



METHANOPLEX 10



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METHANOPLEX 10

METHANOPLEX 10 (Methandienone) Axiolabs

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News

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[Anabolic Steroid Dianabol Turns 50](#)

The performance-enhancing drug Dianabol, which became the first widely used anabolic steroid and has built muscle for athletes and bodybuilders and become the subject of criminal prosecutions, was developed in 1958. There's a good piece in the New York Daily News looking at half a century of the steroid's use:

2008-06-27

[The sport of bodybuilding](#)

The sport of bodybuilding The popular, growing sport of bodybuilding in the region is leading to bigger championships for local enthusiasts. Dana Ali, 31, who recently returned to Kurdistan from Britain, started lifting weights six year ago when he was abroad. "Oh, I became many pounds overweight," he said, taking a break after finishing the first set. "I see so many [overweight people] here, and I don't want to be like

Substance: Methandienone
Manufactured by: Axiolabs
Packaging: 100 tabs, each tab 10mg
Average Dose: Men 15-50 mg/day(M) Women 5-10 mg/day(F)
Half Life: 6-8 hours
Water Retention: Yes
Aromatization: Yes
DHT Conversion: No

Methanoplex 10 (Methandienone) is an orally applicable **steroid** with a great effect on protein metabolism. **Methandienone** is a derivative of **testosterone** and has a very strong anabolic and androgenic properties. It has a great effect on protein metabolism and promotes protein synthesis. This effect manifests itself in by creating a positive nitrogen balance, supporting the buildup of protein and, thus, skeletal muscle mass. Methandienone also induces an improved sense of well-being.

Methandienone is a derivative of testosterone, exhibiting strong **anabolic** and moderate androgenic properties. This compound was first made available in 1960, and it quickly became the most favored and widely used **anabolic steroid** in all forms of athletics. This is likely due to the fact that it is both easy to use and extremely effective. In the U.S. Dianabol production had meteoric history, exploding for quite some time, then quickly dropping out of sight. Many were nervous in the late 80's when the last of the U.S. generics were removed from pharmacy shelves, the medical community finding no legitimate use for the drug anymore. But the fact that **Dianabol** has been off the U.S. market for over 10 years now has not cut its popularity. It remains the most commonly used black market oral steroid in the U.S. As long as there are countries manufacturing this steroid, it will probably remain so.

Similar to **testosterone** and **Anadrol 50**, **Methandienone** (other known as **Dianabol**) is a potent **steroid**, but also one which brings about noticeable side effects. For starters **methandienone** is quite estrogenic. Gynecomastia is often a concern during treatment, and may present itself quite early into a cycle (particularly when higher doses are used). At the same time water retention can become a pronounced problem, causing a notable loss of muscle definition as both subcutaneous water and fat build. Sensitive individuals may therefore want to keep the estrogen under control with the addition of an anti-estrogen such as **Nolvadex** and/or **Proviron**. The stronger drugs **Arimiplex**, **Femara**, or **Aromasin** (antiaromatase) would be a better choice if available.

In addition, androgenic side effects are common with this substance, and may include bouts of oily skin, acne and body/facial hair growth. Aggression may also be increased with a potent steroid such as this, so it would be wise not to let your disposition change for the worse during a cycle. With Dianabol there is also the possibility of aggravating a male pattern baldness condition. Sensitive individuals may therefore wish to avoid this drug and opt for a milder **anabolic** such as **Deca-Durabolin**. While **Methanoplex 10(Methandienone)** does convert to a more potent steroid via interaction with the 5-alpha reductase enzyme (the same enzyme responsible for converting testosterone to dihydrotestosterone), it has extremely little affinity to do so in the human body's. The androgenic metabolite 5alpha dihydromethandrostenolone is therefore produced only in trace amounts at best. Therefore the use of Proscar/Propecia would serve no real purpose.

