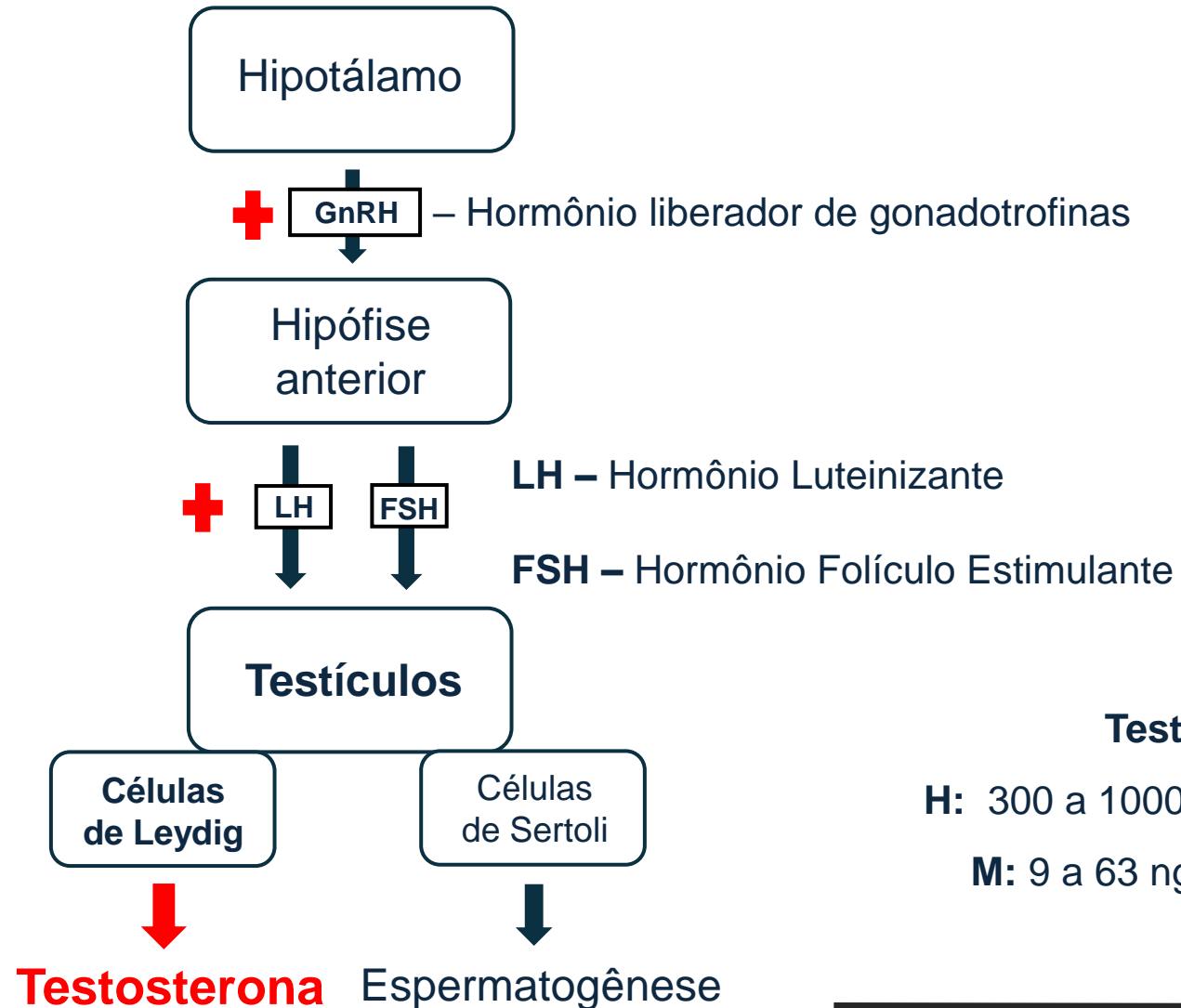


Eixo Hipotálamo - Hipófise - Testículos

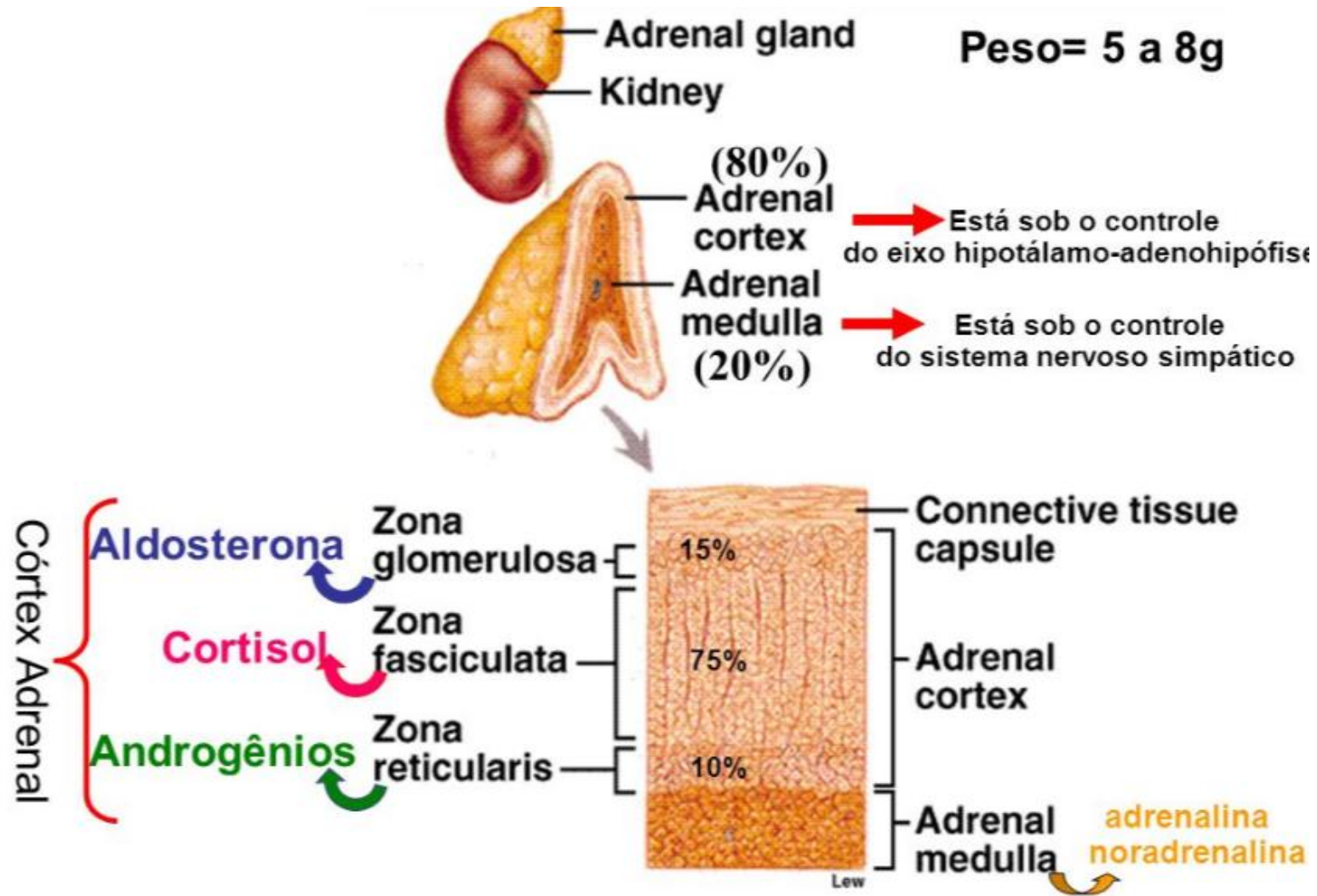


