

ANAVAR BLEND

DUAL COMPOUND ORAL FORMULATION

20 mg PER TABLET

ORAL TABLETS

PRODUCT OVERVIEW

Specification	Details
Generic Name	Anavar Blend
Drug Class	Dual-Compound Oral Anabolic-Androgenic Steroid
Active Ingredients	Oxandrolone, Methenolone Acetate
Administration Route	Oral Administration
Dosage Form	Tablets
Chemical Class	DHT-Derived Steroid Combination
Primary Target	Androgen Receptor
Clinical Status	Fictional Non-Approved Combination

INTRODUCTION

Anavar Blend is a fictional dual-compound oral formulation containing oxandrolone and methenolone acetate. Each tablet provides 10 mg of oxandrolone and 10 mg of methenolone acetate, for a total labeled strength of 20 mg.

Both compounds are related to the dihydrotestosterone framework, but their structural features, oral disposition, metabolism, and safety considerations are distinct. The fixed-dose combination has not been clinically standardized.

HISTORY

Oxandrolone was introduced during twentieth-century research into orally active anabolic-androgenic steroids. Methenolone was developed during a similar period, and its acetate ester became associated with oral preparations in selected historical markets.

The name Anavar has historically been associated with oxandrolone. In this fictional catalog product, it identifies an oxandrolone-containing blend rather than a claim of equivalence to any historical or currently marketed medicine.

This specific 10 mg plus 10 mg combination is a fictional NEXON presentation. It has no independently established approval, standardized indication, or validated clinical dosing schedule.

CHEMICAL STRUCTURE

Oxandrolone is a 17α-methylated, 2-oxa DHT derivative with molecular formula C19H30O3 and approximate molar mass 306.44 g/mol. Methenolone acetate is the acetate ester of methenolone, with molecular formula C22H32O3 and approximate molar mass 344.49 g/mol.

Oxandrolone is administered as an active non-esterified molecule. Methenolone acetate contains an ester group that may undergo enzymatic hydrolysis to methenolone; the two ingredients therefore have different absorption and metabolic characteristics.

- Two DHT-related steroid frameworks
- Oxandrolone 2-oxa and 17α-methyl substitutions
- Methenolone 17β-acetate ester
- Two distinct active ingredients
- Fixed-dose oral tablet formulation

CHEMICAL PROFILE

Parameter	Information
Component 1	Oxandrolone 10 mg
Component 2	Methenolone Acetate 10 mg
Oxandrolone Formula	C19H30O3
Methenolone Acetate Formula	C22H32O3
Administration	Oral
Dosage Form	Tablet
Primary Receptor Target	Androgen Receptor
Total Labeled Strength	20 mg per Tablet
Clinical Status	Fictional NEXON Catalog Formulation

PHARMACOLOGY

After oral administration, the tablet disintegrates and both compounds are absorbed through the gastrointestinal tract. Oxandrolone circulates as the active parent compound, while methenolone acetate may be hydrolyzed to active methenolone.

Oxandrolone and methenolone enter androgen-sensitive cells and bind intracellular androgen receptors. The resulting receptor complexes can influence transcription involved in protein metabolism, nitrogen balance, skeletal muscle, bone, erythropoiesis, and reproductive physiology.

Oral Tablet → Gastrointestinal Absorption → Compound-Specific Metabolism → Androgen-Receptor Activation → Androgen-Responsive Gene Expression

Neither oxandrolone nor methenolone directly aromatizes to estrogen. Oxandrolone is 17α-alkylated, making hepatic and lipid-related safety monitoring particularly important; combined exposure can add endocrine and cardiovascular risk.

MECHANISM OF ACTION

The primary mechanism involves:

- Disintegration and dissolution of the oral tablet
- Gastrointestinal absorption and compound-specific processing
- Binding of oxandrolone and methenolone to androgen receptors
- Regulation of androgen-responsive gene transcription
- Hepatic and peripheral metabolism of both compounds
- Absence of direct aromatization by either component
- Modulation of protein, nitrogen, bone, and hematological physiology

The combination creates exposure to two different androgen-receptor agonists; a fixed total milligram value does not imply equal potency, kinetics, or clinical contribution.

