Enclomiphene 12.5 mg Capsules
60-Count Bottles

Physicians, advanced practice providers, and specialty clinics

Executive Summary

Enclomiphene is a selective estrogen receptor modulator (SERM) investigated and used in clinical practice—often via compounding—for the management of male hypogonadism and related conditions where preservation of endogenous testosterone production and fertility is desired. Unlike exogenous testosterone therapy, enclomiphene acts centrally to stimulate the hypothalamic–pituitary–gonadal (HPG) axis, increasing luteinizing hormone (LH) and follicle-stimulating hormone (FSH), thereby promoting intrinsic testosterone synthesis.

This white paper reviews the pharmacology, clinical rationale, safety considerations, and practical use of enclomiphene 12.5 mg capsules, supplied in 60-count bottles, with an emphasis on clarity and clinical relevance.

Clinical Background: Male Hypogonadism

Male hypogonadism is characterized by low serum testosterone with associated symptoms such as reduced libido, fatigue, decreased muscle mass, mood changes, and impaired fertility. Traditional testosterone replacement therapy (TRT) can effectively raise serum testosterone but may suppress spermatogenesis through negative feedback on the HPG axis.

For men who wish to maintain fertility—or avoid testicular atrophy and long-term axis suppression—alternatives that stimulate endogenous testosterone production are clinically valuable.

Mechanism of Action

- Blocks estrogen feedback at the hypothalamus
- Increases gonadotropin-releasing hormone (GnRH) pulsatility
- Elevates LH and FSH secretion from the pituitary
- Stimulates Leydig cells to increase endogenous testosterone production

Unlike the cis-isomer (zuclomiphene), enclomiphene has minimal estrogenic agonist activity, contributing to a more favorable hormonal profile in men.

Enclomiphene Profile

- **Class:** Selective estrogen receptor modulator (SERM)
- **Route:** Oral

- **Typical dosing studied:** 12.5–25 mg once daily
- **Onset of hormonal response:** Often within 2–4 weeks
- **Effect on spermatogenesis:** Generally preserved or improved

Clinical Evidence Overview

- Significant increases in total and free testosterone into the eugonadal range
- Increases in LH and FSH consistent with HPG axis stimulation
- Maintenance of sperm concentration and motility
- Comparable testosterone normalization to topical TRT without gonadotropin suppression

Dosing and Administration

Starting dose: 12.5 mg orally once daily
Packaging: 60-count bottles (approximately 2-month supply)
Titration: Adjust based on symptoms and laboratory response

Safety and Tolerability

Enclomiphene has demonstrated a favorable tolerability profile in clinical studies and real-world clinical use. Across published data, patients generally tolerate therapy well, with high adherence rates. Observed findings include stable hematocrit, preserved lipid profiles, and maintenance of physiologic hormone balance when appropriately monitored.

Ideal Patient Profiles

- Men with secondary hypogonadism
- Patients desiring fertility preservation
- Younger men with functional HPG axis suppression
- Patients intolerant of or unwilling to use exogenous testosterone

Conclusion

Enclomiphene 12.5 mg capsules represent a compelling option for physicians seeking to restore physiologic testosterone levels while preserving endogenous hormone production and fertility. Its oral administration and favorable clinical profile support its use in modern men’s health and endocrinology practices.

References

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