

ULTIMATE GUIDE TO ROIDS

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**THE ANABOLIC STEROID HANDBOOK - ALL THE INFORMATION ON ALL THE PED'S MADE
APPLICABLE TO THE NOVICE USER**

FOREWORD:

I started using performance enhancing drugs and anabolic steroids because I realized that building a powerful physically dominating body would give me certain advantages in life and within society. I was correct. Mere months after beginning my use of PED's I gained newfound respect and even admiration from strangers, friends, and acquaintances. It was a new kind of respect that I had never experienced before. My life changed. If you already use steroids you remember when this happened for you too.

Physical size is a trait that to those who possess it, it can take them far in life. Physical stature in males is a huge advantage in all areas; business, women, leadership of men, having a big visibly powerful body just changes things. Close your eyes, and imagine what your life would be like with big roided up ripped muscles. If you were not born tall, you can get big muscles, develop imposing physical stature and gain access to advantages that normally only tall men in society are experiencing. If you are already tall, then you can overcome your natural skinniness by using gear to become muscular and massive amongst all men.

The reason larger humans have an advantage in society is biological evolutionary programming. In prehistoric times it was smart to show respect to large powerful people for a number of reasons. Those larger more powerful people could offer greater protection to others, they had a greater ability to take what they needed when resources were scarce. Big Muscular cavemen had a greater ability to fight off predators and other males, they were more resilient and could take more physical abuse before being killed than average size people could. In the wild, Larger humans were natural born leaders over their smaller counterparts. This doesn't mean that small humans cannot be leaders, it simply means that being small and weak is a disadvantage to accumulating power and authority.

When I was in my mid 20's I made a decision that I would stand by for the rest of my life. I decided that in order to obtain the life story that I want, I am going to have to take every advantage I can get. Using performance enhancing drugs and therefore having rare size and strength was one of the advantages that manifested it's benefits almost immediately, permeating nearly all aspects of my life.

Before I started using anabolic drugs to build my body up past what it could be

built up naturally, I had been fascinated by them for years. I intensely studied them from all angles for 7 years before I ever used them. Nevertheless, before my first injection I was scared shitless. Soon after I started using steroids, I learned that all the studying and knowledge I had in my head would not be able to save me from the utter confusion and problems with side effects I encountered upon using them. What I learned from this introductory experience with steroids was that all I knew was theory. During my first few steroid cycles I had no experience with PRACTICAL application of the drugs. I thought that I knew everything there was to know about them before I started. I was so wrong. I had to be humbled by experiencing for myself that without actually personally using steroids, I had no idea what they did in the real world. You will not obtain the information you need to use steroids effectively and with minimum risk by 'studying them'. Experience is invaluable. Experience is king in life. You won't learn what you need to know by reading what steroids do on paper, not by going over scientific studies, or by browsing forum posts by anonymous people using silly avatars and screen names to identify themselves. What I needed was guidance from someone who had been there and done that. I needed guidance from someone whose face and physique I could see. I needed guidance from someone who I could hear speak on video. I needed guidance from a real expert who had studied the hell out of steroids, had used them for years, and could translate their personal experiences and knowledge into usable information that I could apply to my own steroid use safely and effectively. So many people are afraid of anabolic steroids and PED's and that is because there is so much mystery shrouding them. You just don't know what to believe!

I wrote this book to end that problem. This is the book I would have bought if it was available to me when I decided I was going to start using steroids. This book provides the real life information about Anabolic Steroids that you need in order to know what you're getting yourself into. It contains the information required to use steroids effectively and safely while getting the maximum benefit to the performance and appearance of your body. Everyone reacts so differently to bodybuilding drugs. Different people get different steroid effects and side effects. Performance enhancing drugs vary massively in their effects between different individuals. This book provides the real life information that you are going to need when you encounter side effects. A little known truth of steroid use is that

negative sexual side effects are very common. I am not afraid to talk about these issues and will arm you with the knowledge you need to stay ready to plow your woman at all times on cycle and off cycle. When the time comes that you need someone you can trust, someone who has 'been there and done that' to help you know what to do to deal with steroid side effects, this book is going to be your best friend.

of special note

***Using Site Enhancement is not bodybuilding. It's disgraceful. It's the equivalent of putting on makeup. Site Enhancement is the definition of "All Show and No Go". If you're doing it already, just stop. Let's value integrity at a premium going forward.

***The book contains the information you will need if you choose to stop using steroids, and wish to return safely and comfortably to the life of a natural. You will learn in detail the mechanisms controlling your fertility and how to restore it. I explain this in layman's terms. I've been studying steroids and performance enhancing drugs for 13 years. I have a serious grasp on the subject matters in this book. I explain them in my own words in a way that is designed to maximize simplicity and get directly to the point. Reading this book cover to cover will arm you with 100% of the essential information on PED's. The information is explained in a way so clearly that even a child could follow along and discuss the topics after finishing the book. You will not need to be a scientist or study nerd to understand and internalize the concepts of steroid and performance enhancing drugs use as described in this book. My very purpose in writing this text was to finally end the CONFUSION and explain anabolic steroids use in 'layman's terms'.

Get Ready.

You are about to be informed comprehensively of EXACTLY what it is like to use steroids in real life with total honesty, no exaggeration, and no leaving anything out. This is the #1 AND ONLY BOOK you will ever need to read on anabolic steroids and performance enhancing drugs.

Use this information wisely.

- Your Friend, Dan the Bodybuilder from Thailand

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WHAT ARE STEROIDS?

"Steroids" are a shortened version of the word sex-steroid. Sex-steroids are chemicals derived from the cholesterol molecule that have masculinizing or feminizing effects in the human body. Some examples of natural steroids produced inside all humans are testosterone, dihydrotestosterone, estrogen, and progesterone.

In Mainstream culture, what most people think of when they hear the word 'Steroids' is synthetic Anabolic/Androgenic Steroids based off of the testosterone molecule. Anabolic Androgenic Steroids are hormones based on natural testosterone that cause masculinization and increased muscle bulk to the bodies of mammals. (From this point forward we will abbreviate anabolic androgenic steroids as 'AAS')

AAS causes your DNA to express itself slightly differently. AAS doesn't change your DNA, but it interacts with the androgen receptor outside the nucleus of each cell in the body to emphasize a man's natural masculine characteristics.

Testosterone was discovered the first few years of the 1930's. Almost immediately after testosterone was isolated and its chemical structure known, scientists began making small tweaks to the testosterone molecule to produce new hormones structurally similar to testosterone but with slightly different effects. The resulting new hormones became the Synthetic AAS (such as dianabol, deca, trenbolone, anadrol, winstrol etc.) They are simply steroid hormones based off of testosterone with slight tweaks to the molecule for the purpose of emphasizing desirable characteristics like muscle building, while simultaneously trying to deemphasize unwanted effects like excessive masculinization.

The results are horrific when females utilize AAS. They are literally transforming themselves into men. Their clitoris grows into a small penis like organ. The first side effect that comes to women who use anavar is their clitoris starts to swell and burn and itch within the first week. If they stop right away it usually goes away, but it's never the same as it was before. Steroids go straight for the clitoris lol. This sounds like a joke, but I'm serious. This happens even with mild steroids such as Anavar and SARMS like Ostarine. It's the first thing girls notice and it only takes a few days after starting for them to realize their private parts are

growing, they're going to have a huge pussy. If a woman takes steroids long term, then the progressive nature of a her genital transformation proceeds as the labia lips of their vagina becomes more rough in texture. The lips grow longer and more flapping to resemble a scrotum. If you want to see an example of this google image search "Denise Masino Pussy". On steroids, women's skin becomes rough, their voices start to crack and deepen like a boy in puberty. They grow facial hair as well as dark body hair all over their chest, nipples, stomach, arms, lower backs and anuses. Women's faces become grossly disfigured in response to extended AAS use. Their faces gain muscles around the jaw and skull and they develop strong brow ridges. Visible chewing muscles appear to the sides of their eye sockets and the bones of their forehead. The actual bone of their jaw grows longer. They start to resemble cave women and look out of place when not seen carrying a wooden club around with them at all times....Meet the Flinstones, "WILMA? BAM! BAM! Fred... I don't care what gym rats say! once a woman has got one of those 'things' between her legs, that's nasty!"

Sounds mental right? Yes, it is completely fucking mental, they're doing to themselves in the name of bodybuilding the very same thing that a doctor at a transsexual hormone clinic would do to them. Some argue that they are special or use low dosages and don't get side masculinizing effects. I don't understand what they're talking about though, because I see side effects on every girl who uses steroids. It seems to be a question of how much side permanent side effects can the woman accept? Rather than 'try to prevent any side effects'. I'm trying to say it's more of a given that women who take steroids will have some kind of permanent side effects. It's up to the woman to decide how far she is willing to let this go in the name of bodybuilding. There is a certain aesthetic to the androgenized female physique that some people appreciate.

A similar thing would happen to you as a man if you ingested female sex steroids such as birth control pills. You would start growing breasts under your male nipples, you would start to acquire female fat deposits on your hips and waist, your skin would get soft and silky like a woman's, your penis would hide like a turtle inside you and you would not be able to get a proper erection.

Anabolic Steroid use in women is so sad. I'm going to say this one time and one time only. AAS are not to be utilized by women. Give her clenbuterol instead.

CHAPTER 2: TESTOSTERONE

Testosterone was isolated and produced by scientists for the first time in 1935. It is the bio-identical male hormone and present in all male mammals. Testosterone is the main natural muscle building hormone in men, however a metabolite from testosterone called 'dihydrotestosterone' is the most potent natural male hormone. Dihydrotestosterone or 'DHT' is created naturally in your body when testosterone is present (synthetic testosterone or natural). DHT is created when an enzyme in the body called 5-alpha reductase interacts with the testosterone molecule and transforms it into DHT. DHT is not active in muscle and does not build muscle but is very active in other tissue. Dihydrotestosterone is especially active in the brain and penis, it's the hormone that gives you the big sexual appetite. DHT is deactivated in muscle tissue by an enzyme residing there, so it doesn't build muscle. It's a masculinizing hormone only, it is an extremely potent male hormone but is not muscle building. DHT is as potent in non-muscle tissue as the synthetic steroid Trenbolone. DHT is responsible for male secondary sex characteristics like deep voice and body hair/beard growth, and losing your hair if you are genetically predisposed to that.

Some testosterone in the body is transformed into the female hormone estrogen by an enzyme called 'aromatase'. When your testosterone levels get high, the aromatase enzyme is manufactured in your fat cells and sent to your blood stream to get rid of extra testosterone by transforming it into estrogen and balancing out the ratio of testosterone to estrogen in the body. We obviously don't want this, which is why when using testosterone injections, it is essential to use an aromatase enzyme inhibitor also known as an AI or anti estrogen tablet. Some forgo this crucial necessity, or think it makes them weaker to take an AI. However it is bad for your health to have estrogen out of normal age, it is wise to keep it suppressed by taking an AI.

Commonly 500mg testosterone enanthate is recommended as a first cycle for beginners. I think that's a decent cycle but to get the effect of 'being on steroids' I would suggest taking one more milliliter per week to make it 750mg total. Low dose testosterone injections at around 250mg per week is great to stack with an oral steroid to look really hard and lean. The higher you raise the testosterone the better other steroids seem to work. Testosterone works synergistically with more

or less every other steroid. Typical testosterone dosages range from 250mg per week up to 2500mg (one vial) per week. 2500mg is a lot and will make you feel like shit. I did it one week as an experiment. I shot 10ml of bayer testoviron in one sitting. For the next week I had high blood pressure headaches, night sweats and chills, severe mood swings, and generally felt sick. In my experience anymore testosterone than 1500mg per week will start to have side effects that will be very negative. Some guys actually take recreational drugs alongside their steroids to deal with this. Some pros and other massive guys on 5000mg+ of steroids per week take opioid pain pills and other recreational drugs on a regular basis to deal with the side effects of those psychotic steroid dosages. There is a cost to steroid use. Remember, to be smart, use this tool you are learning about to optimize your hormones. Make sensible dosage choices. Experimenting with dosages up to 5ml or 1250mg of testosterone enanthate per week is generally reasonable, and many gym rats experiment with similar dosages. It's a good idea to cap the experimentation there, if you keep going up you'll typically start experiencing side effects that will make you want to stop. Generally, to be one of the biggest guys in most gyms, you will need to work up to consistently doing steroid cycles with 1500mg-2000mg total steroids per week. If you add up the milligrams of testosterone and all other steroids you are taking and it sits at around 1500mg-2000mg total steroids per week, then your muscle building metabolism generally will be at full throttle.

Most steroid cycles without the inclusion of at least 250mg of testosterone per week are a disappointment. This is because testosterone performs many biological necessities and has performance enhancing effects that other steroids inherently lack. Testosterone breaks down into many hormonal metabolites, and those metabolites are also steroid molecules that exert physiological and performance enhancing effects throughout the mind and body. One blatant example of these effects is seen when you introduce testosterone to a steroid cycle that previously did not include any. A steroid user currently on cycle without the inclusion of testosterone will instantly become bigger and harder in appearance within 48 hours of their first shot of testosterone. This is the result of the unique effects of testosterone and it's cascade of metabolites (one being dihydrotestosterone which binds to the androgen receptor as strongly as trenbolone) on the body. Nothing can replace testosterone but testosterone. No other steroid will ever replace

testosterone. It is a biologically identical hormone that your body needs for proper functioning. Take testosterone away from a man and he becomes sick.

***Special Note In the 1970's and 80's things were different, they didn't have easy access to anti estrogen tablets to suppress estrogen created from testosterone injections. Since classic era bodybuilders didn't have a way to control testosterone induced estrogen side effects, they primarily relied on the anabolic steroid deca-durabolin to be the injectable component of their steroid cycles. When used without testosterone, Deca does not readily convert to estrogen and is relatively side effect free. Does it feel good to replace testosterone with Deca? In my opinion, no, but there is a small group of loyal Deca enthusiasts who swear by using Deca instead of testosterone. In the spirit of education from all angles I recruited one of those Deca lovers to write the section of this book on 'Nandrolone Deca Durabolin'. Deca and trenbolone belong to a special class in the steroid family called "19-NOR-Testosterone derived". 19-NOR derived steroids like deca and tren are more accurately described as Progestin type Hormones. Progestin type steroid hormones sensitize the body to the effects of estrogen and increase progesterone and prolactin levels, thereby exacerbating the potential for female sex steroid related side effects from testosterone.

TESTOSTERONE SUSPENSION

Testosterone taken in its pure form is called Testosterone Suspension. Testosterone suspension also known as 'testosterone no ester' is made by suspending raw testosterone crystals in sterile water or oil. This type of testosterone is 100% biologically available immediately upon injection but is also destroyed and excreted from the body very quickly (6-8 hours). Testosterone suspension hurts and usually leaves you with a small welt and some swelling for a few days after injection.

If you want to use testosterone suspension, I've found that the minimum effective dose is 50mg per injection. The preferred dose to feel the full effects is 100mg per injection, and 150mg an hour preworkout will have you out of your mind in the gym. Testosterone suspension is one of the few steroids that really packs a punch immediately. You can actually 'feel it' about 45 minutes post-injection. This 'feeling' lasts about 3 or 4 hours and peaks about 2 hours after you inject it. After using testosterone suspension for a while I decided that it's something every steroid

user should feel at least once in their lives. It reacts a bit differently than normal testosterone because of the way it loads up all your steroid hormone receptors in your muscles so quickly. Testosterone suspension blows you up and makes you hard (both body and cock) if you take it consistently. Cosmetically using testosterone suspension looks a lot like the effect of using Dianabol.

At about 45 minutes post injection you will start to feel your face get hot and it will probably turn somewhat red, blood pressure goes up, and the main effects are aggression, agitation, paranoia, and extreme sex drive. Personally, I just keep my eyes off women when I've used this stuff. It's just frustrating. If you are going to look at a woman and lust after her on testosterone suspension, it's going to piss you off big time if you can't act on that desire lol. It's better to just look at the sky or something on your way to the gym. Steroids do promote aggressive behavior, but they don't force it. You need to be mature enough to know to only use this in the gym. Don't shoot this stuff into yourself and then go to a bar or something. That is foolish and you're asking for trouble. You're on steroids, you have nothing to prove, everyone can already see that you are big and strong when they look at you, no need to be aggressive in public or get into fights. Getting into fights while using steroids shows you have no self-control and possess serious small man syndrome. Don't be that guy, it's an embarrassment and everyone is going to think you are a loser.

Generally, you are going to have some slight shakiness in your hands and fingers from the nervous system arousal of being slammed with the entire dose of testosterone at one time. Other testosterone types release into your blood stream gradually but when you inject testosterone suspension the entire dosage is immediately available in your blood. This is quite shocking to your system and feels similar to drinking an energy drink but different. Some thoughts that may cross your mind during the experience are things like "I'm not looking for a fight but if someone wants to challenge me I'm going to make them regret it." Also, you may find yourself doing somewhat inappropriate behavior like lusting after every woman you see and staring at their asses for far too long etc. You can't take this stuff and be 'a normal member of society' it makes you way too aggressive. I tend to go inside my own mind with my thoughts while on testosterone suspension. When using it I consistently feel somewhat paranoid, frustrated, and annoyed. Stick to the gym with this stuff and use it sparingly.

In the gym you will have extra energy and a euphoric feeling if you drink some black coffee with it and really attack the weights. You will derive a distinct all powerful and macho feeling from working out as hard as you can in the gym on this stuff. The pump will really blow your muscles up and you will feel like a hunk during your workout. Along with trenbolone, testosterone suspension is probably the steroid that acts most like a recreational drug.

A final note on testosterone suspension; you will likely have a spike in estrogen and need to take an extra tab of arimidex or exemestane on the day you take an injection. Since the entire dosage of testosterone is instantly available in your blood it overwhelms your normal anti-estrogen drugs capability to stop conversion of testosterone to estrogen in your body. This will usually manifest itself in a puffy swollen red face, with oily skin and itchy nipples.

TESTOSTERONE ENANTHATE/CYPIONATE

Testosterone is normally attached to an 'ester molecule' to slow its release into the blood stream. This is the exact opposite of testosterone suspension, which has no ester and is released into the blood immediately. Testosterone enanthate and Cypionate are the two most common esters of testosterone available. Both are medium to long acting forms of testosterone and have nearly identical effects. Contrary to lies on the internet, testosterone enanthate and cypionate both peak in the bloodstream 24 hours after injection, then stay elevated for 4-5 days, followed by testosterone levels dropping off sharply. If this is unbelievable because of the misconception that testosterone enanthate takes weeks to build up and start working, then you can finally know the truth because I got this information out of the manufacturers insert on the pharmaceutical Bayer Testoviron ampoules made in Germany. A single 250mg injection of Testosterone E/C will cause 25mg to be released into the blood the day after injection. The amount of testosterone released into the bloodstream goes down slowly from day 1 at 25mg to 12.5mg released on the 4th or 5th day. After this 4th or 5th day levels start to drop fairly dramatically. For example, on day 20 after a single 250mg Testosterone E/C injection you will only have 1mg of testosterone released into your bloodstream.

When using Testosterone E/C two times per week injections are ideal. For example, taking half of your weekly dosage on Monday and the other half on Thursday would be an ideal schedule. Alternatively, if you hate injecting then

once per week will suffice. Anything less frequent than once per 7 days is going to cause a hormonal roller coaster and you will not be happy. I like to use 3ml of 250mg/ml testosterone enanthate per week injected into my glutes. I like to do 1.5ml on Monday and 1.5ml on Thursday for a total of 750mg per week. I love the effects on physical recovery, mental state, sex drive, mood, strength, and muscle size I get from this dosage. 750mg testosterone enanthate with nothing else, would be a great first cycle. You would gain a lot of muscle and feel amazing. My focus is pretty laser sharp on this dosage. It definitely increases my ability to focus and concentrate my energy into completing a single task. I guess you could say, dosages of 750mg+ testosterone enanthate per week promote a 'targeting' ability. They promote your ability to select an objective and focus while blocking out distraction. You're more easily obsessed and absorbed with selected goals and tasks.

TESTOSTERONE PROPIONATE

Testosterone Propionate is my personal favorite ester to use. It peaks in the bloodstream 2 hours after injection and then releases almost the full contents of the injected dose over 48 hours. I like this fast-acting testosterone because I can really feel the effects. I prefer injecting this with a 1cc insulin syringe 1/2 inch needle and doing one injection every morning when I wake up while drinking a morning coffee. This stuff makes me feel like a million bucks. Since Propionate is in and out of your system quickly it doesn't have time to form as much estrogen and you will have far less estrogenic effects using it. On testosterone propionate I mentally feel it more than any other ester of testosterone (*except suspension which is not an ester). I feel confident and energetic but I don't feel aggressive unless I'm in the gym. I also seem to get a mood boost on it. A specific positivity mood boost that the other testosterones do not give. Testosterone propionate seems to have some anti-depressant qualities. Most of all you just "feel like you're on steroids" a lot more. Strangely, you don't really get that feeling when using other testosterone esters, at least not in an energizing way.

If you are a novice just starting out, it can be a bit discouraging during your first cycle to not "FEEL LIKE YOU'RE ON STEROIDS!". Of course, you have fantasies and expectations of what steroid use must be like. Through the years I've had many young aspiring bodybuilders come to me and tell me they were

disappointed by their first testosterone cycle. They said they didn't feel much different, they just slowly got bigger and over time put on solid muscle and strength while getting a bit puffier, but they never 'felt' anything or 'felt' like they were on steroids. On further inquiry none of these guys were using propionate, they all were using enanthate or cypionate without exception. Propionate does feel different than enanthate or cypionate. On propionate there is a smooth energy rush with no crash, and a boost in positivity, this form of testosterone kicks major ass. The only negative to using Testosterone Propionate is injection frequency. It must be injected at least every 48 hours but preferably every 24 hours, otherwise you will be on a hormonal roller coaster. Pharmaceutical grade prop injects smoothly and doesn't leave post injection pain. Underground Lab made propionate has a reputation for injection pain. 72 hours after a testosterone propionate injection it is 99% gone from your system.

SUSTANON

Sustanon is a mix of 4 different testosterone esters. Testosterones Propionate, Isocaproate, PhenylPropionate, and Decanoate are all included in Sustanon. Sustanon was first created by a pharmaceutical company called Organon to combat the problem of the decaying duration of effects that occurs when only one testosterone ester such as enanthate is used during testosterone replacement therapy. What is special about Sustanon is you get 4 different esters of testosterone peaking in your bloodstream at various times, and this all comes from a single injection. Theoretically on paper this works pretty good, but anecdotally it doesn't make much difference. Pretty much feels exactly the same as enanthate. The pharmaceutical company that invented this stuff thought it would be good for testosterone replacement therapy and give stable blood testosterone levels, but what happens in the real world is Sustanon creates 4 different spikes in blood levels when each ester peaks. It doesn't do a better job of maintaining a more stable level than other long acting testosterone. Nevertheless, some guys love Sustanon. Some guys like it better than any other kind of testosterone, but these guys are in the minority. When I have used Sustanon I've thought it was good but seemed slightly inferior to enanthate and propionate. Just my personal opinion on this one.

TESTOSTERONE UNDECANOATE

Testosterone Undecanoate is great for testosterone replacement therapy. It is the longest acting ester of testosterone commonly available and stays stable in the blood for 20 days after injection without decreasing much at all. Testosterone Undecanoate is most commonly found as brand name "Nebido" made by Bayer. It is a 4cc vial of 1000mg testosterone meant to be injected once per month.

Personally, this is the testosterone I am prescribed for my testosterone replacement therapy and while it is more expensive than the other versions of testosterone, I rate this type very highly if you are doing true testosterone replacement therapy the way it is prescribed. It works better than all other forms of testosterone for maintaining stable blood levels with minimum amount of injections. However, this stuff isn't great for doing steroid cycles or getting big because it just doesn't have much "punch" to it. Undecanoate doesn't make you feel like "you're on steroids" but it does a great job at doing what it was made to do. Maintain stable testosterone levels in the body.

CHAPTER 3 - INJECTABLE ANABOLIC STEROIDS

PRIMOBOLAN

Primobolan is my favorite steroid to stack with testosterone. Primobolan includes the prefix "Primo" for a reason. Primo means, purified, first, number one. Those are the words chemists working at Bayer-Schering Pharma used to describe the chemical 'Metenolone Enanthate' or 'Primobolan' when they discovered and began producing it in 1962.

I always heard that Primobolan was weak and everything was fake until I was offered authentic Primobolan for the first time. As of 2019, Primobolan is still being produced by Bayer Pharmaceuticals in Spain and Turkey under the brand name "Rimobolan". Rimobolan is very real, and very much an authentic human pharmaceutical grade Metenolone product. My first Primobolan cycle was at a time when I wanted to change the performance enhancing drugs I was using. I had experience with hardcore drugs like Trenbolone, Anadrol, and Dianabol but didn't want to use them anymore. Those drugs don't make me feel good, they make me feel sick, and trenbolone has the additional symptoms of making my dick numb and overall just fucking my life up. In the lead up to discovering Primobolan, I had just finished a cycle over the summer of trenbolone 350mg per week, testosterone propionate 350mg per week, and Dbol 15mg per day. I had finished that cycle and

been cruising on 250mg testosterone per week for 6 weeks and suddenly had the opportunity to use the authentic Primobolan. I started my first Primobolan cycle at 700mg testosterone propionate per week with 700mg Primobolan per week, with 20mg Anavar per day and 4IU Narditropin growth hormone per day. This was possibly the greatest cycle of my life. The previous cycle with Tren I had used some underground lab gear but now I was on 'nothin' but pharm grade'. I felt like a high roller! I love looking at ampoules of pharmaceutical grade gear meant to be used by humans. I feel good about injecting myself with it and using it to help me create and build a strong healthy body.

My testosterone prop was 50mg/ml and my Primobolan was 100mg/ml. So what I ended up doing was taking a 3cc or 3ml shot of steroids every day to make 100mg test prop and 100mg primo each day during the 20 week run. I woke up each morning and the first thing I did was take that 3cc shot of gear. Primo is very smooth, you don't get any post injection pain, pharm grade test prop barely gives any injection pain either so the 3cc each day didn't bother me. It took about 3 weeks for things to really get going. 3 weeks after beginning that cycle I started to develop new muscle tissue, fibrous muscle tissue. This was a critical time for my physique. All experienced steroid users know that during a cycle when you see that build up of fibrous muscle tissue start happening, good things are happening. When you feel like that, you are making the kind of gains that stick long term. My muscles developed a rounder more polygonal shape to them, they became more separated. My muscles gradually started to look more like each was a separate entity from the muscle next to it. This is a bit hard to explain but when you see it you can point it out instantly. It's a muscle maturity thing. The way that Primobolan grows fibrous dry muscle tissue reminds me of a slow-acting non-toxic version of trenbolone without the side effects. That's the thing with Primobolan, it has NO SIDE EFFECTS for a tremendous amount of users. When I say "no side effects" I'm not exaggerating. On Primo my bloodwork doesn't get screwed up, zero sex drive issues, zero estrogen conversion, feel healthy, in a great mood and not irritable or overly horny the way Masteron or too much Proviron would make me feel. Primobolan is truly the cream at the top of the freshly squeezed milk. It's what I as a bodybuilder was always looking for. A steroid that made me look good, feel good, and didn't harm my health. This stuff is invaluable to someone who uses performance enhancing drugs as a lifestyle.

