SWISS REMEDIES

Halotestin

Fluoxymesterone 5mg

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

About

Halotestin is an oral anabolic steroid derived from testosterone. More specifically, it is amethyltestosterone derivative, differing by the addition of 11-beta-hydroxy and 9-alphafluoro groups. The result is a potent orally active non-aromatizable steroid that exhibits extremely strong androgenic properties. Halotestin is considerably more androgenic than testosterone, while at the same time the anabolic effects of this agent are considered to be moderate in comparison. This makes Halotestin a great strength drug, but not the most ideal agent for gaining muscle mass. The predominant effects seen when taking Halotestin are increased strength, increased muscle density, and increased definition, with only modest size increases.

Side Effects (Estrogenic)

Halotestin is not aromatized by the body, and is not measurably estrogenic. An antiestrogen is not necessary when using this steroid, as gynecomastia should not be a concern even among sensitive individuals. Since estrogen is the usual culprit with water retention, this steroid instead produces a lean, quality look to the physique with no fear of excess subcutaneous fluid retention. This makes it a favourable steroid to use during cutting cycles, when water and fat retention are major concerns.

Side Effects (Androgenic)

Halotestin is classified as an androgen. Androgenic side effects are common with this substance, and may include bouts of oily skin, acne, and body/facial hair growth. Anabolic/androgenic steroids may also aggravate male pattern hair loss. Those genetically prone to male pattern hair loss may wish to opt for a milder, less androgenic, anabolic steroid. As a potent androgen, this steroid may also increase aggressiveness. Women are additionally warned of the potential virilizing effects of anabolic/androgenic steroids. These may include a deepening of the voice, menstrual irregularities, changes in skin texture, facial hair growth, and clitoral enlargement.

Halotestin appears to be a good substrate for the 5-alpha reductase enzyme. This is evidenced by the fact that a large number of its metabolites are found to be 5-alpha reduced androgens, which coupled with its outward androgenic nature, suggests that this steroid is converting to a much more active steroid in androgen responsive target tissues such as the skin, scalp and prostate. It may be possible to reduce the relative androgenicity of Halotestin by the concurrent use of finasteride or dutasteride.

It is also of note that Halotestin has been shown to possess usual androgenic properties. In human studies published back in 1961, the steroid displayed a much stronger tendency to promote phallic enlargement compared to other androgenic effects such as hair growth, libido, and changes in vocal pitch. Halotestin was offering a somewhat different androgenic profile compared to testosterone, and as such demonstrated that it was possible, at some level, to actually tailor drug effect within the broad category of androgenic action. Halotestin remains considered an androgen, but studies like the above suggest that it may not offer a complete biological equivalent to testosterone where androgenicity is concerned.

Side Effects (Hepatotoxicity)

Halotestin is a c17-alpha alkylated compound. This alteration protects the drug from deactivation by the liver, allowing a very high percentage of the drug entry into the bloodstream following oral administration. C17-alpha alkylated anabolic/androgenic steroids can be hepatotoxic. Prolonged or high exposure may result in liver damage. In rare instances life-threatening dysfunction may develop. It is advisable to visit a physician periodically during each cycle to monitor liver function and overall health. Intake of c17-alpha alkylated steroids is commonly limited to 6-8 weeks, in an effort to avoid escalating liver strain. Studies administering 20 mg of Halotestin to a group of nine male subjects for two weeks resulted in most patients (6/9) noticing abnormal sulfobromophthalein (BSP) retention, a marker of liver stress.

The use of a liver detoxification supplement such as Liver Stabil, Liv-52, or Essentiale Forte is advised while taking any hepatotoxic anabolic/androgenic steroids.

Side Effects (Cardiovascular)

Anabolic/androgenic steroids can have deleterious effects on serum cholesterol. This includes a tendency to reduce HDL (good) cholesterol values and increase LDL (bad) cholesterol values, which may shift the HDL to LDL balance in a direction that favors greater risk of arteriosclerosis. The relative impact of an anabolic/androgenic steroid on serum lipids is dependant on the dose, route of administration (oral vs. injectable), type of steroid (aromatizable or non-aromatizable), and level of resistance to hepatic metabolism. Halotestin has a strong effect on the hepatic management of cholesterol due to its structural resistance to liver breakdown and route of administration. Anabolic/androgenic steroids may also adversely affect blood pressure and triglycerides, reduce endothelial relaxation, and support left ventricular hypertrophy, all potentially increasing the risk of cardiovascular disease and myocardial infarction.

