

PRODUCT CODE- TYMT02145

Taj Pharmaceuticals Ltd.
Testosterone Phenylpropionate

CAS No. 1255-49-8



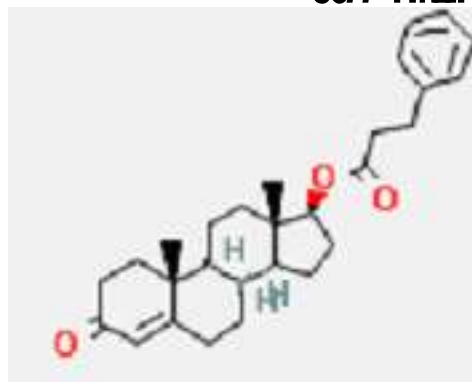
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Testosterone Phenylpropionate
Identifiers

CAS number : 1255-49-8

Chemical Name: Testosterone Phenylpropionate

Drug Class: Injectable Anabolic Steroid



Synonyms:

Retandrol, Testolent, Testosterone phenylpropionate, Testosterone phenpropionate, Testosterone, hydrocinnamate, Testosterone 17-phenylpropionate, Testosterone hydrocinnamate, T9890_SIGMA, EINECS 215-014-4, NSC 26643, BB_NC-0581, NSC26643, TESTOSTERONE PHENYL PROPIONATE, ZINC03881605, 17beta-Hydroxyandrost-4-en-3-one 3-phenylpropionate, LS-148821, C14667, 4-Androsten-17beta-ol-3-one 17-phenylpropionate, 1255-49-8, Androst-4-en-3-one, 17-(1-oxo-3-phenylpropoxy)-, (17-beta)-Phenylpropoxy)-, (17-beta)

Molecular Formula: C₂₈H₃₆O₃

Molecular Weight: 420.583640 [g/mol]

H-Bond Donor: 0

H-Bond Acceptor: 3

InChIKey: HHSXYDOROIURIP-FEZCWRLCSA-N

Chemical data

Formula C₂₈H₃₆O₃

Testosterone phenylpropionate is a slow-acting ester, with a release time of 1-3 weeks. A popular name brand for T-phenylpropionate is "Testolent." Testosterone phenylpropionate is also one of the components of Sustanon and Omnadren.

Testosterone is a hormone produced predominantly in the testes of males. It is responsible for nearly all of the sexual traits in males. This specific version is Testosterone with the Phenylpropionate ester attached. It has an active life of 4-5 day. Release time-wise, it is directly in the middle of the Propionate (short) and Cypionate (long) versions of Testosterone. It is recommended to inject this version two times per week, although many prefer every third day.



Background

Testosterone was first synthesized by being isolated from bulls' testicles in 1935. Many pharmaceutical forms and derivatives have been created since.

This version of Testosterone was originally manufactured by the Sicomed Pharmaceutical house under the brand name, "Testolent." For many years, Testosterone Phenylpropionate was difficult to obtain but has recently been made more available by underground labs.

Steroid Action

Testosterone is responsible for promoting health and well-being through enhanced libido, energy, immunity, increased fat loss, gaining and maintaining lean muscle mass, preventing Osteoporosis (loss of bone density) and possible protection against heart disease. Testosterone is also responsible for normal growth and development of male sex organs and maintenance of secondary sex characteristics. Secondary sex characteristics are specific traits that separate the two sexes, but are not directly part of the reproductive system, for example: chest and facial hair, a distinguished jaw line, broad shoulders and increased muscle mass. Testosterone binds to the Androgen Receptors (AR), which thus causes accelerated muscle gain, fat loss, and muscle repair and growth. These mechanisms are stimulated by activation of the Androgen Receptors (either directly or as DHT).

There are many possible side-effects associated with its use. This product also has a high level of aromatization into estrogen and converts to DHT (dihydrotestosterone) as well. Conversion to estrogen, the female sex hormone, creates a high risk of gynecomastia (formation of breast tissue in males) and water retention.

Supplementing Testosterone into your body will result in the shutting down of the body's natural production of the hormone. The severity of side effects depend mostly on the dose and duration of circulating free testosterone and its conversion to substrates. Testosterone's anabolic/androgenic effects are dependant upon dosage, therefore, the higher the dose the higher the muscle building effect. Testosterone also promotes aggressive and dominant behavior.

Testosterone is possibly the best mass builder known to man and recommended as the base of any mass building cycle.

Technical Data

Testosterone's anabolic/androgenic effects are dependant upon the dose administered; usually the higher the dose, the better the results. In a study done on Testosterone (Enanthate), a dose as high as 600 mg's (per week) produced better results in subjects compared to those who received lower doses. At the highest dose, 600 mg/week, the greatest results were achieved in comparison to any of the lower doses studied. The highest fat loss, most muscle growth, and increased size and strength were achieved at the higher dose. In the same study, HDL cholesterol was lowered and the subjects experienced acne. There was roughly a 15% gain in Lean Body Mass from 20 weeks of 600 mg/week of Testosterone therapy.

Overall, the most common report by subjects using testosterone was immense gains in strength as well as alterations in size, shape, and appearance of the muscle.

Due to stimulation of the Androgen Receptors (either directly or as DHT), accelerated muscle gain, fat loss, increased muscle repair and growth was experienced. Testosterone binds to the A.R. on fat cells; therefore, adipose (fat) tissue can be broken down more readily while new fat formation is prevented. Since the body is building muscle at an accelerated rate, more ingested food is shuttled directly to the muscle tissue (this is known as nutrient partitioning) and away from fat. This is another indirect effect of testosterone on fat loss. Testosterone also promotes glycogen synthesis, which is activated by insulin in response to high glucose levels. Glycogen provides fuel to the muscle; therefore endurance and strength increases were reported during severe muscle breakdown in intense training and workouts.