

UNDERGROUND INJECTABLE STEROID



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HANDBOOK

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DISCLAIMER

The information provided in the “**Underground Injectable Steroid Handbook**” is intended for educational and informational purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment. The use of steroids, as discussed in this book, involves significant risks, including legal issues, health complications, and potential side effects. The authors, publishers, and distributors of this book do not endorse or recommend the use of steroids and strongly advise against the illegal and unsupervised use of these substances.

Readers are advised that the possession, use, and distribution of anabolic steroids are regulated by laws that vary from country to country and are subject to legal penalties, including fines and imprisonment. This book’s content reflects the authors’ personal opinions and experiences. It should not be interpreted as medical guidance or advice. The effectiveness, safety, and legality of the steroid use described in this book are not guaranteed.

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1. WHY INJECTABLE ANABOLIC STEROIDS?



The development of injectable anabolic steroids by pharmaceutical companies represented a significant advancement in enhancing the pharmacokinetics of these compounds. This development focused on modifying the steroid molecule to alter its solubility, absorption rate, and the duration of its action in the body. A key innovation in this area has been the attachment of ester chains to the steroid molecule.

Note: Before the development of esterified steroids, testosterone suspension, a water-based form, was used to deliver the steroid. However, its rapid clearance required frequent injections to maintain levels for medical or enhancement purposes, making it impractical for long-term use. The introduction of esterified testosterone allowed for slower release, reducing injection frequency and stabilizing hormone levels, significantly improving treatment and performance strategies.

Esterification is a chemical reaction that attaches an ester chain to the steroid molecule. This process alters the steroid's solubility in oil, making it more suitable for injection. The length of the ester chain can significantly impact the steroid's release rate and half-life, allowing for less frequent injections and a more stable blood concentration. For example, Testosterone Enanthate and Testosterone Cypionate are esterified forms of testosterone with longer half-lives than base testosterone, providing a sustained release of the hormone.

Pharmaceutical companies have developed a variety of anabolic steroids with different ester chains to cater to specific needs. Short-ester steroids, such as Testosterone Propionate and Trenbolone Acetate, provide rapid increases

1. WHY INJECTABLE ANABOLIC STEROIDS?

in testosterone levels lasting two or three days, making them suitable for shorter cycles or for when quick physiological responses are desired. On the other hand, long-ester steroids like Testosterone Decanoate or Boldenone Undecylenate, lasting four to six weeks, offer a more extended release, reducing the frequency of injections needed, which can be more convenient for long-term users.

This strategic development of esterified steroids has allowed for more personalized and flexible treatment options, both in clinical settings for conditions like hypogonadism and in the context of performance enhancement. The ability to tailor the pharmacokinetic profiles of steroids to fit different therapeutic or performance goals represents a significant achievement in pharmaceutical science.

However, it's essential to recognize the risks associated with the misuse of these substances, including potential hormonal imbalances, cardiovascular issues, and liver damage. Pharmaceutical companies' development of these compounds has provided valuable tools in medicine and sports. Still, their use must be carefully managed and monitored to minimize health risks. You are reading this book right now and learning about the steroids you plan on using; this is a significant step in becoming a much more educated user.

2. WHY ESTER CHAINS IN INJECTABLE STEROIDS

Note: Once injected into your body, ester chains are enzymatically removed before the steroid can bind to androgen receptors. The amount of active steroid differs among esterified forms due to the ester's length and weight.

Before the advent of esterified forms of steroid hormones, testosterone suspension--a water-based solution--was the primary method for delivering testosterone into the body. This form of testosterone, lacking any ester attachment, has a very short half-life in the bloodstream, necessitating injections every few hours to maintain effective levels for therapeutic or performance-enhancing effects. The frequent dosing schedule was not only inconvenient but also made it challenging to maintain stable blood testosterone levels, leading to fluctuating hormone levels that could affect mood, energy, and overall effectiveness of the treatment. The development of esterified forms of testosterone, such as testosterone propionate, enanthate, and cypionate, marked a significant advancement. These forms release testosterone gradually over time, allowing for less frequent injections, more stable hormone levels, and improved patient compliance. The innovation of esterification essentially revolutionized testosterone therapy and steroid use, providing a more practical and manageable approach to hormone replacement therapies and performance enhancement strategies.

Note: Ester chains in injectable steroids affect the release rate and solubility of the steroid in the body but do not contribute to muscle building. They are enzymatically removed before the steroid can activate androgen receptors. Different esters have varying half-lives and occupy a certain percentage of the total steroid weight, affecting the actual amount of active steroid. For example, propionate has a shorter half-life and takes up less weight than enanthate, leading to differences in the total testosterone available.

2. WHY ESTER CHAINS IN INJECTABLE STEROIDS

How many ester chains are there?

Below, you can find a list of the most widely used ester chains for delivering anabolic steroids.

Acetate: Molecular Formula C₂H₄O₂.

Commonly known as ethanoic acid, acetic Acid, Acid of vinegar, ethylic Acid, and methanecarboxylic Acid, acetate derivatives prolong the action of steroids for a brief period, typically a few days. Despite misconceptions, no evidence suggests acetate forms enhance fat loss capabilities. Their mechanism does not facilitate fat reduction. This ester is incorporated in oral Primobolan (methenolone acetate), Finaplix (trenbolone acetate) pellets, and sometimes in testosterone variations.

Propionate: Molecular Formula C₃H₆O₂.

Also known are hydroacrylic acid, ethylformic Acid, methylethanoic Acid, Carboxyethane, ethylene-carboxylic acid, Metacетonic Acid, and Propionic Acid. Propionate esters decelerate the release of steroids, maintaining serum levels for several days. Frequent injections, typically two to three times a week, are necessary to stabilize blood concentrations. Testosterone propionate and methandriol dipropionate (comprising two propionate esters linked to methandriol) are among the favored choices.

Phenylpropionate: Molecular Formula C₉H₁₀O₂.

Known as Propionic acid Phenyl Ester. Phenylpropionate extends the active steroid's release marginally longer than propionate, necessitating at least biweekly injections to maintain consistent blood levels. Nandrolone phenylpropionate(NPP), is the most commonly associated drug with this ester. However, it's also utilized in testosterone mixtures such as Sustanon and Omnadren.

Isocaproate: Molecular Formula C₆H₁₂O₂.

Identified as isocaproic acid, 4-methyl valeric acid, isohexanoate. Isocaproate's release timeline closely mirrors

2. WHY ESTER CHAINS IN INJECTABLE STEROIDS

enanthate's, though it's somewhat shorter, maintaining hormone levels for about a week. This ester is present in mixed testosterone products like Sustanon and Omnadren.

Caproate: Molecular Formula C₆H₁₂O₂.

Also known as Hexanoic Acid, Hexanoate, n-hexoic Acid, Butylacetic Acid, Pentyiformic Acid, and 1-Pantanecarboxylic Acid. Caproate shares a similar molecular structure and mass with isocaproate. Still, it differs in configuration, which is not easily described but observable in structural diagrams. Its release profile is akin to isocaproate, with hormone levels sustained for around one week, closely approaching enanthate due to its linear chain. Caproate is notably present in Omnadren, contributing to higher water retention observed by athletes due to this compound.

Enanthate: Molecular Formula C₇H₁₄O₂.

Also known as heptanoic acid; Oenanthyllic acid; heptanoic acid. Enanthate is a widely utilized ester in steroid manufacturing, prominently seen in testosterone and other compounds like Primobolan Depot. It ensures a consistent hormone release for about 10-14 days. While medical applications may involve less frequent administrations, athletes typically prefer weekly injections to maintain even blood levels.

Cypionate: Molecular Formula C₈H₁₄O₂.

Known as Cyclopentylpropionic Acid; Cyclopentylpropionate. Highly favored in the U.S., cypionate's release profile closely matches enanthate, lasting about 10-14 days. Athletes often interchange these two, though a slight preference exists for cypionate. Despite their similar structures, they are believed to be marginally more potent than enanthate. The enanthate ester is slightly smaller, potentially releasing a larger steroid quantity.

2. WHY ESTER CHAINS IN INJECTABLE STEROIDS

Decanoate: Molecular Formula C₁₀H₂₀O₂.

Identified as Decanoic acid, Capric acid, and nonanecarboxylic acid. Decanoate is predominantly associated with nandrolone (as in Deca-Durabolin) and is available globally. Testosterone decanoate, being the longest-acting component in Sustanon, significantly extends the compound's release period. Although the release duration is cited to last up to a month, recent observations suggest a noticeable decline after two weeks, prompting athletes to adhere to a traditional weekly injection regimen.

Undecylenate: Molecular Formula C₁₁H₂₀O₂.

Also known as Undecylenic Acid and hendecenoic Acid. This ester resembles decanoate, with a release period marginally extending beyond two to three weeks, similar to decanoate but with an additional carbon atom. Primarily found in the veterinary product Equipoise (boldenone undecylenate), its efficacy in human applications is well-documented among athletes, who typically prefer weekly dosing.

Undecanoate: Molecular Formula C₁₁H₂₂O₂.

Known as undecanoic acid; 1-decanecarboxylic acid. This rare ester appears in specific nandrolone formulations like Dynabolon and oral testosterone undecanoate (Andriol), offering a similar release period to undecylenate (around 2-3 weeks). Despite being utilized in oral Andriol, it doesn't possess unique properties compared to other esters. Andriol shows limited effectiveness in testosterone delivery.

Laurate: Molecular Formula C₁₂H₂₄O₂.

Referred to as Dodecanoic Acid; Laurostearic Acid. Laurate is the longest-acting ester in steroid production, with a release duration nearing a month. However, significant hormone levels typically wane after the third week.

2. WHY ESTER CHAINS IN INJECTABLE STEROIDS

Found exclusively in the veterinary nandrolone product Laurabolin, its slightly longer activity compared to decanoate might offer an advantage regarding injection frequency, yet athletes often opt for weekly doses due to its modest potency.

"Right to the point. Long esters do not take longer to work than short esters! At least not after the first week. Who does a one week cycle?!"

The very notion that long esters don't kick in for weeks and short cycles require short esters is flat out so dumb, I'm surprised people still believe it. But you know how it goes. Something becomes established bro-science and everyone goes along. I think the fact that so many people are inherently lazy they're just fine with accepting the myth. But it's nonsense.

Follow the reasoning.

A "long" ester peaks after about 48 hours and begins to dissipate after 7 days or so. After 2 weeks it's pretty much out of your system. So obviously, you'll be pinning at least once a week, which means after 7 days, you will always have a constant level of the drug. It doesn't sit around and do nothing waiting to work after a month. It's in and out of your system in two weeks. So the level of 200 mgs of test cyp at day 4 is no different than if you took 50 mgs a day of test prop. And even with short esters and orals, you won't really see effects for a couple of weeks. But if you don't see anything by then, you're not trying hard enough! I've always noticed effects pretty quickly. Slight. But noticeable. That means it's working. And I'll remind everyone. Back when steroids were first discussed in Duchaine's book (which I wish I still had because it's worth a lot of money!) 6 weeks was considered a "pro cycle." Today, you have nit wits who are 6 weeks into the cycle asking when it's going to "kick in".

The only benefit to a short ester is to get optimum levels immediately. And for that, I'd prefer orals. Also, long ester drugs will not extend the cycle! if anything, they provide a natural "leveling off." Yeah, yeah, I know, Deca is detectable for months after stopping usage, but that's because the metabolites are detectable. It isn not working months later! It does last a little longer but the last shot will stop building any muscle whatsoever a few weeks after you take it.

So that's it. I realize this won't stick. Some people want to believe what they want to believe and will reject evidence, logic, proof, or reason to do so. And there's always some nit wit who wants to argue to try and prove he's smart. Fine. But the reality is what it is.

You can use long esters in a short cycle, and vice versa. I personally see no advantage to short esters short of the fact that they cause a little less water retention making them better the last week prior to a contest -- for all you professional competitors out there."

-NELSON MONTANA

<https://www.evolutionary.org/forums/threads/the-long-ester-myth-that-must-die.81491/>

"I have stuck to long esters for 2 reasons....first is for less pinning, lol. I know, I am a "poosy" or whatever BM says. The other is my experience with tren. I ran tren A only once and the sides hit me so hard so fast that I dropped it. With tren E I don't have this issue. Now, I don't really run tren anymore being older and with different goals but that is just how I cycle now. In any fashion, great post Nelson. I am always grateful for you sharing your experience and opinions."

-MASONIC BODYBUILDER

<https://www.evolutionary.org/forums/threads/the-long-ester-myth-that-must-die.81491/>

"Below a list of half-life's of the most commonly used steroids, esters and ancillary compounds.

Oral steroids Drug Active half-life

Anadrol / Anapolan50 (oxymetholone) 8 to 9 hours

Anavar (oxandrolone) 9 hours

Dianabol (methandrostenolone, methandienone) 4.5 to 6 hours

Methyltestosterone 4 days

Winstrol (stanozolol)

(tablets or depot taken orally) 9 hours

Depot steroids Drug Active half-life

Deca-durabolin (Nandrolone decanoate) 14 days

Equipoise 14 days

Finaject (trenbolone acetate) 3 days

Primobolan (methenolone enanthate) 10.5 days

Sustanon or Omnadren 15 to 18 days

Testosterone Cypionate 12 days

Testosterone Enanthate 10.5 days

Testosterone Propionate 4.5 days

Testosterone Suspension 1 day

Winstrol (stanozolol) 1 day

Steroid esters Drug Active half-life

Formate 1.5 days

Acetate 3 days

Propionate 2 days

Phenylpropionate 4.5 days

Butyrate 6 days

Valerate 7.5 days

Hexanoate 9 days

Caproate 9 days

Isocaproate 9 days

Heptanoate 10.5 days

Enanthate 10.5 days

Octanoate 12 days

Cypionate 12 days

Nonanoate 13.5 days

Decanoate 15 days

Undecanoate 16.5 days

Ancillaries Drug Active half-life

Arimidex 3 days

Clenbuterol 1.5 days

Clomid 5 days

Cytadren 6 hours

Ephedrine 6 hours

T3 10 hours"

-BIGJAY

<https://www.evolutionary.org/forums/threads/testosterone-esters-and-their-half-life.41549/>



3. INJECTABLE ANABOLIC STEROID HISTORY

The history of injectable steroids, including testosterone and other anabolic steroids, is a rich narrative of scientific discovery and medical advancement. Here's an overview that spans from the discovery of testosterone to the development of various anabolic steroids used in therapy and sports:

Discovery and Synthesis of Testosterone

1889: Charles-Édouard Brown-Séquard's experiments with animal testicle extracts set the stage for hormone replacement therapy, though not directly leading to the discovery of testosterone.

1927: Fred C. Koch's work at the University of Chicago led to the initial isolation of testosterone from bulls, albeit impractically low in yield.

1935: Ernst Laqueur isolated testosterone in a more usable form, marking a pivotal moment in hormone research and paving the way for synthetic analogs.

Development of Injectable Testosterone

Late 1930s: Synthetic testosterone was created, thanks to Adolf Butenandt and Leopold Ruzicka, facilitating the development of testosterone therapy.

1937: Testosterone Suspension, a water-based solution of testosterone, was introduced. It was fast-acting but had a very short duration, requiring frequent injections.

Introduction of Testosterone Propionate and Other Steroids

Late 1930s to early 1940s: Testosterone propionate emerged, offering a longer-lasting effect by being oil-based. Around this time, scientists also began modifying the testosterone molecule

3. INJECTABLE ANABOLIC STEROID HISTORY

to create other anabolic steroids with varying properties, aiming to enhance anabolic (muscle-building) effects while minimizing androgenic (masculinizing) effects.

