Tren E ®

Trenbolone Enanthate

Formula: $C_{18}H_{22}O_2$
Molecular Weight: 270.37 gm/mol
Active life: 8 days
Detection time: 5 months
Anabolic/Androgenic ratio: 500/500

DESCRIPTION:
Trenbolone Enanthate is a steroid compound that is described chemically as 17β-Hydroxyestra-4,9,11-trien-3-one enanthate.

Tren E® is a sterile solution of 200 mg/ml Trenbolone Enanthate, Miglyol 840, Ethyl oleate, Benzyl benzoate, Benzyl alcohol.
Trenbolone Enanthate has been used as a prolong acting anabolic agent in veterinary practice.

Tren E® is an oil based solution of Trenbolone Enanthate for intramuscular injection. Trenbolone is an anabolic steroid with significant anabolic and androgenic effects. The enanthate ester produces an initial serum response within 24-hours with duration of action of 7 to 10 days. Trenbolone promotes significant increases in strength, muscle anabolism, appetite, and aggression and has been demonstrated to reduce body fat.

CLINICAL PHARMACOLOGY:

Tren E® is a prolong acting injectable steroid with a great effect on protein metabolism. Trenbolone is one of the best effective anabolic compounds, promoting protein synthesis, as well as creating a positive nitrogen balance. It is an appetite stimulant and improves the conversion of proteins. In laboratory tests, it has been demonstrated that Trenbolone increases protein and decreases fat deposition. It has proven to be an excellent product for promoting size and strength in the presence of adequate protein and calories, promotes body tissue building processes, and can reverse catabolism.

Anabolic steroids are synthetic derivatives of testosterone. Certain clinical effects and adverse reactions demonstrate the androgenic properties of these drugs. Complete dissociation of anabolic and androgenic effects has not been achieved. The actions of anabolic steroids are thus similar to those of male sex hormones. Anabolic steroids suppress the gonadotropic functions of the pituitary and may exert a direct effect upon the testes. During exogenous administration of anabolic androgens, endogenous testosterone release is inhibited through inhibition of pituitary luteinizing hormone (LH). At large doses, spermatogenesis may be suppressed through feedback inhibition of pituitary follicle-stimulating hormone (FSH).

Trenbolone binds strongly to the androgen receptor and its action is generally considered to derive therefrom. It produces significant anabolism even during periods of limited caloric restriction. The literature offers conflicting reports of the susceptibility of Trenbolone to aromatize into estrogen or reduce to a dihydrotestosterone derivative. Rat studies have suggested that Trenbolone may exert effects typically associated with dihydrotestosterone through a non-DHT pathway potentially with direct receptor action. It has been suggested that Trenbolone may reduce cortisol production through an indeterminate pathway of activity upon glucocorticoid receptors.

Trenbolone has been demonstrated to promote muscle growth, appetite, aggression, and the production of red blood cells through the production of erythropoietic stimulating factor. Trenbolone is suspected of selective binding of the progesterone receptor potentially acting as both an agonist and an antagonist. It has been suggested that Trenbolone is capable of binding to the prolactin receptor. Thus serum progesterone and serum prolactin levels should be monitored during treatment and if elevated anti-progesterone and anti-prolactin agents should be considered.

INDICATIONS AND USAGE:
Males: Trenbolone use may be indicated in patients where substantial weight gain and increases in musculature are required for patient health after substantial losses of body mass especially in instances where caloric intake is limited and other anabolic therapies have previously failed. The physician and patient must consider the risks of therapy versus the potential benefits.

