

STANOZOLOL
10 mg TABLETS

ORAL ANABOLIC STEROID

10 mg PER TABLET

ORAL TABLETS

PRODUCT OVERVIEW

Specification	Details
Generic Name	Stanozolol 10 mg
Drug Class	Oral Anabolic-Androgenic Steroid
Active Ingredient	Stanozolol
Administration Route	Oral Administration
Dosage Form	Tablets
Chemical Class	17α-Methyl Pyrazole-Fused DHT Derivative
Primary Target	Androgen Receptor
Clinical Status	Historical / Jurisdiction Dependent

INTRODUCTION

Stanozolol is an orally active anabolic-androgenic steroid derived from the dihydrotestosterone framework. Each tablet in this fictional NEXON catalog presentation contains 10 mg of stanozolol.

Its fused pyrazole ring and 17α-methyl substitution distinguish it from DHT and support oral activity. Stanozolol acts primarily through androgen-responsive pathways and has compound-specific effects on protein metabolism and vascular physiology.

HISTORY

Stanozolol was developed during twentieth-century research into synthetic anabolic-androgenic steroids and entered medical use in the 1960s. It became widely known through historical products such as Winstrol.

Historical medical use included selected anemia-related settings and prophylaxis of hereditary angioedema. It has also been presented in oral tablets and injectable suspension formulations.

The 10 mg strength displayed here is a fictional NEXON website catalog presentation. Current approval, availability, indications, legal classification, and product labeling depend on jurisdiction.

CHEMICAL STRUCTURE

Stanozolol is a 17α-methylated DHT derivative with a fused pyrazole ring. Its molecular formula is C21H32N2O and its approximate molar mass is 328.49 g/mol.

The pyrazole ring replaces the conventional A-ring 3-keto arrangement, while the 17α-methyl group supports oral activity. No ester is attached, and exposure depends on gastrointestinal absorption and hepatic metabolism.

- Dihydrotestosterone-related steroid nucleus
- Fused pyrazole ring containing two nitrogen atoms
- 17α-methyl group supporting oral activity
- Non-esterified active compound
- Oral tablet formulation

CHEMICAL PROFILE

Parameter	Information
Active Compound	Stanozolol
Molecular Formula	C21H32N2O
Molar Mass	Approximately 328.49 g/mol
Structural Class	Pyrazole-Fused 17α-Methyl Steroid
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, stanozolol is absorbed through the gastrointestinal tract and enters systemic circulation. It does not require ester hydrolysis before interacting with androgen-responsive tissues.

Stanozolol enters target cells and influences androgen-receptor signaling. Downstream effects may involve protein metabolism, nitrogen balance, skeletal muscle, hematological physiology, vascular pathways, and reproductive feedback.

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

Stanozolol does not directly aromatize to estrogen. Its 17α-alkylated structure supports oral activity but 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 stanozolol
- 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, hematological, and vascular physiology

The tablet provides active stanozolol 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

Stanozolol interacts with androgen-responsive pathways 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

Clinical evidence and historical indications vary by formulation and jurisdiction. Findings from older therapeutic settings 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

Stanozolol interacts with androgen-sensitive and endocrine-feedback pathways and may influence:

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

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

PHARMACOKINETICS

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

Stanozolol is not esterified and does not rely on an intramuscular depot. Its 17α-methyl substitution supports oral pharmacological activity but increases hepatic exposure.

Stanozolol undergoes hepatic and peripheral metabolism, including formation of hydroxylated 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

Stanozolol may influence protein metabolism, nitrogen balance, skeletal muscle, hematological physiology, reproductive feedback, and other androgen-responsive systems.

Its profile differs from testosterone because stanozolol is a fused-pyrazole, 17α-methylated DHT derivative and does not directly aromatize to estrogen.

Supraphysiological or non-medical exposure can increase the likelihood of hepatic injury, adverse lipid changes, endocrine suppression, cardiovascular complications, tendon or joint complaints, acne, and fertility impairment.

CLINICAL APPLICATIONS

Historical medical use included prophylaxis of hereditary angioedema and selected hematological or vascular applications. Contemporary use has been displaced by newer therapies 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

Stanozolol exposure requires particular consideration of hepatic, cardiovascular, hematological, endocrine, reproductive, metabolic, vascular, 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. Liver function and lipid status require particular attention.

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 stanozolol and other anabolic-androgenic steroids may involve hepatic, endocrine, cardiovascular, hematological, dermatological, reproductive, metabolic, musculoskeletal, and psychological systems.

Endocrine Effects

- Suppression of endogenous testosterone production

- Suppression of luteinizing hormone and follicle-stimulating hormone
- Alterations in androgen and endocrine balance
- Suppression-related hormonal symptoms
- 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

- Changes in hematological parameters
- Possible increases in hematocrit or hemoglobin
- Altered coagulation or fibrinolytic markers
- Changes in 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
- Pronounced adverse changes in HDL and LDL cholesterol
- 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 stanozolol 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

Stanozolol may affect anticoagulant response, glucose control, blood pressure, lipid parameters, liver-function measurements, coagulation markers, 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 Stanozolol 10 mg?

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

What historical name is associated with stanozolol?

Stanozolol became widely known through historical products such as Winstrol.

What does 10 mg represent?

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

Is stanozolol a peptide?

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

Is stanozolol a SARM?

No. Stanozolol 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, although stanozolol has also existed in injectable suspension formulations.

Does stanozolol contain an ester?

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

Does stanozolol aromatize to estrogen?

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

Can it suppress natural testosterone production?

Yes. Exogenous stanozolol 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

- 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.