Testosterona total:

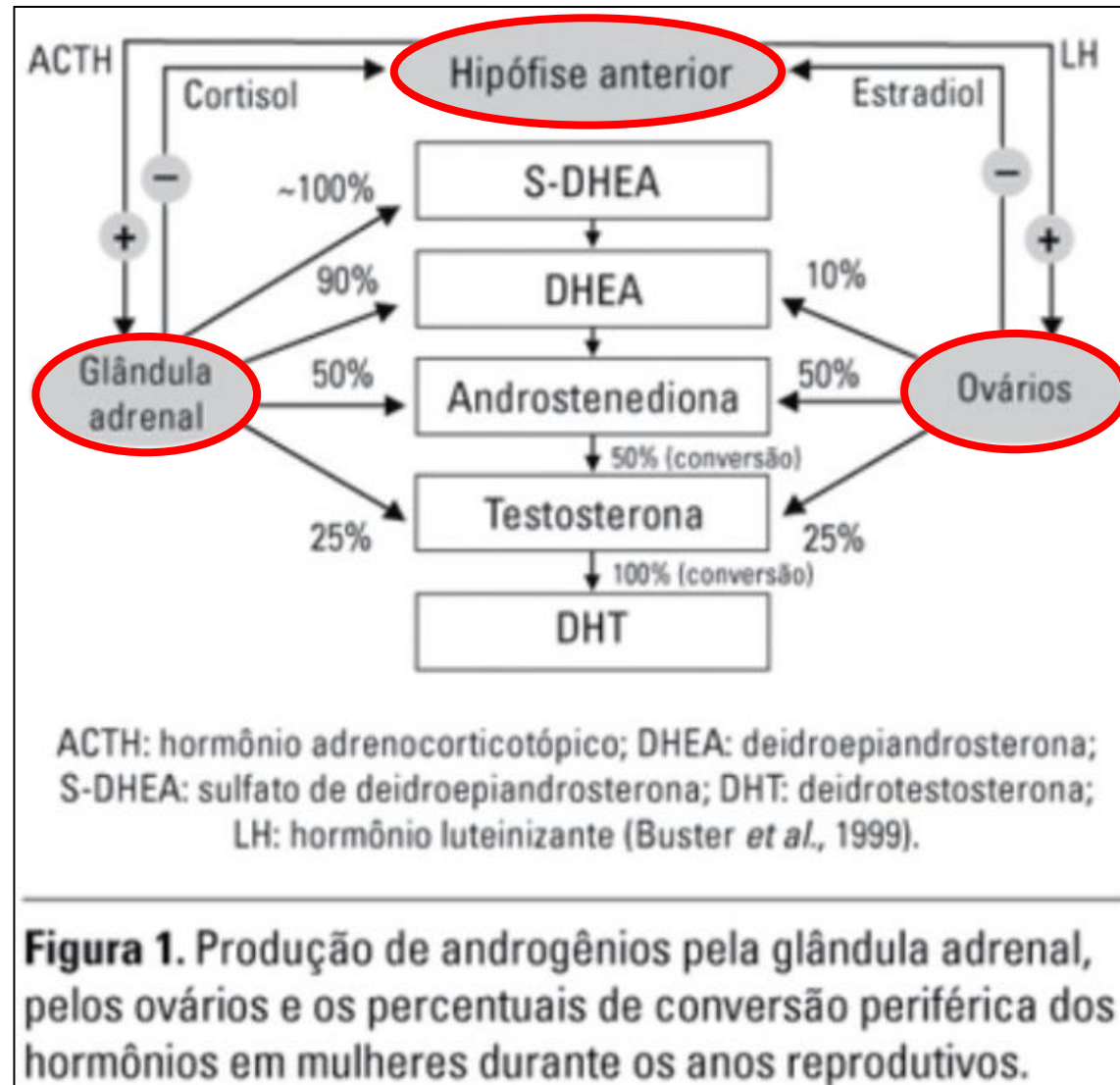
H: 300 a 1000 ng/dL (171 a 640 pmol/L)