WARNINGS:

LIVER CELL TUMORS ARE REPORTED. MOST OFTEN THESE TUMORS ARE BENIGN AND ANDROGEN DEPENDENT, BUT FATAL MALIGNANT TUMORS HAVE BEEN REPORTED. WITH DRAWAL OF DRUG OFTEN RESULTS IN REGRESSION OR CESSATION OF PROGRESSION OF THE TUMOR. HOWEVER, HEPATIC TUMORS ASSOCIATED WITH ANDROGENS OR ANABOLIC STEROIDS ARE MUCH MORE VASCULAR THAN OTHER HEPATIC TUMORS AND MAY BE SILENT UNTIL LIFE-THREATENING INTRA-ABDOMINAL HEMORRHAGE DEVELOPS.
PELIOSIS HEPATIS, A CONDITION ARE ALSO REPORTED IN WHICH LIVER AND SOMETIMES SPLENIC TISSUE IS REPLACED WITH BLOOD-FILLED CYSTS, HAS BEEN REPORTED IN PATIENTS RECEVING ANDROGENIC ANABOLIC STEROID THERAPY. THESE CYSTS ARE SOMETIMES PRESENT WITH MINIMAL HEPATIC DYSFUNCTION, BUT AT OTHER TIMES THEY HAVE BEEN ASSOCIATED WITH LIVER FAILURE. THEY ARE OFTEN NOT RECOGNIZED UNTIL LIFE-THREATENING LIVER FAILURE OR INTRA-ABDOMINAL HEMORRHAGE DEVELOPS. WITHDRAWAL OF DRUG USUALLY RESULTS IN COMPLETE DISAPPERRANCE OF LESIONS.
BLOOD LIPID CHANGES THAT ARE KNOWN TO BE ASSOCIATED WITH INCREASED RISK OF ATHEROSCLEROSIS ARE SEEN IN PATIENTS TREATED WITH ANDROGENS AND ANABOLIC STEROIDS. THESE CHANGES INCLUDE DECREASED HIGH-DENSITY LIPOPROTEIN AND SOMETIMES INCREASED LOW-DENSITY LIPOPROTEIN. THE CHANGES MAY BE VERY MARKED AND COULD HAVE A SERIOUS IMPACT ON THE RISK OF ATHEROSCLEROSIS AND CORONARY ARTERY DISEASE.

SIDE EFFECTS:
Male: Gynecomastia, excessive frequency and duration of penile erections, oligospermia.
Skin and Appendages: Hirsutism, male pattern baldness and acne, gynecomastia.
Fluid/electrolyte Disturbances: Retention of sodium, chloride, water, potassium, calcium, and inorganic phosphates.
Gastrointestinal: Nausea, cholestatic jaundice, alterations in liver function tests; hepatocellular neoplasms, peliosis hepatitis, hepatic adenomas, nephritis, and cholestatic hepatitis.
Hematologic: Suppression of clotting factors II, V, VII, & X; bleeding in patients on anti-coagulant therapy.
Neurological: Increased libido, headache, anxiety, depression, extreme agitation, irritability, and generalized paresthesia. Trenbolone may cause severe aggressive behavior.
Other: Serum lipid changes, hypertension, hypercalcaemia, hypertension, oedema, priapism, and potentiation of sleep apnea.

There are certainly some possible side effects to Tren E® use, but possible is an important word to note. Over the years, and this is more than apparent on steroid message boards, an idea has been passed along that the side effects of Tren E® are assured. In fact, some actually believe that if they do not occur it must be due to a poor product. Not only is this a ridiculous way of thinking, it really does not make any sense. Trenbolone, while tremendously powerful, is not some strange steroid from the 5th dimension. Remember, it is simply an altered form of Nandrolone, which itself is simply an altered form of the primary male androgen testosterone. While the possible side effects of Tren E® are often blown out of proportion, we cannot call this the most side effect friendly anabolic steroid of all time but most certainly not the unfriendliness. Many of the possible side effects of Tren E® will be very similar to many anabolic steroids and just as controllable. Many will also be largely dependent on genetic predispositions and sensitivity. However, when it comes to sensitivity there is a group of what we can call response side effects that are a little unique to the Trenbolone hormone. There will be those who experience such effects while many will not. Unfortunately, the response effects will keep many from being able to use this steroid. In fact, while most men will be fine there will be more men who cannot use Trenbolone than perhaps any anabolic steroid. However, keep in mind the response effects of Tren E® are in no way an indicator of the hormone working. If you are a fantastic responder, you shouldn't have any issue at all. In order to help you understand the possible side effects of Tren E®, we have broken them down into their separate categories along with all the information you'll need.