Being moderately androgenic, **Methandienone** is really only a popular steroid with men. When used by women, strong virilization symptoms are of course a possible result. Some do however experiment with it, and find low doses (5mg) of this steroid extremely powerful for new **muscle growth**. Whenever taken, **Methanoplex 10(Methandienone)** will produce exceptional mass and strength gains. It's effectiveness is often compared to other strong steroids like testosterone and Anadrol 50, and it is likewise a popular choice for bulking purposes. A daily dosage of 20-40mg is enough to give almost anybody dramatic results. Some do venture much higher in dosage, but this practice usually leads to a more profound incidence of side effects. It additionally combines well with a number of other steroids. It is noted to mix particularly well with the mild anabolic **Deca-Durabolin**. Together one can expect an exceptional muscle and strength gains, with side effects not much worse than one would expect from **Methanoplex 10(Methandienone)** alone. For all out mass, a long acting **testosterone** ester like enanthate can be used. With the similarly high estrogenic/androgenic properties of this androgen, side effects may be extreme with such a combination however. Gains would be great as well, which usually makes such an endeavor worthwhile to the user. As discussed earlier, ancillary drugs can be added to reduce the side effects associated with this kind of cycle.

In order to withstand oral administration, this compound is c17 alpha alkylated. We know that this alteration protects the drug from being deactivated by the liver (allowing nearly all of the drug entry into the bloodstream), however it can also be toxic to this organ. Prolonged exposure to c17 alpha alkylated substances can result in actual damage, possibly even the development of certain kinds of cancer. To be safe one might want to visit the doctor a couple of times during each cycle to keep an eye on their liver enzyme values. Cycles should also be kept short, usually less than 8 weeks long to avoid doing any noticeable damage. Jaundice (bile duct obstruction) is usually the first visible sign of liver trouble, and should be looked out for. This condition produces an unusual yellowing of the skin, as the body has trouble processing bilirubin. In addition to the skin, the whites of the eyes may also yellow, a clear indicator of trouble. Should this occur the drug should be discontinued immediately and a

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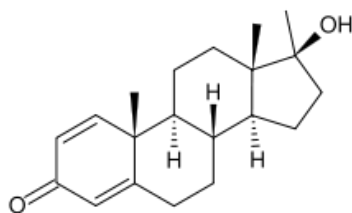


them. "I feel better and forget about all my problems when I come in and exercise," said Ali, having arrived straight from work wearing a black T-shirt and leather gloves. He works out five times a week and has shed most of his body fat; his chest and biceps are as thick as they were when he was living in Britain.

doctor visited. This is usually a point where further, permanent damage can be avoided.

It is also interesting to note that **methandienone** is structurally identical to boldenone (EQ), except that it contains the added c17 alpha alkyl group discussed above. This fact makes clear the impact of altering a steroid in such a way, as these two compounds appear to act very differently in the body. The main dissimilarity seems to lie in the tendency for estrogenic side effects, which seems to be much more pronounced with **Methanoplex 10(Methandienone)**. **Equipoise** is known to be quite mild in this way, and users therefore commonly take this drug without any need of an anti-estrogen. Dianabol is much more estrogenic not because it is more easily aromatized, as in fact the 17 alpha methyl group and c1-2 double bond both slow the process of aromatization. The problem is that methandienone converts to 17alpha methylestradiol, a more biologically active form of estrogen than regular estradiol. But Dianabol also appears to be much more potent in terms of muscle mass compared to boldenone, supporting the notion that estrogen does play an important role in anabolism. In fact boldenone and methandienone differ so much in their potencies as anabolics that the two are rarely thought of as related. As a result, the use of **Methanoplex 10(Methandienone)** is typically restricted to bulking phases of training while **Equipoise** is considered an excellent cutting or lean-mass building steroid.

