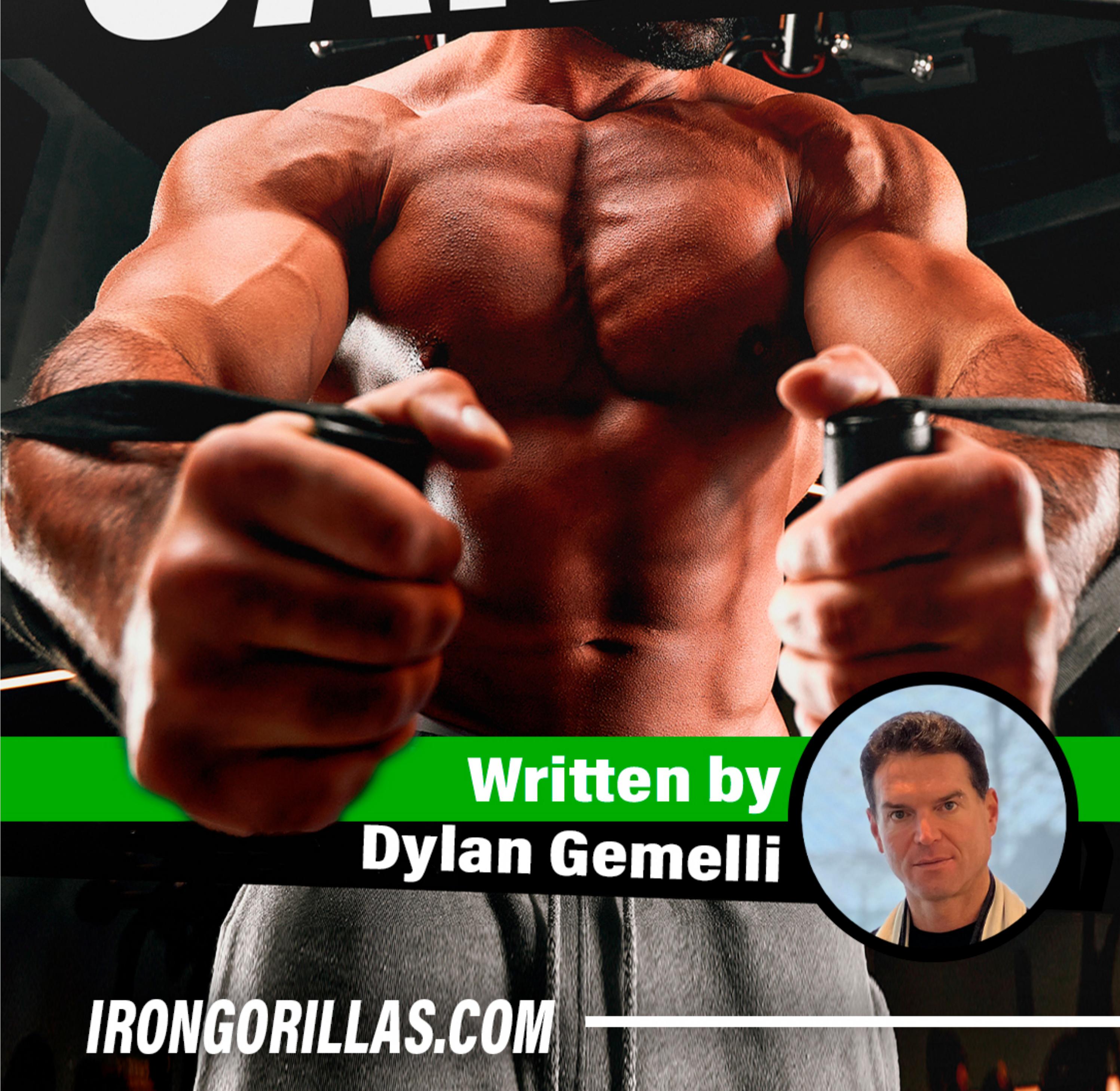


BIONIC SARMS



**Written by
Dylan Gemelli**



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This book, "**Bionic SARMs**," provides information on Selective Androgen Receptor Modulators (SARMs) for educational purposes only. By downloading, accessing, reading, and using this book, you acknowledge and agree to the following:

Informational Purposes: The content within this book is intended solely for informational purposes and should not be considered medical advice, diagnosis, or treatment. The authors and publishers are not medical professionals, and the information presented here should not replace consultation with a qualified healthcare provider.

Consultation with a Doctor: Before considering using any substances, including SARMs, it is essential to consult with a licensed medical practitioner. Only a qualified healthcare professional can provide personalized advice based on your specific health needs and circumstances.

Misuse Responsibility: The authors of this book and any websites distributing it are not responsible for any misuse of the information provided. Any decisions you make regarding the use of SARMs or related substances are your own, and you assume full responsibility for the consequences of such decisions.

Legal Compliance: The sale, possession, and use of SARMs and similar compounds may be subject to various laws and regulations in different countries and regions. You are responsible for researching and adhering to all applicable laws and regulations regarding these substances in your jurisdiction. We do not condone or support any illegal activities related to these substances.

DISCLAIMER

Athletic and Sporting Regulations: Athletes and individuals participating in organized sports or competitions must adhere to the rules and regulations set forth by their respective sports organizations, leagues, or governing bodies. The use of certain substances, including SARMs, may be prohibited by such organizations, and violations could result in serious consequences. It is your responsibility to understand and comply with these rules.

This book serves as an educational resource about SARMs, but it is not a substitute for professional medical advice. We strongly encourage you to consult with a qualified healthcare provider before making any decisions related to the use of SARMs or similar substances. Additionally, please be aware of and comply with all relevant legal and sporting regulations in your area. The authors and publishers of this book disclaim any liability for actions taken based on the information provided herein.



1. MEET THE SARM EXPERT – **DYLAN GEMELLI**

Dylan Gemelli is a prominent figure in the fitness and biohacking industry. He is known for his expertise in health, fitness, and performance enhancement. Dylan is the creator of the Dylan Gemelli Podcast, which features enlightening discussions with experts and influencers in the health and wellness space. His work focuses on improving the quality of life through biohacking, fitness, and longevity strategies. He is currently working on his master's degree in dietetics along with certifications as an integrative health professional and cellular health advisor.

Dylan has also been involved in educating people about topics like testosterone replacement therapy (TRT), peptides, SARMS, and supplements. He has built his Instagram page to over 1.5 million followers and has a very strong presence on YouTube, where he has multiple successful channels, including Dylan Gemelli Biohacking, which features hundreds of videos on health, fitness, and biohacking. His podcast is featured on Apple, Spotify, iHeart Radio, Amazon and other major platforms, revolutionizing the podcast industry with his wide array of topics and appealing guests. He also has a separate channel specifically for The Dylan Gemelli Podcast on YouTube. His podcast has already generated some of the top names in the health, wellness and biohacking industry. Dylan is represented by the top podcast booking agency in the world, That 1 Agency. He has featured names such as Dr. Steven Gundry, Fitness Hall of Famer JJ Virgin, Former UFC Women's Champion Miesha Tate, Don Saladino and many more! He is also a highly accomplished public and motivational speaker and spoke on the big stage at the 60th anniversary of the Mr.Olympia in 2024!

Dylan is a God first family man that has his sights set on not only helping others to improve their health, wellness and quality of life but to also be an inspiration to everyone!

1. MEET THE SARM EXPERT – DYLAN GEMELLI

Here are all my links:

YouTube Channels:

- [Dylan Gemelli Biohacking](#)
- [The Dylan Gemelli Podcast](#)



RSS

- [The Dylan Gemelli Podcast](#)



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YOURS TRULY

DYLAN GEMELLI

2. WHAT ARE SARMS?



The term “SARM” is an acronym for Selective Androgen Receptor Modulator. These are a class of drugs known for their performance-enhancing abilities. They are similar to anabolic steroids but are engineered to offer targeted effects to minimize side effects. The pharmaceutical industry initially developed SARMs to address diseases such as muscle degeneration and osteoporosis, among others, hoping to provide a safer alternative to steroids for some medical treatments. However, their usage has since extended into the world of fitness and bodybuilding for their muscle growth, strength enhancement, and fat reduction properties.

Note: While MK 677, SR-9009, and GW-501516 are commonly referred to as SARMs, they do not affect the Androgen Receptor and thus are not true SARMs. To keep it simple, we will refer to these three as SARMs for the rest of this book.

Critical Characteristics of SARMs

Selective Action: SARMs were designed to bind selectively to androgen receptors in muscle and bone. This selectivity is what gives SARMs their reputation for having fewer side effects compared to anabolic androgenic steroids.

The main reason bodybuilders and athletes are drawn to SARMs is the promise of building lean muscle mass. Many SARMs like RAD-140, YK-11, and LGD-4033 are known for their ability to help build muscle mass faster.

Fat Loss: Cardarine GW-501516 is a PPAR agonist that aids in fat loss and endurance. It is very well known by athletes for its ability to enhance cardio endurance and make fat loss easier. As stated earlier, GW-501516 is not a true SARM since it has no interaction with the AR receptor.

2. WHAT ARE SARMs?

Improved Bone Health: Some SARMs are being studied for their potential to improve bone density and health. One in particular, Ostarine MK-2866, is the SARM mainly used by people trying to help heal bone and tendon injuries. Ostarine's ability to heal bone injuries far exceeds that of any Anabolic Steroid.

Mechanism of Action

Targeting Androgen Receptors

Androgen Receptor Binding: SARMs work by binding to androgen receptors, which are found in various parts of the body, notably in the muscle and bone cells.

Anabolic Effect: When they bind to these receptors, SARMs elicit an anabolic effect, encouraging the growth of muscle tissue and improving bone density.

Selectivity in Action

Tissue Selectivity: The primary appeal of SARMs is their selectivity, intending to target specific tissues (like muscle and bone) and sparing others (such as the prostate, hair follicles, or sebaceous glands) from androgenic effects.

Reduced Side Effects: The selectivity is aimed to provide the same muscle-building benefits of androgenic steroids without a host of side effects commonly associated with anabolic androgenic steroids (AAS).

Hormone Impact

Hormonal Balance: SARMs can impact the endocrine (hormonal) system, potentially disrupting the natural testosterone levels in the body. Though, this is easily remedied with mini-PCT.

2. WHAT ARE SARMS?

No Conversion: As far as we know today, SARMs do not convert to active metabolites that can affect your body in any way. Once the SARM you are using today has done its job, it will be metabolized and excreted without causing any further impact. Conversion to other active hormones is one of the main reasons why using androgenic steroids like testosterone can cause serious side effects. In the case of testosterone, it will convert to other hormones, such as Estrogen and Dihydrotestosterone, both of which can cause undesirable side effects.

3. ARE SARMS SAFE?



SARMs get a bad reputation around the internet for being unsafe due to the sheer number of fake products being mislabeled as SARMs. This was proven by a study by Dr. Shalendar Bhasin, a research program director of a major Northeast hospital.[1]

In this journal, he analyzed 44 products labeled as SARMs that he purchased online from random sources. He found that half the products did not contain a single milligram of any actual SARM ingredient. The other half that did have some SARM in the bottle did not include the specific one advertised on the label or were underdosed. This poses a massive problem for this industry since the people selling these products never genuinely know what they are selling to their customers in the first place. This is the problem in an industry that attracts shady criminals who only care about making a quick buck and neglect basic quality control out of incompetence, greed, or laziness.

Selling prohormones as SARMs:

There was a time in the United States when you could go online with a credit card, legally purchase prohormones, and have them shipped to your door. This led to many side effects by customers unaware of how dangerous these products could be. Teenagers who thought, since it was something legal online, that it would be safe for them to use were ending up with liver problems, gynecomastia, reproductive dysfunction, and aggression issues.

The federal government finally had enough of angry parents wanting to know why these toxic drugs making their children sick were so easily available online, so they finally stepped in and took them off the market.[2]

3. ARE SARMS SAFE?

Companies were sitting on millions of dollars worth of prohormones, so some fought back over losing money. Those who dared to defy the feds ended up being sued, arrested and put out of business. Companies decided instead of fighting the Feds, they would be better off just trying to lay low and outsmart them. So they took all those prohormones and started selling them as SARMs and other supplements. This is known as 'spiking', a huge problem in the supplement industry since the FDA does not have the human resources to police the industry thoroughly. It is estimated that only 2% of all supplements are even tested, so the majority of supplements being sold today will never be tested at all.[3]

Now you see why certain users of what they think are SARMs report dangerous side effects. They aren't taking SARMs at all; these are taking prohormones!

Selling other compounds as SARMs:

Another common scam from dishonest SARM companies is spiking their products with other compounds such as DNP and Clenbuterol.

2,4-Dinitriophenol (DNP) is a dangerous compound used in explosives manufacturing as a pesticide and herbicide. It has weight loss effects but is very risky to use. The reason it is so hazardous is if you take too much of it, then it will cook you from the inside out, and they won't be able to get your body temperature down since it has such a long half-life.[4]

DNP has been found to be spiked in cutting SARMs like GW or SR-9009.

Another problem is spiking with Clenbuterol. Clen is a drug used to help with asthma. When you use it at high dosages, it can work as a fat-loss agent and stimulant, although it is a miserable drug to use because of the high side effects, including stroke. Much like DNP, Clen is popularly used to spike SARMs due to it being such a cheap drug.

3. ARE SARMS SAFE?

In both cases, this mislabelling of SARMs can lead to stroke or death, further giving SARMs a bad reputation.

Liver Toxicity from SARMs:

Bloodwork never lies, and I have seen many bloodwork panels from different people over the years, plus my bloodwork when using SARMs. I can now safely conclude that SARMs do not cause liver toxicity when used solo at reasonable dosages. The only time you will see some liver toxicity is when you stack many SARMs together and/or when you use very high dosages. This is because any foreign substance can affect the liver, as it has to break down and process blood, which means more work for it, hence more strain.

Those who do end up with severe liver side effects, such as jaundice, are victims of using prohormones instead. Actual SARMs do not cause such a severe condition to occur, and you are welcome to test this out by using them and getting blood work done.

That said, there are some liver effects from SARMs, and it is recommended you use N2Guard while on it just as you would on any PED cycle.

I was able to find one case of a young man who had liver issues on RAD-140.[5]

A couple of problems, though, with this. First, he was running a very high PED dosage of RAD at 15mgs per day for 5 weeks. We do not know for sure if his product was spiked or not, but let's say it wasn't. The report also showed that he was also taking aspirin, Tylenol, and caffeine. We know that these drugs alone can cause liver stress. What we can learn from this story is to not use PEDs when you are abusing your liver with other drugs.

