

Newbies Research Guide

**A Compilation of Anabolics and
Nutritional Supplements**

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Prelude

Whether you are veteran to anabolics or just beginning you'll find a wealth of knowledge about steroids in the pages that follow. All of the information that you'll find here is either popular fact-based opinions from members of the elite board or from informative articles by doctors and pharmaceutical companies.

In any event this information was pulled together, mostly to help newbies, start their journey with steroids down the informative path. And also to help alleviate some of the fundamental questions about steroids that get asked repeatedly on the board.

Within these pages you'll find:

- **A Guide to Some Vitamins and Minerals & Supplements To Take**
- **An Introduction Into Advanced Dieting**
- **A complete guide to STEROID PROFILES**
- **A Chart Comparing and Rating Different Steroids and Uses**
- **How To Administer an Injection**

As more information becomes available to me, (This is mostly for the veterans) I will gladly add them to these pages. So if you have any info to add please send them to me.
Thanks.

Gear Monster

Live Each Day As If It Were Your Last.....It Just Might Be.

VITAMIN SUPPLEMENTS (Bodybuilders Need)

CHAPTER 1

| | |
|--|---|
| Vitamin C | 2000mg/day |
| Multi-Vitamin | every day |
| Flax Seed Oil | 5000mg/day |
| Cranberry Extract | 2000mg/day |
| Alpha-lipoic acid | 500mg/day |
| Milk Thistle | 1500mg/day |
| Ginger Root | 1000mg before main meals |
| Saw Palmetto | every day |
| Water and cranberry juice | (minimum) 1 gallon per day |
| Protein minimum | 1.5 grams per pound/day |
| L-Glutamine | 5000-10000mg/day |
| ECA: Thermadrene, Xenadrine, Adipo-Kinetics, etc... | 2 times/day |
| Clenbuterol <i>(once the shakes get too bad, reduce dosage by one tab and continue for the rest of the period).</i> | 20mcg tabs, start slow, work up to 140mcg/day |

YOHIMBE HCL

INTRODUCTION

WHAT IS YOHIMBINE HCL?

Yohimbine hcl is a synthetic copy of the active and effective alkaloid in yohimbe extract.

WHAT GOOD IS YOHIMBINE HCL?

Well, its main benefit is that it allows for the release of fatty acids from "stubborn" fat.

WHAT IS "STUBBORN" FAT?

Typically, so called stubborn fat is estrogenic in nature- though some people just have high #'s of A2 receptors- the A2 receptor is highly influenced by estrogen- if you are a woman or have estrogenic fat patterns you most likely have large #'s of A2 receptors.

HOW DOES YOHIMBINE WORK?

It binds to the A2 and blocks Norepinephrine (and other A2 agonist INCLUDING ESTROGEN) from binding to and agonizing it (which inhibits the release of fatty acids)- thus it allows for fatty acids to be "burned" and thus stubborn fat to be lost.

WHERE DOES YOHIMBINE WORK BEST?

Best areas are typically THIGHS, TRICEPS, LOVE HANDLES, GLUTES AND CHEST. Though any area that has soft female fat is likely to have high concentrations of A2 receptors.

METHODS OF ADMINISTRATION

1. Take Yohimbine hcl powder topically if fat loss is your most important goal
2. Oral admin is more stimulatory- a small dose sublingually about 10-15min prior to workout can be very beneficial- much lower doses than topical
3. Out partying or want to get really amped up yohimbine can be snorted- though dont over do it- it will make you feel crappy

LETS GET BACK TO TOPICAL AS FAT LOSS IS THE GOAL OF MOST.

- A. Twice daily topical admin will give you the greatest benefits- though smaller more frequent dosing with varied sites may produce better results in some individuals
- B. Dosing will vary depending on tolerance, one scoop or 20mg (typically) per dosing is a good place to start though some can tolerate/enjoy much higher doses- you will know when you take too much as it will not feel good. (headache, tired, just unwell- nothing really bad just annoying)
- C. Best sites for application as mentioned above are triceps, "love handles", thighs, glutes, calves, chest- basically any area that has fat accumulation- these areas will vary from individual to individual- though the above listed are the most common.

TIPS AND TRICKS- CARRIERS AND PENETRATION ENHANCERS

1. apply after hot shower
2. use a body scrub to get rid of dead skin- This should be done 2-3 times a week
3. It may be of some benefit to swab the area with diluted alcohol prior to admin- though this is probably only really beneficial if not applying after a shower.
4. use one or more carriers- depending on the site of application and sex- if you are older or a woman you will need less penetration as well

CARRIERS

- a. Organic carriers- aloe vera, while aloe vera gel is effective, the use of pure liquid aloe vera is better and thus recommended. This carrier also hydrates the skin
- b. Menthol either diluted (see oils list below) or in a cream base like aspercreme (1% menthol) or bengay (16% menthol) (which may itself have some localized effects- aspirin has been shown to inhibit oxidative phosphorylation) salicylic acid (aspirin is also a penetration enhancer). This category includes peppermint (50% l-menthol), wintergreen (50-70%) and spearmint oils (50-70%) - all of which are excellent carriers and penetration enhancers- if using oils be sure to dilute about 8 parts water or aloe vera to 1 part oil.
- c. Capsicum- contained in several cream products (the more capiscum the better)- will increase absorption, may have some localized effect on fat burning. This may be too harsh for some- perhaps best diluted and added to other carriers.
- e. Pluronic gel- aka phlogel- should only be used in areas with poor blood flow- as it will dramatically increase uptake. This is difficult to obtain and probably not worth the effort as similar results can be obtained cheaper and more easily.

The best thing to do is to try these different carriers to find the ones that are right for you- the easiest to get are MENTHOL (aspercreme, bengay, peppermint oil-diluted) and ALOE and perhaps swab the area with alcohol just prior- for most people this is sufficient to get good results. if you have large pockets of fat with little blood flow- ie these areas are always cold- then using stronger penetration enhancers is advisable. Women, because they have thinner skin, will probably need to use less penetration enhancers.

WHO WILL BENEFIT MOST FROM YOHIMBINE USE?

1. women
2. men with female fat storage patterns
3. men who have bulked heavily while on aromatics test/dbol- which because of the increase in estrogen will increase the number and sensitivity of A2 receptors.
4. men who are very lean and trying to drop those last few "stubborn pounds"- typically in thighs, lower back, and love handles.

HISTORY:

DNP stands for 2,4-dinitrophenol. This is a chemical that was once used in the early 20th century to ignite dynamite and cast a yellow dye on wood and other handicrafts. A few years later demographical statistics showed that employees who worked with DNP everyday tended to lose weight, often rapidly. One fall out from this was a study conducted by Stanford University in 1920 showing that the ingestion of DNP does in fact cause weight loss. This prompted physicians to prescribe DNP to obese patients of that era. DNP was on the market for 2 decades as a weight loss drug and was eventually taken off the market and banned for human consumption by the FDA because there was a report of cataract formation among female users of this drug which turned out to be false. This chemical is still deemed too dangerous by the FDA to allow it to come back to the pharmaceutical marketplace. Over the decades of research on DNP, scientists have never shown it to have the ability to cause cancer or any other mutations despite the fact that it's a phenol and that most phenolic compounds are carcinogenic. DNP is now only used as a research chemical and as a pesticide in a few states that still approve of its use. It is not illegal to own DNP, but it is illegal to market it for personal consumption.

MECHANISM OF ACTION:

DNP exerts its effects within the cell, more specifically within the membrane of the mitochondria. The advantage of intracellular mechanisms of action such as this is that a tolerance to DNP cannot develop. To make a long story short, DNP makes the process of ATP formation very inefficient. Why is this important? Because ATP is the energy unit needed to drive all our biochemical reactions in our body that is necessary to keep us alive. The cells in our body constantly need energy (ATP) to stay alive. The amount of ATP needed to keep a person alive depends on his/her basal metabolic rate. By making ATP formation inefficient, a person's basal metabolic rate can increase indefinitely, but for practical uses, basal metabolic rate can safely increase by 30-50% without putting one's life in danger. It is not unheard of for people to lose up to one pound of pure fat per day while on DNP. If you're not familiar with ATP, it's what the Calories that are stored in carbs, fats, and proteins are eventually turned into. In other words, the energy that is stored in the macromolecules are transferred to the ATP molecule, but DNP disrupts this process. Instead of making ATP from macromolecules in the presence of DNP, the potential energy is just turned into heat. This is very significant because ATP levels in the body will quickly diminish and cells want to replenish that storage by breaking down more fats, carbs, etc. As you can see, a patter quickly develops where ATP levels will constantly be below normal and the body will always be trying to burn more fats, carbs, and proteins to help replenish the ATP levels. This is no different than doing aerobic exercises such as jogging, biking, etc, except while on DNP, the body is doing the aerobic exercise non stop 24 hours a day.

DOSES AND CYCLE RECOMMENDATIONS:

DNP is not a drug for everyone, definitely not the beginner who just wants to lose a couple of pounds to look better with the shirt off... Without proper education on its use, DNP can be deadly. There are 2 forms of DNP currently on the market, pure crystalline (100% dry) DNP, and powdered DNP (usually 5-10% moisture). The crystalline version is stronger and more effective, but more caution needs to be used while using it. It acts much faster, and the side effects also subside faster as well.

I recommend between 2-6mg/kg-bw per day for crystalline DNP and 4-10mg/kg-bw for powdered DNP. A beginner should always start off at the low end to assess tolerance. Trying this for the first time 2 weeks before a competition can be disastrous. A 220lb man is 100kg exactly. This means that if he is a first time user of crystalline DNP then he should take 200mg per day. I suggest staying with this dose for at least 3 days to keep it safe, then slowly increase the dosage. 400mg/day can be used, but never take it all at once. Always split up the doses as far as possible, so for 400mg/day that would mean taking 1 200mg capsule every 12 hours. Only on rare occasions should someone attempt 600mg/day with the crystalline capsules unless it's used by a very experienced user and all the vital signs are closely monitored. Cycle length depends largely on the individual. At first it was thought that a DNP cycle should be limited to 10 days at the most because the thyroids shuts down and t4 to t3 conversion in the liver becomes nil, however, this is not the case. 10 days is a very arbitrary number. A person taking 200mg/day would have almost completely normal thyroid function at day 10 whereas if s/he took 600mg/day, t3 would be non existent after 3 days. While the t3 hormone plays a very large role in determining fat loss, it should not be a big concern while on DNP because the fat burning capabilities of DNP will more than compensate for the suppressed t3 levels. An advantage to suppressed t3 levels is that the body will burn much less muscle while still burning fat on DNP. Normal t3 and thyroid function is restored within a week of stopping DNP.

Ok, so how long should you do it? I suggest playing around with it and just go by how your body feels. It is not a bad idea to just take 2-3mg/kg-bw for 3-4 weeks. This causes less side effects and will have the same overall effect, but it will just take a bit longer. After you get used to 2-3mg/kg-bw, then another option is to up the dose by 1 cap and carrying that out for as long as your body can handle it because fatigue and a host of other side effects will eventually overtake you. If 2 caps/day is still too mild then repeat the above step with 3 caps per day spread out into 8-hour intervals.

Because of some water retention caused by DNP, users typically find that they look their best 4-7 days after finishing their cycle when the water has normalized. For competitors: Take the last DNP capsule 8 days prior to the competition date. Carb deplete after 3 days after the last cap. Carb load immediately 2 days prior to competition and stop fluid intake. This should allow for excellent glycogen supercompensation within the muscles for a fuller look.

RECIPE FOR LITTLE MONSTERS

CHAPTER 2

The following 2 pages are just one example of an elite members usage and ideas: Do not think these drugs and usages are written in stone. Different things work for different people. Start out slow with smaller doses, and work your way up.

Testosterone 400-800mg every day - the different names are for the different esters attached to the test molecules. I believe the scale from fastest acting to slowest release in your body is this: suspension (water based), propionate, phenylpropionate, enanthate, cypionate, isocaproate, decanoate. Longer acting ones take time to release, and stay in your system longer, and also tend to retain more water. Faster ones I have heard tend to be more painful, but it also depends [steroids online](#) on the benzyl alcohol inside.

Trenbolone Acetate 50-75mg every day. (Fina - best when injected and comes in premade injectable form or pellets that you make the solution with). Tren and Test are the foundations for every cycle, either cutting or bulking.

Equipoise 400-600mg every day - a derivative of the test, and makes you hungry as shit, helps put on maintainable weight, makes your veins stick out more, and adds size.

Anadrol 50 - definitely one of the strongest, but also harshest chemicals out there. You will blow up on this, but don't take for more than a few weeks as the side effects are almost not worth the benefits. Also, you will lose much of your gains with this unless you follow up correctly. Anadrol must be accompanied by winstrol or RU-486 in order to prevent progesterone related effects.

Dianabol - dbol: this is a great kickstarter if you want mass, but not as good for cutting. It will make you retain a lot of water quickly, but you will also lose this water when you finish it. you will get great size, strength from this, too.

Winstrol - ideal for cutting, but only when used with proper diet. Does not make you retain water, hurts like hell to inject, can be taken orally, and gives you amazing strength gains. If used with diet, most say they get ripped up and lean on this.

Primobolan Depot - more for cutting and bridging, not mass building. Reminds me of Abercrombie guys - lean, cut, but not very big overall.

Anavar - oral aa17 drug, very expensive, but everyone says is worth it. I've heard of great gains, ideal fat loss, but not sure about strength.

(CONTINUED ON NEXT PAGE)

RECIPE FOR LITTLE MONSTERS (CONTINUED)

CHAPTER 2

For protein - I don't like meal replacements cause they fill me up. but if you do, myoplex tastes good to me. I love isopure the most for no-carb protein, but very expensive.

For diet and timing do this:

oatmeal in morning, egg whites, cranberry juice/water, maybe a small protein shake. Later on do cardio if you want to cut up. Eat 6-8 smaller meals spaced evenly through day rather than 3-4 huge meals. This will help speed up your metabolism and help digest the nutrients better for more effective use.

DO NOT EAT ANY SUGARS OR SIMPLE CARBS WITHIN AN HOUR OF WORKING OUT!!!

If you eat your pancreas will release insulin to break it down, the insulin tells the ATP to stop converting to ADP releasing energy, and if you work out, you won't get as effective training and results. When ATP converts to ADP, a phosphate molecule is released providing energy to flex your muscle - this happens millions of times at once when flexing. Then the phosphate molecules reattach to ADP to form ATP again. Insulin counteracts that.

DO EAT SUGARS AND SIMPLE CARBS IMMEDIATELY AFTER WORKING OUT!!!

This will release the insulin, stop the ATP ADP cycle, and allow your body to get energy from the sugars rather than from burning protein (which is needed to rebuild muscle). Also, you want to replace your glycogen stores for your next day's workout. Add L-Glutamine to your Gatorade or Cranberry Juice to help aid in muscle recovery.

DO DRINK A LIQUID PROTEIN SHAKE WITHIN 30 MINUTES OF WORKING OUT!!!

This is when your body is starving for protein. Try to get 50g of liquid protein. If you eat solid instead, it won't get absorbed as quickly or easily.

DO EAT A GOOD MEAL WITHIN AN HOUR OF WORKING OUT.

You may be full from drinking the cranberry juice after the workout, then the protein shake, but now you should add in your complex carbs such as brown rice, oatmeal, possibly pasta.

DIETING IN THE WORLD OF BODYBUILDING

CHAPTER 3

Introduction to Advanced Dieting in the World of Bodybuilding

There are different needs for different athletes, but a good balance of nutrition is always a must. Weightlifters will often seek protein while endurance athletes often take it for granted in search of more carbohydrates, **but without a balance, neither will succeed in their goals.** We have yet to reach a definition of exact protein needs, but we do know that for an athlete, the need is more than the RDA states, which is 0.4 grams per pound of body weight. In fact, you could double that to arrive at a decent intake of protein.

Just because you get plenty of protein doesn't necessarily mean that your body has a good environment for adding new muscle. If you don't have the right balance of protein and carbohydrates, then you could be hindering your gains. Those who do intense exercise or endurance training, with a diet consisting of an insufficient amount of carbohydrates would derive much of their energy from burning protein (there isn't much energy in protein) thus, that protein that is allocated as an energy source would not be used for muscle repair and growth (which is why protein is so important to bodybuilders). You must have carbohydrates available to your body for use as energy so that your body will not have to resort to using its protein as an energy source. Carbohydrates keep protein available for repair.

Protein is composed of smaller molecules called amino acids. The body first breaks a protein down into its amino acids in order to build various structures such as muscle. Glutamine is the most abundant amino acid that composes muscle. That's why we call carbohydrates "glutamine sparing," because your body will burn the carbs as fuel instead of using the muscle's glutamine as fuel for muscular contractions. If not provided sufficient carbohydrates to be used as the energy source in fueling muscular contractions, the muscle will actually "eat" its glutamine (and therefore its muscle mass), as energy. It's very easy to work the muscle right off of your body. Over training doesn't always result in muscle soreness. Over training could simply mean that energy to fuel workouts is coming from existing muscle tissue rather than from your food.

The biggest mistake in amateur bodybuilding is working out too hard and/or too long. Stored energy (glycogen) can only fuel a workout for about an hour. **After that, workouts are being fueled mostly by the break down of muscle glutamine for that energy.** Of course, you will burn fat too, but you don't want to lose muscle in the process. Why would someone who just wanted to lose fat care if he loses a little muscle in the process?

Muscle is the only thing you have in your body to burn stored fat. It takes a lot of energy just to sustain muscle. At a resting state, the more muscle you have, the more fat you are burning. One of the dumbest things that people will say when they see an extremely muscular person is "yea, one day that will all turn to fat." If you have enough muscle it will be almost impossible to get fat! Because the more muscle on your body, the more fat you will be burning at any given second of the day. If you have enough muscle, you can eat almost anything you want and hardly ever have any of that food's energy transferred into adipose, the storage place for bodyfat.

Gaining strength will also increase the amount of bodyfat that is burned. The more muscle **weight** you gain, the more fat you will burn, and the more muscle **strength** you gain, the more efficient your muscles are at burning fat. It is possible to be very strong and not have a lot of muscle. That's why you may see some skinny guy that is extremely strong out bench press someone a lot bigger than he. He doesn't have any fat because his muscles are strong and therefore efficient at fat burning.

Calories have developed a negative connotation over the past couple of years mostly due to the bogus diet fads that get scammers rich while the uneducated that follow the plans get worse off than before and become unhealthy. A calorie is only a measure of the amount of energy stored in food. But, that energy may or may not be stored as fat (discussed later in detail). Muscle taxes the body for calories. If someone doesn't get the energy required to fuel their muscles from that, they will lose muscle mass. If someone starts to lower his/her calories, he will reach a certain point where there aren't enough calories to support his body's muscle mass. At that point one is considered to be in a "catabolic" state. That means the muscles will revert to using their glutamine as energy, especially during a workout. If you are working out, you will have to consume way more calories to sustain your muscle than if you were sedentary. Muscle burns more calories when it is being used than when it is in a resting state. That's why working out is the best weight loss plan. Those muscles are craving energy when you work them, and a certain percentage of that energy will come from stored bodyfat. So while working out a your body burns way more bodyfat due to the muscle's need for energy. When you lose muscle, you lose the only tool you have to burn fat. So why go on a low calorie diet?

Low Calorie diet plans are simply counter-productive. Muscles will burn bodyfat for their energy source, but they are also going to use a sufficient amount of muscle glutamine due to the limited influx of calories from your food. So yea, you lose weight, but you lose muscle, then what? You're suddenly more overweight than you were before you first started this "diet" because you no longer have the means by which to burn the fat. These diets are like giving someone five five-dollar bills for their twenty-dollar bill. Calorie restriction is an extremely counter-productive theory solely designed to sound good so someone can sell a book and get rich.

"Well, you have to consume less calories than you burn to lose weight, right?" To those uneducated in this area it would make sense that to lose weight you would have to take in less calories than you burn. In other words, people think that if you burn 2500 calories per day, you must consume 2499 calories

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or less in order to lose weight. Well, that seems simple. But this is the worst thing that you can do unless you want to wreck your body. You must take in way more calories than you **burn!** If you hear someone claiming this as the backbone for his or her diet plan, run from it! After reading this you can see why some people can eat anything and never put on a pound and why other people can't. Applying what you've learned about catabolism will help you to understand that you can destroy any chance of becoming physically fit.

Herein lies the key to deciphering this fairy tale about eating less than you burn: digestion. Almost all of our nutrients are absorbed in the small intestine. The walls of the small intestine consist of an array of blood vessels that continuously absorb nutrients from your food. There are also muscles that line the walls that involuntarily constrict to move food along the intestine till it enters the colon where absorption of nutrients nearly ceases. The rate at which the food is moved along depends on the body's demand for nutrients. If the body feels the need, it may have the muscles of the intestine hold the food longer to achieve maximum absorption of its load. Or perhaps it will not see the need to absorb all of the food and will readily pass unabsorbed food over into the colon. One key to bodyfat prevention is to prevent the body from thinking that it must absorb all ingested food and to cause it to **only take what it needs**. This would limit the storage of energy as fat. If you stay on a low calorie diet, everything that you consume past your 2500 calories may be absorbed by the small intestine as fat with 0% passing out of your digestive system as waste and your energy coming from the breakdown of muscle.

From this you can see the detrimental flaw in the eat-less-calories-than-you-burn theory. Your body will not store all of those **left over calories!** A high percentage of calories will not be stored but will pass out of your body as excrement. The purpose of the excretory system is to let all food that your body doesn't need pass right out of the system. What do the geniuses behind ELCTYB (Eat-Less-Calories-Than-You-Burn) think that the excrement system is for?

Many uneducated people obviously think that there are no calories contained in human waste. People think that if a calorie isn't burned as energy, it is stored. Well, I've got news for ya; human waste is often calorie dense. When faced with calories, the body has a decision to make: "Will I burn this as energy, will I store this as energy for later use (just in case), or will I let this food pass out of the intestines as waste because I don't need it right now?" Your body is a lot smarter than you think.

You may be surprised at how "smart" a person's body really is. For example, let's say that you are burning 2500 calories total a day. The amount of calories that a person will burn while at rest varies directly with the person's metabolism and body composition. Let's look at a person who weighs 240lbs, 5'11", has around 12% bodyfat, and an endomorphic metabolism and his body is requiring 2500 calories per day at rest just to sustain his muscle mass. Taking in 2500 calories from meals is **not enough** to sustain the muscles' calorie demands because some of those calories will pass out of the body and not be extracted from the food. He will become catabolic without sufficient calories, and his muscles will use themselves as fuel to enable him to carry out his daily tasks (glutamine as energy). One must take in more calories than he burns in order to sustain muscle. I must repeat, this is just to **sustain** the muscle you already have.

Think about this: When muscle is damaged (considering one is consuming adequate protein), the muscle grows back stronger and larger than it was before. In order for the muscle to become more massive, microscopic holes must be torn in the muscle fiber during a workout; breaking down the muscle (during a workout) takes energy (calories) to fuel muscular contractions during exhausting workouts. To **add** muscle you must have sufficient calories to fuel your way through the strong contractions that must be made in order to tear the microscopic holes, this is calories from carbohydrates. Also to **add** muscle, you must ingest sufficient calories in order to build the additional tissue, calories from protein. So, you must consume way more than 2500 calories in order to actually **add more muscle**. But how many calories do you actually "need" to complete this feat?

Well, asking what your body "needs" isn't the right approach. Look at it like this, let's just say (only hypothetically speaking) that your body burns 2500 calories sitting around and 20% of those calories pass out of the body unabsorbed by your small intestine. If you do the math, that means that you needed 3000 calories daily to keep from becoming catabolic (20% of 2500 is 500 calories unused + 2500 calories to support sedentary muscle weight = 3000 calories). Additional calories would **enable** you to become "anabolic," meaning you would be adding muscle. A good question would be how many extra calories do I need to consume in order to be anabolic without having my body store the rest as fat? This is a good question because what doesn't pass out of the excretory system or used as energy will assist addition of muscle, or be stored as glycogen or **fat** for future energy use, and a great deal of those calories may be stored as fat (depending on the meal composition). So if you take in 3000 calories to keep from becoming catabolic and I take in additional calories to become anabolic will any calories after that point be stored as fat? Well, yes and no. Remember this general rule: calories not passed out of the body or burned are stored as fat. This is true to some extent but gets a little more complicated.

Remember how I said that the body was smarter than you think? It stores fat for a reason. **Your body is designed for survival.** Today, in our modern society, we don't need the survival skills that our bodies have been programmed with. In other parts of the world, the human survival system is needed in order to sustain life. Here in the land of the free, this system often is detrimental to our health due to people's lack of understanding and appreciation for it. Your body stores fat to protect itself. It knows that if you are deprived of food for a period of time that you will die. Your bodily functions such as heart beating, breathing, thinking, digesting, etc... all require energy. If you are deprived of that energy, those functions detrimental to life are unable to perform; therefore, you die. Your body is always in preparation for such an event. That is the sole purpose for adipose cells in the body (these are the cells that store fat). Your body gets very nervous when it comes to starvation. **It's your body's idea of the worst way to die.** It knows that in a time of extreme low calorie (or

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no calorie) intake, such as during a famine, that it can live on its fat. That's why animals that hibernate store up fat before they go into hibernation, they will use their bodyfat for energy to sustain life until they can go outside and eat. If you are ingesting close to the same amount of calories that you are burning, your body gets nervous and tends to store as many of those calories as possible as fat. We're talking percentages here. If your body normally stores 10% of your food as fat on a normal diet and the rest is available for energy, your body may store 90% of your food as fat leaving virtually none as energy. The more you reduce the calories in the diet, the greater percentage of those calories will be allocated into bodyfat because your body begins to revert to its survival instincts. The body will slow down its metabolism in order to conserve energy. You will fight a losing battle if you set out to restrict your calories. You won't have the energy and you will feel drained as your body stores what you eat instead of burning that food for energy.

Manipulation of the survival system is the backbone of the bodybuilder or fitness competitor's success. **This is the key to losing fat** (aside from added muscle of course). You must stop your body from wanting to store calories. There is one way to do this. Get as many calories as you can! Yes, to lose fat, you have to eat more! This seems a paradox but for those who are in the know, it's what to live by. Before you write this off as some crazy diet fad, ponder the following concepts closely; this is science not ignorance and is the instruction that I give to all of my clients because I, as a personal trainer, want to see all of my clients achieve their goals.

If you ingest a steady supply of food over an extended period of time, your body will not doubt that another meal is soon on the way. Therefore, it will not feel a need to store ingested calories as fat. To achieve results, this must be done on **schedule!** The same way that an animal fed at a certain time every day gets antsy when it gets feeding time, your body will begin to develop its metabolic functions around those meals. The most important element is to consume a meal every two hours. Bodybuilders have found this to be the most beneficial time period for maximum anabolic benefits while inhibiting fat storage. This can be extremely difficult at first. People that don't eat a lot don't get hungry. This is because the body is used to not having adequate nourishment. The body adapts to a diet higher in calories by burning more as energy, adding more muscle, and passing more out of the system as excrement. After the food is used up, bam, you're hungry again. If you eat every two hours, I guarantee that your body will begin to let you know that you missed your meal. This is a sure sign that your body is adapting. You begin to get hungry every two hours because your body is running out of nourishment quicker because a) the body increases the metabolism and therefore more of that food is being **burned** as energy (thanks to the adaptive qualities of the thyroid gland and its release of T3) and b) because your intestinal muscles are allowing less time for foods to be absorbed. With nourishment like this you will turn into a walking anabolic inferno!

By a meal, I don't mean a big six course meal, only a little snack or something just to say to your body, "here you go, here's your food." Over time, your body **will** begin to cease fat storage. Your body will know that it has a steady feed of energy coming so what it doesn't need, it will allow to pass out of the body as waste. You could actually have maybe 75% of your calories simply pass out of your body! In other words if you are burning 2500 calories a day, you could take in 10,000 calories and a lot of what your body doesn't need for anabolism would simply pass out of your body!

This sounds too good to be true to most people but it's what many physically fit people live by whether they consciously realize it or if they are just going along with what their bodies are telling them to do. Bodybuilders have to consume a gruesome amount of calories in order to obtain more muscle and in the process they actually signal to their bodies that food will always be there. Their bodies adapt to this eating style by storing a smaller percentage of that food as bodyfat. If your body doesn't feel a need for body fat, it will not store it. You must remember that calorie intakes in extreme excess are not possible for everyone. This is due to a number of reasons.

1.) Most people aren't capable of **eating frequently** enough to make this program work or they may simply **forget** to eat. It isn't possible for everyone to eat enough to achieve this benefit mostly due to the time it takes to eat every two hours. If you break the schedule, you start to make your body "nervous."

2.) There are three main **body types**. These body types reflect the degree by which their bodies allow those calories to pass as waste and individual metabolic rates. It may take longer to convince the bodies of some that they don't need to store anything up. It may take some weeks of eating meals every two hours to convince their bodies that fat storage isn't necessary. An ectomorph is generally skinny. They don't gain weight (muscle or fat) very easily because most of the calories are burned as energy or pass out of the system unabsorbed. Their bodies don't allocate calories into adipose but generally lack muscle mass due to the same reason, high metabolism. These people would be the ones who would die first if faced with life threatening circumstances such as a drought or famine.

A mesomorph is just opposite. They tend to be extremely anabolic and store up energy. They are best equipped for survival. These people are blessed in that they are extremely anabolic meaning that a lot of calories go toward muscle gains which means, in turn, that their bodies are harder to over train and less likely to become catabolic. The downfall is their ability to store fat. But this can be overcome in time by letting the body know that a steady supply of food is on its way. Their metabolism will be boosted and they will retain their muscle building capabilities. An endomorph is in the middle of the two. Most people are endomorphs demonstrating properties of both body types.

3.) The **quantity** of food consumed during each meal can affect how much is stored as fat. As part of your survival system, eating a big meal may be a

DIETING IN THE WORLD OF BODY BUILDING

CHAPTER 3

signal that it's the **last meal for a while**. Therefore your body may store a greater percentage of those calories as fat.

Meals need to be kept small and divided up into no less than 6 meals a day. The more meals, the better off you are. The digestive system burns calories. When you have food in your digestive system, you are burning many more calories (a relatively high percentage of those calories is from bodyfat) than if the digestive tract was sitting empty waiting a meal. Divide those meals up.

4.) The **quality** of a meal may affect how its calories are used. Fats are more likely to be stored as fat. Carbohydrates are stored as glycogen, and storage for protein is new muscle. **The body hates to allow fats to pass freely out of the system as waste**. But one should not totally avoid fat. Some fat is necessary in the diet. With fats kept as low as possible in a meal, the quality of the food that you eat is said to be high. It is imperative that excess fat be avoided like the plague. One must also remember not to avoid carbohydrates in their diets.

5.) **Getting enough complex carbohydrates** is imperative. Carbohydrates are burned as energy so protein won't have to be. Carbohydrates give up their energy and spare your hard earned muscle from waste like a soldier who gives his life for his country. Complex carbs are only "complex" molecules of simple carbs. In other words you can think of a sugar as a monosaccharide ("mono" –one sugar) or a disaccharide ("di" –two sugars). Glucose and fructose are two examples of monosaccharides. Sucrose, table sugar, is a disaccharide composed of one molecule of glucose and one molecule of fructose. If you chemically bonded two glucose (monosaccharide) molecules you would have a disaccharide, maltose, used to flavor malt liquor. A "complex" molecule is a polysaccharide ("poly" –many sugars). There may be anywhere from three to one hundred thousand sucrose sugars bonded together (sucrose-sucrose-sucrose...). An example of a polysaccharide in animals is glycogen (for food storage). Plants use two forms of polysaccharides starch (for food storage) and cellulose (structural material). It's interesting to note that cellulose is so complicated that animals cannot digest it. Not even a termite can digest cellulose. The only creatures on this earth that can digest cellulose are the bacteria in the intestines of animals that eat it. This is actually how fiber benefits us. We cannot digest fiber, its too complicated of a carbohydrate, but in an effort to break it down, our intestines are flooded with water. This keeps the digestive tract hydrated with a lubricative material called chime and helps to keep the system clean and regulated.

Complex carbs are just many simple sugars bonded together. Your body has a hard time separating the complex carbs into simple sugars. It takes a while to break down a complex carbohydrate molecule. By the time the body can break down, say, ten grams of carbs, 2 grams have already been passed through the intestines and are no longer available for absorption. Breaking down carbohydrates into simple sugars requires energy. A portion of complex carbohydrates may require 50 calories to break down, but after the process of digestion, the body only reaps 25 calories in return. This form of dieting (eating huge amounts of foods every two hours) could actually help you to loose weight (fat) twice as fast as starvation alone. Many calories such as those composed in complex carbohydrates pass out of the system before they can be broken down into their usable forms and are; therefore, unabsorbed and unused.

Simple sugars on the other hand, should be avoided (except after workouts). They are easily absorbed, because they are "simple," and must be either immediately used as energy or stored, and they require no energy for their break down like complex carbohydrates do. Sugars can be stored as fat but not the same way fat is. It takes fatty acids to make bodyfat. The fats that you consume can provide the fatty acids as a waste product after the fat is burned as energy. Simple sugars help to compose glycerol which combines with three fatty acids to form an energy dense molecule of bodyfat.

6.) The **composition** of the meal can affect how it is stored (as well as providing an anabolic environment). It is important to eat the right balance of proteins, carbohydrates and fats. "One can not live by bread alone" –Jesus. Nor can one live by protein alone. It is imperative that one consumes enough protein to enable the muscles to repair and grow. Keep in mind that it is still not known how much protein each individual must consume to attain anabolism. Individual protein needs may differ in part by the efficiency of an individual's body. The mesomorph may not need as much protein as an ectomorph because an ectomorph's body is probably burning more protein as energy than the mesomorph. Some people may more readily absorb the protein from foods than others. More protein is always good as long as you don't neglect your carbs.

7.) The **digestive tract** burns lots of calories, and a great deal of those calories are derived from stored fats. That is one of the functions of fat storage, to ensure that fuel will be provided for the digestive process. Your body knows that the digestive process is of extreme importance. It knows that its life sustaining energy comes from the digestive system's process of breaking down food into its usable form. That's why a higher percentage of energy comes from energy that is already stored (bodyfat) rather than from ingestion. Having the digestive system depend on bodyfat for energy keeps the body able to absorb food once it is presented while the other body functions have already shut down. Having your digestive system full and working to digest those meals every 2 hours will definitely be an advantage in burning stored bodyfat.

PROTEIN IN THE WORLD OF BODY BUILDING

CHAPTER 4

PROTEIN

There was a study by a Dr. Lemon where 22-year-old men trained in the gym for an hour and a half, six days per week. These men required about 0.7 grams of protein per pound of body weight to keep from becoming catabolic. This would mean a 150 lb male would need 102 grams of protein per day. This did not mean that they gained anything as far as muscle mass was concerned. To have gained muscle from their workouts the study showed that they would have had to consume over .7g/lb of bodyweight. **There are experts who say to take in 2 - 4 grams per pound of body weight!** Now just imagine how many carbs that you'll have to ingest to go with that for a balance. A 200 lb person would need 400g of protein and 1000g of carbs. That's like 5600 calories a day not including the fat calories! The [World Anabolic Review](#) will tell you just that. This is an understandable intake if you are a hardcore bodybuilder or using anabolic steroids, as you would certainly allocate a higher percentage of protein toward anabolism.

Remember not to neglect the carbohydrates. Carbohydrates, if you will remember, are burned in place of protein. The greater environment for anabolism you have, the more you'll benefit from additional protein. Someone on Deca-Durabolin (an anabolic steroid) for instance, would need significantly higher amounts of protein due to the increased protein synthesis caused by the steroid. Bodybuilders have trained their muscles, and therefore store more protein than they burn, thus the growth response is better.

Carbohydrates are necessary for both the runner (endurance athlete) and the bodybuilder, because they are stored in your muscles as energy or fuel when needed. One third of a person's dinner should consist of protein rich foods. The rest should be carbohydrate rich foods. For instance, eat a carbohydrate rich breakfast, then a lunch, which is 1/3 protein and 2/3 carbs, then a dinner of the same proportions. Fish, chicken, lean meats, etc... can be added to a meal, but should not be the bulk of the meal.

Carbohydrates are important to maintain energy and to train at your best. Proteins will build and recover your muscle tissue, but only if you eat the right balance. A high protein/low carbohydrate diet will lead to fatigue, glycogen stores being depleted, and frustration because you are training hard and not gaining the muscle mass that you crave. It can also wreak havoc on your kidneys due to ammonia build up with the release of nitrogen which helps to compose amino acids, especially if you don't drink enough water.

CARBS IN THE WORLD OF BODY BUILDING

CHAPTER 5

Carbohydrates

It is a common thought and concern that carbohydrates are fattening. They are not. Too much fat is fattening. In one teaspoon of fat you will find 36 calories. In one teaspoon of carbohydrates you will find 16 calories. The amount that is converted into fat is very limited because you burn carbs for energy during any activity.

For even one gram of carbohydrate to reach adipose storage, it must first not be able to be burned as energy. If there is an overabundance of carbs and some aren't used for energy, they are stored as glycogen. If by some chance, the glycogen stores are full and that carbohydrate can't be used as energy, there is a chance that it may be stored as bodyfat. One's metabolism will affect the amount of carbs left over for fat storage by causing more or less to be burned. With a decent metabolism and healthy diet, carbohydrates should not be allocated to fat storage. Fats are readily stored as bodyfat. There are four calories in one gram of carbohydrate; four calories in one gram of protein; nine calories in one gram of fat; and seven calories in one gram of alcohol (hence the beer gut).

What you burn and when: There are several sources of energy. When a person is doing low-level exercise, such as walking, or maybe performing various tasks at work (if work is not just sitting in a chair), he burns primarily fats for energy. When doing light to moderate exercise, jogging and brisk walking for instance, stored fat provides 10% - 30% of your body's fuel. When you exercise hard, sprinting, running, swimming, you rely mostly on the **glycogen stores** in your muscles for the energy. Remember, these are percentages, not amounts. You will burn way more fat if you are active than if you were sitting in a chair.

There is a difference in how the trained and untrained body stores **glycogen** (glycogen in animals is the same as starch in plants, its one way an animal stores energy). There is a biochemical change that occurs when a person trains consistently for prolonged periods of time. Well-trained muscles will acquire the ability to store more glycogen than untrained muscles, about 20% - 50% more. For example, an untrained muscle has about 13 grams of glycogen per 100 grams of muscle. A trained muscle stores about 35 grams of glycogen per 100 grams of muscle. When **carbo-loaded** (eating a super heavy load of carbs for a day or so - usually in prep for some event such as a powerlifting meet), a muscle has about 35 - 40 grams of glycogen which is considerably more than normal of 13 grams. When you have a depleted supply or store of glycogen, you will "crash" and not be able to complete a workout or to train at your best. Depleted glycogen stores can affect someone mentally and physically due to the fact that the brain uses glycogen too yet **it doesn't have any glycogen stores**. You naturally have about 1,800 calories stored in your body at any given moment as glycogen ready to be converted for energy (not including calories from fat) in the following breakdown: Muscle glycogen, 1,400 calories - liver glycogen, 320 calories - and Blood glucose, 80 calories. The body doesn't use the actual glycogen for energy. Glycogen is broken down into glucose. Glucose is the actual useful form of energy; glycogen is just a storage molecule; it's glucose in storage. Glycogen is a polysaccharide consisting of glucose molecules (glucose-glucose-glucose...). These natural stores determine how long you can enjoy your workout before getting fatigued. Liver glycogen is transported into your blood stream, maintaining blood sugar (glucose) levels needed for brain food. Foods must be consumed close enough to your workout to supply sugar (energy) to your brain, since unlike the muscles, the brain does not store its own energy.

So what is the importance of eating complex carbs if they are just converted to sugar? Why not just eat sugar? Well, there is one problem w/ sugar consumption. It's quick energy. In other words it's carbohydrates that are already broken down into their simplest form. Therefore they must be either used then or stored. Your body will try to use them before it will store them. That's why you get a "sugar rush." And that's also why little kids don't get candy at night; they'll never go to bed. But not long after a "sugar rush," there will be fatigue due to the role that insulin plays in sugar degradation.

Starting to see how it works? Glycogen in the liver will release sugar during a workout. The presence of these sugars causes the pancreas to release insulin. Therefore, glycogen is "stored energy." Glycogen, a complex carb, provides energy after being broken down into sugars without the pancreas having to release a lot of insulin. There is no sugar rush with the release of glycogen because it is gradual (complex carbohydrates break down slower).

It's ok to have some sugar **during** a workout. This is because the work of insulin is virtually a slow process. Another reason one doesn't want too much sugar in the body during the workout is osmosis. Water moves from places of lower concentration of solute to a place of higher concentration of solute. In other words, high concentrations of sugars in your digestive system can pull needed water out of the muscles where the oxygen molecule pulls down a hydrogen electron down the electron transport chain to make ATP (discussed in detail later) and relocates it into the digestive tract.

INSULIN IN THE WORLD OF BODY BUILDING

CHAPTER 6

Insulin

Your body releases insulin to dispose of unneeded sugar. While insulin is an extremely anabolic hormone (actually the most anabolic hormone known to man), there is a definite disadvantage with insulin spikes caused by too much sugar. Insulin triggers energy stores to open up and helps to shuttle nutrients into storage areas. Adipose cells readily accept nutrients to be stored as bodyfat shortly after the introduction of insulin. Insulin opens the "doors" in adipose for bodyfat storage for a very short period of time. It takes a high level of insulin to force open the adipose doors.

Insulin doesn't affect bodyfat storage as long as the insulin levels rise **slowly** and remain fairly **consistent**. Throughout the day, sugar consumption can spike insulin levels and induce bodyfat storage. Eating a high carb diet without sugars will cause a **steady** release of sugar into the system causing a high level of insulin release, but since the rate of release is **steady**, it does not trigger an "open door" in adipose for bodyfat storage but provides an extremely anabolic environment as the benefits of insulin are realized. Complex carbs are a much bigger molecule than simple sugars. They have many sugars bonded together. To turn complex carbs into glucose, they must be broken down. There is a series of steps that they must undergo to be broken down. Enzymes must be present to break each molecular bond of these polymers. All this takes a while to complete. By the time some of it is broken down into glucose, in the small intestines, some of it has already passed into the large intestine where absorption is almost completely ceased. This process allows for a slow and steady rate of glucose production that fuels the brain and muscles throughout the day without causing a release of insulin. This is very important because, as previously stated, you don't want insulin in your body during a workout; you need its recicle, blood sugars.

Animals release natural sugar stores, glycogen, for energy. The body will regulate itself with insulin when it no longer needs the sugar in its system. It doesn't matter whether the sugar comes from internal (from glycogen) or ingested sources (table sugar), insulin is released to counteract it. There will be rushes and fatigue with high consumption of sugars as your body tries to regulate itself. It can be almost impossible to workout when one's blood sugar levels are low due to sugar consumption beforehand.

Insulin signals the body to begin repair after a workout. Your body **thinks** that glycogen has been released when sugar is present in the bloodstream. Why? Glycogen (blood sugar) is released when your body meets high output demands. After strenuous activity, the body has to repair. When one is undergoing activity such as weightlifting, he needs energy, glucose from broken down glycogen. Insulin is released after the workout to counter the now not needed glucose level. When muscles sense the presence of insulin, they see that its time to begin healing and recuperation. Insulin "opens doors" in the muscles to accept nourishment and helps to shuttle in vital nutrients such as amino acids.

Just imagine your muscle cells as having an irresistible attraction to insulin, a chemical attraction. The insulin wants to get into the muscle. What is so significant about insulin is its chemical make up. Its structure causes it to bond to nutrients. Nutrients include creatine, prohormones, anabolic hormones, some vitamins, minerals, glutamine, and other amino acids. This is the cause of the 45-minute window for taking supplements and refueling your body for the next workout. The body sucks up needed amino acids during this period. Remember, muscle tissue is made from the assimilation of various amino acids. So, to have protein synthesis within the muscles, your cells must have sufficient amounts of various amino acids. Glutamine is the biggest component of muscle fiber. Adequate glutamine is essential for the addition of new muscle. All of these nutrients are sucked into the cell for 45 minutes due to the increased amount of insulin in the body after a workout, and because the muscles themselves are "starving" for them, a phenomenon called intercellular thirst.

With this in mind, you can see how ingestion of huge amounts of sugars after a workout is beneficial. Your body will have some insulin naturally released after the workout but the more, the better in causing a hormonal environment that's good for forming new muscle. IGF-1 (insulin like growth factor), a Growth Hormone, is also released in the presence of insulin. Growth Hormone is what causes gigantism. That's one factor in determining why some people are mesomorphs and others are ectomorphs. It's why people like Andre "the Giant" don't even have to work out to be huge, but if they do, they gain much more muscle than the normal person. The growth hormone is released by the pituitary gland.

Think about this, what if you could have a spiked insulin level all throughout the day? You've already learned that you don't want extra insulin just before a workout because it will hinder the breakdown of the muscle fibers. But imagine a 24-hour insulin spike. That would be the most anabolic environment one could ever hope to achieve. So how do you achieve that? Well that's one of the biggest dilemmas faced in the underground world of competitive bodybuilding today. And in fact it's one of the biggest reasons that bodybuilders are bigger, stronger, and more defined than bodybuilders ten years ago. They have employed the injection of artificial insulin.

Imagine, all day long, almost everything that is consumed is converted into anabolic fuel. Insulin is more powerful than any steroid ever formulated. But it's also the most dangerous. Bodybuilders inject incredible amounts daily. The pancreas may soon stop its own production of insulin and the body can become solely dependent upon the exogenous injections. One could cause himself to become a life long diabetic. They sell their health to the sport of bodybuilding.

Well, this should show you the importance of insulin in the bodybuilding world. The main theme of insulin is: complex carbohydrates inadvertently cause a slow but steady release of insulin all day long. So, if you up your consumption of complex carbohydrates, you put your body into a more anabolic state without artificial insulin.

INSULIN IN THE WORLD OF BODY BUILDING

CHAPTER 6

Never drop carbohydrates from your diet no matter what you hear unless you want to end up fatter with more flab and less muscle than you did before you started your "diet." People have made millions because they get a degree and come up with a new "diet" plan and sucker people into following it and inadvertently wreck their bodies in the long run. If you drop carbs, even though you consume vast amounts of protein, your body will not be as anabolic, and you will lose muscle. Cut back the fat from your diet and increase the complex carbs as high as you can. EAT EAT EAT. That's how you lose weight. Not that everyone is looking to lose weight per se, but gaining muscle = losing bodyfat. Muscle is the only mechanism by which to burn fat (except from heat that is produced through various means).

I'll reiterate upon one of the advantages of this 45-minute window. After strenuous activity, your body is more receptive for storing up energy as glycogen than any other time. Glycogen is not stored as fat. It's stored in the glycogen stores. Ingestion of sugar at this time will allow it to be stored as energy to be consumed during the healing process as well as your fuel for the next day and the next workout.

The body is most receptive within 30 minutes of a workout. After 45 minutes, it begins to taper off drastically. The protein and carbs that you consume after a workout would be more beneficial for you if they were in a liquid form, such as a whey protein drink or meal replacement shake. Solid food must sit in the stomach and wait on digestion before it will be sent to the small intestine where the needed nutrients will be absorbed. It's a race against the clock. This is your critical time. About an hour to an hour and a half after a workout you can eat a good meal. To eat it before then will cause your sugars and proteins to have to sit in the stomach until the rest of the solid food can be broken down before it is absorbed. You don't want to hinder the absorption of liquid proteins and sugars. Also, caseinate (a protein supplement) should be avoided at this time due to the fact that stomach acids cause this protein to gel and it takes considerably longer for your stomach to digest it.

Be careful not to ingest any sugars before your workout. You don't want insulin in your system during a workout. This is for obvious reasons. Insulin depletes blood sugar. With low blood sugar, you can't make strong muscular contractions. You will be holding down your gas pedal for growth while you are holding down your brake for muscle breakdown. The only reason a muscle gets bigger is through the body adapting to stress by not only repairing the muscle from this breakdown, but repairing it to be MORE powerful than it was before.

ATP IN THE WORLD OF BODY BUILDING

CHAPTER 7

ATP

There's another "trigger" for the release of insulin. ATP. ATP is the fuel for muscular contractions. It stands for adenosine triphosphate. Just imagine ATP as a gun with the trigger cocked and a bullet in the chamber. The cell just has to pull the trigger to release the energy (from chemical bonds) in this molecule. After the molecule's energy is used up, you can call it ADP (adenosine diphosphate). The molecule lost a phosphate. The reason for the amount of energy in this molecule lies in its three phosphates. The three phosphates, chemically, are repelling each other because of their charges. It's the same way that like poles of a magnet will repel themselves. But the adenosine head is holding the tails together. The tails are forced together like a spring and when one breaks off, bam! Instant energy.

Your body has millions of ATP cells on hand to fuel muscular contractions. After pumping out a rep, the cells replenish their ATP pool. The phosphate tail is put back onto the ADP molecule to make it ATP again. It takes energy and the aid of creatine to put the extra phosphate back onto the ADP. That energy comes from coupling the ADP-to-ATP-reaction to the electron transport chain in the walls of the mitochondria. This electron transport chain is roughly fueled by the break down of glucose (remember, all carbohydrates eventually end up as glucose).

The glucose used to fuel this electron transport chain will come from one of two places. Consumed carbohydrates or glycogen (the body's energy storing molecule). So coupled to the reaction of the electron transport chain, ATP is produced.