Expansion into Other Injectable Steroids

1950s: The development of additional anabolic steroids, such as nandrolone (Deca-Durabolin) and stanozolol (Winstrol), provided alternatives to testosterone with different therapeutic benefits and side effect profiles. Nandrolone, for example, offered significant anabolic effects with reduced androgenicity, making it a preferred option for certain medical conditions.

Longer-Acting Testosterone Esters and Diverse Anabolic Steroids

1950s and onwards: The pharmaceutical industry introduced longer-acting testosterone esters like testosterone enanthate and cypionate, reducing the frequency of injections. Concurrently, a variety of other anabolic steroids were synthesized and introduced for both medical and performance-enhancing uses, each with unique properties, such as trenbolone for its potent anabolic effects and oxymetholone (Anadrol) for its effectiveness in treating anemia.

The subsequent years saw the introduction of various administration forms (e.g., oral, transdermal, subcutaneous) and the continuous development of new anabolic steroids. The medical community has refined the use of these compounds for hormone therapy, wasting diseases, and other conditions, while their use in sports and bodybuilding has remained a controversial and regulated aspect.

The evolution from testosterone to a broad array of anabolic steroids showcases the advancement in chemical synthesis and pharmacology, providing a spectrum of options for therapy and athletic enhancement. Each step in this history reflects a deeper understanding of endocrinology and the pursuit of treatments that balance efficacy with safety.

4. INJECTABLE VS ORAL STEROIDS

The pharmacokinetics and pharmacodynamics of anabolic steroids significantly differ between oral and injectable formulations, influencing their efficacy, safety profile, and application in both clinical and performance enhancement contexts.

Pharmacokinetics and Metabolic Pathways

Oral Anabolic Steroids exhibit distinct pharmacokinetic properties primarily due to the structural modifications (e.g., methylation at C-17) that enhance oral bioavailability. These alterations, however, impose a considerable hepatic burden, precipitating hepatotoxicity risks. The rate of absorption, peak plasma levels, and half-life of oral steroids can significantly vary, impacting dosing schedules and systemic exposure. For the most part, most oral steroids are going to need to be dosed two to three times per day due to their short half-life.

Injectable Anabolic Steroids are characterized by their esterification, influencing their solubility and release rate. The ester length can modulate the drug's half-life, ranging from days to weeks, thus affecting the frequency of administration. Injectable steroids bypass first-pass metabolism, reducing hepatotoxicity risk but not eliminating complications related to long-term steroid use.

Efficacy and Anabolic-to-Androgenic Ratios

The efficacy of anabolic steroids in muscle hypertrophy and performance enhancement is partly dictated by their anabolic-to-androgenic ratios. Injectable forms, due to their prolonged half-life and steadier blood concentrations, may provide a more sustained anabolic environment. This could translate to enhanced muscle protein synthesis over time, compared to the pulsatile exposure seen with oral steroids.

4. INJECTABLE VS ORAL STEROIDS

Safety Profile and Adverse Effects

While oral steroids pose a pronounced risk for hepatotoxicity, injectable steroids are not devoid of adverse effects. The route of administration with injectables may lead to complications such as injection site infections, abscess formation, and in the case of trenbolone, irritation of the lung tissue known as "Tren Cough." Moreover, the systemic side effects, including cardiovascular strain, lipid profile alterations, and endocrine disruptions, are pertinent to both forms, albeit with varying degrees and mechanisms of action.

Clinical and Non-Clinical Implications

In therapeutic settings, the choice between oral and injectable steroids hinges on the clinical condition, desired pharmacokinetic profile, and risk-benefit assessment. For performance enhancement, injectables are often favored for their sustained release and lower hepatotoxicity, though oral steroids are sometimes preferred for short-term gains due to their rapid onset of action. Also, oral steroids have a much faster clearing time, which is of particular interest to the drug-tested athlete.

Future Directions in Steroid Use and Research

Emerging research into selective androgen receptor modulators (SARMs) and tissue-selective anabolic agents presents a potential shift in the paradigm of steroid use, aiming to maximize therapeutic effects while minimizing adverse outcomes. Advanced practitioners and coaches are encouraged to stay abreast of these developments, as they may redefine the landscape of anabolic steroid use in both medical and athletic domains.

The decision to utilize oral versus injectable anabolic steroids involves a complex interplay of pharmacokinetics, efficacy, safety, and individual goals. Advanced understanding and continuous research into these agents will further refine their use, enhancing therapeutic outcomes and mitigating risks.

5. INJECTABLE STEROIDS VS SARMs



The landscape of anabolic pharmacotherapy is markedly evolving, with the advent of Selective Androgen Receptor Modulators (SARMs) presenting a novel paradigm in tissue-selective androgen action. This section explains the nuanced pharmacological distinctions, therapeutic potential, and safety profiles between traditional injectable anabolic androgenic steroids (AAS) and SARMs, catering to the sophisticated understanding of researchers in the field.

Molecular Mechanisms and Receptor Selectivity

Injectable AAS functions through non-selective agonism of androgen receptors (AR), exerting both anabolic and androgenic effects. The esterification of AAS modulates pharmacokinetics, but not the inherent receptor-binding characteristics. Hence, while providing sustained release and stable plasma levels, injectable AAS do not inherently discriminate between anabolic (muscle, bone) and androgenic (sebaceous glands, hair follicles) tissue targets. Thus causing some of the well-known side effects associated with steroids.

SARMs, on the other hand, are engineered to achieve selective AR activation in anabolic tissues with reduced activation in androgenic sites. This selectivity aims to maximize therapeutic benefits while minimizing adverse effects. The molecular structure of SARMs allows differential interaction with co-activators and co-repressors in target tissues, a promising approach to mitigating the limitations of conventional AAS.

Therapeutic Applications and Efficacy

The broad androgenic activity of injectable AAS limits their therapeutic application, primarily due to the risk of virilization and other androgenic side effects. However, their efficacy in muscle hypertrophy, strength enhancement, and catabolic

5. INJECTABLE STEROIDS VS SARMS

condition management is well-documented, underpinned by decades of clinical use.

SARMs, with their tissue-selective action, hold promise for a wider range of therapeutic applications, including osteoporosis, muscle wasting diseases, and possibly benign prostatic hyperplasia (BPH) without the exacerbating effects of traditional AAS. Preliminary clinical trials and in vitro studies suggest SARMs could achieve significant anabolic effects on muscle and bone with reduced impact on prostate size and serum lipid profiles.

Safety and Adverse Effect Profile

The hepatotoxicity of injectable AAS, while less pronounced than oral AAS, remains a concern, particularly with long-term use or high dosages. Other systemic effects include alterations in lipid profiles, cardiovascular strain, and potential exacerbation of latent prostate cancer.

Theoretically, SARMs offer an improved safety profile, targeting anabolic pathways with reduced androgenic side effects. However, clinical data on long-term safety is sparse, with concerns regarding off-target effects, potential for liver toxicity, and impacts on cardiovascular health and hormone regulation still under investigation.

Regulatory Status and Research Directions

Injectable AAS are tightly regulated due to their potent androgenic effects and potential for abuse, with legitimate medical use confined to specific indications under medical supervision.

SARMs are currently not approved for clinical use by regulatory bodies like the FDA, remaining investigational. Their status in sports and athletics is also contentious, as they are classified as prohibited substances by many anti-doping agencies, pending robust safety and efficacy data.

6. ARE INJECTABLE STEROIDS SAFE?

Within the clinical and athletic communities, the utilization of injectable steroids has been an excellent way to bypass the liver toxicity associated with oral steroids. However, besides less liver toxicity, most of the other steroid side effects are still present with injectables.

Adverse Effects: A Closer Examination

While injectable steroids may circumvent some liver-related toxicities associated with oral steroids, the potential for adverse effects remains a critical consideration. The systemic impact of steroids extends beyond hepatic metabolism, implicating cardiovascular, endocrine, and psychological domains. Cardiotoxicity, manifesting as alterations in lipid profiles, blood pressure, and myocardial structure, constitutes a significant concern. Endocrine disruption, including suppression of the hypothalamic-pituitary-gonadal axis, necessitates consideration of long-term fertility and hormonal balance. Musculoskeletal injuries, such as tendon rupture, are heightened under the influence of supraphysiological muscle strength gains. Renal strain warrants vigilance, particularly in the context of pre-existing conditions or concomitant use of nephrotoxic agents. Furthermore, the risk of infectious complications, including abscess formation and transmission of blood-borne pathogens through non-sterile injection practices, presents tangible safety concerns.

7. INJECTABLE STEROID PROFILES INTRO

In the realm of performance enhancement and bodybuilding, injectable steroids represent a cornerstone of many users' regimens. These compounds, administered via intramuscular injection, offer unique advantages and characteristics compared to their oral counterparts. This section delves into the different options in injectable steroids, providing an extensive overview of each compound's properties, mechanisms of action, dosages, cycles, and potential side effects.

Each injectable steroid offers distinct benefits and considerations for users seeking to optimize muscle growth, strength, and overall performance, from testosterone esters to boldenone undecylenate. With a focus on experienced users and trainers, this chapter aims to provide nuanced insights into the nuances of each injectable steroid, empowering readers to make informed decisions about their usage and mitigate potential risks.

Whether you're a seasoned athlete looking to fine-tune your regimen or a knowledgeable researcher seeking a more profound understanding, this chapter provides a comprehensive guide to the vast array of injectable steroids available on the market. Through meticulous examination and analysis, we aim to shed light on the intricacies of these compounds, offering practical advice and recommendations to help users navigate the complex landscape of performance enhancement safely and effectively.

7. INJECTABLE STEROID PROFILES INTRO

7.1- Testosterone.....	22
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7.1 - TESTOSTERONE (BASE, PROP, ENANTH, CYP UNDECYLENATE)

In the performance-enhancing community, Testosterone and its various esters (Base, Propionate, Enanthate, Cypionate, Undecylenate) are revered as the cornerstone of any steroid cycle. Experienced users and trainers often view Testosterone as the foundation upon which steroid cycles are built. It is lauded for its versatility, providing both bulking and cutting capabilities depending on the ester used and the accompanying compounds in the stack.

Testosterone is essential for maximizing muscle gains, strength, and performance enhancement. Many experienced users incorporate it into their cycles to ensure adequate levels of the hormone in the body, which can decline with age or due to prolonged steroid use. Moreover, Testosterone is often regarded as relatively safe when used responsibly, especially in comparison to more potent and potentially harmful compounds. However, users are cautioned about the risks of aromatization and estrogen-related side effects, which can be managed through the use of aromatase inhibitors or selective estrogen receptor modulators (SERMs).

Overall, within the performance-enhancing community, Testosterone is highly regarded as a reliable and effective steroid for achieving desired physique and performance goals. Its perceived benefits and long-standing history of use in bodybuilding and athletics contribute to its continued popularity among experienced users and trainers.

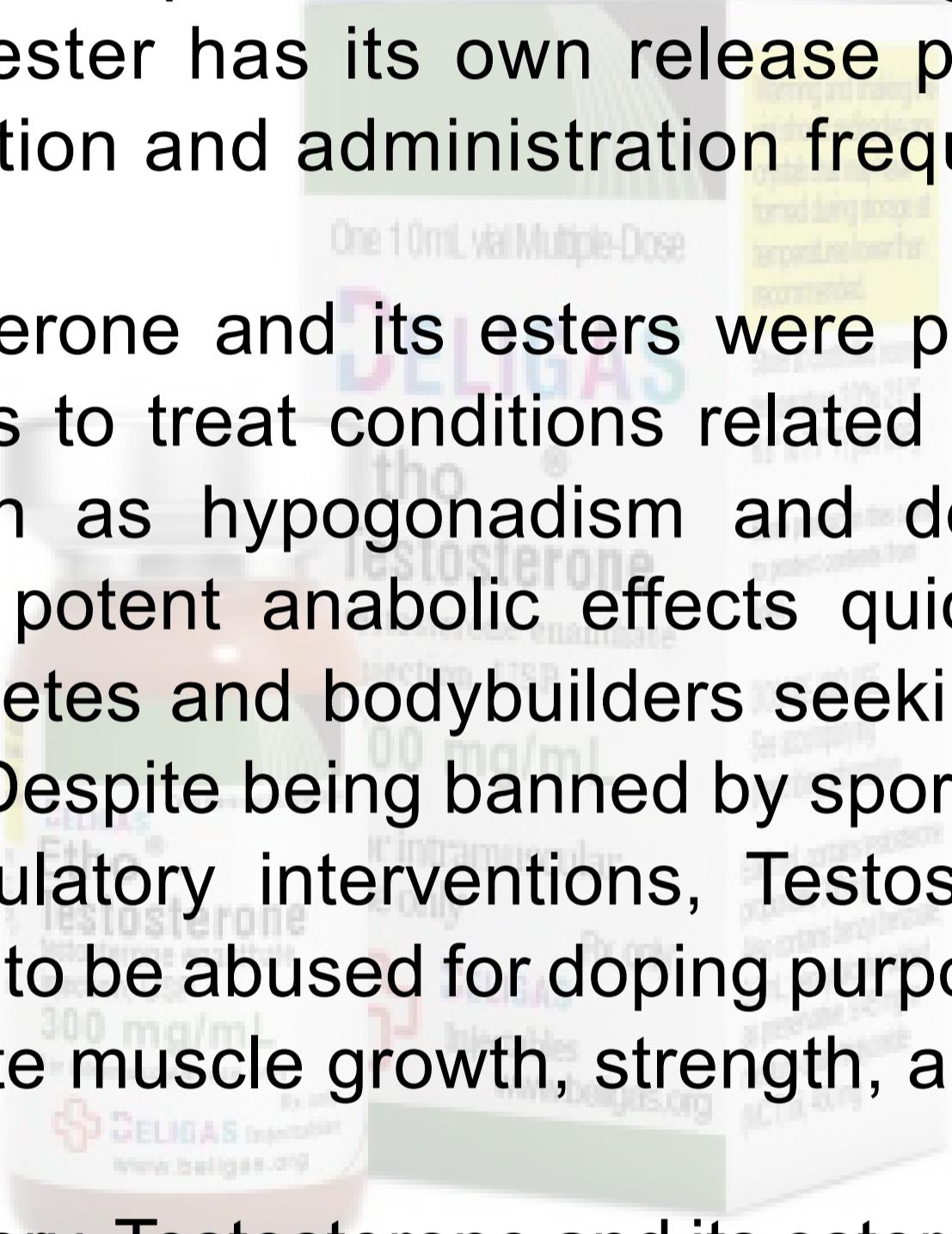
History of Testosterone and its Esters.

Testosterone and its various esters have a rich history dating back to the early 20th century. Testosterone was isolated in 1935 by German scientists Adolf Butenandt and Leopold Ruzicka, earning them the Nobel Prize in Chemistry. Following this breakthrough, pharmaceutical companies

7.1 - TESTOSTERONE (BASE, PROP, ENANTH, CYP UNDECYLENATE)

began synthesizing Testosterone esters to enhance their pharmacokinetic properties, developing Testosterone Propionate, Testosterone Enanthate, Testosterone Cypionate, and Testosterone Undecylenate.

Testosterone Propionate was the first esterified form of Testosterone introduced to the market in the 1930s, followed by Testosterone Enanthate and Testosterone Cypionate in the 1950s. These Esters were developed by various pharmaceutical companies such as Schering, Organon, and Upjohn. Each ester has its own release profile, affecting the action duration and administration frequency.