Primobolan doesn't deliver the explosive gains of trenbolone, but it does build up the same dense fibrous dry muscle tissue that trenbolone builds. Primobolan just takes about 5x as long as trenbolone to make the gains happen. A lot of people like trenbolone because of the lasting maturity it provides to the muscle you build on it. Trenbolone builds very mature, dense, solid looking muscle and a lot of bodybuilders want to get that look. A lot of guys use trenbolone because they feel like it's the only hormone that delivers the results they are looking for. Thank god King Primobolan builds that same 'mature looking' type of muscle Tren builds that stays with you long after you finish using the steroids. During my first Primobolan cycle I was so glad that I had found an alternative to Trenbolone for building quality muscle. For about 12 months after discovering Primobolan I ran it continuously, except for a few 5 week breaks between cycles. I ran it at usual doses of 700mg per week which I think was the best bang for my buck dose, 1000mg per week was where I felt the steroid really shined and helped build large quantities of dense separated muscle that has stayed with me ever since. I've also experimented for around 4 weeks with 1400mg Primobolan per week but didn't see any benefit over running 1000mg per week. The extra 400mg seemed like an expensive waste. 1000mg Primobolan per week seems to be the magic number for me, and it's funny because this is the same dosage that acquaintances and training partners of Arnold Schwarzenegger said he favored during his early years bodybuilding in California. Coincidence? I think not!

I did not get any side effects whatsoever from Primobolan except for amazing pumps in the gym. Other than getting great pumps and building quality muscle, I couldn't 'feel' the presence of the steroid in my life. That is a highly valuable trait to me in a steroid. Generally, steroids make me feel stressed and running more steroids or higher doses of steroids increases the amount of stress in my life. Primobolan did not add stress to my life and the only time I noticed I was "on something" is when I looked in the mirror or worked out in the gym. I also had a sense of well-being on Primo, it seemed to have some anti-depressant effects.

There are two major drawbacks to Primobolan which are not the fault of the drug itself. The first Primobolan drawback is *cost*. Primobolan costs a load of money. For the same amount of money you spend on Primobolan, you could buy a greater quantity of faster acting more powerful steroids that would carry the potential of building more muscle for less money. The catch 22 is that those more powerful

steroids would be bringing the baggage of side effects and poor health with them, helping you to develop a big strong unhealthy body.

The second Primobolan drawback is *authenticity*. Almost all Primobolan from underground steroid labs is fake and underdosed. This problem is rampant because the cost of Primobolan raw material is so high. Underground steroid labs are run by drug dealers. They are the kind of people who would steal a nickel from their own mother and not think twice about it. They are not the kind of people that give you good deals, care about your health, or frankly give a fuck about you. The only thing they want is to get your money. That's why they are in the illegal drug dealing business. Underground steroid labs are formed for one purpose, making large sums of money fast. Remember that. The general steroid using public has no idea what Primobolan feels like or what its effects really are. Since the raw material for Primo costs roughly 1500x the amount the raw material for testosterone costs, then why would drug dealers care about sending you an authentic product for Primobolan? You probably don't even know what authentic Primobolan feels like. The drug dealers already know this. They can send you an inferior product that they can produce cheaply and put a Primobolan label on the vial. The drug dealers make pennies when they sell you Primobolan. That is not their game. They are there to sell you cheap steroids to manufacture, such as testosterone, deca, tren, and dbol at premium prices so they can maximize their profits. Primobolan doesn't fit this description which is why drug dealers (the kind of people who would steal a nickel from their own mother) will find a way to rip you off when you buy Primobolan from them.

If you can't obtain Pharmaceutical grade Bayer "Rimobolan" brand Primo then the alternative is to find a UGL manufacturer that has multiple independently performed mass spectrometry tests on the content of primobolan inside their steroid vials and ampoules. Personally, I would just ignore all Primo that is not pharma grade made by Bayer-Schering and labeled as "Rimobolan" manufactured in Spain and Turkey. If you get the fake shit or the watered down shit, you too will think the rumors were true, that Primobolan is a weak ineffective drug, this is wrong, and Rich Piana was wrong too when he took primobolan and declared to YouTube that Primo sucks. Piana fucked up, he took Primo solo without testosterone. All steroids fucking suck without at least 250mg testosterone added to the cycle. That's a fact. Deal with it.

MASTERON

Masteron chemical name 'Drostanolone' is a really interesting drug. Masteron is useful because it has some unique cosmetic effects. I have used Masteron in dosages between 350mg and 700mg per week. 700mg per week is too much. That will make you feel the same way Proviron makes you feel, like some kind of masturbating freak with the most impulsive sex drive ever. Not fun. at 350mg per week Masteron shines. 350mg per week is a reasonable Masteron dosage that contributes all of its good qualities to a steroid cycle without the negative qualities that 700mg+ can induce. An interesting side note is that Masteron was a first generation treatment for hormone sensitive breast cancer before anti-estrogen drugs like Letrozole and Arimidex came onto the market.

Masteron, Proviron, and DHT all possess near identical chemical structures and have potent masculinizing effects on the mind and body. Masteron, Proviron, and DHT all possess the special quality of being able to block the estrogen receptor. They don't block it nearly as well as Nolvadex does, and they don't destroy or remove estrogen from the body like Exemestane or Letrozole, but they do compete with estrogen molecules for binding at estrogen receptor sites in the body. The breasts and nipples are full of highly sensitive estrogen receptors, breast cancer thrives when these estrogen receptors are activated by estrogen sex steroids. Masteron was brought to market and used by doctors for the purpose of blocking estrogen receptors and out competing natural female estrogen to bind with receptors. In hormone sensitive breast cancer, stunting the progress of breast cancer can be achieved by removing estrogen from a woman's body or by outcompeting/blocking the estrogen receptor. When Nolvadex and aromatase inhibitor drugs were invented, Masteron stopped being used for breast cancer. It's good that the medical community was able to find drugs other than anabolic steroids and especially Masteron to treat breast cancer because the massive dosage (1,400mg masteron per week) they prescribed women with breast cancer more or less turned them physically into transsexuals thereby destroying their quality of life after treatment and causing severe mental problems.

A moderate dose of Masteron stacked with a nice dosage of testosterone can be a great cycle. Masteron doesn't really build any muscle because it is deactivated moments after entering muscle tissue the same way it's brothers DHT and Proviron

are deactivated. An enzyme in muscle tissue called 3-beta-hydroxysteroid-dehydrogenase deactivates any one of the 3 brothers when they pass into muscle tissue. Therefore, the brothers are masculinizing androgenic hormones, but not anabolic or muscle building hormones. Masteron promotes a sleek athletic look to a physique. It seems to add hardness and density to the physique by sucking down tissue that is soft (possibly dehydrating that tissue). When you begin taking Masteron propionate you will almost assuredly become slightly smaller, more dense, more hard, and more resembling an athlete. The cosmetic changes to your appearance will start to manifest themselves near the end of the first week on the compound. One time I tried to do a cycle of just Masteron together with Winstrol only. It really sucked. I lost all fullness and strength, people thought I went off cycle lol. Make sure to have some testosterone in your stack while using Masteron.

Masteron elevates your sex drive to outrageous levels. This effect is 'out of control' at 700mg+ per week. There is absolutely an increase in irritability and feeling annoyed on Masteron that comes along with the sex drive increase. Masteron is purely a 'cosmetic' and 'mental' effects androgenic steroid. It doesn't build muscle but it does change the way you look and it does change the way that you feel. The most common way to use Masteron is to look great while doing a testosterone cycle. If you decide to take say 1000mg testosterone per week and add 100mg Masteron every other day for a total of 350mg Masteron per week, it would be a fantastic cycle. The high testosterone dosage would make you big and full and strong and feeling good. The Masteron would send your sex drive through the roof and make you look dry and ripped while using the testosterone. Another way Masteron is commonly utilized is in an equal dosage to trenbolone in contest prep bodybuilders. The last 8 weeks before the bodybuilding competition testosterone propionate 350mg-700mg, trenbolone acetate 350mg-700mg, and Masteron propionate 350mg-700mg is a stack that many of the competitors you see on stage use to get ready for the show.

Masteron use causes a thick sheet of oil to accumulate on the surface of your skin. The constant presence of oiliness gives your skin a shine and polish that looks really good. I'm sure you've seen pictures on the internet of guys with this uncanny 'shine' to their skin. It really gives a professional polished look to the physique. Unfortunately, the layer of oil slick that develops on your skin can cause

tremendously deep cystic acne. I do not have acne problems from steroid use except for if I use Masteron, or If I take more than 50mg Proviron per day. If I use Masteron I will get some deep cystic acne in weird locations on my body. Your skin becomes so oily and shiny from Masteron use that your pores get clogged and bacteria grows inside causing massive acne. The acne effect of masteron increases or subsides with dosage. Masteron Acne is a lot worse the higher you increase the dosage. Some people can't use Masteron at all simply because the acne will ruin them. For others they may be able to tolerate 350mg continually without acne problems. It comes down to individual tolerance and skin androgen receptor sensitivity. Personally, I can get away with using 175mg Masteron per week without an increase in Acne.

Another side effect Masteron is known for is prostate enlargement. If you let estrogen levels rise while using it, this stuff without a doubt will temporarily cause your prostate to swell up, making it hard to urinate. DHT, Masteron, and androgenic hormones don't cause the prostate to swell or cause prostate cancer by themselves, it is the perfect storm COMBINATION of androgens and estrogens that causes the prostate to swell up like a grapefruit and eventually down the road can cause prostate cancer. Prostate issues are problems you really don't want to have to deal with. I've had my prostate swell up a few times before and my reaction is always "FUCK!". All of a sudden you can't hold your bladder and you have to pee every 45 minutes or wet your pants. When you do go to the toilet to go pee, it just barely dribbles out and you get a weak urine stream. Prostate side effects are the main reason I don't use Masteron often. Usually every time I use Masteron I have to fiddle with dosages and solve a couple prostate flare ups.

EQUIPOISE

Chemically and in the real world equipoise works comparably to primobolan + side effects. Equipoise side effects are usually high red blood cell count, small amount of estrogen conversion, hunger, and anxiety. So take primobolan and then add all those side effects and you get the equipoise experience. All jokes aside, that's a pretty accurate description of equipoise.

Equipoise (chemical name boldenone) will definitely increase your appetite. It starts working around 400mg per week, building muscle noticeably around 600mg-800mg per week and really shines or kicks ass with max effects around 1000mg-

1200mg per week. Equipoise gives good fuel storage in the upper body muscles. Traps, shoulders, and upper chest seem to be spots where equipoise works better than other body parts. EQ has got a cosmetic effect in those upper body areas. It puffs up the upper chest and the top edges of the deltoids enhancing the illusion of a 'shelf' appearance for your traps to sit on top of. Equipoise was 8x Mr. Olympia Lee Haney's favorite injectable steroid. He came from an era where they didn't really have effective anti-estrogen tablets so people didn't like to use much (if any) testosterone. The usual injectable steroid bodybuilders in the 80's were using was Deca-Durabolin/Nandrolone as the solo injectable in a steroid stack. Deca is similar to Equipoise in that neither convert into estrogen much. As long as testosterone is not included, both EQ and Deca can be run at high dosages without the need for anti-estrogens like Arimidex or Letrozole etc. (on a side note, the same can also be said for running trenbolone without testosterone, no need for an anti-estro). When MR. Olympia Lee Haney started experimenting with steroids he probably got 'Deca Dick' or something and decided he preferred equipoise to Deca. At the time equipoise was available only in 50mg/cc 50ml jugs made for veterinary use. There was no high dose equipoise available in the 80's. There was no such thing as an underground steroid lab in the 80's. Underground steroid labs started popping up during the 90's.

The Boldenone hormone got the brand name Equipoise because it is marketed for veterinary use in horses. Another name for horses is 'equine' and their riders 'equestrian', not far off sounding from 'equipoise'. It's a good slow steady muscle builder that only needs to be injected once per week. The half-life of the undecylenate ester attached to the boldenone molecule is around 14 days long. Meaning 14 days after an injection your blood levels of the hormone will be 50% what they were when the blood levels peaked from that shot. Equipoise is a very long acting steroid. The muscle built on equipoise is similar to the muscle built on Deca or Primobolan. It's hard muscle tissue that doesn't go away when you finish using it. Equipoise has a reputation as a bulking steroid but it won't blow you up or make you look huge when you start taking it. Equipoise works in contrast to the way steroids like trenbolone, Dianabol, and Anadrol do to quickly blow you up huge. Equipoise just fills up the muscles slightly, comparable to the amount Primobolan fills them. You have to be on it for a long time to make muscle gains. I would never do a Primobolan cycle less than 12 weeks long and the same goes

for Equipoise. In order to get and keep that solid fibrous muscle tissue from this steroid, you've got to stay on it for at least 12 weeks but preferably 16-20 weeks. You can run Equipoise instead of testosterone or run EQ alone. Some people do massive cycles of equipoise only cycles at around 2000mg per week. Usually they don't need any anti-estrogen tablets when doing this. Those people are the exception and not the norm. A good equipoise cycle looks more like this; Testosterone Enanthate 750mg per week Equipoise 900mg per week. If you want you could add in an oral like Winstrol or Anavar to get a really big full hard and jacked look going. Equipoise is a good injectable, it's useful. My final advice on this one is that you've got to find the injectable anabolic besides testosterone that works good with your body. Whether that injectable is Primobolan, Equipoise, Deca, Tren etc. doesn't matter. It only matters that you find the one that works best for you and gives you the best gains with the least side effects. (hopefully no side effects) Once you find that injectable compound that works good for you, then stick to it. Your cycles will be much more pleasant.

TRENBOLONE

Trenbolone is the most misunderstood anabolic steroid. This section of the book is going to destroy the myths and leave you with a clear understanding. In this section we will be speaking about trenbolone acetate, the fast acting ester of trenbolone. Trenblone Acetate is superior to other esters in the current market place because it is least likely to be faked and has a higher amount of trenbolone molecule active in the bloodstream per 100mg dosage than the other esters. There is also Trenbolone enanthate and Trenbolone hexahydrobenzylcarbonate on the market. No Trenbolone is currently produced for human pharmaceutical uses, not even Trenbolone hexahydrobenzylcarbonate aka Parabolan. Parabolan production in France has been discontinued by its manufacturer Negma Pharmaceuticals. There are many, many people in the bodybuilding industry who wish to lie to you and deceive you about the effects of Tren. They will offer conflicting views and opinions in order to plant confusion within you and persuade you to give them your money for coaching services etc. Their game is 'confuse the user so they must come to the expert for help.' Don't fall for this or any of those assholes other garbage schemes they concoct for the purposes of easily fleecing you of your cash.

The first thing you have to know about Trenbolone is that it isn't based on

'Testosterone' the way most steroids are, instead, Trenbolone is more similar to the female sex steroid Progesterone. When they create trenbolone in a lab they start with a Progesterone molecule a female sex steroid, they do chemical alteration to the Progesterone molecule until they produce Tren. Since Tren is derived from Progesterone it is referred to as a 'progestogenic' steroid or a 'progestin'.

In the world of Steroids, bodybuilding, athletics, etc. the athletes are ahead of the science. Their performance is ahead of the science, their drug testing avoidance schemes are ahead of science, everything they do is ahead of science. Scientific studies about the effects of steroids and performance enhancing drugs can be done, and we can gain valuable insight into the chemicals from these studies, but they are not foolproof and different studies often present conflicting conclusions that are in direct opposition to one another. Do not be strictly science based and do not be completely bro-science based. Be a logical rational human being, and let the bodybuilding 'gurus' who scream at you that "they are right about trenbolone, and that everyone else is wrong and you need to have faith in them" get the fuck out of your life. People like Dave Palumbo come to mind right now. Intelligent manipulative men with zero integrity (Palumbo has already done jail time for selling bodybuilders counterfeit fake PED's) People like this will stop at nothing to separate you from your money and get gain while trampling the 'suckers' at all costs.

Moving on, let's discuss what Trenbolone actually does. Tren came to the market in 1963 as brand name 'Fina-Jet' an injection for livestock. A few years later before the conclusion of the 60's, a pharmaceutical company in France named Negma released a long acting form of Trenbolone called Parabolan for medical use in humans. Parabolan is Trenbolone combined with the ester 'hexahydrobenzylcarbonate'. The long ester molecule makes it last for weeks in the bloodstream without being destroyed. The effects of Trenbolone vary from person to person but there are some common side effects that happen to everyone, to some degree. You have to understand that most bodybuilders have HUGE egos and want you to see them as 'supernatural', so their egos don't allow them to discuss the true side effects with you. They lie and say they don't experience them. Sexual dysfunction on Trenbolone is guaranteed. Yes, sexual dysfunction affects some bodybuilders more than others. The first week of Trenbolone use you will experience a massive upswing in your sex drive. Over the course of weeks 1-2 you

will experience a progressive reduction in that sex drive, a numb penis, and a longer duration of sex before cumming. After the 2nd week on Trenbolone (while not using a dopamine agonist simultaneously) some bodybuilders can still get and maintain a hard erection and have sex, but these are exceptions to the norm. Most bodybuilders on Trenbolone after the 2nd or 3rd week will not be able to get a hard erection, their dick will be numb, their testicles will shrink to never before seen smallness, and they will be completely unable to orgasm. Without cabergoline the brain on Tren will undergo temporary mental changes while using that make the user have no attraction to the opposite sex or interest in sex whatsoever, a complete ablation of the libido. This is what I refer to as 'Trenbolone chemical castration'. You really feel Trenbolone sexual side effects in your brain. Once you have Trenbolone induced sexual dysfunction thoughts will start flying across your mind such as 'why would I care about having sex? why would I want that?'. Sex won't make sense to you. It's so weird. It's such a trip when this Trenbolone side effect hits. Again, these side effects are not talked about on the internet or in real life because of how emasculating and embarrassing they are.

Trenbolone will give you the appearance of the ultimate manly beast on the outside, while it's catch 22 turns you into the ultimate feminized castrated man complete with a dysfunctional numb penis and microscopic testicles on the outside. In a way, Trenbolone is like a toxic recreational addictive drug in the eyes of many bodybuilders. It seduces them into abusing it. Tren gives them what they want superficially (outside looks) better than any other substance, chemical, or hormone on earth. While Trenbolone is the ultimate drug to help a bodybuilder to achieve their appearance goals, it progressively and insidiously takes from the bodybuilder everything he has, except the superficiality that is the outward physique caused by trenbolone use. On Tren, the bodybuilder loses his ability to control his emotions, he becomes aggressive outside of the gym in a delinquent sort of way, his penis shrivels up inside of him, goes numb, and won't get hard. His testicles shrink to obscenely small size, his desire to pursue women or have interest in them vanishes. He becomes anti-social and irritable. His new state of uncontrollable emotions causes strain to his relationships with those close to him. The bodybuilder is forced to focus more and more on bodybuilding and trenbolone use, as the rest of his life slips away. His use of this steroid started in order to gain respect, prestige, and honor in the shortest time possible. But in hindsight all it did was strip him of

his dignity and humanity.

Trenbolone gives you the one thing you want more than anything else, the body, while simultaneously taking everything else you have away from you. Consistent Trenbolone use, and relying on Trenbolone to build your physique is like selling your soul to the devil. Look at all the IFBB pro bodybuilders who compete. Does even one of them seem mentally stable? No. not one of the bodybuilders on the Olympia stage seems like a normal relatable guy, every single one of them displays features of drug abuse. Just saying facts here guys, not being politically correct or protecting anyone's feelings. I'm not saying trenbolone will give you autism, what I'm saying is that consistent prolonged Trenbolone use will cause you to act like you have autism if you abuse the SHIT out of it. IFBB pro bodybuilders are regularly using a minimum of 700mg trenbolone per week. If they say something else, they are lying. Sorry, but I've got to expose you to the truth. 700mg is the minimum number, most pro bodybuilders are using somewhere between 1400mg-2800mg Trenbolone per week. This is what is required to be a pro bodybuilder. It isn't a magic trick that they barely resemble the same species as other humans or even other steroid users. These men are abusing massive MASSIVE amounts of drugs, and the most essential drug, with the most firepower, is Trenbolone. How do I know the truth though? How can you trust what I say is accurate? Because I've seen it with my own eyes. I have deep contacts and connections in the bodybuilding industry that have resulted in me having relationships to some of the most well plugged in, powerful, and informed members of the professional bodybuilding community. I've seen what they do with my own eyes. While there are exceptions who succeed with lower doses, the general rule is 1400mg-2800mg Trenbolone per week combined with pharmaceutical grade human growth hormone in dosages of 15IU-100IU per day (yes, 100IU per day, that was not a typo) along with copious amounts of diabetes inducing insulin and 2500mg-5000mg testosterone per week. Those are the principle drugs and dosages a bodybuilder who wants to compete and win in IFBB pro bodybuilding must take. Many will see what I wrote and say "no way!" that's too crazy. What you guys are forgetting is that the guys who do this are not normal men anymore, they've chosen the path they are going down, and to their minds there is no going back. It's the same with the female bodybuilders who end up looking like Frankenstein science experiments from your worst nightmare. They didn't start out being willing to do everything

they have to do to look like that, but along the road they were tempted by greed, dreams of prestige, and fast glory and made the decision to mutate themselves into something obscene. No matter what pro bodybuilders tell you, they are not normal people and they do not make normal rational decisions. LOOK AT THEM BRO, LOOK WITH YOUR EYES. DOES THAT LOOK LIKE A 'NORMAL' PERSON? NO. IT LOOKS LIKE A COMPLETE FUCKING FREAK, AND THEY DO 'WHAT THE FUCK' TYPE THINGS TO MUTATE THEMSELVES TO LOOK LIKE THAT. End of story.

Ok, lets transition away from that and talk about Trenbolone use in the normal non-professional bodybuilder. Tren is extremely potent milligram per milligram. You will start to notice the effects of trenbolone taking 50mg every other day or 175mg per week. The full effects of trenbolone are felt on a dosage of 300mg+ per week. This is the sweet spot if you're going to use trenbolone. Anywhere between 225mg-525mg trenbolone is going to give big gains for a long time. At these dosages, side effects are not as prominent and can be managed with ancillary drugs. If you have trenbolone induced sexual dysfunction then a dopamine agonist such as cabergoline will fix most of the issues. Usually Cabergoline 0.5mg twice per week on Monday and Thursday will restore sexual function to tolerable levels. Your dick will still be numb, won't get as big and hard as off Tren, and it will take a lot of effort to orgasm but you will still be able to have sex without issues.

One side effect most Tren users will experience from time to time is called 'Tren cough'. Tren cough is an allergic reaction to Trenbolone entering a vein directly. The cough can occur from other steroids too, but Trenbolone causes it far worse and far more frequently. If you aren't prepared for this side effect it will really freak you out. About 10 seconds after you finish your injection Tren cough will come on in a rush. It starts with a few itching or tickling sensations in your throat and then it comes flying up like a wave, up and over your body through your lungs and into your face similar in speed to the rush of an orgasm. When the needle from the syringe accidentally nicks a vein on the way in, the Trenbolone enters the blood stream and circulates through the veins that feed the lungs where you will get a burning sensation from trying to breath out the Tren. It will feel like you can't breathe. No oxygen can get through. Immediately your skin will turn all pink and your throat will suddenly clench, you will double over hard facing the ground coughing so hard you think you might throw up your lungs. This continues for 3-5

minutes and you might think you are going to die, you will need to lie down, but don't worry, just get on the ground and IT WILL PASS. It always passes after 3-5 minutes and you don't die. I know everyone says 'I thought I was going to die when I had Tren cough' and yes I thought that myself the first few times I had Tren cough, but no one has ever died from Tren cough. Tren Cough is just an allergic reaction to too much trenbolone entering your blood stream too quickly. Most everyone gets Tren cough but some people don't. It depends on how allergic you are to the chemical. Some people get Tren cough more severely than others for the same reason. I think its sort of funny that Tren has all these retarded side effects. It's funny how the best drug for bodybuilding also has all these toxic as fuck factors yet it 'seduces' so many bodybuilders. If I'm using Trenbolone I usually get Tren cough on average 1 out of every 3 injections. Sometimes twice in a row, occasionally I'll go 4 or 5 or even 6 injects with no cough, then the next time boom! I get surprised with a super bad cough lol.

Trenbolone induced gyno is another side effect we have to cover. Trenbolone sexual dysfunction and gyno (bitch tits) are caused by similar mechanisms. Trenbolone itself activates the prolactin receptor in humans, it also stimulates the prolactin receptor through other physiological pathways that are less direct. When you have an orgasm, immediately afterward your body is flooded with prolactin, this is why you lose your erection after cumming and have a complete disinterest in sex. Prolactin and Progesterone are hormones that effect breast tissue development and lactation in women. Trenbolone can contribute to you, a man, developing breast tissue and starting to secrete juice from your nipples. Usually the juice is brown and kind of stinky but it can come in different forms. People talk about 'Tren Gyno' like it's some sort of mystery. Nope, it's not a mystery. Tren forms gyno because when prolactin and progesterone are high, then the body is primed to create breasts and all it needs is the slightest bit of estrogen to start engaging in the breast building process. Trenbolone causes gyno because it raises progesterone and prolactin levels and receptor stimulation, if this occurs while there is any estrogen in the body then breasts start growing. One way to avoid trenbolone induced gyno is to refrain from using Testosterone or other aromatizing estrogen producing steroids alongside Trenbolone in a stack. If there is no estrogen in the blood then prolactin and progesterone cannot cause gyno. It feels like hell to use Tren without Testosterone though, it's better to just use testosterone

with it and then throw in a dopamine agonist like cabergoline at 0.5mg twice weekly to suppress prolactin, and eliminate the risk of gyno bitch tits.

