

UNDERGROUND ORAL STEROIDS



ELITEFITNESS

WRITTEN BY GEORGE SPELLWIN

HANDBOOK

— IRONGORILLAS.COM

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1. WHY ORAL ANABOLIC STEROIDS?

Anabolic steroids can be administered through various delivery methods, each with its own characteristics and implications for effectiveness, convenience, and side effects. In this book, we will focus on specifically oral steroids.

There are many reasons why steroid users prefer oral steroids over most other methods of administration; there are several advantages to oral administration that just aren't possible through any other way. Some of these benefits are:

Convenience and Ease of Use: Oral steroids are often favored for their convenience. They don't require the preparation and administration involved with injectable steroids, which can be daunting for some, especially those who are uncomfortable with needles. Pills can be easily swallowed, making them more user-friendly and discreet.

Faster Absorption and Action: Oral steroids are known for their quick action. They are rapidly absorbed into the bloodstream, leading to more immediate results in muscle growth and strength gains. This can be appealing to those looking to achieve quick improvements in strength.

Shorter Half-Life: Oral steroids typically have a shorter half-life than injectables. This means they leave the system quicker, which can be advantageous for athletes who are concerned about drug testing or for those who wish to minimize exposure to steroids.

Cycle Length and Flexibility: The shorter half-life also allows for more flexibility in cycling. Users can adjust their dosage more frequently and can clear the drug from their system faster if they choose to end a cycle.

1. WHY ORAL ANABOLIC STEROIDS?

Avoidance of Injection-Related Complications: Injectables carry risks such as infections at the injection site, abscesses, and potential pain or discomfort. Oral steroids eliminate these risks.

As you can see, there are many advantages oral steroids have over any other method of administration. To give you more complete information, we will include a list of the different administration methods available for steroids:

Oral Administration:

- Tablets or capsules swallowed and absorbed through the digestive system.
- Convenient but typically more liver-toxic due to the first-pass effect.

Injectable Steroids:

- Intramuscular Injections:** Steroids are injected directly into muscle tissue, typically in the buttocks, thigh, or upper arm.
- Less frequent dosing due to longer half-lives, but requires comfort with needles and carries risks of injection site complications.

Transdermal (Topical) Delivery:

- Gels or Creams:** Applied to the skin, absorbed transdermally.
- Patches: Adhesive patches placed on the skin, providing a steady dose over time.
- These methods bypass the liver, reducing hepatic toxicity, but can be less effective for significant muscle building.

Subcutaneous Implants:

- Pellets inserted under the skin, usually in the hip or abdominal area.
- Provide a steady release of the hormone over an extended period.
- Less common for bodybuilding purposes, more often used in hormone replacement therapy.

1. WHY ORAL ANABOLIC STEROIDS?

Buccal Administration:

- Tablets placed against the gum and absorbed through the oral mucosa.
- Bypasses the liver, reducing hepatic strain, but not commonly used for anabolic purposes.

Nasal Sprays:

- Steroid compounds delivered nasally.
- Rarely used for anabolic purposes, more common for corticosteroids in medical treatments.

Sublingual Administration:

- Tablets placed under the tongue, absorbed directly into the bloodstream.
- Quick absorption, bypassing the liver, but not a common method for anabolic steroids.

2. ORAL ANABOLIC STEROID HISTORY

The development of oral anabolic steroids, including prominent ones like Anavar (Oxandrolone) and Turinabol (Chlorodehydromethyltestosterone), was spearheaded by various pharmaceutical companies and chemists in the mid-20th century. The primary contributors to this field were scientists from the United States and Germany.

The journey of oral anabolic steroids began in earnest in the 1950s and 1960s. These substances were synthesized as derivatives of testosterone, the primary male sex hormone. Scientists modified the chemical structure of testosterone to enhance desirable properties like anabolic (muscle-building) effects while minimizing androgenic (masculinizing) effects. This was achieved by altering the molecular structure to enable oral ingestion and to survive metabolism in the liver.

The first Oral Steroid.

The first oral anabolic steroid to be introduced to the market was Methandrostenolone, better known by its brand name, Dianabol. Developed by Dr. John Ziegler with the assistance of the pharmaceutical company Ciba, Dianabol was released in the United States in the late 1950s.

This steroid was synthesized with the intention of maintaining the anabolic properties of testosterone with less androgenicity in a strong, orally active form. Methandrostenolone/Dianabol quickly gained popularity for its potent muscle-building effects and was widely used in the world of athletics and bodybuilding before concerns about its side effects led to increased regulation and control of anabolic steroids.

Dr. John Ziegler created Dianabol (Methandrostenolone) primarily to help American athletes compete more effectively against Soviet athletes in international competitions, particularly in the Olympic Games.

2. ORAL ANABOLIC STEROID HISTORY

During the 1950s, it was widely believed that Soviet athletes were using testosterone to enhance their athletic performances. This gave them a significant advantage in strength and muscle mass over their American counterparts.

In response, Dr. Ziegler, who was an American physician and a part of the U.S. Olympic team's medical staff, collaborated with the pharmaceutical company Ciba to develop an anabolic steroid that would help level the playing field. The goal was to create a compound that retained the anabolic (muscle-building) properties of testosterone while reducing the androgenic (masculinizing) effects. The result was Dianabol, which quickly became popular among athletes for its effectiveness in improving muscle mass and strength.

Thus, the creation of Dianabol was driven by the desire to enhance athletic performance and compete effectively in a landscape where performance-enhancing drug use was becoming increasingly common.

Why Were Oral Anabolic Steroids Created?

Medical Purposes: The primary motivation behind the creation of oral anabolic steroids was medical. They were developed to treat conditions involving muscle wasting, such as chronic diseases, severe burns, and post-surgical recovery. For instance, Anavar was specifically designed to help promote weight gain in various situations, to offset protein catabolism caused by long-term corticosteroid therapy, and to support recovery from severe burns.

Note: While most oral anabolic steroids were indeed developed for medical purposes, Dianabol (Methandrostenolone) presents a unique case. Dianabol was one of the first oral anabolic steroids developed, and its initial purpose was significantly tied to performance enhancement, mainly to counteract the Soviet athletes' use of testosterone in the 1950s.

2. ORAL ANABOLIC STEROID HISTORY

Bone Density and Growth Disorders: These steroids were also used to treat bone pain associated with osteoporosis and to aid in the development of children with growth disorders. Their anabolic effects were beneficial in increasing bone mineral content and density, as well as in promoting overall growth and development.

Non-Medical Use: Despite their medical applications, oral anabolic steroids gained notoriety for their non-medical use, particularly in sports and bodybuilding. Athletes and bodybuilders began using these substances for their muscle-building and performance-enhancing effects. This led to widespread use in competitive sports, resulting in numerous doping scandals and the eventual reclassification and regulation of these substances.

Oral anabolic steroids were created primarily for medical purposes to address conditions involving muscle wasting, bone health, and growth disorders. However, their potent anabolic effects led to their adoption in sports and bodybuilding, overshadowing their medical applications and leading to regulatory changes and controversies surrounding their use.

3. ORAL VS. INJECTABLE

Understanding the differences between these two methods is crucial for anyone considering their use, whether for therapeutic purposes, bodybuilding, or athletic performance enhancement. This section delves into the nuances of oral and injectable steroids, comparing their efficacy, convenience, side effects, and typical preferences among users.

Oral Steroids: Convenience at a Cost

Oral steroids, such as Dianabol, Anavar, and Winstrol, are known for their ease of use and quick action. They are simply ingested in pill form, making them a go-to choice for those who are needle-shy or seeking a more discreet option.

Advantages of Oral Steroids:

Ease of Use: Oral steroids don't require needles or injections, offering a straightforward method of administration.

Rapid Absorption: These steroids are quickly absorbed into the bloodstream, leading to faster results in terms of muscle gains and strength.

Disadvantages of Oral Steroids:

Liver Toxicity: Oral steroids are modified to survive the first-pass metabolism in the liver, which can strain this vital organ.

Shorter Half-Life: They often require more frequent dosing to maintain effective blood levels.

Impact on Lipid Profile: Oral steroids can have a more pronounced effect on lipid profiles, negatively impacting HDL and LDL cholesterol levels.

3. ORAL VS. INJECTABLE

Injectable Steroids: Efficacy with a Needle

Injectable steroids, like Testosterone Enanthate, Trenbolone, and Deca-Durabolin, are administered directly into muscle tissue. They are favored for their potency and longer-lasting effects.

Advantages of Injectable Steroids:

Reduced Liver Strain: Since they bypass the liver, they are less hepatotoxic than oral forms.

Esters: Injectable anabolic steroids are often modified by the addition of esters to the 17-beta hydroxyl group. These esters control the release rate and half-life of the steroid.

Sustained Release: Many injectable steroids have longer half-lives, requiring less frequent dosing.

Disadvantages of Injectable Steroids:

Injection-Related Risks: Risk of infections, abscesses, and discomfort at the injection site.

Inconvenience: Requires preparation and the process of injection, which can be daunting for some users.

Regularity: While less frequent, injections must be scheduled and are more invasive than taking a pill.

User Preferences: Choosing What's Right for You

The choice between oral and injectable steroids often comes down to personal preference, goals, and willingness to tolerate potential side effects. Beginners might gravitate towards oral steroids due to their ease of use, while more experienced users might prefer injectables for their efficacy and lower liver impact.

3. ORAL VS. INJECTABLE

In the debate of oral versus injectable steroids, there is no one-size-fits-all answer. Each method has its trade-offs in terms of convenience, efficacy, and safety. Ultimately, the decision should be made based on individual goals, health considerations, and personal comfort with each administration method. Responsible use, coupled with a thorough understanding of each form's benefits and drawbacks, is key to maximizing results while minimizing risks.

4. ORAL STEROIDS VS. SARMs

Oral steroids and Selective Androgen Receptor Modulators (SARMs) are frequently compared due to their similar usage as oral anabolic compounds. Users and enthusiasts often scrutinize these two groups, weighing their effects, side effects, and overall impact on bodybuilding and performance enhancement. This book section aims to delve into the factual details and distinctions between oral steroids and SARMs, providing a clear understanding of each group.

SARMs and Anabolic Androgenic Steroids are not the same.

-SARMs offer a more targeted approach. They are designed to selectively stimulate androgen receptors in muscle and bone while minimizing the impact on other tissues.

-Oral steroids are synthetic derivatives of testosterone, known for their potent anabolic effects. They are designed to mimic the muscle-building properties of testosterone, making them popular for bodybuilding and athletic performance enhancement.

Difference in Mechanism of Action:

-By selectively targeting specific receptors, SARMs promote muscle growth and bone density with reduced androgenic properties, which potentially means fewer side effects.

-Oral steroids work by binding to androgen receptors, triggering an increase in protein synthesis and muscle growth. However, their non-selective action means they affect various body systems, leading to a broad spectrum of side effects.

-Aside from muscle building, specific SARMs will have additional benefits like expedited bone and tissue healing or increased cardiovascular endurance.

4. ORAL STEROIDS VS. SARMs

Common Side Effects With SARMs:

- A lesser degree of liver toxicity compared to oral steroids.
- Potential for mild testosterone suppression, though typically less than with oral steroids.
- Reduced risk of androgenic side effects, making them a viable option for female users.
- Truly unknown long-term side effects since these drugs are so new to the public.

Common Side Effects of Oral Steroids:

- Hepatotoxicity, or liver damage, due to processing through the liver.
- Hormonal imbalances, including suppressed natural testosterone production.
- Increased risk of cardiovascular issues due to changes in cholesterol levels.
- Androgenic effects such as hair loss, acne, and virilization in females.

Comparative Analysis: Potency vs. Safety

The primary comparison between these two revolves around the trade-off between potency and safety. Oral steroids are known for their robust anabolic effects, leading to significant muscle gains. However, this comes at the cost of a higher risk for adverse health effects. SARMs, while less potent in muscle building, offers a safer profile with fewer side effects.

That being said, Oral Steroids have been around since the 1950s, and by now, we know well the risks of their use in the short and long term. SARMs are newer drugs, and we will need decades of user evidence to really be able to say with certainty what the long-term side effects of these compounds could genuinely be.

Legal and Accessibility Considerations

Legal aspects significantly differentiate the two. Oral steroids

4. ORAL STEROIDS VS. SARMS

are classified as controlled substances in many countries and are illegal to use without a prescription. SARMS, although not approved for human consumption by agencies like the FDA, are available in a legal gray area, often marketed as research chemicals.

User Preferences and Goals

The choice between oral steroids and SARMS often boils down to the user's specific goals and risk tolerance. Bodybuilders and athletes seeking maximum gains might gravitate towards oral steroids, while those with therapeutic benefits or prioritizing safety and legal standing might opt for SARMS.

Stacking Oral Steroids and SARMs

In the quest for maximized results, a growing trend among users is to stack oral steroids with SARMS. Users often carefully plan their stacks, combining specific oral steroids known for their effectiveness with particular SARMS that complement their action. This method is seen as a way to amplify the benefits of each, hoping that the combined effect will exceed what each can achieve individually.

This practice stems from the belief that combining the potent anabolic effects of steroids with the targeted action of SARMS can lead to enhanced muscle growth, strength gains, and physical performance while potentially mitigating some of the adverse side effects. Not just the mitigation of side effects but also exploiting some of the additional therapeutic benefits of SARMs, such as using something like Ostarine and Anavar to help you return from bone breaks or certain surgeries.

Later in this book, there is a whole chapter on stacking oral steroid cycles for different purposes, and it will include some stacks with oral steroids along with SARMs.

4. ORAL STEROIDS VS. SARMS

Risks and Considerations in Stacking

However, stacking oral steroids with SARMS is not without risks and should be approached with caution. The combination can increase the overall strain on the body, especially on the liver and endocrine system.

Users who stack these compounds may be at a higher risk for unforeseen side effects, and the long-term health impacts of such combinations are not well-studied.

Both oral steroids and SARMS have their places in the realm of bodybuilding and performance enhancement. The choice between the two should be based on an informed understanding of their mechanisms, side effects, legal status, and how they align with individual goals and health considerations. As with any drug or supplement, it is always advisable to consult healthcare professionals and consider the ethical and legal implications before beginning their use.

5. ARE ORAL STEROIDS SAFE?

The safety of oral steroids compared to injectable steroids, SARMs (Selective Androgen Receptor Modulators), or peptides is a complex topic and depends on various factors, including dosage, duration of use, individual health conditions, and the specific substances used. The majority of experts would tell you that Oral Steroids have a higher risk for short-term side effects. At the end of the day, no substance is truly safe and each type of substance has its own risk profile:

Oral Steroids:

Hepatotoxicity: Oral steroids, especially those that are 17-alpha-alkylated, can be hepatotoxic (toxic to the liver). This is one of the most significant risks associated with oral steroids.

Effect on Lipid Profile: They can negatively impact cholesterol levels, increasing the risk of cardiovascular diseases.

Short-term Efficacy vs. Long-term Risks: Oral steroids are effective for muscle growth and performance enhancement but pose significant risks if used over the long term or in high doses.

Injectable Steroids:

Lower Liver Toxicity: Generally considered safer for the liver compared to oral steroids because they bypass the liver.

Risk of Infection: There is a risk of infections or complications from injections if not done properly.

Other Side Effects: Similar to oral steroids in terms of other side effects, including hormonal imbalances and cardiovascular risks.

SARMs:

Perceived Safety: SARMS are often perceived as safer due to their selective action, but long-term safety data is lacking since these compounds are relatively new and still under research.

5. ARE ORAL STEROIDS SAFE?

Unapproved Status: Most SARMs are not approved for human use by major regulatory bodies, raising concerns about their safety and quality control.

Peptides:

Targeted Actions: Peptides, like growth hormone-releasing peptides, are thought to be safer due to their more targeted actions and natural role in the body.

Limited Data: Like SARMs, many peptides are still under study, and comprehensive safety data is not always available.

In summary, while oral steroids are effective, their potential for liver toxicity and negative impact on cholesterol levels make them riskier compared to other drugs in these aspects. SARMs and peptides might be considered safer alternatives, but you must accept that we just have sufficient comprehensive long-term safety data. It's essential for anyone considering these substances to understand their risk profiles.

-SAFE?-

6. ORAL STEROID PROFILES INTRO

This chapter delves into the intricacies of the most popular and commercially available oral anabolic steroids, each with distinct properties and implications for the user.

The following profiles section should be used as a reference guide so you can return to it and research anything you ever wanted to know about these compounds and their use. The next time you are looking to put together a cycle and you have some questions about the compounds you are planning on using, this chapter will come in very handy to help you research the drugs and make the right decisions.

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6.1 ANAVAR

Anavar, known chemically as Oxandrolone, is often regarded within the bodybuilding community as a relatively safe and mild anabolic steroid, particularly favored for its lower risk profile. It is especially popular among female bodybuilders and male athletes seeking subtle, quality muscle gains without severe side effects. Anavar's appeal lies in its ability to promote lean muscle mass and strength gains while being less likely to cause significant weight gain, water retention, or the androgenic side effects commonly associated with more potent steroids. Users appreciate its reputation for not dramatically increasing liver enzymes, a common concern with oral steroids. However, it's important to note that while Anavar is perceived as less harsh, it still carries risks, especially when used improperly. Its perceived mildness often leads to it being underestimated, but seasoned users and professionals in the bodybuilding world emphasize the importance of respecting its power and using it responsibly within a well-structured cycle.

History of Anavar

Anavar was first synthesized in 1962. Developed for medical purposes, it entered the pharmaceutical market in 1964. Created by Raphael Pappo while at Searle Laboratories (now Pfizer Inc.), Oxandrolone was notable for its therapeutic properties and mild side effects. Its primary medical uses included:

- Promoting weight gain in various conditions.
- Offsetting protein catabolism caused by long-term corticosteroid therapy.
- Aiding recovery from severe burns.
- Treating bone pain associated with osteoporosis.
- Aiding in the development of girls with Turner syndrome.

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Unlike many other anabolic steroids developed during that period, Anavar was recognized for its unique balance between anabolic and androgenic effects. This balance made it a preferred choice for treating not only males but also females and children, in whom androgenic effects (like masculinization) are less desirable. Anavar's comparatively mild nature (in terms of liver toxicity and other side effects) was a significant advancement in the field of anabolic steroids. Over the years, its applications in clinical settings have demonstrated effectiveness, particularly in promoting muscle growth and weight gain in various catabolic conditions. However, despite its medical benefits, the potential for abuse in sports and bodybuilding contexts became a point of concern, leading to a shift in its availability and legal status over the years.

Long-Term Studies: In a study involving severely burned children, Oxandrolone was administered at a dose of 0.1 mg/kg orally twice daily for up to 24 months.[1] This long-term administration was significant in improving bone mineral content (BMC), bone mineral density (BMD), and height velocity. Notably, this study indicates the use of Oxandrolone over a significantly extended period, far beyond the typical duration associated with bodybuilding cycles.

Other Clinical Trials: Another study with children having burns over more than 40% of total body surface area involved administering Oxandrolone in a dose of 0.1 mg/kg po bid (twice daily). The duration was not explicitly mentioned, but the study involved follow-ups at 6, 9, and 12 months after the burn, suggesting an extended period of treatment.

Usage in Bodybuilding: Anavar (Oxandrolone)

In the realm of bodybuilding, Anavar (Oxandrolone) is esteemed for its distinct properties that make it favorable for certain fitness goals. Its usage in bodybuilding is

6.1 - ANAVAR

characterized by specific patterns and combinations with other substances.

Anabolic Characteristics: Anavar is known for its anabolic effects, which are more pronounced than its androgenic effects. This makes it particularly popular among bodybuilders for muscle growth and strength enhancement with relatively fewer androgenic side effects. It is much more anabolic than androgenic, making it a choice steroid for those seeking less intense steroid regimens, especially female bodybuilders.

Non-medical Perception: Despite its non-medical use, Anavar is often perceived as one of the safer anabolic steroids, especially in terms of hepatotoxicity and other common steroid-related side effects.