Initially, Testosterone and its esters were primarily used in medical settings to treat conditions related to Testosterone deficiency, such as hypogonadism and delayed puberty. However, their potent anabolic effects quickly caught the attention of athletes and bodybuilders seeking performance enhancement. Despite being banned by sports organizations and facing regulatory interventions, Testosterone, and its Esters continue to be abused for doping purposes due to their ability to promote muscle growth, strength, and recovery.

Throughout history, Testosterone and its esters have remained at the center of controversies and debates regarding their ethical, legal, and health implications. Their widespread use and misuse in medical and non-medical contexts underscore the complex relationship between science, medicine, and human performance enhancement, highlighting the ongoing challenges of balancing the potential benefits with the risks associated with their use.

How to Use Testosterone

For athletes looking to utilize Testosterone in their steroid cycles, the approach to dosing, stacking, and cycle length varies depending on the specific esters used (Base,

7.1 - TESTOSTERONE (BASE, PROP, ENANTH, CYP UNDECYLENATE)

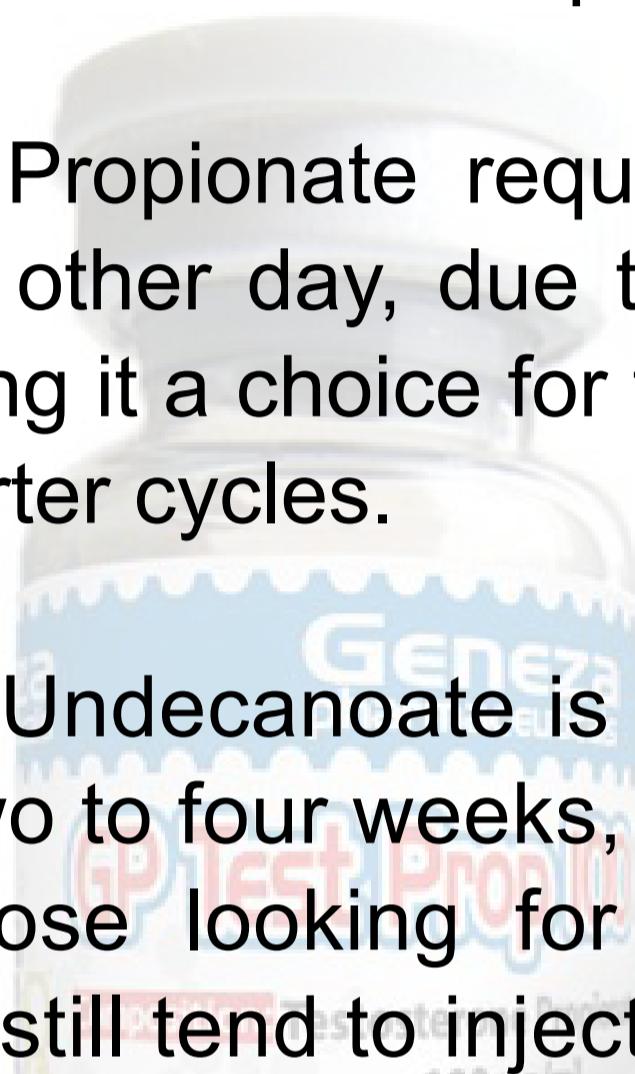
Propionate, Enanthate, Cypionate, and Undecylenate) as well as individual goals (bulking, cutting, strength enhancement).

General Guidelines for Testosterone Usage:

Testosterone Enanthate and Cypionate are similar in their application, typically injected once every 7 days, allowing for a slow, steady release of the hormone. These forms are suitable for longer cycles due to their prolonged half-life.

Testosterone Propionate requires more frequent injections, usually every other day, due to its faster action and shorter half-life, making it a choice for those seeking more immediate effects or shorter cycles.

Testosterone Undecanoate is often administered by doctors once every two to four weeks, offering an even longer-acting option for those looking for minimal injection frequency. Bodybuilders still tend to inject it once every seven days.



Testosterone Dosage:

Dosages vary significantly depending on the ester, cycle goals, and individual response. For bulking cycles, doses can range from 250mg to 750mg per week for beginners and up to 1,000mg or more for advanced users .

For cutting or more specific goals like enhancing muscle definition or strength without significant mass gain, lower dosages and the inclusion of other anabolic steroids like Winstrol, Masteron, or Trenbolone might be preferred.

Stacking Testosterone With Other Steroids:

With Dianabol: A common bulking cycle includes Testosterone (any ester) stacked with Dianabol for significant muscle and strength gains. Dianabol aromatizes into a strong Estrogen, providing substantial gains in water as well as muscle mass. You should use N2Guard as a liver support product any time

7.1 - TESTOSTERONE (BASE, PROP, ENANTH, CYP UNDECYLENATE)

you use Dianabol.

With Deca Durabolin: For those seeking a safer cycle with minimal liver impact, Testosterone can be stacked with Deca Durabolin. Deca is known for enhancing muscle gains without severe toxicity .

With Trenbolone: A stack of Testosterone with Trenbolone is known for yielding substantial gains in muscle and strength, with Trenbolone adding the benefits of fat loss and increased definition without water retention.

With Every Steroid: Testosterone stacks well with most other steroids out there, and you can include it in pretty much any stack. Some old-school guys will even start every stack with 1,000mg of Testosterone per week.

Cycle Length:

Cycles can last anywhere from 6 to 12 weeks, depending on the esters used and the cycle goals. Shorter esters like Propionate allow for shorter cycles, while longer esters like Enanthate and Cypionate are used in longer cycles .

Post-cycle therapy (PCT) is crucial after any Testosterone cycle to help restore natural hormone production. PCT usually starts a few weeks after the last injection and can include drugs like Nolvadex, Clomid, and HCG .

Note: Men on Testosterone Replacement Therapy are prescribed Testosterone injections on an ongoing permanent basis. It is possible to stay on Testosterone for years as long as you monitor your blood work and keep healthy numbers of health markers.

Side Effects and Precautions:

Potential side effects of Testosterone usage include water

7.1 - TESTOSTERONE (BASE, PROP, ENANTH, CYP UNDECYLENATE)

retention, increased risk of gynecomastia, heightened blood pressure, and more severe effects on cholesterol levels. Utilizing aromatase inhibitors (A.I.s) during the cycle can help mitigate estrogenic side effects.

Regular monitoring and adjustments based on individual responses and side effects are important. Liver support supplements and careful attention to cardiovascular health are also recommended.

Each athlete's response to Testosterone can vary, so starting with a lower dose to gauge individual tolerance and adjusting as needed is advisable. Keeping an eye on your blood work and frequent checkups are also recommended to ensure safety and effectiveness throughout the cycle.

7.1 - TESTOSTERONE (BASE, PROP, ENANTH, CYP UNDECYLENATE)

“Testosterone: I’ve been doing geneza pharma testosterone cypionate for the past 10 weeks doing 200 milligrams a week. Blood work came in and I’m in the 4 figure range.

Very solid numbers and proves that it’s good gear also my libido and strength is definitely higher and I’m finding it easier to put on muscle now”

-TISEKBAJ

<https://www.evolutionary.org/forums/threads/geneza-pharma-test-is-spot-on.97162/>

“They are basically the exact same thing. Both are long estered forms of testosterone and pretty much interchangeable. Test e has a slightly longer half life. Test e has a half life of 10.5 days. Test cyp has a half life of 7 days.

For all the real world purposes, they are the exact same thing. Both need to be injected at least once per week but ideally twice per week for the most stable blood hormone levels.”

-MUSKATE

<https://www.evolutionary.org/forums/threads/testosterone-enanthate-vs-cypionate.49419/>

“A simple testosterone cycle of 10-12 weeks at 400-500mg/week is your best option for a first cycle. Being new to steroids, your body will hyper respond and you don’t need a very aggressive cycle. It’s very similar to an 18 year old having their first drink. A single drink really hits them because they have never drank before. However, a more experienced drinker would need much more alcohol to get the same effect.”

-MUSKATE

<https://www.evolutionary.org/forums/threads/test-e-vs-prop.40639/>

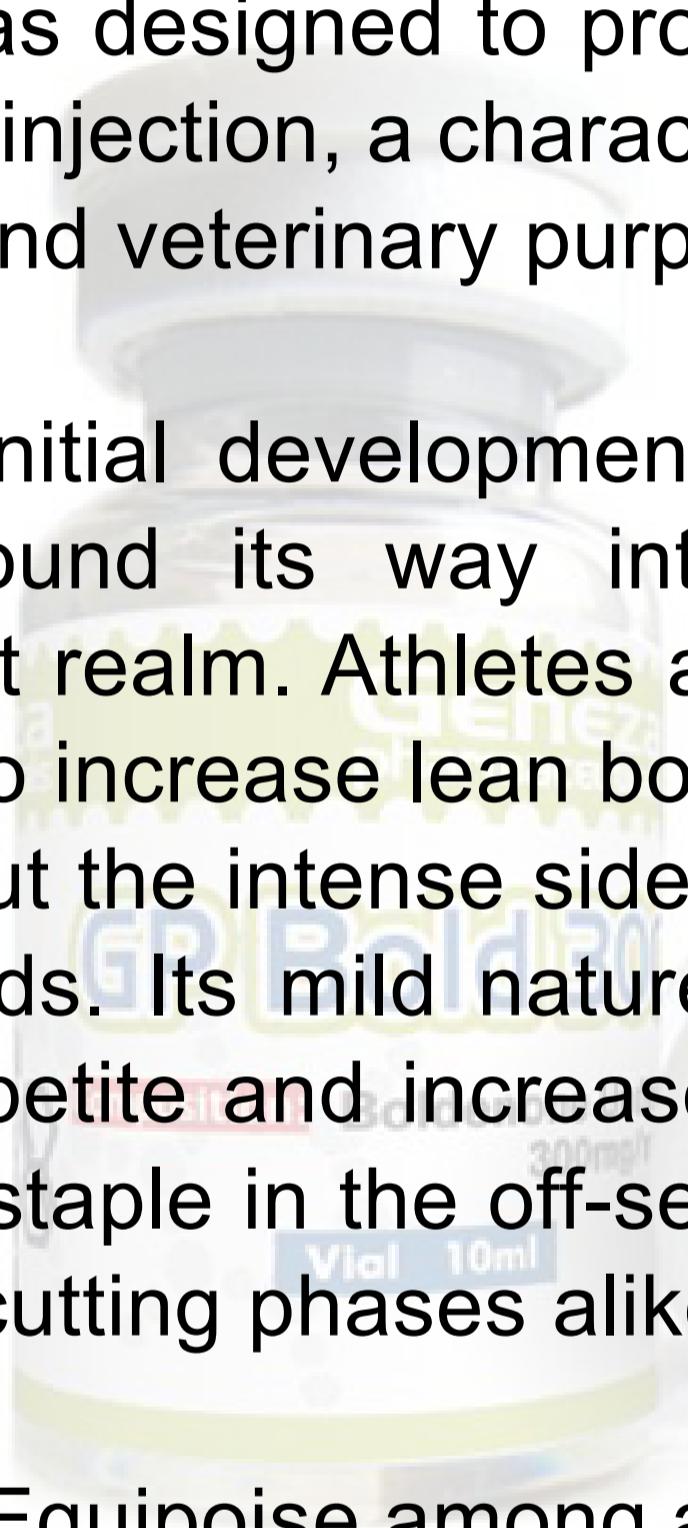
7.2 - EQUIPOISE

Within the performance enhancement community, Equipoise (Boldenone Undecylenate) is perceived as a versatile anabolic steroid favored for its quality muscle gains and strength-enhancing properties rather than rapid mass increases associated with other steroids. Its ability to promote red blood cell production enhances stamina and endurance, making it particularly valuable for athletes focused on long-term performance gains. Users appreciate Equipoise for its balanced approach, offering sustainable muscle growth with a lower risk of water retention and estrogenic side effects common with steroids like Dianabol or Anadrol. The steroid's mild side effects, coupled with its benefits, make it a preferred choice for both bulking and cutting cycles, appealing to those seeking gradual improvements in muscle quality and athletic performance.

However, Equipoise's long detection time, up to eight months, limits its appeal to athletes subject to regular drug testing, positioning it more favorably among non-tested bodybuilders and recreational users. Despite its benefits, performance enhancement coaches are cautious about its use, emphasizing responsible dosing and cycle management to mitigate potential side effects. The steroid's ability to increase appetite can be a double-edged sword, aiding in calorie surplus during bulking while posing challenges during cutting phases. Overall, Equipoise is respected for its utility in achieving lean muscle gains and enhancing physical capabilities, with its users valuing the steroid for its efficacy and manageable risk profile, especially when used within recommended guidelines and in conjunction with proper post-cycle therapy.

History of Equipoise

Equipoise, also known by its chemical name Boldenone Undecylenate, is an anabolic androgenic steroid developed for veterinary use, primarily for treating anemia and improving weight gains and general conditions in horses and cattle. Its development can be traced back to the early 1950s when it was first synthesized in an attempt to create a long-acting injectable methandrostenolone (Dianabol), leading to a structurally altered form of Testosterone. Unlike Dianabol, Equipoise was designed to provide a steady and prolonged release after injection, a characteristic that made it appealing for medical and veterinary purposes.



Despite its initial development for veterinary applications, Equipoise found its way into the human performance enhancement realm. Athletes and bodybuilders were drawn to its ability to increase lean body mass and improve muscle quality without the intense side effects associated with more potent steroids. Its mild nature, coupled with the ability to stimulate appetite and increase red blood cell count, made Equipoise a staple in the off-season bulking cycles and pre-competition cutting phases alike.

The fame of Equipoise among athletes and bodybuilders has been a double-edged sword, leading to its classification as a controlled substance in many countries, including the United States. Despite its legal status, the steroid continues to be popular for its balanced effects, moderate estrogenic activity, and the low risk of androgenic side effects. The history of Equipoise reflects the broader narrative of anabolic steroids—from medical and veterinary applications to widespread use in sports and bodybuilding, highlighting the ongoing debate over performance enhancement in athletics.

Best Way To Use Equipoise

Equipoise, or Boldenone Undecylenate, is a versatile anabolic steroid that's popular among athletes for its ability to promote quality muscle mass and strength gains while enhancing endurance and overall performance. Here's how you can use Equipoise effectively:

Equipoise Dosage

Beginner Dosage: Starting with a low dosage of 200-300mg per week for a 10-14 week cycle is recommended for beginners to minimize the risk of side effects and allow the body to adjust.

Intermediate Dosage: For those with some experience, a dosage of 400-600mg per week for 12-16 weeks can provide noticeable gains in muscle mass and strength.

Advanced Dosage: Experienced users may opt for higher dosages, up to 800-1000mg per week, over a 14-18 week cycle. However, higher dosages increase the risk of side effects. It is also well-known that many top-level bodybuilders stay on steroids year-round; Equipoise taken for so long can cause an unhealthy rise in red blood cell count.

Stacking Equipoise

Equipoise stacks well with various other steroids to enhance its effects:

A classic bulking stack includes Equipoise with Testosterone (500mg per week) and possibly Dianabol (30-50mg per day) for the initial 4-6 weeks of the cycle.

For cutting or endurance cycles, Equipoise can be stacked with Anavar or Clenbuterol to promote fat loss while preserving muscle mass.

To improve joint health, Equipoise can be stacked with Deca-Durabolin or Primobolan.

Cycling Equipoise: Equipoise cycles typically last between 8 and 16 weeks, with some advanced cycles extending much longer. Due to its long half-life, splitting the weekly dosage into two equal injections is advisable to maintain stable blood levels.