If someone asked me "How do you run tren safely?" My response would be that I recommend not using it, but if you must, then I would do 350mg total per week, injecting 100mg or 1cc of oil every other day. I would do the same amount of test propionate with that Tren at 100mg propionate every other day totaling 350mg per week, or I would use testosterone enanthate at 500mg or 1cc twice weekly alongside the 350mg Trenbolone per week. After I had my Trenbolone and testosterone dosage set, I would get my Estrogen blocker pills, probably Exemestane/Aromasin. I would need to take 3 or 4 Aromasin per week on 500mg testosterone so I would need about 30 tablets for a 10 week cycle. Next, I would need to get Cabergoline so that I kept my prolactin levels down to prevent sexual dysfunction and breast growth/lactation. To prevent severe sexual side effects I would need to do 0.5mg cabergoline two or three times per week. I would need a minimum of twenty 0.5mg cabergoline tablets for my 10 week cycle. I would feel comfortable running a tren cycle with a minimum of the 4 items discussed previously; Trenbolone, Testosterone, Exemestane, and Cabergoline. That would be the minimum needed drugs to do Tren 'safely'.

You are going to first see and feel Trenbolone working the 3rd day after your first injection. When you take that second Tren injection on the 3rd day of the Tren cycle and go to the gym a few hours later, believe me, you are going to see it, and you are going to feel it. You are going to say to yourself "This is what I imagined steroids would be like when I hadn't taken them yet". You are going to be stronger on every single lift in the gym that day, more weight and more reps. You are going to have one of the best pumps of your life, you're going to have a euphoria going on in your head. You're going to be feeling so good while you work out. You will really feel like an uncaged animal. You will believe you can do anything you set your mind to in the gym! Nothing is beyond your grasp! It's pretty funny, you already start getting these delusions of grandeur on day 3 of the cycle when you go to the gym after that second Tren injection. Tren kicks in FAST. It's kicks in at the same speed as oral steroids. It's really cool the way you feel in the gym when working out on Tren. You feel like a god. You can really get a big head which is very fun while working out lol. Then you are going to see yourself in the mirror and it's going to be a freakshow looking back at you in comparison to what you are

used to normally seeing lol. Seeing yourself like that is going to inspire you even more to train like an animal, and you will go into this awesome headspace where you feel like a god in the gym. You're pumped up and swollen as hell, sweat glistening off your entire body, traps popping up like trapezoids on top of your bowling ball deltoids, chest showing extra separation from the sternum area and middle upper chest shelf, veins flying through your shoulders and down your arms. It's a beautiful thing lol.

Trenbolone fully kicks in at the end of the first week. You should expect huge strength gains on legit Tren. If you are not experiencing unexplainable strength gains, then the Tren is garbage. This stuff is that strong. Especially, at the beginning of the cycle it doesn't matter what you eat, or even if you don't eat. You still gain strength. I'm talking upper body pressing strength, pressing strength actually goes up without even eating when you first start taking Tren. In my experience Tren is unmatched in its ability to increase strength no matter what you eat. This stuff burns carbs like crazy, it seems like the more clean carbs you feed Tren the hotter and more powerfully it runs. When you eat carbs your body gets crazy hot and you start sweating, everything heats up. The more carbs you eat on Tren the bigger and stronger your muscles will get. I remember one time I ate 2 dominoes pizzas and two chocolate lava cakes before bed while using Trenbolone, the next day I woke up and looked in the mirror. The pizza and cakes had all been partitioned to my muscles overnight, I woke up looking bigger and tighter and freakier the next morning than I had looked before eating the pizza and cakes the night before. The muscles soak up carbs at unmatched levels. You crave carbs like crazy on Tren and can easily get symptoms of hypoglycemia low blood sugar. Low blood sugar on Tren is erratic and unpredictable, sometimes it can start as soon as an hour after your last meal.

Trenbolone's most amazing quality is its ability to do body recomposition, the process of trading bodyfat weight for muscle weight, aka losing fat and gaining muscle equally at the same time. Trenbolone is used in livestock farming to improve feeding efficiency. When cattle are given Trenbolone they produce more meat while eating the same amount of food. Essentially, Trenbolone causes the food they eat to go towards fueling their muscles as priority number 1. The Tren is also blocking fat cells from receiving any energy by docking tightly to the androgen receptor sites of those fat cells. Trenbolone causes a perfect storm for

muscle burning and fat burning within your body. If you start injecting Trenbolone with no change in diet or no change in training and you were stuck at a plateau, then upon injecting the Trenbolone you would begin making gains and bursting through the plateau without making any other changes other than injecting the Trenbolone. Trenbolone improves efficiency. It makes your body more efficient at turning the food you eat into muscle fiber. You start to get a shrink wrapping effect to your physique. On a clean diet it's even more pronounced, your skin gets tighter, your fat gets thinner, your body gets hot when you eat and builds muscle at a previously never before seen rate, you become strong as an ox and cannot tire yourself out in the gym no matter how many sets you do, it looks like your muscle grows from the inside out with dense fibrous muscle.

If you eat a clean diet on Tren you can expect to get pretty ripped up after a couple months as long as you start out in average shape/condition. Even if you eat some really crazy junk food every couple of days you will still most likely lose some significant fat from doing a 10 week Trenbolone cycle. This stuff is really potent at blocking fat from being stored. Tren was originally designed as a steroid to give to cattle to prevent them from losing muscle tissue while not eating on the train during the journey from the ranches to the slaughter facilities. You pretty much cannot lose muscle on Trenbolone. It doesn't matter if you just starve yourself and start fasting, you will only lose muscle fullness but not muscle tissue. If you are on Trenbolone at 350mg+ per week, you have essentially put a forcefield around your muscle tissue. This is why Trenbolone is the ultimate precontest drug for competitive bodybuilders. Tren puts an imaginary forcefield around a ripped to the bone super lean competitive bodybuilders muscle and ensures their body will not catabolize any muscle tissue. The type of muscle tissue that trenbolone builds is really nice quality muscle tissue. All the muscle Tren builds is really solid muscle tissue fiber that does not go away when you finish the cycle and stop using Tren. Trenbolone gives the user awesome cosmetic effects while they have the drug in their system. Trenbolone cosmetic effects are temporary changes in appearance that occur only during the duration of your cycle. Tren cosmetic changes include square shaped or more blocky looking muscles. The muscles start to "pop" more from their origin. At the muscle insertions there is more separation from the next nearest muscle. The extra pop in the origin of the muscle can really be seen well at the inner chest where the division between the left and right pec is. That inner pec

area becomes bigger and more pronounced while on Tren. The same thing happens at the origin points of the traps. The spot where the traps start to rise off your shoulders will rise up a bit extra and pop out more. It gives the look of a really clear separation between the bones of the clavicle and the traps sticking up. The appearance of neck muscle rising up from the back yet being visible from the front is noticed. The shoulders hold more fuel storage in them on Tren and become bigger, more square shaped, and more defined. Fat pretty quickly melts off the trap and shoulder areas on Tren. There is definite site-specific reduction in body fat to the trapezius and shoulder areas of the body.

8-12 weeks is normally a good length for a Tren cycle. At the end of a 10 week cycle of Trenbolone you could expect to be using 30lbs more weight on the bar during bench press for the same number of sets and reps that you could barely do with a weight 30lbs lighter before beginning the cycle. On squat it will be even more pronounced, at the end of the Tren cycle you should be able to do deep squats with around 50lbs-70lbs more weight on the bar than you could for working sets before the cycle. These massive strength gains are what fuel much of the muscle density and quality muscle fiber built on Tren.

You get a bit of a crash after coming off Tren even if you continue using testosterone. This is because the Tren is so strong and stimulates the androgen receptor with such intensity that when the Tren leaves your body, the regular testosterone is not strong enough to send the kind of signal to the brain that Tren was causing. The androgen receptor is overstimulated by Tren. Upon completing a cycle, it takes about 2 or 3 weeks after stopping Tren to start feeling totally normal again even if you continue taking Testosterone after you finish the Tren. If you want to do a PCT I recommend coming off trenbolone two weeks before you stop taking the testosterone. If you stop taking the Testosterone and the Trenbolone at the same time, the crash is really shitty. So if you did Trenbolone for 10 weeks and Testosterone for 12 weeks, that would work well.

HCG on a trenbolone cycle will keep your balls normal and prevent them from shrinking to roughly 40%-50% of their normal size during the cycle. HCG human chorionic gonadotropin combats the powerful HPTA (hypothalamus pituitary testicular axis) shut down induced by trenbolone usage, and will also make PCT easier when you finish. Refer to the HCG section of this book for dosage

recommendations and how to use it. When I finished my Trenbolone cycle my PCT would include HCG, Nolvadex and Clomid. For the first three weeks of PCT I would run HCG at 1000IU twice per week injected intramuscularly, I would also be using Clomid and Nolvadex simultaneously. If at any time while using the HCG I felt estrogenic side effects like burning swollen nipples I would have to take an exemestane tablet to destroy the estrogen build up in my body that would have caused the symptoms. After three weeks of PCT I would discontinue the HCG. Week 1 of PCT would be HCG 1000IU twice per week, Nolvadex 40mg per day, clomid 50mg per day. Week 2 and 3 of PCT would be identical to week 1. At the beginning of week 4 I would drop the HCG and week 4 would be only Nolvadex 40mg per day and Clomid 50mg per day. Week 5 I would drop the Clomid and week 5 of PCT would be only 40mg Nolvadex per day. Week 6 I would take 20mg Nolvadex per day. At the end of week 6 I would finish my PCT and stop taking Nolvadex. Two weeks later 8 weeks after I started PCT I would get a blood test to test my testosterone levels and make sure I had made a complete recovery, get peace of mind my PCT had been successful, and make sure all my levels are back in range with everything healthy.

***this next section on 'Nandrolone' or 'Deca' is a guest section written by my friend at <http://LanceAtlas.com> Lance has intimate knowledge of the classic golden era bodybuilders using the 'DECA' hormone during the peak of its popularity.

NANDROLONE/DECA

There are two common esterified versions of Nandrolone that are used for bodybuilding. Nandrolone decanoate and Nandrolone phenylpropionate, these are often shortened to the abbreviations 'DECA' and 'NPP' respectively. Deca and NPP are both long acting injectable versions of the Nandrolone hormone. Nandrolone decanoate or Deca maintains stable blood levels for about 7 days after injection. Npp or Nandrolone phenylpropionate is faster acting and maintains high stable blood levels of hormone for about 2 days after giving an injection.

During the golden era of bodybuilding when bodybuilders like Arnold, Frank Zane, Robby Robinson, and Mike Mentzer etc. were building their physiques, bodybuilders typically used Deca as the injectable component of their steroid cycles. Bodybuilders in the golden era typically used DECA without testosterone in their cycles. Stacking an oral steroid like Dianabol alongside injectable DECA

was the standard muscle mass building cycle of choice for bodybuilders in the 70's and 80's. DECA was not widely known for producing progesterone and prolactin related side effects such as being unable to orgasm or get an erection until bodybuilders started combining it together with testosterone simultaneously. DECA and testosterone mix very badly for the majority of bodybuilders. The Deca seems to sensitize the body to some of the female hormones that Testosterone turns into. At the same time, Testosterone seems to sensitize the body to some of the progesterone/prolactin related effects of Deca. Until the mid 80's there weren't effective estrogen blockers on the market and testosterone use was limited because of its propensity to turn into estrogen inside the body. During the golden era of bodybuilding, bodybuilders favored Deca over testosterone because they did not get estrogen related side effects or bloating from using Deca. In the golden era of bodybuilding Testosterone was known as a dirty drug with lots of estrogen side effects.

The Deca and Dbol stack with no injectable Testosterone was the most popular steroid cycle of the 1980's. The bodybuilders during that time were regulated by doctors, and steroids were not controlled substances. Nandrolone or Deca was one of the steroids that was widely prescribed for a number of reasons including; to assist with muscle gain and recovery from low bodyweight, malnourishment, severe burns, and joint repair. Somewhere along the lines, Nandrolone became misunderstood. I believe the reason for this is largely due to the prevalence of the usage of testosterone as a base for all steroid cycles (this phenomenon started in the early 2000s as a result of the proliferation of anabolic steroids knowledge on internet forums). The combination of nandrolone and testosterone started to produce side effects in many people, namely the famous DECA DICK. This is a bro-scientific term that describes the phenomenon of having a completely limp and unresponsive penis when combining Testosterone and Nandrolone. Combining Testosterone and Nandrolone together can raise estrogen, progesterone, and prolactin to high levels in some people, which leads to crippling sexual side effects. HOWEVER, what we have forgotten is that the use of Nandrolone WITHOUT testosterone as a base has been well researched and tolerated in humans. We also have extensive anecdotal reports from bodybuilders and doctors all through the 70s and 80s supporting this theory as well. The truth is that the use of Nandrolone has been shown to have great benefits to muscle gain and joint health with minimal side effects if the person administering it uses solely Nandrolone.

Here are a few old-school champions that we know used Nandrolone without Testosterone as they have openly admitted to it and spoken about it.

ROBBY ROBINSON – Robby Robinson believes that his use of solely Deca-Durabolin with NO test (he claims to have never tried testosterone ever) is the reason why he still has high testosterone levels off cycle now at over 70 years old. There is absolutely no scientific evidence to back up this claim but it still stands that Robby says he only used Deca-Durabolin, had a great physique, and lived until old age. He still goes to Gold's Venice and looks amazing today. Robby Robinson says he used Nandrolone in the range of 300mg a week.

MIKE MENTZER – Mike Mentzer is known to have loved Nandrolone. His training partner Larry Pollack has stated that Mike and Larry used 900mg of Nandrolone phenylpropionate a week, 300mg Monday, Wednesday, and Friday and supplemented that with 0 testosterone. This was Mike Mentzer's preferred steroid stack and caused physique changes overnight. He was likely lying about the dosage. I'd multiply what Larry Pollack said about the 300mg 3x per week to 900mg 3x per week to get closer to what Mentzer was actually taking.

DANNY PADILLA – Danny Padilla took 400mg Deca-Durabolin a day for a total weekly dosage of 2,800mg nandrolone per week and achieved amazing condition on that stack alone.

My experience with Nandrolone combined with zero Testosterone has been this; no erectile dysfunction at all, pumped up muscles due to increased nitrogen retention and "the look" associated with anabolic steroid use. No hair loss (although I Lance Atlas am very susceptible to hair loss), no acne or skin problems. Nandrolone affected me very little on the androgenic side and mostly just made my muscles bigger and made me stronger.

Nandrolone historically has paired well with Dianabol, Turinabol, Winstrol, and Primobolan. Typical Nandrolone dosages range from 300mg-900mg per week when stacking with an oral like Dianabol or Winstrol. If you choose to use Testosterone together with Nandrolone, it is a process of trial and error. The common myth that an individual administering both hormones should use Testosterone in a 2:1 ratio with Nandrolone has no scientific backing. One doesn't necessarily have to use more Testosterone than Nandrolone, there is no ratio that can be prescribed to limit side effects as combining these drugs in muscle building dosages has never been studied. It's all up to personal experimentation with trial and error. The most important factor in this combination is controlling estrogen related side effects and the only way to do that is with blood tests. Consult with a

doctor to help manage estrogen or combine Test and Nandrolone at your own risk. In studies 300mg Nandrolone has been shown to increase muscle at a comparable rate to 300mg Testosterone, so I would regulate Nandrolone dosages similarly to those of Testosterone if choosing to use the hormone independently.

WARNING: Nandrolone has been linked to increases in atherosclerosis, as well as heart damage. Nandrolone abuse has also been linked with hypogonadism, depression, and anxiety. The mechanisms that contribute to this seem to be like those of testosterone and happen dose-dependently and over time.

***Thank you Lance Atlas for your insights on Deca/Nandrolone. Going forward it will be Dan the Bodybuilder from Thailand writing again.

CHAPTER 4 - ORAL STEROIDS

Oral steroids are anabolic steroids that can be taken through the mouth. They have an extremely quick onset of action and reach full effects in roughly 5 days to a week after beginning consistent use. Oral steroids are known for being very powerful and causing quick changes to the appearance of a users' physique. The quick changes in a steroid users appearance are usually the result of increased fuel storage and water storage capabilities inside of the muscles. This effect is temporary and only lasts as long as you keep taking the orals. The quick change in appearance noticed on initiating oral steroid use is known as "the cosmetic effects of steroids". Unlike injectable steroids, oral steroids contain no ester molecule to slow their release into the bloodstream. No ester molecule means that when you take oral steroids, the full dosage ingested is available and active in your blood about one hour later. This is the main reason oral steroids pack so much punch and are known to be very strong compared to injectables. For example, if you injected 250mg of Testosterone enanthate that 250mg of hormone would be released into your bloodstream over the course of the following week. In contrast, if you take 250mg of oral steroids in tablet form the entire 250mg will be available in your bloodstream within about an hour. Oral steroids can work on their own, but they don't work nearly as well alone as when they are combined with an injectable anabolic in a "steroid stack".

Oral steroids are inherently more dangerous and come with more negative health consequences than injectable steroids. They are toxic to the liver because they

must contain chemical structures that prevent them from being broken down by it. Whenever you put something in your mouth and swallow, that thing has to be absorbed by your gut and then sent to your liver for processing before it goes to the bloodstream. Oral anabolic steroids are equipped with a special molecule called a 17-alpha-alkylation that prevents it from being broken down by the liver. 17-alpha-alkylation allows the oral steroids to enter the bloodstream intact and ready to exert their muscle building effects. This process does not come without consequence, as the 17-alpha-alkylation that prevents breakdown by the liver causes a significant stress to the organ. Nearly all liver damage attributed to anabolic steroids is caused by the oral variety. If you are experiencing loss of appetite or general sick feelings or unexplained tiredness while using oral steroids, this is a sign of liver damage and the beginning of health problems. If this happens, it is wise to immediately cease using any oral steroid drugs. You'll feel better in about 4-5 days. Oral steroids also typically have more negative effects on blood lipids and cholesterol levels than their injectable counterparts. When using oral anabolic steroids, it is wise to limit the amount and duration of use.

DIANABOL "DBOL"

This stuff is classic bodybuilding. It's the drug that really created bodybuilding. The creation of Dianabol was commissioned by the United States government in response to dominance of the testosterone using Russian weightlifting team in the International Olympic Games during the Cold War. The United States athletes were being blown out of the water by the Russians and the Americans could no longer bare the humiliation. The United States government commissioned the research and development of Dianabol for the express purpose of having a performance enhancing drug to help their athletes beat the Russians in the Olympics. United States Chemists made slight alterations to the testosterone molecule that produced less estrogenic effects than testosterone, emphasized the accumulation of fluid and glycogen fuel into the muscle cell, and maintained the tissue building effects of testosterone while simultaneously making it orally available. The resulting compound changed sports forever. Chemical name 'Methandrostenolone' or DBOL is one of the most powerful anabolic steroids ever created and can give a person the appearance of a bodybuilder seemingly overnight. When you take Dianabol your body immediately starts retaining water and carbohydrates and loading them inside of your muscle cells. Within 3 days of

starting Dbol tablets there is a very real difference in the users' appearance. Your muscles get much rounder and bulky looking simply from taking the tablet, doing weightlifting workouts makes this effect even more exaggerated. Strength gains are very pronounced and within a week of starting DBOL you will be able to add weight to every exercise you do in the gym. The problem with Dbol is that the quick changes you see "almost overnight" are not increases in muscle tissue, they are simply increases in muscle fuel storage capability. The increased muscle fuel storage ability goes away when you stop using Dianabol. Many people complain and say Dianabol is useless because of this or that it builds fake muscles, but they have unrealistic expectations. Of course, you cannot build the amount of muscle mass that Dbol will appear to build in only 5-7 days. It's just increased fuel storage inside the muscle and you need to remember that when you are using DBOL.

The way to get the most out of Dbol is to use a moderate or low dose for an extended period of time. It can be run without significant liver toxicity at a dosage of 15mg-30mg per day for 8 weeks without stopping. During those 8 weeks you will be able to exercise with heavier weights and do longer workouts without becoming fatigued. Those workouts with heavier weights and more volume will translate to accumulation of large amounts of muscle tissue gain over 8 weeks. People who say DBOL is useless or the muscle gains are fake are ignoramus's who have no idea what they are talking about. This was THE ORIGINAL PERFORMANCE ENHANCING DRUG made for Olympic athletes, it's also Arnold Schwarzenegger's favorite anabolic steroid. The common internet "4 week Dbol 50mg per day cycle" is the reason for the misconception that gains from Dbol are not real. It needs to be run for longer at more moderate doses. 15mg-30mg for 8-10 weeks will cause you to gain what you previously thought was inhuman strength and muscle size. Much of the muscle size will stick with you after the cycle because it will be actual muscle tissue, not fuel storage.

Every time I take Dbol the same thing happens, I swell up, my muscles start looking like they are going to pop or explode. I get very aggressive inside the gym but not outside of it. My workouts on DBOL are incredible, better than any other drug. Massive pumps with veins sticking out of my arms, and I feel great. The pump dbol gives makes your muscles feel 3D and like they are hanging from your bones. Dbol can help promote a bit of a euphoric feeling when you are working out in the gym. If taken alone (not recommended) Dianabol doesn't have very

much estrogenic activity, but when it is combined in a stack with testosterone it becomes an estrogen bomb. You will most likely need to have a strong anti-estrogen tablet on hand when you use Dbol. Personally, if I'm going to use testosterone and Dbol together then I need to take Letrozole alongside it, the strongest anti-estrogen drug.

WINSTROL

Winstrol is one of my all-time favorite steroids. It makes you stronger, it makes you look more 3d and pumps your muscles up. It makes you appear leaner and more shredded, all while having zero estrogenic activity. The main side effects of Winstrol are that it messes up your cholesterol fairly badly and also your blood lipid levels take a significant hit. Winstrol has negative effects on your general health. Doctors say they "can tell a Winstrol user just by looking at their cholesterol!" lol kind of funny, but a serious reason not to take Winstrol for extended periods of time. This is a drug that shouldn't be taken longer than 6-8 weeks.

All oral steroids start showing their effects very quickly and Winstrol is no exception. One week after beginning Winstrol, your body should look different. More angular, more definition, more 'pop', and more veins. Winstrol makes the tone of your muscle like rock. When the muscle is sitting there relaxed, it feels harder. The hardening effect that Winstrol gives to a physique is only matched by Trenbolone, no other steroids can give as hard or dry of an appearance. I like Winstrol a lot because it only builds fibrous muscle tissue. It does not blow your muscles up with fuel storage or water. The size gains don't go away after your cycle at all. You don't get smaller when you stop Winstrol. All of the gains are pure muscle fiber tissue. When you stop using it you lose some of that sharpness and muscle separation from the cosmetic effects of the drug. You can really get a freaky steroid body look on Winstrol. Winstrol promotes shape, separation and cuts in all the right places. Common Winstrol dosages are 25mg-50mg per day. Some people take more but in my experience there is quite a bit of diminishing returns as the dosage is increased over 50mg. The effects of Winstrol can be felt and seen at 25mg per day, this is the minimum effective dosage. In order to experience the full effects of Winstrol less than 50mg just won't do it. 50mg per day is the required dosage to experience the full spectrum of Winstrol effects.

Lastly, I want to talk about side effects. Winstrol is notorious for giving pumps so full and extreme that they are very painful and at times can even mess up your workout. There's a funny side effect called "winny foot" where you are walking and the muscles in the soles of your feet begin to develop an unbelievable pump and start cramping. This can cause you to have to stop walking to let it subside, or to walk with a slight limp or 'winny foot' for awhile lol. People who say "winstrol dries out my joints" are being deceived by placebo effect and incorrect statements they have read on the internet. Winstrol does not dry out your joints. Dieting for a bodybuilding competition, taking excessive anti-estrogens and taking diuretics dries out your joints. Since Winstrol is arguably the #1 precontest drug for looking shredded it is often being taken at the same time as people are doing extreme dieting, fluid restriction, and taking diuretics. These people confuse their precontest habits with Winstrol drying out their joints and are responsible for the incorrect myth that Winstrol is bad for the joints. This myth is then parroted by beginner users who experience it as a placebo side effect. The myth is also parroted by losers on the internet who have never used steroids but give advice on internet forums. Winstrol is the drug of choice for Olympic sprinters and many other athletic sports that put premium value of speed, power, and strength to weight ratio.

ANAVAR

Anavar is sort of like Winstrol's little baby brother. It pretty much does everything Winstrol does but not as proficiently and with better health. It's more healthy to take Anavar than it is to take Winstrol since Anavar does not have such severe effects on cholesterol, blood lipids, and liver. Anavar like Winstrol has zero estrogenic activity and will cause no estrogen related side effects. Anavar is a hardener. It will make you have more 'pop' to your physique and makes your muscles look more hard and veiny, but it won't do it nearly as well as Winstrol. Anavar promotes more of a full, rounded, capped, polished appearance to the muscles. Those are very difficult qualities to describe. If you read this again after you have some experience with the compound, those hard to describe cosmetic effects of Anavar will make more sense. One thing about Anavar that is great and sets it apart from other oral steroids is the fact that it is not broken down and excreted by the liver. Normally all oral steroids put stress on the liver, but anavar does not. Anavar is broken down and excreted by the kidneys, not the liver. This

is a unique quality to Anavar. In medicine, Anavar (chemical name oxandrolone) is used to treat fatty alcoholic liver disease by promoting the build-up of new healthy liver tissue. It's also used in children who have delayed puberty to kickstart them into puberty without riddling them with masculinizing side effects the way injecting testosterone would. Anavar is used in AIDS patients and people with severe burns to prevent their muscle tissue from wasting away.

Anavar is incredible as an anti-catabolic. It stops muscle loss in its tracks. If a person is utilizing Anavar it will be near impossible for their bodies metabolism to enter a catabolic state and begin breaking down muscle. The minimum effective dosage for 100% real oxandrolone Anavar is around 40mg per day, full effects are felt around 60mg-80mg per day. Contrary to what you hear old timers saying about "back in the day we had real Anavar from the pharmacy and all you needed was 20mg to make major gains, nothing more was necessary." Those kinds of statements are grossly untrue, and another feeble attempt to mislead the public that steroids are not a necessary part of bodybuilding. 20mg is not going to do a goddam thing for you unless you've never touched steroids before. I've used 100% legitimate anavar on several occasions and the minimum effective dosage is around 40mg per day. If someone tells you Anavar works for them at 20mg per day then they either probably aren't very big, they're lying, or they have Winstrol that's being faked for Anavar. Anavar doesn't really have any side effects. It can be used comfortably for 8-12 weeks without stopping and the only side effect anyone really encounters is headaches or some minor cramping. The gains that Anavar gives are entirely muscle tissue, there is no loss of size after a bodybuilder stops using it. Anavar gives a great cosmetic effect to your physique. It's a great steroid it just needs to be used with realistic expectations, at high enough dosage, and for a long enough period of time. A cool performance enhancing drug cycle I've seen guys with really skinny shredded physiques like Jeff Seid use is Anavar 20mg per day, Testosterone Enanthate 125mg per week, and Pharmaceutical grade human growth hormone at 2IU per day. And the one's who eat more junk food like to throw in 1000mg metformin XR per day and possibly some T3 Thyroid hormone. This is a good steroid stack for getting that "Natural Body that is too good to be true!!!"

