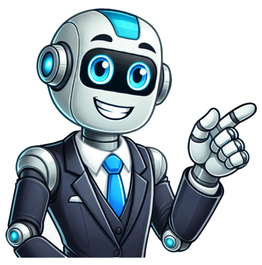
I'm not a robot



Pergunta de Alice Costa em 23-09-2022 (31 votos) Dianabol, também conhecido pelos nomes metandrostenolona e metandienona, é uma droga desenvolvida em 1956 pela farmacêutica Ciba. Trata-se de um Esteroide Anabólico Androgênico (EAA), popularmente conhecido como anabolizante, que é derivado sintético ou natural do hormônio sexual masculino testosterona. Qual o efeito do Metandrostenolona Landerlan? O Dianabol também é um anabolizante conhecido por aumentar os potenciais de força e de retenção de líquidos, auxiliando na prevenção de danos articulares, que podem ser causados pelo aumento de força. Ciclos de dianabol costumam proporcionar resultados em muito pouco tempo, o que também é um benefício. Como tomar Metandrostenolona comprimido? Usar um comprimido pela manhã após a refeição e outro comprimido 10 horas depois após a refeição. É importante estar atento a estes ciclos. Ultrapassá-los pode causar resultados perigosos ao organismo. A formulação e a dosagem do produto podem diferenciar de acordo com o país e o produtor. Quais os efeitos colaterais do Metandrostenolona? Efeitos colaterais Efeitos secundários androgênicos, como pele oleosa, acne, seborreia, aumento do crescimento do cabelo facial/corporal, perda de cabelo no couro cabeludo e virilização podem ocorrer. Também podem ocorrer efeitos colaterais estrogênicos, como ginecomastia e retenção de líquidos. AnteriorComo saber se você está ficando cego? Próxima Quantas vezes tomar nimesulida por dia? Contra-Indicações Hipersensibilidade a testosterona ou esteróides anabolizantes.Cancro de próstata.O Cancro de mama em homens.Tumores do fígado ou uma história destes existente.Gravidez.Amamentação.Síndrome nefrótica.Problemas hepáticos graves e lesões nos rins. Efeitos Indesejáveis/Adversos Frequente: amenorreia e outras irregularidades menstruais, a inibição da secreção de gonadotrofina e manifestações de virilização, tais como acne, hirsutismo, profundo timbre de voz e aumento do clitóris, ginecomastia, aumentando o número de erecções e sua duração, a inibição da função testicular, atrofia testicular, priapismo crónica, diminuição do volume de ejaculação, epididimite, irritabilidade da bexiga, o alargamento da glande.Ocasional: eritrocitose secundária a policitemia, dor de cabeça, náuseas, vómitos, diarreia, disfunção hepática, icterícia colestática, hipercalcemia (fixo ou o cancro da mama pacientes), acne leve, diminuição da libido, o desenvolvimento sexual precoce e fechamento epifisário prematuro em meninos pré-púberes, sono perturbado, dor, vermelhidão, irritação no local da injecção, epididimite não específica aguda, hiperplasia prostática, atrofia testicular.Raros: necrose hepática, carcinoma hepatocelular, peliose hepática, leucopenia. Advertências Gravidez:Não utilizar durante a gravidez. Aleitamento:Não utilizar durante a amamentação. Dopping:Substância probida - Portaria n.º 411/2015, de 26 de novembro - Aprova a Lista de Substâncias e Métodos Proibidos para 2016 e revoga a Portaria n.º 270/2014, de 22 de dezembro. Precauções Gerais Crianças: fecho provável da epífise, desenvolvimento sexual precoce em homens pré-púberes ou virilização em meninas; maturação esquelética monitorizar a cada 6 meses radiografias das mãos e dos pulsos.Idosos: usar em doentes com mais de 50 anos, risco aumentado de hiperplasia ou a estimulação do crescimento do carcinoma da próstata.Lesões no fígado e dos rins.Insuficiência cardíaca.Doença isquémica do coração.Hipertensão.Epilepsia.Diabetes mellitus.Metástases ósseas (risco de hipercalcemia). Cuidados com a Dieta Sem informação. Resposta à overdose Procurar atendimento médico de emergência, ou ligue para o Centro de intoxicações. Terapêutica Interrompida Não tome uma dose a dobrar para compensar uma dose que se esqueceu de