Expected Results: Equipoise is known for providing slow but quality gains in muscle mass, with fewer of the issues associated with more estrogenic steroids, like fluid retention. It's also beneficial for preserving lean muscle during cutting cycles, thanks to its muscle retention capabilities.

Side Effects: Common side effects include mild estrogenic effects such as water retention and elevated blood pressure, oily skin, and the potential for elevated red blood cell count. Equipoise can also affect natural testosterone production, making PCT necessary to restore hormone levels post-cycle.

Administration and Monitoring

Equipoise is administered intramuscularly, with the glutes and quads being the common injection sites. Regular blood tests are recommended to monitor health markers, especially for those cycling or considering cycling.

Given its benefits and relatively mild side effects compared to other anabolic steroids, Equipoise is a popular choice for both bulking and cutting phases. However, it's crucial to use it responsibly, adhering to recommended dosages, cycle lengths, and PCT protocols to maximize benefits while minimizing potential health risks. Always go in for a complete physical examination with your healthcare professional before starting any steroid cycle.

7.2 - EQUIPOISE

“Yeah I think EQ ran at 600mg per week is optimal, need to run longer as of the long ester, 16 weeks of EQ is spot on imo. you can run the test at 400mg week.”

-SEVENTIESCHILD

<https://www.evolutionary.org/forums/threads/equipoise-only.90606/>

“I ran EQ and anavar for one show about 3 years ago. EQ at 300mg/week, anavar at 60mg/day and aromasin at 10mg EOD.

Physique wise - it was a killer combo. Really dry and vascular. No water retention at all.

Shut down - I can't comment. This is when I was totally entrenched in bodybuilding/modelling and not coming off. I experienced no libido issues on cycle or after, for whatever that's worth.

Looking back I would of added a TRT dosage to it. Maybe around 150mg/week.”

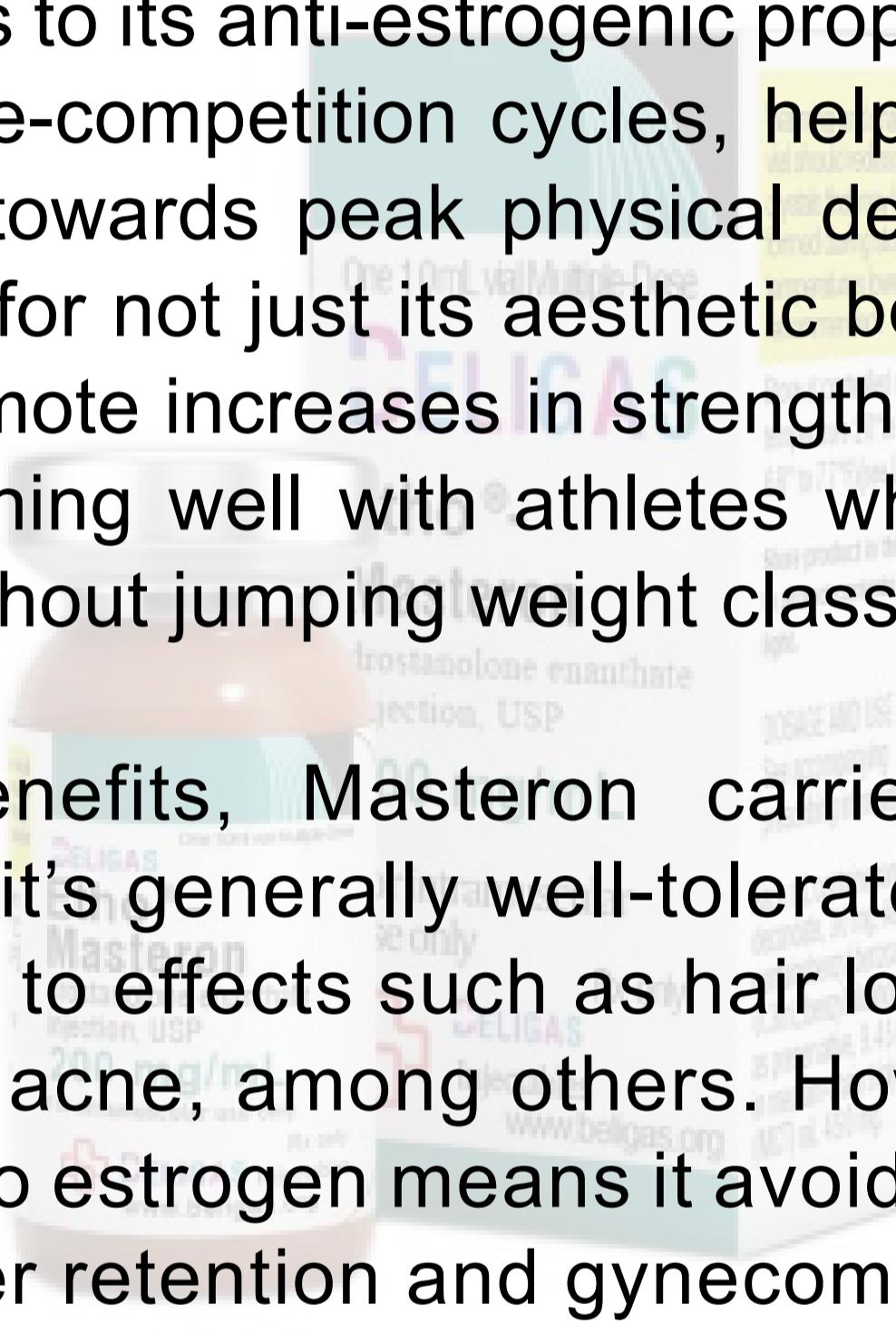
-MUSKATE

<https://www.evolutionary.org/forums/threads/anyone-run-equipoise-on-it-own.42368/>

7.3 - MASTERON



Masteron, known scientifically as Drostanolone, is highly regarded in the performance enhancement community for its unique properties, particularly its efficacy during cutting cycles for athletes and bodybuilders already at a low body fat percentage. Unlike many anabolic steroids known for rapid mass gain, Masteron's strengths lie in its ability to provide a harder, more defined look by reducing body fat and water retention, thanks to its anti-estrogenic properties. This makes it a staple in pre-competition cycles, helping users achieve that final push towards peak physical definition. Moreover, it's appreciated for not just its aesthetic benefits but also for its ability to promote increases in strength without significant mass gain, aligning well with athletes who aim to improve performance without jumping weight classes.



Despite its benefits, Masteron carries potential side effects, though it's generally well-tolerated. Its androgenic nature can lead to effects such as hair loss in predisposed individuals and acne, among others. However, its inability to aromatize into estrogen means it avoids common steroid issues like water retention and gynecomastia. The dosage varies, with recommendations for men typically ranging from 300 to 500 mg per week, emphasizing the importance of individual customization to achieve desired results while minimizing side effects. For women, the dosage is significantly lower to reduce the risk of virilization effects. It's crucial for users to consider these factors and consult healthcare professionals before incorporating Drostanolone into their regimen, ensuring a balance between achieving aesthetic or performance goals and maintaining health.

History of Masteron

Drostanolone propionate, marketed under names like Masteron, was introduced in the early 1960s, primarily for

7.3 - MASTERON

treating advanced breast cancer. It stands out due to its mild side effect profile, which is suitable for women because of its lower androgenic effects compared to other steroids. Despite its medical roots, Masteron became popular among athletes and bodybuilders for its physique-enhancing properties, notably improving muscle hardness and definition without water retention. However, its production for medical use has ceased, and it is now regulated in many countries due to its potential for abuse.

Using Masteron

Masteron (Drostanolone) is a popular anabolic steroid among athletes, particularly for those in cutting phases or pre-contest preparation, due to its ability to promote muscle hardness, vascularity, and overall physique enhancement without significant mass gain. Here's a comprehensive guide to using Masteron:

Masteron Dosage and Administration

Beginner Dosage: A starting dose of 200mg per week is considered effective for physique enhancement, with the possibility to go up to 400mg weekly, which is the point where Masteron's effects become more pronounced.

Intermediate to Advanced Dosage: Both intermediate and advanced users can benefit from a 400mg weekly dosage, as Masteron does not act as a primary anabolic steroid in cycles. It's used for its specific effects on hardness and definition rather than for mass building.

Administration Frequency: For those using Masteron Enanthate, it's advisable to split the weekly dosage into two injections. For Drostanolone Propionate, due to its shorter half-life, daily or every other day injections are recommended for maintaining stable blood levels.

Stacking Masteron

Masteron is typically not used as a standalone steroid. It's often stacked with other compounds to maximize its physique-enhancing effects:

With Testosterone: A common practice is to combine Masteron with Testosterone, adjusting the dosage based on the cycle's goal—cutting or bulking. For cutting, a lower testosterone dosage (200-300mg per week) is paired with 400-600mg of Masteron per week. For bulking, higher testosterone dosages (500-750mg per week) may be used alongside 200-400mg of Masteron per week.

With Other Steroids: Masteron can also be effectively stacked with Anavar for enhanced cutting effects, where Testosterone is used at maintenance doses.

Cycle Duration

The optimal cycle length varies based on goals and steroid experience. Generally, Masteron cycles last between 8 and 12 weeks, though some advanced users may extend it up to 16 weeks with careful monitoring.

For pre-contest or cutting phases, shorter Masteron cycles of 4-6 weeks are sufficient and beneficial.

Side Effects and Considerations

While Masteron is relatively well-tolerated, potential side effects include hair loss, mood swings, and testosterone suppression, necessitating post-cycle therapy (PCT) to restore natural hormone production. Its anti-estrogenic properties may reduce the need for aromatase inhibitors (A.I.s), but monitoring for estrogenic side effects is still advised.

Female Usage

For female athletes, careful consideration of dosage is crucial to avoid virilization symptoms, with recommendations often not exceeding 100mg weekly and limiting the cycle duration to 4-6 weeks.

Masteron provides specific benefits for physique and performance enhancement, particularly in cutting phases or pre-contest preparation. However, its use should be carefully planned and monitored to maximize its benefits while minimizing potential risks.

7.3 - MASTERON

"Masteron is a really over rated steroid. It's very hard on your hair line and it's primarily a cosmetic drug. You won't notice anything from it what so ever unless you are 8% body fat or less. It does pretty much nothing for muscle size or strength.

Primo would be a much better option for you.

Primo is a very mild compound that does not aromatize into estrogen. You could run a TRT testosterone dosage + primo for your second cycle. You won't get huge increases in strength or size from the cycle but it will be extremely minimal in the way of side effects and be a great cutting cycle. There will be no water retention or bloat with a TRT testosterone + primo steroid cycle.

Something like this:

Weeks 1 - 16

testosterone 200mg/week

primo 600mg/week

aromasin 5mg EOD"

-MUSKATE

<https://www.evolutionary.org/forums/threads/is-masteron-this-great.53240/>

"Masteron and its oral sister Proviron can help maintain/lower estrogen levels but as others have said its not replacement for an AI.

Masteron will get you rock solid if you are already low bodyfat. For "blasts" instead of jacking up your test from TRT levels I always recommend adding a different compound like primobolan, eq, deca, or in this case masteron if you are lean enough. Running masteron at a higher bodyfat will not show significant results."

-AWM1981

<https://www.evolutionary.org/forums/threads/adding-masteron.69518/>

7.4 - NANDROLONE (DECA/NPP)

Nandrolone, known widely in its commercial form as Deca Durabolin, is viewed within the performance enhancement community as a potent anabolic-androgenic steroid (AAS) derived from Testosterone. It's celebrated for its ability to significantly aid in recovery from injuries, increase muscle size, strength, and power, and enhance the ability to train harder and longer. Its use is prevalent among athletes and bodybuilders seeking therapeutic relief, recovery enhancement, and increased muscular endurance, often making it a top choice for those goals. Nandrolone's ability to boost red blood cell production, enhance collagen synthesis, and increase bone mineral content has also made it useful in treating various medical conditions, such as anemia associated with chronic kidney failure, osteoporosis, and certain forms of breast cancer.

Despite its benefits, Nandrolone is not without its side effects, which may include mood changes, cardiovascular toxicity, and potential impacts on fertility and sexual function. However, it is generally considered to have a more favorable side effect profile compared to other steroids, particularly when doses are kept low. Nandrolone has a unique profile in that it does not convert to estrogen as readily as Testosterone, reducing the risk of estrogenic side effects like gynecomastia and water retention. Nonetheless, it can still cause androgenic side effects such as hair loss and acne in predisposed individuals. The performance enhancement community values Nandrolone for its balanced approach to muscle building and recovery, with careful consideration given to dosing to minimize adverse effects.

Nandrolone History

Nandrolone is one of the most widely used anabolic steroids; it comes in two forms, the decanoate ester form known as

7.4 - NANDROLONE (DECA/NPP)

Nandrolone Decanoate (often sold under the brand name Deca Durabolin) and its phenylpropionate ester form known as NPP (Nandrolone Phenylpropionate). Developed in the late 1950s, Nandrolone first came to the market in 1962 when it was introduced for medical use by the pharmaceutical company Organon. Its discovery was part of a wave of anabolic steroid development during the 1950s and 1960s, aiming to find therapeutic agents with improved anabolic activity and reduced androgenic effects compared to Testosterone.

Nandrolone Decanoate quickly gained popularity in the medical community for its ability to treat a wide array of conditions, from osteoporosis and certain forms of anemia to chronic wasting conditions associated with diseases like cancer and HIV/AIDS. Its relatively low androgenic activity compared to its anabolic effect made it a favorable option for patients, including women and children, who needed the anabolic effects without the virilizing side effects.

In the realm of sports and performance enhancement, both Nandrolone Decanoate and NPP became favorites among athletes and bodybuilders due to their significant muscle mass and strength gains, coupled with a lower incidence of side effects. Nandrolone is known for its ability to improve nitrogen retention and collagen synthesis, making it beneficial for both bulking and cutting cycles, as well as for therapeutic purposes to aid in the recovery of joint and tendon injuries. However, its use has been mired in controversy due to widespread abuse in sports, leading to it being banned by most major sporting organizations. Despite this, both forms of Nandrolone remain among the most studied and utilized anabolic steroids in the world of performance enhancement.

Use Nandrolone

Nandrolone, available in two forms—Deca-Durabolin (Deca) and Nandrolone Phenylpropionate (NPP)—is renowned for

7.4 - NANDROLONE (DECA/NPP)

its use in building mass, enhancing recovery, and improving joint health. Here's a guide to using Nandrolone effectively:

Deca-Durabolin Usage

Cycle Length: For optimal results, a minimum cycle length of 12 weeks is recommended, with some users extending to 16-20 weeks due to Deca's slow-acting nature.

Dosage: Beginners can start with 400mg per week, while intermediate users might opt for 400-600mg weekly. Advanced cycles may include additional compounds like Dianabol and Testosterone for significant lean mass and strength gains, with Deca dosages around 500mg per week.

Stacking: Deca is commonly stacked with Dianabol and Testosterone for bulking, enhancing the anabolic nature, and minimizing Dianabol's adverse effects on sexual health. High doses of Testosterone can also be stacked with Deca, particularly for its androgenic benefits, which might alleviate Deca-related impotence.

PCT and Recovery: Post-cycle therapy is crucial due to Deca's suppressive effects on natural testosterone production. A combination of Clomid and HCG Gegerate is often recommended to restore hormonal balance and maintain gains.

"If you want a mild cycle with low sides then use nandrolone by itself.

The only rule of thumb for nandrolones is stacking it with proviron. that is what i recommend 100%.

