



OXANDROPLEX - ANAVAR



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OXANDROPLEX - ANAVAR

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News

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 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.

2008-06-27

[Women On Prudent Dietary Pattern May Reduce Risk Of](#)

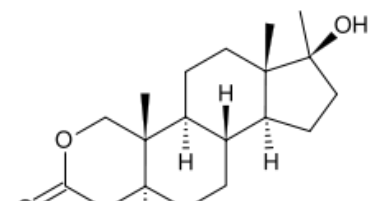
OXANDROPLEX - ANAVAR (Oxandrolone) Axiolabs

Substance: Oxandrolone
Manufactured by: Axiolabs
Packaging: 50 tabs, each tab 10mg
Average Dose: 20-50 mg/day(M) Women 5-15 mg/day(F)
Half Life: 8 - 12 hours
Water Retention: Rare
Aromatization: None
DHT Conversion: Low

This product is 4 times more potent than conventional **Anavar (Oxandrolone)** It works well for the promotion of strength and duality muscle mass gains, although it's mild nature makes it less than ideal for bulking purposes. Among bodybuilders it is most commonly used during cutting phases of training when water retention is a concern. The standard dosage for men is in the range of 20-50mg per day, a level that should produce noticeable results. It can be further combined with **anabolics like Primoplex and Stanoplex** to elicit a harder, more defined look without added water retention. Such combinations are very popular and can dramatically enhance the show physique. One can also add strong non-aromatizing androgens like **Haloplex, Proviraplex or Trenaplex**. In this case the androgen really helps to harden up the muscles, while at the same time making conditions more favorable for fat reduction. Some athletes do choose to incorporate **Oxandroplex - Anavar(Oxandrolone)** into bulking stacks, but usually with standard bulking drugs like **testosterone or Methanoplex**. The usual goal in this instance is an additional gain of strength, as well as more quality look to the androgen bulk. Women who fear the masculinizing effects of many steroids would be quite comfortable using this drug, as this is very rarely seen with low doses. Here a daily dosage of 5mg should illicit considerable growth without the noticeable androgenic side effects of other drugs. Eager females may wish to addition mild anabolics like **Stanoplex, Primoplex or Duraplex**. When combined with such anabolics, the user should notice faster, more pronounced muscle-building effects, but may also increase the likelihood of androgenic buildup.

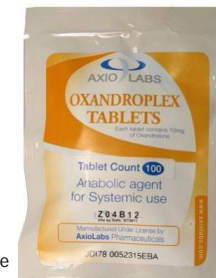
Studies using low dosages of this compound note minimal interferences with natural testosterone production. Likewise when it is used alone in small amounts there is typically no need for ancillary drugs like Clomid/Arnimplex or HCG. This has a lot to do with the fact that it does not convert to estrogen, which we know has an extremely profound effect on endogenous hormone production. Without estrogen to trigger negative feedback, we seem to note a higher threshold before inhibition is noted. But at higher dosages of course, a suppression of natural testosterone levels will still occur with this drug as with any anabolic/androgenic steroid and therefore require post cycle therapy to restore the HPTA.

Oxandroplex is also a 17alpha alkylated oral steroid, carrying an alteration that will put stress on the liver. It is important to point out however that despite this alteration oxandrolone is generally very well tolerated. While liver enzyme tests will occasionally show elevated values, actual damage due to this steroid is not usually a problem. Bio-Technology General states that **Oxandroplex - Anavar (Oxandrolone)** is not as extensively metabolized by the liver as other 17aa orals are; evidenced by the fact that nearly a third of the compound is still intact when excreted in the urine. This may have to do with the understood milder nature of this agent (compared to other 17aa orals) in terms of hepatotoxicity. One study comparing the effects of **Oxandroplex - Anavar(Oxandrolone)** to other agents including as methyltestosterone, norethandrolone, fluoxymesterone and methAndriol clearly supports this notion. Here it was demonstrated that Oxandroplex causes the lowest sulfobromophthalein (BSP; a marker of liver stress) retention among all the alkylated orals tested. 20mg of oxandrolone in fact produced 72% less BSP retention than an equal dosage of fluoxymesterone, which is a considerable difference being that they possess the same liver-toxic alteration. With such findings, combined with the fact that athletes rarely report trouble with this drug, most feel comfortable believing it to be much safer to use during longer cycles than most of other orals with this distinction. Although this may very well be true, the chance of liver damage still cannot be excluded, especially with higher dosages.



At one time **Oxandroplex - Anavar(Oxandrolone)** was also looked at as a possible drug for those suffering from disorders of high cholesterol or triglycerides. Early studies showed it to be capable of lowering total cholesterol and triglyceride values in certain types of hyperlipidemic patients, which initially this was thought to signify potential for this drug as a hypo-lipid (lipid lowering) agent. With further investigation we find however that while use of this drug can be linked to a lowering of total cholesterol values, it is such that a redistribution in the ratio of good (HDL) to bad (LDL) cholesterol occurs, usually moving values in an unfavorable direction. This would of course negate any positive effect that the drug might have on triglycerides or total cholesterol, and in fact make it a danger in terms of cardiac risk when taken for prolonged periods of time. Today we understand that as a group anabolic/androgenic steroids produce very unfavorable changes in lipid profiles, and are really not useful in disorders of lipid metabolism. As an oral c17 alpha alkylated steroid, oxandrolone is probably even more risky to use than an injectable esterified injectable such as a **testosterone or nandrolone** in this regard.