SUPERDROL

Superdrol is the most powerful commonly available oral steroid. This is funny and unexpected because it was sold legally as a "prohormone" in the USA until 2007. Well, Superdrol is not a prohormone, it is a highly potent anabolic steroid that was developed by the company syntex in the 1960's. Syntex also created Anavar and Anadrol around the same time. The reason they never brought Superdrol (chemical name Methasterol) to market was because it had too much toxicity to the liver. Drug companies are trying to create products with maximum benefits and minimum side effects, that's why they chose the safer but still effective drugs from their research such as Anavar and Anadrol to market instead of Superdrol. When the anabolic steroid control act was created in the USA it made steroids illegal, but only the steroids that were commonly known and could be specified by name could be banned. This is why designer steroids like Superdrol and Epistane were able to beat the law and be sold on a legal loophole. They were drugs that were researched, created, never marketed for sale, and then forgotten in the 1960's. They were never brought to market and therefore completely forgotten about as "theoretical steroids". Because of being forgotten, these 'theoretical designer steroids' were not listed under the anabolic steroids control act in 1989 that made steroids illegal in the USA. Designer Steroids used the legal loophole and were sold as dietary supplements until the laws were adjusted and the designer steroids were added by name to the anabolic steroids control act.

The minimum effective dosage of Superdrol is 10mg, this is enough to make massive fast changes to your body. Full effects are felt at 20mg per day and at 30mg per day the effects get so extreme it's unbelievable. Combining Superdrol 30mg per day with 1000mg testosterone per week is one of the most unbelievable steroid cycles. Strength and power like you've never experienced before, if you eat enough it may be even more powerful than Trenbolone in this regard. Superdrol Cycles lasting 3-5 weeks is the norm, any longer than 5 weeks and you start feeling really sick + exhausted. Superdrol will blow up your muscles full of fuel storage the same amount as bulking steroids like Dianabol and Anadrol do. However, Superdrol will also promote you having a hard, dry, and ripped appearance similar to Winstrol, while recompositioning your body (building muscle and burning fat at the same time) in a similar manner as trenbolone. Superdrol is truly SUPER-drol. 5 days after beginning Superdrol you will start to see and feel the full effects, endurance and strength in the gym like you didn't

know was possible. Bigger, harder, fuller muscles with more veins. Belly fat starts melting away and at the same time new muscle tissue is built without changing your diet.

On Superdrol you will have experiences with hypoglycemia. The muscles become so sensitive to carbohydrate storage that the muscle cells pull all glycogen and sugar from the blood causing you to become ravenously hungry and shaky. This can happen at any time seemingly at random and even sometimes only an hour or so after you've last eaten. When you go hypoglycemic from Superdrol there is nothing you can do except to correct it by eating sugar and carbohydrates. It's too intense of a feeling to ignore. The good news is that when you do eat sugar and carbohydrates the Superdrol still causes your muscles to suck all of them inside so there is no body fat accumulation. In fact, there is fat loss. There are only 2 highly effective body composition altering steroids that can burn large amounts of fat and build large amounts of muscle at the same time. These steroids are Superdrol and Trenbolone. For me I hate trenbolone. It makes my dick numb, fucks up my sex drive, makes me aggressive and unpredictable, and forces me to take strong drugs like cabergoline to manage side effects. Through Superdrol I have an alternative steroid at my disposal with none of those wretched side effects of trenbolone. Superdrol does not convert to estrogen and you don't need to use any extra aromatase inhibitor with it. Superdrol gives me more strength increase and ability to do more sets without lowering the weights than any other steroid except for maybe trenbolone.

ANADROL

Anadrol is a fantastic anabolic steroid. It's similar to Dbol but without the estrogenic side effects for most people. Usually bodybuilders prefer one over the other. Anadrol cannot be converted to estrogen in the body but for some people the actual anadrol (chemical name oxymetholone) molecule attaches to their estrogen or progesterone receptors and causes them estrogenic side effects like water retention. However, this is not the norm. For most people anadrol does not have estrogenic effects but instead promotes a massive buildup of water and carbohydrate fuel storage inside the muscle cell. This means within 3-5 days of beginning the drug you look like you've gained 10lbs of muscle (it's not muscle tissue, just fuel storage and water inside the muscles cells, it's an illusion). This

quick visual change to your body that certain steroids give is called "the cosmetic effect" of steroids.

The minimum effective dosage of Anadrol is 25mg-50mg per day, full effects are seen at 100mg-150mg per day. What you will notice more than anything upon taking anadrol is that you see a massive strength increase. Even if you feel tired in the gym it won't really matter, you will still be able to lift very heavy. Anadrol is the favorite steroid of many powerlifters and strength athletes for this reason. You can gain a ton of muscle tissue on this stuff but it takes time. A good cycle length for Anadrol is 6-8 weeks at 50mg-100mg per day. Since the effects are very similar to Dbol it's common for steroid users to have a favorite and prefer one over the other. Usually guys who use steroids will either like Anadrol or Dbol but not both. A lot of times this just comes down to which one gives them the least side effects and simply "feels good" to be on. 50mg of Dbol is stronger than 50mg of Anadrol. For me I usually prefer Anadrol over Dbol simply because of the fact that it doesn't convert to estrogen and I don't need to worry about excessive water retention, gyno (bitch tits), or needing to use a bunch of anti-estrogen tablets. Anadrol can make you sick though, I've experimented with dosages up to 300mg per day in the name of science. When I did the 300mg per day I became so sick that I could hardly leave my room, I had no motivation to train, I could not eat, and during those 2 weeks I became convinced that I didn't enjoy bodybuilding anymore. Pretty heinous side effects when abused, so make sure not to abuse it. My first run with Anadrol I was using pharmaceutical grade Anadrol made by British Dispensary. On the manufacturers insert it said that typical dosages prescribed should be between 1mg/kg - 4mg/kg of bodyweight. Since I weigh 100kg or 220lbs, that means the manufacturer suggested doctors prescribe someone of my weight up to 400mg of Anadrol per day. I've tested up to 300mg in the name of science, got so sick from toxicity...never again.

HALOTESTIN

This stuff is incredibly overrated and really only has one use. Contest prep, some people think that Halotestin (chemical name fluoxymesterone) gives them a harder appearance than Winstrol or Trenbolone but that is debatable. Halotestin is a rare drug and extremely expensive which has caused a sort of mystique to surround its use. The truth is that this stuff starts to be effective at 10mg per day and is

commonly used by guys the last few weeks before their bodybuilding competition at about 30mg per day for hardening purposes. Whenever I've experimented with Halotestin, the strength gains I got were inferior to strength gains from Anadrol, Dbol, or Superdrol. I always started to feel sick after about a week, and that was on 10mg-30mg Halotestin per day. Halotestin more or less begins working 45 minutes after taking the first tablet. It has an extremely potent central nervous system effect. The first time I tried it about 45 minutes after popping 20mg in my mouth my body started to shake a bit and have a tremor similar to when you have drank too much coffee. I also had a strange buzzing sensation in my head for about 3 hours. I felt regularly annoyed or irritated and overall the main thing Halotestin seemed to do to me was make me someone with tendencies that caused me to not be a pleasant person to be around. I firmly believe that this drug has no use other than for MMA fighters needing extra aggression or powerlifters/strongman competitors who just need a bit of extra uncontrolled aggression or rage for a short period of time. Halotestin does not build much muscle, and it does not make you feel good.

PROVIRON

Proviron is an androgenic steroid, it is the only commonly available steroid that has no anabolic or muscle building effects. You could call Proviron (chemical name Mesterolone) "Sex Drive in a Pill". It's different from Viagra. Viagra makes your dick hard, Proviron creates the urge to bone. Taking Proviron causes your sex drive to become so pronounced that any dosage above 25mg is not conducive to being a normal productive member of society. If you take Proviron in dosages of 75mg+ per day you are more likely to be a shut in compulsively masturbating freak than to be a bodybuilder. The thing with Proviron is it is almost an identical chemical to Dihydrotestosterone, which is the natural super potent androgen that causes you to become a man at puberty. Proviron doesn't work on your muscles but it works more potently than almost any other steroid on your brain, skin, body and facial hair, head hair, prostate, and sex drive. At a mere 25mg per day the negative aspects of Proviron can be avoided and we can benefit from some great qualities it has. Proviron is used medically to treat 'low vitality' in old men. It is actually prescribed to increase the sex drive of senior citizens and to increase their energy, combatting elderly depression. On the insert pamphlet that comes with pharmaceutical grade Proviron made by Bayer Pharmaceuticals it states the effects

it has on the elderly and how to prescribe the steroid to them. While old men may NEED 75mg-100mg to get the effects and make them feel like an 18 year old again, us bodybuilders don't need that much, we only need about 25mg per day. If you are having sex drive issues (all steroid using bodybuilders do at some point) Proviron can be a solution.

Proviron causes the injectable testosterone and other steroids you use to work better. It does this by binding to sex hormone binding globulin also known as 'SHBG' in your blood. SHBG inactivates steroids and makes them not able to attach to androgen receptors and exert their effect. Proviron has a stronger binding affinity to SHBG than any other steroid and through this mechanism out competes any other steroids you are taking for binding to sex hormone binding globulin. This in turn allows more 'free steroid' from the other steroids you are taking to be floating around available in your blood to attach to androgen receptors and express their anabolic effects in your body. For example, if a man has high total testosterone levels but low free testosterone levels, taking a daily tablet of Proviron will change that. Taking a Proviron tablet each day will cause your free testosterone levels to go shooting up as it outcompetes testosterone in its attraction to binding with SHBG. In this way Proviron is like a supplemental steroid. It causes the other steroids you are using to work better. Proviron is taken orally but is not liver toxic. This is because it does not contain the "17 alpha alkylation" molecule that makes most oral steroids able to pass through the liver without being destroyed. It just so happens that the chemical structure of Proviron is sufficient that there is no need for the 17 alpha alkylation to protect it from being destroyed. Proviron is able to be taken orally and become active in the bloodstream without stressing the liver. For this reason, Proviron does not need to be cycled and can be taken indefinitely with your testosterone. Since Proviron is nearly identical to the primary male androgen that causes puberty (Dihydrotestosterone) it can cause masculinizing side effects. Some people tolerate Proviron great and have no side effects, but others have side effects severe enough that they are not able to use it. Proviron can cause your prostate to swell up, especially if you have high estrogen levels. Proviron can also cause significant acne in those susceptible especially at higher doses. Proviron is notorious for causing hair loss in those who are genetically predisposed to lose their hair.

I want to take a moment to speak about Proviron's use as an anti-estrogen. Proviron

does not kill estrogen the way traditional anti-estrogen tablets like Arimidex, Exemestane, and Letrozole do. Instead, Proviron can attach to the estrogen receptor and block it, making it harder for estrogen to find its receptor and express its effects in the body. Proviron also is a heavily masculinizing drug and shifts the ratio in your body of androgens to estrogens towards the former. This can result in the perception of a decrease in estrogen levels when in fact estrogen is not being decreased by Proviron, it's just being overwhelmed. In the real world, Proviron does not work very well as an anti-estrogen, yes it has some anti-estrogen effects but it does not lower estrogen levels. High estrogen levels are bad for your health and can cause serious side effects. It would be foolish to rely on Proviron instead of traditional anti-estrogen tablets to suppress your estrogen levels and prevent side effects from testosterone.

METHYTRENOLONE ALSO KNOWN AS METHYLTRINOLONE

This stuff is used as the gold standard for scientific studies attempting to compare how potently steroid hormones activate the androgen receptor. The androgen receptor is the mechanism responsible for most of the effects of anabolic steroids. It's debatable how strongly Methyltrenbolone attaches to the androgen receptor, however it is not debatable that Methyltren has a higher attraction to the androgen receptor than any other hormone scientifically known. Some estimates go as high as Methyltren being 17,000 times more potent than testosterone in its ability to attach to and exert its effects on the androgen receptor. Methyltren is the most toxic anabolic steroid known. For those who are foolish enough to try to incorporate this drug into their bodybuilding arsenal usual dosages range from 0.5mg-5mg per day. That's right, a common dosage for methyltren is half a milligram per day. Expect every negative side effect from normal injectable trenbolone to be present during Methyltren use along with extreme central nervous system activation and delusions of physical power greater than you possess. I've observed friends experiment with this drug and the effect it had on them looked more like the effects of cocaine or methamphetamine than anabolic steroids. It lights their central nervous system up so severely that they always have dilated pupils. They're always shaking and trembling uncontrollably, and talking about nonsense. Methyltren is not a steroid meant to be used by humans, it never was. Unlike Superdrol or normal Trenbolone it has never even been considered to be used in humans or any other animals. Methyltren is only used legitimately in labs

for science experiments and comparisons. It kicks in about an hour after taking it and lasts for 4 or 5 hours. I've seen guys in the gym on this stuff looking like machines. Crazy strength lifting weights they normally lift for 8-10 reps but for 15-20 reps just because of taking the Methyltren an hour before their workout. It's crazy stuff and again, from my observations the main effect Methyltren has is on the brain. It seems to have a similar effect to taking stimulants or hardcore recreational drugs as far as energy, delusional thinking, and inappropriate aggressiveness. It's also incredibly liver toxic and taking it for any extended period of time would be risking liver failure. Beware.

ORAL TURINABOL

The steroid Oral Turinabol chemical name (4-Chloro-desoxy-methyltestosterone) also known as 'Tbol' was put into production in 1961 under the direction of Communist East Germany to give to their Olympic athletes during the Cold War. It was made with the purpose of being a performance enhancing drug that could avoid detection by drug testing at sporting events and the International Olympics. The East Germans gave the drug to over 10,000 of their athletes in a secret state run doping program. Up until the year 2016 Oral Turinabol tablets could only be detected in urine of athletes up to 3 days after discontinuing the drug. This means that any athlete who desired could run Turinabol as much as they wanted and only needed to stop 3 days before competition in order to pass the drug test. Oral Turinabol is a good steroid for people who play sports because it increases bodyweight to power output ratios extremely well. You don't gain much weight taking Tbol. You usually get stronger, a bit more lean and ripped, and have some nice mild increases in lean muscle mass. In 2016 a test was invented that is now able to detect Oral Turinabol in urine samples up to 20 days after last ingestion of the tablets. Currently athletes must discontinue taking Turinabol 20 days before they are tested in order to pass the drug test clean. Turinabol does not convert to estrogen and isn't very masculinizing either. Most everyone who uses it says they rate it highly. Personally, using it reminded me of a more potent Anavar. Some people say it's like Dbol but I don't see much similarity in my personal experience. It's a mild oral steroid, some nice mild hardening effects, prominent strength increase, and a good general effect on cardio ability and athletics. Common dosage of Turinabol is 30mg-60mg per day for 6-8 weeks.

CHAPTER 5 - FAT BURNERS

A quick note on fat burners; most are stimulants and raise blood pressure. This is not good for you. Steroids already have a tendency to raise blood pressure, so using fat burners in addition to them is really pushing the envelope. High blood pressure causes kidney damage and cardiovascular damage. Cardiovascular damage is the leading cause of health problems in steroid using bodybuilders. Be careful in choosing when to apply fat burners and do so in a controlled and moderate manner. The truth is that no amount of fat burners will get you cut up if your diet is not on point. You can blast as many fat burners as you want, but if that diet is not spot on then you will not get the results you are looking for. Fat loss happens when your diet is on point and causing you to lose weight on the scale. Then you can add in things like steroids to protect your muscle mass from being eaten by your body, and fat burners to speed up your metabolism making you burn more tissue up more quickly and causing your body to have a preference for breaking down fat tissue and using it for energy rather than using the food and carbohydrates you eat for energy. Ideally you want to use steroids and fat burners and performance enhancing drugs to promote an environment inside your body where the food you eat fuels your muscle tissue, brain, and recovery from workouts. Finally, you want your body fat to be mobilized into triglycerides in your bloodstream that provide the energy for all other physiological processes.

CLENBUTEROL

Clenbuterol is what's called a "beta 2 adrenergic agonist". Drugs that activate the beta 2 adrenergic receptors cause increased breathing or respiratory ability by relaxing the airways. They increase heart rate slightly and prominently increase contractile force of the heart muscle. Clen makes your heart beat harder and more forcefully. One of the first things you will notice when you take clenbuterol is about 45 minutes after ingesting the tablet your hands and fingers will develop shakiness, and your heart will be more prone to "pounding". This is a weird feeling, and I must say, using clenbuterol is incredibly uncomfortable and is not fun. When I use the stuff I can't wait to finish and stop. However, it is the most effective and relatively safe fat burner in existence. Many athletes, bodybuilders, actors, and even women looking to get skinny use clenbuterol. Clenbuterol directly attacks fat cells. Fat cells have beta-2 receptors that clenbuterol binds to.

When those receptors are bound up by clenbuterol they release some of their stored fat energy into the bloodstream as triglycerides to be burned by the body for fuel. Clen makes fasted cardio work incredibly well. If you wake up pop clen and go for a walk on an empty stomach, you will basically be walking fat tissue off your body. In that fasted state there are no carbohydrates in your blood to burn to produce the energy you need to move your body, the only alternative your body has is to tap into its fat stores or muscle energy stores. Luckily, you're on steroids, so no muscle tissue will be broken down for energy and since you are using clenbuterol your body is more than happy to use the triglycerides released into your blood stream to provide the energy necessary to do your cardio. Fasted cardio and clenbuterol use really go well hand in hand.

A good dosage of clenbuterol to start is 20mcg. MCG* stands for micrograms and 1000mcg = 1mg. Clenbuterol is measured in micrograms not milligrams. The body adapts to clenbuterol fairly quickly if you start at 20mcg the first week then jump to 40mcg the second week and 60mcg the third week, that will be a very effective clenbuterol cycle. Some people go way above those dosages and I've tried it but it's stupid. Your body adapts to whatever dosage of clenbuterol you throw at it. If you try to push the envelope and take dosages such as 120mcg per day you will get excellent results for a few days and then your body will adapt to it and it will feel the same as if you were taking a smaller dosage such as 60mcg. Clenbuterol can be taken in various strategies and for different amounts of time. Some people do a 2 days on 1 day off approach for the purpose of trying to keep tolerance down but this does not make sense to me. Clenbuterol has a chemical half-life of 24-36 hours. This means after peak blood clenbuterol levels are reached about 1 hour after ingestion it takes roughly 24 hours for the blood levels of clen to be reduced to 50% of what they were at their peak. This means that if you take 20mcg clenbuterol on day 1 when you take 20mcg again on day 2 some of the dosage from day 1 will still be in your bloodstream and day 2 will feel more intense. The peak blood level on day 2 will be higher than the peak blood level on day 1. If you then take no clenbuterol on the 3rd day you will still have plenty of clenbuterol in your blood from the previous 2 days of usage. Because of this, I don't see how not taking any Clen on day 3 is going to help your tolerance go back down. You still have Clen in your blood on day 3!

Other than shaky hands, and pounding heart, there are two other main side effects

to Clen and they are muscle cramping and agitation or feeling annoyed. The muscle cramping is caused by potassium and salt loss/imbalance, it can be corrected by eating a potato each day (potatoes are one of the foods highest in potassium) and salting your meat extra. The irritation or inherent agitation one experiences while taking clenbuterol is on account of clenbuterol causing massive amounts of adrenaline to be released into the bloodstream essentially causing the user to be in fight or flight mode around the clock. Being in fight or flight mode is very uncomfortable, but look at it logically, what happens when your body decides it either needs to run away or stand and fight? Energy in the form of triglycerides is sent out into the blood stream by fat cells for quick use by muscle tissue. Taking clenbuterol isn't fun but it works very well for burning fat.

EPHEDRINE

Ephedrine is a great fat burner to use sparingly. Its main effect is appetite suppression. Ephedrine has thermogenic fat burning effects in addition to the appetite suppression, but in the real world you won't be burning any additional fat simply because you are taking ephedrine tablets. Ephedrine is related to clenbuterol in its mode of action. Ephedrine is a "non-specific beta adrenergic agonist" which means it lightly effects all adrenergic receptors instead of being highly concentrated on only the beta-2 adrenergic receptor like clenbuterol.

If you take 25mg ephedrine paired with 200mg caffeine 3 times per day it increases metabolism by about 3%-5%. Very negligible increase in metabolic rate, but increasing your metabolic rate is not the proper use of ephedrine. Tolerance to ephedrine develops incredibly quickly, at a similar rate to caffeine. Max effects last for about one week, then it's a good idea to cycle off for a week and let your tolerance reset. Ephedrine got popular in bodybuilding in the early 2000's because it was a legal supplement that had effects similar to amphetamine. Amphetamine has been prescribed to combat obesity since the 1930's. Amphetamine is actually created from ephedrine, applying several chemical reactions to pure ephedrine transforms the chemical into amphetamine and methamphetamine. The reason there are restrictions on buying ephedrine in most countries all over the world, is because ephedrine is the principal precursor chemical used to make amphetamine drugs. Ephedrine is combined with caffeine to produce a synergistic effect making a potent 'anorectic' cocktail. An 'anorectic' is a substance that reduces an

organism's drive to eat food. The classic ECA stack was a combination of ephedrine, caffeine, and aspirin. After the ECA stack was popular for a few years it was discovered that the aspirin really doesn't do much. Aspirin is associated with higher adrenaline levels which is a principal goal when using ephedrine, the problem is that in the real world it doesn't really make any difference to how you 'feel' whether or not you include aspirin in the stack, combine that with the fact that aspirin is a digestive system irritant and can cause ulcers, it's just better not to be taking that stuff everyday with your ephedrine and caffeine.

As I mentioned earlier the standard way to take ephedrine is 25mg combined with 200mg caffeine two or three times per day. This will severely decrease your desire to eat and you will be able to lose a lot of weight quickly. After about 1 week this effect will be negated significantly as your body adapts. I think ephedrine and caffeine is an excellent way to kickstart a cutting diet. It's usually the beginning of the diet when you are fatter than you want to be and being able to take ephedrine with caffeine while only eating some protein, greens, and a few carbs on the first week of your diet will allow you to burn off a nice chunk of a few pounds of fat in that first week effortlessly.

Ephedrine can be an incredible preworkout supplement and can even give you some major euphoria. The secret to getting the best effects is to make sure you do not have a preexisting tolerance to caffeine before you start. When you start taking the ephedrine and caffeine stack with no tolerance it will actually make you feel quite high and euphoric. Music will give you extreme pleasure and working out in the gym you will feel like you simply cannot get tired, you will feel like you have a jetpack connected to your back and you are just tearing through your sets. You will find yourself doing many more sets and exercises in the gym than you had come there planning to do. You just won't be able to tire yourself out, and you will have so much energy you won't want to stop exercising, also you will feel somewhat high lol and the extra adrenaline from the workout will be making you feel even higher. Pharmaceutical grade Ephedrine is available over the counter at all pharmacies in the USA as 25mg tablets in the asthma medication "Bronkaid" or as 12.5mg tablets in the asthma medication "Primatene". Sometimes drug stores like CVS or Walgreens also have their own cheaper brand of ephedrine-based asthma medication as well. You don't need a prescription to buy ephedrine, you just need to walk up to the pharmacy window and ask for it and they sell it to you.

T3 AND T4 THYROID HORMONES

Thyroid hormones are really powerful substances that regulate your resting energy expenditure and also the temperature of your body. T4 is the inactive form of thyroid that is converted into T3 inside your body. T3 is active thyroid hormone and is what causes the change in your basal or resting metabolism. T3 is a lot stronger than T4. A lot of celebrities in Hollywood use T3 to stay thin but this approach of abusing thyroid hormones to make up for the lack of a healthy diet will make you feel like dogshit. When you take a lot of T3 it makes your body temperature heat up similar to when you have a fever, it increases your heart rate and can cause odd jumps in your heart rhythm, it also increases the energy consumption of every cell in your body. This makes your oxygen supply inadequate and you will become out of breath extremely easily. A common scenario when using a moderate to strong dose of T3 would be walking up a hill in the rain covered in sweat huffing and puffing because you are out of breath with a red face. That is not a very socially acceptable appearance because it's weird. If it's cold outside and everyone is wearing a coat but you are wearing a t-shirt and still kind of hot, or it's raining and you're sweating profusely, people just start asking questions like "are you okay man?" taking too much T3 can really make the people around you confused. Also, if you have sex when running T3 you will absolutely drench the girl and bed in sweat. After you orgasm you will be about as wet from head to toe as if you had just stepped out of the shower. I'm not telling you this stuff to try and scare you, I'm just telling you about it because tons of people use this stuff, yet everyone is constantly trying to hide the side effects, so before reading this just now, you probably had no idea that *this is the reality* when it comes to thyroid hormones.

If you are going to use T3 a good time to use it would be when your metabolism is slowing down from a long diet, supplementing T3 at 12.5mcg-25mcg per day will cause your metabolism to instantly go back to burning like a hot furnace. If you've hit a major plateau in weight loss during your diet and notice a drop in body temperature, adding in the thyroid hormone is going to cause you to break through that plateau instantly. However, thyroid hormone supplementation will make you hungrier so you will have to deal with that in addition to the increase in metabolic rate. Personally, I prefer T4 thyroid hormone, which is a prohormone to T3. T4 needs to be converted in the body before it can increase your metabolic rate so it is

milder. T4 has all the same effects as T3 except that it isn't as strong and is taken in higher amounts. Something like 200mcg of T4 per day will not be as strong as 25mcg per day T3. 100mcg T4 per day on a cutting diet can be a good supplement to keep your metabolism going strong without having any severe thyroid hormone related side effects. I want to mention that thyroid hormones are catabolic and will make your anabolic steroids less effective. Everyone who uses thyroid hormones notices their strength decrease in the gym. This is very distressing and one of the principal reasons I don't like using thyroid hormones. These days, my preference is no thyroid hormone supplementation.