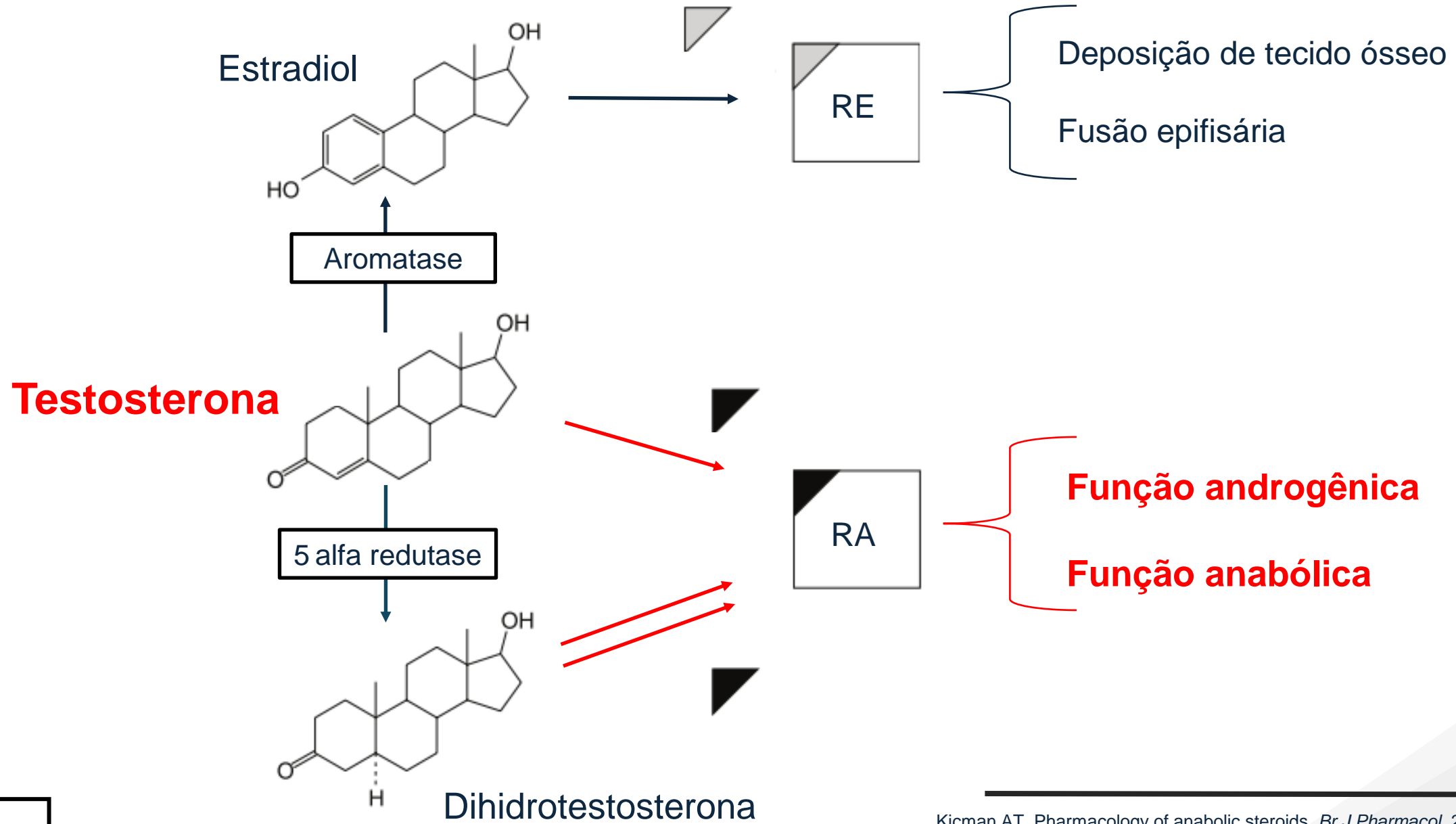
M: 9 a 63 ng/dL (2.4 a 37.0 pmol/L)