3. ARE SARMS SAFE?

Cancer with SARMs

Cancer with SARMs has been pushed quite a bit as a scare tactic to prevent people from using them. The main culprit was a very flawed study that was done on rats who were given GW.[6]

The problem with this study is that it was not realistic for the real-world use of GW. First off, they ran the drug for 2 years straight in a rat, which is like if a human were to run GW their entire life. Also, the dosages were extremely high, 20-30X what a regular dose should be. It is fair to assume that if you were to take any drug at that dosage and for that long, you could develop health complications.

There are also competing studies that showed GW helped inhibit tumors and inhibited cancer cells. In fact, this is one of the benefits they noticed during drug trials.[7]

Other studies showed that animals benefited from GW in that it protected against obesity, helped prevent type 2 diabetes, and also helped with cholesterol levels.[8]

Real-world SARMs safety

We have 15 years of SARM use under our belts in the fitness community, and there have been many success stories of these compounds' benefits. I strongly recommend you buy SARMs from a legitimate source so you know that you are using the real stuff, get your bloodwork done, and use these products correctly at no more than 12-16 weeks maximum. If you follow that, you will be able to safely use them to your advantage.

4. ARE SARMS LEGAL?

In the USA today, SARMs are legal for research use. So, if you purchase them from a website that says it's for research use only, that means they are selling the SARMs fairly legal OTC. While the FDA has sent some warnings to SARM companies, generally, there is no regulation pertaining to SARMs in 2023 at the time of the update we did on this book. We don't foresee SARMs being banned or scheduled in the current situation. They will likely stay in the 'research' lane for the next 3-5 years.

Worldwide, the legal classification of SARMs varies by country.

United States 

Limited to Research: SARMs are legal for research purposes in the USA but not authorized for human use.

United Kingdom 

Prescription Status: In the UK, SARMs can be legally purchased and used but not sold or supplied without a prescription.

Canada 

Limited to Research: SARMs are legal for research purposes in Canada but are not authorized for human use.

Australia 

Strict Regulation: SARMs are regulated under Schedule 4 of the Therapeutic Goods Administration, meaning they require a prescription.

European Union 

Varying Regulations: In the EU, different member states have divergent regulations regarding SARMs, though they generally remain unauthorized for human consumption. However, in many places, it is legal for research use.

Sports Anti-Doping Agencies 

Prohibition in Sports: Organizations like the World Anti-Doping Agency (WADA) have enlisted SARMs on their prohibited list. Athletes subject to anti-doping rules are prohibited from using them both in and out of competition.

5. WHERE TO BUY SARMS?

As of today, SARM ingredients are not regulated by any government body. This means quality can vary widely from supplier to supplier, and the market is full of products that may not contain what's listed on the label.

If you want to know where to buy SARMs that are actually tested, proven, and legitimate, the best approach is to visit the most trusted steroid source forums. These communities are full of experienced users who discuss real-world results and vet sellers regularly. The sponsors on these forums are typically the ones delivering quality today — because in these spaces, bad sources get exposed quickly.

Top Forums Where You Can Find Trusted SARM Sources:

EliteFitness.com



Evolutionary.org



5. WHERE TO BUY SARMS?

MuscleChemistry.com



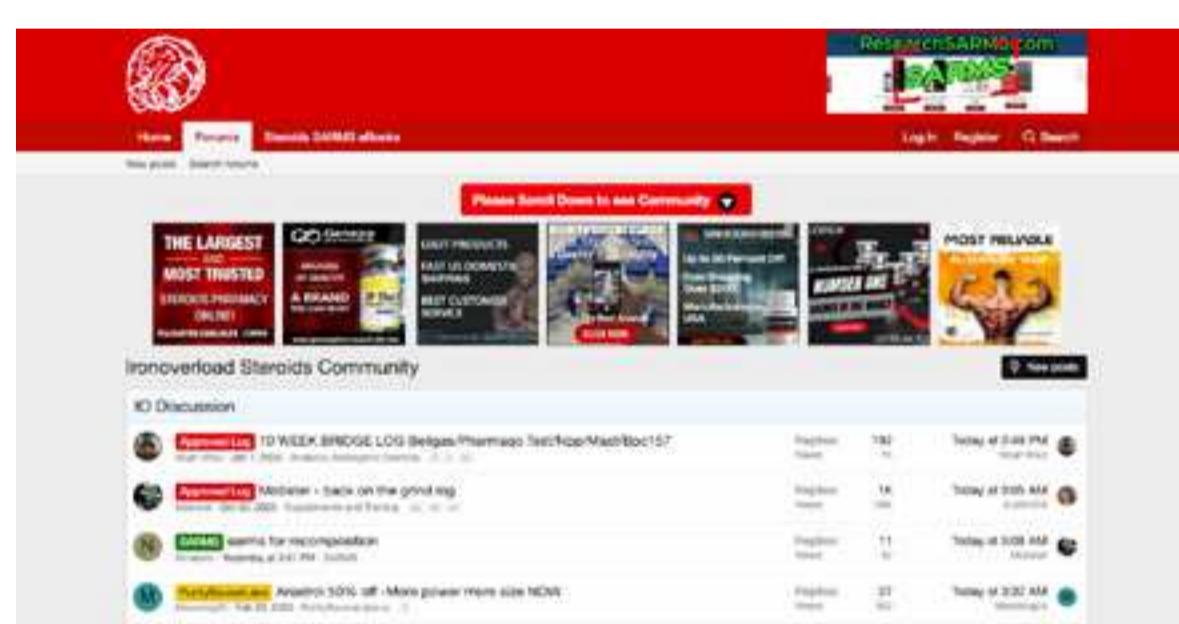
Meso-Morph.com



Anabolex.com



IronOverload.io



Each of these forums has active members posting product reviews, bloodwork results, and source feedback daily. Spend some time browsing the threads, ask questions, and read the logs — this is how you'll find the suppliers that are still legit today.

Independent third-party testing and real-user reviews are your best defense. Stick with what's working right now in the trenches, and never rely solely on ads or social media hype.

6. SARMS PROFILES

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In this section, you will find individual profiles with the most essential information about each drug. We have only listed the compounds that are commercially available today.

6.1 - CARDARINE GW-501516

Cardarine is the popular name for the research drug GW-501516, which embodies a remarkable compound initially designed by Ligand Pharmaceuticals and GlaxoSmithKline in the 1990s. This compound was developed to bring a drug to market that could guard against metabolic and cardiovascular diseases.

As stated earlier in this book, while Cardarine is lumped in the same category as SARMs (selective androgen receptor modulators), it has no effects on the Androgen Receptor, so it is not a SARM; in actuality, it is a PPAR δ (Peroxisome Proliferator-Activated Receptor delta) agonist. We'll talk about this a bit later.

What can you expect from using Cardarine (GW-501516)?

- Fat loss
- Endurance increase (Cardio boost)
- Cholesterol improvements

Therapeutic Aims and Benefits

Initially, the development of GW-501516 was aimed at treating the following health conditions:

Obesity: By targeting fat stores and enhancing metabolic activity.

Diabetes: Through the modulation of metabolic pathways.

Lipid Strain: By positively influencing cholesterol levels.

Cardiovascular Diseases: Through its impact on lipid profiles and energy expenditure.

Fitness Benefits

Bodybuilding and fitness users have reported substantial improvements in cholesterol levels, with LDL/HDL leveling out after usage. Also, most users report significant gains in endurance during cardio. Some anecdotal evidence suggests

6.1 - CARDARINE GW-501516

a boost of 100% in cardio output by using Cardarine.

The biggest plus of GW-501516 is the fat loss, and many users report “body fat melting off” as they use Cardarine.

Mechanism of Action: PPAR δ Agonist

Cardarine acts as a PPAR δ (Peroxisome Proliferator-Activated Receptor delta) agonist. PPAR δ is one of the isoforms of PPARs, with others being PPAR α and PPAR γ . These receptors play a vital role in the metabolic process, specifically in the expression of genes involved in energy expenditure, lipid metabolism, and insulin sensitivity. GW-501516, in particular, has garnered attention for its potential to enhance fatty acid metabolism and increase energy output, especially in muscle cells.

Dosing and Administration

A daily dosage of 10-20 milligrams of Cardarine is typically recommended for both men and women. Given its half-life of 20-24 hours, a single daily dosage is deemed to be effective for maintaining stable concentrations in the blood.

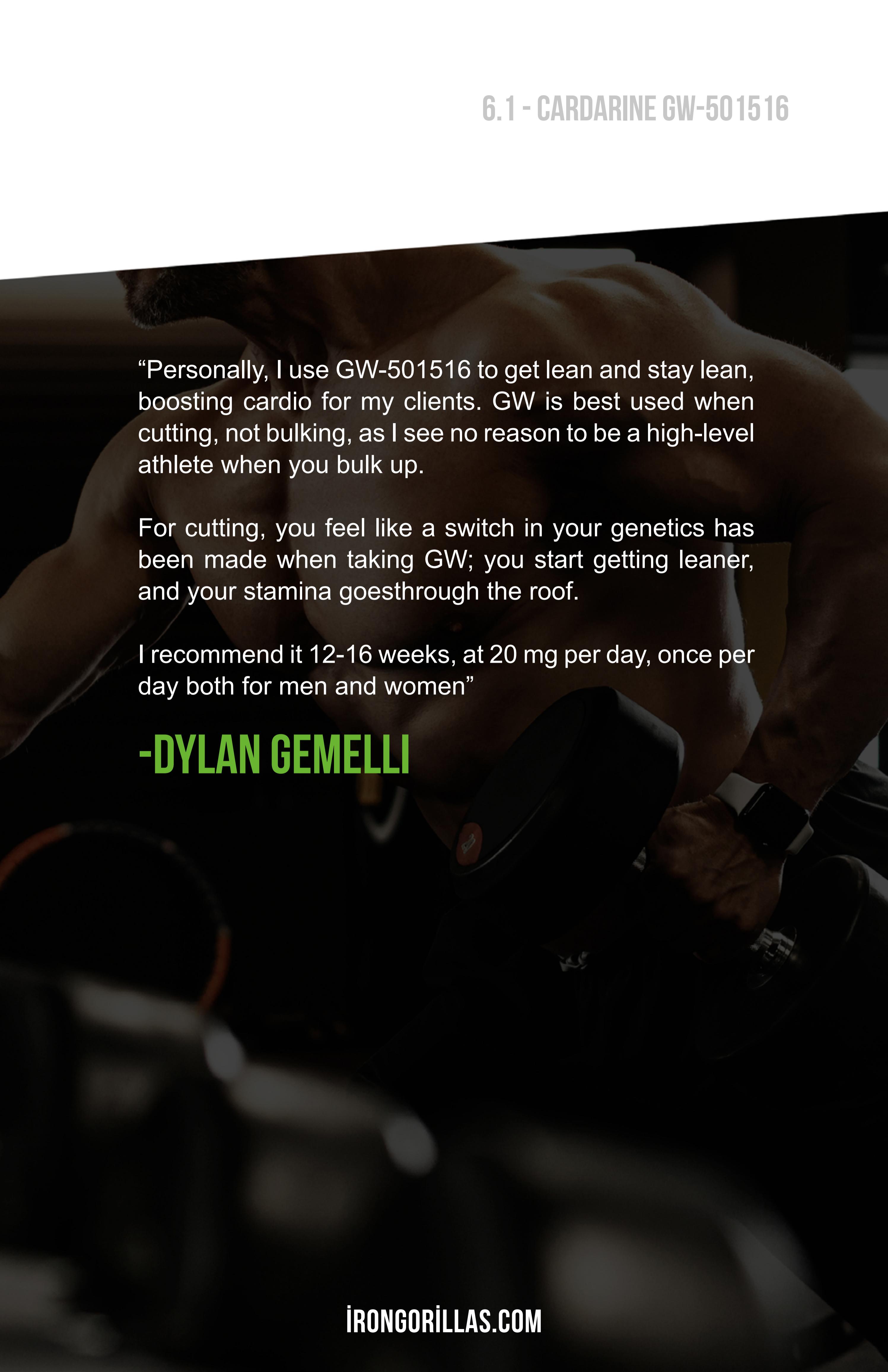
Side Effects and Controversies

Since Cardarine is typically well-tolerated and is not associated with hormonal imbalances, it doesn't require post-cycle therapy (PCT). Use it and forget it kind of SARM.

Legal Considerations

Cardarine is legal for research use. However, it's critical to note that GW-501516 has been enlisted on the World Anti-Doping Agency's list of prohibited substances. So, if you're a tested athlete, be careful with GW.

6.1 - CARDARINE GW-501516



“Personally, I use GW-501516 to get lean and stay lean, boosting cardio for my clients. GW is best used when cutting, not bulking, as I see no reason to be a high-level athlete when you bulk up.

For cutting, you feel like a switch in your genetics has been made when taking GW; you start getting leaner, and your stamina goes through the roof.

I recommend it 12-16 weeks, at 20 mg per day, once per day both for men and women”

-DYLAN GEMELLI

6.2 - STENABOLIC SR-9009

Stenabolic, known by its research name SR-9009, was developed by Professor Thomas Burris at The Scripps Research Institute. SR-9009 has been a subject of interest among medical researchers for its prospective applications in managing metabolic syndromes, enhancing endurance, and contributing to weight loss. This drug is a synthetic molecule that modulates REV-ERB proteins.

REV-ERBs are nuclear receptors, and they are found in various tissues throughout the body. These receptors are particularly prevalent in metabolic tissues such as the liver, adipose tissue (fat cells), and muscle. The distribution of REV-ERBs in these tissues underscores their role in regulating metabolic processes. SR-9009 modulates the action of these receptors, leading to the desired outcome of enhancing performance.

This mode of action means that SR-9009 is not a SARM. Despite being used along with SARMs, it does not affect the Androgen Receptors.

Forum users adding Stenabolic to their cutting cycles report the following positive effects:

- Bodyfat loss
- Increase in the metabolic rate
- Increase in Endurance
- Decrease of inflammation
- Decrease in bad cholesterol

Mechanism of Action

Targeting REV-ERBs, it functions by modulating REV-ERB proteins (REV-ERB α and REV-ERB β), which play a pivotal

6.2 - STENABOLIC SR-9009

role in regulating the expression of genes implicated in lipid and glucose metabolism, thereby influencing circadian rhythms and metabolic output.

Therapeutic and Performance Applications

Metabolic Enhancement: Early research indicates a potential to modulate metabolic activities, impacting factors like glucose metabolism and lipid storage.[10]

Endurance Improvement: Animal studies have suggested an ability to enhance endurance levels.[11]

Circadian Rhythm Modulation: Its interaction with REV-ERBs, which are critical in maintaining circadian rhythm, positively influences sleep and wakefulness patterns.

