Musclelabs
STANOZOLOL 50 mg. Inyectable
STANOZOLOL 10 Mg. Tablets

FORMULA:
Every 1 ml. contains:
Stanozolol. ..... 50 mg.
Excipients..... c.s.p.
Each tablet contains:
Stanozolol..... 10 mg.
Excipients..... c.s.p.

MECHANISM OF ACTION
Stanozolol is an anabolic, stimulant of protein synthesis. It is a synthetic steroid derived from testosterone that promotes muscle development. However, it also has the androgenic properties of the male sex hormones (testosterone). Like all anabolic steroids, stanozolol suppresses gonodotropic function of the pituitary and may have a direct effect on the testes. Stanozolol increases plasmatic levels of LDLs and reduces HDLs, although total cholesterol or triglycerides are not modified. When administration is discontinued these levels revert to normal. Elimination is generally renal, a small part fecal, due to enterohepatic incubation.

INDICATIONS
Alterations in protein metabolism that cause loss of muscle mass and negative nitrogen balance, such as in cases of severe malnutrition, prolonged treatment with high doses of corticosteroids, after major surgery, anticancer treatment, burns and other processes. Postmenopausal or senile osteoporosis. Breast carcinoma. Palliative treatment in certain cases of disseminated breast cancer. Anemia associated with chronic renal failure. In the treatment of hereditary angioedema. In the treatment of cryofibrinogenemia, reducing the severity and frequency of attacks. Increases muscle mass in athletes

POSOLOGY:
Tablets 10 mg/day. Vascular manifestations of Behcet's Syndrome, initial dose 2.5 to 10 mg/day. Treatment of hereditary angioedema.

ADULT- Injectable
M: 50 mg (1 ml) every 2-3-weeks.

CHILDREN - Injectable
Up to 2 years - 25 mg (0.5 ml) every 2 -3 weeks
From 2 to 6 years - 25-50 mg (0.5 to 1 ml) every 2 to 3 weeks according to medical criteria

CONTRAINDICATIONS
Stanozolol is contraindicated in male patients with carcinoma of the breast or with suspected or confirmed carcinoma of the prostate. In women, stanozolol is contraindicated in breast cancer with hypercalcemia. Androgenic steroids can stimulate osteological resorption of bone. Anabolic steroids including stanozolol belong to risk category X in pregnancy as they are believed to produce masculinization of the fetus. Peliosis hepatica, a condition in which liver and sometimes spleen tissues are replaced by blood-filled cysts, has been occasionally observed in subjects treated with anabolic androgenic drugs. These cysts usually present with minimal liver dysfunction but in other cases they may be associated with liver failure. In addition, these cysts are not evident until severe liver failure occurs or until abdominal bleeding occurs. Usually, withdrawal of the drug results in the total disappearance of the lesions. Tumors in liver cells have also been reported, most often benign and androgen-dependent, although malignant tumors can sometimes occur. Discontinuation of treatment usually causes tumor regression or interrupts its progression. However, tumors associated with androgens or anabolic steroids are highly vascularized and may remain asymptomatic until intra-abdominal hemorrhage develops, which can be fatal. Anabolic steroids cause lipid disturbances that increase the risk of arteriosclerosis. These changes consist of an increase in LDLs and a reduction in HDLs that can reach considerable values with the corresponding increase in the risk of coronary disease. It is contraindicated in diabetes mellitus, in the nephrotic phase of netritis and in the presence of convulsive disorders.

PRECAUTIONS AND WARNINGS
Anabolic steroids should be used with caution in children and adolescents as they may cause premature epiphyseal closure, precocious sexual development in males, and masculinization in females. Generate change control. In patients sensitive to endocrine side effects or hydroelectrolytes (prone to edema), periodic monitoring is appropriate during prolonged treatments. In patients with liver disease, it is advisable to monitor cholestasis indices.

ADVERSE REACTIONS
Adverse reactions are generally common, moderately important and irreversible in some cases. During therapeutic use, adverse reactions on the liver, peliosis hepatic and liver tumors and cholestatic jaundice have been described. In most cases these effects disappear when treatment is discontinued. Diarrhea, nausea, vomiting, excitement, insomnia, virilization, hirsutism, clitoral hypertrophy, acne, inhibition of testicular function with oligospermia, and retention of sodium, potassium, water, and chlorides have also been described. When stanozolol is used by athletes and gymnasts, adverse reactions have been described in up to 40% of cases in men and in up to 30% of women. The most common side effects experienced by the former are increased sexual urges, acne, hirsutism, irritability, fluid retention, hypertension, insomnia, depression, increased appetite, hair loss, and gynecomastia. In women, the most common adverse reactions are vinylization, acne, and fluid retention. The use of stanozolol in adolescents interrupts height growth. When used in super-therapeutic doses, the quantity and quality of semen in men is reduced, producing sterility in a few months. The exact time required to recover normality is unknown, although some authors estimate it at 5 to 6 months after the drug is withdrawn. Long-term administration of stanozolol produces hypogonadism with testicular atrophy and azoospermia.Stanozolol is an anabolic, stimulant of protein synthesis. It is a synthetic steroid derived from testosterone that promotes muscle development. However, it also has the androgenic properties of the male sex hormones (testosterone). Like all anabolic steroids, stanozolol suppresses gonodotropic function of the pituitary and may have a direct effect on the testes. Stanozolol increases plasmatic levels of LDLs and reduces HDLs, although total cholesterol or triglycerides are not modified. When administration is discontinued these levels revert to normal. Elimination is generally renal, a small part fecal, due to enterohepatic incubation.

USE RESTRICTIONS
Do not use in case of hypersensitivity to some of its components, do not use during pregnancy and breastfeeding period.

INTERACTIONS
The effects of heparin and oral anticoagulants may be enhanced by androgens including stanozolol. Antidiabetics (insulin) there are studies in which potentiation of the hypoglycemic effect has been registered with risk of toxicity. The mechanism has not been established, although it is suggested that as metabolic activity is increased by anabolic drugs and thus increases the consumption of grucose, the hypoglycemic effect may be potentiated.

OVERDOSE
At the indicated therapeutic doses, no acute toxicity is to be expected. In all cases, resort to the Medical Emergency Center.

PRESENTATION
Box containing bottle with 100 tablets.
Box containing 1 vial x 10 ml.
Box containing 1 vial x 30 ml.

Keep at a temperature below 25˚C in a dry place
and out of the reach of children

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