We had a debate on this subject on our podcast you can check that out."

-STEVESMI

<https://www.evolutionary.org/forums/threads/nandrolone-cycle-no-test-base.71114/>

7.4 - NANDROLONE (DECA/NPP)

Nandrolone Phenylpropionate (NPP) Usage

NPP is the faster-acting version of Nandrolone, requiring more frequent injections but allowing for shorter cycles. The general approach to NPP usage would be similar to Deca but adjusted for the shorter ester:

Cycle Length: Generally shorter than Deca, often 8-12 weeks.

Dosage: Due to its faster action, NPP might be used at slightly lower dosages but injected more frequently, typically every other day or 3 times per week.

Stacking and PCT: Similar principles apply as with Deca, including the importance of stacking with a testosterone base and the necessity of a comprehensive PCT protocol.

Both forms of Nandrolone are celebrated for their ability to promote muscle growth, enhance recovery, and support joint health. However, careful consideration of dosage, cycle length, and PCT is essential to maximize benefits while minimizing potential side effects, including the well-documented risk of "Deca Dick" or erectile dysfunction associated with Nandrolone usage. Always consider individual goals, tolerance levels, and health status when planning a cycle with Nandrolone or any anabolic steroid.

7.4 - NANDROLONE (DECA/NPP)

"First post on these boards but I've been creeping for some time. I love Nand (specifically NPP). It makes me feel good, horny, hungry and confident. I see crazy gains and can split a cycle between bulk and cut and have it work out. Tren is amazing don't get me wrong, but its a motherfucker. I feel like god for the first three weeks, then I start thinking all women are scheming whores but still want to fuck everyone of them, then by about week six I'm a sweaty self loathing hog who has major stomach issues and no personality with the exception of anger.

Current Running

*700mg Test P
560mg NPP
400 Mast P*

and I'm feeling like Thor.

Anyways I'm sure this is a beaten up topic but screw it, I eventually had to post."

-BIGS2020

<https://www.evolutionary.org/forums/threads/anyone-else-prefer-nandrolone-over-tren.85952/>

7.5 - PRIMOBOLAN DEPOT



Primobolan Depot, scientifically known as Methenolone Enanthate, is perceived in the performance enhancement community as a premium-priced anabolic steroid, valued for its ability to promote lean muscle growth and strength with minimal side effects. It is famously known as the only steroid that could help you gain muscle mass during a caloric deficit. It is particularly favored for its low risk of estrogenic side effects such as water retention and gynecomastia, a common concern with many other steroids. This makes Primobolan Depot a preferred choice for athletes and bodybuilders looking to enhance their physique while maintaining a natural appearance.

Its relatively mild nature and minimal liver toxicity further contribute to its reputation as a safer alternative among anabolic steroids. Primobolan Depot is also unique in its suitability for both men and women, offering anabolic benefits with a lower likelihood of causing excessive masculinizing side effects, thus making it a versatile option for users seeking performance enhancement or physique improvement without severe adverse effects. Despite its advantages, it's essential to approach its use with caution, adhering to recommended dosages and considering potential risks such as androgenic effects and cardiovascular impacts.

Note: One of the more significant risks with Primobolan Depot is buying fakes. Since this steroid is so expensive, many unscrupulous sources will use a cheaper steroid in its place while still labeling it "Primobolan."

7.5 - PRIMOBOLAN DEPOT

History of Primobolan Depot

Primobolan Depot, also known as methenolone enanthate, is derived from dihydrotestosterone (DHT). It was first developed in the 1960s by Squibb under the brand name Nibal for the treatment of wasting diseases and muscle degenerative conditions. The drug was later acquired by Schering AG, a German pharmaceutical company, and marketed under the brand name Primobolan Depot.

Initially, Primobolan Depot was primarily used in medical settings to treat conditions such as muscle wasting associated with AIDS, cancer, and osteoporosis. However, its use extended beyond medical purposes, and it gained popularity among athletes and bodybuilders for its ability to promote lean muscle mass gains without excessive water retention or estrogenic side effects.

Despite its effectiveness in enhancing athletic performance and muscle growth, Primobolan Depot has been surrounded by controversy due to its classification as a controlled substance and its association with doping scandals in sports. Its use without a prescription is illegal in many countries, and it has been banned by various sports organizations.

Throughout its history, Primobolan Depot has remained a subject of interest for researchers and users alike, both for its potential therapeutic benefits and its misuse in the pursuit of athletic performance enhancement. Despite efforts to regulate its use, Primobolan Depot continues to be sought after in the underground market, highlighting the ongoing challenges associated with the use of performance-enhancing drugs in sports and society at large.

Using Primobolan Depot

Primobolan Depot, known for its efficacy in cutting phases and lean muscle preservation, is a revered anabolic steroid

7.5 - PRIMOBOLAN DEPOT

among athletes and bodybuilders. Here's a comprehensive guide to using Primobolan Depot effectively:

Primobolan Depot Dosage

For men, the typical dosage ranges from 200-600mg per week. For those in competitive settings, daily dosages can go up to 50-200mg. Women should use significantly lower amounts, approximately 50-100mg per week, though lower daily doses (25-75mg) are also noted for safety.

Stacking Primobolan

Primobolan Depot is commonly stacked with other steroids to maximize its effects in cutting cycles. Effective stacks include Deca Durabolin, Testosterone, Trenbolone, Anavar, Winstrol, and Dianabol, among others. Post-cycle therapy (PCT) with Nolvadex, HCG, and Clomid is recommended.

Cycling Primobolan

Primobolan cycles typically last 8 weeks, fitting into broader anabolic steroid regimens. For beginners, a cycle might include lower doses, with men starting at 200mg per week. It's crucial not to extend Primobolan use beyond 16 weeks to avoid adverse effects.

Benefits and Expected Results

Primobolan is particularly effective during cutting phases, offering benefits such as joint support, lean muscle gains, and fat loss without significant water retention. It contributes to a dry, vascular, and hard physique, complementing the effects of other steroids in a stack for enhanced definition and muscle preservation.

Side Effects and Management

While Primobolan is considered one of the safer anabolic steroids, potential side effects include suppression of your own testosterone production, cholesterol increases, liver

7.5 - PRIMOBOLAN DEPOT

health is advised . For the muscle pumps, using some Taurine will help.

Considerations for Women

Primobolan can provide an anabolic boost for women during the off-season, helping to gain muscle with minimal fat. Dosages should be carefully managed and kept under 150mg weekly to avoid virilization effects.

Primobolan and Athletic Performance

Beyond physique enhancement, Primobolan is known to increase strength, muscle endurance, and recovery, making it a versatile steroid for athletes looking to enhance performance across various parameters.

Primobolan Depot offers a blend of benefits for both aesthetic enhancement and performance improvement, with its non-aromatizing properties making it a staple in cutting and pre-contest cycles. However, like all anabolic steroids, responsible use, including adherence to recommended dosages, cycle lengths, and PCT protocols, is crucial to maximizing benefits while minimizing potential health risks.

7.5 - PRIMOBOLAN DEPOT

"Primo is my go to every cycle. If you're going to run it id say bump it to 800mg week for 16-20 weeks. If its a first cycle for you its a long ass cycle. I would suggest test only for a beginner. If its not then i would suggest 3-400mg test a week with the 800mg primo a week. What can I say about this cycle? Its Primo! lolol

but seriously primo and test is an amazing combo"

-BAD JUJU

<https://www.evolutionary.org/forums/threads/primobolan-depot-only-cycle-600mg-per-week-for-12-to-14-week.37736/>

"Primo (depot) has the best risk/reward ratio in the AAS world, and you can run it longest without negative health consequences, which gives a chance for better, leaner gains, better glucose management etc. Also, it is well tolerated by humans in many actual studies, unlike other popular AAS. There's just not a whole lot of downside to it, like there is to pumping your body full of estrogen blockers or more neuro toxic compounds like the 19 Nors."

-LITTLEMETROUBLE

<https://www.evolutionary.org/forums/threads/primobolan.95536/>

7.6 - TRENBOLONE (ACETATE/ENANTHATE/HEX)

Trenbolone is highly regarded within the performance enhancement community as one of the most potent anabolic steroids, making it a preferred drug for muscle growth, fat loss, and enhanced physical performance. Its ability to stimulate protein synthesis and nitrogen retention significantly contributes to accelerated muscle gains and promotes a remarkable fat-burning effect. This combination not only aids in achieving a leaner physique but also enhances strength and performance, making Trenbolone a versatile choice for bodybuilders and athletes aiming for both bulking and cutting phases.

However, Trenbolone's fame comes with a note of infamy due to its potential for severe side effects. It is known for more pronounced adverse effects compared to many other steroids, including but not limited to cardiovascular issues, liver toxicity, hormonal imbalances leading to trouble sleeping, and significant mood swings and aggression, often referred to as "Tren rage." Moreover, its potent androgenic effects can lead to pronounced virilization in female users and a host of androgenic effects in men. Despite these risks, its efficacy in muscle building and fat loss cannot be understated, provided it is used with caution and responsible management, including post-cycle therapy to mitigate side effects.

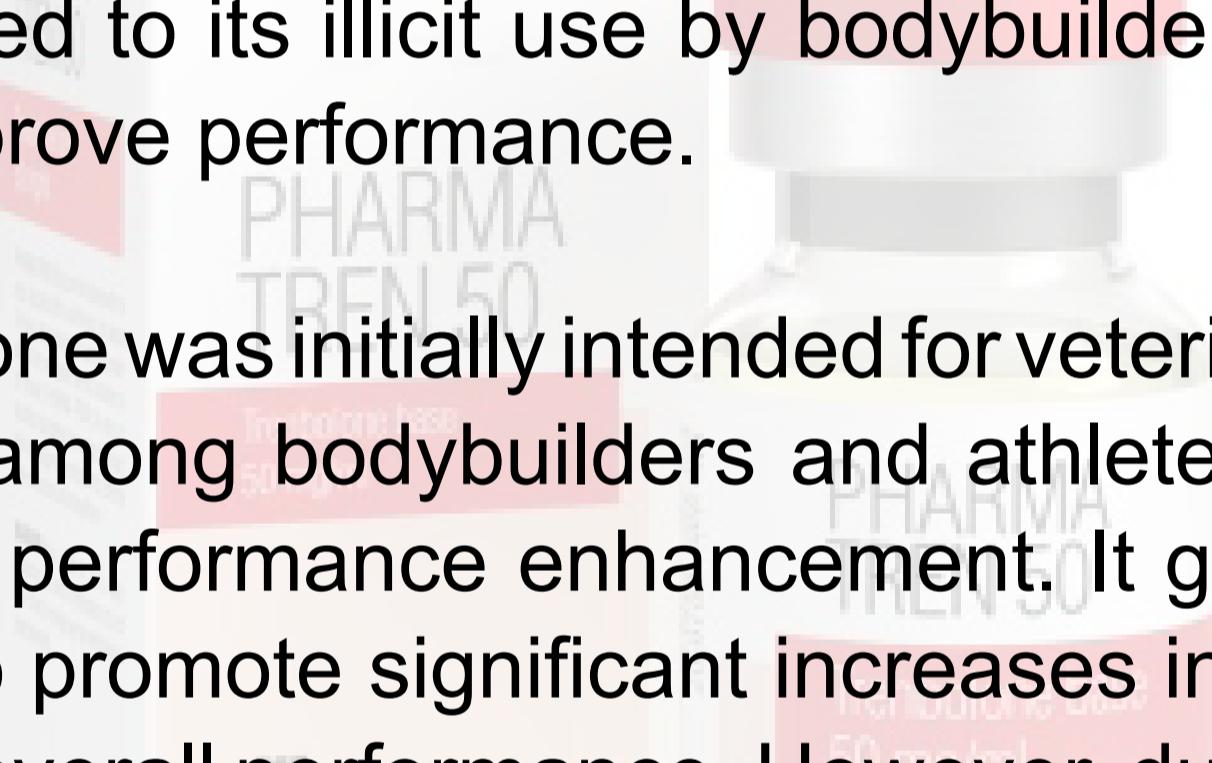
Note: Trenbolone has a unique side effect called "Tren Cough". this is a severe bout of painful cough that can last up to 5 minutes. This happens immediately after some injunctions where the steroid was injected too close to a blood vessel, thus some of it going into the blood system and reaching the lung, irritating lung tissue.

7.6 - TRENBOLONE (ACETATE/ENANTHATE/HEX)

Given its powerful effects and potential risks, Trenbolone usage is often reserved for those with experience in steroid cycles, emphasizing the importance of understanding one's own body's reaction to anabolic steroids and adhering strictly to recommended dosages and cycle lengths to minimize adverse effects.

History of Trenbolone

Trenbolone, a powerful anabolic steroid, was first synthesized in 1963 by Roussel Uclaf, a French pharmaceutical company, under the name Finajet. Originally developed for veterinary use, particularly in cattle, to promote muscle growth and increase feed efficiency, Trenbolone quickly gained attention for its potent anabolic effects. Its ability to enhance muscle mass and strength led to its illicit use by bodybuilders and athletes seeking to improve performance.



While Trenbolone was initially intended for veterinary purposes, its popularity among bodybuilders and athletes prompted its use in human performance enhancement. It gained notoriety for its ability to promote significant increases in muscle mass, strength, and overall performance. However, due to its potency and potential for adverse effects, including cardiovascular issues and suppression of natural testosterone production, Trenbolone's use in human medicine has been limited.

Despite its classification as a controlled substance and its prohibition in many countries, Trenbolone remains sought after in the underground market for its unparalleled anabolic effects. It has become synonymous with extreme muscle gains and has been associated with numerous doping scandals in professional sports. Despite its risks, Trenbolone continues to be used by individuals seeking rapid and dramatic improvements in physique and performance, highlighting the ongoing challenges associated with the illicit use of performance-enhancing drugs.

7.6 - TRENBOLONE (ACETATE/ENANTHATE/HEX)

How to Use Trenbolone

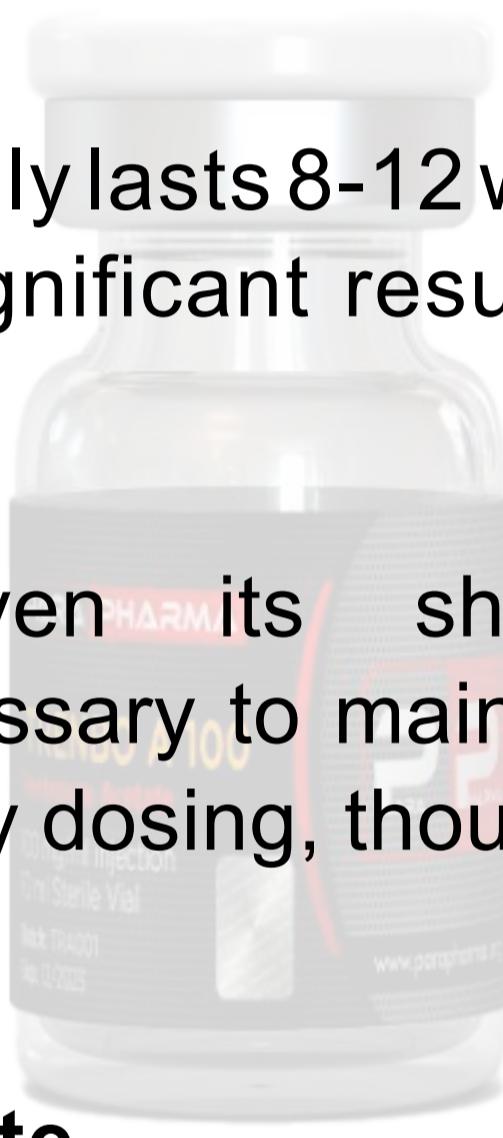
Trenbolone, a potent anabolic steroid, comes in **three forms**: Trenbolone Acetate, Enanthate, and Hexahydrobenzylcarbonate (Hex). Each form has specific dosages, cycles, and potential side effects to consider for optimal use in enhancing athletic performance and muscle growth.

