which liver and sometimes reliosis nepatitis, a condition in winch liver and sometimes splenic tissue is replaced with blood-filled cysts, occurred in patients receiving androgenic anabolic steroids. The condition may not be recognized until life-threatening liver failure or intra-abdominal haemorrhage develops. Lesions completely resolve upon discontinuation. Liver cell tumour, often benign and androgen-drependent but sometimes malignant, have occurred. Drug discontinuation often results lingraphs or course. cessation of tumour growth. Hepatic tumours associated with androgens or anabolic steroids may be silent until life-threatening, intra-abdomial haemorrhage develops. Blood lipid changes. Including decreased HDL and increased LDL, associated with increased risk of atherosclerosis are seen in some patients treated with androgens and anabolic steroids.

Supplied / Storage:
Deca Durabolin is Supplied in 10 x 1ml ampules. Ampules



# **TREN ACE**

Each ml contains Trenbolone Acetate USP 100mg.

Oil Base Indications and usage:
Fast acting anabolic steroid for animals with strong androgenic and anabolic activity.
For increased rate of weight gain and improved feed efficiency.

Drug interactions: No known drug interactions

Overdosage:
No information available.

**Precautions:**Trenbolone Acetate should be used with caution in animals with heart, liver, or kidney problems.

Trenbolone Acetate should not be used: in animals with breast cancer, or prostate cancer In pregnant animals due to masculinisation of the foetuses.

in young animals because it can cause serious disturbances such as premature closure of growth plates, and abnormal sexual development. In either stallions or non-pregnant mares intended for reproduction.

Dosage and adminstration 2-3 times weekly 76mg during prolonged usage.

Prolonged usage or overdosage may cause androgenic related side effects like hepatotoxicity aggressively. Not to be used in animals intended for subsequent breeding, or in dairy animals

A withdrawal period has not been established for this product in preruminating calves. Do not use in calves to be processed for veal. Not for use in humans.

Supplied / Storage:
Trenbolone Acetate is supplied in 10 x 1ml ampules. Ampules should be stored at controlled room temperatures below 30' and protected from light. Parenteral drug products should be inspected visually for particulate matter and discolouration prior to administration, whenever solution and container permit. Warming and shaking the ampules should redissolve any crystals that may have formed during storage at temperature lower than recommended. If it has expired or is damaged, return to your