Dosages: Anecdotally, doses range from 20-30mg per day, divided into multiple administrations due to its relatively short half-life of approximately 4 hours. Generally, we like to see 5mgs of Steanbolic every 3 hours for 4 doses, a total of 20mgs, timed mainly around training.

Side Effects and Risk Assessment: Animal studies have provided initial insights, showing SR-9009 to be safe. Anecdotally, SR-9009 is well tolerated by users and has no hormonal side effects.[12]

6.2 - STENABOLIC SR-9009

"I used Stenabolic a few times, but I didn't like the frequent dosing schedule. If you compare SR-9009 to Cardarine, I would pick Cardarine just because it's easier to use. But if combined, I find they work in synergy, with my recommended stack being 20mgs GW-501516 and 20mgs Stenabolic SR-9009. I've had many cardio marathons that I've done on GW and SR and can speak highly of the endurance-boosting benefits."

-DYLAN GEMELLI

"I have tried both, and I can tell you that I loved both just the same. Both have their advantages, and their disadvantages. In terms of athletic performance they are very similar. Cardarine has the advantage of a longer half life, so you can take it just once per day. However, it does not have the additional benefits of SR-9009, such as the lowering of blood sugar and increasing of insulin sensitivity. On the other hand, SR-9009 needs to be taken several times per day for optimal results, and many times I found that very inconvenient. It is definitely worth giving both of them a try, and seeing by yourself which one is best."

-LEV BUTLEROV EVOLUTIONARY.ORG/FORUMS

6.3 - TESTOLONE RAD-140

Testolone, scientifically known as RAD-140, is a SARM developed by Radius Pharmaceuticals. RAD-140 has garnered attention for its potential applications in the treatment of muscle-wasting conditions and osteoporosis.

Therapeutic Potential and Applications

The development of RAD-140 primarily focuses on providing therapeutic benefits such as:

Muscle Wasting Mitigation: By potentially enhancing muscle mass and strength without the side effects commonly associated with steroids.

Bone Health: Aiming to improve bone density and overall bone health, particularly beneficial in conditions like osteoporosis.

Breast Cancer Treatment: Some studies suggest potential applicability in treating breast cancer due to its ability to modulate androgenic activity.

Mechanism of Action

RAD-140, like other SARMs, is engineered to target androgen receptors selectively, which theoretically allows for the benefits of anabolic steroids (such as muscle growth) without undesirable side effects. The compound interacts predominantly with androgen receptors in muscle tissues and bones, avoiding unwanted systemic impacts and reducing the risk of notable side effects experienced with the use of steroids.

6.3 - TESTOLONE RAD-140

Dosage and Use

Although a universally accepted dosage is yet to be established, bodybuilders and fitness guys often use a daily dosage ranging from 10mgs to 30mgs. RAD-140's half-life is estimated to be around 12-18 hours, suggesting that a single daily dosage could be sufficient. However, we suggest a dosing protocol of 20mgs of rad-140 per day split dose, 10mgs AM and 10mgs pre-workout, or on days off around 2-3pm.

Side Effects and Safety

Preliminary studies and anecdotal reports suggest Rad-140 is well-tolerated. However, a mini-pct is suggested post RAD-140 use.

6.3 - TESTOLONE RAD-140

"The main thing with RAD-140 is its' ability to give you lean muscle tissue without body fat gains. I would say it makes RAD probably the most sought-after SARM. Think about it: getting lean and increasing muscle mass is the dream of most guys who step foot in the gym.

For doses, I found 20mgs/day to be the optimal dose. Around 20mgs, you'll feel a mental element with RAD-140; it will give you motivation in the gym to train with higher intensity, even on your bad days.

You can go up to 50mgs/day on RAD, but I don't suggest it. I got some mood swings at that dose, almost like being on high doses of steroids. Though I could feel muscle hardness, and the mirror look was amazing, I didn't like the sides at the high dose.

For women, stay with 10mgs per day and try not to go too high with the doses on RAD."

-DYLAN GEMELLI

"RAD-140 is a very interesting compound, and I really like it. Indeed, it is pretty unique, as it will increase testosterone levels in quite a prominent way, but yet there will be no side effects related to this increase. For instance, in a scientific study it was determined that you would basically need 60 times more RAD-140 than testosterone in order to see any prostate enlargement. What's more, when RAD-140 was administered together with testosterone, it would suppress testosterone's effects on the prostate, which is also pretty damn great. All in all, it is a compound that really works, and has a lot of benefits. I have used it too, but for some reason (still don't know why), I did not take any before-after pics - this cycle was quite spontaneous, and the results were great. Just make sure to be getting the real RAD-140 from such source as researchchemicals.co"

-LEV BUTLEROV EVOLUTIONARY.ORG/FORUMS

6.4 - OSTARINE MK-2866

Ostarine, scientifically named MK-2866, is among the most prevalent SARMs that have become popular in fitness and bodybuilding. Initially developed by Merck & Company and later by GTx Inc., its primary intent was to treat muscle-wasting conditions and osteoporosis. It's widely used in fitness for its muscle-building and fat-loss potential.

Potential Benefits

Muscle Growth: Ostarine can stimulate muscle growth by binding selectively to androgen receptors.

Bone Health: Initial studies have suggested it enhances bone strength and health.

Fat Loss: Anecdotally, users have reported fat loss while maintaining muscle mass. Recomping.

Injury Recovery: Many users experience an expedited recovery process from injuries.

Mechanism of Action

Ostarine selectively binds to androgen receptors in the body. It is designed to exert its effects predominantly on muscular and skeletal tissue, thereby driving muscle growth and bone strengthening with minimized side effects often associated with steroids.

Dosage and Usage Dynamics

Ostarine, in the context of bodybuilding or fitness, is usually taken everyday ED with a dose of 50mgs milligrams. Though dosages typically range from 10mg to 50mg per day.

Side Effects

Side effects of Ostarine are generally minimal, yet they may include:

Alteration in cholesterol levels.

Potential impact on liver enzymes.

6.4 - OSTARINE MK-2866

Using Ostarine in PCT

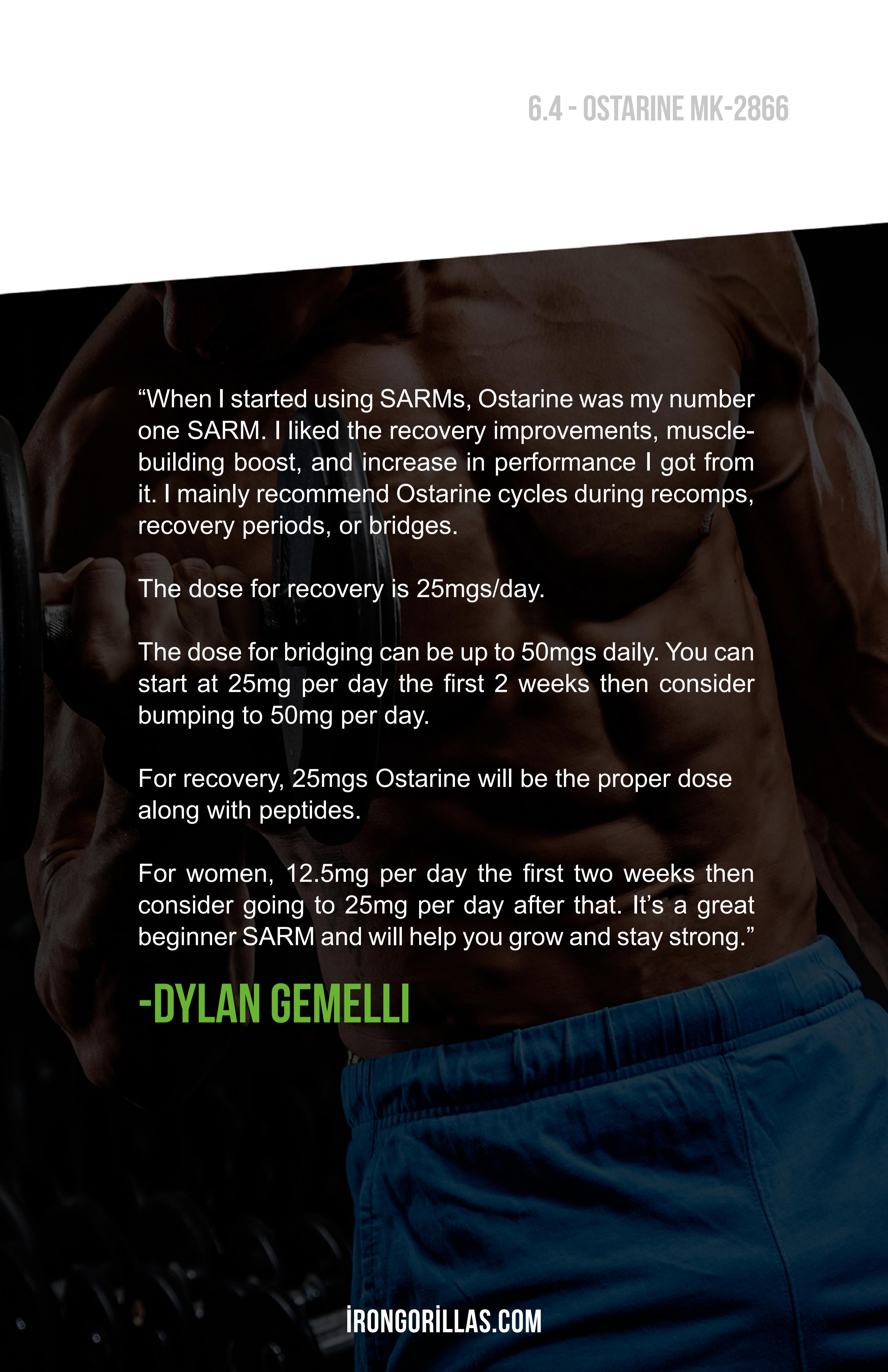
The utilization of Ostarine as part of a PCT protocol is based on its ability to help maintain muscle mass and prevent catabolism during a period when the body's endogenous testosterone levels might be low (post-cycle).

Preventing Muscle Loss: Ostarine can help preserve muscle mass when endogenous testosterone levels are below the optimal range.

Testosterone Recovery: Being a milder alternative to anabolic steroids, Ostarine might offer anabolic benefits with less harsh suppression of natural testosterone production during PCT.

Potential for Suppression: While often perceived as mild, Ostarine does have the potential to suppress endogenous testosterone production, which might counteract the objectives of PCT. This generally happens at higher doses, over 50mgs per day, so we suggest that you use around 12.5mgs of MK-2866 ED along with Nolvadex (Tamoxifen) to increase your post-cycle recovery speed during PCT.

6.4 - OSTARINE MK-2866



“When I started using SARMs, Ostarine was my number one SARM. I liked the recovery improvements, muscle-building boost, and increase in performance I got from it. I mainly recommend Ostarine cycles during re comps, recovery periods, or bridges.

The dose for recovery is 25mgs/day.

The dose for bridging can be up to 50mgs daily. You can start at 25mg per day the first 2 weeks then consider bumping to 50mg per day.

For recovery, 25mgs Ostarine will be the proper dose along with peptides.

For women, 12.5mg per day the first two weeks then consider going to 25mg per day after that. It’s a great beginner SARM and will help you grow and stay strong.”

-DYLAN GEMELLI

6.5 - ANABOLICUM (LIGANDROL) LGD-4033

Ligandrol, known by its research name LGD-4033 or common name Anabolicum, is a Selective Androgen Receptor Modulator (SARM) initially developed by Ligand Pharmaceuticals.

Benefits

Muscle Mass Gain: Ligandrol is lauded for its potential ability to promote muscle growth without the unwanted side effects commonly seen with anabolic steroids.

Bone Density Improvement: Research studies have indicated potential benefits regarding bone health and increased bone density.

Strength Enhancement: LGD-4033 has the ability to enhance strength—up to 30% in many cases.

Mechanism of Action

LGD-4033 selectively targets androgen receptors in muscle and bone tissue, promoting increased muscle mass and bone density. Due to its selective action, it's believed to offer anabolic benefits while minimizing androgenic side effects. It's one of the only SARMs with a clear anabolic effect on the body.

Dosage and Cycle Information

The typical dose ranges from 5mg to 10mg per day. Based on anecdotal reports, we see some users going to 20mgs per day or higher, but we don't recommend it.

Potential Side Effects

While LGD-4033 is often promoted as a “safe” option, it has some side effects. Including dose-depending suppression of your testosterone levels. So, the higher your dose, the more suppression you get.

6.5 - ANABOLICUM (LIGANDROL) LGD-4033

Liver Stress: Like many oral agents, it could place stress on the liver.

Fatigue and Headaches: Some users have reported experiencing increased fatigue and headaches while using LGD-4033. Fatigue affects around 30% of users, while headaches affect around 5%.

PCT with LGD-4033

After taking LGD, we suggest the user go on a mini-pct. Nolvadex and a testosterone booster should help. Around 10-20mgs nolvadex per day with roughly 3-5 capsules of HCGenerate testosterone booster for four weeks.

6.5 - ANABOLICUM (LIGANDROL) LGD-4033

"I believe LGD is one of the strongest SARMS for size and strength. I've seen guys use 100mgs of LGD per day, and I've seen guys using 10mgs per day.

Professional bodybuilders have also utilized LGD-4033 in their regiments, with anecdotal evidence showing the average dose for them at 50mgs ED. Let me be clear: I never recommend exceeding 10 mg per day regardless of what I have seen. The biggest problem with LGD at the high-end dose is water retention and headaches, with some fatigue.

The headaches are experienced by high-dose users, and even in that case, only around 5%. While I have seen females use LGD, I suggest women stay around the 2.5mgs mark and never go over four weeks with LGD."

-DYLAN GEMELLI

"Oh I forgot to mention one other thing, this is a really cool thing I seem to notice about LGD: It seems to be speeding up muscle recovery. I normally get DOMS but when taking LGD it seems like muscle soreness is a thing of the past. I'll have to see if this is really true next week when I do more lifting, but so far it seems like this stuff makes my muscles recover much quicker. For example last week I got a new PR on push press, 30 pounds more than I had ever lifted before, and my shoulders never got sore after that workout. Since I got a PR and it was really hard, I was definitely pushing myself, and when I push myself and lift heavy I always get sore from it, usually I'm sore the next day, then MORE sore the 2nd day, then it takes a couple days to not be sore any more. This time, I almost felt like I started getting sore the same day, then the next day I felt a tiny bit sore, hardly enough to notice, then it was done, no more soreness. I was really surprised. Anyway so far it seems like muscle recovery is amazing with this stuff."

