

Fareston (Toremifene Citrate)

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[\(Toremifene Citrate\)](#)

This is yet another SERM, which means it will display both estrogen antagonist/ agonist properties in the body. This puts it in the same category as [Nolvadex](#) and [Clomid](#), the two most popular drugs in this category. This is, however very different, and you'll soon see why!

Some scientists at a party were bored one day, so they hooked up some time-lapse video to breast cancer cell cultures treated with toremifene (the chemical in [Fareston](#)). Ok, the part about them being bored one day is made up, but they really did hook up time-lapse photography to breast cancer cell cultures treated with [Fareston](#). Anyway, they observed this for 3 days, and it caused approximately 60% of the cells to exhibit morphologic characteristics typical of cells undergoing apoptosis or programmed death. The significance of this to you and me is that this is roughly the same thing that would happen to your gyno if you were taking [Fareston](#). Anyway, the number of mitoses gradually decreased to zero over only a 3- to 4-day period. So this stuff causes growth inhibition of estrogen-sensitive breast cancer cells by inducing some cells to die and by inhibiting other cells from entering mitosis (i.e. from replicating) (1). This stuff will KILL your gyno, from everything I've read (which also means that I've had to read into everything I've read, if you kinda follow me). Now where was I? Oh yeah! Kill, that's right. This is certainly good news for someone who wants to get rid of gyno, but since it also prevents the cells from replicating, it will stop gyno from progressing as well as kill existing gyno.

Also of note is that it will reduce prolactin (2), and as you probably guessed, this may raise your Testosterone levels, since prolactin can not only cause lactation, but it also has an inhibitory effect on your Test levels. The unfortunate part about this potentially exciting new compound is that it will also raise sex hormone binding globulin (SHBG), which will in turn lower circulating levels of testosterone in your body (3).

Perhaps this drug, if it can be found, may be used successfully to treat existing gyno, or as an adjunct during a cycle, but certainly not for an effective post cycle therapy.

