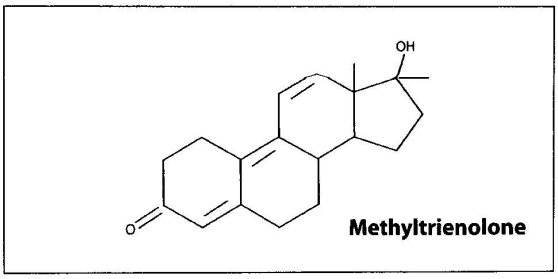
Metribolone (methyltrienolone)

Androgenic	6,000-7,000
Anabolic	12,000-30,000
Standard	methyltestosterone
Chemical Names	17alpha-methyl-17beta-hydroxyestra-4,9,11-triene-3-one 17alpha-methyl-trenbolone
Estrogenic Activity	none
Progestational Activity	no data available



Methyltrienolone

Methyltrienolone is an extremely powerful anabolic steroid, perhaps one of the strongest ever produced in a laboratory. But it is also one that remains in the laboratory, far outside of commercial circles. This is therefore not a "clinical-use" steroid, but an obscure research material rarely discussed outside of the science journals. Methyltrienolone is specifically a derivative of the anabolic steroid trenbolone (trienolone), methylated to allow for oral administration. Like trenbolone, it will not aromatize, and does not have "estrogenic" properties to speak of. But this is really where the similarities between these two compounds end. Methyltrienolone may chemically differ from trenbolone only by the addition of one methyl group at C-17, as we have discussed before, this alteration changes the activity of a steroid considerably. It would be a big mistake to simply consider it "oral trenbolone".

Fundamentally, methyltrienolone is a significantly stronger and more toxic steroid than its non-methylated cousin. Its potency has been measured in animal assays to be anywhere from 120-300 times greater than that of methyltestosterone, with greater dissociation between anabolic and androgenic effects[130 131] (both traits are very pronounced). If we were to look at trenbolone as the high school bully amongst steroids, methyltrienolone would be its badass older brother that just got released from a long prison stretch. Basically, it is one tuff steroid that you really don't want to fuck with. To begin with, this steroid was built to be exceedingly resistant to breakdown by the liver. This trait does admittedly leaves methyltrienolone with a level of anabolic potency that is hard to match in a synthetic anabolic. Mg for Mg it exceeds every steroid on the market, by far, in its effectiveness, requiring doses as little as 1 milligram per day to notice a strong effect. But such high resistance to hepatic metabolism also makes this steroid terribly liver toxic. Studies published from the University of Bonn Germany back in 1966 make this very clear[132]. In fact, at this time researchers had deemed this the most liver toxic steroid to ever be studied in humans, summing up their findings well when stating:

> "Methyltrienolone... which is orally active as an anabolic agent in a dose less than 1.0 mg per day in normal adults, has been tested with regard to its influence on liver function. As measured by multiple parameters (BSP retention; total bilirubin; activities of transaminases, alkaline phosphates and cholinesterase in serum; activity of proaccelerin in plasma) methyltrienolone turned out to be very active as to causing biochemical symptoms of intrahepatic cholestasis. ...thus methyltrienolone at present being the most "hepatotoxic"steroid."

High hepatotoxicity (liver toxicity) precludes methyltrienolone from being sold as a prescription agent at this time, in any part of the world. At least amongst legitimate channels, it is used solely as a research chemical. For this purpose the agent is very well suited. Its sheer potency makes it an excellent in-vitro receptor-biding standard to compare other agents to, and being so resistant to metabolism, active methyltrienolone metabolites are not going to greatly interfere with the results of most experiments. This is somewhat of a logical problem when you think about it. Body tissues can metabolize most steroids fairly easily, which means that even incubation studies can be complicated with the question of what is causing a particular effect, the steroid or one of its unidentified metabolites. This is much less of an issue with methyltrienolone. But outside of the laboratory, it is not an agent anyone would want to recommend for human use. Being so liver toxic, it is actually one of the last steroids you'd want to take. There are many more drugs worthwhile to look at, so the risks of something like this are probably not going to be warranted.

Initially I was going to include this profile only as a matter of curiosity. It is an odd but interesting steroid, and worthwhile of some academic discussion at least. However, the rapid expansion of underground steroid manufacturers over the past few years, and the potential release of this agent already as a black market designer compound, make this profile more practical than I had initially anticipated. Those

considering the use of an underground form of methyltrienolone should keep a few things in mind. For starters, it is being released for human use in such channels without any government approval or even common sense contemplation. The liver toxicity of this agent needs to be taken very seriously, and at the very least, routine blood tests should be conducted to ensure the agent is not imparting damage. Drug duration should likewise be very limited in scope, maybe no longer than 4-6 weeks at a time. After this point all methylated steroids should be avoided for a while. Its potency is also not a joke, and the agent will legitimately work in doses of as little as 1-2 milligrams per day. Dianabol-type doses of 20-30mg daily are completely unthinkable, and should never be attempted. If absolutely respected, this agent can be used to one's benefit. But again, this is one hardcore steroid, and all good advice would say to pass on it instead. Any one of the many commercially available steroids would be much safer choices.