

SUSTAN-MUSCLE
TESTOSTERONE SALTS 250 mg/ml
INJECTABLE OIL SOLUTION
DEEP INTRAMUSCULAR WAY

Composition of this medicine

Every 1 ml. of Injectible Oily Solution contains:

Testosterone Phenylpropionate.....	60 mg.
Testosterone Isocaproate.....	60 mg.
Testosterone Propionate.....	30mg.
Testosterone Decanoate.....	100mg.
Excipients.....	c.s.p

What is Durateston? It is a medication that contains a hormone called Testosterone which belongs to the group of Androgens, a group basically responsible for developing and maintaining male sexual characteristics in the body.

How does this medicine work? It works by activating secondary male sexual characteristics (voice, pubic hair, sexual function, sperm production, erection, sexual desire, body development, muscle mass and correct amount of calcium in bone), red blood cell levels, fat regulation, metabolism of sugars, acts on prostate and liver functions.

How is it applied and in what dose? In adult doses (including the elderly) 1 Ampoule of 1 ml... Deep Intra Muscular every 3 weeks and under MEDICAL CONTROL!!

THERAPEUTIC ACTION: Male hypogonadism (Congenital or Acquired) Breast Cancer (Palliative and secondary to Metastasis by Hormono-Receptive Tumors) Low Testosterone Syndrome (SDT), Testicular Failure (Driptoquedism) alterations in Spermatogenesis or infertility of Endocrine origin, Eunuchism, Hypopituitarism, Catabolic States, Osteoporosis of Androgenic origin, Orchidectomy, Endocrine Impotence, Micropenis, Familial Delayed Puberty, Male Climacteric, Hereditary Angioneurotic Edema, Physical Decay, Libido alterations.

ACTION MECHANISMS: Testosterone is an androgen hormone derived from cyclopentanoperhydrophenanthrene, its formula is C19H28O2 and it is found in a greater proportion in men, since it is produced by the testicles by action and through the Hypothalamic - Pituitary - Testicular axis. In women it is found in small amounts produced by the Testosterone is produced from cholesterol in Leydig cells. under the influence of LH. Testosterone is a hormone that belongs to the group of Androgens and is chemically located as a Prohormone.

Absorption: Testosterone injected as an oil solution is rapidly absorbed, metabolized, and excreted, so the androgenic effect is small. Testosterone is a derivative of cyclopentanoperhydrophenanthrene with 19 carbon atoms, an O2 atom at C3, a double bond between C4 and C5, and a hydroxyl (OH) radical at C17. Distribution: Testosterone is a lipophilic hormone in the blood, it is transported bound to proteins in 98% and 2% of free signature (active form) of that circulating amount, 60% is bound to the Sex Hormone Binding Globulin (SHBG) produced mainly by the liver, the other 38% binds to albumins, which allows it to enter the target organ, that is, it is Bioavailable Testosterone. The one with the greatest hormonal action. Testosterone is primarily inactivated in the liver. Metabolism: Free Testosterone diffuses passively over target cells where it can be metabolized to another more active androgen, 5-Alpha-Dihydrotestosterone (5- α DHT) by 5 α -Reductase and to 17 β -Estradiol by the action of aromatase, this being the active principle. There are 2 isoenzymes of 5 α -reductase: Type I (skin and liver) and Type II (adrenal gland, prostate, seminal vesicle, genital skin, hair follicle and cerebral cortex) In many sites of action Testosterone is not the active form of the hormone Elimination: excreted in urine as Sulfates and glucuronconjugates, 6% goes through feces for enterohepatic recirculation. The most active derivative of Testosterone is Dihydrotestosterone, in various target organs by 5 α -Reductase, in addition to the aromatization of small amounts of testosterone, giving rise to Estrogenic derivatives.