During a workout, the mitochondria makes much more ATP than it does when in a resting state. It makes an abundance of ATP during exercise because you are lifting heavy weight, and you need a lot of it to fuel the powerful muscular contractions. Well, after a workout, your ATP levels are very high. Here comes our ol' buddy insulin. When ATP is in abundance, some is released into the blood stream where it finds its way to receptor sites in the pancreas. The pancreas then releases insulin. ATP is a cause of insulin release. Can you see why insulin will be released after a workout? It's released for #1 to counter the amount of sugar in the blood stream due to the liver's release of glycogen and #2 to tell the mitochondria to stop producing ATP. With the latter in mind, you can see why long workouts aren't so beneficial; there isn't enough ATP left to fuel muscle breakdown because high insulin levels have caused the mitochondria to cease ATP production. Insulin counteracts ATP production as well as sugars. With ATP production slowed, the body can begin to make repairs to the broken down muscle tissues without much risk of continual muscle straining because the more ATP, the more power you have to work your muscles to their full potential.

FAT IN THE WORLD OF BODY BUILDING

CHAPTER 8

FAT

I threw this section in here to clarify some things about this mystery nutrient. Fatty acids are used by the body to lubricate joints, to aid in electrical nerve impulses, and especially important for bodybuilders, hormone production. Hormones such as testosterone are mostly composed of fatty acids. Keep in mind that all fats are not created equal. There are variations in the chemical formulas of fats that make some of them extremely dangerous.

A saturated fat is a very dense cell. The way that its carbon atoms are arranged is such that the saturated fat molecule is very hard to break down. You can imagine that folded clothes are able to be fit more densely into a laundry basket than clothes that are wadded up and thrown in. Because its density makes it so hard to break down, your body would rather use the energy in saturated fat at a later time and so stores it in adipose more readily than unsaturated or omega fats. Where animal fats are generally solids (saturated), vegetable fats (oil) are generally liquid. But don't trust all vegetable oils, most are "partially hydrogenated" meaning that the unsaturated fats have been chemically made saturated during the extraction process. The worst thing about saturated fat is that those dense molecules can stick together and line the inside of veins and arteries as they are being transported to adipose cells for storage. Since they are so dense, it takes your body a long time to dissolve them from the vascular walls. Therefore, over time the sediments can build up in the vessels and block them before the body can dissolve them causing heart disease. That is the cause of most high blood pressure and heart attacks.

There are actually "good" fats. Omega 3, Omega 6, and Omega 9's are extremely beneficial to human growth. The omegas contain essential fatty acids. The omegas are easily broken down and as with all fats, are an excellent source of energy. The omega 3's are superior to the 9's in that they are more easily broken down. The most Omega dense foods are fish oils such as cod liver oil, and flax seed oil. Flax seed oil contains more omega 3 fatty acids than any other food. It's always a good idea to supplement with flax seed oil.

REST IN THE WORLD OF BODY BUILDING

CHAPTER 9

REST

The meals that one eats are one's key to success. The next key to success is rest. Rest periods are very important in any exercise program. Tired muscles require adequate time to heal and grow. If you over train, you could require days or weeks of recovery. In a report about swimmers, it was shown that a two and a half week taper was insufficient to recover from the staleness of a six-month season.

Your body grows while you sleep. While sleeping, the body goes through cycles of deep sleep and light sleep. The time during which the body is in deep sleep and nervous activity is at a minimum is the time during which your body does almost all of its repairs. The bodybuilder needs at least eight hours of sleep. Any hours over eight will provide more time for your muscles to grow. The only problem with excess sleep is that your body runs out of nutrients, specifically protein, by which to make the repairs. Protein cannot be stored and so must be either used then or it gets wasted. Every person is unique so each individual must find what sleep patterns suit him best. So, if you are working out, get your protein, get your carbs, get your omega fatty acids, and get your rest.

SHOCK TECHNIQUES

CHAPTER 10

Shock Techniques

Here are some tips on getting over plateaus:

Almost everyone will reach a point in their training program where it seems they are working their butt off but getting nowhere. This is described as a "plateau". When you plateau, something needs to change. First, you should evaluate your program. Ask yourself: How long have I been consistent? How often do I change up my workout routine? What is my diet like? And HOW MUCH SLEEP AM I GETTING?

Chances are you have been doing the same routine for over 3 months consistently and/or your body is not getting enough of the proper nutrition it needs to grow. If nutrition is the case, that can be easily resolved with supplementation. If you have been doing the same routine for 3+ months then you may need to "shock" your muscles to get them to grow! It's always a good idea to change your routine every 3-4 weeks or so to keep them growing. That technique is known to bodybuilders as muscle confusion. Here is a list of different ways that you can confuse your muscles and get 'em to grow past a plateau. It is not possible to use all of these techniques at once. Vary your workouts by incorporating a few of these deviations and you will see greater results from every workout. Just remember that using some of these variations may cause over training if used on consecutive workouts.

Focus on the muscle. This in itself may be the single most important strategy used by bodybuilders to encourage muscle tissue break down. This is strictly a mental exercise. It will benefit you by allowing concentration on the particular muscle group that you are trying to stimulate. Here is an example for bench-press, but it can and must, for optimum gains, be applied to all lifts: Start by lying under the bar and completing a rep mentally. Think about what muscle you want to do the work. Then lift off the bar and focus on contracting your chest muscles to press the bar up. You may even do a rep or two with just the bar to prep your senses into what will be taking place after you add the weight. After you add the weight, don't focus on pressing the weight up, but focus on flexing the muscles and on their contraction. The bar's movement is simply a side effect of that contraction. An example of this technique on lat pulls: When pulling down, imagine your hands as merely hooks. Don't focus on pulling down the bar, but imagine that you are just pulling down your elbows towards the floor. The bar is coming down too, but only because your wrists are attached to it. Pull down your elbows but place your concentration and total focus on your lats and totally isolate them to do the pulling. Always think about the muscle that will be contracting and try to exaggerate the contraction on every movement. Always, as with dumbbell rows, imagine your arms as only hooks that are connecting you to the weight and pull up by contracting the muscle; don't just think of the lift as moving the bar. The bar's movement is simply a side effect!

Varying intensity. You can sometimes challenge yourself by putting more exercises into your routine without using more time. Or you can try to get the same routine done in less time. This means less time between sets and it requires a fast recovery rate.

Heavy and light days. The best way to shock the muscle and keep it growing is to use heavy and light training days. Here is an example: On heavy days, use as much weight as you can for 3-4 reps and on light days, put on as much weight as you can for 12-15 reps.

Rest between sets can also be varied to give you some change. Try adding more rest for large muscle groups and less rest for small ones.

Forced reps are pretty popular. A forced rep is considered as trying to lift more weight than you can lift by yourself and needing your partner to help you finish the set. This is good on heavy days when you are at your failure point and you just need a little help to get that last rep. Another form of forced reps is to have your spotter force down the bar to your chest (on benchpress) on the eccentric (downward) phase of the lift by applying his bodyweight to the bar. You may need the spotter to help you get the bar back to the top of the movement.

Partial reps are a great way to get your muscles to burn. When doing partial bench press reps, you should only lift the weight about 4 inches off of your chest. This works great when used as a compound set w/ dumbbell bench or incline flies. This goes for any other exercise as well. Only do the first half of the rep. But don't do these for squats; it's a waste of time.

21's are another form of partial reps. Instead of doing the full motion of the rep, do only the first half of one full motion for 7 reps. Then, do the second half of one full motion for 7 reps. Then, finish off the set with 7 reps of full motion for a total of 21 reps.

100's are a killer exercise. This is particularly effective with bench. You simply use a weight that you think that you can lift for one hundred continuous reps. Like burn outs, this should be done at the end of a session due to the inevitable exhaustion of glycogen stores and build up of lactic acid. It is not known how this causes any muscle growth. It defies most principles of muscle growth in that it doesn't use enough weight to cause a tear down of tissue. Bodybuilders have realized its effectiveness. It may be that the vast amount of blood that accumulates in the muscle actually tears down the muscle fiber due to pressure.

Isolate your muscles to get the most out of a particular workout. Doing leg extensions are a great isolation workout for your thighs. For biceps I recommend doing dumbbell preacher curls. Isolation works only one specific muscle instead of a compound movement (ex. Bench= compound due to chest, triceps, and front delt involvement).

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Isotension is when you continuously flex and relax your muscles before, between, and after your workout and even between sets. Pressing your palms together during a chest session is an example of adding isotension.

Isometric uses a partial range of motion. It is performed at the top of the movement like going down only six inches in the benchpress. The driving force behind this technique is the amount of weight that you use. Add a little more than what you think your one rep max may be. Make sure your spotter is very close and lower the bar 6 inches or so. You shouldn't be able to squeeze in more than 5 or six reps even though you only go down for a few inches. This is a big strength and mass builder. It will also make your one rep max climb higher because you'll get used to feeling heavy weight.

Negative reps (eccentric motion) are when you are lowering the weight. A good exercise is to do negatives with straight bar curls. To do this, you curl the bar up as normal then lower it very, very slowly. Concentrate on holding the weight tensing the muscle as hard as you can. Exaggerated negatives may take eight seconds to lower but only one or two seconds to raise while doing curls.

Slow reps are fun, not. Basically, using a lower weight, you can do any exercise in slow motion. This not only takes away the momentum of the faster movements, it forces you to do a good slow negative rep and will give you a great pump. But we're not going for pump; we're going for muscle breakdown. So only do these at the end of your workout because you'll fatigue your muscles and they won't be strong enough to give the contraction needed to give you microscopic tears (which is what we're looking for).

Break the bar! This is an awesome alternative to standard lifting that will leave you with more muscle fibers being broken down. It's an exercise in which you reap anabolic benefits by putting the weight on yourself instead of using the poundage of the plates. Here is an example of breaking the bar on bench: Grip the bar with a normal width. Instead of lightly holding the bar grip it as tight as possible and while lowering and pushing the bar, try and pull it apart or squeeze your hands toward each other and try to bend the bar. In your mind, try to focus on pulling the bar apart from its center. This is a good exercise for increasing the one rep max because it places added stress on the triceps.

Cheating is when you lose your form just for a rep or two on heavy days to help you get some extra reps with some serious poundage. For instance, if you are doing standing military press and you can't seem to push out the last rep and you begin to use your legs to give you momentum to lift it, this is cheating. Keeping generally good form is one of the most important criteria to becoming strong and staying healthy, so this type of practice should be avoided most of the time.

Pyramid reps are probably the most common in weight training. For instance, a guy might usually workout with 300lbs on bench press. He would start with 225lbs for one set, then go up to 285lbs for one set, then go to 300lbs for 3 or 4 sets. Then maybe he would finish the exercise with a set of 225 again doing as many reps as possible.

Heavy-Duty training is when you go to your usual workout weight right after warming up. Usually, I do a few (3-4) sets to pyramid up to my workout weight and get the blood pumping. With the heavy-duty method of training, you skip the pyramid and go straight to the heavy weight. Make sure you warm up!

Burn out is beneficial in that it can aid in overall muscular endurance and strength by making your muscles more efficient at using available oxygen. After finishing a workout session for a particular muscle group, do an isolation exercise (one that uses ONLY the muscle that you wish to burn out) and use light weight till you get a really good burn. Only use this as a finishing exercise or you will not have enough energy left over to break down muscle tissue.

Staggered sets are usually used to help develop an underdeveloped area. For instance, if your calves were a little smaller than you like, you might incorporate an extra day of calf exercises on a day that they aren't scheduled for. So when chest day comes around you would do a set of calf raises between each exercise you do that day. By the end of the day you may have done 20-30 sets! This is a great way to do abs. You might also need to take a day off to get your body part to grow (can you say irony).

Prioritize your workout so that you are putting a specific emphasis on your "weak" areas. For instance, if your back could use a little more work, work that body part first. On back day you could use one or more of the techniques above to help make your workout more enjoyable and effective. You could also schedule your back day on Monday so you are more fresh if you just took the weekend off... get the point?

Work order is the sequence by which you lift. You want to work the big muscles first to fatigue them so that they don't interfere when you work your smaller muscles. For instance, work your chest really hard before you do close grip bench for your triceps so that your chest won't be doing as involved in the movement.

Supersets can be done two ways. 1) You can superset the same muscle group i.e., doing pushups or dips between sets of bench press, and 2) You can superset opposing muscle groups i.e., doing one arm rows between sets of bench press.

Stripping weight as you go is a very effective way to build muscle. This allows you to work through your fatigue. Basically, you do as many reps as you

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can until you are completely fatigued, then you "strip" some weight off of the bar and immediately go again until you are fatigued at that weight. This is a good way to get a pump. Don't make a habit out of stripping weight because it's only used to shock the muscles. Doing it all the time won't tear down muscle fibers for growth.

I Go/You Go: This is a fun exercise, especially when you and your partner are about the same strength. Basically, if you are doing straight bar curls, once you are done with your set you hand the weight off to your partner then he goes. You can go back and forth until one of you gives up. Or you can do one, then your partner does one, then you do two, then he does two, then three and go up to 15 or so then back down.

Peak contraction is one of the best things you can do to encourage muscle growth. When you get to the end of the movement, tense the muscle as hard as you can before letting the weight back down. For instance, when doing biceps curls, curl up the weight and SQUEEZE before letting it slowly go back down. That squeeze at the top of the motion is NOT REST, but it is the complete opposite.

Pause is closely related to peak contraction. When you reach the top of the movement, hold the weight for a good one or two count. Make sure that you HAVE CONTINUOUS TENSION or else this will be counterproductive. Do it at the top of the movement but not at a rest. It should be just completely opposite of a rest. An example would be to hold the bottom of a row movement for a two count.

Rest this is by far the most crucial element of muscle gaining as protein synthesis is at a maximum during deep sleep.

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As can be surmised by the commonly used term anti-estrogen, the primary goal of therapy with an estrogen maintenance drug is to block the side effects associated with this hormone from becoming apparent during steroid use (though often they are also used at the conclusion of a cycle to help restore the release of endogenous testosterone). For the purpose of combating estrogen a number of substances have been used successfully over the years, and more have recently become available due to advances in the field of breast cancer research (treatment of breast cancer is the primary clinical use for most of these agents). Likewise the athlete now has several pharmaceutical options to select from when shopping, which can make the choice of what drug may be best for any particular case a confusing one. Since a number of issues including cost, availability, potential side effects and efficacy may factor into this decision, I thought a closer look at both the old and newer agents might be in order.

Aromatization is the technical term for it. It is a natural process in which an androgen (male sex hormone) such as testosterone can be converted to an estrogen (female sex hormone) in the human body. In normal situations of course the male body will produce estrogens only in very small amounts, though they still do play an important role metabolically (including visceral/organ fat disposition, bone growth/maturity and blood lipid regulation). Athletes however may find that estrogen can become an extremely dramatic problem with the administration of anabolic/androgenic steroids. With the natural process of aromatization in place, and extremely heightened androgen level can result in a troubling buildup of estrogens. This may cause the onset of estrogen related side effects such as noticeable fat and water retention, as well as the buildup of female breast tissue (gynecomastia). Gynecomastia is a particularly upsetting occurrence for the steroid-using male athlete, as the characteristic unsightly buildup of tissue mass is usually permanent. Although many synthetic anabolic agents are resistant or not open to the process of aromatization at all, our standard bulking drugs such as testosterone and Dianabol are still readily aromatized. This has prompted the athletic community to seek the benefit of estrogen maintenance drugs when taking such steroids, a class of medications that are now considered standard remedies in the athletes' drug arsenal.

Nolvadex and Clomid (estrogen receptor antagonists)

Estrogen receptor antagonists, more simply referred to as anti-estrogens (though this term is often loosely applied to all estrogen maintenance drugs), are drugs that block estrogens from exerting activity in the body. This is actualized by the ability of a particular substance to bind to a segment of the estrogen receptor, yet not activate it. This in turn prevents other estrogens from binding and activating the same receptor site. In a clinical setting an estrogen antagonist, most prominently the drug tamoxifen citrate (sold under the brand name Nolvadex) is typically used as the first line of defense during advanced breast cancer therapy. Its use can efficiently deprive estrogen responsive cancer cells of necessary hormone, allowing a high rate of response in patients with such forms of cancer. Stronger agents such as aromatase inhibitors (discussed below) are usually a second choice, substituted when conventional antiestrogen therapy fails to elicit the desired response.

A drug like tamoxifen is preferred over other agents as the first course of breast cancer treatment for a number of reasons, most due to the fact that that it is both extremely effective yet does not inhibit the actual formation of estrogen in the body. Among other things, this may allow Nolvadex therapy to be somewhat more comfortable for the patient. Although many women (particularly pre-menopausal) seem to suffer menopausal-like side effects with virtually all estrogen maintenance drugs, estrogen antagonists are often somewhat more tolerable than agents that block the synthesis of estrogen. In fact the activity of tamoxifen is itself variable, such that in certain target tissues it may actually act as an agonist (activator) of the estrogen receptor. It therefore does not completely diminish the biological activity of estrogens, though it does considerably reduce it nonetheless.

It is also well understood in medicine today that estrogens play a supportive role in the cardiovascular system. For example, studies show that a rise in the estrogen level (as in post-menopausal estrogen replacement therapy) is typically linked with a reduction in LDL (bad) cholesterol, and a rise in HDL (good) cholesterol. The ability of tamoxifen to act as an estrogen agonist in the liver likewise gives it what may be its most welcome property, namely that it exhibits an estrogenic, rather than antiestrogenic, effect on blood lipid (cholesterol) values. As a 1998 study by the Department of Clinical Oncology in the Netherlands Cancer Institute shows, during long-term treatment with tamoxifen (6 months) a lowered LDL cholesterol level, and significantly elevated HDL cholesterol level and HDLC/total-cholesterol ratio may result. This trend should reduce an important risk factor for heart disease, obviously a welcome effect during treatment. For the steroid-using athlete already faced with negative alterations in lipid profiles, such an effect could obviously an important consideration.

Clomid (clomiphene citrate) is very similar in structure to Nolvadex, both drugs being classified as triphenylethylene compounds and used clinically for similar purposes (breast cancer as well as female infertility treatment). As well as we see with Nolvadex, Clomid is a partial agonist/antagonist of the estrogen receptor depending on the target tissue in question. Although athletes most commonly think of Clomid as a testosterone-stimulating drug only (another effect of antiestrogenic compounds), to be used at the conclusion of steroid treatment, its activity in the human body is not at all dissimilar to Nolvadex. It should likewise be thought of not as a drug with its own niche of use, but instead as another efficient remedy for gynecomastia similar to Nolvadex (with the related ability to support the release of testosterone). It could clearly replace Nolvadex as a preventative measure against gynecomastia during cycles with aromatizable steroids without noticeably altering the level of effect received, just as Nolvadex can be used effectively to increase the synthesis of testosterone in the body at the conclusion of steroid use (though admittedly Nolvadex may be slightly more potent in both regards)

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Aromatase Inhibitors

Aromatase inhibitors are another, perhaps more direct, way of dealing with estrogen in the body. Instead of blocking estrogen at its receptor, these agents have the more direct task of targeting the enzyme responsible (aromatase) for the biosynthesis of estrogen. By inhibiting this enzyme, circulating levels of estrogen can be efficiently and significantly reduced. This class of drugs seems to be the current area of focus for many in the medical community, as a dependable inhibitor of aromatase can potentially offer more to patients with related forms of cancer than antiestrogenic agents. Athletes will likewise find that the more recently developed aromatase inhibitors are the most potent remedies available for the prevention of related side effects.

Before detailing the various inhibitors of aromatase it is important to discuss further the potential drawbacks to this type of therapy. The most prominent being a negative impact on cholesterol profiles. Although steroid use is of course expected to negatively effect cholesterol levels, we find that when aromatization is inhibited this harmful tendency is greatly enhanced. A study published in 1990 shows this possibility very clearly. During this 12-week investigation the effects of testosterone enanthate (280 mg weekly) were compared to the effects of the same dose combined with an aromatase inhibitor (testolactone 250mg 4 times daily). The group taking testosterone only displayed no significant decrease in HDL cholesterol values during the course of treatment, whereas the group combining the dose with testolactone already noted a marked reduction (25%) by the fourth week of therapy. Clearly those concerned about the possibility of heart disease (especially those with poor lipid values to begin with) might want to think twice before simply using an aromatase inhibitor during steroid cycles.

Alternately choosing an antiestrogen such as Nolvadex however does not offer us a 100% guarantee that lipid values will not worsen over using no estrogen maintenance drug at all. In studies combining tamoxifen with estrogen replacement therapy for instance, it was shown that this compound could interfere with the beneficial effects of estrogen-based drugs on lipid values, though not completely diminish them. Since the effects of Nolvadex during treatment with a steroid such as testosterone have not been fully investigated (admittedly it is a small and not legitimately supported corner of use for tamoxifen), it remains to be seen whether or not it is truly beneficial in terms of lipid values when given with an aromatizable steroid. For now however, should an estrogen maintenance drug be indicated, we can still consider it to be a safer alternative to any of the following aromatase inhibitors.

Teslac (testolactone)

Testolactone is a steroidal aromatase inhibitor, structurally similar to testosterone. It was first made available in the 1960's, at a time when conventional breast cancer therapies included androgenic steroids. It was developed in an effort to produce an effective agent for breast cancer that was devoid of virilizing activity, and to that end testolactone fits well; it is completely devoid of androgenic activity (at high doses its activity is in fact antiandrogenic). It is quite interesting to note that it was not discovered to act by inhibiting aromatase until 1975. By this time testolactone had already fallen out of favor with the medical community, due in part to its low rate of response, as well as the utilization of stronger agents such as aminoglutethimide.

Although testolactone may still be available, it is a poor choice for the athlete. There are just too many drawbacks to its use. It is expensive, and studies show that 4 tablets (1000mg) are typically needed each day for a sufficient level of estrogen suppression. It may also be an antagonist of the androgen receptor to some extent, certainly an unwanted effect for the steroid user. Being a testosterone derivative it is additionally a controlled substance in the United States. Though it does admittedly work as a weak aromatase inhibitor, the hassle of obtaining it combined with the obvious greater effectiveness of other agents such as tamoxifen make it a rare find these days.

Cytadren (aminoglutethimide)

Aminoglutethimide is another of the earliest to be developed aromatase inhibitors, and was also the first drug to gain widespread acceptance for this purpose. Like testolactone, it was also made available as a prescription drug long before its mechanism of action was fully understood. In fact it has quite an interesting history. This compound, a derivative of the hypnotic glutethimide, was first sold in the United States as an anticonvulsant medication in 1960. By 1966 however, adrenal insufficiency was being reported in patients taking the drug and it was soon taken off of the market. Studies began looking at this compound in a new light not long after though, eventually warranting its return to the market. Aminoglutethimide ultimately came to be of the most prescribed and researched aromatase inhibitors available. Its effect on cortisol secretion also makes it an effective treatment for an illness such as Cushing's syndrome, where the body over produces cortisol.

Developing a proper dosage regimen for aminoglutethimide has also proven to be a confusing process. When first being applied to patients it was shown to be only transiently effective at lowering inhibiting adrenal steroid secretion (typically lasting for only for 3-7 days). Dubbed the adrenal escape phenomenon, it was shown that the body would notice the lowered output of cortisol, and triggers the heightened release of ACTH (adrenocorticotrophic hormone) in response. This restores the normal release of adrenal steroids and nullifies the effect of aminoglutethimide. Clinically a small dose of hydrocortisone (40mg) is used to avoid this response, which for some time had also been the accepted practice for use in breast cancer treatment.

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In later studies however, we find that the main mechanism in which this drug benefits breast cancer patients (inhibition of peripheral aromatase activity) is different from that which interferes with adrenal hormones. We also see that the dosage was important in triggering each particular response. It appears that aromatase inhibition is achieved at a much lower dose than is needed to block steroid production by the adrenal gland. While a daily dosage of 1000mg is typically needed to inhibit the demolase enzyme (the enzyme responsible for converting cholesterol to pregnenolone, and the target when reduced adrenal output is needed), maximum suppression of aromatase and estrogen levels is achieved at a dosage between 250 and 500mg (a point where adrenal steroid blockade should not be noted). There also seems to be no added benefit by adding cortisol in terms of survival/response rate among patients, and subsequently there is need to supplement cortisol when taking this drug for the purposes of inhibiting aromatase (nor for the athlete to implement a rotating dose schedule). Another suggested athletic use however remains to be that of an anti-catabolic, which is discussed in of itself.

In effectiveness this compound rates highly, with aromatase activity shown to decrease as much as 92% after administration of only 250mg. Patient response studies also show aminoglutethimide to be at least as effective as tamoxifen therapy in treating estrogen dependent cancer cells, more so under certain conditions. However, due to its discussed broad range of activity, including the potential inhibition of not only cortisol and estrogens but also aldosterone and androgens as well, it is not regarded as highly in terms of patient comfort. This is not to give the impression that complaints are very common though, as aminoglutethimide still has an extremely good safety record. Athletes can likewise consider it to be an extremely effective remedy for estrogenic side effects should it be available on the black market, at least as much so as Nolvadex.

Proviron (mesterolone)

Proviron is not technically classified as an anti-aromatase, but is an oral androgenic steroid. Specifically it contains a derivative of the potent steroid dihydrotestosterone, differing only by the addition of 1 methylation (the same alteration used to increase the oral efficacy of Primobolan). Its use as an anti-aromatase stems from studies showing a nonaromatizing androgen such as dihydrotestosterone may interfere with this enzyme reaction. It is believed to interfere with aromatase by competing with an aromatizable steroid such as testosterone for binding to the enzyme site. With dihydrotestosterone (or Proviron) interacting with this enzyme, yet producing no reaction, the enzyme is temporally prevented from altering other hormones, and an anti-estrogenic effect is achieved. Overall however, Proviron is much less reliable than any one of the mentioned antiestrogens or aromatase inhibitors. Though it may add some benefit when taken concurrently with a drug such as tamoxifen (though in such a case tamoxifen would be doing most of the work), I don't think that it is potent enough as an aromatase inhibitor to recommend using along during strong cycles. As with testolactone, Proviron also has the added drawback of being a controlled substance. Likewise it is often harder to obtain than many of the other agents.

Arimidex (anastrozole)

Anastrozole is a much more recently developed, selective, non-steroidal aromatase inhibitor. It represents quite an advance in breast cancer treatments, as it can efficiently block aromatase activity without affecting enzymes involved in the biosynthesis of other adrenal steroids (hence the term selective). Its activity is therefore much more specific than aminoglutethimide, a trait that also makes it more tolerable for the patient. Numerous studies also support the superiority of this inhibitor over previously prescribed treatments, including many in which patients responded favorably to anastrozole (as a second-line therapy) after ceasing to respond to tamoxifen. In fact of all the aromatase inhibitors discussed in this article, Arimidex is shown to be the most effective and reliable.

The recommended dosage for anastrozole clinically is a single 1mg tablet daily. This is the lowest dose shown to produce maximum suppression of estrogen levels, and to spite expectations of greater results, doses of up to 10mg daily were not shown to appreciably increase the long-term response rate. In many cases the 1mg dose will produce estrogen suppression near 100%, so there seems to be little need for the athlete to venture higher. Price would probably prevent such experimentation in any event, as this new therapy is quite expensive. While tamoxifen will typically cost no more than \$1-1.50 dollars per tablet, the price can be as high as \$10 for anastrozole. This has prompted some to tinker with lower dosages (1/2 tablet daily) or alternating schedules (often in conjunction with tamoxifen) in order to stretch the money a little further.

Formestane (4-OH androstenedione)

Formestane is the first in a new line of selective, steroidal-based aromatase inhibitors. It is currently available in a few European countries, and is expected to reach U.S. shelves before long. Formestane is structurally a derivative of androstenedione, most specifically 4-OH androstenedione. Androstenedione is a readily aromatized steroid, so clearly this similarity welcomes interaction with the aromatase enzyme. Its activity in the body is in fact that of a suicide inhibitor, meaning that the compound will become inextricably bound to the aromatase enzyme upon contacting it. Its effect is therefore comparatively much more lasting than that seen with reversible, competitive inhibitors. This is no doubt the reason formestane was shown in studies to be as much as 60 times more potent than aminoglutethimide. As with Arimidex, this compound can help achieve near total suppression of aromatase.

Due to poor oral bioavailability, formestane is commercially prepared as an injectable product. The typical recommendation is an injection of 250mg (typically 1 ampule or injection) every two weeks. Though estrogen suppression can be marked with this dosing pattern, some studies do suggest that by the second

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week (near the time the dosage is to be repeated) estrogen levels may begin to recover. Although a more frequent schedule may provide more stable results, again cost is a prohibiting factor. I am looking at a current mail-order list in which a single 250mg ampule of formestane sells for \$249. This would equate to a monthly expense of around \$500, roughly twice the cost of the recommended anastrozole dose. It is of course also very doubtful that, with the high potency of this compound, an athlete would ever have trouble with the recommended schedule.

The BEST estrogen maintenance drug?

Clearly there is more to consider in choosing an estrogen maintenance drug than just which is the most effective. The discussed differences in cholesterol alterations between anti-estrogens and aromatase inhibitors for example are worth taking into account. In this regard an antiestrogen such as tamoxifen or clomiphene would be most preferred. Cost may also be important for many, as the newer selective aromatase inhibitors can cost between \$250 and \$500 per month. This is in great contrast to aminoglutethimide, Nolvadex or Clomid, which can cost \$100 or less monthly. By measure of which is the most efficient remedy for estrogenic side effects, it would seem that Arimidex and formestane would technically be the most effective. Though more expensive, formestane was actually shown to be slightly less reliable than Arimidex in head to head studies, so its higher price should not automatically lead us into thinking it is the superior of the two. Ultimately however, it is doubtful that either of the new selective aromatase inhibitors (or other related agents slated to be released) will prove to be leagues ahead of the already tried and accepted estrogen maintenance drugs Nolvadex, Clomid and aminoglutethimide in the eyes of athletes. This is simply because the mentioned agents all deal with the action/buildup of estrogen quite effectively (in terms of clinical effectiveness of three agents compare closely to the new selective inhibitors), and outside of a medical setting the high cost of these newer agents will likely prohibit wide spread use.

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ANABOLICS (In A Nutshell)

CHAPTER 12

There are two types of anabolics:

Class-I These are mostly the oil-based injectibles. They work primarily by binding to and activating the androgen receptor, which then interacts with your DNA, sending out various signals to impact anabolism/anti-catabolism.

Class-II These are primarily 17alpha-alkylated oral compounds. They, unlike their oil-based counterparts, do not bind well to the androgen receptor, and achieve their effects on growth/strength independent of this process, by binding to other types of receptors.

The above study just offers some actual scientific proof into this, and sheds light on why it is beneficial at times to stack steroids from opposing groups, so as to get the maximum results through multiple pathways, as opposed to one primary mechanism...

So basically it means you should stack a Test (whatever ester), a 17aa steroid, and maybe if you want some other type of Class I steroid. For optimal results. This is basically common sense, but good that there is scientific results to back it.

Nothing puts mass on as efficiently as it, except for maybe tren. But unlike tren, testosterone only has 'mediocre' binding capacity to the A/R, being far outshined by deca and primo in the binding capacity department. Yet it provides much better overall growth. Why? It outshines the above aforementioned anabolics in the Class-II mechanisms, such as influences on GH, IGF-1, activation of satellite cells into full maturation, activation of prostaglandin receptors, etc... I believe that non-A/R mediated activity is UNDERRATED if anything on its influences on growth.

Man child-That's exactly right. There are two steroids that possess DUAL activity (both class-I & II), and that is testosterone and tren. For this reason, they should form the base of your cycle. Tren has the strongest binding capacity to the androgen receptor of ANY steroid, therefore adding a class-I with it probably isn't necessary, as it's more than sufficient in that department. Its class-II activity isn't as aggressive, therefore adding in a class-II oral such as winstrol or dianabol would work very well. As for testosterone, the same applies. Throw in an oral compound and a class-I, such as deca, eq, or primobolan, and you've got all the bases for anabolism completely covered. Now all you need is the right training stimuli, and ample nutrition, and you're on your way to explosive growth...

Your wish is my command, lol...

Anabolic Steroids achieve their effects on hypertrophy through different mechanisms, and as such are classified into two different categories, class-I and class-II compounds. I will explain which ones work through which pathway, and how to effectively combine opposing groups to maximize potentiation of one another for explosive growth....

Class-I These are steroids whose primary influence on anabolism is achieved through aggressive binding and activation of the androgen receptor... Examples of potent class-I's are Deca-durabolin, primobolan, equipoise, oxandrolone...

Class-II These are compounds with potent activity independent of A/R binding/activation, and their activity has been monitored in neuron's, microsomes, mitochondria, etc... Examples of potent class-II's are Anadrol, Dianabol, winstrol, Fluoxymesterone...

Then we have steroids that are potent combination steroids all by themselves (meaning they display influences on growth through both class-I and II activity, and thus are very effective as 'stand-alone' anabolic agents as well as forming the 'base' of most steroid stacks)... Two compounds possess this unique characteristic: Trenbolone and Testosterone. Either of these two steroids should form the base of most users stacks, as they cover both A/R and non-A/R mediated mechanisms, and adding to them with either a class-I or II will only potentiate that particular mechanism towards muscular hypertrophy...

Now that we're aware of which compounds work through which mechanism, how do we combine them effectively to maximize each one's potential? As explained above, Testosterone and trenbolone should form the base of any serious steroid stack, but great effects can be had by combining single mechanism steroids from opposing classes... Examples of this type of synergistic combining could be (but are not limited to)

CUTTING

Winstrol & Equipoise
Winstrol & Primobolan
Fluoxymesterone & Equipoise or Primobolan

BULKING

Deca & Dianabol
Anadrol & Equipoise or Primobolan
Winstrol & deca

And of course, using test or tren as the base compound for either cutting or bulking will only make results that much more explosive. If using test for cutting, an anti-aromatase should be incorporated.

MODERN AAS CYCLING - Front Loading

CHAPTER 12

A comprehensive look at modern Anabolic Androgenic Steroid cycling.

If you are planning a 10 week cycle, the goal is to be at highest blood concentrations for as many of the 10 weeks as possible.

If you use a long ester such as deca at xmg/week, it will take you 4-5 weeks to build up to max blood concentrations possible for xmg/week. So half of your cycle is not wasted, but you are not maximizing efficiency.

When coming off a cycle, the waiting period before clomid therapy begins will vary depending on the type and dose of the AAS. If you ran 400mg/week of deca for 10 weeks, a month after your last shot, you will still have around 150mg of esterified deca in your system. This is more than enough to prevent recovery. This is the reason why recovery is more difficult with a deca (or another long acting ester).

Most guys go with "time on=time off." This will not work with long esters as I have demonstrated above. For at least a month after your last shot you are in what I call a "time in-efficiency" period where you are no longer reaping the benefits of your AAS but you are not recovering either. The goal of the modern cycle is to minimize this wasted time.

The key components are:

1) Front end loading this cuts down on wasted time in the beginning of your cycle waiting for the doses to reach full therapeutic levels. This concept has been used before but (as far as I know) I was the first one to quantify it mathematically. Zyg has taken [buy testosterone online](#) the math one step further with a graph showing, visually, the importance.

The use of orals in the beginning of a cycle is a popular component of a cycle. While I don't feel it is a necessity, it too is a (different) type of front end load. For the advanced BBer, dbol should be taken in the beginning of a cycle as well as loading the injectables since the anabolic response from dbol is alleged to be by a different mechanism than most injectables. If one had to choose between a dbol load and an injectable load, in most cases, the injectable load should be preferred over the dbol load.

2) **Injection frequency** This is crucial to obtaining even blood concentrations of androgens. Ideally, the more often injected, the better. An acceptable rule of thumb is "inject at half of the half life." For instance, if the half life of a steroid is 7 days, this should be injected at least twice weekly. For cycles that involve multiple injectables, the injections should be fractioned out and divided up based on the injectable with the shortest half life. For instance, if you were doing a test propionate and deca cycle, the old school way to do it would be to inject the prop EOD and the deca once a week. Both compounds should not be viewed as separate, but together with total androgen concentration taken into consideration. If you injected the deca only once a week, probably along with one of the propionate injections, that day will have a much larger spike on total blood androgen concentrations. Instead, the deca should be split up and taken with the propionate injections, EOD. This way there is no one day of the week that has a "spike" and even blood concentrations are maintained throughout the week.

3) **Ending the cycle** Switching to shorter esters toward the end of a cycle makes perfect sense however not too many guys incorporate this practice- perhaps because of the lack of variety of drugs. The modern cycle should include replacing long ester injectables with shorter ones so that recovery time is made more efficient. The necessity of switching to shorter esters toward the end of a cycle depends on the type of drugs used. Longer esters such as deca and eq should be replaced with shorter acting versions of these compounds no later than four weeks before the end of a cycle. Medium length esters such as t-enthate and cypionate should be replaced no later than three weeks before the end of a cycle. A couple examples of appropriate replacements are: trenbolone acetate and testosterone propionate. There is no need to "load" these compounds in the middle of a cycle since 1) they are already "fast acting" and 2) blood androgen concentrations are already high.

4) **Recovery** With the replacement of the faster acting injectables toward the end of a cycle, the "wasted" time between the end of a cycle and beginning of clomid therapy is reduced. For instance, if 100mg TA is used ED, clomid therapy may begin in as little as 5 days after the last shot. This tremendously improves time efficiency. Clomid therapy usually lasts for four weeks. An excellent thread posted by The Iron Game describes this in further detail Clomid FAQ's .

When the above recommendations are made, your cycle itself is made much more efficient and if recovery time is made more efficient as well, time "off" AAS may very well be reduced so that the overall efficiency of AAS use over time is tremendously improved.

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Aldactazide: (spironolactone and hydrochlorothiazide)

This drug is a diuretic combination containing Aldactone and a thiazide. It is often used by pre - contest bodybuilders to drop excess water. For some bodybuilders it works very well. It is most often taken for just the last three to five days before a show. The Aldactone prohibits the release of aldosterone, a hormone produced by the adrenal gland. This hormone is partially responsible for the amount of electrolytes and fluid body retains. Combined with the stronger thiazide diuretic this drug is a perfect combination for some. Average dosage was one tablet taken to times daily for three days before a show. This item rarely shows up on the black market. But it is often prescribed by the athletes' doctor.

Aldactone: (spironolactone) 25mg tabs 50 tabs/bottle

This drug is a mild diuretic, which works by inhibiting the effects of aldosterone in the body. As with aldactazide, it is often used for the treatment of high blood pressure. Some pre -contest bodybuilders find it helpful in reducing excess water from abnormally high estrogen in the system. Recently woman have been using the drug as an anti - androgen. This drug has the ability to reverse the effects of androgens in woman. This is often a very useful drug when a woman is taking steroids and begins to suffer masculinisation. In this case woman usually stop using this parades and take Aldactone for one to three weeks; until the androgens turn to an acceptable range. This drug like all diuretics can cause some serious side effects; muscle cramping, heart problems and dizziness to mention a few. Aldactone is usually obtained from a doctor who helps the individual with the proper use. Due to the anti-androgenic effects of this drug, male bodybuilders use it for only a few days at a time. It will lower androgens so significantly in some cases that gynecomastia becomes a problem. A dose of one tablet taken to times daily was most Common.

Aldactone:

Aldactone is a diuretic and belongs to the subgroup of potassium-sparing diuretics. Aldactone is an aldosterone antagonist. It influences the body's own hormone, aldosterone, which accelerates the excretion of potassium and reduces the excretion of sodium and water Simplified; aldosterone regulates the endogenous water household. The higher the aldosterone level, the more water is stored in the body. The use of Aldactone results in a significant reduction in the aldosterone level so that an increased excretion of sodium and water occurs while, at the same time, potassium is reabsorbed. This also explains why Aldactone is called a potassium-sparing diuretic since it does not cause a loss of potassium like thiazides and furosemides.

Athletes must strictly observe that during the use of Aldactone no additional potassium is taken since this would cause a life-threatening increase in the serum potassium level. Potassium sparing diuretics have relatively low diuretic effects so that Aldactone can be called a mild diuretic. It is interesting to note that Aldactone is also an antiandrogen since it reduces the androgen level. Female athletes take advantage of this characteristic by using it to minimize the virilization symptoms during steroid treatment or the symptoms after treatment. For this purpose Aldactone is normally taken daily for 10 to 14 days, usually in a dose of 50 mg/day. In men this could cause problems since the relationship of the androgen level to the estrogen level changes in favor of the latter Thus, common side effects in men include pain in the nipples and breast swelling (gynecomastia).

Bodybuilders use Aldactone almost exclusively during the last week before a competition. Since this causes neither a dramatic nor an immediately noticeable draining effect, it is usually taken over 5-6 days in a dosage of 2 tablets of 50 mg daily. Aldactone should not be used to expediently drain water at the last minute. Both male and female athletes take it. The side effects of potassium-saving diuretics are relatively low compared to thiazides and furosemides. The main problems in men consist of gynecomastia and possible impotence. Other side effects can be low blood pressure, muscle spasms, dizziness, gastrointestinal pain, vomiting, irregular pulse rate, and fatigue. It is important to note that there is li', significant increase in the serum potassium level (see above).

Aldactone is a prescription drug available in American pharmacies. Aldactone by Hoehringer Mannheim of Germany is often found on be black market. A package contains 50 degrees of 50 mg each and costs approx. \$30. On the black market. The Mexican Aldactone by Searle can also frequently be found on the black market. The 25-mg tablets are of light-brown color; indented, and have a SEARLE imprint. The original package contains three strips, each with 10 tab-lets. There are currently no Aldactone fakes available.

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Anabolicum Vister:

Anabolicum vister is an oral steroid produced only in Italy. It is administered in an unusual form since it is either taken as a capsule or in drops. The latter type of administration is not used by athletes. In schools of medicine Anabolicum vister is used primarily in treating of the elderly, in particular women after menopause, and for the treatment of general diseases and symptoms of old age. This is due to the fact that Anabolicum vister is a very weak androgenic steroid, which is well tolerated. It has mainly an anabolic effect, which stimulates the protein synthesis and has the welcome characteristic that it does not aromatize. It also causes only a low retention of water and salt. In addition, the substance is not 17-alpha alkylating and consequently, not liver-toxic. However, all these positive characteristics make Anabolicum vister a very weak steroid, which does not help athletes achieve significant improvements. Women, older athletes, and steroid novices may gain some advantages while the more advanced will be disappointed by its effect. Men usually need very high doses in the range of 80-120 mg/day to feel anything at all, while some women react with a small muscle gain and a nice strength gain by taking only 30-40 mg/day. As mentioned earlier the side effects are minimal and usually occur in persons taking high doses and showing sensitivity to the androgenic residual effect. Thirty capsules come in a glass bottle with a screw cap, packaged in a matching box. Anabolicum vister is rarely found on the black market since there are very few requests from athletes.

Anadrol: (oxymetholone) 50mg tab 100 tabs/bottle

Also under names anapolon and Andriol - 50. This is a oral steroid which is a derivative of dihydrotestosterone. Box the bid is concerned strongest oral steroid available. Androgenic Properties of this drug are just short of testosterone. The high androgens are accompanied by very high anabolic quantities. This combination gives anadrol the potential to be a dramatic muscle building product. Strength and weight gains achieved by athletes using it have been very substantial. The use of anadrol was quite abundant among the athletes we surveyed. Although it is powerful, it remains the highest threat for serious adverse reactions of any steroid used today. Due to the fact that it is a C - 17 Alfa alkylated steroid, it is very toxic to the liver. It also causes excessive water retention which can result in high blood pressure. Acne and hair loss reflect the drugs high DHT level. In long term use, this is the only drug which has substantiated evidence to cause liver cancer. Many of the athletes reported gynecomastia while using this drug which makes an anti-estrogen drug a must. Many others report an ill feeling while using anadrol, suffering headaches, stomach pains, and other problems. For most, this drug is just too hard on the body. Many experience a dramatic loss of weight and strength after the cycle as well. Some users can take it, for them, one or two tablets a day was the optimal dosage. Cycles on this drug should be kept short; four or five weeks.

Anadrol 50, (Oximosona 50)

Description 50 mgs. / tab 100 tab bottles. The strongest oral steroid you can buy (and trust me it is expensive). This is an excellent steroid for both strength and weight gains but it does not come without a price (both in actual cost and side effects). Most users of this steroid report getting gyno about 50% of the time. This baby is very hard on the body and there is major water weight gain. Most of the gains that you will get on Anadrol 50 will go away after you get off of it. This is pretty hard to take when you take into account how much it costs and the long-term side effects.

Effective Dose: 50 - 100 mgs. / day

Street Price: \$4 - 5 / tab

Stacking Info: Don't take but for 2 - 4 weeks at a time. You had best be on Nolvadex as well since you want big pecs but not bitch tits.

Anadrol: (Hemogenin, Anapolon 50, and Oximosona 50)

This is a strong one! Oxymetholone is probably the most anabolic on the market. This is a oral steroid with the evil 17 alpa-alkyl molekyl witch makes it so effective but also so toxic. Anadrol should be used with an anti estrogen like nolvadex or proviron and not for more than 4 weeks.

Size:*****

Strength:*****

Side effects:*****

Dose 1-5mg/kg/day. Each tab contains 50mg of steroid.

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Anadrol:

This is an oral drug with a dosage of 50mg per tablet. This is the strongest oral on the market. It has both high androgenic and anabolic effects. Strength and weight gains are very significant. Anadrol is highly toxic to the liver. It also aromatizes fairly easily. This drug has been reported to produce gynecomastia in users (not all probably around 50%). An anti-estrogen should be used with this drug to counteract the aromatization. Nolvadex is an anti-estrogen with little to no side effects and it's talked about later. Many side effects are associated with Anadrol including acne, hair loss, abdominal pains, headaches, gynecomastia, hypertension, and heavy water retention. Loss of weight and strength usually occurs after the cycle. Anadrol also shuts down natural testosterone production. Anadrol is regarded by the bodybuilding community as the most effective oral steroid in building strength and size. Anadrol has many side effects however, which make it relatively dangerous to use when compared to other steroids.

Anadrol:

Anadrol was the U.S. brand name for 50mg Oxymetholone tablets, which were available in the U.S. until 1993. Syntex is the world producer of this drug, and markets it under a few different brand names in other areas. Oxymetholone is a 17alpha alkylated oral steroid. Second to none, this product is generally considered the most powerful steroid available. Anadrol will produce extremely dramatic weight and strength gains in its user. Some of this weight and strength gain will be due to the drug's heavy water retention. Users of Anadrol report severe crashes when stopping usage, mostly due to the loss of water and inhibited endogenous hormone production brought about during the cycle. Aside from the water, Anadrol will pack on the mass like no other steroid. A short cycle of Anadrol could account for a gain of over 20lbs in many users, sometimes more. As this drug's anabolic properties are so extreme, so are its androgenic side effects. Due to the strength of these side effects, Anadrol should never be used by women. For starters, oxymetholone will easily convert to estrogen and DHT. As stated earlier water retention will be present, along with an increase in blood pressure. Kidney functions may also need to be looked after during longer use. Hair loss has also been reported among users with a predisposition for male-pattern baldness. The most dangerous attribute of Anadrol is that it is 17alpha alkylated. As you probably know 17aa orals are toxic to the liver. Unlike Dianabol (another popular 17aa oral) which is effective in doses of as little as 15mg, Anadrol users generally start with 50mg/day and often lead up to 150mg/day. So when a user takes 3 Anadrol tablets, his liver is processing roughly the equivalent of 30 Dianabol tablets. This obviously is quite a lot of 17aa steroid for your liver to process, so it is pertinent a user has his liver enzymes checked regularly with a doctor. When you hear of horror stories involving liver cancer from steroid use, Anadrol is most often the culprit. For medical treatment, Syntex recommends 1-5mg/kg of bodyweight per day. This leads many patients to take as many as 8+ tabs per day, for extended periods of time. This is much more than an athlete would need and should be using, which may be why documented cases of liver cancer seem more prominent among non-athletes taking Anadrol medically. Lately, many people are speculating on how long this product will be available worldwide. Syntex has stopped production of Anadrol in the U.S., Oxitosona in Spain and medical use in other areas of the world seems to be declining due to the advent of newer drugs to treat conditions in which Anadrol was formerly used.

Aside from the Mexican version, all other forms of Anadrol are now being counterfeited, often with incredible accuracy. In the U.S., a version of the now unavailable American Anadrol has been found in which box, bottle and even the stamping of the tablet are identical to the real version. The only seen difference is the lack of active ingredient. Since real U.S. Anadrol has been out of production for some time, it would be safe to say anything labeled Anadrol is fake. Anapolon is copied as well with good accuracy. Oxitosona was/is counterfeited but since Syntex dropped its production in 1993, all forms should be considered fake. Hemogenin from Brazil is another popular version, which makes its way to the states and is also counterfeited. Currently, all the loose red Anadrols from Mexico (Stamped with SYNTEX on one side and 2902 on the other) which are circulating the states should be considered real. They are available only to clinics and hospitals in Mexico, so black market supplies are limited. Reports are that they may also be slightly underdosed.

