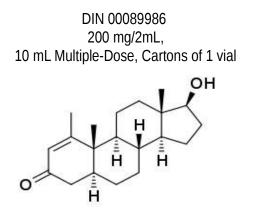
Primobolan Depot

Methenolone enanthate Injection, USP



Systematic name: (5α,17β)-1-Methyl-3-oxoandrost-1-en-17-yl heptanoate

DESCRIPTION

Primobolan depot (Methenolone enanthate) is a dihydrotestosterone (DHT) based anabolic steroid. It is an ester derivative of methenolone. When it interacts with the aromatase enzyme, it does not form any estrogens. It is used by people who are very susceptible to estrogenic side effects, having lower estrogenic properties than Nandrolone. Methenolone enanthate is available as an injection formulation. The injection is regarded as having a higher bioavailability. It is an enanthate ester which is quite long-acting. Because it by-passes hepatic breakdown on the first pass, it also has a higher survival rate. Methenolone is not 17-alpha-alkylated, It reduces the stress on the liver, but also its availability. In doses of 200 mg per week or less (intramuscular), blood pressure is rarely altered.

COMPOSITION

Medicinal ingredients and Non-Medicinal ingredients Each 2mL contains: Methenolone enanthate, 200 mg; benzyl alcohol, 9 mg; cottonseed oil USP. q.s.

PHARMACOLOGICAL CLASSIFICATION

A. 21.6 Anabolic steroids. PHARMACOLOGICAL ACTION In aplastic anaemia of various origins - both the idiopathic forms and those with exogenously damaged bone marrow - high doses of methenolone may stimulate bone marrow function, particularly erythropoiesis.

INDICATIONS

Aplastic anaemia. Aplastic anemia is a disease in which the bone marrow, and the blood stem cells that reside there are damaged. It causes a deficiency of all three blood cell types (pancytopenia): red blood cells (anemia), white blood cells (leukopenia) and platelets (thrombocytopenia).

CONTRAINDICATIONS

Primobolan Depot is contra-indicated in pregnancy as the Methenolone enanthate 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 the androgenic activity,

Primobolan Depot is also contra-indicated in patients with prostatic carcinoma, since such substances may aggravate the disease.

DOSAGE AND ADMINISTRATION

The therapy may have to be continued for at least 3 months at a dosage of 3-5 mg/kg bodyweight per week, 300-500 mg/week for a person weighing 100 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 Primobolan Depot.

WARNINGS AND PRECAUTIONS

In female patients, signs of virilization (acne, Hirsutism, hoarseness, possibly irreversible deepening of the voice) must be reckoned with. For 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. In men, regular examinations of the prostate should be carried out prophylactically to exclude a malignant tumour. Methenolone can be suppressive of the hypothalamic-pituitary-Gonadal axis.

OVERDOSAGE AND PARTICULARS OF ITS TREATMENT

The symptoms mentioned under "Side effects and special precautions" may occur. There is no specific antidote.

STORAGE

Vial should be kept away from light and stored in controlled temperature from 20-25 degree Celsius (68° TO 77°F) Warming and shaking the vial should redissolve any crystals that may have formed during storage. Keep out of reach of children.