tomar. Cuidados no Armazenamento Mantenha todos os medicamentos fora do alcance de crianças e animais de estimação.Não deite fora quaisquer medicamentos na canalização ou no lixo doméstico. Pergunte ao seu médico, enfermeiro ou farmacêutico como deitar fora os medicamentos que já não utiliza. Estas medidas ajudarão a proteger o ambiente. Espectro de susceptibilidade e Tolerância Bacteriológica Sem informação. Androgen and anabolic steroid Pharmaceutical compound MetandienoneClinical dataTrade namesDianabol, othersOther namesMethandienone; Methandrostenolone; Methandrolone; Dehydromethyltestosterone; Methylboldenone; Perabol; Ciba-17309-Ba; TMV-17; NSC-51180; NSC-42722; 17α-Methyl-δ1-testosterone; 17β-Hydroxy-17α-methylandrosta-1,4-dien-3-one; 17α-Methylandrost-1,4-dien-17β-ol-3-oneRoutes ofadministrationBy mouth, intramuscular injection (veterinary)[1]Drug classAndrogen; Anabolic steroidATC codeA14AA03 (WHO) D11AE01 (WHO)Legal statusLegal status AU: S4 (Prescription only) BR: Class C5 (Anabolic steroids)[2] CA: Schedule IV US: Schedule III Pharmacokinetic dataBioavailabilityHighMetabolismHepaticElimination half-life3–6 hours[1][3]ExcretionUrineIdentifiersCAS Number72-63-9 YPubChem CID6300DrugBankDB13586 YChemSpider6061 YUNIICOZ1R7EOCCKEGGD00389ChEMBLChEMBL1418176 YCompTox Dashboard (EPA)DTXSID2023276 ECHA InfoCard100.000.716 Chemical and physical dataFormulaC20H28O2Molar mass300.442 g·mol−13D model (JSmol)Interactive image SMILES O=C\1\C=C/[C@]4(/C(=C/1)CC[C@@H]3[C@@H]4CC[C@]2([C@H]3CC[C@@]2(O)C)C)C InChI InChI=1S/C20H28O2/c1-18-9-6-14(21)12-13(18)4-5-15-16(18)7-10-19(2)17(15)8-11-20(19,3)22/h6,9,12,15-17,22H,4-5,7-8,10-11H2,1-3H3/t15-,16+,17+,18+,19+,20+/m1/s1 YKey:XWALNWXLMVGSFR-HLXURNFRSA-N Y S,9S,10S,13S,14S,17S)-17-Hydroxy-10,13,17-trimethyl-7,8,9,11,12,14,15,16-octahydro-6H-cyclopenta[aphenanthren-3-one&page2=Metandienone (verify)] Metandienone, also known as methandienone or methandrostenolone and sold under the brand name Dianabol (D-Bol) among others, is an androgen and anabolic steroid (AAS) medication which is mostly no longer prescribed.[4][5][1][6] It is also used non-medically for physique- and performance-enhancing purposes.[1] It is often taken by mouth.[1] Side effects of metandienone include symptoms of masculinization like acne, increased hair growth, voice changes, and increased sexual desire, estrogenic effects like fluid retention and breast enlargement, and liver damage.[1] The drug is an agonist of the androgen receptor (AR), the biological target of androgens like testosterone and dihydrotestosterone (DHT), and has strong anabolic effects and moderate androgenic effects.[1] It also has moderate estrogenic effects.[1] Metandienone was originally developed in 1955 by CIBA and marketed in Germany and the United States.[1][7][4][8][9] As the CIBA product Dianabol, metandienone quickly became the first widely used AAS among professional and amateur athletes, and remains the most common orally active AAS for non-medical use.[10][8][11][12] It is currently a controlled substance in the United States[13] and United Kingdom[14] and remains popular among bodybuilders. Metandienone is readily available without a prescription in certain countries such as Mexico, and is also manufactured in some Asian countries.[6] Metandienone was formerly approved and marketed as a form of androgen replacement therapy for the treatment of hypogonadism in men, but has since been discontinued and withdrawn in most countries, including in the United States.[15][4][6] It was given at a dosage of 5 to 10 mg/day in men and 2.5 mg/day in women.