-TESTICLATS ELITEFITNESS.COM/FORUM

6.6 - IBUTAMOREN (NUTROBAL) MK-677

Ibutamoren, known as MK-677 or Nutrobal, is a non-peptidic agonist of the ghrelin receptor and a growth hormone secretagogue that enhances growth hormone (GH) levels. MK-677 is not a selective androgen receptor modulator (SARM), although it's often mistakenly categorized as one. It was initially explored for medical use, particularly in the treatment of growth hormone deficiencies and certain catabolic conditions.

Potential Benefits

Growth Hormone Elevation: MK-677 has shown the capacity to increase growth hormone and IGF-1 levels in scientific studies.

Increasing human growth hormone (HGH) levels provides several fitness and bodybuilding benefits. HGH is a peptide hormone the pituitary gland produces, and its levels naturally decline with age. MK-677 will increase your body's natural production of HGH.

Muscle Growth: Due to its impact on growth hormone levels, users often use MK-677 to grow muscle mass. HGH plays a crucial role in the synthesis of proteins in the muscle cells.

Fat Loss: Higher levels of HGH can promote the breakdown of fats and encourage the use of these fatty acids for energy, potentially aiding in fat loss and improving body composition.

Improved Sleep: Anecdotal reports suggest improved sleep quality among MK-677 users.

Enhanced Exercise Performance: The increase in HGH will contribute to improved exercise capacity and performance by promoting the development of lean body mass and supporting energy metabolism.

6.6 - IBUTAMOREN (NUTROBAL) MK-677

Joint and Bone Health: HGH is involved in synthesizing collagen, which is essential for maintaining the health and integrity of joints and connective tissues. HGH is associated with bone growth and mineralization, contributing to bone density.

Recovery and Repair: Increased HGH levels may accelerate the recovery process after intense exercise or injury by promoting tissue repair and reducing the time needed for recovery.

Anti-Aging Effects: Optimizing HGH levels may have anti-aging effects, improving skin elasticity and reducing the appearance of wrinkles.

Mechanism of Action

Ibutamoren mimics the action of the hormone ghrelin by binding to one of the ghrelin receptors (GHSR) in the brain. Activated GHSR stimulates the production of growth hormone from the brain, a function that can influence several physiological processes like muscle growth, metabolism, and energy distribution.

Dosage and Cycle Guidelines

An average dose for MK-677 is 10mg to 25mg per day. We like to see users start with 5mgs daily in the evening before moving on to higher dosages.

Potential Side Effects

Increased Appetite: Increased HGH levels increase appetite, a common side effect, potentially complicating dieting or cutting phases.

Water Retention: Users have reported experiencing bloating and mild edema, just like HGH injections.

Elevated Blood Sugar: Potential interference with insulin sensitivity and glucose tolerance can be experienced just as with HGH.

6.6 - IBUTAMOREN (NUTROBAL) MK-677

MK-677 is one of the most potent anti-aging compounds on the market today. Even at the moderate dose of 10mgs per day, you're releasing a significant amount of natural Growth Hormone. This is like an HGH kit in a bottle.

The downside of MK-677 use is the increase in appetite. You get hungry and fast. This is good for bodybuilders or gym guys who are bulking, but it's much harder to control when you're cutting. If you do end up using MK-677 when you're cutting to boost GH levels, you need to take an appetite-suppressing agent with it to be on the safe side. On the dose angle, I recommend 25mg per day, but even at doses of 12.5 mg per day, you can see nice results. Going beyond 25mgs per day is a waste and might produce negative sides.

-DYLAN GEMELLI

6.7 - ANDARINE S4

Andarine, commonly known by its research name S4, is a SARM initially developed by GTx Inc. Designed to treat conditions like muscle wasting and osteoporosis, Andarine has found its way into fitness and bodybuilding circles. It's mainly used to gain strength and stay lean.

Anticipated Benefits

Muscle Mass Maintenance: Andarine has the capacity to maintain and increase muscle mass, especially during caloric deficits.

Fat Loss: S4 can reduce body fat.

Bone Strength: Initially studied for potential benefits regarding bone health, it boosts bone density and strength.

Mechanism of Action

Andarine selectively binds to androgen receptors in muscle and bone tissue, theoretically promoting anabolic effects in these tissues. This selectivity enables muscle and bone strength benefits without introducing a host of androgenic side effects.

Dosage and Cycle Considerations

The basic dose for Andarine S4 is often between 25mg and 50mg per day. However, we have seen 100mgs/day doses, but side effects emerge at the higher dose level.

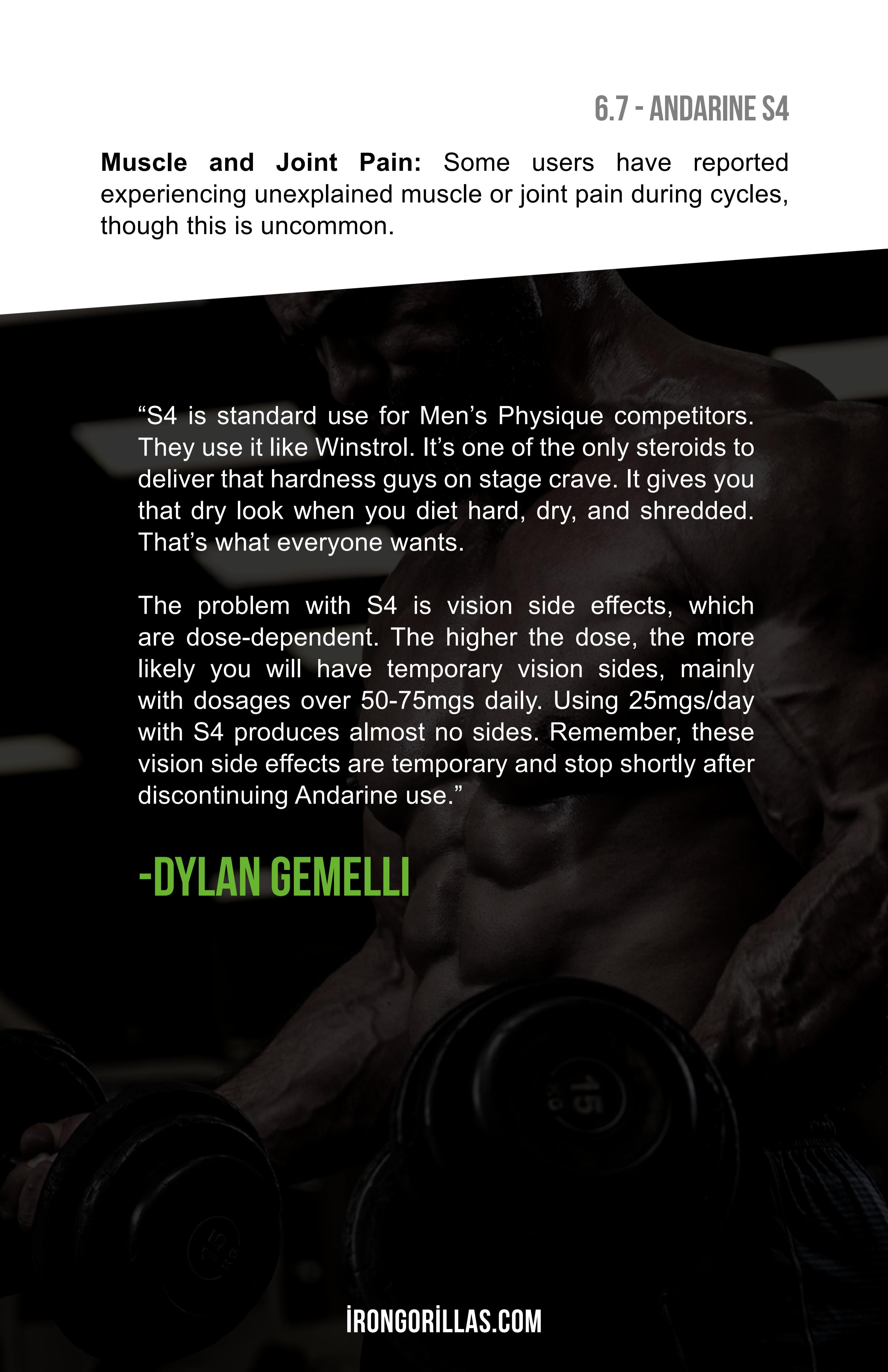
Potential Side Effects

Vision Disturbances: Unique to S4, some users report experiencing yellow tint and difficulties adapting to dark environments. This has no permanent impact on your vision and goes away after discontinuing S4, but we can see how that can be unnerving to users during the first time.

Hormonal Fluctuations: The suppression is mild, but it's there. S4 can be suppressive to the testosterone levels.

6.7 - ANDARINE S4

Muscle and Joint Pain: Some users have reported experiencing unexplained muscle or joint pain during cycles, though this is uncommon.



"S4 is standard use for Men's Physique competitors. They use it like Winstrol. It's one of the only steroids to deliver that hardness guys on stage crave. It gives you that dry look when you diet hard, dry, and shredded. That's what everyone wants."

The problem with S4 is vision side effects, which are dose-dependent. The higher the dose, the more likely you will have temporary vision sides, mainly with dosages over 50-75mgs daily. Using 25mgs/day with S4 produces almost no sides. Remember, these vision side effects are temporary and stop shortly after discontinuing Andarine use."

-DYLAN GEMELLI

6.8 - YK-11

YK-11 is a real Selective Androgen Receptor Modulator (SARM), though it distinguishes itself through its unique structure and mechanism. This molecule is often compared to the steroid Anadrol in terms of its effects.

Touted Benefits

Muscle Growth: YK-11 facilitates anabolic activity in the muscle, fostering muscle growth via anabolism.

Strength Enhancement: Anecdotal reports suggest high strength improvements, including lifting poundage increases by up to 90%.

Bone Health: YK-11 positively impacts bone health, helping you recover from injuries and keeping bones strong for heavy lifts.

Mechanism of Action

YK-11 works by selectively binding to androgen receptors in muscle and bone tissue, theoretically encouraging anabolic activity in these areas. Intriguingly, YK-11 is also a myostatin inhibitor. Myostatin is a protein that inhibits muscle cell growth, and thus, inhibiting myostatin supports enhanced muscle growth. It's the only anabolic myostatin inhibitor we've seen on the market that's scientifically proven.

Dosages

YK-11 doses range between 5mg and 10mg per day, but we have seen big bodybuilders go up to 20mg per day.

Possible Liver Toxicity

YK-11 has a methylated ester attached to it, basically methyl ester (somewhat like methyltest). As a result, it's highly bioavailable orally, but with this benefit comes the potential liver toxic downside.

6.8 - YK-11

While liver toxicity is no more than any steroid out there, it is likely 80% less. We suggest the use of an over-the-counter organ liver support supplement like N2guard.

"With 20mgs of YK-11, I had fast muscle gains, but when I went to around 50mgs YK-11, I found it to be like Anadrol. That includes the side effects.

In low doses of 5-10mgs, you can compare YK-11 to T-bol with light D-bol, but high doses close to 50mgs resemble Anadrol.... Let me make it clear I DO NOT recommend over 20 mg per day.

YK-11 is strong, so I suggest lower doses for a longer period of time, along with liver aids. While you can high dose it, do it five days on, two days off if you go into the 40-50mgs range ED."

-DYLAN GEMELLI

6.9 - S-23

S-23 is a true Selective Androgen Receptor Modulator (SARM). It was developed for therapeutic applications, mainly as a male hormonal contraceptive. It is one of the newer SARM compounds available on the market only a few short years ago.

Proposed Benefits

Muscle Mass Enhancement: S-23 can increase lean muscle mass and enhance endurance.

Androgen Receptor Binding: S-23 has a very high affinity for binding to the androgen receptor. Way higher than rad-140 or lgd-4033.

Fat Reduction: Many users have a drop in body fat during S-23 cycles.

Bone Health: S-23, in some anecdotal investigations, helps bone health, making stronger joints.

Mechanism of Action

S-23, like other SARMs, is believed to selectively bind to androgen receptors in muscle and bone tissues, ostensibly promoting increased muscle mass and bone density by stimulating anabolic activity in these tissues. The notion behind SARMs is that this selectivity allows for beneficial androgenic effects in targeted tissues without invoking undesired side effects typically seen with anabolic androgenic steroids.

Dosage and Cycle Protocols

Anecdotally, we see the dose of 10mg to 30mg per day. We would have most guys start with 10mgs.

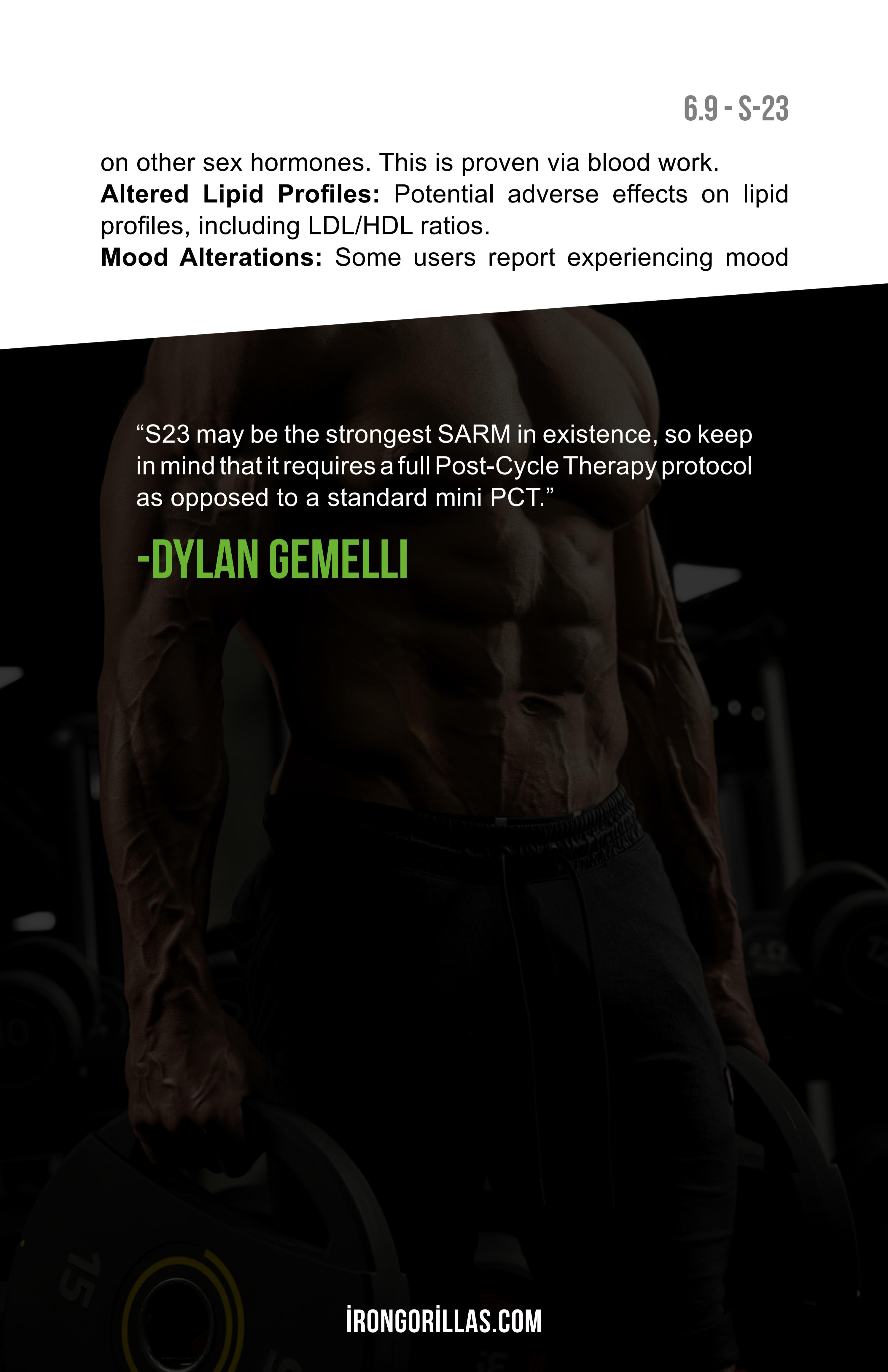
Potential Side Effects

S-23 suppresses testosterone levels, there is no doubt. There are reports of significant testosterone suppression and impact

on other sex hormones. This is proven via blood work.

