

METHANDIENONE
10 mg TABLETS

ORAL ANABOLIC STEROID

10 mg PER TABLET

ORAL TABLETS

PRODUCT OVERVIEW

Specification	Details
Generic Name	Methandienone 10 mg
Drug Class	Oral Anabolic-Androgenic Steroid
Active Ingredient	Methandienone
Administration Route	Oral Administration
Dosage Form	Tablets
Chemical Class	17α-Methyl Testosterone Derivative
Primary Target	Androgen Receptor
Clinical Status	Mostly Non-Approved / Jurisdiction Dependent

INTRODUCTION

Methandienone, also known as metandienone or methandrostenolone, is an orally active anabolic-androgenic steroid derived from testosterone. Each tablet in this fictional NEXON catalog presentation contains 10 mg of methandienone.

Its 17α-methyl substitution supports oral bioavailability, while an additional double bond between carbon atoms 1 and 2 alters metabolism and relative anabolic-androgenic activity. Methandienone acts primarily through intracellular androgen receptors.

HISTORY

Methandienone was developed during the 1950s and became widely known under historical trade names including Dianabol. It was introduced as an oral anabolic-androgenic steroid for selected medical applications.

Its medical use later declined in several markets as regulatory standards, therapeutic alternatives, and concern about adverse effects changed. It remains encountered internationally under varying legal and regulatory conditions.

The 10 mg strength displayed here is a fictional NEXON website catalog presentation. Current approval, availability, legal classification, and clinical status depend on the jurisdiction and exact manufactured product.

CHEMICAL STRUCTURE

Methandienone is 17β-hydroxy-17α-methylandrosta-1,4-dien-3-one. Its molecular formula is C20H28O2 and its approximate molar mass is 300.44 g/mol.

The 17α-methyl group supports oral activity, while the 1,2-double bond distinguishes methandienone from methyltestosterone. No ester is attached, and exposure depends on gastrointestinal absorption and hepatic metabolism.

- Testosterone-derived steroid nucleus
- Additional 1,2-double bond
- 17α-methyl group supporting oral activity
- Non-esterified active compound
- Oral tablet formulation

CHEMICAL PROFILE

Parameter	Information
Active Compound	Methandienone / Metandienone
Molecular Formula	C20H28O2
Molar Mass	Approximately 300.44 g/mol
Structural Class	17α-Methyl Androstadienone Derivative
Administration	Oral
Dosage Form	Tablet
Primary Receptor Target	Androgen Receptor
Labeled Strength	10 mg per Tablet
Clinical Status	Fictional NEXON Catalog Formulation

PHARMACOLOGY

After oral administration, methandienone is absorbed through the gastrointestinal tract and enters systemic circulation. It does not require ester hydrolysis before interacting with androgen-sensitive tissues.

Methandienone 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.

Oral Methandienone → Gastrointestinal Absorption → Androgen-Receptor Activation → Androgen-Responsive Gene Expression

Methandienone can undergo aromatization to estrogenic metabolites. Its 17α-alkylated structure supports oral activity but also makes hepatic, lipid, cardiovascular, and endocrine monitoring important.

MECHANISM OF ACTION

The primary mechanism involves:

- Disintegration and dissolution of the oral tablet
- Gastrointestinal absorption of active methandienone
- Binding to intracellular androgen receptors
- Regulation of androgen-responsive gene transcription
- Hepatic and peripheral metabolism
- Aromatization to estrogenic metabolites
- Modulation of protein, nitrogen, bone, and hematological physiology

The tablet provides active methandienone directly; no ester-release or hydrolysis phase is required.

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

Methandienone 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

Human evidence specific to contemporary methandienone use is limited, and historical findings should not be transferred to unapproved formulations or non-medical exposure.

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

Methandienone interacts with androgen-sensitive and estrogen-responsive pathways and may influence:

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

Exogenous methandienone can suppress luteinizing hormone and follicle-stimulating hormone, reducing endogenous testosterone production and spermatogenesis.

PHARMACOKINETICS

Following oral administration, methandienone is absorbed from the gastrointestinal tract. Exposure depends on tablet dissolution, gastrointestinal physiology, hepatic metabolism, concurrent substances, and individual response.

Methandienone is not esterified and does not rely on an intramuscular depot. Its 17α-methyl substitution reduces rapid first-pass inactivation sufficiently to support oral pharmacological activity.

Methandienone undergoes hepatic and peripheral metabolism, including formation of androgenic and estrogenic metabolites. The parent compound and metabolites are eliminated mainly through urine and other pathways.

The complete pharmacokinetic profile of this fictional 10 mg tablet presentation depends on the validated formulation and has not been established through independent clinical studies.

PHYSIOLOGICAL EFFECTS

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

Its profile differs from testosterone because the 1,2-double bond and 17α-methyl substitution alter metabolism, oral activity, and endocrine exposure. Aromatization remains possible.

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

CLINICAL APPLICATIONS

Methandienone had historical medical use in selected settings involving catabolic illness and recovery. Contemporary approved indications are limited or absent in many jurisdictions.

Historical use does not establish suitability for current therapy. Any legitimate clinical use requires an exact approved product, appropriate diagnosis, contraindication review, and medical monitoring.

The displayed 10 mg tablet is a fictional NEXON catalog item and should not be interpreted as an independently approved medicinal product.

SAFETY CONSIDERATIONS

Methandienone 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 dose, formulation, duration of exposure, individual response, underlying health conditions, and concurrent substances. Regular medical and laboratory monitoring is important whenever an oral anabolic steroid 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 methandienone 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 or other estrogenic effects 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, 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	Potential hormonal exposure and insufficient safety
Known Hypersensitivity	Risk of allergic reaction to methandienone 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

Methandienone may affect anticoagulant response, glucose control, blood pressure, fluid balance, 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 Methandienone 10 mg?

It is a fictional oral tablet presentation containing 10 mg of methandienone per tablet.

What other names are used for methandienone?

It is also known as metandienone or methandrostenolone and was historically associated with the name Dianabol.

What does 10 mg represent?

It is the labeled amount of methandienone contained in each tablet.

Is methandienone a peptide?

No. It is a synthetic steroidal compound in the anabolic-androgenic steroid class.

Is methandienone a SARM?

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

Is it oral or injectable?

This product is presented as an oral tablet.

Does methandienone contain an ester?

No. It is a non-esterified active compound and does not require ester hydrolysis.

Can methandienone aromatize to estrogen?

Yes. Methandienone can form estrogenic metabolites and may produce estrogen-related effects in susceptible individuals.

Can it suppress natural testosterone production?

Yes. Exogenous methandienone can suppress hypothalamic-pituitary-gonadal signaling and spermatogenesis.

Is this specific NEXON 10 mg formulation FDA approved?

No. The displayed 10 mg 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

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