Trenbolone Acetate

Dosage: Beginners should start with 50-75mg every other day (EOD). This allows for monitoring of the body's response and minimizes potential side effects.

Cycle Length: Typically lasts 8-12 weeks, striking a balance between obtaining significant results and minimizing side effects.

Administration: Given its short half-life, frequent administration is necessary to maintain stable blood levels. Most users opt for daily dosing, though some may administer it EOD.



Trenbolone Enanthate

Dosage: Beginners may start with around 200-400mg per week, usually divided into two equal injections to maintain stable blood levels.

Cycle Length: Similar to Acetate, an effective Enanthate cycle can run from 8-12 weeks, with dosages adjusted based on tolerance and goals.

Trenbolone Hexahydrobenzylcarbonate

Dosage: Common dosages range between 150mg and 250mg weekly, with more advanced users potentially increasing to over 500mg. However, this is not recommended for beginners due to the risk of side effects.

7.6 - TRENBOLONE (ACETATE/ENANTHATE/HEX)

Cycle Recommendations: Bulking cycles may consist of 200mg-500mg of Tren per week for 12 weeks, often stacked with other compounds like Testosterone.

Potential Side Effects

Trenbolone usage can lead to side effects; managing these effects involves education, adhering to recommended dosages, implementing PCT, monitoring blood pressure, and supporting liver health. Here is a list of some of the side effects that are known to be exclusive to trenbolone use:

Tren Cough: A sudden, intense cough immediately following an injection, often attributed to the accidental nicking of a vein or capillary when injecting, causing a small amount of the oily solution to enter the bloodstream. Trenbolone oil will irritate the alveoli in your lungs, causing this bout of severe cough that can last up to 5 minutes.

Insomnia: Difficulty sleeping is a common side effect associated with Trenbolone use. This can be due to increased metabolic rate, psychological effects, or other factors related to Trenbolone's effect on cortisol.

Kidney Toxicity: While there's an ongoing debate about the direct impact of Trenbolone on kidney function, users often report darker urine and increased strain on the kidneys. This perception may be influenced by the increased metabolic load and the need for the kidneys to process metabolites.

Hotter Body Temperature: Trenbolone can increase metabolic rate, leading to an increase in body temperature. Users often report feeling warmer and sweating more, especially at night.

Smelly Urine: Changes in urine odor can occur with Trenbolone use, possibly due to the excretion of metabolites or the body's increased metabolism. This is anecdotal and varies among users.

7.6 - TRENBOLONE (ACETATE/ENANTHATE/HEX)

Post Cycle Therapy (PCT)

PCT is crucial after a Trenbolone cycle to restore natural hormone function and maintain gains. A typical PCT regimen includes HCG, Nolvadex, and Clomid to help bring testosterone levels back to normal.

Managing Side Effects

To mitigate potential side effects, just keep the dosages below 200mg per week, monitor your body's response closely, adjust dosages as necessary, and use N2Guard containing TUDCA for liver support.

Trenbolone is a powerful tool for muscle growth and performance enhancement but requires careful management to optimize benefits while minimizing health risks. Always prioritize your health and well-being throughout your Trenbolone journey, and keep and get checkups often.

"After getting bloods done and checking the products seems like this stuff is dialed in perfectly

Using napsgear proviron 50mgs a day

Trenbolone enanthate 250mgs a week

And also threw in some test as well.

Results you ask?

Well I went from 207 lbs up to 220 lbs my body fat also no joke went from 15% down to 13%. my trainer was very impressed with my results and even accused me of using steroids and being a cheater lol...Oh well that is how it goes!"

-TIAODLEK

<https://www.evolutionary.org/forums/threads/loving-proviron-and-tren-together-napsgear.90116/#post-1357717>

7.6 - TRENBOLONE (ACETATE/ENANTHATE/HEX)

"Not only does tren alter some brain chemistry but it also puts the sympathetic nervous system into a constantly upregulated state.

Meaning your fight or flight is basically partially on at all times while using tren. One of the reason it gives you tressomnia. And obviously can make you anxious also all the time.

Your options are drop the tren. Or try a non cardio selective beta blocker like propanalol (helps switch off the sympathetic nervous system). And even propanalol won't help in many cases as tren is so powerful.

Tren is a bitch. It truly is. If you run it, you gonna get some fucked up sides most of the time. Just how it goes"

-HYBRIDLABS

<https://www.evolutionary.org/forums/threads/anxiety-going-up-on-trenbolone.97948/>

"Tren can have really really BAD mental side effects. Been there done that. I cried for 3 days straight at the end of a tren ace run. You NEED to have a lot of cycle experience under your belt before you touch it. You (or anyone) can think they are the most bad ass mofo on the block all you/they want but tren can and will bring even the most mentally strong guys to their knees as it did me. I used to much to quick bc i thought i could handle it. I should of kept the dose low and got the most out of it. It is hard to train when you can't stop crying :)

If you have experience with other 19-nors you can better mentally prepare your self and have a better handle on things.

I personally only use low dose tren hex now and i don't get all the negative mental sides. When i say low dose i mean low dose. Right now i am only on 120mg a week and getting some nice benefits from it. A little tren goes a long ways."

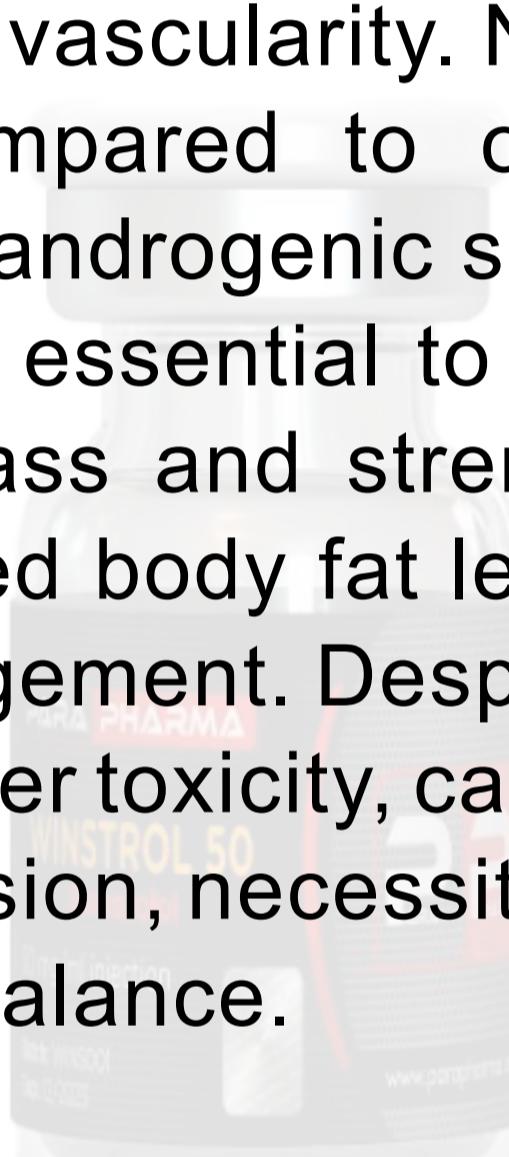
-MATT88

<https://www.evolutionary.org/forums/threads/trenbolone-for-the-first-time.89659/>

7.7 - WINSTROL INJECTABLE



Injectable Winstrol, also known as Stanozolol, is widely recognized in the performance enhancement community for its significant anabolic effects, particularly in cutting, strength, and overall performance, without the risk of water retention. Its unique ability to increase strength, protein synthesis, and nitrogen retention in muscle cells without increasing body weight makes it a preferred choice for athletes and bodybuilders looking to enhance muscle definition and vascularity. Notably, Winstrol's lower androgenic ratio compared to other anabolic steroids minimizes the risk of androgenic side effects, adding to its appeal. However, it's essential to note that while offering increased muscle mass and strength, enhanced muscle definition, and reduced body fat levels, Winstrol demands careful dosage management. Despite its benefits, potential side effects include liver toxicity, cardiovascular issues, and testosterone suppression, necessitating post-cycle therapy to restore hormonal balance.

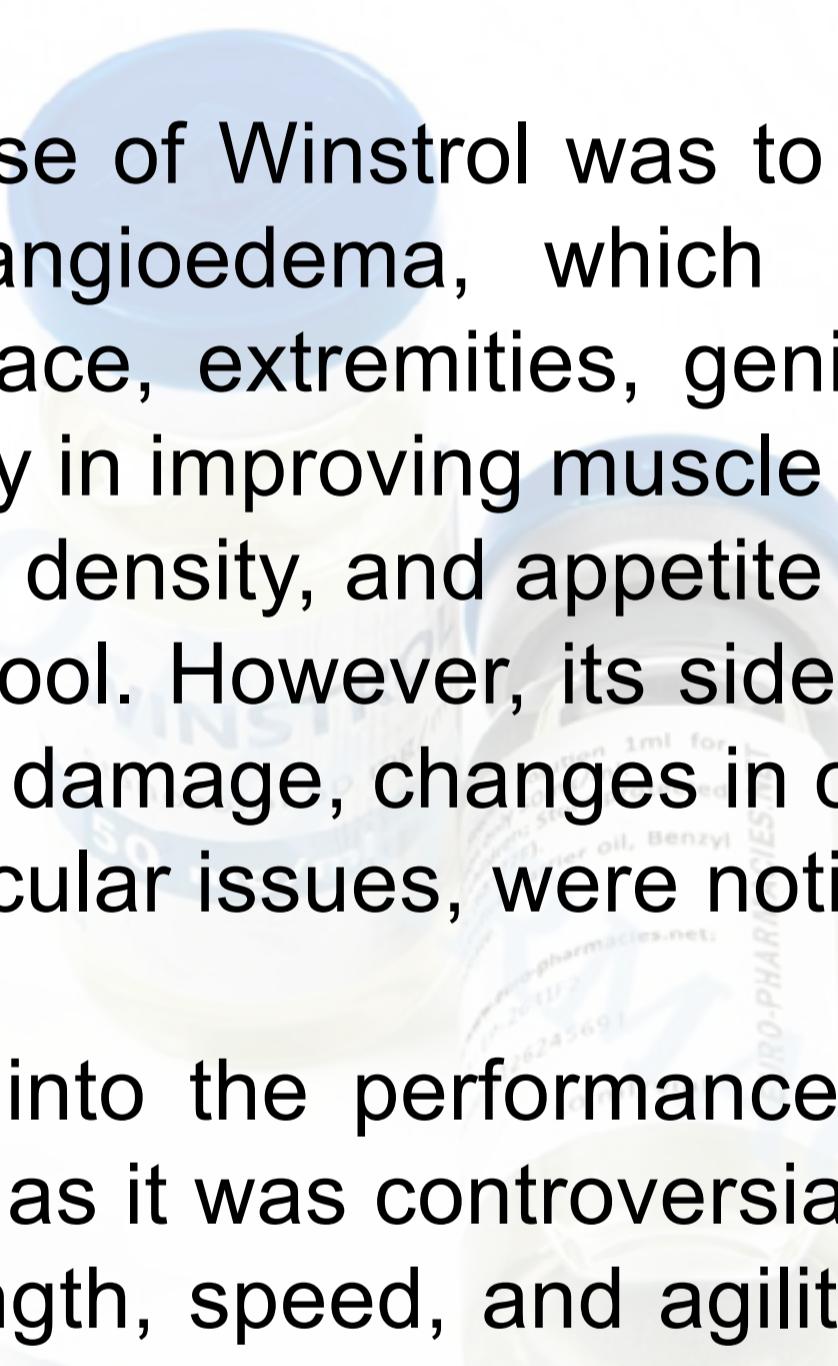


Winstrol is also noted for its effectiveness in both cutting cycles, where it preserves lean muscle mass while aiding fat loss and performance enhancement, enabling athletes to experience improved strength, stamina, and speed. Despite its versatility, it is recommended to stack Winstrol with Testosterone to mitigate its suppressive effects and enhance overall anabolic activity. Its use is particularly strategic during cutting phases for achieving a lean and defined physique. Nonetheless, the importance of responsible use cannot be overstated, with recommendations emphasizing the necessity of a liver support supplement like N2Guard, regular cardiovascular exercise, and adherence to cycle length guidelines to mitigate health risks.

7.7 - WINSTROL INJECTABLE

History of Winstrol

Winstrol, known scientifically as Stanozolol, is an anabolic steroid that has a storied history in both medical and athletic circles. Developed by Winthrop Laboratories in 1962, it quickly gained approval for human use by the U.S. Food and Drug Administration. Unlike many anabolic steroids, Winstrol was unique in its form – available both as an oral tablet and an injectable solution. This versatility was due to its chemical structure, which allowed it to survive first-pass liver metabolism when ingested orally, a characteristic imparted by a C17 α alkylation.



The initial purpose of Winstrol was to treat conditions such as hereditary angioedema, which causes episodes of swelling in the face, extremities, genitals, bowel wall, and throat. Its efficacy in improving muscle growth, red blood cell production, bone density, and appetite made it an invaluable pharmaceutical tool. However, its side effects, including the potential for liver damage, changes in cholesterol levels, and risk of cardiovascular issues, were noticed early on.

Winstrol's entry into the performance enhancement arena was as dramatic as it was controversial. Valued for its ability to increase strength, speed, and agility without significantly increasing muscle mass, it became a staple among athletes seeking to gain a competitive edge without the appearance of bulk. Its detection in drug tests led to numerous scandals in sports, from track and field to professional baseball, highlighting the ongoing battle between doping regulations and performance enhancement.

The history of Winstrol is a testament to the dual-edged sword of pharmaceutical innovation — a drug capable of significant therapeutic benefits, yet equally potent in its capacity for abuse and the ethical dilemmas it presents in sports. Its legacy continues to influence discussions on steroid use, doping in athletics, and the regulation of performance-enhancing drugs.

7.7 - WINSTROL INJECTABLE

How to Use Winstrol

Winstrol Injectable, also known as Stanozolol, is favored by athletes and bodybuilders for its ability to promote muscle growth, strength, and improved performance without significant weight gain. Here's a guide to using Winstrol Injectable effectively:

Dosage and Administration

The recommended dosage for Winstrol injections ranges from 25mg to 50mg per day for men, focusing on pre-workout administration to maximize benefits during training sessions. It's crucial to keep the cycles short as Winstrol will impact your liver like every other oral steroid will; even when injected, it will still pass through the liver via blood circulation.

A daily dosage of 20-40mg for 6-8 weeks is advisable for oral administration. Intermediate users can opt for 40-60mg per week for 4-8 weeks, while advanced users may increase the dosage to 60-80mg per week for 8-12 weeks .

Advanced competitors seeking to push their limits further might consider dosages in the range of 50-100mg per day, although it's essential to balance the higher dosages with an awareness of potential side effects and using N2Guard to protect your organs from toxicity.

Stacking Winstrol

Stacking Winstrol with other compounds can enhance its effects. For bulking, although not the most effective, women might find it useful off-season combined with Primobolan Depot. For cutting, men may stack it with Equipoise, Trenbolone, and Testosterone for the latter's powerful drying effects in preparation for competition.