Prescription and Bodybuilding Dosage Guidelines

Adult Dosage: For weight loss in adults, the typical dosage of Oxandrolone ranges from 2.5 mg to 20 mg orally in 2 to 4 divided doses. The duration of therapy is usually 2 to 4 weeks, which can be repeated intermittently as indicated.

Pediatric Dosage: For pediatric patients, the dosage is less than or equal to 0.1 mg per kg body weight. Similar to adults, this treatment may also be repeated intermittently as needed.

Bodybuilder and Athlete Dosage: Male athletes looking for some strength gains without adding much bulk will use between 15mg - 30mg of the drug per day.

-Newbie bodybuilders looking to run a safe cycle of lean gains will usually use about 40mg - 60mg per day.

-Competitive bodybuilders using Anavar for contest prep will use between 50mg - 100mg of Anavar, along with other steroids.

Female Dosage: Women will use between 2.5mg and 15mg of Anavar per day, depending on their goals, so female competitors will tend to use much more than the average cardio bunny.

Anavar Half-Life Explained

Anavar has a longer half-life compared to many oral anabolic steroids, typically around 9 to 10 hours. This extended half-life allows for a more sustained drug release into the bloodstream, enabling users to maintain relatively stable blood levels with fewer daily doses. Typically, users might split their daily dosage into two administrations to align with Anavar's half-life. The benefit of a longer half-life, as seen in Anavar, is a reduced dosing frequency, which can enhance compliance and ease of use, especially for those who prefer a less intensive dosing schedule. This aspect of Anavar, along with its relatively mild side effects compared to stronger steroids, contributes to its popularity, particularly among athletes and bodybuilders looking for a balance between efficacy and manageability in their steroid regimen.

Stacking and Combinations:

With Other Steroids: Bodybuilders often stack Anavar with other steroids to enhance the desired effects. For example, it may be combined with testosterone or other anabolic steroids to boost muscle growth and overall physical enhancement.

Cutting Cycles: Anavar is frequently used in cutting cycles to help maintain muscle mass while reducing body fat. It's valued for its ability to promote lean muscle mass.

Pre-Competition: In the weeks leading up to bodybuilding competitions, Anavar is often used due to its ability to help achieve a more defined, lean physique without excessive water retention.

Female Bodybuilders: Due to its mild anabolic effect and relatively low androgenic properties, Anavar is a preferred choice among female bodybuilders. It enables them to gain lean muscle mass, shed fat, and enhance physical performance without the degree of virilization or other side effects associated

with more androgenic steroids.

Long-Term Clinical Use: In specific medical conditions, such as severe burns in children, dosages of 0.1 mg/kg twice daily for up to 24 months have been administered.[2]

Cycle Length: Anavar has been used in clinical settings for 24 continuous months, so the drug is safe to use long-term. Still, most bodybuilders are using much higher dosages than the burnt children in the study, so most will get off the drug after only six to eight weeks of use. However, we have heard anecdotes of bodybuilders staying on Anavar for up to three months leading up to a big competition. All of this being said, the average bodybuilding enthusiast should not need to use Anavar for more than 6 weeks under any circumstances.

Side Effects of Anavar (Oxandrolone)

Androgenic Effects: Despite its mild nature, Anavar can cause masculinization, particularly in female users.

Hepatotoxicity: Uniquely among 17 α -alkylated AASs, Anavar shows little to no hepatotoxicity at clinical doses, but risks increase with higher dosages.

Cardiovascular Risks: Changes in blood lipids might increase the risk of atherosclerosis.

Hormonal Disruption: Prolonged use can disrupt hormonal balance, impacting natural testosterone production and fertility.

Bone Health: Potential effects on bone mineral content and density, particularly in long-term usage.

These precautions and side effects highlight the need for careful consideration and medical supervision when using

Anavar, particularly outside of clinical contexts.

Anavar in the media.

The recent ban on the prescription of Oxandrolone (Anavar) in the United States marks a significant change in its legal and medical status. Here's a summary of the situation:

When: The shift in regulatory stance occurred in 2023.

How and Why: The Food and Drug Administration (FDA) announced that Oxandrolone would no longer be approved for medical use in the United States. This decision followed the withdrawal of requests for review by Gemini Labs and two other mainstream pharmaceutical companies for Oxandrin, the brand name for Oxandrolone.

Reasons Cited by Labs: The labs cited concerns about the potential risks associated with Oxandrolone. They referred to data indicating possible severe side effects like peliosis hepatis (sometimes associated with liver failure and intra-abdominal hemorrhage), liver cell tumors (sometimes fatal), and blood lipid changes associated with increased risk of atherosclerosis.

FDA Agreement: The FDA agreed with the labs' assessments, reflecting growing concerns about the safety profile of Oxandrolone, particularly at the dosages being used.

Impact and Reactions: The decision sent shockwaves through the world of sports science and bodybuilding, where Oxandrolone was frequently used due to its mild anabolic effects and relative safety compared to other anabolic steroids. The move by the FDA and the withdrawal by the pharmaceutical companies indicate a significant shift in the perception and legal standing of Oxandrolone in the medical and athletic communities.

6.1 - ANAVAR

“While Anavar does have the ability to help with stubborn fat loss areas, it is NOT a weight loss drug and not it, or any other steroid are used for weight loss...”

-DYLAN GEMELLI

<https://www.evolutionary.org/forums/threads/anavar-for-fat-loss-benefits.95567/>

“Since Anavar upregulates the AR gene, and the Androgen receptor, if you are genetically predisposed towards Prostate cancers, or Androgenic Alopecia, your more likely to speed up that process, despite it being mildly androgenic itself. Along with that principle comes its unique effect on fat cells. The increased sensitivity of androgen receptors causes more nutrients to be directed towards muscle cells and away from fat cells. It cannot be deactivated by fat cells as we have already seen, and its able to cause lipolysis, the breakdown of triglycerides into Glycerol and Fatty acids. Anavar Activates a very important enzyme called Hormone Sensitive Lipase (HSL) and this triggers Noradrenalin and Cyclic Adenosine Monophosphate into action.”

-EVOLUTIONARY

<https://www.evolutionary.org/anavar-ep>

6.2 - ANADROL

Anadrol, also known as Oxymetholone, is well known in the bodybuilding community as one of the most potent oral anabolic steroids available, renowned for its remarkable ability to facilitate rapid and significant muscle mass and strength gains. This perception often places Anadrol in high regard among serious bodybuilders and strength athletes, especially those looking for dramatic improvements in a short time. However, this potency comes with a reputation for equally significant side effects, including notable water retention, increased risk of liver toxicity, and pronounced effects such as gynecomastia. Due to these potential adverse effects, Anadrol is often approached with caution and respect. Users typically reserve it for bulking phases and view it as a powerful tool for overcoming plateaus in muscle growth. Despite its efficacy in muscle building, the bodybuilding community generally advises against its use by beginners or those less experienced with managing the side effects of strong androgens. Here's an overview of how it's used:

Rapid Mass Gain: Anadrol is renowned for its ability to promote rapid gains in muscle mass and strength, making it a favorite for bulking cycles.

Water Retention: One of its characteristics is significant water retention, contributing to the rapid increase in strength, size, and weight.

History of Anadrol (Oxymetholone)

Anadrol was first developed in the late 1950s by Syntex Pharmaceuticals. Initially prescribed in 1959, its early use was aimed at treating medical conditions such as anemia and osteoporosis due to its effectiveness in increasing red blood cell production. The development of Anadrol was primarily motivated by the need for a potent anabolic agent that could

6.2 - ANADROL

that could address these conditions. Despite its efficacy, Anadrol was discontinued shortly after its introduction in 1961 due to concerns about its high lipid toxicity.

However, its powerful anabolic properties quickly gained the attention of the bodybuilding and athletic communities. Anadrol became renowned for its ability to promote significant muscle mass and strength gains, making it a popular choice among competitive athletes and bodybuilders. By the 1970s, it had established itself as a potent performance-enhancing drug. In the 1990s, Anadrol's medical application saw a resurgence when it was discovered to be effective in treating HIV/AIDS wasting syndrome, bringing it back to the pharmaceutical market. This period marked a new chapter in the drug's history, as it balanced its role between a therapeutic agent and a performance enhancer.

Anadrol has been regulated, and it has been classified as a controlled substance in many countries, making its non-medical use generally illicit. Despite being discontinued in the U.S. market, Anadrol retains FDA approval, though its production and distribution have become more regulated.

Anadrol is not commonly available through standard channels in the contemporary pharmaceutical landscape. Its availability is mostly through specialized avenues, such as compounding pharmacies under specific medical circumstances, adhering to the legal frameworks that distinguish between approved drugs and compounded medications.

Here is a list of diseases for which Anadrol has been prescribed:

Treatment of Anemia: Anadrol was initially used to treat various forms of anemia, as it was found to be highly effective in increasing red blood cell production.

6.2 - ANADROL

Osteoporosis and Muscle Wasting Diseases: Beyond anemia, it was also prescribed for conditions like osteoporosis and muscle wasting diseases due to its strong anabolic properties.

HIV/AIDS Wasting Syndrome: Later on, it found use in treating HIV/AIDS wasting syndrome, helping patients maintain muscle mass and body weight.

Prescription, Bodybuilding and Powerlifting Dosage Guidelines

General Medical Use: The recommended daily dose in children and adults is 1-5 mg/kg of body weight per day. The usual effective dose is 1-2 mg/kg/day, but higher doses may be required, and the dose should be individualized. The response is not often immediate, and a minimum trial of three to six months is usually necessary.

Beginner Users

- Anadrol can be considered a more advanced steroid, so beginners are advised to start with milder steroids first, like Anavar.
- A common starting dose is 50mg per day, which can be split into two to three doses daily.
- 25mg per day can often be enough, especially for first-time users, and will cause fewer side effects.

Intermediate Users

- Intermediate users typically use Anadrol at 50mg to 100mg daily.
- It is often used in a stack with injectable testosterone for bulking, with Anadrol at 50mg weekly for 4-6 weeks and testosterone at 500mg weekly for 12 weeks.

Advanced Users

- Advanced users might use Anadrol as part of a more complex cycle with multiple compounds.

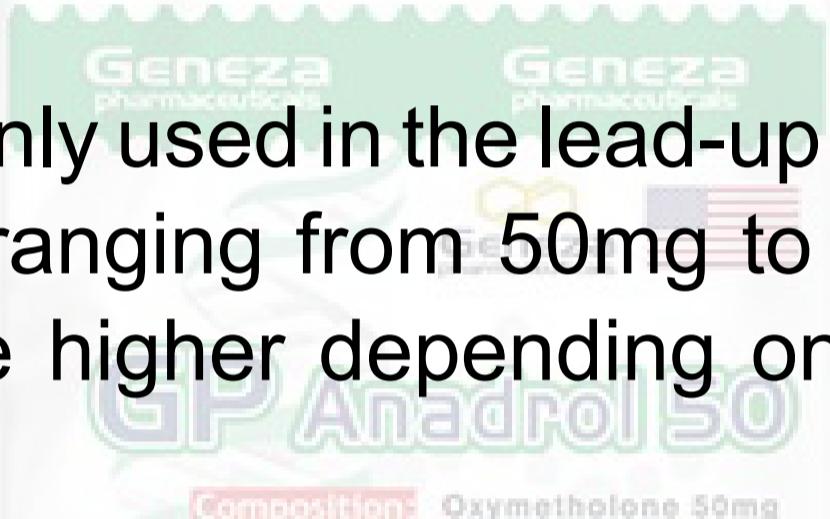
6.2 - ANADROL

-A common dosage is 50mg daily of Anadrol for the first 6 weeks, alongside testosterone at 500-600mg weekly and possibly Trenbolone at 150mg weekly for 12 weeks.

-Some advanced users take up to 150mg of Anadrol daily, but this requires significant experience and familiarity with managing side effects. In this case, you must use N2Guard as proper liver support along with your Anadrol cycle; it becomes a requirement and not just a recommendation.

Competitive Powerlifters

-Often utilize Anadrol (Oxymetholone) for its potent ability to rapidly increase strength and muscle mass since raw power is paramount.

 -Anadrol is commonly used in the lead-up to a competition, with dosages typically ranging from 50mg to 100mg daily, though some may venture higher depending on individual tolerance and experience.

-Cycles are usually short-term, lasting 4-6 weeks, to maximize strength gains while minimizing potential side effects.

-Powerlifters meticulously plan the timing of Anadrol cycles to coincide with the most intense phase of their training and just before competitions for optimal performance.

-It's also common for powerlifters to stack Anadrol with other anabolic steroids, such as testosterone at 500mg weekly or Trenbolone at 150mg weekly, to further boost muscle endurance and recovery.

-Its use is contentious and strictly regulated within professional sports. The practice requires careful consideration of the drug's powerful effects and diligent management of its dosing and cycle protocol to avoid detection.

Female Use: Anadrol is generally not recommended for female athletes due to its strong androgenic effects and high risk of virilization. If used, the doses are significantly lower, often not exceeding 5-10 mg per day.

Stacking and Combinations

Cycle Duration: Anadrol cycles are generally short, often lasting only 4 to 6 weeks, due to its potent nature and the risk of liver toxicity with prolonged use.

In a clinical trial focusing on HIV-wasting, oxymetholone was administered to HIV-positive eugonadal men and women.[3] The participants were divided into groups receiving either 50 mg of oxymetholone twice or three times daily, or a placebo, over a period of 16 weeks. PubMed (Ulrich R Hengge et al., 2003) Yes, the study did report liver-associated toxicity as a significant adverse effect. Specifically, a notable percentage of patients in both the oxymetholone (Anadrol) groups showed a significant increase in liver enzymes, indicating potential liver stress or damage.

Most of you reading this will want to keep your Anadrol cycles to less than 6 weeks to avoid any complications.

With Testosterone: Often stacked with testosterone to enhance muscle building effects. The addition of testosterone helps to make up for Anadrol's suppressive effects on natural testosterone production.

With Other Steroids: Commonly combined with other anabolic steroids like Deca-Durabolin (Nandrolone) or Trenbolone during bulking phases for enhanced anabolic effects.

In Cutting Cycles: Lower Anadrol doses (like 25mg daily) can be beneficial for cutting cycles, specifically in competitive bodybuilding contest cycles, to help fill out the physique. However, you should know that Anadrol is just NOT one of those steroids most would think of when it comes to putting together a cutting cycle. There are many better options for cutting, like Anavar or Winstrol. We have only seen anecdotal

evidence of Anadrol used in cutting when a coach recommends it to a competitor for a specific purpose coming up to competition day, but this use case is rare.

Anadrol Half-Life Explained

Anadrol, or Oxymetholone, has a relatively short half-life compared to many other anabolic steroids, with a duration of approximately 8 to 9 hours. This brief half-life necessitates that users often divide their daily dosage into multiple administrations throughout the day to maintain stable blood levels of the steroid. The short half-life also means that Anadrol becomes active in the body rather quickly after ingestion, which contributes to its rapid onset of effects, such as significant strength and mass gains.

Precautions and Side Effects of Anadrol (Oxymetholone)

Liver Health: Anadrol is known for its hepatotoxicity. Regular liver function tests are crucial, especially when used at higher doses or for extended periods.

Water Retention and Blood Pressure: Monitor for significant water retention, which can lead to high blood pressure and other cardiovascular issues.

Estrogenic Effects: Despite not converting to estrogen, Anadrol can still cause estrogen-related side effects, possibly through other mechanisms like action on progesterone receptors.

Hormonal Suppression: Anadrol can suppress natural testosterone production, making post-cycle therapy (PCT) necessary to restore hormonal balance.

Other Side-Effects

Androgenic Effects: Includes acne, accelerated hair loss in those predisposed to male pattern baldness, and body

hair growth.

Cardiovascular Risks: Negative impact on cholesterol levels, potentially increasing the risk of arteriosclerosis.

Virilization in Women: Women are at high risk of developing masculine features, which can be irreversible.

Dosage Sensitivity: Side effects can be highly dose-dependent, with higher doses increasing the risk.

Individual Variation: There's considerable individual variation in how users tolerate Anadrol, with some experiencing severe side effects and others taking it well at low doses.

Regulatory Actions and Bans: Anadrol, like other anabolic steroids, is banned by major sports organizations worldwide, including the International Olympic Committee (IOC), the World Anti-Doping Agency (WADA), and various professional sports leagues.

Anadrol is a controlled substance in many countries, including the United States, where it is classified under Schedule III of controlled substances. This classification indicates a recognized medical use but also a potential for abuse and dependence.

The regulation and control of Anadrol and other anabolic steroids were significantly tightened with the passage of the Anabolic Steroid Control Act of 1990 in the United States. This act placed anabolic steroids in the controlled substances category, making non-medical use and possession without a prescription illegal.

6.2 - ANADROL

"If you're into powerlifting or you want to get super strong, super fast, anadrol is the steroid for you. On the other hand, if you're looking for harder gains with less bloating and sides, go with dianabol. Generally, 4 out of 5 guys will choose dianabol for bulking, with 1 standout going for anadrol to really get those hardcore mass gains."

-ALBERT WOLFGANG

<https://www.evolutionary.org/anadrol-oxymetholone>

6.3 - DIANABOL

Dianabol, chemically known as Methandrostenolone, holds a legendary status in the bodybuilding community and is celebrated as one of the first anabolic steroids to hit the fitness scene. It's highly regarded for its effectiveness in rapidly increasing muscle mass and strength, making it a staple in many bulking cycles. Bodybuilders often perceive Dianabol as a powerful cycle-kickstarter steroid, used at the beginning of a cycle for immediate gains, while slower-acting injectable steroids ramp up. However, its reputation is dual-faceted; while it's admired for its potent muscle-building capabilities, users are also wary of its side effects, particularly its hepatotoxicity and estrogenic effects like water retention and gynecomastia. Despite these concerns, Dianabol remains popular for its cost-effectiveness and significant impact on muscle hypertrophy and strength, especially among those looking for quick and noticeable gains in the off-season.

History of Dianabol (Methandrostenolone)

Dianabol, was developed in the late 1950s by Dr. John Ziegler, an American physician, in collaboration with the Swiss pharmaceutical company Ciba. Its development marked a pivotal moment in the history of performance-enhancing drugs. It was the first oral anabolic steroid to be synthesized for the purpose of enhancing athletic performance. Dr. Ziegler was motivated to create this steroid after learning about the use of injectable testosterone by Soviet athletes during the 1952 Olympics, which gave them a significant competitive edge.

Introduced in the United States in 1958, Dianabol quickly gained popularity among American athletes, particularly in weightlifting and bodybuilding circles. It was prescribed to athletes for its performance-enhancing effects and also to

6.3 - DIANABOL

regular people who needed a strong anabolic for various medical conditions, including muscle-wasting diseases. Here are some of the conditions that Dianabol was prescribed to treat:

Treating Hypogonadism: Initially, Dianabol was used to treat hypogonadism, a condition where the testes do not produce enough testosterone.

Muscle Wasting Diseases: It was also prescribed for conditions that caused muscle wasting, like chronic illnesses and post-operative recovery.

Other Medical Applications: Dianabol found usage in treating some forms of anemia due to its ability to stimulate red blood cell production.

However, by the early 1970s, the non-medical use of Dianabol and other steroids was increasingly scrutinized and regulated, leading to tighter controls and eventual discontinuation of its production by Ciba. Despite this, Dianabol remains one of the most famous and widely discussed anabolic steroids in the history of sports and bodybuilding.

Dianabol's history is emblematic of many anabolic steroids, initially developed for legitimate medical purposes but eventually becoming synonymous with performance enhancement in sports. Its effectiveness in rapidly increasing muscle mass and strength made it a popular choice among athletes and bodybuilders, leading to widespread non-medical use and contributing to the evolving regulations surrounding anabolic steroids.

Dr. John Ziegler, expressed regret towards the end of his life regarding his role in creating Dianabol. He lamented the unintended consequences it had on young athletes, mainly how it turned otherwise healthy athletes into drug users.