Peculiarly, thyroid hormones do have some application to the treatment of chronic fatigue and depression. T3 tablets are a common performance enhancing drug used immediately before athletic events by professional athletes. Olympic Sprinters and NFL Athletes along with other professional sportsmen who compete in events where reaction time is valued at a premium, commonly take 50mcg T3 about 2 hours before competition to increase alertness and reaction time. One of the first things you notice upon taking T3 is increased alertness, less need for sleep, and more energy. This obviously has application in treating depression since low alertness, lethargy, and lack of energy or motivation are all principal symptoms of depression. In fact, before SSRI serotonin reuptake inhibitor drugs like Prozac and Zoloft were invented the go to medical treatment for depression was supplementation with thyroid hormones and amphetamines. This is only logical since modern medicine has always been about treating symptoms with medications. T3 with its effects on energy and alertness treats many of the symptoms of depression. T3 has another effect that is beneficial to depression as well, it is theorized that a major cause of depression is the lack of certain neurotransmitters in the brain. T3 increases the metabolic rate of ALL cells and tissues in the body, this means that supplementing with T3 causes more neurotransmitters to be produced by nerve cells more quickly. An effective and not widely known treatment for depression is the combination of a small amount of T3 thyroid hormone with a small dose of an SSRI serotonin reuptake inhibitor drug. The T3 causes more serotonin and other neurotransmitters to be made more quickly and then the SSRI drug causes the extra neurotransmitters to stay in the chemical messaging gaps for longer without being metabolized, allowing them more time to send their chemical messages. You could say that the T3 thyroid

supplementation supercharges the effects of the SSRI drug for depression.

PHENTERMINE

Phentermine is an amphetamine analogue touted on the internet as being the ultimate diet pill to make starving yourself a breeze. The internet consensus seems to be that phentermine is the ultimate appetite suppressant. As usual, people who talk like that or want results like that are likely talking out of their asses, and have probably never even used it. Phentermine is a type of amphetamine that was tweaked by chemists to create a stimulant with maximum body stimulation along with less mental stimulation than traditional amphetamine. The logic behind this is to make the users body be in fight or flight mode and burn tons of calories while not getting high from amphetamine. I have experimented with brand name Duromine Phentermine. It's not all it's cracked up to be guys. This stuff made me feel like shit. I tried it three separate days, and each time it made me feel annoyed, gave me a headache behind my eyes, made my heart skip beats, and made me want the whole experience to be over. It didn't even blunt appetite as well as Adderall does. What a buzzkill this Phentermine stuff was. The internet fat loss gurus really pulled the blinds over everyone's eyes with this one. Everyone on internet forums says this is the ultimate fat loss medication, ultimate appetite suppressant. That is wrong. It's a shitty appetite suppressant and makes you feel like you are going to have a heart attack. I can't imagine trying to exercise or work out on this crap.

ANABOLIC TRINITY (STERIODS + INSULIN + HGH)

INSULIN AND METFORMIN

I'm not going to discuss injectable insulin use in this book because it is dangerous, irresponsible, and the cause of death of a handful of well known pro bodybuilders. Chronic Insulin use will ruin the look of your physique, give you a pregnant looking gut, and grow your internal organs. Just don't do it, stay away from it.

Metformin is one of the most powerful and best kept secrets of bodybuilding. It uses the power of insulin to pack enormous supraphysiological amounts of fuel storage into your muscle cells. In order to understand why metformin is an extremely potent performance enhancing drug you first need to understand how

diabetes occurs. Metformin was developed as a first line of treatment for diabetes. Diabetes is caused by an insensitivity to the effects of insulin by the body's cells. In order for energy and nutrients to leave your bloodstream, the body's cells must receive a message from the hormone insulin telling them to open up and accept an influx of nutrition. Without this signal from insulin, the body's cells cannot receive the necessary nutrition to survive. Diabetes occurs when insulin is present but the body's cells are no longer sensitive to its effects and do not open and allow nutrients to cross over from the blood and into the cell. When this happens the body's cells starve and die. This is why diabetes is a slowly progressive and insidious disease. As cells are starved for energy, they end up dying. Once enough cells in a specific area die it can cause entire body parts to go necrotic and need to be amputated. Sometimes people with diabetes lose their fingers and toes, and sometimes even need to have arms or legs amputated and eventually die from the disease. Using insulin injections to manage diabetes is not desirable because all injecting insulin is doing is putting enormous amounts of insulin into your body to supplement the natural insulin produced by your pancreas and super saturate the body's insulin receptors. By injecting insulin, you end up causing the body's insulin receptors to become even less sensitive to insulin. It's the same as when you drink 3 cups of coffee a day, after a period of time the coffee stops producing the desired effects, receptors are super saturated and their sensitivity is then over time decreased. When you inject yourself with insulin your insulin receptors become less sensitive to the effects of insulin. Many bodybuilders have ruined their lives by abusing insulin in the name of increased muscle mass. They inject themselves with insulin and over time their bodies become adapted to having increased insulin levels, their cells downregulate their sensitivity to the effects of insulin, and the normal amount of insulin produced by their pancreas is no longer enough to open up their bodies cells to intake nutrition. Through this process insulin using bodybuilders turn themselves into type 2 diabetics. Type 1 diabetes is when you are born with an insensitivity to insulin. Type 2 diabetes is when you cause your body to become insensitive to insulin through lifestyle choices. Fat people do this by eating too much sugar causing their pancreas to constantly release huge amounts of insulin, producing a tolerance and insensitivity to its effects. These people then have to start injecting insulin to get extra into their bodies to make up for their insensitivity, which in turn over time causes them to become even less sensitive and eventually the injectable insulin won't be enough to

cause their cells to intake energy either. This eventually will kill them and all diabetic individuals have a greatly decreased life expectancy. The other danger of insulin use is acute overdose. If too much insulin is taken and not enough carbohydrates are present in the blood, then the insulin will cause all carbohydrates in the blood to be sucked into the body's cells thereby depriving the brain of its fuel. The brain cannot store energy, it must have a constant supply of nutrient rich blood in order to function. When a person takes too much insulin without enough carbohydrates present, their brains no longer have the required energy to function, they fall into a coma, and in severe cases die as their brains are starved. This is called hypoglycemic shock and can happen within minutes after a short acting insulin injection, or seemingly at random hours after an injection when a long acting insulin is being used.

Metformin is an insulin sensitizing agent. That means the principal function is to cause the exact opposite changes to your body that developing type 2 diabetes creates. Using Metformin causes your cells to become more sensitive to insulin making the insulin you produce work more effectively to easily shuttle nutrition into your body's cells without the need for excess insulin levels. Put simply, Metformin allows you to do more with less. With Metformin, less insulin will be able to shuttle more nutrients into your muscle cells, and with a normal body producing normal amounts of insulin this normal amount of insulin will have the same effect as a supraphysiological dose of injected insulin. You will be much more sensitive to insulin on Metformin, specifically in your muscle cells. This will cause the normal amount of insulin you produce naturally to be seen as a larger amount than it really is by your highly sensitive insulin receptors. Metformin has so many different modes of action it's impossible to discuss them all, even scientists and the drug companies that produce metformin don't know exactly why it works the way it does. One way Metformin works is by activating an energy system called "AMP-k" this energy system primarily uses fatty acids for energy and is normally activated during times of fasting or low intensity activity. The other energy system of the body is called M-TOR which is a primarily carbohydrate burning energy system and is activated during periods of intense physical activity.

Metformin causes an increase in GLUT-4 receptors on the surface of muscle cells, this makes them extremely sensitive to insulin and allows nutrients to cross over

into the cell with ease. GLUT-4 receptors usually appear on muscle cells after intense training for the purpose of letting extra energy into the muscle cell to recover from training. Metformin turbocharges this process and causes GLUT-4 receptors to appear on muscle cells even without exercise. Once you start taking metformin your muscles will gain more glycogen storage capability than they have ever had before. You will see your muscles become much rounder and "swollen". The muscle cell's storage capacity will be near maximum and the muscle will have a bursting full, round, and separated appearance. What's awesome about metformin is it specifically does not increase insulin sensitivity in fat cells. Whereas traditional injectable insulin causes all cells to uptake extra nutrition, metformin specifically targets the muscle cells. This is beneficial if you are trying to change your body composition and lose fat while building muscle at the same time.

Metformin can also help you to burn more bodyfat. Metformin helps with weight loss by decreasing your appetite and by decreasing glucose production in the liver. When you have no more glucose available in your blood your liver starts a process called gluconeogenesis where it creates glucose by breaking down protein and amino acids. When this happens, it produces new glucose in your bloodstream via protein breakdown instead of via fat breakdown. This blunts the fat loss process and causes you to have to burn through all available liver produced glucose before you can tap into your bodyfat stores and start using them for energy. Metformin reduces the rate of gluconeogenesis or the production of glucose in the liver by more than 30%. This means that there will be over 30% less liver produced glucose that you need to burn before you can start burning fat. Since metformin allows you to do more with less insulin, it blunts your body's requirement to produce as much insulin. When there is insulin in the blood, fat loss cannot occur. The presence of insulin prevents fat cells from releasing their stores into the bloodstream. Since metformin makes you more sensitive to insulin, you will not need to produce as much insulin to process your food, this will allow you to spend more time throughout the day with low insulin levels burning stored bodyfat for energy. Metformin also decreases intestinal glucose absorption by about one third. This means that one third of the carbohydrates you eat will not be absorbed and will instead come out in your poop. That means you can eat more carbohydrates on metformin without it "sticking" to your body, they won't be

absorbed, instead they will just be shit out. You can eat more carbs on metformin than you otherwise could and still lose weight. Some bodybuilders abuse metformin because of its effects on blocking absorption of carbohydrates and other nutrients from the gut. Metformin has the unique ability to block garbage food you eat like McDonald's from being stored as bodyfat and some bodybuilders use metformin as a crutch to allow them to stay lean while eating unhealthy foods. Metformin has some side effects but none that negatively affect your health. In fact, metformin is used as an anti-aging drug at life extension clinics because it decreases all-cause mortality and increases life expectancy. There have been multiple long-term studies done that show that people taking metformin, even those with cancer, live longer than those who do not take metformin. I'm not making this up. This is information from real long-term scientific studies.

The negative side effects of metformin come down to discomfort. The first two weeks on it you are going to have chronic diarrhea. This is unavoidable, and gets better after the first two weeks. After you've been on metformin for one month you will no longer have any digestive issues. Metformin also has a distinct 'smell' that you will notice in your shit and when you go pee. Your urine and poop both will have a distinct and very unpleasant 'metformin smell' to them. This does not go away. Luckily, the smell doesn't permeate into your skin or hair or anything, and you won't walk around smelling like metformin, only your waste products will smell like metformin lol. Some people read scientific studies that show metformin reduces IGF-1 levels, this is true. However, in the real world this does not seem to have an effect on your ability to build muscle, since metformin allows you to build more muscle and look way freakier than you could otherwise. I hypothesize that metformin only decreases circulating IGF-1 levels which could be why it works as an anti-cancer and life extension drug. If metformin only decreases circulating IGF-1 levels but not Intramuscular IGF-1 levels then it would have no effect on the muscle building processes through this mechanism anyway. Another negative thing people say about Metformin is that it turns on the AMP-k energy system which is a fat burning energy system. The other energy system M-TOR is a more anabolic and carbohydrate burning energy system. Again, this fear seems to be only that, a fear, and it doesn't seem to make a difference in the real-world use of metformin in the bodybuilder.

You need to be taking testosterone or some form of anabolic hormones while using

metformin. This is because metformin blunts natural testosterone production by about 60%, not a problem if you are injecting testosterone or steroids, but if you are a natural, then metformin would not be a good choice for you. Finally, it is a good idea to drink 1tsp. of baking soda each day when using metformin to prevent acid reflux and indigestion. Metformin causes an increase in acidity in the body and it can make your throat burn. Baking soda, also known as sodium bicarbonate, is completely alkaline being the complete opposite of acidic. Baking soda will balance your PH levels when using metformin preventing any excess acidity. Metformin is incredibly cheap and usually only costs something like 0.25USD per 1000mg XR tablet. I prefer the extended release XR metformin to the immediate release because I want to have its effects running in my body all day. Remember, many IFBB Pros are using Metformin and just not saying anything about it. This drug is still a secret in the bodybuilding community.

My favorite way to use metformin is to take a 1000mg XR tablet on waking and then another 1000mg XR tablet before bed. This protocol of two times per day XR dosing for a total daily dosage of 2000mg metformin makes a massive difference to your physique. You should start noticing it about a week after you start using it. Your muscles become fuller, rounder, and more separated from each other. Running a Metformin protocol will bring a more 'freaky' and 'unnatural' look to your physique. Alternatively, once per day dosing of 1000mg XR metformin on waking works good too, and is what I recommend you to do until you get used to the digestive disturbance metformin causes during the first two weeks of use. The application of Metformin, Anabolic Steroids, and Pharmaceutical grade Human Growth Hormone, mimics the anabolic trinity effects that the combination of insulin, steroids, and HGH is known to produce. Since human growth hormone causes desensitization to insulin, metformin is a great choice to run alongside growth hormone to prevent any issues with this. Since metformin increases insulin sensitivity it actually directly combats growth hormone induced insulin resistance while providing a mild version of the muscle volumizing effects of injectable insulin. It produces this effect more mildly than you can get with injectable insulin, but it still produces the effects and it is 100% safe.

HUMAN GROWTH HORMONE HGH

Human Growth Hormone has more mystery behind it than any other performance

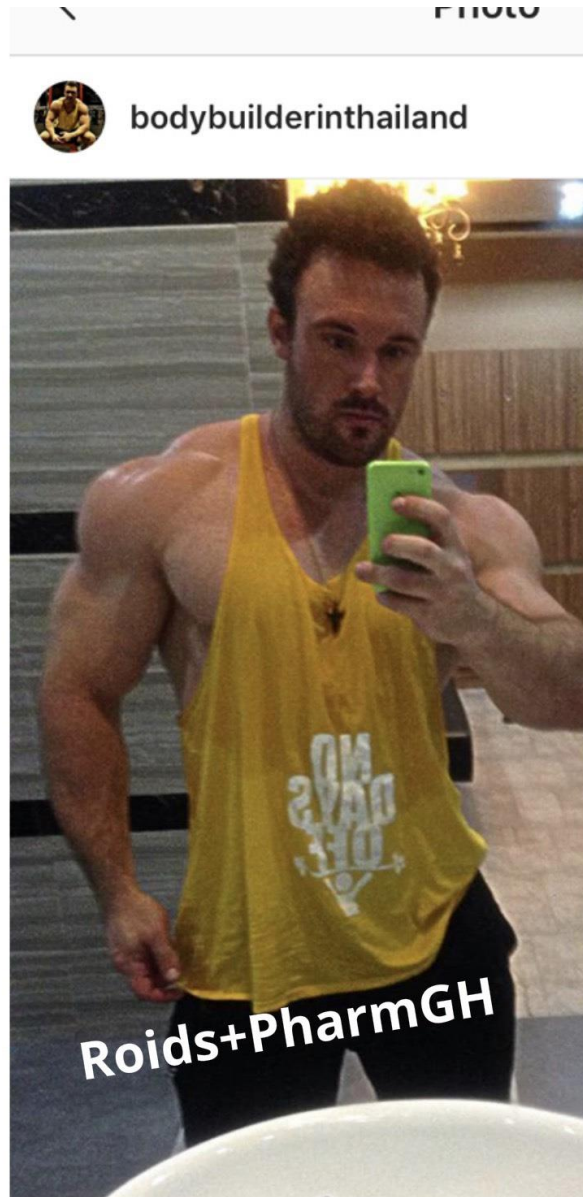
enhancing drug. After reading this section, there will be no more mystery. The first thing you have to understand is that HGH will not help you build muscle unless you use steroids alongside it at the same time. All of the scientific studies that have come out saying that HGH does not grow muscle, studied it in subjects who were naturals, they were put on solo human growth hormone therapy and studied. This approach will help with some fat loss, connective tissue strengthening, and rejuvenation, but it will not build muscle. In order for HGH to build muscle it MUST be combined with anabolic steroids. Human growth hormone has anabolic effects on ligaments, tendons, and cartilage and helps athletes prevent and recover quickly from injuries. All the miracle pro athlete recoveries from career threatening injuries are the result of growth hormone injections. As a testament to the healing abilities of HGH, I took growth hormone to recover from umbilical hernia surgery and looked my best ever 45 days after surgery.

The next thing you have to know about HGH is that if you are not using pharmaceutical grade growth hormone such as Genotropin, Norditropin, Saizen, Serostim etc. then you are wasting your money. The only effective growth hormone is human pharmaceutical grade growth hormone meant to be sold in a pharmacy. Everything else is bullshit. The reason Generic HGH cannot compare to pharmaceutical grade is that growth hormone is made through recombinant DNA technology where special Ecoli bacteria is genetically engineered and given strands of modified Virus derived DNA to produce human growth hormone. This process cannot be replicated by laymen. There are only a few facilities in the world capable of producing high quality 100% legitimate HGH, and these facilities are used exclusively for the production of human pharmaceutical grade growth hormone. Many people talk about 'generic' growth hormone and talk about blue tops, grey tops, black tops etc. All of that stuff is garbage and a far, far, far cry from the real thing. Now, you may have used some generic growth hormone that gave you some results or had friends you watched use generic HGH and they got pretty good results. That's not impossible, I've experimented with generic HGH too. So, what is in those generic HGH bottles that gives some physique improving benefits? The answer is no one knows, it may be peptides, it may be a host of other things, generic human growth hormone is produced unregulated in china.

You don't only need access to the facilities to produce growth hormone properly,

You also need access to highly specialized professional chemists to produce it. There are only a handful of facilities with the necessary Recombinant DNA technology equipment and the specialized highly trained chemists to produce true human growth hormone. These facilities are being used and staffed by big pharmaceutical companies that are selling their products for billions of dollars on the world stage, not by some Rat Prick drug dealer in India or China who produces steroids in his basement, or even at a professional underground production facility. The best way to describe the difference between using pharmaceutical grade growth hormone versus using generics is to compare having sex with a hot ass woman with and without a condom. If you have sex with the condom on, you just won't be having anywhere near the same experience that the person who gets laid with her with no condom is experiencing.

I'm telling you all this stuff and giving all these examples because I'm really trying to help you here. If you use generics you are playing the drug dealers' game. They will always jump on people like me who tell you the truth. They do this to protect their market and financial interests in selling you cheap trash. They will say that I'm a liar, don't know what I'm talking about etc. but the fact of the matter is that I have no incentive but to tell you the truth. I'm not biased, and I'm telling you the EXACT same thing that a guru who coaches top bodybuilders on the Olympia stage would tell his athletes. It's really unfortunate and shameful that the bodybuilding and fitness industry and Pro Sports is run on lies and deception. Through writing this stuff my hope is to sacrifice myself as someone who will show their face and identity, and finally be someone who releases the truth of exactly what is happening with performance enhancing drugs to the general public. Do with it what you will. If you wanna be a generic growth hormone user, just know that you are doing the same thing as choosing to consistently have sex with your girlfriend with a condom on. Might be fun for a couple times, but will you ever be completely satisfied? No, absolutely not. If you are going to mess around with generics and counterfeits I suggest doing it with something other than HGH.



Beginning in 1963 doctors started treating patients with cadaver (dead person) derived growth hormone. The growth hormone was extracted from grinding up the pituitary glands of dead people and then extracting the human growth hormone that had been present in the organ, this was then purified and injected mostly into children who had stunted growth, some was also obtained by athletes and used as a performance enhancing drug, this form of growth hormone was sold under the brand name Crescormon. Unfortunately, cadaver derived HGH was sometimes contaminated with misfolded proteins called "Prions". When prions are introduced into the body, they make their way to the central nervous system and brain where

they become contagious to other proteins in the area. The bad prions or misfolded proteins are contagious to nearby cells and proteins, once introduced into a human, the prions then increase in number exponentially. This results in a disease of brain deterioration called Creutzfeldt-Jacob Disease. Within, 1 year 70% of people diagnosed with CJD die. This is what happened to the former NFL player Lyle Alzado who was using Crescormon Cadaver-Derived Human Growth Hormone as a performance enhancing drug. He contracted Creutzfeldt-Jacob disease from growth hormone. The prions in the bad growth hormone invaded his nervous system and killed him shortly thereafter. In 1981 a company called Genentech developed a process to produce growth hormone via recombinant DNA technology, thereby ending the need for cadaver derived growth hormone. This first version of rDNA HGH was marketed under the brand name 'Protropin'. Shortly after the introduction of Protropin Eli Lilly introduced their version of rDNA HGH called 'Humatrope'. After the introductions of Protropin and Humatrope the rDNA growth hormone market flourished as a result of competition, facilitating the introduction of current popular HGH brand names.

Dan the Bodybuilder in Thailand

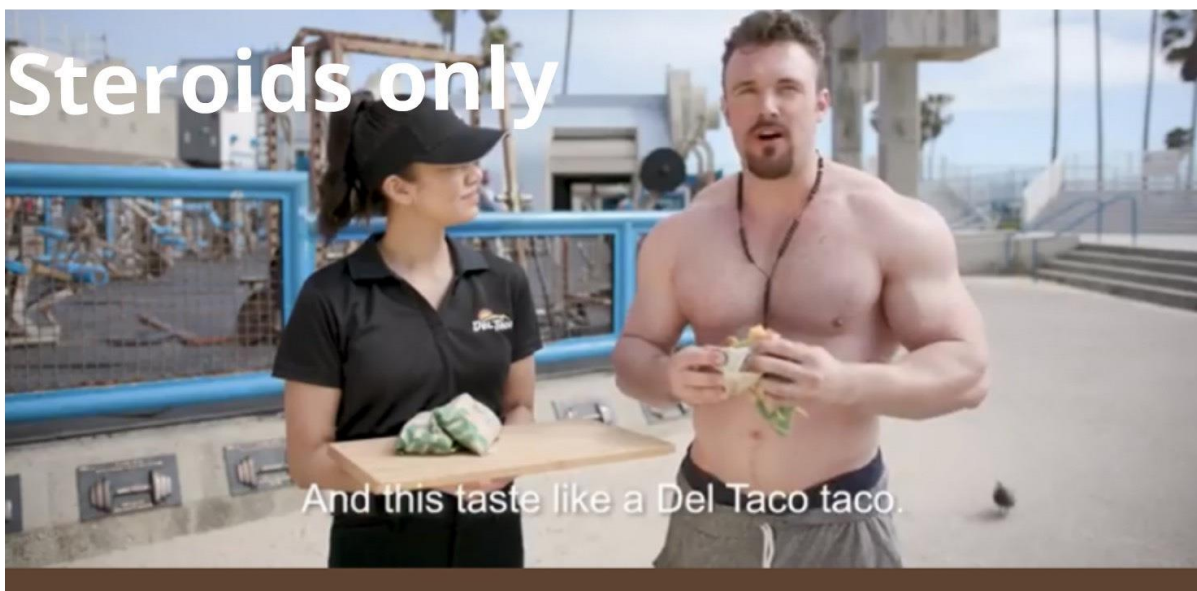
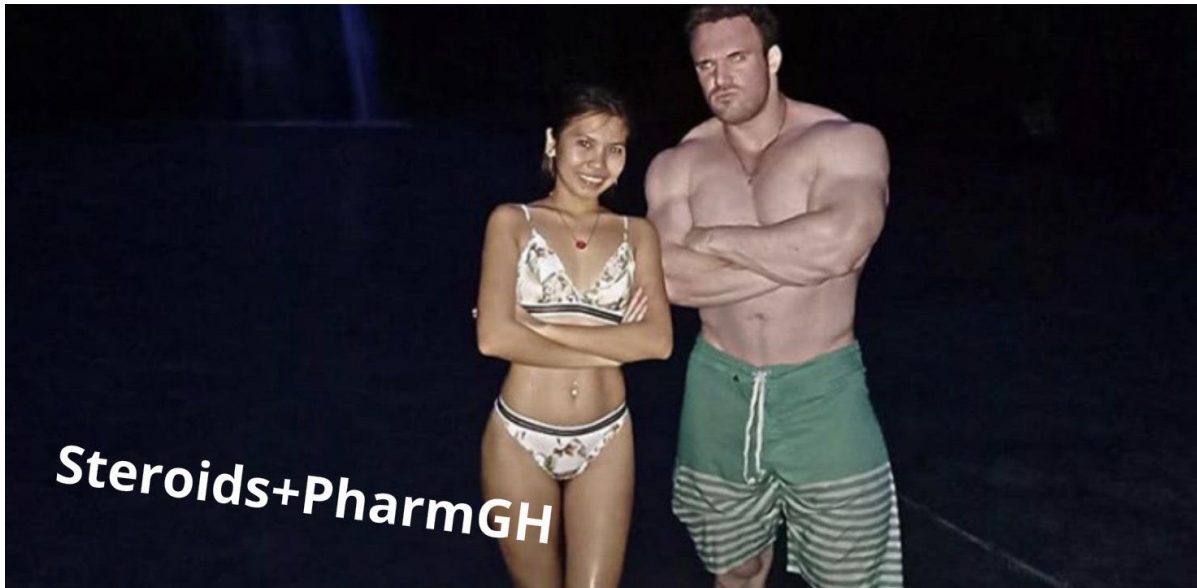


Growth hormone has a really interesting effect on the shape and appearance of a user's muscles. It causes them to become squarer shaped and box shaped. It increases the 3D appearance of a user's muscle to a considerable degree. GH is very potent at creating a more 3D look in the bodybuilder. This is evident in professional athletes and especially NBA basketball players. Have you seen how some of the more muscular NBA stars like LeBron James, Dwight Howard, or David Robinson have these shoulders and clavicle areas that are so wide and full and separated that it almost looks alien? or as if they are a 747 airliner about to take off and fly? This is what pharmaceutical grade human growth hormone does to a physique when combined with steroids. Growth hormone is freaky. Growth hormone use promotes a freaky looking body. It causes mutation in the body. Muscle cells increase in number under the influence of growth hormone. Normally when muscle becomes bigger it is because of existing muscle cells becoming larger and gaining more nuclei. When growth hormone is combined with steroids muscle cells actually undergo mitosis which is the splitting of cells to form new cells. This gives someone the opportunity to change their genetics and gain more muscle cells than they were born with.

When growth hormone is injected some of the effects like fat loss are caused by the actual growth hormone molecule, but other effects like the increase in the number of muscle cells is caused by growth hormone traveling to the liver and being converted into IGF-1 or insulin like growth factor 1. IGF-1 travels through the blood stream looking for damaged tissues, when damaged tissue is identified IGF-1 binds to receptors there and causes stem cells nearby to become whatever the damaged cell type was. In muscle tissue after heavy weight training IGF-1 produced from growth hormone injections identifies the damaged muscle tissue, binds to its receptors there, and causes nearby stem cells to become muscle cells. Steroids alone build up the size of existing muscle cells. It is only through the combination of growth hormone with anabolic steroids at the same time that a person can begin to change their genetics and develop new muscle cells. Anecdotally, after taking Novo-Nordisk Norditropin for one year straight at 4IU per day my body has never looked the same. It caused permanent changes to the polish, quality, shape, and separation of my muscles.

