MAGNUS PHARMACEUTICALS

Turinabol

4-Chlorodehydromethyltestosterone 10mg

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

Chlorodehydromethyltestosterone is a potent derivative of Dianabol. This oral steroid is structurally a cross between methandrostenolone and clostebol (4-chlorotestosterone), having the same base structure as Dianabol with the added 4-chloro alteration of clostebol. This alteration makes chlorodehydromethyltestosterone a milder cousin of Dianabol, the new steroid displaying no estrogenic and a much less androgenic activity in comparison to its more famous counterpart. The anabolic activity of chlorodehydromethyltestosterone is somewhat lower than that of Dianabol as well, but it does maintain a much more favorable balance of anabolic to androgenic effect. This means that at any given level of musclebuilding activity, chlorodehydromethyltestosterone will be less likely to produce androgenic side effects.

Side Effects (Estrogenic)

Chlorodehydromethyltestosterone is not aromatized by the body, and is not measurably estrogenic. An anti-estrogen is not necessary when using this steroid, as gynecomastia should estrogenic. An anti-estrogen is not necessary when using this steroid, as gynecomastia should not be a concern even among sensitive individuals. Since estrogen is the usual culprit with water retention, this steroid instead produces a lean, quality look to the physique with no fear of excess subcutaneous fluid retention. This makes it a favorable steroid to use during cutting cycles, when water and fat retention are major concerns.

Side Effects (Androgenic)

Although chlorodehydromethyltestosterone is classified as an anabolic steroid, androgenic side effects are still possible with this substance. These may include bouts of oily skin, acne, and body/facial hair growth. Doses higher than normally prescribed are more likely to cause such side effects. Anabolic/androgenic steroids may also aggravate male pattern hair loss. Women are additionally 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. Chlorodehydromethyltestosterone is not extensively metabolized by the 5-alpha reductase enzyme, so its relative androgenicity is not greatly altered by the concurrent use of finasteride or dutasteride.

Side Effects (Hepatotoxicity)

Chlorodehydromethyltestosterone is a c17-alpha alkylated compound. This alteration protects the drug from deactivation by the liver, allowing a very high percentage of the drug entry into the bloodstream following oral administration. C17-alpha alkylated anabolic/androgenic steroids can be hepatotoxic. Prolonged or high exposure may result in liver damage. In rare instances life-threatening dysfunction may develop. It is advisable to visit a physician periodically during each

cycle to monitor liver function and overall health. Intake of c17-alpha alkylated steroids is commonly limited to 6-8 weeks, in an effort to avoid escalating liver strain. The use of a liver detoxification supplement such as Liver Stabil, Liv-52, or Essentiale Forte is advised while taking any hepatotoxic anabolic/androgenic steroids.

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. Chlorodehydromethyltestosterone has a strong effect on the hepatic management of cholesterol due to its non-aromatizable nature, structural resistance to liver breakdown, and route of administration. 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.

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)

A common clinical dose of chlorodehydromethyltestosterone is estimated to be 5 mg per day; actual prescribing guidelines are unavailable. In the athletic arena, an effective oral daily dosage falls in the range of 15-40 mg, taken in cycles lasting no more than 6-8 weeks to minimize hepatotoxicity. This level is sufficient for measurable increases in lean muscle mass and strength. This agent is most often applied as a pre-contest or cutting steroid for bodybuilding purposes, and is not viewed as an ideal bulking agent due to its lack of estrogenicity. Athletes in sports where speed tends to be a primary focus also find strong favor in chlorodehydromethyltestosterone, obtaining a strong anabolic benefit without having to carry around any extra water or fat weight.

Administration (Women)

A common clinical dose of chlorodehydromethyltestosterone is estimated to be 1-2.5 mg per day; actual prescribing guidelines are unavailable. In the athletic arena, women would commonly take a single 5 mg tablet per day, taken in cycles lasting no more than 4-6 weeks to minimize hepatotoxicity. Virilizing effects are unlikely at this level of use. Much higher doses were often

used with female athletes in the former GDR doping program, but often to detriment of strong virilizing side effects.