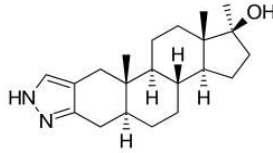


Stanozolol

Stanozolol Tablet, USP



DIN 01028486

10 mg

100 tablets, Square container

Systematic name: (1S,3aS,3bR,5aS,10aS,10bS,12aS)-1,10a,12a-Trimethyl-1,2,3,3a,3b,4,5,5a,6,7,10,10a,10b,11,12,12a-hexadecahydrocyclopenta[5,6]naphtho[1,2-f]indazol-1-ol

DESCRIPTION

Stanozolol, is a synthetic anabolic steroid derived from testosterone. Stanozolol is used in humans for the treatment of anemia and hereditary angioedema. It is also used by athletes and bodybuilders because it shows some properties of improving muscle development and red blood cell production, increasing bone density, and stimulating the appetite. It is also widely used to lose body fat.

COMPOSITION

Each tablet contains: Medicinal ingredients. Stanozolol, 10 mg. Non-medicinal ingredients. Microcrystalline cellulose, calcium carbonate, steric acid, magnesium stearate. CLINICAL

PHARMACOLOGY

Stanozolol was administered to 12 male and 15 female patients with biochemically proven hereditary angioedema over a 2-yr period to obtain a systematic assessment of the relationship between drug dosage and clinical response, incidence of side effects, and amelioration of complement abnormalities. All 27 patients attained the minimal effective dose, ranging from 0.5 to 2 mg daily, which controlled the frequency and the intensity of symptoms with minimal side effects. At daily maintenance doses of 2, 1, and 0.5 mg, the frequencies of attacks per week of therapy were 1/14.6, 1/7.2, and 1/8.2 per week, respectively. Side effects with maintenance therapy included menstrual abnormalities and virilization in four female patients and an elevation of serum creatinine phosphokinase (CPK) in five male patients. Six patients on maintenance doses of stanozolol, serum levels of testosterone, free thyroxin (T4), and thyroxin binding globulin (TBG) (four men), and of estradiol, progesterone, T4, and TBG (two women) were normal. Slightly low serum levels of progesterone and TBG were found in two women who had normal menstrual cycles. Statistically significant elevations above pretherapy levels of serum inhibitor to the activated first component of complement function and C4 protein and function occurred when patients were on maintenance therapy, but these measurements remained below the lower limit of normal range. Higher doses of stanozolol (4 mg/day), which caused greater immunochemical responses, were unnecessary for control of clinical disease and were unjustified for chronic therapy because of more frequent side effects.

INDICATIONS

Stanozolol is used in treating C1-inhibitor deficient hereditary angioedema. C1-inhibitor is a protease that inhibits the complement system (part of the innate immune system), a biochemical chain of reactions which assists the body in removing pathogens from the body. Stanozolol may help control attacks of hereditary angioedema.

CONTRAINDICATIONS

Contraindicated in patients with prostate cancer, breast cancer, liver impairment, bruising, renal diseases, hepatic disease or heart disease, and also during pregnancy and breastfeeding. ADVERSE

REACTIONS

Common side effects include new or worsening acne, insomnia, headache, changes in sexual desire, nausea, vomiting, changes in skin color, ankle swelling, male pattern baldness, liver dysfunction, clitoral enlargement, and irregular menstruation. Caution should be taken by patients with a history of heart disease, heart attack, high level of cholesterol in blood, heavy bleeding, diabetes, liver or kidney disease, who are elderly, children, on other medications or have any allergy.

STORAGE INSTRUCTIONS

Store stanozolol at room temperature, between 15-30 degrees Celsius (59° to 86° F), in a tightly closed, light-resistant container. Keep out of reach of children