After my one year run with pharmaceutical grade growth hormone (along with some experimentation with generic growth hormone) I have ceased using growth

hormone because I don't believe it is necessary for my goals, and it is an incredibly expensive luxury. However, I am glad that I took growth hormone with my steroids for a year and now am able to reap the benefits of having built some new muscle cells and changed the separation and shape of my muscles.



Growth hormone has some side effects. First, growth hormone is very similar in chemical structure to the hormone prolactin. Prolactin levels surge after orgasm and is what makes you feel disinterested in sex and your erection to go down after you finish. Growth hormone is slightly different in chemical structure to prolactin. Generic growth hormone is notorious for causing sex drive, erection, and even

climax issues in some men. This is because generic growth hormone is garbage and if you experience this effect it is either because the growth hormone is tainted with prolactin from impure manufacturing processes or because your growth hormone decomposed into prolactin like molecules that can fit into and activate prolactin receptors. Just another one of the millions of reasons not to use generic growth hormone, no matter how bad underground labs want to sell it to you! The reason I keep bringing this up is because I know people are going to look at the cheaper price of generics and foolishly ignore this advice and make justifications for buying generic. You want to believe the generics will give you the effects that pharmaceutical grade growth hormone is going to give you, but it doesn't matter how much you want to believe, it's always going to be a fantasy.

We already talked about increased water retention with growth hormone, this commonly effects the face and is the reason why many pro-competitive bodybuilders these days have ripped bodies but pudgy round looking faces. These guys think they look better when they have growth hormone in their system the day of the competition (it makes them bigger). Growth hormone use causes insulin resistance, this isn't too severe and can actually help you lose weight if you are only using a dosage of about 5IU or less per day. When you start pushing the dosage up over 5IU HGH per day that is when insulin resistance and acquiring type 2 diabetes becomes a concern. The mechanism behind growth hormone induced insulin resistance is unknown to scientists, but it is easy to see by taking blood glucose readings of long term or high dosage growth hormone users that this effect is very prominent, and very real. This is why if you are going to be planning to use growth hormone for an extended period of time it is good to include metformin or at the very least berberine (a natural and potent insulin sensitizer). The metformin will restore insulin sensitivity in the presence of growth hormone.

We need to discuss the possible side effects of having growth hormone induced highly elevated levels of IGF-1. IGF-1 is meant for the repair of tissue but if there is an overabundance of IGF-1 present inside the body and not enough tissue needing repair, then the IGF-1 will find other, non-damaged tissue to bind to and create more cells. This effect is severely exacerbated by the simultaneous use of injectable insulin which more or less triples the IGF-1 levels that growth hormone alone could produce. When someone has chronically elevated supraphysiological levels of IGF-1 they are risking the enlargement of body parts and organs. People

using growth hormone without insulin usually don't have issues with this unless they are highly genetically predisposed to be sensitive to the effects of IGF-1. But it is still possible to have heart enlargement, hand and foot enlargement, brow and forehead enlargement, intestinal enlargement and so forth whether you are using insulin alongside the HGH or not. It's not uncommon for people to develop thickening of nerves and tendons while using growth hormone. This can cause tingling in your fingers and hands. Hands and fingers fall asleep and start tingling a lot while using growth hormone. Many people myself included experience carpal tunnel symptoms. Most of that goes away after stopping growth hormone, but some of it usually stays permanently.

Pharmaceutical grade growth hormone is highly effective in helping your bodybuilding goals starting from a dosage of only 2IU per day. At this low dosage risk of side effects is extremely low and you will still have major benefits while also being able to keep the cost down. I don't like intramuscular growth hormone injections. Intramuscular gives me way more water retention and is in and out of my system way too fast. Judging by the mirror i look way better taking growth hormone as subcutaneous injections into bodyfat. This has the added effect of increased fat loss since blood sugar and insulin levels are low in the morning before eating. I always preferred to inject my growth hormone in 2IU increments. I would take 2IU into my stomach fat first thing upon waking up each morning. Injecting the growth hormone at this time and doing a little cardio walking or waiting about 45 minutes to an hour before eating guarantees growth hormone has time to attack the fat cells, causing them to not only release stored energy into the blood stream, but to then actually need to burn that energy up. Since I usually took 4IU HGH per day, I would do a second 2IU injection into my stomach fat at lunch time or sometimes before bed, depending on my preference and ease of performing the injection.

An interesting thing about injecting growth hormone is that it has a localized fat burning effect where you inject it, this in addition to its systemic effects. If you do all your growth hormone injections on the left side of your belly button for 3 weeks and no injections on the right side of your belly button, at the end of about 3 weeks you will notice that your skin on the left side of the belly button has significantly less fat than the skin on the right side. Some might get ambitious on noticing this and decide if growth hormone can produce localized burning of fat,

then maybe it can produce localized muscle growth too. They will then start doing all their growth hormone shots into their underdeveloped muscle groups or weak points in their physique. Unfortunately, these guys will be disappointed with the results of their experiment. Growth hormone injections can cause localized fat loss because it is the actual growth hormone molecule that burns fat, however, the growth hormone molecule itself does nothing to build muscle remember? It is IGF-1 produced by the liver from growth hormone that then circulates through the body and has the ability to help with the muscle building and repair process as well as create additional new muscle cells. Growth hormone has got to reach the liver first before it can aid the muscle building process. Localized growth hormone injections for muscle size doesn't work.

ANCILLARY DRUGS

ANTI-ESTROGENS

Most people who use testosterone or other anabolic steroids that convert to estrogen, will require the simultaneous use of anti-estrogen tablets also known as aromatase inhibitors. In this section we will talk about the 3 most effective anti-estrogen medications as well as one estrogen blocking medication. In the section of this book on testosterone we discussed how testosterone is converted to estrogen in the body, but let's go over it again here. The bodies fat cells are active endocrine organs and emit a wide array of enzymes and digestive hormones. One of the enzymes created by fat cells is called 'Aromatase'. When the aromatase enzyme interacts with the testosterone molecule it physically transforms the testosterone molecule into an estrogen molecule. For natural men not on steroids, this 'aromatization' process of converting testosterone to estrogen is a feedback system to help the testicles to know how much testosterone to produce. When the testicles have produced enough testosterone and estrogen levels start rising via aromatization, the brain recognizes the rise in estrogen levels and cuts off the production of testosterone from the testicles temporarily until estrogen levels fall again. Generally, when using steroids, the more testosterone you take, the more anti-estrogen tablets you will need to use. Testosterone is extremely anabolic, puts on quality muscle bulk slowly over time and makes you feel great. Testosterone is a very desirable steroid to use, usually the problem is the estrogen that testosterone

produces coming along for the ride.

Most all "huge bodybuilders" use a minimum of 1000mg of testosterone per week. The common range of testosterone dosing for a huge bodybuilder is somewhere between 1000mg-2500mg per week. Guys using these high testosterone dosages are going to be forced to run anti-estrogen tablets or else they will experience negative side effects. A prominent side effect testosterone at the mentioned dosages produces is edema or water retention under the skin. Edema not only causes you to look like a bloated cartoon character with no muscle definition but also causes your skin to turn red and raises your blood pressure severely. Consistently high blood pressure for years will shorten your lifespan, destroy your kidneys, and clog your arteries with plaque causing cardiovascular diseases such as heart attack and stroke. High estrogen causes gyno which is the growth of female breast tissue under your male nipples, it also causes bad whitehead acne and a swollen grapefruit sized prostate that will make it extremely hard to pee. A swollen prostate presses on your bladder causing you to feel like you need to urinate 24 hours per day.

Now that you know why you do not want raised estrogen levels, lets discuss the medications you can take to eliminate the potential problem. There are three common drugs that attack the aromatase enzyme and estrogen molecule directly, they are named Arimidex (generic name Anastrozole), Femara (generic name Letrozole), and Aromasin (generic name Exemestane). Out of the 3, my favorite is Aromasin which I'm just going to call by its generic name Exemestane. Exemestane is actually a steroid hormone molecule that kills the aromatase enzyme and the estrogen molecule on contact. Exemestane works extremely well because it is a steroid related to the prohormone 4-androstenediol, a precursor of the testosterone molecule. Because of Exemestane's similarity to testosterone it is able to pose as testosterone in the blood. The aromatase enzyme recognizes exemestane as testosterone, binds to it, and tries to convert it to estrogen. Of course Exemestane is not testosterone and cannot be transformed into estrogen. When Exemestane binds to the aromatase enzyme it permanently deactivates it in a process known as suicide inhibition. Once suicide inhibition occurs, the body will not be able to produce estrogen in pre-exemestane quantities until it is able to regenerate new aromatase enzymes.

In my experience I "feel" the best on Exemestane, sometimes the other aromatase inhibitors give me a bit of a foggy head, exemestane doesn't do this for me and I also feel like exemestane has a positive effect on my sex drive. If I'm experiencing any signs of gyno like itchy burning nipples, exemestane provides me with relief in as little as 60 minutes after ingesting the 25mg tablet.

Next, we are going to discuss Letrozole and Arimidex. Letro and Arimidex suppress estrogen through a different mechanism than exemestane. Letro and Arimidex work by temporarily deactivating the aromatase enzyme and by disrupting the conversion of testosterone into estrogen. Arimidex and Letro bind to certain sites on the aromatase enzyme that cause the enzyme to be unable to bind to male hormones. A distinct disadvantage of Letro and arimidex in comparison to Exemestane is that the former two drugs unbind from the aromatase enzyme after a few days and are excreted out of the body. This leaves the formerly bound aromatase enzymes free to bind testosterone and form estrogen again. If someone taking Letro or Arimidex suddenly stopped, they may have a rebound effect or spike in estrogen levels when they cease taking the tablets. Letro and Arimidex also have a negative effect on cholesterol that is not apparent in Exemestane. I think at this point it's clear why I prefer Exemestane to Letro and Arimidex, however Letrozole is much stronger than Exemestane. A single Letrozole 2.5mg tablet anecdotally suppresses estrogen levels about twice as well as a single 25mg tablet of Exemestane. Arimidex 1mg tablets anecdotally have a similar effect on reducing estrogen to a single tablet of 25mg exemestane.

Normally I would always choose Exemestane as my anti-estrogen drug but there are certain scenarios where I would choose letrozole. If I did a steroid cycle that included high amounts of aromatizing drugs I would find it essential to have Letrozole, or else I would not be able to do the cycle. For example, if I used 1000mg testosterone per week and 50mg Dianabol per day I would likely need 25mg-50mg exemestane or 1 to 2 tablets every day in order to suppress estrogen and not begin growing female breasts. I would likely also find myself fiddling around with the Exemestane dosage constantly making changes or adding in an extra tablet if there was any estrogen spillover from the exemestane 25mg-50mg not being able to cover it for some reason. In contrast with Letrozole, it is so powerful that no matter what steroid cycle I have ever done, no matter what dosage of Dbol or Testosterone or other aromatizing drugs I was using, I have never

required more than a single Letrozole 2.5mg tablet per day. Letro is so effective, it just obliterates estrogen. However, Letro can cause its own problems as a result of its strength. If you decrease estrogen too much or bottom it out, also known as 'crashing your estrogen' you will be completely useless as a human being until your estrogen levels recover somewhat. Estrogen is required by the brain in order to function correctly. If you take too much letrozole and your estrogen levels go to zero or approach zero you will experience the following symptoms; tiredness, drowsiness, weakness, an inability to feel pleasure, flu symptoms, shakiness, zero sex drive or ability to get an erection, and needing to stay in your house and lie on your bed until you recover. When your estrogen levels are crashed even getting out of bed to go the bathroom will feel like walking a mile. Your brain cannot function correctly without estrogen and using such a massively powerful anti-estrogen like Letrozole puts you in danger of overestimating the dosage you need and crashing your estrogen. This can also happen with Exemestane or Arimidex but those drugs are FAR more forgiving.

One of the conundrums affecting anti-estrogen use is that different people convert testosterone to estrogen at different rates and so everyone needs their own ideal dosage. There is no standard anti-estrogen dosage that works for everyone or that works for any particular cycle. The amount of aromatase inhibitor you need to take depends on how much aromatase enzyme you produce, how much aromatizable steroids such as testosterone you are taking, and how sensitive your estrogen receptors are to the presence of estrogen. For example on 500mg testosterone per week one guy might need to take 3 exemestane tablets per week for a total of 75mg exemestane, while another guy taking 500mg testosterone per week may only need one exemestane tablet split twice weekly for a total of 25mg exemestane per week in order to maintain the same low estrogen levels as the guy on the same cycle using a total of 75mg exemestane per week. This comes down to individual body chemistry. If you go to a doctor for testosterone replacement therapy, they will have to go through this process with you too. They will have to tinker with your estrogen levels and anti-estrogen tablet dosing over a period of weeks or months. Some people calculate their AI dosage by analyzing estrogen levels in their bloodwork. I've found that the best approach is to just take some anti-estrogen whenever you feel estrogenic symptoms. This is something that you get a feel for and get the hang of over time. It's not something I can just 'give you

the answer to' because everyone's body is different. These kinds of small tweaks and balancing of hormones is something that comes with experience or if you don't yet have the experience and are worried about it, then it is good to have a coach or someone trustworthy who you can turn to for guidance. In conclusion my favorite anti-estrogen is Exemestane, it makes me feel the best, it's the easiest to use, and it is the healthiest. If I can't find Exemestane, then I will use Arimidex. If I'm using high dosages of testosterone or dbol or some steroids that heavily convert to estrogen, then I will normally choose to use Letrozole. If I can only find one of the 3 then I will use whichever one I can find. If I can't find any, then I won't use steroids.

NOLVADEX

Nolvadex is an estrogen receptor blocker. It blocks the estrogen receptor so that estrogen in the blood cannot communicate with the receptor it needs to express its effects. Just like anabolic steroids cannot work if they cannot connect and communicate with androgen receptors, estrogen cannot work if it cannot communicate and connect with estrogen receptors. Nolvadex has a special affinity for blocking estrogen receptors in breast and nipple tissue. Nolvadex specifically binds to and blocks estrogen receptors in the breast tissue more than any other bodily tissue. This is valuable because blocking the estrogen receptor in breast tissue is useful in preventing and eliminating symptoms of gyno or female breast development in the male. Nolvadex started being used by bodybuilders in the mid 1970's for reduction of estrogen effects during a steroid cycle, and especially for protecting against gyno. Modern aromatase inhibitor drugs weren't available until the 1990's so before then bodybuilders didn't have much other than Nolvadex to fight water retention and the development of gyno.

Nolvadex works negligibly for reducing water retention and full body estrogen effects, but it really shines in its ability to combat gyno. Nolvadex is sort of a one hit wonder in the way it protects your nipples. Taking 20mg-40mg Nolva per day will prevent gyno development in most steroid cycles that utilize steroids that can be converted to estrogen. Even on 1000mg testosterone per week, Nolvadex at 40mg per day should prevent you from getting any gyno even without an aromatase inhibitor drug. This is because Nolva binds so tightly and so selectively to the estrogen receptors in the nipple and breast tissue that no estrogen is able to

communicate with that tissue, thereby preventing estrogen from exerting its effects in those tissues. However, Nolvadex will not protect the rest of your body from estrogen. If you take only Nolvadex to combat estrogen instead of an aromatase inhibitor you will still be susceptible to the other multitude of negative side effects that estrogen can cause.

Nolvadex can be used to shrink and get rid of light to moderate gyno once you already have it. If you have gyno already from puberty or if you have gyno from previous steroid cycles nolvadex can help to shrink it. The hard nodule of breast tissue behind your nipple can be shrunk by going off steroids or decreasing your dosage to only 250mg testosterone per week and simultaneously applying nolvadex orally at 40mg-60mg per day.

A fully comprehensive plan to shrink gyno should revolve around nolvadex, letrozole, and cabergoline. A good plan of attack would be reducing your testosterone to 250mg per week or coming off completely, followed by nolvadex at 40mg-60mg per day, 1.25mg letrozole every other day, and cabergoline 0.5mg twice per week. That plan attacks the gyno by starving the estrogenic breast tissue of the hormones it needs to survive at the receptor and systemic levels, as well as suppressing any prolactin that might be working to sensitize you to the effects of estrogen and thwart your efforts to get rid of gyno. If the above outlined protocol does not shrink your gyno to a satisfactory level then the only option left is surgery. Hopefully you have only a mild or moderate case of gyno and the protocol will be the magic bullet you need to avoid surgery.

PDE-5 PHOSPHODIESTERASE TYPE 5 INHIBITORS AKA VIAGRA & CIALIS

Viagra (chemical name sildenafil) and Cialis (chemical name tadalafil) are the 2 most common PDE-5 inhibitor drugs. These drugs are awesome and good for bodybuilders. They were originally developed by researchers trying to invent a new medication to reduce blood pressure. They found PDE-5 chemicals principally Sildenafil Viagra and Tadalafil Cialis to be good medications to reduce blood pressure. Regularly taking either of these medications typically reduces systolic blood pressure around 10 points and diastolic pressure about 5 points. When the PDE-5 inhibitor drugs for blood pressure went into clinical trials and human testing began of course everyone noticed the extremely obvious side effect of erections popping up everywhere! If you are a guy who likes to have sex and

likes to use performance enhancing drugs, Viagra and Cialis are the PED's for your penis. On PDE-5 inhibitors your penis gets maximum hardness during erection, it's throbbing. You know how sometimes your erection is an 80% erection or an 85%? Well, on Viagra or Cialis your penis will be somewhere between 95% and 100% throbbing erection hardness as soon as you need it. If you flirt with girls it will get hard and start dripping precum out the tip of the head.

These medications are the cure for performance anxiety. When it comes time to have sex there will be no worrying whether or not your dick is going to get hard. If you've taken Viagra Sildenafil or Cialis Tadalafil that day, then you can be 100% sure that you will be rock hard that night no matter how nervous you are. PDE-5 Inhibitors are the cure to performance anxiety and erection problems.

It sounds like I'm writing an advertisement for these things but they really are that good. Girls have those stupid ass sex toys. Guys have Viagra, a medication good for the bodybuilder. It lowers your blood pressure and makes your dick hard as a rock, and it stays like that all night whenever you are sexually stimulated. You don't take Viagra and just spontaneously get an erection. You have to have sexual stimulation for it to start working. You don't just walk around town with a hardon if you took Viagra that day. It only starts working if your dick starts getting rubbed or if you are in a sexual situation with a sexy woman. Viagra starts working about 10 minutes after you take the tablet. The strongest effect is the first 5 hours, but Viagra keeps working for about 24 hours until the effect is completely worn off. Viagra gives some people Headaches, it usually makes you get red eyes and sometimes a puffy swollen pink face. If you take too much Viagra then your vision starts to get blue and green spots for a few hours.

Tadalafil is not as strong as Viagra, but Tadalafil Cialis works better at isolating the effects of the PDE-5 inhibitor to only the penis. Cialis has fewer side effects and is more comfortable than Viagra. Tadalafil doesn't give red eyes and it doesn't give red skin at dosages up to 10mg per day. Tadalafil takes about 2 hours to start working after taking the tablet. It works for much longer than Viagra. Cialis tadalafil works for 3 to even 4 days after taking the tablet. Tadalafil has a very long duration of action. Viagra Sildenafil starts working at 25mg, the full effect is felt at 50mg dosage, and the 100mg dosage is just overkill and produces more side effects without delivering better positives. Tadalafil works in as little as a 5mg

dosage, 10mg dosage seems to bring on full effects, and 20mg doesn't seem to make a difference from 10mg as far as how it feels to use it, although 20mg seems to last more days before it wears off. It's fun to experiment with these. A lot of slayers and guys who have sex with a lot of women use PDE-5 inhibitors. A lot of security guards at clubs sell Sildenafil Viagra to club patrons who need to overcome whiskey dick.

If your problem is premature ejaculation, I can help you solve that as well. The SSRI drugs selective serotonin reuptake inhibitor drugs used to treat depression numb your dick, and delay the orgasm reflex. SSRI drugs for depression like Paxil, Zoloft, Celexa, Prozac, and Lexapro, all cause the penis to be less sensitive and also require the penis to need more vigorous stimulation before an orgasm reflex is triggered in the brain and causes your dick to have orgasm contractions that shoot out sperm. Some people have experimented with taking those SSRI medications as needed before sex. That approach actually doesn't work with those drugs. With the commonly prescribed SSRI drugs for depression, they are long acting drugs and you have to take them for a few weeks before they start working. After a few weeks depending on dosage, they will cure your premature ejaculation. The more milligrams you take the less sensitive your dick will become and the more vigorous stimulation it will need to trigger an ejaculation. You can mess around with the dosage and figure out the best dosage that works to cure your premature ejaculation. If premature ejaculation is ruining your life this will be the solution for you. If it isn't a massive problem then I would recommend forgoing SSRI use for premature ejaculation and using Kratom instead. SSRI's are very addictive; you get severe withdrawals when you come off. SSRI depression drugs, taken at the dosages prescribed to treat depression (for example Sertraline brand name Zoloft at 200mg per day) will cure almost any case of premature ejaculation no matter how bad. Likely only 100mg Zoloft per day will be enough to fix premature ejaculation or at least give you a feeling of control if you are struggling in that department. NOTE* For guys that only have occasional or moderate problems with premature ejaculation taking 2 teaspoons of kratom an hour or two before sex will make you last significantly longer.

There is a product called SuperKamagra that is a combination of Sildenafil with a rapid acting SSRI that only stays in your system for 5 hours and does not need to be taken daily to be effective. SuperKamagra would be the holy grail tablet for

somebody suffering from premature ejaculation and performance anxiety at the same time, who was looking to use something that they did not need to take daily. You can take SuperKamagra as late as 30 minutes before having sex and it will work and then be out of your system by the next day. SuperKamagra is a popular brand name that I know works, but there are other brands out there as well. Anything that is a combination of the active ingredients Sildenafil and Dapoxetine will work like SuperKamagra. Dapoxetine is a rapid acting SSRI that reduces the sensitivity of your penis, requiring it to need more vigorous stimulation in order to trigger an orgasm. Dapoxetine begins working 20-30 minutes after taking the tablet.

The reason I'm talking about this stuff in this book, is because I'm letting you in on industry secrets. Some of the stranger drugs I'm telling you about are things a lot of guys who have sex with tons of women are using. This is what porn stars are using to help them shoot their scenes, and after all this is a book on 'performance enhancing drugs' lol.

Lastly, I have to discuss one other perform enhancing drug for the penis. This drug is an injection called Alprostadil. It is related chemically to Melanotan-2 which also causes erections. Alprostadil's brand name is Caverject made by Pfizer Pharmaceuticals. Alprostadil is an injection you do directly into the base of the shaft of your penis. Alprostadil was the only erection medication available before PDE-5 inhibitor drugs such as Cialis and Viagra. I actually got a hold of Alprostadil in the name of science and injected it into my penis. I injected 20mcg into the upper right quadrant of the base of the shaft of my penis with a 29g 3/8 inch insulin needle. I injected it into the spongy corpus cavernosa part of my penis (the part that gets rock hard during an erection). When the needle went in it hurt like a fucking bitch. I let out a bit of a yelp but continued and plunged it in the full length of the needle. After I finished injecting I pulled the needle out of the shaft of my penis, and instantly like magic my penis started standing up. Within 30 seconds I had a rock hard chemically induced erection that did not go away for two hours. I could go lift weights, go sprint on the track, eat dinner, go to the mall, etc. but that erection was chemically induced and throbbed for 2 hours no matter what I did. Doctors administer alprostadil if they need to medically induce erection in a patient. Alprostadil is so effective in maintaining your erection without requiring any thought or stimulation, that you can actually make your dick cum and the

erection won't go down until the 2 hours is up. Alprostadil doesn't need any sexual stimulation or thoughts to work, unlike Viagra. Alprostadil must be injected into the shaft of the penis to be effective, it produces a throbbing erection that stays hard regardless of situation or circumstance for 2 hours after the injection. Now we have discussed performance enhancing drugs for the penis.

CABERGOLINE

Cabergoline is a dopamine agonist that can be used to reduce sexual side effects on trenbolone, Deca-Durabolin, and other steroids that cause a rise in the hormone prolactin. It also protects against prolactin induced gynecomastia. Generally, people on trenbolone and Deca-Durabolin have sex drive and sexual performance issues. These problems seem to be exacerbated by using testosterone alongside these prolactin increasing drugs. Deca slightly raises prolactin but has a much more profound effect on progesterone levels. Trenbolone on the other hand has massive effects on the user's prolactin levels.

Prolactin along with oxytocin are the chemicals released in your brain at orgasm that cause you to relax, be completely uninterested in continuing sex, and cause your erection to go down. When you orgasm, prolactin spikes massively.

Prolactin is the primary hormone that causes your sexual response system to return from excited to normal after orgasm. Trenbolone causes massive systemic rises in prolactin levels. A small percentage of people are not sensitive to increased prolactin levels and do not have their sex drive's obliterated by trenbolone, however, this is the exception not the rule. The normal Trenbolone user will have their testicles shrink to never before seen levels of shrinkage, their penis will go numb, and they will have zero interest in sex and a complete inability to get an erection. This is called chemically castrating yourself. If you choose to use Trenbolone and you have never used it before, it would be incredibly foolish to attempt using it without having Cabergoline on hand to combat these horrible sexual side effects. If you develop prolactin induced gyno symptoms in your nipples during Trenbolone use, no amount of Nolvadex or Letrozole will budge it. The only way to fix it would be the administration of a dopamine agonist drug like cabergoline. Dopamine and prolactin are counterbalancing hormones, in fact dopamine was originally named "anti-prolactin hormone" by scientists when it was discovered. When dopamine levels rise prolactin levels fall and vice versa.

Prolactin and dopamine hold an inverse relationship. This is why cabergoline a dopamine receptor agonist (a chemical that mimics dopamine) is able to reduce prolactin levels. When you take Cabergoline, dopamine levels rise, automatically causing prolactin levels to fall.

How much Cabergoline you need to take depends on how much Trenbolone you are taking. Most people who use trenbolone from 225mg per week up to 700mg per week will need to take between 0.25mg and 0.5mg cabergoline tablets 2 or 3 times per week. Dosing would normally be Monday and Thursday, alternatively if you need three doses per week a normal dosing schedule could be on Monday, Wednesday, and Friday. Cabergoline doesn't really have any noticeable side effects but this is a drug you want to use sparingly and at low dosages. In medicine Cabergoline is used to fight the symptoms of Parkinson's disease which is caused by low dopamine levels. A lot of research has been done on Cabergoline, some of this research was done with prolonged use of high dosages of Cabergoline. Dosages up to 2mg Cabergoline per week are prescribed with relative safety in treating Parkinson's disease and in fighting prolactin producing tumors. However, dosages above 2mg per week have been shown to cause Cardio Valvopathy. In Cardio Valvopathy certain parts of the heart valves develop abnormal changes and there is a risk of thickening or calcification to certain chambers of the heart. Using Cabergoline above 2mg per week is far too dangerous to consider, and dosing should be kept below 2mg per week at all costs. Cabergoline is a drug where you want to make sure you are only using the minimally effective dose.