Anadur: nandrolone hexyloxyphenylpropionate

Trade names: Anador 50 mg/ml; Pharmacia FR Anadur 50 mg/ml; Kabi Pharmacia G, A, CH,O; Pharmacia B, NL, FI, CZ Anadur 50 mg/2ml; Eczacibasi TK Anadur 25 mg/ml; Lundbeck DK Anadur 25 mg/ml; Lundbeck DK Anadur (o.c.)25 mg/ml; Leo ES Anadurin 50 mg/ml; Xponei GR

Anadur is one of many steroids which contains the compound nandrolone. Although available in many countries athletes do not use it often. Since its effect is similar to Deca-Durabolin's most people see no reason to take Anadur. This product does, however have a few characteristics, which make it different from "Deca" and therefore an interesting drug. Anadur is the longest lasting nandrolone. After only one injection the substance remains active in the body for four weeks. Anadur, above all, has an anabolic effect, which stimulates the protein synthesis and, as with all nandrolones, requires a high protein intake. Although almost everyone knows that during the intake of steroids more protein is needed, the effect of nandrolone depends on this requirement more than any other steroid. Although this is generally uncommon with steroid products, the consumer information on Anadur points out this fact: "During treatment with Anadur care must be taken that the patient eats a fully balanced diet with adequate protein." In practice, it has been shown that a daily minimum amount of 1 - 1.5 mg/pound of body weight is required. Anadur is not a steroid to be used to achieve rapid gains in weight and strength but is a classic, basic anabolic steroid which can be stored in the body, allowing a slow but solid muscle gain and an even strength gain. Athletes using Anadur report less water retention than with Deca. For this reason some bodybuilders prefer Anadur when preparing for a competition. It must be observed, however, that in this phase usage of Anadur

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should be combined with stronger androgenic steroids such as Parabolan or Testosterone propionate, since the androgenic effect of Anadur is too low to protect against the loss of muscle from overtraining during a diet. Because of its slow, even, and compatible effect it is mostly used during steroid treatments which last for several months. For the most part, progress made during this period usually remains after discontinuing the product. Anadur is also a suitable compound for steroid novices and female athletes. When taking 50-100 mg every 10 days women normally show no virilization symptoms and they like to combine Anadur with Winstrol tablets, Primobolan 5-tablets, or Oxandrolone. Men do not have to take antiestrogens since Anadur aromatizes only lightly and only in rare cases does it lead to gynecomastia.

The side effects of Anadur are even less than those of Deca-Durabolin. Liver damage can be excluded so that it can even be taken by people with liver disease. Virilization symptoms such as acne, hoarseness, deep voice, hirsutism, and increase in libido only occur, if at all, in very sensitive women. A higher blood pressure, due to a low water and salt retention, cannot be excluded but rarely occurs. The use of testosterone-stimulating compounds such as HCG or Clomid is not necessary since Anadur influences the hypothalamohypophysial testicular axis only slightly so that the endogenous testosterone production is not significantly reduced and the risk of a spermatogenic inhibition is minimal. Anadur is a very compatible steroid, which improves the general condition and well being of its user. Some athletes mention an improved psychological well being. As for the dosage, good results can be obtained with 200 mg every 10 days. Contrary to Deca, which athletes usually inject weekly, Anadur produces extremely long effects, allowing large intervals between injections. It is inconvenient for athletes that most of them must fall back on the German or Belgian Anadur, or French Anador which requires the purchase and injection of four 50 mg ampules. Athletes who are not afraid of larger injections therefore use one large 4-ml injection every 10 days. The high price of Anadur can really frighten the athlete. On the U.S. black market, one large ampule costs approx. \$13 to \$15. A U.S. pharmaceutical product does not exist. The Belgian and Turkish Anadur, the French Anador, and the Greek version Anadurin are individually packed and costs approx. \$10-15 per 50mg/ampule on the black market.

Anapolon:

Anapolon has been the strongest, oral steroidal compound, which is a derivative of dihydrotestosterone that has been currently only available for institutional use in Mexico. Clinically, Anapolon had been often prescribed in efforts to have treated anemia, which had been caused by deficient red cell production. The androgenic and high anabolic properties of Anapolon have been substandard of Testosterone, which had pertained this compound to have also been a dramatic muscle building product. Many athletes had claimed that strength and weight increases had been very substantial within a relatively short period of time. This characteristic had allowed the compound of Anapolon to have been a very popular choice of oral steroidal compounds amongst many athletes, primarily those of the male gender. Most athletes had frequently experienced a general weight increase of approximately 10 to 15 lbs. or more, within two weeks with the administration of this compound. This of course, had been largely attributed to the tremendous amount of water retention, which had immediately increased the muscle diameters, which in turn, had permitted a rapid increased size appearance. Consequently, this retained amount of water in the muscle cells and joints, had also additionally provided a smooth appearance, as the size increase had been quantitative, not qualitative. An advantageous effect of the water retention however, had been the ability to have eliminated, or having soothed associated joint problems, which had been due to this side effect's subsequent lubricating quality. This had often been appreciated by most athletes, as this characteristic had frequently allowed for intense workouts, which had often been previously somewhat restricted, due to associated aggravated pain in the joints.

The Anapolon oral steroidal compound, had further increased the number of red blood cells, which in turn, had enabled the muscles to have absorbed more oxygen. This had generally resulted in the muscle being able to have endured more physical stress, which had been due to the significant increase in blood volume. A "pump" effect had often been experienced when training particular muscles, and had even become somewhat painful to the extent, that the performed exercise had frequently been required to have been abandoned, in order to have alleviated this sensation.

However, this perception of increased strength and power had commonly been desired by all athletes who had practiced the self-administration of this compound, as this sensation had usually been indicative that the compound of Anapolon had indeed, been performing to its full capacity. Several athletes had also claimed that another distinguishing trait of Anapolon, had been the increased training duration's, as this compound had been able to have stimulated the regeneration of the body, which often had enabled further muscle-building progress, and had stalled the possibility of overtraining.

However, although the substance of Anapolon had been powerful, it unfortunately, also had imposed the highest threat for serious adverse reactions out of any oral or injectable steroids compounds. A few athletes had experienced excessive water retention, which had sometimes resulted in high blood pressure. Anapolon has very high DHT levels, and had been very toxic to the liver, due to the characteristics of being a C-17 alpha-allylated steroid.

Although the Anapolon steroidal compound had been known for quick strength and mass gains, its utilization had not been suitable for novices, and had only been used by some athletes after a certain development had been achieved; or consequently, the prior use of weaker steroid compounds had been experienced.

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Anavar: (oxandrolone) 2.5mg tab 100/bottle

Also under the name Lipo-Dex and Nilavar. Anavar is manufactured by Searle Laboratories under the brand name, and by SpA Labs under the generic name Oxandrolone. The brand name drug is made under a certain number of lots per year. This is if it sells out before the end of the year, the product just disappears. Searle does not make more until the next term. This keeps the price of Anavar high, and availability low. Anavar is typically prescribed on a 2 - tablet, twice daily routine. The drug is better absorbed when taken right after meals. Women have started with one tablet twice daily. This is thought to be the optimal dose for women. The drug can be used in combination with other steroids for optimum results after a plateau is reached on the Anavar alone. If some size is required, but no injection is desired, Dianabol or Anadrol can be combined with the Anavar. Here the user would add 1 Dianabol tab twice daily or a half Anadrol twice daily. Later, and for greater size, going to 4 Dianabol tabs, or to Anadrol per day has worked well. For greater gains the user would add an injectable steroid to the cycle instead of the previously mentioned orals. The injection would vary from Deca for cutting, Testosterone for weight and strength gains. Research shows that Anavar is the one anabolic steroid least likely to cause any side effects. There are very rarely reports of ill effects of any kind using Anavar. There is seldom any fluid gain with this drug, which makes it the drug of choice with potential blood pressure problems. Anavar is also good trade for persons who need to keep their weight down, either for cutting or like a powerlifter who needs to make weight. Thus you will see a number of bodybuilders using Anavar the last two months before competing. Some powerlifters claim that this steroid is No. 1 for gaining strength without water weight. The use of the low androgenic product is quite popular with women. Very little masculinisation in any form has been seen among women who have used this trade at a dose of 5 mg daily. Most women start out on 1 tablet per day and go up to three tablets daily. The dosage of 5 mg of Anavar per day has worked out to be the optimum. The first signs of virilisation could include persistent hoarseness, deepening of the woman's voice, and/or clitoral enlargement. If any of these symptoms should show, the woman should get off the trade immediately. Anavar will not aromatize. This means of course it's one of the very few anabolic steroids that will not convert to estrogen at any dosage. This means it will not cause that soft look to the muscles or will it lead to the development of breast tissue in men. Some persons will convert much more of a steroid to estrogen than others. These people can use a dosage starting with 2 tabs twice daily, and reaching a maximum dose of .1 MG of the add per pound of body weight. Often the user plateaus on the drug alone, he might add a small dose of Deca that would not aggravate any existing gynecomastia. Or a daily dose of 10 MG of Halotestin could be added to the Anavar cycle to increase strength and hardness, while having no aromatize in effect. Anavar is a multi-purpose steroid. Its very low toxicity makes it safe to take, even on lower cycles. It is advised that a high protein diet be maintained while taking Anavar to insure its effectiveness. It is been counted under the SpA label. Watch for the Searle liable to be safe.

Anavar :

This comes in tablet form only (2.5mg per tablet). This drug is not used for mass. It is used for strength gains and muscle hardness. It is low in androgens and doesn't produce water retention. This drug is considered to be very safe. Anavar is widely used by powerlifters, and many women like to use it because of its chemical structure, Anavar won't aromatize.

Anavar: (Oxandrolone)

This is generally regarded as the safest by both the medical community and the athletes. Anavar's prominent affect is that strength increases. It is very popular among women athletes because it is very low in androgens, and does not elicit the degree of virilization that most others do.

Anavar: (Oxandrin)

Oxandrolone aka Anavar: a very popular Steroid is relegalized and put back on the market in the USA for the appropriate medical use. Its new name will be OXANDRIN, 20 mg tabs, sold by BTG, Biotechnology General. Just approved for catabolism or loss of lean body mass associated with cancer, hepatitis, and Aids. Even though the steroid is a 17-alpha alkylated the drug is extremely safe. It does not convert to Estrogen. Dosages 80mg daily for 30 days, followed by 40 mg for 60 days. The drug is actually shown to improve liver function in test groups. This drug is highly recommended for people with impaired immune systems.

Anavar: (Oxandrin, Antitriol, Lonavar)

Description: 2.5 mg. tabs that come 100 / bottle. One of the best for promoting strength gains without looking like a pufferfish because of the water retention. This steroid is also great for muscle hardness (precontest?) No gyno problems because of the lack of aromatization. Anavar is hard to get since it was off the market until recently when it was made available for AIDS patients. It is expensive.

Effective Dose: 7.5-15 mg. / day

Street Price: \$3 / tab Stacking Info: This is not for bulk cycles. Would be great stacked with some kind of testosterone such as Sustanon 250 or Cypionate.

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Anavar: (Oxandrolone)

2.5 mg tabs, 100 per bottle. Anavar was originally manufactured by Searle Laboratories under the brand name until it was discontinued a couple of years ago. It is still made by SPA Labs under the generic name, oxandrolone, in Europe. It is also available under the Lipidex brand name by Searle of Brazil. Oxandrolone is a very mild, low androgen steroid. It was a favorite of thousands of men and women users simply because it did work to some extent and very rarely caused any adverse reaction. Anavar was primarily used to promote strength or muscle hardness. Athletes' claim that this drug was unsurpassed in its ability to promote strength without water weight gains. Oxandrolone will not aromatize at any dosage. This makes it ideal for steroid users with potential hypertension complications as well as pre-existing gynecomastia. Oxandrolone was not known as a steroid to "bulk up" on; yet, it was often part of a bulking stack. For example, it could be combined with testosterone or Dianabol to accent these highly androgenic compounds. The average dosage of Oxandrolone for men is in the area of 6 tablets per day. For women, 3 tablets a day seems to be prudent.

Anavar: (Oxandrin, Antitriol, Lonavar)

Oxandrolone is very low in androgen and it's primarily used in conjunction with other steroids. This is a very safe anabolic steroid that promotes protein anabolism. This drug is very popular amongst the women's bodybuilding circuit as well as the women's fitness circuit. This steroid is very mild and is non-androgenic. This means it will literally not aromatize under most normal conditions (much like primabolan). This drug is most commonly known for its ability of promoting a lean and hard look; unlike most steroids that aromatize easily and create a smooth bloated look, Anavar will not. Anavar does not suppress testosterone production so it's good for tapering and you will not have to use HCG or Clomid after a cycle. People usually use this drug in a cutting cycle.

Dose 20-80 mg per day for men and 10-20 mg for women.

Androderm:

Androderm is a transdermal patch, designed to release testosterone over a 24-hour period, in a natural pattern resembling that of a healthy young man. This product is being used primarily by older men who have reached an age in which their body no longer produces sufficient amounts of testosterone ("Andropause"). Each patch contains 12.2gm of testosterone, but according to the paperwork only about 2.5mg is dispersed in each 24-hour application. Two patches are most commonly used, and are applied to either the abdomen, back, thigh or upper arm. Athletes would no doubt find this dosage insufficient, and will likely avoid this product all together. Quite a number of patches would have to be used for a strong effect, making it much easier to use an injectable testosterone instead.

Andriol: (Restandol, Undestor)

Description: 40mg capsules 60/bottle. This product comes under the names Androxon, Understor and Restinsol. This is an oral steroid and it's presented in little, oval-shaped, red cap. An oil, which contains the testosterone, is inside of these capsules. The only bad thing about this base is that it only allows the testosterone to remain active in the system for several hours. This means that you will need to take the drug about 4 times a day for it to stay effective. Aromatization is minimal with this agent. I don't think that this one will do a whole lot for you personally. I would be interested to hear if any one else has had good gains from this one.

Effective Dose: 160 mgs. / day in 4 divided doses.

Street Price: \$1 / tab

Stacking Info: It needs something else such as a testosterone since I can't tell it does much

Andriol: (testosterone undecanoate)

40 mg capsules 60/bottle. This product comes under the names Androxon, Undestor and Restinsol in Europe and South America. This agent is a revolutionary oral steroid. It is presented in little, oval-shaped, red capsules. An oil, which contains the testosterone, is inside of these capsules. Andriol is a unique steroid in that it is not an alpha alkylated 17 steroid. This all but eliminates its hepatotoxicity. Andriol is actually contained in a natural ester base, one, which is very easy on the body. This product's advantageous properties are similar to other testosterone esters in that it promotes rapid strength and weight gains. It, like other testosterone esters, promotes the storage of glycogen as well as ATP. Andriol does not seem to exhibit the degree of LH and FSH suppression that is seen with other testosterone esters and androgens. Aromatization is also minimal with this agent. All in all, Andriol seems to yield gains similar to other testosterone esters, while being safer to administer. This drug has a wide following in parts of Europe where it is available. If it were around in the United States, its popularity would be comparable to the old oral Dianabol. Effective dosages seem to be in the area of 200 mg a day taken in divided dosages.

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Andriol:

40 mg capsules 60/bottle. This product comes under the names Androxon, Understor and Restinsol. This is an oral steroid and it's presented in little, oval-shaped, red capsules. An oil, which contains the testosterone, is inside of these capsules. Andriol is a unique steroid in that it is not an alpha alkylated 17 steroid. The only bad thing about this base is that it only allows the testosterone to remain active in the system for several hours. Thus frequent administration of the capsules is necessary. Aromatization is minimal with this agent.

Andriol: (Androxon, Undestor, and Restandol)

Are 40 mg brown colored miniature "rugby balls" by ORGANON of Europe. Each oval capsule is marked DV3 ORGANON on it. Dosage is 3 to 6 caps a day, and costs about \$ 1.00 a cap. TU is a safe oral steroid that does not suppress gonadotrophins. It is absorbed through the small intestine into the lymphatic system, no burden to the liver. TU is converted into DHT (5-Alpha Dihydrotestosterone) DHT is 1,5 times as anabolic as regular testosterone, while only 1 or 2 percent is subject to aromatizing to estrogen, and no gynecomastia. TU is a natural ester added to a synthetic derivative which will not change liver enzymes. No testicular shrinkage, no reduction on spermato-genesis will occur with reasonable dosages. Cholesterol triglycerides and total lipids tend to be reduced with long term use as opposed to elevated with most oral steroids. TU is so popular a steroid that you find Testosterone undecanoate to be the 100-mg part of Omnadren/Sustanon 250 mg Blend, which is one of the most popular injectable steroids.

Andriol: (Restandol, Undestor)

This is oral testosterone (testosterone undecanoate) made by organon. It looks like beans and are brown with the inscription ORG on one side and DV3 on the other. Organon claims this is a product with good effect and almost no side effects but andriol does not live up to that reputation. It is a weak steroid but it will work better if it is stacked with something else (Deca).

The dose is usually 4-10 tabs divided over the day. each tab contains 40mg of steroid.

Andriol:

Andriol, is a unique version of testosterone undecanoate developed by Organon. This version of testosterone is based in oil and is sealed in a capsule to be taken orally. According to the manufacturer, this method bypasses the liver and enters the body as a fat through the lymphatic system. In theory this seems quite interesting, however, athletes find Organon's claims don't hold up well. In doses of less than 240mg per day effects are generally non-existent. With higher doses, effects are small at best. This leads one to think most of the steroid is not making it to circulation. Generally, steroid users experienced with any strong anabolics will be disappointed with Andriol's results. Combined with other anabolics it may lend some effectiveness but should be questioned.

Androstanolone:

Substance: androstanolone, Androstanolone is almost identical to the body's own dihydrotestosterone which, as we know, is formed by the peripheral conversion of testosterone. Some therefore call Androstanolone a synthetic dihydrotestosterone. This steroid has a predominantly androgenic effect and, due to its structure, cannot be converted into estrogen. For a fast buildup of power and muscle mass Androstanolone is of little value. It used to be the athlete's favorite competition steroid since it helped to obtain a harder muscle through a lower fat content by increasing the androgen level without aromatizing. Numerous athletes used Androstanolone during workouts for doping-tested championships since the substance remains in the body for only a short time and the testosterone/epitestosterone value is not influenced. Another positive characteristic is that the injectable version is not liver-toxic. Today, however Androstanolone is rarely used by athletes. One reason for this is that almost all-European and American compounds are no longer commercially available. The other reason is that most athletes use the still readily available Masteron, which has similar effects. Neither the original nor a fake of Androstanolone is available on the black market.

Androxon: (testosterone undecanoate) 40mg caplets. 60/bottle

Seen with the names Andriol, Understor and Restansol in Europe. This oral steroid is quite different. It comes in small oval shapes red caplets. They are usually contained in foil templates that caplets are put out of. An oral form of the product is contained in these caplets. Androxon is not an Alfa alkylated 17 steroid which means it is not toxic to the liver. The side effects of using the steroid are therefore not what they are with the other oral steroids. Androxon is contained in a natural ester Base, which is very easy on the system, but does give the steroid only a small amount of time in the blood. The trade itself is a very high androgenic and anabolic steroid. Strength and weight gains on this product are reported to be very substantial. It also has very good glycogen retaining qualities. All in all androxon seems to give all the gains of other testosterone, while been safer to use. It has begun to replace some of the other steroids once so popular. The androxon does not suppress the body's own testosterone production nor aromatize when dosages are kept below 280 mg a day. An average

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effective dose of this drug seems to be in the range of 200-MG daily. A person taking this drug should be sure to space out the dosages as much as possible. For instance if one were using 120 mg daily, he would want to take one captured every eight hours to get the optimal effect. The only bad news about androxon is that the price is quite high and availability in certain countries are limited.

Aqueous: (testosterone suspension) 100mg/ml 100cc to 30cc/vial

This drug is an injectable testosterone in a water base. It has the claim of been the oldest such drug, going back over four decades. Aqueous has a large following who like the fast action of the drug. since it is in water, it gets into the blood in about eight hours and is out in as little as 24 hours. the worst thing about this product is the shot that must be taken every day or every other day. For most, this shot is very painful, which makes for an uncomfortable cycle. It is guaranteed that hundreds of powerlifting records were obtained with the help of aqueous. Many championship physiques were aided by long term use of this drug as well. Unfortunately aqueous is very hard on the system. It is very high in androgen, aromatizes easily and is hard on the liver. The prolonged use of aqueous will severely suppress the natural hormone axis resulting in serious atrophy of the testicles and infertility. These symptoms are irreversible in nearly all cases though. Due to the large percentage of exogenous testosterone that is converted to D H T, acne and balding can be another problem. As with other testosterone, those great gains can fade as quickly as they come when the drug is stopped. As with every drug, some persons experience less side effects than others. A very common use of aqueous is to take it every day for the last week before a powerlifting event. Some bodybuilders find the high androgens harden them up when in contest shape. The full hard look to the muscles may be caused by the increased amount of glycogen to the muscle when the drug is administered. Heightened aggression is a common side effect with the use of any testosterone but. This can be enough of a problem for some that it is grounds for avoiding these items, a dramatically increased sex drive can occur during short term use of testosterone, but importance can result if the drug are used for long periods of time. Average dosages have been seen from three hundred to four hundred milligrams per week.

Bolasterone: (myagen)

This was originally a popular oral steroid being used in Europe. It had functions similar to dianabol, but it has long since been discontinued. Several years ago bolasterone became the first big name counterfeit steroid to be internationally marked. Belonging to a group of steroids titled the DDR compounds, inferring they came from East Germany, this steroid was billed as the best drug ever made. It became very popular partially because several respected steroid experts were in on the production of it, and gave it rave reviews in their publications. Thousands of 30 cc vials of this injectable steroid were sold at a price of over 200 dollars a piece. It was said to contain ten milligram of the drug per cc, but it actually contained a low dosage of several domestic steroids mixed together. In the spring of 1986 the makers of this drug were busted. There are still at least three other counterfeiters using the bolasterone name: UCLA bolasterone, available in a 10 cc vial; new bolasterone, available in a 10 cc vial, and bolasterone depot available in a 50 cc vial. All of these items are the worst kind of counterfeit steroids made. They are worthless and dangerous. Many athletes are still taking these drugs. It is obvious that any item carrying a bolasterone or GDR label should be avoided.

Catapres:

Catapres is an antihypertensive drug. In school medicine it is used to reduce high blood pressure. High blood pressure caused by steroids can be lowered by taking Catapres. Athletes became interested in this drug when medical research reported that Catapres stimulates the endogenous production of the growth hormones. It should also be taken before going to sleep at night and in the morning immediately after getting up. Some athletes take a 0.3-mg tablet at night and a 0.15-mg tablet on an empty stomach immediately after waking up in the morning. The nightly dose increases the concentration of growth hormones for several hours, which then again can be increased by taking the morning dose. The achieved serum concentration is significantly above the normal value so that Catapres does have a considerable anabolic effect. Athletes, however rarely use it since it has several undesirable side effects such as lethargy, fatigue, dry mouth, potency disturbances, and vertigo those who have a low blood pressure and a low heart rate should be extremely careful when using it. One hundred tablets are available for approx. \$60. on the black market.

Cheque Drops:

Description: Cheque drops are a veterinarian steroid made by Upjohn that is designed to keep female dogs from going into heat. It comes 100 mcg per cc, 55-cc bottle. It is the most toxic androgenic steroid available. It is even more toxic than say Finajet or Anadrol 50. Boxers and Powerlifters use it to increase aggression and strength prior to training or competition. It has been rumored that this is what caused the infamous "ear-biting" incident that occurred when Evander Holyfield last fought Mike Tyson. Users report many side effects and little gains when using Cheque Drops. It was very popular about 10 years ago but has since faded away. It is very hard to obtain and is not sought by many athletes. The drug itself is a sublingual liquid that is dropped under the tongue and gets in the system within a matter of minutes. The athletes that were using this item would only take it prior to a competition or prior to workouts and would not use it any longer than two weeks at a time.

Effective Dose: A few drops under the tongue and not used for but a few weeks at a time.

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Clenbuterol:

Brand Names: Broncodil, Broncoterol, Cesbron, Clenasma, Clenbuter.Pharmachim, Contrasmina, Contraspasmina, Monores, Novegam, Oxyflux, Prontovent, Spiropent, Ventolase, Ventapulmin,

Description: Is available in 10 - 20 mcg tablets or in the .016 mg/gram Ventapulmin Vet variety. Clenbuterol is known as a sympathomimetic. These hormones are taken to mimic adrenaline and noradrenaline in the human body. Clenbuterol is a selective beta-2 agonist that is used to stimulate the beta-receptors in fat and muscle tissue in the body. Clenbuterol exhibits most of its effects on the stimulation of both type 2 and 3 beta-receptors. Clenbuterol is really one of bodybuilding's most misunderstood performance enhancement drugs. It is true that it is effective in helping to burn bodyfat but it is often been stated that clenbuterol is effective in causing anabolic gains and has in times even been compared to some of the weaker anabolic steroids. Books such as the World Anabolic Review, 1996, by P. Grunding and M. Bachmann state incorrectly that, "its effects, however, can by all means be compared to those of steroids. Similar to a combination of Winstrol Depot and Oxandrolone..." These statements are inaccurate and misleading to say the least. A lot of these claims as to the anabolic effects of clenbuterol are derived from studying the effects of clenbuterol on livestock. Clenbuterol is effective in increasing muscle mass and decreasing fat loss in animals.

The problem with the variation in anabolic effects between humans and livestock is that livestock have an abundance of the type 3 beta receptors whereas humans have little if any of the type 3 beta receptors. These beta-3 receptors increases insulin secretion and sensitivity, causing more glucose and amino acids to be transported into skeletal muscle thus causing the anabolic effects that we, humans, just aren't seeing. As Dan Duchaine stated in his Muscle Media article on clenbuterol, "In those animal research studies showing an anabolic effect from clenbuterol, it's my guess the anabolism happens specifically when the beta2 receptor stops working. At that point, the beta3 increases and causes the anabolic effect through insulin mechanisms." Since humans, again, have either very little or no beta-3 receptors, there is no chance of this anabolic effect. Just another of the studies where everyone assumed that what works in animals must work in humans. This is just simply not the case with clenbuterol.

Clenbuterol does work effectively as a fat burner though. It does this by slight increases in the body temperature. With each degree that the temperature in your body is raised from the use of clenbuterol, you will burn up approximately an extra 5% of maintenance calories. This makes it effective as a fat burner. Your body will fight this by cutting down on the amount of active thyroid in the body as well as through beta-receptor down regulation, which explains why you only have a limited effective period to take clenbuterol. While I am on the subject of beta-receptor down regulation, I would like to dispose of another myth. This involves the two on/two off cycling theory that I believe was originated by Bill Phillips in the Anabolic Reference Guide and has somehow made it's way into every other steroid book since then including the WAR and Physical Enhancement with an Edge. The two on-two off theory simply will not work because of one main reason: the half life of clenbuterol. This 2-on/2-off idea was a THEORY ONLY, not by a doctor or scientist, and not based on specific knowledge of clenbuterol, but derived by imitation from other drug's with shorter half lives.

Clenbuterol has been reported as having a half life of about 2 days, but that is not actually correct, since it has biphasic elimination, with the half-life of the rapid phase being about 10 hours, and the slower phase being several days. Supposedly, this is one of the reasons the FDA never approved clenbuterol as an anti-asthmatic drug...the FDA frowns on drugs with long half-lives if drugs with more normal half-lives are available. So with a 2-on/2-off cycle you never have time to get enough of the clenbuterol out of your system for this theory to be reasonable. In actuality, it probably hasn't even dropped to 50% of your peak concentration before you are taking the drug again. With this all taken into account, there is no reason to think that this cycling would significantly reduce the problem of receptor desensitization. A more reasonable approach would be either one week on, one week off, or alternately, two weeks on two weeks off. The two week cycle has the disadvantage of a "crash" period afterwards. This crash period can be helped with the use of ephedrine to lessen the lethargy that you will experience.

If you are interested in taking clenbuterol for anything other than fat loss then you might as well stay away from this compound. There is a lot of talk as to how clenbuterol compares to ephedrine as well. Most "experts" feel that clen gives a better bang for the buck than the ECA stack. It should be noted that clenbuterol's results and effects are much shorter lived. They work through very similar mechanisms. Both products stimulate the beta-receptors but clenbuterol seems to be a more refined version, called a second generation beta-agonist drug, than ephedrine. Clenbuterol targets the proper receptors, being the beta-2 and 3 receptors than ephedrine more specifically which should in theory make clenbuterol more effective of a fat burner. Again, most of the so called "experts" say that clenbuterol is more effective than ephedrine. I, personally, get worse results with clen vs. the good old ECA stack. Clenbuterol also didn't blunt my hunger either and I ate more while taking it as well. I also seem to get much better effects out of cytomel as a fat burner as well. Even better than the ECA stack or clenbuterol. But, again, that is my personal opinion.

Effective Dose: 80-140 mcgs. / day in split doses throughout the day. Anything over 140 mcg a day is overkill since the beta receptors can only take so much of a product and then more is just wasteful.

Street Price: \$.50 - 1.00 / tab. Fairly inexpensive in Mexico though. Spiropent is currently going for about \$7.50/box, Novegam for \$5.25/box, and Oxyflux for about \$3.30/box.

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Stacking Info: One week on, one week off might make sense, or alternately, two weeks on two weeks off makes sense but has the disadvantage of a "crash" period afterwards. You can take ephedrine after the clen to help reduce this "crash" period or at least make it more bearable for you. The two on/two off theory is absolute bullshit and can't work; read above.

Clenbuterol:

Clenbuterol, medically used throughout many parts of the world as a broncodilator for the treatment of asthma, is a recent and popular addition to the realm of athletics. Clenbuterol is a beta-2 agonist, with properties somewhat similar to adrenaline. It acts as a CNS stimulant and users quite commonly report side effects such as shaky hands, insomnia, sweating, increased blood pressure and nausea. These side effects generally subside quickly once the user becomes accustomed to the drug. Athletes find clenbuterol attractive for its pronounced thermogenic effects as well as mild anabolic properties. Dosage regimes will vary depending on the desired effect. Clenbuterol generally come in 20mcg tablets, although it is also available in syrup and injectable form. Users will usually tailor their dosage individually, depending on results and side effects, but somewhere in the range of 2-8 tablets per day is most common. For fat loss, clenbuterol seems to stay effective for 3-6 weeks, then its thermogenic properties seem to subside. This is noticed when the body temperature drops back to normal. Its anabolic properties subside much quicker, somewhere around 18 days. Currently, counterfeits of clenbuterol do exist, but they are scarce and most are bottles with loose tablets. Clenbuterol should only be trusted when purchased in foil and plastic strips, preferably with accompanying box and paperwork.

Clomid:

Clomid is a brand name for the drug clomiphene citrate. It is typically prescribed for women to aid in ovulation. In men, the application of Clomid causes an elevation of follicle stimulating hormone and luteinizing hormone. As a result, natural testosterone production is also increased. This effect is obviously beneficial to the athlete, especially at the conclusion of a cycle when endogenous testosterone levels are subnormal. When an athlete discontinues the use of steroids, his testosterone levels will most likely be suppressed. If endogenous testosterone levels are not brought to normal, a dramatic loss in size and strength may occur. Clomid plays a crucial role in preventing this crash in athletic performance. Bodybuilders find that a daily intake of 50-100 mg of clomiphene citrate over a two week period will bring endogenous testosterone production back to an acceptable level. Clomid will gradually raise testosterone levels over its period of intake. Since an immediate boost in testosterone is often desirable, athlete will commonly use HCG (human chorionic gonadotropin) for a couple of weeks, and then continue treatment with Clomid. Clomid is also effective as an anti-estrogen. Most athletes will suffer from an elevated estrogen level at the conclusion of a cycle. A high estrogen level combined with a low testosterone level puts an athlete in serious risk of developing gynecomastia. With the intake of Clomid, the athlete gets the dual effect of blocking out some of the effects of estrogen, while also increasing endogenous testosterone production. In relation to toxicity and side effects, Clomid is considered a fairly safe drug. Bodybuilders seldom experience any problems, but possible side effects include hot flashes and temporary blurred vision. Clomiphene citrate is widely available on the black market. Until recently, it was relatively easy to get through foreign mail order. However, since the DEA is playing an active role in pursuing mail-order operations catering to athletes, Clomid is becoming harder to obtain. Current prices are between \$2-\$4 per 50 mg tab. Generics such as Clomiphene citrate by Anfarm in Greece are frequently seen on the black market and can be purchased for about \$1 a tab.

Clomid: (clomiphene citrate) 50mg tabs

This drug is not a steroid; it is a synthetic estrogen used as a fertility drug. In men it can work as both an anti-estrogen, and a gonadotropic stimulant. Male steroid users find that it can work quite well to prevent gynecomastia while taking steroids that aromatize. It also is used to bring the body's natural testosterone levels back up to normal after a steroid cycle. The clomid acts directly on the pituitary gland to stimulate more gonadotropins. Women have used this drug to reduce the amount of estrogen in their systems, usually to harden up before a show. But in some cases women suffer estrogen deficiencies that can cause a number of side effects. No adverse reactions have been seen in males who used this drug. It can be quite effective, but is not favored over HCG or Nolvadex in these areas. A dosage of 50 milligram per day for short cycles is most often seen.

Clomid: Known Name Brands:

Ardomon, Clom 50, Clomid, Clomifen, C-ratioph, Clomiphen Citrate, Clomiphen-Merck, Clomipheni citras, Clomivid, Clostillbegyt, Dufine, Dyneric, Gravosan, Indovar, Klomifen, Kyliformon, Omifin, Pergotime, Pioner, Prolifen, Serofene, Serophene, Serpafar, Tokormon,

Description: Clomid typically come in 50 mg tablets in boxes of between 10 - 25 per box in blister packs. Clomid is a synthetic estrogen used to induce ovulation in women. Bodybuilders typically use Clomid as an anti-estrogen and to stimulate testosterone production when coming off a steroid cycle. Clomid causes an elevation of follicle stimulating hormone and luteinizing hormone. As a result, natural testosterone production is also increased. After a steroid cycle, testosterone production is suppressed. If testosterone levels are not brought to normal, a dramatic loss in size and strength may occur. Clomid is an excellent drug for preventing this crash.

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Clomid is also an estrogen that works very well as an anti-estrogen. The reason that it works is that Clomid is a weak estrogen. It will typically bind to the estrogen receptors not allowing the harsher estrogens that are a byproduct of a testosterone cycle from attaching to the receptors. This significantly cuts down on the risks of bad side effects such as gyno. Cycling bodybuilders will suffer from an elevated estrogen level at the conclusion of a cycle. A high estrogen level and low testosterone levels can be a disastrous combination. With the intake of Clomid, the athlete gets the dual effect of blocking out some of the effects of estrogen, while also increasing endogenous testosterone production. As far as side effects go, Clomid is a fairly safe drug. At the worst, you will get bloating, stomach pains, blurred vision, headaches, nausea, and dizziness.

Effective Dose: The common dosage in male bodybuilders is 50- 100 mgs. per day taken for up to two weeks at a time. Most of the time you will be back to normal by 1 week of usage but it never hurts to take a little extra just to be on the safe side. **You need to take Clomid with meals as well.**

Street Price: This product is really expensive in US pharmacies so the black market price is high as well. It will sell for between \$2 - 4 per tablet.

Stacking Info: This product is usually taken along with HCG. HCG is taken for a week or two first since its effects will start within a few hours of injection. Then Clomid is taken for a few weeks since Clomid helps regenerate the entire testosterone producing cycle whereas HCG only has direct testosterone stimulating effects on the LH (luteinizing hormone) production to stimulate testosterone production.

Clomid: (clomiphene citrate)

50 mg tabs. This drug is not a steroid, it is a synthetic estrogen. Used as fertility drug. In men it can work as both an antiestrogen drug and gonadotrophic stimulant. Male steroid users find it can work quite well to prevent gynecomastia while taking steroids that aromatize. It also is used to bring the bodies natural testosterone levels back up to normal after steroids cycle. Clomid acts directly on the pituitary gland to stimulate more gonadotrophins. No adverse reaction have been seen in those who used the drug. It can be quite effective, but is not favorite over HCG or Nolvadex in these areas. A dosage for 50 mg per day for short cycle is most often seen. It is available through a physician only at a cost of \$2 per tab.

Clomid:

Clomid is a brand name for the drug clomiphene citrate. It is typically prescribed for women to aid in ovulation. In men, the application of Clomid causes an elevation of follicle stimulating hormone and luteinizing hormone. As a result, natural testosterone production is also increased. This effect is obviously beneficial to the athlete, especially at the conclusion of a cycle when endogenous testosterone levels are subnormal. When an athlete discontinues the use of steroids, his testosterone levels will most likely be suppressed. If endogenous testosterone levels are not brought to normal, a dramatic loss in size and strength may occur. Clomid plays a crucial role in preventing this crash in athletic performance. Bodybuilders find that a daily intake of 50-100 mg of clomiphene citrate over a two week period will bring endogenous testosterone production back to an acceptable level. Clomid will gradually raise testosterone levels over its period of intake. Since an immediate boost in testosterone is often desirable, athlete will commonly use HCG (human chronic gonadotropin) for a couple of weeks, and then continue treatment with Clomid. Clomid is also effective as an anti-estrogen. Most athletes will suffer from an elevated estrogen level at the conclusion of a cycle. A high estrogen level combined with a low testosterone level puts an athlete in serious risk of developing gynecomastia. With the intake of Clomid, the athlete gets the dual effect of blocking out some of the effects of estrogen, while also increasing endogenous testosterone production. In relation to toxicity and side effects, Clomid is considered a fairly safe drug. Bodybuilders seldom experience any problems, but possible side effects include hot flashes and temporary blurred vision. Clomiphene citrate is widely available on the black market. Until recently, it was relatively easy to get through foreign mail order. However, since the DEA is playing an active role in pursuing mail-order operations catering to athletes, Clomid is becoming harder to obtain. Current prices are between \$2-\$4 per 50 mg tab. Generics such as Clomiphene citrate by Anfarm in Greece are frequently seen on the black market and can be purchased for about \$1 a tab.

Cyclofenil:

Cyclofenil is another non-steroidal ancillary drug used by athletes, similar to HCG and Clomid in action. This drug is most commonly used to increase endogenous testosterone levels after a cycle in an attempt to avoid a hard crash while waiting for your hormone levels to naturally balance. Similar to HCG and Clomid, cyclofenil seems to quickly and effectively raise natural levels. Anecdotally however, cyclofenil does have the reputation of being the weakest of the three. Like Clomid, cyclofenil may also act as an anti-estrogen, binding to estrogen receptor sites and blocking out other estrogens. This is especially helpful when natural testosterone levels are suppressed and an excess of estrogen may be present upon steroid termination. It should also be noted that some athletes have experimented with using cyclofenil not as a post-cycle ancillary drug, but alone and solely for its anabolic properties. However, anyone familiar with anabolics would likely be disappointed with the results cyclofenil would bring, as it is not an extremely strong product, and certainly would not work as well as anabolics. Here in the U.S., Fertodur from Mexico is probably the most commonly imported cyclofenil product although it is produced in many other countries. Currently, fakes should not be a problem with this product.

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Cyclofenil: Known Name Brands: Fertodur, Neoclym, Ondogyne, Rehibin, Sexovid,

Description: This product is usually found in boxes of 16-30 tablets in a box in dosages from 100-400 mgs. per tablet with the 200 mg. Fertodur Brand from Mexico being the most common that is still seen. Cyclofenil is an estrogen that works as an anti-estrogen as well as a testosterone booster. It works as an anti-estrogen in that it is a weak estrogen that binds to estrogen receptors thus keeping the harsher estrogens from doing as much damage to the body during a steroid cycle. Since this product does help to produce testosterone as well it is similar in action to HCG, Clomid, and Proviron. It will in fact increase the normal testosterone levels to about double the normal level at a dosage of only 100 mg. per day. I really like this product. Most people say that it is weaker than the other products of its kind listed above. It works so well in fact that it is taken by some people during their steroid cycle to keep estrogen levels low plus it has some added effects that are also desirable. It keeps the water retention levels lower than normal and it gives the physique a harder appearance as well thus making this product a potential precontest product in itself. Cyclofenil also will give you slight gains in bodyweight and strength as well as an increase in your energy levels and a faster recovery rate after training. I personally took this product after my last cycle and have yet to see the normal drop off in strength that I normally get after a cycle of steroids. This product, at this point, is my favorite post cycle testosterone recovery drug. Side effects from this product are miniscule as well. You might get a slight bit of acne and a couple more boners than normal (this is a side effect) but that is really it.

Effective Dose: Average dosage is around 400-600 mgs. per day since less than that is generally not considered an effective dose or more likely you just can't feel it working at that low of a dosage.

Street Price: The average street price if you can find this product would be about \$40 per box of 16. This stuff will cost you \$18-19 per box in Mexico if you can find it there. It is generally regarded as one of the harder to find items.

Stacking Info: This product is a good precontest drug or used to increase testosterone levels during the end of a cycle.

Cyclofenil:

Cyclofenil is another non-steroidal ancillary drug used by athletes, similar to HCG and Clomid in action. This drug is most commonly used to increase endogenous testosterone levels after a cycle in an attempt to avoid a hard crash while waiting for your hormone levels to naturally balance. Similar to HCG and Clomid, cyclofenil seems to quickly and effectively raise natural levels. Anecdotally however, cyclofenil does have the reputation of being the weaker of the three. Like Clomid, cyclofenil may also act as an anti-estrogen, binding to estrogen receptor sites and blocking out other estrogens. This is especially helpful when natural testosterone levels are suppressed and an excess of estrogen may be present upon steroid termination. It should also be noted that some athletes have experimented with using cyclofenil not as a post-cycle ancillary drug, but alone and solely for its anabolic properties. However, anyone familiar with anabolics would likely be disappointed with the results cyclofenil would bring, as it is not an extremely strong product, and certainly would not work as well as anabolics. Here in the U.S., Fertodur from Mexico is probably the most commonly imported cyclofenil product although it is produced in many other countries. Currently, fakes should not be a problem with this product.

Cynomel:

Cynomel is a synthetically form of the natural thyroid hormone 3, 5, 3' triiodothyronine, which has all the pharmacological activities of the natural substance. Clinically, Cynomel had been often utilized in efforts to have treated Hypothyroidism, which is a thyroid insufficiency, as well as other secondary symptoms such as obesity, metabolic disorders, and fatigue. Thyroid hormones had been characteristically believed to have been able to have exerted most of their actions through the control of protein synthesis. When moderate amounts of Thyroid hormones had been administered, they had been able to have increased the synthesis of RNA and protein, which had often been followed by an increased basal metabolic rate; as well as having stimulated the oxidative enzyme systems. This, in turn, had enhanced the release of free fatty acids from adipose tissue, and had increased the intestinal absorption and peripheral utilization of glucose. When higher concentrations had been apparent, this had generally resulted in the decrease of protein synthesis, and in the increase of the breakdown of glycogen, lipids and protein.

The Cynomel compound closely had resembled the natural thyroid hormone, Triiodide-thyronine (L-T3), and under normal circumstances, the thyroid usually had produced two hormones, L-thyroxine (L-T4) and L4riiodine 4thyronine (L-T3). However, the latter hormone, had been much stronger and more effective of the two, and had been approximately 4 times as potent as L-T4 on a weight basis.

When Cynomel had been administered orally, it had been readily available to the body tissue with approximately 95% of the dose being absorbed within 4 hours from the gastrointestinal tract. The biological half-life of Cynomel had been approximately two and a half days, with the maximal pharmacological response having occurred within 2 or 3 days. This characteristic had also provided for an early clinical response, as the onset of activity had usually retired within a few hours.

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Several self-administering athletes had generally claimed that the synthetic compound of Cynomel had been able to have produced the same processes in the body, as if the thyroid had been able to have produced more of the hormone. Consequently, this entity had allowed Cynomel to have been more effective than the compound of Eutirox or Tiroidine,⁵⁶ which had been other commercially available L-T4 compounds that had been currently available in Mexico.

Many athletes had taken advantage of these characteristics, which had been able to have stimulated the metabolism, which in turn, had resulted in a faster conversion of the macronutrients of carbohydrates, proteins, and fats. Bodybuilders, had been especially interested in increased fat burning (lipolysis) entities of the compound of Cynomel. Cynomel had been often utilized by competing bodybuilders several weeks prior to competition, as it had aided in having maintained an extremely low fat content, without the extremes of a starvation diet. This distinctive feature also had made it very popular amongst female athletes, due to the fact that women generally had slower metabolisms than men. Administration of Cynomel had allegedly allowed for the ridding of bodyfat, without a drastic caloric restriction. This also had many athletes to have been able to have remained on high calorie diets with the added advantage of having maintained a "ripped" appearance. Athletes who had utilized Cytomel over several weeks, often had experienced a decrease in muscle mass, which had been discovered to have been avoidable or at least delayed, by the simultaneous intake of steroidal compounds, and by the consumption of a protein rich diet.

Another advantage, which several athletes who had administered low dosages of Cynomel had claimed to have experienced, had been that the simultaneous intake of steroidal compounds had appeared to have become more effective. This possibly may have occurred as a result of the faster conversion of protein. Although some athletes still had utilized the administration of Cynomel, it had not been nearly as popular as it had once appeared to have been. Spiropent, and Ephedrine (the latter is currently not available in Mexico), had emerged to have had employed the same accelerating metabolism effects, with other added advantages such as possible strength and muscle increases. The combination however, of Cynomel and Spiropent, or Ephedrine (the latter is currently not available in Mexico), had allegedly appeared to have had enormously accelerated lipolysis

Cytadren:

Cytadren, the U.S. brand name for the drug aminoglutethimide, is an interesting drug (non-steroid), first brought to our attention a few years ago by Dan Duchaine. It is most popular among competitive athletes who are drug tested, as this substance is currently not banned or tested for. Cytadren inhibits the production of androgens, estrogens and cortisone (and related) in the body. Medically, this drug is used to treat Cushing's syndrome, an condition in which the body overproduces cortisone. For athletes with normal blood levels, a little less cortisone could still be a good thing. While androgens give your muscle cells a message to increase protein synthesis, cortisone gives the exact opposite message, to breakdown amino acids. Since Cytadren also inhibits androgen production, it is always used by athletes with some form of testosterone. Together with even a relatively small dose, one could shift the ratio of anabolic to catabolic hormones in favor of the former. Cytadren also effectively inhibits estrogen production and androgen to estrogen conversion.

Research is bare as to the best way for athletes to administer Cytadren, but anecdotal evidence suggests that a schedule of 2 days on and 2 days off is effective. One thing is for certain, when used by healthy individuals as an anti-catabolic, Cytadren cannot be taken daily. After a short period of regular use, your body will react to the lowered cortisone levels and release increased amounts of another hormone, ACTH, in response. Increased ACTH will result in your body resuming cortisone production, basically making Cytadren useless. When used medically though, a moderate amount of hydrocortisone is supplemented to avoid this reaction. For athletes however, this would probably be a counterproductive practice. Thus the 2-day on 2 day off regime has been implemented in an attempt to delay or avoid this response. As for the daily dosage, athletes have experimented with anywhere from 1/2 a tablet to 3 tablets per day (250mg), 1 or 2 being most common.

Cytadren is not without it's side effects and warnings, which are numerous. To be very succinct, these include, but are not limited to, the possibility of fatigue, dizziness, sleep disorder, apathy, depression, nausea/vomiting, stomach upset, thyroid dysfunction and liver disease. Athletes also report that the reduced cortisone often brings about more aches in your joints and an increased susceptibility to injury. Currently Cytadren is expensive, around \$2 a tab, which is probably why it's use has not become more wide spread.

Cytadren: Known Name Brands:

Aminoglutethimid, Cytadren, Mamomit, Orimeten, Orimetene, Rodazol,

Description: Cytadren usually comes in 250-mg tablets in blister packs. The brand name Cytadren by CibaGeneva Pharmaceuticals, is an aminoglutethimide, in the US is a white tablet with CIBA and 24 stamped on one side of it. Cytadren inhibits the enzymatic conversion of cholesterol to 5-pregnenolone, resulting in a decrease in the production of adrenal glucocorticoids, mineralocorticoids, estrogens, and androgens. Cytadren also blocks several other steps in the steroid synthesis, including the C-11, C-18, and C-21 hydroxylation and the hydroxylation's required for the aromatization of androgens to estrogens, mediated through the binding of Cytadren to cytochrome P-450 complexes. Cytadren has been prescribed for many reasons. It was originally used as a mild tranquilizer but then it was discovered that it could be used to treat Cushing's Syndrome as an anti-cortisone in the body. Cushing's Syndrome is a medical condition where the body overproduces cortisol. Cortisone is a catabolic hormone, which breaks down muscle in the body. Cortisone prevents the protein synthesis in the muscle

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cell, which results in muscle breakdown. Most recently and really most commonly, it has been used as an aromatase inhibitor to treat breast cancer in women. This is really where this drug becomes interesting to bodybuilders. The bodybuilders in the know don't use this drug as an anti-cortisol since extremely low cortisol levels would not be of benefit. They primarily use this drug as an aromatase inhibitor and to help in restoring HPTA function after a steroid cycle. Low dose Cytadren use, in the area of no more than 250 mg/day selectively inhibits aromatase with minimal effect on the enzymes that inhibit testicular and adrenal steroidogenesis. You would want to take the 250-mg per day in divided doses.

The preferable dosage schedule is to divide the tablet into 4 equal parts and take 62.5 mg every 6 hours or so. There are really three main reasons for taking it in low mg divided doses like those that are listed.

First off, you will be able to keep the cytradren drug serum levels at a fairly constant moderate level in the body throughout the day. This way it is more effective against aromatase rather than just spiking it to a high level from taking an entire tab, which also results in there being almost no desired anti-aromatase activity for part of the day since the drug is largely eliminated from your body due to the short half life being about 6-8 hours.

