Swiss Remedies

Trenbolone Enanthate

Trenbolone Enanthate 200mg/ml (10x1ml amp)

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 enanthate is an injectable form of the strong anabolic steroid trenbolone. Given the use of an enanthate ester, this drug will exhibit virtually identical pharmacokinetics to testosterone enanthate, providing a peak release of its steroid within the first several days after injection, followed by declining levels for approximately 2 weeks. The base steroid here (trenbolone) is a derivative of nandrolone, and exhibits strong anabolic and androgenic properties. On a milligram for milligram basis it is considerably more potent than testosterone as both an anabolic and androgenic agent, though it does carry a more favorable balance (toward anabolism). Trenbolone is also unable to convert to estrogen, however it does exhibit notable progestational activity, which may mimic estrogenic side effects given the right physiological conditions. Trenbolone enanthate is virtually interchangeable with Parabolan (trenbolone hexahydrobenzylcarbonate), capable of promoting strong gains in lean muscle mass, often with an accompanying increase in relative hardness and definition.

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, 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 enanthate was never approved for use in humans. Prescribing guidelines are unavailable.

Common doses for physique- and performance-enhancing purposes fall in the range of 150-300 mg per week, which is usually taken for 6-10 consecutive weeks. This level is sufficient to produce considerable increases in lean muscle mass and strength, which are usually combined with notable fat loss and increased muscle definition. As with all trenbolone injectables, this product is fairly versatile, and can be combined with many other agents depending on the desired results.

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)

Trenbolone enanthate was never approved for use in humans. Prescribing guidelines are unavailable.This agent is generally not recommended for women for physique- or performance-enhancing purposes due to strong androgenic nature and tendency to produce virilizing side effects.