

OXANDROLONE
20 mg TABLETS

ORAL ANABOLIC STEROID

20 mg PER TABLET

ORAL TABLETS

PRODUCT OVERVIEW

Specification	Details
Generic Name	Oxandrolone 20 mg
Drug Class	Oral Anabolic-Androgenic Steroid
Active Ingredient	Oxandrolone
Administration Route	Oral Administration
Dosage Form	Tablets
Chemical Class	2-Oxa 17α-Methyl DHT Derivative
Primary Target	Androgen Receptor
Clinical Status	Product and Jurisdiction Dependent

INTRODUCTION

Oxandrolone is an orally active anabolic-androgenic steroid derived from the dihydrotestosterone framework. Each tablet in this fictional NEXON catalog presentation contains 20 mg of oxandrolone.

Its 17α-methyl substitution supports oral bioavailability, while replacement of carbon 2 with oxygen creates the characteristic 2-oxa structure. Oxandrolone acts primarily through intracellular androgen receptors.

HISTORY

Oxandrolone was developed during twentieth-century research into synthetic anabolic-androgenic steroids and entered medical use in the 1960s. It became associated with selected indications involving weight recovery and protein catabolism.

Historical prescribing information described oral tablet strengths including 2.20 mg and 20 mg. The 20 mg strength displayed here is a fictional NEXON website catalog presentation rather than a claim about a standardized commercial product.

Current availability, approved indications, legal classification, and regulatory status depend on the jurisdiction and exact manufactured product.

CHEMICAL STRUCTURE

Oxandrolone is a 17α-methylated, 2-oxa derivative of dihydrotestosterone. Its molecular formula is C19H30O3 and its approximate molar mass is 306.44 g/mol.

The oxygen substitution within the A-ring and 17α-methyl group distinguish oxandrolone from DHT. No ester is attached, and oral exposure depends on gastrointestinal absorption and hepatic metabolism.

- Dihydrotestosterone-related steroid nucleus
- 2-Oxa A-ring substitution
- 17α-methyl group supporting oral activity
- Non-esterified active compound
- Oral tablet formulation

CHEMICAL PROFILE

Parameter	Information
Active Compound	Oxandrolone
Molecular Formula	C19H30O3
Molar Mass	Approximately 306.44 g/mol
Structural Class	2-Oxa 17α-Methyl DHT Derivative
Administration	Oral
Dosage Form	Tablet
Primary Receptor Target	Androgen Receptor
Labeled Strength	20 mg per Tablet
Clinical Status	Fictional NEXON Catalog Formulation

PHARMACOLOGY

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

Oxandrolone 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 Oxandrolone → Gastrointestinal Absorption → Androgen-Receptor Activation → Androgen-Responsive Gene Expression

Oxandrolone does not directly aromatize to estrogen. Its 17α-alkylated structure supports oral activity but also makes hepatic and lipid-related safety monitoring important.

MECHANISM OF ACTION

The primary mechanism involves:

- Disintegration and dissolution of the oral tablet
- Gastrointestinal absorption of active oxandrolone
- Binding to intracellular androgen receptors
- Regulation of androgen-responsive gene transcription
- Hepatic and peripheral metabolism
- Absence of direct aromatization to estrogen
- Modulation of protein, nitrogen, bone, and hematological physiology

The tablet provides active oxandrolone 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

Oxandrolone 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

Oxandrolone has been studied in clinical settings involving weight recovery, catabolic states, and musculoskeletal health, although evidence and approved indications depend on jurisdiction and product labeling.

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

Oxandrolone 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 oxandrolone can suppress luteinizing hormone and follicle-stimulating hormone, reducing endogenous testosterone production and spermatogenesis.

PHARMACOKINETICS

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

Oxandrolone 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.

Oxandrolone undergoes hepatic and peripheral metabolism. The parent compound and metabolites are eliminated mainly through urine and other pathways.

The complete pharmacokinetic profile of this fictional 20 mg tablet presentation depends on the validated formulation and has not been established through independent clinical studies.

PHYSIOLOGICAL EFFECTS

Oxandrolone 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 oxandrolone is a 2-oxa, 17α-methylated DHT derivative and does not directly aromatize. The oral structure also changes hepatic exposure and metabolic considerations.

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

Historical prescribing information has described oxandrolone as adjunctive therapy in selected settings involving weight loss after surgery, chronic infection, severe trauma, corticosteroid-associated protein catabolism, and osteoporosis-related bone pain.

Clinical use requires an exact approved product, appropriate diagnosis, contraindication review, and medical monitoring. Historical indications should not be assumed to apply universally across jurisdictions.

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

SAFETY CONSIDERATIONS

Oxandrolone 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 oxandrolone 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 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, 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 oxandrolone 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 may potentiate anticoagulant effects and can influence 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 Oxandrolone 20 mg?

It is a fictional oral tablet presentation containing 20 mg of oxandrolone per tablet.

What class of compound is oxandrolone?

Oxandrolone is an orally active, DHT-derived anabolic-androgenic steroid.

What does 20 mg represent?

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

Is oxandrolone a peptide?

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

Is oxandrolone a SARM?

No. Oxandrolone 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 oxandrolone contain an ester?

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

Does oxandrolone aromatize to estrogen?

No. Oxandrolone does not directly aromatize, although it can still disrupt endocrine balance.

Can it suppress natural testosterone production?

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

Is this specific NEXON 20 mg formulation FDA approved?

No. The displayed 20 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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