Altered Lipid Profiles: Potential adverse effects on lipid profiles, including LDL/HDL ratios.

Mood Alterations: Some users report experiencing mood



“S23 may be the strongest SARM in existence, so keep in mind that it requires a full Post-Cycle Therapy protocol as opposed to a standard mini PCT.”

-DYLAN GEMELLI

7. DO I NEED PCT (POST-CYCLE THERAPY) AFTER USING SARMS?



We recommend always using proper post-cycle therapy (PCT) after running a SARMs cycle. However, the duration and dosing of the protocol will be much different than following an anabolic steroid cycle. However, this also depends on which SARMs you use and how much you run. An example is a study done on Ostarine MK-2866, which showed it was not suppressive when running at 3mgs per day or less.[13] The problem with studies like this is they ignore that a performance-enhancing drug (PED) dosage necessary to illicit the best gains in an athlete would be 10X that amount.

Another factor is that certain non-SARM drugs, including GW-501516 Cardarine, Nutrobal MK-677, and Stenabolic SR-9009, are not suppressive at all. These are sold as SARMs but not the same thing, so the effects on the body will not be the same as the mainstream actual SARMs.

When you run SARMs, it is important to understand how our hypothalamus-pituitary-testis axis (HPTA) works. The pituitary glands are the brains of our reproductive system, and they produce luteinizing hormone (LH) and follicle-stimulating hormone (FSH).

When you use SARMs, it will signal your pituitary glands to stop producing more hormones, causing it to become suppressed, which will reduce LH and FSH levels. When this happens, it will reduce the amount of feeding into your Leydig cells, which will cause lower testosterone levels. Luckily, we know from bloodwork that the suppression from SARMs is significantly less than that from anabolic steroids. However, it is still enough that if you do not have a proper PCT in place, you run the risk of having a slight crash when

7. DO I NEED PCT (POST-CYCLE THERAPY) AFTER USING SARMS?

you come off the SARMS, which will accelerate the loss of muscle mass, strength, and even libido. Many people also experience a drop in motivation, poor mood, and erectile dysfunction.

SARMS will leave the system much faster than most anabolic steroids, so your post-cycle therapy should be starting sooner. Most SARMS have around a 24-hour half-life. Half-life means that after that amount of time. Half of the compound will remain in your system, then after another duration of that time, half will be left, and so on. A good rule of thumb to figure out active life is multiplying the half-life by 5X. In this example, if something has a 1-day half-life, then that means it will be active in the body for around five days. Due to the fact most SARMS are only active around five days after you stop taking them, we recommend you start PCT immediately following your last dosage to ensure your PCT products are at peak levels once the SARMS clear your system. This will help give you a soft landing and make things much easier on yourself.

Remember, the objective of using a PCT after SARMS is not to jumpstart your HPTA, cause a rebound, or any other type of bro science theory. The ONLY objective of PCT is to provide your body with a soft landing. Unfortunately, if PCT is not done correctly, it will not only cause a hard landing, but it can delay your recovery. I have seen instances where people have needed months to fully recover from a SARMS cycle because they did not do things correctly. In the worst-case scenario, there have been examples of people who created permanent HPTA damage from running way too aggressively PCTs that did more harm than good.

The bloodwork and the HPTA

I have seen thousands of bloodwork from people who have run SARMS, and I can confidently say that they are nowhere near as suppressive as anabolic steroids. This is excellent news

7. DO I NEED PCT (POST-CYCLE THERAPY) AFTER USING SARMS?

and means that it will be easier to recover from them because your LH and FSH have a much shorter distance to bounce back. A man should have LH and FSH levels somewhere between 3IU/L and 8IU/L. Remember, without healthy levels of these two hormones, you will not produce testosterone properly. Your total testosterone levels should be somewhere between 350-950ng/dl.

When you use anabolic steroids, your LH and FSH will drop to near 0, meaning you are completely shut down. This also means it will take you much longer to recover after using them since you have a much longer way to go to get back to normal levels.

With SARMs, however, those numbers do not drop that low. Typically, the average amount of suppression is only 30-60% on an average 8-12 week cycle. Meaning if your original LH was at 6IU/L, then expect it to drop to between 2-4IU/L. Hence, it will be much easier to bounce back after a SARMs cycle.

What NOT to use during SARMs Post-Cycle Therapy

Several compounds are recommended by those who mean well but just aren't a wise choice when trying to accomplish a smooth and quick SARM recovery. One of the most foolish things we have seen recommended has been anabolic steroids, including testosterone or oral steroids. The idea behind doing that is that you switch from one hormone to another, so there is a seamless effect. Unfortunately, this is a dumb idea because all you are doing here is staying on hormones and further suppressing your body to the point where you are completely shut down.

Another poor choice is using HCG. HCG is marketed quite heavily due to its huge profit margins, but once you understand how it works, you won't want to use it in PCT ever. The reason is that HCG mimics LH in the body, and by doing this, you are signaling your pituitary glands not to

7. DO I NEED PCT (POST-CYCLE THERAPY) AFTER USING SARMS?

produce their own hormones. Quite simply, you are delaying recovery when you use it.

Best Post-Cycle Therapy for SARMS

I'm a big believer in low-dose SERM therapy plus testosterone boosters during PCT after SARMS. SERMs stand for selective estrogen receptor modulator. They are extremely safe pharmaceutical drugs that work by blocking estrogen from looping back into the pituitary glands in males. This signals the pituitary glands to rapidly start producing lots of LH and FSH without suppressing you in the process. The two best SERM options are Clomid and Nolvadex. The negative side to this is many experience bad side effects when overdosing on these drugs. So, I recommend a low dose of 25mgs or less of Clomid per day and 10mgs or less of Nolvadex per day. It is important to experiment with these drugs to see which one you like better, and some people like to run them both together at low dosages.

Another way to help prevent negative side effects from SERM therapy is by adding a strong natural testosterone booster, which contains lots of Fadogia, Tribulus, Fenugreek, Vitamin D, and Zinc. This will help support your HPTA while also offsetting negative side effects. I mainly recommend HCGenerate (N2Generate), which I use myself on and off because it works in synergy with Nolvadex or Clomid to help you recover after a SARMS cycle.

Finally, the length of PCT should be 50% of the length of the SARMS cycle. For example, if you run a 12-week SARMS cycle, then run a 6-week PCT.

SERM vs SARM

Selective Estrogen Receptor Modulators (SERMs) are a class of compounds that act on the estrogen receptors in the body.

7. DO I NEED PCT (POST-CYCLE THERAPY) AFTER USING SARMS?

Depending on the tissue type, they are unique in their ability to act as estrogen receptor agonists or antagonists. This means that in certain parts of the body, they can mimic the action of estrogen, while in others, they can block its effects. This selective action allows SERMs to be used in various medical treatments, such as hormone replacement therapy. Common examples of SERMs include tamoxifen and raloxifene. Their ability to selectively modulate estrogen receptors makes them valuable for addressing conditions related to high estrogen.

While SARMs and SERMs act on different pathways (androgens vs. estrogens), they can be used together in certain therapeutic contexts. For instance, in bodybuilding, some may use SARMs for muscle growth and SERMs to counteract estrogen-related side effects during Post-Cycle Therapy.

8. WHAT DO YOU THINK OF INJECTABLE SARMS?

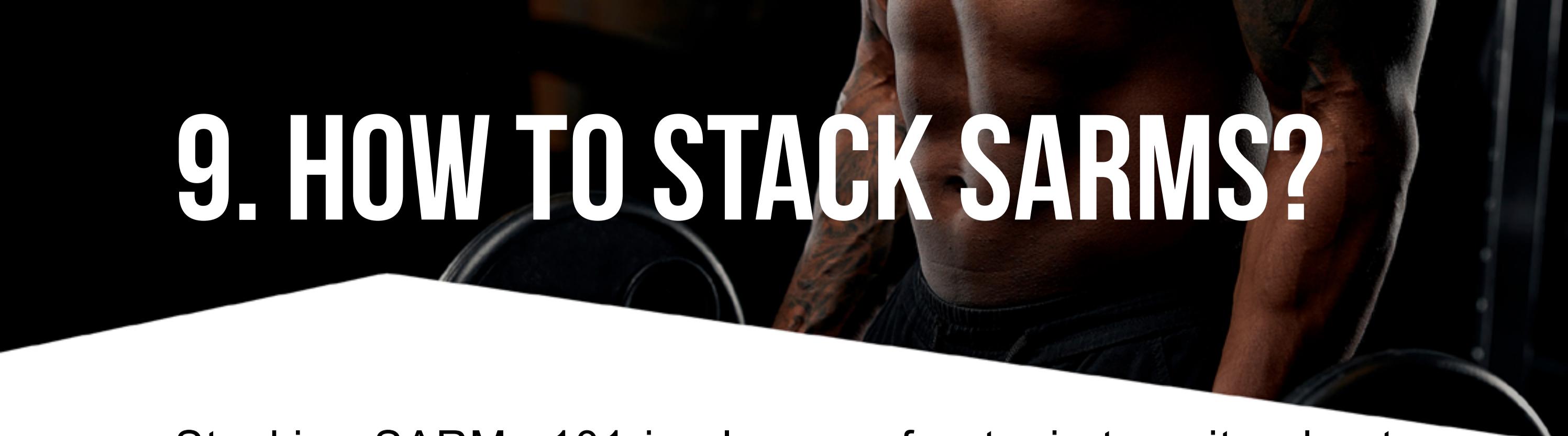
While oral administration of SARMs has been criticized for moderate to low bioavailability, injectable SARMs are not a superior alternative.

Injectable SARMs present significant risks of infection at the injection site. As I explained earlier in this book, the SARMs market is fraught with quality control issues. Many products sold online can be impure or adulterated, posing significant health risks. This uncertainty is amplified with injectable forms, where the direct introduction into the bloodstream increases the risk of adverse effects from contaminated or improperly formulated products. Given these risks, the use of injectable SARMs is highly questionable.

Common side effects of injectable SARMs include pain, swelling, infections, and hospital visits. Many users of injectable LGD had to get their abscesses drained. As a result, we do NOT support injecting any SARM preparations, period.



9. HOW TO STACK SARMs?



Stacking SARMs 101 is always a fun topic to write about because there is no wrong answer. Having said that, there are some common errors that guys and gals make that you should be aware of that can prevent you from getting as good a results as possible. To ensure clarity, we included this section. We are also going to give you some tips that are going to help you get the most out of your next cycle.

First, we know that if you stack SARMs, you get superior results vs. running them solo. The common sense reason is that you are getting more of the compound in your system that way. However, there is much more to that than meets the eye. There is such a thing as synergy in the body. Because SARMs can make each other more effective when you stack them, there could be an argument made that the more SARMs you run, the better the results. The problem with this idea is that there is also the law of diminishing returns. Also, the SARM dosages we recommend in this book are already at higher levels than therapeutic dosages. So, there is no reason to stack an excessive amount of SARMs in a single cycle. Instead, follow the advice here to run your SARMs stacks correctly to get maximum value and results.

The versatility of SARMs makes them #1 for stacking with any PEDs

Stacking with peptides

Peptides are the biggest secret out there when it comes to performance enhancement. Peptides are already found in our bodies but at lower amounts than what we desire. To make matters worse, as we age, the amount of growth hormone continues to drop, making it harder for us to recover properly, sleep, lose body fat, and build lean muscle mass.

9. HOW TO STACK SARMS?

For these reasons, synthetic peptides that we can inject are being used by professional athletes of all sports to get an edge, and when you stack them with SARMs, the athletic results you get are the sky's the limit.

GHRP-6 can be stacked with Nutrobal MK-677 to give the user an incredible appetite increase. This can be very beneficial for those who are trying to bulk up but who have trouble eating without feeling satiated. GHRP-2 and GHRP-6 both will help across the board with lean muscle mass, recovery after workouts, anti-aging, and better sleep. You can stack them with Ostarine MK-2866 for great recovery and repair.

RAD-140 and LGD-4033 also make an outstanding addition to boost lean muscle mass. Some people also use CJC-1295 with Ipamorelin to get these same benefits and then add the SARMs of their choice.

HGH Frag 176-191 can be stacked with GW Cardarine and SR-9009 for incredible fat loss benefits beyond what you can imagine.

Suppose you want crazy good athletic improvements combined with rock-hard sleep at night. In that case, the peptide to choose is Hexarelin, which can be stacked with Nutrobal MK-677 or Ostarine MK-2866. For straight muscle growth, there is nothing better than both MGF and IGF1-LR3 stacked with S-23 and/or YK-11.

Stacking with anabolic steroids

Anabolic steroids work incredibly well at boosting protein synthesis and binding to SHBG. They will boost your overall male hormones in your system, allowing you to push further than you would be capable of naturally. However, they are extremely messy vs. SARMs because they can permanently damage your reproductive system and cause severe side

9. HOW TO STACK SARMs?

effects. Intelligent users know this, so they choose to stack lower doses of anabolic steroids with SARMs to get a proper synergy.

