MAGNUS PHARMACEUTICALS

Trenbolone Acetate

Trenbolone Acetate 100mg/ml (10ml VIAL)

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

Trenbolone acetate is an injectable (generally) anabolic steroid derived from nandrolone. Its activity is quite removed from its structural parent, however, such that direct comparisons between the two are difficult. Trenbolone is a non-estrogenic steroid, and is considerably more anabolic and androgenic than nandrolone on a m illigram for milligram basis. In appearance, it is much more commonly compared to a stronger androgen such as drostanolone, than it is to nandrolone. It is also estimated to display about three times more androgenic potency than testosterone, making it one of the strongest injectable anabolic steroids ever commercially manufactured. Among athletes, this steroid is highly valued for its ability to increase muscle hardness, definition, and raw strength, without unwanted water retention and fat mass gains. It is considered a drug of choice for contest bodybuilders, yet remains very popular with recreational users simply looking to refine their physiques.

Side Effects (Estrogenic)

Trenbolone is not aromatized by the body, and is not measurably estrogenic. It is of note, however, that this steroid displays significant binding affinity for the progesterone receptor (slightly stronger than progesterone itself). The side effects associated with progesterone are similar to those of estrogen, including negative feedback inhibition of testosterone production and enhanced rate of fat storage. Progestins also augment the stimulatory effect of estrogens on mammary tissue growth. There appears to be a strong synergy between these two hormones here, such that gynecomastia might even occur with the help of progestins, without excessive estrogen levels. The use of an anti-estrogen, which inhibits the estrogenic component of this disorder, is often sufficient to mitigate gynecomastia caused by progestational anabolic/androgenic steroids. Note that progestational side effects are more common when trenbolone is being taken with other aromatizable steroids.

Side Effects (Androgenic)

Although classified as an anabolic steroid, trenbolone is sufficiently androgenic. Androgenic side effects are still common with this substance, and may include bouts of oily skin, acne, and body/facial hair growth. Anabolic/androgenic steroids may also aggravate male pattern hair loss. Women are also 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. Additionally, the 5-alpha reductase enzyme does not metabolize trenbolone, so its relative androgenicity is not affected by finasteride or dutasteride.

Side Effects (Hepatotoxicity)

Trenbolone is not c-17 alpha alkylated, and is generally not considered a hepatotoxic steroid; liver toxicity is unlikely. This steroid does have a strong level of resistance to hepatic breakdown,

however, and severe liver toxicity has been noted in bodybuilders abusing trenbolone. Although unlikely, hepatotoxicity cannot be completely excluded, especially with high 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. Due to its non-aromatizable nature and strong resistance to metabolism, trenbolone has a moderate to strong (negative) impact on lipid values and atherogenic risk. 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. In experimental studies, trenbolone was determined to be approximately three times stronger at suppressing gonadotropins than testosterone on a milligram for milligram basis.

Administration (Men)

Trenbolone acetate was never approved for use in humans. Prescribing guidelines are unavailable. An effective dosage for physique- or performance-enhancing purposes generally falls in the range of 100-300 mg per week, taken for 6 to 8 weeks. Due to the short-acting nature of acetate esters, the total week's dosage is subdivided into 2-3 smaller applications. Effective oral doses tend to fall in the range of 100-200 mg per day, taken for no longer than 6-8 weeks to minimize any potential hepatic strain. This level is sufficient to notice strong increases in strength and lean tissue mass, with a low level of unwanted side effects. Lack of estrogenic activity has made trenbolone very appealing for competitive athletes looking to shed fat, while at the same time trying to avoid water retention. Here, trenbolone may provide the high androgen content needed in order to elicit a very hard, defined physique.

While it is a noteworthy hardening agent, this is not the only benefit of trenbolone acetate. It is also a strong anabolic, with muscle-building properties often compared to testosterone and Dianabol, but without the same level of water retention. This may be a little generous of a description, as its lack of estrogenic activity does seem to hurt this agent in its abilities to promote muscle mass gains. While trenbolone is often recommended as a great addition to a mass cycle, it is rarely reported to be a very powerful agent when used alone. Results are most often reported as moderate lean tissue growth accompanied by exceptional hardening and fat loss. Although perhaps it is not quite as potent as the more estrogenic bulking agents if sheer mass is the goal, trenbolone is still a better builder milligram for milligram than nandrolone, and likely the most anabolic of all the non-estrogenic commercial steroids.

For stacking, trenbolone is a very versatile steroid, and seems to work exceptionally well with other agents for both bulking and cutting purposes. For cutting, bodybuilders often stack it with a mild anabolic like Winstrol or Primobolan. Without extra water beneath your skin, the mix will elicit

a very solid, well-defined hardness to the physique. For lean mass gains, Deca-Durabolin or Equipoise are popular additions. Here again, trenbolone will greatly enhance and solidify the new muscle growth. When looking purely for mass, trenbolone pairs well with testosterone, Anadrol 50, or Dianabol.The result is typically the rapid and substantial gain of somewhat solid muscle mass. In the Underground Steroid Hanbook II, Dan Duchaine describes the mix of trenbolone, testosterone, and Anadrol as the “Most Effective” stack for men, and states, “I’ve not encountered any other stack that will put weight and strength on like this one.” This particular drug combination has subsequently become quite popular.

Administration (Women)

This agent is not recommended for women for physique- or performance enhancing purposes due to strong androgenic nature and tendency to produce virilizing side effects.