[16][17][1] vte Androgen replacement therapy formulations and dosages used in men Route Medication Major brand names Form Dosage Oral Testosteronea – Tablet 400–800 mg/day (in divided doses) Testosterone undecanoate Andriol, Jatenzo Capsule 40–80 mg/2–4× day (with meals) Methyltestosteroneb Android, Metandren, Testred Tablet 10–50 mg/day Fluoxymesteroneb Halotestin, Ora-Testryl, Ultandren Tablet 5–20 mg/day Metandienoneb Dianabol Tablet 5–15 mg/day Mesteroloneb Proviron Tablet 25–150 mg/day Sublingual Testosteroneb Testoral Tablet 5–10 mg 1–4×/day Methyltestosteroneb Metandren, Oreton Methyl Tablet 10–30 mg/day Buccal Testosterone Striant Tablet 30 mg 2×/day Methyltestosteroneb Metandren, Oreton Methyl Tablet 5–25 mg/day Transdermal Testosterone AndroGel, Testim, TestoGel Gel 25–125 mg/day Androderm, AndroPatch, TestoPatch Non-scrotal patch 2.5–15 mg/day Testoderm Scrotal patch 4–6 mg/day Axiron Axillary solution 30–120 mg/day Androstanolone (DHT) Andractim Gel 100–250 mg/day Rectal Testosterone Rektandron, Testosteronb Suppository 40 mg 2–3×/day Injection (IMTooltip intramuscular injection or SCTooltip subcutaneous injection) Testosterone Andronaq, Sterotate, Virosterone Aqueous suspension 10–50 mg 2–3×/week Testosterone propionateb Testoviron Oil solution 10–50 mg 2–3×/week Testosterone enanthate Delatestryl Oil solution 50–250 mg 1x/1–4 weeks Xyosted Auto-injector 50–100 mg 1×/week Testosterone cypionate Depo-Testosterone Oil solution 50–250 mg 1x/1–4 weeks Testosterone isobutyrate Agovirin Depot Aqueous suspension 50–100 mg 1x/1–2 weeks Testosterone phenylacetateb Perandren, Androject Oil solution 50–200 mg 1×/3–5 weeks Mixed testosterone esters Sustanon 100, Sustanon 250 Oil solution 50–250 mg 1×/2–4 weeks Testosterone undecanoate Aveed, Nebido Oil solution 750–1,000 mg 1×/10–14 weeks Testosterone buciclatea – Aqueous suspension 600–1,000 mg 1×/12–20 weeks Implant Testosterone Testopel Pellet 150–1,200 mg/3–6 months Notes: Men produce about 3 to 11 mg of testosterone per day (mean 7 mg/day in young men). Footnotes: a = Never marketed. b = No longer used and/or no longer marketed. Sources: See template. Metandienone was provided in the form of 2.5, 5 and 10 mg oral tablets.[18][19][20][1] Metandienone is used for physique- and performance-enhancing purposes by competitive athletes, bodybuilders, and powerlifters.[1] It is said to be the most widely used AAS for such purposes both today and historically.[1] See also: Anabolic steroid § Adverse effects Androgenic side effects such as oily skin, acne, seborrhea, increased facial/body hair growth, scalp hair loss, and virilization may occur.[1] Estrogenic side effects such as gynecomastia and fluid retention can also occur.[1] Case reports of gynecomastia exist.[21][22] As with other 17α-alkylated steroids, methandienone poses a risk of hepatotoxicity and use over extended periods of time can result in liver damage without appropriate precautions.[1] vte Androgenic vs. anabolic activity ratioof androgens/anabolic steroids Medication Ratioa Testosterone ~1:1 Androstanolone (DHT) ~1:1 Methyltestosterone ~1:1 Methandriol ~1:1 Fluoxymesterone 1:1–1:15 Metandienone 1:1–1:8 Drostanolone 1:3–1:4 Metenolone 1:2–1:30 Oxymetholone 1:2–1:9 Oxandrolone 1:3–1:13 Stanozolol 1:1–1:30 Nandrolone 1:3–1:16 Ethylestrenol 1:2–1:19 Norethandrolone 1:1–1:20 Notes: In rodents. Footnotes: a = Ratio of androgenic to anabolic activity. Sources: See template. Methandienone binds to and activates the androgen receptor (AR) in order to exert its effects.[23] These include dramatic increases in protein synthesis, glycogenolysis, and muscle strength over a short space of time.[medical citation needed] While it can be metabolized by 5α-reductase into methyl-1-testosterone (17α-methyl-δ1-DHT), a more potent AAS, the drug has extremely low affinity for this enzyme and methyl-1-testosterone is thus produced in only trace amounts.[1][24] As such, 5α-reductase inhibitors like finasteride and dutasteride do not reduce the androgenic effects of metandienone.