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Death

Women On Prudent Dietary Pattern May Reduce Risk Of Death Women who eat a diet rich in vegetables, fruits, legumes, whole grains, fish and poultry may reduce their risk of death from cardiovascular disease and all causes. Women who follow a traditional "Western" diet of red and processed meat, refined grains, fries and sweets may increase their risk. That's the conclusion of researchers who reported the results of a Harvard School of Public Health study in Circulation: Journal of the American Heart Association. The study of 72,113 healthy women found that high adherence to the "prudent" dietary pattern was associated with a 28 percent lower risk of death from cardiovascular disease and a 17 percent lower risk of premature death from all causes when compared to the lowest adherence.



Oxandrolone (Oxandrin) is an anabolic steroid created by Searle Laboratories under the trademark **Anavar**, and introduced into the US in 1964. It is taken orally, and unlike other steroids delivered in this manner, most of which are Class II **steroids**, the majority of its effects are due to reaction with the androgen receptor. In sufficient dosage, **Oxandrolone** is highly likely to bind well with the receptor, and is therefore a Class I steroid, while having few

other side-effects.

As opposed to most other **anabolic steroids Oxandrolone** has two major advantages: First of all it does not aromatize (convert to estrogen which causes gynecomastia - breast tissue) and it does not significantly influence on low dosages (10mg) body's normal testosterone production (HPTA axis). When dosages are high (this goes for any anabolic steroid) then your body feels that it has enough testosterone and it reduces the production of LH (luteinizing hormone) which no longer stimulates Leydig cells in testicles to produce **testosterone** therefore causing testicular atrophy (shrinking). **Post Cycle Therapy (PCT)** is of course needed for high dosages (40-50mg) of this synthetic derivative of testosterone because as the dosage increases the influence on HPTA is bigger. Lack of PCT will of course lead to protein catabolism until body's normal testosterone secretion is back to normal.

The drug was prescribed for a number of medical disorders causing involuntary weight loss, in order to promote **muscle regrowth**. It had also been shown to be partially successful in treating cases of osteoporosis. However, in part due to bad publicity from its abuses by **bodybuilders, Oxandrolone** was discontinued by Searle Laboratories in 1989. It was picked up by Bio-Technology General Corporation, now Savient Pharmaceuticals, Inc. who, following successful clinical trials in 1995, released it under the tradename **Oxandrin**.

It was approved for orphan drug status by the Food and Drug Administration (FDA) in treating alcoholic hepatitis, Turner's syndrome, and weight loss caused by HIV. In addition, the drug has shown positive results in treating anaemia and hereditary angioedema. In a randomized, double-blind study, patients with 40% total body surface area burns were selected to receive standard burn care plus **Oxandrolone**, or without **Oxandrolone**. Those treated with **Oxandrolone** showed improve body composition, preserved muscle mass and reduced hospital stay time. Other studies however have shown links between prolonged use of the drug and problems of liver toxicity similar to those found with other 17 α -alkylated steroids. Even in small dosages, many users reported gastro-intestinal problems such as bloating, nausea, skin rash and itching (hives), black, tarry stools or light-colored stools, depression, unusual bleeding, unusual swelling, yellowing of the eyes or skin, and diarrhoea.

In rare cases, serious and even fatal cases of liver problems have developed during treatment with oxandrolone. Oxandrolone may increase the amount of low density lipoprotein (LDL; 'bad cholesterol') and decrease the amount of high density lipoprotein (HDL; 'good cholesterol') in the blood. This may increase the risk of developing heart disease. **Oxandrolone** may damage the liver or increase LDL without causing symptoms. It is important to have regular laboratory tests to be sure that the liver is working properly and that LDL has not increased. **Oxandrolone** may also decrease fertility in men.

Before the Controlled Substances Act was passed to restrict the production, sale, and usage of anabolic steroids, Oxandrolone's characteristics lent itself well towards use by female **athletes**. Its specificity targeting the androgen receptor meant that, unlike many other **steroids**, it had not been reported to cause stunted growth in younger users (because it doesn't convert to estrogen, thats the reason women typically don't grow as tall as men -- they have more estrogen) and at typical dosage rarely caused noticeable masculinising effects outside of stimulating **muscle growth**. It is not easily metabolised into DHT or estrogen. As such, a typical dose of 20-30 mg provided elevated androgen levels for up to eight hours. To increase effectiveness, bodybuilders typically "stacked" the drug with others such as Testosterone, further enhancing body mass gain.

Besides the obvious health risks (liver and coronary), the biggest problem with **Oxandrolone** (and with any anabolic steroid) is of course abuse and addiction without the supervision of a physician. Addiction rate for steroids is so high that the U.S. Controlled Substances Act considers **anabolic steroids** a Schedule III drug therefore even possession is a felony. Abuse being one major problem most bodybuilders consider a normal dose for a novice being 20-30mg's per day when in fact 10 mg is more then enough for someone who never had used. Higher dosages not only lead to AR (**Androgen Receptor**) damage and HPTA suppression but also damages the liver being a 17 α -alkylated. It is specially made 17 α -alkylated because if it would not be then the liver would consider it a toxin and would destroy it.

Since Searle stopped production, biggest sellers are La Pharma Italy and **Axiolabs**. It is considered by the medical community the safest of all **steroids** in terms of side effects.

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