Dosing Protocols of Dianabol (Methandrostenolone)

Historical Medical Use: Originally, Dianabol was prescribed for medical conditions like hypogonadism and muscle wasting at relatively low doses compared to what is used for performance enhancement. Clinical doses were typically in the range of 5-10 mg per day.

-Presently, Dianabol is rarely used in clinical settings, and detailed modern clinical dosing guidelines are limited.

Bodybuilders and Powerlifters: In the context of bodybuilding and powerlifting, Dianabol is used in significantly higher doses than medical patients. Common dosages range from 10 mg to 30 mg per day, with some users going up to 60 mg or higher. However, such high doses increase the risk of severe side effects, especially from its aromatization into a strong estrogen. While the estrogen-like side effects on something like 50mg of Anadrol could still be manageable for some users, 50mg of Dianabol will surely require an anti-estrogen drug to be taken right along with the Dianabol.

Duration: The duration of Dianabol use in these contexts is typically shorter to minimize liver toxicity. Cycles usually last 4-6 weeks.

In the study titled “Effects of methandienone on the performance and body composition of men undergoing athletic training,” the subjects participated in two treatment periods, each lasting 6 weeks. These periods were separated by an interval of 6 weeks.[4] During the treatment periods, subjects were given a dose of 100 mg of methandienone per day or a placebo in a double-blind crossover design. This means each subject underwent one 6-week cycle with methandienone and one 6-week cycle with a placebo, with a 6-week break in between these cycles.

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The study did not specifically mention liver toxicity. It focused more on the anabolic effects of methandienone such as increases in body weight, potassium, nitrogen, muscle size, and strength.

Female Use: Dianabol is generally not recommended for female athletes due to the high risk of virilization (development of male characteristics). If used, the doses are significantly lower, often not exceeding 5 mg per day.

Usage in Bodybuilding: Dianabol (Methandrostenolone)

Dianabol, known for its significant anabolic properties, is a staple in the bodybuilding community. Here's an overview of its use:

Primary Use:

Bulking Phase: Dianabol is primarily used during bulking phases due to its effectiveness in rapidly increasing muscle mass and overall strength.

Quick Gains: It is favored for its ability to provide quick and noticeable gains in a short period.

Stacking and Combinations:

With Testosterone: Often stacked with testosterone (various forms) to enhance anabolic effects while mitigating testosterone suppression that Dianabol can cause.

With Other Steroids: Commonly combined with nandrolone (Deca-Durabolin) and trenbolone during bulking cycles for synergistic effects on muscle growth. Used along with Primobolan in recomposition cycles.

For Kickstarting Cycles: Used at the beginning of a longer steroid cycle to kickstart gains while the effects of longer-acting steroids build up.

Use Among Different Groups:

Beginners: Due to its potency, Dianabol is often recommended for beginner bodybuilders. However, beginners are advised to start with lower doses around 10mg-20mg per day.

Female Use: Not commonly recommended for female bodybuilders due to the high risk of virilization and other androgenic effects.

Supplemental Support:

Liver Protection: Supplements like N2Guard containing Milk Thistle and TUDCA are often used alongside Dianabol to support liver health. The use of N2Guard becomes necessary if you hit 30mg per day or above.

Estrogen Control: Aromatase inhibitors might be used to control estrogenic side effects.

- To avoid gynecomastia, you should stay under 20mg and don't use other aromatizing compounds.
- You can omit the use of anti-estrogen drugs since many users can tolerate up to 20mg of Dianabol for up to six weeks without suffering gynecomastia.
- While 20mg will give you some water retention, that is a desirable trait of using this particular steroid. The real problem with using aromatizing steroids is the possibility of developing gynecomastia, which will need to be removed by surgery. The best way to use Dianabol is to allow some estrogenic water retention while avoiding gynecomastia.

Precautions and Side Effects of Dianabol (Methandrostenolone)

Precautions:

Liver Health: One of the most significant concerns with Dianabol is its hepatotoxicity, especially in oral form. Regular liver function tests are recommended, particularly with higher doses or prolonged use.

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Estrogenic Effects: Dianabol can aromatize, converting to estrogen in the body, which can lead to gynecomastia and water retention. Using an aromatase inhibitor can help mitigate these effects.

Cardiovascular Health: Dianabol can negatively impact cholesterol levels, increasing the risk of cardiovascular diseases. Monitoring blood lipid profiles is advisable.

Hormonal Suppression: Like other anabolic steroids, Dianabol suppresses natural testosterone production, necessitating a post-cycle therapy (PCT) to restore hormonal balance.

Dosage and Duration: Careful attention to dosage and cycle duration is essential to minimize the risk of side effects.

Side Effects:

Liver Damage: As a 17-alpha-alkylated steroid, Dianabol poses a significant risk of liver toxicity, particularly with high doses or extended use.

Androgenic Effects: Includes acne, accelerated hair loss in those predisposed to male pattern baldness, and increased body hair growth.

Estrogenic Effects: This can cause water retention, high blood pressure, and gynecomastia due to its conversion to estrogen.

Cardiovascular Risks: Negative impact on cholesterol levels, potentially leading to increased risk of arteriosclerosis.

Hormonal Disruption: Suppression of natural testosterone production can result in testicular atrophy and reduced fertility.

Psychological Effects: Some users report mood swings, aggression, and other psychological effects.

User Experiences

Individual Variability: The severity and presence of side effects can vary greatly among individuals.

Dependence on Dosage and Cycle Length: Higher doses and longer cycles typically increase the risk and severity of side effects.

Dianabol (Methandrostenolone) in Sports and Media Scandals

Dianabol has been at the center of various sports and media scandals due to its widespread use as a performance-enhancing drug. Here are some notable instances:

Early Olympic Doping: Dianabol's introduction into sports coincided with the rise of systematic doping programs in the 1960s and 1970s. It was reportedly used by athletes in the Eastern Bloc, particularly in the Soviet Union and East Germany, as part of state-sponsored doping programs.

Bodybuilding: In the world of professional bodybuilding, Dianabol has been a staple anabolic steroid since its inception. It played a significant role in the development of the modern bodybuilder's physique, leading to increased scrutiny and debate over steroid use in the sport.

American Football and Baseball: In the 1980s and 1990s, Dianabol and other anabolic steroids were widely used in American sports like football and baseball. The BALCO scandal in the early 2000s, which involved several high-profile athletes across various sports, brought significant media attention to steroid use, including Dianabol.

6.3 - DIANABOL

"Dbol is used as a bulking steroid that produces mostly 'wet' gains (puffy look). It's mostly added as a kick start to bulking steroid cycles during the first 6 weeks. This is done to allow for the longer ester injectable steroids to produce results, while the dianabol provides quick gains – strength, size, mass and confidence. It's usually stacked with deca durabolin, testosterone or trenbolone."

Although it's used as a kick starter to many bulkers, it doesn't mean it can't be a stand alone cycle. If used with Cardarine (GW-501516), aromasin, and winstrol, dianabol can become a stand alone oral cycle. Granted, the cycle will be short, maximum 8 weeks, but you'll see some wet, hard gains, which will be worth the effort."

-ALBERT WOLFGANG

<https://www.evolutionary.org/dianabol-methandrostenolone>

6.4 - HALOTESTIN

Halotestin, known as Fluoxymesterone, is a highly androgenic steroid famed for its exceptional ability to increase strength and muscle density. Due to its significant androgenic properties, it is especially favored during cutting cycles for its effectiveness in hardening and defining muscles, making it a popular choice pre-competition. Bodybuilders also value Halotestin for the aggressive edge it provides, enhancing focus and drive during intense training sessions or the day of competition.

However, its reputation is tempered by awareness of its potential for severe side effects, particularly hepatotoxicity, and its impact on cholesterol levels, making it a steroid approached with caution. Users typically reserve Halotestin for short-term use, maximizing its benefits while minimizing exposure to its risks. Despite these concerns, Halotestin's ability to deliver rapid and visible results in terms of strength and muscle definition maintains its status as a potent tool in the bodybuilder's arsenal, albeit one used judiciously within a well-structured training and supplement regimen.

History of Halotestin (Fluoxymesterone)

Halotestin, known chemically as Fluoxymesterone, was first developed and introduced by Upjohn Pharmaceuticals in the 1950s. This potent anabolic androgenic steroid was primarily designed for medical use, to treat conditions like male hypogonadism, delayed puberty in boys, and in some cases, breast cancer in women. Its exceptional strength and ability to stimulate the production of red blood cells made it a valuable drug for treating anemia and muscle-wasting diseases as well. Unlike many other steroids developed during this period, Halotestin gained recognition for its strong androgenic properties with relatively less emphasis on muscle-building anabolic qualities. This distinction made it particularly useful in medical treatments where enhanced androgenic effects were

6.4 - HALOTESTİN

desired without the extensive muscle growth associated with other steroids. Over time, its significant strength-boosting and muscle density-enhancing effects caught the attention of the bodybuilding and athletic communities. Despite its medical benefits, Halotestin's use in competitive sports has been controversial, leading to its inclusion on many banned substances lists in professional sports. Some of its early medical uses include:

Treatment of Hypogonadism: Initially, Halotestin was used to treat male hypogonadism, a condition where the body doesn't produce enough testosterone.

Breast Cancer Treatment: It was also prescribed as a treatment for certain forms of breast cancer in women, particularly those that are hormone-responsive.

Delayed Puberty in Boys: Halotestin found use in treating delayed puberty in boys, helping to stimulate the development of secondary sexual characteristics.

Usage in Strength Sports: Halotestin is known for its significant effects on strength and aggression, making it a choice steroid in strength-based sports like powerlifting and weightlifting. Its presence in these sports has often been a point of concern regarding fair competition.

Dosing Protocols of Halotestin (Fluoxymesterone)

Due to its potency and liver toxicity, Halotestin is used in low doses, typically ranging from 2.5mg to 10mg per day.

General Usage for Strength Athletes:

Common doses range from 2.5 mg up to, but rarely over, 10mg, typically taken an hour before a lift or meet to increase aggression and enhance performance.

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Beginner Halotestin Cycle:

Duration: Weeks 1 – 2

Dosage: 5mg pre-workout

More Experienced Halotestin Cycle:

Duration: Weeks 1 – 2

Dosage: 10mg pre-workout

Female Use: Not recommended for female bodybuilders because of the high risk of virilization and other androgenic side effects.

Advanced Halotestin Cycle:

The dosage and cycle would be tailored to the specific sport the individual is competing in. For instance, a strength athlete might use Halotestin sporadically throughout a cycle of other steroids like Sustanon and NPP (Nandrolone Phenylpropionate). A fighter, on the other hand, may use Halotestin alone for a week leading up to a fight or even just hours before the fight.

Prolonged Cycling:

If used for a longer period, the most common protocol is a two-week cycle followed by four weeks off due to its aggressive nature and potential liver toxicity.

Usage in Bodybuilding: Halotestin (Fluoxymesterone)

Halotestin, known for its potent androgenic effects, is a unique steroid in the bodybuilding community. Here's how it's typically used:

Pre-Competition: Halotestin is predominantly used by bodybuilders during the final stages of contest preparation. Its ability to increase aggression and strength makes it favorable for short-term use before competitions.

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Aggression and Performance: The increase in aggression can be beneficial for intensive training sessions leading up to a competition.

Muscle Density and Hardness: Contributes to a more defined and vascular physique, which is desirable on the bodybuilding stage.

Strength Gains: Known for significantly enhancing strength without adding much weight, which is ideal for bodybuilders looking to stay within a specific weight class.

Stacking and Combinations

With Other Cutting Agents: Often stacked with other cutting steroids like Winstrol (Stanozolol) or Anavar (Oxandrolone) to enhance muscle hardness and definition.

Non-Aromatizing Steroids: Preferred to be combined with non-aromatizing steroids to avoid excessive water retention and maintain a lean appearance.

Health Precautions

Liver Protection: Using a clinically dosed liver support supplement like N2guard is critical.

Monitoring Side Effects: Close monitoring for any signs of excessive androgenic effects or liver stress.

Halotestin's usage in bodybuilding is primarily focused on short-term pre-competition phases to enhance strength and improve muscle definition. Its potent nature necessitates careful dosing, duration control, and health precautions, especially considering its liver toxicity and androgenic effects.

Safety and Side Effects:

Aggression and Mood Changes: Users may experience increased aggression and mood swings.

6.4 - HALOTESTİN

Liver Health: As a c17 alpha-alkylated oral steroid, Halotestin can be harsh on the liver, with potential damage occurring even at doses as low as 2.5mg per day.

Cardiovascular Health: Cardiovascular risks include negatively impacting cholesterol levels, increasing LDL (bad cholesterol), and decreasing HDL (good cholesterol).

Androgenic Effects: Due to its high androgenic activity, users with a predisposition to baldness or acne should be particularly cautious.

Estrogenic Effects: Though Halotestin does not aromatize, users should still be aware of potential estrogenic effects, especially when stacked with other aromatizing steroids.

Hormonal Disruption: Suppression of natural testosterone production, necessitating post-cycle therapy (PCT) for hormonal balance restoration.

Virilization in Women: Strong androgenic properties make Halotestin particularly risky for female users, with a high chance of developing masculine characteristics.

Dose-Dependent Effects: The severity and type of side effects can be highly dependent on the dosage and duration of use.

Individual Susceptibility: There is considerable variability in how different users tolerate Halotestin, with some experiencing severe side effects and others showing a higher tolerance.

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Regulatory Actions

Halotestin, like other anabolic steroids, is banned by major sports organizations, including the International Olympic Committee (IOC) and the World Anti-Doping Agency (WADA). The regulation around Halotestin is strict due to its strong androgenic properties.

While Halotestin may not have the same level of notoriety as some other steroids in sports doping scandals, it is part of the broader issue of anabolic steroid use in sports. Its potent effects, particularly in terms of increasing strength and aggression, make it a substance of interest in the context of performance enhancement and the ethical considerations surrounding it.

6.5 - TURINABOL

Turinabol, or Chlorodehydromethyltestosterone, is perceived in the bodybuilding world as a mild yet effective anabolic steroid, often likened to Dianabol in structure but with a profile more similar to Anavar in terms of its mild nature and lower risk of side effects. Unlike Dianabol, known for significant water retention and estrogenic effects, Turinabol is favored for providing steady, quality muscle gains with minimal bloating since it does not aromatize into estrogen, drawing a parallel with Anavar's reputation for lean muscle development. While it doesn't match the sheer bulking power of Dianabol or the potent strength enhancement of Anadrol, Turinabol is appreciated for its balance between efficacy and safety, offering a middle ground with fewer risks of liver toxicity compared to other oral steroids. Its ability to enhance muscle definition and strength without the significant bulk or harsh side effects associated with Anadrol makes it a preferred choice for bodybuilders seeking a sculpted physique. Turinabol's appeal lies in its capacity to promote lean gains and performance enhancements, making it a go-to for those targeting a more defined look, similar to Anavar, but with a strength and muscle-building edge closer to Dianabol, albeit less dramatic.

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History of Turinabol

Turinabol, chemically known as Chlorodehydromethyltestosterone, has a unique and notable history in the world of performance-enhancing drugs.

It was developed in the 1960s in East Germany by Jenapharm, a pharmaceutical company. Turinabol was synthesized as a derivative of Dianabol (Methandrostenolone), a potent anabolic steroid, with the goal of obtaining a compound that retained the anabolic properties while reducing androgenic effects. The intention behind its development was to create a means to enhance the athletic performance of East German athletes, fitting into the state-sponsored doping program known as

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“State Plan 14.25.” The program was a closely guarded secret, designed to ensure international sporting success for East German athletes.

The use of Turinabol became widespread among East German athletes, spanning a variety of sports, including track and field, swimming, and weightlifting. It was particularly favored due to its ability to improve strength and lean muscle mass without causing significant weight gain or water retention, which could be a disadvantage in many sports disciplines. The steroid was administered, often without informed consent, to thousands of athletes, including minors, under the guise of “vitamin supplements” or other benign medications. This systemic doping helped East Germany, a relatively small country, become a dominant force in international competitions, including the Olympics.

The truth about Turinabol and the extent of the East German doping program only came to light after the fall of the Berlin Wall in 1989. Documents and other evidence were uncovered, revealing the scale and nature of the doping practices. Many former athletes subsequently suffered from various health problems attributed to their unwitting use of substances like Turinabol. The revelation of the program and its impact on athletes' health contributed to the global understanding of the risks associated with steroid use and led to stricter anti-doping policies worldwide. Despite its controversial history, Turinabol remains a subject of interest in the field of performance enhancement due to its unique properties and significant role in sports history.

Usage in Bodybuilding: Turinabol

Turinabol is valued for its distinct properties that suit specific fitness goals. Here's an overview of its usage:

6.5 - TURINABOL

Anabolic Characteristics: Turinabol is an anabolic steroid known for its ability to enhance muscle mass and strength. It is appreciated for providing lean muscle gains without significant water retention, making it a preferred choice for bodybuilders seeking a more defined look.

Cutting Cycles: Turinabol is often used in cutting cycles for its ability to help maintain muscle mass while reducing body fat. It's known for promoting lean muscle growth.

Pre-Competition Use: Turinabol is sometimes used in the weeks leading up to competitions due to its ability to provide a more defined, lean physique without the risk of excessive water retention.

Cycle Duration: Typical use involves cycles ranging from 6 to 8 weeks. This timeframe allows bodybuilders to optimize the benefits of Turinabol while minimizing potential adverse effects.

In summary, Turinabol's usage in bodybuilding is characterized by its role in lean muscle development, its inclusion in various steroid stacks, and its application in both cutting and pre-competition cycles. The specific dosages and cycle lengths vary, with a general emphasis on achieving optimal physical enhancement while managing the risk of side effects.

Bodybuilding and Powerlifting Dosing of Turinabol

Medical dosing guidelines for Turinabol are not widely available, as its primary use historically was within the sports and bodybuilding context, particularly in the former East German doping program.

Beginner Users

-Beginners are advised to start with lower doses, typically around 10mg to 30mg per day.

-A conservative approach allows beginners to assess their body's reaction and tolerance to the compound.

Intermediate Users

-Intermediate users may consume up to 40mg to 60mg daily, depending on their experience and tolerance levels .

-If Turinabol is used with testosterone and excluding other steroids, a daily dosage of up to 60mg may be suitable, with careful monitoring.

Female Users

-Historically, it was used in the East German sports doping program, where it was administered to athletes, including women, without their informed consent.

-Female dosage is typically much lower than that for men and might range from 2.5 to 10 mg per day.

-It's crucial to note that individual reactions to steroids can vary, and even at low doses, there is still a risk of virilization and other side effects.

-Considered a relatively mild steroid compared to others, making it an option that some female athletes choose to use.

-Like all anabolic steroids, Turinabol carries the risk of virilization in women - the development of masculine characteristics such as deepened voice, increased body hair, and changes in reproductive and sexual function.

Advanced Users

-Advanced users who tolerate lower doses well may increase the dose up to 80mg per day, considered the maximum dose where benefits outweigh the risks.

-Higher doses increase the risk of liver damage and androgenic side effects, so adjustments should be made based on individual tolerance.

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Stacking Turinabol with Other Steroids:

-Turinabol can be stacked with other anabolic steroids like testosterone, Deca-Durabolin, or Trenbolone for synergistic effects .

-When stacking, users should adjust the Turinabol dosage based on their personal tolerance and the specific compounds involved in the stack.

-It may be combined with SARMs or Peptides for purely performance enhancement purposes, without changes in body weight.

Turinabol Side-Effects

Chlorodehydromethyltestosterone, like all anabolic steroids, carries a range of potential side effects. Some of these side effects are common to anabolic steroids in general, while others may be more specific or pronounced with Turinabol due to its unique chemical structure:

Liver Toxicity: Turinabol is a 17-alpha-alkylated anabolic steroid, which makes it hepatotoxic. Use N2Guard with this product always!

