

DROSTANOLONE ENANTHATE INJECTABLE

LONG ACTING DROSTANOLONE ESTER

200 mg mL

INTRAMUSCULAR INJECTION

PRODUCT OVERVIEW

Specification	Details
Generic Name	Drostanolone Enanthate Injectable
Drug Class	Anabolic-Androgenic Steroid / Androgen Ester
Active Ingredient	Drostanolone Enanthate
Administration Route	Intramuscular Injection
Dosage Form	Oil-Based Injectable Solution
Chemical Class	Dihydrotestosterone-Derived Enanthate Ester
Primary Target	Androgen Receptor
Clinical Status	Fictional / Non-Approved Formulation

INTRODUCTION

Drostanolone enanthate is an esterified anabolic-androgenic steroid derived from drostanolone, a synthetic dihydrotestosterone-related compound. The enanthate ester increases lipid solubility and supports prolonged depot release after intramuscular administration.

After release from an oil-based depot, esterases hydrolyze the molecule to active drostanolone. The ester primarily modifies absorption and duration, while drostanolone produces the principal androgen-receptor-mediated effects.

HISTORY

Drostanolone was developed during twentieth-century research into synthetic anabolic-androgenic steroids. Esterification at the 17β-hydroxyl group produced injectable preparations with different depot-release characteristics.

Drostanolone enanthate represents a longer-acting ester design intended to extend depot release. Unlike drostanolone propionate, it is not a widely standardized historical pharmaceutical product.

Historical use does not establish a current universal approval. Present availability, indications, legal classification, and regulatory status depend on the jurisdiction and exact manufactured product.

CHEMICAL STRUCTURE

Drostanolone enanthate is the 17β heptanoate ester of drostanolone. Its molecular formula is C27H44O3 and its approximate molar mass is 416.65 g/mol.

The enanthate group increases lipid solubility and supports prolonged depot release. Following ester hydrolysis, the active hormone released is drostanolone.

- 2α-Methyl dihydrotestosterone-related nucleus
- 17β enanthate ester
- Oil-soluble injectable derivative
- Hydrolysis to active drostanolone
- Prolonged depot-release characteristics

CHEMICAL PROFILE

Parameter	Information
Parent Hormone	Drostanolone
Ester	Enanthate / Heptanoate
Molecular Formula	C27H44O3
Molar Mass	Approximately 416.65 g/mol
Administration	Intramuscular Injection
Dosage Form	Oil-Based Injectable Solution
Primary Receptor Target	Androgen Receptor
Labeled Concentration	200 mg/mL
Clinical Status	Fictional / Non-Approved Formulation

PHARMACOLOGY

Drostanolone enanthate functions as a depot prodrug of drostanolone. Following intramuscular injection, the esterified compound is released gradually from the oil vehicle and hydrolyzed by esterases.

Active drostanolone enters target cells and binds to intracellular androgen receptors. The hormone-receptor complex influences transcription involved in protein metabolism, nitrogen balance, skeletal muscle, bone tissue, erythropoiesis, and reproductive physiology.

Drostanolone is already 5α-reduced and does not directly aromatize to estrogen. Its 2α-methyl substitution contributes to a metabolic profile distinct from testosterone.

MECHANISM OF ACTION

The primary mechanism involves:

- Gradual release from the intramuscular oil depot
- Enzymatic cleavage of the enanthate ester
- Binding of drostanolone to intracellular androgen receptors
- Regulation of androgen-responsive gene transcription
- Activity of the 5α-reduced drostanolone nucleus
- Absence of direct aromatization to estrogen
- Modulation of protein, nitrogen, bone, and hematological physiology

The ester modifies exposure over time but does not change the identity of the active parent hormone.

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

Drostanolone interacts 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

Androgen-receptor signaling can influence bone physiology, although human evidence specific to drostanolone is limited and historical clinical use focused on other indications.

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

Drostanolone interacts 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 drostanolone can suppress luteinizing hormone and follicle-stimulating hormone, reducing endogenous testosterone production and spermatogenesis.

PHARMACOKINETICS

Following intramuscular injection, drostanolone enanthate remains temporarily within an oil-based depot. Its lipophilic enanthate ester supports gradual absorption and a prolonged release profile.