PHARMACODYNAMICS

- Androgen-receptor signaling
- Protein metabolism
- Nitrogen retention
- Erythropoiesis
- Bone metabolism
- Skeletal and connective-tissue physiology
- Reproductive and endocrine feedback
- Secondary androgen-responsive effects

SKELETAL MUSCLE SYSTEM

Oxandrolone and methenolone interact with androgen receptors in skeletal muscle and may influence:

- Protein synthesis and metabolism
- Muscle tissue maintenance
- Nitrogen balance
- Muscle-cell differentiation
- Recovery of androgen-dependent tissue
- Maintenance of lean body mass

Androgen-receptor signaling contributes to normal skeletal-muscle structure, function, and metabolism.

SKELETAL SYSTEM

Androgen-receptor signaling contributes to skeletal physiology and may influence:

- Bone remodeling
- Bone mineral density
- Skeletal maintenance
- Calcium and mineral metabolism
- Structural integrity

Both compounds have historical associations with catabolic or musculoskeletal settings, but evidence for either ingredient cannot be extrapolated to this fictional fixed-dose combination.

CONNECTIVE TISSUE

Androgen signaling may influence connective-tissue physiology through:

- Structural protein metabolism
- Tissue maintenance
- Tissue remodeling
- Collagen metabolism
- Interaction with musculoskeletal adaptation

The response of connective tissue may differ from that of skeletal muscle and depends on hormonal status, physical activity, health, and individual physiology.

REPRODUCTIVE SYSTEM

Both compounds interact with androgen-sensitive tissues and may influence:

- Sexual function
- Libido
- Male reproductive physiology
- Accessory reproductive organs
- Secondary sexual characteristics
- Androgen-responsive tissues
- Hypothalamic-pituitary-gonadal feedback

Exogenous exposure to either compound can suppress luteinizing hormone and follicle-stimulating hormone, reducing endogenous testosterone production and spermatogenesis.

PHARMACOKINETICS

Following oral administration, exposure depends on tablet dissolution, gastrointestinal physiology, hepatic metabolism, concurrent substances, and individual response. The two components may reach and leave circulation at different rates.

Oxandrolone is non-esterified and orally active because of its 17α-methyl substitution. Methenolone acetate is an esterified compound with different processing; oral bioavailability and conversion may depend strongly on formulation and physiology.

Both compounds undergo hepatic and peripheral metabolism. Parent compounds and metabolites are eliminated mainly through urine and other pathways, with component-specific patterns.

The pharmacokinetic profile of this fictional 20 mg fixed-dose tablet has not been established through independent formulation studies or controlled human trials.

PHYSIOLOGICAL EFFECTS

The two compounds activate androgen receptors and may influence protein metabolism, nitrogen balance, skeletal muscle, bone tissue, erythropoiesis, reproductive physiology, and other androgen-responsive systems.

Neither component directly aromatizes, but both can disrupt endocrine feedback. Their distinct structures create different hepatic, lipid, metabolic, and exposure considerations that are not captured by total milligrams alone.

Supraphysiological or non-medical exposure can increase the likelihood of endocrine suppression, fertility impairment, adverse lipid changes, hepatic injury, cardiovascular complications, acne, and other androgen-related effects.

CLINICAL APPLICATIONS

Oxandrolone and methenolone preparations have separate historical medical records in selected catabolic, wasting, or anemia-related contexts. Those records do not establish efficacy or safety for this combined formulation.

Any legitimate clinical use would require an approved product, appropriate diagnosis, contraindication review, and medical monitoring. No dosing recommendation is implied by this catalog document.

The displayed 20 mg tablet is a fictional NEXON catalog item and should not be interpreted as an independently approved medicinal product.

SAFETY CONSIDERATIONS

Combined oxandrolone and methenolone exposure requires consideration of hepatic, cardiovascular, hematological, endocrine, reproductive, metabolic, prostate, and psychological health.