A performance-focused cycle might include 25-50mg daily of Winstrol for its benefits in power and speed, often used solo for these purposes.

7.7 - WINSTROL INJECTABLE

Potential Side Effects

Side effects of Winstrol can include liver damage, cholesterol issues, acne, hair loss, virilization in women, cardiovascular issues, and mood changes. The severity of side effects varies with dose, duration of use, and individual factors.

Note: Winstrol is known to dry up your joints and make you more prone to injury. The brittle joints, along with the increase in strength, can become a recipe for disaster.

Cycle Recommendations

Winstrol cycles typically last 6-8 weeks to mitigate adverse effects while maximizing its performance-enhancing benefits. Proper timing and dosing can significantly influence the effectiveness of Winstrol, particularly in enhancing endurance, strength, recovery, and overall workout performance . While some professional bodybuilders working with a prep coach have reported using as much as 100mg of Winstrol for 12 weeks coming up to a competition, the recreational user shouldn't take these chances with their health.

Post-Cycle Therapy (PCT)

Implementing a PCT regimen after a Winstrol cycle is crucial to support hormone balance and minimize potential side effects. It helps the body recover and maintain gains made during the cycle . Use Clomid, Nolvadex, and HCGGenerate after every cycle to ensure proper recovery.

Winstrol Injectable offers a range of benefits for those looking to enhance their physique and athletic performance. By adhering to recommended dosages, considering potential side effects, and effectively stacking and cycling, users can maximize the benefits while minimizing risks. Always consult with a healthcare professional or experienced trainer to tailor the cycle and dosage to your specific goals and health status.

7.7 - WINSTROL INJECTABLE

"I find the injectable for me works better but it is also very painful, so i just use oral version and still get good results, i have noticed when on winstrol you really need to keep water up as you become dehydrated a lot easier.

definitely a great hardening compound and although you should not use it for longer than say 6 weeks i have stayed on it longer and find it works better the longer you are on it, of course i don't recommend this its only what i do."

-KRYPTO

<https://www.evolutionary.org/forums/threads/winstrol-oral-vs-injection.49939/>

7.8 - SUSTANON ALL ESTERS



Sustanon250 is widely revered in the performance enhancement circles for its unique formulation, combining four testosterone esters into one solution, offering users a blend that provides both immediate and sustained release of Testosterone. This characteristic is particularly appreciated for its practicality—reducing the frequency of injections required while ensuring stable blood testosterone levels, a key factor for athletes and bodybuilders aiming for muscle mass increase, strength gains, and enhanced recovery times. Its comprehensive testosterone mix makes it a versatile steroid, used effectively in both bulking and cutting cycles, adapting well to a variety of performance enhancement needs.

However, the admiration for Sustanon250 comes with its share of caution within the community, mainly due to its potential for side effects when used in higher doses. These include estrogenic effects such as gynecomastia and water retention, alongside androgenic side effects like acne and accelerated hair loss in predisposed individuals. The need for careful management of these side effects, including the use of ancillary drugs, is well-acknowledged among advanced users. Despite these challenges, its efficacy in promoting significant anabolic effects with a properly managed cycle makes Sustanon250 a staple choice for serious athletes, underpinning its enduring popularity and respect in the performance enhancement domain.

History of Sustanon 250

Sustanon250 is a blend of four testosterone esters totaling 250mg per ml:

- 30mg Testosterone Propionate
- 60mg Testosterone Phenylpropionate
- 60mg Testosterone Isocaproate
- 100mg Testosterone Decanoate

7.8 - SUSTANON ALL ESTERS

It was developed in the 1970s by Organon Pharmaceuticals (now part of Merck & Co.) for therapeutic use in hormone replacement therapy (HRT) and treatment of hypogonadism. Organon first introduced Sustanon 250 to the market in 1974.

Initially, Sustanon250 was primarily used in medical settings to address testosterone deficiency conditions in men since the four-ester blend made it a practical once-per-month injection treatment. However, its use soon extended beyond therapeutic applications, and it became popular among bodybuilders and athletes for its ability to enhance muscle growth, strength, and overall performance. Due to its composition of different esters, Sustanon 250 provides a sustained release of Testosterone, reducing the frequency of injections required compared to single-ester testosterone formulations.

Despite its effectiveness in promoting muscle growth and performance enhancement, Sustanon 250 has been subject to abuse and misuse, particularly in the realm of doping in sports. Its use without a prescription is illegal in many countries, and it has been banned by various sports organizations. Despite efforts to regulate its use, Sustanon 250 continues to be sought after in the underground market for its potent anabolic effects.

Overall, Sustanon 250 remains a prominent and controversial steroid in the world of performance enhancement. Its history as a pharmaceutical drug for medical purposes and its subsequent adoption by athletes and bodybuilders highlight the ongoing debate surrounding the use of performance-enhancing substances in both therapeutic and non-therapeutic contexts.

Using Sustanon250

Sustanon 250, a blend of four testosterone esters, is highly regarded for its balanced release of Testosterone, making it a favorite among bodybuilders for both bulking and cutting cycles. Its unique composition allows for a sustained release

7.8 - SUSTANON ALL ESTERS

of Testosterone, offering a multitude of benefits from increased muscle mass and strength to improved recovery times and performance enhancements.

Sustanon 250 Cycles and Stacks

For Bulking: Sustanon 250 is often used in bulking cycles to maximize muscle gain, typically stacked with other mass-building steroids like Anadrol. It's effective on its own for muscle retention and decreasing fat mass during cutting cycles as well, where it's sometimes combined with Anavar or Trenbolone for enhanced fat loss and muscle hardening effects.

Dosage: Beginners might start with a dosage range of 250-500mg per week for 8 weeks, while intermediate users can increase this to 750mg weekly, potentially extending the cycle up to 12 weeks.

Advanced users seeking more substantial gains may consider doses of 1,000mg weekly, possibly integrating Sustanon250 with other steroids like Deca Durabolin or Dianabol for a more significant bulking effect.

For Cutting: Sustanon 250 can also serve well in cutting cycles, helping preserve lean muscle tissue while on a calorie deficit diet. This is largely thanks to its ability to maintain a positive nitrogen balance, ensuring the prevention of a catabolic state. The dosages need to be kept at around 250mg per week so as not to cause water retention during cutting.

PCT (Post Cycle Therapy): Following a Sustanon cycle, PCT is crucial to help the body recover its natural testosterone production, often involving the use of Clomid, Nolvadex, and HCG to boost natural levels and maintain health.

7.8 - SUSTANON ALL ESTERS

Expected Results and Side Effects

Results: Users can expect significant increases in muscle mass, strength, and improved recovery rates. Sustanon250 also boosts overall energy levels, improves mood, and enhances sex drive. Its anabolic activity significantly contributes to physique and performance enhancement.

Side Effects: Like all testosterone products, Sustanon250 can lead to side effects such as gynecomastia, water retention, high blood pressure, oily skin, acne, and potential suppression of natural testosterone production. The severity of these effects can vary based on dosage, cycle length, and individual response. Proper management strategies, including the use of aromatase inhibitors and maintaining healthy lifestyle habits, can mitigate these risks.

Stacking Sustanon250

Sustanon 250 pairs well with various steroids for different goals:

Trenbolone: for substantial muscle gains and strength.

Anavar: for fat reduction while retaining muscle mass.

Winstrol: For muscle growth and fat reduction, it is ideal for a lean, ripped physique.

Dianabol: For rapid muscle growth.

Deca Durabolin: For bulking, it is known for its effectiveness in muscle mass and endurance enhancement.

When considering Sustanon 250 for your cycles, it's essential to tailor the dosage and stack to your specific goals, experience level, and health status. Always prioritize safety by starting with lower doses, monitoring side effects, and undergoing PCT to ensure a healthy hormonal balance post-cycle.

7.8 - SUSTANON ALL ESTERS

"Sustanon 250: sustanon was designed for long term TRT. it is supposed to be injected INFREQUENTLY. so every 3 days makes no sense. i would consider switching to cyp or E if you want twice a week injections.

Also i'm sure people will tell you to wait till 25 to use steroids as 24 is a shy too young.

As far as your workouts the only thing i can suggest is don't train to failure for 2 reasons. 1. it really isn't necessary to do that 2. you will wear down your body and it is counter productive long term anyway. you can throw in some drop sets instead of pounding every set"

-STEVESMI

<https://www.evolutionary.org/forums/threads/sust-250-first-cycle.85371/>

8. INJECTABLE STEROID CYCLES (15 CYCLES)

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

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

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

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

8.1- BEGINNER INJECTABLE CYCLE....65

8.2- INTERMEDIATE INJECTABLE CYCLE....70

8.3- ADVANCED INJECTABLE CYCLES..75

8.1 SIMPLE NEWBIE CUTTING STACK

Week	Supplement
1	Winstrol 50mg ED + Masterone 200mg/week + N2Guard 7 caps ED
2	Winstrol 50mg ED + Masterone 200mg/week + N2Guard 7 caps ED
3	Winstrol 50mg ED + Masterone 200mg/week + N2Guard 7 caps ED
4	Winstrol 50mg ED + Masterone 200mg/week + N2Guard 7 caps ED
5	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
6	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
7	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
8	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED

BEGINNER LOW SIDE-EFFECT STACK

Week	Supplement
1	Primobolan Depot 400mg/week + Masteron 200mg/week
2	Primobolan Depot 400mg/week + Masteron 200mg/week
3	Primobolan Depot 400mg/week + Masteron 200mg/week
4	Primobolan Depot 400mg/week + Masteron 200mg/week
5	Primobolan Depot 400mg/week + Masteron 200mg/week
6	Primobolan Depot 400mg/week + Masteron 200mg/week
7	Primobolan Depot 400mg/week + Masteron 200mg/week
8	Primobolan Depot 400mg/week + Masteron 200mg/week
9	Primobolan Depot 400mg/week + Masteron 200mg/week
10	Primobolan Depot 400mg/week + Masteron 200mg/week
11	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
12	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
13	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
14	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
15	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
16	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day

BEGINNER LEAN BULKING STACK

Week	Supplement
1	Testosterone 250mg/week + Masteron 200mg/week + Equipoise 200mg/week + Trenbolone Enanthate 100mg/week
2	Testosterone 250mg/week + Masteron 200mg/week + Equipoise 200mg/week + Trenbolone Enanthate 100mg/week
3	Testosterone 250mg/week + Masteron 200mg/week + Equipoise 200mg/week + Trenbolone Enanthate 100mg/week
4	Testosterone 250mg/week + Masteron 200mg/week + Equipoise 200mg/week + Trenbolone Enanthate 100mg/week
5	Testosterone 250mg/week + Masteron 200mg/week + Equipoise 200mg/week + Trenbolone Enanthate 100mg/week
6	Testosterone 250mg/week + Masteron 200mg/week + Equipoise 200mg/week + Trenbolone Enanthate 100mg/week
7	Testosterone 250mg/week + Masteron 200mg/week + Equipoise 200mg/week + Trenbolone Enanthate 100mg/week
8	Testosterone 250mg/week + Masteron 200mg/week + Equipoise 200mg/week + Trenbolone Enanthate 100mg/week
9	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
10	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
11	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
12	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
13	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day
14	Nolvadex 20mg/day + Clomid 50mg/day + HCG 5 caps per day

BEGINNER TESTOSTERONE AND NANDROLONE CYCLE

Week	Supplement
1	Testosterone 500mg + Deca 200mg
2	Testosterone 500mg + Deca 200mg
3	Testosterone 500mg + Deca 200mg
4	Testosterone 500mg + Deca 200mg
5	Testosterone 500mg + Deca 200mg
6	Testosterone 500mg + Deca 200mg
7	Testosterone 500mg + Deca 200mg
8	Testosterone 500mg + Deca 200mg
9	Testosterone 500mg + Deca 200mg
10	Testosterone 500mg + Deca 200mg
11	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
12	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
13	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
14	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
15	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
16	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day

NEWBIE TESTOSTERONE + MASTERONE CYCLE

Week	Supplement
1	Testosterone 250mg + Masteron 200mg
2	Testosterone 250mg + Masteron 200mg
3	Testosterone 250mg + Masteron 200mg
4	Testosterone 250mg + Masteron 200mg
5	Testosterone 250mg + Masteron 200mg
6	Testosterone 250mg + Masteron 200mg
7	Testosterone 250mg + Masteron 200mg
8	Testosterone 250mg + Masteron 200mg
9	Testosterone 250mg + Masteron 200mg
10	Testosterone 250mg + Masteron 200mg
11	Nolvadex 20mg + Clomid 50mg + HCGenerate 5 caps per day
12	Nolvadex 20mg + Clomid 50mg + HCGenerate 5 caps per day
13	Nolvadex 20mg + Clomid 50mg + HCGenerate 5 caps per day
14	Nolvadex 20mg + Clomid 50mg + HCGenerate 5 caps per day
15	Nolvadex 20mg + Clomid 50mg + HCGenerate 5 caps per day
16	Nolvadex 20mg + Clomid 50mg + HCGenerate 5 caps per day

8.3 INTERMEDIATE TESTOSTERONE AND NADROLONE CYCLE

Week	Supplement
1	Testosterone 750mg + Deca 300mg
2	Testosterone 750mg + Deca 300mg
3	Testosterone 750mg + Deca 300mg
4	Testosterone 750mg + Deca 300mg
5	Testosterone 750mg + Deca 300mg
6	Testosterone 750mg + Deca 300mg
7	Testosterone 750mg + Deca 300mg
8	Testosterone 750mg + Deca 300mg
9	Testosterone 750mg + Deca 300mg
10	Testosterone 750mg + Deca 300mg
11	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
12	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
13	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
14	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
15	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
16	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day

INTERMEDIATE RECOMPOSITION STACK

Week	Supplement
1	Sustanon 250mg/week + Equipoise 200mg/week + Masteron 200mg/week + Primobolan Depot 200mg/week
2	Sustanon 250mg/week + Equipoise 200mg/week + Masteron 200mg/week + Primobolan Depot 200mg/week
3	Sustanon 250mg/week + Equipoise 200mg/week + Masteron 200mg/week + Primobolan Depot 200mg/week
4	Sustanon 250mg/week + Equipoise 200mg/week + Masteron 200mg/week + Primobolan Depot 200mg/week
5	Sustanon 250mg/week + Equipoise 200mg/week + Masteron 200mg/week + Primobolan Depot 200mg/week
6	Sustanon 250mg/week + Equipoise 200mg/week + Masteron 200mg/week + Primobolan Depot 200mg/week
7	Sustanon 250mg/week + Equipoise 200mg/week + Masteron 200mg/week + Primobolan Depot 200mg/week
8	Sustanon 250mg/week + Equipoise 200mg/week + Masteron 200mg/week + Primobolan Depot 200mg/week
9	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
10	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
11	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
12	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
13	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
14	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day

INTERMEDIATE TESTOSTERONE PROP + TRENBOLONE AND EQUIPOISE CYCLE.

