



**TARGET
PHARMA**
PHARMACEUTICAL

TESTOGET

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.

SIDE-EFFECTS AND SPECIAL PRECAUTIONS:

Nausea, vomiting, headache, skin color changes, increased/decreased sexual interest, oily skin, hair loss, and acne may occur. Pain and redness at the injection site may also occur. If any of these effects persist or worsen, tell your doctor or pharmacist promptly.

Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects when it is used at normal doses.

Tell your doctor right away if you have any serious side effects, including: mental/mood changes (such as anxiety, depression, increased anger), trouble sleeping/snoring, signs of serious liver disease (such as persistent abdominal pain/nausea, unusual tiredness, yellowing eyes/skin, dark urine), hands/ankles/feet swelling, unusual tiredness, fast/irregular heartbeat.

OVERDOSAGE:

If you take too much testosterone, call your healthcare provider or local Poison Control Center, or seek emergency medical attention right away.

If testosterone is administered by a healthcare provider in a medical setting, it is unlikely that an overdose will occur. However, if overdose is suspected, seek emergency medical attention.

COMPOSITION:

Each ml contains:

Testosterone Propionate 100mg

Oil base q.s.

PHARMACOLOGICAL CLASSIFICATION:

Mechanism 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.

Clinical Pharmacology:

Endogenous androgen 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 concentrate 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.

INDICATIONS:

Testosterone Propionate is indicated for replacement therapy in the male in conditions associated with symptoms of deficiency or absence of endogenous testosterone.

1. Primary hypogonadism (Congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, or orchidectomy.
2. Hypogonadotropic hypogonadism (congenital or acquired)-idiopathic gonadotropin or LHRH deficiency, or pituitary/hypothalamus injury from tumours, trauma, or radiation.

CONTRA-INDICATIONS:

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.

WARNINGS:

DOSAGE AND DIRECTIONS FOR USE:

The most common dosage schedule for Testosterone Propionate 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.

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-Duramin 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