Important safety considerations include:

- Cardiovascular health
- Blood pressure
- Hematocrit and hemoglobin
- Lipid profile
- Liver function and cholestatic risk
- Endocrine function
- Reproductive function and fertility
- Prostate health
- Oral formulation tolerability
- Medication and supplement interactions
- The safety profile depends on the contribution of each compound, total exposure, formulation, duration, individual response, underlying health conditions, and concurrent substances. Medical and laboratory monitoring is important whenever an androgen is clinically prescribed.

The safety profile depends on formulation, concentration, duration of exposure, individual response, and patient characteristics. Medical evaluation and monitoring are essential whenever an androgen is clinically indicated.

POTENTIAL ADVERSE EFFECTS

Potential adverse effects associated with oxandrolone, methenolone, and other anabolic-androgenic steroids may involve hepatic, endocrine, cardiovascular, hematological, dermatological, reproductive, metabolic, and psychological systems.

Endocrine Effects

- Suppression of endogenous testosterone production
- Suppression of luteinizing hormone and follicle-stimulating hormone
- Alterations in estrogen and androgen balance
- Gynecomastia in susceptible individuals
- Testicular atrophy
- Potential suppression of spermatogenesis

Cardiovascular Effects

- Changes in lipid profile
- Possible increases in blood pressure
- Fluid and sodium retention
- Potential thromboembolic complications
- Possible increase in cardiovascular risk

Hematological Effects

- Increased hematocrit
- Increased hemoglobin
- Erythrocytosis or polycythemia
- Increased blood viscosity

Dermatological Effects

- Acne
- Increased sebaceous activity
- Oily skin
- Androgen-related hair loss in genetically predisposed individuals
- Increased body or facial hair

Reproductive Effects

- Reduced sperm production
- Changes in fertility
- Alterations in reproductive hormone regulation
- Changes in libido or sexual function
- Prostate-related effects

Hepatic and Metabolic Effects

- Cholestatic liver injury
- Changes in liver-function parameters
- Adverse changes in lipid parameters
- Alterations in glucose metabolism
- Changes in body composition

Oral Formulation Related Effects

- Gastrointestinal discomfort
- Nausea or appetite changes
- Hypersensitivity to active ingredients or excipients
- Tablet intolerance related to formulation ingredients
- Medication errors involving tablet strength or frequency

The occurrence and severity of adverse effects vary according to exposure to each component, duration, individual response, underlying health conditions, and concurrent medications.

CONTRAINDICATIONS

Condition	Reason
Known or Suspected Prostate Carcinoma	Androgen-sensitive disease may be stimulated
Known or Suspected Male Breast Carcinoma	Potential androgen-sensitive malignancy
Pregnancy	Androgen exposure may cause fetal harm
Breastfeeding	Potential hormonal exposure and insufficient safety
Known Hypersensitivity	Risk of allergic reaction to active ingredients or tablet excipients
Unexplained Elevated Hematocrit	Increased risk of erythrocytosis-related complications
Severe Uncontrolled Cardiovascular Disease	Potential fluid, blood-pressure, and cardiovascular effects
Severe Hepatic or Renal Disease	Potential fluid retention and impaired clinical tolerance

DRUG INTERACTIONS

Potential interactions or important clinical considerations may exist with:

- Anticoagulants
- Insulin and antidiabetic medications
- Corticosteroids
- Adrenocorticotropic hormone

- Other androgenic or anabolic agents
- Medications affecting blood pressure
- Drugs influencing fluid and electrolyte balance
- Hormonal therapies
- Laboratory tests affected by androgen status

Oxandrolone and methenolone may influence anticoagulant response, glucose control, lipid parameters, liver-function measurements, and other laboratory results. Clinical significance depends on the medication, health condition, exposure, and individual response.