Eixo Hipotálamo - Hipófise - Adrenal

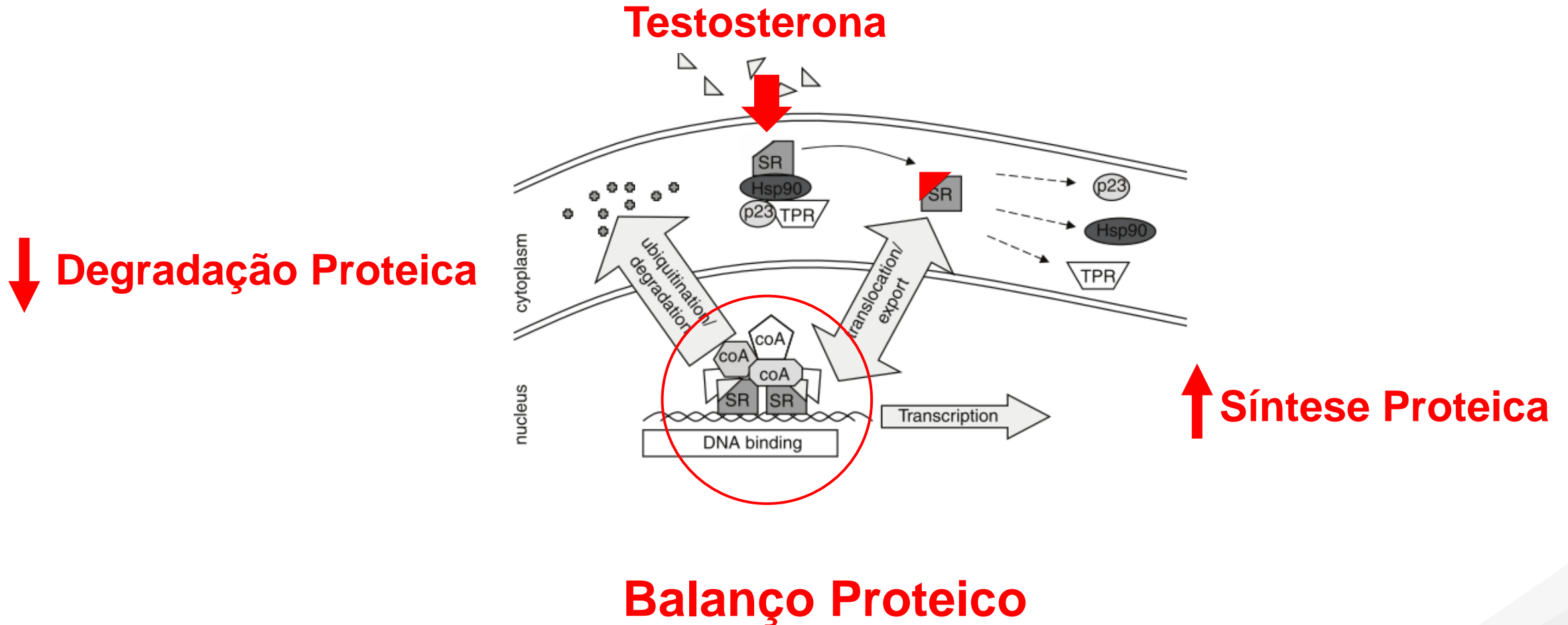


Eixo Hipotálamo - Hipófise - Adrenal





Ação da testosterona

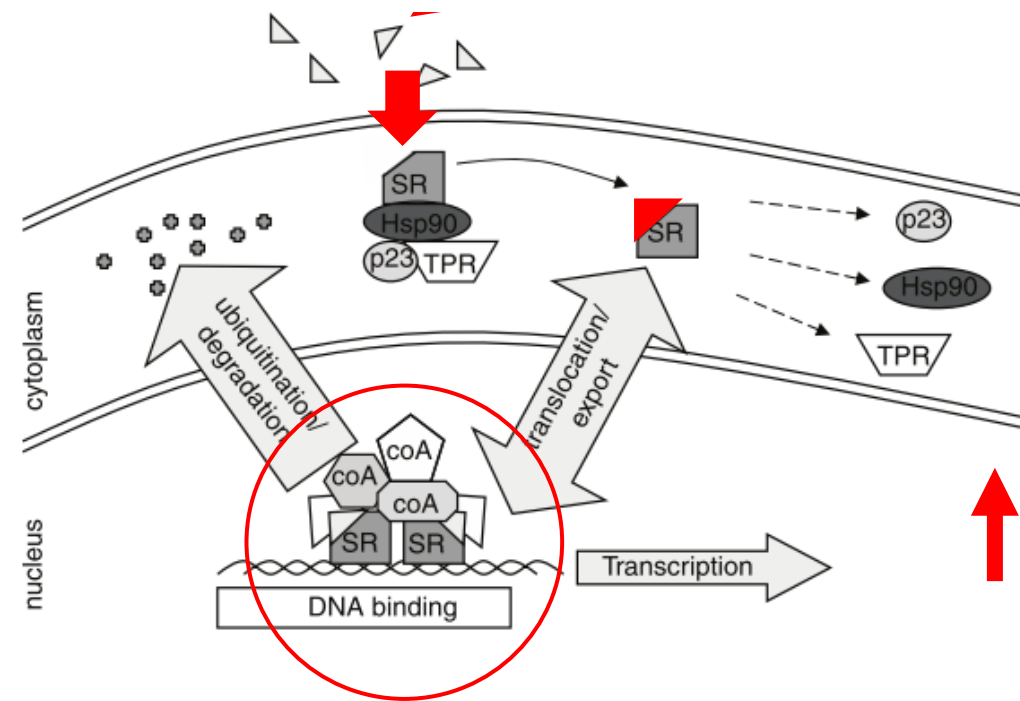


Esteroides androgênicos anabólicos (EAA) “Anabolizantes”

Anabolizantes →

↑ **Testosterona**

