

TURINABOL
20 mg TABLETS

ORAL ANABOLIC STEROID

20 mg PER TABLET

ORAL TABLETS

PRODUCT OVERVIEW

Specification	Details
Generic Name	Turinabol 20 mg
Drug Class	Oral Anabolic-Androgenic Steroid
Active Ingredient	Dehydrochloromethyltestosterone
Administration Route	Oral Administration
Dosage Form	Tablets
Chemical Class	4-Chloro 17α-Methyl Testosterone Derivative
Primary Target	Androgen Receptor
Clinical Status	Mostly Non-Approved / Jurisdiction Dependent

INTRODUCTION

Turinabol, commonly referring to dehydrochloromethyltestosterone, is an orally active anabolic-androgenic steroid derived from a chlorinated methandienone framework. Each tablet in this fictional NEXON catalog presentation contains 20 mg of the active compound.

Its 4-chloro group, additional 1,2-double bond, and 17α-methyl substitution shape its metabolic profile and support oral activity. Turinabol acts primarily through intracellular androgen receptors.

HISTORY

Dehydrochloromethyltestosterone was developed during the 1960s and became known under the name Oral Turinabol. It was historically associated with East German pharmaceutical and sports-doping programs.

The compound did not become a broadly standardized contemporary medicine in major international markets. Its history is now strongly linked to anti-doping analysis and detection of long-lasting urinary metabolites.

The 20 mg strength displayed here is a fictional NEXON website catalog presentation. Current legal classification and regulatory status depend on jurisdiction.

CHEMICAL STRUCTURE

Dehydrochloromethyltestosterone is 4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one. Its molecular formula is C20H27ClO2 and its approximate molar mass is 334.88 g/mol.

The 4-chloro group, 1,2-double bond, and 17α-methyl substitution distinguish it from testosterone and methandienone. No ester is attached, and exposure depends on gastrointestinal absorption and hepatic metabolism.

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

CHEMICAL PROFILE

Parameter	Information
Active Compound	Dehydrochloromethyltestosterone
Molecular Formula	C20H27ClO2
Molar Mass	Approximately 334.88 g/mol
Structural Class	4-Chloro 17α-Methyl Androstadienone
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, dehydrochloromethyltestosterone is absorbed through the gastrointestinal tract and enters systemic circulation. It does not require ester hydrolysis before interacting with androgen-sensitive tissues.

The active compound enters target cells and binds to intracellular androgen receptors. The hormone-receptor complex influences transcription involved in protein metabolism, nitrogen balance, skeletal muscle, hematological physiology, and reproductive feedback.

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

The 4-chloro substitution prevents conventional direct aromatization 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 dehydrochloromethyltestosterone
- 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 dehydrochloromethyltestosterone 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

Turinabol 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 clinical evidence is limited, and historical findings should not be transferred to unapproved formulations, non-medical exposure, or performance claims.

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

Turinabol 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 dehydrochloromethyltestosterone can suppress luteinizing hormone and follicle-stimulating hormone, reducing endogenous testosterone production and spermatogenesis.

PHARMACOKINETICS

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

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

The compound undergoes hepatic and peripheral metabolism. Multiple urinary metabolites, including long-term metabolites relevant to anti-doping analysis, may persist after exposure.

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

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

Its profile differs from testosterone because the 4-chloro group, 1,2-double bond, and 17α-methyl substitution alter metabolism, oral activity, and endocrine behavior. Direct aromatization is prevented.

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

CLINICAL APPLICATIONS

Turinabol has historical pharmaceutical records but is not a broadly established contemporary therapy. Much of the modern literature concerns doping-control detection rather than approved clinical treatment.

Historical use does not establish suitability for current therapy. Regulatory status, evidence, contraindications, and monitoring requirements must be evaluated for the exact compound and jurisdiction.

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

SAFETY CONSIDERATIONS

Turinabol exposure requires particular consideration of hepatic, cardiovascular, hematological, endocrine, reproductive, metabolic, 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 Turinabol 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 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

- 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 turinabol 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

Turinabol may affect anticoagulant response, glucose control, blood pressure, 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 Turinabol 20 mg?

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

What is the active compound in Turinabol?

The active compound is dehydrochloromethyltestosterone, also called chlorodehydromethyltestosterone or 4-chloromethandienone.

What does 20 mg represent?

It is the labeled amount of active compound contained in each tablet.

Is Turinabol a peptide?

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

Is Turinabol a SARM?

No. Turinabol 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 Turinabol contain an ester?

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

Does Turinabol aromatize to estrogen?

No. The 4-chloro substitution prevents conventional direct aromatization, although endocrine disruption remains possible.

Can it suppress natural testosterone production?

Yes. Exogenous dehydrochloromethyltestosterone 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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