Week	Supplement
1	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
2	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
3	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
4	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
5	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
6	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
7	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
8	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
9	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
10	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
11	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
12	Testosterone Propionate 200mg EOD + Trenbolone Acetate 75mg EOD + Equipoise 400mg/week
13	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
14	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
15	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
16	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
17	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day
18	Nolvadex 20mg/day + Clomid 50mg/day + HCGGenerate 5 caps per day

INTERMEDIATE RECOMPOSITION STACK

Week	Supplement
1	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
2	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
3	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
4	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
5	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
6	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
7	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
8	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
9	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
10	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
11	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
12	Testosterone Enanthate 500mg/week + Primobolan 600mg/week + Trenbolone 200mg/week
13	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
14	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
15	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
16	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
17	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
18	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
19	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
20	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day

SHORT ESTER CUTTING STACK FOR INTERMEDIATE USERS

Week	Supplement
1	Trenbolone Acetate 75mg EOD + Testosterone Propionate 100mg EOD + Winstrol 50mg ED + Masteron 100mg EOD + N2Guard 7 caps per day
2	Trenbolone Acetate 75mg EOD + Testosterone Propionate 100mg EOD + Winstrol 50mg ED + Masteron 100mg EOD + N2Guard 7 caps per day
3	Trenbolone Acetate 75mg EOD + Testosterone Propionate 100mg EOD + Winstrol 50mg ED + Masteron 100mg EOD + N2Guard 7 caps per day
4	Trenbolone Acetate 75mg EOD + Testosterone Propionate 100mg EOD + Winstrol 50mg ED + Masteron 100mg EOD + N2Guard 7 caps per day
5	Trenbolone Acetate 75mg EOD + Testosterone Propionate 100mg EOD + Winstrol 50mg ED + Masteron 100mg EOD + N2Guard 7 caps per day
6	Trenbolone Acetate 75mg EOD + Testosterone Propionate 100mg EOD + Winstrol 50mg ED + Masteron 100mg EOD + N2Guard 7 caps per day
7	Trenbolone Acetate 75mg EOD + Testosterone Propionate 100mg EOD + Winstrol 50mg ED + Masteron 100mg EOD + N2Guard 7 caps per day
8	Trenbolone Acetate 75mg EOD + Testosterone Propionate 100mg EOD + Winstrol 50mg ED + Masteron 100mg EOD + N2Guard 7 caps per day
9	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps per day
10	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps per day
11	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps per day
12	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps per day
13	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps per day
14	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps per day

8.3 ADVANCED BULKING STACK

Week	Supplement
1	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
2	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
3	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
4	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
5	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
6	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
7	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
8	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
9	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
10	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
11	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
12	Testosterone Enanthate 1000mg/week + NPP 400mg/week + Equipoise 600mg/week + Trenbolone Enanthate 400mg/week + Masteron 400mg/week
13	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
14	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
15	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
16	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
17	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
18	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
19	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
20	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day

ADVANCED KITCHEN SINK BULKING STACK

Week	Supplement
1	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
2	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
3	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
4	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
5	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
6	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
7	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
8	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
9	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
10	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
11	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
12	Sustanon250 1000mg/week + Equipoise 400mg/week + Trenbolone 200mg/week + Nandrolone Decanoate 300mg/week + Masteron 400mg/week
13	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
14	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
15	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
16	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
17	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
18	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
19	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day
20	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day

ADVANCED CUTTING STACK

Week	Supplement
1	Trenbolone Acetate 75mg EOD + Winstrol 50mg ED + Masterone 400mg/week + Primobolan Depot 400mg/week + N2Guard 7 caps ED
2	Trenbolone Acetate 75mg EOD + Winstrol 50mg ED + Masterone 400mg/week + Primobolan Depot 400mg/week + N2Guard 7 caps ED
3	Trenbolone Acetate 75mg EOD + Winstrol 50mg ED + Masterone 400mg/week + Primobolan Depot 400mg/week + N2Guard 7 caps ED
4	Trenbolone Acetate 75mg EOD + Winstrol 50mg ED + Masterone 400mg/week + Primobolan Depot 400mg/week + N2Guard 7 caps ED
5	Trenbolone Acetate 75mg EOD + Winstrol 50mg ED + Masterone 400mg/week + Primobolan Depot 400mg/week + N2Guard 7 caps ED
6	Trenbolone Acetate 75mg EOD + Winstrol 50mg ED + Masterone 400mg/week + Primobolan Depot 400mg/week + N2Guard 7 caps ED
7	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
8	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
9	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
10	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
11	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
12	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED

ADVANCED WINSTROL TRENBOLONE AND MASTERONE PRECOMPETITION HARDNESS STACK

Week	Supplement
1	Winstrol Injectable 50mg ED + Masteron 400mg/week + Trenbolone Enanthate 400mg/week + N2Guard 7 caps ED
2	Winstrol Injectable 50mg ED + Masteron 400mg/week + Trenbolone Enanthate 400mg/week + N2Guard 7 caps ED
3	Winstrol Injectable 50mg ED + Masteron 400mg/week + Trenbolone Enanthate 400mg/week + N2Guard 7 caps ED
4	Winstrol Injectable 50mg ED + Masteron 400mg/week + Trenbolone Enanthate 400mg/week + N2Guard 7 caps ED
5	Winstrol Injectable 50mg ED + Masteron 400mg/week + Trenbolone Enanthate 400mg/week + N2Guard 7 caps ED
6	Winstrol Injectable 50mg ED + Masteron 400mg/week + Trenbolone Enanthate 400mg/week + N2Guard 7 caps ED
7	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
8	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
9	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
10	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
11	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED
12	Nolvadex 20mg/day + Clomid 50mg/day + HCGenerate 5 caps per day + N2Guard 7 caps ED

ADVANCED TESTOSTERONE + NANDROLONE + EQUIPOISE CYCLE

Week	Supplement
1	Testosterone 750mg + Deca 300mg + Equipoise 400mg
2	Testosterone 750mg + Deca 300mg + Equipoise 400mg
3	Testosterone 750mg + Deca 300mg + Equipoise 400mg
4	Testosterone 750mg + Deca 300mg + Equipoise 400mg
5	Testosterone 750mg + Deca 300mg + Equipoise 400mg
6	Testosterone 750mg + Deca 300mg + Equipoise 400mg
7	Testosterone 750mg + Deca 300mg + Equipoise 400mg
8	Testosterone 750mg + Deca 300mg + Equipoise 400mg
9	Testosterone 750mg + Deca 300mg + Equipoise 400mg
10	Testosterone 750mg + Deca 300mg + Equipoise 400mg
11	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
12	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
13	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
14	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
15	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day
16	Nolvadex 20mg + Clomid 50mg + HCG 5 caps per day



9. WHERE TO BUY INJECTABLE STEROIDS

When considering the purchase of injectable steroids, it's essential to approach the process with diligence and a focus on safety. Identifying reputable sources for these products is paramount to ensure both your regimen's effectiveness and overall well-being. The vast market is also littered with potential pitfalls, including questionable purity, and sometimes, the sources take your money and never send anything.

To mitigate these risks, it's advisable to engage with well-established online communities and forums dedicated to bodybuilding and steroid use. Platforms such as [Evolutionary.org](#), [EliteFitness.com](#), and [Anabolex.com](#) are rich in user experiences, supplier reviews, and recommendations for reliable dealers. These forums serve as a crucial touchpoint for both novice and experienced users seeking guidance on where to procure legitimate injectable steroids.

Leveraging the collective knowledge of these communities can help you identify trusted suppliers known for quality and reliability. Many of these forums also maintain a list of vetted sources, regularly updated to reflect the most reputable options available.

The journey to buy injectable steroids should be marked by thorough research, community engagement, and an ongoing commitment to understanding the nuances of steroid use. By prioritizing these aspects, individuals can navigate the complex market with a higher degree of confidence and security.

9. WHERE TO BUY INJECTABLE STEROIDS



EVOLUTIONARY



ELITEFITNESS



ANABOLEX

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

9. WHERE TO BUY INJECTABLE STEROIDS

Top-tier sources 2024-2025:

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

The website is praised for its ease of use and efficient customer service, facilitating a seamless shopping experience from browsing to purchase. Domestic Supply is also noted for its commitment to quality, sourcing products from reputable manufacturers, and providing detailed descriptions and transparency about the items they sell.

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

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

Purity Source Labs (puritysourcelabs.ru): Purity Source Labs (PSL) is celebrated for its expansive catalog of pharmaceutical-grade steroids, catering to a global clientele with both oral and injectable options. Renowned for their commitment to quality and transparency, PSL stands out by offering detailed lab test results for many of their products

9. WHERE TO BUY INJECTABLE STEROIDS

ensuring customers receive only the highest standard of safety and efficacy. Their easy-to-navigate website groups products into well-organized categories, complete with thorough descriptions that include dosing recommendations and potential benefits, helping users make informed choices.

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

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

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

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

9. WHERE TO BUY INJECTABLE STEROIDS

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

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

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

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

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

9. WHERE TO BUY INJECTABLE STEROIDS

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

The customer care at NapsGear is exemplary, with a responsive support team that is ready to assist with any inquiries. They accommodate a diverse range of users from different geographic locations, providing secure payment options to ensure a smooth transaction process. Moreover, NapsGear's dedication to quality is evident in their rigorous vetting of products to maintain high standards. This meticulous approach ensures that all customers, whether amateur bodybuilders or professional athletes, can rely on NapsGear for their performance enhancement needs.

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

9. WHERE TO BUY INJECTABLE STEROIDS

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

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

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

10. COUNTERFEIT INJECTABLE STEROIDS



Counterfeit steroids often come from unscrupulous underground labs, where the precision in dosage, sterility, and purity seen in the top-grade labs or pharmaceutical-grade products is markedly absent. The smaller labs, ranging from sophisticated setups to makeshift operations in garages or basements, frequently lack any form of quality control. The result is a market flooded with products that may contain little to no active ingredients, incorrect substances, or harmful contaminants. Some products are merely vegetable oil, offering no performance enhancement benefits and posing serious health risks. The brand and legitimacy of the steroid you are using can tell you a lot about the quality.

The variability in the content and concentration of these counterfeit products makes them unpredictable and dangerous. Users might believe they are injecting a specific dosage of a steroid, only to be exposed to different concentrations or entirely different compounds. This discrepancy can lead to a myriad of adverse effects, ranging from minor to severe health issues, including but not limited to infections, hormonal imbalances, and irreversible organ damage. This is why you should only use steroids from established and well-known brands; never take the blank bottle special at the gym.

Moreover, the absence of regulation and oversight in the production of these substances means there is no accountability for their safety. The lack of reliable labeling and dosing information exacerbates the risk, leaving users without a clear understanding of what they are injecting into their bodies. Only the well-established players actually use pharmaceutical-grade equipment and facilities.

10. COUNTERFEIT INJECTABLE STEROIDS

Given these dangers, it's crucial for you to critically assess the sources of their substances. Prioritizing purchases from reputable, pharmaceutical-grade suppliers, although more challenging and potentially more costly, can mitigate the risks associated with counterfeit products. It's also advisable to engage with communities or forums where experiences and knowledge about reliable sources are shared. Your free membership on [Evolutionary.org](#), [EliteFitness.com](#), or [Anabolex.com](#) will go a long way in helping you stay up to date on the different sources and their offerings.

Ultimately, the safest course of action remains to avoid unverified sources of injectable steroids. Opting for legitimate medical guidance and pursuing natural performance enhancement methods can help ensure both the safety and efficacy of one's physical development journey.

11. LIVER SUPPORT AND PCT

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

Liver Support with N2Guard

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

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

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

11. LIVER SUPPORT AND PCT

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

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

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

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

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

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

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

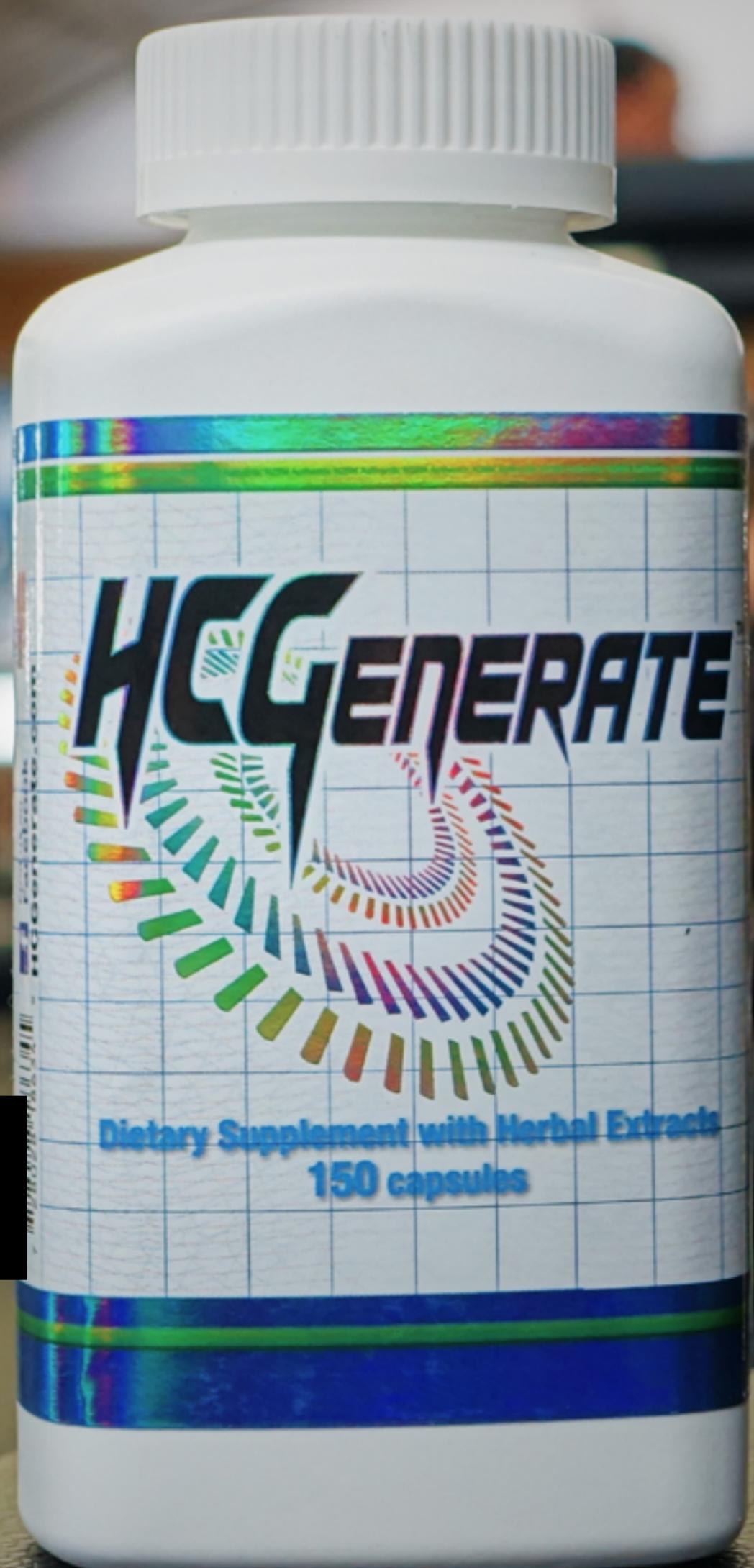
Joint and Inflammatory Support: Turmeric and Omega-3 fatty acids which help with inflammation and joint health.

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

11. LIVER SUPPORT AND PCT



N2GUARD



HCGGENERATE

11. LIVER SUPPORT AND PCT

Post Cycle Therapy (PCT) with HCGenerate

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

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

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

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

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

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

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

11. LIVER SUPPORT AND PCT

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

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

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

Incorporating N2Guard and N2Generate into Your Protocol

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

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

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

11. LIVER SUPPORT AND PCT



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UNDERGROUND INJECTABLES STEROIDS HANDBOOK

Dear Reader,

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

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

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

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

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

UNDERGROUND INJECTABLES STEROIDS HANDBOOK

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

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

George Spellwin
Research Director

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