← Reposição Hormonal



↓↓ **Degradação Proteica**

↑↑ **Síntese Proteica**

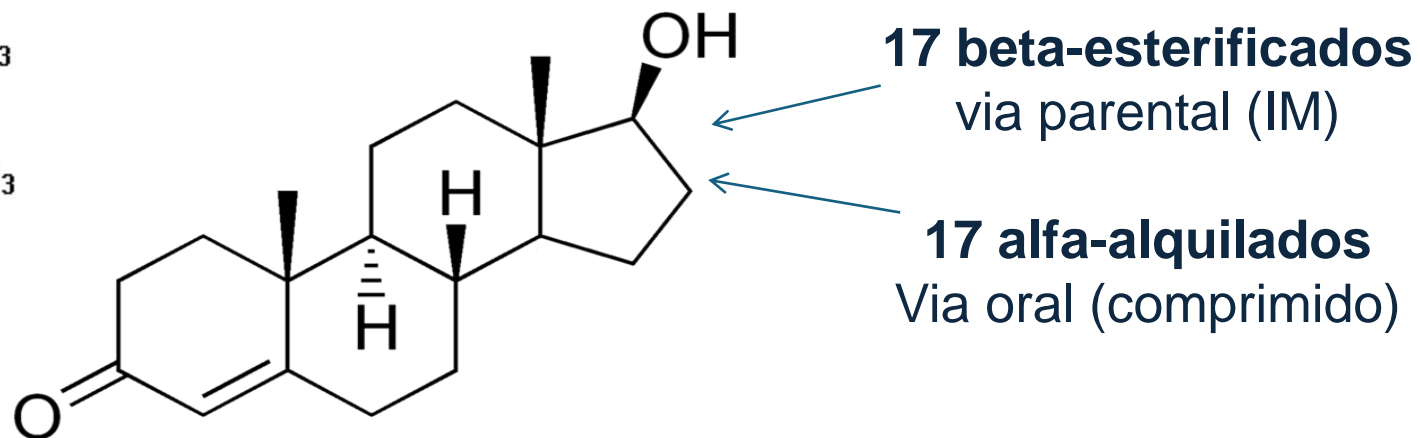
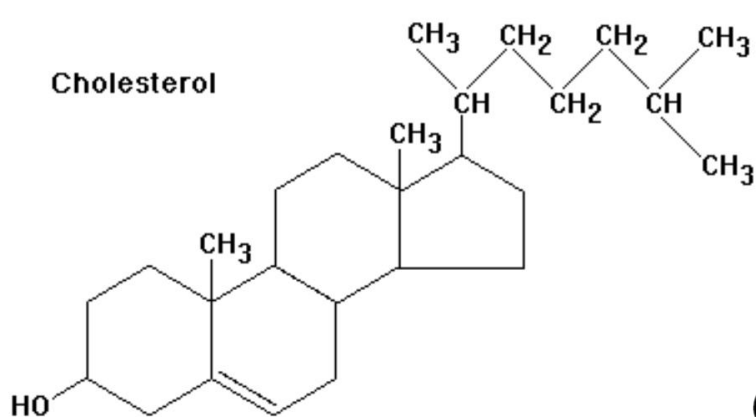
Perda da massa muscular
Sarcopenia / Caquexia

↑ **Massa muscular**

Esteroides androgênicos anabólicos (EAA) “Anabolizantes”