The second main reason for you wanting to keep the cytradren blood serum level low as opposed to the high spike is that you will have a higher ratio of desired anti-aromatase activity to undesired anti-desmolase activity. Cytadren works so well at reducing cortisone production in the body that it makes your body produce ACTH, which stimulates cortisone production as well effectively canceling out the effects of the drug. Since I am recommending taking low frequent doses, you will be able to keep from inhibiting desmolase activity thus avoiding the ACTH problems that would be happening with the single dose spike. Whenever cortisol levels are depressed by inhibition of desmolase, ACTH goes up in response. If you get the drug out of your system while ACTH is still elevated cortisol levels will rise to abnormally high levels for a time thus causing the problems.

The third main reason for keeping the dosage in the 250 mg per day dosage is that it is low enough at that dosage to not inhibit testosterone production by the body. Low dose cytradren selectively inhibits aromatase with minimal effect on the enzymes that inhibit testicular and adrenal steroidogenesis. Inhibition of aromatase can also result in increase in LH because of reduced estrogen levels, which would be beneficial in restoring HPTA functioning post cycle. Most of the abstracts on Medline that showed decreases in natural testosterone production were using closer to 1000 mg per day. Most people will be taking cytradren with steroids anyway so this really could be considered a moot point.

Side effects from this drug are as follows: fatigue, dizziness, restlessness, depression, sleeping problems, and headaches are the most common.

Effective Dose: You never want to take Cytadren in high dosages. For the purposes of bodybuilding, this drug is usually taken 250 mg per day in divided doses. Either take it at a 125 mg dose once upon waking and then take 2 62.5 mg doses every 7 hours thereafter or split it into fourths and take 62.5 mg / 4 times daily every 6 hours or so. If you were going to take it for a month, I would think that probably 250 mg/day in four divided doses for two weeks followed by dose of 125 mg/day in two divided doses for two more weeks would do the trick. You don't want to take this product for more than 4-6 weeks at a time in any respect though. You really need to taper down over a period of about a week to keep from experiencing a cortisol-rebound effect.

Street Price: This drug typically sells for about \$2 per tablet on the street. It is not a scheduled drug but is prescription.

Stacking Info: This product is commonly taken along with Clomid or Nolvadex for improving the post steroid cycle recovery problems. It is more efficient and usually synergistic to combine drugs which accomplish the same goal by different mechanisms of action, as Cytadren and Clomid do since one reduces aromatization and the other tends to block estrogen receptors thus providing a dual mode of protection.

Cytadren:

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Cytomel:

Cytomel is not an anabolic/androgenic steroid but a thyroid hormone. As a substance it contains synthetically manufactured liothyronine sodium which resembles the natural thyroid hormone Triiodo-L-thyronine (L-T3). The thyroid of a healthy person usually produces two hormones, the better known L-thyroxine (L-T4) and the aforementioned L-triiodo-L-thyronine (L-T3). Since Cytomel is the synthetic equivalent of the latter hormone, it causes the same processes in the body as if the thyroid were to produce more of the hormone. It is interesting to note that L-T3 is clearly the stronger and more effective of these two hormones. This makes Cytomel more effective than the commercially available L-T4 compounds such as L-thyroxine or Synthroid. The manufacturer of the German L-T3 compound, Hoechst AG, ascribes the following characteristics to its Thybon drug, making it clear that L-T3 is superior to L-T4: "The synthetically manufactured thyroid hormone, L-triiodo-L-thyronine (L-T3), included in Thybon, in experimental and clinical testing has proven to be 4-5 times more biologically active and to take effect more quickly than L-thyroxine (L-T4)." In school medicine Cytomel is used to treat thyroid insufficiency (hypothyroidism). Among other secondary symptoms are obesity, metabolic disorders, and fatigue. Bodybuilders take advantage of these characteristics and stimulate their metabolism by taking Cytomel, which causes a faster conversion of carbohydrates, proteins, and fats. Bodybuilders, of course, are especially interested in an increased lipolysis, which means increased fat burning. Competing bodybuilders, in particular, use Cytomel during the weeks before a championship since it helps to maintain an extremely low fat content, without necessitating a hunger diet. Athletes who use low dosages of Cytomel report that by the simultaneous intake of steroids, the steroids become more effective, most likely as the result of the faster conversion of protein.

Until recently, Cytomel was used by bodybuilders and female bodybuilders, in particular on a daily basis over several months to remain "hard" and in good shape all year round. Believe us when we tell you that to a great extent several bodybuilders who are pictured in "muscle magazines" and display a hard and defined look in photos, eat fast food and iron this out by taking Cytomel. The over stimulated thyroid burns calories like a blast furnace. Nowadays, instead of Cytomel, athletes use Clenbuterol, which is becoming more and more popular. Those who combine these two compounds will burn an enormous amount of fat. The next time you read that a certain pro bodybuilder approaching a championship competition is still eating 4000 calories a day, you will know why. Cytomel is also popular among female bodybuilders. Since women generally have slower metabolisms than men, it is extremely difficult for them to obtain the right form for a competition given today's standards. A drastic reduction of food and calories below the 1000 calorie/day mark can often be avoided by taking Cytomel. Women, no doubt, are more prone to side effects than men but usually get along well with 50 mcg/day. A short-term intake of Cytomel in a reasonable dosage is certainly "healthier" than an extreme hunger diet.

As for the dosage, one should be very careful since Cytomel is a very strong and highly effective thyroid hormone. It is extremely important that one begins with a low dosage, increasing it slowly and evenly over the course of several days. Most athletes begin by taking one 25 mcg tablet per day and increasing this dosage every three to four days by one additional tablet. A dose higher than 100 mcg/ day is not necessary and not advisable. It is not recommended that the daily dose be taken all at once but broken down into three smaller individual doses so that they become more effective. It is also important that Cytomel not be taken for more than six weeks. At least two months of abstinence from the drug needs to follow. Those who take high dosages of Cytomel over a long period of time are at risk of developing a chronic thyroid insufficiency. As a consequence, the athlete might be forced to take thyroid medication for the rest of his life. It is also important that the dosage is reduced slowly and evenly by taking fewer tablets and not be ended abruptly. Those who plan to take Cytomel should first consult a physician in order to be sure that no thyroid hyper function exists.

Possible side effects such as medication are described in the package insert by the German pharmaceutical group Hoechst AG for their compound Thybon: "Exceeding the individual limits of compatibility for liothyronine or taking an overdose, especially, if the dose is increased too quickly at the beginning of the treatment, can cause the following clinical symptoms for a thyroid hyperfunction): heart palpitation, trembling, irregular heartbeat, heart oppression, agitation, shortness of breath, excretion of sugar through the urine, excessive perspiration, diarrhea, weight loss, psychic disorders, etc., as well as symptoms of hypersensitivity." Our experience is that most symptoms consist of trembling of hands, nausea, headaches, high perspiration, and increased heartbeat. These negative side effects can often be eliminated by temporarily reducing the daily dosage. Caution, however is advised when taking Cytomel since, especially in the beginning, the effect can be quick and sometimes drastic. Athletes do not use the injectable version of L-T3, this is normally used as "emergency therapy for thyrotoxic coma." Those who use Cytomel over several weeks will experience a decrease in muscle mass. This can be avoided or delayed by simultaneously taking steroids. For the most part, since Cytomel also metabolizes protein, the athlete must eat a diet rich in protein.

L-T3 can usually be found quite easily. 100 tablets of 0.05 mg each cost approx. \$50. The product by Schein Company, according to the dealer catalog, with the same substance concentration and quantity of tablets, costs \$30. It is unlikely that there will be fakes.

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Cytomel:

Known Name Brands: Cynomel, Cyronine, Cytomel, Cytomel Tabs, Euthroid, Linomel, Liothyronin, Neo-Tiroimade, Ro-Thyronine, T3, Tertroxin, Thybon-forte, Thyrotardin, Ti-Tre, Tiromel, Tironina, Trijodthyronin, Trijod.Sanabo, Trijodthyr.50, Trijodthyr.Leo.

This product usually comes in bottles of 100 tablets at 25 mcgs each. It is available in a variety of doses though ranging from 5 - 100 mcgs. per tablet. Cytomel is a synthetic thyroid hormone (Type T-3). There are two main types of synthetic thyroid hormones that are available being this and Synthroid (T-4). This product is regarded as the stronger of the two products (it is 4-5 times stronger than Synthroid). This product works by increasing the synthesis of protein, carbohydrates, and fats as well as RNA in the body thereby increasing your BMR (Basal Metabolic Rate). Bodybuilders love this product for many reasons. This product is an excellent fat burner since your metabolism is greatly increased while being on it. You can afford to be a little sloppier on precontest dieting since it will still burn fat when you are taking in a lot of calories since your metabolism is going haywire. Step over Ripped Fuel, E/C/A stack, Thermadrine. When taken with clenbuterol, this is the single best fat burning combination that is available today (with the possible exception of DNP). It also helps to make steroids more effective since it is such a good aid for protein synthesis. Most people need to be careful to start with a low dosage, about 25 mcgs. per day and increase by about one tab or 25 mcgs. per day every 5-6 days. Make sure that you don't go over 100 mcgs. per day at the very most. On days that you take multiple tabs, divide the tabs evenly across the day (i.e. 100 mcgs. would be 4 doses of 25 mcgs. apiece spread evenly across the day.) You also need to make sure that you cycle down off this product as well to keep the thyroid functioning properly as well. Don't take for more than 5 weeks at a time as well. After doing a cycle of this drug, make sure you go at least 8 weeks before doing it again as to allow normal thyroid functioning to return.

Cytomel: (liothyronine sodium) 25mcg tablets 100/bottle

This product is not a steroid, but it is becoming a very popular among athletes. Cytomel is a thyroid hormone drug. It is used to treat people who are hyperthyroid, that is their body has a deficiency of the hormone. These people suffer many problems such as fatigue, obesity, and other ailments. It has been used quite abundantly by bodybuilders of late to increase their metabolic rate. If all goes well, the cytomel will increase the metabolism of carbohydrates, lipids, and proteins. This means the athlete's body will use that more efficiently. This is the most sought after effect of the cytomel by bodybuilders. When they use this drug, they can get ripped up on a much higher calorie diet. In fact there is even some evidence to support the premise that the steroids an athlete is using will be better utilized by the body if cytomel is taken at the same time. This is due in part because the cytomel increases protein metabolism. The thyroid hormone in this drug is a synthetic hormone available as the sodium salt. This is a thyroid product normally used by the human thyroid gland. Cytomel does increase protein metabolism when it is taken in small dosages. Unfortunately most athletes do not know how to take this drug, and some cause their body permanent damage. If this thyroid drug is taken too long or in excessive dosages, the body can become hyperthyroid. If this happens the athlete will have to take a type of thyroid drug for the rest of their life in some cases. Most of the bodybuilders who have used this drug safely and effectively only take one or two tablets a day. That is 25 mcg of the drug. One tablet is equal to approximately one grain of natural thyroid hormone. The dosage should only be taken for about a month to avoid serious adverse reactions. This drug has been very popular with women bodybuilders. They naturally have a lower metabolic rate and often must go as low as 500 calories a day for several weeks before they get really ripped. If they can handle a dose of 25 mcg of cytomel they can eat at least twice as much while they are on a pre - contest diet. This would actually be healthier than starving like many women lifters do. I said "if they can take the drug because many get hyperthyroid even on the lowest dosages. Symptoms of hyperthyroidism may include: a severe headache, irritability, nervousness, insomnia, and sweating and menstrual irregularities. If these symptoms occur, the drug should be discontinued because you are getting too much thyroid for the body to use. This information is just an INTRODUCTION to cytomel, if you think it may benefit you, you should consult your doctor for the go ahead. This drug is not for everyone, and in some cases it can be much more dangerous to use then steroids. Cytomel can be attained on the black market without many problems.

Cytomel: Known Name Brands:

Cynomel, Cyronine, Cytomel, Cytomel Tabs, Euthroid, Linomel, Liothyronin, Neo-Tiroimade, Ro-Thyronine, T3, Tertroxin, Thybon-forte, Thyrotardin, Ti-Tre, Tiromel, Tironina, Trijodthyronin, Trijod.Sanabo, Trijodthyr.50, Trijodthyr.Leo,

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Well, as per the usual with something that works this well there is always a price. If you fuck up with this one you will learn to love it very quickly as you will

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be taking it for the rest of your life. Make sure you don't jump into big doses right off the bat and cycle down to smaller doses when you are coming down as well. Most people would be advised to have their thyroid functioning checked by a doctor to make sure that they don't have a hyperthyroid already. Don't say I did not warn you about this first if the shit hits the fan. Symptoms and side effects include tremors in the hands, heart palpitations, diarrhea, weight loss, nausea, very high perspiration (to be expected if it is working), and headaches. Most of the time you can reduce or eliminate these side effects by cutting back on the dosage a little bit. Also, if you are taking insulin at the same time you are taking this product, keep in mind that it will reduce the effectiveness of insulin or any oral insulin products as well such as metformin or phenformin. Just remember that this product will work best on a steroid cycle and you need to keep your protein intake very high since this product metabolizes protein as well.

Effective Dose: Most people need to be careful to start with a low dosage, about 25 mcgs. per day and increase by about one tab or 25 mcgs. per day every 5-6 days. Make sure that you don't go over 100 mcgs. per day at the very most. On days that you take multiple tabs, divide the tabs evenly across the day (i.e. 100 mcgs. would be 4 doses of 25 mcgs. apiece spread evenly across the day.) You also need to make sure that you cycle down off this product as well to keep the thyroid functioning properly as well. Don't take for more than 5 weeks at a time as well. After doing a cycle of this drug, make sure you go at least 8 weeks before doing it again as to allow normal thyroid functioning to return.

Street Price: I have never seen Cytomel sold on the street since most people would be leery about fucking with their thyroid functioning. In Mexico, though, this product is ridiculously cheap. It will cost you \$2.95 per bottle of 100 tabs at 25 mcgs. each.

Stacking Info: This product is commonly stacked with Clenbuterol to make both even more effective at burning fat for precontest dieters.

Danocrine:

Danocrine is an antigonadotropin. Danocrine from the substance Danazol, has a couple of popular trade names: Danatrol, Winobanin, Anargil, and Mastodanazol. Danocrine has no anabolic effect and a slight androgenic effect. Often times it is used to treat hormone related disorders such as gynecomastia. Bodybuilders have been known to use a daily dose of around 400mg per day. Because it isn't a very popular product it is tough to find on the black market. It ranges in price, for 100capsules of 200mg each you can be expected to pay anywhere from \$330-\$390.

Possible side effects: (depending on the dose of course) hot flashes, perspiration, increased libido, increased liver values, and high blood pressure.

Deca Durabolin:

Deca Durabolin is the Organon brand name for nandrolone decanoate. World wide Deca is one of the most popular injectable steroids. It's popularity is likely due to the fact that Deca exhibits significant anabolic effects with minimal androgenic side effects. Considered by many the best overall steroid for a man to use (side effects vs. results) Deca is most commonly injected once per week at a dosage of 200-400mg. With this amount, estrogen conversion is slight so gyno is usually not a problem. Also uncommon are problems with liver enzymes, blood pressure or cholesterol levels. At higher dosages, side effects may become increasingly more frequent, but this is still a very well tolerated drug. It should also be noted that in HIV studies, Deca has been shown not only to be effective at safely bringing up the lean bodyweight of patient but also to be beneficial to the immune system. For bodybuilding, Deca can effectively be incorporated in both mass and cutting cycles. One major drawback to Deca is that it can be detected in a drug screen for as long as a year after use. Unfortunately for many competitive athletes, this makes Deca and other nandrolone products off limits. Deca is also a comparatively expensive anabolic. Black market, 200mg of Deca will cost upwards of \$20 in most instances. In the U.S., one would commonly find the Mexican veterinary version Norandren 50 from Brovel in Mexico. This is a 50ml vial of what is supposed to be 50mg/ml nandrolone decanoate. Brovel Labs however, has a reputation for underdosing their products and this may be closer to 35mg/ml. Extraboline and Deca-Durabolin from Greece are also commonly found, Extraboline usually being slightly cheaper. Retabolil from Bulgaria ("Russian Deca") is another commonly found product. These ampoules come one to a box and in 25mg and 50mg strength, the 50mg being almost exclusively brought to the US. The ampoules have no band around the neck and no scoring. The larger box comes with a file, which is required to open this ampoule. These ampoules have been made with 2 labeling styles, the first being a very easy to rub off red and yellow silk-screen directly on the glass and the other being the simple paper label with gray text. Deca is also widely counterfeited in countless forms so caution should be taken when purchasing this on the black market.

Deca-Durabolin: (nandrolone decanoate) 200mg/vial, 1cc or 2cc

This is an injectable steroid that is a derivative of 19-nortestosterone. It is a favorite to thousands of steroid users. Deca is a low androgenic steroid, with high anabolic properties. It is excellent for developing size and strength. It does not have very little liver toxicity nor does it disturb the body's own hormone functions excessively. Deca will aromatize in high dosages, but not at the rate of testosterone's or other high androgenic compounds. This drug can be used for cutting or for bulking. Athletes have stacked it with virtually every drug and come out with positive results. It is a good base drug on any cycle. Deca can be used by almost all athletes and give positive results while presenting very few side effects.

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Women use this drug but only in very low dosages; 50 mg per week. Deca has been established as a great soother of sore joints and tendons. Athletes report that sore shoulders, knees, and/or elbows are somehow without pain on the Deca cycle. This may be substantiated by proving it reduces the amount of cortisol getting into muscle tissue during the cycle. Deca also dramatically improves nitrogen retention and recuperation time between workouts. Deca also dramatically improves nitrogen retention and recuperation time between workouts. Deca has shown up positive on more steroid tests than any other steroid. This is due to the fact that so many athletes use it, and that it stays in the system at a detectable level for up to a year.

The drug itself is effective for about two weeks. Average dosages of this drug are from 200 – 400 mg per week for men. Deca used to be the most available drug on the black market, but it is fading fast. It is still available legitimately under the LyphoMed name, as well as Organon, Ruby and Steris, to name the most common labels.

Deca-Durabolin:

Brand Names: Anabolicum, Anabolin LA-100, Anaboline, Androlone-D 200, Deca-Durabolin, Deca-Durabolin 100, Depo-Nandrolone, Dequibolin-100, Elpihormo, Extraboline, Hybolin Decanoate, Jebolan, Kabolin, Nandrolate, Nandrolone Decanoate, Nandrol Decanoate, Nandrobolic L.A., Neo-Durabolic, Norandren 50, Norandren 200, Nurezan, Pri-Andriol LA, Retabolil, Retabolin, Sterobolin, Turinabol Depot, Ziremilon,

Description: Deca can come in many different strengths: 25, 50, 100, and 200-mgs/cc varieties., no oral versions of Deca produced. Deca-Durabolin is probably the all time most popular steroid (except for maybe Dianabol if you could actually find some). Deca produces very few side effects. It is easy on the liver and promotes good size and strength gains while reducing body fat.

Deca-Durabolin is highly anabolic and only moderately androgenic. It works by promoting a positive nitrogen balance in the body, which causes the muscles to be able to use more protein, more efficiently than normal. It does this by causing the muscle cells to store more nitrogen than they are releasing. With this positive nitrogen balance, the muscle cells will be able to use more protein than they usually can. If you don't eat and sleep enough though, the magic will not happen.

It takes three days after injection to dissipate from the site and stays active in the body for about 17 days. Gains will go away very slowly after the cycling period if workouts are kept intense. Deca is the worst steroid that you can take if you run the chance of being drug tested. People have been known to test positive up to 1 1/2 years after the last shot. This is a very long time. Keep this in mind if you are in the NCAA or some other organization where you run the risk of being tested.

Side Effects: Deca-Durabolin is a relatively safe steroid. Typically, you can expect a little minor acne, higher blood pressure that causes a longer time period for blood to clot, headaches, and increased libido. Any of the following are also possible though: nausea, leukopenia, symptoms resembling a peptic ulcer, acne, edema (water retention), excitation (commonly referred to as roid rage), sleeplessness, chills, vomiting, diarrhea, hypertension, prolonged blood clotting time, increase in libido. Females had reported: menstrual irregularities, post-menopausal bleeding, swelling of the breasts, hoarseness or deepening of the voice, enlargement of the clitoris, and water retention. Men had reported: cases of impotence, chronic priapism, epididymitis, inhibition of testicular function, oligospermia, and bladder irritability.

Effective Dose: 400 - 600 mgs/week. Some people say you can get away with less but I have not found that to be true at least with myself. It is easy on you, so I would tend to go the extra mile and take a little more when I can find it.

Street Price: \$40 per 2 cc. vial at 200 mg. / cc. This steroid is without a doubt the most common one that is counterfeited. You need to check for all the telltale signs, like being able to twist the metal top; you should not be able to turn it by hand if it is real. You should not be able to scratch the label off easily with your fingernail either. Another common trick is the date. It should be obviously stamped on the bottle. Commonly, counterfeits have the expiration date printed on the label in the same color ink as the rest of the label. It can be black but you can tell a stamp from something that was printed on the label at the same time the label was made. There is usually a dull area on the label where the date is to be stamped as well. Look for it. If it passes all of these tests, it is probably real. There are good counterfeits that will pass all these tests though, so keep that in mind. Just use your head and you should be fine most of the time.

Stacking Info: Deca-Durabolin is the "jack of all trades" when it comes to steroids. This is "the steroid" to stack with others. I am convinced that using decas with other drugs is where the term "stacking" originally came from. Deca is typically stacked with many things like dianabol, any of the various testosterone, sostanon 250, anadrol 50, etc, etc for adding large amounts of muscle mass. It can be taken along with anavar, masteron, parabolon, primobolan, etc. if you are looking to add better quality muscle that will stay with you longer and make you look harder since you will have less of the water retention associated with the dbols and testosterone.

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Deca-Durabolin:

This is considered to be the most popular of all steroids. It is an oil-based injectable that comes in 200 mg/cc and 100 mg/cc containers. Deca produces very few side effects. It is easy on the liver and promotes good size and strength gains while reducing body fat. It only aromatizes (converts to estrogen) in extreme dosages. It is highly anabolic but only moderately androgenic. Deca does shut down natural testosterone production, but its not extreme. Gains will minimally dissipate, if at all, after the cycling period if workouts are kept intense.

By the way, deca is also the most counterfeited drug on the black market. Comes in 50, 100 and 200 mg per cc strengths. Package in small brownish glass bottles with a green top rubber from Mexico. It seems to be the best of injectables for the cost. Usual dose is 200 mg per week with highs ranging 200 mg a day. The average duration is about 2 to 4 month. There are very few side effects. Blood clotting time is increased so that some people may experience bloody noses when they are dehydrated. Deca-Durabolin is generally considered by athletes and sports medicine physicians to be the safest and most effective injectable anabolic steroid. It is mildly androgenic, and is becoming increasingly popular with women bodybuilders. Although side effects similar to those of other steroids have been reported, the effects are relatively uncommon when compared to other forms of steroids.

Deca Durabolin: (nandrolone decanoate)

200 mg/vial, 1 cc or 2 cc. This is an injectable steroid that is a derivative of 19-Nortestosterone. This product is a favorite to thousands of steroid users. In a survey, it was revealed that Deca is the most widely used and most widely available steroid in America. It is still being manufactured by numerous domestic pharmaceutical suppliers, and is one of a diminishing number of steroids that are available at American pharmacies. Deca is also the most popularly counterfeited steroid on the market. The drug itself is a moderate androgen, highly anabolic preparation. It has proven to be an excellent product for promoting size and strength gains. It has minimal liver toxicity and only aromatizes in excessive dosages. Deca does have an effect on the body's natural hormone axis yet it is not nearly as pronounced as it is with drugs like testosterone. This steroid has been used for cutting and for bulking. Athletes have stacked it with virtually every drug and reported positive results. It seems to be an excellent base drug on any cycle. Deca can be used by almost all athletes, with positive results and very few side effects. Deca has gained a reputation as being somewhat of an alleviator of sore joints and tendons. Athletes report that sore shoulders, knees and/or elbows are somehow without pain on the Deca cycle. This drug dramatically improves nitrogen retention and recuperation time between workouts. Unfortunately, Deca has very stubborn metabolites, which have been known to show up on a steroid test as long as 12 months after it was administered. This, in combination with the number of athletes using it, has contributed to its showing up on more steroid tests than any other compound. For this reason, any athlete that has the potential of being subjected to a steroid test should not be using Deca. For those whose worries do not include steroid testing, it remains the number one choice.

The average dosage for men is in the area of 200-400 mg per week; for women 50-100 mg per week.

Deca Durabolin:

Nandrolone decanoate does not effect the immune system, unlike testosterone! It will not damage connective tissue, i.e. elbows, knees (Big problem amongst heavy steroid users). It does not aromatize easily. Can help impotence! Gives the body a lean hard look. My favorite, it can be detected in the body a year after discontinued use. Sorry I lied, this is my favorite-it has the highest probability of being counterfeited on the black market! Nandrolone decanoate is one of the most popular steroids on the market. This steroid has very few side effects.

Dose 200-800mg every 7 to 14 days

Delatestrl: (testosterone enanthate) 200mg/ml 10cc/vial

This drug is very similar to Depo-Testosterone; it is injectable testosterone in oil. It is high androgenic, high anabolic, aromatizes easily, and is moderately toxic to the liver. The main difference between Delatestrl and Depo-Testosterone is that Dela has a longer life. It remains active for over two weeks. This drug does tend to cause very bad edema in some, which results in that familiar puffy look. This is all right for a lot of powerlifters who actually gain strength from the excess water. The majority prefers dept, but some feel Dela is just as good or even better for gaining size and strength. The real advantage of Dela is that a shot of Dela is only required about every 10 days to keep it working well. This can save comfort and money for the user. Nolvadex should always be used along with this drug. Effective dosages range from 1cc to 3ccs every 10 days.

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Denistenil: 100mg/cc 1cc/ampule

This injectable steroid is a close derivative of Dihydrotestosterone. It is high in androgens, but will not aromatize. It is not toxic to the liver either. It is primarily used for cutting, or hardening up lean muscles. It will not cause water retention, and the high androgens seem to help glycogen storage, thus keeping the muscles full and ripped. Dosages seen were 100 mg every three or four days. This drug is too androgenic for women.

Depo-Testosterone: (testosterone cypionate) 200mg/cc 10cc/vial

This is an oil based injectable form of testosterone. It is high in androgens and is very anabolic as well. Depo-Testosterone aromatizes quite easily. Water retention is often a problem when this drug is used. It is only moderately toxic to the liver, but can cause a marked disturbance in the body's endogenous production of testosterone. Depo-test is often a dramatic size and strength building drug. It can be stacked with a number of steroids and come out to be a great bulking cycle. This drug is the most popular testosterone used by athlete.

Although the gains a person can make on testosterone's are dramatic, the size and strength lost when the drug is stopped is also dramatic for most. This can be compounded by the body's suppressed endogenous testosterone production. Some users have minimal losses if they take Nolvadex throughout the cycle, come off the drug very slowly, and take HCG right after the cycle. When taken in moderate dosages, its gains can outweigh its down side. Effective dosages for men are in the range of 1cc to 3cc per week, women should not be using any testosterone.

Depo-Testosterone:

Depo-testosterone is the brand name for testosterone cypionate by Upjohn. Depo-testosterone is a moderately powerful androgen. Athletes report it to be somewhat effective in promoting gains in strength and muscle mass. The drawbacks of this steroid, however, outweigh the benefits. Its reports side-effects including gynecomastia, testicular dysfunction, severe acne, decreased libido, and chronic priapism.

Dianabol:

Dianabol, Ciba's old brand name for 5mg methandrostenolone tablets, has always been one of the most popular anabolic steroids available. Dianabol's popularity stems from its almost immediate and very strong anabolic effects. 4-5 tablets a day is enough to give almost anybody dramatic results. Along with strong anabolic effects comes the usual androgen side effects. Dianabol converts to estrogen, so gyno and water retention may be a problem although are usually dose related. Aggression may be increased, and users often report an overall sense of well being. The fact that Dianabol has been off the U.S. market for almost 10 years has not at all stopped its use and remains the most popularly used black market oral steroid in the U.S.. The most popular versions in the U.S. are the Russian tablets coming into the East Coast, Pronabol from India and Refovit from Mexico. The Russian Dianabol, which is vastly and accurately counterfeited, has been losing its reputation as a safe buy. Users generally won't know if what they have is real until they use it, making for many angry users. Reforvit is an injectable D, containing 25mg/ml of the substance. A 50 ml bottle contains the equivalent of 250 tablets and sells for a reasonable price. Most users opt to take this orally as it is just as effective as tablets. The pink Thai tablets are also popular and should be the only tablets purchased without paperwork or box. These ship in quantities of 500 and 1000 only, so they are almost always broken up and sold. Methandon is also available in Thailand, but much less popular than the Anabol tabs.

Dianabol: (methandrostenole) 5mg/tab 100/bottle, or 10cc/vial, 25mg/cc

This steroid is a derivative of testosterone. The oral form was originally developed back in 1956 by Dr. John Ziegler and Ciba labs. This was the first steroid used by American athletes and was the only steroid anyone in this country talked about until the late 1970's. It is by far the most popular steroid used by athletes. The brand name Dianabol by Ciba was discontinued about five years ago because the FDA decided the only people using this drug were athletes. The generic name, methandrostenolone, is no longer made by any American labs, the market or counterfeit item is the most popular black market drug there ever was. At least one report confirmed the market D-Bol to be the real thing. This drug itself is a strong anabolic and androgenic product. It most often produced dramatic gains in size and strength. Dianabol was also shown to increase endurance and glycogen retention. The down side is that this drug is responsible for a number of side effects. It is an alpha alkylated 17 compound, which is quite toxic to the liver. Dianabol also aromatizes a great deal, even on fairly low dosages. Using Nolvadex in a stack with the Dianabol will minimize these aromatizing effects. Water retention and high blood pressure are also very common. Due to the drugs conversion to DHT it also causes extreme acne in some cases. Thus many of your heavy D-Bol users are big, strong, bloated with water, breaking out, and have a stressed liver. Obviously this is not a steroid one would use to cut up. It is best used to gain size and strength on a bulking cycle. This drug would not be a poor choice if not used excessively or for long durations of time. Average dosages for Dianabol have been in the range of 15mg to 30mg a day oral or 50mg to 100mg a week by injection.

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Dianabol: (Danabol, Metabolina, Nerobol, Reforvit)

Description: (Injected: 25 mgs. / cc. 10 cc. vials)(Oral: 5 mgs. / tab 100 tab bottles)

Regarded by many athletes as being one of the most effective oral steroids ever produced. It was not known as the "Breakfast of Champions" for nothing. Dianabol is still one of the most effective strength and size building oral steroids probably second only to Anadrol 50 but it is not as harsh on the system as Anadrol is. You still get the water retention problems though. Reforvit, which is a liquid Dianabol sold in Mexico.

Reforvit is an injectable D, containing 25mg/ml of the substance. A 50 ml bottle contains the equivalent of 250 tablets and sells for a reasonable price. The cool thing about Reforvit is that you can drink it as well as inject it without too much of a loss in effectiveness.

Effective Dose: (Injected: 50 - 100 mgs. / week)(Orals: 20 - 30 mgs. / day)

Street Price: (Injected: ? I haven't seen any lately)(Oral: \$1.50 / tab)

Stacking Info: Great with something like Deca-Durabolan or Primobolan Tabs

Dianabol: (Danabol, Metabolina, Nerobol)

Methandrostenolone was a very popular drug in the 70's, and still is. It is a 17 alpha-alkyl based steroid which produces dramatic strength and size gains. This is also a very toxic drug. This drug is probably the reason for Arnold's muscles. Arnold loved a combination of Primobolan Depot and Dianabol.

Dose 15-35mg per day

Dianabol:

5 mg tablets. Dianabol is still one of the most effective strength and size building oral steroid. It is sometimes rather costly. It causes considerable water retention and aromatizes quite a bit so you'll see quite a bit of dosage jumps while using it.

Available over the counter in Mexico with no prescription needed. People get good results with Dianabol. Dianabol is now available under its generic name of Methandrostenolone and is being produced domestically by Rubu Labs. Originally, Dianabol came in 50 mgs tablets.

It was developed in the mid-forties and experimentally used on returning prisoners of war that had been on very low food intakes. Actual dosages of the generally available 5 mg (it also comes in 2,5 mgs tablets) many doctors prescribe a 4 day with 8 to 10 the average for self-made expert and 100 is not unheard of in one day. The generic version may be the best price if Anadrol keeps rising in price. Not many women use it because it is high in androgens. Some people report sleeplessness with high dosages

Dianabol:

Dianabol's popularity stems from it's almost immediate and very strong anabolic effects. 4-5 tablets a day is enough to give almost anybody dramatic results. Along with strong anabolic effects comes the usual androgen side effects. Dianabol converts to estrogen, so gyno and water retention may be a problem although are usually dose related. Aggression may be increased, and users often report an overall sense of well being. The fact that Dianabol has been off the U.S. market for almost 10 years has not at all stopped its use and remains the most popularly used black market oral steroid in the U.S.. The most popular versions in the U.S. are the Russian tablets coming into the East Coast, Pronabol from India and Refovit from Mexico. The Russian Dianabol, which is vastly and accurately counterfeited, has been losing it's reputation as a safe buy. Users generally won't know if what they have is real until they use it, making for many angry users. Reforvit is an injectable D, containing 25mg/ml of the substance. A 50 ml bottle contains the equivalent of 250 tablets and sells for a reasonable price. Most users opt to take this orally as it is just as effective as tablets. The pink Thai tablets are also popular and should be the only tablets purchased without paperwork or box. These ship in quantities of 500 and 1000 only, so they are almost always broken up and sold. Methandon is also available in Thailand, but much less popular than the Anabol tabs.

Dianabol: (Methandrostenolone) 5 mg Tablet

Also so known as: Anabol, Reforvit-B, Trinergetic, Anabolex, Pronabol, Bionabol, Methandon, Danabol, Metabolina, Nerobol

Top 5 Steroids: #1 Deca-Durabolin #2 Sustanon 250 #3 Various Testosterone's (Cyp "most popular", Enant, Prop, and Susp) #4 Anadrol 50 #5

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Dianabol

Dianabol, Ciba's old brand name for 5mg Methandrostenolone tablets, has always been one of the most popular anabolic steroids available. Dianabol's popularity stems from its almost immediate and very strong anabolic effects. 4-5 tablets a day is enough to give almost anybody dramatic results. Along with strong anabolic effects comes the usual androgen side effects. Dianabol converts to estrogen, so gyno and water retention may be a problem although are usually dose related. Aggression may be increased, and users often report an overall sense of well being. The fact that Dianabol has been off the U.S. market for almost 10 years has not at all stopped its use and remains the most popularly used black market oral steroid in the U.S.. The most popular versions in the U.S. are the Russian tablets coming into the East Coast, Pronabol from India and Reforvit from Mexico. The Russian Dianabol, which is vastly and accurately counterfeited, has been losing its reputation as a safe buy. Users generally won't know if what they have is real until they use it, making for many angry users. Reforvit is an injectable D, containing 25mg/ml of the substance. A 50 ml bottle contains the equivalent of 250 tablets and sells for a reasonable price. Most users opt to take this orally as it is just as effective as tablets. The pink Thai tablets are also popular and should be the only tablets purchased without paperwork or box. These ship in quantities of 500 and 1000 only, so they are almost always broken up and sold. Methandon is also available in Thailand, but much less popular than the Anabol tabs. Methandrostenolone was a very popular drug in the 70's, and still is. It is a 17 alpha-alkyl based steroid which produces dramatic strength and size gains. This is also a very toxic drug. This drug is probably the reason for Arnolds muscles.

Black-market price: \$.50 to \$2.00/tab (5mg/tab)

Dihydroxolone: 30cc Vial

This was another of the DDR compounds. It should be off the market by now. That should not warrant anyone's attention though (it was the worst kind of counterfeit).

Dihydrotestosterone:

This is a parent compound of a number of steroid preparations. The hormone itself is one, which occurs naturally in the body. DHT is responsible for several of the androgenic effects of testosterone like facial hair, genetic balding, and male reproductive organ development. It plays a major role in the building of skeletal muscles. A great percentage of endogenous and exogenous testosterone's are converted to DHT in the system which many feel results in the actual anabolism of muscle tissue. Common side effects of DHT are acne and accelerated balding.

Durabolin:

50 mg/cc, 2 cc/vial. This steroid is almost identical to Deca-Durabolin except that it is a faster acting compound. It gets into the system rapidly and is active for less than a week. Therefore, shots must be administered frequently, in

Note: The substance ephedrine hydrochloride is also part of numerous injectable solutions, drops, nasal sprays, syrups, ointments, powders, and fluids which, however, are not listed here since athletes usually prefer tablets.

Ephedrine belongs to the group of sympathomimetics. Although it is not a hormone compound, we would still like to describe it briefly since it offers the athlete three interesting effects. First, ephedrine has clear fatburning characteristics. On the one hand, this occurs since ephedrine produces heat in the body (thermogenesis). Simplified, ephedrine slightly increases the body temperature so that the body burns more calories than usual. On the other hand, ephedrine stimulates the thyroid gland to transform the weaker LT-4 (L-thyroxine) into the stronger LT-3 (liothyronine), thus accelerating the metabolism. The fatburning effect, with the additional intake of both methylxanthine caffeine and aspirin, can almost be doubled. Scientific research has shown that the combination of 25 mg ephedrine, 200 mg caffeine, and 300 mg aspirin is ideal to produce a synergetic effect. Those who apply this combination three times daily, approximately 30 minutes prior to a meal, will significantly burn fat. Competing bodybuilders have appreciated this for quite some time. Second, ephedrine has anticatabolic characteristics. Thus it is especially useful for maintaining the muscle system while dieting. Finally, athletes often use ephedrine as a "training booster." Since it has a mild amphetamine-like effect on the central nervous system (CNS) it improves the concentration, vigilance, and the interplay of nerves and muscles. For this purpose, 25-50 mg ephedrine are taken approximately one hour before a workout. The athlete feels an immediate boost in energy which during workout can manifest itself in a 5-10% increase in strength. Again, also in this case, the effect can be improved by taking caffeine and aspirin (s.a.). It is important to note that ephedrine, administered for this purpose, is not to be taken more than three times a week; otherwise, the body gets accustomed to it and the "boost effect" decreases, and much higher dosages are needed.

Side effects can manifest themselves in the form of more rapid heart beat, insomnia, tremors (light trembling of the fingers),

headaches, dizziness, high blood pressure, and lack of appetite. The last characteristic, however, is much appreciated by athletes on a diet. Ephedrine must

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not be taken when high blood pressure, a severe hyperfunction of the thyroid gland, irregular heart rhythm, or a recent myocardial infarction are present. In Europe ephedrine is a prescription drug which is mostly available in combination with other substances. Such a combination compound, for example, is the German drug Perspiran N, which contains an additional 25 mg ephedrine hydrochloride and 125 mg theophylline per tablet. Theophylline increases the effect of ephedrine. The Spanish Efedrina Level of Laboratorio Level S.A. Company can be found on the black market. A 50 mg tablet usually costs \$ 10. The tablets are indented, with "EFEDRINX stamped on the back. Twenty-four tablets are packaged in a small white plastic box with a pull-off label. It is interesting to note that in the U.S. the substance ephedrine hydrochloride testosterone for sale is not a prescription drug and is freely available while other stimulants and medicines used in sports are either unavailable or available only at high risk on the black market. In special magazines for bodybuilders one can always find ads freely offering Ephedrine. Until the time that this condition changes, Ephedrine is of no importance on the black market.

EPO: Known Name Brands: Erythropoietin, Epogen,

Description: Epogen or EPO comes in 2000, 3000, 4000, and 10,000 IU vials. EPO is an injectable protein hormone that acts on bone marrow to stimulate red blood cell production. This is a new drug which is being experimented with by some elite athletes especially distance runners and elite cyclists. It was developed for patients suffering anemia due to disease. It has been very effective for what it is designed for and sometimes is used as a replacement for blood transfusions. Athletes use this drug to dramatically increase red blood cells which are the oxygen carrying components of blood. Athletes are well aware that if they can increase the oxygen-storing ability of their blood they can increase performance. This is the theory behind blood doping. EPO does the same thing but is more convenient considering the use of EPO just requires a number of injections. Blood doping requires drawing out approximately a liter of blood, freezing it, then thawing it and reinfusing it several weeks later. Unfortunately, EPO has some serious dangers associated with it. It is suspected to be the cause of over half a dozen deaths amongst a circle of elite Dutch cyclists. EPO has a dramatic effect on hematocrit which is the percentage of red blood cells in blood. A hematocrit of 40 means that 40% of the volume of blood is composed of red blood cells which is about normal. Athletes not uncommonly have a higher-than-average hematocrit. When an athlete injects EPO, there hematocrit can rise as much as 40%. This results in an especially high concentration of RBCs. The danger sets in when this hematocrit level gets too high. At this point, blood could literally 'clog up' an artery leading to a vascular disaster in the form of a heart attack stroke, cardiac failure, or a condition called pulmonary edema; this is a form of water logging of the lungs because of left ventricular failure. The potential for arterial accidents becomes even greater when an athlete gets dehydrated. Obviously, marathon runners and cyclists lose large amounts of fluid during competition. This loss of fluid can raise the concentration of hematocrit even more, increasing the risk of a fatality. EPO use is most widespread amongst endurance athletes yet a number of weightlifters have been experimenting with it.

Effective Dose: Between 50-300 IU/kg of bodyweight. Not to be used for more than 6 weeks. Will start seeing effects after week 2.

Street Price: I don't have a clue on the street price of this compound. Dan Duchaine did say in his Underground BodyOpus book that the cost was most than Growth Hormone though.

Equipoise:

Equipoise, or boldenone undecylenate, is a favorite veterinary steroid of many athletes. Its effects are strongly anabolic, and only moderately androgenic. By itself, Equipoise will provide a steady and consistent gain in mass and strength. However, best results are achieved when Equipoise is used in conjunction with other steroids. For mass, Equipoise stacks exceptionally well with Anadrol(oxymetholone), Dianabol(methandrostenolone), or an injectable testosterone like Sustanon 250. Equipoise is also highly effective for contest preparation since it aromatizes very poorly. Muscle hardness and density can be greatly improved when Equipoise is combined with Parabolan(trenbolone hexahydrobencylcarbonate), Halotestin(flouxymesterone), or Winstrol(stanozolol). Average dosages of Equipoise are 200-400 mg per week. Injections are usually taken every other day. Since Equipoise is only available in a 25 or 50 mg/ml version, voluminous injections may become a problem. If high volume injections are made too frequently to the same injection site, an oil abscess may form. An oil abscess will often dissipate on its own, but in extreme instances, a doctor will need to drain it. Therefore, athletes should take caution and rotate injection sites. Equipoise is not readily available on the US black market, but it can be found. One of the more popular versions is Ganabol from Laboratorios V.M. in Middle and South America. It is mostly seen in 50 ml vials, but is also available in 10, 100, and 250 ml versions. Ganabol comes in a brown glass vial with a green label. 50 mg/ml versions will have a large "50" on the label. There are no counterfeits of Ganabol. The World Anabolic Review estimates the price of Ganabol to be \$8 per ml. This price was probably overestimated. A more typical price is about \$4-\$6 per ml.

Equipoise: Equibold, (boldenone Undecylenate) 50cc or 10cc vials, 50mg per cc

This is an oil based veterinarian steroid which is a derivative of testosterone. Equipoise is very widely used by athletes. It is a high anabolic, moderate androgenic steroid. It has low levels of toxicity and aromatizing qualities, even though it will aromatise on some more than others. The actions of the steroid are fairly similar to dianabol without as much water retention in most cases. When stacked with a low androgen like Primobolan, Equipoise has been effective for cutting. Stacked with testosterone it has shown the ability to enhance strength dramatically. The athletes who have used this drug reported it has shown the ability to enhance strength dramatically. The athletes who have used this drug reported consistently good results with few side effects. Dosages have been in the range of three to six ccs a week.

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Equipoise: Brand Names: Boldebal-H, Equipoise, Ganabol, Maxi-Gan, Pace, Sybolin, Vebonol,

Description: 50 mgs. / cc. 10, 50, 100, and 250! cc. vials. Boldenone undecylenate is a very popular steroid. This steroid is only available legally at a veterinarian clinic. Equipoise is a highly anabolic, moderately androgenic steroid. For this very reason, it is typically taken in a stack with other steroids like testosterone if you are on a mass cycle or perhaps with winstrol if you are on a cutting cycle. The main benefit of taking equipoise is that it increases protein synthesis in the muscle cells. This effect is very similar to what you would experience while taking anavar. Equipoise gives you slower but much more high quality gains in muscle as opposed to the normal "quick" muscle gains that you would expect from a testosterone. This is not a steroid to take on its own and expect 20 lbs. in 6 weeks. It is just not going to happen. You can expect around 3 weeks before you start seeing results and they are not going to be staggering, but will be "more permanent" than any gains you would get from any of the multiple testosterones that are available. This steroid stays active in the system longer than most of the testosterones as well. This makes equipoise a poor choice if you run the possibility of being drug tested.

Equipoise is very common in the precontest arena for two main reasons. First off, there is a low amount of aromatization and secondly there is very little water retention while taking equipoise. This makes equipoise a good precontest steroid. Equipoise is well known to give a good increase in the pumps you get while working out. This is caused from the increase in red blood cells that you will experience while taking this steroid. Equipoise is also well known to help cause a dramatic increase in appetite. When taken with a good mass building steroid like dianabol, this is a sure formula for successful gains in muscle mass.

Side Effects: This list by no means states that you will get all these side effects, but there is a possibility to get any or several of these side effects. I continually get emails requesting to know the side effects that are possible, so here is the list of possible side effects. Equipoise is generally a little safer to take than the testosterones, but you will tend to feel ill for a few days after injection. This ill feeling is similar to flu-like symptoms and will go away after a few days. This side effect is similar to what people feel when taking Sustanon 250 as well. Other known side effects consist of: nausea, leukopenia, symptoms resembling a peptic ulcer, acne, excitation (commonly referred to as roid rage), sleeplessness, chills, vomiting, diarrhea, hypertension, prolonged blood clotting time, increase in libido. Females had reported: menstrual irregularities, post-menopausal bleeding, increased sex drive, swelling of the breasts, hoarseness or deepening of the voice, and enlargement of the clitoris. Men had reported: acne, gynecomastia, and increased aggression.

Effective Dose: 150 - 300 mgs. / week. Equipoise shots are typically taken twice a week.

Street Price: \$6 - 8 per ml. Equipoise is commonly pretty expensive on the black market and counterfeits are plentiful. Equipoise always has a slight yellow color as well, so keep your eyes open if someone is trying to sell it to you and use your head. Stacking Info: Muscle hardness enhanced with Parabolan, Halotestin, or Winstrol, for mass stack it with Anadrol, Dianabol, or Sustanon 250.

Equipoise: (Boldenone Undecylenate)

This is another veterinary drug that comes in 50 cc and 100 cc bottles, 50 mg per cc. It is a high anabolic, moderate androgenic steroid. Sometimes you can get some at the horse track because they sell it there illegally. This has good reviews from people, reporting fairly good results with little side effects.

Esiclene:

substance: formebolone

Esiclene has some very unusual characteristics. It will allow any muscle to increase in size within a very short period of time. Basically esiclene stimulates the tissue at the point of injection causing a slightly painful inflammation and swelling of the muscle tissue itself. Because inflammation is normally painful esiclene ampules usually contain 20mg lidocaine, a mild painkiller. The swelling only lasts for about four to five days making this a popular right-before-competition drug to help size-up the under developed muscle groups. Esiclene is often injected daily to make up for the decrease in swelling. Esiclene only promises temporary gains of around 1-1.5 in on arms and calves when used daily at injections of around 1ml the first day and 2ml (one per muscle) the days following. It is difficult to find on the black market, however, it is very affordable. In Italy a box of six ampules costs approximately \$8 and on the black market an ampule may cost between \$10 and \$12. Esiclene is a water dissolved steroid making it good for getting hard muscles and because it has no real side effects (other than the pain and every once in a while a misshaped muscle) it is a popular drug for both men and women.

Trade Names: Esiclene 1 mg drops; LPB 1; Biofarma PT, Esiclene 4 mg/2ml LPB 1, Esiclene 5 mg tab.; LPB 1; Biofarma PT, Hubernol (o.c.) 1 mg drops; ICN Hubber ES, Hubernol (o.c.) 5 mg drag.; ICN Hubber E,

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Esiclene: (formebolone) 2cc/ampule six/box. LPB labs

This is an Italian water based steroid that has one use in the bodybuilding market. It is used as a muscle inflammatory. It will inflame a local injection site and cause the muscle to gain size temporarily. Esiclene has best results when used in smaller muscles like the biceps, calves or rear delts. The drug also gives the muscle additional definition and hardness for the duration of the reaction, which are usually 20 to 30 hours. It is injected right into the muscle with a 25-gauge needle. From one to two ccs of the drug is shot in with a half inch pin. Usually Esiclene is only effective in two muscle groups at a time. The drug has a painkiller in it, which eases the soreness that the inflammation causes. Typically Esiclene is used for about seven days before a contest. One ampule per day would be injected into the muscle group. Some have claimed to add up to an inch to their arms or calves in this week. If it does not work just right, the person would end up with a lumpy looking muscle. This often happens when used in the calves. Attaining a dramatic peak on the biceps in the most effective use of this drug. Some use it the morning of a show or night before and get great extra peak on each bicep at just one ampule per bicep. This has become a very popular drug at drug tested shows. Most urine samples are taken on a Wednesday of a show that is on Saturday. Thus Wednesday night, Thursday, Friday, and Saturday morning the bodybuilders shoot the Esiclene. Many claim it has a hardening effect on all the muscles in addition to the inflammation effect of the particular body part when used this way, especially in women. You can bet many of your Ms. O bicep shots owe a great deal of it to Esiclene. Some use the drug on a regular basis, like one shot per week into the muscle, in an attempt to accelerate growth in lagging biceps or calves. The inflammation goes away in a day or two, and besides a little soreness, the drug has not caused any side effects. It has been quite hard to come by, but is available to some on the market.