Estrogenic: Trenbolone is not estrogenic. This anabolic steroid does not aromatize at all, which is the very reason excess water retention is impossible with this steroid. However, gynecomastia is still possible due to the hormone carrying a strong progestin nature. Progesterone has the ability to stimulate the estrogenic mechanism in the mammary tissue, which can promote gynecomastia. Many men will not have an issue, but an individual's sensitivity to gynecomastia will play a role. Anti-estrogens will provide protection for those who need it.

An important note: for many years, it has been assumed that Trenbolone based gynecomastia was due to a buildup in prolactin. However, this has been proven false largely thanks to the work of William Llewellyn. In fact, his study on the issue has largely been conclusive; it is the progestin nature, not prolactin that causes. Llewellyn has also noted that the use of aromatizing steroids with Trenbolone greatly increases the odds of gynecomastia, often making the use of an anti-estrogen a necessity.

Androgenic: Trenbolone is a highly androgenic hormone and as to be expected there are possible androgenic side effects of Tren E®. Such effects include acne, accelerated hair loss in those predisposed to male pattern baldness, and body hair growth. While such effects are possible they are entirely dependent on your genetics. For example, if you are not predisposed to male pattern baldness it will be impossible for you to lose any of your hair. However, if you are predisposed, while you were going to lose it anyway, the rate of loss will be accelerated. In fact, Trenbolone can be one of the unfriendliness steroids to the hairline in predisposed men.

Due to the androgenicity of Trenbolone, some will try 5-alpha reductase inhibitors like Finasteride to gain protection. However, the 5-alpha reductase enzyme does not metabolize the Trenbolone hormone and related inhibitors will have very little if any effect. You will not be able to reduce the androgenicity of this hormone, which should be kept in mind if such effects are a concern for you.

Cardiovascular: The side effects of Tren E® in this category can be a concern for some men. This steroid can have a strong, negative impact on cholesterol by suppressing HDL cholesterol (good cholesterol) and increasing LDL cholesterol (bad cholesterol). This negative effect on cholesterol should not be as strong as most oral anabolic steroids, but it will be far more pronounced than most injectable steroids. It is controllable, but it will take a concentrated effort. A cholesterol friendly lifestyle is imperative, which means a cholesterol friendly diet rich in omega fatty acids, low in saturated fats, and low in simple sugars. It also means incorporating regular cardiovascular activity into your routine, even during off-season periods of growth. Do not buy into the idea that cardio is a bad idea during the off-season. That is a myth that has done more harm than good. Many are also encouraged to include a cholesterol antioxidant supplement when using Trenbolone.

Tren E® can also have a negative impact on blood pressure. However, it does not appear to negatively affect most healthy adult men in this way. Regardless, it is possible and you should keep an eye on it. If you cannot control your blood pressure, you should discontinue use immediately.

Testosterone: Regardless of the purpose of use, your genetics or rumors you may have heard, the side effects of Tren E® will always include natural testosterone suppression. All anabolic steroids suppress natural testosterone production, but the rate of suppression varies greatly from one steroid to the next. In the case of Trenbolone, it will be more than significant. It will be nearly impossible not to fall into a low testosterone state without the inclusion of exogenous testosterone. Include exogenous testosterone during your cycle and this problem is solved.

