**MAGNUS PHARMACEUTICALS**

# Primobolan

Methenolone Acetate 25mg

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

## About

Primobolan is a brand name for the anabolic steroid methenolone acetate. This agent is very similar in action toPrimobolan Depot (methenolone enanthate), except here the drug is designed for oral administration instead of injection. Methenolone acetate is a non-c17- alpha-alkylated oral steroid, one of only a few commercially available oral agents that presents limited liver toxicity to the user. It is also highly favored for its properties as a moderately effective anabolic with low androgenic and no estrogenic properties. It is, likewise, commonly used during cutting phases of training, when lean tissue growth and solid muscularity, not raw bulk, are the key objectives.

## Side Effects (Estrogenic)

Methenolone is not aromatized by the body, and is not measurably estrogenic. Estrogenlinked side effects should not be seen when administering this steroid. Sensitive individuals need not worry about developing gynecomastia, nor should they be noticing any appreciable water retention with this drug. The increase seen with methenolone should be quality muscle mass, not the smooth bulk that often accompanies steroids open to aromatization. During a cycle, the user should additionally not notice strong elevations in blood pressure, as this effect is also related (generally) to estrogen and water retention. Methenolone is a steroid most favored during cutting phases of training, when water and fat retention are major concerns, and sheer mass not the central objective.

## Side Effects (Androgenic)

Although classified as an anabolic steroid, androgenic side effects are still possible with this substance. This may include bouts of oily skin, acne, and body/facial hair growth. Anabolic/androgenic steroids may also aggravate male pattern hair loss. Women are warned of the potential virilizing effects of anabolic/androgenic steroids. These may include a deepening of the voice, menstrual irregularities, changes in skin texture, facial hair growth, and clitoral enlargement. Methenolone is still a very mild steroid, however, and strong androgenic side effects are typically related to higher doses. Women often find this preparation an acceptable choice, observing it to be a very comfortable and effective anabolic.

## Side Effects (Hepatotoxicity)

Methenolone is not considered a hepatotoxic steroid; liver toxicity is unlikely. Studies have failed to produce appreciable changes in markers of hepatic stress when the drug was given in therapeutic levels. This steroid does have some resistance to hepatic breakdown, however, and liver toxicity, failure, and death was reported in one elderly patient receiving oral methenolone acetate. Although unlikely, hepatotoxicity cannot be completely excluded, especially with very high oral doses.

# Side Effects (Cardiovascular)

Anabolic/androgenic steroids can have deleterious effects on serum cholesterol. This includes a tendency to reduce HDL (good) cholesterol values and increase LDL (bad) cholesterol values, which may shift the HDL to LDL balance in a direction that favors greater risk of arteriosclerosis. The relative impact of an anabolic/androgenic steroid on serum lipids is dependant on the dose, route of administration (oral vs. injectable), type of steroid (aromatizable or non-aromatizable), and level of resistance to hepatic metabolism. Methenolone should have a stronger negative effect on the hepatic management of cholesterol than testosterone or nandrolone due to its non-aromatizable nature, but a much weaker impact than c-17 alpha alkylated steroids. Due to the route of delivery, oral methenolone will have a slightly stronger negative effect on lipids compared to methenolone enanthate injections. Anabolic/androgenic steroids may also adversely affect blood pressure and triglycerides, reduce endothelial relaxation, and support left ventricular hypertrophy, all potentially increasing the risk of cardiovascular disease and myocardial infarction.

To help reduce cardiovascular strain it is advised to maintain an active cardiovascular exercise program and minimize the intake of saturated fats, cholesterol, and simple carbohydrates at all times during active AAS administration. Supplementing with fish oils (4 grams per day) and a natural cholesterol/antioxidant formula such as Lipid Stabil or a product with comparable ingredients is also recommended.

# Side Effects (Testosterone Suppression)

All anabolic/androgenic steroids when taken in doses sufficient to promote muscle gain are expected to suppress endogenous testosterone production. Without the intervention of testosterone-stimulating substances, testosterone levels should return to normal within 1-4 months of drug secession. Note that prolonged hypogonadotrophic hypogonadism can develop secondary to steroid abuse, necessitating medical intervention. Primobolan is generally described as having a low impact on endogenous testosterone production. While this may be true in small clinical doses (20-25 mg daily), this may not be a major distinction when used for physique- or performance-enhancing purposes. In one study, more than half of the patients receiving only 30-45 mg per day noticed a 15-65% suppression of gonadotropin levels. While this is far from having no hormonal impact, the suppression caused by methenolone acetate may still be less pronounced than with many other agents. If Primobolan is used at moderate doses for less than 8 weeks, hormonal recovery should not be a protracted experience.

# Administration (General)

Studies have shown that taking an oral anabolic steroid with food may decrease its bioavailability. This is caused by the fat-soluble nature of steroid hormones, which can allow some of the drug to dissolve with undigested dietary fat, reducing its absorption from the gastrointestinal tract. For maximum utilization, this steroid should be taken on an empty stomach.

# Administration (Men)

The prescribing guidelines for Primobolan recommend a maximum daily dosage of 100- 150 mg per day. The usual administration protocols for physique- or performance-enhancing purposes call for 75-150 mg daily, which is taken for 6 to 8 weeks. This level is sufficient to impart a measurable anabolic effect, although one usually doesn't expect to achieve great gains in muscle mass with this drug. Instead, Primobolan is utilized when the athlete has a specific need for a mild anabolic agent, most notably in cutting phases of training.
Due to its mild nature, Primobolan is often used in conjunction with other steroids for a stronger effect. In such cases, a slightly lower dose is often used (50-100 mg per day). During a dieting or cutting phase, thought to be its primary application, a non-aromatizing androgen like Halotestin or trenbolone is often added. Such combinations would enhance the physique without water retention, and help bring out a harder and more defined look of muscularity. Non-aromatizing androgen/anabolic stacks like this are very popular among competing bodybuilders, and prove quite reliable for rapidly improving the contest form. This compound is also occasionally used with

more potent androgens during bulking phases of training. The addition of testosterone, Dianabol or Anadrol 50 is common, although the gains are often accompanied by some level of smoothness due to the added estrogenic component, as well as hepatotoxicity in the case of the latter two agents.

## Administration (Women)

The prescribing guidelines for Primobolan do not offer separate dosing recommendations for women, although it is indicated that women who are pregnant, or may become pregnant, should not use the drug. Female athletes generally respond well to 50-75 mg daily, with no signs of virilization symptoms. One would not expect a tremendous amount of muscle mass with this drug, and instead find a slow and steady (quality) increase. Some women choose to further add-in other anabolics such as Winstrol or oxandrolone, in an effort to increase the muscle-building effectiveness of a cycle. While both of these compounds are quite tolerable, one must be sure not to use too high an accumulated dosage. Taken at too high a dosage, these weak anabolics can quickly cause masculinizing side effects.