

# Testosterone Inj. ®



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Each 2ml ampoule.:

Testosterone Propionate.....200mg / 2ml

SUBSTANCE: Testosterone Propionate USP

CONTENT: Available in: 200mg/1ml /2ml amp. / 10ml Vial

COMPOSITION :

Testosterone

Testosterone Propionate inj.

The most common dosage schedule for Testosterone Propionate (men) is to inject 50 to 100 mg, every 2nd or 3rd day. As with the more popular esters, the total weekly dosage would be in the range of 200-400 mg. As with all testosterone compounds, this drug is most appropriately suited for bulking phases of training. Here it is most often combined with other strong agents such as Dianabol, Anadrol 50 or Deca-Duralin, combinations that prove to be quite formidable. Propionate however is sometimes also used with non aromatizing anabolics/androgens during cutting or dieting phases of training, a time when its' fast action and androgenic nature are also appreciated. Popular stacks include a moderate dosage of propionate with an oral anabolic like Winstrol (15-35 mg daily), Primobolan (50-150 mg daily) or Oxandrolone (15-30 mg daily). Provided the body fat percentage is sufficiently low, the look of dense muscularity can be notably improved (barring any excess estrogen buildup from the testosterone). We can further add a non-aromatizing androgen like Trenbolone, which should have an even more extreme effect on subcutaneous body fat and muscle hardness. Of course with the added androgen content any related side effects will become much more pronounced.

### INDICATIONS :

Testosterone propionate is a commonly manufactured, oil-based injectable testosterone compound. The added propionate ester will slow the rate in which the steroid is released from the injection site, but only for a few days. Testosterone propionate is therefore comparatively much faster acting than other testosterone esters such as cypionate or enanthate, and requires a much more frequent dosing schedule. While cypionate and enanthate are injected on a weekly basis, propionate is generally administered (at least) every third day. Figure one illustrates a typical release pattern after injection. As you can see, levels peak and begin declining quickly with this ester of testosterone.



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To make Testosterone Propionate even more uncomfortable to use, the propionate ester can be very irritating to the site of injection. In fact, many sensitive individuals choose to stay away from Testosterone Propionate completely, their body reacting with a pronounced soreness and low-grade fever that may last for a few days. Even the mild soreness that is experienced by most users can be quite uncomfortable, especially when taking multiple injections each week. The standard esters like enanthate and cypionate, which are clearly easier to use, are therefore much more popular among athletes

Those who are not bothered by frequent injections will find that propionate is quite an effective steroid. It is of course of powerful mass drug, capable of producing rapid gains in size and strength. At the same time the buildup of estrogen and DHT (dihydrotestosterone) will be pronounced, so typical testosterone side effects are to be expected. Some do consider Testosterone Propionate to be the mildest testosterone ester, and the preferred form of this hormone for dieting/cutting phases of training. Some will go so far as to say that propionate will harden the physique. While giving the user less water and fat retention than one typically expects to see with a testosterone. Realistically however, this is nonsense. The ester is removed before testosterone is active in the body, and likewise the ester cannot alter the activity of the parent steroid in any way, only slow its release. We can say that propionate might be the favored testosterone among female bodybuilders (for those who insist on testosterone use!) as blood levels are easier to control with it compared to other esters. Should virilization symptoms develop, one would not wish to wait the weeks needed for testosterone concentrations to fall after a shot of enanthate for example

During a typical Testosterone Propionate cycle one will see action that is consistent with a testosterone. Users sensitive to gynecomastia may therefore need to add an antiestrogen. Those particularly troubled may find that a combination of Nolvadex and Proviron works especially well at preventing/halting this occurrence. Also unavoidable with a testosterone are androgenic side effects like oily skin, acne, increased aggression and body/facial hair growth. Those who may have a predisposition for male pattern baldness may also find that propionate will aggravate this condition. To help combat this we also have the option of adding Proscar, which will reduce the buildup of DHT in many androgen target tissues. This will help minimize related side effects (particularly hair loss) although it offers us no guarantees. And as with all testosterone products, propionate will also suppress endogenous testosterone production. The use of a testosterone stimulating drug like HCG and/or Clomid is therefore almost a requirement in order to avoid enduring a post-cycle crash.



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Women who absolutely must use an injectable testosterone should only use this preparation. The Testosterone Propionate dosage schedule should also be more spread out for a female bodybuilder, with injections coming every 5 to 7 days. The dosage obviously would be lower as well, generally in the range of 25 mg to 50 mg per injection. Androgenic activity should be less pronounced with this schedule, giving blood levels time to sufficiently decrease before the drug is administered again. In order to further reduce any risks, the duration of this cycle should not exceed 8 weeks. Should a stronger anabolic effect be needed, a small amount of Duramin (Deca-Duralin if unavailable), Oxandrolone or Winstrol could be added. Of course the risk of noticing virilizing effects from these drugs may increase, even with the addition of a mild anabolic. Since many of the masculinizing side effects of steroid use can be irreversible, it is very important for the female athlete to monitor the dosage, duration and incidence of side effects very closely.