Cardiovascular Risks: Like many steroids, Turinabol can negatively impact cardiovascular health. It can lead to increased blood pressure and changes in cholesterol levels, specifically increasing LDL (bad cholesterol) and decreasing HDL (good cholesterol).

Suppression of Natural Testosterone Production: Turinabol, like other anabolic steroids, suppresses natural testosterone production in the body. This can lead to a range of side effects such as testicular atrophy, reduced sperm count, infertility, and decreased libido.

6.5 - TURINABOL

Androgenic Side Effects: Although Turinabol is designed to have a lower androgenic activity, androgenic side effects can still occur, especially at higher doses. These include acne, accelerated hair loss in those predisposed to male pattern baldness, and body hair growth. Turinabol is more androgenic than Anavar by comparison but less androgenic than something like testosterone.

Masculinization in Women (Virilization): In female users, Turinabol can lead to virilization, or the development of male characteristics, such as a deeper voice, increased body hair, and changes in facial structure.

Negative Impact on Lipid Profile: Turinabol can have a detrimental effect on the lipid profile, increasing the risk of arteriosclerosis. It may decrease HDL cholesterol levels and increase LDL cholesterol levels.

Psychological Effects: Like other steroids, the use of Turinabol can lead to mood swings, aggression, or 'roid rage,' although this is highly individual.

Sports and Media Scandals

Turinabol is one of the most detected drugs in doping tests at the Olympics. It has been identified in 65 individual tests and in combination with other substances in an additional 35 tests. These detections have led to the loss of 54 Olympic medals across various sports, including 8 gold, 24 silver, and 22 bronze medals.

This significant presence of Turinabol in doping cases at such a high level of competitive sports underlines its prominence in the history of performance-enhancing drug use. The loss of medals on this scale indicates the drug's widespread use and the stringent measures taken against athletes found using it.

6.5 - TURINABOL

This record highlights Turinabol's significant impact on the world of sports, marking it as one of the most detected substances in doping violations at such a high-profile and competitive level.

Here is a list of notable sports doping scandals featuring Turinabol:

East German Doping Program: Turinabol was a key steroid used in the systematic doping of approximately ten thousand East German athletes as part of a secret program known as "State Plan Topic 14.25." This program, which was in place from about 1968 until the collapse of the German Democratic Republic in 1989, involved administering Turinabol to athletes, often without their knowledge. The scope of this operation was extensive, resulting in numerous medal wins and world-record performances.

Reanalysis of Olympic Samples: The International Olympic Committee, following allegations of widespread doping, reanalyzed samples from the Beijing 2008 and London 2012 Olympic Games using a spectrometric method developed in 2011 for detecting long-lasting metabolites of Turinabol. Weightlifters and sprinters, particularly from Russia, Ukraine, and Belarus, were found to have used Turinabol.

Artur Taymazov: A prominent case involved Artur Taymazov, an Ossetian-Uzbek-Russian freestyle wrestler and the most decorated Olympic athlete in Uzbekistan's history. He was found to have metabolites of Oral Turinabol in his urine during the 2008 Beijing and 2012 London Olympics. Following the International Olympic Committee's (IOC) retesting program, Taymazov was stripped of his two Olympic gold medals. This disqualification was retroactively applied to both the 2008 Beijing and 2012 London Olympics,

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Following the International Olympic Committee's (IOC) retesting program, Taymazov was stripped of his two Olympic gold medals. This disqualification was retroactively applied to both the 2008 Beijing and 2012 London Olympics, where he had won gold medals in the 120-kilogram men's freestyle wrestling competitions.

Taymazov's dominance in freestyle wrestling for over a decade, particularly in the 2000s and early 2010s, was overshadowed by these revelations. He had previously won gold medals at three consecutive Olympic Summer Games – Athens, Beijing, and London, a feat now tainted by the doping scandal.

Jon Jones, UFC Light Heavyweight Champion: In August 2017, Jon Jones tested positive for Turinabol following his victory over Daniel Cormier at UFC 214. This positive test led to significant repercussions in his professional career.

Colton Welker, Colorado Rockies Third Baseman: Colton Welker tested positive for Turinabol in May 2021 while playing for the Triple-A Albuquerque Isotopes. As a result, he faced an eighty-game suspension.

Yelena Slesurenko: A high jumper who won gold at the 2004 Athens Olympics, Slesurenko was later banned for four years from October 2016. Her samples from the Beijing Olympic Games and the World Championships in Athletics in Daegu 2011 tested positive for Turinabol. Consequently, she was disqualified from the Beijing 2008 Olympics, and her results from August 2008 to August 2012 were annulled.

Yekaterina Volkova: A steeplechase athlete, Volkova was disqualified for two years starting in December 2016. Her bronze medal from the Beijing 2008 Olympics was stripped after her samples retested positive for dehydrochlormethyltestosterone (Turinabol).

6.5 - TURINABOL

Ksenia Agafonova: Following a decision by the Court of Arbitration for Sport in 2018, athlete Ksenia Agafonova was disqualified for two years starting from September 2017. The retesting of samples from the Berlin World Cup in Athletics in 2009 revealed the presence of Turinabol .

Elizabeth Grechishnikova: A distance runner, Grechishnikova was disqualified for two years from May 2017. The specific details of her disqualification related to Turinabol use were not detailed in the RusAF statement.

“Although Tbol and Dbol are almost the same thing, the difference is that there is an added 4chloro alteration with Tbol, which differentiate the two steroids. Turinabol has a zero (0) androgenic rating and a mild 53 anabolic ranking. This means there is zero androgenic or estrogenic activity with tbol (no aromatization will take place); therefore”

-ALBERT WOLFGANG
<https://www.evolutionary.org/proviron-mesterolone>

6.6 - SUPERDROL

Superdrol, chemically known as Methasterone, holds a distinct reputation in the bodybuilding community for being a highly potent oral anabolic steroid, favored for its remarkable ability to promote rapid and substantial gains in lean muscle mass and strength. Its efficacy in enhancing muscle density and size without the water retention commonly associated with more androgenic steroids makes it a popular choice among bodybuilders and athletes, particularly for those aiming for a hard, defined physique. Despite its effectiveness, Superdrol is approached with considerable caution due to its notorious hepatotoxicity, posing a significant risk to liver health; it is one of the most liver-toxic steroids on the market.

Moreover, while Superdrol does not aromatize and, therefore, doesn't typically cause estrogenic side effects like gynecomastia, it can still profoundly impact the body's hormonal balance, including suppressing natural testosterone production. As a result, users often advocate for strict adherence to cycle support and post-cycle therapy to mitigate its adverse effects. The powerful nature of Superdrol, coupled with the potential for serious health risks, has led to a nuanced perception within the bodybuilding community, where it is both respected for its capabilities and treated with caution for its potential side effects.

History of Superdrol

Superdrol, the brand name for Methasterone, was first described by Syntex, a pharmaceutical company, in 1959. This was the same company where Dr. Raphael Pappo worked and developed Anadrol (Oxymetholone). The primary aim behind the development of Superdrol, like many other steroids of that era, was to discover compounds that could offer significant anabolic effects (such as muscle growth and recovery) with reduced androgenic side effects (like male secondary sexual characteristics).

6.6 - SUPERDROL

The interest in developing such steroids was largely driven by the medical community's desire to treat a variety of health conditions more effectively. These conditions included muscle-wasting diseases and chronic wasting conditions like cancer, osteoporosis, anemia, and, years later, AIDS. The goal was to create substances that could help build or maintain muscle mass, improve bone density, and increase red blood cell count without the range of side effects typically associated with androgenic steroids. Many hormones were created and documented, but only very few were ever approved and brought to market.

Despite its initial development, Superdrol was not marketed for medical use in the 1950s. It was documented in the literature and buried for decades until it re-emerged much later, around 2007, within the bodybuilding supplement market as a "legal designer steroid," known for its ability to rapidly enhance muscle mass and strength. Its re-emergence was not for medical purposes but as a performance-enhancing drug, leveraging its potent anabolic properties while attempting to skirt legal and regulatory restrictions associated with established anabolic steroids. This introduction was likely an attempt to circumvent the U.S. Anabolic Steroids Control Act of 1990 and its 2004 revision. Since methanone was not commercially available when these laws were enacted, it was not classified as a Schedule III class anabolic steroid at that time, allowing it to be sold over-the-counter as a dietary supplement . It was not until 2013 that Superdrol was scheduled the same as other anabolic steroids.

Non-Medical Introduction: Superdrol was introduced into the market primarily as a bodybuilding supplement. It was marketed as a prohormone or nutritional supplement, circumventing the strict regulatory requirements typically associated with anabolic steroids.

6.6 - SUPERDROL

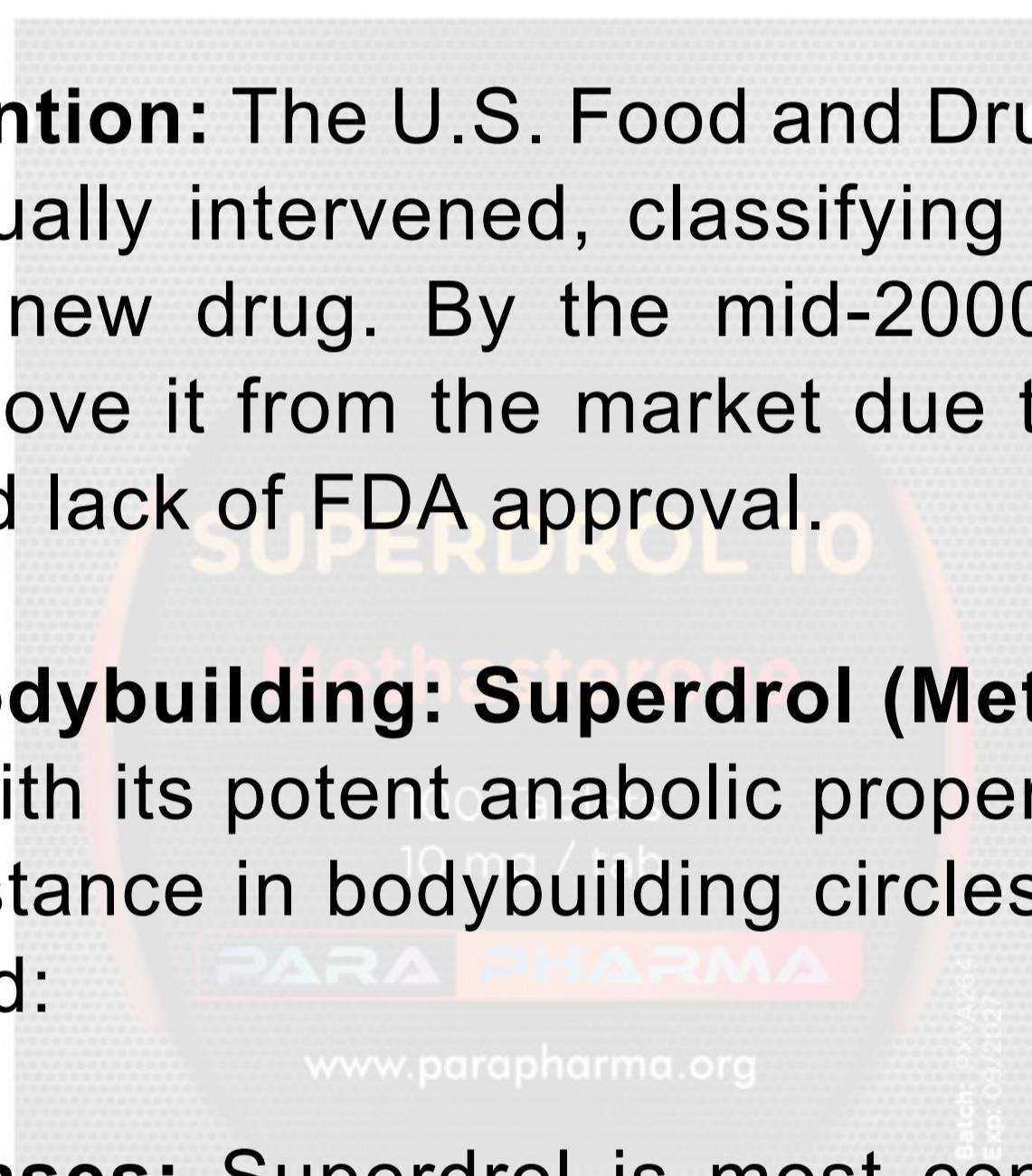
Popularity in Bodybuilding: Its rise to popularity was swift among bodybuilders due to its potent anabolic effects. It gained a reputation for significant muscle gains and strength enhancement.

Legal Grey Area: Superdrol operated in a legal grey area, being sold as a dietary supplement rather than a pharmaceutical product. This allowed it to be sold over the counter without the stringent regulations that govern controlled substances.

FDA Intervention: The U.S. Food and Drug Administration (FDA) eventually intervened, classifying Superdrol as an unapproved new drug. By the mid-2000s, actions were taken to remove it from the market due to concerns over its safety and lack of FDA approval.

Usage in Bodybuilding: Superdrol (Methasterone)

Superdrol, with its potent anabolic properties, has been a popular substance in bodybuilding circles. Here's how it's typically used:



Bulking Phases: Superdrol is most commonly used for bulking phases due to its effectiveness in rapidly increasing muscle mass and strength. Bodybuilders typically use doses ranging from 10 mg to 20 mg per day. Due to its liver toxicity, higher doses are avoided.

Lean Gains: It is known for providing lean muscle gains without significant water retention, making it a preferred choice for bodybuilders looking to build quality muscle.

Stacking and Combinations

With Testosterone: Often stacked with testosterone or its derivatives to enhance muscle-building effects and make up for the natural testosterone suppression caused by Superdrol.

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With Other Steroids: It may be combined with other injectable anabolic steroids to enhance overall anabolic effects. You should never stack Superdrol with other oral steroids since the risk to your liver will far outweigh any benefits.

In Cutting Cycles: Sometimes used in cutting cycles for its muscle-hardening effects. In such cases, it's often stacked with compounds that aid in fat loss but are not liver-toxic like T3.

Cycle Duration: Superdrol cycles are usually short, ranging from 4 to 6 weeks, to minimize the risk of adverse effects, particularly liver toxicity. 4 weeks is ideal to avoid liver toxicity.

Female Use: Not recommended for female athletes because of the high risk of virilization and other androgenic side effects.

Side Effects of Superdrol

Liver Toxicity: One of the most concerning side effects of Superdrol is its potential to cause significant liver damage, especially with prolonged use or higher dosages. While many bodybuilders will use up to 100mg of Anadrol or Anavar for up to six weeks, when it comes to Superdrol, you should limit your dosages to no more than 20mg per day and keep cycles short to about 4 weeks.

Cardiovascular Issues: Negative impacts on cholesterol levels and blood pressure can lead to an increased risk of heart-related issues.

Hormonal Disruption: Suppression of natural testosterone production can lead to issues like testicular atrophy and reduced fertility.

Androgenic Effects: While less pronounced than with some other steroids, there can still be androgenic side effects such as acne and hair loss. Females should NOT use Supedrol!

6.6 - SUPERDROL

Estrogenic Effects: Superdrol does not aromatize (convert to estrogen), but it can still disrupt the body's natural estrogen balance. Some users have reported prolactin-related side effects like nipples that lactate tiny drops. This is not a common side-effect, but it is worth noting that it has been reported enough times to add here.

General Side Effects: Users may experience headaches, fatigue, and changes in libido.



6.7 - PROVIRON

In the bodybuilding and athletic community, Proviron (Mesterolone) is viewed as a unique anabolic steroid with distinct characteristics. It's primarily known for its ability to enhance the androgenicity of other steroids used in a cycle, thereby amplifying their effects, particularly in terms of muscle hardness and definition. Its structure is more closely related to DHT than testosterone. Proviron is not typically relied upon for significant muscle gains, unlike more potent anabolic steroids such as Trenbolone or Testosterone. Instead, it's valued for its ability to provide a more chiseled, defined look by inhibiting aromatase and reducing water retention. Its use is often associated with pre-competition phases, where achieving a lean, hard physique is crucial. Seasoned steroid users perceive Proviron as a secondary or complementary drug, not a standalone muscle builder, but rather a tool to refine and enhance the gains achieved through other steroids. It's seen as a finishing touch to a well-planned steroid cycle, especially useful for its minimal side effects and ability to boost overall appearance of muscularity and vascularity.

History of Proviron

Proviron, chemically known as Mesterolone, was first developed by the German pharmaceutical company Schering AG, a significant name in the world of steroid development, in the early 1930s. It belongs to a class of chemicals known as dihydrotestosterone (DHT) derivatives, which were explored for various medical uses due to their potent androgenic properties. Its history in the medical field is marked by its use primarily for treating male hypogonadism, androgen deficiency, and as a supportive treatment for infertility due to low sperm count. Unlike many other anabolic-androgenic steroids, Proviron has a unique distinction of being one of the oldest available. Its entry into the market around 1934 makes it one of the first anabolic steroids developed for medical use, following testosterone's synthetic production.

6.7 - PROVIRON

In the realm of bodybuilding and athletics, Proviron gained popularity in the 1970s. It's not typically known for building massive muscle mass but rather for its anti-estrogenic properties and its ability to enhance the androgenic effects of other steroids. Bodybuilders found that it helps in improving muscle density and hardness, which is particularly desirable during the cutting phases of training cycles. Its ability to bind to Sex-Hormone-Binding-Globulin (SHBG) also means that it can increase the amount of free testosterone circulating in the body, thus enhancing the effects of other anabolic steroids taken concurrently.

Proviron's distinct nature lies in its classification as a Dihydrotestosterone (DHT) derivative, which makes it exceptionally effective in enhancing male characteristics and physical aesthetics without the typical estrogenic side effects associated with many anabolic steroids. This aspect has made it a staple in the cosmetic enhancement aspects of bodybuilding. Despite being overshadowed by more potent anabolic steroids for muscle building, Proviron has maintained a consistent presence in the bodybuilding community for its unique benefits, including muscle hardening, estrogen control, and mild testosterone enhancement. Its use has been more about refinement and enhancement of the physique, rather than drastic muscle growth, aligning well with the evolving aesthetic standards in bodybuilding over the decades.

Early Medical Uses

Androgen Replacement Therapy: Initially, mesterolone was explored as a treatment for men with low testosterone levels, a condition known as hypogonadism. It was used to compensate for the lack of endogenous testosterone production.

Infertility Treatments: Mesterolone found a significant use in treating male infertility, particularly in cases related to low sperm count. Its androgenic properties were believed to improve sperm production and male fertility.

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Psychiatric Applications: There were also instances where mesterolone was used in psychiatric settings, particularly in the treatment of depression and anxiety, attributed to its androgenic effects.

Introduction to the Pharmaceutical Market

Commercial Launch: Proviron was introduced to the pharmaceutical market by Schering, a German pharmaceutical company, under the brand name 'Proviron'. This introduction marked its official entry as a therapeutic drug.

Global Availability: Over the years, Proviron became available in various countries worldwide, prescribed for a range of conditions related to androgen deficiency and male infertility.

Transition to Adjunct Therapy: As medical science evolved, the role of Proviron shifted. Newer and more targeted therapies for conditions like hypogonadism and infertility emerged, leading to Proviron being used more as an adjunct therapy rather than a primary treatment.

Throughout its history, Proviron has been recognized for its unique properties as a clinically useful androgen. Unlike many other anabolic steroids, it has maintained a consistent presence in the therapeutic realm, albeit with changes in its usage patterns reflecting the advancements in medical science and endocrinology.

Primary Uses in Bodybuilding

Androgenic Effects: Proviron is prized for its strong androgenic properties with minimal anabolic effects. This makes it useful for bodybuilders looking to enhance muscle hardness and density, particularly during cutting phases.

Anti-Estrogenic Properties: Proviron can act as an anti-estrogen to some extent, helping to reduce the risk of

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of estrogenic side effects like gynecomastia and water retention. This is particularly useful when stacking with other steroids that have higher estrogenic activity.

