

**NPP -MUSCLE**  
**NANDROLONE PHENYLPROPIONATE 100mg/ml. MUSCLE**  
**INJECTABLE SOLUTION**  
**DEEP INTRAMUSCULAR WAY**

**FORMULA**

Every 1 ml. of Injectable Solution contains:

**Nandrolone Phenylpropionato**.....**100 m.**  
Excipients.....**c.s.p.**

**What is Nandrolone?** It is a medicine that contains Nandrolone Phenylpropionate (NPP) which belongs to the group of Androgens. Nandrolone is basically in charge of developing and maintaining the body in recovery from debilitating catabolic processes and helping various systems, including the muscle.

**How does this medicine work??:** It works by activating its highly selective anti-catabolic properties, helping to maintain protein values in the body, increasing erythropoiesis and raising the state of conservation and development of the muscular system, as well as regulating fats

**Who should be careful when using this medication?**

-Those people with heart disease, high blood pressure, tumors, breast and prostate cancer, prostatic hyperplasia, behavioral disorders, liver problems, poor kidney function, imbalanced calcium in the blood, thyroid, acne, excessively oily skin, severe or chronic respiratory symptoms. Patients allergic to peanut oil.

**THERAPEUTIC ACTION** Anabolic Androgenic Steroids (EAA) are mainly used as replacement therapy in hypogonadism and in the treatment of some conditions due to their anabolic effects.

**Male it may be due to testicular failure or a gonadotropin deficiency due to hypopituitarism. Androgen treatment leads to normal sexual development.**

**Muscle development.** When administered in hypogonadal settings, androgens cause significant nitrogen retention, increased muscle mass, and weight gain. For this reason, derivatives with an anabolic effect and low androgenic activity are used. Hematological disorders: EAAs stimulate the production of erythropoietin at the renal and extrarenal level. For this reason they can be used in the treatment of anemia refractory to other treatments. The effects are less important in patients with renal insufficiency.

**Hereditary angioneurotic edema.** Alkyl derivatives (methyltestosterone and fluoxymesterone) are used, although oral EAAs are also effective. The alkylated derivatives favor the hepatic synthesis of different proteins, such as coagulation factors and complement inhibitor. Short stature. EAAs stimulate linear growth if administered prior to epiphyseal closure. They are administered for short periods (up to 6 months). Osteoporosis It is treated with EAA if it is due to androgen deficiency, catabolic states. Improving protein utilization, they are used in the treatment of burns, bedridden or other debilitated patients, patients with cancer, AIDS and chronic diseases to prevent muscle atrophy.

**POSOLGY**

**The recommended dose is:**

**Men:** 25 to 50 mg weekly for 12 weeks. The usual dose for improvement of physical performance is between the range of 200 to 400 mg per week in cycles of 8 to 12 weeks duration.

**Women:** 25 to 50 mg weekly for 12 weeks. The usual dose for enhancement of physical performance is 50 mg weekly (in a single weekly injection) in cycles of 4 to 6 weeks duration. Higher doses or longer cycles are not recommended due to possible adverse effects.

**ACTION MECHANISMS**

NPP is gradually released from the IM reservoir and nandrolone is hydrolyzed. Its effect on protein saving and anticatabolic has been demonstrated, as well as its favorable action on calcium metabolism in case of increased excretion of this and in osteoporosis. The dissociation of the anabolic and androgenic effects is related to the presence or not of 5-Reductase in tissues that contain androgen receptors. The 5-reduction of nandrolone produces 5-dinidronandrolone, which binds to the androgen receptor less strongly than nandrolone. This would explain the more intense effect of nandrolone in tissues deficient in 5-Reductase. Basically NPP gets to its maximum levels fast and leaves the body faster once you stop injecting it. In blood, the ester is rapidly hydrolyzed to nandrolone with a half-life of one hour or less. Nandrolone is metabolized by the liver.