One of the strategies that I have been recommending to people over the years is using GW Cardarine with Trenbolone. This technique has now become mainstream, and it works well at reversing the adverse side effects of Tren, including a rise in insulin resistance and cardio loss.

For those who want lean muscle mass with low side effects, you can stack Primobolan, Equipoise, Turinabol, or Anavar with LGD, RAD, YK-11, or S4. You can also add in Ostarine to aid with recovery.

Stacking with HGH

Human growth hormone has many benefits for the body. In professional bodybuilding, it is a mandatory addition to any stack because it helps with fat loss, lean muscle mass, anti-aging, better skin, better hair, metabolism, recovery, and repair. When you stack Nutrobal MK-677 with HGH, you will get the best of both worlds. Expect to have growth hormone high in your system and get double the benefits while also saving money since you won't need to run HGH at such a high dose.

Stacking with supplements

There are several popular bodybuilding supplements out there. They include creatine, BCAAs, herbals, whey protein powder, and pre-workouts. There isn't a wrong way to stack SARMs with supplements. Still, the most popular option is using SR-9009 with pre-workouts to give you an incredible boost of endurance while you train. Another popular option is using Ostarine or LGD with creatine to speed up recovery so you can be less sore post-workout.

9. HOW TO STACK SARMS?

Hcgenerate is a fantastic testosterone booster, and it can be stacked with every SARM out there and help boost libido, muscle gains, and balance cholesterol. It does this well because it contains high-quality minerals and herbs that work in synergy.

Another supplement we love is N2guard, and it is a must-use on any SARM stack due to its organ benefits. N2guard is an all-in-1 support supplement that contains over 40 total ingredients. It will help your cycle run better by keeping you healthy and managing your liver, kidneys, heart, and more!

Stacking SARMs with more SARMs

This one seems obvious, but it is worth mentioning because you must know that SARMs can work perfectly fine when stacked among each other. A strategy I look to implement is what I call ‘base stacking.’ With ‘base stacking,’ there are certain SARMs that have traits that you can build off of. GW is great at fat loss and endurance, so start with that if that is your goal, and then add more SARMs from there. MK-677 is excellent for appetite and recovery. SR-9009 is effective for short-term endurance. YK-11 and S-23 are great for strength and size. MK-2866 is great for recovery and repair. RAD and LGD are fantastic for lean muscle mass.

Mistakes stacking SARMs

As mentioned earlier in this section, too many people make the mistake of using too many SARMs, which will lead to the laws of diminishing returns. When it comes to recommended dosages, you should stick to those levels or lower. Never run more SARMs than you need, and avoid being impatient in your cycle.

9. HOW TO STACK SARMS?

Another mistake with stacking SARMs with the above is not listening to your body. If you do not feel well or notice odd side effects, then it is important to discontinue everything and then start them again, one compound at a time. This technique is called ‘elimination,’ it allows you to identify what isn’t agreeing with your body so you can remove it from your stack and then continue with the cycle.

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10.1 NOVICE BULKING SARMS STACK

RAD-140 was designed to be used for hormone replacement therapy and was developed to be very anabolic without giving the user side effects. This is why it is an excellent addition to a bulking stack for a novice.

LGD-4033 has a very strong binding affinity, even higher than testosterone, without the estrogenic or androgenic side effects.

Both are safe for both genders, and both are mildly suppressive but can be easily recovered from with a proper PCT.

Novice Bulking SARMS Stack (Male)

Week	Supplement
1	LGD 10mg/day + RAD 15mg/day
2	LGD 10mg/day + RAD 15mg/day
3	LGD 10mg/day + RAD 15mg/day
4	LGD 10mg/day + RAD 15mg/day
5	LGD 10mg/day + RAD 15mg/day
6	LGD 10mg/day + RAD 15mg/day
7	LGD 10mg/day + RAD 15mg/day
8	LGD 10mg/day + RAD 15mg/day
9	Nolvadex 10mg/day + Hcgeneate 5 caps/day
10	Nolvadex 10mg/day + Hcgeneate 5 caps/day
11	Nolvadex 10mg/day + Hcgeneate 5 caps/day
12	Nolvadex 10mg/day + Hcgeneate 5 caps/day

Novice Bulking SARMS Stack (Female)

Week	Supplement
1	LGD 5mg/day + RAD 7.5mg/day
2	LGD 5mg/day + RAD 7.5mg/day
3	LGD 5mg/day + RAD 7.5mg/day
4	LGD 5mg/day + RAD 7.5mg/day
5	LGD 5mg/day + RAD 7.5mg/day
6	LGD 5mg/day + RAD 7.5mg/day
7	LGD 5mg/day + RAD 7.5mg/day
8	LGD 5mg/day + RAD 7.5mg/day
9	Hcgeneate 5 caps/day
10	Hcgeneate 5 caps/day
11	Hcgeneate 5 caps/day
12	Hcgeneate 5 caps/day

10.2 INTERMEDIATE BULKING STACK

I added YK-11 to the stack here. YK-11 was designed to increase follistatin while suppressing myostatin, clearing the way for more muscle gains.

Intermediate Bulking Cycle (Male)

Week	Supplement
1	LGD 10mg/day + RAD 20mg/day + YK-11 10mg/day + MK677 20mg
2	LGD 10mg/day + RAD 20mg/day + YK-11 10mg/day + MK677 20mg
3	LGD 10mg/day + RAD 20mg/day + YK-11 10mg/day + MK677 20mg
4	LGD 10mg/day + RAD 20mg/day + YK-11 10mg/day + MK677 20mg
5	LGD 10mg/day + RAD 20mg/day + YK-11 10mg/day + MK677 20mg
6	LGD 10mg/day + RAD 20mg/day + YK-11 10mg/day + MK677 20mg
7	LGD 10mg/day + RAD 20mg/day + YK-11 10mg/day + MK677 20mg
8	LGD 10mg/day + RAD 20mg/day + YK-11 10mg/day + MK677 20mg
9	Nolvadex 10mg/day + Clomid 12.5mg/day + Hcgenerate 5 caps/day
10	Nolvadex 10mg/day + Clomid 12.5mg/day + Hcgenerate 5 caps/day
11	Nolvadex 10mg/day + Clomid 12.5mg/day + Hcgenerate 5 caps/day
12	Nolvadex 10mg/day + Clomid 12.5mg/day + Hcgenerate 5 caps/day

I also add Nutrobal MK-677. This is a selective and non-peptide agonist of the ghrelin receptor and a growth hormone secretagogue. It has been known to cause massive appetite increases.

Intermediate Bulking Cycle (Female)

Week	Supplement
1	LGD 5mg/day + RAD 7.5mg/day + YK-11 5mg/day + MK677 10mg
2	LGD 5mg/day + RAD 7.5mg/day + YK-11 5mg/day + MK677 10mg
3	LGD 5mg/day + RAD 7.5mg/day + YK-11 5mg/day + MK677 10mg
4	LGD 5mg/day + RAD 7.5mg/day + YK-11 5mg/day + MK677 10mg
5	LGD 5mg/day + RAD 7.5mg/day + YK-11 5mg/day + MK677 10mg
6	LGD 5mg/day + RAD 7.5mg/day + YK-11 5mg/day + MK677 10mg
7	LGD 5mg/day + RAD 7.5mg/day + YK-11 5mg/day + MK677 10mg
8	LGD 5mg/day + RAD 7.5mg/day + YK-11 5mg/day + MK677 10mg
9	Hcgenerate 5 caps/day
10	Hcgenerate 5 caps/day
11	Hcgenerate 5 caps/day
12	Hcgenerate 5 caps/day

10.3 EXPERIENCED BULKING STACK

In this stack, I add in anabolic steroids, HGH, and Insulin for maximum bulking. One of our forum members gained 25lbs of muscle following this stack, but we caution it is ONLY for experienced users.

Experienced Bulking Cycle (Male)

Week	Supplement
1	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
2	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
3	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
4	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
5	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
6	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
7	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
8	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
9	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
10	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
11	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
12	LGD 10mg/day + RAD 20mg/day + YK11 12.5mg/day + MK677 25mg + Tren Ace 250mg/week + Testosterone Prop 200mg/week + HGH 5IU's/day + Insulin 6IU's + N2guard 7 caps/day
13	Nolvadex 20mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
14	Nolvadex 20mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
15	Nolvadex 20mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
16	Nolvadex 20mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
17	Nolvadex 20mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
18	Nolvadex 20mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day

10.3 EXPERIENCED BULKING STACK

Experienced Bulking Cycle (Female)

Week	Supplement
1	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
2	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
3	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
4	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
5	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
6	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
7	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
8	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
9	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
10	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
11	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
12	LGD 5mg/day + RAD 10mg/day + YK11 5mg/day + MK677 12.5mg + Anavar 10mg/day + HGH 2IU's/day
13	N2guard 4 caps/day + Hcgenerate 5 caps/day
14	N2guard 4 caps/day + Hcgenerate 5 caps/day
15	N2guard 4 caps/day + Hcgenerate 5 caps/day
16	N2guard 4 caps/day + Hcgenerate 5 caps/day
17	N2guard 4 caps/day + Hcgenerate 5 caps/day
18	N2guard 4 caps/day + Hcgenerate 5 caps/day

10.4 NOVICE RECOMP STACK

GW-501516 is a PPAR agonist found in studies to reduce body fat while also increasing endurance. It is also important to remember that those studies showed that the more the subject exercised, the more pronounced the results were.

Novice Recomposition Cycle (Males)

Week	Supplement
1	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
2	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
3	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
4	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
5	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
6	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
7	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
8	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
9	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
10	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
11	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
12	GW 20mg/day + MK2866 50mg/day + N2guard 7 caps/day
13	Clomid 10mg/day + Hcgenerate 5 caps/day
14	Clomid 10mg/day + Hcgenerate 5 caps/day
15	Clomid 10mg/day + Hcgenerate 5 caps/day
16	Clomid 10mg/day + Hcgenerate 5 caps/day

We also added Ostarine MK-2866 to this stack, which has been shown in studies to increase lean body mass and muscle strength. It is also very minimally suppressive.

Novice Recomposition Cycle (Female)

Week	Supplement
1	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
2	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
3	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
4	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
5	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
6	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
7	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
8	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
9	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
10	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
11	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
12	GW 20mg/day + MK2866 25mg/day + N2guard 7 caps/day
13	Hcgenerate 5 caps/day
14	Hcgenerate 5 caps/day
15	Hcgenerate 5 caps/day
16	Hcgenerate 5 caps/day

10.5 INTERMEDIATE RECOMP STACK

S4/Andarine has been shown in studies to help increase muscle mass, decrease body fat, and increase strength. It is more suppressive than MK-2866.

Intermediate Recomposition Cycle (Male)

Week	Supplement
1	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
2	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
3	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
4	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
5	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
6	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
7	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
8	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
9	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
10	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
11	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
12	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + N2guard 7 caps/day
13	Clomid 12.5mg/day + Nolvadex 10mg/day + Hcgenerate 5 caps/day
14	Clomid 12.5mg/day + Nolvadex 10mg/day + Hcgenerate 5 caps/day
15	Clomid 12.5mg/day + Nolvadex 10mg/day + Hcgenerate 5 caps/day
16	Clomid 12.5mg/day + Nolvadex 10mg/day + Hcgenerate 5 caps/day
17	Clomid 12.5mg/day + Nolvadex 10mg/day + Hcgenerate 5 caps/day
18	Clomid 12.5mg/day + Nolvadex 10mg/day + Hcgenerate 5 caps/day

Intermediate Recomposition Cycle (Female)

Week	Supplement
1	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
2	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
3	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
4	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
5	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
6	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
7	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
8	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
9	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
10	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
11	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
12	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + N2guard 7 caps/day
13	Hcgenerate 5 caps/day
14	Hcgenerate 5 caps/day
15	Hcgenerate 5 caps/day
16	Hcgenerate 5 caps/day
17	Hcgenerate 5 caps/day
18	Hcgenerate 5 caps/day

10.6 EXPERIENCED RECOMP STACK

In this stack, we add anabolic steroids and HGH. One of our forum members added 20 pounds of muscle while dropping 2% of body fat. However, I caution that this stack is only for experienced users.

Experienced Recomposition Cycle (Male)

Week	Supplement
1	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
2	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
3	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
4	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
5	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
6	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
7	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
8	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
9	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
10	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
11	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
12	GW 20mg/day + MK2866 50mg/day + S4 50mg/day + Trenbolone 250mg/week + Masteron 500mg/week + Testosterone 150mg/week + N2guard 7 caps/day
13	Clomid 25mg/day + Nolvadex 12.5mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
14	Clomid 25mg/day + Nolvadex 12.5mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
15	Clomid 25mg/day + Nolvadex 12.5mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
16	Clomid 25mg/day + Nolvadex 12.5mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
17	Clomid 25mg/day + Nolvadex 12.5mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
18	Clomid 25mg/day + Nolvadex 12.5mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day

10.6 EXPERIENCED RECOMP STACK

Experienced Recomposition Cycle (Female)

Week	Supplement
1	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
2	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
3	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
4	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
5	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
6	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
7	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
8	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
9	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
10	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
11	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
12	GW 20mg/day + MK2866 25mg/day + S4 25mg/day + Anavar 10mg/day + N2guard 7 caps/day
13	N2guard 4 caps/day + Hcgenerate 5 caps/day
14	N2guard 4 caps/day + Hcgenerate 5 caps/day
15	N2guard 4 caps/day + Hcgenerate 5 caps/day
16	N2guard 4 caps/day + Hcgenerate 5 caps/day
17	N2guard 4 caps/day + Hcgenerate 5 caps/day
18	N2guard 4 caps/day + Hcgenerate 5 caps/day

10.7 NOVICE CUTTING STACK

GW is an excellent addition to this stack, but I also added in SR-9009. SR-9009 is a Rev-ErbA agonist and acts to accelerate stored fat burning while also boosting endurance. Another advantage is that neither is suppressive, so a novice need not worry about suppression.

I recommend always using SR-9009 pre-exercise since it has a sharp, active peak and short half-life.

Novice Cutting Cycle (males and females)

Week	Supplement	Note
1	GW 20mg/day + SR9009 10mg/pre-exercise + N2guard 3 caps/day	No PCT required
2	GW 20mg/day + SR9009 10mg/pre-exercise + N2guard 3 caps/day	No PCT required
3	GW 20mg/day + SR9009 10mg/pre-exercise + N2guard 3 caps/day	No PCT required
4	GW 20mg/day + SR9009 10mg/pre-exercise + N2guard 3 caps/day	No PCT required
5	GW 20mg/day + SR9009 10mg/pre-exercise + N2guard 3 caps/day	No PCT required
6	GW 20mg/day + SR9009 10mg/pre-exercise + N2guard 3 caps/day	No PCT required
7	GW 20mg/day + SR9009 10mg/pre-exercise + N2guard 3 caps/day	No PCT required
8	GW 20mg/day + SR9009 10mg/pre-exercise + N2guard 3 caps/day	No PCT required

10.8 INTERMEDIATE CUTTING STACK

Ostarine MK-2866 is added back to this stack because it will allow you to be flexible with your diet and will better help you hold onto muscle and strength, even while doing a lot of cardio and eating in a deficit.