CLOMID

Clomid (chemical name 'clomiphene') is a pretty interesting drug and is powerful for increasing testosterone levels. Clinical trials on the effects of the drug show average natural men (not on steroids) who take 50mg clomid per day have 2x-2.5x times as much total testosterone. That means other than HCG (which increases testosterone levels in a dose dependent manner) Clomid is probably the best "Testosterone Booster". It's definitely the best pill you can take for actually increasing testosterone levels more than double without using needles and being able to take a blood test and see those results 100% for sure. Clomid works by binding to estrogen receptors in an area of your brain called the Hypothalamus. The estrogen receptors in the hypothalamus are the same receptors that detect

elevated sex hormone levels that shut down the hypothalamus' production of GnRH gonadotropin releasing hormone that then stimulates the pituitary gland to release luteinizing hormone and follicle stimulating hormone which then causes the testicles to produce sperm and testosterone. Clomid is extremely useful in post cycle therapy because it attacks HPTA shutdown at the hypothalamus, the root of the source of shutdown. Taking clomid during cycle can be an alternative to taking HCG for the purpose of preventing your balls from shrinking. On clomid your balls swell up, even if you are taking steroids at the same time. This is because clomid stimulates the receptors in the brain that control the secretion of sex hormones and functioning of the gonads. Clomid works in a dose dependent manner. Your sperm will be pretty thick and chunky on clomid. Normally 50mg per day is fine, but plenty of doctors in fertility clinics prescribe 100mg per day or 150mg clomid per day to hypogonadal men and women who are unable to get pregnant. Clomid has some estrogenic effects and can contribute to getting gyno in your nipples. When using clomid make sure you have regular anti-estrogen tablets on hand as well.

HUMAN CHORIONIC GONADOTROPIN HCG

Human Chorionic Gonadotropin or HCG is the hack to keep your balls full and at normal size, still producing natural testosterone while using steroids at the same time. Normally any type of steroid use will cause your testicles to shrink. The balls shrink because of a very sensitive feedback loop between your endocrine system and brain. The feedback loop is called the Hypothalamic Pituitary Gonadal Axis abbreviated as 'HPTA'. The HPTA is how your body controls how much testosterone it produces. When testosterone levels are low the hypothalamus (part of your brain) releases gonadotrophin releasing hormone known as GnRH. GnRh then travels to the pituitary gland located in the upper rear neck area of the brain. The GnRH causes the pituitary gland to release Luteinizing hormone which then stimulates the testicles to produce testosterone. The hypothalamus is suppressed by the presence of testosterone and other androgens, it is also suppressed by high amounts of estrogen. When sufficient testosterone or androgen concentrations in the body are detected by the hypothalamus, it shuts off and ceases releasing GnRH. When GnRH is no longer being released, then the pituitary is not stimulated to release luteinizing hormone and the testicles have no signal to cause them to produce testosterone. In response to this situation the testicles shrink. HCG

human chorionic gonadotropin is an analog of luteinizing hormone. An analog is a hormone that is not chemically identical to the original substance but produces the same effects. A simple way to put it is that when you inject HCG into your body, it is recognized by the testicles as luteinizing hormone. HCG is similar enough in structure to luteinizing hormone that the body recognizes it as luteinizing hormone and it has the same effects in the body as luteinizing hormone.

HCG directly communicates with the testicles to send the message to produce testosterone. Since HCG directly communicates with the testicles it bypasses the need of having the hypothalamus release GnRH, to stimulate the pituitary production of luteinizing hormone. Instead, HCG use is like injecting yourself with straight luteinizing hormone that your pituitary gland would normally release. If you are using steroids your hypothalamus will detect the presence of androgens (male hormones). When the hypothalamus detects androgens, it shuts off and ceases production of GnRH, this prevents the pituitary gland from receiving the signal to produce luteinizing hormone to stimulate testosterone production. By using HCG we bypass the whole system and inject ourselves with the direct chemical that our testicles need to function. Injecting HCG keeps your testicles functioning in the presence of androgens. You can use steroids and HCG at the same time and maintain the size of your testicles and your fertility.

There are many different HCG protocols out there. HCG seems to begin to have an effect at a dosage of 250IU taken two times weekly. Many Doctors use HCG simultaneously with patients receiving injections of testosterone for testosterone replacement therapy. After perusing various studies of various doctors' protocols, I came up with a general understanding of the HCG dosages that doctors prescribe. It seems that most doctors have the most success treating their testosterone replacement therapy patients with somewhere between 1000IU-1500IU HCG injected subcutaneously or intramuscularly 2 or 3 times per week. After learning about this consensus among hormone replacement doctors I applied their protocol to my own body while using steroid cycles and I have found it to be very effective in preventing the shrinkage of my testicles and also with increasing the volume of semen I shoot out of my penis.

HCG is a drug that you don't want to mess around with and take huge dosages above what is recommended. If you take more HCG than is recommended for a

prolonged period of time you risk desensitizing your testicles to the effects of luteinizing hormone. If this happens you will not be able to restore the size of your testicles or your fertility until you stop using HCG and allow your testicles sufficient time to resensitize to luteinizing hormone.

CHAPTER 8 - BRO SCIENCE

BLASTING AND CRUISING VS. CYCLING

Most people know that a steroid cycle means cycling on and off of steroids. Doing an anabolic steroid cycle means you spend some time on steroids, and you spend some time off steroids. But what is blasting and cruising?

You may have heard of guys who 'never come off of steroids'. This is usually referring to guys who blast and cruise. This means that they cycle periods of intense high dosage steroid use with periods of low dose maintenance steroid use. A common way to blast and cruise would be to do testosterone replacement therapy and always be on 250mg testosterone per week year-round. Maybe 3 times per year you do a 10-week steroid cycle on top of your TRT. Those 3 ten-week steroid cycles would be the 'blast' in 'blast and cruise'. When you weren't on those steroid cycles, you would be doing a 'cruise' or 'muscle maintenance' phase where you would let your body recover and return to normal by only using your 250mg testosterone for TRT each week with nothing else. The period on only 250mg testosterone per week would be the bodybuilders 'cruise phase' during his 'blasting and cruising' protocol. Blasting and cruising is what serious bodybuilders who are really big do. Personally, I alternate between blasting and cruising and short breaks from hormones altogether. About 3 times per year I just stop taking everything for a month or for 6 weeks. I let any and all bodybuilding substances just drain out of my body completely during those times. Then I start up again with another cycle. Sometimes when I am cruising between steroid cycles, I will do two or three months of TRT with 250mg testosterone per week only. I end up being on cycle about six months of the year and either doing TRT or taking nothing for the other six months of the year.

For a bodybuilder that is going to use hormones and anabolic androgenic steroids,

regularly cycling on and off is impractical. PCT is not fun, you go through mood swings and usually some light bouts of low mood during the 4-6-week recovery period. You feel weak and fatigued. During PCT you have to use PCT drugs which have their own side effects and strains on your system. I just don't see the point of going on steroids shutting off your natural production, then going off steroids, losing the gains made on cycle and trying to recover your natural testosterone production. Then as soon as your natural production turns back on starting another steroid cycle and turning off natural test again. That doesn't make sense to me. That is like a rollercoaster. I prefer stability and smooth transitions. Since I know I'm going to be using male hormones and steroids for years, instead of doing PCT after finishing a steroid cycle, I just take periods of taking nothing (including no PCT drugs) for 4-6 weeks, and then other periods of taking 250mg testosterone per week for TRT while using no other bodybuilding drugs. Using the blasting and cruising approach my life is much smoother while using steroids, I don't have as many ups and downs.

If you are worried about blasting and cruising affecting your fertility refer to the section of this book on 'HCG - human chorionic gonadotropin'. There you can read about how the HPTA functions to control fertility, and how it turns on and off in response to the presence of certain hormones. If you understand the process of fertility and your testicles functioning properly, then you will gain a lot of peace of mind when you are making decisions about your steroid use and deciding what kinds of risks you are willing to take. All steroid use has risks. Taking steroids in the most intelligent and controlled manner to maximize gains and minimize damage should be your highest priority. Choosing whether 'steroid cycling' or 'blasting and cruising' is the best choice for you is a personal decision. You shouldn't feel pressured to immediately make a decision about it. Maybe you prefer to do a couple steroid cycles first and then decide whether or not you want to switch to blasting and cruising.

GIVING BLOOD

After each steroid cycle you should donate blood. During a cycle the androgenic hormones cause accumulation of extra red blood cells. The red blood cells become too numerous in the volume of blood you have. The extra red blood cells cause your blood to become thicker and more viscous. On a blood test having extra red

bloods cells in your blood is called having high hematocrit levels. If you have high hematocrit levels you are at greater risk of having a blood clot and getting a stroke or heart attack. High hematocrit also increases your blood pressure since your heart has to work harder to push thicker blood through your veins and arteries. Those side effects of can be easily eliminated by giving blood at the conclusion of each steroid cycle. Even if you don't give blood as long as you cruise or spend time off of steroids (at least sometimes) then your hematocrit levels will return to normal. Steroid users with abnormally red skin usually have high blood pressure and high hematocrit levels. The first step to correct those imbalances would be donating blood. The only people in danger of having serious problems from high hematocrit are people who never come off cycle for long periods of time and simultaneously never give blood. As a general rule of thumb if you are a steroid user you should give blood at least 3 times per year or once every 16 weeks. Don't worry about your blood containing steroids and giving the person who gets the blood side effects. Your blood won't contain any steroids because the steroid molecules have half-lives. The blood has to be sent out for testing before it can be used in patients at the hospital. After 2 weeks the steroid esters that exist in the donated blood will be inactive from having their chemical half-lives divide enough times. The steroids will be completely metabolized and no longer present in the blood.

INJECTION TECHNIQUE

Sterility is the most important word related to injection technique. Some people speculated that I got my leg infection from unsterile injection technique. That was just another baseless fake news lie that desperate social media whores like Jerry Ward Bios3rawtv made up. I got my leg infection from injecting myself with anabolic steroids made in an underground laboratory. They were not made by a human pharmaceutical company. The steroids that caused my leg infection were contaminated with flesh eating bacteria in the vial. The steroids that caused my leg infection were made by drug dealers in an underground laboratory. Drug dealers don't give a fuck about your health or safety or whether or not you die. They are criminals who are in the business to make maximum money fast at all costs and then get out. Don't trust people who are steroid drug dealers because they are a 'bro' and 'really cool'. Being a drug dealer is incredibly foolish and the only people doing that career are people who are dangerous and do not have your best interests

in mind. Keep in mind there are risks to taking steroids. I took the risk and I got burned.

To do steroid injections you should first wash the area you inject into. You can inject into the center or thickest part of any muscle, however the glutes and Ventroglutes are the favored spots, followed by the outer sides of the quads. I like to use small needles to inject my steroids. The Lower the number of the gauge of the needle, the thicker and more 'Straw like' the needle is. I like to use 25g or 27g needles for my steroid injections. If the oil is too thick and it takes too long to push through with that size of needle, then there are two quick fixes. First just run the syringe filled with steroid oil under hot steaming water in the sink. This will warm the steroid oil and cause it to become thinner and flow through the small and painless needle more easily. The other thing you can do to make injecting thick steroid oil with small needles easier is to use a 1cc 1ml insulin syringe to do your injections. The smaller circumference of the 1ml syringes tube gives the plunger much better leverage than a normal 3cc or 3ml syringe gives. The better leverage of the plunger on the insulin syringe makes the oil press through the small needle much more easily. If you are having trouble making 25g or 27g needles work you can do 23g. 23g stings pretty bad when you break the skin with it, it's about the size of a tiny red straw for sipping tea. However, steroid oil flows through 23g needles way easier and more quickly than 25g or 27g needles. The length of the needle you need is going to have to be a minimum of half an inch long and when you stick it in, it needs to be stuck in all the way. I started out using 1.5-inch-long needles stuck all the way into the upper outer quadrants of my left and right glutes. After a while I figured out this was unnecessarily long and have switched my preference to one-inch long needles pressed into my muscle all the way.

When I inject with a one-inch long needle, I stick the entire length of the needle into my muscle. If you are already experienced with injection technique and possess good confidence, then you can experiment with using half inch long needles and injecting into the meat of really lean areas of muscle. The skin over the muscle must be very thin without any bodyfat underneath in order to use a half inch long needle. If the needle doesn't go deep enough into the muscle the steroid oil can leak out of the muscle and cause burning and an allergic reaction under and the skin. This often causes significant swelling and a warm, hard, pink welt to appear. The welt sticks around for about a week before slowly disappearing over

the course of the next 2-3 weeks.

The best place to get needles is online. If you can't get needles online for some unexplainable reason, then you can buy them at your local CVS or Walgreens drug store in the USA without a prescription. If they don't want to sell you 3cc syringes and the necessary needles then ask for insulin syringes with a half inch tip. They are required by law to sell insulin syringes without prescription to anyone who asks. This is to prevent someone with diabetes from dying in the event of not being able to access syringes to take their insulin. Shower or wash the area with soap where you are going to inject. Once you are dry, then take rubbing alcohol, isopropyl alcohol, or an alcohol sterile wipe and rub it in circles over the area you are going to inject. After the alcohol dries, your injection site is sterile and you can go ahead and plunge the needle in. After you finish performing the injection, take the needle out and immediately start massaging the area of the injection for a minute or two. This will stop any bleeding and also spread around the oil inside the muscle which will reduce post injection pain. When you first start taking steroids or whenever you inject a virgin muscle that has never received an injection before you will experience what is known as post injection pain. Normally immediately after performing an injection there is some pressure and tightness in the injected area, occasionally there can be some burning (with trenbolone it can even feel sort of like you injected yourself with acid). The day after an injection if you have dirty underground gear or if you are using gear with a high concentration of milligrams per milliliter, or if you are new to injecting steroids or in a virgin muscle, you will feel like the muscle at the injection site is frozen. This can vary in severity. Post injection pain or 'PIP' can be very severe and cause you to be unable to walk without taking ibuprofen, but normally it's not so bad like that and is just another annoying side effect of taking steroids.

HAIR LOSS FROM STEROIDS

Hair loss from steroids is caused by activation of the gene for male pattern baldness. Some guys like Mr. Olympia Jay Cutler have a full head of hair, while other guys like Mr. Olympia Ronnie Coleman are bald. This is because Ronnie was predisposed to male pattern baldness before he began taking steroids. Jay Cutler was not predisposed to male pattern baldness, so anabolic steroids had no effect on his hair. In people who carry the gene for male pattern baldness, hair loss

is caused by male steroid hormones attaching to androgen receptors on hair follicles followed by DNA signaling of apoptosis or cell death in the hair follicle. The natural hormone that causes MPB in men who do not use steroids is DHT or Dihydrotestosterone. DHT is a form of testosterone that binds extremely tightly to the androgen receptor and is created when natural testosterone interacts with an enzyme called 5-alpha-reductase. The enzyme 5-alpha-reductase transforms testosterone into the more potent dihydrotestosterone molecule. If you are predisposed and carry the gene for going bald, any steroid can speed up the balding process. Generally, the worst steroids for guys worried about balding are Testosterone, Trenbolone and steroids derived from DHT. DHT-derived steroids known for aggravating hair loss genetics are Anadrol, Masteron and Winstrol. Generally, (although it is DHT-derived) Guys prone to hair loss agree that Anavar combined with low dose testosterone is the best cycle of steroids for them. There is a consensus that Anavar aggravates their hair loss problem less than any other steroid. If you are worried about going bald because hair loss runs in your family then doing cycles with 250mg testosterone per week and various dosages of Anavar per day will be your best bet to be able to do steroids while keeping your hair. If you were born with the gene for going bald, then taking steroids will speed that process up. If you were not born with the gene for going bald, then steroids will not effect you hair.

There is a drug called finasteride that blocks DHT production by inhibiting the enzyme that transforms testosterone into DHT called 5-alpha-reductase. 1mg-5mg Finasteride per day is the usual dosage for guys using it to combat male pattern baldness. We all need some DHT in order to function properly. DHT is extremely important to your proper male brain function, it is the principal male hormone in the brain. Taking Finasteride will reduce your DHT levels 70%-90%. This is obviously very effective in stopping male pattern baldness. However, finasteride is notorious for negative sexual side effects as a result of brain dhyhydrotestosterone depletion. Soft erections, trouble maintaining erections, inability to ejaculate and blunted sex drive are all common side effects of finasteride. Most men who use finasteride experience some degree of those side effects. However, since you are on steroids it may not affect you so bad.

A different option to fight male pattern baldness is to use Minoxidil, a shampoo that causes hair regrowth and seems to have some kind of topically applied

androgen receptor blocker activity in the scalp. This is a much more side effect free option. I've never heard any complaints from minoxidil users except that they wish it worked better than it does, but never any complaints about side effects. Minoxidil does work, it can regrow hair from where there is none left, it just isn't a miracle drug, it's more of a stop-gap solution. Unfortunately, finasteride and minoxidil are the most effective anti-baldness medications currently on the market.

BREATHING PROBLEMS - HEAVY SNORING - SLEEP APNEA

As you get more and more muscular you will surpass the healthy bodyweight nature intended for you fairly quickly. For me, I'm 5'9 without shoes currently I weigh 220lbs. For someone not on steroids, 220lbs at my height would be incredibly obese. Normal healthy bodyweight for a man my height is about 150lbs. All of my organs, my heart and my lungs especially, the organs that make up the cardiovascular system are naturally the size of a 5'9 150lb guy so they have to enlarge or work overdrive to power the 220lbs body I've built through bodybuilding. I notice the heavier I weigh, the harder it is for me to breathe and the more difficult it is for my body to cool itself down. I've weighed up to 235lbs muscular and when I was that weight the slightest bit of physical activity would make me start sweating and cause me to start panting. That's pretty embarrassing. Not really something you want to be experiencing when your appearance portrays health and vitality. Might make you look like a poser or an imposter! No one likes an unhealthy sickly bodybuilder. Which is why I decided not to let my weight ever get up there like that again. Yeah, it's cool being freaky, but just do it for a little while and then go back down to a more normal and smaller size. 200lbs for me is the weight where I feel significant breathing issues start, I start snoring heavily at night, sometimes I will skip a few breaths while sleeping, and I start feeling out of breath more easily and get hot from insignificant exercise. 200lbs is when I begin to experience those symptoms. At 190lbs I do not experience breathing difficulty, getting out of breath quickly, and I do not experience overheating from exercise. So, for my bones and organs, heart and lungs, 190lbs at 5'9 five feet nine inches tall is the limit for healthy weight. Beyond that weight, I start getting "High RPM" type side effects. I start to experience the same problems with athletics that a fat person would have. I begin to suck at sports because I can't keep myself cool and maintain enough oxygen. Take this data I have provided from my body and try to apply it to you and the size of your body. The cardiovascular side effects even

happen to bodybuilders with extremely low bodyfat but high bodyweight. That huge amount of skeletal muscle they carry is incredible metabolically active tissue, it places great demand on the body for nutrition, fuel, and oxygen.

PROSTATE

The prostate is the organ directly behind your penis, before your bladder. If you stuck your finger up through your anus into your rectum and pressed against the wall in the rectum that is in the direction towards your testicles, there is a rounded half ball shape wall. The half sphere shaped wall in your rectum on the wall close to the belly button side of the body is the outside of your prostate. Your prostate is essential in getting erections and having orgasms. Taking anabolic steroids causes this gland, the prostate to enlarge. Taking steroids always results in a minimum of about 20%-30% increase in the weight of the prostate while on cycle. Usually most of that increase in size goes away after a cycle, but not always. Generally, using steroids over the long term or cycling over the long term, your prostate grows permanently. Symptoms of prostate issues are having to go pee all the time. When you go pee not having much pee come out. Wondering why that little bit of pee made you had to go pee so bad. Slow or weak pee stream is another symptom of a swollen prostate. The most common telltale signs of prostate swelling symptoms are difficulty peeing and needing to pee all the time. Small amounts of urine making you need to pee really bad.

You've probably never heard about this kind of steroid side effect stuff before and that's because of the bodybuilder ego. The bodybuilder wants to be the perfect specimen of male development, not a man with penis problems. Once you understand the psychology, it starts to become logical and clear what the reasons are for the pervasive lies and deception in the bodybuilding and fitness industries, and even just among gym bros. People don't want to admit they experience these side effects. Especially not bodybuilders who are 'manly macho men'. They don't do bodybuilding to exude an image of a man with penis problems.

It's up to me to give you the insider scoop bro lol. Masteron is the worst culprit for prostate enlargement. Masteron can swell your prostate up like a grapefruit if there is any estrogen in the blood. Estrogen + Dihydrotestosterone is the perfect storm for prostate enlargement and they have a synergistic effect. High Dosage Testosterone cycles create lots of DHT and are known for causing prostate issues.

The combination of high androgen levels and high estrogen levels in the body can cause prostate cancer. Masteron and Proviron function as DHT in prostate tissue. If you use Masteron at any dosage or Proviron at more than 25mg per day then you may experience your prostate swelling up. If this happens, drop the Proviron or Masteron, and take an anti-estrogen tablet like Exemestane, Arimidex, or Letrozole. Your prostate should start returning to normal size within a few days. Pee stream should start to become less pitiful and get stronger within 24 hours or so. If you want you can keep experimenting and try to find a dosage that works for you but Masteron is a real prostate balloonner. It really sucks to have your prostate swell up. If you have serious prostate problems or are worried you've messed yourself up, you can take finasteride or dutasteride tablets to try to starve the prostate of DHT. Starving the prostate of DHT can help shrink it. This is the same methodology as Nolvadex shrinking gyno via starving breast tissue of estrogen. Usually an easy solution to a little bit of prostate trouble is 5mg Cialis per day for a few months. It will usually clear up unless you use high dosages of testosterone during that time. 5mg Cialis per day can give a good effect for prostate issues by opening up and relaxing the urethra where it passes through the prostate. Opening up the urethra makes it easier to pee normally. The Cialis will make it easier to pee while your prostate returns to normal size or while you are tinkering with it, or have a flare up, etc.

STEROID ACNE

Acne from steroids can be handled. Whether your acne is the result of steroids or just something you've always suffered with, the following advice can bring this festering problem under control. Acne is caused by bacteria entering your pores and then getting blocked inside and creating an infection. The most direct way to rid yourself of acne is the administration of antibiotics daily. When I was age 15-19 years old, I had moderate to severe deep acne in my face. My doctor prescribed me an antibiotic 250mg-500mg tetracycline per day. I took tetracycline daily for 3 years and it fixed my acne problems. Tetracycline and another common antibiotic for treating acne called 'minocycline' fight the acne problem from the inside out. Since acne is caused by bacteria becoming lodged into pores and causing infections in the skin, taking an antibiotic stops acne from the inside out. The antibiotic makes the human body an inhospitable host for bacteria. When tetracycline or minocycline are applied, bacteria in the pores are not able to

replicate. The bacteria that get in your pores while you are on antibiotics just die and go away. There is a 3 week 'purge' period when you first start administering antibiotics for acne. The first 3 weeks purges all the bacteria that have already invaded your skin and started reproducing inside. During those initial 3 weeks you will have some pretty bad breakouts as your body purges all the existing bacteria. After the initial 3 weeks you will have a massive and sustained reduction in acne. Using antibiotics for acne is very effective.

Another way to treat acne if you have it only on your face is to apply isotretinoin Retin-A gel. Accutane is the most powerful medication for preventing acne. Accutane is a tablet. Retin-A gel is a topically applied version of Accutane. You apply Retin-A isotretinoin gel to your face once every 24 hours. It burns really hot for 20-30 seconds after you apply it, very uncomfortable. Retin-A gel speeds up the rate at which your face will generate and replace existing skin. It speeds up the process of shedding old dead skin cells. Retin-A gel speeds up the generation of new healthy skin. If you have bad acne scarring all over your face, Retin-A isotretinoin gel can help you to reduce the appearance of the scars. In fact, Retin-A Isotretinoin gel can be used to reduce the appearance of all scars and cratering on the body. Major improvement in facial acne begins about 2 weeks after starting Isotretinoin gel.

Accutane tablets are the strongest acne treatment available. Accutane works on a similar mechanism of action to how Retin-A isotretinoin gel works but does its job from the inside of the body to the outside. The chemical name of Accutane is 'isotretinoin'. Accutane programs earlier cell death in skin cells throughout the entire body. It causes oil glands in the skin to shrink and produce far less oil, this effect is permanent and remains after stopping Accutane. Accutane severely reduces oil on the skin and dry flaky skin is a common side effect. Actually, Dry flaky everything is a side effect of Accutane, this is a really powerful drug. There are many reports of dry eyes from users of Accutane. Accutane also possesses an antibiotic effect in the skin. Accutane is essentially a form of 'light poison' it is very unhealthy to be using and it has system wide negative health effects. Basically, every health marker will be affected negatively while using Accutane. If a woman takes it and she becomes pregnant, her baby will have a 50% chance of being born deformed. Normally doctors prescribe Accutane on a '1mg/1kg bodyweight' dosage chart. A doctor would normally prescribe a 100kg 220lb man

100mg Accutane per day. However, an 80kg 170lbs man would normally be prescribed 80mg of Accutane per day. If you go to a doctor for Accutane, they usually want to try antibiotics and Retin-A gel before they reluctantly have to use Accutane. Doctors usually only go there as a last resort if no other treatment works.

SIGNIFICANCE OF A CLEAN DIET ON PERFORMANCE ENHANCING DRUGS

Race Cars do not run on shit fuel. Some people have promoted performance enhancing drugs as a shortcut or cheat code to live a lifestyle of unhealthy eating and maintain a shredded muscular physique. This is such incredibly dangerous and foolish advice. It may seem that living on the edge and going "balls out" (lmao) injecting tons of steroids and partying, eating junk food and maintaining a great body and feeling superior to those around you while living a lavish lifestyle on gear is cool, but in reality, this is foolish childish behavior. It's highly irresponsible and you truly have to wonder whether or not the people promoting it care if they die or not. Analyze their behavior closely. It may look like what they are doing is glamorous, but look closely and see with your eyes how quick they appear to age. It is tempting to slack on diet because you can, but this is the true tragic cause for many bodybuilders who succumb to an early death. Let this be a warning. Do not imitate this behavior, if you value your life. Enjoy and observe it from a distance. Let your heroes live that fantasy life that they choose to sacrifice a later life for. Observe it, enjoy it, but don't copy it. Some bodybuilders think it's glamorous to be lazy since they have massive amounts of muscle that can absorb huge amounts of calories, some of these guys consume junk food to get those calories resulting in irreparable damage to their bodies forever. Typically the consequence is cardiovascular disease and early death in their mid-50's from heart attack or stroke. That is a sad way to end.