Esiclene:

Description: 2 cc. / ampules / 6 ampules per box. This is an Italian water based steroid that has two main purposes. First, it will swell a local injection site and cause the muscle to gain size temporarily. Secondly, it can be used to break plateau's in a muscle that refuses to respond. When you finally think that you can't gain another inch in your bicep, put a shot of this into it and it will grow temporarily. Since muscles have memory when the swelling goes back down, it will be easier to attain the swollen size naturally since they have been there once before. Esiclene has best results when used in smaller muscles like the biceps, calves or rear delts. The drug also gives the muscle additional definition and hardness for the duration of the reaction which is usually 20 to 30 hours. The drug has a pain killer in it which eases the soreness that the inflammation causes. The inflammation goes away in a day or two, and besides a little soreness the drug has not caused any side effects.

Effective Dose: 1 - 2 cc. / bodypart, not more than 2 at a time, 1 week before contest

Street Price: \$20 / per vial

Stacking Info: You don't stack this it is a cosmetic steroid.

Esiclene: (Formebolone)

2 cc/ampule 6/box. This is an Italian water based steroid that has one use in the bodybuilding market, it is used as a muscle inflammatory. It will inflame a local injection site and cause the muscle to gain size temporarily. Esiclene has best results when used in smaller muscle like the biceps, calves or rear delts. The drug also gives the muscle additional definition and hardness for the duration of the reaction which is usually 20 to 30 hours. It is injected right into the muscle. From 1 to 2 ccs of the drug is shot in with a half inch pin. Usually, Esiclene is only effective in 2 muscles groups at a time. The drug has a pain killer in it which eases the soreness that the inflammation causes. The inflammation goes away in a day or two, and besides a little soreness the drug has not caused any side effects.

Essentiale Forte:

This is an Italian made specialty pharmaceutical which is manufactured by Nattermann. It contains linolenic, linoleic and oleic acid as well as a blend of B vitamins. European steroid users often use this product in an effort to maintain optimum hepatic function. This may be an effective way to combat a few of the toxic effects of anabolic steroids.

Estandron:

This injectable steroid is a mix of three different testosterone esters and a smaller portion of estradiol, a female sex hormone. The testosterone composition of Estandron is similar to that found in Sustanon but contains one less testosterone substance (Testosterone decanoate). Like all other injectable testosterone compounds Estandron is also extremely suitable for a rapid build up of strength and muscle mass. It is highly androgenic and has a distinct protein-improving and anticatabolic effect. Estandron also improves the body's ability to regenerate; it lubricates joints by storing fluid in the connective tissue, and it increases the glycogen level in the muscle cells.

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At first it appears a little unusual that estradiol is included in Estandrón. Why in the world are estrogens included in a steroid compound whose main component is the male sex hormone testosterone? The answer is simple: Estandrón's target group is not men but women. The steroid developed by Organon Company is a combination of androgens/estrogens which in school medicine is used in the treatment of climacteric disorders (various physical conditions occurring in women in menopause) and of osteoporosis. The antagonistic (contrasting) sexual effects are distinct. To get the facts straight: the estradiol included in Estandrón neutralizes the androgenic effect of the three testosterone esters, thereby reducing or avoiding androgenic-caused masculinization symptoms in women.

This is a combination which offers bodybuilders advantages and disadvantages. The advantage consists of the fact that women who do not want to give up the performance-enhancing characteristics of testosterone but, at the same time, who show a sensitive reaction to the androgenic component, can achieve good gains without too much worry about virilization symptoms. The same is true for men who may experience acne, hair loss or a prostate condition when taking additional testosterone. In these cases the estradiol in the compound is able to counteract these conditions. Since small amounts of estrogens are also anabolic and in particular stimulate blood circulation, this could also be one of the reasons why Estandrón gives its users an enormous pump and a considerable increase in mass. Another positive aspect is also the fact that estrogens reinforce the storage of calcium in bones. Unfortunately, the estradiol mixture can lead to the formation of edemas and weight gain in both sexes. This results in excessive water retention and the risk of formation of subcutaneous fat deposits with increases in the dosage. A considerable risk of gynecomastia in male bodybuilders is also present. Competing bodybuilders and athletes who, because of testosterone injections, grow very rapidly should stay away from Estandrón. Further, the endogenous testosterone production is reduced considerably and the blood pressure often rises as well.

The dosage for male bodybuilders usually lies between 3 and 5 ml/ week. In order to minimize androgenic-caused side effects some "delicate" men combine Estandrón with the milder and predominantly anabolic steroids and achieve quite satisfying results. An example might be an intake of 3 ml Estandrón/week and 200 mg Primobolan Depot/week or 200 mg Deca-Durabolin/week. Those who would like to gain body mass as quickly as possible and who do not care about its consistency or quality, will be satisfied by taking 5 ml Estandrón/week, 200 mg Deca-Durabolin/week, and 30 mg Dianabol/day. Women are usually content with 1-2 ml Estandrón/ week. Most female bodybuilders achieve good gains and losing their femininity while taking 20 mg Winstrol tablets/day and 1-2 Estandrón/week.

The Spanish Estandrón can sometimes be found on the steroid black market, one ampule selling for \$10- 12. Like all ampules of the Organon Company neither the Spanish, Portuguese, nor the Austrian alternative shows a simple print but comes with a white paper label with black print. An advantage is that there are no fakes of these lesser known steroids.

In the U.S., there are several drugs with a composition similar to Estandrón. We would like to mention, for example, the Depo-Testadiol compound by the Schein Company which contains 50 mg Testosterone cypionate and 2 mg estradiol per ml. According to the dealer catalog the 10 ml vial costs \$13.79. The generic version of the same strength costs \$7.

Exoboline:

This product is marketed in Germany as a non-steroidal anabolic drug. It is not available in the US commercially or "otherwise". Exoboline is a co-enzyme of vitamin B12. This participates in protein synthesis and is water based injectable, so we assume that it is quite fast acting and relatively short lived in the body, and probably has zero side effects. It should get in the states one way or the other.

Finaject:

Finaject was an injectable steroid of veterinary medicine which was extremely popular in bodybuilding and powerlifting during the 1980's. "Was"?, some of you will wonder. Well, we can easily explain this. All those of you who still do not know, do not believe, do not want to realize the facts, or still let unscrupulous black market dealers convince you to purchase Finaject, should pay attention to the following statement: ORIGINAL FINAJECT HAS NOT BEEN MANUFACTURED IN NINE YEARS! (Finaplix will be discussed at the end of this chapter.) Since 1987 neither Finaject nor hncjct has been manufactured in either France or Great Britain, nor in any other country worldwide. Residual supplies are available at this time; however, in all likelihood they are used up or superposed (past their expiration dates). For this reason, trade with faked Finaject is booming on the black market where the athlete can find a 30 ml or 50 ml vial of dark-brown glass that usually comes with a red cap. The label or sticker is in French and shows the compound as "Finaject 30." The manufacturer is apparently Distrivet s.a., 35 bd des Invalides, 75007 Paris by "Groupe Roussel UCLAF" The expiration date and manufacturing date are either missing or printed in the same type as the rest of the label. In some cases the vial comes in an additional package. The multicolored imprint on the carton can be wiped off with your finger if you wet the label and apply some pressure when rubbing. This would never be the case on an original package. All fakes are lacking traces of the substance "trenbolone acetate." So what does this compound contain? An analysis made in September '93 showed a very small amount of "testosterone enanthate." This finding, however, does not mean much, since the next vial that is analyzed might contain something completely different. The 50 ml oil solution costs \$350-400. on the black market, which is a lot of money for a little "Testo." No matter what, the best you can do is stay clear of compounds with the imprint "Finaject." The same is obviously true for the English Finajet.

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Although it does not make much sense to describe in detail a compound and its characteristics when it is no longer available (yes, we will talk about Finaplix) we would like to make an exception here. Some day perhaps "Fina" will be produced again, although this seems unlikely. Too many times in Europe it was illicitly abused in the treatment of animals destined for food processing. This shows what a high potential for abuse there is. Finaject is a very strong and androgenic compound which also has a high anabolic effect. It gives its users a fast and powerful strength gain without causing excessive gain in body weight. The reason is that "Fina" does not cause a water retention in the body. This was the reason why it was so popular among powerlifters who had to stay within a certain weight class. The strength gain is comparable to the famous "mass steroids" Dianabol, Anapolon 50, and Testosterone. What is special about Finaject is the substance trenbolone acetate which plays an active role during fatburning. It was a favorite among competing bodybuilders during preparation for championships since it helped athletes whose fat content was already relatively low to obtain a good muscle hardness and density. When the nutrition was right, it was possible that one could obtain with Finaject simultaneously both a high strength gain and a qualitatively high muscle gain; and the entire muscle system continued to get harder.

Since Finaject is the acetate form of trenbolone, its effect lasts only a short time and frequent administration is necessary. Most athletes inject 1 ml (30 mg) every second day. Higher dosages such as, for example, 30 mg/day or 60 mg every two days, however, were not unusual since an enormous strength gain and also a strong but still high-quality muscle gain was obtained. Finaject does not aromatize since its substance is not changed into estrogens. In combination with Winstrol it has a dramatic effect on the body's appearance. To achieve a gigantic strength gain bodybuilders used to combine 30 mg Finaject every 1-2 days and 50 mg Winstrol Depot every 1-2 days (also known as Strombaject) during preparation for a competition and the buildup phase. No other combination gives the athlete such an incredible hardness and such a defined muscle gain. The possible physical change obtainable in only a few weeks is enormous enough to shock some non-involved observers. Believe us, competing bodybuilders love this combination especially. Finaject was also part of probably the most effective stack for mass buildup. Together with Dianabol or Anadrol 50, and testosterone, "Fina" builds up strength and mass in record time. So much about the positive aspects of Finaject which, unfortunately, are often spoiled by its considerable negative side effects.

"Fina" is quite kidney-toxic and after a certain time of intake, it may cause pain in the kidneys. The first sign of possible kidney damage manifests itself in a very dark-colored urine. Some athlete will probably still remember the day when he excreted blood in his urine for the first time. It is important that Fina not be taken in high dosages over a prolonged period of time. It must also be observed that the amount of fluids is increased to at least one gallon/day so that the kidneys are well flushed. Finaject has considerable androgenic side effects both in women and men. Athletes often report head-aches, nasal bleeding, high blood pressure, oily skin with acne, and in part an enormous increase in aggressiveness. The high blood pressure is surprising since "Fina" does not cause water and salt retention which are normally the main cause of this condition. The skin can also considerably worsen which again manifests itself in a higher production of the sebaceous gland resulting in severe acne and larger pores. Especially negative is the characteristically high aggressiveness of athletes. "Fina" gets into your brain and can cause considerable mood swings in its users. One is extremely irritable and can "act out" quite abruptly. Daniel Duchaine in his Underground Steroid Handbook 2 hits the nail on the head: "Someone on Finaject is no fun to be with." Women, in short time, can experience most undesirable cosmetic changes which often are irreversible. Despite this, many top female bodybuilders and powerlifters have included "Fina" in their training program for competitions. Finaject is no steroid for male/female leisure bodybuilders and, if at all, should only be used by advanced and ambitious competitive athletes. Sensible women refuse to take it. Although "Fina" does not aromatize, its users often report gynecomastia. We believe that the reason for this is that during the late 1980's many athletes and today all users do not inject original but faked "Fina." Since the fake usually turns out to be a common testo this seems to explain the feminization symptoms. Original "Fina" was often recognized by the pain it caused at the point of injection even hours after the injection. Some athletes complained about hot flashes, nausea, and, in the event of veterinary compounds, "steroid fever." The original "Fina"-as mentioned before-has not been manufactured in years and many have been replaced by Parabolan which is made in France and comes from the field of human medicine. Parabolan, as a substance, also contains trenbolone but without the acetate form (see Parabolan).

As promised we conclude by discussing Finaplix which has become increasingly popular in recent years. When we previously talked about Finaject or Finajet, we referred exclusively to the injectable solution dissolved in oil. Finaplix however, is a little more difficult because there is no place to insert a needle and draw a solution. Finaplix is a veterinary drug which is not for injection but is to be "shot" into your system. You have read correctly: animals are shot with Finaplix using an implant pistol. Finaplix is only available in this one form of administration, in the form of pellets which are small, cylindrical implants similar to tablets. We hope but do not guarantee that no one will hold such a pistol at his behind and pull the trigger. Athletes who are afraid of injections apparently have even drunk the content of ampules! We can only explicitly warn you not to do so. Back to its form of administration: Two different sizes are available. Finaplix-s stands for 70, Finaplix-h for 100 pellets which are enclosed in a cartridge. These pellets are obviously not intended to be swallowed. Their basic chemical structure is developed in such a way as to break down very slowly; that is, the substance release is delayed. Once implanted, its substance is expected to work for a certain time in a way similar to progesterone or estradiol patches for women. One way of administering the substance found in the pellets consists of first grinding the pellets into powder by use of a mortar and pestle. Then the powder is put into a container, adding 2 ml of distilled water or sesame oil. (Two pellets should be enough, since one pellet contains 20 mg trenbolone acetate.) Then combine powder and liquid and draw up the solution using a syringe. At this point we want to emphasize once more that this procedure has a great number of risks. The injectable solution was not created under sterile lab conditions and an injection could cause infections and many other complications.

Another way of administration which is far less dangerous, can be prepared as follows: the ground pellets are mixed with a mixture of 50% water and 50%

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DMSO (dimethyl sulfoxide). Then the mixture is put on the skin and allowed to soak in. Dimethyl sulfoxide is used to transport the substance trenbolone through the skin. Using this method approximately 40 mg of the substance can get into the blood without much harm. On the black market a box of 100 pellets costs up to \$400. So far we have not seen any fakes.

Finajet: (parabolan acetate) 50cc vial

This is an oil based veterinarian steroid from Europe. It is a derivative of 19-Nortestosterone. Finajet is a high anabolic, moderate androgen compound. It can be toxic to the liver in excessive dosages. Finajet is a fast acting acetate, so shots are usually taken every other day. Athletes report very good strength gains with minimal water retention or weight gains. Some feel it is very effective for hardening up a lean physique, i.e. pre-contest bodybuilders. This drug is too high in androgens for women, even in the smallest dosages. A high number of allergic reactions to this drug have been seen. Almost 10% of the athletes who used Finajet reported very painful injection sites, flu like symptoms, and/or skin rashes. This is the drug's major drawback. Effective dosages are in the range of half cc to one cc every other day.

Finajet:

This is a French veterinary drug that comes in 50 cc bottles in 50 mg per cc. This stuff is rather fast acting even though it is oil based product. So the you have to take a shot every three days. It is less androgenic and gives you that "hard" look and cuts you up more. Though it sucks to get a shoot every three days may cause painful injection sites. There are other and better injectables.

Finaplix:

Finaplix is a veterinary cattle implant, which contains the potent androgenic steroid trenbolone acetate. This is the same drug which was once available as an injectable in the U.S, labeled Finaject, although it's production has been discontinued here and worldwide for about a decade. Finaplix was the last remaining pure trenbolone acetate, however it too has now been discontinued and replaced with Revalor, trenbolone acetate with a small amount of estradiol, an estrogen (see Revalor). Trenbolone acetate is a potent androgen, which will not readily convert to estrogen. Since in this case it is in the form of a cattle implant, administration is a bit difficult. Most commonly, these implant pellets are ground up and mixed with a 50/50 water/DMSO mix and applied to the skin daily. This home-brew transdermal mix is very effective, as seen in Finaplix's popularity. Some a little more daring have mixed their own BI-weekly (or more frequent) injections, although I couldn't see this being a very sanitary practice. Both when applied to the skin, or injected, users report great strength and mass gains with no gyno or water retention. Along with being a strong muscle building steroid, it is also noted as being very effective at burning fat. This has made it very appealing for competitive athletes looking to shed fat, while at the same time trying to avoid water retention and keep a the hard physique which a strong androgen helps bring about. It should also be noted that this is not a beginners steroid. Finaplix can be very toxic, especially to the kidneys. Since this is a strong androgen, related side effects such as ance and increased aggression are also very common. To be cautious, users will commonly will limit their use of this drug to 4 or 6 weeks. Old lots of Finaplix are still available through some veterinary suppliers, and being an implant are not being controlled as a steroid. It will not be long though before old lots are exhausted and pure trenbolone acetate will once again disappear.

Finaplix:

Known Name Brands: Finaplix-S, Finaplix-H,

Description: Finaplix is another of the cattle implants that continues to gain popularity with bodybuilders since steroids are becoming harder and harder to get for some people. Each Finaplix pellet contains 20 mg. of trenbolone acetate apiece. This is the same compound that was found in Finajet that was pulled off the market in 1987. Finaplix is a very strong and androgenic steroid that also has a high anabolic effect. It will give you a very fast and powerful strength gain without a lot of added bodyweight since finaplix does not cause water retention in the body. Fina helps to accelerate fat burning which made it a popular product with competitive bodybuilders because it helps to add to muscle hardness and density. It is also very popular with powerlifters that have to stay within a certain weight class. Finaplix has many side effects as well besides the fact that it is not the most sterile since it is a vet drug. Finaplix is a very kidney toxic steroid. Finaplix, unlike the other cattle implants, does not contain any estradiol which is hazardous to a bodybuilders health unless he really wants to get gyno. Finaplix comes in two types. Finaplix-S cartridges contain 70 pellets whereas Finaplix-H cartridges contain 100 pellets per cartridge. You can't eat the cartridges either. They must be administered one of two ways:

One way is to use DMSO (dimethyl sulfoxide) to make the steroid transdermal meaning that it will now pass through the skin. There are a variety of forms that DMSO is available but the gel version works the best and is the easiest to use. What you want to do is grind up about two of the pellets into as fine of a powder as you can and then mix it with one teaspoonful of DMSO and one of water and apply to the skin every 2 days as that is the effective time span for trenbolone acetate. This will give you about a 40 mg. dose of trenbolone acetate. You can then rub this compound into your skin and wrap the area with a piece of saran wrap to help get the compound to absorb into the skin easier since it will heat it between the saran wrap and your body to aid in absorption.

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The other way to take this compound is through injection. You can do this by mixing the compound with about 2 cc of oil or sterile water and injecting it that way. Even grinding up the particles as fine as you can you will have to use about an 18 gauge needle to inject

GHB induces a state of euphoria, relaxation, and sensuality along with a lowering of anxiety and inhibition. It also exhibits prosexual effects by improving tactile (sense of touch), enhancing erectile capacity in men, and increasing the intensity of orgasm. For these reasons, GHB has become a very popular recreational drug. It has become even more popular among athletes because unlike other recreational drugs, GHB will not hinder athletic performance. GHB is used by many athletes as a substitute for alcohol because it does not cause a hangover the following day. GHB is also very effective in treating the withdrawal symptoms of alcoholism.

Now that GHB has been banned by the FDA, an athlete only has a few options if he wants to obtain GHB. First, he can buy it on the black market. This has several disadvantages. To begin with, much of the stuff on the black market is made by underground chemists using cheap materials that may contain harmful impurities. Also, it is difficult to determine the concentration since most GHB sold on the black market is dissolved in water. The concentration will often vary and this will make it hard to accurately determine a dosage. A second option would be to mail-order the GHB from a foreign pharmacy. This is risky because US Customs may seize the order. There may also be legal consequences to buying GHB. GHB is a controlled substance and many states are trying to make it a scheduled drug. Some states are even trying to make it a schedule I drug. The last option left to the athlete is to make the GHB himself. The manufacture of GHB is illegal in the United States, but many people choose to do it anyway. There are several different procedures for synthesizing GHB available over the internet. Some are good and some are bad. The synthesis of GHB is certainly not difficult, but it is definitely not as easy as mixing some NaOH with gamma butyrolactone in a pot and allowing it to cook in the oven for a couple of hours. That type of procedure will produce some GHB, but the yield will be very poor. Chances are there will also be a lot of unreacted chemicals. Also, depending on the pH, it could be dangerous to ingest. Many of the GHB procedures with good yields may be difficult to perform by the average person that has very little knowledge of chemistry. One of the best and easiest to perform GHB procedures is by Daniel Pelchat and can also be viewed on his website at <http://www.geocities.com/hotsprings/8209>. Here is the procedure:

Safety: Wear gloves and safety glasses at all times. If any of the reagents or intermediates contacts the skin, wash well with cold water.

Reagents: 1. 60 grams of NaOH, 2. 120 ml of gamma butyrolactone, 3. 1000ml of pure ethanol, These quantities are not fixed - use more or less as needed, but keep the proportions the same. The NaOH can be dissolved in less ethanol, but these proportions make the process easier and faster. The ethanol must be pure (no water in it) - don't use vodka. GHB will not crystallize if there is water in the solution. Denatured ethanol can also be used, but be sure to let it completely evaporate before ingesting it. Methanol can also be used, but this is toxic, and excess must be removed before ingestion. If methanol is used, only 500ml is required, but be sure all of the methanol is evaporated before ingesting it.

Obtaining the reagents: NaOH, denatured ethanol and methanol are very easy to find. Just look up chemical products in the yellow pages. Those chemicals are so common that you won't be asked what you are going to do with it. Gamma-butyrolactone is difficult to find. Several companies sell it on the net - make a search using Dejanews. Other companies sell complete kits for preparing GHB.

Equipment needed: 1. Screw cap bottle larger than 1000ml; if you choose plastic use HDPE, (it will be clearly marked on the bottom) 2. Glass container at least 1200ml in volume. 3. Coffee filter papers (2)

Method: 1. Dissolve the NaOH in the ethanol - place the ethanol in the screw cap bottle and add the NaOH. Shake and allow to stand until cool. Continue until all the NaOH has dissolved. Be sure to release the cap frequently to release pressure. 2. When all the NaOH has dissolved (this can take an hour of shaking and waiting) pour it into the glass pot and add the gamma-butyrolactone. A precipitate (this is the GHB) will form. Allow to stand for an hour. 3. After allowing it to stand, filter the product through the 2 coffee filters (placed inside each other), collecting the precipitate. Dry the precipitate by placing it in an oven on the lowest setting for several hours. 4. You can keep it in the powdered form (keep in an airtight bag since it is hygroscopic and will absorb water from the atmosphere. Alternatively dissolve it in 750 ml of water; this will give a solution containing about 1g of GHB per teaspoon. Don't ingest the neat solution in case there is unreacted NaOH which can burn the skin - mix it in 1/2 cup of water or fruit juice.

Every individual must determine his correct dosage of GHB. The best way to do this is by taking a gram or two on an empty stomach. With an empty stomach, the GHB should take effect within twenty minutes. If no effect is felt in twenty minutes, the athlete should ingest another gram. Continue in this process until a desirable dosage is reached. Some people will notice effects after 1 gram while others can go up to 10. There really is no danger of overdosing in this way, assuming the GHB is not taken with other drugs such as alcohol or other CNS depressants. A slight overdose of GHB will cause a person to fall asleep, but if a person takes a lot more than the desirable dosage, he may get dizzy and then vomit. Athletes should be aware that a full stomach can delay the onset of GHB. This can lead to an overdose because the individual may not feel any effects after a half an hour, and incorrectly assume he needs to take more. Finally, an athlete does not need to worry about getting hooked on GHB since there is no physical addiction associated with the compound.

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GHB:

Description: GHB (Gamma-hydroxybutyrate) is both a metabolite and precursor of the inhibitory neurotransmitter GABA (gamma-aminobutyric acid, or gamma-aminobutyrate), another nutrient to which it bears a close structural relationship. GHB, however, does not act directly on GABA receptor sites. It has come to be used in Europe as a general anesthetic, a treatment for insomnia and narcolepsy (a daytime sleeping disorder), an aid to childbirth (increasing strength of contractions, decreasing pain, and increasing dilation of the cervix), a treatment for alcoholism and alcohol withdrawal syndrome, and for many other uses.

During the 1980s, GHB was widely available over-the-counter in health-food stores, purchased largely by body-builders for its ability to stimulate growth hormone release which aids in fat reduction and muscle building. In the last few years it has been gaining popularity as a "recreational" drug offering a pleasant, alcohol-like, hangover-free "high" with potent prosexual effects.

For the thirty years prior to 1990, the scientific papers on GHB were unanimous in reporting numerous beneficial physiological effects and the absence of long-term negative effects. There are no documented reports of long-term [detrimental] effects. Nor is there any evidence for physiologic addiction." GHB is not approved in the US and was been banned from over-the-counter sale by the FDA as of November 8th, 1990. GHB has not yet been "scheduled" as a "controlled substance" by the DEA, and therefore simple possession is not illegal. GHB continues to be sold to legitimate laboratories and scientists for research purposes, but selling it specifically for human consumption, especially while making claims about its health benefits, is a violation of current FDA regulations and policy.

Most users find that GHB induces a pleasant state of relaxation and tranquility. Frequent effects are placidity, sensuality, mild euphoria, and a tendency to verbalize. Anxieties and inhibitions tend to dissolve into a feeling of emotional warmth, wellbeing, and pleasant drowsiness. One of the best things about GHB is the fact that you won't suffer any "hang-over" effects that you typically would if you had consumed an abundance of alcohol the night before.

GHB has no toxic effects on the liver, kidney or other organs. Reports that doses as high as twenty to thirty grams per twenty-four hour period have been used for several days without negative consequences. The main side effects that are most commonly experienced are drowsiness, dizziness, nausea, and sometimes vomiting. More unusual and extreme reactions have included diarrhea, lack of bladder control, temporary amnesia, and sleep-walking. Whatever side effects may be noted, they are often much more severe when GHB is combined with other central nervous system depressants such as alcohol or other downers.

GHB is a very interesting compound and has several effects that would be desirable for bodybuilders and athletes in general.

The following is a list of the desired effects:

1) Increasing natural growth hormone secretion-experts observed increases in plasma GH over a period of 90 minutes after GHB took effect. These plasma GH levels reached a peak of nearly 40 ng/ml. This lead researchers to conclude that GHB supplementation stimulates the secretion of GH by the pituitary gland in human subjects. It may cause a release of GH by modifying the amount of serotonin available to the nerve terminals. One Japanese study reported nine-fold and sixteen-fold increases in growth hormone 30 and 60 minutes respectively after intravenous administration of 2.5 grams of GHB in six healthy men between the ages of twenty-five and forty. GH levels were still seven-fold higher at 120 minutes. At the same time GH is being released, prolactin levels also rise. Serum prolactin levels increase in a similar time-dependent manner as GH, peaking at five-fold above baseline at 60 minutes. This effect, unlike the release of GH, is entirely consistent with GHB's inhibition of dopamine. Other compounds which lessen dopamine activity in the brain (such as the neuroleptic Thorazine) have been shown to result in prolactin release. Although prolactin tends to counteract many of the beneficial effects of GH, the sixteen-fold increases in GH probably overwhelm the five-fold increases in prolactin.

2) Contributing to anabolism and lypolysis-GHB activates a metabolic process known as the "pentose pathway" which plays an important role in the synthesis of protein within the body. It also causes a "protein sparing" effect which reduces the rate at which the body breaks down its own proteins. These properties, along with GHB's effect on growth hormone, underlie its common use as an aid to muscle-building and fat loss.

3) Inducing and improving sleep quality-The most remarkable facet of GHB-induced sleep is its physiological resemblance to normal sleep. For instance, GHB sleep is characterized by increased levels of carbon dioxide in the arteries, as in normal sleep. During normal and GHB sleep, the CNS continues to be responsive to "noxious stimuli" (pain and other irritations), a factor which sets limits on GHB's uses in anesthesia. GHB facilitates both REM (rapid eye movement) sleep, and "slow-wave" (non-REM) sleep, the stage of sleep featuring increased release of growth hormone. And unlike the unconsciousness induced by other anesthetics, that triggered by GHB does not feature a systemic decrease in oxygen consumption. GHB temporarily inhibits the release of dopamine in the brain. This may cause increased dopamine storage, and later increased dopamine release when the GHB influence wears off. This effect could account for the middle-of-the-night wakings common with use of higher GHB doses, and the general feelings of increased well-being, alertness and arousal the next day.

4) Helping to reduce body cortisol levels-this would make this drug or supplement or whatever classification you want to call it anti-catabolic.

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5) Improving Sex-scientists have identified four main prosexual properties of GHB:

1) Loss of sexual inhibition-markedly among most women, 2) heightening of the sense of touch (tactility), 3) enhancement of male erectile capacity, 4) increased intensity of orgasm.

Women often report that GHB makes their orgasms longer and more intense, as well as more difficult or time-consuming to achieve, especially at higher doses. As with its other effects, GHB's impact on female orgasm seems highly sensitive to small adjustments in dosage.

Obtaining the Reagents: NaOH, denatured ethanol and methanol are very easy to find. Just look up chemical products in the yellow pages. Those chemicals are so common that you won't be asked what you are going to do with it. Gamma-butyrolactone is difficult to find. It is typically used as a solvent for plastic polymers, as an acrylic paint remover, and as a light weight lubricant. It would be good to remember this since they might ask you what you are needing the chemical for. Several companies sell it on the net - make a search using Dejanews. Other companies sell complete kits for preparing GHB. The kits that are available tend to be more expensive than just buying the raw chemicals outright. One site for getting a kit is <http://www.geocities.com/HotSprings/Spa/1646/> Another site for GHB kits is http://members.tripod.com/~pelchat_labs/index.html If you are buying the chemicals from the yellowpages, it would be smart to purchase the sodium hydroxide and the gamma-butyrolactone from different sources to avoid any raised eye-brows as well.

Effective Dose: The effects of GHB can generally be felt within five to twenty minutes after ingestion. They usually last no more than one and a half to three hours, although they can be indefinitely prolonged through repeated dosing. The effects of GHB are very dose-dependent. Small increases in the amount ingested lead to significant intensification of the effect. Higher levels feature greater giddiness, silliness, and interference with mobility and verbal coherence, and maybe even dizziness. Even higher doses usually induce sleep.

Determining the ideal dose is probably the trickiest aspect of working with GHB. The amount required for a given level of effect will vary from person to person, and the dose-response curve is fairly steep. Overestimating the dose can have consequences ranging in seriousness from ruining your plans for the evening to waking up in the emergency ward as a result of panic on the part of concerned-but-uninformed friends or relatives.

Once you have found the levels that give you the effects you desire, they will remain consistent. Tolerance to GHB does not develop. However, recent (not current) alcohol consumption may decrease the effect of a given dose of GHB.

Most people find that a dose in the range of 0.75-1.5 grams is suitable for prosexual purposes, and that a quantity in the range of 2.5 grams is sufficient to force sleep.

Some people think that GHB might lower potassium levels and should therefore be taken with potassium supplementation. Some research papers have identified such an effect, others have not. If you want to play it safe, take a potassium supplement equal to 10% of the GHB dose.

Street Price: This stuff sells on the street for between \$2 - 3 per gram. I would be wary though since you cannot tell how watered down the product is since it is clear and you don't know what kind of impurities are present when buying this stuff on the street.

Glucophage: Known Name Brands: Glucophage, Mellitron,

Description: Glucophage - 850 mg. tablets - 40 per box. Glucophage is a brand name for meformin which is an oral hypoglycemic drug. Glucophage was made to be used to control adult onset diabetes. This drug will increase the body's ability to transport glucose into the muscle cells much better by increasing insulin sensitivity. This substance will also inhibit the body's formation of sugar by the liver whereby lowering insulin secretion in the body. This substance is very similar to phenformin, that is also an oral hypoglycemic except that phenformin is considered the harsher of the two compounds. Phenformin is considered to be from 5 - 10 times stronger than Glucophage at what it does for the body on a mg. per mg. comparison.

Glucophage has significantly less side effects than phenformin has as well. The chance for an overdose causing hypoglycemia with the use of Glucophage is dose related whereas you almost have to take a lethal dose. It is common knowledge that Glucophage will increase insulin sensitivity as well.

As far as bodybuilders are concerned, this product is used as an oral form of insulin. It will cause greater glycogen supercompensation during carb-ups as well as lowering blood glucose for those that are using the BodyOpus or Atkins diet to induce ketosis more easily. Common side effects of Glucophage are a metallic taste in the mouth, nausea, and vomiting. This will become one of the next big drugs used by professional bodybuilders in the coming years for its ability as a repartitioning agent and blood glucose disposal agent.

Effective Dose: 1,700 mg. per day in divided doses. You have to take this with meals and with water to avoid stomach upset.

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Street Price: Glucophage is very expensive in the US so I would anticipate a rather steep street price as well. Probably about \$3 per pill.

Stacking Info: This compound is commonly taken with Creatine in order to help shuttle the creatine into the muscles more effectively since this product increases insulin sensitivity.

Glucophage:

Known Name Brands: Glucophage, Mellitron. Glucophage - 850 mg. tablets - 40 per box. Glucophage is a brand name for metformin which is an oral hypoglycemic drug. Glucophage was made to be used to control adult onset diabetes. This drug will increase the body's ability to transport glucose into the muscle cells much better by increasing insulin sensitivity. This substance will also inhibit the body's formation of sugar by the liver whereby lowering insulin secretion in the body. This substance is very similar to phenformin that is also an oral hypoglycemic except that phenformin is considered the harsher of the two compounds. Phenformin is considered to be from 5 - 10 times stronger than Glucophage at what it does for the body on a mg. per mg. comparison. Glucophage has significantly less side effects than phenformin has as well. The chance for an overdose causing hypoglycemia with the use of Glucophage is dose related whereas you almost have to take a lethal dose. It is common knowledge that Glucophage will increase insulin sensitivity as well. As far as bodybuilders are concerned, this product is used as an oral form of insulin. It will cause greater glycogen supercompensation during carb-ups as well as lowering blood glucose for those that are using the BodyOpus or Atkins diet to induce ketosis more easily.

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Effective Dose: 1,700 mg. per day in divided doses. You have to take this with meals and with water to avoid stomach upset.

Growth Hormone:

The use of exogenous sources of Growth Hormone has been popular in the United States for almost 8 years now. Originally, pituitary glands of cadavers. Ascellacrin and Crescormon were the two most popular brand names on this original GH. While production was under way on the synthetic, recombinant DNA versions of this drug, it was discovered that the biologically active form was associated with the formation of a rare brain virus called Creutzfeldt Jacob Disease. This was a fatal virus that afflicted a very small number of GH users, none of whom were athletes. In light of this discovery, the FDA removed all of these natural GH versions from the market in the United States. Luckily, the synthetic recombinant versions were approved by the FDA a short time afterwards. These versions were developed after years of experiments with amino acid chains. The first of these versions was patented and produced by Genentech Labs with the brand name Protropin. A short time later, another form of synthetic growth Hormone gained FDA approval. It was produced by Eli Lilly Labs and brand named Humatrope. This product was allowed to be patented because it was shown to be unique in that it contained a slightly different amino acid chain than the Protropin. The difference was that Humatrope had 191 amino acid chains in sequence and Protropin had 192. For some very complicated reasons, the 191 amino acid configuration has been shown to be more effective. It had been speculated that these synthetic versions of GH would greatly improve the cost effectiveness of using GH, yet that has not been the case. An athlete who wants to do a cycle of GH can still expect to be out as much as \$4000 a month. There are numerous versions of Growth Hormone available in Europe, the majority of which are made up of the 191 amino acid sequence. There is even a form of the original human extract Growth Hormone, called Grom which is available in a few countries. Although this drug is indicated for the treatment of pituitary deficient dwarfism, it has been used extensively by athletes who are attempting to alter their body composition. Growth Hormone itself, is an endogenous hormone produced by the pituitary gland. It exists at especially high levels during the teen years when it promotes growth of almost all tissues. It also contributes to the deposition of protein and promotes the breakdown of fat for use as energy. As the body reaches full maturation, the endogenous level of GH are substantially diminished. After this, GH is still present in the body but at a substantially lower level where it continues to aid in protein synthesis, RNA and DNA reactions and the conversion of body fat to energy. By introducing an exogenous source of this hormone, athletes are hoping to promote these effects, causing the body to deposit more muscle tissue while at the same time reducing body fat stores.

On paper, GH should work exceptionally well; however, it does not seem to be delivering up to its potential. Most athletes who have experimented with this product end up being disappointed. There is some evidence that exogenous sources of GH are being destroyed by antibodies which appear after the introduction of the synthetic compound. Although the 191 amino acid sequence versions have been shown to produce less of an antibody reaction, they are still not yielding consistent results. I have speculated as to whether the introduction of exogenous GH would yield an appreciable degree of efficacy simply due to the fact that the body does not have sufficient receptor affinity to GH in the post-teen years. A number of athletes claim that GH is not that effective on its own, but in a stack with steroids it can do remarkable things. Perhaps there is some type of actual synergism created by the concomitant use of these two agents. Empirical data suggests that the efficacy of GH is dose related and that the majority of users may not have been taking enough of it to get positive results.

Despite speculation concerning its efficacy, synthetic GH is being used by thousands of elite athletes. These include men and women bodybuilders, strength athletes, as well as a multitude of Olympic competitors. Although Growth Hormone is banned by athletic committees, there is no method for the detection of it

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which allows drug tested competitors to use this product freely without any ramifications. Adverse reactions to GH use are rare but technically could involve acromegaly (elongation of the feet, forehead and hands). Other possible side effects involve overgrowth of the elbows or jaw, thickening of the skin and a type of diabetes.

There are numerous counterfeit versions of this product which are merely cashing in on the drug's mystique and high price tag. The legitimate versions must be refrigerated at all times, before and after they are reconstituted.

Effective dosages, seem to be in the area of 2 I.U., 2 - 4 times a week.

Cycle length is usually determined by how long the athlete can afford it. Some take the product for 6 week cycles, others use it year round. Legitimate GH is hard to find, when it does show up, it sells for as much as \$250 for 4 I.U.

Growth Hormone:

Human growth hormone, as prepared for medical use. This is currently the most expensive drug in use by athletes, so one should take special care when acquiring this on the black market. A high percentage of these items turn out to be relabeled HCG which bears a resemblance to GH. Some more unsterile and dangerous counterfeits have also been reported. Growth hormone itself is very delicate and is best stored at cool temperatures and used quickly. This is added worry, even when purchasing legitimate GH, as the item may not have been handled properly before purchase.

Halotestin:

Halotestin is the Upjohn brand name for fluoxymesterone. This is a very strong oral androgen, with only slight anabolic effect. The strong androgen component will generate good strength increases with little body weight gain. For this reason it is generally used by powerlifters or those who need to stay in a certain weight class. Halotestin is 17 alpha alkylated, which along with its strong androgenic effects, make it a very harsh substance. It however, does not readily convert to estrogen making this one of the few androgens favored for contest preparation. It occasionally does show up on the black market and as of yet is not heavily counterfeited. In Mexico, you will find this sold under the name Stenox in 2.5mg tabs.

Halotestin: (fluoxymesterone) 10mg/tab. 100/bottle by Upjohn

This is an oral steroid, which is derived from methyltestosterone. Due to its molecular structure it is very androgenic. Many athletes use this drug to attain strength or a harder look to already lean muscles. The toxicity of this drug is very high. It will not aromatise in dosages of 20mg per day or less. Aggressiveness is often increased in men who are on Halotestin; it should not be taken for more than four weeks at a time. Dosages of 10mg to 20mg daily are thought to be an ample amount.

Halotestin: (Stenox)

Description: 10 mgs. / tab 100 tab bottles.

This drug is known as Stenox in Mexico. Many athletes use this drug to attain strength or a harder look to already lean muscles. The toxicity of this drug is very high. You can keep the side effects of the drug at a minimum if you keep your daily intake of the drug at dosages of 20mg or less. This is one of the steroids that will actually cause the infamous "roid rages." If you were a powerlifter or other strength athlete that could use the aggression you might want to use this for a month at the very most. I personally try to avoid people on this and I really think it is of no benefit for most of you.

Effective Dose: 10 - 20mgs. / day • Street Price: \$1.00 / tab • Stacking Info: Strength athletes would probably take with some Anavar

Halotestin: (Fluoxymesterone)

10 mg/tab. 100/bottle by Upjohn.

This is an oral steroid which is derived from methyltestosterone. Many athletes use this drug to attain strength or a harder look to already lean muscles. The toxicity of this drug is very high. It will not aromatize in dosages of 20 mg per day or less. Aggressiveness is often increased in men who are on Halotestin. Women avoid the drug of course. If an athlete felt he needed to use Halotestin, it should not be taken for more than four weeks at a time.

Dosages of 10 mg to 20 mg daily is thought to be ample amount.

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HCG:

HCG, or Human chorionic gonadotropin, which is derived from the urine of pregnant women, is an injectable drug available commercially in the United States as well as many other countries. Pregnyl, made by Organon, and Profasi, made by Serono, are FDA approved for the treatment of undescended testicles in very young boys, hypogonadism (underproduction of testosterone) and as a fertility drug used to aid in inducing ovulation in women. Among athletes, HCG is used to stimulate natural testosterone production during or after a steroid cycle which has caused natural levels to be reduced. Stopping a steroid cycle abruptly, especially when endogenous androgens are absent, can cause a rapid loss in the athlete's newly acquired muscle. When HCG is used to stimulate natural production, a notably pronounced crash may be avoided. Although fakes are not very common, they do exist and should be avoided. More than one athlete has reported unpleasant side effects (fever, aches) due to an un-sterile fake so take caution. HCG is always packaged in 2 different vials, one with a powder and the other with a sterile solvent. These vials need to be mixed before injecting, and refrigerated should any be left for later use.

HCG: (Human Chorionic Gonadotropin)

Pregnyl by Organon. 5,000 to 20,000 IU (International Units) per 10 cc vials. This drug is not a steroid but it is widely used in athletics today. HCG is a natural protein hormone secreted by the human placenta and purified from the urine of pregnant women. This hormone is not a natural male hormone but mimics the natural hormone LH (Luteinising Hormone) almost identically. This LH stimulates the production of testosterone by the testis in males. Thus HCG sends the same message and results in increased testosterone production by the testis due to HCG's effect on the Leydig cells of the testis. Normally this HCG is used to treat women with certain ovarian disorders and it is used to stimulate the testis of men who may be hypogonadal. Athletes use HCG to increase the body's own natural production of testosterone which is often depressed by long term steroid use. Also when steroids are used in high dosages they can cause false signals to the hypothalamus that results in a depressed signal to the testicles. Over a period of weeks of this depressed signal the testicles ability to respond to any signal from the pituitary becomes very weak, which results in testicular atrophy. To avoid this athletes will use HCG to keep an artificial signal going to the testis and preventing testicular atrophy.

When administered, HCG raises serum testosterone very quickly. A rise in testosterone first appears in about two hours after injecting HCG. The second peak occurs about two to four days later. HCG therapy has been found to be very effective in the prevention of testicular atrophy and to use the body's own biochemical stimulating mechanisms to increase plasma testosterone level during training. Some steroid users find that they have some of their best strength and size gains while using HCG in conjunction with the steroids. This may be due to the facts that the body has high level of natural androgens as well as the artificial steroid hormones at that time. The optimal dosage for an athlete using HCG has never been established, but it is thought that a single shot of 1000 to 2000 IU per week will get the desired results. Cycles on the HCG should be kept down to three weeks at a time with an off cycle of at least a month in between.

For example, one might use the HCG for two to three weeks in the middle of a cycle, and for two or three weeks at the end of a cycle. It has been speculated that the prolonged use of HCG could repress the body's own production of gonadotropins permanently. This is why the short cycles are the best way to go.

The side effects from HCG use include gynecomastia, water retention, and an increase in sex drive, mood alterations, headaches, and high blood pressure. HCG raises androgen levels in males by up to 400% but it also raises estrogen levels dramatically as well. This is why it can cause a real case of gynecomastia if dosages get too elevated for that person. Another side effect seen from HCG use is morning sickness (nausea and vomiting).

There have been no cases of overdose complications with the use of HCG nor have there been any associated carcinomas, liver or renal impairment. HCG was at one point looked at to see if it could carry the AIDS virus, due to the fact that it is biologically active, but the latest word is that this could not be possible in any way. So we see how HCG be used by athletes to avoid some of the problems associated with abruptly stopping a steroid cycle.

This product is also not picked up on steroid tests, so some athletes use it to keep androgen levels high before a contest that has drug testing. HCG must be refrigerated after it is mixed together, and it then has a life of about 10 weeks. It is taken intramuscularly only; this drug is often available by order of a physician if you show symptoms of hypogonadism. It is hard to find on the black market.

HCG:

Description: HCG is a glycoprotein that is secreted in the urine by pregnant women. It is legally used as a fertility drug for women to help induce ovulation. This drug is used by male athletes to elevate natural levels of testosterone production, mostly after a steroid cycle. This drug is used to kick start your testosterone after a cycle. While on steroids for long periods of time (more than 3 - 4 weeks) your natural testosterone shuts down. A shot of this each week for 2 weeks straight will get things going again.

It should be used for no more than 2 weeks at a time because it also raises a male's natural production of estrogen (and we don't want any gyn now do we?). For that reason take some Nolvadex with it also.

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HCG is always packaged in 2 different vials, one with a powder and the other with a sterile solvent. These vials need to be mixed before injecting, and refrigerated should any be left for later use.

Effective Dose: 1500 - 2500 IU per week • Street Price: \$10 per IU

Stacking Info: Used to come off of a steroid cycle. Take with Nolvadex to reduce side effects.

HCG: (Human Chorionic Gonadotrophin)

Pregnyl by Organon. 5,000 to .20,000 IU (International Units) per 10 cc vial. This drug is not a steroid but it is widely used in athletics today. HCG is a natural protein hormone secreted by the human placenta and purified from the urine of pregnant women. This hormone is not a male hormone but mimics the natural hormone LH (Luteinizing Hormone) almost identically. LH stimulates the production of testosterone by the testis in males. HCG sends the same message and results in increased testosterone production by stimulating the leydig cells of the testis. HCG is used to treat women with certain ovarian disorders and it is used to stimulate the testes in hypogonadal men.

Athletes use HCG to increase the body's own natural production of testosterone which is often depressed by long term steroid use. When steroids are used in high dosages, they can cause a false signal to go to the hypothalamus that results in a depressed signal to the testicles. Over a period of weeks, this depressed signal causes the testicles to atrophy. To avoid this, athletes will use HCG to keep an artificial signal going to the testis.

When administered, HCG raises serum testosterone very quickly. A rise in testosterone first appears about 2 hours after injecting HCG. The second peak occurs about 2 to 4 days later. HCG therapy has been found to be very effective in the prevention of testicular atrophy as well as to use the body's own biochemical stimulating mechanisms to increase plasma testosterone levels during training. Some steroid users find that they have some of their best strength and size gains while using HCG in conjunction with steroids. This may well be due to the fact that the body has a high level of natural androgens as well as the artificial steroid hormones at that time. The optimal dosage for an athlete using HCG has never been established, but it is thought that a single shot of 1000 to 2000 IU per week will get the desired results. Cycles on HCG should be kept down to around 3 weeks at a time with an off cycle of at least a month in between. For example, one might use the HCG for 2 or 3 weeks in the middle of a cycle, and for 2 or 3 weeks at the end of a cycle. It has been speculated that the prolonged use of HCG could repress the body's own production of gonadotrophins permanently. This is why short cycles are the best way to go. The side effects from HCG use include gynecomastia, water retention, increased sex drive, mood alterations, headaches, and high blood pressure. HCG raises androgen levels in males by up to 400% but it also raises estrogen levels dramatically as well, This is why it can cause gynecomastia. Other side effects seen from HCG use include "morning sickness like" symptoms (nausea and vomiting). There have been no cases of overdose complications with the use of HCG nor have there been any associated carcinomas, liver or renal impairment.

HCG was at one point looked at to see if it could carry the AIDS virus, due to the fact that it is biologically active, but the latest word is that this could not be possible in any way. HCG must be refrigerated after it is mixed together and it then has a life of about 10 weeks. It is taken intramuscularly only. This drug is often available by order of a physician if you show symptoms of hypogonadism.

HCG:

Human Chorionic Gonadotropin is a drug used to jump start the body's production of testosterone after the end of a steroid cycle. It act in the body by imitating the action of LH (a hormone that regulated testosterone production).

Dose: 2500iu to 5000iu/week

HCG:

HCG is a glycoprotein that is secreted in the urine by pregnant women. It is legally used as a fertility drug for women to help induce ovulation. This drug is used by male athletes to elevate natural levels of testosterone production, mostly after a steroid cycle. This drug is used to kick start your testosterone after a cycle. While on steroids for long periods of time (more than 3 - 4 weeks) your natural testosterone shuts down. A shot of this each week for 2 weeks straight will get things going again. It should be used for no more than 2 weeks at a time because it also raises a male's natural production of estrogen. For that reason take some Nolvadex with it also. HCG is always packaged in 2 different vials, one with a powder and the other with a sterile solvent. These vials need to be mixed before injecting.