Hormônio sintético

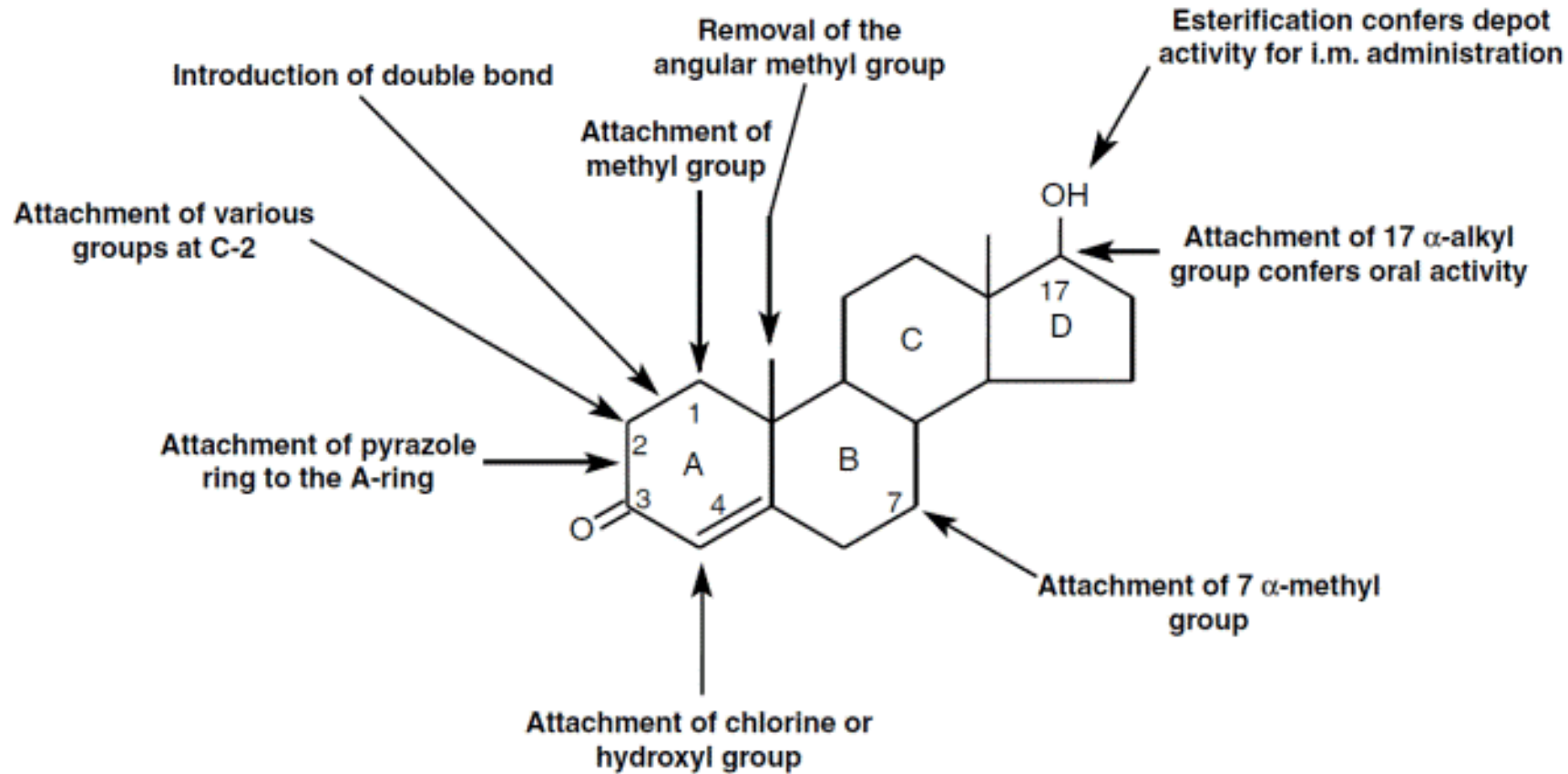


Modificações estruturais



Função anabólica

Esteroides androgênicos anabólicos (EAA) “Anabolizantes”



Tipos de Anabolizantes

➤ Via oral:

Oxandrolona (Anavar),
Oximetolona (hemogenin),
methandrostenolona (Dianabol)