Modern human pharmacokinetic data for this specific ester are limited. Its exact release pattern depends on formulation, concentration, oil vehicle, injection site, and individual physiology.

After hydrolysis, drostanolone circulates bound to plasma proteins and undergoes hepatic and peripheral metabolism. Steroid metabolites are eliminated mainly through urine and other pathways.

Exposure depends on formulation, concentration, oil vehicle, injection site, administration technique, and individual physiology.

PHYSIOLOGICAL EFFECTS

Drostanolone activates androgen receptors and may influence protein metabolism, nitrogen balance, skeletal muscle, bone tissue, erythropoiesis, reproductive physiology, and other androgen-responsive systems.

Its profile differs from testosterone because drostanolone is 5α-reduced and does not directly aromatize. Esterification changes the release pattern rather than the receptor target of the active hormone.

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

CLINICAL APPLICATIONS

Historical medical evidence is associated mainly with drostanolone propionate rather than enanthate. Clinical findings and regulatory status cannot automatically be transferred between ester forms.

Drostanolone enanthate is not a widely standardized contemporary therapeutic preparation, and modern clinical evidence for this exact ester is limited. Approval and availability must be evaluated by jurisdiction.

The displayed 200 mg/mL formulation is a fictional NEXON catalog presentation and should not be interpreted as an independently approved fixed-dose medicinal product.

SAFETY CONSIDERATIONS

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

Important safety considerations include:

- Cardiovascular health
- Blood pressure
- Hematocrit and hemoglobin
- Lipid profile
- Liver function
- Endocrine function
- Reproductive function and fertility
- Prostate health
- Sleep apnea risk
- Fluid retention
- Injection-site reactions

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 drostanolone and other anabolic-androgenic steroids may involve endocrine, cardiovascular, hematological, dermatological, reproductive, hepatic, 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

- Changes in lipid parameters
- Alterations in glucose metabolism
- Changes in liver-function parameters
- Fluid and electrolyte imbalance
- Changes in body composition

Administration Related Effects

- Injection-site pain
- Swelling or irritation
- Inflammatory reactions
- Hypersensitivity to active ingredients or excipients
- Infection when administration is not performed under appropriate sterile conditions

The occurrence and severity of adverse effects vary according to exposure, concentration, 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	Insufficient safety and potential hormonal exposure
Known Hypersensitivity	Risk of allergic reaction to active ingredients or 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

Drostanolone may affect anticoagulant response, glucose-control requirements, fluid retention, and selected laboratory measurements. The clinical significance depends on the specific medication, health condition, formulation, 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 and direct sunlight.
- Do not freeze.
- Maintain original packaging integrity.
- Keep away from children.
- Inspect the solution and packaging before use.
- Do not use if the container is damaged or the solution shows unexpected contamination.
- Crystallization and storage requirements depend on the validated 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 Drostanolone Enanthate?

It is a short-chain esterified injectable form of drostanolone designed for release from an intramuscular oil depot.

What is the parent hormone?

Ester hydrolysis releases drostanolone, a 2α-methyl dihydrotestosterone-related androgen.

What does 200 mg/mL represent?

It is the fictional labeled concentration selected for this NEXON website catalog presentation.

Is Drostanolone Enanthate a peptide?

No. It is an esterified steroid hormone in the anabolic-androgenic steroid class.

Is it a SARM?

No. Drostanolone is a steroidal androgen-receptor agonist, not a selective androgen-receptor modulator.

Is it oral or injectable?

It is presented as an oil-based solution intended for intramuscular administration.

What does the enanthate ester change?

The enanthate ester changes lipid solubility and depot release; hydrolysis still releases active drostanolone.

Does enanthate support prolonged release?

Yes. The lipophilic enanthate ester supports a prolonged depot-release profile, although exact duration depends on the validated formulation.

Can it suppress natural testosterone production?

Yes. Exogenous drostanolone can suppress hypothalamic-pituitary-gonadal signaling, endogenous testosterone production, and spermatogenesis.

Is this specific NEXON formulation FDA approved?

No. The displayed 200 mg/mL formulation 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.