[1] Nonetheless, while the ratio of anabolic to androgenic activity of metandienone is improved relative to that of testosterone, the drug does still possess moderate androgenic activity and is capable of producing severe virilization in women and children.[1] As such, it is only really commonly used in men.[1] Metandienone is a substrate for aromatase and can be metabolized into the estrogen methylestradiol (17α-methylestradiol).[1] While the rate of aromatization is reduced relative to that for testosterone or methyltestosterone, the estrogen produced is metabolism-resistant and hence metandienone retains moderate estrogenic activity.[1] As such, it can cause side effects such as gynecomastia and fluid retention.[1] The co-administration of an antiestrogen such as an aromatase inhibitor like anastrozole or a selective estrogen receptor modulator like tamoxifen can reduce or prevent such estrogenic side effects.[1] Metandienone has no progestogenic activity.[1] As with other 17α-alkylated AAS, metandienone may be hepatotoxic, especially with prolonged use of high doses.[1] Metandienone has high oral bioavailability.[1] It has very low affinity for human serum sex hormone-binding globulin (SHBG), about 10% of that of testosterone and 2% of that of DHT.[25] The drug is metabolized in the liver by 6β-hydroxylation, 3α- and 3β-oxidation, 5β-reduction, 17-epimerization, and conjugation among other reactions.[24] Unlike methyltestosterone, owing to the presence of its C1(2) double bond, metandienone does not produce 5α-reduced metabolites.[24][1][26] The elimination half-life of metandienone is about 3 to 6 hours.[1][3] It is eliminated in the urine.[24] See also: List of androgens/anabolic steroids Metandienone, also known as 17α-methyl-δ1-testosterone or as 17α-methylandrost-1,4-dien-17β-ol-3-one, is a synthetic androstane steroid and a 17α-alkylated derivative of testosterone.[7] It is a modification of testosterone with a methyl group at the C17α position and an additional double bond between the C1 and C2 positions.[7] The drug is also the 17α-methylated derivative of boldenone (δ1-testosterone) and the δ1 analogue of methyltestosterone (17α-methyltestosterone).[7] Metandienone is subject to extensive hepatic biotransformation by a variety of enzymatic pathways. The primary urinary metabolites are detectable for up to 3 days, and a recently discovered hydroxymethyl metabolite is found in urine for up to 19 days after a single 5 mg oral dose.[27] Several of the metabolites are unique to metandienone. Methods for detection in urine specimens usually involve gas chromatography-mass spectrometry.[28][29] Metandienone was first described in 1955.[1] It was synthesized by researchers at the CIBA laboratories in Basel, Switzerland. CIBA filed for a U.S. patent in 1957,[30] and began marketing the drug as Dianabol in 1958 in the U.S.[1][31] It was initially prescribed to burn victims and the elderly. It was also prescribed off-label as a pharmaceutical performance enhancement to weight lifters and other athletes.[32] Early adopters included players for Oklahoma University and San Diego Chargers head coach Sid Gillman, who administered Dianabol to his team starting in 1963.[33] After the Kefauver Harris Amendment was passed in 1962, the U.S. FDA began the DESI review process to ensure the safety and efficacy of drugs approved under the more lenient pre-1962 standards, including Dianabol.[34] In 1965, the FDA pressured CIBA to further document its legitimate medical uses, and re-approved the drug for treating post-menopausal osteoporosis and pituitary-deficient dwarfism.[35] After CIBA's patent exclusivity period lapsed, other manufacturers began to market generic metandienone in the U.S. Following further FDA pressure, CIBA withdrew Dianabol from the U.S. market in 1983.[1] Generic production shut down two years later, when the FDA revoked metandienone's approval entirely in 1985.