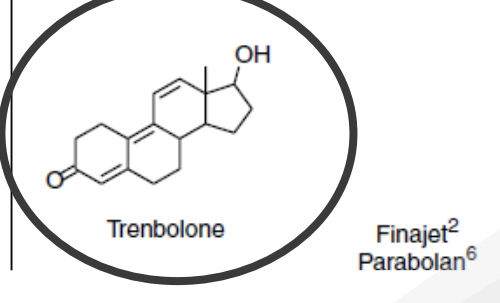
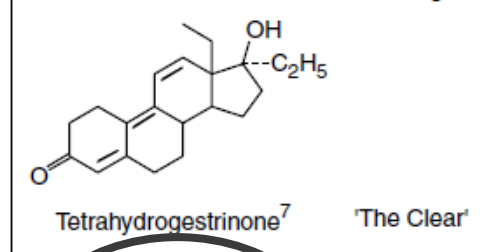
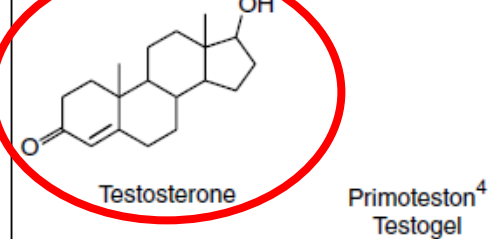
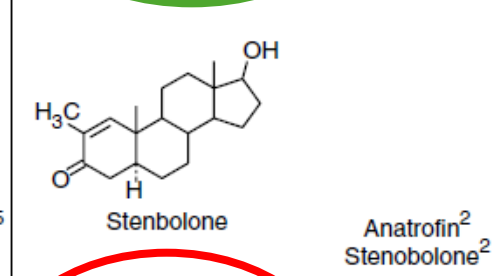
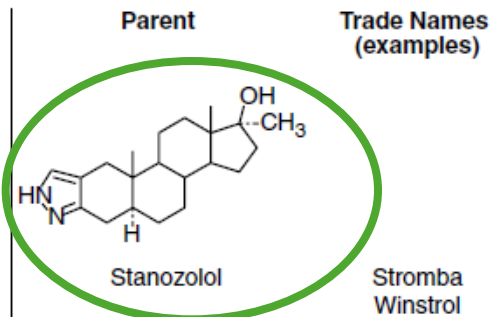
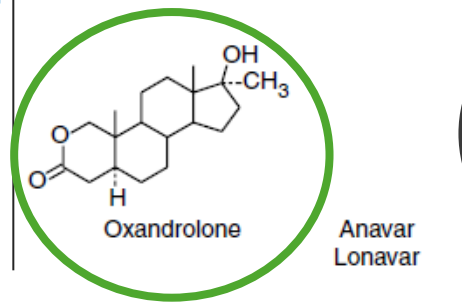
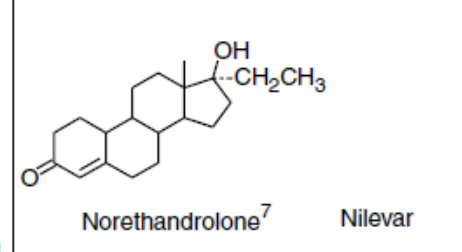
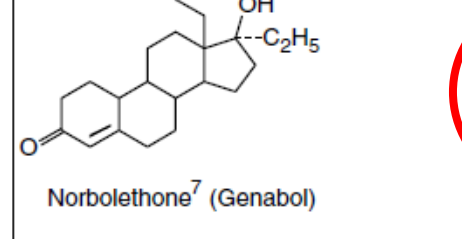
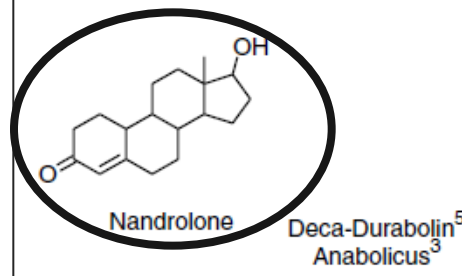
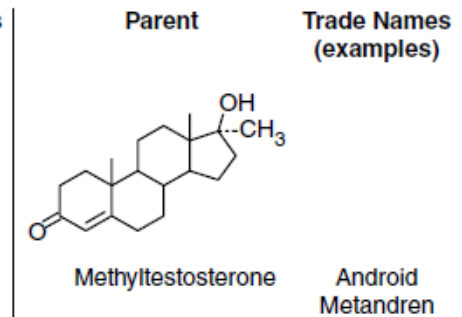
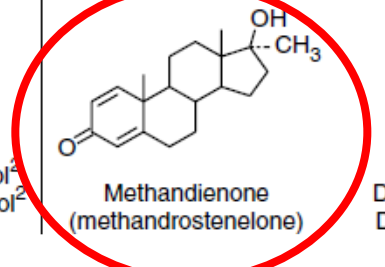
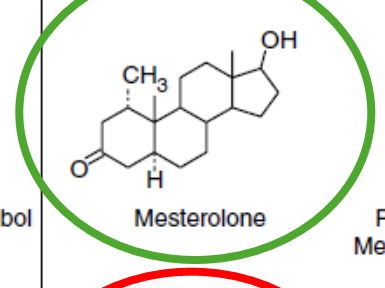
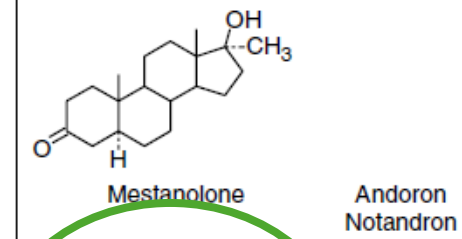
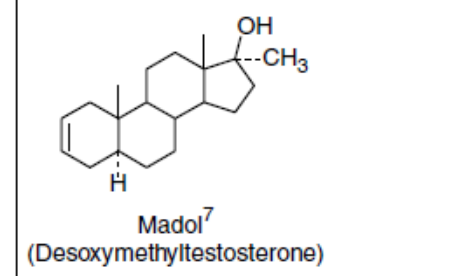
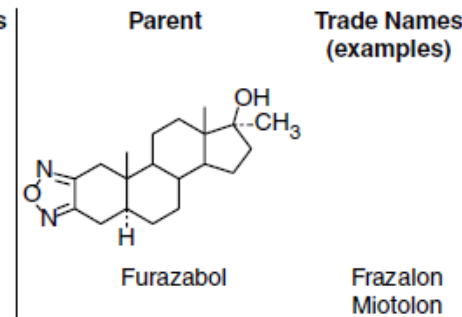
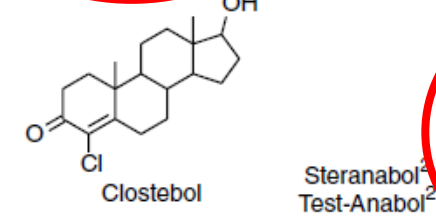
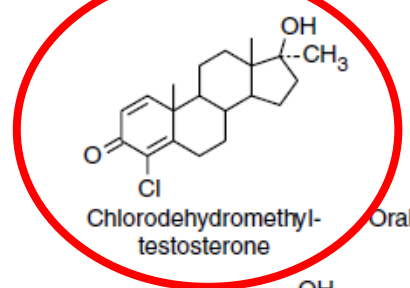
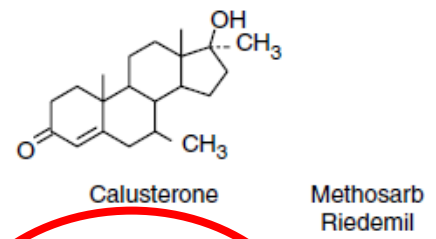
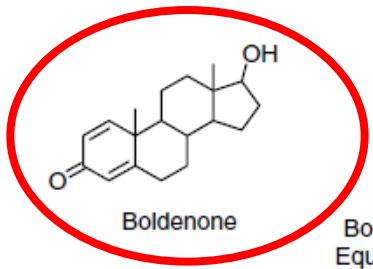
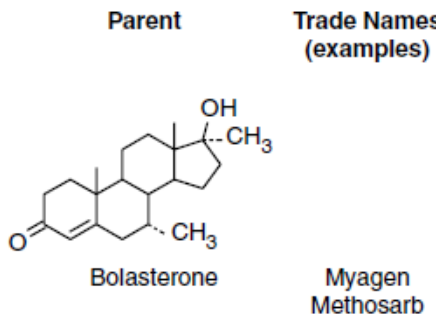