To help reduce cardiovascular strain it is advised to maintain an active cardiovascular exercise program and minimize the intake of saturated fats, cholesterol, and simple carbohydrates at all times during active AAS administration. Supplementing with fish oils (4 grams per day) and a natural cholesterol/antioxidant formula such as Lipid Stabil or a product with comparable ingredients is also recommended.

Side Effects (Testosterone Suppression)

All anabolic/androgenic steroids when taken in doses sufficient to promote muscle gain are expected to suppress endogenous testosterone production. Without the intervention of testosterone-stimulating substances, testosterone levels should return to normal within 1-4 months of drug secession. Note that prolonged hypogonadotrophic hypogonadism can develop secondary to steroid abuse, necessitating medical intervention.

Studies administering 10 mg, 20 mg, or 30 mg of Halotestin to nine healthy male subjects for up to 12 weeks have demonstrated the strong suppression of endogenous testosterone levels, with inconsistent effects on gonadotropin levels. Although not fully understood, Halotestin is proposed to have a direct suppressive effect on testicular steroidogenesis that is not mediated by the suppression gonadotropins.

Administration (General)

Studies have shown that taking an oral anabolic steroid with food may decrease its bioavailability. This is caused by the fat-soluble nature of steroid hormones, which can allow some of the drug to dissolve with undigested dietary fat, reducing its absorption from the gastrointestinal tract. For maximum utilization, this steroid should be taken on an empty stomach.

Administration (Men)

To treat androgen insufficiency, early prescribing guidelines for Halotestin called for a dose of 2-10 mg per day. Modern prescribing guidelines call for a daily dosage of 5-20 mg. Therapy is usually initiated at the full 20 mg dosage,which is later adjusted downward to meet the individual needs of the patient. The drug would be continued long-term unless laboratory tests (lipids, liver enzymes, etc.) or side effects contraindicate its continued use.

For physique- or performance-enhancing purposes, an effective oral daily dosage would fall in the range of 10-40 mg, taken in cycles lasting no more than 6-8 weeks to minimize hepatotoxicity. This level is sufficient

for measurable increases in muscle strength, which may be accompanied by modest increases in lean muscle mass.

Halotestin is commonly used by athletes in weight-restricted sports like wrestling, powerlifting, and boxing, due to the fact that strength gained from the drug is usually not accompanied by great increases in bodyweight. When properly used, it can allow a competitor to stay within a specified weight range, yet drastically improve his performance. Halotestin is also commonly used for bodybuilding contest preparation. When the competitor has an acceptably low body fat percentage, the strong androgen level (in absence of excess estrogen) can elicit an extremely hard and defined ("ripped") look to the muscles. The shift in androgen/estrogen ratio additionally seems to bring about a state in which the body may be more inclined to burn off excess fat and prevent new fat storage. The "hardening" effect of Halotestin would, therefore, be somewhat similar to that seen with trenbolone, although it will be without the same level of mass gain.

In cutting phases, a milder anabolic such as Deca-Durabolin or Equipoise is commonly stacked with Halotestin, as they provide good anabolic effect without excessive estrogen buildup. Here, Halotestin provides a well-needed androgenic component, helping to promote a more solid and defined gain in muscle mass, with less interference with energy and libido, than might be obtained with a primarily anabolic agent alone. Perhaps Primobolan-Depot would be an even better choice, as with such a combination there is no buildup of estrogen, and likewise even less worry of water and fat retention. For mass, one might alternately use an injectable testosterone. A mix of 400 mg per week of testosterone enanthate and 20-30 mg daily of Halotestin, for example, often provides exceptional increases in strength and lean muscle mass. A more significant level of androgenic side effects usually accompanies such a combination, however, as both compounds exhibit strong androgenic activity in the body.

Administration (Women)

Halotestin is most often used as a secondary medication during inoperable androgensensitive breast cancer, when other therapies have failed to produce a desirable effect. The dosage used for this application is 10-40 mg per day. Virilizing effects are common at doses of only 10-15 mg per day in these patients.

Halotestin is not recommended for women for physique- or performance-enhancing purposes due to its strong androgenic nature and tendency to produce virilizing side effects.