Effective Dose: 1500 - 2500 IU per week Street Price: \$10 per IU

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IGF-1:

Description: Comes in 50 cc vials. This product is a freeze dried white powder that requires refrigeration and is light sensitive. This powder is supposed to be reconstituted with bacteriostatic water to equal an amount of 50 cc. IGF-1 or insulin-like growth factor 1 is a structural homologue of insulin that exhibits insulin-like activity. IGF-1 is synthesized in the liver and it is bound to carrier proteins that determine its biological actions. IGF-1 is also the peptide through which growth hormone exerts most of its growth promoting effects. If you raise GH levels in the body, IGF-1 levels will also rise. IGF-1 does have an effect on insulin production in the body. It will lead to a decrease in insulin secretion which at the same time increase insulin sensitivity. IGF-1 is chemically the same as insulin but it is also somewhat different. IGF-1 does not seem to regulate glucose levels in the body like insulin does though.

As far as bodybuilders are concerned, IGF-1 has several good effects. It enhances nitrogen balance while simultaneously promoting fat loss. Bodybuilders are claiming a 5% drop in bodyfat per month and huge increases in strength. It also seems to lower LDL cholesterol. IGF-1 also normalizes hypoglycemia and hyperinsulinemia. It stimulates DNA synthesis and cell multiplication. It might stimulate red-blood cell production thereby increasing endurance. This action would be similar to what EPO does for the body as well (see EPO description). It is about 3 times less effective in this process as EPO in that respect. EPO has been used for years to increase oxygen utilization efficiency. Bodybuilders have also found that IGF-1 reacts synergistically with long duration testosterone's as well. Testosterone enanthate increases serum IGF-1 levels in the body up to 21%.

When taken on its own, IGF-1 has a short half life. As is, the active duration is only about 10 minutes in the body. Binding proteins added to the compound seem to extend the half-life dramatically. When coupled with IGFBP-3 (IGF binding protein-3), the half-life is extended to between 6 and 16 hours which is a much more usable time duration. This product is very hard to get ahold of as well. Most people will probably never even see a vial of this stuff. It is only made by three pharmaceutical companies in the world. To get some of this, you have to be either a research student or know someone who knows someone, who knows someone....if you can find it, IGF-1 will cost you between \$600-800 per bottle for 50 cc.

Effective Dose: 1/10 - 1/2 cc every other day. • Street Price: \$600-800 per 50 cc vial.

Stacking Info: It is commonly stacked with insulin, growth hormone, and any and all steroids.

Implus:

Description: Implus is another of the cattle implants that bodybuilders are utilizing in the attempt to get steroids. This product comes in a rotary cartridge that contains 20 pellets per cartridge with 5 cartridges in a box. Each pellet is 3" in length and contains 200 mgs. of testosterone propionate as well as 20 mgs. of estradiol benzoate. The estradiol is added to the product to increase size in cattle. Implus is a drug intended for veterinarian use in cattle to increase weight gain and feed efficiency. This product is identical to Synovex-H except that there are twice the amount of pellets in one cartridge and the black market price is markedly less expensive on this product. This is probable due to the fact that most people are only aware of Finaplix and Synovex as a rule. The unfortunate side to using this for athletic gains is that it contains estradiol which will cause big time gyno if it is left in the product and used as is. You can read further about the effects of testosterone propionate on its page. I don't want to be redundant here. As far as side effects go, if you don't separate the estradiol from the pellets you are going to be screwed with gyno, you don't want to have. These are not the most sanitary things either. Keep in mind that these were made for animals and there is not near the precautions taken when making these as there is with medicine. The other side effects are the same as with testosterone propionate.

There is a way to remove the estradiol from the implant by doing the following:

Gather about 2-3 of the pellets together and grind them up with the back of a spoon and make the pellets into as fine of a powder as you can. Then, get 50 ml of diethyl ether (pretty easy to obtain from any chemical supplier) and mix this combination together in a bowl. You then have to let the solution evaporate allowing crystals to form in the bowl. The crystals that form at the top of the bowl contain the estradiol that you are trying to get rid of. You then need to place this solution in the freezer overnight to help aid in most of the estradiol being removed from the testosterone-ether solution. By the next morning, you will pull this solution out of the freezer and the frozen crystallized estradiol will have risen to the top of the bowl (just like bread rising in the oven, he! he!). You then would scrape or scoop the crystals off the top of the solution and get rid of them. The remaining crystal that are left at the bottom of the bowl contain the testosterone propionate that you are trying to get. Then let them air dry for a while to get the majority of the ether off the crystals. You then need to place these crystals in the oven on a low temperature to get rid of any ether that remains for a few hours and you should have left the dry testosterone propionate crystals that you need with a minimum of ether left in them. Make sure you have let them air dry first though. You don't want to blow up the house by putting a bowl of ether in the oven just because you are a little to fucking impatient to get big. Make sure that it is a electric oven as well, you definitely don't want to use a gas oven for this procedure.

After separating the testosterone propionate from the solution, you have two choices for using this compound. One way is to use DMSO (dimethyl sulfoxide) to make the steroid transdermal meaning that it will now pass through the skin. There are a variety of forms that DMSO is available but the gel version works the

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best and is the easiest to use. What you want to do is grind up the crystals to as fine of a powder as you can and then mix it with one teaspoonful of DMSO and one of water and apply to the skin every 2-3 days as that is the effective time span for testosterone propionate. You can then rub this compound into your skin and wrap the area with a piece of saran wrap to help get the compound to absorb into the skin easier, since it will heat it between the saran wrap and your body to aid in absorption.

The other way to take this compound is through injection. You can do this by mixing the compound with about 2 cc of oil or sterile water and injecting it that way. Even grinding up the particles as fine as you can you will have to use about an 18 gauge needle to inject this concoction. I would suggest using the DMSO method above to do this.

Effective Dose: 50 - 100 mgs. every other day.

Street Price: The going street price on this product is about \$70 per cartridge which will yield about 4000 mgs. of testosterone propionate.

Stacking Info: This compound is commonly stacked with Winstrol Depot, Metandiabol or Reforvit-B, or Parabolan

Insulin:

Description: This description was taken directly from Brian Raupp's Anabolix Research page since this drug is so dangerous and his description is by far the most comprehensive that I have found on the internet.

Insulin is a hormone produced in the pancreas which helps to regulate glucose levels in the body. Medically, it is typically used in the treatment of diabetes. Recently, insulin has become quite popular among bodybuilders due to the anabolic effect it can offer. With well-timed injections, insulin will help to bring glycogen and other nutrients to the muscles.

In America, regular human insulin is available without a prescription by the name of Humulin R by Eli Lilly and Company. It costs about \$20 for a 10 ml vial with a strength of 100 IU per ml. Eli Lilly and Company also produces 5 other insulin formulations, but none of these should be used by bodybuilders. Humulin R is the safest because it takes effect quickly and has the shortest duration of activity. The other insulin formulations remain active for a longer time period and can put the user in an unexpected state of hypoglycemia.

Hypoglycemia occurs when blood glucose levels are too low. It is a common and potentially fatal reaction experienced by insulin users. Before an athlete begins taking insulin, it is critical that he understands the warning signs and symptoms of hypoglycemia. The following is a list of symptoms which may indicate a mild to moderate hypoglycemia: hunger, drowsiness, blurred vision, depressive mood, dizziness, sweating, palpitation, tremor, restlessness, tingling in the hands, feet, lips, or tongue, lightheadedness, inability to concentrate, headache, sleep disturbances, anxiety, slurred speech, irritability, abnormal behavior, unsteady movement, and personality changes. If any of these warning signs should occur, an athlete should immediately consume a food or drink containing sugar such as a candy bar or carbohydrate drink. This will treat a mild to moderate hypoglycemia and prevent a severe state of hypoglycemia. Severe hypoglycemia is a serious condition that may require medical attention. Symptoms include disorientation, seizure, unconsciousness, and death.

Insulin is used in a wide variety of ways. Most athletes choose to use it immediately after a workout. Dosages used are usually 1 IU per 10-20 pounds of lean bodyweight. First-time users should start at a low dosage and gradually work up. For example, first begin with 2 IU and then increase the dosage by 1 IU every consecutive workout. This will allow the athlete to safely determine a dosage. Insulin dosages can vary significantly among athletes and are dependent upon insulin sensitivity and the use of other drugs. Athletes using growth hormone and thyroid will have higher insulin requirements, and therefore, will be able to handle higher dosages.

Humulin R should be injected subcutaneously only with a U-100 insulin syringe. Insulin syringes are available without a prescription in many states. If the athlete can not purchase the syringes at a pharmacy, he can mail order them or buy them on the black market. Using a syringe other than a U-100 is dangerous since it will be difficult to measure out the correct dosage. Subcutaneous insulin injections are usually given by pinching a fold of skin in the abdomen area. To speed up the effect of the insulin, many athletes will inject their dose into the thigh or triceps.

Most athletes will bring their insulin with them to the gym. Insulin should be refrigerated, but it is all right to keep it in a gym bag as long as it is kept away from excessive heat. Immediately after a workout, the athlete will inject his dosage of insulin. Within the next fifteen minutes, he should have a carbohydrate drink such as Ultra Fuel by Twinlab. The athlete should consume at least 10 grams of carbohydrates for every 1 IU of insulin injected. Most athletes will also take creatine monohydrate with their carbohydrate drink since the insulin will help to force the creatine into the muscles. An hour or so after injecting insulin, most athletes will eat a meal or consume a protein shake. The carbohydrate drink and meal/protein shake are necessary. Without them, blood sugar levels will drop dangerously low and the athlete will most likely go into a state of hypoglycemia.

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Many athletes will get sleepy after injecting insulin. This may be a symptom of hypoglycemia, and an athlete should probably consume more carbohydrates. Avoid the temptation to go to bed since the insulin may take its peak effect during sleep and significantly drop glucose levels. Being unaware of the warning signs during his slumber, the athlete is at a high risk of going into a state of severe hypoglycemia without anyone realizing it. Humulin R usually remains active for only 4 hours with a peak at about two hours after injecting. An athlete would be wise to stay up for the 4 hours after injecting.

Rather than waiting to the end of a workout, many athletes prefer to inject their insulin dosage 30 minutes before their training session is over and then consume a carbohydrate drink immediately following the workout. This will make the insulin more efficient at bringing glycogen to the muscles, but it will also increase the danger of hypoglycemia. Some athletes will even inject a few IUs before lifting to improve their pump. This practice is extremely risky and best left to athletes with experience using insulin. Finally, some athletes like to inject insulin upon waking in the morning. After the injection, they will consume a carbohydrate drink and then have breakfast within the next hour. Some athletes find this application of insulin very beneficial for putting on mass, while others will tend to put on excess fat using insulin in this way.

Insulin use can not be detected during a drug test. For this reason, along with the fact that it is cheap and readily available, insulin has become a popular drug among the competitive athlete. However, before an athlete attempts to use insulin, he should educate himself and make himself aware of the consequences. One mistake in dosage or diet can be potentially fatal.

Effective Dose: 1 IU per 10 - 20 lbs. of body weight

Street Price: Can be bought over-the-counter for around \$15 - 20 / 10 cc. bottle Humulin-R

The Physiological Role of Insulin in the Body:

Insulin is a hormone which is manufactured in the pancreas and which has a number of important physiological actions in the body. It is an essential hormone in maintaining the body's blood glucose level so that the brain, muscles, heart and other tissues are adequately supplied with the fuel they require for normal cellular metabolism and normal function. Insulin also plays an essential role in fat and protein metabolism. For example, it promotes transport of amino acids from the bloodstream into muscle and other cells. Within these cells, insulin increases the rate of incorporation of amino acids into protein (amino acids are the building blocks of protein) and reduces protein break down in the body ("catabolism"). These physiological actions probably form the basis of speculation regarding the additional anabolic gains which might be made through the use of exogenously administered insulin.

Normally, blood glucose and blood insulin levels are not both elevated for any extended period of time as these two chemicals influence each other through a feedback system in the body. In the post-absorptive state, the blood insulin concentration tends to decrease during exercise, allowing the blood glucose to be maintained at or above resting levels and to provide increased energy supplies (fuel) to muscle cells. Following a meal, the blood glucose and amino acid levels rise (the absorptive state) and this triggers an increase in insulin release from the pancreas, driving glucose and amino acids from the blood into cells and maintaining the blood glucose level within a certain physiological (operating) range.

Intending users should also be aware that insulin stimulates lipid (fat) synthesis from carbohydrate ("lipogenesis"), decreases fatty acid release from tissues ("lipolysis") and leads to a net increase in total body lipid stores. The development of such increased body fat stores runs counter to the training goals of most body builders, athletes and those seeking to improve their physical appearance.

In striving to become bigger, stronger, more competitive or more physically attractive you should also remember that no matter what you do, your genetic make-up will have an influence on what you are able to achieve. It is important to realize that you cannot look exactly like the role model you admire because you have inherited a different set of genes.

The Glycemic Index Factor:

Scientists have discovered that carbohydrate containing foods can be measured and ranked on the basis of the rate and level of blood glucose increase they cause when eaten. This measurement is called the "Glycemic Index" or "G.I. factor". The rate at which glucose enters the bloodstream affects the insulin response to that food and ultimately affects the rate at which this glucose (fuel) is made available to exercising muscles. (2)

Low G.I. foods are those measuring less than 50 on a scale of 1-100. Moderate G.I. foods are those with a reading of 50-70 and high G.I. foods are those measuring 71 or greater on this scale. Pure glucose has a G.I. of 100.

Foods which have a high G.I. produce a rapid increase in blood glucose and blood insulin levels. Examples of such high G.I. foods are potatoes, ice cream, many cereals particularly those with a high sugar content, some varieties of rice (e.g. Calrose) and sweets.

Foods with an moderate G.I. include some brands of muesli, some varieties of rice, white or brown bread, honey and some cereals.

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Foods with a low G.I. produce a slower, smaller but more sustained increase in blood glucose levels. Examples of such low G.I. foods are pasta, varieties of high amylose rice, barley, instant noodles, oats, heavy grain breads, lentils, and many fruits such as apples and dried apricots. Low G.I. foods are advantageous if consumed at least two hours before an event. This gives time for this food to be emptied from the stomach into the small intestine. Since these foods are digested and absorbed slowly from the gastro-intestinal tract, they continue to provide glucose to muscle cells for a longer period of time than moderate or high G.I. foods, particularly towards the end of an event when muscle glycogen stores may be running low. In this way, low G.I. foods can increase a person's exercise endurance and prolong the time before exhaustion sets in.⁽²⁾

High G.I. foods, preferably in the form of liquid foods or glucose drinks of approximately 6% in concentration, can enhance endurance during a very strenuous event lasting more than 90 minutes. ("strenuous" being defined as an athlete exercising at more than 65% of their maximum capacity). Some athletes may prefer food rather than liquid replenishment. Miller⁽²⁾ suggests glucose enriched honey sandwiches, which have a G.I. factor of 75 or jelly beans, which have a G.I. factor of 80.

Miller suggests that an athlete who is engaged in a prolonged strenuous event should consume between 30 and 60 grams of carbohydrate per hour during the event.

High G.I. foods are also desirable after completing an exhausting sporting or training event when muscle and liver glycogen stores have been depleted, as they provide a rapidly absorbed source of glucose and stimulate insulin release from the pancreas. This insulin in turn stimulates the absorption of glucose into liver and muscle cells and its storage as hepatic and muscle glycogen, optimizing recovery and preparation for the next training or competitive event.

It has been shown that greatest benefit can be had if an athlete consumes these high G.I. carbohydrate foods as soon as possible after an event, preferably within an hour or less. It is further recommended that a high carbohydrate intake be maintained during the next 24 hours. Miller suggests eating at least one gram of carbohydrate per kilogram body weight each 2 hours after prolonged heavy exercise and at least 10 grams of high G.I. carbohydrate per kilogram body weight over the 24 hour period following this exercise.

For these reasons, an athlete who needs to maintain a high level of activity and performance on consecutive days or more extended periods of time should eat large amounts of high G.I. foods. However, a reasonable quantity of low G.I. carbohydrate food should be consumed before an event in order to improve endurance.

A Natural Method of Maintaining an Elevated Blood Insulin Level:

Noting the hypothesis that an elevated blood insulin level may be of some advantage to bodybuilders, Fahey and his colleagues (1993) undertook an experiment in which they fed athletes a liquid meal of "Metabolol", which consisted of 13.0 g protein, 31.9 g carbohydrate and 2.6 g fat per 100 ml and provided 825 kJ of energy.

These researchers demonstrated that it is possible with such intermittent feeding during intense weight training to maintain a person's blood glucose at or above resting levels and at the same time, significantly increase insulin levels for the duration of the workout. This suggests a potentially effective and safe non-drug method for achieving a sustained elevation of blood insulin levels.

The authors of this research commented that "theoretically, this could provide a biochemical environment conducive to accelerating the rate of muscle hypertrophy and inhibiting protein degradation." However, the writer knows of no scientific studies which support this theory.

It is also relevant to note that muscle repair and growth begins in the hours and days following heavy exercise. It is doubtful that the use of insulin just prior to a workout will have any anabolic effects over and above natural processes, at this time. However, use of insulin prior to a workout will certainly expose you to much greater risk of serious harm. If you believe it is beneficial to have a higher insulin blood level during workouts, use the natural method outlined here.

Level of Risk Associated with Insulin Use:

The use of all drugs carries some risk along with potential or perceived benefits, whether used for legitimate medical reasons or for other purposes. Insulin carries some risk even when used by an insulin dependent diabetic, as demonstrated by the observation that some diabetics run into difficulties with their treatment from time to time and often require assistance to restabilize their medical condition and insulin requirements. If used by a healthy non diabetic person in whom there is no natural deficiency in insulin production or reduced insulin sensitivity and in the absence of medical advice and monitoring, the risks may be substantially increased.

The major risk associated with insulin is a physical state known as hypoglycemia or "low blood sugar". This occurs when the level of glucose in the blood falls below a certain level required for normal body function. If the blood glucose level is substantially reduced below this normal level and if this is not quickly corrected, there is a risk of disorientation, collapse, coma, permanent brain damage and even death. Exercise and reduced food intake decreases the body's need

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for insulin and increases the risk of hypoglycemia associated with non-medical use of insulin.

It is difficult to provide a quantitative estimate of risk for any drug but on a scale of risk in relation to other non-medical and unsanctioned drug use, the use of insulin in this manner would rank towards the higher end of the scale. If zero equals "no risk" of harm to a person's health and ten equals "extreme risk", the use of anabolic steroids in a non-medical context might rate towards the middle of the scale of risk (particularly in the medium to long term) whilst insulin would rate higher. This level of risk associated with insulin use will depend on a number of factors:

Whether the person is a diabetic or not: non-diabetics and lean healthy people are more sensitive to the blood glucose lowering effects of insulin than diabetics;

Type of insulin: short acting insulin preparations are considerably safer than long acting preparations because with short acting types, it is much easier to avoid hypoglycemia with adequate food intake. With the non-medical use of longer acting insulin preparations, a person is at real risk of experiencing hypoglycemia late in the day, particularly in between meals, during or after exercise and when asleep. Regardless of this advice, some people are in reality using a mixture of short and long acting insulin preparations and exposing themselves to unnecessary increased risk.

Food intake: the type and timing of food consumed, its glycemic index (the glucose elevating effect) and the amount consumed;

Body weight;

Timing of insulin administration in relation to food intake and exercise;

Individual variation: two different people can respond in a very different way to a given dose of insulin, even if they are of a similar height, weight and other personal characteristics. The fact that a certain dose does not seem to cause a problem for one person does not mean this will be so for another. In addition, the response to insulin will also vary greatly within any one individual over time, according to changes in one or more of the above noted factors.

5-10 Units of a short acting preparation may have little or no observable impact on someone who eats a meal soon before or after but this dose could cause hypoglycemia and collapse in a person who has not consumed adequate food in close proximity to the time when the insulin begins to take effect (insulin starts to take effect within 5-10 minutes if injected by intra-muscular route and in 30-60 minutes if injected by subcutaneous route). Foods with a high glycemic index will maintain the blood glucose level for a short period of time, perhaps an hour or so whilst those with a low glycemic index will provide for more sustained glucose levels. Risk Reduction Advice:

Given the risks of using insulin for non medical purposes, the best advice one can give is not use it in this way. Even the body building magazines such as "Muscle Media 2000" advise: "If you're thinking about using insulin, think twice - it's really risky!"(3) However, if you are not persuaded by this advice and are determined to pursue its use in the hope of achieving some additional anabolic or other gains, you should take the following precautions:

Consider using the natural method of raising your blood insulin level during workouts by consuming glucose containing fluids at intervals during exercise. These fluids may have a protein sparing effect and at the same time, will help maintain keep your blood glucose and blood insulin levels. However, if you decide to use insulin, you should consider the following advice:

Always use insulin in the presence of someone else who knows about and understands the exact risks of using insulin in this manner, so they are able to act quickly and appropriately should something go wrong;

Always use a sterile needle and syringe every time and a clean injecting technique (e.g. don't touch the needle or the skin where you are going to inject, with your fingers and don't breathe on or cough over the injection site before or after injecting.)

Be aware that 1.0 ml of insulin contains one hundred International Units (100 IU), 0.1 ml of insulin contains ten (10) IU and 0.01 ml contains one (1.0) IU. So take care in measuring out your insulinit is very concentrated!

Note that 0.01 ml is the volume contained in the space between the smallest graduated markings on a 1.0 ml Terumo diabetic syringe;

Inject by the subcutaneous route (injecting just under the skin and preferably in the abdominal area or outer part of the upper thigh), not intramuscularly or intravenously as using the latter routes can lead to a rapid rise in blood insulin level and a sudden hypoglycemic episode;

Alternate your injection sites in order to minimize tissue damage ("lipoatrophy" or "lipohypertrophy");

Always use a short acting, "regular" insulin (e.g. Actrapid, Insulin Neutral, Humulin R, Hypurin Neutral) rather than a longer acting insulin preparation (e.g. Semilente, Lente or Ultralente);

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Use a human insulin rather than an animal insulin preparation if possible (there is little animal insulin available now);

Start with no more than 5 IU (0.05 ml) of this short acting/ regular insulin preparation and increase the dose gradually over a period of one week, to a dose no higher than 20 IU (0.20 ml) per day. Doses above this will expose you to progressively greater risk and most body builders who use insulin believe there is no advantage in taking doses higher than this. Anecdotal evidence amongst bodybuilders suggests increased doses leads to excess bodyfat accumulation.

The writer would caution against users falling into the trap of thinking: "If 20 units is good, 40 units will be twice as good" or "Joe says he injected 20 units and it didn't affect him, so it will be safe for me to inject 30 or 40 units". All drugs have a therapeutic dose range and above this, may be toxic or even lethal. If you are not diabetic, your body does not require additional insulin and there is no therapeutic range for you. In addition, people are different and often respond differently to drugs. An individual may also respond differently to the same drug in the same dose at different times, depending on a wide range of factors such as their general health, alcohol or other drugs taken, food eaten, exercise undertaken before, during or after drug administration and so on.

Don't use a medium or long acting insulin in the middle or latter part of the day, as you may very well experience a hypoglycemic attack whilst you are asleep. If this happens, neither you nor anyone else will be aware of or able to respond to your urgent need for glucose, in order to prevent possible serious harm.

Dietary Guidelines:

Close attention to diet is extremely important in people using insulin, whether this is for legitimate medical purposes or for other reasons. You can reduce your risk by consuming an adequate amount and mixture of high and low G.I. carbohydrate foods and drinks immediately after using insulin and at regular intervals (every 2-3 hours) throughout the day.

High G.I. carbohydrates (e.g. sweets, soft drinks and ice-cream) will raise your blood sugar quickly and prevent early hypoglycemia. Low G.I. carbohydrates (e.g. white pasta, high amylose rice, softened whole grain breads and instant noodles) are metabolized more slowly and will keep your blood glucose level up over a more extended period of time, when the medium acting insulin preparations begin to take effect;

55-65% of your total daily energy intake should be in the form of carbohydrates, 15-20% as protein and ~20% as fat. You should seek advice from a dietitian about your daily requirements but most heavy training athletes need to consume between 3,000 and 5,500 Calories per day (depending on the sport and level of training) and between 450 and 800 grams of carbohydrate each day. If you are a body builder who weighs 100 kg and your total energy requirements are calculated to be 4,000 calories/ day, you should aim to eat approximately 570 grams of carbohydrate each day. If your total energy requirements are calculated to be 5,000 calories/ day, you should aim to eat approximately 720 grams of carbohydrate each day.

Divide up your calculated total daily carbohydrate requirements over the course of your waking hours and consume frequent carbohydrate meals throughout the day. For example, if you require 4,000 calories per day, you might eat six meals of 650-700 Calories at 2-3 hour intervals.

This would mean eating approximately 90-100 grams of carbohydrate each meal, which for example you will obtain from 7 slices of bread alone or 4-5 slices of bread with 1 ½ tablespoons of honey or 500 ml of Sustagen or 3 slices of bread eaten with a 450 gram can of baked beans. You can refer to the attached food tables to work out your own requirements according to your own food preferences. You will need to choose a mixture foods from this table with a high, medium or low G.I., according to the nature and level of the training you are doing.

Once again, the writer would strongly recommend that you consult a dietitian who has an interest and experience in sports nutrition, in order to assist you design a dietary program which is best suited to your training goals and needs and to your food preferences. It is equally important that you find a dietitian with whom you feel comfortable telling about your insulin or other performance enhancing substance use, as their advice may otherwise be less than useful to you. If your dietitian does not know about and does not take such substance use into account, their advice may even add to the dangers associated with this substance use.

Always have a source of glucose or other high G.I. food ready at hand, in case you should begin to experience the symptoms of hypoglycemia. If this does occur, you should take this glucose or food without delay. You should eat or drink 15-20 grams of carbohydrate to begin with, which is contained in ~ 2 slices of white or brown bread, two glasses of milk, a half glass of soft drink, a tablespoon of honey or six jelly beans.

Other examples of glucose or other high Glycemic index carbohydrate preparations which you can use include: glucose tablets, glucose powder mixed in a small volume of water, barley sugar, or other sweets or if these are not immediately available, a sugar containing cordial, soft drink or plain sugar dissolved in water. This should be followed by an adequate low Glycemic index carbohydrate meal to prevent further hypoglycemia since the insulin levels are likely to remain high for some hours after the high Glycemic index carbohydrates are used up (metabolized) in the body.

The Crucial Role of the Friend or Peer Observer:

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If you are going to use insulin, it is essential that you have a friend or peer observer remain with you in case you experience problems. This person really needs to be with you for the whole time while the insulin preparation used is working.

Be aware that the risk of hypoglycemia occurs not at the time of insulin injection but rather, when the insulin starts to take effect. The risk will be greatest when your insulin blood level nears or reaches its highest level, usually 30-60 minutes afterwards if a short acting insulin preparation is used (by subcutaneous injection) and up to 20 hours later if a long acting insulin is used.

Consider giving this paper to the person who is going to be with you when you use insulin, so they are aware of the things to look out for and what to do if you should experience a hypoglycemic reaction. The following instructions are for a peer observer or other person who may find you experiencing difficulty as a result of overdosing on insulin or any other drug or combination of drugs:

Instructions for the Peer Observer Assisting an Insulin User:

If the person who has used insulin states that they are beginning to feel any of the following symptoms:

faintness, dizziness, thirst, hunger, nausea, weakness, sweating,

Or if you observe that they have become:

confused, disorientated, sweaty, drowsy,

You should immediately give them glucose or a sugar containing drink or food as mentioned above. However, you should not try to give a person food or fluids if they are so drowsy that they are unable to swallow it, since they will be at risk of accidentally breathing in (aspirating) this food or fluid. If they cannot readily respond to your questions or your commands, you should assume they are unable to swallow anything safely.

If the person loses consciousness, you should place them in either a "lateral" or "coma" position, tilting the head fully back and jaw forward, in order to ensure an open airway and protect them from possible aspiration. Keep them in this position while medical assistance is being sought.

You should then immediately call an ambulance by dialing "911", to get them to a hospital without any delay whatsoever. When the ambulance arrives, you should tell the ambulance officers exactly what the person has taken and what you have observed so the correct treatment can be provided promptly. This is essential as the person's life may be at stake.

Severe hypoglycemia or a combination of alcohol and other drugs, particularly drugs which suppress the central nervous system, can cause a person to stop breathing and their heart to stop beating. Remember, it only takes a few minutes for someone to suffer permanent brain damage or to die, once they stop breathing.

There are several common signs which may be apparent in someone who has overdosed from one or a combination of drugs. These include:

very slow or shallow breathing or no breathing at all (listen close to the person's mouth and nose for breath sounds and look for movement of their chest wall) snoring or gurgling breathing in someone who is asleep blue lips and fingernails (caused by lack of oxygen) no response to shaking, calling their name or pain (try pinching their earlobe and pressing down hard on one of their fingernails with a pen) very slow, faint pulse or no pulse at all

What To Do in the Event of an Overdose:

stay calm, squeeze earlobe/ press on fingernail of person in an effort to arouse them if person responds, try to walk them around if no response, check person's breathing and pulse if unconscious but breathing, place in lateral or coma position call an ambulance by dialing 911 -

they will give you advice on what to do, which might include:-

if there is a pulse but the person is not breathing, start artificial respiration, otherwise known as Expired Airways Resuscitation (EAR), without delay if no pulse, start cardio-pulmonary resuscitation (CPR) stay with the person, continuing to administer artificial respiration or CPR until the ambulance arrives. Keep them in the lateral or coma position if they are breathing on their own. tell the ambulance officers exactly what they may have taken and what you have observed

The writer would like to emphasize once more that this paper should in no way be construed as an encouragement to people to use insulin in an effort to increase muscle mass, sports performance or appearance. Rather, it represents a pragmatic attempt at providing harm reduction advice to people who choose to take the risk of using insulin in this way, despite their knowledge of those risks.

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Lasix:

Lasix is not a hormone compound but a diuretic. It belongs to the group of saluretics and to be exact is a loop diuretic. Its effect consists of distinctly increased excretion of sodium, chloride, potassium, and water. A very important characteristic which must be absolutely monitored with loop diuretics is the reabsorption of potassium ions, sodium ions, and chloride ions. This causes a considerable disturbance of the electrolyte household.

Due to its intense effect on water excretion Lasix is used for treatment of edemas and high blood pressure. Bodybuilders use Lasix shortly before a competition to excrete excessive, mostly subcutaneous, water so that they appear hard, defined, and ripped to the bone when in the limelight. The effect of tablets begins within an hour and continues for 3-4 hours. Depending on how much water is still in the athlete's body he must have more or less frequent access to a restroom. This can cause a considerable weight loss within a very short time. For this reason, athletes often use Lasix to lose weight and to compete in a lower weight class. Athletes usually prefer the oral form of the compound. Bodybuilders occasionally use the injectable and intravenous version the morning of the competition since it becomes immediately effective when the athlete, due to a more or less strongly remaining water in him, begins to panic. This, however can also produce the opposite effect. That is, the muscles become small and flat; the athlete loses vascularity, and has no pump during warm-up when during a very short time too much water and minerals are lost. It is thus possible that some pro or top amateur shortly before the beginning of a competition as a last countermeasure is seen with a bag of glucose solution being injected intravenously so that the blood volume rises again. In order to compensate for the potassium loss many athletes take potassium chloride tablets. This, however, involves a certain risk since an overdose of potassium can cause cardiac arrest. In our experience, Lasix is taken in the last two days before a competition.

The amount of the dosage, the duration of application, and the intervals of intake usually depend on the diuretic effect or the athlete's shape. Bodybuilders usually take a half or whole 40 mg tablet and wait to see what happens. Some repeat this procedure once or twice in an interval of a few hours. Lasix is the strongest diuretic and the most dangerous compound in bodybuilders' arsenal of medicine. Side effects can include circulatory disturbances, dizziness, dehydration, muscle cramps, vomiting, circulatory collapse, diarrhea, and fainting. In extreme cases cardiac arrest is possible. This also seems to have been the cause of death for Austrian bodybuilder Heinz Salimayer, who passed away during the 1980's, and for Mohammed Benaziza, who died in October ~ 1992. Extreme caution is advised

when athletes who are already substantially drained and dehydrated continue their loop diuretic treatment with a "make it or die attitude," or even continue the intake altogether with a completely reduced liquid intake. ATTENTION: The 500 mg tablet version must not be used under any circumstances by persons with a normal kidney function. Loop diuretics are prescription drugs and are only available in pharmacies. The compound Lasix by Hoechst Company, for example, is sold in packages containing 20 tablets of 40 mg each and costs about \$10.

Lasix: (furosemide) 20mg or 40mg/tab

This is a very strong diuretic. Bodybuilders often use this drug to shed water in an attempt to attain greater definition in the muscles. Lasix acts very quickly; when taken orally its entire effect can be over in as little as two hours. Some athletes like this immediate effect because it allows them to judge their "new look" quickly and determine if they are too flat, or still not cut enough. Depending on their judgment, they might take an additional dose of the drug, or ingest more water to make up for over depletion. Some athletes claim they avoid serious cramping and other side effects associated with the use of this drug by supplementing extra mineral and potassium salts. This practice, although often effective, can be extremely dangerous. When self-administering diuretics and potassium salts, an extreme imbalance could result in heart failure. Fortunately most athletes who use Lasix do so only for a day or two before their competition. Dosages seen were around 40mg a day. This drug should be used under the care of a physician. It usually does not show up on the market, but is available at a very low price by prescription.

Laurabolan: 50-(Fortabol)

Description: 50 mgs. / cc. in 10 or 50 cc. vials. This is a vet steroid that can be found in Mexico. This is a slower onset but longer acting version of Deca-Durabolan. It will remain active in your body for about 1 month after injection the only shitty thing being that it is only available in low mgs. doses. This baby will come cheap across the border only costing you around \$90 - 100 for the 50 cc. variety which is a whopping 2500 mgs!

Effective Dose: 100 - 200 mgs. / Every 3 days

Street Price: \$175 for the 50 mgs. / 50 cc. vial

Stacking Info: Good with just about everything that Deca-Durabolan is

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Laurabolin: (Fortabol)

Nandrolone Laureate is longer acting form of Deca. The [buy steroids online](#) drawback is its poor solubility in oil. Deca durabolin can be concentrated as high as 200mg/cc. Laurabolins limit is 50mg/cc. Because of its long acting properties its also very slow acting. Almost as effective as Deca if you are not impatient for results. It comes in 20mg/cc and 50mg/cc in 10cc and 50cc vials.

Size:*** Strenght:*** Side effects:** Dose: 200-800mg every 14-20 days

Laurabolin:

Laurabolin is an injectable veterinary steroid containing the drug nandrolone laurate. Nandrolone laurate is basically a long acting deca, staying active for up to a month in the body. Athletes however generally inject this drug on a weekly basis. Being a nandrolone, Laurabolin will exhibit noticeable anabolic effects with weaker androgenic side effects. Although many women do use nandrolones, Laurabolin may be one to avoid. Androgenic effects can appear in women with nandrolones, especially if blood levels were to build up too high with such a long acting drug. Durabolin would be a better choice. For men, doses of 200-400mg per week seem to work fine. At a strength of 50mg it is difficult to use a much higher dose, although some do find it possible. The Mexican Intervet product is found throughout the United States and usually sells for a fair price. It comes in 50ml vials, 50mg per ml. Recently Intervet has changed their packaging. Our photo shows the most recent version.

L-Thyroxine:

L-Thyroxine is a synthetically manufactured thyroid hormone. Its effect is similar to that of natural L-thyroxine (L-T4) in the thyroid gland. L-thyroxine is one of two hormones which is produced in the thyroid. The other one is L-triiodothyronine (L-T3, see Cytomel). Lthyroxine is clearly the weaker of the two hormones. For this reason it is often used for a longer time period than L-T3. Bodybuilders use L-Thyroxine to accelerate the metabolizing of carbohydrates, proteins, and fat. The body burns more calories than usual so that a lower fat content can be achieved or the athlete burns fat although he takes in more calories. In the past L-Thyroxine was often used by competing bodybuilders. Unfortunately, with increased dosages (more than 400 to 600 mcg/day) usually not only more fat but more carbohydrates and proteins are burned as well. The athlete no doubt becomes harder but he can also lose muscle mass if steroids are not administered simultaneous-. L-Thyroxine is rarely used today since most athletes use Cytomel or Triacana. When used properly there are few side effects to L-Thyroxine. Dosages that are too high and, in particular; dosages that are increased too quickly and too early at the beginning of intake can cause trembling of the fingers, excessive perspiration, diarrhea, insomnia, nausea, increased heartbeat, inner unrest, and weight loss.

The dosages taken by athletes are usually in the range of 200-40q mcg/day. We advise that you begin with a small dose and increase it slowly and evenly over several days. L-Thyroxine is a prescription drug and available only in pharmacies. One hundred tablets of 150 mcg each of the compound Levothroid cost about \$50 on the black market. One hundred tablets of 200 mcg each of Synthroid by the Boots Company usually cost about the same. Unlike Cytomel and Triacana, L-Thyroxine is rarely found on the black market.

Maxibolin: (ethlestrenol) 2mg/tabs 100/bottle

This is a low androgenic oral steroid, which is derived from 19-nortestosterone. This drug is popular with women who favor its high anabolic properties. Some athletes felt this drug was quite effective for quality muscle gains especially when stacked with other steroids. Water retention and aromatisation are minimal. The drug is moderately toxic to the liver in high dosages. It is rarely used in the U.S. anymore. Those who do take it claim high dosages are necessary for results; from 20mg to 40mg daily.

Megagrisevit:

Megagrisevit is an unusual steriod which has several characteristics. In addition to the substance clostebol acetate it also contains the two vitamins B6 and B12. The vitamin B12 is present as cyanocobalamin in the amount of 100 mcg per dragee and 2500 mcg per 1.5 ml ampule. The chemical denomination for the vitamin B6 is pyridoxinhydrochloride and is included in a dragee with a strength of 50 mg while the 1.5 ml ampule contains only 10 mg. It is also noted that in the injectable Megagrisevit both vitamins are included separately so that the red 1.5 ml vitamin ampule must be mixed with the 1.5 ml steroid injection vial prior to injection.

The main effect of Megagrisevit consists of stimulating the protein synthesis and leading to a positive nitrogen balance. It has a predominantly anabolic effect which is combined with a very weak and subliminal, androgenic residual effect. "This all sounds great" some of you will say but, unfortunately it must also be noted that the anabolic effect of this compound is also not very strong. No large strength and muscle gains can be obtained with Megagrisevit but one should not immediately discard this remedy since, when used properly, it is interesting for bodybuilders. The dragees are not recommended for bodybuilders since their

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effect is weak, so in the following we will exclusively discuss the injectable version. Also in this context we would like to recommend in the beginning that you do not use the red ampule with the vitamin cocktail. The vitamin injection might indeed increase the appetite and in some cases lead to an improved psychological well-being but it has the disadvantage that, together with a steroid injection, too large an injection volume will accumulate in the body if the athlete injects the required steroid amount. It must also be considered that a high amount of B 12 and B6 will not necessarily improve performance. What remains then, is a 1.5 ml injection vial with a milky suspension that is really interesting. All those of you who have absolute confidence in the 20 mg Primobolanacetat ampules and bemoaned the day when they were taken off the market will find a potent substitute in this 1.5 ml injection vial. The substance clostebol acetate is dissolved in water, has a low half-life time, does not aromatize, does not retain water, and is non-toxic. It is, however, still an excellent steroid when preparing for a competition. Athletes normally use two 1.5 ml vials per day which can be combined into one large 3 ml injection, equal to a daily intake of 20 mg of clostebol acetate. Women also achieve remarkable results and inject the same amount every second day.

As the only steroid used during a diet phase Megarisevit certainly is too weak; however, in combination with the stronger androgenic steroids such as Parabolan, Masteron, or Testosterone propionate it has effects similar to the old Primoacetat ampules. But there is more. Megarisevit is not liver-toxic and in these dosages rarely has side effects. Even women have few virilization symptoms. It is also one of the few steroids which is still manufactured in Germany and available in German pharmacies with a prescription so that shortages are unlikely. Since most people do not know the benefits offered by Megarisevit, the demand, in our experience, is so low that one won't find it on the U.S. black market. Megarisevit is available in German pharmacies in package sizes of 3 inj. vials (price approx. \$30) and 10 inj. vials (price approx. \$85) The prices are taken from the German Red List 1995. The largest disadvantage, as can be readily recognized, is the high cost one would have to pay if injecting two vials per day. There are currently no fakes of this compound.

Metandren: (methyltestosterone) 5 and 10mg/tab buccal, 25mg/tab oral, 60 or 100 per bottle

This drug is oral testosterone. It is more androgenic than anabolic. It aromatizes easily and is toxic to the liver. This product was developed many years ago and is quite obsolete today. Still many athletes take the drug to promote aggression. This often is a desired effect for powerlifters, or competitive athletes. The drug gets into the system very fast; in just about an hour its androgenic effects can be felt. Powerlifters claim this helps their strength when taken before a workout or contest. This is probably the only use for Metandren as it has not been too great for building size or permanent strength. Still some athletes favor it in a cycle with other anabolics. Average doses have been 20mg to 50mg daily.

Methandriol Dipropionate: (methylandrostenediol)

This drug is derived from androstenediol, which is a metabolite of testosterone. It has not been seen in any form for several years in the athletic community. Just recently though it has shown up in a couple of new vet drugs from Australia; Spectriol and Drive. Methandriol itself is a high anabolic, high androgenic steroid. It is used for strength and weight gains. Some lifters feel it works well stacked with injectable testosterone. One claim is that it enhances receptor stimulation, causing the drug it is stacked with to bind better to androgen sites at the cell. Perhaps this is why the two new drugs previously mentioned are combination drugs. Methandriol will aromatize and it is moderately toxic. A popular counterfeit, Abolic injection or Metabolin claimed to be Methandriol dipropionate. It was quite abundant on the market, but has pretty much disappeared from the market at this time.

Methandriol Dipropionate:

Substance: methylandrostenediol dipropionate

Trade names:

Andris 10 mg tab.; Chifar GR, Arbolac 50 mg/ml; Burgin Arden U.S., Crestabolic 50 mg/ml; Nutrition U.S., Durandrol 50 mg/ml; Pharmex U.S., Hybolin 50 mg/ml; Hyrex U.S., Methylidol 2 mg tab.; Vortech U.S., Metylandrostendiol 10 mg tab.; Pblfa PL, Metylandrostendiol 25 mg tab.; Pblfa PL, Novandrol 10 mg drag.; Galenika YU, Novandrol 25 mg drag.; Galenika YU,

Methandriol Dipropionate (M.D.) is a form of the water-dissolved Methandriol but it remains effective for a longer period of time. On the one hand, M.D. can be dissolved in oil for injection purposes and, on the other hand, it is produced in tablet form since it is also effective when taken orally. M.D. has a strong anabolic and androgenic component so that it is suitable for the buildup of strength and muscle mass. The effect can be compared to a cross between Deca-Durabolin and Testosterone enanthate. Like testosterone it contributes to a gain in both strength and muscle but does not retain more water than Deca-Durabolin. The best results can be obtained, however, if M.D. is not taken alone but in combination with another steroid. This is because M.D. is able to magnify the effects of other steroid compounds. It does this by increasingly sensitizing the androgenic receptors of the muscle cell, allowing a higher amount of the steroid molecules of the additionally taken steroids to be absorbed by the receptors. This also explains why injectable M.D. is only available today as a combination compound with an additional steroid substance. Injectable M.D. is only available in the Australian veterinary steroids Drive, Spectriol, Geldabol, and Filibol Forte so that procurement of the compound is difficult. The few athletes using this drug report good strength gains, a solid muscle gain, and low water retention.

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The combination steroids aromatize only slightly so, when taking only M.D., the use of antiestrogens is perhaps appropriate. The injectable form is only slightly toxic.

The usual dosage for athletes is 100 mg every 2-3 days. In Europe only the oral form of M.D. is available. Also in this case it is beneficial to combine M.D. with another steroid, preferably an injectable one. The normal daily dose is 40-60 mg and is usually taken in 2-3 individual doses spread over the day. The tablets are usually taken for only 4-6 weeks since the effect decreases quickly, thus requiring higher dosages. They are also 17-alpha alkylated so even a low dosage and a short intake can be damaging to the liver. Because of its androgenic effect women rarely use M.D. Possible side effects of the tablet form can be elevated levels of liver toxins, gastrointestinal pain, acne, gynecomastia, increased aggressiveness, and high blood pressure. Neither the injectable combination form nor the oral version of M.D. is normally found on the black market. Those who accidentally find Novandrol from the former Yugoslavia will notice that this compound is not available in tablet form but in dragees which are intended for sublingual intake.

Masteron:

Masteron, or drostanolone propionate, is a popular steroid among competitive bodybuilders. It is commonly used in contest preparation for many reasons. To begin with, drostanolone propionate is a derivative of DHT(dihydrotestosterone), and therefore, it will not aromatize into estrogen. Competing bodybuilders find this extremely beneficial because aromatization typically causes excess water retention which may give the muscles a smooth appearance. Another advantage of Masteron is its strong androgenic component. The androgenic effect of this steroid can cause a noticeable improvement in muscle density and hardness which can help the bodybuilder obtain the "ripped" look if his bodyfat percentage is low enough. The androgenic effect is also crucial because it helps to provide sufficient "kick" or "drive" for intense training when an athlete has lowered his caloric intake for contest preparation. Masteron can also be used successfully by bodybuilders preparing for a drug-tested show. The substance drostanolone propionate is fast acting and quickly broken down. The athlete can therefore use Masteron up to about ten days before a drug test. The average dosage of Masteron is 100 mg injected every other day. It is best to inject Masteron every 2-3 days because it has a short duration of effect. Popular steroids stacked with Masteron include Parabolan(trenbolone hexahydrobenzylcarbonate), Winstrol(stanozolol), and oxandrolone. Athletes rarely experience any side effects with this steroid. Masteron is not hepatotoxic, and gynecomastia should not be a concern since it does not convert into estrogen. Some possible side effects include acne, accelerated hair loss, and increased aggression. The main disadvantage of Masteron is its very poor availability on the black market and its high price. Masteron from Belgium comes in a box of two ampoules. Each 2 ml amp will contain 100 mg of drostanolone propionate. One of these boxes containing two amps can cost well over \$50 on the black market.

Masteron: Known Name Brands:

Drolban, Masterid, Masteron, Mastisol, Metormon, Permastril,

Description: Masteron, otherwise known as drostanolone propionate, regularly comes 100 mg. in a 2 cc ampule. Masteron is a synthetic derivative of dihydrotestosterone which keeps Masteron from aromatizing at any dosage. This means no gyno since it will not be converted into estrogens. Masteron is a strong androgenic steroid that has anti-estrogenic characteristics. For bodybuilders at a very low fat level, Masteron will add a dramatic hardness and sharpness to your muscles. Masteron is most commonly used as a precontest steroid but it will work as a mass steroid as well. This steroid will only show up on a drug test for 10-11 days after administering it as well. It also has the tendency not to cause water retention either. Side effects are kept to a minimum while on Masteron as well. It will not cause liver damage and since it will not aromatize, gyno is not a problem either. The main side effects are the normal ones like acne and accelerated hair loss since it is a derivative of DHT. It would be wise to use Nizoral shampoo while taking any DHT derivatives to keep this at a minimum.

Effective Dose: 100 mgs. injected every other day or at least every three days.

Street Price: A box of two ampoules will cost roughly \$100 on the black market if you can find it.

Stacking Info: This drug is commonly stacked with Primobolan, Winstrol, Parabolan, or oxandrolone for a cutting or precontest cycle. If you are on a mass cycle, it is commonly stacked with some form of testosterone.

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Methyl: (Methyltestosterone):

Discontinued names: Metandren / Android. 25 mg tabs Oral, 100/bottle by LACROIX Labs, Monaco Cedex sold in just about every drug store south of the Boarder in Mexico. Cost about \$20-\$25. This drug is oral testosterone. It's mainly a male androgen replacement. More androgenic than anabolic dosages are one to two tabs per day. It aromatizes easily, and for the most part is obsolete, except for a few limited uses which work great. Methyltestosterone tabs take about 30 min, to get into the system, this drug promotes Agression, perhaps better than any other steroid. The Agression lasts about 1 1/2 to two hours with deminishing effects optimal max.Dose 50 mg per day. Best taken before weightlifting workout. It makes you very aggressive while you workout, thus makes you work harder, stronger, and with more focus. It increases your strength via agression, it seems to contribute to health and added energy. This belongs to the 17 Alpha-group of steroid which will cause mildly elevated liver function tests. As with any 17 alpha group steroid basic liver function tests should be monitored. Due to the aggressive nature of this steroid using it in conjunction with alcohol, other drugs, or steroids is not advisable.

Methyltestosterone:

Methyltestosterone is one of the oldest available oral steroids. It is produced by many various manufacturers and sold in a number of countries including the U.S.. It is quite androgenic, with minimal anabolic effects. For athletic purposes, methyltest is generally only used to stimulate aggression among power lifters and those looking to boost up their workouts. Many methyltest tabs are sublingual (to be placed under the tongue) for faster absorption. These tabs can generally be identified by a notable citrus flavor to them. A couple tabs placed under the tongue before a visit to the gym may make for an aggressive workout. Aside from this, methyltest offers little except androgenic side effects. It is quite toxic, elevating liver enzymes and causing acne, gynecomastia, aggression and water retention quite easily. Were one to tolerate these side-effects, methyltest will offer little more than some slight strength gains. One looking for quality muscle mass from a steroid cycle should be looking elsewhere. Counterfeit steroids sometimes contain only methyltest in an effort to deceive the buyer. This is due to the fact that it is very cheap in bulk and obviously may fool an inexperienced user.