Intermediate Cutting Cycle (Male)

Week	Supplement
1	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
2	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
3	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
4	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
5	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
6	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
7	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
8	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
9	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
10	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
11	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
12	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + N2guard 5 caps/day
13	Nolvadex 10mg/day + Hcgenerate 5 caps/day
14	Nolvadex 10mg/day + Hcgenerate 5 caps/day
15	Nolvadex 10mg/day + Hcgenerate 5 caps/day
16	Nolvadex 10mg/day + Hcgenerate 5 caps/day

10.8 INTERMEDIATE CUTTING STACK

Intermediate Cutting Cycle (Female)

Week	Supplement
1	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
2	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
3	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
4	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
5	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
6	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
7	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
8	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
9	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
10	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
11	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
12	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + N2guard 5 caps/day
13	Hcgenerate 5 caps/day
14	Hcgenerate 5 caps/day
15	Hcgenerate 5 caps/day
16	Hcgenerate 5 caps/day

10.9 ADVANCED CUTTING STACK

In this advanced cutting stack, we add Winstrol, considered the best cutting oral steroid on earth. I also added Primobolan, which was Arnold's favorite steroid since it is great for cutting and hardening. Once again, I caution you that this cycle should be only run by advanced users.

Advanced Cutting Cycle (Male)

Week	Supplement
1	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
2	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
3	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
4	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
5	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
6	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
7	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
8	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
9	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
10	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
11	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
12	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 50mg/day + Winstrol 50mg/day + Trenbolone 250mg/day + Primobolan 500mg/day + Testosterone 100mg/day + N2guard 7 caps/day
13	Nolvadex 12.5mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
14	Nolvadex 12.5mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
15	Nolvadex 12.5mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
16	Nolvadex 12.5mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
17	Nolvadex 12.5mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day
18	Nolvadex 12.5mg/day + Clomid 25mg/day + N2guard 4 caps/day + Hcgenerate 5 caps/day

10.9 ADVANCED CUTTING STACK

Advanced Cutting Cycle (Female)

Week	Supplement
1	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
2	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
3	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
4	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
5	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
6	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
7	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
8	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
9	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
10	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
11	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
12	GW 20mg/day + SR9009 10mg/pre-exercise + MK2866 25mg/day + Winstrol 5mg/day + Anavar 10mg/day + N2guard 7 caps/day
13	N2guard 4 caps/day + Hcgenerate 5 caps/day
14	N2guard 4 caps/day + Hcgenerate 5 caps/day
15	N2guard 4 caps/day + Hcgenerate 5 caps/day
16	N2guard 4 caps/day + Hcgenerate 5 caps/day
17	N2guard 4 caps/day + Hcgenerate 5 caps/day
18	N2guard 4 caps/day + Hcgenerate 5 caps/day

11. CAN I STACK SARMs AND PEPTIDES, AND HOW?



SARMs and peptides can be used together for many different strategies. In this section, I will show you different ways you can stack them together. But first, we must understand what peptides are.

What is a peptide?

A peptide is a short chain of amino acids, the fundamental building blocks of proteins in the human body. These molecules play a vital role in various biological processes, including cellular signaling, hormone regulation, and tissue repair. In the world of bodybuilding and athletic performance enhancement, peptides have gained popularity due to their ability to trigger specific physiological responses.

Unlike anabolic steroids, which are synthetic versions of the hormone testosterone and come with a host of potential side effects, peptides function by instructing the body to produce more of its own natural substances, such as growth hormone or insulin-like growth factor (IGF-1). These natural compounds play a crucial role in stimulating muscle growth, tissue repair, and overall physical recovery. Peptides are considered a safer and more targeted alternative to anabolic steroids, as they align with the body's natural processes and pose fewer health risks when used responsibly.

It's important to note that peptides differ not only from anabolic steroids but also from another class of performance-enhancing substances known as Selective Androgen Receptor Modulators (SARMs). While SARMs primarily target androgen receptors to promote muscle growth, peptides, in contrast, operate through a wider array of mechanisms.

11. CAN I STACK SARMS AND PEPTIDES, AND HOW?

Peptides are highly specific in their actions, acting as molecular messengers that bind to specific receptors on cells and initiate precise responses. For example, some peptides can stimulate the release of growth hormone from the pituitary gland, leading to increased muscle growth and improved recovery. Others may boost collagen production, aiding in the repair of connective tissues like tendons and ligaments. This high degree of selectivity makes peptides an attractive choice for athletes and bodybuilders seeking to optimize performance and recovery while minimizing the potential health risks associated with traditional anabolic steroids or the potentially less selective nature of SARMs.

It is important to note that the peptides we use are synthetic versions of compounds that mimic what our bodies already produce and have. They are short chains of amino acids linked by peptide bonds. The most commonly used peptides are those that will give a pulse or secretion of human growth hormone. However, many different types exist. Thankfully, it is pretty easy to order peptides online and reconstitute them at home, giving us many benefits.

GHRP and GHRH peptides

To understand what both of these peptides do, you must first understand what growth hormone is and why it is so important in our bodies. Growth hormone GH is produced naturally in our bodies, but natural production declines as we age. In your brain, the anterior part of our pituitary glands synthesizes GH. The benefits of GH cannot be understated, including the following: Faster recovery, improved cholesterol levels, more endurance, better athletic performance, more energy, increased libido, better immune system, improved skin health, more metabolism, increased fat loss, and deep sleep. For these reasons, many professional athletes and bodybuilders will use GH.

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Some of the most popularly used peptides in bodybuilding include the GHRP and GHRH family of peptides. GHRP stands for growth hormone-releasing peptides, and GHRH stands for growth hormone-releasing hormones. They are very similar except for a few differences. The main GHRP options are GHRP-6, GHRP-2, Ipamorelin and Hexarelin. The main GHRH options include CJC-1295 and Sermorelin. Although they can be used solo, they work far more effectively when stacked with each other and when stacked with SARMS.

To understand why they stack so well, you must first understand the benefits they can give a person. GHRPs will help secrete growth hormone by targeting the pituitary to give you a pulse of GH. With GHRH, they will cause your body to secrete a small amount of growth hormone. The advantage of GHRP is that it will target a growth hormone pulse when you take it. With GHRH, you must time when you take them for best results. To get the best of both worlds, you can run them together because GHRP will force the pulse to happen, and GHRH will increase the pulse amount.

When it comes to stacking with SARMS, there are many ways to take advantage of this. One of the more obvious ideas could be to stack Nutrobal MK-677 25mgs per day + GHRP-6 at 100mcg 1-4x per day if you want incredible improvements in sleep, recovery, and appetite.

Suppose you want less appetite increase and more recovery, fat loss, and lean muscle mass gains. In that case, GHRP-2 100mcg 1-3x per day stacks well with GW Cardarine at 20mgs per day, along with S4 Andarine at 50mgs a day.

IGF family of peptides

IGF-1 stands for insulin growth factor 1, a polypeptide hormone that manages the effects of GH in the body. Three popular peptides in the IGF family are used in fitness and bodybuilding.

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The first and most popular of the bunch is IGF1-LR3. Many huge bodybuilders can credit their incredible size and muscle mass to the use of this peptide because it is tremendous for helping humans grow muscles beyond what could be possible in normal situations. The common way to run this peptide would be up to 100mcg once a day for 5-6 weeks, then stopping for four weeks, stacked with LGD-4033 at 10mgs per day and YK-11 at 10mgs per day. You also should make sure you time your protein and carbs before you use IGF1-LR3 and adjust things accordingly for best results.

The next peptide is called HGH Frag 176-191, and it is a pure fat-loss peptide. The idea here was to take growth hormone and splice it so that you remove the other benefits and focus solely on the fat loss effects by inhibiting fat gain. The best way to use it would be to run 200mcgs before eating your first meal. A great SARM option to use with it would be GW 20mgs a day + SR-9009 25mgs a day for maximum fat loss benefits.

The last peptide in this family is called MGF, which stands for Mechano Growth Factor. This peptide is for those looking for huge muscles and strength. The secret to how this compound works is that it causes wasted muscle tissues to get larger. Many people like to stack 200mcg of MGF along with IGF-1LR3 and YK-11 at 10mgs a day.

Miscellaneous peptides

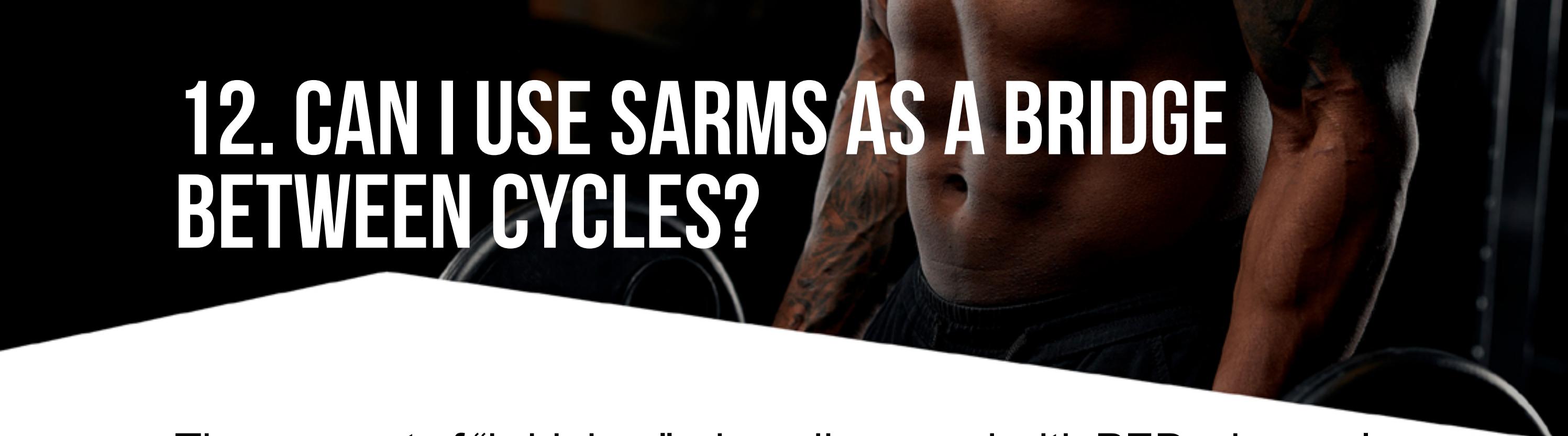
AICAR is an analog of adenosine monophosphate and helps boost endurance, increase fat loss and endurance, and lower inflammation in the body. Many endurance athletes have been using this peptide for years to give them an advantage. The common way to run it is 25mgs per day for two weeks at a time and stack it with SR-9009, which you want to use pre-exercise at 10-20mgs.

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Another interesting peptide is PAL-GHK, which is a great anti-aging compound. It has been shown to improve skin tissue cells and even wounds and nerves. You can stack it with Nutrobal MK-677 at 50mgs per day and Ostarine MK-2866 at 50mgs per day.

The bottom line is that these peptides are great ways to tap into different benefits in our body and are made even more effective when using SARMs. There are several ways to stack them for fat loss, recovery, muscle building, endurance, and anti-aging. There is a reason professional bodybuilders rely on peptides to get them looking great for shows, and you should also be taking advantage of them. Even if you only rely on peptides to help you heal injuries and improve your joint health, every fitness enthusiast over the age of 35 should be using peptides.

12. CAN I USE SARMS AS A BRIDGE BETWEEN CYCLES?



The concept of “bridging,” when discussed with PEDs, has only been around for the past 30 years. It is essential to distinguish that there are so many various strategies when it comes to how to pull off a successful bridge. Many protocols have been strategized and popularized over the years, but only some have been proven successful. This section will give you the best options for using SARMS to bridge between cycles.

What is bridging and the history?

It is very important to understand what bridging is all about. The general idea is that you want to use PEDs in between a cycle of either steroids or SARMS to better ‘keep your gains.’ This way, by the time you’re ready for your next cycle, you are starting all over again, and you can pick up where you left off.

The concept of bridging was popularized when there was fierce competition in bodybuilding, and massive physiques started to flourish during the 1980s. It was no longer acceptable to stay extremely lean year-round and wait for your competition to bulk into it. During the 80s, it became necessary to stay huge year-round and then cut into your contest. Pulling something like that off and holding onto muscle year-round beyond what the body can naturally keep and produce requires some bridging concepts.

The idea is to create a bridge between the cycle you just ran and the one you plan on running in the future. A non-example of this is, say, you run a 12-week cycle of steroids or SARMS, then you do a PCT, and then come off everything. Once you are off, expect to give back muscle and strength, and there is a good chance you will also gain back some body fat. Some people end up looking the same as they did before their cycle, and even worse in some cases.

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The bridging strategy allows you to run your 12-week cycle, PCT for 4-6 weeks, then bridge for another 8-12 weeks before going back on another 12-week cycle. The bridge will help you keep muscle and strength while keeping body fat away.

Poor bridging ideas over time

I have been around the block a long time, seen millions of forum posts, and interviewed many professional bodybuilders. I've heard every theory possible when it comes to bridging. Several strategies have become mainstream that are extremely poor, and I will explain why. The 'dbol bridge' came around during the 90's and early 2000's. It took flight because it worked well at helping someone maintain their body weight after a bulking cycle. The 'dbol bridge' involved using 10mgs of dbol every morning before breakfast. It did its job for sure since guys would gain 10-15 pounds on a bulking cycle and keep most of it during this bridge. However, it failed miserably when it came to the reproductive system since it would cause and prolong the shutdown of the pituitary glands. It also causes liver toxicity since dbol is a 17AA oral steroid and also causes kidney strain, as all anabolic steroids are capable of doing.

Another lousy theory was you could use HCG as a bridge. HCG is a hormone, and it can make a person feel much better with mood, increase testosterone and estrogen, and increase libido. However, it is also suppressive and will prevent the body from bouncing back properly. Another problem is it will most certainly cause a rise in progesterone, which can lead to issues with gyno and other estrogenic side effects that are unwanted.

So, in the end, both ideas had benefits to the person, but they caused so much destruction within the body that it became a poor idea. Nevertheless, I still see these idiotic ideas recommended by people.