### COMPOSITION:

Each Injection 100 mg. ampoule contains :  
Testosterone propionate 25 mg. & Testosterone Ethan-ate 110 mg

Each Injection 250 mg. ampoule contains :

Testosterone Ethan-ate 250 mg.



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### MODE OF ACTION:

Testosterone Propionate : It is a highly anabolic as well as androgenic steroid. It is a common oil-based injectable testosterone. The added propionate extends the activity of the testosterone but it is still comparatively much faster acting than other testosterone esters such as cypionate and enanthate. Propionate is most commonly injected at least every third day to keep blood levels steady. This drug is quite effective for strength and muscle mass gains. Propionate is often very painful injection.

Testosterone enanthate : It is derivative of the primary endogenous androgen testosterone, for intramuscular administration. In their active form, androgens have a 17-beta hydroxy group. Esterification of the 17-beta-hydroxy group increases the duration of action of testosterone, hydrolysis to free testosterone occurs in vivo.

**CLINICAL PHARMACOLOGY:** Endogenous androgens are responsible for the normal growth and development of the male sex organs and for maintenance of secondary sex characteristics. These effects include growth and maturation of prostate, seminal vesicles, penis and scrotum, development of male hair distribution such as beard, pubic, chest and axillary hair, laryngeal enlargement, vocal chord thickening, alterations in body musculature and fat distribution.

### PHARMACOKINETICS:

Testosterone esters less polar than free testosterone. Testosterone esters in oil injected intramuscularly are absorbed slowly from the lipid phase, thus testosterone enanthate can be given at intervals of two to four weeks.

Testosterone in plasma is 98% bound to a specific testosterone estradiol binding globulin and about 2 % is free. The free testosterone concentration will determine its half life.

About 90% of a dose of testosterone is excreted in the urine as glucuronic and sulfuric acid conjugates of testosterone and its metabolites, about 6 % of a dose is excreted in the feces, mostly in the unconjugated form.



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### INDICATIONS:

#### MALES:

Testosterone is indicated for replacement therapy in conditions associated with a deficiency or absence of endogenous testosterone. Primary Hypogonadism ( Congenital or acquired ) : Testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome or orchidectomy. Hypogonadotropic Hypogonadism ( Congenital or acquired): Idiopathic gonadotropin or leuteinizing hormone-releasing hormone ( LHRH ) deficiency or pituitary-hypothalamic injury from tumors, trauma or radiation. Delayed Puberty : Testosterone may be used to stimulate puberty in carefully selected males with clearly delayed puberty.

#### FEMALES:

Metastatic mammary cancer : Testosterone may be used secondarily in women with advancing inoperable metastatic ( skeletal ) mammary cancer who are one to five years post menopausal.

### DOSAGE AND ADMINISTRATION:

Total doses above 400 mg per month are not required because of the prolonged action of the preparation.

Male Hypogonadism: As replacement therapy i.e. For eunuchism, the dosage is 50 to 400 mg every 2 to 4 weeks.

In Males with Delayed Puberty: Dosage is within the range of 50 to 200 mg, every 2 to 4 weeks for a limited duration ( 4 to 6 months ).

In Females: Palliation of Inoperable Mammary Cancer : A dosage of 200-400 mg every 2 to 4 weeks is recommended.



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### IN FEMALES:

Amenorrhoea and other menstrual irregularities, inhibition of gonadotropic secretion and virilization, including deepening of the voice and clitoral enlargement.

### CONTRAINDICATIONS:

Androgens are contraindicated in men with carcinomas of the breast or with known or suspected carcinomas of the prostate and in women who are or may become pregnant.

### PRECAUTIONS:

Peliosis hepatis can be fatal complication, The androgen should be discontinued, if cholestatic hepatitis with jaundice appears.

Geriatric patients may be at the risk for the development of prostatic hypertrophy and prostatic carcinoma.

Caution is required in patients with pre existing cardiac, renal or hepatic disease, due to sodium and water retention properties of androgens.

### DRUG INTERACTIONS:

When administered concurrently, the following drugs may interact with androgens :

Oral anticoagulants, Antidiabetic drugs and insulin, ACTH & corticosteroids, oxyphenbutazone.

### STORAGE:

Testosterone Inj. should be stored at room temperature.

### PRESENTATION:

1 ampoule of Testosterone DEPOT INJECTION 100 mg contains: Testosterone propionate 25 mg & Testosterone enanthate 110 mg  
1 ampoule of Testosterone DEPOT INJECTION 250 mg contains: Testosterone enanthate 250 mg

INTRA MUSCULAR USE ONLY.



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