Enhancing Free Testosterone: Proviron has the ability to bind to sex hormone-binding globulin (SHBG), which can increase the availability of free testosterone in the body. This is beneficial in a steroid cycle where natural testosterone levels may be suppressed.

Popular Stacks and Combinations:

With Bulking Steroids: During bulking cycles, Proviron is sometimes added to potentiate the effects of other steroids like Dianabol or Trenbolone, helping to enhance muscle gains while keeping estrogenic side effects in check.

In Cutting Phases: In cutting cycles, Proviron is often combined with steroids like Anavar or Winstrol to enhance muscle hardness and definition, without adding water weight.

During Post Cycle Therapy (PCT): While not a primary choice for PCT, some bodybuilders use Proviron to help restore hormonal balance and maintain muscle gains after a steroid cycle.

With Testosterone: Combining Proviron with testosterone is common, as it can help enhance the free testosterone levels and offset some of the estrogenic effects of exogenous testosterone.

Supplements: Bodybuilders may also use Proviron in conjunction with supplements like cycle support products to protect liver health and manage other potential side effects of steroid use. HCGenerate and N2Guard come to mind as two supplements often stacked with Proviron.

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Clinical Dosing Recommendations

For Hypogonadism: In a clinical setting, Proviron is typically prescribed for treating male hypogonadism. The dosage usually ranges from 25 to 75 mg per day.

For Male Infertility: For the treatment of male infertility, especially due to low sperm count, the dosage can vary but generally stays within a similar range to that used for hypogonadism.

Duration: In clinical use, the duration of Proviron therapy is determined based on the individual's response and medical condition. Long-term treatment may be required in some cases.

Dosing in Bodybuilding and Powerlifting

For Bodybuilders: Bodybuilders often use Proviron in doses ranging from 50 to 150 mg per day. This dosage is higher than the clinical recommendation and is used to enhance muscle hardness and reduce estrogenic side effects.

For Powerlifters: Powerlifters might use similar dosages to bodybuilders, especially when looking to improve strength and muscle density without significant weight gain.

Duration in Bodybuilding/Powerlifting: The duration typically ranges from 6 to 12 weeks, often aligned with the length of a steroid cycle.

Dosing for Women

In Clinical Settings: Proviron is rarely prescribed for women in clinical settings due to the risk of virilization (development of male characteristics).

In Bodybuilding: Some female bodybuilders might use Proviron, but at much lower doses, typically 25 mg per day or

6.7 - PROVIRON

less, to minimize the risk of virilization.

Duration for Women: Women who use Proviron typically do so for shorter cycles, often not exceeding 4 to 6 weeks, to reduce the risk of androgenic side effects.

Dosages of Proviron in bodybuilding and powerlifting are generally higher than those recommended in clinical settings. Women, if choosing to use Proviron, do so at significantly lower dosages due to the heightened risk of androgenic side effects. It's important to note that the use of Proviron outside of clinical recommendations carries potential health risks and should be approached with caution.

Precautions

Medical Supervision: Always use under medical supervision, especially if you have pre-existing health conditions.

Liver Health: Regular liver function tests are advisable since steroids can impact liver health.

Cardiovascular Monitoring: Monitoring for cardiovascular issues is important, as steroids can affect blood pressure and cholesterol levels.

Hormonal Balance: Be aware of the potential impact on natural hormone levels, including testosterone suppression.

Contraindications: Individuals with a history of liver, heart, or prostate issues should exercise caution.

Use in Women: Due to its androgenic effects, Proviron can cause virilization in women; thus, it should be used cautiously or avoided.

Drug Interactions: Be aware of potential interactions with other medications.

Potential Side Effects

Androgenic Effects: These include acne, hair loss, and increased body hair growth. In women, this can also include deepening of the voice and menstrual irregularities.

6.7 - PROVIRON

Liver Toxicity: Although Proviron is considered less hepatotoxic than other oral steroids, long-term or high-dose use can still pose risks to liver health. Use N2Guard!

Cardiovascular Risks: Altered cholesterol levels, increased blood pressure, and other heart-related risks are possible.

Psychological Effects: Mood swings, aggression, and changes in libido can occur.

Suppression of Endogenous Testosterone: With prolonged use, Proviron can suppress natural testosterone production, necessitating post-cycle therapy for recovery.

It's important to emphasize that these side effects and precautions are based on a combination of clinical studies and anecdotal reports from users, primarily in bodybuilding and athletic contexts. The actual experience of side effects can vary widely among individuals. The usage of Proviron, especially for non-medical purposes such as bodybuilding, should be approached with caution and awareness of the potential health risks involved.

Proviron (mesterolone), like many anabolic steroids, has been a subject of interest in sports doping scandals and media coverage over the years. However, it's important to note that Proviron, specifically, has not been as prominently featured in major doping scandals or media coverage as some other steroids like testosterone, nandrolone, or stanozolol. This could be due to its unique properties and the perception that it offers less anabolic benefit compared to these other substances. Nevertheless, here are some relevant points:

Use in Sports Doping: Proviron has been included in the list of banned substances by major sports organizations, including the World Anti-Doping Agency (WADA). Its use is prohibited both in and out of competition. Athletes caught using Proviron face sanctions, including suspensions and bans from competition.

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Detection in Doping Tests: There have been instances where athletes have tested positive for mesterolone. These cases often lead to disciplinary actions, though they might not always gain significant media attention compared to other high-profile doping substances.

Media Coverage: Proviron may have been mentioned in broader discussions of steroid use in sports, particularly in the context of testosterone and DHT derivatives. However, it hasn't been the focal point of high-profile doping cases that have received extensive media coverage.

Perception Among Athletes: In the athletic community, Proviron is sometimes viewed as a secondary steroid, often used for its anti-estrogenic properties rather than its muscle-building capabilities. This might contribute to its relatively lower profile in doping scandals.

While Proviron has been a part of the anabolic steroid conversation in sports and media, its specific role in doping scandals and media coverage is less pronounced compared to more well-known steroids. Its use in sports is prohibited, and athletes who use it risk their careers and reputations.

"Proviron can be stacked with any anabolic steroid safely. In fact, it's been called oral masteron by many, and rightfully so."

-ALBERT WOLFGANG

<https://www.evolutionary.org/proviron-mesterolone>

6.8 - METHYL TRENBOLONE

In the bodybuilding and athletic community, Methyl Trenbolone (Metribolone) is regarded as an extremely potent and harsh anabolic steroid, known primarily for its exceptional strength and mass-building capabilities. It's considered one of the strongest oral steroids available, often compared to its parent compound, Trenbolone, but with increased hepatotoxicity due to its methylated form. Typically used for short-term gains in strength and size, it's commonly associated with significant side effects, including severe liver toxicity.

Seasoned steroid users approach Methyl Trenbolone with a degree of caution and respect, understanding its powerful anabolic and androgenic effects but also recognizing the high risks, particularly regarding liver health. In comparison to other steroids, it is arguably the most liver-toxic anabolic steroid available. It's often seen as a 'last resort' or extreme option for experienced users seeking dramatic physique changes in very short periods, but not without acknowledging the substantial health risks it poses.

Methyl Trenbolone History

Methyl Trenbolone, also known by its chemical name Metribolone, was first developed in the 1960s. Its development was not primarily intended for bodybuilding or athletic enhancement; rather, it was explored for potential medical applications. This powerful anabolic-androgenic steroid is a derivative of Trenbolone, which itself is a potent anabolic steroid derived from Nandrolone. The key distinction with Methyl Trenbolone lies in its modification: the addition of a methyl group at the 17th carbon position, designed to allow oral administration. This structural change significantly increases its bioavailability when taken orally but also makes it considerably more hepatotoxic (liver toxic) than Trenbolone.

6.8 - METHYL TRENBOLONE

In the medical field, Methyl Trenbolone was initially researched as a potential therapeutic agent for conditions such as muscle wasting and perhaps even some forms of cancer due to its strong anabolic properties. However, its clinical use was limited and eventually overshadowed by its potential for causing severe liver toxicity. Consequently, it never gained widespread acceptance or approval for medical use, particularly in humans.

In the realm of bodybuilding and athletics, Methyl Trenbolone gained notoriety as one of the most potent anabolic steroids. Its appeal lies in its ability to promote significant gains in muscle mass and strength within a very short time frame. However, this comes at a cost: Methyl Trenbolone is known for its harsh side effects, particularly its hepatotoxicity, which is much more pronounced than most other oral steroids. This has led to its status as a kind of 'last resort' steroid, used by seasoned bodybuilders and athletes who are willing to take extreme risks for rapid physique enhancements. The use of Methyl Trenbolone is typically approached with caution, and it is often reserved for short-term use due to its potential health risks. Despite its potency, the high risk of severe side effects, particularly liver damage, makes it a controversial and often discouraged choice within the bodybuilding community.

Early Medical Uses and Pharmaceutical Market Introduction:

Brief Clinical Investigation: In the late 1960s and early 1970s, Methyltrienolone was investigated briefly for the treatment of advanced breast cancer in women. However, it exhibited signs of severe hepatotoxicity even at very low dosages, leading to the discontinuation of its development for medical use.

Lack of Approval for Medical Use: Metribolone (Methyltrienolone) was never approved for medical use, largely due to its liver toxicity, even at low doses. Despite its potential in the treatment of advanced breast cancer, the development was ultimately abandoned because of these safety concerns.

6.8 - METHYL TRENBOLONE

Methyltrienolone, stands out in steroid history for its development primarily as a research compound rather than for therapeutic use. Its modification from Trenbolone for oral administration led to significant hepatotoxicity concerns, which ultimately limited its application to scientific research and prevented its introduction into the medical market for human use.

Primary Usage in Bodybuilding

Muscle Mass Gain: Trenbolone is highly valued for its ability to promote significant muscle mass gain, making it a popular choice for bulking cycles.

Strength Enhancement: Users often report substantial increases in strength, which is a key reason for its use among powerlifters and strength athletes.

Fat Loss: Trenbolone is also noted for its effectiveness in aiding fat loss, making it a versatile choice for both bulking and cutting phases.

Not for Beginners: Due to its strength and potential side effects, Trenbolone is not recommended for steroid beginners.

Not for Women: Oral Trenbolone is not recommended for women due to its high risk of virilization and severe side effects.

Dosages for Bodybuilding

Oral Trenbolone, also known as methyltrienolone, is a potent anabolic steroid used in the bodybuilding community despite lacking clinical dosing guidelines due to its status as a non-approved substance for human use. The dosages used by bodybuilders and athletes vary but are generally quite low due to its high potency and potential toxicity:

6.8 - METHYL TRENBOLONE

General Dosage: A common approach is to take oral Trenbolone 3 times a day, with doses spaced every 4.5 to 6 hours. The maximum daily dose typically ranges from 750 to 1000 mcg . We have seen some bodybuilders report using as much as 2mg (2,000mcg), but this is rare and not recommended.

Effective Lower Dose: Some users find that a daily dose of 250 mcg is effective. If higher doses are used, it's recommended to split them throughout the day, with no need to exceed 1000mcg per day.

Commonly Used Dose: A daily dosage of around 500 mcg is common, with 750 mcg often considered the "sweet spot" by many users. However, doses of 1 mg per day have been associated with side effects like lethargy, especially by the third week of use.

Split Dosage: It's common to split the daily dosage into smaller doses taken throughout the day, given every 4.5 to 6 hours.

Note: Methyl Trenbolone is used in microgram amounts, less than a milligram daily. Here is a design guide for you to keep in mind:

250mcg = 0.25mg

750mcg = 0.75mg

1,000mcg = 1mg

Cycle Length

Due to its liver toxicity, the duration of use is typically very limited, preferably to 2-4 weeks. Some users may start with a lower dose of 250 mcg per day and increase it to 500 mcg for the last two weeks.

6.8 - METHYL TRENBOLONE

Precautions

Using Methyl Trenbolone, a highly potent anabolic steroid, requires strict precautions due to its significant risk profile. Here's a comprehensive list of precautions and potential side effects:

Medical Supervision: Get blood work done to monitor your liver enzymes and cholesterol.

Liver Protection: Due to its extreme hepatotoxicity, using N2Guard as your liver support supplement and avoiding other liver-stressing substances is vital.

Avoid Stacking: Especially with other oral steroids, to reduce liver strain. Do not stack with other oral steroids!

Dosage Control: Adhering to the lowest effective dose for the shortest possible duration. Which is about 250mcg or 0.25mg

Avoid Alcohol: To reduce additional liver stress.

Stay Hydrated: To aid in bodily processes and liver function.

Heart Health: Regular cardiovascular exercise and monitoring due to potential strain on the heart.

Diet Considerations: A balanced diet with controlled sodium intake to manage blood pressure.

Side Effects:

Liver Damage: Significant hepatotoxicity, potentially leading to liver disease or failure. It is more toxic than most other steroids, so always use N2Guard with it.

Cardiovascular Issues: Increased risk of heart disease, hypertension, and cholesterol imbalances.

Androgenic Effects: Acne, hair loss (male pattern baldness), and hirsutism.

Estrogenic Effects: Despite its nature of not aromatizing, it might still cause gynecomastia via its action on the progesterone receptor.

Mood Swings and Aggression: Often referred to as "roid rage." Methyl Trenbolone will make you particularly aggressive.

6.8 - METHYL TRENBOLONE

Suppression of Natural Testosterone: Can lead to hypogonadism and fertility issues.

Kidney Stress: Due to increased workload and blood pressure changes.

Increased Risk of Prostate Enlargement.

Insomnia and Sleep Disturbances.

Appetite Fluctuations: Increases or decreases.

Increased Red Blood Cell Count: Could lead to blood thickening.

Muscle and Joint Pain.

Skin Changes: Oily skin and severe acne.

Gastrointestinal Issues: Nausea, vomiting, and stomach discomfort.

Psychological Effects: Including anxiety and depression.

Changes in Libido: Fluctuations in sexual desire.

Water Retention: Leading to edema.

Sweating and Night Sweats: Due to hormonal fluctuations.

Voice Deepening: Particularly in female users.

Clitoral Enlargement: In female users.

Menstrual Irregularities: In female users.

Dependency and Abuse Potential.

Given the severe nature of these side effects and the high risk associated with Methyl Trenbolone use, it's generally advised only for very experienced users with a clear understanding of the risks and proper steroid use. The risks often outweigh the benefits, and its use is highly controversial, even in bodybuilding circles. Always prioritize health and safety over quick gains.

6.9 - ORAL PRIMOBOLAN

In the bodybuilding and athletic community, Oral Primobolan (Methenolone Acetate) is often perceived as a milder, safer anabolic steroid, especially favored for its lower risk of side effects. Known for its gentle anabolic properties and minimal androgenic effects, it's typically used for cutting phases, where the goal is to preserve lean muscle mass while reducing body fat. Unlike more potent steroids, Oral Primobolan is not associated with significant muscle mass gains but is valued for its ability to enhance muscle definition and hardness without water retention. Compared to other oral anabolic steroids, it's seen as less effective for rapid or massive muscle growth. Still, it is appreciated for its lower risk of liver toxicity and estrogenic side effects. Since it is not methylated, it doesn't hurt the liver the same way most other oral steroids do. It uses the acetate ester to enhance oral bioavailability without stressing the liver. A seasoned bodybuilder might consider Oral Primobolan a suitable option for a more subtle, refined enhancement, especially when aiming for a sculpted look with minimal health risks.

History of Oral Primobolan

Oral Primobolan, chemically known as Methenolone Acetate, has a distinct history in both medical and bodybuilding realms. Developed by the German pharmaceutical company Schering in the early 1960s, Primobolan was originally intended for medical use. Its primary medical applications were to treat muscle wasting conditions, osteoporosis, and in some cases, to aid in malnutrition. Unlike many other anabolic steroids developed during this period, Primobolan was known for its mild nature and was often prescribed for children and women, indicating its relatively safe profile compared to more potent steroids.

6.9 - ORAL PRIMOBOLAN

Structural Characteristics: As a derivative of dihydrotestosterone (DHT), Methenolone acetate was structurally modified to enhance its anabolic nature. This was done to make it a suitable therapeutic agent with fewer side effects typically associated with steroids.

Treatment of Muscle Wasting Diseases: Primarily, oral Primobolan was used in treating muscle wasting diseases. Its anabolic properties made it suitable for preserving or increasing muscle mass in patients suffering from chronic conditions.

Application in Anemia and Osteoporosis: It was also used in the treatment of anemia and osteoporosis, leveraging its ability to promote bone density and red blood cell production.

Commercial Release and Branding: Methenolone acetate was introduced to the pharmaceutical market under the brand name Primobolan and some others internationally. It was prescribed for conditions where anabolic support was beneficial.

Global Availability and Prescription: The drug saw a wide distribution in various countries, being prescribed for a variety of medical conditions requiring anabolic intervention.

Reduction in Clinical Use: Over the years, the use of oral Primobolan in clinical settings decreased. This decline was partly due to the development of newer, more targeted therapies, as well as growing concerns about the side effects and potential for abuse of anabolic steroids.

In the Bodybuilding World

Primobolan made its mark primarily due to its safety profile and efficacy in lean muscle preservation rather than massive bulking.

6.9 - ORAL PRIMOBOLAN

Its popularity surged in the 1970s and 1980s, particularly after it was rumored to be the favorite steroid of the legendary bodybuilder Arnold Schwarzenegger, which brought it considerable attention in the bodybuilding community. Oral Primobolan is especially favored for pre-competition phases, where athletes aim to maintain muscle mass while reducing body fat. Its ability to provide steady, quality muscle gains without the risk of significant water retention made it a preferred choice for bodybuilders looking for a refined and defined physique.

Oral Primobolan: Dosages, Cycles, Stacks, and Uses

The dosage of Oral Primobolan (Methenolone Acetate) varies depending on the user's experience, goals, and gender. For effective use:

Beginners: Recommended dosage is around 60mg per day.

Intermediate Users: Can increase dosage up to 100mg per day.

Advanced Users: Dosages can go as high as 200mg daily, but this is typically for experienced users.

Women: A lower dosage range of 10mg - 20mg per day is advised to minimize the risk of virilization.

Note: Oral Primobolan has a half-life of approximately 5 hours, necessitating daily administration to maintain stable blood levels. When steroids are taken orally, they pass through the liver before entering the bloodstream. This first-pass metabolism can significantly affect the drug's bioavailability and half-life. Oral steroids, in general, have a shorter half-life compared to their injectable counterparts. Thus, Oral Primobolan requires more frequent dosing (typically daily) to maintain effective blood levels.

6.9 - ORAL PRIMOBOLAN

Cycling Oral Primobolan

Primobolan cycles typically last 8 weeks, though the actual duration can vary. It's important to note that prolonged use of any anabolic steroids can lead to adverse health effects, even with a milder compound like Oral Primobolan. A typical cycle includes:

Solo Cycles: Often used alone by beginners or those looking for mild improvements.

Stacking: Commonly stacked with other steroids like Testosterone, Anavar, Winstrol, or Masteron for enhanced effects. Stacking choices depend on whether the goal is cutting or bulking.

Stacks and Case Uses

Cutting Cycles: Often stacked with Winstrol or Anavar for its fat-burning properties, aiming to maintain muscle mass while shedding fat. Especially for women looking to maintain muscle while losing fat.

Bulking Cycles: Combined with Testosterone or Trenbolone to promote muscle growth and strength. However, gains are more subtle compared to other potent steroids.

Female Use: Women often use Primobolan due to its mild nature, but careful monitoring is necessary to prevent virilization.

Precautions for Using Oral Primobolan

Liver Health Monitoring: Although less hepatotoxic than many other oral steroids, long-term use or high doses of Oral Primobolan can strain the liver. Regular liver function tests are recommended, as well as using N2Guard.

Controlled Dosage: Stick to recommended dosages to minimize side effects. Overdosing increases the risk of adverse effects.

6.9 - ORAL PRIMOBOLAN

Avoid in Pre-existing Liver Conditions: If you have a history of liver issues, Oral Primobolan should be avoided or used with extreme caution.

