

MESTEROLONE

Mesterolone is used to treat potency disturbances, infertility, declining physical & mental alertness in the aging male. It is an oral androgen which does not aromatize into estrogen. In clinical situations is generally used to treat various types of sexual dysfunction, which often result from a low endogenous testosterone level. It can usually reverse problems of sexual disinterest and impotency and is sometimes used to increase the sperm count. The drug does not stimulate the body to produce testosterone, but is simply an oral androgen substitute that is used to compensate for a lack of the natural male androgen. It is also effective act as an anti-aromatase in the body, actually preventing or slowing the conversion of androgens into estrogens.

Mesterolone is approved for the following uses:
Declining physical activity and mental alertness in middle-aged and old men.
Hypogonadism- potency disturbances due to androgen deficiency.
Infertility.
Oligozoospermia- to increase sperm count, improve quality and sperm motility.

Chemical: Mesterolone
CAS Name: (1a,5a,17b)-17-Hydroxy-1-methylandrostan-3-one
Additional Names: 1a-methyl-5a-androstan-17b-ol-3-one; 1a-methyl-5a-dihydrotestosterone
Molecular Formula: C20H32O2
Molecular Weight: 304.47.
Percent Composition: C 78.90%, H 10.59%, O 10.51%
Melting point: mp 203.5-205.0°
Optical Rotation: [α]D20 +17.6° (c = 0.875 in CHCl3)

Prescription Medicine

CLINICAL PHARMACOLOGY

Mesterolone balances a deficiency of androgen formation, which begins to fall gradually with increasing age. Therefore, Mesterolone is suitable for treatment of all conditions caused by deficient endogenous androgen formation. In the recommended therapeutic dosage, Mesterolone will not impair spermatogenesis. Mesterolone is especially well tolerated by the liver.

INDICATIONS AND USAGE

Declining physical activity and mental alertness in middle and old aged men.
Reduced efficiency, easy fatigability, lack of concentration, weak memory, disturbances of libido and potency, irritability, disturbances of sleep, depressive moods, and general vegetative complaints are often attributed to androgen-deficiency.
Potency disturbances:
Mesterolone overcomes potency disturbances due to androgen deficiency. It may also be of use as supplementary therapy in cases of diminished potency where androgen-deficiency is not the primary cause.
Hypogonadism.
Growth, development, and function of androgen-dependent target organs are stimulated by Mesterolone. It promotes development of secondary male sex characteristics in cases of prepuberal hypogonadism. Full clinical and laboratory investigations are necessary in all cases of young patients prior to commencement of treatment. Mesterololn 25 may also be used as a substitution therapy in cases where a loss of gonadal function has occurred post-puberally.
Infertility.
Oligozoospermia and deficient Leydig-cell secretion may be the cause of infertility. With Mesterolone treatment, sperm count can be increased, the quality improved and, furthermore, a higher fructose concentration up to normal values can be achieved thus increasing the chances of procreation.

CONTRAINDICATIONS

In-patients with carcinoma of the prostate, androgen therapy of any kind, including the use of Mesterolone is contraindicated.

PRECAUTIONS

The administration of Mesterolone is recommended only for male patients.
Regular examinations of the prostate should be carried out prophylactically.

DOSAGE AND ADMINISTRATION

As directed by a physician.
Recommendations.
Commencement of treatment: One tablet of Mesterolone three times daily.
Continuation of treatment: One tablet of Mesterolone twice or once daily.
According to type and severity of the complaints, a course of Mesterololn 25 lasting four to six weeks or a prolonged uninterrupted treatment over several months is recommended. If required, the course of treatment may be repeated several times.
Hypogonadism requires continuous therapy.
For development of secondary male sex characteristics one tablet of Mesterolone 3-4 times daily for several months is needed. As maintenance dose, one tablet of Mesterolone twice or three times

daily will be sufficient.
In Oligozoospermia:
One tablet of Mesterololn 25 twice or three times daily for a cycle of spermatogenesis, i.e. 90 days.
In case of simultaneously impaired gonadotrophic excretion, a combined therapy with gonadotrophic hormone exhibiting FSH activity is recommended for the commencement of treatment (e.g. 2000 IU serum gonadotrophin IM twice weekly up to a total amount of 12 000 IU). If necessary, treatment with Mesterolone is to be repeated after an interval of several weeks.

STORAGE

Store at room temperature between 59-86 degrees Fahrenheit (15-30 degrees Celsius)- away from light and moisture. Do not store in the bathroom. Keep all medicines away from children and pets. Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company for more details about how to safely discard your product.

PRESENTATION:

25mg tablets in blister packs of 10 tablets – 5 blisters per box (50 tablets).

AURORA REMEDIES, SINGAPORE
www.aurora-remedies.com