The half-life of **Methanoplex 10(Methandienone)** is only about 3 to 4 hours, a relatively short time. This means that a single daily dosage schedule will produce a varying blood level, with ups and downs throughout the day. The user likewise has a choice, to either split up the tablets during the day or to take them all at one time. The usual recommendation has been to divide them and try to regulate the concentration in your blood. This however, will produce a lower peak blood level than if the tablets were taken all at once, so there may be a trade off with this option. The steroid researcher Bill Roberts also points out that a single-episode dosing schedule should have a less dramatic impact on the hypothalamic-pituitary-testicular axis, as there is a sufficient period each day where steroid hormone levels are not extremely exaggerated. I tend to doubt hormonal stability can be maintained during such a cycle however, but do notice that anecdotal evidence often still supports single daily doses to be better for overall results. Perhaps this is the better option. Since we know the blood concentration will peak about 1.5 to 3 hours after administration, we may further wonder the best time to take our tablets. It seems logical that taking the pills earlier in the day, preferably some time before training, would be optimal. This would allow a considerable number of daytime hours for an androgen rich metabolism to heighten the uptake of nutrients, especially the critical hours following training.



Methanoplex 10(Methandienone) is an **anabolic steroid** originally developed by John Ziegler and released in the US in 1956 by Ciba. It was used as an aid to muscle growth by **bodybuilders** until its ban by the FDA under the Controlled Substances Act. Despite this, **methandrostenolone** continues to be produced in countries such as Mexico under the trade name Reforvit-b, and is being manufactured in Russia, as well as Thailand, and subsequently is still seen on the United States black market. Production in most of Western Europe and the United States has ceased.

Several successful athletes and professional **bodybuilders** have come forward and admitted long-term methandrostenolone use before the drug was banned, including Arnold Schwarzenegger and Sergio Oliva. Despite its illegality many athletes continue to use the drug for the muscle mass gains it can cause.

Methandrostenolone does not react strongly with the androgen receptor, instead relying on activity not mediated by the receptor for its effects. These include dramatic increases in protein synthesis, glycogenolysis, and muscle strength over a short space of time. However, due to its mode of action, it decreases the rate of cell respiration and decreases production of red blood cells. In high doses (30 mg or more per day), side effects such as gynaecomastia, high blood pressure, acne and male pattern baldness may begin to occur. The drug causes severe masculinising effects in women even at low doses. In addition, it is metabolized into estradiol by aromatase. This means that without the administration of aromatase inhibitors such as **Anastrozole** or **Aminoglutethimide**, estrogenic effects will appear over time in men. Many users will combat the estrogenic side effects with Nolvadex or Clomid. In addition, as with other 17 α -alkylated steroids, the use of methandrostenolone over extended periods of time can result in liver damage without appropriate care.

In the early 1960s, doctors commonly prescribed a tablet per day for women as a tonic. This use was quickly discontinued upon discovery of the heavily masculinising effects of methandrostenolone. However, despite the lack of any known therapeutic applications, the drug remained legal until the early 1990s. The ban by the FDA was not completely successful in eliminating its use by bodybuilders, and methandrostenolone continues to be used illegally to this day, typically being stacked (combined) with drugs that react strongly with the androgen receptor, such as Oxandrolone, in order to increase the overall effectiveness of steroid use.

The 17 α -methylation of the steroid does allow it to pass through the liver without being broken down (hence causing the aforementioned damage to the liver) allowing it to be taken orally. It also has the effect of decreasing the **steroid's** affinity for sex hormone binding globulin, a protein that de-activates steroid molecules and prevents them from further reactions with the body. As a result, methandrostenolone is significantly more active than an equivalent quantity of testosterone, resulting in rapid growth of muscle tissue. However, the concomitant elevation in estrogen levels - a result of the aromatization of **methandrostenolone** - results in significant water retention. This gives the appearance of great gains in mass and strength, which prove to be temporary once the **steroid** is discontinued and water weight drops. Because of this, it is often used by bodybuilders only at the start of a "steroid cycle", to facilitate rapid strength increases and the appearance of great size, while compounds such as testosterone or nandrolone with long acting esters build up in the body to an appreciable amount capable of supporting **anabolic function** on their own.

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