Once your cycle ends and all the exogenous hormones have cleared your system, natural testosterone production will begin again on its own. However, natural levels will still be very low, and it will take a good bit of time to reach a full recovery. For this reason, most are encouraged to implement a Post Cycle Therapy (PCT) plan. A PCT plan will stimulate natural testosterone recovery and ensure you have enough testosterone for proper bodily

function while your levels continue to naturally rise. This will not promote a full recovery on its own, that will still take time, but it will shorten the process. It will also ensure cortisol does not become the dominant hormone when testosterone levels are low for an extended period of time. If cortisol becomes dominant, this can destroy your physique. Some important notes on natural testosterone recovery: natural recovery assumes no prior low testosterone state existed. It also assumes severe damage was not done to the Hypothalamic-Pituitary-Testicular-Axis (HPTA) due to improper anabolic steroid use. Another important note is while a PCT plan is very beneficial; being off of the cycle for a short period of time is counterproductive. This should be kept in mind in hardcore circles.

Hepatotoxicity: On its surface, Tren E® is not considered a hepatotoxic anabolic steroid. Most should have no issues with liver stress or damage. However, the hormone does appear to provide a level of toxicity with extremely high doses, but it appears to take doses that are far beyond what most any human would ever undertake. The odds of any hepatic stress are extremely rare.

Response Effects: The final side effects of Tren E® surround those that will keep some from using the hormone. On their surface they do not sound too bad, but they can occur in a way that is beyond dramatic. The response side effects of Tren E® include anxiety, insomnia, night sweats, and rapid heart rate. If such effects occur, lowering the dose can sometimes help. Extremely high doses can cause these effects, but a lot of men will find they occur at any dose. If this is the case, the hormone may not be for you. It may seem unfair but that's life. Some can take Aspirin and some cannot; many can drink milk but others cannot. This is just a part of life.

DOSAGE AND ADMINISTRATION:

There are no dosing or administration guidelines available for Tren E® in a therapeutic capacity. The hormone has never been approved for human use. Remember, Parabolan® (Trenbolone Hexahydrobenzylcarbonate) is the only Trenbolone compound ever approved for human use. For physique related purposes, most men will find a dose of 50-100 mg every other day to be a fantastic range. 50 mg every other day is a fantastic place to start with 100 mg every other day often being all the Tren E® many men will ever need. Very few men will need more than 100 mg every other day during the off-season. If higher doses are to be used, this will most commonly be during the cutting phase. Some men will be able to tolerate 100 mg every day or 200 mg every other day, but this does increase the risk of side effects greatly, especially response related. 50 mg every other day is often deemed a very low dose, but remember this is an extremely powerful anabolic steroid. This is a very controllable dose for most men, should be very comfortable, and should provide fantastic results. If not, something is wrong with your product. On the injection schedule, every other day will be the most efficient. Every day can be fine but would not really provide much of a benefit over every other day. However, it is possible to only inject the hormone on a standard three day a week schedule, such as every Monday, Wednesday and Friday. This will cause a slight dip in blood levels with the two days in a row of no administration, but, outside of competition circles, it really should not be a big deal or even noticeable.

For Body building: Adult male: suggested dose 300-600 mg per week intramuscular injection for duration limited to 4 weeks under care of physician; female: is not recommend.

PATIENT MONITORING:

Serum Cholesterol, HDL, LDL, TG. Hemoglobin and Hematocrit, Hepatic function tests – AST/ALT. Prostatic specific antigen – PSA, Testosterone: total, free, and bioavailable. Dihydrotestosterone & Estradiol, Progesterone, Prolactin, Blood Pressure
Male patients over 40 should undergo a digital rectal examination and evaluate PSA prior to androgen use. Periodic evaluations of the prostate should continue while on androgen therapy, especially in patients with difficulty in urination or with changes in voiding habits.

HOW SUPPLIED – Tren E® Injection, Solution- Intramuscular-200 mg/ml is supplied in multiple dose 10 ml vial with pink color flip cap.

For shelf-life please refer to the imprint on the pack.

Keep out of reach of children.

Should be at controlled room temperatures 15-30°C (59-86°F)

Do not freeze

This drug should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Warming and shaking the vial should redissolve any crystals that may have formed during storage at temperatures lower than recommended.

Protect from sun light

This drug has not been shown to be safe and effective for the enhancement of athletic performance!

Manufactured and Distributed by: LA Pharma S.r.l.

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