



**Primus Ray
Laboratories**

STANOZOLOL INJECTABLE 50

Stanozolol Injectable 50 is indicated prophylactically to decrease the frequency and severity of attacks of angioedema. It is also indicated breast cancer in postmenopausal women, and for anaemias, osteoporosis, and catabolic disorders.

Stanozolol injectable is a white suspension for Intramuscular use. Each ml contains Stanozolol 50 mg. Stanozolol is Odorless, crystalline powder with empirical formula C₂₁H₃₂N₂O.

Pharmacodynamics

Anabolic steroids are synthetic derivatives of Testosterone. Stanozolol has been found to increase low-density lipoproteins and decrease high-density lipoproteins. These changes are not associated with any increase in total cholesterol or triglyceride levels and revert to normal on discontinuation of treatment. Hereditary angioedema (HAE) is an autosomal dominant disorder caused by a deficient or non-functional C1 esterase inhibitor (C1 INH) and clinically characterized by episodes of swelling of the face, extremities, genitalia, bowel wall, and upper respiratory tract.

Pharmacokinetics

Reverses catabolic processes and negative nitrogen balance by promoting protein anabolism and stimulating appetite if there is concurrently a proper intake of calories and proteins.

Indications and Usage

Hereditary Angioedema: Stanozolol is indicated prophylactically to decrease the frequency and severity of attacks of angioedema. It is also indicated breast cancer in postmenopausal women, and for anaemias, osteoporosis, and catabolic disorders.

Dosage and Administration

The use of anabolic steroids may be associated with serious adverse reactions, many of which are dose related: therefore patients should be placed on the lowest possible effective dose. Stanozolol has been given by intramuscular injection in doses of 50 mg to 100mg every 1 or 3 times per week. The prophylactic dose of Stanozolol to be used prior to dental extraction or other traumatic or stressful situations has not been established and may be substantially larger.

Contraindications

The use of Stanozolol is contraindicated in the following:

Male patients with carcinoma of the breast or with known or suspected carcinoma of the prostate.

Carcinoma of the breast in females with hypercalcemia; androgenic anabolic steroids, may stimulate osteolytic resorption of bone.

Nephrosis or the nephrotic phase of nephritis.

Stanozolol can cause fetal harm when administered to a pregnant woman.

Stanozolol is contraindicated in women who are or may become pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus.

Warnings and precautions

General: Anabolic steroids may cause suppression of clotting factors II, V, VII and X and an increase in prothrombin time. Women should be observed for signs of virilization (deepening of the voice, hirsutism, acne, and clitoromegaly). To prevent irreversible change, drug therapy must be discontinued, or the dosage significantly reduced when mild virilism is first detected. Such virilization is usual following androgenic anabolic steroid use of high doses. Some virilizing changes women are irreversible even after prompt discontinuance of therapy and are not prevented by concomitant use of estrogens. Menstrual irregularities may also occur. The insulin or oral hypoglycemic dosage may need adjustment in diabetic patients who receive anabolic steroids.

Drug interaction

Anabolic steroids may increase sensitivity to anticoagulants; therefore, dosage of anticoagulants may have to be decreased in order to maintain the prothrombin time at the desired therapeutic level.

Pregnancy and lactation

Pregnancy category X. This means that Stanozolol is known to cause birth defects in an unborn baby. Do not take this medication if you are pregnant or could become pregnant during treatment. It is not known whether Stanozolol passes into breast milk. Do not take this medication without first talking to your doctor if you are breast-feeding a baby.

Adverse effects

Hepatic: Cholestatic jaundice with rarely, hepatic necrosis and death. Hepatocellular neoplasma and peliosis hepatis have been reported in association with long term androgenic anabolic steroid. Reversible changes in liver function tests also occur including increased bromsulphalein (BSP) retention and increases in serum bilirubin, glutamic oxaloacetic transaminase (SGOT), and alkaline phosphatase.

Genitourinary System:

In men, Prepubertal: Phallic enlargement and increased frequency of erections. Postpubertal: Inhibition of testicular functions, testicular atrophy and oligospermia, impotence, chronic priapism, epididymitis and bladder irritability.

In women: Clitoral enlargement, menstrual irregularities.

In both sexes: increased or decreased libido.

CNS: Habituation, excitation, insomnia, and depression.

Gastrointestinal: Nausea, vomiting, diarrhea.

Hematologic: Bleeding in patients on concomitant anticoagulant therapy.

Breast: Gynecomastia.

Larynx: Deepening of the voice in women.

Hair: Hirsutism and male pattern baldness in women.

Skin: Acne (especially in women and prepubertal boys.)

Skeletal: Premature closure of epiphyses in children.

Fluid and Electrolytes: Edema, retention of serum electrolytes (Sodium, chloride, potassium, phosphate, and calcium).

Overdose

An overdose of this medication is unlikely to threaten health. Symptoms of Stanozolol overdose are not known.

PRESENTATION:

50 mg/ml, 10x1ml cartridges

STORAGE:

Store in a cool dry place (30 C ± 2 C). Protect from light. Warming and rotating the vial between the palms of the hands will redissolve any crystals that may have formed during storage at low temperatures.