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Are SARMS good for bridging?

SARMs are extremely effective for bridging, and I will explain several reasons why.

First off, they are much less suppressive and, in some cases, non-suppressive entirely so that they won't ruin your reproductive system. They also are much less of a threat to affect your organs, including the heart, liver, and kidney, the way anabolic steroids would.

Besides those things, SARMs do a great job of helping you burn off body fat, add lean muscle mass, keep you motivated, and maintain strength.

Drawbacks for SARMS during a bridge

The only drawback would be if you abused using SARMs. Also, using the right SARMs that are not suppressive would be the best practice. The SARM I would not recommend using is S-23 since it is the most suppressive one and has been shown in some studies to reduce fertility in men. More than I would shy away from are RAD-140 and YK-11 because they are just too strong to be used during a bridge.

Best SARMS to use during a bridge

GW-501516 will help keep off body fat and boost endurance. It is entirely non-suppressive, and you can run it anywhere from 10-20mgs a day for up to 16 weeks. Another benefit to this compound is it will help boost insulin sensitivity, lower cortisol, and other muscle-killing hormones, and help with heart health.

SR-9009 will also help with body fat reduction and will boost endurance. It is also completely non-suppressive. Another nice thing about this option is you can use it at your leisure during a bridge. What I mean by this is you can run it for one week or one day, then take a break from it, then start it up again. You will want to use it always pre-exercise, and it is not necessary to run it nonstop. Dose it 5mgs up to 25mgs max per day.

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Nutrobal-MK-677 is very popularly used during a bridge because it is great for holding lean muscle mass, boosting your sleep, and also helping with body fat reduction. It is also non-suppressive. Treat it like you would HGH, and I like a dose of 10-20mgs per day. You can run it throughout your bridge as you see fit, and many users have used it for six months or longer in some situations.

Ostarine-MK-2866 is minimally suppressive when the dosage is kept under 25mgs per day and ran for four weeks or less. This is advantageous because it means that it's a perfect option to use, especially right at the beginning of your bridge. It will help you hold on to your lean muscle mass and help you keep more strength than you otherwise would have been able to keep.

13. CAN WOMEN USE SARMs?



SARMs are a great and safe option for females who want to get in on PED usage but are not willing to endure the risks of anabolic steroid use. In this section, I will go over the best options for females, tell you about them, and show you how to dose them.

How women's bodies work

Men and women have different reproductive systems. With men, the nucleus of the hypothalamus is sphere-shaped, but with women, it is shaped elongated. Women produce more estrogen (known as a female hormone), while males make more testosterone (known as a male hormone). Nevertheless, both sexes need some of the other to be healthy. Ask most, and they will tell you that males produce hormones via our Leydig cells (testes) while females produce them via their ovaries. However, this isn't fully the case. In reality, females produce 25% of testosterone from the ovaries, 25% from the adrenal gland, and 50% via peripheral tissues from precursors coming from the ovaries and adrenal gland, including skin and fat cells. In recent years, more clinics have become willing to prescribe male hormones to females since low testosterone is also becoming a female problem.

Female steroid risks

Before I talk about SARMs, I must be transparent about female steroid use. I have many female friends I have gotten to know over the years who are amazing athletes in the gym who have competed and used anabolic steroids. The problem becomes the virilization risks, which include facial/body hair, breast loss, clitoris enlargement, deepening voice, menstrual dysfunction, acne, and physical changes. Some of these side effects can be permanent.

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This is why SARMS are far safer because these side effects are not possible with them, but they are likely with steroids. Another problem is females will involuntarily take mislabeled SARMS, which are something else like prohormones, and end up with these side effects. For these reasons, it is important to use only approved sources for your SARMS.

Best female bulking SARMS

Bulking can be simplified to mean putting on muscle mass and body weight simply. I've had girlfriends go with me to the gym and struggle to even lift the bar when they work out, but when I've put them on SARMS, they've been able to improve their strength and lean body mass within several weeks. When it comes to bulking, there are some really good options with SARMS.

RAD-140 Testolone

RAD came onto the fitness scene about 12 years ago. The objective when it was being developed was to create a SARM that would be similar to a TRT dose of testosterone but without severe suppression or androgenic/estrogenic side effects. The beauty part of this SARM is its ability to bind very well to the androgen receptor, which helps muscle mass improve while also being very selective at the same time. Overall, a female can get all the benefits of a very strong SARM but avoid the masculinizing side effects I mentioned earlier in the section. An excellent dosage of RAD-140 will be 2.5mgs-10mgs per day for 8-12 weeks.

LGD-4033 Ligandrol

LGD is one of my favorites for females. I once dated a very petite woman who weighed no more than 105 pounds and struggled to even lift the bar at the gym. After I put her on LGD for eight weeks and took her with me to the gym, she became stronger and added lean muscle mass.

Females should try 2-5mgs per day for eight weeks.

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Best female Recomping SARMs

Nutrobal MK-677: Nutrobal is a great recomper because it acts as a growth hormone secretagogue. HGH is one of the best compounds out there for fat loss and gaining lean muscle mass. It also is great for recovery and injury repairs. Finally, you will notice a nice difference in your appetite and also your sleep quality. Users will report that they can sleep longer on this compound simply because they sleep so hard, so they do not require more sleep.

Females can dose 5-15mgs per day in the mornings if they want appetite during the day, or they can dose 5-15mgs in the evening if they want to take more advantage of the sleep and recovery benefits.

Ostarine MK-2866: Ostarine is another rock-solid SARM that helps females build lean muscle mass and mild strength. In studies, it has been shown to increase bone density and reduce body fat as well, although that isn't the main reason it is used in the fitness world. One of the benefits it has is its recovery and repair properties. Although it wasn't developed for that purpose, users report a more significant improvement in how they recover from their brutal workouts and also improvements to nagging injuries they may have suffered. A female study was conducted for 12 weeks and showed that Ostarine helped women gain lean body mass while losing fat mass. Real-world data has made Ostarine a popular option for females, as it can help you across the board with your fitness goals.

The best dosage for females is 10-20mgs per day for 8-12 weeks.

Best female Cutting SARMs

Most females I have coached and trained come to me for help cutting down after years of trying different diets to no avail. Hormonal problems and years of building up insulin

13. CAN WOMEN USE SARMS?

resistance in the body will make it much harder to lose body fat. In many cases, it isn't the woman's fault, but the situation must be reversed to lose body fat. Using cutting SARMs can motivate a female to push more with their diet, training, and mentality. They also can change the way your body uses energy, making it easier to lose weight even on the same diet.

Cardarine GW-501516: There are no better compounds in existence to help burn body fat than GW. Although it isn't a SARM at all, it is a PPAR agonist; it is still classified as such. The PPAR pathway plays a major role in how our body stores fat and utilizes energy metabolism. GW works by changing this up and putting it on its head entirely. When you exercise while on GW, your body will be more likely to tap into fat stores to gain energy, which will cause you to burn more fat. It is not a stimulant, so that it won't increase your heart rate or mess with your sleep.

From studies and what I have seen from the thousands of female clients who have used GW, it is important to exercise on it as much as you can to get the most benefits. A dosage of 10-20mgs per day for 12 weeks is ideal. I have found the fat loss benefits start to kick in after week 4.

SR-9009 Stenabolic: SR works similarly to GW, as it is a REV-ERB agonist. It activates REV-ERB proteins, which regulate fat metabolism and energy expenditure genes, which will force the body to burn up body fat for energy. Users of SR will notice a very pronounced increase in endurance as well. A dosage of 5-20mgs pre-exercise is what I recommend.



14. STEROIDS VS. SARMs – THE TRUTH

In this section, I will lay out the differences between using anabolic steroids vs. SARMs. It is always tempting to want to use the strongest weapon during a battle. However, it may not always be in your best interest over the long term.

It is important to remember that SARMs are selective and will come as close to anabolic steroids as you will get, with way fewer side effects. The reason is that SARMs, unlike steroids, will bind to specific androgen receptors. Anabolic steroids are not selective in their action, and so they completely blow up your reproductive system entirely.

It is much easier to abuse anabolic steroids to the point where you end up having major side effects, while SARMs, even when abused, will cause much fewer problems.

Being a much newer class of drugs, SARMs are much more precise in targeting specific receptors to give you the benefits of lean muscle mass, strength, and fat loss. Anabolic steroids can provide you with muscle gains and a strength boost. Still, they will also cause prostate problems, heart strain, liver problems, kidney strain, and more.

By design, Anabolic Steroids are derived from different male hormone derivatives that have been modified to enhance some qualities. For example, scientists can tweak the testosterone molecule to aromatize much less, make it less androgenic, make it more anabolic or less, and change how it performs in the body. This is how you get something like Anavar, which doesn't aromatize and is less androgenic and more anabolic.

SARMs are derived from a combination of chemical compounds that activate receptors, similar to anabolic steroids, but are selective where they don't affect things

14. STEROIDS VS. SARMS – THE TRUTH

like the prostate or head hair. SARMs target specific receptors to create the good effects we want and don't create bad symptoms when appropriately used.

Based on what I have already said above, how steroids and SARMs work differently is pretty simple to explain. Anabolic steroids are very good at activating receptors in muscle cells, boosting protein synthesis and making it easier to build muscle. SARMs work by copying testosterone effects within the androgen receptors directly. SARMs bind to the same receptors as steroids and flood the body with androgens that encourage muscle growth and faster recovery.

Side effects from steroids vs. SARMs

Testosterone suppression: Our reproductive system (HPTA) produces testosterone naturally, usually peaking sometime in our early to mid-20s and then slowly dropping off as we age. These male hormones allow us to build strength and muscle much more easily. Many people suffer from low testosterone, which can also affect recovery, libido, and mood.

When you use anabolic steroids, it will cause your own body's production of testosterone to come to a screeching halt in men. This is due to the pituitary glands realizing that there is too much of an excess of hormones, so they no longer need to be produced. This is called suppression, and anabolic steroids will cause a complete shutdown of your pituitary glands, which can be confirmed by running LH and FSH bloodwork. When you stop using the steroids, your body then crashes and must rebound to produce hormones again. In some instances, the damage done is permanent, and a person must now go on TRT for life.

SARMs only cause minimal suppression, and some SARMs cause none at all. This makes it much easier to recover from even a long 12-week cycle of SARMs. You will maintain some testosterone production even while on cycle, which further aids you.

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Infertility: Much like the above situation, anabolic steroids will obliterate fertility in men. It does this by causing stress and shutting down the HPTA. The Leydig cells will no longer be fed hormones to help them produce both testosterone and sperm. Steroids also attack the motility of the sperm, which makes them much less likely to be capable of reaching an egg. Ironically, in today's modern world, it works for some people who do not want children; it is a natural way to crash fertility. In some situations, fertility will not rebound from a steroid cycle.

SARMs do not cause any permanent fertility problems. Studies and anecdotal data have shown they only minimally cause a drop in fertility; even using them long-term after a SARM cycle, fertility tends to rebound very quickly.

Mood changes: Anabolic steroids affect mood in many different ways. First off, due to the androgenic effects, a person can become extremely aggressive (roid rage) and become violent when using them. Certain anabolic steroids also can make a person 'hangry,' where they get angry when they do not eat enough carbs due to a rise in insulin resistance. The bottom line is if you are an angry person, you can get more angry on steroids. SARMs do not cause any sort of mood changes at all.

Acne: A condition where hair follicles under the skin get clogged. If you are prone to acne already, then using anabolic steroids will make it far worse due to the increase in oily skin and rapid changes to hormones. Acne can be extremely embarrassing, and steroids can cause it to occur not just on the face but also in other areas like the back and shoulders.

SARMs do not cause any acne problems.

Hair loss: This is caused by DHT (dihydrotestosterone) frying head hair follicles. When you use anabolic steroids, they typically either convert to DHT or they are DHT derivatives. When you get a rise in DHT in the body, then expect hair

14. STEROIDS VS. SARMS – THE TRUTH

shedding if you are already genetically prone. Some steroids are far worse than others, and even people like me who are not genetically prone to hair loss will be shocked at how much hair is lost. This is why many bodybuilders and social media fitness celebrities go bald at a young age. SARMs do not convert to DHT at all; hence, it is not possible to lose hair on them.

Prostate Enlargement: This organ is the size of a small nut and is located below the bladder and in front of the rectum. As we age, our prostates tend to get bigger. When you use anabolic steroids, they increase DHT activity in the prostate, which will lead to the early onset of increased prostatic volume, less urine flow, and alteration in voiding patterns. Steroids can also activate androgen-dependent cancer cells by activating receptors that cause them to grow faster. SARMs cause no prostate issues whatsoever, and the good news is some can even benefit the prostate.

Heart abnormalities: Although common in the Western world due to lifestyle. Anabolic steroids will cause androgenic and estrogenic side effects, which will further strain the heart, causing cholesterol issues and high blood pressure. SARMs do not have any effects, and some even benefit cholesterol.

High Estrogen: In men, this is caused by the aromatization of your natural testosterone and sometimes steroids. This can lead to gynecomastia, water retention, and a domino effect of problems, including heart strain and insomnia. SARMs do not cause any estrogen risks because they cannot convert to estrogen.

Liver and kidney Stress: Toxicity to these organs is quite common with oral steroids since most are 17AA, making them liver-toxic. However, even injectables will strain the liver and kidneys. Sometimes, these issues don't go away after the cycle. SARMs cause very minimal to no effects on the kidneys or liver unless abused.

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Masculinization in women: Females can experience significant side effects from anabolic steroids, including voice deepening, menstrual cycle problems, changes to physique (such as breast loss or widening shoulders), clitoris swelling, and body/facial hair growth. Some of these problems can be permanent. SARMs do not cause any of these issues in females who use them appropriately.

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In the realm of bodybuilding and performance enhancement, the use of SARMs 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 SARMs.

Liver Support with N2Guard

The liver is a vital organ that processes and detoxifies substances entering the body, including steroids. SARMs, while generally considered less hepatotoxic than oral steroids, 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 SARMs 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 SARMs 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

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management, detoxification, and more. While I can't provide 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 SARMs users, aiming to mitigate the potential adverse effects associated with SARMs cycles.

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N2GUARD BY NEEDTOBUILD MUSCLE.COM



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Post Cycle Therapy (PCT) with HCGenerate

Following the completion of a SARMs 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.

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.

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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.

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Incorporating N2Guard and N2Generate into Your Protocol

For you bro engaged in the use of SARMs, integrating N2Guard and HCGenerate into their health and safety protocols is a necessity. N2Guard should be used throughout the SARMs 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 injectable 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 SARMs 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.



[Click Here to buy N2Guard](#)



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