Monitoring Cholesterol Levels: Regular monitoring of cholesterol levels is necessary, as steroids can negatively impact lipid profiles.

Avoidance in Pregnant or Breastfeeding Women: Due to potential harm to the fetus or infant.

Monitoring Androgenic Effects: Be aware of potential androgenic side effects, even though they are milder compared to other steroids.

Side Effects of Oral Primobolan

Androgenic Effects: Although mild, it can include acne, hair loss, and increased body hair growth, especially in women who abuse this steroid.

Cholesterol Imbalances: Can negatively impact HDL and LDL levels.

Potential Liver Stress: Less hepatotoxic than many oral steroids, but prolonged use or high doses can still stress the liver.

Natural Testosterone Suppression: Like most steroids, it can suppress natural hormone production.

Cardiovascular Strain: Including potential increases in blood pressure.

Gastrointestinal Issues: Some users may experience stomach discomfort or other digestive issues.

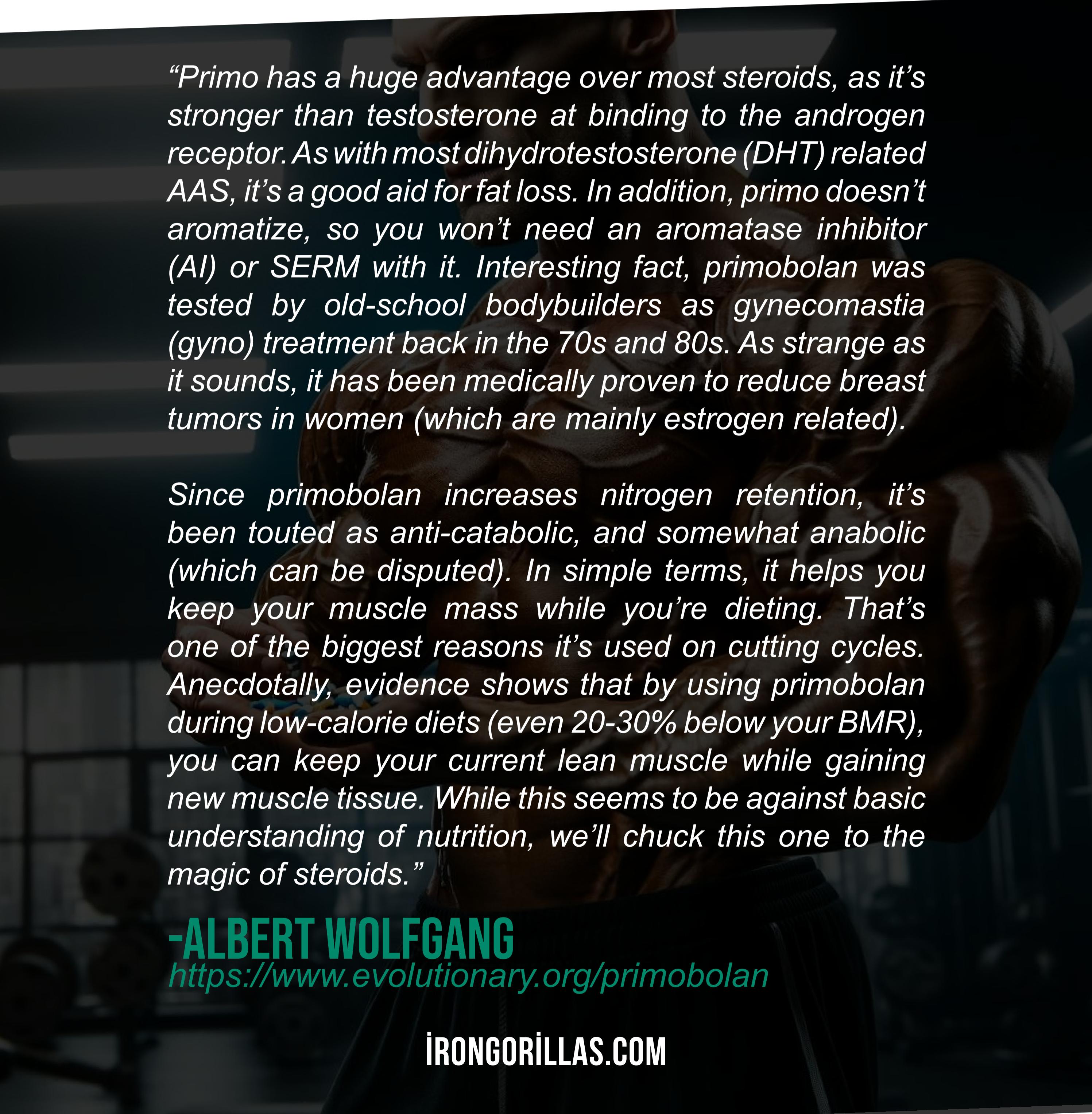
Mood Changes: Potential impact on mood and mental health.

Virilization in Women: At higher doses, women may experience masculinization effects.

6.9 - ORAL PRIMOBOLAN

Potential Impact on the Immune System: Although it can boost immunity, imbalances in hormone levels may have unpredictable effects on immune response.

It's crucial to note that individual responses to steroids can vary greatly. Monitoring and adjusting dosages based on personal tolerance and side effects are important for safe use. Regular health check-ups and open discussions with healthcare providers about steroid use are essential for mitigating risks associated with Oral Primobolan.



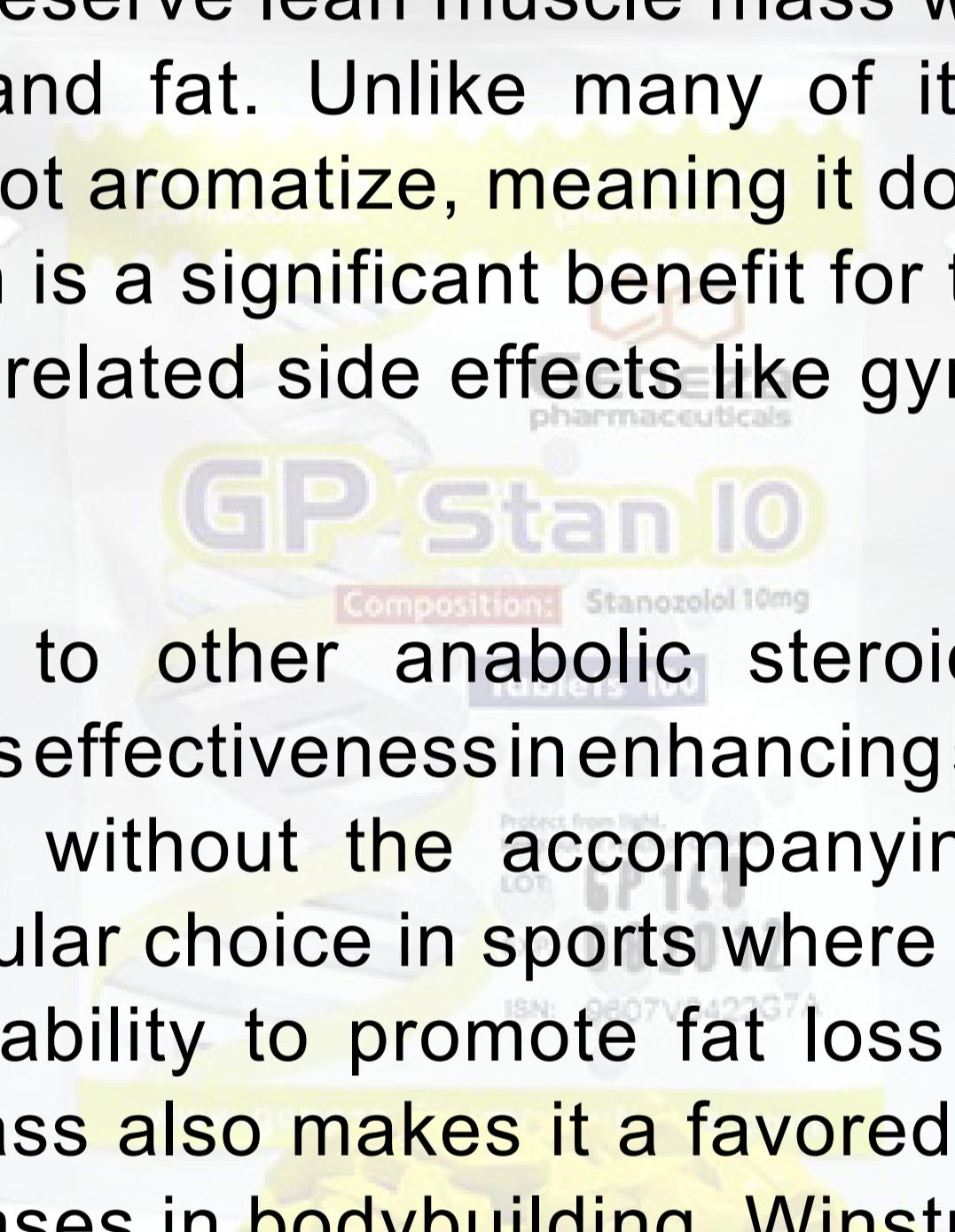
"Primo has a huge advantage over most steroids, as it's stronger than testosterone at binding to the androgen receptor. As with most dihydrotestosterone (DHT) related AAS, it's a good aid for fat loss. In addition, primo doesn't aromatize, so you won't need an aromatase inhibitor (AI) or SERM with it. Interesting fact, primobolan was tested by old-school bodybuilders as gynecomastia (gyno) treatment back in the 70s and 80s. As strange as it sounds, it has been medically proven to reduce breast tumors in women (which are mainly estrogen related)."

Since primobolan increases nitrogen retention, it's been touted as anti-catabolic, and somewhat anabolic (which can be disputed). In simple terms, it helps you keep your muscle mass while you're dieting. That's one of the biggest reasons it's used on cutting cycles. Anecdotally, evidence shows that by using primobolan during low-calorie diets (even 20-30% below your BMR), you can keep your current lean muscle while gaining new muscle tissue. While this seems to be against basic understanding of nutrition, we'll chuck this one to the magic of steroids."

-ALBERT WOLFGANG
<https://www.evolutionary.org/primobolan>

6.10 - WINSTROL

Winstrol, scientifically known as Stanozolol, is highly esteemed in the bodybuilding and athletic community for its distinctive properties among anabolic steroids. Renowned for its ability to shed water retention, Winstrol is a top choice for athletes and bodybuilders aiming for a lean, 'dry' look, as it effectively enhances muscle definition without the bloat often associated with other steroids. This makes it particularly advantageous during cutting cycles, where the goal is to preserve lean muscle mass while eliminating excess water and fat. Unlike many of its counterparts, Winstrol does not aromatize, meaning it doesn't convert to estrogen, which is a significant benefit for those looking to avoid estrogen-related side effects like gynecomastia and water retention.

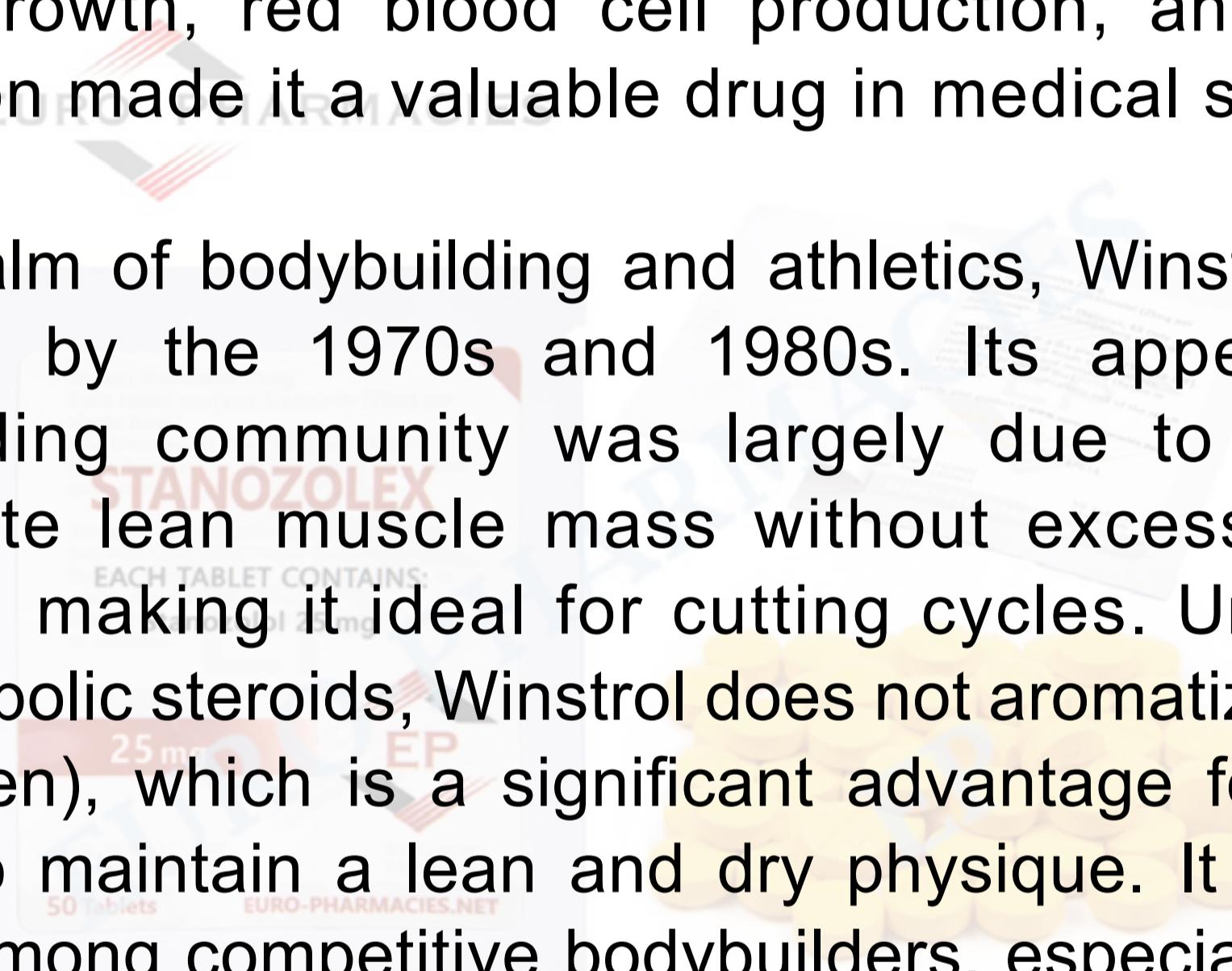


In comparison to other anabolic steroids, Winstrol is recognized for its effectiveness in enhancing strength, speed, and endurance without the accompanying weight gain, making it a popular choice in sports where these attributes are prized. Its ability to promote fat loss while retaining lean muscle mass also makes it a favored steroid for pre-competition phases in bodybuilding. Winstrol's profile as a relatively mild steroid extends its use to female athletes and bodybuilders, who find it a safer option compared to stronger androgens, though vigilance for virilization symptoms is necessary. Seasoned bodybuilders value Winstrol for these specific qualities, but they are also acutely aware of its downsides, such as potential joint discomfort due to its drying effects and liver toxicity, especially in its oral form. Despite these concerns, Winstrol's unique combination of muscle-hardening, fat-reducing, and non-aromatizing properties keeps it in high regard for those seeking a chiseled and vascular physique, particularly in competitive settings.

6.10 - WINSTROL

History of Winstrol

Winstrol, known chemically as Stanozolol, was first developed in the late 1950s by Winthrop Laboratories, an American pharmaceutical company. It was derived from dihydrotestosterone (DHT), a metabolite of testosterone, and was officially released in 1962. Winstrol was developed for medical purposes, initially to treat conditions like osteoporosis and to promote bone density. It was also used to aid in the treatment of certain forms of anemia, angioedema, and to help preserve bone mass in patients suffering from osteoporosis. Its effectiveness in promoting muscle growth, red blood cell production, and appetite stimulation made it a valuable drug in medical settings.



In the realm of bodybuilding and athletics, Winstrol gained popularity by the 1970s and 1980s. Its appeal in the bodybuilding community was largely due to its ability to promote lean muscle mass without excessive water retention, making it ideal for cutting cycles. Unlike many other anabolic steroids, Winstrol does not aromatize (convert to estrogen), which is a significant advantage for athletes looking to maintain a lean and dry physique. It became a favorite among competitive bodybuilders, especially for pre-competition phases where muscle definition and hardness are critical.

Dosages, Cycles, Stacks, and Case Uses

Winstrol, a prominent anabolic steroid, is utilized for both performance enhancement and aesthetic improvements in bodybuilding. Here's an in-depth look at its dosages, cycles, and stacking protocols.

Beginner Dosage: Beginners are advised to start with low dosages, typically 20mg to 50mg daily. Beginners should not exceed a 6-week cycle.

6.10 - WINSTROL

Intermediate Users: For those with some experience, dosages can range from 40mg to 80mg daily. A similar 6-week cycle is standard.

Advanced Users: Experienced users might opt for dosages as high as 100mg per day. However, due to the increased risk of side effects, this should be approached with caution.

Women Athletes: Dosages between 2mg and 10mg per day have been used by women with good results.

Cycle Length: Restricting the length of the cycle, typically no more than 4-8 weeks, helps reduce the risk of adverse effects.

Winstrol Cycles

Beginner Cycle: A standard beginner cycle might involve 50mg of Winstrol daily for 6 weeks, often stacked with Testosterone for balanced results.

Intermediate Cycle: Intermediate users often stack Winstrol with other steroids like Trenbolone for cutting or Anadrol for mass gains.

Advanced Cycle: Advanced cycles may include Winstrol at 100mg/day for the final two weeks of a 6 to 8-week cycle, combined with other steroids like Testosterone Enanthate and Trenbolone Acetate.

Stacking Winstrol

Cutting Cycles: Winstrol is frequently stacked with Trenbolone or Anavar for cutting purposes, maximizing fat loss while retaining muscle mass.

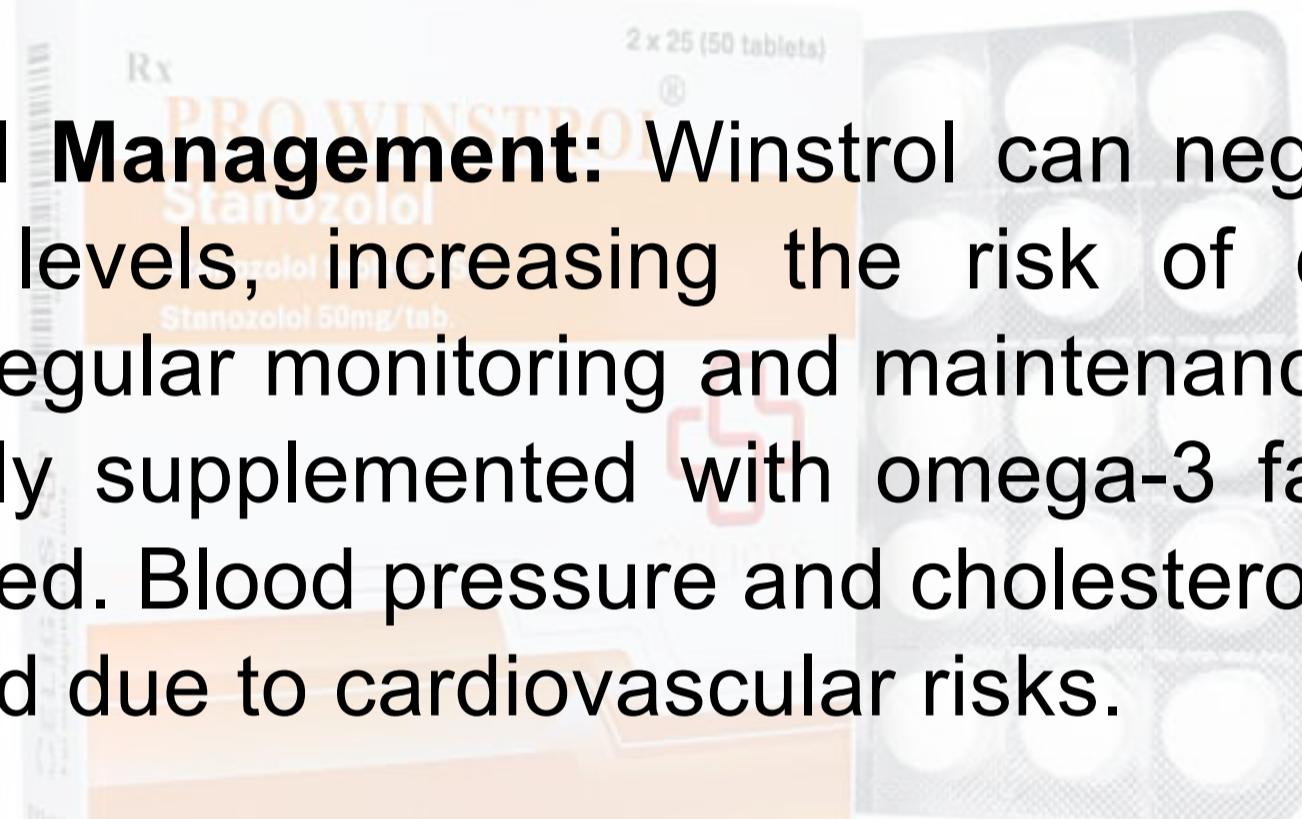
Bulking Stacks: Though not a common bulking agent, it can be stacked with compounds like Anadrol for significant mass gain.