Steroids are notorious for increasing blood pressure. Consistent High blood pressure over time causes plaque to build up in the veins and arteries, it makes them less elastic. Plaque can accumulate in the veins and arteries. If a big enough chunk of plaque breaks off and floats to a vital artery it can create a blockage and kill you. High blood pressure is serious, and diet is the number one thing you can do to control your blood pressure. The kinds of food that cause high blood pressure are processed foods. Foods that do not grow from the ground, or come

from an animal should not be eaten, except for in small reasonable quantities. Really bro, you've got a responsibility when you decide to use gear. Hold yourself to a higher standard than the general population when it comes to what you put in your mouth. You might think it's cool getting away with eating junk food and looking great while on gear but bro, that junk food is damaging your body twice as bad as the fat person eating it because you have chosen to be using performance enhancing drugs that rev the "RPM" of your body near the redline.

On steroids your body is like the engine of a sports car. On steroids you are running your RPMs high but natural bodybuilding is running your RPMs (engine revolutions per minute) on regular. In a sports car when you redline the RPM's on the engine for too long it blows up. Same as when you rev a guitar amplifier all the way up to 10 on the master volume. If you run that guitar amp on 10 for too long that amplifier is going to burn up and the speakers are going to blow. Eat a clean diet and give your body premium fuel when you are on cycle. Race cars do not run on shit fuel. When you take Performance enhancing drugs you are turning your body into a high-performance racecar. You have to put premium fuel (food) into it. If you put normal fuel into a hotrod car you are going to fuck up the engine. You are going to clog it. But the normal non hot rod car runs fine on the shitty fuel and doesn't become corroded anywhere close to the degree of the hotrod. Understand that when you choose to take performance enhancing drugs that you are turning your body into a hotrod. **YOU CANNOT GIVE A FERRARI THE SAME FUEL AS A HONDA.** I am dead serious. Take pride in your body, and feed it healthy natural foods. **Don't be like this popular wave of the newest millennials who don't care what their bodies can do, they only care what their bodies appear to be able to do. ALL SHOW AND NO GO.** What a bunch of feminized brainwashed pussies like that are. Bunch of soft wet pussies.

IF that's you bro, I am not apologizing, you just have to take a hard look at your behavior. That's not how we act in this brotherhood. In serious bodybuilding, we are a brotherhood, us guys who use gear, we give each other the nod, we don't like it when guys are abusing their bodies, it's against our morals to throw health to the wind in the name of bodybuilding, and if you're doing this to be all show and no go you've got a problem. You're a disgrace. But you can change. We will still accept you back into the brotherhood when you change bro. You're always welcome back when you gain some self-respect, and can reflect positively on our brotherhood.

Another good use of the example of the car running its engine on high RPM's is steroids combined with recreational drug use. Recreational drug use is more dangerous when on steroids and performance enhancing drugs. Your body is already running at high RPM and now you are squirting in NOS nitrous oxide (high dosages of caffeine, amphetamines, cocaine) and turbo charging your engine. Throttling it at max. A guy on steroids who uses high dosages of caffeine or uses cocaine or amphetamines or adderall is going to have chronic high blood pressure. He's going to be squirting so much NOS nitrous oxide into his engine while redlining his RPM's that he's going to blow his engine. Sometimes, especially when agents like Trenbolone or Clenbuterol are being used, combining them with recreational drugs has resulted in the death of bodybuilders. Internet celebrity Zyzz comes to mind. If you're a guy on steroids you've really got to take responsibility for what you are doing and realize you are going to need to live a little bit differently than average people. This is not popular opinion, this is Reality. High blood pressure and negative cholesterol values are the 2 highest risks of long-term steroid use. Unfortunately, most all steroid users have high blood pressure and bad cholesterol. This will result in early death. First of all, cholesterol levels are mostly impacted negatively by compounds other than testosterone, especially oral steroids. Make sure to take time off or time cruising to spend at least half of the year with good cholesterol values. A lot of gurus are going to tell you they have the secret herbs and pills to sell you to fix your cholesterol on steroids. No, this is bullshit. You cannot take typical steroid and performance enhancing drugs cycles and have good cholesterol or blood pressure without taking DRUGS to control cholesterol and blood pressure. Disregard the bullshit.

Krill Oil is a daily supplement that will benefit your cardiovascular system, help cholesterol, and benefit more or less every system in your body including your brain. Krill oil and soluble fiber are the go-to cardiovascular supplements of choice to protect your heart, veins, and arteries. Cholesterol to some degree and to a higher degree blood pressure, can be controlled by diet. If you maintain a diet 90% natural foods that are unprocessed, come from the ground or come from an animal, your blood pressure will drop. Why? Because this causes a massive decrease in inflammation and fluid retention throughout your entire body. Inflammation and associated fluid retention always cause skyrocketing blood pressure. There's a lot of stuff in boxed and packaged food that causes

inflammation. No, this isn't very scientific, but science is behind the bodybuilding and fitness world on this matter. This is insider information. If you don't want to believe it that's fine, but I'm giving you this knowledge based on my experience and close relationships with a multitude of top bodybuilding coaches. Eat natural foods.

For example; Don't eat bread, eat rice. Don't eat fast food hamburgers eat plain steak with salt and potatoes instead. Eat fruit when you need something sweet. Eat Oatmeal in the morning with eggs, not the muffin with protein powder. Keep the intake of food from natural sources, from plants that grow in the ground, or animals that walk, swim, or fly. That's the general rule for 90% of the time. The other 10% of the time it's fine to have a little of the bullshit food. If your blood pressure and cholesterol not in an acceptable range to you when eating like this, you can add in regular cardio sessions and drop carbohydrates from your diet completely. You will then drop all remaining inflammation and water retention. This will obviously restrict you from getting very huge unless you are extremely determined, but it will cause your body to go into a state called 'Autophagy'. During autophagy your body actually feeds on inflammation. It's an extremely healthy thing. A ketogenic diet with no carbs or not eating carbs most of the time will cause a lot more Autophagy. The lack of carbs in the diet will greatly decrease water retention to further reduce blood pressure as well. If you drop carbs from your diet your face will sink in and you will see your cheek bones and the muscles on the sides of your skull clearly, this happens after not eating any carbs for about 4 days. Usually but not always, in the real world, a ketogenic diet will solve blood pressure issues by way of reduced fluid retention. (guys I know there are a lot of studies that dispute this, but in the real world this is the way it is.) *A side note on water and fluid retention - make sure you use an Aromatase Inhibitor drug to remove estrogen from the body while using testosterone. If there is estrogen build up in your blood you will have water retention and this is a common cause of high blood pressure in bodybuilders.*

Another blood pressure remedy is eating 1 bunch of celery every day. There are about 5 stalks in one bunch. Doing this daily will reduce blood pressure. You have to do it every day though or else it won't work. Celery contains a natural alkaloid that works to reduce blood pressure and is effective in bloodwork and scientific studies. Another effective option for reducing blood pressure is daily

5mg Cialis. This works very well. Cialis (chemical name tadalafil) is a vasodilator. Vasodilators relax your veins allowing blood to flow more freely, that's why they make your penis get harder. Cialis relaxes the veins in your dick making blood come flooding in faster than it can get out. It makes your dick feel as hard as granite. It's pretty crazy. Viagra (chemical name sildenafil) does this too. These vasodilator erection drugs make you be able to maintain that super hard erection for a long time and have sex more quickly for a second or third time after you cum. They reduce blood pressure by the same mechanism that they make your dick hard. By relaxing the veins of the body. Stimulants do the opposite; they constrict the veins of the body and increase blood pressure. Viagra and Cialis were discovered accidentally by scientists working for Pfizer Pharmaceuticals who had been commissioned to discover a new type of blood pressure drug. During their research they were testing Viagra (sildenafil) as a medication to reduce blood pressure. Viagra does work to reduce blood pressure about 10 points systolic and roughly 5 points diastolic. Marketing of Sildenafil/Viagra as a blood pressure drug ended when the researchers discovered the extremely prominent side effect that if you take the stuff and touch your dick or think about sex and flirt with a woman your cock gains the hardest erection of your life and starts leaking precum out the tip. 5mg Cialis (tadalafil) is pretty mild and won't cause you any embarrassments at work or anything like that, but it will reduce your blood pressure about 10 points per day. This is a significant reduction in blood pressure and I've been told by multiple doctors that it is safe to take 5mg daily cialis/tadalafil indefinitely. Cialis 5mg is prescribed by doctors for daily use. Cialis is used in high dosages at up to 40mg daily for chronic obstructive pulmonary disorder. For blood pressure, dropping all processed foods, then dropping carbs, then adding Cialis would be the best way to handle it. It would be very unusual if you still had bad blood pressure after taking these precautions.

If you can't eat enough to gain weight while eating the clean diet for the performance enhancing drug user. The solution is ice cream. I'm serious. Just keep eating all your clean food and add in eating ice cream to the end of enough meals until you start gaining weight. This is not widely known but ice cream is a tool many pro bodybuilders use for the specific problem of not being able to gain weight. Yes, ice cream is junk food, yes ice cream will have a negative effect on your health, but for those who cannot gain weight and are willing to sacrifice some

health to get bigger ice cream is a solid option. Ice cream absorbs really well and promotes a ton of insulin release. It's easy to get down, and adding it to the end of your clean meals is not a pain. Ice cream causes your clean food to absorb into your bloodstream and be absorbed into cells by its strong effects on insulin and the fact that "cream" is a bulking agent from cow's milk that is biologically designed to help the infant calf gain weight. If you can't gain weight, and you can't eat more clean food, start adding a couple of scoops of ice cream to the end of your clean meals, keep increasing the amount of times per day you do this until you start gaining weight. I think a lot of people are going to laugh about this ice cream recommendation and kind of scoff at it, but that's okay. This is true information guys and you just have to discern the truth for yourself. Understand that bro science is valuable. It's become a joke, because of a bunch of Nimrod's making shit up but bro science absolutely has value. The bodybuilders and the athletes are ahead of the scientists.

PRO ATHLETES MIRACULOUS RECOVERIES FROM CAREER ENDING INJURIES

Recently, NFL pro football players like Adrian Peterson and Peyton Manning have suffered what would normally be career ending injuries due to neck and knee issues. Both players recovered and were back on the field in miraculous time. Both players came back from the injuries ahead of schedule and played at their highest level. Peterson led the NFL in rushing yards when he came back from injury and Manning led his team to and won multiple super bowls. Manning was caught receiving HGH injections at his house during his recovery, but he blamed it on his wife and said people were mean for intruding on his wife's privacy about her HGH. Obviously bullshit story, but such is the life of fake nattys who are doing it to 'save the kids'. I don't understand why it has to be demonized that Peyton Manning and Adrian Peterson used performance enhancing drugs to make miracle recoveries from career ending injuries. It should be encouraged to do everything you can to heal your body to the best outcome possible, even if that includes drugs. I think the kids would understand if we told them Peyton Manning and Adrian Peterson got hurt really bad and needed special drugs to help their bodies recover so that they could keep playing football.

It's a longstanding tradition to use performance enhancing drugs to recover from surgery and major injury. Treating skin burn victims, broken bones, people

wasting away from malnutrition, and people with low red blood cell counts were some of the original uses for anabolic steroids in medicine. Anabolic steroids make you heal faster. They make your hair grow a bit faster, they make your skin grow faster, you get more dandruff on your scalp, they make your muscles grow faster, and they make wounds heal faster. Human Growth hormone causes cartilage, bone, tendons, and ligaments to grow faster. When you combine HGH and anabolic steroids your recovery from surgery and injuries can be mind blowing. I had hernia surgery to fix a hole in the muscles of my abdominal wall in may 2018. After the surgery I took 6iu of norditropin per day, one anadrol50 per day, 250mg of testosterone enanthate per week, and 200mg Primobolan per week. I did this for 4 weeks after the surgery. 2 weeks after the surgery, I was lifting weights in the gym again and 5-6 weeks after the surgery I was looking back in form. After the first 4 weeks of my norditropin, testosterone, anadrol50 surgery recovery stack, I switched to 1250mg testosterone per week, 1000mg primobolan per week, 20mg Superdrol per day, metformin 2000mg and norditropin 3iu per day. 8 Weeks after my umbilical hernia surgery I set a deadlift PR. Blasting those performance enhancing drugs made me recover at a rate I had never recovered from an injury before. The following Picture is 5 Weeks after hernia Surgery.



When I had the infection in my leg in Colombia, I lost a ton of size but 6 weeks

after leaving the hospital in Colombia, I was at the LA Fit Expo with Dr. Tony Huge, looking like one of the big guys at the expo. I made that miraculous transformation by utilizing some help obviously. I continued taking my 250mg TRT prescribed testosterone per week after the surgeries on my leg. On January 1st twenty five days before the LA Fit Expo I started training at the gym and taking Superdrol 20mg per day and Winstrol 25mg per day. I added those two oral drugs to my TRT and made a comeback from a near death experience to looking like a bodybuilder with 3 weeks of training in the gym. The PED's were instrumental to me in recovering so quickly from those surgeries. PED's make you recover from injury more like a wolverine. It's criminal that growth hormone is not standard treatment for people recovering from surgery. It makes recovery two or three times faster. Growth Hormone and Testosterone are the two most important performance enhancing drugs for recovery from serious injury and surgery.

SARMS

SARMS are chemicals (not hormones) that have effects on hormone receptors. Selective androgen receptor modulators or SARMS are non-hormonal chemicals that bind to and stimulate androgen receptors. Many SARMS specialize in specifically binding to androgen receptors in certain body tissues while almost completely ignoring others. An example of a SARM really good at only acting on specific tissues while not acting on others is Ostarine. I have experimented with Ostarine at 25mg per day while running 250 mg testosterone per week on a cruise. It felt like running 20mg Anavar. Just a little kicker. A little hint of extra oomph! to the cruise dosage of testosterone. It kept my energy up and gave me better stamina in the gym, I was stronger for more sets. The main effect I noticed from Ostarine was my strength did not diminish as much as it normally would on TRT as the workout progressed. In muscle building firepower I thought Ostarine was somewhere between Creatine and Anavar. For comparison, if creatine was ibuprofen and Anavar was Vicodin then Ostarine would be right in the middle. There are other SARMS I've tried as well, S23 is a SARM that I took 30mg pre workout on a few occasions and felt a boost. After taking S23 I felt a bit annoyed, agitated, and hot while I walked to the gym, those are characteristic effects of taking Dianabol or Anadrol preworkout. I've had friends tell me their LGD Ligandrol SARM at 20mg per day was stronger than their 50mg daily Anadrol tablets or that their 15mg daily LGD 4033 cycle was stronger than their first

500mg per week testosterone cycle. This is hard to believe but I have seen these guys get results from SARMS with my own eyes. There is no question that they work. Overall, I think SARMS have about the same effectiveness as prohormones did before they got banned. SARMS seem to have similar effects to weak steroids. Back when Prohormones were legal, they usually felt like weak steroids too. However, there were some really strong prohormones and I'm sure there are some really strong SARMS out there in a scientist's research laboratory somewhere. There are lots of rumors and who knows what new SARMS will be created. I'm open to the possibility of SARMS eventually being as powerful as testosterone. At this point it appears that no one has got huge by running SARMS only. Everyone who is huge on SARMS appears to also use anabolic steroids alongside them, but SARMS definitely help build muscle and can get guys past where they would otherwise get stuck naturally. SARMS work, but all the IFBB pros, all the big guys at the gym etc. are running steroids. Some of them may run SARMS with their steroids but the SARMS are not a vital part of their protocol. All big guys base their protocols around steroids. Period.

BRO SCIENCE BACK TRAINING TIP

It seems the muscles of the back respond best to horizontal rowing movement. Especially while using anabolic steroids. There is a general consensus among experienced bodybuilders that rows are where you build the most mass and density to your back. I've found this to be 100% true in my experience. The superior muscle growing capabilities of doing rows over pulldowns probably is because of the exposure of the muscles to heavier total poundages. Back muscle grows best on rows not pulldowns in a similar way to how chest grows best on presses not flys. Sure, there are guys who have built up great backs using mostly pulldowns and pullups, but this is unusual. Usually the guys with big freaky backs focus most of their back training on heavy row movements with heavy weights and lower reps. A tweak you always see these big back bros doing is resisting the negative. Bros with big backs usually accelerate the positive concentric portion of the row, Stop the weight and hold for a brief moment at the peak contraction, and then slowly lower the load on the eccentric phase of the motion. The slow controlled negative on back motions causes a ton of muscular stress and growth to occur in the bodybuilder's muscles. Most bodybuilders need to prioritize and get really good at rowing and feeling their back pulling during rows in order to get the kind of back

development they fantasize about. Keep this in mind. Most of the bodybuilders with the awesome backs believe rows are the most important exercises for back development. This trend is pervasive among steroid using bodybuilders. Most all steroid using bodybuilders myself included see tremendous muscle mass gains from focusing on rows for back development.

IIFYM IF IT FITS YOUR MACROS ON STEROIDS

So brother, a lot of the bro science that you've heard is stuff that actually works when you are on steroids. A lot of stuff about nutrient timing actually makes a difference on roids. Post workout nutrition matters on steroids. Your muscle cells are so much more sensitive to hormones and fuel storage and food when you are taking steroids. Fasted cardio also makes a huge difference. IIFYM is a gimmick that plays to what people want. "I want a diet that lets me eat junk food and lose weight, because I'm addicted to junk food and don't want to stop eating it".

Defending that is the reason why most people are so hell bent and emotional about defending IIFYM as being the be all end all of bodybuilding and dieting.

Defending that position means so much more to them than just defending IIFYM, it means defending their minds from confronting the painful truth that unless they were born with unusual genetics predisposing them for being lean, then they will have to eat a bro diet to get the result they want. They don't want to take the red pill and face the truth. They want to take the blue pill and keep on living in their virtual pretend world. The Matrix. They will have to eat a bro diet to maximize their results. They will have to eat a bro diet to maximize their results on steroids. Post workout nutrition matters on steroids.

Scientists don't research people who are taking steroids. You can't rely on the scientific research when you are on steroids. Generally, having a post workout whey isolate protein shake with dextrose or gummy bears immediately post workout, or going and eating immediately post workout makes a pretty massive difference in your recovery when you are on steroids. During the post workout time period receptors called 'GLUT-4' receptors appear all over the surfaces of your muscle cells. The GLUT-4 receptors cause your muscle cells to actively transport carbohydrate out of the blood into the cell. These receptors appear after training in a density dependent on the intensity of your training. The harder you train, the more GLUT-4 receptors will be present on the surface of your muscle

cells post-workout. Fasted cardio in the morning burns pretty much exclusively fat when you are on performance enhancing drugs. There is low blood sugar when you wake up and have not eaten yet, insulin levels are also low. The steroids lock nitrogen and amino acids in the muscle cells preventing breakdown. If the liver is depleted of glycogen then the fat cells are the only source of energy left to provide fuel for propelling your body forward to do that cardio in the morning. If you take a little bit of a fat burner like ephedrine and coffee, or clenbuterol, or yohimbine, and utilize the fat burner together with your steroid cycle and fasted cardio you will see rapid changes in body composition. Fasted cardio is an extremely effective tool for fat loss on steroids.

I wanted to write this section of this book to warn you that IIFYM is not the end all be all of dieting. IIFYM is a neat tool to help you maintain flexibility while still meeting your bodybuilding goals. It isn't a free pass to cheat the system and eat a bunch of shit and still look great like Kinobody. Meal timing absolutely does play a role in body composition and recovery, even the science supports this. In addition, performance enhancing drugs massively amplify the effect of nutrient timing on performance and recovery. There are metabolic pathways of nutrient absorption, retention, and disposal that can affect how much energy from the food you eat actually gets absorbed by your cells and stays there. Someone can eat 2,500 calories of food, but only absorb 1,800 calories of that food into their body. There are disposal methods that the body has to rid itself of the calories when conditions are correct. Vice Versa there are certain conditions that make muscle cells more absorptive to nutrients. Under those conditions at those times, eating certain foods causes more potential muscle gain. Instead of worrying about all that confusing shit, just do this. Eat clean meals and do the bro diet 90% of the time. You will look great, you won't have to count calories, you can still eat a bit of shit food occasionally for social reasons but you won't be addicted to sugar and you will feel great eating mostly bro foods. You want a great physique you can maintain easily without causing yourself stress? Make your diet consist of natural unprocessed foods. Foods that are from an animal or from a plant in the ground. Eat those 90% of the time. The other 10% of the time apply if it fits your macros and have some junk.

IMPORTANCE OF TESTOSTERONE DOSAGE

Average testosterone dosage used during a bodybuilders typical cycles has a high correlation to the size of the bodybuilder. It seems that the higher the dosage of testosterone used the more quality 3D ball shaped muscle is gained and retained after conclusion of the cycle. The testosterone dosage seems more correlated to the size of the bodybuilder than the dosage of other steroids. Testosterone seems to be the most important hormone to the size of the bodybuilder. Usually bodybuilders who use 250mg-500mg testosterone per week are smaller bodybuilders who focus more on aesthetics and conditioning over mass. Guys who use 1000mg-1500mg testosterone per week are usually a bigger bulkier 'class' of bodybuilder.

Bodybuilders on these dosages often have more round ball shaped muscle that extends away from the body in a 3D type manner. 1000mg-1500mg per week is what your typical "Really Big Guys" at the gym are doing. Then you have the guys who use 2500mg+ testosterone per week, they are always competitors who are willing to sacrifice everything for bodybuilding, not the best examples to follow. Of course, there are always exceptions, but those are roughly the testosterone dosages that each of those classes of bodybuilders uses on average during their cycles. Regardless of other compounds used during a cycle, the average dosage of testosterone included during cycles seems to correlate strongly with the size of the bodybuilder. This is totally anecdotal evidence, this is not scientific. But there is a general consensus among bodybuilding gurus that it's true. I have noticed this phenomenon in myself, I have noticed it in my friends, and my friends have noticed it in themselves and their friends, many of whom are their clients. So as with everything, take this info, see if it applies to you, if it does great, if it doesn't, then disregard it. We all respond incredibly differently to hormones.

PCT - POST CYCLE THERAPY

If you want to stop using steroids you can either just stop and slowly recover naturally, or you can do a post cycle therapy of drugs to restore your natural testosterone and sperm production to maximum as quickly as possible. We talked about the drugs used for PCT already in this book so I'm going to give you an example here of a sample PCT that would work excellent to restore your natural testosterone production and fertility; The day of your last testosterone shot in your

cycle you are going to start getting your testicles back in shape by using HCG. During the 2 weeks after your last steroid injection of the cycle, you should begin taking HCG injections 1000IU two or three times per week. Three times is better than two. HCG is used for a total of 3 weeks. At the beginning of week 3 fourteen days after your last steroid shot, Start taking nolvadex at 40mg per day and clomid at 50mg per day. Take the nolvadex at 40mg for 3 weeks. Take the Clomid at 50mg for 2 weeks. Do a final 4th week of Nolvadex 20mg. Now discontinue all drugs and after 2 weeks go get your testosterone levels tested. Make sure they have returned to normal range.

PCT looks like this; the day of your last steroid shot begins week 1

Week 1 HCG Injection 1000IU 3x per week, Anti estrogen tablet as needed

Week 2 HCG Injection 1000IU 3x per week, Anti estrogen tablet as needed

Week 3 HCG Injection 1000IU 3x per week, Nolvadex 40mg per day, Clomid 50mg per day

Week 4 Nolvadex 40mg per day, Clomid 50mg per day

Week 5 Nolvadex 40mg per day

Week 6 Nolvadex 20mg per day

Week 8 Check natural testosterone levels at lab to verify recovery

PCT Complete

EXAMPLE STEROID CYCLES

Beginner first cycle 250mg testosterone enanthate per week with anavar 50mg per day

Beginner first cycle 250mg testosterone enanthate per week with dbol 25mg per day

Beginner first cycle 350mg testosterone propionate per week, 100mg shot every other day

Beginner first cycle 500mg testosterone enanthate per week solo

Beginner first cycle 500mg testosterone per week with 400mg primobolan, or 400mg deca-durabolin, or 400mg equipoise.

As you advance and do more cycles, increase the dosages of the beginner cycles

Best Cycles 100mg Testosterone Propionate injection per day with 100mg Primobolan injection per day (combine in same syringe) with 50mg Anavar or Winstrol or Anadrol per day.

Best Cycles 1500mg testosterone per week (3cc syringe test enanthate twice per week) add any low dosage oral to this. for example 10mg superdrol, or 15mg dbol, or 25mg winstrol per day.

Best Cycles 100mg testosterone propionate and 100mg of trenbolone acetate every other day. 350mg testosterone and 350mg trenbolone total per week. Nothing else is needed.

'Cycle where you can eat anything and cannot gain fat no matter how much garbage you eat' Testosterone 1500mg per week, Trenbolone acetate 350mg per week, Anadrol 50mg per day, 6iu Human Pharmaceutical Grade Growth Hormone per day, Metformin 2g per day, T4 Thyroid 200mcg per day

My Favorite Cycle 750mg testosterone enanthate per week, 1000mg primobolan per week, 50mg winstrol per day, 50mg anadrol per day, 4IU Norditropin Growth Hormone per day, and 1g metformin per day.

CLOSING WORDS

I hope you enjoyed reading this book bro. Many Months sat with my head buried in my keyboard at Starbucks driving up and down the California coastline creating this. I remember months ago when I was beginning work on the book, sitting in a coffee shop in East Los Angeles with my computer in front of me furiously typing away. Emptying my head of all the thoughts and experiences and knowledge I have on steroids. It was really exciting writing this, I kept all of you readers in mind all those hours in the coffee shops. While I was writing I almost was imagining having a conversation with you. It was almost as if you were right there asking me questions about steroids and performance enhancing drugs and I was

more than happy to share the info! I enjoyed writing it while thinking about how it could benefit you and how it could help you make smart decisions about steroid use. It's been a lot of years accumulating all this information. When I was starting out, if I could have read this book, it would have answered a lot of questions for me. I hope that by having this book with this information contained all in one place, you can come back to it as you progress through your steroid journey and use the book to help you to make smart decisions regarding your steroid use and to help you to troubleshoot side effects when they come. All the best bro

- Dan the Bodybuilder from Thailand

If you enjoyed the book and would like to help me support my operation and continue producing amazing content please tell your gym buddies about this book and direct them to where they can buy it at my website

<http://bodybuilderinthailand.com>

Ask me questions through email at Danolikestoscoot@gmail.com or through Instagram DM @Bodybuilderinthailand