Nandrolin: (Nandrolone Laurate)

25mg or 50mg per cc 50 cc/vial. This is a veterinarian steroid found primarily in Canada and Europe. It can be thought of a very long acting version of Deca. Whereas Deca can stay active in the system for two weeks, this product is usually active from three to four. The bad thing about Nandrolin is that it is only available in low milligram doses. This product is presently not being counterfeited and is cheap.

Naprosyn: (naproxen) 250mg/tab 100/bottle

This drug is a potent non-steroidal anti-inflammatory agent. It is often used to treat patients with rheumatoid arthritis. It reduces joint swelling, stiffness, and pain in many patients. Naprosyn is also used to treat tendonitis and injuries seen commonly with weight training athletes. This drug works by preventing the production of a certain hormone called prostaglandin. It is not degenerative like corticosteroids are, but it works equally as well in most patients. It has proven to be effective in relieving the joint pain a lot of lifters experience while training. Unfortunately Naprosyn can cause serious stomach problems including bleeding ulcers. Many users report stomach pain after taking the medication. This seems to be less severe if the dose is taken with a large meal. Any person who has suffered any type of stomach ulcer is advised to stay away from Naprosyn. Recommended dosage is 500mg daily and should not be exceeded. Duration of use should be from seven to 14 days, no longer. Other anti-inflammatories, which are very similar to Naprosyn, are Tolectin and Ibuprofen (Motrin). These drugs are usually attained from a physician.

Naxen:

Naxen (chemical name Naproxen) is an anti-inflammatory not actually a steroid. The reason it is in this section is because it is a popular drug to be used to relieve pain and swelling from over training a specific body part, especially tendonitis or other injuries. The use of an anti-inflammatory, such as Naxen, will speed up recovery time and relieve pain. Naxen was originally used to treat arthritis with dosages starting around 500mg split up throughout the day and

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always taken with a meal. Dosages can be gradually increased until the pain is relieved. A common dose would be 600mg twice a day. Naxen is available in tablets, as a topical cream, and as an injectable. The best place to inject naxen is in the gluteus maximus because it requires a deep intramuscular injection. Naxen does have some side effects which include: heartburn, constipation, nausea, diarrhea, dizziness, fatigue, depression, rashes on your skin, heart attack, muscle weakness, and fever. Naxen is a little on the high side when it come to price. For a package of 45x250mg tablets which would last about 10 days at 600mg/2xday, it is about \$12.00. On the black market this would probably be around \$15- \$18. There are no other trade names available.

24x1 gram tablets, 45x250 mg tablets, 45x500 mg tablets, 2x5 ml 500mg ampule, 100 ml suspension, 40 gram gel tube', Store at room temperature and do not freeze.

Nilevar: (norethandrolone) 10mg/tab 100/bottle

This is a very androgenic steroid. It is used for size and strength, and for some it is quite effective. Unfortunately this drug is very toxic and aromatizes easily. Many users reported heavy water retention (edema) while taking Nilevar. Dosage of 30mg to 40mg daily are suspected average. This drug is very rarely seen on the market.

Nolvadex: (tamoxifen citrate) 10mg/tab 60 or 250/bottle

This drug is a potent nonsteroidal anti-estrogen. It is intended for use in estrogen dependent tumors, i.e. breast cancer. Steroid users take Nolvadex to prevent the effects of estrogen in the body. This estrogen is most often the result of aromatizing affect of steroids. It can aid in preventing edema, gynecomastia, and female pattern fat distribution, all of which might occur when a man's estrogen levels are too high. Also these affects can occur when androgen levels are too low, making estrogen the predominant hormone. This can occur when endogenous androgens have been suppressed by the prolonged use of exogenous steroids in combination with cutting of these exogenous sources. Nolvadex works by competitively binding to target estrogen sites like the breast. This drug is not toxic nor have any side effects been seen in athletes who used the drug as an anti-estrogen. This drug is the most popular anti-estrogen among steroid users by far. Although this drug does not turn out to be 100% effective for everyone, it does seem to exhibit some level of effectiveness for all. It works so well for some bodybuilders, they can take untraditional drugs like Dianabol or Anadrol right up to a contest as long as they stack it with Nolvadex. It would seem wise to take this drug in conjunction with any steroid cycle. Most reported a dosage of 10mg to 20mg daily got the job done. Availability of Nolvadex has been fair on the black market. Women athletes have not found this drug to be of much benefit.

Nolvadex:

Description: 10 mgs. / tab at 60 or 250 tab bottles. This drug is basically an anti-estrogen. This is taken to help minimize some of the bad side effects of steroids (such as gyno). It is not relatively toxic and has no side effects that I have ever seen. This drug is almost a must for anyone on a steroid cycle especially those prone to getting fatty breast tissue (if you had a weight problem before). It will slow down the effects of a steroid cycle so use only if you need to.

Effective Dose: 10 - 20 mgs. / per day

Street Price: \$1.50 - 2.00 per tablet

Stacking Info: A must for any steroid cycle to reduce side effects.

Nolvadex: (tamoxifen citrate)

10 mg/tab 60 or 250/bottle. This drug is a potent nonsteroidal anti-estrogen. It is indicated for use in estrogen dependent tumors, i.e. breast cancer. Steroid users take Nolvadex to prevent the effects of estrogen in the body. This estrogen is most often the result of aromatizing steroids. Nolvadex can aid in preventing edema, gynecomastia, and female pattern fat distribution, all of which might occur when a man's estrogen levels are too high. Also, these effects can occur when androgen levels are too low, making estrogen the predominant hormone. This can occur when endogenous androgens have been suppressed by the prolonged use of exogenous steroids. Nolvadex works by competitively binding to target estrogen sites like those at the breast. This drug is not toxic nor have any side effects been seen in athletes who used the drug' as an anti-estrogen. This drug is the most popular anti-estrogen amongst steroid users. Although it does not turn out to be 100% effective for everyone, it does seem to exhibit some level of effectiveness for the majority. It works so well for some bodybuilders they can take drugs like Anadrol right up to a contest as long as they stack it with Nolvadex. It would seem wise to take this drug in conjunction with any steroid cycle. Most reported a dosage of 10 mg to 20 mg daily got the job done. Availability of Nolvadex has been fair on the black market.

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Nolvadex:

Tamoxifen Citrate is used as an anti estrogen. It will stop gyno. Comes in 10mg tabs. Bad effect: Makes steroids work less! Only use it if you really need it. Have been connected to testicular cancer in rat studies(oocchh). Dose: 1-2 tabs a day

Nolvadex:

Nolvadex is a brand name for the drug tamoxifen citrate, a nonsteroidal agent which demonstrates potent antiestrogenic properties. These antiestrogenic effects are due to its ability to compete with estrogen for binding sites in target tissues such as in the breast. Medically, the effects of this drug make it very useful in breast cancer patients. Male bodybuilders however, find this drug very effective in combating gynecomastia (female breast tissue development). Gynecomastia is caused by excess estrogen in the male body. In the steroid user, this happens when anabolic steroids "aromatize" into estrogens. This is not as odd as you may think, structurally these hormones are very similar. So with Nolvadex competing for and occupying estrogen receptors, the buildup of tissue is greatly reduced and often avoided. It should be noted that Nolvadex also seems to slightly reduce to gains made during a steroid cycle. Some believe estrogen plays a role in keeping androgen receptors open. This may explain why Nolvadex would slightly hinder gains. Regardless of this effect Nolvadex is the most popular anti-estrogen used by athletes and many people swear by it. One should remember though that many athletes find no need for Nolvadex while others absolutely need it to avoid a gyno problem. One should be aware of how much they actually need an ancillary drug like this before committing to use it during a cycle. Should it be needed, Nolvadex is quite popular on the black market.

Oreton: (testosterone propionate) 100mg/cc 10cc or 30cc vial

Oreton is a fast-acting oil-based testosterone. It is very similar to Depo-Testosterone except it is only effective in the system for about five days. Therefore shots are taken twice a week. Oreton can be effective for size and strength gains like other testosterone and it does cause a number of side effects. Gynecomastia, water retention, and aggression are most common. Few athletes use Oreton anymore mainly because it is not nearly as available as other testosterone. Others do not care for the frequent shots that are required even though they think the drug has similar effects to Depo-Testosterone. Average dosages are in the range of 200mg to 400mg per week.

Oxandrolone:

Although Oxandrolone is available in the U.S. under the brand Oxandrin, it's exorbitant wholesale price precludes it from entering the black market. Thus, the SPA version from Italy is the only version left which athlete's do see regularly. They come 30 tabs to a box, in 2 foil and plastic strips of 15 each. Oxandrolone has a reputation of being one of the safest anabolics available. Women and children are often given this drug with little or no adverse side effects. For athletes, it is a mild anabolic exerting more strength than muscle mass increases. Although it is mild, it is 17 alpha alkylated so liver values may be of concern when used excessively.

Parabolan:

Parabolan is the only injectable form of trenbolone available world-wide. It is produced by Negma in France and sold in 1.5ml amps, one to a box. Each amp contains 76mg of trenbolone hexahydrobenzylcarbonate. This product is very difficult to get on the black market, whereas good looking counterfeits are quite easy to obtain. Make note that the real version comes with a clear plastic tray (not white). Parabolan exerts strong anabolic and androgenic qualities and does not readily convert to estrogen. Gynecomastia is usually of no concern while using this product. However, very strong androgenic side effects will still be present. Most importantly, kidney functions and blood pressure should be watched closely. Parabolan is generally considered an advanced users drug, too strong and harsh to recommend to a beginner or non-competitive bodybuilder. For competition purposes, it produces a very hard and vascular physique..

Parabolan: (trenbolone) 76 mg per 1.5 ampule

The French steroid has a number of things going for it. It is a derivative of the 19-nortestosterone molecule, which is the same parent drug as Deca-Durabolin. This similarity does not end there, these two drugs act very much alike. In fact Parabolan can be mistaken for Deca on a drug test. Parabolan is a favourite to thousands of athletes. This injectable steroid has higher anabolic and lower androgenic properties than testosterone, also reminiscent to Deca. It was originally thought to be non aromatizing, but it will aromatise at a high dosage in some users. Parabolan is a great pre-contest steroid. The relatively high androgenic properties can promote substantial "hardness" in a lifter who is already lean. This androgenic effect can also result in greater vascularity and fuller muscles. Parabolan has been effective on a limited calorie diet, if protein intake is still high. It need not be regarded as a cutting drug only. It can be used quite successfully to build quality muscle and strength, without the bloat of a D-Bol or Testosterones. In a stack with Anavar, Parabolan becomes part of a super strength building cycle for powerlifters who do not wish to go over their weight class limit. Side effects seen with the use of Parabolan are minimal. The drug aromatizes

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very little if at all, so water retention and gynecomastia are rarely seen. Hepatotoxicity (liver stress) is minimal with dosages of 152 mg per week, and if used for eight weeks or less, it exhibits very little suppression of the body's own hormone production. Blood pressure readings are unlikely to rise due to the fact that Parabolan does not cause the blood to hold excessive electrolytes. Each person reacts differently to every drug, but the majority of athletes find this item to be safe when used properly. Parabolan has a lot to offer. It is good for pre-contest cycles. When stacked with another androgen it becomes part of an effective weight and strength cycle; but remember Parabolan used by itself will not result in dramatic weight gains. Quality muscle gains are to be expected. Parabolan comes out to look like another "all purpose" anabolic, DecaParabolan is a little more androgenic than Deca. Many are using this drug in place of Equipoise or Deca, which have become very hard to get. Parabolan is quite available on the market for about \$18 an ampule. Average dosages are 76 mg to 152 mg a week.

Parabolan: (trenbolone)

76 mg in 1,5 cc ampule. This is a French steroid which is a derivative of 19-Nortestosterone. Parabolan is a non-aromatizing androgen. For this reason, it has become a favorite of pre-contest bodybuilders who claim it produces dramatic hardness in the lifter who is already lean. This androgenic effect also contributes to strength increases which are reportedly noticeable within weeks after instigating its use. Parabolan can be stacked with Deca or Primobolan on a cutting cycle or testosterone for bulking. It is fairly toxic.

Parabolan:

Description: 76 mgs. / 1.5 cc. vial. Parabolan is a non-aromatizing androgen. For this reason, it has become a favorite of pre-contest bodybuilders who claim it produces dramatic hardness in the lifter who is already lean. This androgenic effect also contributes to strength increases which are reportedly noticeable within weeks after instigating its use. It is fairly toxic. This is one of my favorites if you can find it.

Effective Dose: 76 - 152 mgs. / week

Street Price: I have never been able to get hold of it

Stacking Info: Can be stacked with Deca-Durabolan or Anavar for a cutting cycle or some form of testosterone for a bulking cycle.

Parabolan:

Trenbolone hexahydrobenzylcarbonate is an androgen which is highly praised by strength athletes. Parabolan causes a tremendous increase in muscle hardness and muscle strength. It comes in a 76mg ampule and it lasts 2-4 days in the body. Parabolan works very well when stacked with a low androgen steroid (i.e. Anavar) during a cutting cycle. Parabolan does not aromatize! Parabolan is generally considered an advanced users drug, too strong and harsh to recommend to a beginner or non-competitive bodybuilder. For competition purposes, it produces a very hard and vascular physique.

Size:***** Strength:***** Side effects:***** Dosage: 152-304 mg/week

Permastril: (dromostanolone) 100 mg/ampule

This steroid is an, oil based injectable from France. It is the same as Masteron, which is made in Spain. As with some other derivatives of DHT, it is a valuable pre-contest drug. Dramatic increases in muscularity are often reported among users. This does not mean that if a person takes Permastril it will make their body lean and muscular. When a report indicates a steroid will "harden" the muscles.

It really means that if you are already maintaining low body fat, like a pre-contest bodybuilder, the drug will sharpen the muscles, appearance. Often a bodybuilder will endure weeks of torturous dieting along with long hard workouts only to find their physique flat or smooth. The body fat is low enough, but often high estrogen levels and low androgens will leave the muscles looking subpar. This is where a steroid like Permastril acts like a dramatic "hardening drug". Bodybuilders do seem to favour using this drug for the last four or five weeks before a show, often in a stack with Primobolan or Winstrol. Novaldex is usually not used with Permastril because it does not aromatise at any dosage. The hepatotoxicity of this drug is very minimal, as is its gonadotropic suppression. This steroid exhibits high anabolic and lower androgenic properties than testosterone. Although we have outlined its use as being mainly for pre-contest bodybuilders, it is also used on cycles where the athlete wishes to avoid water retention and aromatisation. In this case athletes have reported fair strength increases and denser looking muscle. Of course athletes do not experience the type of rapid strength increases they would with testosterone because this is a function of water retention more than anything else. Reportedly Permastril is a popular drug with endurance athletes as well. It is quick in and out of the system. Injections average one ampule, every four or five, days. This drug has been hard to detect on any steroid test. The present availability of Permastril is slow, but reportedly improving due to high demand. It costs \$15 per ampule, and is most available on the East Coast.

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Pesomax: 100 mg per cc 1 cc/ampule

This drug is an injectable form of dihydrotestosterone. It is very popular with European athletes, but is seldom available in the U.S. Bodybuilders like Pesomax for contest preparation. It reportedly promotes muscle growth and lipolysis. Its effectiveness holds good even on low calorie diets. Pesomax is not a steroid for gaining substantial strength of weight. Two of the bodybuilders interviewed claimed that it is used in a stack with Protropin (GH). Pesomax will not aromatise under any conditions and is not toxic to the liver. The bodybuilders who are using this drug are obtaining it from European sources or from Canada it seems. Pesomax has gained popularity in drug tested events because it has escaped detection thus far. Dosages seen were 100 mg every other day.

Phenformin: Known Name Brands: Debeone, Fenformin,

Description: Phenformin - "Debeone - 25 mg. tablets", "Debeone 'DT' -50 mg. capsules. Debeone is just a brand name for phenformin which is another oral hypoglycemic drug. Phenformin was made to be used to control mild to severe adult onset diabetes. This drug will increase the body's ability to transport glucose into the muscle cells much better by increasing insulin sensitivity. This substance will also inhibit the body's formation of sugar by the liver whereby lowering insulin secretion in the body. This substance is very similar to Glucophage (see page) that is also an oral hypoglycemic except that phenformin is considered the harsher of the two compounds. Phenformin is considered to be from 5 - 10 times stronger than Glucophage at what it does for the body on a mg. per mg. comparison. Glucophage has significantly less side effects than phenformin has as well. The chance for an overdose causing hypoglycemia with the use of Glucophage is dose related whereas you almost have to take a lethal dose. Phenformin will increase insulin sensitivity in the body as well.

As far as bodybuilders are concerned, this product is used as an oral form of insulin. It will cause greater glycogen supercompensation during carb-ups as well as lowering blood glucose for those that are using the BodyOpus or Atkins diet to induce ketosis more easily. This drug is commonly taken as well to increase pumps and vascularity. Common side effects of Phenformin are a metallic taste in the mouth, nausea, and vomiting. This drug is also associated with the development of lactic acidosis, which has a mortality rate of 50 - 75 % of the people who contract this disease. I would recommend staying away from this one since Glucophage is available and the side effects don't include diseases with a tendency towards death. That is just me though.

Effective Dose: At the very most, you would take 150 mgs. taken in three divided doses with water before meals

Street Price: Unknown

Stacking Info: This compound is commonly taken with Creatine in order to help shuttle the creatine into the muscles more effectively since this product increases insulin sensitivity.

Primobolan:

This is a high anabolic low androgenic(almost none)steroid. Methenolone is a popular steroid for females and competitors because of it's low androgen properties. Primobolan is often stacked with other steroids ex. Primobolan+Deca+Sustenon in a bulk cycle and Primobolan+Winstrol+Testosterone undecanate in a cutting cycle.

Size:* Strength:* Side effects:*

Dose is 2-6 tabs a day(usually comes in 50mg tabs and 100mg/cc amps)or 200-300mg/week

Primobolan Acetate: (methenolone acetate) 20 mg/cc amps

This is a derivative of dihydrotestosterone, which is very popular with bodybuilders. The drug is very low androgenic compound and it is not toxic to the liver. Primobolan will not aromatise, and it is one of very few steroids, which have proven to be effective on a low calorie diet. This is why so many pre-contest bodybuilders use it, including the best in the business. While using Primobolan, a lifter can shed fat and retain muscle better than with any other steroid. It will not result in massive weight or strength gains, but some like to use it on muscle building cycles, especially women. In fact a great number of women do use this drug, and for them it is one of very few steroids they should ever experiment with. Users report fair but high quality muscle gains with Primobolan. Side effects seldom result from its use, even in high dosages. The Acetate version of this drug is the most popular. Users say it has the most "kick" of all the Primobolans. Even though this product is an oil based injectable, it is very fast in and out of the system. Therefore shots are taken every other day, at an average dosage of 20 mg per shot half that for women. This drug's major drawback is that the shots can be extremely painful for a lot of people. It seems there are a great number of people who are allergic to acetates. Once found abundantly on the U.S. black market, Primobolan Acetate is now very hard to find. It costs around \$12 per ampule.

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Primobolan Buccal: 50 mg/tab 30 tab/bottle

This is the most powerful form of oral Primobolan. It is made to dissolve between the gum and cheek. A great deal more of the drug gets into the blood this way as opposed to orals. It has the same effects as other Primobolans and is very safe to use. This has become a very popular drug with pre-contest competitors for several reasons. It is the most widely available form of Primobolan on the black market. It also gets out of the system fast for those who are headed towards a drug test. Finally it is a way around the painful Acetate injections for many. This drug is available in the 5 mg form over the counter in Mexico. Although it is not the most convenient dosage, nowadays folks are taking what they can get. Thus you will see a great deal of your fellow lifters in Texas popping 10 of these little tabs a day. At an over the counter price of \$5.30 U.S. funds, it is not all that expensive. The 50 mg tabs go for about \$45 for 30 tabs on the market.

Primobolan Depot:

Primobolan Depot is an injectable steroid produced by Schering and sold in various parts of the world. It contains the steroid metenolone enanthate, which is a long acting anabolic with extremely low androgenic properties. The anabolic properties of this steroid also are mild. Primobolan is most commonly used during cutting cycles although some users do stack it with stronger drugs like testosterone and Dianabol for mass cycles. This drug is most commonly injected on a weekly basis and dosages range widely. At 100-200 mg weekly Primobolan should not interfere with natural testosterone levels and should not produce noticeable side effects. In Europe it is not uncommon for Primobolan to be used at such doses for long term therapy. Among athletes, steroid novices will respond to weekly doses of 200 mg but regular users often inject much higher doses looking for a stronger anabolic effect. Primobolan Depot comes in 1ml glass ampules containing 100mg of the drug in Europe and 50mg throughout areas of South America. In the U.S. the 50mg ampules from Mexico and 100mg ampules from Spain most commonly show up.

Primobolan Depot: (methenolone depot) 100 mg/cc, or 50 mg/cc 1 cc ampules

This drug is available from Schering labs in Mexico in the 50 mg strength and from Germany in the 100 mg dose. This version is very similar to the Acetate in that it is effective on limited calorie diets and is good for pre-contest use by bodybuilders. The difference between the two is that the depot lasts much longer in the system. For this reason, shots are only necessary every seven days. The Depot is effective for some on a muscle bulking cycle and even though it does not usually result in large gains, it is favored because it is so safe. It will not aromatise, it is not toxic, and it is low in androgens. Most common dosage is 200 mg per week for men, half that for women. It is more widely available on the black market than the Acetate. Prices are in the \$15 per amp range for German or Mexican, even though the later is half as strong. It costs \$3.53 per 50 mg over the counter in Mexico.

Primobolan Depot:

Description: 50 mgs. / cc. 1 cc. ampules. This is one of the safest steroids in use today. Users usually don't report huge gains but the great thing about Primobolan either Depot (Injectable) or the tablets is that the gains attained from it are basically permanent ones. It won't aromatize, it's not toxic, and it has low androgenic properties.

Effective Dose: 200 mgs. / week • Street Price: \$30 per ampule

Stacking Info: Used on bulking cycles with Sostenen 250 and Deca-Durabolin. On cutting cycle used with Winstrol and Anroid.

Primobolan Depot: (methenolone depot)

100 mg/cc, or 50 mg/cc 1 cc ampules. This drug is available from Schering labs in Mexico in the 50 mg strength and from Germany in the 100 mg dose. This version is very similar to the Acetate in that it is effective on limited calorie diets and is good for pre-contest use by bodybuilders. The difference between the two is that the depot lasts much longer in the system. For this reason, shots are only necessary every 7 days. The Depot is effective for some on a bulking cycle and even though it does not usually result in large gains, it is favored because it is so safe. It will not aromatize, it is not toxic, and it is low in androgens. Optimal dosage is 200 mg per week for men, half that for women.

Primobolan: (Depot)

Is a registered trade make of Schering A/G available in 50 mg/cc from Mexico and 100 mg/cc from Europe. Primo is the "Cleanest and Gentles" anabolic steroid, will not aromatize, non-toxic, low in androgens. Primo may be taken by both Men and Women. Dosages for men are 100-300 mg/week, Women 1/2 dosage. Primo is the only steroid that works well on a low calorie diet. Effective for bulking, but tends to harden and add muscle tone more that build big muscles. Primo great when added to a cycle (stacked) with other steroids, it tends to lessen water retention and harshness when stacked with more heavy duty

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testosterone injectables, like Omnadren/sustanon 250, Cypionate/propionate, ect. Primo is an analog immune-stimulating steroid used by people with Aids and other with depressed immune systems to build up the immune system and other with depressed immune systems to build up the immune system and add lean muscle mass. Primo is not legally allowed by the FDA in the United States, but it is one of the finest steroids in the world today.

Primoteston Depot 250: (propionate, enanthate) 250 mg/cc 1 cc/ampule

This drug is a powerful testosterone combination made by Schering. It is a high androgenic and anabolic steroid. It will aromatise and it can suppress the body's own hormone pattern. It is becoming quite popular with athletes in the U.S. because it is cheap and effective. Users report substantial size and strength increases while using Primoteston, it is very similar to Sustanon, another popular testosterone stack. The drug is available over the counter in Mexico at a price of less than \$2. It is being sold for about \$10 per ampule on the black market. Of course it is more available in Texas and California right now, but demand will pull it into other areas of the country before too long. Average dosages are about 250 mg per week.

Primoteston Depot 250:

Description: 250 mgs. / ampules. This steroid is easily found in Mexico in the little glass ampules and it contains 250 mg. / ml of testosterone propionate/testosterone enanthate. It is also very inexpensive down south only costing you \$2.50 - \$4.00 per ampule there.

Effective Dose: 1 - 2 ampules / week • Street Price: \$15 - 20 per ampule

Stacking Info: Used with Anavar / Primobolan for cutting cycle

Proviron:

Proviron, or mesterolone, is a popular antiestrogen used by bodybuilders. It acts as an antiaromatase, which means it prevents the aromatization of steroids into estrogen. Proviron is frequently used by athletes on heavy cycles of steroids to prevent gynecomastia. It is also favored by competitive bodybuilders since a lower estrogen level corresponds with increased muscle hardness and lower water retention. One or two 25 mg per day should be sufficient to prevent gynecomastia. Proviron can also be combined with Nolvadex (tamoxifen citrate) if needed. Side effects are extremely rare with dosages under 100 mg per day. One major problem with Proviron is that it tends to reduce the gains made from a cycle. This is due to the fact that Proviron is an androgen and therefore binds to androgen receptor sites within the body. With Proviron binding to androgen receptor sites, the other steroids present in the body (androgens) are blocked out and unable to take effect. Consequently, many athletes prefer to keep the intake of Proviron at its minimum effective dosage in order to make sufficient gains while still preventing gynecomastia. Proviron is usually fairly easy to obtain on the black market. Most versions are manufactured by Schering and cost about \$1-\$2 per 25 mg tab. Proviron can come in push-through strips or small glass vials. There is currently no need to worry about authenticity when buying Proviron since no counterfeits of this product are known to exist.

Proviron: (mesterolone) 25 mg/tab 50 tab/bottle

This is an oral androgenic steroid which is commonly used as an estrogen antagonist. Once the drug is in the blood, it competes with estrogen receptor sites, in some cases this results in an end to aromatizing effects of other steroids. Proviron itself will not aromatise and it is moderately toxic to the liver. Some women take the drug to enhance their androgen levels, giving them much harder looking muscles. Usually they stack Proviron with the other drugs they might be using. Male bodybuilders also use it in a pre-contest stack to attain a harder look. Average dosages are two to four tablets a day for men, half that for women. It is rarely seen on the market, and costs about \$40 for 50 tabs.

Proviron:

Description: Proviron comes in a box with 10 - 25mg tablets in a blister pack. Proviron is a synthetic androgenic steroid and oral antiestrogen used by bodybuilders. A lot of bodybuilders take this substance for two main reasons. They use it to restore sexual dysfunctions caused by steroid cycling. It will help get rid of the lack of sexual desire that most bodybuilders experience during a long steroid cycle. It also will help with the decreased sperm count and quality that steroids exhibit on the body. It does not however increase testosterone production in the body. It is also used as an anti-estrogen as well. Proviron provides a dual blocking scheme in that it prevents the aromatization of steroids as well as competes with estrogen to block the receptors as well. The bad thing about Proviron is that it does not help in maintaining strength and muscle gains after a steroid cycle whereas HCG, Clomid, and Teslac do. This reason alone keeps some people from using this drug. It does however block gyno and the increased water retention that steroids give the user. It does allow increased muscle hardness since the estrogen levels will be low which is of great benefit for a precontest bodybuilder. As far as side effects are concerned, Proviron's main one is that it gives males a continuous hard-on (bummer for their girlfriends) at higher doses.

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Effective Dose: 50 -100 mgs. per day by taking one to two 25 mg tablets in the morning and one to two 25 mg tablets in the evening.

Street Price: It normally sells for between \$1-2 per tablet on the street.

Stacking Info: This drug is commonly taken with Teslac, HCG, or Clomid. It is a popular precontest drug to increase muscle hardness. When taken along with Nolvadex, it almost completely blocks the effects of estrogen.

Proviron:

Masterolone is an anadrogenic steroid with almost no anabolic action. It is used as a anti estrogen and gives the body a hard dense look.

Dose 1-2 tabs a day(comes in 25mg tabs)

Proviron:

Proviron is a registered trade mark of Schering A/G Germany & Schering Mexicana...Proviron/mesterolone Oral 25 mg Tablets are a multi-purpose Androgenic steroid with anabolic properties designed to be given to men in the early and menopausal stages of life. This steroid is most unique in the world because it is a non-17 Alpha Oral Androgen replacement for males. Provides health, added sex drive, the feeling of well being, vigor and some qualities of youth. It may be taken over long periods of time. It does not aromatize...in fact bodybuilders take this in place of Novadex because Proviron is an Estrogen Antagonist. It is completely Synergistic with all other steroids. Though as the best steroids goes not approved by FDA but Schering world wide sales don't seem to suffer. Proviron is sold in 37 Countries world wide. Since its unique formula does not shut down the male own hormone production as with the highly androgenic T-Cyponiate and spermatogenesis is added to not subtracted from...Proviron could medically help 20 to 30 million males who experience male-menopause.

Quinolone:

This was another of the original DDR compounds. It was seen in 30 cc vials and was supposed to be a great pre-contest drug. As with the other DDR's, it was a mix of domestic steroids that were not worth \$300. Another firm started making a new version of Quinolone, but as with all these basement drugs, it should be avoided for certain.

Ralgrow:

Description: This is another cattle implant that athletes have been experimenting with. Ralgrow comes in a wheel cartridge that contains 24 pellets per cartridge. Each pellet contains 72 mgs of Zeranol. These pellets are intended to be implanted in cattle. Ralgrow has been effective in promoting weight gains in cattle and appears to be nearly as effective and more acceptable than the use of steroids in those animals. Even though Ralgrow promotes weight gain in cattle it does not work in humans. There are some reports that this product is only effective in animals with the gastric structure of cattle. This would not include humans as we only have one stomach. Some think that the weight gain in the cattle comes simply in the form of visceral mass gain. Athletes are trying to gain muscle mass not visceral mass.

Simply said, don't waste your money on this compound. You will sorely be disappointed with the results. For those of you that think you know more that I do though, you can follow the Finaplix directions for either an injected compound or use DMSO to transdermally receive the Zeranol. Don't say I did not tell you it won't work though.

Effective Dose: Who cares, it does not work. • Street Price: Who would want to buy it anyway.

Stacking Info: You can let me know.

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Revalor: Known Name Brands: Revalor-S

Description: Revalor is another of the cattle implants that continues to gain popularity with bodybuilders since steroids are becoming harder and harder to get for some people. Each Revalor pellet contains 20 mg. of trenbolone acetate apiece and 20 mgs. of estradiol. This is the same as Finaplix except the compound contains the added estradiol. Original Finaplix production was stopped about a decade ago and they created this product since they decided the extra estradiol helped the cattle gain weight better. Revalor contains the famed trenbolone acetate steroid which is very strong and androgenic as well as being highly anabolic as well. It will give you a very fast and powerful strength gain without a lot of added bodyweight since trenbolone acetate does not cause water retention in the body. Trenbolone acetate helps to accelerate fat burning which made it a popular product with competitive bodybuilders because it helps to add to muscle hardness and density. It is also very popular with powerlifters that have to stay within a certain weight class. Revalor has many side effects as well besides the fact that it is not the most sterile since it is a vet drug. Trenbolone acetate is a very kidney toxic steroid. Revalor does contain estradiol which will cause gyno easily if this product is used as is. You need to follow the directions on the Synovex page to get the estradiol separated from the steroid that you are going to use. Revalor-S cartridges contain 70 pellets apiece. You can't eat the cartridges either. They must be administered one of two ways:

One way is to use DMSO (dimethyl sulfoxide) to make the steroid transdermal meaning that it will now pass through the skin. There are a variety of forms that DMSO is available but the gel version works the best and is the easiest to use. What you want to do is grind up about 2 pellets worth of the crystals into as fine of a powder as you can and then mix it with one teaspoonful of DMSO and one of water and apply to the skin every 2 days as that is the effective time span for trenbolone acetate. This will give you about a 40 mg. dose of trenbolone acetate. You can then rub this compound into your skin and wrap the area with a piece of saran wrap to help get the compound to absorb into the skin easier since it will heat it between the saran wrap and your body to aid in absorption.

The other way to take this compound is through injection. You can do this by mixing the compound with about 2 cc of oil or sterile water and injecting it that way. Even grinding up the particles as fine as you can you will have to use about an 18 gauge needle to inject this concoction. I would suggest using the DMSO method above to do this.

Effective Dose: Doses are in the range of 30mg - 60mgs every 2 days. • Street Price: Prices run about \$60-80 per cartridge.

Stacking Info: In precontest, this drug is commonly used with Winstrol or Stroma to give great hardness and quality to muscle if you are already low fat. For a mass phase, this steroid is commonly stacked with either testosterone, Dianabol, or Anadrol 50 with kickass results being reported.

Slow K: (potassium chloride) 600 mg/tab 100/bottle

Slow release tablets. This drug is indicated for the treatment of potassium depletion. This could be caused by disease or in the case of some bodybuilders it is caused by the use of strong diuretics. This is a strong prescription potassium drug. Many body builders use it several days before and the day of a bodybuilding contest. Very often bodybuilders use strong diuretics to get ripped up. The users of these drugs cause the body to lose a great deal of sodium and potassium. With the loss of potassium, which helps keep water balance in the muscles, the muscles usually are left very flat looking. Not only that but they can tie up into severe cramps when flexed. The use of diuretics can cause the loss of up to 3000 mg of potassium per day. This will wipe out reserves quickly and cause the cramping. In an attempt to keep this from occurring, many use Slow K. It can keep the muscles looking full and prevent painful cramping that makes posing impossible. Unfortunately this drug can be very dangerous. If the athlete gets too much of it, it can cause cardiac arrest. This is because potassium is responsible for maintaining heart functions as well. The most popular way of using Slow K has been to take one tablet every eight hours, for a total of three, daily, if the bodybuilder is suffering cramping. If not, they usually use one tablet per day just to keep the muscles from getting too flat. Slow K is used only when the athlete is taking a diuretic like Lasix, and only for three or four days; the three preceding and day of a show in most cases. Other side effects may occur like vomiting, nausea, and diarrhea. Also it can cause bleeding ulcers in the gastrointestinal tract. This happens with prolonged use though. Dosages should be individualised by a doctor because of the side effects. It has been available on the market, but most often athletes get this drug from their doctor. It usually costs about \$1 per tablet.

Spectriol: (methandriol dipropionate, durabolin) 1 cc/amp

This drug is a new veterinarian steroid. The few athletes who have used this drug were pleased with what they saw; quality gains in strength and size. They said it worked like injectable Dianabol. It will not aromatise much and it is not very toxic to the liver. It should gain in popularity, but for now there are only a select few who have access to it.

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Sten:

Sten is a low dose testosterone blend produced in Mexico. Each 2ml ampule of Sten contains 25 mg testosterone propionate, 75mg testosterone cypionate along with 20mg DHEA. Holding the DHEA irrelevant at the moment, this steroid basically contains 50mg of testosterone per ml. With testosterone, 200-400mg per week is most common, so when used by athletes, 3 or 4 ampules of Sten are usually injected per week in divided doses to break up the injection volume. Still, this adds up to 6 or 8 ml per week which is quite a bit when compared to other products like Sustanon. For this reason, Sten is generally used only when other testosterone blends are unavailable. In Mexico, 2 ampules are packaged in a box along with a 3ml syringe (odd) and sells for about \$5. Here in the U.S., one ampule of Sten is often priced as high as \$10. As of yet, Sten should probably be considered a safe buy.

Sten: (100mg testosterone, 20mg dihydrotestosterone)

This is a Mexican steroid which is becoming fairly popular. Each ampule contains 2cc of the oil based drug. The ampules are clear glass with red print. The item costs about \$2 an ampule down in Mexico where it has been found in Laredo and Tijuana. On the market, it sells for about \$12 an ampule. Sten is another testosterone blend. It yields good gains in strength and weight, but also water retention and aromatization. The optimal dosage is around 1 to 3 ampules a week.

Sten:

Description: 120 mgs. / ampule. 100 mgs. being testosterone and 20 mgs. being DHEA. Sten is an androgenic drug that is good for strength and size. It is made up of two drugs; the first is testosterone suspended in oil, the second is DHEA. This is just a weaker version of Sustanon 250. The side effects associated with it are a little worse because of the high amount of DHT in it. It is picking up in popularity since it is easy to attain in Mexico.

Effective Dose: 3 - 4 ampules per week • Street Price: \$15 / ampule

Stacking Info: Could be used in a bulking cycle but you have to take more shots of the stuff since it is only available in lower mgs. doses.

Stromba: (stanozolol) 5 mg/tab 100/bottle

This drug was originally produced in Europe. The version available today is a market product made in a real lab. This is a steroid that is a counterfeit, but it is the real drug according to at least one report. In fact in the course of surveying numerous steroid users, Stromba was rated as one of the best oral steroids for gaining muscle size and weight. Users reported dramatic weight gains after taking the drug for as little as three weeks. Most of the athletes knew it was a counterfeit, but none suffered any suspicious adverse reactions while taking it, Stanozolol is a high anabolic, low androgenic product. It usually does not aromatise, but it can be toxic to the liver in high dosages. Women often get good results with stanozolol, but it can turn out to be too much for some, who suffer virilising effects from it at even the lowest dosages. An average dose of Stromba is 20 mg to 40 mg daily for men, 5 mg to 10 mg for women. It costs about \$45 for 100 tabs, and is still easily attained on the black market.

Sustanon: 30mg testosterone propionate, 60mg testosterone phenylpropionate, 60mg testosterone isocaproate, 100mg testosterone decanoate,

Sustanon 250 is an oil-based injectable containing four different testosterone compounds: testosterone propionate, 30 mg; testosterone phenylpropionate, 60 mg; testosterone isocaproate, 60mg; and testosterone decanoate, 100 mg. The mixture of the testosterone compounds are time-released to provide an immediate effect while still remaining active in the body for up to a month. As with other testosterone blends, Sustanon is an androgenic steroid with a pronounced anabolic effect. Therefore, athletes commonly use Sustanon to put on mass and size while increasing strength. However, unlike other testosterone compounds such as cypionate and enanthate, the use of Sustanon leads to less water retention and estrogenic side effects. This characteristic is extremely beneficial to bodybuilders who suffer from gynecomastia yet still seek the powerful anabolic effect of an injectable testosterone. The decreased water retention also makes Sustanon a desirable steroid for bodybuilders and athletes interested in cutting up or building a solid foundation of quality mass. Dosages of Sustanon range from 250 mg every other week, up to 2000 mg or more per week. These dosages seem to be the extremes. A more common dosage would range from 250 mg to 1000 mg per week. Although Sustanon remains active for up to a month, injections should be taken at least once a week to keep testosterone levels stable.

A steroid novice can expect to gain about 20 pounds within a couple of months by using only 250 mg of Sustanon a week. More advanced athletes will obviously need higher dosages to obtain the desired effect. Sustanon is a fairly safe steroid, but in high dosages, some athletes may experience side effects due to an elevated estrogen level. With dosages exceeding 1000 mg a week, it is probably wise to use an antiestrogen such as Nolvadex (tamoxifen citrate) or Proviron (mesterolone). The use of Sustanon will suppress natural testosterone production, so the use of HCG (human chorionic gonadotropin) or Clomid (clomiphene citrate) may be appropriate at the end of a cycle. Sustanon 250 is a good base steroid to use in a stack. Athletes interested in rapid size and strength gains find that Sustanon stacks extremely well with orals such as Anadrol (oxymetholone) and Dianabol (methandrostenolone). On the other hand,

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Sustanon also stacks well with Parabolan(trenbolone hexahydrobenzylcarbonate), Masteron(drostanolone propionate), and Winstrol(stanozolol) for athletes seeking the hard, ripped look. Sustanon 250 is quite abundant on the US black market.

One of the more common versions is the Russian Sustanon 250 manufactured in India. Thousands of these amps are smuggled into the East Coast of the United States where they are then made readily available to bodybuilders. Average price is around \$15-\$20 an amp, but prices as low as \$5 an amp are available to some individuals who can purchase the amps as soon as they come ashore. The Russian Sustanon comes in plastic strips of five covered with a white paper and imprinted with blue ink. More recent lots of Russia Sustanon have the expiration date printed numerous times in purple ink going lengthwise in a line across the strip of five ampules. The ampules have a white paper label imprinted with blue ink. Don't be surprised if the labels are crooked or peel off easily. The labels on Russian Sustanon are commonly glued on crooked, and should peel off, but not in one piece. Also, don't be alarmed if the amps come loose without the plastic strip. The plastic strip is often thrown away to make it easier to smuggle the amps into the country. There is little need to worry about the legitimacy of Russian Sustanon. The World Anabolic Review mentions a counterfeit with rounded corners on the label, but this fake is rarely seen on the US black market.

Another popular version of Sustanon is the Sostanon 250 rediject manufactured by Organon in Mexico. The redijects are very common to the southern region of the United States because they are frequently smuggled over the border after being purchased in Mexican pharmacies. The price for a Sostanon rediject is about \$8 in Mexico. In the United States, they are often sold for \$20 a piece. Each Sostanon 250 rediject comes packaged in a plastic tray with a foil covering. The World Anabolic Review shows a picture of a rediject with the needle attached. This picture is outdated because Organon recently began manufacturing the Sostanon 250 redijects without the needle attached. The redijects are often favored by many because of their difficulty to counterfeit. However, recently, bodybuilders have complained about some underdosed redijects circulating on the black market in Texas. Fortunately, these underdosed redijects do not seem to be widespread. In the meantime, the chances of getting a fake rediject are still very slim. Less common, but still seen on the US black market are the European versions of Sustanon from countries like Italy, Portugal, and England. All of these amps are scored and have a white label that is difficult to peel off. The amps and boxes should have the lot number and expiration dated stamped on it.

Sustanon: (propionate, phenylpropionate, isocaproate, decanoate) 250 mg/cc, 1cc/ampule

Also, under the name, Dura-Testin and Sostanon. This drug is a blend of four testosterone components that have been found to react very positively together. This drug is fast acting and has a long life in the blood. It is becoming very popular lately in the U.S where it is still rather new to the market. Sustanon has been sold in Europe for many years and has been the most popular testosterone used by European athletes for a long time. It has shown to be very effective with many things going for it. To start with it is more effective at lower dosages.

For most users of domestics like Cypionate and Enanthate, the drugs tend to require increased dosage each time they are used to provide the user with good results. Eventually many find themselves using 1200 mg per week or more to get results. Sustanon's primary advantage is that it has been effective in continued use or return use at a reasonable dosage. A dose of 250 mg per week or 500 mg every 10 days is about all one needs of the Sustanon to get good results. Because of the blend of testosterone in Sustanon it seems to be recognised by the steroid receptors for longer periods of time than the previously mentioned domestics. Because a person can use less sustanon and still get results, he will see less side effects. Users report less aromatisation, less water retention, less liver stress, and less endocrine system disturbances, but still they have quality gains from the Sustanon. We did say LESS, not NO side effects. Users report the usual irretractability and aggressiveness with Sustanon. The most popular way to use sustanon is on a weight gaining cycle in a stack with an oral anabolic like Anaavar or Winstrol. Sustanon lasts up to four weeks in the system while still remaining active, so shots can be taken as little as every two weeks. Sustanon is available in a rediject syringe from Mexico under the name Sostanon, or from Europe in 1-cc ampules under the names Dura-Testin or Sustanon. The ampules cost about \$10 per vial. This steroid can be found quite easily on the black market.

Sostanon 250:

Brand Names: Durandron, Sostanon 250, Sustanon, Sustanon 250, Deposterona,

Description: Each sostanon 250 preload contains the following:

Testosterone propionate 30 mg, Testosterone phenylpropionate 60 mg, Testosterone isocaproate 60 mg, Testosterone decanoate 100 mg,

250 mgs. / 1 cc. vials or preloads. Sostanon 250 is one of the most popular steroids and for good reason. It is precisely set up to give you results for up to a month after injection because each of the testosterone that make up sostanon 250 stay active in the body for differing time periods. It gives you almost instant results that you can feel since it will hit you about 3 hours after your first injection. The reason for this is the fast acting properties of the testosterone propionate that is in it. The testosterone phenylpropionate and testosterone isocaproate will typically stay active for about 2-3 weeks each and the testosterone decanoate stays active in the body for up to a month. This combination is what gives sostanon 250 its quick onset which continues to hit you for about 4 weeks after the last injection. This drug also degrades and tapers nicely for the same reasons. Some people will argue that sostanon is good because since it is made up of multiple types of testosterone, that it "will hit multiple androgen receptors." This could not be further from the truth. You only have one type of androgen receptor. All steroids hit the same androgen receptor regardless of what you are taking.

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Sostanon 250 is highly anabolic as well as highly androgenic. This makes it a favorite of those trying to bulk up. It is a steroid that gives you what you are looking for; that 20-25 lbs during a 6 week cycle for most steroid novices. You gain mass rapidly and get a nice kick in strength as well while taking this drug. There is almost a synergistic action to sostanon 250, meaning that the combination of the various testosterone in it work better together than the sum of their parts. In this example, 1+1+1+1=5!

Another nice aspect of sostanon 250 is that it aromatizes less and gives you less water retention than other testosterone. This translates to a lower risk of gyno and will tend to not give you as much of a "puffy look" as say testosterone cypionate or enanthate would. For these reasons alone, you can see why sostanon 250 would be preferred to other steroids. It is also fairly easy to obtain on the black market and a cinch to buy in Mexico as just about every pharmacy stocks the bodybuilders friend, Sostanon 250!

Side Effects: The side effects tend to resemble other types of testosterone but it tends to not be as harsh. The typical side effects can include the following: nausea, leukopenia, symptoms resembling a peptic ulcer, acne, edema (water retention), excitation or increased aggressiveness (commonly referred to as roid rage), sleeplessness, chills, vomiting, diarrhea, hypertension, prolonged blood clotting time, increase in libido. Females had reported: menstrual irregularities, post-menopausal bleeding, swelling of the breasts, hoarseness or deepening of the voice, enlargement of the clitoris, and water retention. Men had reported: cases of impotence, chronic priapism, epididymitis, inhibition of testicular function, oligospermia, and bladder irritability. Some people that take sostanon 250 have reported "flu like" symptoms as well. These symptoms include a higher than normal fever, stomach aches, being tired, etc. These side effects tend to go away after a few days and should not deter you from your goals of gaining muscle mass!

Effective Dose: 250 - 1000 mg / weekly. Sostanon is designed to be a time released steroid though and could theoretically be taken as little as once a month since it stays active in your body for that time period, but for bodybuilding purposes, this is not practical. More commonly, bodybuilders will take between 500 - 750 mg per week for the desired effects. I have heard, and I am saying heard of people taking obscene amounts of sostanon though. I am talking about 3000 mg a week for some of these people. This is of course both stupid and wasteful, but I thought I would fill you in on the extremes.

Street Price: \$16 - 20 / preload. Can be purchased in Mexico for around \$6-7 American Dollars each.

Stacking Info: Very powerful drug which stacks with other steroids very well in a bulking cycle. Sostanon 250 is commonly taken along with anadrol 50, dianabol, deca durabolin if they are looking to "mass up". You can take with parabolan, winstol, or primobolan if you are looking for more quality muscle gains that would also tend to stay with you longer. It is not typically taken precontest as there is still some water retention associated with taking this drug.

Sustenon: (Sostenon)

This is a blend of four different steroids:

Testosterone propionate: 30mg stays active for 3-4 days

Testosterone Phenylpropionate: 60mg - 1-3 weeks

Testosterone Isocaproate: 60mg - 1-3 weeks

Testosterone decanoate: 100mg - 2-4 weeks

This is a self tapering steroid blend which gives good gains. Will give good results when used in a decrease the days cycle.

Size:**** Strength:**** Side effects:**** Dose: 1-4cc per week

Sustanon-250: (Also Durateston)

30mg testosterone propionate, 60mg testosterone phenylpropionate, 60mg testosterone isocaproate, 100mg testosterone decanoate,

Sustanon 250 is an oil-based injectable containing four different testosterone compounds: testosterone propionate, 30 mg; testosterone phenylpropionate, 60 mg; testosterone isocaproate, 60mg; and testosterone decanoate, 100 mg. The mixture of the testosterone are time-released to provide an immediate effect while still remaining active in the body for up to a month. As with other testosterone, Sustanon is an androgenic steroid with a pronounced anabolic effect. Therefore, athletes commonly use Sustanon to put on mass and size while increasing strength. However, unlike other testosterone compounds such as cypionate and enanthate, the use of Sustanon leads to less water retention and estrogenic side effects. This characteristic is extremely beneficial to bodybuilders who suffer from gynecomastia yet still seek the powerful anabolic effect of an injectable testosterone. The decreased water retention also makes Sustanon a desirable steroid for bodybuilders and athletes interested in cutting up or building a solid foundation of quality mass. Dosages of Sustanon range from 250 mg every

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other week, up to 2000 mg or more per week. These dosages seem to be the extremes. A more common dosage would range from 250 mg to 1000 mg per week. Although Sustanon remains active for up to a month, injections should be taken at least once a week to keep testosterone levels stable. A steroid novice can expect to gain about 20 pounds within a couple of months by using only 250 mg of Sustanon a week. More advanced athletes will obviously need higher dosages to obtain the desired effect. Sustanon is a fairly safe steroid, but in high dosages, some athletes may experience side effects due to an elevated estrogen level. With dosages exceeding 1000 mg a week, it is probably wise to use an antiestrogen such as Nolvadex (tamoxifen citrate) or Proviron (mesterolone). The use of Sustanon will suppress natural testosterone production, so the use of HCG (human chorionic gonadotropin) or Clomid (clomiphene citrate) may be appropriate at the end of a cycle. Sustanon 250 is a good base steroid to use in a stack.