**ADVERSE BIOLOGICAL EFFECTS OF NANDROLONE IN GENERAL:Woman:** Severe virilization- Larynx: Growth and elongation of the -Vocal cords-Skin: Stimulates the production of fat and Acne - Prostate: Stimulates its growth (HBP)- Brain: Temporary inhibition of respiratory centers especially at the time of administration (Tren Cough) - Sexual and reproductive disorders due to high levels of Prolactin- Increased aggressiveness (rare)

**BENEFICIAL BIOLOGICAL EFFECTS OF TREMBOLONE IN GENERAL:** Does not aromatize - Increase in blood count-Rapid mass gain- Increase in muscle glycogen- Increase in cellular insulin- Increase in metabolic rate- Maximum post-cycle mass retention- Bone marrow: Stimulates Erythropoiesis- Liver: Induces enzymes. It influences the production and conservation of proteins. - Minimal edematous reaction - Maximum hardness - Extreme vascularity.

**CONTRAINDICATIONS** -Cardiovascular Diseases, Arterial Hypertension, Thyroid and Adrenal Diseases, Neurological and Prostatic Diseases, (Cancer) Active Breast Cancer, Kidney Diseases, Liver Diseases of any etiology, Pregnancy, Lactation, COPD, EBOC, Personality Disorders (aggressiveness)

**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. It should not be used in case of allergies to cacanaule or soya. **EYE! WHEN THE MEDICATION WAS ADMINISTERED, CHOKING AND COUGHING DISORDERS (TREN COUGH) WERE DESCRIBED, WHICH LASTED A FEW SECONDS. PRUDENCE SHOULD BE EXERCISED IN PEOPLE WITH SIGNIFICANT RESPIRATORY DISTURBANCES! FORBIDDEN TO USE IN ELDERLY, PREGNANT, AND CHILDREN!! AND ONLY UNDER MEDICAL CONTROL!**

**ADVERSE REACTIONS** The appearance of adverse reactions can be: Virilization in women (increased tone of voice, hirsutism, clitoral hypertrophy, menstrual irregularities, amenorrhea, thickening of the skin and others) In adults Acne, moderate polycythemia and obstruction due to Prostatic Hyperplasia, Liver Diseases (Cholestatic Jaundice), Hepatic Carcinoma, Prostate Cancer Mild Hydrosaline Retention, Arterial Hypertension, In small men and mild feminizing effects (mild gynecomastia, decreased libido, probable erection disorders and androgenic-type impotence), especially at the end of the administration cycle. Hormonal changes in the thyroid. Nephropathies and alteration of the Adrenals.

**DRUG INTERACTIONS**

-Barbiturates: Microsomal enzyme inducers, alter clearance- Amiodarone, Antibiotics, Phenytoin-Oral anticoagulants: Coumarinics with increased activity (check dose), INR and Prothrombin control, edema formation (MILD ATTENTION: Warnings for athletes have NOT been detected, but it is reported that this medication contains a component that in an anti-doping test can give the result as POSITIVE (-).

**GENERAL SUGGESTIONS AND TIPS**

- Physicians should monitor at 3 (three) months, 6 (six) and 12 (twelve) months, those who are treated with Trenbolone Hexahydrobenzylcarbonate, the following parameters: - Rectal Examination and Prostate Specific Antigen (PAS) to rule out Hyperplasia or Cancer Subclinical prostate (more in older adults) - Hematocrit and Hemoglobin to rule out excessive increase in Erythropoiesis - Patients with acute or chronic Pulmonary disorders (COPD, EBOC) - Nutritional and Protein Status

- Cardiological control and BP- Renal Control

- Hepatic Control- Dermatological Control

or failing that, a periodic clinical-laboratory medical check-up

**OVERDOSE**

In case of overdose, consult your doctor, go to the Toxicology Center at the Medical Emergency Center.

**PRESENTATION**

Box containing 5 and 10 vials x 1 ml.

Box containing 1 vial x 10 ml.

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