6.10 - WINSTROL

For Women: Women typically use Winstrol at much lower doses due to the risk of virilization. A common stack for female athletes includes low-dose Winstrol with Anavar.

Precautions and Health Monitoring

Liver Health: Given Winstrol's hepatotoxicity, especially in oral form. Avoiding alcohol and other liver-damaging substances is also crucial. Regular liver function tests are recommended; although it is milder than most steroids, it is still a concern.



Cholesterol Management: Winstrol can negatively impact cholesterol levels, increasing the risk of cardiovascular diseases. Regular monitoring and maintenance of a healthy diet, possibly supplemented with omega-3 fatty acids, are recommended. Blood pressure and cholesterol levels should be monitored due to cardiovascular risks.

Testosterone Suppression: Since Winstrol suppresses natural testosterone production, including exogenous testosterone in the cycle and conducting Post Cycle Therapy (PCT) is crucial for hormonal balance restoration.

Monitoring Androgenic Effects: Be vigilant for signs of androgenic side effects like acne and hair loss, and consider using 5-alpha reductase inhibitors if needed.

Avoidance in Certain Populations: Winstrol should not be used by individuals with pre-existing liver conditions, or cardiovascular diseases, and by pregnant or breastfeeding women.

6.10 - WINSTROL

Side Effects of Winstrol

Liver Toxicity: One of the most significant risks, particularly with the oral form. Symptoms of liver damage should be closely monitored. Milder than most steroids but still a concern.

Cardiovascular Strain: This includes increased blood pressure and negative impacts on cholesterol levels, potentially leading to heart diseases.

Androgenic Effects: Such as acne, accelerated hair loss in those predisposed to male pattern baldness, and body hair growth.

Virilization in Women: Female users face risks like deepening of the voice, menstrual irregularities, and clitoral enlargement at higher doses.

Joint Discomfort: Winstrol can cause joint pain due to its drying effects on the body. Winstrol does not aromatize to estrogen.

Mood Swings and Behavioral Changes: Potential for mood swings, aggression, and other psychological impacts.

Estrogenic Effects: Though, it can still trigger gynecomastia, particularly when stacked with other aromatizing steroids.

Suppression of Natural Testosterone: This leads to potential libido changes, erectile dysfunction, and other hormonal imbalances post-cycle.

Negative Impact on Lipid Profile: A significant decrease in HDL (good) cholesterol and an increase in LDL (bad) cholesterol.

6.10 - WINSTROL

Winstrol Sports Scandals

Winstrol's use in sports was not without controversy. It gained widespread attention in the late 1980s when Canadian sprinter Ben Johnson tested positive for Stanozolol at the 1988 Seoul Olympic Games and was subsequently stripped of his gold medal in the 100 meters. This incident brought to light the widespread use of performance-enhancing drugs in athletics and led to stricter drug testing and regulations. Despite this, Winstrol remains popular among bodybuilders and athletes for its ability to provide strength and lean muscle mass, as well as for its relatively mild side effects compared to other more potent steroids. However, users are always cautious of its potential liver toxicity, especially in oral form, and its adverse effects on cholesterol levels.

"Winstrol has a unique ability to lower the amount of sex hormone-binding globulin (SHBG), more than any other steroid on the market. SHBG is a hormone that binds to other steroids in your cycle making them useless; in simple terms, it makes taking too much steroids useless as it neutralizes them. However, stanozolol allows you to stack multiple steroids in your cycle without the need to lower your dosages. An interesting stack would be winstrol and proviron, allowing for maximum SHBG reduction and maximizing cycle effectiveness."

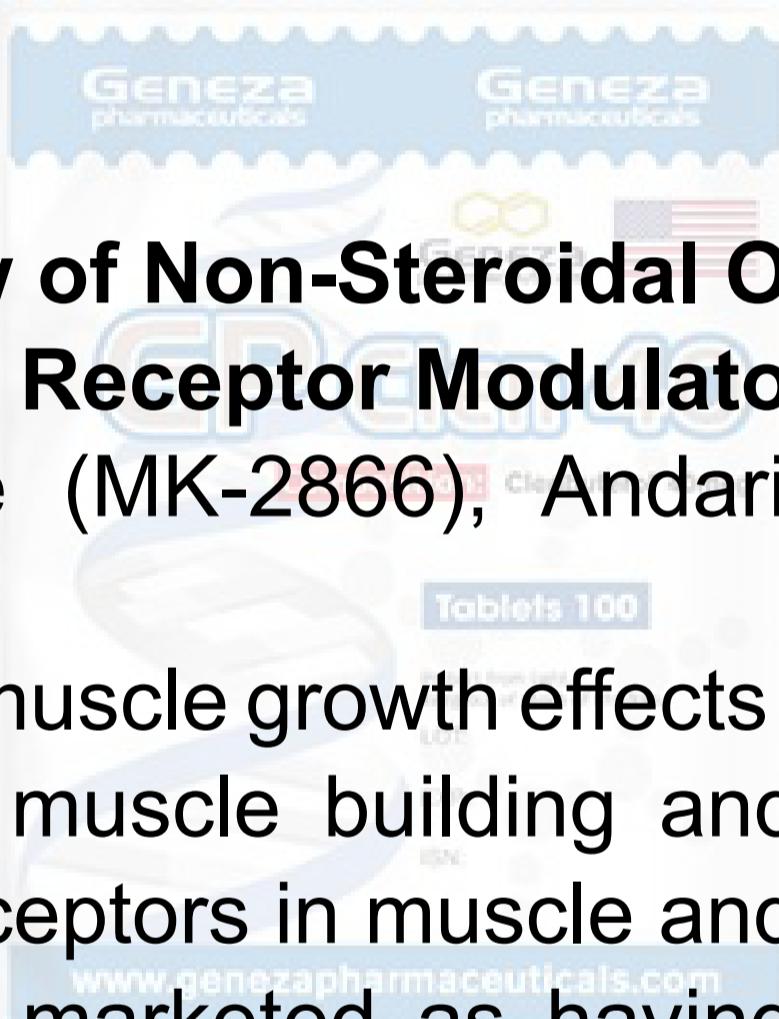
When used during cutting cycles, users tend to get hard and lean, especially when stacking with anavar; however, during longer, harsher bulking cycles, winstrol might not be the best choice. Why not? Mainly due to joint problems. It's a regular occurrence for guys to report "dry" and painful joints while using winstrol."

-ALBERT WOLFGANG

<https://www.evolutionary.org/winstrol-stanozolol>

7. OTHER ORAL PEDS

In the competitive world of athletics and bodybuilding, the quest for enhanced performance and physique often extends beyond traditional training and nutrition. Athletes and fitness enthusiasts alike are increasingly turning to a variety of non-steroidal, orally administered performance-enhancing drugs (PEDs) that promise benefits like increased strength, endurance, and cognitive function. These substances range from compounds that mimic the effects of anabolic steroids to others that stimulate fat loss, enhance alertness, or even mask the use of other banned substances. This section explores a selection of such PEDs, each with its unique properties and applications.



Expanded Overview of Non-Steroidal Oral PEDs

Selective Androgen Receptor Modulators (SARMs):

Examples: Ostarine (MK-2866), Andarine (S4), Ligandrol (LGD-4033).

Benefits: Mimic the muscle growth effects of anabolic steroids.

Usage: Primarily in muscle building and fat loss, targeting specific androgen receptors in muscle and bone tissues.

Side Effects: Often marketed as having fewer side effects than traditional steroids, but long-term effects are still under research.

Stimulants

Examples: Amphetamines, Methylhexanamine (in pre-workout supplements), Modafinil.

Benefits: Enhance alertness, reduce fatigue, and improve concentration.

Usage: Common in sports requiring high levels of endurance and focus.

Side Effects: Can include heart palpitations, insomnia, and increased risk of cardiovascular events.

7. OTHER ORAL PEDS

Beta-2 Agonists:

Example: Clenbuterol, Albuterol.

Benefits: Promote fat loss and muscle gain.

Usage: Initially for asthma, but now used for its fat-burning and anabolic properties.

Side Effects: Can lead to cardiac issues, tremors, and anxiety.

Diuretics:

Examples: Furosemide, Hydrochlorothiazide.

Benefits: Rapid weight loss by increasing urine output.

Usage: For weight classes in sports or as masking agents for other PEDs.

Side Effects: Risk of dehydration, electrolyte imbalances, and kidney stress.

Erythropoietin (EPO) Stimulators:

Usage: Boost endurance by increasing red blood cell production.

Benefits: Enhanced oxygen delivery for endurance sports.

Note: Mostly injected; oral forms are less common.

Central Nervous System (CNS) Stimulants:

Examples: Ephedrine, Pseudoephedrine.

Benefits: Increase energy, weight loss, and focus.

Usage: Found in certain weight loss and cold medications.

Side Effects: Can include nervousness, dizziness, and blood pressure changes.

Prohormones:

Examples: Androstenedione, DHEA.

Benefits: Serve as precursors to testosterone and other hormones.

Usage: Used to enhance muscle growth, similar to steroids.

Side Effects: Can include hormonal imbalances and similar risks as anabolic steroids.

7. OTHER ORAL PEDS

Nootropics or 'Smart Drugs':

Examples: Modafinil, Adrafinil.

Benefits: Enhance cognitive functions, delay fatigue, and improve memory.

Usage: Popular among students and professionals as well as athletes.

Side Effects: Can include headaches, anxiety, and digestive issues.

Masking Agents:

Example: Probenecid.

Usage: Conceal the presence of banned substances in drug tests.

Side Effects: Vary depending on the specific agent used.

Peptide Hormones and Their Releasers:

Examples: GHRP-6, Ipamorelin.

Benefits: Stimulate the release of growth hormone.

Usage: Primarily for muscle growth and recovery.

Note on Peptides: More commonly injectable, with fewer oral options available.

8. ORAL-ONLY STEROID CYCLES (15 CYCLES)

This section is broken down into three parts: beginner, intermediate, and advanced cycles.

Beginner: Those that are new to steroid use may be a good first cycle to start.

Intermediate: Someone with at least three years of previous experience using steroids.

Advanced: Anyone with more than eight years of experience using steroids and maybe competing.

8.1- BEGINNER ORAL CYCLES.....93

8.2- INTERMEDIATE ORAL CYCLES.....98

8.3- ADVANCED ORAL CYCLES.....103

BEGINNER ANAVAR CUTTING CYCLE

Beginner Anavar Cutting Cycle (Male)

Week	Supplement
1	Anavar 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Anavar 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Anavar 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Anavar 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

Beginner Anavar Cutting Cycle (Female)

Week	Supplement
1	Anavar 5mg/day + N2Guard 7 caps/day
2	Anavar 5mg/day + N2Guard 7 caps/day
3	Anavar 5mg/day + N2Guard 7 caps/day
4	Anavar 5mg/day + N2Guard 7 caps/day

BEGINNER DIANABOL BULKING CYCLE

Beginner Dianabol Bulking Cycle

Week	Supplement
1	Dianabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Dianabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Dianabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Dianabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

BEGINNER ORAL PRIMOBOLAN RECOMP CYCLE

Beginner Oral Primobolan Recomp Cycle (Male)

Week	Supplement
1	Oral Primobolan 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Oral Primobolan 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Oral Primobolan 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Oral Primobolan 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

Beginner Oral Primobolan Recomp Cycle (Female)

Week	Supplement
1	Oral Primobolan 10mg/day + N2Guard 7 caps/day
2	Oral Primobolan 10mg/day + N2Guard 7 caps/day
3	Oral Primobolan 10mg/day + N2Guard 7 caps/day
4	Oral Primobolan 10mg/day + N2Guard 7 caps/day

BEGINNER WINSTROL CONTEST PREP CYCLE

Beginner Winstrol Contest Prep Cycle (Male)

Week	Supplement
1	Winstrol 25mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Winstrol 25mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Winstrol 25mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Winstrol 25mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

Beginner Winstrol Contest Prep Cycle (Female)

Week	Supplement
1	Winstrol 2.5mg/day + N2Guard 7 caps/day
2	Winstrol 2.5mg/day + N2Guard 7 caps/day
3	Winstrol 2.5mg/day + N2Guard 7 caps/day
4	Winstrol 2.5mg/day + N2Guard 7 caps/day

BEGINNER ANADROL POWERLIFTER BULKING CYCLE

Beginner Anadrol Powerlifter Bulking Cycle

Week	Supplement
1	Anadrol 25mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Anadrol 25mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Anadrol 25mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Anadrol 25mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

INTERMEDIATE ANAVAR CUTTING CYCLE

Intermediate Anavar Cutting Cycle (Male)

Week	Supplement
1	Anavar 60mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Anavar 60mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Anavar 60mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Anavar 60mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Anavar 60mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Anavar 60mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
9	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
10	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
11	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

Intermediate Anavar Cutting Cycle (Female)

Week	Supplement
1	Anavar 10mg/day + N2Guard 7 caps/day
2	Anavar 10mg/day + N2Guard 7 caps/day
3	Anavar 10mg/day + N2Guard 7 caps/day
4	Anavar 10mg/day + N2Guard 7 caps/day
5	Anavar 10mg/day + N2Guard 7 caps/day
6	Anavar 10mg/day + N2Guard 7 caps/day

INTERMEDIATE SUPERDROL RECOMP CYCLE

Intermediate Superdrol Recomp Cycle

Week	Supplement
1	Superdrol 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Superdrol 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Superdrol 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Superdrol 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
9	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
10	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
11	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

INTERMEDIATE TURINABOL PERFORMANCE CYCLE

Intermediate Turinabol Performance Cycle

Week	Supplement
1	Turinabol 40mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Turinabol 40mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Turinabol 40mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Turinabol 40mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Turinabol 40mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Turinabol 40mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
9	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
10	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
11	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

INTERMEDIATE DIANABOL + TURINABOL LEAN BULK CYCLE

Intermediate Dianabol + Turinabol Lean Bulk Cycle

Week	Supplement
1	Dianabol 20mg/day + Turinabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Dianabol 20mg/day + Turinabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Dianabol 20mg/day + Turinabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Dianabol 20mg/day + Turinabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Dianabol 20mg/day + Turinabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Dianabol 20mg/day + Turinabol 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
9	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
10	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
11	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

INTERMEDIATE ANADROL POWERLIFTER BULKING CYCLE

Intermediate Anadrol Powerlifter Bulking Cycle

Week	Supplement
1	Anadrol 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Anadrol 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Anadrol 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Anadrol 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Anadrol 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Anadrol 50mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day + Clomid 50mg/day + Nolvadex 20mg
7	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
9	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
10	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
11	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

ADVANCED ANAVAR+WINSTROL+PRIMOBOLAN PRE COMPETITION CYCLE

Advanced Anavar+Winstrol+Primobolan Pre Competition Cycle

Week	Supplement
1	Anavar 40mg/day + Winstrol 20mg/day + Oral Primobolan 100mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Anavar 40mg/day + Winstrol 20mg/day + Oral Primobolan 100mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Anavar 40mg/day + Winstrol 20mg/day + Oral Primobolan 100mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Anavar 40mg/day + Winstrol 20mg/day + Oral Primobolan 100mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Anavar 40mg/day + Winstrol 20mg/day + Oral Primobolan 100mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Anavar 40mg/day + Winstrol 20mg/day + Oral Primobolan 100mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
9	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
10	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
11	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

ADVANCED WINSTROL + TURINABOL POWER PERFORMANCE CYCLE

Advanced Winstrol+Turinabol Power Performance Cycle

Week	Supplement
1	Winstrol 30mg/day + Turinabol 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Winstrol 30mg/day + Turinabol 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Winstrol 30mg/day + Turinabol 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Winstrol 30mg/day + Turinabol 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Winstrol 30mg/day + Turinabol 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Winstrol 30mg/day + Turinabol 30mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day + Clomid 50mg/day + Nolvadex 20mg/day
7	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
9	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
10	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
11	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

ADVANCED METHYL TRENBOLONE AGRESSION CYCLE

Advanced Methyl Trenbolone Agression Cycle

Week	Supplement
1	Methyl Trenbolone 500mcg (0.5mg)/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Methyl Trenbolone 500mcg (0.5mg)/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Methyl Trenbolone 500mcg (0.5mg)/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Methyl Trenbolone 500mcg (0.5mg)/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Methyl Trenbolone 500mcg (0.5mg)/day + N2Guard 7 caps/day + HCGenerate 5 caps/day + Clomid 50mg/day + Nolvadex 20mg/day
6	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
9	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
10	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
11	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

ADVANCED ANAVAR + PRIMOBOLAN + PROVIRON RECOMP CYCLE

Advanced Anavar+Primobolan+Proviron Recomp Cycle

Week	Supplement
1	Anavar 80mg/day + Oral Primo 100mg/day + Proviron 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
2	Anavar 80mg/day + Oral Primo 100mg/day + Proviron 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
3	Anavar 80mg/day + Oral Primo 100mg/day + Proviron 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
4	Anavar 80mg/day + Oral Primo 100mg/day + Proviron 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
5	Anavar 80mg/day + Oral Primo 100mg/day + Proviron 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
6	Anavar 80mg/day + Oral Primo 100mg/day + Proviron 10mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
7	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
8	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
9	Clomid 50mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
10	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day
11	Clomid 25mg/day + Nolvadex 20mg/day + N2Guard 7 caps/day + HCGenerate 5 caps/day

9. WHERE TO BUY LEGITIMATE ORAL STEROIDS

To truly benefit from the information in this book, it's essential to access high-quality, legitimate steroids. The key is obtaining the exact steroids you intend to use. Unfortunately, navigating the black market can be risky, as some dealers might scam customers by selling counterfeit or substandard products. For instance, instead of selling a premium steroid like Anavar, a dealer might substitute it with a much cheaper steroid like Dianabol at a low dose. You might think you're taking 60mg of Anavar, but in reality, your pills could contain only about 10mg of Dianabol. Identifying such deception can be challenging, especially for those new to these substances, as it may take weeks to realize the fraud.

Steroid testing kits available online can verify the presence of a specific steroid in your pills, but they don't measure the dosage. Referring back to the Anavar example, a dealer might claim to sell 10mg Anavar tabs, but they could be as low as 1mg. A testing kit would show positive for Oxandrolone, yet you'd need to be made aware of the significant underdosing.

To ensure you're purchasing authentic and original products, it's advisable to shop from reputable and established suppliers. Trusted sources can be found on well-known steroid forums like Evolutionary.org, EliteFitness.com, and Anabolex.com. These forums offer a platform to connect with dealers and a community of users where you can inquire and share experiences.