Athletes interested in rapid size and strength gains find that Sustanon stacks extremely well with orals such as Anadrol (oxymetholone) and Dianabol (methandrostenolone). On the other hand, Sustanon also stacks well with Parabolan (trenbolone hexahydrobencylcarbonate), Masteron (drostanolone propionate), and Winstrol (stanozolol) for athletes seeking the hard, ripped look. Sustanon 250 is quite abundant on the US black market. One of the more common versions is the Russian Sustanon 250 manufactured in India. Thousands of these amps are smuggled into the East Coast of the United States where they are then made readily available to bodybuilders. Average price is around \$15-\$20 an amp, but prices as low as \$5 an amp are available to some individuals who can purchase the amps as soon as they come ashore. The Russian Sustanon comes in plastic strips of five covered with a white paper and imprinted with blue ink. More recent lots of Russia Sustanon have the expiration date printed numerous times in purple ink going lengthwise in a line across the strip of five ampules. The ampules have a white paper label imprinted with blue ink. Don't be surprised if the labels are crooked or peel off easily. The labels on Russian Sustanon are commonly glued on crooked, and should peel off, but not in one piece. Also, don't be alarmed if the amps come loose without the plastic strip. The plastic strip is often thrown away to make it easier to smuggle the amps into the country. There is little need to worry about the legitimacy of Russian Sustanon. The World Anabolic Review mentions a counterfeit with rounded corners on the label, but this fake is rarely seen on the US black market.

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Synovex-H:

Description: This product comes in a rotary cartridge that contains 10 pellets per cartridge with 5 cartridges in a box. Each pellet is 3" in length and contains 200 mgs. of testosterone propionate as well as 20 mgs. of estradiol benzoate. The estradiol is added to the product to increase size in cattle. Synovex-H is a drug intended for veterinarian use in cattle to increase weight gain and feed efficiency. The use of cattle implants has skyrocketed in recent months since steroids are becoming harder and harder for people to be able to find in different parts of the country. The unfortunate side to using this for athletic gains is that it contains estradiol which will cause big time gyno if it is left in the product and used as is. You can read further about the effects of testosterone propionate on it's page. I don't want to be redundant here. As far as side effects go, if you don't separate the estradiol from the pellets you are going to be screwed with gyno, you don't want to have. These are not the most sanitary things either. Keep in mind that these were made for animals and there is not near the precautions taken when making these as there is with medicine. The other side effects are the same as with testosterone propionate.

There is a way to remove the estradiol from the implant by doing the following:

Gather about 2-3 of the pellets together and grind them up with the back of a spoon and make the pellets into as fine of a powder as you can. Then, get 50 ml of diethyl ether (pretty easy to obtain from any chemical supplier) and mix this combination together in a bowl. You then have to let the solution evaporate allowing crystals to form in the bowl. The crystals that form at the top of the bowl contain the estradiol that you are trying to get rid of. You then need to place this solution in the freezer overnight to help aid in most of the estradiol being removed from the testosterone-ether solution. By the next morning, you will pull this solution out of the freezer and the frozen crystallized estradiol will have risen to the top of the bowl (just like bread rising in the oven, he! he!). You then would scrape or scoop the crystals off the top of the solution and get rid of them. The remaining crystal that are left at the bottom of the bowl contain the testosterone propionate that you are trying to get. Then let them air dry for a while to get the majority of the ether off the crystals. You then need to place these crystals in the oven on a low temperature to get rid of any ether that remains for a few hours and you should have left the dry testosterone propionate crystals that you need with a minimum of ether left in them. Make sure you have let them air dry first though. You don't want to blow up the house by putting a bowl of ether in the oven just because you are a little to fucking impatient to get big. Make sure that it is a electric oven as well, you definitely don't want to use a gas oven for this procedure.

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After separating the testosterone propionate from the solution, you have two choices for using this compound. One way is to use DMSO (dimethyl sulfoxide) to make the steroid transdermal meaning that it will now pass through the skin. There are a variety of forms that DMSO is available but the gel version works the best and is the easiest to use. What you want to do is grind up the crystals to as fine of a powder as you can and then mix it with one teaspoonful of DMSO and one of water and apply to the skin every 2-3 days as that is the effective time span for testosterone propionate. You can then rub this compound into your skin and wrap the area with a piece of saran wrap to help get the compound to absorb into the skin easier since it will heat it between the saran wrap and your body to aid in absorption.

The other way to take this compound is through injection. You can do this by mixing the compound with about 2 cc of oil or sterile water and injecting it that way. Even grinding up the particles as fine as you can you will have to use about an 18 gauge needle to inject this concoction. I would suggest using the DMSO method above to do this.

Effective Dose: 50 - 100 mgs. every other day. • Street Price: \$50-60 per cartridge

Stacking Info: This compound is commonly stacked with Winstrol Depot, Metandiabol or Reforvit-B, or Parabolan

Synovex:

Synovex is a veterinary implant preparation used in cattle, which contains 200mg testosterone propionate and 20 Estradiol Benzoate per 8 pellet implant. Athletes have become attracted to this product out of sheer desperation for anabolics. Here in the U.S., cattle implants as such are not controlled substances, so Synovex is often easy to purchase from Agricultural or Veterinary supply stores. An athlete will grind up these pellets and either rub them on the skin mixed with DMSO for transdermal delivery or mix up his own injection. One should remember that the practice of preparing this for injection would obviously not be very sterile and could be potentially dangerous. The added estrogen in the product is also not very welcome among athletes and can cause many unwanted side effects including severe gynecomastia. In addition to the U.S. version made by Syntex, Synovex is also available in other countries but is rarely smuggled in due to low demand.

Synthol: ("Pump n pose")

Description: Synthol is an intermuscular fatty acid that bodybuilders are now using to give increased size in small muscle groups. Gains of 1 inch in muscles like the calves, biceps, and shoulders are not unheard of. It is actually a synthetic oil that is injected right in to the muscles you want to enhance in size. The way that this product works is that it becomes encapsulated between the fascicles (bundles of muscle fibers). Upon repeated injections, a huge bolus of the oil accumulates, adding volume to the injected muscle. About 30% of the amount injected will be broken down by your enzyme system and is metabolized like a normal fat because of its unique chemical structure. It will not be stored as bodyfat but will be burned very fast as fuel. The remainder of about 70% of the substance will be encapsulated between your muscle fibers and is broken down very slowly over the course of 3 to 5 years. Dan Duchaine recently analyzed a sample of Synthol and found it contained mostly C8 fatty acids, some C10, and about 3% C12 (the C and the number relate to what length the fat is - short, medium, or long). The mixture also contained 7.5% lidocaine (a painkiller) and 7.5% benzyl alcohol. There is currently some debate on whether you can take regular MCT oil as a substitute for "the real Synthol" which costs between \$300-400 per bottle.

Because of the structure of Synthol and the fast encapsulation your enzyme system, your body has a real hard time spotting the substance and breaking it down. Supposedly if you use this product correctly you won't come down with any kind of infection or any really bad side effects. To get no detrimental effects you have to be careful about the amounts you inject the first couple of times you use the stuff, otherwise you could experience an accumulation of lymphatic fluids in your arms for a couple of days. Working out while taking Synthol is quite another story. Synthol makes it real hard at first to train because sometimes after just one set of any upper body exercise, your guns will feel pumped like after a hundred sets of any arm exercise. I have not tried this nor Esiclene, but this product is supposedly more painful than esiclene with all of the swelling that you will experience from using this compound. Esiclene was an Italian steroid that was used a lot in the '80's for causing site swelling in order to also bring up laggin bodyparts. Supposedly, not too many people can stand the pain when using Synthol for enlarging the calves, it's just so nasty.

As far as side effects are concerned, that is still up in the air. The makers of the substance say that there are really no side effects but injecting any significant amount of fatty-acid material intramuscularly can be extremely dangerous. When you jab a syringe into a muscle without any knowledge or regard to nerve distribution, you may hit a nerve and possibly cause permanent paralysis of groups of muscle fibers within that area. And besides the increased possibility of developing abscesses, there is also the possibility you might inject the fat into a vein or artery and cause serious tissue damage downstream. If this stuff is accidentally injected into a vein or artery, it could be transported into the lungs, possibly causing a "pulmonary embolism" or perhaps even into the brain, causing a "cardioembolic stroke." It's also known that injecting fatty acids into the system can lead to a condition where blood clots can develop, resulting in coronaries and strokes."

The bottom line is that you need to weigh the risks to benefits ratio for yourself and decide if it is worth it for you to get some instant gains. In my opinion, this

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would be an excellent precontest drug but for the average bodybuilder that will never compete it really is not worth the pain or cost to use. I have not used this compound and probably never will. It is just another of those things that competitive bodybuilders use to give them an edge over the competition.

Effective Dose: Start with 1ML, deep into the muscle with a 1/4 inch needle. Be sure to use sterile technique at all times. Continue at this rate for ten days. Then increase to 2ML a day for ten days. Now 3ML a day until the muscle gain stops.

Now return to 1ML a day for 30 days. Now 1ML twice a week for four weeks. Now 1ML once a week for four weeks.

The gains are now said to be permanent but I am a little leery of this..... Arms will be a good 2 inches up after three weeks and hold. After a four month break a further gain can be made by repeating the cycle.

ALWAYS DRAW BACK BEFORE DELIVERY, IF THE SYRINGE FILLS WITH BLOOD ABORT THE ATTEMPT. FAILURE TO DO SO COULD BE SEVERE. IF IT BLEEDS AFTER THE INJECTION DO NOT BE ALARMED AS THIS MEANS YOU HAVE PASSED THROUGH A VEIN, BUT NEVER DELIVER INTO ONE.

From what I have observed, the gain is not permanent but looks excellent. You have to keep the shots up once a week into each bodypart to keep the look.

Street Price: This product is now available at Mesomorphosis for \$400 per bottle. Mesomorphosis is currently one of only two select companies authorized by Chris Clark of Germany to distribute his original Pump'n Pose Posing Oil in the United States. Don't settle for ripoff copys of this product. Get the real deal today and watch those arms, shoulders, and all other bodyparts grow now!

Teslac: (testolactone) 250 mg/tab

This drug is similar in configuration to androgenic steroids but it does not exhibit any androgenic effects. Teslac is an estrogen antagonist indicated for use in women with breast cancer. Steroid users take the drug to prevent the effects of high estrogen caused by aromatising steroids. It has been found to be quite effective for many. Some prefer it to Nolvadex for preventing gynecomastia and water retention. Unfortunately it is rarely seen on the black market. It is available by prescription for some. Effective dosages are from 500mg to 1000mg per day. No side effects have been reported with dosages at this level or even higher.

Teslax: (Testosterone Propionate 20mg, Testosterone Enanthate 55mg)

This is a Spanish testosterone blend. It is used by a number of European athletes to promote size and strength gains. Average dosages were around 200-300mg weekly.

Testosterone retard teramex: (Ciclo hexame Propionate)

This is a French steroid which comes in 25mg, 100mg and 200mg per milliliter strengths. This products exhibits similar characteristics to other testosterones in terms of size and strength gains. European bodybuilders claim to get good results using this product in dose of 200-300mg per week.

Testo La:

This is a veterinarian version of Testosterone Cypionate available in 100mg/ml 10ml vials. See Testosterone Cypionate for more information.

Testosterone esters:

Testosterone is dissolved in water and various esters which determines its life span in the body. Generally, Testosterone Suspension last one day in the body, Testosterone Propionate last 3-5 days. Testosterone Cypionate last 1-3 weeks and Testosterone Enanthate last from 2-4 weeks.

Dose: Testosterone Suspension 1cc every other day, Propionate 100-200mg every 3 days, Cyponate 200-600mg/week, Enanthate 200-600mg every 10-14 days.

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Testoprim-D:

Testoprim-D is an injectable testosterone mix available in Mexico. Each ampule contains 50mg of testosterone propionate and 200mg testosterone enanthate, dissolved in 1ml oil. They are packaged individually in white and red boxes bearing black print, although when found inside the U.S. are generally sold loose. This product is not very common, which is why one may mistakenly believe it to be fake. This is in fact a legitimate product and fakes of it have not yet been seen.

Testosterone Cypionate:

Testosterone cypionate is a long acting ester of testosterone which is increasingly difficult to find. Before the scheduling of anabolics in the U.S., this was the most common form of testosterone available to athletes. Cyp had gained a reputation as being slightly stronger than enanthate and became the testosterone of choice for many. Now that anabolics are controlled, this is an almost impossible find. In general, the only versions you'll find on the black market are Sten from Mexico, which contains 75mg cyp with 25 mg propionate along with some DHEA injectable steroids, and Testex from Leo in Spain which contains 250mg cypionate in a light

resistant ampule. All versions of Upjohn and Steris in multi-dose vials should be looked at with extreme caution as they are very difficult to get on the black market. Counterfeits are quite easy to obtain. Real Steris products have the inking STAMPED into the box and the labels cannot be removed from the bottle. Any variation of that is definitely counterfeit. A running dosage of test cypionate is generally in the range of 200-600mg per week. When this was available for \$20 per 10ml bottle, many users would take a whopping 2000mg per week. This kind of dosage however, is unsafe, generally not needed and in today's day and age too costly. Should you find a legitimate American vial it would probably cost \$200+. Quite often fakes are sold for as much so be careful.

Testosterone Cypionate: 200mg/cc 10cc/vial

This is an oil based injectable form of testosterone. It is high in androgens and very highly anabolic. Cypionate aromatizes easily, like other testosterone do, making water retention a problem for many users. It is only moderately toxic to the liver but can cause a marked disturbance in the body's endogenous production of testosterone. Athletes claim that this drug produces dramatic size and strength increases. It can be stacked with a number of different steroids and yield even greater results. Cypionate is the most popular testosterone used by athletes and is still produced domestically under the brand name Depo-Testosterone and under numerous manufacturers labels with the generic name. Effective dosages for men are in the range of 1-3 ccs per week.

Testosterone Cypionate:

Description: 200 mgs. / cc. 10 cc vials. This is highly anabolic and androgenic and aromatizes easily like Anadrol. Users of this drug usually have big strength and size gains. It is moderately toxic to the liver. At higher doses all of the bad side effects are shown such as water retention, baldness, acne, aggressive behavior, etc. Active in your body for about 7 days at a time.

Effective Dose: 200 - 600 mgs. / week • Street Price: \$150 - 200 / 10 cc. vial (200 mgs. / cc.)

Stacking Info: Regularly stacked with just about everything

Testosterone Cypionate:

This is an oil based injectable in 200 mg/cc dosage. "Cyp," as it's called comes in 10 ml/vial. This is highly anabolic and androgenic and aromatizes easily like Anadrol. Users of this drug usually have big strength and size gains. It is moderately toxic to the liver. At high doses (over 400 mg per week), all of the bad side effects are exhibited including baldness, acne, aggressive behavior, etc. This drug common used.

Testosterone Enanthate:

Testosterone enanthate is currently the most popular ester of testosterone available to athletes. Unlike cypionate, enanthate is manufactured by various companies all over the world. Ampules of Testoviron from Schering are probably the most popular although many others exist. Enanthate is a long acting testosterone similar to cypionate. Injections are taken once weekly, with a dosag

Testosterone Propionate:

Testosterone propionate is a common oil-based injectable testosterone. The added propionate extends the activity of the testosterone but it is still comparatively much faster acting than other testosterone esters such as cypionate and enanthate. While cyp and enanthate are injected weekly, propionate is most commonly injected at least every third day to keep blood levels steady. For strength and muscle mass gains, this drug is quite effective. With propionate, androgenic side

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effects seem somewhat less pronounced than with the other testosterone, probably due to the fact that blood levels do not build up as high. Users often report less gyno trouble, lower water retention and commonly claim to be harder on prop than with the others. This however is still a testosterone and, as with all testosterone products, androgenic side effects are unavoidable. It should also be noted that propionate is often a very painful injection. Users very regularly report swelling and noticeable pain for days after a shot.

Testosterone Propionate: 100mg/cc 10cc or 30cc vial.

This is a fast acting oil based testosterone. It is very similar to cypionate except it is only effective in the system for about 5 days; therefore, shots are required twice a week. Propionate can be effective for size and strength gains like other testosterone and it has been associated with the usual testosterone side effects like: gynecomastia, water retention and aggression. Testosterone propionate is having somewhat of a comeback recently as it is one of the few drugs that are still manufactured in the United States. Average dosages are in the range of 200-400mg per week.

Testosterone Propionate: (Testoviron)

Description: 100 mgs. / cc. 10 cc. vials or 30 cc. vials. This is highly anabolic and androgenic and aromatizes easily like Anadrol. Users of this drug usually have big strength and size gains. It is moderately toxic to the liver. At higher doses all of the bad side effects are shown such as water retention, baldness, acne, aggressive behavior, etc. Active in your body for about 5 days at a time. Causes painful injection site.

Effective Dose: 250 - 500 mgs. / week • Street Price: \$50 / 10 cc. vial

Stacking Info: Same as testosterone cypionate

Testosterone Suspension:

Testosterone suspension is an injectable preparation containing unesterified testosterone in a water base. Among athletes, testosterone suspension has a reputation of being an extremely potent injectable, often ranked highest among the testosterone. Very fast acting, testosterone suspension will sustain elevated testosterone levels for only 2-3 days. Athletes will most commonly inject "suspension" daily, at a dosage of 50-100mg. Although this drug requires frequent injections, it will pass through a needle as fine as a 27gauge insulin. This allows users to hit smaller muscles such as delts for injections. Although this drug is very effective for building muscle mass, its side effects are also very extreme. The testosterone in this compound will convert to estrogen very quickly, and has a reputation of being the worst testosterone to use when wishing to avoid water bloat. Gynecomastia is also seen very quickly with this drug, and quite often cannot be used without an anti-estrogen. Blood pressure and kidney functions should also be looked at during heavy use.

Suspension is not a common drug outside the U.S. and Canada, so with the disappearing "real" American versions, availability has become very scarce. There are currently many fakes being circulated, with real products seen only rarely. Since this is a water based injectable, I would be very wary of using a counterfeit. It is more likely bacteria would be a problem with water based products and if the fake was not made to laboratory standards (most are not) your health could be at risk. A current popular fake matches our picture our picture of fake enanthate, and as of yet has a good reputation among those who have used it.

Testosterone Suspension: 100mg/ml 10cc or 30cc vial

This drug in injectable testosterone suspended in a water solvent. This product is one of the oldest androgens available; it was originally developed some 40 years ago. This drug has been used by athletes for decades and still has quite a following who like the fast action of the drug. Since it is in a water base, it gets in the blood in a matter of hours and has a life of around a day. This requires that the compound be administered frequently. The worst thing about this is that shots are often painful which can lead to a very uncomfortable cycle. Still, hundreds of athletes sacrifice comfort to reap its rewards which often include dramatic gains in size and strength. I know for a fact that hundreds of powerlifting records have been obtained with the help of testosterone suspension. Many championship physiques were aided by the long term use of this drug as well. Unfortunately, this drug is very hard on the system. It is high in androgens, aromatizes easily and it is hard on the liver. The prolonged use of testosterone suspension will severely suppress the natural pituitary hormone axis, resulting in serious atrophy of the testicles and infertility. Although these symptoms are reversible, many athletes find them unacceptable. Due to the large percentage of exogenous testosterone that is converted to DHT in the system, acne and male pattern baldness can result. As with other testosterone, users often find that the rapid gains increased aggression is another common side effect associated with the use for some users that it is grounds for avoiding this item altogether. Another very noticeable effect from this drug is that it can dramatically increase the sex drive when it is used in the short term, but, as with other testosterone, the long term use can lead to impotence and sexual dysfunction. It is still very popular for powerlifters to use testosterone suspension every day for the last couple weeks before a contest. This has reportedly yielded some unbelievable last minute strength increases. A few bodybuilders find that this fast-acting androgen helps harden them up prior to a bodybuilding competition. Some even take the drug the morning of a contest and claim it makes their muscles look harder and fuller. I consider this product to be in the same class as Anadrol - It yields dramatic gains in size and strength yet it has so many potential side effects that it does not

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fall into an acceptable range in terms of risk-to-benefit. (Just because I see it as an unacceptable risk, does not mean that athletes are going to stop using it.)

Average dosages of testosterone suspension have been in the range of 100mg every other day.

Testosterone Teramex: (Testosterone DC 1 Heptylate)

This is a French testosterone which is used by some European bodybuilders. It comes in 50mg, 100mg, or 250mg/ml strengths. The latter is the most popular amongst bodybuilders who claim to get fantastic results off of a single 250mg injection a week.

Tribolin 75: (Nandrolone Decanoate, Methandriol Dipropionate)

75mg/ml 10 and 20ml vials. This is a very interesting new veterinarian steroid from Australia. This looks like it would be a very good steroid for athletes. The Methandriol Dipropionate makes your resepositites more prone to take up any Anabolic steroid, so you can take less with the same results.

Tribolin: (Nandrolone Phenylpropionate)

This is a veterinarian version of Durabolan available in 10ml vials 50mg/ml.

Thiomucase:

This drug is not a steroid. It is a chemical that was originally used as a dispersing agent. When administered to an injection site, Thiomucase got the drug into the system faster. This speeds up the effectiveness of the drug. Bodybuilders have been using the drug for spot reduction of problem fatty areas. It is available in a liquid form, which is injected in small amounts right into the problem area with a small needle. Also a cream is made that can be applied to the skin over the area. Some mix the liquid with DMSO and apply it to the fatty area and report better results. Oral tablets are another form that Thiomucase is available in. These are taken several times a day for about two weeks before a contest. Most feel that the orals are not effective. Finally there is a suppository form of this medication. They are inserted twice daily for about a week before a contest. Often all of these methods are used at the same time. Most bodybuilders who used these items reported some degree of effectiveness. Occasionally the drugs worked remarkably well, or not at all. Thiomucase has been found to work best in those who are holding extra water in the fat cells due to estrogen. The drug allows as much as 20% more water to be freed from the fat cell. This can make the fatty area look much leaner. Several years ago this drug could be obtained very easily on the market, nowadays it is very hard to find.

Trisoralen: (trioxsalen) 5mg/tab 20 or 100 tab/bottle

This is a prescription drug which bodybuilders often use to enhance tanning. A deep dark tan is a precious commodity to a bodybuilder. It will make muscles look bigger and harder while giving the illusion of less body fat. Trisoralen is used for the treatment of vitiligo, which is a condition where skin pigmentation fades. This is usually what the drug is prescribed for, but doctors do prescribe it to especially pale patients who might be headed for a tropical vacation. The drug increases tolerance to solar exposure and enhances pigmentation. Trisoralen seems to act on melanin, which is what is responsible for a person's natural skin pigmentation. The drug works only if it is taken prior to sun exposure. Recommended use of the drug for accelerating tanning is outlined. The drug should not be taken for more than 14 days at a total dosage of 28 tablets. This means two tablets, 10 mg, taken two to four hours before measured periods of exposure to sun or ultraviolet radiation everyday for 14 days in a row. Trisoralen dosage should not be increased nor taken for longer than 14 days. At least 4 weeks should be taken between dosages. It does not prevent burning, it just promotes tanning. No toxicity has been reported. Nearly all bodybuilders that have used Trisoralen felt it worked to some degree. Fair skinned users seemed to get the most out of the drug. It is rarely seen on the market anymore, but many doctors will prescribe it.

Winstrol:

Winstrol is a common brand name for the drug stanozolol. Stanozolol is a 17-aa steroid, designed for oral administration but also available in injectable form. Winstrol is classified as an anabolic, exhibiting low androgenic side effects. Its' anabolic properties however are not dramatic and is often used in combination with other drugs, most commonly during cutting cycles when water and fat retention are a major concern. In the U.S., the Zambon brand name from Spain seems to be the most popular. It is supplied in 2mg tabs and 50mg water-based injectable ampules. Common dosages are 10-25mg/day orally and 25-50 mg daily injected. On the black market, tabs sell for \$1-2 each and ampules usually cost \$15-20. Obviously Winstrol can be very expensive to use. 30ml of injectable Winstrol-V (U.S. Veterinary product) is usually more cost effective but legitimate bottles are now rarely seen due to strict gov't control. There are many forms of counterfeit Winstrol, so one should be careful when purchasing this product. The Zambon tabs are pink and come 20 to a strip. The Zambon injectable ampules and American Winstrol-V have been duplicated with good accuracy. One should make sure the water and steroid separate when the vial is left out on a table for some time.

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Winstrol: (stanozolol) 50 mg/cc or 2mg/tab

This is a very popular anabolic steroid, which is a derivative of dihydrotestosterone. Winstrol is a relatively low androgenic steroid which will not aromatise. It is moderately toxic to the liver. Very few users report any water retention or any other side effects while using Winstrol. It is a popular drug for cutting in a stack with Primobolan or Parabolan. When stacked with Testosterone it can be very effective for a size and strength gain. Women use the drug quite often, but it can cause virilising effects for some women even at low dosages. Most of the muscle gains made while taking the Winstrol are retained after the drug is discontinued. The injectable veterinarian form is better than the oral. Many feel that the injectable must be administered at least twice a week: some take shots every day for better effects. Dosages range from 3 to 5 cc's per week for men, 1 to 2 cc's in women. Oral dosage is in the area of 16 to 30 mg per day for men, 4 to 8 mg for women. Winstrol is not too hard to find on the black market.

Winstrol: (Winstrol V,Winstrol Depot)

Description: Comes in two varieties (Injectable: 50 mgs. / cc.)(Oral: 2 mgs. / 100 tab bottles). Winstrol has low androgenic effects but is toxic to the liver in the oral form. The injectable form must be injected on a daily basis. Not many side effects are associated with Winstrol, and it produces mild gains. It also helps with stamina. This steroid is only available in America in the tablet form but you could trot down to Mexico and get the vet version called Winstrol V.

Effective Dose: (Injectable: 50 mgs. / ml every day)(Orals: 6 mgs. / day) • Street Price: (Injectable: \$300/30 cc vial)(Orals: \$35/100 tab bottle)

Stacking Info: Since this is a cutting drug, it is most commonly stacked with some kind of testosterone such as Sustenon 250 or Cypionate.

Winstrol: (Winstrol V,Winstrol Depot)

Stanozolol is primarily used as a cutting up drug by males and females. It promotes protein anabolism and it's low on androgen. The injectable form of Winstrol (Winstrol V in the US & Winstrol Depot in Europe) is considered by athletes to be much safer than the oral form. Tabs are 2mg and the injectable form 50mg/cc, has to be taken 2-3 times a week.

Size: * Strength: ** Side effects: ** Dose is 100-300mg/week(winstrol V,D), 40-50mg/day(oral)

Winstrol:

This drug comes in tablet form (2 mg) or a water-based injectable form (50 mg/cc). Winstrol has low androgenic effects but is toxic to the liver in the oral form. The injectable form must be injected on a daily basis. Not many side-effects are associated with Winstrol, and it produces mild gains. It also helps with stamina. Ben Johnson used Winstrol-V (Stanozolol) the injectable veterinary form.

STERIOD RANKING CHART

CHAPTER 14

| | STRENGTH GAINS | MASS & WEIGHT GAIN | FAT BURNING | TEST. STIMULATION | CONTEST PREP | APPETITE SUPPRESSION | ANTI ESTROGEN | SIDE EFFECTS | COST | ABILITY TO KEEP GAINS |
|--------------------|----------------|--------------------|-------------|-------------------|--------------|----------------------|---------------|--------------|------|-----------------------|
| Aldactone | - | - | - | 9 | - | - | 8 | 4 | - | - |
| Anadrol | 10 | 10 | - | 5 | - | - | 9 | 5 | 1 | - |
| Anavar | 7 | 4 | - | 6 | 2 | - | 1 | 9 | 9 | - |
| Androil | 2 | 2 | - | - | - | - | 1 | 7 | 8 | - |
| Arimidex | - | - | - | 9 | 10 | 3 | 9 | - | - | - |
| Catapres | 2 | 2 | - | - | - | - | 8 | 6 | - | - |
| Cheque Drops | 2 | - | - | - | - | - | 10 | 8 | - | - |
| Clenbuterol | 1 | 1 | 5 | 9 | 8 | - | 3 | 2 | 1 | - |
| Clomid | 1 | - | - | 8 | 8 | - | 7 | 3 | 6 | 1 |
| Cyclofenil | 1 | 1 | - | 7 | 5 | - | 6 | 2 | 3 | 1 |
| Cytadren | - | - | - | - | - | - | 9 | 8 | 7 | - |
| Cytomel | - | - | 7 | 4 | 8 | - | 8 | 1 | - | - |
| Deca Durabolin | 6 | 6 | - | 5 | - | - | 4 | 5 | 8 | - |
| Dianabol | 9 | 9 | - | - | - | - | 6 | 2 | 3 | - |
| DNP | - | - | 10 | 4 | 4 | - | 10 | 5 | - | - |
| Durabolan | 6 | 6 | - | - | - | - | 4 | 4 | 9 | - |
| Dynabolan | 6.5 | 6.5 | - | 5 | - | - | 3 | 7 | 8 | - |
| EPO | - | - | - | - | - | - | 10 | 7 | - | - |
| Ephedrine | - | - | 6 | 8 | 8 | - | 6 | 1 | - | - |
| Equipoise | 5.5 | 5.5 | - | 6 | - | - | 4 | 5 | 8 | - |
| Esiclene | - | - | - | 7 | - | - | 6 | 8 | 1 | - |
| Finaplix | 10 | 10 | - | 7 | - | - | 9 | 6 | 4 | - |
| GHB | - | - | 3 | 2 | - | - | 2 | 2 | - | - |
| Glucophage | - | - | - | 6 | - | - | 6 | 2 | - | - |
| Growth Hormone | 8 | 8 | 8 | 10 | - | - | 4 | 10 | 9.5 | - |
| Halotestin | 4.5 | 3 | - | 9 | - | - | 9 | 5 | 2 | - |
| HCG | - | - | - | 10 | - | - | 4 | 4 | - | - |
| Insulin | 7 | 7 | 3 | 8 | - | - | 10 | 2 | 7 | - |
| Lasix | - | - | - | 10 | - | - | 9 | 7 | - | - |
| Laurabolin | 5 | 6 | - | - | - | 4 | 6 | 9 | - | - |
| Masteron | 6 | 6 | - | 10 | - | 2 | 2 | 8 | 8 | - |
| Methyltestosterone | 7 | 7 | - | - | - | - | 10 | 8 | 2 | - |
| Nolvadex | - | - | 3 | - | - | 6 | 3 | 4 | 1 | - |
| Norandren 50 | 6 | 6 | - | - | - | - | 4 | 4 | 8 | - |
| Nubain | - | - | - | 6 | - | 8 | - | - | - | - |
| Omnadren 250 | 8 | 8 | - | - | - | - | 5 | 3 | 6 | - |
| Parabolan | 9 | 9 | 2 | 10 | - | - | 8 | 9 | 6.5 | - |
| Phenformin | - | - | 4 | 6 | - | - | 10 | 4 | - | - |
| Primobolan Depot | 5.5 | 5.5 | - | 10 | - | - | 4 | 8 | 10 | - |
| Primobolan Tablets | 3.5 | 3.5 | - | 8 | - | - | 4 | 4 | 7.5 | - |
| Primoteston Depot | 8 | 8 | - | - | - | - | 4 | 1 | 4 | - |
| Proviron | - | - | - | 8 | - | - | 6 | 6 | - | - |
| Ralgrow | 1 | 0 | - | - | - | - | 10 | 6 | 4 | - |
| Sostanon 250 | 8 | 8 | - | - | - | - | 5 | 4 | 6 | - |
| Sten | 6 | 6 | - | - | - | - | 6 | 2 | 5 | - |
| Synovex | 6 | 6 | - | - | - | - | 6 | 6 | 4 | - |
| Synthol | - | - | - | 8 | - | - | 8 | 10 | 2 | - |
| Teslac | 1 | 1 | - | 5 | 9 | - | 10 | 2 | 10 | 1 |
| Test. Cypionate | 8 | 8 | - | - | - | - | 6 | 4 | 3 | - |
| Test. Enanthate | 7 | 7 | - | - | - | - | 6 | 4 | 4 | - |
| Test. Propionate | 8 | 6 | - | - | - | - | 4 | 4 | 2 | - |
| Test. Suspension | 10 | 10 | - | - | - | - | 6 | 4 | 1 | - |
| Test. Theramex | 9 | 9 | - | - | - | - | 5 | 5 | 5 | - |
| Winstrol Depot | 4 | 3 | - | 9 | - | - | 2 | 8 | 9 | - |
| Winstrol Tablets | 2.5 | 2 | - | 9 | - | - | 3 | 8 | 9 | - |

HOW TO INJECT

CHAPTER 15

There are three areas where steroids are the easiest and safest to inject. They are the glutes, delts, and thighs. The glutes are the easiest and safest out of the three, so we will explain injection procedures for the glutes. The injection procedure will be explained in easy to understand writing.

When injecting into the glute, divide one of the glutes into four equal quadrants, you are aiming at the top outer most quadrant. Now in more detail, it should be 2-3 inches below the iliac crest. Iliac crest, the top of the pelvic girdle on the posterior (back) side. You can find this area by feeling the uppermost bony area above each cheek. This area has few nerves and blood vessels. Below is a picture of how the glute can be divided into four areas. The darkest area is a more accurate area of where you would like to inject.

Needles. When getting needles there are two types of needles, oil based and water based, make sure you get the right one. An example of a needle is 22 gauge 1 1/2", the higher the number in front, the skinnier the needle is, the lower, the thicker, or duller the needle is. The second number after the word "gauge" is how long the pin is. You want at least an inch thick so it goes deep inside the muscle.

First things first, make sure you have the right drug, and you know what dosage you are going to take. First off we'll use the vial (bottle with rubber top). Everyone should use all precautions, just to be safe. It is recommended that the person taking the injection showers before the shot. It is easier to get a friend to help as well. After the shower, both persons should wash their hands with soap and water.

After everything is ready, clean the injection site using a cotton swab dipped in alcohol. Then do the same with a new swab at the top of the vial, where the needle will be inserted. Take the needle out of the wrapper, draw the needle full of air (pull the handle back all the way), insert it into the vial, push the air into the vial, turn the needle and vial upside down (the bottle should be facing down, and the needle facing up), and pull back the needle to the required amount. I first expect it just to quickly run into the needle but it takes a little time. Add about 1/4 cc to the amount, so if you want 2 ccs, take up 2 1/4 ccs, because of the bubbles. Next take a new syringe, remove it from the plastic, unscrew the pin, and switch it with the pin from the syringe with the steroid in it. Take the needle out of the bottle, keep it facing up, and tap the plastic part of the syringe, to get all the little bubbles out. When all the air is towards the pin (metal part), start pushing the syringe so the air comes out of the needle, you will see the air rise to the top, don't stop until a few little drops of the drug run down the pin. It tells you the air is out, and it gives lubrication. Reswab the injection site, make sure you know where it is, and slowly insert the needle like a dart. After the needle is in deep, pull back on the needle (like drawing air into the needle) without removing any of the needle from the body, pull it out about 1/2 cc, this is to make sure it doesn't fill with blood, if it fills with blood it means it is inserted into a blood vessel. If no blood is present, you should see a bubble, then push the needle, so the liquid is injected inside the body. Do this slowly, then after the liquid is in, remove the needle, and apply a cotton swab. Massage the injection site with the swab on for a few minutes to minimize soreness. Dispose of all waste into a safe place.

If you have a glass amp instead of a vial, the procedure is similar except for the opening of the glass ampule. There might be a noticeable line on the glass, with a file or knife, cut around the glass, making a cut all the way around. Place a cloth over the ampule, and make a quick, spinning snapping motion and twist the top off. Some users use the end of a pen cap, and place it over the top of the amp when they snap it off.

Why Take Steroids?

Why do athletes take steroids? Almost all steroid users are taking steroids because they believe it is the only way to develop muscle and strength. Further more, almost all bodybuilders are taking steroids because they want to get as much strength and size as they possibly can. In my own opinion, society today makes people think that to produce muscle and size, steroid use is mandatory. That is not the case, with hard work and determination, anything is possible, but who wants that when you can pretty much triple your size using steroids. Steroid is a drug, and like other drugs, people take them to escape reality, and they enjoy what the drug does for them. I feel steroid is the same case. Steroid users like what the drug has done for their size and strength, and it has taken them away from their original, smaller body. Anyone caught using steroids, the public sees these people as cheaters and are people who have the lack of doing something "the hard way." Steroid users work hard, they work extremely hard, even as much as any regular athlete that trains. Users take steroids for help, and for steroids to work, the athlete must go through a great deal of weight training.

In today's world, people enjoy entertainment and people want to win. Athletes are willing to do whatever it takes to win. Sports today has come a long way since the beginning, and records are being broken everyday. Steroids have taken sports to new levels, and it will only continue to be on the rise. Face it, there are several players in the National Football League that got to the NFL using steroids, and several still probably are some how. Teenagers are using steroids more than ever today, and this is becoming a big problem in the world. There are few teenagers that really know enough knowledge on steroids, and there are several teenagers making careless mistakes while taking them. The following is by W. Nathaniel Phillips:

HOW TO INJECT

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"In my observations, there are two main sub groups of steroid users which can be differentiated primarily by age. Group 1 users fall below the mean age of the steroid using population. They are usually in their tens and twenties. These users typically perceive dybuilding and steroid use to be a way to attract attention. They are very affixed to the notion that if they obtain one of these incredible physiques, their life will be richer and they will be more popular and successful."

If you told a youth about to take steroids that if he takes steroids he might die at the age of 35 instead of 55, he will probably choose the steroids. What kid would give up the chance to make millions in a pro career doing what they want, but might die a bit earlier than expected? For this reason, it is hard for parents and educators to make a youth turn down steroids.

Group 2 is involving users in their 30's, 40's, and over. Phillips said:

"This group, Group 2, is comprised of individuals with very different motives than Group 1. Group 2's motives for using steroids tend to be much more intra-personal. These users are typically more onscious of health risks and therefore use the drugs more prudently. Many of these users are searching for some type of rejuvenation."

These steroid users usually aren't planning on being as big or as strong as they can, but to improve there physical feature for them self. They usually aren't planning on entering "Mr. Olympia" or even a competitive bodybuilder.

Steroid Detection Times

This list was borrowed from [The Anabolic World](#). These detection times were taken from different sources. This table if for informational purposes only, neither this website or The Anabolic World are held responsible if you are caught on a drug test. This isn't medical advice, only information gathered from various sources.

| | | |
|--------------------------------|---|---|
| 18 months nandrolone decanoate | 12 months nandrolone phenylpropionate | 5 months boldenone undecylate |
| | metehenolone enanthate | |
| | trenbolone | |
| | trenbolone acetate | |
| injectable methandienone | 3 months testosterone-mix (Sustanon & Omnadren) | |
| | testosterone enanthate | |
| testosterone cypionate | 2 months oxymetholone | |
| | fluoxymesterone | |
| | injectabel stanozolol | |
| | formebolone | |
| drostanolone propionate | 5 weeks methandienone | |
| | mesterolone | |
| | ethylestrenole | |
| | noretadrolone | 3 weeks oxandrolone |
| oral stanozolol | 2 weeks testosterone propionate | 1 weeks testosterone undecanoate |
| | 4 days clenbuterol | This list if for steroid detection times. Drug detection times. Drug testing. Drug tests. |

MISTAKES Common Mistakes People Make

1. Using Excessive Dosages

When taking steroids, the more you take is not always the best way to go. Taking excessive dosages has become a huge problem with steroids today. It isn't only dangerous, but studies have shown it to be ineffective. The body can only use a limited amount of the steroid so the extra is turned into estrogen by the body.

2. Stayin On Steroids Too Long

In several cases, steroid users avoid waring signs telling them not to go on a cycle more than 8 to 12 weeks without an off period. If an off period is not taken, there is a higher chance for the negative effects of steroids to occur. If there is no off period the body does not have a chance to recover from the steroids, so more damage is done. This also is terrible for the kidneys and liver.

3. Eating Poorly

Many people ignore magazines and educators that explain eating as being an important asset to growing, but the truth is, eating healthy has a big effect on the body. When on steroids the user must consume between 4000 and 7000 calories a day, not meaning eat only fat foods. The diet must be high in calories and protein, but low in fat.

4. Training Incorrectly

When on steroids the training must be intense and difficult. Instead of the usual weight that suits you, you must do excess weight and strenuous work for the best gains. The workout should involve the maximum weight possible, and make progress each time.

5. Not Getting Regular Blood Tests

Steroids are very dangerous and can cause great problems. Blood tests should be done often and regularly. When steroids are first taken many tests become elevated but will return to normal with in a few weeks. During the off period tests should also be done to make sure the body is recovering properly. If there is a problem with the Blood test, consult a doctor that you can trust.

PROCEDURE FOR INJECTION

CHAPTER 15

6. Using The Wrong Steroids

Many athletes will increase their chances of getting negative effects when they take the wrong steroids. The strongest steroids that build more muscle mass, have the most side effects. These drugs should be avoided if possible, unless there is a reason to have an unbelievable gain. But these drugs are very toxic and I would recommend not taking them.

7. Using Counterfeits

Counterfeit steroids are a bigger problem than you would believe, there are more counterfeit steroids in the market than you would think. These steroids offer no positive gains, and some give the side effects of real steroids. Taking counterfeit steroids is like injecting poison into your body, bad effects nothing positive.

Procedure for Intramuscular Injection of Hormone in Oil

If you are very sensitive to pain, obtain 2 new needles for each administration: 1 to fill the syringe (18-22 gauge), and another for the injection (22 gauge). That way the injection needle will be entirely sharp. Be careful not to drag the injection needle across anything, even skin, before the injection, because that will dull it.

If you are fairly tolerant of pain, or cannot afford 2 needles for each injection, then use the same new needle (22 gauge) to fill the syringe as to make the injection. Do not under any circumstances reuse needles between injection periods, or between different people.

Warm the vial (ampule) between your hands for a moment to help the oil flow more freely.

Cleanse the top of the vial and the area for injection with a swipe of povidone-iodine (10%), or if you cannot obtain that, use rubbing alcohol (95-99%) or hydrogen peroxide (3-5%).

The best intramuscular injection sites are the upper outer quadrant of the buttock, or upper outer thigh. Either is fine, as long as you are hitting at least two inches of fat and muscle, not bone or an artery.

Securely mount the drawing needle on the syringe, then if you are using a rubber-corked vial, pull back the plunger about 1/4-1/3 cc farther than the intended injection amount (e.g., if you intend to inject 1 cc, then draw back 1 1/4 - 1 1/3 cc of air).

With the vial right-side-up, insert the needle in the top, such that the needle end is in the bottle air, but not the oil. Inject all of the air from the syringe into the vial.

Be sure the needle end is in oil (not air, and not bumping against the glass), then slowly but firmly draw back the plunger until you have a bit more than the injection amount. You will probably see some small air bubbles; that is normal. Inject the extra solution, along with the top bubble, back into the vial. If you have a rubber-corked vial, this is easiest if the vial is upside-down.

Withdraw the needle (still needle up), then set the vial down. If you are using a second needle for the injection, swap needles now. Make sure the injection needle is securely fastened (usually a twist-on).

With the injection needle pointed up, tap the syringe and very slowly squeeze out the final bubbles. You might lose a bit of the solution, but it is important to be patient amount removing all of the significant bubbles (however, you need not worry about the suspended bubbles which are so tiny as to be nearly invisible).

If you need to change position to make the injection, put the protective cover on over the needle so you can set it down. Some people find it easiest to stand; others prefer to lay on their stomach if the buttock is target. If possible, have someone you trust make the actual injection; it is much easier that way.

Uncover the needle, grasp the outside of the syringe firmly (finger off the plunger), place the needle against your skin, perpendicular, then bravely push straight in (no bending at all) to a depth of roughly 2 1/2 - 3 1/2 cm, (1 - 1 1/3 inches). There should not be much pain past the initial prick. Once the needle is in, try not to shift your weight around or flinch such that the muscles there would move.

Still holding the outside of the syringe, pull back the plunger to be sure you did not hit a significant blood vessel. If you see no blood in the syringe, then very slowly but firmly depress the plunger. If you do see blood, then withdraw the needle, apply pressure to the site for a minute, then [optionally install a new needle and] try again a few centimeters away, or on the opposite side of your body.

Remove the needle from your body, replace the protective cover, and dispose of that part into a sharps container, or at least a container of strong composition that cannot be punctured by the used needles.

It is normal for there to be slight oozing of blood and/or oil from the injection site (and a small bruise later), given the large needle gauge. If it oozes for more than a few seconds, apply pressure for a minute. If you are the extraordinarily tidy type, you can also place a dot bandaid over it, but it is not really necessary.

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This tends to be an important subject ignored by a few bodybuilders, let me just say that if you inject incorrectly you risk one of the following things:-

1. A broken needle in the flesh, difficult to remove and may need minor surgery.
2. An infection or boil at the injection site. If ignored the infection will spread and may infect your bloodstream.
3. Death by injection of an oily substance going around your blood stream until it causes failure of a major organ like the heart, or brain. If your lucky (or unlucky) you might get away with a stroke!!!

Its an easily learned technique and with care and attention you will accomplish it easily and without pain and bruising.

Another piece of information you may find useful is that oral steroids work more quickly than injected steroids, but on the whole cause greater harm to the liver.

Preparation is the key to successful injection, Have everything ready and laid out on a firm clean surface next to you. Choose your injection site, its no good sitting or standing there with a syringe full of juice waving a two inch needle around wondering where your going to stick it.

You will need the following

1. A syringe (large enough to hold whatever it is you are injecting yes you can mix shots, why take two shots when one will do the trick).
2. Two needles preferably two greens, but for the squeamish a green and a blue.
3. Two swabs opened and ready for use (if you don't bother swabbing, and many don't at least wash or shower first and make sure your hands are clean).
4. The juice (wash the outside of the container first)
5. You may find a beaker of warm water useful to warm up the amps this makes those with an oil base flow easier.
6. A small nail file

Warning: Some amps will not break cleanly, this is where the nail file comes in. Saw around the neck of the ampoule a few times until it is scored, then it will break evenly. Sometimes its wise to hold the amp with a piece of clean cloth or tissue, if the top breaks when you try to open it your fingers may be cut by the broken glass.

When you are fully prepared fit one of the needles (a green) to the syringe, open the amp(s) and draw up the fluid. Shake then tap the syringe and expel any excess air through the needle.

Change the needle to your other one. (many people don't bother they use the same needle to inject as they draw up with.

Swab the area to be injected

Present the needle at right angles to the injection site and push it right in. Do not jab.

Draw back on the plunger (this will save your life), if any blood enters the syringe withdraw the needle and choose a slightly different site and repeat the process. (blood in the syringe may indicate that it has entered a vein or artery, if you inject there.....)

If all is well push the plunger firmly, but smoothly, home. Remove the needle from your flesh and swab, rub the injection site gently to assist in distributing the medication. If the injection site bleeds a little you have gone through a blood vessel or vein, this is ok as long as you haven't injected into one.

That's it clean up after yourself dispose of your used equipment safely.

- 1) Always use a new needle and syringe for each injection. Green capped needles are best for the buttock, blue ones for the thigh.

(Don't know if you have the same colours in the USA).

- 2) Steroids are injected into a muscle - normally the buttock or thigh. Never inject steroids into a vein.

- 3) Never share needles, syringes or multi-use vials.

- 4) Don't inject more than 2mls of fluid into one muscle area at a time.

- 5) Dispose of used needles and syringes in a sharps bin and return them to your needle exchange.

- 6) Only insert the needle three quarters (3/4) of the way into the muscle so it can be removed easier if it snaps. If you don't insert the needle far enough into the muscle and then inject a steroid you could cause an abscess!

- 7) If you feel a hard lump in a muscle where you inject - use another site.

- 8) If you have any concerns about your health then contact / visit your General Practitioner.

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Ok - here's how :-

- 1) Choose your injection site. The gluteal muscle (the buttock) is the best.
- 2) With a clean needle and syringe, draw up the steroid.
- 3) Make sure there is no air left in the syringe. Flick the syringe and press the plunger until a drop appears.
- 4) Remove clothing from injection site.
- 5) Wipe site with a swab or soapy water.
- 6) Stretch skin of the injection site with your finger and thumb.
- 7) Hold the syringe like a dart and quickly jab the needle into the skin at a right angle (practice on an orange).
- 8) Release the skin.
- 9) Pull back the plunger, if there is no blood, slowly press in the plunger.
- 10) If blood is drawn into the syringe - STOP - remove the needle quickly and press hard on the site until the bleeding stops. Use another site for the injection.
- 11) After injecting, remove the needle and press onto the site with a swab for ten seconds and massage slowly to disperse the drug.
- 12) Dispose of needle and syringe responsibly - IN A SHARPS BIN.

If injections are not done properly, infections or abscesses can occur at the injection site. They may be caused by not cleaning the area properly before injecting or by using secondhand needles and syringes - this allows bacteria to enter the site. An abscess can also be caused by a steroid (fluid) not fully dispersing from the injection site. This occurs mainly in athletes who inject too much in one go or who don't insert the needle far enough into the muscle.

Symptoms - Pain or burning at the injection site. Hard lump(s) at the injection site.

Treatment - See your G.P. Use another injection site.

Prevention - Don't use the same site more than twice a week. Only use small volume injections - 1ml or 2ml per muscle area. Alternate injection sites for every injection.