CONTRAINDICATIONS: Cardiovascular Diseases, Arterial Hypertension, Diabetes, Thyroid and Adrenal Diseases. Convulsive (epilepsy) and Prostatic Diseases, (Cancer) Active Breast Cancer, Kidney Diseases, Liver Diseases of any etiology, Pregnancy. Severe osteoporosis, Lactation, Anemia (Androgenic type or)

BIOLOGICAL EFFECTS OF TESTOSTERONE: Wolff's Duct: Stimulates growth and differentiation. - External genitalia: Masculinization and Growth- Bones: Closure of the Epiphyses. - Larynx: Growth and lengthening of the vocal cords - Skin: Stimulates the production of fat stimulates the growth of body and facial hair decreases hair growth (androgenic alopecia) - Kidneys Stimulates the production of erythropoietin - Liver: Induces enzymes, influences protein synthesis. - Lipid metabolism:

HDL-cholesterol and LDL- Bone marrow: Stimulates Erythropoiesis. - Muscles: Development of lean fat- Testicle: Stimulates spermatogenesis. - Prostate: Stimulates its growth and function. Maintains the- Breasts: Inhibits their growth.- Pituitary gland: Negative retrocontrol of Gonadotropin secretion.- Hypothalamus. Negative feedback of GnRH secretion- Brain: Psychotropic Effects on Libido.

WARNINGS AND CAUTIONS: It should not be used for long periods. Do not administer to patients with other treatments. Do not consume alcohol simultaneously. Do not exceed doses. Keep out of the reach of children. Administer with caution to patients who are allergic or sensitive to this medicine or its components. DO NOT USE IN PREGNANT, ELDERLY AND CHILDREN! AND ONLY UNDER MEDICAL CONTROL!

Who should be careful when using this medication? Those people with heart disease, high blood pressure, tumors, breast and prostate cancer, changes in their cholesterol and triglycerides, liver problems, poor kidney function, epilepsy, imbalanced calcium in the blood, diabetes, thyroid. ATTENTION! Warnings for athletes have not been described, but it is reported that this medicine contains a component that in an anti-doping test can give the result as POSITIVE (+).

ADVERSE REACTIONS -The appearance of adverse reactions can be: Masculinization of women (increased tone of voice, hirsutism, clitoral hypertrophy, menstrual irregularities, amenorrhea, thickening of the skin, and others). In children of pre-pubertal age (early sexual maturation and growth arrest) and adults (Priapism, Acne, moderate Polycythemia and destruction by Prostatic Hypertrophy) decrease in HDL; Elevation of other lipid fractions, liver disease (cholestatic jaundice), Hepatic Carcinoma, Prostate Cancer (before the age of 50), Hydrosaline retention, Edema (more in Neoplasms), Arterial Hypertension, decrease in Spermatogenesis in men with feminizing effects, (Gynecomastia, decreased Libido, probable erection disorders and androgenic-type impotence) Imbalance of Calcium values (Osteoporosis), Increased Glycemia levels, hormonal alterations in Thyroid Nephropathy and alteration of the Adrenals.

DRUG INTERACTIONS - Barbiturates: microsomal enzyme inducers, alter clearance- Oxyphenbutazone: increase levels. - Ac. Valproic, Amiodarone, Antibiotics, Phenytoin-Oral Anticoagulants: Coumarinics with increased activity (revising doses), INR and Prothrombin control. - Hypoglycemic agents: Potentiate their action by reducing Insulin - ACTH and corticosteroid levels: edema formation.

GENERAL SUGGESTIONS AND TIPS - Physicians should monitor the following parameters at 3 (three) months, 6 (six) and 12 (twelve) months, in those who are treated with Testosterone- Rectal Exam and Prostate Specific Antigen (PAS) to rule out Hyperplasia or Subclinical Prostate Cancer (more in older adults) - Hematocrit and Hemoglobin to rule out Polycythemia Vera (overproduction of Red Blood Cells). - Sleep Apnea, especially patients with Pulmonary Disorders (COPD, EBOC) - Prepubertal Children: height should be monitored since Androgens in general They can accelerate premature epiphyseal closure and sexual maturation.

OVERDOSE -

In case of overdose consult your doctor

PRESENTATION

- Box with bottle x 10 mL (multidose)
- Box with 1 vial of 1 mL
- Box with 5 vials of 1 mL
- Box with 10 vials of 1 mL

Store at room temperature between 15°C - 30°C.
Keep out of the reach of children.