LABORATORY MONITORING

Laboratory Test	Purpose
CBC	Monitor hematological parameters
Hematocrit / Hemoglobin	Assess erythrocytosis
ALT / AST	Liver-function assessment
Lipid Profile	Cardiovascular-risk assessment
Blood Pressure	Cardiovascular monitoring
Total Testosterone	Assess testosterone exposure
Free Testosterone / SHBG	Evaluate bioavailable androgen status
Estradiol	Assess estrogenic conversion when clinically indicated
LH / FSH	Assess hypothalamic-pituitary-gonadal suppression
PSA	Prostate monitoring when clinically appropriate
Fasting Glucose / HbA1c	Metabolic assessment

STORAGE AND STABILITY

- Store according to official product labeling.
- Protect from excessive heat, moisture, and direct sunlight.
- Keep the container tightly closed.
- Maintain original packaging integrity.
- Keep away from children.
- Inspect tablets and packaging before use.
- Do not use if the packaging is damaged or tablets show unexpected discoloration or deterioration.
- Storage requirements depend on the validated tablet formulation.

PRODUCT AUTHENTICITY

Every genuine NEXON product should include appropriate quality-verification features.

- Batch-number tracking
- Manufacturing information
- Expiration-date verification
- QR authentication system
- Tamper-evident packaging
- Authorized-distribution verification

NEXON emphasizes transparency, traceability, and product-quality control.

FREQUENTLY ASKED QUESTIONS

What is Anavar Blend?

It is a fictional oral tablet combining 10 mg oxandrolone and 10 mg methenolone acetate.

Which active ingredients are included?

Each tablet contains oxandrolone and methenolone acetate, two distinct DHT-related anabolic-androgenic compounds.

What does 20 mg represent?

It is the combined labeled amount of both ingredients in one tablet: 10 mg plus 10 mg.

Are both ingredients the same hormone?

No. They are different steroidal compounds with different structures, metabolism, and exposure profiles.

Is Anavar Blend a SARM?

No. Both ingredients are steroidal androgen-receptor agonists, not selective androgen-receptor modulators.

Is it oral or injectable?

This fictional product is presented as an oral tablet.

Do the ingredients directly aromatize to estrogen?

No. Neither directly aromatizes, although both can still disrupt endocrine balance.

Can the combination affect liver and lipid parameters?

Yes. Oxandrolone is 17α-alkylated, and combined androgen exposure may adversely affect hepatic and lipid markers.

Can it suppress natural testosterone production?

Yes. Both compounds can suppress hypothalamic-pituitary-gonadal signaling and spermatogenesis.

Is this specific NEXON formulation FDA approved?

No. The displayed fixed-dose tablet is a fictional catalog item and is not presented as an independently FDA-approved medicine.

NEXON QUALITY COMMITMENT

NEXON is committed to maintaining high standards of manufacturing quality, product consistency, traceability, and scientific transparency.

Through quality-control systems, authentication procedures, and responsible information sharing, NEXON aims to provide reliable pharmaceutical products and educational resources for healthcare professionals and informed users.

SCIENTIFIC REFERENCES

- Nieschlag E, Behre HM, Nieschlag S. Testosterone: Action, Deficiency, Substitution.
- Nieschlag E, Behre HM. Andrology: Male Reproductive Health and Dysfunction.
- Bhasin S, et al. Testosterone Therapy in Men With Hypogonadism: An Endocrine Society Clinical Practice Guideline.
- Kicman AT. Pharmacology of Anabolic Steroids.
- Handelsman DJ. Androgen Physiology, Pharmacology, Use and Misuse.
- Basaria S. Androgen Abuse in Athletes: Detection and Consequences.
- Shahidi NT. A Review of the Chemistry, Biological Action, and Clinical Applications of Anabolic-Androgenic Steroids.
- Mooradian AD, Morley JE, Korenman SG. Biological Actions of Androgens.
- Snyder PJ. Clinical Use of Androgens.
- Wilson JD. Androgen Physiology and Pharmacology.
- Swerdloff RS, Wang C. Androgen Deficiency and Testosterone Replacement.
- U.S. Food and Drug Administration. Prescribing Information for Approved Injectable Testosterone Products.