➤ Via injetável:

Cipionato de testosterona (Deposteron),
propionato (Durateston), enantato,
undecanoato...

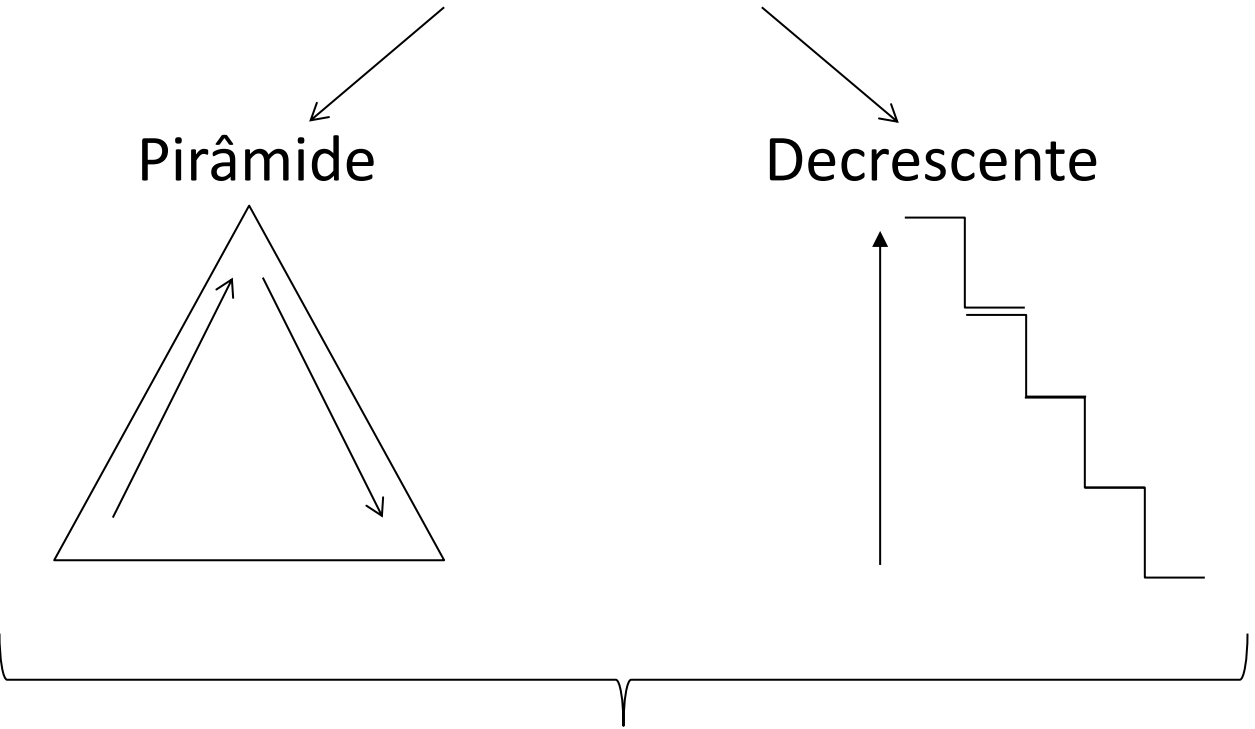


■ Testosterona
■ DHT
■ 19-Nor



Ciclo de Esteróides Anabolizantes

4 a 12 semanas de uso



~~Intervalo de 4 a 18 semanas~~

**Terapia Pós-Ciclo
Blast and Cruise**