Here are two links you should save if you want to have the latest information on available sources:

-<https://www.evolutionary.org/forums/forums/approved-sources.118/>

-<https://anabolex.com/blog/steroids-for-sale-2024/>

9. WHERE TO BUY LEGITIMATE ORAL STEROIDS

The most reliable method is to stay updated with the latest edition of our “Secrets to Mail Order Steroids” eBook. We frequently update this resource to provide the best steroid sources globally. Remember, the steroid market is dynamic, with sources potentially changing or closing suddenly. To stay informed about reliable sources and avoid dubious ones, it’s crucial to download the most recent PDF update immediately.

Our book “**Secrets to Mail Order Steroids**” is a downloadable file that we keep updated to the latest news in the steroid supply chain.

In order to help you find the most reliable sources as of the writing of this eBook, we have included a list of all of the top sources in the world, the ones the pros use. Although the list below is good as of today, you should still visit the forums for the latest information on these sources and how they are conducting business.

Top-tier sources 2024-2025:

Domestic Supply (domestic-supply.com): has cemented its reputation as a reliable source for anabolic steroids, particularly known for its swift shipping and extensive product range. Over the years, it has consistently received high ratings from customers on various forums for both product quality and customer service. Their offerings include a diverse selection of oral and injectable steroids, ensuring that customers can find nearly everything they might need for their bodybuilding and fitness regimes.

The website is praised for its ease of use and efficient customer service, facilitating a seamless shopping experience from browsing to purchase. Domestic Supply is also noted for its commitment to quality, sourcing products from reputable

9. WHERE TO BUY LEGITIMATE ORAL STEROIDS

manufacturers, and providing detailed descriptions and transparency about the items they sell.

Moreover, customers appreciate the variety of payment options available, making it convenient to complete purchases securely. They continue to stand out in the steroid supply industry due to their ability to maintain a large stock, which means products are readily available for fast dispatch.

For those interested in learning more about Domestic Supply and exploring their offerings, you can visit their website directly to browse their products and read customer reviews that attest to their service and product quality.

Purity Source Labs (puritysourcelabs.ru): Purity Source Labs (PSL) is celebrated for its expansive catalog of pharmaceutical-grade steroids, catering to a global clientele with both oral and injectable options. Renowned for their commitment to quality and transparency, PSL stands out by offering detailed lab test results for many of their products, ensuring customers receive only the highest standard of safety and efficacy. Their easy-to-navigate website groups products into well-organized categories, complete with thorough descriptions that include dosing recommendations and potential benefits, helping users make informed choices.

In addition to their robust product lineup, PSL's customer service is notable for its responsiveness and helpfulness, assisting customers with order inquiries and guiding them through product selection. The company's international reach is supported by secure and discreet shipping options, making their products accessible to a wide audience outside of just the USA.

PSL is also proactive in engaging with the community through various forums and platforms, further establishing their reputation as a reliable and trusted source in the steroid market.

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Moreover, PSL is continuously updating their offerings to include the latest in steroid developments and innovations, maintaining a fresh and relevant selection for their dedicated user base. Their commitment to customer satisfaction and safety makes them a top choice for both novice and experienced users in the bodybuilding and athletic communities.

UG Freak (ugfreak.to): UG Freak is highly regarded within the bodybuilding community for its reliable and comprehensive selection of both oral and injectable steroids. Many users commend UG Freak for the quality of their products and the smoothness of their transaction process. The brand is particularly noted for carrying high-quality items from Para Pharma, a favorite among many for its effectiveness and consistent results.

Customers frequently highlight UG Freak's prompt and discreet shipping, which often arrives faster than expected. The packaging is described as very secure, ensuring that products reach consumers in perfect condition. Additionally, the customer service at UG Freak is praised for being exceptionally responsive and helpful, addressing inquiries and resolving any issues swiftly.

Furthermore, UG Freak offers competitive pricing, often accompanied by discounts and promotions, which adds to their appeal among bodybuilders looking for both quality and value. Their strong presence and positive reviews across multiple forums underline their reputation as a trusted source in the steroid market.

For more details, you can visit their site and check out the community forums where UG Freak is frequently discussed.

9. WHERE TO BUY LEGITIMATE ORAL STEROIDS

EU Domestic (eu-domestic.to): EU Domestic is recognized for its reliable service within the European Union, ensuring customers receive a wide array of steroids without the complications of international customs. They are known for offering pharmaceutical-grade products that comply with strict EU safety and efficacy standards. The website is straightforward to navigate, providing clear categories and detailed product descriptions to facilitate easy purchasing. Additionally, EU Domestic is celebrated for its swift and dependable shipping across Europe, which enhances customer satisfaction by ensuring timely product delivery.

This supplier's dedication to quality and customer service, along with their efficient logistical operations, make them a favored choice for those seeking reliable steroid sources within Europe. Their approach ensures that customers not only receive their products promptly but also have a positive and hassle-free shopping experience.

NapsGear (napsgear.org): A veteran in the bodybuilding community, has been serving its customer base for over a decade, providing a wide selection of steroids from various reputable brands. They are known not only for their product range but also for their commitment to education within the steroid community. NapsGear offers a wealth of knowledge through detailed articles, informative videos, and active user forums, all aimed at helping customers make informed decisions about their steroid use. This educational approach is complemented by a comprehensive website that includes extensive product descriptions and user reviews, enhancing transparency and trust.

The customer care at NapsGear is exemplary, with a responsive support team that is ready to assist with any inquiries. They accommodate a diverse range of users from different geographic locations, providing secure payment

9. WHERE TO BUY LEGITIMATE ORAL STEROIDS

options to ensure a smooth transaction process. Moreover, NapsGear's dedication to quality is evident in their rigorous vetting of products to maintain high standards. This meticulous approach ensures that all customers, whether amateur bodybuilders or professional athletes, can rely on NapsGear for their performance enhancement needs.

Geneza Pharmaceuticals (genezapharmaceuticals.biz): Celebrated for over a decade in the steroid industry, Geneza Pharmaceuticals has established itself as a leader in producing high-quality, reliable products. Known for its commitment to excellence, Geneza offers a wide array of steroids, including both oral and injectable forms, which are favored by both amateur and professional athletes around the world.

Their commitment to quality is evident in their rigorous testing protocols to ensure that all products meet the highest standards of purity and efficacy.

Geneza's user-friendly website provides detailed product information and dosing guidelines to help users make informed decisions. They also offer excellent customer service, ensuring inquiries or concerns are addressed promptly and thoroughly.

The brand is frequently recommended on various fitness forums, reflecting its strong reputation within the community. Geneza's consistently delivering effective and safe products has helped them maintain a loyal customer base and attract new users looking for trusted steroid options.

10. LIVER SUPPORT AND PCT

In the realm of bodybuilding and performance enhancement, the use of oral steroids requires supplementation of the right natural ingredients for health and safety. Particularly concerning liver support and Post Cycle Therapy (PCT). This chapter will delve into the significance of comprehensive liver support and effective PCT protocols, highlighting the critical roles of **N2Guard** and **HCGenerate (N2Generate)** as indispensable tools for individuals utilizing oral steroids.

Liver Support with N2Guard

The liver is a vital organ that processes and detoxifies substances entering the body, including steroids. Oral steroids, while generally considered less hepatotoxic than their oral counterparts, can still pose a risk to liver health, especially when used in high doses or for prolonged periods. **N2Guard** emerges as a crucial ally in this context, offering a multifaceted defense mechanism against potential liver damage.

N2Guard is a comprehensive liver support supplement designed to safeguard the liver and other organs against the adverse effects of steroid use. It comprises an array of ingredients, including TUDCA, milk thistle, and NAC, along with 40 other ingredients, all known for their hepatoprotective properties. These components work synergistically to promote liver health, facilitate detoxification, and ensure the organ's optimal functioning during and after steroid cycles. The inclusion of other vital nutrients and antioxidants in N2Guard further enhances its protective capabilities, making it an essential part of any steroid user's regimen.

The formulation of **N2Guard** is extensive, incorporating a wide range of ingredients known for their beneficial effects on liver health, cardiovascular support, cholesterol management, detoxification, and more. While I can't provide

10. LIVER SUPPORT AND PCT

a verbatim list of every ingredient since it would make this ebook three times the length, however, I can highlight some of the key components based on the information available:

Liver Protective Agents: These include TUDCA, Milk Thistle, and NAC, which are known for their hepatoprotective properties.

Cholesterol and Blood Pressure Support: Including Red Yeast Rice, Hawthorne Berry, Policosanol, and Taurine, which contribute to cardiovascular health and blood pressure regulation.

Antioxidants and General Health Boosters: Like Vitamin C, Selenium, and Coenzyme Q10, which offer immune support and protect against oxidative stress.

Vitamins and Minerals: A broad spectrum that covers essential nutrients needed for overall health maintenance and recovery.

Detoxification Aids: Components like Dandelion and Uva Ursi, which assist in managing water retention and promoting kidney health.

Heart Health: Ingredients focused on supporting heart function and arterial health.

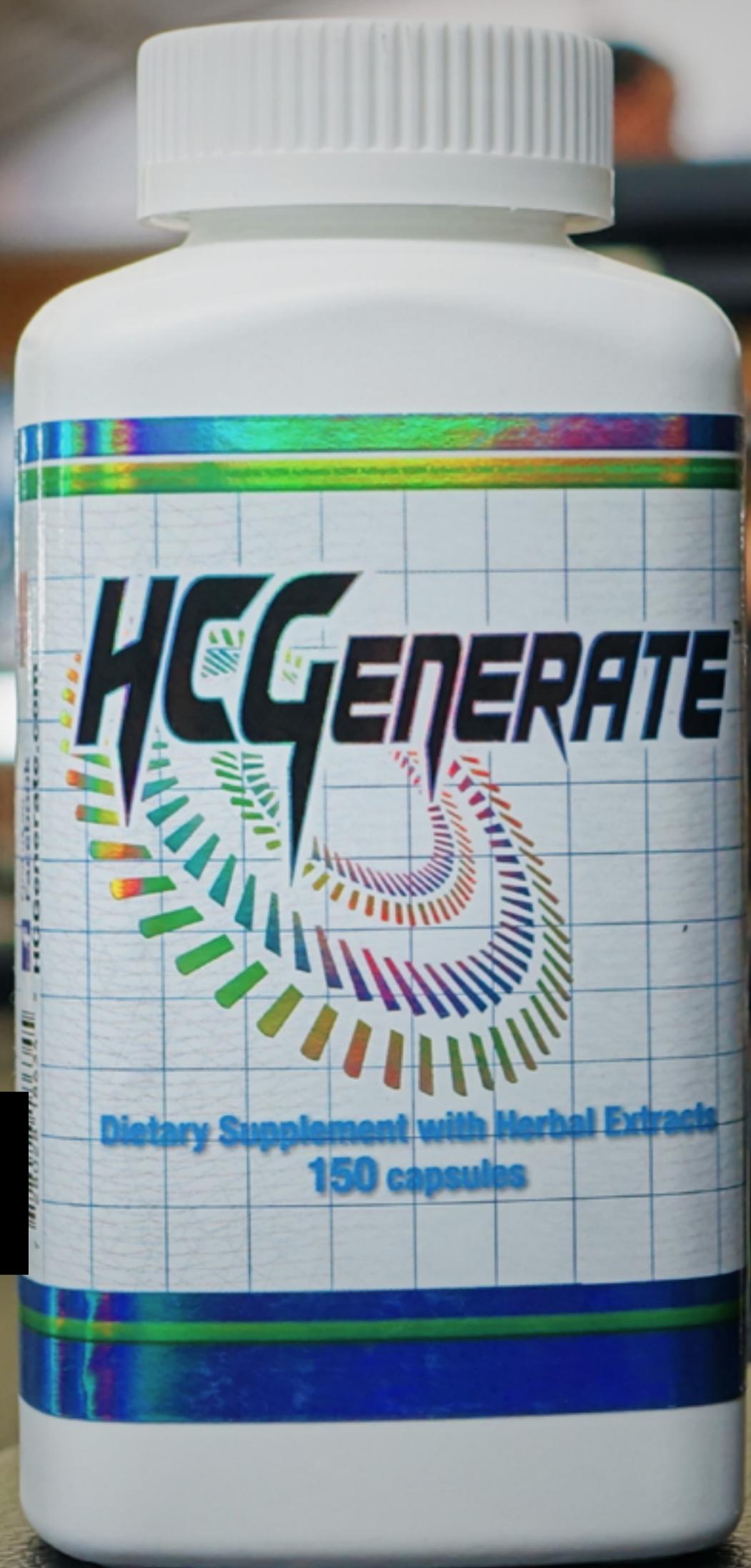
Joint and Inflammatory Support: Turmeric and Omega-3 fatty acids which help with inflammation and joint health.

Each of these ingredients plays a specific role in the comprehensive protection and support strategy that **N2Guard** offers to steroid users, aiming to mitigate the potential adverse effects associated with steroid cycles.

10. LIVER SUPPORT AND PCT



N2GUARD



HCGGENERATE

10. LIVER SUPPORT AND PCT

Post Cycle Therapy (PCT) with HCGenerate

Following the completion of a steroid cycle, the body's natural hormonal balance is often disrupted, necessitating a PCT protocol to restore endogenous testosterone production and prevent estrogen-related side effects. **HCGenerate (N2Generate)** plays a pivotal role in this phase, aiding in the swift recovery of natural hormonal levels.

HCGenerate is specially formulated to stimulate the Leydig cells in the testes, prompting them to produce testosterone naturally. Ingredients such as Fadogia Agrestis and Tribulus Terrestris are central to its effectiveness. They offer proven benefits in enhancing libido, fertility, and overall hormonal balance. By incorporating N2Generate into PCT, individuals can mitigate the risks associated with suppressed-testosterone levels, including loss of muscle gains, decreased libido, and potential long-term health issues.

Its blend of ingredients is carefully selected to synergize towards these goals, emphasizing the support of the Leydig cells in the testes, which are crucial for testosterone production. Here are the key components found in N2Generate:

Fadogia Agrestis Stem: Utilized for its potential to stimulate the Leydig cells, thus promoting natural testosterone production.

Fenugreek Extract: Known for its ability to support libido and testosterone levels.

3, 4 -Divanillytetrahydrofuran: Helps to increase free testosterone by binding to sex hormone-binding globulin (SHBG).

Tribulus Terrestris: A herb that has been used to enhance libido and testosterone levels.

10. LIVER SUPPORT AND PCT

Tongkat Ali Root Extract: Valued for its potential to improve sexual health and increase testosterone levels.

Vitamin E and Zinc: Essential nutrients that play critical roles in hormonal balance and overall reproductive health.

These ingredients are combined in a formula designed to provide a natural boost to testosterone levels while supporting the body's ability to maintain hormonal balance and enhance reproductive health.

Incorporating N2Guard and N2Generate into Your Protocol

For you bro engaged in the use of oral steroids, integrating N2Guard and HCGenerate into their health and safety protocols is a necessity. N2Guard should be used throughout the steroid cycle to provide comprehensive organ support, particularly for the liver. Meanwhile, HCGenerate should be a key component of PCT, ensuring a smooth transition back to natural testosterone production and hormonal balance.

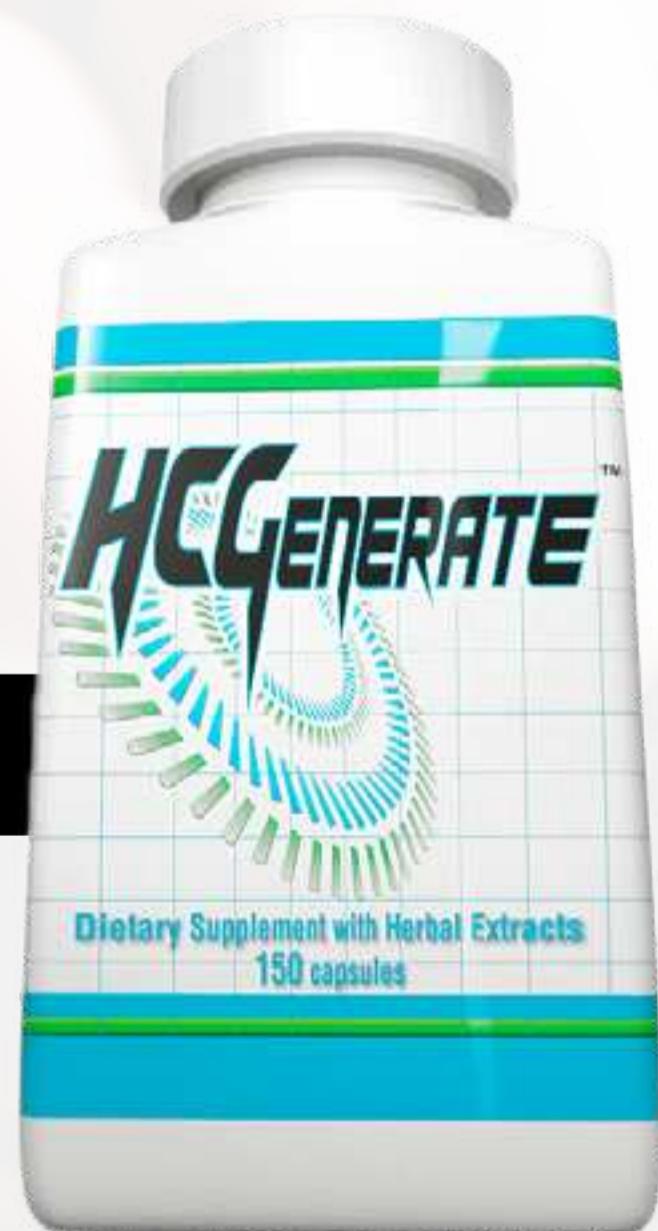
When employing these supplements, adherence to recommended dosages and protocols is paramount to maximizing their benefits and safeguarding health. By doing so, individuals can enjoy the performance-enhancing advantages of oral steroids while minimizing potential risks and promoting long-term well-being.

In summary, the strategic use of **N2Guard** and **N2Generate** underscores the importance of proactive health management in steroid use. These supplements represent critical tools in the arsenal of bodybuilders and athletes, offering protection, recovery, and balance in the pursuit of peak physical performance.

10. LIVER SUPPORT AND PCT



[Click Here to buy N2GUARD](#)



[Click Here to buy HCGENERATE](#)

UNDERGROUND ORAL STEROIDS HANDBOOK

Dear Reader,

Welcome to a journey through the intricate world of anabolic enhancement. My name is George Spellwin, the author of this book and your guide to understanding and navigating the complex terrain of chemical enhancement drugs.

The mission of this book is to provide you with scientifically grounded, unbiased, and practical information about chemical performance enhancement. Through decades of research and extensive real-world experience, I've come to recognize the power and pitfalls of these potent compounds. You can make some good gains without risking your health with proper knowledge and responsible use.

The world of anabolic enhancement is shrouded in controversy and misinformation. My goal is to clear the fog with clarity. Whether you are a seasoned bodybuilder, an athlete looking for that competitive edge, or a newcomer curious about the effects of these drugs, this book aims to equip you with the knowledge you need to do this right.

As an advocate for safety and ethical responsibility, I emphasize the importance of understanding both the legal implications and health risks associated with the use of performance-enhancing drugs. This book does not endorse the illegal or unsafe use of steroids or other drugs.

I have always believed that education is the most powerful tool we have. By sharing detailed drug profiles, user experiences, and the latest scientific research, this book serves as an essential resource for anyone looking to understand the impact of these drugs on human health and athletic performance.

UNDERGROUND ORAL STEROIDS HANDBOOK

The landscape of anabolic enhancement is continually evolving, with new research and substances emerging at a rapid pace. This book provides a solid foundation, but it is only the beginning. I encourage you to keep learning, stay informed, and approach anabolic enhancement with both curiosity and caution.

Thank you for trusting me as your guide. Let's embark on this journey together.

George Spellwin
Research Director

George Spellwin
elitefitness.com