[1][35][36] Non-medical use was outlawed in the U.S. under the Anabolic Steroids Control Act of 1990.[37] While metandienone is controlled and no longer medically available in the U.S., it continues to be produced and used medically in some other countries.[1] Metandienone confiscated by the Drug Enforcement Administration (DEA) in 2008. Metandienone is the generic name of the drug and its INNTooltip International Nonproprietary Name, while methandienone is its BANTooltip British Approved Name and métandiénone is its DCFTooltip Dénomination Commune Française.[7][4][5][6] It is also referred to as methandrostenolone and as dehydromethyltestosterone.[7][4][5][1][6] The former synonym should not be confused with methylandrostenolone, which is another name for a different AAS known as metenolone.[4] Metandienone was introduced and formerly sold primarily under the brand name Dianabol.[7][4][5][6][1] It has also been marketed under a variety of other brand names including Anabol, Averbol, Chinlipan, Danabol, Dronabol, Metanabol, Methandon, Naposim, Reforvit-B, and Vetanabol among others.[7][4][5][6][1] Metandienone, along with other AAS, is a schedule III controlled substance in the United States under the Controlled Substances Act.[38] See also: List of doping cases in sport by substance § Metandienone There are many known cases of doping in sports with metandienone by professional athletes. ^ a b c d e f g h i j k l m n o p q r s t u v w x y z aa ab ac ad ae af ag ah ai aj ak Llewellyn W (2011). 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Retrieved from " 2 4-Methoxyestrone Names IUPAC name 3-Hydroxy-4-methoxyestra-1,3,5(10)-trien-17-one Systematic IUPAC name (3aS,3bR,9bS,11aS)-7-Hydroxy-6-methoxy-11a-methyl-2,3,3a,3b,4,5,9b,10,11,11a-decahydro-1H-cyclopenta[a]phenanthren-1-one Other names 4-ME1; 4-MeOE1; 4-MeO-E1; 4-Hydroxyestrone 4-methyl ether Identifiers CAS Number 58562-33-7 Y 3D model (JSmol) Interactive image ChEBI CHEBI:136972 ChEMBL ChEMBL1627349 ChemSpider 168393 PubChem CID 194066 UNII EX27GM9MHY Y CompTox Dashboard (EPA) DTXSID40904316 InChI InChI=1S/C19H24O3/c1-19-10-9-12-11-5-7-16(20)18(22-2)14(11)4-3-13(12)15(19)6-8-17(19)21/h5,7,12-13,15,20H,3-4,6,8-10H2,1-2H3/t12-,13-,15+,19+/m1/s1Key: PUEXVLNGOBYUEW-BFDPJXHCSA-N SMILES C[C@]12CC[C@H]3[C@H]([C@@H]1CCC2=O)CCC4=C3C=CC(=C4OC)O Properties Chemical formula C19H24O3 Molar mass 300.398 g·mol−1 Except where otherwise noted, data are given for materials in their standard state (at 25 °C [77 °F], 100 kPa). Infobox references Chemical compound 4-Methoxyestrone (4-ME1) is an endogenous, naturally occurring methoxylated catechol estrogen and metabolite of estrone that is formed by catechol O-methyltransferase via the intermediate 4-hydroxyestrone.[1][2][3] It has estrogenic activity similarly to estrone and 4-hydroxyestrone.[4] vte Selected biological properties of endogenous estrogens in rats Estrogen ERTooltip Estrogen receptor RBATooltip relative binding affinity (%) Uterine weight (%) Uterotrophy LHTooltip Luteinizing hormone levels (%) SHBGTooltip Sex hormone-binding globulin RBATooltip relative binding affinity (%) Control – 100 – 100 – Estradiol (E2) 100 506 ± 20 +++ 12–19 100 Estrone (E1) 11 ± 8 490 ± 22 +++ ? 20 Estriol (E3) 10 ± 4 468 ± 30 +++ 8–18 3 Estetrol (E4) 0.5 ± 0.2 ? Inactive ? 1 17α-Estradiol 4.2 ± 0.8 ? ? ? ? 2-Hydroxyestradiol 24 ± 7 285 ± 8 +b 31–61 28 2-Methoxyestradiol 0.05 ± 0.04 101 Inactive ? 130 4-Hydroxyestradiol 45 ± 12 ? ? ? ? 4-Methoxyestradiol 1.3 ± 0.2 260 ++ ? 9 4-Fluoroestradiola 180 ± 43 ? +++ ? ? 2-Hydroxyestrone 1.9 ± 0.8 130 ± 9 Inactive 110–142 8 2-Methoxyestrone 0.01 ± 0.00 103 ± 7 Inactive 95–100 120 4-Hydroxyestrone 11 ± 4 351 ++ 21–50 35 4-Methoxyestrone 0.13 ± 0.04 338 ++ 65–92 12 16α-Hydroxyestrone 2.8 ± 1.0 552 ± 42 +++ 7–24